New York State
Office of Mental Health

Sharon E. Carpinello, RN, Ph.D.
Commissioner

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Office of the State Comptroller
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Lynn Canton
Deputy Comptroller

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Division of State Services
NYS Office of the State Comptroller
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110 State Street
Albany, NY 12236

Dear Ms. Canton:

Enclosed for your information is a copy of the Office of Mental Health's response to the Office of the State Comptroller's final audit report entitled, Oversight of Aftercare Services (2002-S-53). This response addresses the six recommendations included in the final audit report.

The OMH response is submitted in accordance with Section 170 of the Executive Law.

Sincerely yours,

Sharon E. Carpinello, RN, Ph.D.
Commissioner

Enclosure

OFFICE OF MENTAL HEALTH
RESPONSE TO OFFICE OF THE STATE COMPTROLLER'S FINAL AUDIT REPORT 2002-S-53
OVERSIGHT OF AFTERCARE SERVICES

Overall OMH Comments

The Office of the State Comptroller has issued its final audit report based on their review of OMH discharge planning efforts in comparison with OMH Policy PC-400 and facility policies and procedures developed to comply with the policy. OSC's report observations, conclusions and recommendations were developed after their visits to nine OMH psychiatric centers, where they reviewed 475 randomly selected discharge records (275 adults and 200 children). OSC reported that 86 of the 475 cases reviewed did not meet certain of the requirements of OMH's PC-400 or (if they were more stringent) the facility's own policies and procedures for discharge planning and follow up.

OSC developed six recommendations based on their audit findings and stated in their Executive Summary, that "OMH officials generally agreed with the report's recommendations and indicated actions planned to implement them." This statement does not accurately represent OMH's response to the draft audit report. For the most part, OMH does not agree with Recommendation Nos. 1 through 4, as indicated in the response. After reviewing the report, OMH has determined that the best course of action is to revise Policy PC-400 to more accurately reflect the Mental Hygiene Law and clinical best practices for adults and children. Subsequently, OMH will review and monitor adherence to the revised policy at regularly scheduled quarterly Governing Body meetings at each facility. While OMH does agree with Recommendation No. 5, it should be noted that performance measures had already been developed before the OSC audit. OMH also cannot commit to implementing Recommendation No. 6 at this time, as it suggests statewide implementation of a facility study that is not yet complete.

In reviewing the OSC report, we determined that OMH practices were appropriate in the vast majority of the situations which were noted as "exceptions." Most of those exceptions involved following up on the discharge of children. OSC was correct in characterizing these situations as exceptions to OMH policy, because they did not comply with certain elements of PC-400. However, our review has led us to conclude that PC-400 needs to be modified to reflect the inherent differences between appropriate post-discharge follow up for children and for adults. PC-400 was written with a primary focus on ensuring that adult patients received proper care following discharge. Children, on the other hand, are discharged into the custody of specific adults or entities who are responsible for ensuring that care continues, and PC-400 will be modified to reflect that reality.

Of the 86 exceptions cited by OSC, 80 involved the discharge of children. As we will explain in detail in the section of this response entitled, "Verification of Aftercare Services, Cases Identified

as Not Having Follow Up," unlike adults, children are always discharged into the custody of some responsible person or entity. They never leave an OMH facility on their own, nor are they ever responsible for managing their own outpatient care and follow-up services. Children are regularly discharged: into the custody of their family (or sometimes foster family); into an all-inclusive, 24-hour per day residential care facility; or back to the custody of the court. Many children are remanded by the court to OMH facilities for evaluation, under Section 251 of the Family Court Act, and the court is responsible for oversight of the children after the evaluation has been completed.

In every case where a child was discharged into the custody of a responsible person or entity, OMH's response to OSC's exceptions is that Policy PC-400 needs to be clarified to comply with clinically appropriate discharge practices. Since OMH, in most of these cases, has discharged a minor patient into an appropriate full-time setting or returned the patient to court oversight, there is no need for follow up. Once the discharge has been completed and custody has been appropriately transferred, responsibility for the child's care and treatment passes on to the residential program or court, each of which arranges for all of the care and services needed by the child. The responsible person or entity is free to follow or to modify any discharge recommendations which have been made by the OMH facility. In the case of discharge of a child to their family, good clinical practice dictates that the clinician remain in contact with the family and, when appropriate, with the aftercare provider, to assure that agreed upon services are accessed and provided to the child, and that the services are sufficient to ensure the child's well-being in the community.

