APPROVAL #55 CHAPTER 723

LAWS OF 19 89

SENATE BILL _____ ASSEMBLY BILL 7472-A

7472--A

1989-1990 Regular Sessions

IN ASSEMBLY

March 28, 1989

Introduced by M. of A. CONNELLY, BOYLAND, McPHILLIPS, DIAZ, COLMAN -- Multi-Sponsored by -- M. of A. ABBATE, BENNETT, BRENNAN, CONNERS, DOOLE, DANIELS, DAVIS, DEARIE, DINAPOLI, DUGAN, EANNACE, EVE, GOTTFRIED, GRABER, GREEN, GREENE, HARENBERG, HOYT, KOPPELL, MARSHALL, MARTINEZ, MAYERSOHN, MURTAUGH, NOLAN, PASSANNANTE, PHEFFER, SEABROOK, SIEGEL, TOCCI, TONKO, VITALIANO, WEINSTEIN, WERTZ, ZALESKI, ZIMMER -- (at request of the Governor) -- read once and referred to the Committee on Mental Health, Mental Retardation and Developmental Disabilities -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

IN THE SENATE BY, S.4768-A SPANO

Bill compared by _____

DATE RECEIVED BY GOVERNOR: 7/14

ACTION MUST BE TAKEN BY: 7/26

GOVERNOR'S ACTION:

DATE JUL 24 1989

Memorandum No. _____

000001

000002

SENATE VOTE 59 Y 0 N

Date 6/29/89

ASSEMBLY VOTE 144 Y 0 N

Date 6/28/89

HOME RULE MESSAGE ___ Y X N

Bill is disapproved

Counsel to Governor

A.7472-A

NEW YORK STATE ASSEMBLY
TWO HUNDRED TWELFTH SESSION

REPRINT
DATE: 06/28/89

DATE: 06/28/1989
TIME: 12:44:32 PM

BILL: A7472-A R.R. NO: 777 SPONSOR: CONNELLY (MS)

Establishes comprehensive psychiatric emergency programs; repealer

Y	Abbate PJ	Y	Graber VJ	Y	O'Shea CJ
EOR	Abramson E	Y	Grannis A	Y	Parment WL
Y	Anderson RR	Y	Green RL	Y	Parola FE
Y	Barbaro FJ	Y	Greene A	Y	Passannante WF
Y	Barnett HW	Y	Griffith E	Y	Pataki GE
Y	Barraga TF	Y	Hannon K	Y	Pheffer Al
Y	Becker GR	Y	Harenberg PE	Y	Pillittere JT
Y	Behan JL	Y	Harris GH	Y	Pordum FJ
Y	Bennett LE	Y	Hasper J	ABS	Powell J
Y	Boyland WF	Y	Hawley RS	Y	Prescott DW
Y	Bragman MJ	Y	Healey PB	Y	Proskin AW
Y	Brennan JF	Y	Hevesi AG	Y	Proud G
Y	Brodsky RL	Y	Hikind D	Y	Rappleyea CD
Y	Brown HC	Y	Hill EH	Y	Reynolds TM
Y	Bush WE	Y	Hillman MC	Y	Robach RJ
Y	Butler DJ	Y	Hinchey MD	Y	Saland SM
Y	Canestrari RJ	Y	Holland JR	Y	Sanders S
Y	Casale AJ	Y	Hoyt WB	Y	Sawicki J
Y	Catapano TF	Y	Jacobs RS	Y	Schimminger RL
Y	Chesbro RT	Y	Jenkins C	Y	Schmidt FD
Y	Clark BM	Y	Kaufman SB	Y	Seabrook L
Y	Cochrane JC	Y	Keane RJ	EOR	Sears WR
Y	Colman S	Y	Kelleher NW	Y	Seminerio AS
Y	Connelly EA	Y	King RL	Y	Serrano JE
Y	Conners RJ	Y	Koppell GO	Y	Siegel MA
Y	Conte JD	Y	Lafayette IC	Y	Silver S
Y	Cooke AT	Y	Larkin WJ	Y	Singer CD
Y	Coombe RI	Y	Lasher HL	Y	Straniere RA
Y	Crowley J	Y	Leibell VL	Y	Sullivan EC
Y	D'Andrea RA	Y	Lentol JR	Y	Sullivan PM
Y	Daniels GL	Y	Lopez VJ	Y	Sweeney RK
Y	Davidsen DR	Y	Luster MA	Y	Tallon JR
Y	Davis G	Y	Madison GH	Y	Talomie FG
Y	Dearie JC	Y	Marshall HM	Y	Tedisco J
Y	Del Toro A	Y	Martinez I	Y	Tocci RC
Y	Diaz HL	Y	Mayersohn N	Y	Tokasz P
Y	DiNapoli TP	Y	McCann JW	Y	Tonko PD
Y	Dugan EC	Y	McGee PK	Y	Vann A
Y	Eannace RJ	Y	McPhillips MM	Y	Vitaliano EN
Y	Eve AO	EOR	Miller RH	Y	Warren GE
Y	Farrell HD	Y	Murphy MJ	Y	Weinstein HE
Y	Faso JJ	Y	Murtaugh JB	Y	Weisenberg H
Y	Feldman D	Y	Nadler J	Y	Weprin S
Y	Flanagan JJ	Y	Nagle JF	Y	Wertz RC
Y	Friedman G	Y	Nolan CT	Y	Winner GH
Y	Frisa D	Y	Norman C	Y	Yevoli LJ
Y	Gaffney RJ	Y	Nortz HR	Y	Young GP
Y	Gantt DF	Y	Nozzolio MF	Y	Zaleski TM
Y	Genovesi AJ	Y	O'Neil JG	EOR	Zimmer MN
Y	Gottfried RN	Y	Ortloff C		Mr. Speaker

YEAS: 144 NAYS: 0

CONTROL: 14126064 CERTIFICATION: /S/ FRANCINE M. MISASI
CLERK OF THE ASSEMBLY

LEGEND: Y=YES,NAY=NO,NV=ABSTAIN,ABS=ABSENT,
ELB=EXCUSED FOR LEGISLATIVE BUSINESS,EOR=EXCUSED FOR OTHER REASONS.

1989

SENATE JOURNAL
JUN 2 9 1989
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ASSEMBLY

The Assembly Bill
by Mr. CONNELLY Calendar No. 1419 Assembly No. 7472-A
Entitled: " Sen. Rept. No. _____

AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

" was read the third ti e

The President put the question whether the Senate would agree to the final passage of said bill, the same having been printed and upon the desks of the members in its final form at least three calendar legislative days, and it was decided in the affirmative, a majority of all the Senators elected voting in favor thereof and three-fifths being present, as follows:

AYE	Dist.		NAY	AYE	Dist.		NAY
	17	Mr. Babbush			58	Mr. Masiello	
	33	Mr. Bernstein			46	Mr. McHugh	
	43	Mr. Bruno			23	Mr. Mega	
	25	Mr. Connor			30	Mrs. Mendez	
	40	Mr. Cook			22	Ms. Montgomery	
	61	Mr. Daly			42	Mr. Nolan	
	47	Mr. Donovan	EXCUSED		27	Mr. Ohrenstein	
	6	Mr. Dunne			14	Mr. Onorato	
	44	Mr. Farley			36	Mrs. Oppenheimer	
	31	Mr. Galiber			11	Mr. Padavan	
	13	Mr. Gold			29	Mr. Paterson	
	37	Mrs. Goodhue			54	Mr. Perry	
	26	Mr. Goodman			56	Mr. Present	
	39	Mr. Gray			55	Mr. Quattrociocchi	
	18	Mr. Halperin			41	Mr. Rolison	
	48	Ms. Hoffmann			32		
	10	Mr. Jenkins			50	Mr. Seward	
	4	Mr. Johnson			60	Mr. Sheffer	
	53	Mr. Kehoe			9	Mr. Skelos	
	52	Mr. Kuhl			20	Miss Smith	
	2	Mr. Lack			19	Mr. Solomon	
	1	Mr. LaValle			35	Mr. Spano	
	28	Mr. Leichter			57	Mr. Stachowski	
	38	Mr. E. Levy			45	Mr. Stafford	
	8	Mr. N. Levy			12	Mr. Stavisky	
	51	Mr. Libous			3	Mr. Trunzo	
	49	Mr. Lombardi			7	Mr. Tully	
	15	Mr. Maltese			34	Mr. Velella	
	24	Mr. Marchi			59	Mr. Volker	
	5	Mr. Marino			16	Mr. Weinstein	
	21	Mr. Markowitz					

AYES 59
NAYS 0

Ordered, that the Secretary return said bill to the Assembly with a message that the Senate has concurred in the passage of the same.

