

-----Original Message-----

From: ()
Subject: DOHMH - Comment on Proposed Rule

Below is the result of your feedback form. It was submitted by
() on Sunday, October 6, 2013 at 14:21:02

This form resides at
http://www.nyc.gov/html/nycrules/html/proposed/comment_form.shtml?agency=DOHMH&rule=Reportable%20Diseases%20and%20Conditions%20%28Article%201%20%29

Office: DOHMH
Rule: Reportable Diseases and
Conditions (Article 11)
First Name: Dr Michael
Last Name: Hogan
Street: 88 McGuffey LN
City: Delmar
State: NY
ZIP: 12054
Email: dr.m.hogan@gmail.com
Opinion on Proposed Rule: For
Comment: As former Commissioner of
Mental Health for New York State (and Ohio, and Connecticut) and
Chairman of the Presidents Commission on Mental Health (2002-3)I am
writing to strongly support the rule proposed by DOHMH for reporting of
episodes of psychosis, to enable links to care.

The materials prepared by DOHMH cogently support the need for the rule. Current arrangements for care of people with schizophrenia and other psychotic illnesses fail in large measure because of early and timely connections to care. As a consequence, people fall through the cracks, suffer often irremediable developmental brain damage due to long periods of untreated psychosis, end up on disability for life and rarely but tragically are involved in catastrophically violent acts.

The proposed rule is well targeted and there can be no reasonable objection. The rule does not compel care but simply makes it available; there are other means starting with excellent treatment to encourage participation in care. There may be some minor noise about the

reporting burden on providers...but when the failure to engage someone in care can lead to easily a million dollars spent in disability payments and medical costs over the lifetime, this reflexive grips from some providers cannot be taken seriously.

The rule is timely because the research base on the catastrophic nature of untreated psychotic illness is now matured, and because both NYC DOHMH, and the NYS Office of Mental Health are now developing intervention programs that will require timely referrals to be able to succeed.

The proposed rule is necessary to enable First Episode Psychosis treatment to function in NYC. It should be approved.

I am available if any questions or concerns arise.

Dr. Mike Hogan

From: [Jeffrey Lieberman](#)
To: [Resolution Comments](#)
Subject: comment
Date: Monday, October 21, 2013 9:28:20 AM
Attachments: [Twitter-Logo1\[6\]\[1064\].png](#)

The First Episode Psychosis Initiative proposed by Dr. Karpati is one of the most innovative and potentially beneficial initiatives in mental health care that has been introduced in recent decades. If successfully implemented it has the potential to dramatically transform the ability of mental health providers to intervene and limit the morbidity of idiopathic psychotic disorders and prevent disruption to their lives and long term disability. I wholly support this bold initiative and would be happy to provide additional information if that would be helpful.

Jeffrey A. Lieberman, M.D.
President, American Psychiatric Association
Lawrence C. Kolb Professor and Chairman of Psychiatry,
Columbia University College of Physicians and Surgeons,
Director, New York State Psychiatric Institute
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STATEMENT OF COUNCIL MEMBER G. OLIVER KOPPELL

IN SUPPORT OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE PROPOSING THE BOARD
OF HEALTH TO AMEND ARTICLE 11 OF THE HEALTH CODE, TUESDAY OCTOBER 22, 2013

As, the Chair for the Committee on Mental Health, Developmental Disability, Alcoholism, Drug Abuse and Disability Services I strongly support the proposed amendment to Article 11 of the New York City Health code. This will require hospitals to notify the Department of Health and Mental Hygiene (DOHMH) when a patient between 18-30 years of age is admitted with a first episode of psychosis.

This will allow New Yorkers with a first episode of psychosis a quick response as well as, the opportunity to handle their condition before it becomes more detrimental. Also, worth mentioning that this amendment would require patients to agree with the treatment procedures as they see fit.

