



New York City Council Hearing

**Oversight: The Future of Psychiatric Care
in New York City's Hospital Infrastructure**

Charles Barron, M.D.

Deputy Chief Medical Officer

NYC Health + Hospitals

June 20, 2018

Good afternoon Chairperson Rivera, Chairperson Ayala, and members of the Committee on Hospital Systems, and the Committee on Mental Health, Disabilities, and Addiction. I am Dr. Charles Barron, Deputy Chief Medical Officer for NYC Health + Hospitals (“Health + Hospitals”). Thank you for the opportunity to testify before you on the future of psychiatric care in New York City’s hospital infrastructure.

Health + Hospitals is the main provider of behavioral health and inpatient psychiatric care services in New York City, with nearly 1,500 licensed psychiatric beds – representing 48% of all psychiatric inpatient beds in the metropolitan area. As such, we provide a significant portion of behavioral health inpatient services in New York City, which underscores the need for continued stability in the public hospital system. Over the last several years, health care delivery in New York State has been undergoing a transformation – a shift from providing care in the inpatient setting to community-based care. In April 2014, the federal Centers for Medicare and Medicaid Services (CMS) approved New York State’s Medicaid waiver request in the amount of \$8 billion over five years. The goal of the Delivery System Reform Incentive Payment (DSRIP) program was to achieve a 25% reduction in avoidable hospitalizations for Medicaid patients, including psychiatric hospitalizations, and restructure the health care delivery system. To that end, from 2014 - 2017 Health + Hospitals has seen a decrease in our “all-cause,” and psychiatric readmission rates by 24% and 27%, respectively.

In keeping with the hospital industry’s shift from inpatient to ambulatory care, at Health + Hospitals we are in the process of deploying a system-wide, and multi-phase expansion of integrated ambulatory behavioral health care, which we expect to complete by the end of 2020. NYC Health + Hospitals/Metropolitan will serve as

a demonstration site and center of innovation, bringing together the most innovative care models and community driven strategies. Additional, and complementary initiatives will also include: 1) collaboration with community based providers focusing on depression, substance misuse, and unstable psychosis in neighborhoods especially impacted by behavioral health issues; 2) strategies to improve safety for our patients; 3) intensive outpatient programs, which allow increased frequency and customized treatment to meet each patient's needs; and 4) use of tele-psychiatry to assist with workforce shortages, and provide increased access for patients.

Our acute care behavioral health services include seven adult, and one child & adolescent comprehensive psychiatric emergency programs (CPEPs), which include psychiatric emergency rooms, extended observation beds, mobile crisis intervention services, and access to crisis beds. Last year, there were more than 63,000 adult and 8,000 child/adolescent visits to Health + Hospitals psychiatric emergency rooms.

Our inpatient services provide individualized, therapeutic care to stabilize mental illness episodes and promote rehabilitation, recovery, a return to the community, and less restrictive modalities of care. As previously acknowledged, while inpatient care will always be needed, especially for those with serious and persistent mental illness, acute psychosis, or risk for suicide, we agree with the imperative to keep patients out of the hospital if they don't need to be there.

Health + Hospitals provides a comprehensive array of ambulatory behavioral health care programs, including mobile crisis teams, outpatient clinics, day treatment, partial hospitalization programs, and case management mental health programs. For those patients who require significant levels of support, our facilities operate Assertive Community Treatment (ACT) Teams. The ACT Team program functions as a "clinic without walls" treating individuals in their homes and

community. Of the 38 ACT Teams in New York City, Health + Hospitals operates 12 teams. Children and adolescents receive services through developmental evaluation clinics, family support programs, adolescent treatment programs, school-based programs, and outpatient clinics.

Harmful substance use is a significant population health problem in NYC, and among Health + Hospitals' patients. There are approximately 90,000 unique patients with substance use disorder (SUD) at Health + Hospital every year. Approximately 20% of primary care patients are at moderate risk of harmful substance use or SUD. Of the patients with SUD, close to 15% have a primary diagnosis of opioid use disorder; and 45% have a primary diagnosis of alcohol use disorder.