PROGRAM BILL # 92

MH 7472

GOVERNOR'S PROGRAM BILL

1989

M E M O R A N D U M

RE: AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

Purpose:

This bill would establish the statutory basis for the development of a comprehensive system of emergency psychiatric services in this State.

Summary of Provisions:

This bill authorizes the Commissioner of Mental Health to license Comprehensive Psychiatric Emergency Programs (CPEPs).

Comprehensive Psychiatric Emergency Programs are designed to provide directly, or through agreement, contract, or affiliation, a full range of psychiatric emergency services within a defined geographic area. The program is intended to establish a simple entry point into the mental health system. The services will include crisis intervention services within an emergency room setting, mobile crisis outreach services, crisis residence beds, inpatient beds for extended observation of patients, and triage and referral services. CPEPs would be eligible to receive enhanced Medicaid reimbursement for services pursuant to rates established by the Commissioner of Mental Health.

Section one of the bill amends section 1.03 of the Mental Hygiene Law (MHL) to define "Comprehensive Psychiatric Emergency Program" to mean a program licensed by the Office of Mental Health (OMH) "to provide a full range of psychiatric emergency services within a defined geographic area to persons who are believed to be mentally ill and in need of such services, and which shall include crisis intervention services, extended observation beds, triage and referral services . . . ." The definition of a psychiatric hospital in section 1.03(10) of the Mental Hygiene Law is also amended to include a CPEP within that definition.

Section two of the bill places the definition of "likelihood to result in serious harm" now found in §9.39 in §9.01 of the MHL. Section 9.01 is the general definitional section of this

article. Sections four and seven make conforming amendments to §9.37 and 9.55 respectively. Conforming amendments are also made in sections 9.39, 9.41, 9.43, and 9.45.

Section three of the bill amends section 9.11 of the Mental Hygiene Law to include CPEP patients among those for whom a patient record does not have to be forwarded to the Mental Hygiene Legal Service.

Section five of the bill adds a new section 9.40 to the Mental Hygiene Law to set the standards for retention of a person in a CPEP. Any person alleged to have a mental illness for which immediate observation, care and treatment is appropriate and which is "likely to result in serious harm" to himself or others (as defined in section 9.01 of the MHL) may be involuntarily retained in a CPEP. Each person retained must be examined by a staff physician within the first six hours after being received into the CPEP's emergency room. The individual must be released unless the physician determines that such person has a mental illness for which immediate observation, care, and treatment in a CPEP is appropriate, and which is likely to result in serious harm to the person or others. No person may be retained for a period exceeding twenty-four hours unless a staff psychiatrist also conducts an examination and confirms the determination of the original examining physician and the person is admitted to an extended observation bed. A person may be retained in an extended observation bed for a period not to exceed 72 hours from the time that person entered the CPEP emergency room. A person admitted to an extended observation bed must be provided with written notice of his or her rights as a patient under section 9.40 of the Mental Hygiene Law. Written notice of patient rights and court hearings on the need for continued retention shall be scheduled and held in the same manner as provided pursuant to section 9.39.

If at any time it is determined that a person does not meet the section 9.40 retention standards and that such person is not in need of inpatient psychiatric care and treatment, he or she shall be released without regard to the discharge planning provisions of section 29.15 of the Mental Hygiene Law. Such person may also agree to be admitted to another psychiatric hospital as a voluntary or informal patient.

If the person continues to meet the emergency admission criteria, and the person is determined likely to continue to meet this criteria beyond such seventy-two hour period, the person must be removed to a psychiatric hospital authorized to receive patients pursuant to section 9.39 of the Mental Hygiene Law. Such transfer may occur without regard to the transfer and discharge provisions of §29.11 and §29.15 of the MHL. The time period that the individual may be retained in the hospital on a

9.39 admission status is calculated from the time the person was initially registered into the CPEP emergency room. Individuals who are in need of involuntary care and treatment in a psychiatric hospital may be admitted to an appropriate hospital in accordance with the applicable provisions of article nine of the Mental Hygiene Law.

Persons also may receive emergency psychiatric services in a CPEP on a voluntary basis.

Section six of the bill amends sections 9.41, 9.43, and 9.45 of the Mental Hygiene Law to add CPEPs to the §9.39 hospitals to which the police, courts and directors of community services may direct the emergency removal of seriously mentally ill persons.

Section seven amends sections 9.55, 9.57, and 9.59 of the Mental Hygiene Law. Section 9.57 is amended to authorize the director of a CPEP, upon the request of a physician in the CPEP, to direct the removal of a patient in need of emergency psychiatric services to a 9.39 hospital. Section 9.59 is amended to provide that specially trained employees of CPEPs who transport a person to a hospital shall not be liable for damages for injuries or death of a person unless such injuries or death were caused by gross negligence on the part of such employee. This limitation does not relieve or alter liability arising out of the operation of a motor vehicle.

Section eight adds a new paragraph six to section 31.02(a) of the Mental Hygiene Law to prohibit a provider of services from operating a Comprehensive Psychiatric Emergency Program without an operating certificate issued by the Commissioner of Mental Health.

Section nine amends section 31.04(a)(4) of the Mental Hygiene Law to provide that, unless a waiver is granted, psychiatric hospital operating certificates may be issued or renewed only if the hospital is granted approval to admit patients in emergencies for immediate observation, care and treatment, in accordance with section 9.39 or 9.40.

Section ten adds a new subdivision (b) to section 31.04 to permit the Commissioner of Mental Health to establish criteria governing the operation of CPEPs, including criteria for staffing, equipment, record keeping, safety, required services, discharge planning, space, and quality and adequacy of such programs.

Section eleven adds a new subdivision six to section 31.05(a) of the Mental Health Law to condition the issuance of an operating certificate for the establishment of a CPEP upon the existence of on-site services, or agreements to provide crisis

residence services, crisis intervention services, crisis outreach services, and triage and referral services. These services must be part of an approved Comprehensive Psychiatric Emergency Services Plan submitted pursuant to section 31.27 of the Mental Hygiene Law.

Section twelve adds new sections 31.27, 41.50, and 41.51 to the MHL. New section 31.27 authorizes general hospitals operated by state or local governments or by voluntary agencies to establish licensed CPEPs. Each applicant for an operating certificate as a CPEP must first submit a Comprehensive Psychiatric Emergency Services Plan. The plan must be approved by the Commissioner of Mental Health. Each plan must include: 1) a description of the program's catchment area; 2) a description of the psychiatric emergency services provided directly or through agreement with providers of services; 3) agreements with other psychiatric hospitals to receive and admit persons who require inpatient psychiatric services; 4) agreements with general hospitals for necessary medical or surgical backup care; 5) a description of local resources available to the program to refer persons for care, which may include agreements with local mental health, health, substance abuse, alcoholism, mental retardation and social service agencies to provide appropriate services; 6) a description of linkages with police agencies, emergency medical, ambulance and other transportation agencies; 7) a description of mental health and other human services available to persons upon release from the program; 8) written discharge planning criteria; 9) a statement indicating that the program has been included in local or unified services plans; and 10) other information or agreements required by the Commissioner.

In addition, each CPEP must have a psychiatrist on duty and available at all times. The Commissioner of Mental Health may issue a waiver of this requirement when the volume of service of a program does not require such coverage. The Commissioner is also authorized to promulgate regulations establishing a maximum number of extended observation beds which may be provided in a CPEP, and maximum capacities for presentations and admissions into such programs beyond which the safety and integrity of the programs would be jeopardized.

