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October 19, 2021

Sara Paupini
Senior Attorney
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Submitted electronically: sara.paupini@omh.ny.gov

RE: 14 NYCRR Part 600, Crisis Stabilization Centers

Dear Ms. Paupini:

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 proposed Crisis Stabilization Centers regulations, 14 NYCRR Part 600.

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.

Recent studies show the significant impacts the COVID-19 pandemic has had on behavioral health, with projections for long-term impacts. Across New York, there are more 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 behavioral health delivery system has never been more urgent.

HANYYS supports the establishment of these Office of Mental Health and Office of Addiction Services and Supports licensed centers to provide voluntary and urgent services for people who are at risk of a mental health or substance use crisis or who are experiencing a crisis related to a psychiatric and/or substance use disorder and need stabilization services. HANYYS strongly supports reducing unnecessary emergency room visits and inpatient hospitalizations, while maintaining individuals' safely in the community. 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.

It is important that these crisis stabilization centers be connected with differing levels of care and providers to ensure appropriate referrals for ongoing treatment and services when needed. A timely and seamless care continuum is imperative to preventing a behavioral health crisis, improving the chances of recovery and attaining or maintaining independence for individuals at risk.

Comprehensive crisis services, care integration and expanding care in the community are all instrumental to building this care continuum. However, we do have a number of comments and outstanding questions regarding the development and operation of these crisis stabilization centers.

Definitions (§600.4)

The proposed regulations contain definitions for two different types of crisis stabilization centers – supportive crisis and intensive crisis. The supportive crisis centers are intended to provide support and assistance to individuals with mental health or substance use crisis symptoms. These people are experiencing challenges in daily life that create risk for an escalation of behavioral health symptoms that cannot reasonably be managed in the person’s home and/or community environment without onsite supports. Intensive crisis centers are designed to provide urgent treatment to people experiencing an acute mental health or substance use crisis.

The definitions do not make it clear whether a crisis stabilization center can be both a supportive crisis and an intensive crisis center. **HANYS asks that OMH and OASAS clarify whether a crisis center can be both, and if not, explain how the offices will visibly delineate between the two types so that individuals seeking services and law enforcement responding to individuals in crisis understand the nuances between the two types of centers.**

Part 600.4(4) of the proposed regulation defines catchment area as “the geographic area being served by the Center.” However, there is no definition or description of what geographic area means. Currently, the OMH regions and the OASAS regions are comprised of differing counties. For example, the OMH western region has 19 counties, while the OASAS western region has eight counties. Furthermore, it is unclear if geographic area will be limited to a single county, multiple counties, cities, towns, etc. **HANYS asks that the offices provide specific details concerning the definition of catchment area for these crisis stabilization centers.**

This additional information will be helpful as providers assess and determine whether to apply to operate a crisis stabilization center, and where to locate one. It is important that these centers provide these needed services in areas where there are no, or minimal, options for crisis services.

In addition, a major area of questioning is what level of funding is associated with supportive centers vs. intensive centers. The proposed regulations do not address the funding mechanism, nor the reimbursement for the billable components to each type of crisis stabilization center. **HANYS asks the offices to release guidance on this component as soon as feasible to assist providers when making an application determination.**

Organization and administration (§600.7)

Part 600.7(f)(5) requires that part of the programmatic and administrative policies and procedures include the establishment of a grievance procedure for recipients. However, there is nothing in the proposed regulations outlining the structure of this grievance procedure. **HANYS seeks clarification as to whether this will be provided by the offices via guidance, or if the grievance procedures will be left to each crisis stabilization center to develop.**

Part 600.7(g)(2) requires each crisis stabilization center to ensure the provision of language assistance services at no cost to the recipient and/or their family/significant other. HANYS

supports this requirement, but has concerns about the cost to the facilities themselves of providing this service. **HANYS urges the offices to provide initial funding to help cover the cost of this requirement.**

Part 600.7(l) of the proposed regulation requires crisis stabilization centers to have a memorandum of understanding with crisis residential services for individuals who need crisis stabilization services beyond the 23 hour and 59 minute mark. **HANYS is concerned that there is an insufficient number of crisis residential services available and urges the offices to ensure that MOUs will be meaningful.** It is imperative that these crisis stabilization centers do not become another spot where an individual becomes stuck. **In addition, HANYS seeks clarification as to whether these MOUs are for both adult and children crisis residences.**

Staffing (§600.11)

Part 600.11(e) of the proposed regulations requires intensive crisis stabilization centers to have around-the-clock, on-site prescriber coverage. While HANYS understands the intent, given the extraordinary workforce challenges New York's hospitals and behavioral healthcare providers currently face, we are concerned that this proposal will make it very difficult to staff and operate a crisis stabilization center. In addition, requiring 24/7 on-site prescriber coverage will significantly drive up the cost of operating an intensive crisis stabilization center, particularly when trying to provide coverage for nights and weekends. **Though a prescriber should be available 24/7, we ask the offices to allow this position to be available via on-call or telehealth, rather than be on-site 24/7**

Part 600.11(h) contains a staffing list of individuals who may provide services within crisis stabilization centers. HANYS is concerned that there is a disconnect between the list here and the list of defined staff found in the definitions section in Part 600.4(b).

600.11(h)(8) lists "certified or credentialed peers" while 600.4(b)(3-6) contains definitions for certified peer specialists, certified recovery peer advocates, credentialed family peer advocates and credentialed youth peer advocates. **HANYS asks that the offices clarify that "certified or credentialed peers" within the meaning of 600.11(h)(8) includes the four types of peers listed in 600.4(b).**

HANYS appreciates the opportunity to provide feedback. If you have questions regarding our comments, please contact me at 518.431.7730 or jgold@hanys.org, or Victoria Aufiero, senior director, insurance, managed care and behavioral health, at 518.431.7889 or vaufiero@hanys.org.

Sincerely,



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