It is very important that people diagnose with first episode psychosis receive the care they are intended before they become a danger to themselves and others. Care for patients with a first episode psychosis is one way to combat the 60,000 New Yorkers that currently have psychotic illnesses. It is more evident now than ever that we must prevent individuals with first episode psychosis from developing a more serious condition and provide them with the best care that we can. Again, this is why I support the proposed amendment.

From: outgoingagency@customerservice.nyc.gov
To: [Resolution Comments; survey@doitt.nyc.gov](mailto:ResolutionComments;survey@doitt.nyc.gov)
Subject: City of New York - Correspondence #1-1-901579623 DOHMH - Comment on Proposed Rule
Date: Tuesday, October 22, 2013 2:36:11 PM

Your City of New York - CRM Correspondence Number is 1-1-901579623

DATE RECEIVED: 10/22/2013 14:34:47

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-----Original Message-----

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Sent: 10/22/2013 14:33:54
To: sbladmp@customerservice.nyc.gov; clong@doitt.nyc.gov; charris@doitt.nyc.gov; mguskova@doitt.nyc.gov
Subject: < No Subject >

From: ()
Subject: DOHMH - Comment on Proposed Rule

Below is the result of your feedback form. It was submitted by
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This form resides at

http://www.nyc.gov/html/nycrules/html/proposed/comment_form.shtml?agency=DOHMH&rule=Reportable%20Diseases%20and%20Conditions%20%28Article%2011%20%29

Office: DOHMH
Rule: Reportable Diseases and Conditions (Article 11)
First Name: New York County District Branch
Last Name: American Psychiatric Association
Street: 1001 Avenue of the Americas, Floor 11
City: New York
State: NY
ZIP: 10018
Email: m.otoole@nycpsych.org

Opinion on Proposed Rule: Other

Comment: Please find our comment attached in PDF.

URL: http://cityshare.nycnet/portal/site/admin311/menuitem.d9316ceafeaaa929ade16410c6d2f9a0/?linkViewId=view_media&hashId=2ECB3CF68465B4A57D26A59C0AE2ADDF615DCEF4&accessId=E959A492D91804B9E0440003BA045B3A

REMOTE_HOST: 208.111.129.22
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October 22, 2013

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New York City Department of Health and Mental Hygiene

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Board of Health

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Jose Vito, M.D.

Attention: Roslyn Windholz

2 Gotham Center, 14th Floor, CN 31

TREASURER:

Marianne Guschwan, M.D.

Long Island City, NY 11101

IMMEDIATE PAST PRESIDENT:

Jack Hirschowitz, M.D.

Re: Opportunity to Comment on the Proposed Amendment of Article 11 of the New York City Health Code, found in Title 24 of the Rules of the City of New York.

PAST PRESIDENT:

Craig Katz, M.D.

COUNCIL MEMBERS:

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Dear New York City Department of Health and Mental Hygiene,

ASSEMBLY REPRESENTATIVES:

Kenneth Ashley, M.D.

Vivian B. Pender, M.D.

Herbert S. Peyser, M.D.

Felix Torres, M.D.

Henry C. Weinstein, M.D.

These comments are submitted on behalf of the New York County District Branch of the American Psychiatric Association (“NYCDBAPA”), a nonprofit membership association of psychiatrists in Manhattan and Staten Island founded in 1955. For more than fifty years, the NYCDBAPA has been dedicated to improving the field of psychiatry and the psychiatric treatment and care of people with mental illness. Many of our over 1,700 members work in New York City hospitals and will be directly affected by the proposed requirements.

Newsletter Editors:

Jack Drescher, M.D.

Jose Vito, M.D.

NYCDBAPA is very pleased that an important mental health issue, linkage to care for people experiencing first-episode psychosis, is being raised by the DOHMH. We are impressed by the dedication of the DOHMH in responding to the latest research which shows that the early identification of psychosis and provision of specialized treatment programs produces positive outcomes for people with psychotic illness. Most importantly, we are excited at the development of the linkage to care program, providing much needed support to patients and their families at a particularly vulnerable time, during and immediately following a first admission. Addressing this issue is an admirable step in City support for preventative mental health care.