Section eighteen provides the Commissioner of Mental Health discretion, for a three year period, to designate those general hospitals which may apply and be considered for the approval and issuance of a CPEP operating certificate.

New sections 41.50 and 41.51, and bill section seventeen, establish mechanisms for funding CPEPs. New section 41.50 authorizes the Commissione of Mental Health to make grants to general hospitals for pre-operational cost of CPEPs. New section

41.51 provides local governments operating CPEPs up to one hundred percent state aid for net operating costs and permits the Commissioner to contract directly with general hospitals for reimbursement of approved operating and capital costs of CPEPs. Section seventeen makes CPEPs eligible for 100% State reimbursement up to $250,000 for capital costs. Section seventeen is in effect for three years.

Section thirteen amends §2805-b of the Public Health Law to authorize the diversion of patients with psychiatric conditions from other hospital emergency rooms in New York City to designated CPEPs. The Commissioners of Health and Mental Health will make these designations.

Sections fourteen through sixteen amend provisions of the Social Services Law. Section fourteen includes the definition of a Comprehensive Psychiatric Emergency Program within the Social Services Law. Section fifteen requires the Departments of Social Services, Mental Health, and Health to enter into a cooperative agreement authorizing the Office of Mental Health to administer and supervise the care and services provided in CPEPs under the Medical Assistance Program. Section sixteen makes a conforming amendment to section 367-a of the Social Services Law.

Section nineteen provides that the bill is effective immediately.

Existing Law:

There is presently no statutory authority which authorizes the Office of Mental Health or the Department of Health to separately license psychiatric emergency services programs. However, Article 28 hospitals are authorized to provide separately operated psychiatric emergency services in emergency room settings (10 NYCRR §405.19).

The Mental Hygiene Law includes several provisions regarding emergency admissions of mentally ill persons to psychiatric hospitals as inpatients. Section 9.39 of the Mental Hygiene Law authorizes the Commissioner of Mental Health to approve psychiatric hospitals to receive and retain as inpatients on an emergency basis mentally ill individuals who are in need of immediate observation, care and treatment, if the mental illness is such that there is a likelihood of serious harm to self or others. A staff physician must determine that the individual meets this standard, and a staff psychiatrist must confirm such findings within forty-eight hours after admission. Persons admitted under the emergency admission criteria may be retained as inpatients under this status for a period not to exceed fifteen days.

Section 9.37 of the Mental Hygiene Law authorizes the director of a psychiatric hospital, upon the application of a director of community services or his designee, to admit a person to a section 9.39 designated hospital on an emergency basis when the person is mentally ill and there is a "likelihood of serious harm" to self or others. The need for hospitalization must be confirmed by a staff physician upon admission and confirmed by a separate staff psychiatrist within a seventy-two hour period.

Section 9.41 authorizes State or local police and certain peace officers to remove a mentally ill person to a section 9.39 psychiatric hospital if the person is conducting himself in a manner which is likely to result in serious harm to self or others. Similarly, sections 9.43 and 9.45 of the Mental Hygiene Law authorize the courts and directors of community service, respectively, to direct the emergency removal of seriously mentally ill persons to section 9.39 psychiatric hospitals.

Statement in Support:

Emergency psychiatric services have been widely recognized as a critical aspect of community mental health treatment. The cyclical or recurrent pattern of mental illness makes periodic crises likely for many people with mental illness. People with mental illness frequently have fewer support resources and as a result may need additional support in dealing with crises. Intensive, short-term responses to acute psychiatric distress are considered critical to successful community care for mentally ill persons.

In addition, good evaluation is critical in determining whether a person in crisis needs hospitalization, a referral to alternative services, or simply stabilization and a return to the person's place of residence. Such evaluations should occur in environments where emergency service staff have access to the medical resources that are often necessary in performing initial evaluation and diagnosis. Ideally, emergency services should also be linked to other therapeutic and social supports within the community.

In recent years, emergency rooms in general hospitals increasingly have been serving as the first point of entry into the mental health system and as screeners for a wide range of medical and social problems, including mental illness, homelessness, alcohol and substance abuse, or a combination of these problems. The cumulative effect of these changes is that emergency rooms are increasingly serving as both the means of entry into the mental health system and the primary treatment setting for some individuals. The emergency room visit may reflect a need for ongoing psychiatric treatment in the hospital or community, but it may also represent a lack of social

supports, drug or alcohol problems, or inability to utilize or gain access to other mental health services.

The role of the community hospital as a provider of emergency psychiatric care has increased dramatically in the past two decades. Municipal hospitals in New York City frequently operate above 100 percent occupancy rates, and emergency rooms have experienced a 20 percent increase in persons presenting for psychiatric reasons from - 60,000 in 1982 to 72,000 persons in 1986. These mounting demands on community emergency rooms have produced a concomitant increase in admissions to acute psychiatric inpatient beds. Overcrowded hospitals in urban areas are increasingly relying upon state psychiatric centers for relief, resulting in some State facilities taking a larger role in providing acute treatment.

Historically, solutions to the problem of increased admissions to acute inpatient care from emergency rooms have focused on the development of additional acute inpatient beds in the community. Between 1981 and 1986 the number of acute psychiatric beds statewide grew almost three times faster than admissions to those beds. However, despite dramatic increases in the number of beds, access to beds continues to be difficult, primarily because "length of stay" is also increasing. Major factors for increasing lengths of stay are the lack of residential discharge options and lack of support services in the community, including a coherent psychiatric emergency system.

Currently, psychiatric emergency services (particulary in urban areas) are often delivered by a variety of unconnected providers, ranging from locally operated mobile crisis outreach to large general hospital emergency rooms and State-operated psychiatric centers. Local emergency service arrangements have generally evolved by creatively combining or pooling resources to meet local need. Frequently, however, the core components of the emergency services (crisis intervention, crisis outreach and crisis residence) are inadequate, uncoordinated, and lack critical affiliations with other human service providers outside the hospital setting. This results in an inability to treat crisis effectively in the community and in an inappropriate utilization of inpatient care.

Funding for emergency psychiatric services is also a problem. Hospital based service for individuals not admitted as inpatients are billed as an outpatient visit. There exists no mechanism to pay for an extended observation and evaluation of individuals and few financial incentives exist for developing comprehensive, non-inpatient based emergency responses to acute psychiatric crisis.

The licensing and regulation of psychiatric emergency

services is similarly fragmented and non-specific, creating further barriers to the development of comprehensive emergency systems. General hospitals are licensed by the New York State Department of Health, but specific standards do not exist for psychiatric emergency care provided within the hospital emergency room.

Finally, it is often difficult to locate and place individuals in specialized programs such as substance abuse, alcoholism and mental retardation programs, or in nursing homes. It is essential that all appropriate human service providers participate in the development of crisis service systems in their locality. Otherwise, those individuals with special problems will continue to use overburdened emergency room services, and the current over-reliance on emergency rooms and acute inpatient beds for crisis treatment will be perpetuated.

This proposal represents the initial steps of a multi-year effort to improve the psychiatric emergency service system in New York State. It primarily focuses on the enhancement and development of hospital-based psychiatric emergency services, which are part of a continuum of emergency services that includes non-hospital-based crisis services and resources.

Specifically, the bill authorizes the Office of Mental Health to license and regulate a special class of "Comprehensive Psychiatric Emergency Programs." The establishment of these programs is not intended to replace current psychiatric emergency programs, but instead to organize the array of necessary services into a rational comprehensive network. These programs would serve specified catchment areas and would provide or coordinate provision of all of the essential components of a local crisis response system. Services would be provided either directly by a single hospital or through service arrangements among affiliated institutions or community programs. The bill provides much local flexibility in program development to enable CPEPs to utilize existing community based emergency services in the development of their service networks. The CPEP programs also would be subject to the OMH Certificate of Need (CON) approval process.

