



New York State Comptroller
THOMAS P. DiNAPOLI

Mental Health: Inpatient Service Capacity

March 2024

Message from the Comptroller

March 2024

Many New Yorkers experienced mental health challenges during the pandemic. According to federal survey data, the number and share of New Yorkers living with a mental illness have increased since 2014-2015. Federal surveys for 2021-2022 estimate approximately 1 in 5 adults were living with a mental illness and 1 in 20 adults experienced a serious mental illness that interferes with, limits or impairs daily living and function. The numbers of individuals served by the State's public mental health system have grown as well.



Decades ago, concerns about the conditions and efficacy of care at State-operated psychiatric centers treating those with the most severe illness led to changes in practice that steadily reduced inpatient capacity in favor of community-based outpatient services. In the last decade, reductions in inpatient capacity continued. During the public health emergency, acute-care hospitals in New York converted inpatient psychiatric beds to pandemic-related services to manage the surge of COVID-19 cases.

Now that the pandemic is over, State agencies have instructed hospitals to re-open their inpatient psychiatric beds as soon as possible. The State considers these beds a crucial part of a \$1 billion plan that is intended to enhance and expand access to mental health services in New York; as a result, there has been a minor increase in capacity in recent months.

Enhancement to these services is sorely needed to meet the growing need. As the State continues our post-COVID recovery, we must commit to working with acute-care hospitals to overcome barriers to restoring inpatient psychiatric bed capacity. We must also commit to preserving and expanding the availability, utilization and effectiveness of telehealth services. According to State mental health officials, widespread availability of telehealth services for individuals with behavioral health conditions was one of the few positives arising from the COVID-19 pandemic.

Thomas P. DiNapoli
State Comptroller

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Executive Summary

In recent years, mental health needs have greatly increased. In the 2021-2022 period, federal data estimated 21.1 percent of adult New Yorkers – fully 3.2 million people – had a mental illness. This increased need is reflected in a 23 percent increase in the number of individuals served by the State’s public mental health system over the last 10 years, with 900,000 New Yorkers utilizing services.

In particular, cases of severe mental illness – which may result in serious functional impairment or interference with major life activities – which were already growing prior to the pandemic, afflicted nearly 5.1 percent of New York’s adults in 2021-2022, or about 783,000 individuals. These individuals may require intensive treatment or hospitalization; however, inpatient psychiatric capacity – defined as beds in the acute care units of general hospitals and stand-alone psychiatric hospitals (collectively referred to as “community hospitals”), as well as beds in State-operated psychiatric centers (PC) – has been in a nearly steady decline since 2014.

From April 2014 to December 2023, statewide inpatient psychiatric capacity decreased by 10.5 percent, or 990 beds, to 8,457 beds. Nearly three-quarters of the decline in inpatient capacity was driven by fewer beds in State psychiatric centers. Over half of the decrease occurred in inpatient hospitals outside of New York City, where there are no inpatient beds available in 20 counties with a total population of nearly 900,000. Individuals with no nearby treatment options may forgo or delay treatment, or have to travel long distances to facilities far from family and support networks.

COVID-19 affected both inpatient psychiatric capacity and the frequency of mental illness among New Yorkers. When the pandemic first hit, community hospitals in New York City closed inpatient psychiatric beds in order to accommodate COVID patients, while the numbers of New Yorkers needing mental health services reached new heights. Medicaid data indicate declining psychiatric inpatient services, while the number of Medicaid enrollees receiving outpatient and residential services increased. In addition, telehealth services became more widely available. This may indicate a trade-off in service utilization due to a lack of capacity at inpatient centers, suggesting some New Yorkers may not be receiving the level of care they need, leaving them vulnerable to an escalating crisis that can have devastating consequences due to the lack of an available bed.

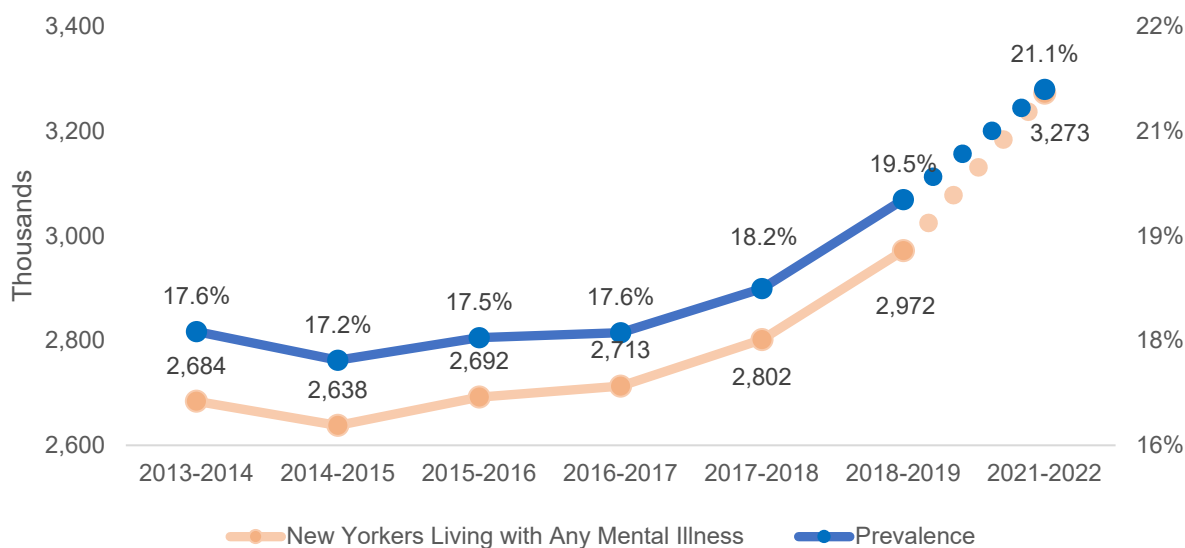
Efforts to reopen the beds that closed are currently trailing established deadlines. This report details trends in inpatient psychiatric service capacity and the demand for services to assist policymakers in ensuring that sufficient resources are available for New Yorkers in need of critical services.