Health + Hospitals facilities provide an extensive array of SUD services. Inpatient detoxification is provided in seven facilities, and we have 13 outpatient counseling programs, four methadone treatment programs, two halfway houses, and a number of specialized services for families, adolescents, and women.

In 2017, the Mayor and First Lady announced *Healing NYC*, a comprehensive effort to reduce opioid overdose deaths by 35% over the next five years. Health + Hospitals is a key partner in this initiative, reinforcing our commitment to transform into a system of excellence for opioid services. We are grateful to the City for providing nearly \$5 million in funding to date, which has allowed us to implement several initiatives, including:

1. **Hospital-Based Opioid Overdose Prevention Programs:** Seventeen of our patient care sites are now State-certified Opioid Overdose Prevention Programs that routinely dispense naloxone based on best practices, including overdose prevention training of patients and community members. This

unified strategy for naloxone distribution will enable Health + Hospitals to capture system-wide data to target future overdose prevention work.

2. **Consult for Addiction Treatment and Care in Hospitals (CATCH):** To maximize patient connections to substance use care, in the fall Health + Hospitals will initially launch CATCH at four facilities – Bellevue, Metropolitan, Lincoln, and Coney Island – followed by Elmhurst, and Woodhull in 2019. We will specifically recruit staff to form interdisciplinary teams that will engage patients with SUD who are in the hospital for any condition. The program’s target is to reach and deliver treatment to more than 8,000 patients with opioid use disorder per year across the six hospitals.
3. **Buprenorphine Expansion in Primary Care:** In order to treat as many possible patients with opioid use disorder across our system, Health + Hospitals is expanding Medication for Addiction Treatment (MAT) in primary care clinics. By 2020, we will have increased the number of providers to 450 who are certified to prescribe buprenorphine. Through our efforts, the number of patients who received medication treatment in our system will increase to 2,500 over the next three years. Integrating primary care with behavioral health, and substance use treatment in this way will increase access to treatment and enable primary care providers to better serve this patient population.
4. **Emergency Department Peer Advocates Addressing Substance Use:** Leveraging an initiative launched by *New York Alliance for Careers in Healthcare* and *CUNY* at Queensborough Community College, which trains and certifies peer advocates, Health + Hospitals created an integrated SUD and Care Management Peer Counselor program in three of its emergency departments with the highest volume of SUD patients – Harlem, Metropolitan, and Woodhull. Using a relational care model, peer

advocates engage with patients coming to the emergency departments, and connect them to appropriate ongoing addiction care. This program will be rolled out to the remaining eight emergency departments in the next year.

5. **Judicious Prescribing Training and Guidance:** To ensure that all possible prevention strategies are implemented, a total of 2,220 providers across Health + Hospitals received education and training in judicious opioid prescribing in FY2017. Judicious prescribing means prescribing smaller doses of opioid analgesics for shorter durations, and avoiding co-prescriptions with benzodiazepines, which can increase a patient's risk of overdose. Additionally, prescribers will receive reminders through Health + Hospitals' electronic health record system to ensure fidelity to these prescribing guidelines.

In 2015, the Mayor and the First Lady announced *Thrive NYC* – a plan of action to guide New York City to effectively and holistically support the mental health of its residents. With over \$3 million in funding to date, Health + Hospitals has implemented a number of programs.

1. **Universal Maternal Depression Screening:** As part of the Thrive Initiative, all pre-natal and postpartum patients seen at Health + Hospitals are screened for depression. Mothers are screened in both the OB-GYN and Pediatric Clinics during well-baby visits. Anyone screening positive for possible depression is then connected to ongoing mental health care. As part of this work, Health + Hospitals participates in the City's Maternal Depression Collaborative run by the Greater New York Hospital Association and the New York City Department of Health and Mental Hygiene.
2. **NYC Mental Health Corps:** Thirty Mental Health Service Corps members, all recently graduated Master's and Doctoral-level clinicians, work in

substance use programs, mental health clinics, and primary care practices within Health + Hospitals. When fully staffed, the Corps throughout the city will provide approximately 400,000 additional hours of service in the communities where they are needed most, including at primary care settings, which is where most New Yorkers receive their regular medical care.