Comprehensive Psychiatric Emergency Programs would have at their core the licensed psychiatric emergency room of the CPEP designated hospital. The CPEP would directly provide emergency psychiatric and medical assessment, emergency care and treatment, and triage functions in the emergency room. It would be responsible for formalizing the affiliations between emergency rooms and other mental health and human service providers, thereby relieving emergency rooms of their current role as a human services clearinghouse and as the sole provider of emergency services.

Another critical element of this service will be the development of "extended observation beds." These inpatient beds will be available on-site as part of the emergency room to provide extensive evaluation, assessment and stabilization for persons with acute symptoms who may not require inpatient treatment. The extended observation beds will be in addition to the beds in currently licensed inpatient units. Persons using these beds sometimes will be alcohol or substance abusers displaying psychiatric symptoms, who may require more extended evaluation before the full extent of the underlying psychiatric problem can be determined. Each CPEP will be authorized to operate a maximum number of these beds (to be established in regulations of the Commissioner) and the length of stay will not exceed 72 hours.

The residential component of the CPEP will provide temporary housing for persons in psychiatric crisis who do not require an inpatient psychiatric hospitalization. The residential services will also provide appropriate support services to assist persons to successfully return to their communities. Individuals in these residential services will include those mentally disabled individuals who could avoid hospitalization with 24 hour supervision in a residential setting, persons who have been briefly hospitalized in the past, or mentally disabled persons who require temporary housing while awaiting placement in a residential program or procurement of permanent housing. Persons whose psychiatric symptoms are exacerbated by the loss of a personal residence, or lack of financial resources or family supports would also be eligible. Temporary housing (crisis residence beds) is a required component of a CPEP, and may be provided by arrangement between the CPEP and existing providers of residential services.

The crisis outreach services of the CPEP will include mobile mental health units, community medical and mental health assessment, and treatment services. The primary purpose of crisis outreach services will be to provide psychiatric emergency services outside of the hospital setting at the site of the crisis. In addition to providing more effective intervention when a crisis first occurs, these mobile teams may also serve to reduce overcrowding in emergency rooms by serving individuals in the community who would otherwise appear in the emergency rooms.

Many of the above CPEP services may already exist in varying degrees around the state. Where these services do exist, the CPEP will use the existing array of provider programs and attempt to coordinate and unify their activities into a local comprehensive psychiatric emergency service system.

Budget Implications:

The total State budgetary impact of this program is the sum of the additional expenditures by OMH for operating and capital costs, and the additional expenditures for the State share of Medical Assistance. OMH will contract with general hospitals to provide reimbursement for CPEP operating costs equal to 100% of the net deficit incurred by the host hospital attributable to the establishment of the CPEP, up to a limit of $1,000,000 per year. One hundred percent of the capital costs of each CPEP may be reimbursed by the State up to the first $250,000. Capital costs over that amount may be paid through local assistance funding subject to appropriations made therefor. The remainder of the CPEP's costs will be financed through other revenues, the Medical Assistance Program and allocations from the Bad Debt and Charity Pool.

OMH anticipates licensing four Comprehensive Psychiatric Emergency Programs during the 1989-90 fiscal year. In fiscal year 1989-90, $1.8 million for 50% phase-in State reimbursement will be provided for operating and State Medicaid costs at three CPEPs. In addition, $1,000,000 will be provided at 100% phase-in for operating costs of the CPEP expected to be located at Stony Brook Hospital. In 1989-90 a total capital appropriation of $1,500,000 would be available for three CPEP sites (excluding Stony Brook).

A.7472-A

AF

B-201 BUDGET REPORT ON 10 DAY BILLS Session Year: 1989

SENATE	Introduced by:	ASSEMBLY
No.	M. of A. Connelly, Boyland, McPhillips, Diaz and Colman	No. 7472-A

Law: Mental Hygiene, Public Health, Social Services

Sections: MHL {{1.03, 9.01, 9.11, 9.40, 9.41, 9.43, 9.45, 9.55, 9.57, 9.59, 31.02, 31.04, 31.05, 31.27, 41.18, 41.23, 41.49, 41.50; PHL {2805-b; SSL {{2, 364a, 367a

Division of the Budget Recommendation on the above proposal:

Approve: X Disapprove:_____ No Objection:_____ No Recommendation:_____

1. Subject and Purpose:

This bill addresses the overcrowding and periodic breakdown of emergency psychiatric services by establishing Comprehensive Psychiatric Emergency Programs (CPEPs) supervised by the Office of Mental Health (OMH).

2. Summary of Provisions:

Effective immediately, this bill amends the Mental Hygiene Law to permit OMH to license CPEPs to provide a full range of psychiatric services within a defined geographic area and to establish criteria for their operation. CPEPs may be operated by general hospitals run by the State or local governments or by voluntary agencies. For the first three years, the Commissioner of Mental Health may designate which general hospitals may apply for certification as CPEPs.

CPEPs must provide or enter into agreements for the provision of psychiatric emergency services including crisis intervention and outreach services, crisis residence services, extended observation beds, and triage and referral services. Linkages must also be established with social service and health, substance abuse and alcoholism agencies.

CPEPs may retain involuntarily for up to 72 hours any person alleged to have a mental illness which is likely to result in serious harm to himself or others. Such persons are to be examined by a staff physician within six hours of admission and may not be retained beyond 24 hours unless a member of the hospital's psychiatric staff confirms the need for further care and they are admitted to an extended observation bed.

The existing provisions of Section 9.39 of the Mental Hygiene Law are broadened to empower peace officers and police, the courts or directors of community services to direct emergency admissions to CPEPs, as well as to inpatient care as currently provided.

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Interagency oversight for the operation, reimbursement, and regulation of CPEPs shall be governed by a Memorandum of Agreement among OMH and the Departments of Health and Social Services. State aid is available for 100 percent of CPEP net operating costs. For a period of three years, the first $250,000 of CPEP capital costs is also 100 percent reimbursable.

The amendments to the Public Health Law permit diversion of emergency patients with psychiatric conditions from New York City municipal hospitals to designated CPEPS. The bill also amends the Social Services Law to authorize OMH to administer and supervise CPEPS consistent with interagency agreements and to prohibit Medicaid payment for CPEPS services in the absence of a valid operating certificate.

The bill remains in full force and effect for five years. Beginning January 1, 1990 annual reports to the Governor and the Legislature are required on program effectiveness, expenditures, and the length of patients' stays.

3. Prior Legislative History:

None for this bill.

4. Arguments in Support:

a) Psychiatric emergency rooms in general hospitals have been unable to deal effectively with the numbers and types of persons who present for services. Municipal hospitals in New York City frequently operate at or above full occupancy; emergency rooms close their doors because inpatient beds are not available. Program advocates allege waits in excess of 24 hours while severely disturbed patients are handcuffed to wheelchairs and sleep on windowsills.

Persons presenting for service may need a wide range of mental health, substance abuse, housing and social services. As currently organized, emergency rooms are ill-equipped to serve both as a point of entry into the mental health system and as a primary treatment setting. CPEPs would be required to have the program linkages necessary to refer patients to the most appropriate treatment setting, while retaining responsibility for persons needing crisis mental health care regardless of their other needs.

b) Intensive, short-term responses to acute mental illness are critical to the successful community tenure of mentally ill persons. The cyclical nature of many mental illnesses makes it likely that even persons who are successfully placed in community programs may need crisis services. By offering such care, the CPEPS program may improve the community's ability to maintain its mentally ill members successfully.

c) By effectively screening patients in the emergency room, this program will reduce inappropriate admissions to overburdened acute-care inpatient services and leave beds available for the persons most in need. In addition, the program should reduce the number of "bed blockers"--persons occupying beds who cannot be discharged to outpatient programs because their problems were not mental health-related in the first place.

5. Possible Objections:

The bill allows for the expansion of services offered by general hospitals. It could be argued that increasing State funding for mental health services at a time when cutbacks in other State-funded programs such as Medicaid are being considered is inequitable. However, the need for emergency room relief has been recognized as a high priority by both the Department of Health and the Office of Mental Health, and by the Governor in his State of the State address.