Mental Health Needs Have Increased

In recent years, the prevalence and estimated numbers of New Yorkers living with any mental illness have increased, according to the State Office of Mental Health (OMH) and the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health (NSDUH), as shown in Figure 1. The SAMHSA data estimated that 21.1 percent of New Yorkers age 18 and over had a mental illness in 2021-2022.¹ This equates to more than 3.2 million New Yorkers. Incidence is particularly pronounced for those ages 18 to 25, for whom fully 30 percent were estimated to have a mental illness.

According to the National Institute of Mental Health (NIMH), ‘any mental illness’ (AMI) encompasses all recognized mental illnesses and is defined as a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.² The definition does not include developmental and substance use disorders; not all individuals indicated as living with AMI would require hospitalization.

Figure 1
Estimated Prevalence and Thousands of New Yorkers Living with Any Mental Illness, 2013-2014 to 2021-2022

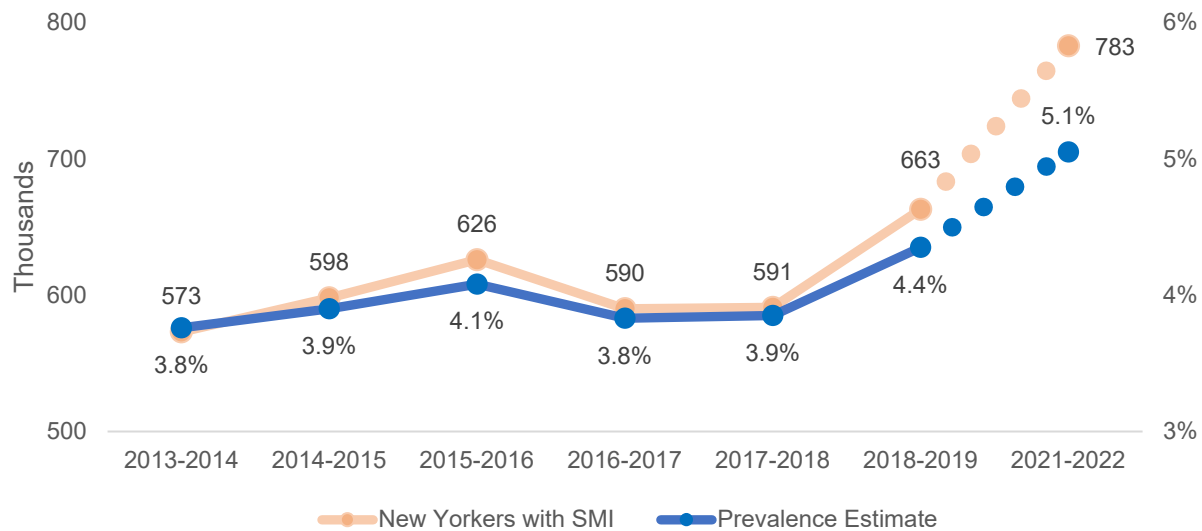


Note: 2019-2020 data excluded due to data reliability issues. According to SAMHSA, 2021-2022 estimates are not directly comparable with prior years.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH), at <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>.³

The estimated prevalence for serious mental illness (SMI) – defined by NIMH as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities – among New York adults aged 18 and older was nearly 5.1 percent in 2021-2022, or about 783,000 individuals. For those between 18 and 25 years of age in particular, the rate was 8.6 percent. New York’s prevalence rates were less than the national average of 23.1 percent of adults with AMI and 6.0 percent with SMI.

Figure 2
Estimated Prevalence and Thousands of New Yorkers with Serious Mental Illness, 2013-2014 to 2021-2022

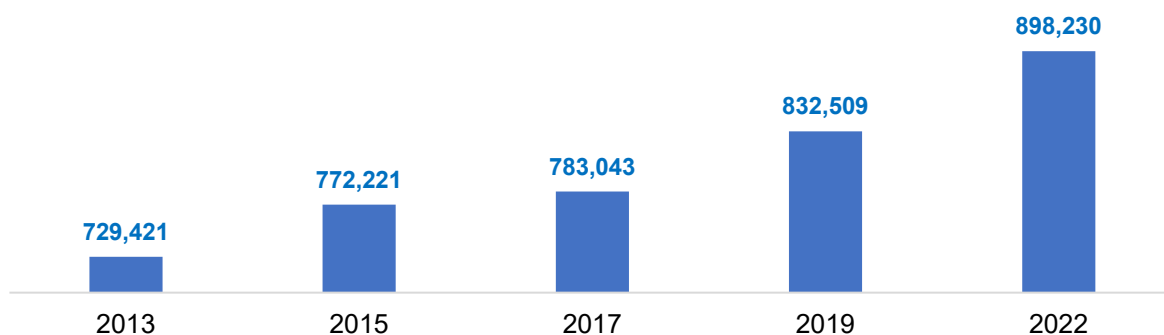


Note: 2019-2020 data excluded due to data reliability issues. According to SAMHSA, 2021-2022 estimates are not directly comparable with prior years.

