NYS Conference of Local Mental Hygiene Directors, Inc.

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November 16, 2020

Ann Marie T. Sullivan, M.D.
Commissioner
NYS Office of Mental Health
44 Holland Avenue
Albany, New York 12229

Arlene González-Sánchez, MS, LMSW
Commissioner
NYS Office of Addiction Services and Supports
1450 Western Avenue
Albany, New York 12203

Re: NYSCLMHD Comments on OMH and OASAS Agency Consolidation

Dear Commissioners:

The New York State Conference of Local Mental Hygiene Directors (NYSCLMHD) is pleased to provide the following comments in response to the recent listening tours seeking feedback from interested stakeholders around the consolidation of the State Office of Mental Health (OMH) and the State Office of Addiction Services and Supports (OASAS) into a unified agency.

As you know, the Directors of Community Services (DCSs) have the statutory responsibility for the planning, development, and oversight of services for adults and children with mental illness, addiction, and intellectual/developmental disabilities living in our communities. Many DCSs also oversee integrated clinics as direct service providers which would offer a unique perspective for planning and implementation of such agency.

A merged OMH/OASAS agency, if paced appropriately and working in concert with the DCSs/Local Governmental Units (LGUs), providers, clients, and all other appropriate stakeholders, will allow for effective expansion of integrated services, leading to increased access to higher quality supports and services and lower costs.

If it is decided that consolidation of agencies is to go forward, we offer the following recommendations for your consideration:

- Keep the initial focus on integration of administrative functions and processes, then move toward further integration on the programmatic side. The LGUs have fully integrated fiscal, budget, and planning and contracting functions and oversee staff who have extensive and specialized knowledge of individual disciplines, treatments and all levels of care. We creatively use these experts to address care for individuals and pull together a team approach for highly complex situations;

- Flexible, regulatory relief, specifically as it relates to a less restrictive integrated license option. The current COVID-19 crisis calls for critical regulatory changes that will positively impact the counties at the direct service level (telehealth expansion) and which should be crafted with involvement from LGUs and a range of providers. With OASAS under a rehab model and OMH under acute care, we currently have a siloed and unequal service delivery system (ex: peer services are more available under OASAS and housing is more available under OMH) which does not lend itself to a truly focused person-centered system of care;

- Implement the budget allocation process currently used by OMH to fund all integrated services and discontinue the use of deficit funding which is used by OASAS. Such a move would allow providers and the programs greater flexibility, and would serve to incentivize the improved fiscal performance of providers;

- Reinvestment of savings derived through agency consolidation into community services and workforce; and

- Further examination of the agency's title as the "Office of Behavioral Health" as the term behavioral health promotes the stigmatizing belief that mental health and addiction are a series of "choices", and thus obscures the true physiological underpinnings of the issues.

During these unprecedented times, the COVID-19 pandemic has stripped the State and Local Governments of critical resources necessary for effective service delivery and we are pleased that discussions have been reenergized around single agency consolidation. Across the State, many counties have reported increases in homelessness, suicides, overdoses and long waiting lists for mental health and addiction treatment housing as a direct result of COVID-19. Consolidation, if designed and implemented with meaningful stakeholder discussion and paced appropriately, could significantly offset severe increases in these needs and support the current fiscal crisis and future economic uncertainties.

As your county experts, it is imperative that the DCSs remain a part of ongoing stakeholder integration discussions as service delivery systems are operationalized at the LGU level. The DCSs see first-hand the difficulties brought about by an individualized structure of service-regulation and delivery. State oversight and funding of services between OMH and OASAS has required the LGUs to develop parallel systems for budgeting, fiscal reporting, program planning and oversight as part of our work with community providers and each agency's separately structured field offices, all of which can serve as a significant resource for integration.

We are all acutely aware that many individuals seeking care have co-occurring mental health and addiction disorders. The Conference believes it is critical that the State consider how to more effectively and efficiently deliver quality services to this "co-occurring" population. Continuing to have two separate systems to treat individuals with co-occurring disorders is not effective from a clinical perspective or sustainable from a financial perspective.

A structured unification of services would provide the greatest opportunities for this to be realized. Many of our counties have implemented innovative and successful transformation program models for treating our highest-need individuals that presents serious challenges to the current system of care. Effective interventions have resulted in decreases in serious medical conditions, criminal justice involvement, educational and employment difficulties, all which drives down ever-increasing State and county costs. A unified agency that is responsive to co-occurring needs and that works closely with counties at the forefront of serving population and works to adequately address integrated prevention-early identification, treatment and is supported adequately through funding, workforce investment and licensing would produce significant results for the State.

There should be an integrated intake, assessment, and an individualized treatment plan that meets people where they are and their needs within a "No Wrong Door" framework. We strongly urge the State to move towards fully integrating licensure and certification regulations, EHRs, and billing processes to meet this need.

A single standard process for contracting with providers receiving State Aid funding would also be of benefit. As the LGUs are responsible for local planning and are most familiar with providers within the entire environmental context (criminal justice systems, school systems, housing, hospitals, etc.) in the counties and regions in which they operate, we recommend that the LGUs be responsible for local contracting in order to better ensure provider performance and to continue an active role in the oversight of providers. Furthermore, LGUs should have the flexibility over all the State Aid that flows through them, including the review of performance and oversight.

In terms of field offices, OMH/OASAS integration would provide an opportunity for these geographic regions to be more closely aligned with other existing regions (i.e. RPC regions). Furthermore, with the potential use of fewer regions and offices, we would anticipate that the regional offices would be able and authorized to provide precise technical assistance regarding clinical, regulatory and fiscal matters, with a more formal coordination of efforts between the field offices and the LGUs.

A new single agency should also result in significant State savings and these dollars need to be reinvested back to the community to support increasing capacity needs and the struggling workforce. The LGU planning process identifies current gaps based on regional and local needs. Collaboration with the LGUs is critical for determining where these investments would be best utilized and would help avoid duplication of services, resulting in additional savings to the State.

Thank you for allowing us the opportunity to offer our comments. We look forward to actively partnering with OMH and OASAS with the advancement of continued consolidation discussions.

Sincerely,

Katherine Alonge-Coons, LCSW-R
Chair

Kelly A. Hansen
Executive Director