Counties may object to the increased Medicaid cost of this program. However, two of the first three programs are planned for New York City and should provide relief to the municipal hospital system.

6. Other Agencies Interested:

The Departments of Health and Social Services, the Commission on Quality of Care for the Mentally Disabled, the Divisions of Substance Abuse Services and Alcoholism and Alcohol Abuse, the State Advocate for the Disabled, the State University of New York, and the Office of Mental Retardation and Developmental Disabilities.

7. Known Position of Others:

Not known.

8. Budgetary Implications:

The 1989-90 budget provides $1.1 million in Aid to Localities for the phase-in of CPEPs pursuant to a Chapter of the Laws of 1989. This amount is expected to cover the net deficit of three programs for a part-year phase-in. In addition, $1.0 million is provided for the full annual cost of a new emergency services program at the University Hospital at Stony Brook, with an offsetting savings in State Operations of $540,000 for emergency services formerly provided at Kings Park Psychiatric Center. The budget also anticipates a corresponding increase in the State share of Medicaid for these programs of up to $0.3 million. The net operating cost of the program in 1989-90 totals $2,160,000. Initial capital funding of $1.5 million is also included in 1989-90 for this program.

The full annual operating cost of the four programs, including the State share of Medicaid, is projected to be $4.9 million. Offsetting this is a projected savings of $1.0 million in State Operations for Kings Park. The total cost of capital improvements cannot be fully estimated until final program sites are chosen.

9. Recommendation: Approve.

This bill establishes a statutory basis for the program of emergency psychiatric services supported in the 1989-90 Executive Budget. It should help target inpatient psychiatric services to persons most in need of them, thus reducing the demand for additional beds.

Date: July 14, 1989 Examiner: _____

Disposition: Chapter No. Veto No.

000017

A. 7472-A

BILL MEMORANDUM

Bill Number: A. 7472-A

Sponsor: M. of A. Connelly

Summary:

This bill would establish the statutory basis for the development of a comprehensive system of emergency psychiatric services in the state.

Justification:

The Comprehensive Psychiatric Emergency Program will create aggressive discharge planning and referral centers designed to move medically screened patients out of emergency rooms and connect them with available community resources. The goal of the program is to reduce inappropriate admissions to psychiatric centers and to link emergency rooms with other mental health service providers.

Fiscal Impact:

An appropriation of $2,400,000 was passed in Chapter 50 of the Laws of 1989.

Effective Date:

Immediately.

/CP

A. 7472

TO COUNSEL TO THE GOVERNOR

RE: SENATE

ASSEMBLY 7472-A

Inasmuch as this bill does not appear to relate to the functions of the Department of Law, I am not commenting thereon, at this time. However, if there is a particular aspect of the bill upon which you wish comment, please advise me.

ROBERT ABRAMS
Attorney General

Dated: July 6, 1989

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C-723

A.7472

State of New York
Council on Children and Families
Mayor Erastus Corning 2nd Tower
28th Floor
Empire State Plaza
Albany, New York 12223

Joseph J. Cocozza, Ph.D.
Executive Director
(518) 474-8038

M E M O R A N D U M

TO: Evan A. Davis
Counsel to the Governor

Date: July 19, 1989

FROM: Joseph J. Cocozza
Executive Director

SUBJECT: Assembly 7472; before the Governor for Approval

Recommendation: Approval

Assembly 7472 establishes a Comprehensive Psychiatric Emergency Program, under the jurisdiction of the Office of Mental Health, to provide crisis intervention services, crisis outreach services, crisis residence services, extended observation beds, and triage and referral services to persons in the community who are likely to seriously harm themselves or others because of mental illness. The bill establishes emergency observation and involuntary retention procedures, operating standards and a reimbursement methodology for the programs. The bill was introduced at the request of the Governor.

The Council on Children and Families recommends approval of the bill, since it provides an additional community resource to meet the service needs of families. The existence of such programs may make it possible for some persons currently hospitalized to return to their families, and may reduce the likelihood that others will become or remain in hospitals unnecessarily. Finally, emergency psychiatric services should help alleviate the conditions of some homeless individuals and families and provide a means for them to seek the medical, psychiatric, and social services they need to stabilize their lives.

/kkc

A.7472-A

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243

CESAR A. PERALES
Commissioner

July, 18, 1989

Re: Ten Day Bill
Assembly 7472-A

Dear Mr. Davis:

Your office has requested the Department's comments on the above-referenced Ten Day Bill.

Assembly 7472-A would authorize the Commissioner of the Office of Mental Health to license general hospitals as Comprehensive Psychiatric Emergency Programs (CPEPs) to provide a full range of psychiatric emergency services to clients within a defined geographic area. Services under the CPEP would include crisis intervention services within an emergency room setting, mobile crisis outreach services, crisis residence beds, inpatient beds for extended observation of patients and triage and referral services.

The bill is a Governor's Program Bill. This Department was involved in discussions with the Governor's Office regarding the provisions of this bill.

The Department supports the bill since it would ensure that a comprehensive network of services is made available to those in need of psychiatric services, including both hospital-based psychiatric emergency services and non-hospital-based crisis services and resources.

Thank you for the opportunity to comment on this bill.

Sincerely,

for Cesar A. Perales
Commissioner

Attachment

Honorable Evan A. Davis
Counsel to the Governor
Executive Chamber
The Capitol
Albany, NY 12224

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HF

A.7472-A

Memorandum

State of New York
Office of Advocate
for the Disabled

TO: Honorable Evan A. Davis, Counsel to the Governor

FROM: Robert J. Boehlert, Counsel

SUBJECT: A.7472-A - Memorandum in Support DATE: 7/18/89

RE: AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

The Advocate's Office urges approval of this measure, introduced at the request of the Governor, to establish a comprehensive system of emergency psychiatric services in New York State.

The availability of a range of appropriate community based crises services for people who are experiencing a mental illness is one of the most critical components in the establishment of a continuum of care for New Yorkers with disabilities. Other essential services for which this agency has long advocated -- reform in the delivery of vocational rehabilitation services, increased accessibility in housing and public transportation, job accommodation at the worksite, etc. -- may be of little long term benefit if services to ameliorate an immediate crisis situation are not readily available. The comprehensive network of services which will be implemented as a result of approval of this legislation will help to assure the availability of such emergency services, in an appropriate and cost effective manner, in communities throughout the state and so facilitate the utilization of other generic services.

Thank you for providing the Advocate's Office with an opportunity to comment on A.7472-A.

/ds

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A.7472-A

State University of New York
State University Plaza
Albany, New York 12246

Office of the University Counsel
and Vice Chancellor for Legal Affairs
(518) 443-5400

July 13 1989

TO: Honorable Evan A. Davis

FROM: Nancy S. Harrigan

SUBJECT: Assembly 7472-A -- AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

RECOMMENDATION: No objection

DISCUSSION:

We have no objection to Executive approval of this legislation which provides for establishment of comprehensive psychiatric emergency programs.

cc: Mr. Daniel Kinley

A.7472

State University of New York
State University Plaza
Albany, New York 12246

Office of the University Counsel
and Vice Chancellor for Legal Affairs
(518) 443-5400

July 13 1989

TO: Honorable Evan A. Davis

FROM: Nancy S. Harrigan

SUBJECT: Assembly 7472-A -- AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

RECOMMENDATION: No objection

DISCUSSION:

We have no objection to Executive approval of this legislation which provides for establishment of comprehensive psychiatric emergency programs.

cc: Mr. Daniel Kinley

tf

A.7472-A

COUNSEL

STATE OF NEW YORK

COMMISSION ON QUALITY OF CARE

FOR THE MENTALLY DISABLED
99 WASHINGTON AVENUE, SUITE 1002
ALBANY, NEW YORK 12210
(518) 473-4065

PAUL F. STAVIS
COUNSEL

ASSISTANT COUNSELS
PATRICIA W. JOHNSON
DEBORAH A. GLASBRENER
V. JEROME LUHN

July 12, 1989

Evan A. Davis, Esq.
Counsel to the Governor
Executive Chamber
State Capitol
Albany, New York 12224

RE: Assembly Bill #7472-A

Dear Mr. Davis:

The Commission on Quality of Care for the Mentally Disabled supports the establishment of comprehensive psychiatric emergency programs proposed by this bill for a trial period to expire after five years.