Source: SAMHSA, National Survey on Drug Use and Health.

Mirroring these trends, annualized survey estimates of the number of individuals served by the State’s public mental health system (defined as all the mental health programs that are licensed, regulated, operated, funded, or approved by OMH) indicate significant growth in service numbers since 2013, as shown in Figure 3.

Figure 3
Individuals Served by the NYS Public Mental Health System, Select Years



Source: NYS OMH Profile of the New York State Public Mental Health System, September 2023, available at <https://my.visme.co/view/4d1k1r8z-profile-of-the-new-york-state-public-mental-health-system-september-2023#s1>.

OMH attributes the growth to expanded eligibility standards, expanded efforts to achieve behavioral health parity, higher demand for treatment services, increased awareness of mental health issues, and stigma-reduction efforts.⁴

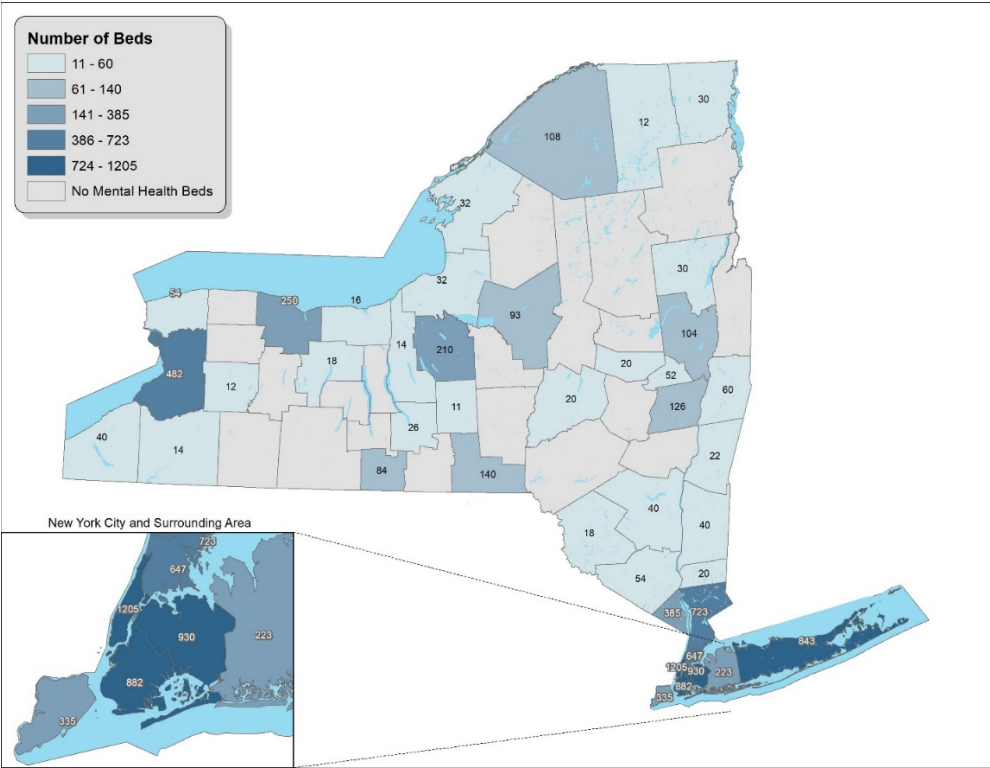
Declining Inpatient Psychiatric Beds

Overview of Inpatient Capacity

Inpatient psychiatric capacity consists of community hospitals and state-operated psychiatric centers. Community hospitals provide 24-hour, acute care inpatient services usually lasting from one to two weeks for adults and children; admissions come from emergency rooms, hospital-based emergency psychiatric services and – in the case of the stand-alone hospitals – general hospital inpatient units. State-operated psychiatric centers also provide 24-hour inpatient treatment services for adults and children. Average lengths of stay vary, but can be over one year; admissions come from general hospital psychiatric units, jails, and prisons.⁵

There were 3,999 beds in New York City and 4,458 in the rest of the state in December 2023. OMH’s December 2023 report indicates the counties with the greatest number of psychiatric inpatient beds are largely downstate, as shown in Figure 4. The ratio of beds to population is approximately 1 to 2,084 in New York City and 1 in 2,544 in the rest of the state. It is worth noting that 20 counties, with a total population of 898,895, had no psychiatric inpatient beds at all in December 2023.