OMH's review has shown that for over half of the 80 exceptions which OSC noted for children, the children were discharged into a setting for which no follow up was required after assuring that custody of the child was appropriately transferred. However, for those children discharged back to their family, good clinical practice includes continued contact with the family to ensure that the services identified in the discharge plan are being accessed, and that these services meet the needs of the child and the family. Where this level of follow up was not provided for those children, a plan of remediation has been developed. OMH concludes that, of the 475 cases which OSC selected for review, follow up was appropriate for most of the 200 children and for 98 percent of the 275 adults.

In the ordinary course of business, OMH has procedures in place to monitor its facility discharge planning processes. OMH continuously evaluates the performance of its inpatient, outpatient and residential programs for adults, children and forensic patients. Evaluation is based on data collected continuously from the 27 psychiatric centers and analyzed quarterly. More than 50 indicators address the areas of patient care, admissions and length of stay, missing patients and discharge rates, utilization of atypical antipsychotic medications, residential services, fiscal conditions, and inpatient and outpatient costs of care. Of these performance indicators, several address the success of individuals discharged from the inpatient service of OMH hospitals.

A very important outside review is the triennial Joint Commission on the Accreditation of Health Care Organizations (JCAHO) survey, which is based on detailed standards for treatment and discharge planning and includes the review of records of discharged patients. OMH facilities perform extremely well on these surveys in comparison with national benchmarks. Overall, the

OMH system of psychiatric hospitals has achieved a score of 96.3 on recent JCAHO surveys compared with the national average score of 90.0.

OMH facilities are also the subject of periodic reviews by the Centers for Medicare and Medicaid Services (CMS), formerly known as HCFA. CMS conducts their own reviews of OMH facilities against standards for: admission; treatment planning; discharge planning; and discharge practices. There have been no significant deficiencies noted in any CMS survey over the past several years.

In addition, the annual Inspection of Care Surveys (IOC), which are completed by an independent private contractor using Federal Medicare and Medicaid standards, include a review of discharge planning elements for open records. OMH facilities' ratings document an outstanding level of performance on these surveys, with few or no deficiencies being noted over a period of many years. OMH facilities also participate in JCAHO's ORYX performance measurement system. Among other indicators, our facilities use the JCAHO indicator of rate of readmission within 30 days of discharge. Data on this indicator are collected monthly and transmitted to JCAHO's ORYX vendor quarterly. Performance can be compared with the facility's historical level, to all other OMH facilities, or benchmarked against data from psychiatric hospitals throughout the United States. For example, in 2002, the OMH systemwide score on this indicator showed that 4.15 percent of all admissions were readmissions within 30 days of discharge. The national benchmark for the same period was 6.22 percent.

The reviews described above provide an extensive base of quality management data that is used to monitor performance in the area of discharge and release of patients. Based on these continuous reviews, OMH management is confident that discharge planning, discharges, and follow up of discharged patients is being done well at its 27 psychiatric centers. In contrast to the conclusions in OSC's final report, all OMH facilities have achieved outstanding results on outside surveys and reviews that address discharge planning and follow up.

Despite the performance measurement processes OMH has in place, the OSC final report indicates that OMH should do more (Recommendation No. 5). That is, "(d)evelop performance measurements related to aftercare services, and the intended outcome of aftercare services (discharged patients' successful return to the community)." OMH's performance measures are extensive; however, the report does not adequately acknowledge OMH's commitment, continuing efforts, and national leadership in the area of performance management and measurement, nor accurately portray the OMH performance measurement process. To reiterate, OMH monitors a large number of performance indicators that measure aspects of discharge and aftercare adequacy. These include the readmissions within 30 days of discharge, median length of stay, percent of patients discharged within 90 days of admission, percent of long-stay (greater than one year) patients successfully discharged, readmission rates, and number of inpatient discharges placed in State-operated and voluntary congregate care settings. In addition to these six internally produced performance measures, OMH participates with the national JCAHO ORYX performance measurement initiative which includes several measures of the rate of readmission within 30 days of discharge from OMH hospitals. OMH is also a founding member and ongoing participant in a nationwide effort, led by

the national Center for Mental Health Services, to develop and deploy well defined, objectively measured performance indicators. Included in the national set of measures are several that speak to continuity of care and success of discharge placement.