The enactment and implementation of this law to enhance crisis intervention and allow for extended observation for persons who appear to be in need of emergency psychiatric services may result in fewer emergency admissions. Crisis intervention can promote treatment in a less restrictive setting by easing a person through an emergency thereby allowing the individual to remain or return to the community. Similarly, the ability to provide extended observation can help to refer persons to more appropriate treatment settings and prevent inappropriate admissions.

While proposed section 9.40 allows for the release of certain persons without regard to the discharge planning requirement of Mental Hygiene Law (MHL) §29.15, the Commissioners' regulations pursuant to MHL §31.04(b) will provide for discharge criteria.

Therefore, we recommend that the Governor sign this bill into law.

Very truly yours,

Patricia W. Johnson

Patricia W. Johnson
Assistant Counsel

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A.7472-A

H/F

STATE OF NEW YORK
OFFICE OF MENTAL HEALTH

COUNSEL

RICHARD C. SURLES, Ph.D.
Commissioner

44 HOLLAND AVENUE
ALBANY, NEW YORK 12229
(518) 474-1331

JOHN PETRILA
Deputy Commissioner and Counsel

July 12, 1989

Honorable Evan A. Davis
Counsel to the Governor
Executive Chamber
Room 225
State Capitol
Albany, NY 12224

Re: Assembly Bill #7472-A

Dear Mr. Davis:

The Office of Mental Health strongly supports enactment of A.7472-A which would establish Comprehensive Psychiatric Emergency Programs (CPEPs) to provide psychiatric emergency services to persons in crisis. This bill is part of the Governor's 1989 Legislative Program.

The provision of emergency psychiatric services is a critical component of the community mental health system. The cyclical or recurrent pattern of mental illness often results in periodic crises for many people with mental illness. In recent years, emergency rooms in general hospitals increasingly have served as the initial entry point into the mental health system to screen persons for a wide range of medical and social problems, including mental illness, homelessness, alcohol and substance abuse, or a combination of these problems.

As a result, emergency rooms are serving as the primary means of entry into the mental health system, as well as the primary treatment setting for many individuals. These mounting demands have resulted in overcrowding in general hospital emergency rooms, as well as an increase in admissions to acute psychiatric inpatient beds. In addition, overcrowded hospitals in urban areas are relying upon state psychiatric centers to take a larger role in providing acute treatment.

This bill represents the first step of a multi-year effort to address these problems and to improve the psychiatric emergency system in New York State. The bill authorizes the Commissioner of Mental Health to license Comprehensive Psychiatric Emergency Programs designed to provide a full range of psychiatric emergency services within a defined geographic area. The services provided by a CPEP will include crisis intervention services

within an emergency room setting, mobile crisis outreach services, crisis residence beds, inpatient beds for extended observation of patients, and triage and referral services. CPEPs also would be eligible to receive enhanced Medicaid reimbursement for services pursuant to rates established by the Commissioner of Mental Health.

These programs are not intended to replace current psychiatric emergency programs, but instead to organize the array of necessary services into a rational comprehensive network with a single entry point. CPEPs would serve specified catchment areas and would provide or coordinate the provision of all of the essential components of a local crisis response system. Services could be provided either directly by a single hospital or through service arrangements among affiliated institutions or community programs. Local flexibility in program development will enable CPEPs to utilize existing community based services in the development of their service networks.

Enactment of this proposal will establish the legal mechanisms by which general hospitals may be licensed and funded to develop integrated local psychiatric emergency systems. We believe that the establishment of CPEPs will result in more efficient and better care and treatment for persons who are mentally ill and experiencing a crisis.

Sincerely,

JOHN PETRILA

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

JUL 24 1989

MEMORANDUM filed with Assembly Bill Number 7472-A, entitled:

"AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof"

CHAPTER 723

APPROVAL #55

A P P R O V E D

The bill, a part of my 1989 legislative program, amends sections 1.03, 9.40, 31.04, 31.05, 31.27, 41.50, and 41.51 of the Mental Hygiene Law to authorize the Commissioner of Mental Health to license Comprehensive Psychiatric Emergency Programs (CPEPs), and to set standards for admission into the programs and program operation. Conforming amendments are made to sections 9.11, 9.41, 9.43, 9.45, 9.57, 9.59 and 31.04 of the Mental Hygiene Law. Beginning on January 1, 1990, the Commissioner must make annual reports on the implementation and operation of the program.

The bill also amends section 9.01 of the Mental Hygiene Law to consolidate the definition of "likelihood to result in serious harm". Section 9.01 is the general definition section of this article. Conforming amendments are made to sections 9.11, 9.37, 9.39, 9.41, 9.43, 9.45, and 9.55 of the Mental Hygiene Law.

Technical conforming amendments are made to section 2805-b of the Pubic Health Law and sections 364-a and 367-a of the Social Services Law.

The act takes effect immediately.

This bill represents the initial steps for a multi-year effort to improve the psychiatric emergency service system in New York State. It primarily focuses on the enhancement and development of hospital-based psychiatric emergency services, which are part of a continuum of emergency services that includes non-hospital-based crisis services and resources.

Emergency psychiatric services have been widely recognized as a critical aspect of community mental health treatment. The cyclical or recurrent pattern of mental illness makes periodic crises likely. Intensive, short-term responses to acute psychiatric distress are considered critical to successful community care for mentally ill persons.

Comprehensive Psychiatric Emergency Programs would have at their core the licensed psychiatric emergency room of the CPEP designated hospital and a psychiatrist on duty and available at all times. The CPEP would directly provide emergency psychiatric and medical assessment, emergency care and treatment, and be responsible for formalizing the affiliations between emergency rooms and other mental health and human service providers. This would help relieve emergency rooms of their current role as human services clearinghouses.

Only persons alleged to have a mental illness for which immediate observation, care, and treatment is appropriate and which is "likely to result in serious harm" to the person or others may be involuntarily retained in a CPEP. Such persons must be examined by a staff physician within six hours and by a staff psychiatrist within twenty-four hours. If, at any time, a person does not meet the admission criteria, the person may not be involuntarily retained. Any person retained for more than

seventy-two hours must be removed to a psychiatric hospital.

Approval is recommended by the Office of Mental Health, the Department of Health, the Department of Social Services, the Division of the Budget, the Commission on Quality of Care for the Mentally Disabled, the Office of the Mayor of the City of New York, the Hospital Association of New York State, the Mental Health Association in New York State, Inc., and the State Communities Aid Association.

The bill is approved.

C-723

New York State Bar Association

DEPARTMENT OF GOVERNMENTAL RELATIONS

MARY ELIZABETH BABCOCK, *Associate Director*

July 26, 1989

Honorable Evan A. Davis
Counsel to the Governor
Executive Chamber
Capitol - Room 225
Albany, New York 12225

RE: *A. 7472-A*

Dear Mr. Davis:

You requested the views of this Association with respect to the above 10-day bill pending befc e the Governor.

Our Committee/Section dealing with this subject matter has advised us that they choose to take no position at this time.

Thank you for the opportunity to comment.

Sincerely,

Mary Elizabeth Babcock

Mary Elizabeth Babcock
Associate Director

MEB/l

NYSBA One Elk Street, Albany, New York 12207 518-463-3200

C-723 A.7472-A

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

David Axelrod, M.D.
Commissioner

July 14, 1989

Hon. Evan A. Davis
Counsel to the Governor
Executive Chamber
State Capitol
Albany, New York 12224

RE: Assembly 7472-A

Dear Mr. Davis:

Your office has requested the Department's comments on Assembly 7472-A which is before the Governor for executive action. The bill amends the Mental Hygiene Law, the Public Health Law, and the Social Services Law to establish comprehensive psychiatric emergency programs (CPEP). Under the bill, CPEPs are to be licensed by the Office of Mental Health to provide a full range of psychiatric emergency services within a defined geographic area to persons who are believed to be mentally ill and in need of such services. Since CPEPs will be located in general hospitals, the bill provides for a cooperative agreement between the Commissioners of Health and Mental Hygiene regarding the operation of CPEPs.