Figure 4
Psychiatric Inpatient Bed Capacity, December 2023



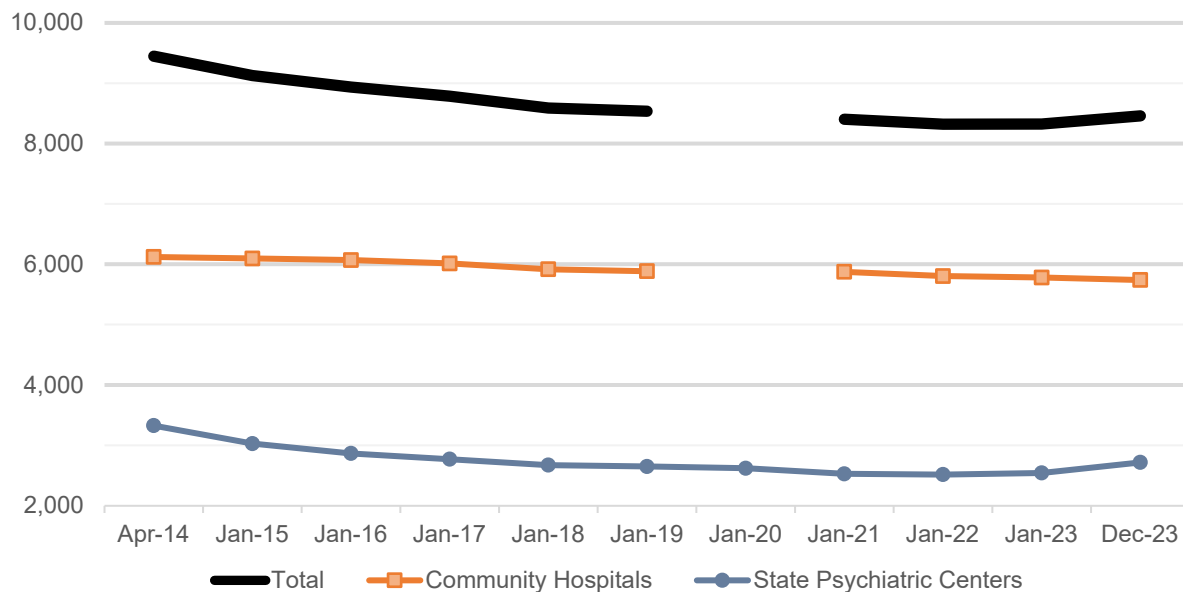
Note: Data include bed capacity numbers for adults, plus children and youth, for State-operated psychiatric centers and community hospitals.

Source: OMH Transformation Plan Status Report for December 2023.

Long-Term Decline of Inpatient Capacity

Until 2023, inpatient psychiatric hospital bed capacity in New York had been in a nearly steady decline since 2014, as shown in Figure 5. Overall psychiatric inpatient capacity dropped to 8,457, a decrease of 990 beds or 10.5 percent, from April 2014 to December 2023 (the latest month for which data are available). Community hospital capacity decreased by 381 beds, or 6.2 percent, from April 2014 to December 2023; however, the overall decrease was largely driven by 609, or 18.3 percent, fewer inpatient beds in State psychiatric centers.

Figure 5
Inpatient Psychiatric Bed Capacity in New York, 2014 to 2023, by Category