- 3. Mental Health Services in All Family Justice Centers:** Health + Hospitals expanded onsite mental health services at all five of the city's Family Justice Centers, which last year served more than 37,000 domestic violence survivors. The staff provide direct care and also offer mental health support, skill-building opportunities, and mentoring to other Family Justice Center staff. This new program will be able to accommodate 1,000 clients per year.
- 4. Mental Health First Aid (MHFA):** This groundbreaking public education program teaches the skills needed to identify, understand, and respond to signs of mental health and substance abuse challenges and crises. Thus far, 826 Health + Hospitals' employees have been trained and certified. The course gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis and help guide them to treatment programs. The evidence behind the program demonstrates that individuals who have completed the MHFA training have:

- A greater confidence in providing help to others;
- A likelihood of advising people to seek professional help;
- An improved concordance with health professionals about treatments; and
- A decreased stigmatizing attitude.

Health + Hospitals as the main provider of care to individuals with mental illness and substance use disorder in New York City, faces many challenges in

providing high quality, patient-centered care. These challenges, which are not unique to us, include:

1. Eliminating the stigma and discrimination associated with seeking care for the treatment of mental health and substance use disorders;
2. A patient population that is frequently resistant to treatment and often interfaces with the criminal justice system;
3. Significant numbers of uninsured individuals who lack resources to pay for their treatment and medication; and
4. Inadequate reimbursement for treatment services.

Health + Hospitals cannot resolve these challenges alone and will continue partnering with government and key stakeholders to forge solutions. I would be happy to answer any questions that you may have.

**Testimony of Judith Cutchin, RN
NYSNA President of H&H Executive Council and Mayorals**

**Oversight - The Future of Psychiatric Care in New York City's
Hospital Infrastructure- Metropolitan Hospital ,1901 First Avenue
New York, NY 10029**

June 20, 2018

Good Afternoon. My name is Judith Cutchin. I am a registered nurse working at Woodhull Hospital for almost 27 years, and a RN for 28 years. I am also the NYSNA President for H & H Executive Council and Mayorals Hospitals representing over 9,000 nurses.

Thank you for allowing me to address you here today. Thank you to the Chair of ~~this committee~~ ^{these} Ms. Diana Ayala for highlighting this very important issue. I want you to know that we the 9,000 nurses of Health & Hospitals and Mayorals stand ready to work with you to do what we can to stop further exacerbation of the issues I will discuss, and to support the expansion Mental Health services and funding in our hospitals and facilities. I would like to share some information with you. As you may know, state-run psychiatric facilities in NY began to close in 1982 and state-run facilities with psych beds have declined by 90% from 1982 until present. *+ Mark Levine + Carolina Rivera*

This has left a severe burden on NYC's public hospital system and some safety net facilities.

There are more than 2,840 hospital beds for psychiatric patients at a total of 37 hospitals across the five boroughs.

Almost half of the available beds are in the city's public hospitals. Three public hospitals (Bellevue, Kings County, and Elmhurst) account for 25% of all Psychiatric beds in the city.

Thirty percent of all beds in public hospitals are for Psychiatric patients. While only eight percent of all beds in the private system are for Psychiatric patients.

Nearly 40% of adult New Yorkers with a serious mental illness(95,000 individuals) did not receive mental health treatment in 2017.

The continual removal of hospital beds and defunding of mental health treatment will only exacerbate this issue.

NYSNA, 1199, Interfaith Medical Center (IMC,) Kingsbrook Jewish Medical Center, students and community groups conducted a 2017/2018 community health study in Bed-Stuy, Crown Heights, and East Flatbush. The results were stunning. The number one response for community's health issues was housing insecurity. A majority of those surveyed were unsure if they could afford to live in their homes for another 5 years.

You should know that hospitalization rates for mental illness- including schizophrenia and mood disorders –are two times as high in displaced people versus those who remain in their neighborhood.

Nearly one million New York City residents are at risk of being priced out of their homes, with enormous implications for mental healthcare needs. This stressor- housing insecurity- is placing our communities and patients under a massive amount of mental stress.