Acting Executive Director:

Meagan O’Toole, J.D.

NYCDBAPA is heartened by the DOHMH’s commitment to view mental health through the same public health lens that is used for the City’s other health needs. However, we write to express a few concerns with the proposal and encourage the DOHMH to proceed carefully in order to best serve the health needs of patients while also protecting patient privacy and reducing the risks of exacerbating the stigma associated with mental illness.

1. Ameliorate practices and language that could increase stigma

People with mental illness and their families have long experienced stigma and NYCDBAPA hopes that the current proposed change can avoid worsening that stigma. We strongly encourage the DOHMH to question the placement of first-episode psychosis among the illnesses and conditions addressed in Article 11. The Article solely addresses those illnesses and conditions which are infectious and/or precipitated by factors which are potentially hazardous to others; illnesses and conditions concerning public safety. *See* §11.03. The purpose and intent of the Article is to identify those conditions that "can reasonably be expected to lead to adverse health effects in the community". §11.01(f), *see also* §11.03(a). Among the diseases of Article 11, which call for investigations into source or carrier, prevention of outbreak, and even quarantine, first-episode psychosis is poorly juxtaposed. We encourage DOHMH to avoid equating public health with public safety in this way, associating psychosis with danger to the public.

We also encourage the DOHMH to carefully craft language that does not associate psychosis with violence. *See* Notice of Public Hearing, "Overview of Psychotic Illness" ("high-quality treatment can reduce the risk of relapse...decreasing the likelihood of debilitation and other risks to themselves or others.").

2. Clarify the scope of the psychosis definition to ensure it is tied to prevention research

NYCDBAPA believes that given the vital importance of prevention research in determining the scope of this initiative, the definition of psychosis under the proposed amendment should be clearly tailored and narrowly defined based on those diagnoses that benefit from effective early treatment. As written, the amendment includes patients admitted with the diagnoses of substance-induced psychosis or psychosis secondary to medical illness. There is no data that we are aware of to support the use of early intervention programs for these diagnoses. Defining the reportable diagnoses narrowly is important to ensure the most effective use of the program's resources, minimize the regulatory burden on health care professionals and hospitals, and reduce any risk to patients.

3. Respect the patient's right to privacy by initiating the program voluntarily

NYCDBAPA is concerned about the release of medical information without patient consent. A decision to mandate release of such information should be held to an extremely high standard when applied to a health condition that is associated with very significant stigma. Many patients with a single episode of psychosis will never again experience such an episode. We strongly applaud the DOHMH's decision to delete identifiable patient information within 30 days, and we do not question the intention of the DOHMH to use this information only for patient benefit. However, we are also very mindful that the mere fact that a report has been made on a person will rapidly become desirable information to other regulatory agencies in a way that is not the case with other diseases such as diabetes, and that future legislation could compel the release of such data.

The program that has been developed in concert with this proposed amendment, to link first-episode psychosis patients to treatment with a multidisciplinary team, is one that is extremely welcome, and will be popular with hospitals and health care providers, who are often frustrated in their efforts to find resources to help patients upon discharge from the hospital. There is no

reason to think that hospital staff will not encourage patients to enroll in such a program. Therefore, we believe that the DOHMH should strongly consider initiating this program on a voluntary basis, where consent of the patient is obtained before referral.

Conclusion

In sum, while NYCDBAPA supports the DOHMH's efforts in addressing the early treatment of episodes of psychosis and bringing mental health into the public health discussion, we encourage the DOHMH to reevaluate its proposed amendment to make it most effective and least stigmatizing for patients. NYCDBAPA is pleased to have the opportunity to submit these comments on the proposed amendment to Article 11 and we look forward to working with the DOHMH in its continued development of this amendment and program.

