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June 2, 2021

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

Dear Commissioner Sullivan:

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 New York State Office of Mental Health's plans to invest in New York's community mental health system with enhanced funding distributed through the Substance Abuse and Mental Health Services Administration block grants and Centers for Medicare and Medicaid Services' Federal Medical Assistance Percentage.

Recent studies show the significant impacts of the COVID-19 pandemic on mental health with projections for long-term impacts. Across New York, there are reports of increases in calls to crisis lines and hospitals are seeing surges in adolescents experiencing mental distress. The need to strengthen and address longstanding unmet needs in New York's mental health care delivery system has never been more urgent. HANYYS supports OMH's efforts to use appropriated federal funding to embark on an expansion and redesign of the system, with focuses on crisis response, children's services and ambulatory care.

HANYYS urges OMH to build on ongoing efforts to create a timely and seamless care continuum that recognizes the growing complexity of care needs.

### A timely and seamless care continuum

A timely and seamless care continuum is imperative to preventing mental health crises, improving the chances of recovery and attaining or maintaining independence for individuals experiencing serious mental illness. Comprehensive crisis services, care integration and expanding care in the community are all instrumental to building this care continuum.

### Comprehensive crisis services

Individuals experiencing a behavioral health crisis are often faced with few options due to unavailability of crisis services in certain areas of the state, limited service hours and eligibility restrictions. Currently, only 50 of 62 New York state counties have some form of mobile crisis services. In the absence of crisis services options, individuals arrive in hospital emergency departments as a last resort when they would be better served in the community.

HANYS recommends OMH use the supplemental funding to support start-up costs related to the expansion of regional mobile crisis teams to include immediate response and 24/7/365 availability in every New York state county.

These mobile crisis teams will be integral to the success of the soon to be created crisis stabilization centers that were included in the final state fiscal year 2021-2022 budget. Crisis stabilization centers present an opportunity for individuals in crisis to receive timely and appropriate care in the community, minimizing disruptions in their daily lives that would otherwise present obstacles to recovery. The centers are also likely to reduce unnecessary law enforcement involvement, ED visits and hospitalization. OMH must provide start-up funding, ongoing funding, capital investments, infrastructure costs and funding for staff training in order ensure the success of these new programs.

As OMH expands and builds a comprehensive crisis response system, HANYS recommends that OMH work with the Office for People with Developmental Disabilities and Office of Addiction Services and Supports to develop a crisis response system recognizing that individuals presenting with co-occurring disorders are the expectation, not the exception. Crisis response for individuals with co-occurring conditions that fall under the purview of two or more agencies is critically needed, especially for adolescents with intellectual or developmental disabilities and behavioral health disorders.

Furthermore, HANYS strongly supports the use of funding for children and adult crisis residences. Expansion of crisis intervention teams, mental health first aid for public safety and exploration of ways to bolster pre-crisis interventions are also needed.

#### *Care integration*

HANYS supports efforts to increase access to and the quality of care by integrating care and leveraging telehealth. Many barriers to advancement of care in these areas are related to reimbursement and pre-pandemic regulations. While not part of the supplemental funding or enhanced FMAP, where it is possible, HANYS urges OMH to remove these barriers. In addition, any funding that can be used for targeted investments in telehealth services should be used.

#### *Home and community-based services*

HANYS recommends OMH and DOH use the enhanced FMAP to expand and strengthen existing children's and adult behavioral health services. In order to help decrease unnecessary hospitalizations, community-based services need infrastructure grants, rate adjustments to support new services and funding for workforce training and recruitment.

Furthermore, HANYS urges OMH to use the enhanced FMAP funding to improve and expand school-based services as well as expand funding for family support programs.

#### *Workforce*

COVID-19 has taken a heavy toll on healthcare workers who have been on the front lines of the pandemic with many suffering from stress, trauma, burnout and mental distress. Challenges related to sustaining the healthcare workforce predate the pandemic. Throughout New York, there are critical shortages of behavioral health professionals and direct care professionals. HANYS recommends OMH use enhanced FMAP funding to increase compensation for these individuals as well as assist with workforce recruitment and retention.

#### **Recognizing complex care needs**

Individuals in need of mental health care are often brought to the hospital when crisis care, community support and residential beds are inadequate or unavailable. It is not uncommon for patients with complex care needs to then become stuck in the hospital for months to years after they are ready for discharge. Hospitals are now serving as a long-term destination rather than a way

station for those who, once their acute care needs are met, are better served in a non-hospital setting.

According to hospitals, the number of individuals with complex care needs is growing and the discharge delay problem is escalating. Unnecessary discharge delays and hospitalizations pose undue risks to patients and can result in irreversible deterioration of progress toward independence. These delays also disrupt acute care delivery by exacerbating bed shortages, presenting safety threats and causing significant moral distress among staff, all at an avoidable enormous cost. Hospitals have adapted to best meet the needs of patients, but they are expertly engineered to provide acute care in the short-term and are not an acceptable place to live.

HANYS' white paper, [The complex case discharge delay problem](#), describes the devastating impacts of months to years-long discharge delays experienced by people with complex care needs, many of whom live with behavioral health and/or co-occurring conditions.

As OMH develops plans to expand and redesign crisis care, children's services and ambulatory care, HANYS implores OMH to recognize individuals with complex care needs and offers the following suggestions:

- identify mechanisms to understand the extent and scope of individuals with complex case needs experiencing behavioral health and co-occurring disorders;
- ensure that the pace of change in service delivery can adequately meet demand;
- develop consistent behavioral rules and practices for state, regional and county agencies, community-based providers and other stakeholders to ensure these vulnerable populations receive timely and well-coordinated care; and
- explore ways to achieve parity for reimbursement of behavioral health services to increase access to care in an environment where reimbursement is significantly lower than the cost of providing care.

HANYS appreciates the opportunity to provide feedback and is here to support OMH through these deliberations. If you have questions regarding our comments, please contact me at (518) 431-7730 or [jgold@hanys.org](mailto:jgold@hanys.org); or Sarah DuVall, director, behavioral health, at (518) 431-7769 or [sduvall@hanys.org](mailto:sduvall@hanys.org).

Sincerely,



Jeff Gold, Esq.  
Senior Vice President and Special Counsel, Managed Care and Insurance