



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Notice of Adoption of Amendments to Article 11 of the New York City Health Code

In accordance with §1043(b) of the New York City Charter (the “Charter”) and pursuant to the authority granted to the Board of Health (the “Board”) by §558 of the Charter, a notice of intention to amend Article 11 of the New York City Health Code (the “Health Code”) was published in the City Record on June 12, 2018, and a public hearing was held on July 12, 2018. No individuals testified at the public hearing; three written comments were received. At its meeting on XXX, the Board adopted the following resolution.

Statement of Basis and Purpose

Statutory Authority

The Board’s authority to codify these proposed amendments is found in Sections, 556, 558, and 1043 of the New York City Charter (the “Charter”). Sections 558(b) and (c) of the Charter empower the Board to amend the Health Code and to include all matters to which the Department’s authority extends. Section 556 of the Charter provides the Department with jurisdiction to protect and promote the health of all persons in the City of New York. Section 1043 grants the Department rule-making authority.

Background

The Department is responsible under the Charter for supervising matters affecting the health of New Yorkers. This includes supervision of the reporting and control of chronic diseases and conditions hazardous to life and health.¹ The Department also has specific responsibilities with regard to mental health. Pursuant to Section 552 of the Charter, the Department’s Division of Mental Hygiene (MHy) is the local government unit (LGU) for the City of New York under New York State Mental Hygiene Law, and the executive deputy commissioner who directs the Division is the City’s director of community services. As the LGU, MHy is responsible for administering, planning, contracting, monitoring, and evaluating community mental health and substance use services within the City of New York. It also is charged with identifying needs and planning for the provision of services for high-need individuals, such as persons with schizophrenia and other psychotic illnesses. In 2013, the Board of Health amended the Health Code to require hospitals to report when persons between the age of 18 and 30 are first admitted with a psychotic illness so that DOHMH can make appropriate linkages to services through the NYC Supportive Transition and Recovery Team (NYC START). The Department of Health and Mental Hygiene has successfully implemented hospital reporting with time-limited linkage to care for individuals 18 to 30 years of age with a first-episode psychosis hospital admission. However, in order to best account for and intervene in episodes of early psychosis and address health disparities, it is necessary to expand the age criteria for the reporting

¹ Charter §556(c)(2).

requirement to those aged 16 and over, collect data on race and ethnicity, and retain collected information past the current 30-day time limit.

Current Linkages to Care for First-Episode Psychosis

When the Health Code was amended in 2013 to address inadequate linkages to care for people with first-episode psychosis, we pointed out that New Yorkers with psychotic illnesses often do not seek care or become disengaged from care in part due to:

- Fragmentation in the current mental health treatment system (patients being lost to care in transitions from hospitalization);
- Exchange of patient information unsupported by technology infrastructure or current administrative practices;
- Mental health treatment providers lacking resources to ensure links are established between patients and community supports; and
- Challenges such as stigma, denial, fear, lack of support, and confusion related to benefits and insurance

While NYC START has improved these linkages to care for those who are reported with first-episode psychosis and accept services, the Board is further amending the Health Code to improve the health of all New Yorkers with first-episode psychosis. In particular, there were three areas that needed to be addressed in order to more fully account for the needs of individuals with psychosis:

1. Until the adoption of these amendments to Health Code Section 11.04, MHy could retain identifiable information of individuals reported with first-episode psychosis for only 30 days unless they accepted care through NYC START, making psychosis the only reportable illness that placed a limit on the amount of time the information can be seen by the Department. After 30 days, this information had to be de-identified and could not be used to follow up with the individual or to identify possible re-reporting. Given the many reasons that people with first-episode psychosis disengage from care, it is necessary to retain this information past 30 days to ensure that outreach can continue to those who have been unreachable during the initial 30-day period, to comprehensively assess the needs of communities, and to work with providers to develop successful interventions.
2. DOMMH estimates that approximately 2,000 new cases of psychotic illness develop each year in New York.^{2,3} Our analysis of NYC hospital admissions found that six percent of probable first-episode admissions occurred among persons between 16 and 17 years of age.⁴ There has been an expansion in the availability of specialized services for individuals 16 to 30 years of age. However, due to past restrictions in the Health Code limiting the reporting age to between 18 and 30, we did not account for individuals who developed first-episode psychosis before the age of 18.