Sincerely,

Meagan O'Toole, J.D.
Acting Executive Director

From: outgoingagency@customerservice.nyc.gov
To: [Resolution Comments](#); survey@doitt.nyc.gov
Subject: City of New York - Correspondence #1-1-901345069 DOHMH - Comment on Proposed Rule
Date: Monday, October 21, 2013 9:23:12 PM

Your City of New York - CRM Correspondence Number is 1-1-901345069

DATE RECEIVED: 10/21/2013 21:21:52

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Subject: DOHMH - Comment on Proposed Rule

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Office: DOHMH
Rule: Reportable Diseases and Conditions (Article 11)
First Name: DJ
Last Name: Jaffe
Street: 50 East 129 St., PH7
City: New York
State: NY
ZIP: 10035
Email: office@mentalillnesspolicy.org
Opinion on Proposed Rule: Other

Comment: While I commend the office for wanting to outreach to those with first episode psychosis, those who are more dangerous to themselves, dangerous to the public, and expensive to taxpayers are revolving door patients who have had multiple hospitalizations. DOHMH should require the reporting of anyone involuntarily admitted and anyone who meets the criteria established in Kendras Law. I.e,
at least twice within the last thirty sixmonths had a mental illness that was a significant factor in necessitating hospitalization in a hospital,
or receipt of services in a forensic or other mental health unit of a correctional facility or was incarcerated

orhas a mental illness that resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last forty-eight months

By doing proactive outreach to this high-risk population, DOHMH can start delivering care to the most seriously ill.

About 1/3 of those experiencing first onset of psychosis will not have further psychosis. It is a much more efficient use of DOHMH resources to focus on those most likely to need and benefit from treatment: the frequent fliers. Thank you

October 22, 2013

Reporting First Episode Psychosis to the Director of Mental Hygiene
Testimony by Mental Illness Policy Org.
DJ Jaffe, Executive Director

Summary: Reporting requirements should be extended to those who are at higher-risk, higher-cost, and most in need of care. NYC DOHMH should use this process to focus on the most seriously ill, not the least.

SPECIFIC CHANGES SUGGESTED

Additions are underlined. Deletions Crossed Out

§11.04 Report of ~~First Episode~~ Psychosis

(a) Required reports. A hospital must, within 24 hours of admission, by telephone or in an electronic transmission format acceptable to the Director of the Division of Mental Hygiene within the Department, report the admission of any adult person

(i) over 18 and younger than 30 years of age, with no known prior hospitalizations for psychotic illness as an adult, who is being admitted for first-episode psychosis diagnoses.

(ii) over 18 who is believed to have been within the last thirty six months hospitalized for psychotic illness or received mental illness services in a forensic or other mental health unit of a correctional facility, who is being admitted for psychosis diagnoses.

(iii) over 18 who within the last 48 months is believed to have a psychotic illness and committed, threatened or attempted one or more acts of serious violent behavior toward self or others.

(iv) over 18 who is being discharged after involuntary commitment

4(1) ~~First-episode~~ psychosis diagnoses include:

(A) Schizophrenia (any type); (B) Psychosis NOS (not otherwise specified); (C) Schizophreniform Disorder; (D) Delusional Disorder; (E) Substance Induced Psychotic Disorders; or (F) Schizoaffective Disorder. (G) Psychotic Disorders Due to General Medical Conditions (H) Brief Psychotic Disorder (I) Shared Psychotic Disorder (2) Reports must include patient's: (A) Full Name (B) Gender (C) Date of birth (D) Address (E) Telephone (F) Hospital admission date (G) Diagnosis (H) Insurance type **(I) Information on programs, family members, friends providing mental health services, food, shelter to the recipient**

(b) Reports to be confidential. The Division of Mental Hygiene will only use the information reported to it to offer care and services to the patient who is the subject of the report. Identifying information shall be confidential and shall not be subject to inspection by persons other than authorized personnel of the Division of Mental Hygiene. The disclosure of such information shall not be compelled. Information reported to the Department pursuant to this section may only be disclosed to the person who is the subject of such report or to persons to whom the subject of the report has consented to

their receiving such information. ~~The director will not keep patient identifying information reported to him or her for more than thirty days, at which time it must be destroyed.~~

Rationale

1. As NYC pointed out in their supporting memo, of the approximately 2,000 new cases of psychotic illness more than one quarter of these individuals will be expected to relapse and to be re-hospitalized within one year. That is a fairly low rate. A much larger percentage of those with psychotic illness who are being admitted who have previously been identified as having a psychotic illness are likely to be readmitted without services. We should focus on the high risk group, not the low risk group.