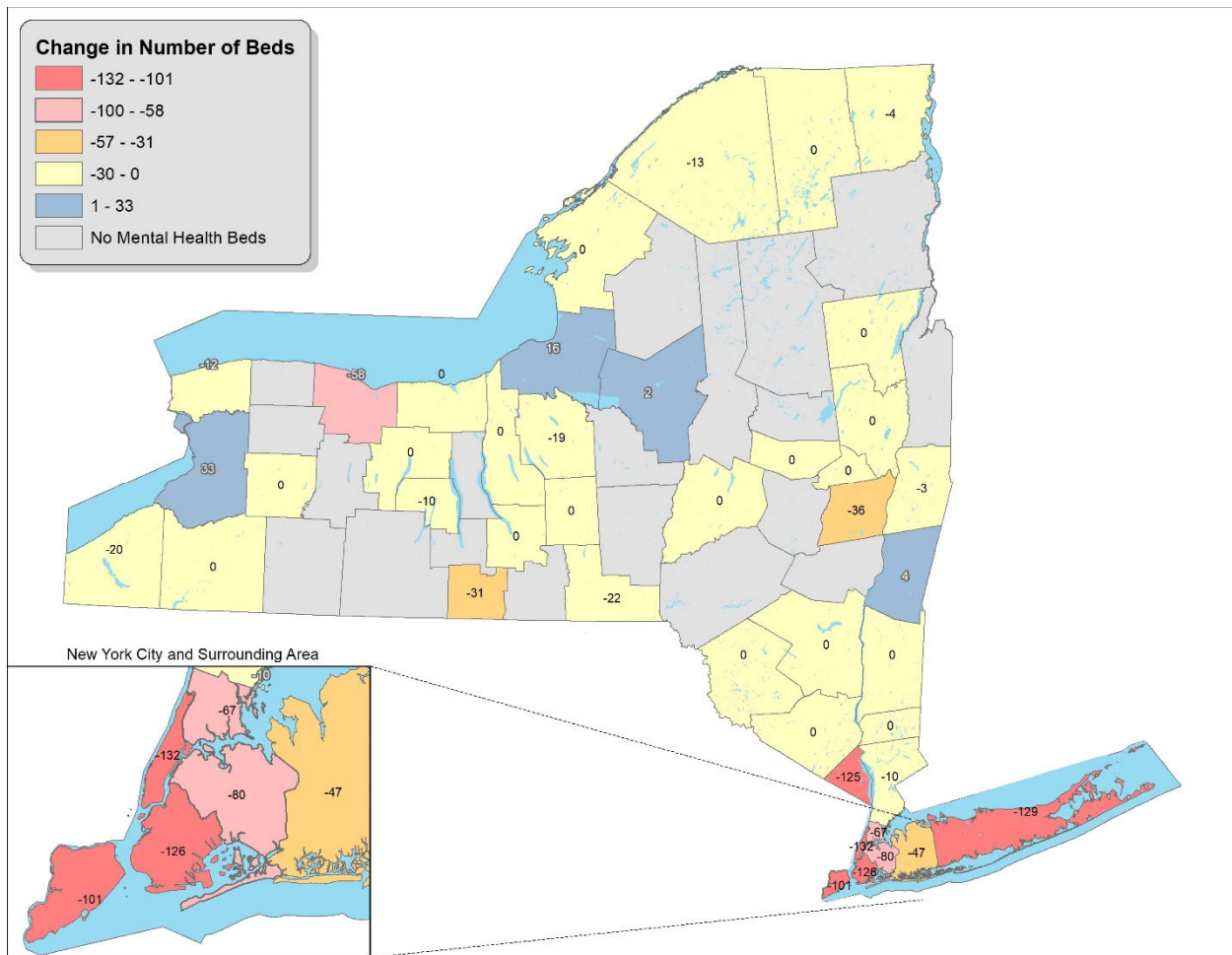


Note: Data include bed capacity numbers for adults, and children and youth, excluding forensic inpatients. The OMH report for January 2020 excluded bed capacity numbers for Community Hospitals.

Source: OMH Transformation Plan Status Reports, at <https://omh.ny.gov/omhweb/transformation/reporting.html>.

A regional analysis of overall psychiatric inpatient bed capacity also shows long-term declines in New York City and counties outside of the City, as a group. From April 2014 to December 2023, psychiatric inpatient capacity decreased by 506 beds, or 11.2 percent in New York City, and by 484 beds or 9.8 percent, outside of the City. Most of the largest bed reductions occurred downstate – in Suffolk and Rockland counties, as well as in the five boroughs of New York City – during this time period. One notable exception is Monroe County, which lost 58 beds. (See Figure 6.)

Figure 6
Change in Psychiatric Inpatient Bed Capacity, April 2014 to December 2023



Note: Data include bed capacity numbers for adults, plus children and youth, for State-operated psychiatric centers and community hospitals.

Source: OMH Transformation Plan Status Reports for April 2014 and December 2023.

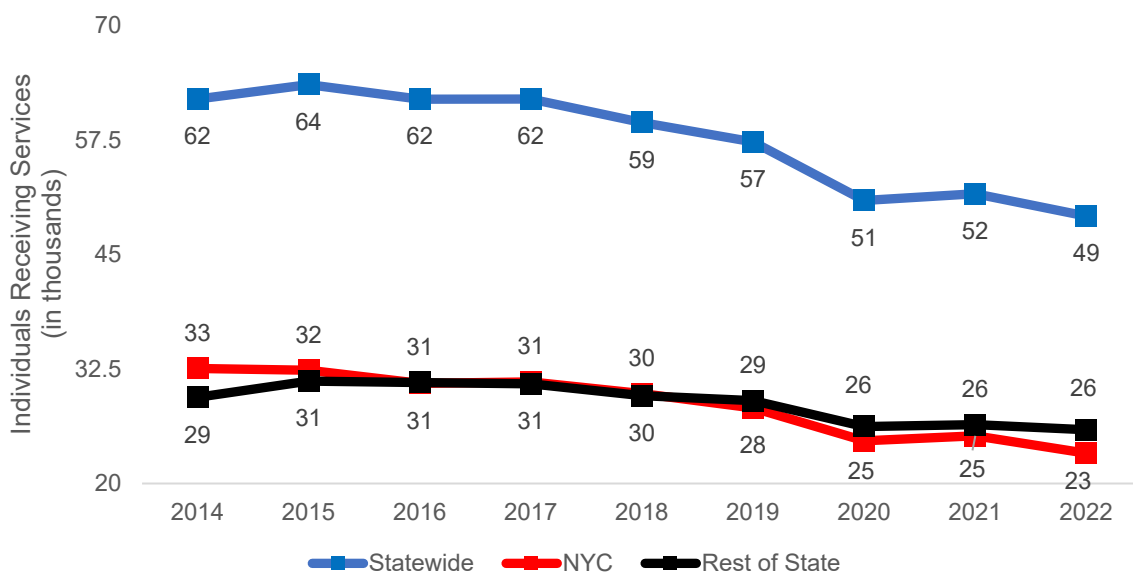
The last decade reflects a continuation of a long-term decline in the overall number of inpatient psychiatric beds in New York – particularly in State-operated psychiatric centers – due to policy decisions made decades ago. According to an American Medical Association journal article, “Three forces drove the movement of people with severe mental illness from hospitals into the community: the belief that mental hospitals were cruel and inhumane; the hope that new antipsychotic medications offered a cure; and the desire to save money.”⁶ The inpatient census in State-operated psychiatric centers – including adults, children and youth, as well as forensic or “justice-involved” individuals, and patients receiving treatment services in OMH research facilities – peaked at 93,314 residents in 1955 and was just a fraction of that amount – 3,541 – for the week ending February 19, 2024, according to OMH.⁷

Impact of COVID-19 on Psychiatric Inpatient Utilization

During the first wave of the COVID-19 pandemic, community hospitals in New York City closed an estimated 20 percent of their inpatient psychiatric beds to accommodate the need for increased medical capacity, according to a 2022 journal article by OMH officials.⁸ The article indicates, “All OMH-operated facilities remained open during COVID-19 and participated in “decanting” [i.e., transferring] of more than 250 adult, child, and adolescent psychiatric patients from the acute care system into OMH facilities during several weeks in Spring 2020.” The ‘decanting’ of psychiatric patients from community hospitals enabled them to use all available beds to treat COVID-19 patients, but “considerably decreased” hospital psychiatric services during the first 18 months of the pandemic. Lockdowns and quarantines, as well as the increasing use of telehealth services, also contributed to decreases in inpatient psychiatric utilization.⁹

