

New York City Council

Committee on Mental Health, Disabilities and Addiction

Committee on Hospitals

Hearing Testimony:

Access to Mental Health Services in New York City Hospitals

Alison Burke, Vice President

GREATER NEW YORK HOSPITAL ASSOCIATION

Introduction

Chair Louis, Chair Rivera, and members of the Committee on Mental Health, Disabilities and Addiction and the Committee on Hospitals, my name is Alison Burke, Vice President for Regulatory and Professional Affairs at the Greater New York Hospital Association (GNYHA) and its point person on behavioral health issues. GNYHA's voluntary and public member hospitals are strongly committed to providing the highest quality behavioral health care to all individuals in need throughout New York City (NYC) and New York State (NYS). Today I will discuss how hospitals deliver behavioral health services amid the ongoing COVID-19 pandemic and longer-term plans to continue to transition services to outpatient and community-based care.

Behavioral Health Services During the COVID-19 Pandemic

New York's hospitals have been at the forefront of the COVID-19 pandemic for nearly two years. Preserving hospital capacity has been paramount throughout the pandemic. While COVID-19 vaccines are our most effective tool to prevent hospitalizations, the potential emergence of vaccine-resistant variants of the virus could rapidly strain hospital capacity. Hospitals therefore continue to operate under constantly changing conditions and stand ready to "surge and flex," which includes cancelling elective surgeries, adding beds, and moving staff and patients as needed.

Despite COVID-19's ongoing challenges, hospitals have continued to provide essential behavioral health services. At the beginning of the pandemic, hospitals acted swiftly with the City, the State, and community-based partners to coordinate consumer need and system capacity. Hospitals and their ambulatory networks quickly pivoted operations to maintain access and continuity of care. Hospital outpatient, inpatient, and emergency behavioral health services were operational and remain so despite the most daunting public health emergency in our lifetime.

Behavioral health capacity shifted across NYC and *throughout the State* in response to COVID-19. Hospitals and hospital systems with behavioral health expertise accepted individuals who required inpatient behavioral health care to free up the necessary staff and equipment to care for the overwhelming number of seriously ill COVID-19 patients.

GNYHA worked immediately with the NYS Office of Mental Health (OMH) to facilitate transfers of individuals to OMH-operated State psychiatric centers when appropriate to maintain acute care

access. Lifesaving medication and care for individuals with substance use disorders was addressed in coordination with NYC and the NYS Office of Addiction Supports and Services (OASAS).

To “bend the curve” early in the pandemic, GNYHA worked with the NYC Department of Homeless Services and the NYC Health + Hospitals (H+H) Take Care isolation hotel program to house individuals requiring isolation and supportive services, including behavioral health supports.

Hospitals and partners streamlined and expedited referral processes and remained in constant communication to ensure successful transitions. Hospitals expanded the use of telehealth services, which remain highly utilized and preferred by many patients. Expanded telehealth services have reduced no-show rates and been positively received by patients and providers. The State also removed regulatory barriers to providing telehealth services while ensuring quality, such as expediting the provider approval process, removing spoke and hub locations previously required of patients and providers, and permitted telephonic-only services. These efficiencies facilitate hospitals’ ability to serve more individuals in a timely manner. Hospitals also maintain the ability to provide in-person care for those who need it most.

While the pandemic continues, we have not lost sight of the need to address the ongoing opioid epidemic. GNYHA supported approximately a dozen NYC hospital emergency departments’ efforts in highly impacted communities to improve access to evidenced-based medications for individuals identified with opioid use disorder and connecting them to ongoing community-based care.

None of this would have been possible without health care workers’ tireless efforts across the City and State. GNYHA and our member hospitals have therefore also focused on providing behavioral health support for the hospital workforce. GNYHA’s Clinician Wellbeing Advisory Group (CWAG), a diverse group of health care leaders from our member hospitals, has met regularly since April 2020, with an emphasis on supporting the workforce during and after the COVID-19 crisis. CWAG is committed to advancing clinician wellness and resilience through collaboration, information sharing, and advocacy regionally and nationally. In recent months, CWAG has been developing a program that supports institution-to-institution mentoring focused on health and wellbeing components that address clinician burnout, and a resource network for clinicians to seek behavioral health services outside of their own institutions. While many institutions have invested in providing behavioral health services for employees, stigma, lack of convenience, and fear of consequences often present

barriers to seeking treatment. We hope that this resource network will help overcome these barriers and further promote wellness.

GNYHA also partnered with the US Department of Defense, Uniformed Services University of Health Sciences, US Department of Veterans Affairs, H + H, the New York City Department of Health and Mental Hygiene, and the Fire Department of the City of New York to develop the Healing, Education, Resilience & Opportunity for New York’s Frontline Workers (HERO-NY). This five-part “train the trainer” series relies on military expertise to address trauma, stress, resilience, and wellness. It was adapted for a civilian audience to support the mental health and wellbeing of frontline workers affected by the COVID-19 pandemic. It has also been shared with numerous City agencies and is publicly available on GNYHA’s website.

The Shift from Institutional to Community-Based Care

New York hospitals are committed to maintaining sufficient behavioral health capacity. While there is concern about proposed changes to hospital services—as there always are—these changes reflect a necessary and positive shift away from inpatient care and towards outpatient and community-based care. Local, State, and Federal policy priorities have long focused on improving the patient care experience, improving population health, and reducing the cost of care.

Inpatient care should be neither the first point of access nor the routinely relied upon level of care for the overwhelming majority of patients. Non-institutional settings allow them to stay in their communities and homes with their families and support networks. Outpatient services of various intensities (e.g., clinic, intensive outpatient, and partial hospital programs) provided before a crisis or emergency is always preferred. This is accomplished through strong partnerships with community-based organizations. Reforms made by the NYS Medicaid Redesign Team and implemented through the Delivery System Reform Incentive Payment program facilitated significant opportunities for system transformation and improved clinical and population health with a focus on behavioral health services.

There will always be a need for robust inpatient behavioral health hospital services, but care delivery is changing, and ambulatory and other community-based services are a significant component of this change. Any examination of behavioral health service utilization in NYC must account for this trend and include ambulatory care data alongside inpatient data to get a true picture of the available

services that New Yorkers utilize.

Hospitals have invested a great deal in ambulatory psychiatric care, but they can ultimately only control what happens within their own four walls. Engaging in community-based care and with community-based organizations allows providers to meet people where they live and address social determinants of health.

Behavioral health services also suffer from woefully inadequate Medicaid reimbursement. In 2019, Medicaid reimbursed only 64% of the cost of inpatient psychiatric care services. Commercially insured patients only represent about 25% of total revenue for these services, meaning public programs such as Medicaid are critical to ensuring that behavioral health services are available for all patients. GNYHA consistently advocates in Albany for higher Medicaid reimbursement rates and investments in behavioral health services.

Conclusion

Despite the ongoing COVID-19 pandemic, hospitals across New York are committed to maintaining robust behavioral health capacity while they invest more broadly in outpatient and community-based care. GNYHA's member hospitals are dedicated to providing the best possible behavioral health care at a time when they are most needed. Thank you for the opportunity to testify on this important issue. I am happy to answer any questions you may have.