2. As NYC pointed out in their supporting memo, of the approximately 60,000 New Yorkers that currently have psychotic illnesses, only 40-50% of these New Yorkers receive ongoing psychiatric care following discharge from a psychiatric hospitalization. This is the highest risk group that NYC should be focusing on.

3. NYC listed several reasons why people with psychotic disorders do not seek care or become disengaged from care, but missed the two most critical and important: Anosognosia and refusal of mental health system to prioritize the most seriously ill.

Anosognosia

Many individuals with psychotic disorder do not know they are ill. They do not 'think' they are the Messiah or the FBI put a transmitter in their head: They know it. Because the brain is the organ charged with thinking, thinking is disturbed.

Lack of Prioritization

This well intentioned regulation is an example of failure to prioritize the most seriously ill. The legislation calls for prioritizing first episode illness over those who are chronically ill, even though it is known that about 75% of those with first episode illness will not go on to need subsequent hospitalization. It is the chronically ill who are most likely to end up homeless, committing suicide, hospitalized, arrested, violent, and incarcerated. This is the group NYC DOHMH should be prioritizing.

Conclusion: NYC should prioritize the most seriously ill, not the least seriously ill. That is good public policy. It improves care for the seriously ill, saves money, keeps the public and police safer. These regulations should be amended accordingly.

(NOTE: THE ELIGIBLE POPULATIONS ADDED LINE UP WITH THOSE IN NYS 9.60)

NY POST

10/13/2013

The city Department of Health wants hospitals to hand over information on patients admitted for a first psychotic episode, as part of a new initiative aimed at delivering care to mentally ill people who might endanger themselves and others. City hospitals may soon be required to report data on patients ages 18 to 30 to the DOH within 24 hours of their admission. The city insists the reported information — name, age, phone, gender, admission date, diagnosis and insurance type — will be kept confidential and held for only 30 days.

During that period, the DOH will reach out and ask patients to participate in a “linkage to care” program. If they agree, their data will be retained to help the DOH remain in contact and make sure they receive “specialized, ongoing care for their illness” at area mental-health clinics, the agency said.

“The first-episode psychosis initiative will help young adults developing schizophrenia and related illnesses receive high-quality care as soon as they are diagnosed, because new research shows that treating these conditions early can help patients improve significantly,” the DOH told The Post. “This initiative is part of a broader effort to improve our fragmented mental-health treatment system.”

The agency said patients need not fret over privacy.

“We are very sensitive to confidentiality. Part of the provision of this proposal is that the reported information to us will be deleted -after 30 days, and we think that is an important component to address concerns,” a spokesman said.

In the past year, mentally ill individuals were behind the country’s bloodiest tragedies. Aaron Alexis shot 12 people dead last month at the DC Navy Yard, and Adam Lanza gunned down 26 kids and staffers at Sandy Hook Elementary in Newtown, Conn.

And on Oct. 3, Miriam Carey, a 34-year-old Connecticut woman suffering from mental illness, was shot dead by police after she tried to ram a barricade at the White House.

But the city said those incidents did not spur its initiative.

“Violence involving individuals with serious mental illness is tragic but uncommon,” a DOH spokeswoman said. “If people with mental illness receive more consistent care, it should reduce the suffering that they experience as well as the risk of violence.”

The DOH estimated that about 60,000 New Yorkers suffer from psychotic illnesses, with about 2,000 new cases expected to develop each year.