According to OMH, Medicaid is the primary payer for the majority of psychiatric inpatient usage in New York.¹⁰ The decrease in hospital psychiatric services during the pandemic – resulting from the “annexation” of psychiatric beds to treat the medical conditions of COVID-19 patients¹¹ – is reflected in declining inpatient utilization by New York Medicaid enrollees receiving a behavioral health diagnosis, service or medication (i.e., OMH Medicaid enrollees).¹² Psychiatric inpatient service utilization by OMH Medicaid enrollees decreased by 11.2 percent from 2019 to 2020, ticked up slightly in 2021 – statewide, as well as in NYC and counties outside of the City – but dropped again in 2022, particularly in New York City, as shown in Figure 7.

Figure 7
OMH Medicaid Psychiatric Inpatient Service Utilization, 2014 to 2022



Source: OMH

Since 2014, OMH Medicaid enrollees who used psychiatric inpatient services decreased by 7,342 individuals, or 22.6 percent, in New York City; in counties outside of the City, utilization dropped by nearly 3,000 individuals, or 10.1 percent. As psychiatric inpatient services declined, the number of Medicaid enrollees receiving outpatient and residential services increased over the same time period by 41,716 or 10.6 percent to 436,810 in 2022, according to OMH. This may indicate a trade-off in service utilization due to a lack of capacity at inpatient centers, suggesting some vulnerable New Yorkers may not be receiving the level of care they need, and placing them at risk of further deterioration of their condition or a devastating outcome.

Impact of Telehealth Services on Inpatient Psychiatric Utilization

The expansion of telehealth services in OMH licensed facilities also decreased utilization of hospital psychiatric services during the pandemic, according to OMH officials. Outpatient psychiatric provider clinics delivered 80 to 90 percent of services via telehealth within two weeks of the lockdown. Positive feedback from providers and recipients led to a significant increase in the use of telehealth and shifted the provision of psychiatric care from the clinical facility to the home.¹³

An Office of the State Comptroller (OSC) [report](#) on the use of telehealth services by Medicaid and Child Health Plus beneficiaries in New York documented the increase identified by OMH during the pandemic. The OSC report found that usage began to increase before the pandemic, but climbed sharply starting in March 2020 and reached a record 707,588 visits the following month as the State entered a lockdown. Even though utilization declined steadily through October 2020 and then dropped precipitously in November, telehealth use was still eight times greater than the previous January, according to the report.

The most recent U.S. Census Bureau data on access to medical care by phone or video found that 22.2 percent, or nearly 2.6 million, New York adults had an appointment with a doctor, nurse, or other health professional by video or phone in the last four weeks.¹⁴

A recent survey of telehealth preferences conducted by the State Medicaid program found “a vast majority” of New Yorkers used telehealth during the past two years.¹⁵ As a result, New York Medicaid will continue to provide “comprehensive coverage” of telehealth through December 2024. According to the Department of Health (DOH), telehealth benefits include “lowered travel time and costs, user-friendly applications or software, lowered anxiety sharing information, and additional privacy with no waiting room or other consumers.”¹⁶ Medicaid telehealth coverage during the public health emergency “enabled flexibility and improved access to care, especially for behavioral and mental health services,” according to the State Medicaid Director.

The Medicare program also continues temporary, or authorizes permanent, telehealth flexibilities that were in place during the pandemic. Temporary flexibilities – authorized through December 2024 – include not requiring in-person visits within six months of an initial behavioral or mental telehealth service or imposing geographic restrictions on where non-behavioral or mental telehealth services originate. Permanent flexibilities include allowing patients to receive telehealth services for behavioral or mental health care in their home and allowing telephone visits without video.

While State regulatory guidance prohibiting commercial insurers from imposing copayments, coinsurance, or annual deductibles on in-network laboratory tests and visits to diagnose COVID-19, including through telehealth, expired with the end of the federal public health emergency in May 2023, the State considers such testing an essential health benefit that must continue to be covered under individual and small group health insurance policies and contracts.¹⁷

Increasing Inpatient Psychiatric Bed Capacity

The State Fiscal Year (SFY) 2023-24 Enacted Budget included \$1 billion of new funding to support the State's system of mental health care.¹⁸ State efforts have been focused on numerous fronts. In January 2023, OMH and DOH sent letters to community hospitals directing them to re-open approximately 850 non-operational, licensed inpatient psychiatric beds that the hospitals took off-line – “some...prior to the State declared public health emergency.”¹⁹ Hospitals were required to re-open the beds by February 10, 2023 or submit a plan to re-open them by April 1, 2023. The Budget authorized civil penalties not to exceed \$2,000 per day or \$25,000 per violation for hospitals that do not re-open off-line beds.

As of April 17, 2023, only 222 out of 843 off-line beds had returned to operational status, as shown in Figure 8. In December 2023, the Executive announced the restoration of “nearly 500 psychiatric beds taken offline during the pandemic,”²⁰ but details regarding these beds have not been released publicly. Challenges to re-opening the off-line beds – outlined in responses OMH and DOH received from hospitals receiving their letter – include recruiting, hiring and paying for additional staff, the costs of new beds and equipment, and limited options for discharging patients to residential settings or longer-term psychiatric care.

