



October 3, 2023

Ann Marie T. Sullivan, MD  
Commissioner  
New York State Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

James V. McDonald MD, MPH  
Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

Dear Commissioners Sullivan and McDonald:

On behalf of hospitals and health systems across New York, we welcome the opportunity to comment on the draft guidance for evaluation and discharge practices in emergency departments, comprehensive psychiatric emergency programs and inpatient psychiatric units.

Our members recognize that efforts to screen, evaluate and facilitate safe discharge are essential to improving patient outcomes. Many hospitals across the state have already implemented such measures and several of the strategies are currently required by accreditation agencies. However, we are concerned about the feasibility and possible repercussions of implementing the guidance as written.

While the guidance is intended to increase access to care, it would have the opposite, unintended effect. It includes detailed activities that would result in unnecessarily prolonged hospital stays for patients that could be better served elsewhere. Several of the interventions would draw behavioral health professionals away from emergency services and inpatient care when there are severe workforce shortages and an overwhelming demand.

The continuous quality improvement method, a deliberate process of defining a problem, setting a goal and measuring improvement, will support provider evaluation and discharge practice efforts. Hospitals need flexibility to establish a CQI project that is tailored to their opportunities for improvement. The associations have experience supporting member CQI activities and stand ready to assist with member evaluation and discharge activities.

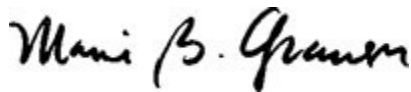
The associations urge OMH and DOH to revise the proposal to align with existing practices and standards to the extent possible. This can be achieved by continuing to work in close

partnership with hospitals. We propose that we convene our members with representatives from OMH and DOH to collaboratively discuss those practices and standards.

The associations strongly agree that there are complicated systemic, legal and regulatory obstacles to coordinating safe discharge. We have tracked, surveyed and intervened on these issues for years.

Most recently, HANYS undertook a [three-month data collection pilot](#) with 52 hospitals statewide wherein more than 250 patients with mental illness were reported to have experienced an average discharge delay of 50 days, primarily due to a lack of post-discharge options. **To be successful, screening and assessment must be paired with investments in care transition support and community-based services.**

Hospitals are eager to work with the state to develop guidance that will improve timely access to care and support recovery for individuals seeking mental health services.



Marie B. Grause, RN, JD  
President, HANYS



Kenneth E. Raske  
President, GNYHA



Gary J. Fitzgerald  
President, Iroquois Healthcare



Wendy Darwell  
President, Suburban Hospital Alliance



Kenneth Schoetz  
Vice President, HAWCNY

cc: Angela Profeta, Deputy Secretary for Health  
Jihoon Kim, Deputy Secretary for Human Services and Mental Hygiene  
Chinazo Cunningham, MD, Commissioner, Office of Addiction Services and Supports