Ending housing gentrification and addressing mental health are immediate needs in our communities. The two issues go hand in hand.

Mental illness is linked to other illnesses: There is a strong link between mental health and chronic conditions including diabetes, cancer, and heart disease. Many of our patients are presenting themselves with a whole host of illnesses. Mentally ill patients are not coming into our hospitals and facilities for just one condition. Our patients are truly sick and we need to treat the whole scope of their illnesses- including mental health.

Our government institutions have an obligation to make sure mental health services are fully funded. As previously stated only eight percent of NYC's private hospital beds are for psychiatric patients. Most private hospitals have abandoned mental health, the insurance companies as well.

It is only the safety net facilities both public and some private, like Interfaith Medical center and Health and Hospitals that are doing their part.

It is high time that we work together--city, state, and federal governments to provide safety net institutions with proper funding levels especially for the lion share of Mental Health services we provide.

There's one final thing to say, we at H&H are open for care, we want to care and care well for ALL of our patients and the communities we serve.

Our doors are open for care and we need increased and adequate funding for mental health care now.

I am Anne Bove', RN who has worked at Bellevue Hospital for 40 years. I am also Secretary to the Board of Directors at NYSNA and a Board member of cphs (Commission on the Public Health System). Please note the following:

- ONE IN FIVE NEW YORKERS HAVE A MENTAL HEALTH DISORDER. 8% SUFFER FROM SYMPTOMS OF DEPRESSION.
- According to the City Department of Health: "Major depressive disorder is the single greatest source of disability in NYC. At any given time, over 500,000 adult New Yorkers are estimated to have depression."
- 73,000 public high school students report "feeling sad or helpless each month."
- 8% of public school children say they have attempted suicide.

Subsequently the need for behavioral health services is increasing. Yet private hospitals are shedding psychiatric beds.

- The Allen Hospital at New York-Presbyterian is threatening to close down and lose 30 beds that serve 600 patients a year.
- Mt. Sinai has cut its psychiatric bed capacity by 30 beds, a 60% decrease.
- Staten Island University Hospital closed a psychiatric unit and has 35 remaining beds.

What happens when these private bed disappear? The public system provides the services?

- Our public system – open to all for care, no questions asked- has been carrying a vastly disproportionate share of mental health patients for years.
- This puts a financial burden on the public system, and that needs to be acknowledged by the City.
- The fact is that there are more than 2,840 hospital beds for psychiatric patients at a total of 37 hospitals across the five boroughs.
- Almost half the available beds are in the city's public hospitals.
- Just three public hospitals – Bellevue, Kings County and Elmhurst – account for 25% of all psychiatric beds in the city.
- 30% of all beds in the public hospitals are for psychiatric patients. Just 8% of all beds in the private system are for psychiatric patients. This leaves money for the private sector to invest in perceived more profitable services.
- Patient/community needs is what the focus not just in public but also private sector services.

In summary, the City needs to further support the public system in its endeavors to providing care to those in need of and ask the city to recognize the special role we play in psychiatric care.

Anne Bove' RN
6/30/18

GREATER NEW YORK HOSPITAL ASSOCIATION

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June
Nineteen
2018

Council Member Carlina Rivera
Chair, Committee on Hospitals
The New York City Council
250 Broadway, Suite 1808
New York, NY 10007

Council Member Diana Ayala
Chair, Committee on Mental Health, Disabilities, and Addiction
The New York City Council
250 Broadway, Suite 1880
New York, NY 10007

RE: Statement for Hearing: “Oversight – The Future of Psychiatric Care in New York City’s Hospital Infrastructure”

Dear Council Members Rivera and Ayala:

Thank you for the opportunity to submit a statement for the record on behalf of the Greater New York Hospital Association (GNYHA), which represents more than 140 public and not-for-profit hospitals and health systems in New York State—the majority in New York City. GNYHA member hospitals, both public and voluntary, are strongly committed to providing high-quality psychiatric care that meets the needs of their communities in inpatient and, increasingly, outpatient settings as well.

I’d like to address three main areas: the transition to community-based care, existing regulatory structure, and utilization trends.