Moreover, OMH licenses and inspects the outpatient and residential programs to which individuals are discharged from our facilities to ensure that they provide adequate and appropriate care. On the bottom of page 11 of the report, OSC stated that, "it is crucial that every type of aftercare service be verified." Therefore, OSC implies that discharge placements need improvement if the full range of services needed upon discharge (housing, employment, financial support, education, health care, clinical services, social services) are not individually verified within 30 days and for periods up to a year following discharge by the discharging OMH facility and the Central Office. When an individual is discharged to a program licensed by OMH, that program becomes responsible for providing or arranging for the needs of the person, including all of the services listed above. OMH assures, through its inspection and certification process, that licensed programs provide a full range of quality programs and services for individuals referred into its care. Once the OMH facility verifies that a person has been connected to the appropriate licensed outpatient program, it can be assured that all necessary services, mental health related and otherwise, will be organized and provided by that program. Also, Policy PC-400 specifically states that responsibility for verifying that needed services have been accessed may be delegated to the agency to which the person has been referred. OSC Recommendation Nos. 2 through 4, that recommend OMH facilities and Central Office to implement additional verification processes would require an unnecessary duplication of effort at a significantly increased cost in financial and human resources to the agency with no noticeable effect on clinical outcomes. For example, if it could not be verified that a discharged patient attended a scheduled dental appointment after referral to a comprehensive, licensed mental health program, OSC would construe this as a failure of aftercare delivery. In fact, it could be due to any one of many factors having nothing at all to do with the persons' psychiatric rehabilitation and recovery, and may well have already been verified by the referral agency. Putting effort into verification of such information months after successful discharge would only drain facility resources with no accompanying substantial improvement in outcomes. OMH does not support such an approach.

Lastly, OMH has concluded that Policy PC-400 needs to be modified so that it is consistent with clinically appropriate discharge practices and the Mental Hygiene Law. It is OMH's intention to revise the policy as described above, taking the findings of this audit into account. Some anticipated changes include: the requirement for written agreements regarding discharge planning with local governments and with local departments of social service will, for most situations, be eliminated; discharge planning requirements for children and youth will be clarified; and requirements for discharge to OMH's own outpatient programs, to courts, to the Office of Children and Family Services (OCFS) and to the patient's own home or family will be delineated.

Having addressed the issues regarding children, the other exceptions involve the 6 adult patients who comprise 2 percent of the OSC sample of 275 adults. The following sections of this response include the remainder of OMH's comments pertaining to the final report. Those sections provide our

detailed comments on specific OSC statements and report segments and respond to the six audit recommendations.

OMH Comments to Specific OSC Statements and Report Sections

Verification of Aftercare Services

- *OSC Telephone Contacts (Pages 8-9)*

OMH believes that OSC's use of telephone interviews on this review made it difficult for facility staff to clearly explain, and for OSC to understand, the actual discharge planning follow-up process and practice. This is demonstrated by comments about St. Lawrence PC which indicated that the facility did not begin verifying aftercare services until February 2003 or after the audit had begun. However, St. Lawrence had an informal, ward-based process in place prior to February 2003 that was driven by clinical need. Social work staff routinely followed up on their discharges as a part of clinical care. Additionally, approximately 50 percent of discharges from St. Lawrence were to facility-operated programs.

- *Cases Identified as Not Having Any Follow Up (Pages 9-10)*

The OSC audit results, which were based on their visits to nine OMH psychiatric centers, are skewed for a number of reasons. Approximately half of all OMH inpatients are discharged either to State-operated outpatient programs operated by the same facility, to residential facilities which offer a complete range of outpatient services, or are court-ordered discharges over which OMH has no control (see table on next page). For those discharged to a facility's own outpatient programs, follow up is a given by the facility's own staff. For those persons discharged to residential facilities offering a full complement of outpatient services, OMH's discharging facility only needs to ensure that the patient is admitted to the residential provider. In the case of the court-ordered discharges, follow up is not practical since it is outside of OMH's realm of control. Our analysis of how these factors should modify OSC's conclusions appears below.