Figure 8
Community Hospital Psychiatric Inpatient Beds in New York (as of April 2023)

Region	Bed Capacity	Offline Beds	Returned Beds	Remaining Beds
Hudson River	1,215	141	58	83
Long Island	702	94	43	51
Western	616	139	16	123
Central	416	61	36	25
Rest of State subtotal	2,949	435	153	282
Manhattan	1,012	176	44	132
Brooklyn	751	107	7	100
Queens	572	72	18	54
Bronx	445	53	0	53
Staten Island	75	0	0	0
New York City subtotal	2,855	408	69	339
Grand Total	5,804	843	222	621

Source: NYS OMH Bureau of Inspection and Certification.

In November 2023, OMH made first use of the authority to impose penalties by fining the Rochester Regional Health System a total of \$925,000 for:

- Failing to re-open 34 inpatient psychiatric beds – 18 at Unity Specialty Hospital in Greece (Monroe County) and 16 at Newark-Wayne Hospital in Newark (Wayne County). The fines were imposed at \$25,000 per bed, totaling \$850,000.

- Failing to obtain OMH approval prior to closing Newark-Wayne’s licensed psychiatric inpatient program, a \$25,000 fine, and reducing Unity Specialty’s licensed psychiatric inpatient beds by more than 10 beds, another \$25,000 fine, and
- Failing to provide a plan to re-open the beds as directed by OMH, a \$25,000 fine.

OMH has also sent warning letters to Nassau University Medical Center in East Meadow and the New York-Presbyterian Hospital in New York City, advising them to “make fully operational their duly licensed inpatient capacity” in order to avoid similar fines. Recent reporting indicates 16 health systems missed the State’s April 1, 2023 deadline, but “submitted subsequent plans that were detailed enough to avoid fines.”²¹

The State also recently increased the Medicaid reimbursement rate – retroactive to April 1, 2022 according to OMH – for inpatient psychiatric beds by 20 percent “to facilitate opening currently closed acute community beds.” The SFY 2022-23 Enacted Budget provided \$55 million in State and federal Medicaid funding for the rate increase. In addition, the SFY 2023-24 Budget provided \$50 million in capital funding to expand inpatient psychiatric units in the State. Up to 10 awards of up to \$5 million each will be made – five to New York City hospitals and five to hospitals outside of the City, according to OMH.²²

OMH launched a new treatment program for homeless patients²³ and opened 150 new inpatient beds,²⁴ growing State psychiatric bed capacity to 2,717 in December 2023, the highest it has been since July 2017. The SFY 2024-25 Executive Budget proposes \$16.5 million to open another 125 State-operated inpatient psychiatric beds, including 85 for adults and 15 for children and adolescents, as well as 25 forensic beds for criminal justice-involved New Yorkers with mental illness. The Executive also proposed three new 25-bed Transition to Home inpatient units – one in a State-operated facility, the other two in community-based facilities. These units are designed to help stabilize individuals with complex mental health needs who are experiencing homelessness.²⁵

Conclusion

In recognition of the increasing demand for mental health services and a lack of available inpatient psychiatric hospital capacity, State policymakers have recently taken steps to address the situation. The inclusion of \$1 billion of new resources to support the State's continuum of mental health care services, as well as efforts to increase inpatient service capacity, are intended to improve the availability of services across New York.

Ensuring the availability of inpatient mental health services is a critical component of the State's effort to address the ongoing mental health challenges facing the State and improve the lives of vulnerable New Yorkers. Looking ahead, policymakers should:

- Continue working with community hospitals to address barriers, including availability of staff, compensation levels, and availability of long term placement options, that must be eliminated to allow beds to be placed in service. In addition, regular public reporting on the progress to date of reopening beds should be provided.
- Commit to expanding the availability, utilization, and effectiveness of telehealth services, informed by the results of the recent DOH telehealth survey.
- Continue efforts to strengthen the overall mental health service structure, including services to youth, stabilizing the mental health workforce, and addressing housing insecurity which increases the risk of homelessness and mental health crises.

