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October 26, 2020

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

Arlene González-Sánchez
Commissioner
New York State Office of Addiction Services and Support
1450 Western Avenue
Albany, New York, 12203-3526

Dear Commissioners Sullivan and González-Sánchez:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, appreciates the opportunity to comment on the potential creation of a new, single, integrated behavioral health agency.

Our members provide services that span the behavioral healthcare continuum, including ambulatory, inpatient and community-based services. Many of them are also leaders in transforming mental health and substance use disorder care, from prevention and treatment to recovery.

HANY supports the creation of a unified state behavioral health agency.

The New York State Office of Mental Health and Office of Addiction Services and Support have made significant strides to work together to provide an integrated behavioral healthcare model. However, separation between the two agencies results in an artificial distinction in behavioral health, with unintended consequences on individuals who experience mental illness and substance use disorders, their loved ones and the providers that serve them.

If properly constructed, a single behavioral health state agency could offer efficiencies and improved quality of care that benefits both patients and providers.

The co-occurrence of mental illness and substance use disorders is common and recognized. Approximately half of those who experience mental illness will also experience a substance use disorder, and vice versa.¹ Because services for mental

¹ [Connection Between Substance Use Disorders and Mental Illness](#), National Institute on Drug Abuse, 2020

illness and substance use disorder are often separate, individuals who are already struggling under the weight of these diseases are also confronted with accessing their care through multiple channels; resulting in unnecessary, significant obstacles to recovery.

Further, behavioral health providers are confronted with navigating disparate and duplicative policies and guidelines, which cause additional disruptions to patient care and the behavioral healthcare system. Creation of an integrated behavioral health agency would remove obstacles to care for patients and allow behavioral health providers to redirect limited resources away from administrative tasks to patient care.

As OMH and OASAS carve a path forward, HANYS offers the following considerations:

- ongoing investment in care integration, with particular focus on individuals who are complex in their care needs;
- equal emphasis on prevention, treatment and recovery programing;
- strengthened coordination of community behavioral health resources;
- the need for reimbursement rates that allow providers to cover the costs of providing these vital services;
- increased cooperation from and increased oversight over payers; and
- a clear vision from the state to streamline duplicative processes and provide regulatory relief and flexibility.

HANYS appreciates the opportunity to provide feedback and is here to assist OMH and OASAS as this process moves forward. If you have questions regarding our comments, please contact me at (518) 431-7730 or jgold@hanys.org or Sarah DuVall, director, behavioral health, at (518) 431-7769 or sduvall@hanys.org.

Sincerely,



Jeffrey Gold
Senior Vice President and Special Counsel, Managed Care and Insurance