Providing emergency psychiatric services is of immense importance and requires a comprehensive solution using mental health professionals instead of total reliance on the general health care system.

For these reasons, the Department of Health recommends approval of Assembly 7472-A.

Sincerely,

Peter J. Millock
General Counsel

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HF

A. 7472-A

New York State Association of COUNTIES

150 STATE STREET ALBANY NEW YORK 12207 (518) 465-1473
FAX: (518) 465-0506

July 17, 1989

The Honorable Evan A. Davis
Counsel to the Governor
Executive Chamber
State Capitol
Albany, New York 12224

RE: S. 7472--A

Dear Mr. Davis:

This letter is in response to your recent inquiry concerning the above referenced legislation, which recently passed both houses of the Legislature and is now before the Governor for Executive Action.

The New York State Association of Counties has no position on this legislation.

Please feel free to contact our office if we can be of further assistance.

Kindest personal regards.

Very truly yours,

Edwin L. Crawford

Edwin L. Crawford
Executive Director

ELC:jh

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MF

A.7472-A

Hospital Association of New York State

July 13, 1989

Honorable Evan A. Davis
Counsel to the Governor
Executive Chamber
State Capitol
Albany, New York 12224

Dear Mr. Davis:

RE: A.7472-A (Connelly)/S.4768-A (Spano)

The above referenced legislation would establish comprehensive psychiatric emergency programs on a demonstration basis. The Hospital Association of New York State strongly supports this proposal and urges that it be enacted into law.

HANYS strongly supports the concept of comprehensive psychiatric emergency rooms. There is a great need for coordination of all the services, both hospital- and nonhospital-based, which are crucial to providing effective emergency care to this population. As has been well documented, the role of general hospitals as a provider of emergency psychiatric services has increased tremendously. Unfortunately, overcrowded emergency rooms and inpatient units, as well as a lack of funding, have made it increasingly difficult for hospitals to effectively fulfill their role as a mental health provider. This legislation is an important first step in the development of comprehensive psychiatric emergency programs and the improvement of hospital-based psychiatric emergency services.

It remains, however, to be seen how this program will actually work and what effect it will have on current providers of mental health services. Furthermore, hospitals are increasingly concerned about overregulation

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74 N. Pearl Street, Albany, New York 12207 518/434-7600 FAX: 518/434-7915

and this program has the potential to add additional layers of regulation for hospital emergency rooms that participate in the proposed program. However, since this legislation requires ongoing evaluation of the program and sunsets after five years, we believe adequate safeguards are provided.

The Hospital Association of New York State therefore supports this legislation and urges that it be signed into law.

Very truly yours,

Jerry S. Hoffman
Vice President
Governmental Affairs

S-4768 HF
A7472

STATE SCAA COMMUNITIES AID ASSOCIATION

One Columbia Place
Albany, NY 12207
(518) 463-1896

105 East 22nd Street
New York, NY 10010
(212) 677-0250

June 20, 1989

Governor Mario M. Cuomo
Executive Chamber
2nd Floor
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

State Communities Aid Association supports S.4768/A.7472, which would establish the statutory basis for the development of a comprehensive system of emergency psychiatric services in New York State. The bill authorizes the Commissioner of Mental Health to license Comprehensive Psychiatric Emergency Programs.

In 1988, SCAA carried out an analysis of the psychiatric admissions crisis in each of the five regions of the state. We found that constantly growing pressure has produced "gridlock" in the mental health system, threatening community care possibilities. In the major cities of New York State, and particularly in New York City, problems in patient flow involve emergency room overcrowding; increased acute admissions to both local acute and state psychiatric hospitals; increased lengths of stay in New York City; and annual occupancy rates in municipal and voluntary hospitals ranging from 90 to 110 percent.

During the same period, there were sharp increases in emergency room presentations in New York City's Health and Hospitals Corporation facilities. In Buffalo, emergency room presentations fluctuated, showing no discernible trend until 1987, when they increased sharply.

This gridlock exists in spite of the fact that the supply of acute psychiatric care beds in the state grew by 38% between 1981 and 1986.

Working to improve health and human services in New York State since 1872.

SCAA concluded that the crisis in acute psychiatric admissions is not a direct function of either the availability of acute care beds or of inpatient intermediate care provided by state psychiatric centers, but of the unavailability of alternatives to hospitalization. We strongly recommended that the state undertake a major initiative to strengthen psychiatric emergency rooms, including requiring OMH certification, in conjunction with the Department of Health, and incorporating standards related to staffing, physical plant, diagnosis and treatment of alcohol and drug abuse, as well as psychiatric disability, and linkages with other "front-end" services. Also recommended to supplement psychiatric emergency rooms was a comprehensive network of crisis intervention services that includes telephone and walk-in services, mobile outreach services, and crisis residences.

The referenced legislation provides for the necessary emergency room and crisis intervention programming. It establishes Comprehensive Psychiatric Emergency Programs, authorizes OMH certification and oversight, defines the substance of psychiatric emergency intervention, requires the submission of a hospital's plan for providing such services, and requires that CPEPs provide crisis intervention and outreach services.

We understand that language has been added to the bill that clarifies the role of local government in planning for CPEPs since municipal and voluntary hospitals receive Local Assistance funding and are part of the local mental health network.

In sum, we believe this legislation establishes a statutory framework for responding to the psychiatric admissions crisis and we urge its passage.

Sincerely yours,

Evelyn R. Frankford

Evelyn R. Frankford
Senior Policy Associate

ERF/pl
cc: Richard C. Surles, Ph.D.

S-4768 HF
A 7472

MENTAL HEALTH ASSOCIATION IN NEW YORK STATE, INC.

Leila N. Salmon, *Executive Director*

MEMORANDUM IN SUPPORT

S.4768/A.7472
Senator Spano/Assemblywoman Connelly

AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

The Mental Health Association in New York State strongly supports this legislation, which would establish comprehensive psychiatric emergency programs (CPEP) to provide crisis intervention and outreach, crisis residence beds, provisions for extended observation of patients, and triage and referral services. The bill also creates mechanisms for funding CPEP's.

This legislation is needed to create an accessible, comprehensive crisis/emergency psychiatric service system capable of providing a range of treatment options for people in psychiatric crisis. The current "system" of emergency crisis intervention varies so widely across the state and is so often inadequate to provide appropriate services to individuals when and where they need them, that it frequently offers few service and treatment options for individuals in psychiatric crisis. Further, specialized services which may be most needed are often especially difficult to access during times of crisis. The human costs in inappropriate hospitalizations and unmet needs are as staggering as the burdensome costs of over-utilized hospital emergency rooms and psychiatric hospitalization because of lack of other, more suitable service options.

Program responses and funds made available through this legislation are expected to provide a wide range of accessible services, coordination among community service providers and the necessary technical expertise to begin answering some of these serious needs within a geographical area.

Provision in the bill as part of the program's design for "extended observation beds" holds great promise for diverting individuals from inappropriate placements and for identifying and obtaining the range of services most suitable for individuals'

75 New Scotland Avenue • Albany, New York 12208 • 518-434-0439

situations. The Mental Health Association in New York State does have some concerns, however, about how individuals will be identified for placement in extended observation beds. We look to the Office of Mental Health to both develop regulations and implement the program in ways that safeguard individual rights and dignity.

There is tremendous need for this legislation. It will provide for the development of a comprehensive array of emergency services within a geographical area, and an accessible entry point into the local mental health system. It will allow communities to remedy service gaps by providing needed emergency/crisis intervention and response services, and to address the needs of individuals in psychiatric crisis in more rational, cost effective and humane ways than are currently possible.

Amy Button
Legislative Advocate

A.7472-A

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

July 10, 1989

A.7472-A - by M. of A. Connelly, Boyland, McPhillips, Diaz, Colman, et al.