Endnotes

- ¹ Substance Abuse and Mental Health Services Administration (SAMHSA), State Data Tables and Reports from the 2021-2022 National Survey on Drug Use and Health (NSDUH), <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2022>.
- ² For inclusion in NSDUH prevalence estimates, mental illnesses include those that: are diagnosable currently or within the past year; are of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders; and exclude developmental and substance use disorders. See National Institute of Mental Health, “Mental Illness,” <https://www.nimh.nih.gov/health/statistics/mental-illness>.
- ³ The dots leading to 2021-2022 estimates of the prevalence and the number of New Yorkers living with any mental illness or serious mental illness are meant to indicate that these estimates – produced by SAMHSA, as in past reports, by pooling two years of NSDUH data should not be compared to prior years estimates. According to SAMHSA, the 2021 and 2022 NSDUHs used multimode data collection, in which respondents completed the survey in person or via the web. Methodological investigations led to the conclusion that estimates based on multimode data collection since 2021 are not comparable with estimates from 2020 or prior years. Also, 2019-2020 estimates are not available because SAMHSA removed them from its website due to “unusual societal circumstances” in 2020 and resulting methodological revisions to NSDUH data collection that affected the comparability of 2020 estimates with estimates from 2019 and earlier.
- ⁴ State Office of Mental Health, *Profile of the New York State Public Mental Health System*, September 2023, <https://my.visme.co/v/4d1k1r8z-6qzkpen#s10>.
- ⁵ New York State Office of Mental Health, *Profile of the New York State Public Mental Health System*, September 2022, <https://my.visme.co/v/6x6nk6p6-q8n1je#s1>; and “An Introduction to New York’s Public Mental Health System,” July 10, 2023, https://oasas.ny.gov/system/files/documents/2023/07/osfab-pp-mh_july.pdf.
- ⁶ Daniel Yohanna, MD, AMA Journal of Ethics, “Deinstitutionalization of People with Mental Illness: Causes and Consequences,” October 2013, Volume 15, Number 10: 825-920, <https://journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10>.
- ⁷ Populations receiving forensic mental health services in OMH psychiatric centers include defendants found not responsible for criminal conduct due to mental disease or defect, felony defendants found incompetent to stand trial, and pre-trial detainees in local correctional facilities in need of inpatient care.
- ⁸ Matthew D. Erlich, et al., New York State Office of Mental Health, Schizophrenia Bulletin Open, “Building and Landing the Plane While Flying: How New York State Addressed the Needs of People With Serious Mental Illness During the COVID-19 Pandemic,” published by Oxford University Press on behalf of the University of Maryland’s School of Medicine, Maryland Psychiatric Research Center, October 18, 2022, <https://doi.org/10.1093/schizbullopen/sgac035>.
- ⁹ Ibid.
- ¹⁰ New York State Assembly, Testimony of OMH Commissioner Ann Marie T. Sullivan, M.D., “Medicaid is the Primary Payer for a lot of the Psych Beds,” page 74, transcript of the Joint Legislative Budget Hearing on Mental Hygiene, February 14, 2022, <https://assembly.state.ny.us/av/hearings/>.
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³ Erlich et al., op. cit., p. 2.
- ¹⁴ U.S. Census Bureau Household Pulse Survey, Week 48 data collected from July 27—August 8, 2022, <https://www.census.gov/data/tables/2022/demo/hhp/hhp48.html>.
- ¹⁵ NYS DOH news release, “New York State Department of Health Announces Medicaid Telehealth Coverage Extended Beyond COVID-19 Public Health Emergency,” July 31, 2023, <https://info.nystateofhealth.ny.gov/news/press-release-new-york-state-department-health-announces-medicaid-telehealth-coverage-extended>.
- ¹⁶ Ibid.
- ¹⁷ NYS Department of Financial Services, Insurance Circular Letter No. 3 (2023), “Coverage of COVID-19 Testing and Immunization Following the Expiration of the Federal Public Health Emergency,” May 10, 2023, https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2023_03.

- ¹⁸ New York State Governor Kathy Hochul, *2023 State of the State Book*, <https://www.governor.ny.gov/sites/default/files/2023-01/2023SOTSTBook.pdf>.
- ¹⁹ New York State Department of Health, Reopening of Inpatient Psychiatric Beds Letter, January 10, 2023, https://www.health.ny.gov/professionals/hospital_administrator/letters/2023/docs/2023-01-10_reopening_of_inpatient_psychiatric_beds.pdf.
- ²⁰ New York State Governor Kathy Hochul news release, “Memo: Governor Hochul Delivers on Promise to Build a Safer, More Liveable New York in 2023,” December 28, 2023, <https://www.governor.ny.gov/news/memo-governor-hochul-delivers-promise-build-safer-more-liveable-new-york-2023>.
- ²¹ David Robinson, “Rochester Regional Health Fined \$925K for Failing to Reopen 34 Psychiatric Beds,” *Democrat & Chronicle*, November 10, 2023, <https://www.democratandchronicle.com/story/news/2023/11/10/Rochester-regional-health-fined-for-failing-to-reopen-psychiatric-beds-ny/71530540007/>.
- ²² NYS OMH Statewide Town Hall presentation, November 9, 2022, Slide #22, <https://omh.ny.gov/omhweb/planning/507/2022-statewide-town-hall.pdf>.
- ²³ The new treatment program involves two 25-bed “Transition to Home” inpatient units at the Manhattan Psychiatric Center. These units are for patients aged 18 years or older with severe mental health illnesses who are experiencing homelessness. Governor Kathy Hochul news release, “Governor Hochul and Mayor Adams Announce Major Actions to Keep Subways Safe and Address Transit Crime, Building on Ongoing State and City Collaboration,” October 22, 2022, <https://www.governor.ny.gov/news/governor-hochul-and-mayor-adams-announce-major-actions-keep-subways-safe-and-address-transit>.
- ²⁴ The adult beds were: 50 at Pilgrim PC in Suffolk County, 39 at Buffalo PC, 25 at South Beach PC on Staten Island, 11 at Rochester PC, 3 each at St. Lawrence PC and the Greater Binghamton PC, and 2 at Bronx PC. 10 children’s beds were opened at Mohawk Valley PC in Oneida County and 7 at the Rockland PC. The SFY 2023-24 Budget included \$48 million (\$30 million in operational support and \$18 million in capital funding) to open these 150 new beds. Source: OSC analysis of the budgeted capacity of State inpatient facilities, as found in OMH Transformation Plan Status Reports for October 2022 and December 2023, <https://omh.ny.gov/omhweb/transformation/reporting.html>.
- ²⁵ New York State Governor Kathy Hochul news release, “Governor Hochul Announces \$50 Million to Expand Inpatient Mental Health Services for Children and Adults,” January 11, 2024, <https://www.governor.ny.gov/news/governor-hochul-announces-50-million-expand-inpatient-mental-health-services-children-and>.

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