From Institutional to Community-Based Care

While the popular focus is often on inpatient services—delivered within a hospital’s four walls to patients requiring high levels of care—New York’s public and voluntary hospitals are in the midst of a massive transformation in the other direction through the Delivery System Reform Incentive Payment (DSRIP) program.

The goal of this State-Federal initiative is to reduce avoidable hospitalizations—including, importantly, psychiatric hospitalizations—by 25% over five years among Medicaid beneficiaries. Hospitals are collaborating with each other, doctor practices, behavioral health providers, and community-based organizations so that patients can receive better, more comprehensive preventive care in convenient community settings (“outpatient” or “ambulatory” care) and avoid long hospital stays that often lead to complications. Initial reports show that DSRIP is achieving progress, though there is much work to do.



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

Because reducing expensive hospitalizations and emergency room use saves money, the Federal government agreed to invest \$8 billion in the local health infrastructure as part of DSRIP, including local primary care clinics and population health programs.

Behavioral health is a significant part of DSRIP: hospitals are making enormous investments in ambulatory psychiatric care. Most would agree it is preferable, when possible, for these individuals to access treatment and recovery services while remaining in the community, whether that means at home with the support of family members or in another non-institutional setting. One example of this is the Health and Recovery Plans (HARPs) initiative, an effort to integrate physical, mental, and behavioral health services to achieve better health outcomes. Another is the Home and Community Based Services (HCBS) program, which allows individuals to receive enhanced behavioral health services in their home or community, including crisis intervention, peer and family support services, and educational and employment support services. NYC Health + Hospitals (NYC H + H) is extremely committed to these efforts, as are their voluntary hospital counterparts throughout the five boroughs.

Clearly, there will always be a need for robust inpatient behavioral health hospital services—sometimes they are the only option—but care delivery is changing, and ambulatory services are a significant component of that future. Any examination of behavioral health service utilization in New York City must examine this trend and include ambulatory care data alongside inpatient data to get a true picture of the services available and utilized by New Yorkers.

Existing Review of Psychiatric Service Changes

New York hospitals are committed to maintaining sufficient inpatient psychiatric capacity. While there is concern about recent proposed changes to inpatient psychiatric services—as there is whenever a hospital makes service changes—these changes reflect the above-described shift away from inpatient and towards community-based care. In addition, demand for traditional psychiatric beds is going down overall and some institutions have excess capacity. Given limited resources, it makes sense to repurpose excess capacity to provide other important community services, including ambulatory psychiatric care, that better reflect the latest clinical advances and community needs.

Before any of these service changes go into effect, however, a robust regulatory review process, conducted by multiple levels of government, must occur. Approval is far from guaranteed and applicants must demonstrate that the changes they propose are in the best interests of patients. Some of the regulatory bodies involved include the New York State Office of Mental Health, the Behavioral Health Services Advisory Council, and the New York State Department of Health. There is also a role for local governments (including New York City), which, depending on the type of service change proposed, either have consultative or veto power over changes.*

A Shared Responsibility

GNYHA represents every hospital in New York City, including NYC H + H facilities and all voluntary, not-for-profit hospitals. They view psychiatric care as an extremely important part of their responsibility

* For more information, see New York State Office of Mental Health, “Prior Approval Review Project Categories,” https://www.omh.ny.gov/omhweb/par/review_category_table.html (accessed April 24, 2018).

to deliver the best possible care. Some are using a 2017 report[†] from the New York City Independent Budget Office to argue that certain hospitals are reducing inpatient psychiatric services, thereby forcing others to shoulder the burden of caring for patients in need of inpatient care. We urge the Council to carefully examine the facts before drawing any final conclusions.

First, every hospital in New York City is transitioning towards community-based outpatient care, which make the data highly unstable. Some systems are farther along than others, and even within systems, there is high variability among hospitals. Second, when examining trends in the number of psychiatric hospitalizations or beds, it is critical to look at a wide range of data over a long period of time, rather than examining an arbitrary time period. Indeed, if different time periods are examined, including more recent years, the data may look quite different. Third, it is important to examine the role of external phenomena (e.g., changes in insurance coverage or natural disasters) when evaluating these trends. For instance, including in the data a year that includes Hurricane Sandy, with all of the attending displacement—and even hospital closures and evacuations—is sure to create serious data anomalies. In addition, advances in covering the uninsured, due to implementation of the Affordable Care Act in 2014, can profoundly impact the data.