AN ACT to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

NO OBJECTION

Hon. Mario M. Cuomo
Governor of the State of New York
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

The above bill is before you for executive action.

This bill amends subdivision 10 of Section 1.03 of the Mental Health Law, as added by Chapter 978 of the Laws of 1977. It would establish the statutory basis for the Comprehensive Psychiatric Emergency Programs (CPEPs).

The City of New York supports the establishment of CPEPs. Article 28 hospitals are currently authorized to provide separately operated psychiatric emergency rooms. There is no statutory authority for the State Office of Mental Health (SOMH) or the State Department of Health (SDOH) to separately license psychiatric emergency services programs. This bill authorizes the Commissioner of Mental Health to license CPEPs.

Comprehensive Psychiatric Emergency Programs are designed to provide directly, or through agreement, contract, or affiliation, a full range of psychiatric emergency services within a defined geographic area. The program is intended to establish a simple entry point into the mental health system. The services will include crisis intervention services within an emergency room setting, mobile crisis outreach services, crisis residence beds, inpatient beds for extended observation of patients, and triage and referral services. CPEPs would be eligible to receive enhanced Medicaid reimbursement for services pursuant to rates established by the State Commissioner of Mental Health.

Emergency rooms in New York City based hospitals have been increasingly used by persons who have medical and social problems, or alcohol and/or substance abuse problems or are homeless, etc. It is imperative to have a good evaluation in determining whether a persons in crises needs hospitalization or some alternative setting.

Accordingly, I have no objection to this bill.

Very truly yours,

EDWARD I. KOCH, Mayor

By James Brennan
Legislative Representative

(Mrs) Lucas Deskins
25 Ft. Washington Ave, Apt 5C
New York, N.Y. 10032

June 14, 1989

A7472-A

Honorable Elizabeth A. Connelly
Chairwoman, Mental Health,
Alcoholism and Substance Abuse
Room 826 Legislative Office Building
Albany, New York 12248

Dear Assemblywoman Connelly:

As a member of the Alliance for the Mentally Ill of New York State and the Friends and Advocates of the Mentally Ill in New York City, and as a close relative of a mentally ill person, I wish to thank you for your help in restoring funds to the 1989-1990 Office of Mental Health budget. Your efforts are greatly appreciated.

I am writing at this time to ask your support of Bill S4768 which would establish a statutory basis for the development of a comprehensive system of emergency psychiatric services in New York State.

Emergency psychiatric services have been widely recognized as a critical aspect of community mental health treatment. Because of the chronic or recurrent nature of many mental illnesses, and because of the vulnerability of mentally ill persons to stress and to the inevitable crises of daily living, intensive short-term support resources are a vital component of a successful community care plan for the mentally ill.

Please support the passage of Bill S4768.

Thank you in advance for your attention to my letter.

Sincerely,

Lucas Deskins

Sample
appmt so Recd

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A7472-A

Alliance for the Mentally Ill of New York State

260 Washington Avenue, Albany, New York 12210
(518) 462-2000 • (914) 255-5134 • (212) 719-2484

June 4, 1989

Honorable Elizabeth A. Connelly
Chairwoman, Mental Health
Committee
826 Legislative Office Building
Albany, NY 12248

Dear Assemblywoman Connelly:

We are writing to further inform you of the positions of thousands of caring families in AMI-NYS with respect to several proposed legislative bills.

We ~~support the Governor's Program Bill 4768~~, A7472 which you are sponsoring in the Assembly, to establish a statutory base for much-needed development of a COMPREHENSIVE system of EMERGENCY PSYCHIATRIC PROGRAMS. It will make it possible to provide a full-range of professional psychiatric emergency services including crisis-residence beds to those experiencing psychiatric crises. The individual assessed as needing inpatient hospitalization will be referred on while those who don't, can be treated and linked with helpful community health and human services.

We **oppose Assembly Bill 3421**, as we believe that vacant psychiatric land no longer needed for patient buildings or programs should be used to create affordable housing for people with serious mental illnesses. Many are in desperate need, now; and the situation will begin to worsen dramatically in the next few years, as many parents in their 70's and 80's just won't be available to continue the care of their mentally ill children at home. Costs for alternatives for housing, such as housing and shelters, are already mounting. We believe this land is a legacy to the mentally ill from the days of Dorothea Dix's efforts, a century ago.

For the fourth year, **we oppose Assembly Bill 8240** which is now superfluous, in view of the COMPREHENSIVE PLANNING PROCESS by a broad-based Statewide Planning Advisory Committee and its seven task forces and by regional advisory committees participation in planning broadened to include families and consumers, as well as providers. It is believed these programs which take the desires, motivations and concerns of families and consumers in consideration, are more likely to succeed.

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Last year's survey of AMI families, carried out jointly by AMI-NYS and OMH, showed that families want to see more case management for their mentally ill loved ones. Clinics have continued to proliferate and eat up 55% of out-patient funding. More funding is needed for these other programs, essential to thriving-and-surviving.

New local planning guidelines are in effect so that local areas can develop comprehensive service-system plans which reflect both State and local priorities. Localities have considerable discretion in how best to implement State priorities.

We hope that you will support our positions on these bills. Thank you.

Sincerely,

Flora L. Ramonowski
AMI-NYS Legis. Chair

Muriel Shepherd
AMI-NYS Founding
President

cc Roy Neville
AMI-NYS President

A7472-A

STATE SCAA COMMUNITIES AID ASSOCIATION

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MEMORANDUM IN SUPPORT

S.4768/A.7472

An Act to amend the mental hygiene law, the public health law and the social services law, in relation to the establishment of comprehensive psychiatric emergency programs and to repeal certain provisions of this act on the expiration thereof

State Communities Aid Association supports this legislation, which would establish the statutory basis for the development of a comprehensive system of emergency psychiatric services in New York State. The bill authorizes the Commissioner of Mental Health to license Comprehensive Psychiatric Emergency Programs.

In 1988, SCAA carried out an analysis of the psychiatric admissions crisis in each of the five regions of the state. We found that constantly growing pressure has produced "gridlock" in the mental health system, threatening community care possibilities. In the major cities of New York State, and particularly in New York City, problems in patient flow involve emergency room overcrowding; increased acute admissions to both local acute and state psychiatric hospitals; increased lengths of stay in New York City; and annual occupancy rates in municipal and voluntary hospitals ranging from 90 to 110 percent.

During the same period, there were sharp increases in emergency room presentations in New York City's Health and Hospitals Corporation facilities. In Buffalo, emergency room presentations fluctuated, showing no discernible trend until 1987, when they increased sharply.

This gridlock exists in spite of the fact that the supply of acute psychiatric care beds in the state grew by 38% between 1981 and 1986.

SCAA concluded that the crisis in acute psychiatric admissions is not a direct function of either the availability of acute care beds or of inpatient intermediate care provided by state psychiatric centers, but of the unavailability of alternatives to hospitalization. We strongly recommended that the state undertake a major initiative to strengthen psychiatric emergency rooms, including requiring OMH certification, in conjunction with the Department of Health, and incorporating standards related to staffing, physical plant, diagnosis and treatment of alcohol and drug abuse, as well as psychiatric disability, and linkages with other "front-end" services. Also recommended to supplement psychiatric emergency rooms was a comprehensive network of crisis intervention services that includes telephone and walk-in services, mobile outreach services, and crisis residences.

The referenced legislation provides for the necessary emergency room and crisis intervention programming. It establishes Comprehensive Psychiatric Emergency Programs, authorizes OMH certification and oversight, defines the substance of psychiatric emergency intervention, requires the submission of a hospital's plan for providing such services, and requires that CPEPs provide crisis intervention and outreach services.

We understand that language has been added to the bill that clarifies the role of local government in planning for CPEPs since municipal and voluntary hospitals receive Local Assistance funding and are part of the local mental health network.

In sum, we believe this legislation establishes a statutory framework for responding to the psychiatric admissions crisis and we urge its passage.

Evelyn R. Frankford
Senior Policy Associate

6/20/89