OSC reviewed 475 discharge records (275 adults, 200 children and youth), selected at random, at nine OMH facilities for this audit. On a case-by-case basis, OSC determined that 86 of the 475 cases they reviewed did not comply with one or more requirements of OMH's PC-400 or, if they were more stringent, the facility's own discharge planning and follow-up policies and procedures. Of the 86 exceptions, 6 were from the OSC sample of adult patients. These 6 represented only 2.2 percent of the 275 adult discharges sampled by OSC.

Eighty exceptions involved children and youth. As previously commented in the Overall Comments portion of this response, OMH would like to further clarify some factors that may not have been apparent to OSC regarding the discharge and follow up of patients who are minors.

Unlike with an adult, a child is always discharged into the custody of some person or entity. They never leave an OMH facility on their own, nor are they ever responsible for managing their own outpatient care and follow-up services. Children are usually discharged into the custody of their family (or sometimes foster family); to an all-inclusive, 24-hour per day residential care facility; or back to the custody of the court (many children are remanded to OMH facilities by the court under Section 251 of the Family Court Act for evaluation purposes only; the disposition of their case remains with the court once the evaluation has been completed).

In all of the situations described above, once the initial contact is made, responsibility for the child's care and treatment passes to the residential program or the court, each of which arranges for all of the care and services needed by the child. These entities are free to follow or to modify the discharge recommendations of the OMH facility. Therefore, once a child has been placed into one of the above situations, the OMH facility has, in fact, fulfilled its responsibility for follow up after discharge. In cases when a child is discharged to the custodial family, good clinical practice dictates that the clinician remain in contact with the family and, where appropriate, with the aftercare provider to assure that agreed upon follow-up care is accessed and provided to the child.

With this background, we revisited OSC's 80 exceptions, all of which were from Mohawk Valley or Rockland Children's Psychiatric Center. The following table shows the status of the 80 children who were discharged from these two facilities and cited by OSC for not having been followed up upon discharge.

Rockland Children's Psychiatric Center and Mohawk Valley Children & Adolescent Unit
Status of Discharges for Records Selected
Where OSC Noted No Follow Up

	RETURNED TO HOME	PLACED	RETURNED TO COURT	TOTALS
Rockland Children's PC	10	13	7	30
Mohawk Valley C&A Unit	28	9	13	50
TOTALS	38	22	20	80

As can be seen, 48 percent of these cases were discharged home, where follow up by psychiatric center staff should be provided to ensure that the agreed upon services in the discharge plan are accessed, and that those services meet the needs of the child and the family. Twenty-five percent of cases were returned to the court following evaluation, where no further follow up is necessary. Finally, 22 children or 27 percent were placed to various other care settings. The specific settings to which children were placed included: Residential Treatment Facilities; OCFS facilities; Children's Homes;

and specialized residential schools.

Therefore, for 42 of the 80 cases of children discharged from Mohawk Valley and Rockland Children's Psychiatric Centers which were noted as exceptions by OSC, no formal follow up was required after the initial transfer of the child.

- *Verification of Other Types of Services (Page 11)*

OSC concluded that OMH should follow up on more than just mental health services. However, as previously stated in the Overall Comments section of this response, such follow up by OMH psychiatric centers would be duplicative, and is unnecessary, because outpatient programs are required by regulations to provide services designed to reduce symptoms, improve functioning and provide support (e.g., case management and health screening and referral).

Evaluating the Effectiveness of Aftercare Services

Of OMH's performance indicators, several speak to the success of individuals discharged from the inpatient service of OMH hospitals. These include the readmissions within 30 days of discharge, median length-of-stay, percent of patients discharged within 90 days of admission, percent of long-stay (greater than one year) patients successfully discharged, readmission rates, and number of inpatient discharges placed in State-operated and voluntary congregate care settings.

OMH has also been interested in developing a more direct and accurate indicator of connection to outpatient services following inpatient discharge. OMH has begun work with a nationwide inter-state indicator project regarding efforts to measure the percentage of individuals who connect with an outpatient provider within a specified period of time (5, 7 and 30 days have been used). Because of the difficulty in collecting data that fairly represents the State-operated and local mental health systems, this indicator is still in the early stages of development. However, OMH staff continue to work on the possibility of using this source of data to identify the first outpatient service following an inpatient stay as a potential additional performance measure.