Thank you for your consideration. GNYHA and our member hospitals look forward to working with the Council on this and other issues on behalf of the people of New York City. If you have any questions, please contact Andrew Title (atitle@gnyha.org), Senior Director, Government Affairs.

Sincerely,

David Rich

Executive Vice President, Government Affairs, Communications & Public Policy

[†] New York City Independent Budget Office, “Are New York City’s Public Hospitals Becoming the Main Provider of Inpatient Services for the Mentally Ill?” <http://ibo.nyc.ny.us/cgi-park2/2017/07/are-new-york-citys-public-hospitals-becoming-the-main-provider-of-inpatient-services-for-the-mentally-ill/> (accessed June 18, 2018)

Testimony of NewYork-Presbyterian
on The Future of Psychiatric Care in New York City's Hospital Infrastructure
New York City Council Committee on Hospitals and Mental Health, Disabilities and Addiction
Wednesday, June 20th, 2018

Thank you for the opportunity to provide testimony on the important issue of the future of psychiatric care in New York City's Hospital Infrastructure. As one of the largest providers of behavioral health care services in New York City and Westchester County, this topic is of tremendous importance to our organization.

NewYork-Presbyterian (NYP) is proud to provide innovative and compassionate behavioral health care to New Yorkers. We offer expertise and care across all psychiatric disorders and serve New Yorkers through over 500 inpatient beds and an extensive array of outpatient programs across the City.

NYP is deeply committed to serving the inpatient and outpatient behavioral health needs of New York City residents. Whether managing a first episode or a chronic condition, our providers are committed to diagnosis and care in a compassionate, culturally competent environment. We offer comprehensive, specialized inpatient behavioral health services at our Columbia University, Cornell, Brooklyn Methodist, Westchester Division and Gracie Square campuses. Gracie Square, which many do not realize is part of the NYP system, is an Article 31 behavioral health inpatient hospital on Manhattan's Upper East Side. Over the past two years, we have invested millions to expand and modernize this facility and ensure its patients, over 80 percent of whom are government insured, receive the best, highest quality care.

NYP recently proposed changes to our inpatient and outpatient behavioral health services in Northern Manhattan, which includes a significant expansion of our outpatient community services. We are confident the changes we have proposed will allow us to provide better, more responsive care and have been discussing and sharing our plans with key stakeholders and other community partners. Please find attached a letter that discusses our proposals in further detail. We look forward to a continued dialogue about how we can best meet the behavioral health needs of New Yorkers.

Thank you for the opportunity to submit testimony.

Steven J. Corwin, M.D.
President and Chief Executive Officer

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April 4, 2018

The Honorable Carlina Rivera
New York City Council Member
250 Broadway, Suite 1808
New York, New York 10007

Dear Council Member Rivera:

Thank you for your interest in NewYork-Presbyterian's (NYP) behavioral health care services in Northern Manhattan. On behalf of the hospital, I want to provide more detail on these plans, which we are undertaking with the goal of providing the highest quality care to the communities we serve.

NYP's commitment to behavioral health is unwavering. With more than 500 psychiatric beds and extensive outpatient services, we have one of the largest behavioral health footprints in the Northeast United States. We are proud to serve as an integral part of the health care safety net, caring for patients of every background and socio-economic status. Providing care to all is fundamental to who we are as an institution. We are currently the third largest provider of Medicaid inpatient care in New York State, and more than half of our behavioral health patients are Medicaid insured.

NYP is constantly adapting its services to respond to the needs of our patients and communities. Our recent proposal to redeploy the inpatient psychiatric beds at the Allen Hospital is designed to meet two important goals. The first is to update our Labor and Delivery and Neonatal Intensive Care Units (NICU) and expand our surgical capacity. The popularity of the Allen has surged over the past several years: the hospital has some of the highest patient satisfaction scores in the NYP system; we now deliver more than 2,100 babies a year; and there is an increasing demand for surgical space and other ancillary services.