Only about half of those people receive ongoing psychiatric care after they’re discharged from a hospital, the agency said. The initiative would take effect if the Board of Health approves an amendment to the city’s Health Code. The matter will receive a public hearing Oct. 22 at the agency’s Long Island City, Queens, headquarters and will come to a vote in December.

Mental-health experts saluted the city’s effort.

“They are trying to understand the number of people involved and develop effective treatments to prevent further problems,” said Kenn Dudek, president of Fountain House, a Hell’s Kitchen-based community mental-health program. “I do believe strongly that some form of early intervention will be a very good thing.”

But some think the city must do more.

“The city policy is good, but it should be extended to high-risk categories — those mentally ill involuntarily treated or discharged from jails,” said DJ Jaffe, executive director of the Mental Illness Policy Organization. “The big problems are those who have had multiple entries or already been dangerous or committed crimes. We should make them a priority.”



THE CENTER FOR POLICY, ADVOCACY, AND EDUCATION
OF THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY
50 Broadway, 19th Floor, New York, NY 10004 212-614-5753 center@mhaofnyc.org
www.mha-nyc.org/policyadvocacycenter.html

Proposed Amendment of Article 11 of the New York City Health Code
 Presented by Kimberly Williams, Center Director

Thank you for the opportunity to comment on the proposed amendment of Article 11 of the NYC Health Code. My name is Kimberly Williams, and I am Director of the Center for Policy, Advocacy, and Education at the Mental Health Association of New York City (MHA-NYC). MHA's "Center" promotes the development of, and advocacy for, mental health policies that support high quality practices designed to meet the mental health needs of diverse populations and to provide training, technical assistance, and public education.

The pathway to care in first-episode psychosis can be a long and traumatic experience, where disability and relapse are common. Research shows that a long duration from the first onset of psychotic symptoms to the beginning of care is associated with poorer treatment outcomes.

The evidence is clear that the early phase following the onset of a first psychotic illness is a critical period, influencing the long-term course of the illness. It is therefore vital that timely and effective intervention be offered at this stage so as to alter the subsequent course of the illness. Early intervention models that utilize a team based approach to care have demonstrated improved clinical, functional, and quality of life outcomes. However, many individuals with psychotic illnesses do not seek or get engaged in timely, effective treatment.

Therefore, MHA-NYC strongly supports the proposed development of first episode psychosis teams with the capacity and expertise to provide early and effective care that offers opportunities for hope and long-term recovery for people with psychotic disorders and their families. Sustainability of early intervention models rests with fiscally viable programming. Given NYS's continued transition to managed care, first episode psychosis teams and their related services will need to be covered by, and effectively coordinated with, both the existing and expanding managed care infrastructure.

Although we have concerns about patient confidentiality, we are confident that DOHMH will have the necessary measures in place to ensure privacy and to safeguard patient information.

We appreciate DOHMH's commitment in identifying and developing new and important ways to meet the diverse mental health service needs of New Yorkers.

Thank you again for the opportunity to provide comments.



Public Hearing, October 22, 2013

**Comments on the Proposed Amendment to Article 11 (Reportable Diseases and Conditions) of the New York City Health Code
Testimony of Wendy Brennan, Executive Director
National Alliance on Mental Illness of New York City, Inc. (NAMI-NYC Metro)**

My name is Wendy Brennan, and I am the executive director of NAMI-NYC Metro. We are the largest affiliate of the National Alliance on Mental Illness (NAMI), a support, education and advocacy organization for individuals and families impacted by mental illness. Last year, we made contact with 16,000 New Yorkers through our peer-led services offered by family members and people with mental illness.

I am testifying today in strong support of the proposed amendment, to Article 11 of the New York City Health Code, establishing reporting requirements for cases of first-episode psychosis. The NAMI-NYC Metro Board voted to support the amendment without a single dissent. NAMI Board members understand that the first-episode psychosis registry (the registry) is the first mental health initiative to come before the New York City Board of Health.