As previously noted, OMH facilities also all participate in the JCAHO ORYX performance measurement system. Among other indicators, OMH facilities use the JCAHO indicator of rate of readmission within 30 days of discharge. Data on this indicator are collected monthly and transmitted to JCAHO's ORYX vendor quarterly. Performance can be compared with the facility's historical level, to all other OMH facilities, or benchmarked against national data from psychiatric hospitals throughout the United States.

Untoward events are assiduously tracked, monitored, investigated and reported to Central Office. Here, they are reviewed and discussed at a weekly rounds meeting where patterns and trends are identified for potential management actions.

Finally, individual psychiatric centers have their own performance measures which are analyzed and reported quarterly at Governing Body meetings. The process at Mohawk Valley PC (noted by OSC)

is typical of these facility performance measurement practices. Another example is the quarterly report on Organizational Performance Indicators that is routinely prepared by Hudson River Psychiatric Center. This report contains a table in which data are reported by month throughout the year on the *Provision of Aftercare Services*. Each month, the number of: patients placed out of the inpatient service; post-discharge patient appointments needed; and 72 hour follow-up appointments made, kept, and missed; are recorded. This data is presented and discussed with Central Office management each quarter at Governing Body meetings. Although not all OMH facilities use these exact indicators, many do track the success of their discharged inpatients. OMH agrees that a common indicator, or set of indicators, that reflects the success of discharge activities should be considered for implementation by all OMH facilities. However, we also believe that this should, at least initially, be a local measure discussed quarterly at Governing Body meetings rather than a centrally operated system.

OMH Responses to OSC Recommendations

OSC Recommendation No. 1

Review all facilities' written discharge procedures to ensure their compliance with OMH policy.

OSC Recommendation No. 2

Develop standard detailed procedures for the verification of aftercare services. In these procedures, specify which services should be verified, how many times the services should be verified, how long the verification process should continue after discharge, and the manner in which verification activities should be documented.

OSC Recommendation No. 3

Require the facilities to track the verification of aftercare services.

OSC Recommendation No. 4

Periodically visit the facilities to determine whether aftercare services are being verified in accordance with requirements.

OMH Response to OSC Recommendation Nos. 1 through 4

OMH facilities have procedures in place to address discharge planning practices and follow up, and we believe that a standardized approach is unnecessary. Moreover, OMH does not agree that site visits are warranted.

However, OMH will review PC-400 and amend it, as necessary, to reflect clinically appropriate discharge practices and the Mental Hygiene Law. OMH will direct its facilities to redraft their own

discharge planning policies and procedures in accordance with a revised PC-400. OMH will also direct each facility to present its policies and procedures at a facility Governing Body meeting. At that time, the facility will have to demonstrate to the satisfaction of the Governing Body that it is in full compliance with PC-400. Additional requirements that go beyond PC-400 will have to be justified by the facility and approved by the Governing Body before implementation. Thereafter, discharge planning policies, procedures, and outcome data will become a standing agenda item for discussion at quarterly Governing Body meetings.

Regarding documentation of follow up, OMH agrees that facilities should be documenting when follow up took place, who made the follow up and the patient's status. The requirement to do this has been reiterated verbally at the facility level, and will be emphasized (in writing) in the updating of PC-400. OMH policy will require facilities to document follow-up procedures, as clinically appropriate.

The requirement for written agreements with local governments and departments of social services will, in most situations, be eliminated.

OSC Recommendation No. 5

Develop performance measurements related to aftercare services and the intended outcome of aftercare services (discharged patients' successful return to the community).

OMH Response

OMH agrees that performance measures are important and believes it has made enhancements in this area over the past several years as previously discussed in this response. OMH will continue to use best practices and benchmarking to improve its measurement of performance in all areas, including discharge planning and follow-up activities.

OSC Recommendation No. 6

Extend statewide the discharge follow-up studies initiated by Mohawk Valley Psychiatric Center, and use the results of the studies to evaluate and modify the facilities' aftercare services.

OMH Response

OMH concurs that the discharge follow-up study being done at Mohawk Valley is an important project with the potential for enhancing the discharge planning and follow-up process at that facility. Upon completion of the study and evaluation of the results, OMH will disseminate such results to the other adult facilities. However, since the study is not complete, OMH cannot commit to replicating this study statewide.