The second goal is to provide better access to appropriate, intensive psychiatric care. We are proposing that patients requiring inpatient psychiatric stays now be cared for by the world-class teams at our Columbia, Weill Cornell, Brooklyn Methodist, Westchester Division and Gracie Square campuses. These top-ranked facilities have the best specialists in the world and can provide patients with the specialized inpatient care they need. Less than half of the current behavioral health patients at the Allen are from the surrounding neighborhood, so many patients may now be cared for closer to their home community.

We are also excited to announce plans for a significant expansion of our outpatient behavioral health services in Northern Manhattan. There is great demand for additional outpatient services in this community. The need for outpatient care has increased in recent years: people are more willing to access

The Honorable Carlina Rivera
April 4, 2018
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mental health resources; inpatient stays are shorter; and outpatient care decreases the likelihood of an inpatient admission. Our new comprehensive outpatient program will build on our existing efforts and include

- Expansion of NYP's Community Crisis Stabilization program, which provides intensive, individualized, community-based services to patients who often use the emergency department;
- Continuation and expansion of mental health services provided at our seven school-based health centers and ten school-based behavioral health sites;
- Development of an adult psychiatric intensive outpatient program;
- Enhancement of our Pediatric Emergency Department behavioral health programming;
- Development of a youth behavioral health crisis hub;
- Programming through the NYP Eating Disorders Center; and
- Expansion of ambulatory services for children and adolescents.

We have developed these plans based on analyses of community needs and discussions with providers, community members, and other stakeholders. We are confident the changes we are proposing will be beneficial for our patients and community, and look forward to continuing to share information as we move forward in conversations with our government partners.

Sincerely,

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Steven J. Corwin, M.D.

Steven J. Corwin, M.D.
President and Chief Executive Officer

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April 4, 2018

The Honorable Diana Ayala
New York City Council Member
105 East 116th Street
New York, New York 10029

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The Honorable Diana Ayala
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- Development of an adult psychiatric intensive outpatient program;
- Enhancement of our Pediatric Emergency Department behavioral health programming;
- Development of a youth behavioral health crisis hub;
- Programming through the NYP Eating Disorders Center; and
- Expansion of ambulatory services for children and adolescents.

We have developed these plans based on analyses of community needs and discussions with providers, community members, and other stakeholders. We are confident the changes we are proposing will be beneficial for our patients and community, and look forward to continuing to share information as we move forward in conversations with our government partners.

Sincerely,

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Steven J. Corwin, M.D.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/20/15

(PLEASE PRINT)

Name: LEONARD DAVIDMAN

Address: 20 W. 72nd St. Apt. 607, NY NY

I represent: Local 1189, DC 37 NYC Psychologists

Address: 125 Barclay St. NY NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jennifer Minto - Vinton RN

Address: 17 Green Place New Rochelle NY 10801

I represent: 40 ambulatory hosp. patients.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: June 20, 2018

(PLEASE PRINT)

Name: Charles Barron M.D.

Address: _____

I represent: New York City Health + Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Anne Bolc RN

Address: 48-53 45th St Ar Woodside

I represent: MSNA cphs

Address: 131 West 33rd St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 06/20/2018

(PLEASE PRINT)

Name: Janine Thomas

Address: 140 Park Place

I represent: DC37

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Judith Cutchin RN

Address: _____

I represent: New York State Nurses Association

Address: Health + Hospitals, LBCU

Please complete this card and return to the Sergeant-at-Arms

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 in favor in opposition

Date: _____

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Name: Fannie Swift, M.D.

Address: _____

I represent: New York City Health + Hospitals

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: June 20, 2018

(PLEASE PRINT)

Name: Luke Bergmann

Address: _____

I represent: New York City Health + Hospitals

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: June 20, 2018

(PLEASE PRINT)

Name: Elizabeth Dorci

Address: _____

I represent: New York City Health + Hospitals

Address: _____