The registry initiative will help to integrate mental health into a larger public health framework, and that integration is an important step to eradicate the stigma of mental illness. Stigma prevents individuals from seeking care, and stigma makes it unlikely that people will find quality care when they do seek it. Research has shown that only one third of adults with serious mental illness receive treatment; of those, only forty percent receive minimally adequate care. If these statistics were related to any other serious health condition, there would be a public outcry and call for action, but because the condition is mental illness, advocates are often greeted with deafening silence.

This is most unfortunate, because research also shows that early identification and quality treatment interventions vastly improve the outcomes for people with mental illness, particularly those experiencing first-episode psychosis. The registry, and the proposed "bridger teams", will help link individuals to quality care and help facilitate service engagement, thereby improving outcomes for people with serious mental illness in New York City. We understand that the registry is controversial, and we have heard concerns about the initiative. We would like to touch upon some of these concerns.

Privacy

Since there is a great deal of stigma associated with mental illness, it may seem unwise, and even dangerous, to permit government to require that hospitals give a list of names of people with serious mental illness to the New York City Department of Health and Mental Hygiene (the City Department). However, since the City Department has a good track record safeguarding individuals' private health information, we believe that, as far as this proposed rule change is concerned, the public health gains outweigh privacy concerns. We also note that names will not be retained after 30 days.

Parity Required Between Health and Mental Health

NAMI-NYC Metro has also heard concerns, related to the rule change, that the Department is treating mental health conditions differently from other medical conditions. We do not believe

that this is the case. It is important to consider that the City Department also has a diabetes registry, which requires mandated reporting of all laboratory tests for hemoglobin A1C, a blood test which indicates diabetes and is used for diabetes management. The diabetes registry includes names and other identifying information to the City Department for a chronic disease, with the goal of supporting clinical practice and improving outcomes, and in many ways analogous to the goals of the first episode psychosis registry.

As an organization, we believe in parity between mental and physical health. Prohibiting the collection of mental health information by asserting that there is something qualitatively different about the information will only serve to further stigmatize mental illness and forego an opportunity for achieving parity.

Diagnostic Inclusion Criteria

We also have heard concerns that the provision in the rule change outlining the diagnoses covered is written too broadly, and that too many individuals; for example, those with substance-use-related psychosis will be included in the registry. The large potential number of false positives generated, as a result, may overwhelm the system, and many of those individuals may not benefit from OnTrackNY, or other programs designed to treat first-episode psychosis. NAMI does not have the expertise to make a recommendation in this instance but we urge the City Department to explore the criteria for diagnostic inclusion further.

Access to Services

The primary reason for NAMI-NYC Metro's support of the proposed registry is that we believe the reporting requirement will improve access to quality services and improve outcomes. Some of the individuals in the registry will be able to access the OnTrackNY program, a complement of evidenced-based services designed to improve outcomes for individuals experiencing first-episode psychosis. Recently, I had the opportunity to spend time with OnTrackNY providers at a family involvement training. The providers were exceptionally thoughtful, and the OnTrackNY program design realized the core component of the NAMI mission, which is to integrate the consumer and family voice in treatment. I have been at NAMI for nearly a decade, and this was the first time I heard a group of people outside the NAMI community who "get" the myriad struggles which families experience. It was remarkable.

It is our understanding that the OnTrackNY staff are consulting with the City Department to create a "bridger program" designed to meet with individuals experiencing first-episode psychosis and their families, and help link them to services if they choose to do so. NAMI recommends that there be a strong connection between the bridger program and OnTrackNY's staff and their training expertise.

Individuals who have access to OnTrackNY will have a real chance to engage in the recovery process. However, we are concerned about the quality of services available to the others, and we would request assurances that everyone in the registry who wants services will have access to services that are effective. We also want to make sure that peer-led services are available to all individuals and their families who participate.

We commend the City Department for developing this initiative, and are hopeful that the issues of concern we have raised today will be addressed. Thank you for allowing me to testify today. If you have any additional questions or concerns, please email me at wbrennan@naminyc.org or call me at 212.684.3365.



