Testimony from the *New York State Council for Community Behavioral Healthcare*
prepared for the
2013-2014 Joint Budget Hearing
February 27, 2013

Topic: Mental Hygiene

It is my honor to appear before you today on behalf of the 95 provider organizations that compose the **New York State Council for Community Behavioral Healthcare** ("The Council"). The NYS Council is a statewide membership organization representing the interests of mental health and substance abuse/addiction treatment providers and the care recipients they serve each day. Our members offer a broad range of behavioral health services in a variety of settings including freestanding community - based organizations, counties that operate behavioral health programs and within general hospitals.

Today I want to speak to you about the need for consumer protections with the coming transition of the behavioral health service delivery system to managed care in 2014.

In the SFY 2010 enacted state budget there is a provision (New Part H) our members worked hard to secure. The need for this provision arose when we learned with Medicaid Managed Care plans because the rates being paid were 1/4 to 1/2 of the Medicaid Fee For Service rate. We notified lawmakers and the Administration that there was an emergency approaching in which there would not be sufficient access to care for the thousands of New Yorkers enrolled in Medicaid Managed Care insurance plans due to the rate situation. We were primarily concerned with issues of network adequacy and access to care for clients in need. Government heard our concerns and all 3 branches (Executive, Assembly and Senate) supported a provision in the budget that passed through money from the SOMH budget to the plans for the express purpose of increasing the Medicaid Managed Care rate. Unfortunately the provision was not implemented until September 2012. In the time between 2010 and the fall of 2012 clinics began to close and/or agencies gave back their licenses to the appropriate oversight agency.

The 2013-2014 executive budget proposal seeks to sunset the government rate provision we won in 2010 just one year after our system is turned over to managed care. At this time we can find no protections built into the budget or in statute that would ensure the rates won't precipitously drop on the day our system changes over to managed care. It happened once before due to a lack of government oversight and we are very concerned it will happen again.

With this in mind, the NYS Council asks the members of this Committee to consider a two-part plan that will insert some badly needed consumer protections into the transition to behavioral health managed care:

These are:

1. Require the Commissioner of the State Department of Health in conjunction with OASAS and SOMH to implement a two-year study that measures certain protective indicators during the early days of managed care (see attached language).

2. Once you, the members of the NYS Legislature are satisfied that the results of that two-year study indicate the behavioral healthcare outpatient system is functioning reasonably well, that current demand for services is being met and the plans are

utilizing tools that take into consideration the unique needs of behavioral health clients, government should sunset the government rates (2017).

We think behavioral health clients are entitled to the same type and amount of oversight, surveillance and monitoring that SDoH has in place to oversee the healthcare sector where plans are required to report out on a variety of metrics seen as central to healthcare recipients and payers.

The Medicaid Redesign Behavioral Health Workgroup Final Report that was accepted by the MRT and lauded by State Medicaid Director Jason Helgerson promises the following:

(Section G of the 2012 MRT Behavioral Health Workgroup Final Report)

" Performance Metrics/evaluation Performance Monitoring and Incentives

"....Plan performance should be based on validated measures across a variety of different domains – including access, network adequacy, adoption of best practices, patient/consumer satisfaction, compliance, efficiency, care coordination and continuity and clinical recovery and outcomes...."

"....There should be public reporting, by plans and aggregated by State, of Medicaid spending on behavioral health services over time, including before and after reform initiatives are implemented. The reporting should include the behavioral health sector as a proportion of total Medicaid spending and absolute spending on behavioral health services and populations. Performance Metrics should be transparent."

So today we come to you with a request beyond asking that you reject the Governor's proposal to sunset government rates in OASAS and SOMH outpatient programs in 2015. We need this Committee to work with us to take responsibility for the transition of our system to managed care. We think this request is reasonable and we ask for your help in assuring that come 2014 New York's most vulnerable populations can be assured continued access to and continuity of care in a service delivery environment where plans make Medical Necessity determinations based on the unique needs of behavioral health clients in a transparent fashion and where SDoH has expectations of their plans to reach into communities and engage clients in need while doing their part to assure continuity of care once the client has entered the system.

Additional Budget Priorities:

The NYS Council strongly supports an executive proposal to re-engineer certain regional state psychiatric hospitals to perform as regional Centers of Excellence.

The Centers of Excellence proposal is an elegant idea whose time has come in New York. Re-tasking regional psychiatric centers to provide top-flight clinical care to the most severely challenged clients in our system will deliver huge returns for the state. While some downsizing will occur, staff in these hospitals will put to work their years and sometimes decades of training and expertise forming a kind of "Mayo Clinic" specialty care center where education, clinical services, training and technical assistance can be accessed under one roof. Just as specialty hospitals and campuses have developed where Americans go when they want the best care for themselves or their loved ones, Centers of Excellence promise an opportunity to synthesize all of the learning that leaders and staff in state hospitals across the state can gather to share information and exchange ideas. The NYS Council urges this Committee to assertively support this proposal.

Support Governor's Proposal for a Permanent Exemption from Licensing Laws

The NYS Council ***supports the Governor's proposal of a permanent exemption for our workforce from having to comply with the 2004 Licensing Laws and specifically, those regarding scope of practice.***

1. State agency estimates of the costs associated with the OMH and OASAS public sector and voluntary workforce coming into compliance with the law is in the area of $325 million.

2. The Law does not take into account the essential and very sophisticated skills and abilities non-licensed workers acquire on the job as result of their working in a highly regulated and richly staffed multi-disciplinary environment in which a variety of licensed practitioners impart education and training on a daily basis.

3. The hypothesis that passing one test and receiving a license makes an individual any better qualified to meet the needs of mental health and substance abuse clients than a person without the pre-requisite exam and piece of paper have not been proven. Where is the evidence that shows outcomes associated with care provided by a licensed individual is of any higher quality than care provided by someone with decades of on-the-job experience in combination with invaluable life experiences (and in many cases actual life experience recovering from a mental illness or substance abuse disorder)?

4. Workforce shortages in our industry are reaching epic proportions. There are just 4,000 licensed social workers in the state of New York. With tens of thousands of clients utilizing the behavioral health service delivery system each day, there is a profound shortage of licensed individuals to work in the programs and in rural areas of the State the shortage of qualified professionals available to work in these settings has reached emergency proportions. New York needs to be flexible in its' approach to scope of practice issues given the preponderance of vacant social work jobs in community mental health and addiction treatment programs.

Finally, the NYS Council urges the members of this Committee to commission a task force to look at regional differences in the availability of mental health and substance abuse services – and particularly residential services for persons in need of mental health and substance abuse treatment around the state. In Western New York, there is a severe shortage of residential program beds available to both adolescent and adult clients in need of intensive substance abuse and/or mental health services. As such, when health plans authorize care and make level of care determinations, they often are faced with having to place a client in a level of care that is not ideal but is available at the time of the referral. Level of Care determinations should be made based on the needs of the client and if the right level of service is not available, the client, the payer and ultimately the state pays the price. Waiting lists for intensive residential services in Western NY necessitate a closer look at service gaps. Savings associated with the implementation of a variety of MRT proposals relating to behavioral health should be returned to the system with an earmark for those areas of the state with a proven need for new development and increased capacity.

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