² Kirkbride JB et al. Int J Epi. 2009; 38-1255-64.

³ Baldwin P et al. Schiz Bull 2005 31;3, 624-38.

⁴ DOHMH internal analysis of NYC hospital admissions in 2009 for probable first-episode psychosis among 16 – 29 year olds.

3. Race and ethnicity were not among the factors that hospitals identify when making a report of first-episode psychosis. Because there are racial disparities in the diagnosis and treatment of psychotic disorders, however, this information is especially pertinent to collect and utilize to improve interventions and address health inequity.⁵

Amendments

To improve interventions, linkages to care, and outcomes for New Yorkers experiencing first-episodes of psychosis, the Board of Health is amending Article 11 of the Health Code. The changes will facilitate participation in early intervention services by requiring hospitals to report when individuals over 16 and under 31 years of age are admitted with a first-episode of psychotic illness. The changes will further facilitate the creation of a database of reported cases of first-episode psychosis that will permit the Department to monitor trends of the illness.

Evaluating these trends can be used to:

- Develop targeted, culturally-competent interventions in the NYC START program
- Measure outcomes of first-episode psychosis care, and thereby direct more efficient interventions to health care institutions, health care providers and people with psychosis.

Reporting will continue to be required within 24 hours of admission and will include hospital name, patient name, age, gender, address, telephone, date of admission, insurance type, diagnosis, race, and ethnicity. All patient information reported to the Department will be kept confidential and will not be shared with unauthorized individuals.

The amendments have been revised to include the name and contact information of a parent or guardian among information to be reported when the patient is a minor; to clarify the exception to the reporting requirement; to clarify confidentiality provisions; and to include an effective date of January 1, 2019.

Accordingly, the Board amends Health Code Article 11 as follows:

“Shall” and “must” denote mandatory requirements and may be used interchangeably in the text below, unless otherwise specified or unless the context clearly indicates otherwise.

New text is underlined; deleted text is in [brackets].

⁵ Schwartz, R et al. World J Psychiatry. 2014 4(4): 133-140

RESOLVED, that Section 11.04 of Article 11 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended, to be published with explanatory note, to read as follows:

§11.04 Report of First-Episode Psychosis.

(a) *Required reports.* A hospital must report to the Director of the Division of Mental Hygiene of the Department by telephone or in an electronic transmission format acceptable to the Department, the admission of any person[over 18] at least 16 and younger than[30] 31 years of age with a psychosis diagnosis as defined in paragraph (1) of this subdivision within 24 hours of such admission[. A]; except that such report shall not be required if such person was previously hospitalized with a psychosis diagnosis [as defined in paragraph (1) of this subdivision when he or she was over the age of 18] that was reported pursuant to this section.

(1) *Psychosis diagnosis* shall mean:

(A) Schizophrenia (any type);

(B) Psychosis NOS (not otherwise specified);

(C) Schizophreniform Disorder;

(D) Delusional Disorder;

(E) Schizoaffective Disorder;

(F) Brief Psychotic Disorder;

(G) Shared Psychotic Disorder;

(H) Other Specified Schizophrenia Spectrum and Other Psychotic Disorder; or

(I) Unspecified Schizophrenia Spectrum and Other Psychotic Disorder; or

(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) Race;

(J) Ethnicity;

(K) Parent's or guardian's name if patient is a minor; and

(L) Parent's or guardian's contact information if patient is a minor.

(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. Such information may not be disclosed without the consent of the person who is the subject of such report or someone authorized to act on such person's behalf, except pursuant to a federal or state law that compels such disclosure. The director may not keep patient-identifying information reported to him or her for more than thirty days. Within 31 days of receiving information reported to it pursuant to this section, the Division shall cause such information to be destroyed.] Identifying information reported to the Department pursuant to this section shall be confidential and shall not be subject to inspection by persons other than authorized personnel of the Division of Mental Hygiene. Other than to such authorized personnel, such information may not be disclosed without the consent of the person who is the subject of such report or someone authorized to act on such person's behalf, except pursuant to a federal or state law that compels such disclosure.

RESOLVED FURTHER, that the foregoing amendments to Article 11 of the Health Code, set forth in Title 24 of the Rules of the City of New York, shall be effective January 1, 2019.

(Amended City Record XXX, eff. XXX)