New York Association of Psychiatric Rehabilitation Services
www.nyaprs.org

NYAPRS Testimony in Support of the
Proposed Amendment to Article 11 of the NYC Health Code
before the NYC Department of Health and Mental Hygiene
October 22, 2013

Briana Gilmore, NYAPRS Public Policy Director
Harvey Rosenthal, Executive Director

The New York Association of Psychiatric Rehabilitation Services is a peer-led statewide partnership of people with psychiatric disabilities and diagnoses and recovery-centered community providers that has worked for the past 31 years to improve services and policies for people with psychiatric disabilities by advancing their recovery, rehabilitation, rights and community inclusion.

NYAPRS supports the proposed rule to amend Article 11 of the NYC Health Code and require NYC hospitals to report inpatient admissions of people experiencing their first episode of ‘serious mental illnesses’ to the DOHMH.

The onset of mental health symptoms and the diagnosis of a serious mental illness can be traumatic at any stage of life. This event can be particularly difficult to manage for youth transitioning from childhood to adulthood. Young adults often do not have the capacity to negotiate the onset of these symptoms and conditions effectively. The culture of transition age youth—the age range of which often lasts into the late 20s and even early 30s— is one of shifting perceptions of self as a young individual forms the psychological and emotional awareness that is crucial to being perceived as and living as an adult.

A sensitive, supportive and prompt intervention upon a first episode of psychiatric symptoms that results in serious diagnosis is critical to the success of a young adult in learning to negotiate mental health as a unique process integrated into their adulthood. Effective interventions at this time period must focus on the relevant aspects of a young adult’s life that promote mental health as well as social integration and physical wellness. Clinical treatment such as medication and therapy must be wrapped around by age- and culturally-appropriate, evidenced-based interventions such as supported employment and education, peer support, family counseling, and complementary alternatives to managing mental health.

If effective interventions are not offered promptly, evidence indicates that a person's duration in treatment is longer and re-admittance to psychiatric hospitals is common. If an individual is instead offered practical resources for managing their mental health, recovery from symptoms and a lessened need for sustained treatment is not only possible, but should be expected.

Creating progressive policy related to transition age youth is a notoriously challenging proposition to governance agencies. The proposed amendment offers two practical solutions to the challenges facing transition age youth.

First, it provides a targeted, short-term intervention that helps young adults and their support networks find proactive and relevant services focused on recovery in a team-based approach. The fear and frustration that accompanies a first diagnosis of mental illness can be debilitating for an individual and a family; providing a continuum of support with a network of clinical, peer, and community supports can help form an integrated rehabilitation plan. It can also reduce stress that too often influences the diagnosed individual to disengage from treatment.

Secondly, the proposed rule indicates that demographic data compiled from first episode admissions—while transmitted and then disposed of securely—can be compiled for research purposes without compromising consumer rights and protections. Understanding this population of consumers better is essential to promoting future policy developments and treatment initiatives. Overcoming the programmatic and clinical barriers to treating transition age youth is essential to preventing the need for chronic mental health treatment. We need better data around who we are serving and what their unique needs are in order to continuously update our understanding and expectations of interventions for transition age youth.

Because we believe that offering this prompt package of FEP support is so critical, NYAPRS supports the mandatory reporting requirement for hospitals for the following reasons:

- This policy permits the FEP team, which we understand will include peer staff, to personally introduce the program to the first-time inpatient in a clear and consistent fashion, with all of the familiarity and sensitivity that is required for a person in acute distress
- This approach also provides an important separation of the FEP intervention from hospital treatment, which may sometimes be negatively perceived by people experiencing symptoms and inpatient psychiatric treatment for the first time. This especially applies to people who have been involuntarily committed.

NYAPRS is pleased to support this proposed rule, and hopes to work closely with DOHMH throughout its implementation in our capacity as community and system advocates.