



NEW YORK STATE SENATOR

Ruben Diaz

NEW YORK'S THERAPEUTIC COMMUNITIES FOR DRUG ADDICTS NEED OUR SUPPORT

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WHAT YOU SHOULD KNOW

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By Senator Rev. Rubén Díaz

District 32 Bronx County, New York

Tel 718-991-3161

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You should know that since the 1960's, Therapeutic Communities have been considered the most effective method of treating people suffering from addiction to opiates. These programs were always long-term, 18 to 24 months in duration, highly structured and mostly funded by state aid grants.

In the late 70's, the criminal justice system began to recognize these programs as secure and effective alternatives to prison.

In traditional Therapeutic Communities, clients are not allowed out unescorted for the first 6 to 12 month of their treatment, thereby safe guarding themselves and the community. The long-term length of stay allowed programs to treat the client in a comprehensive way. With this block of time, medical officials and counselors could address their substance abuse and behavior problems, but also could deal with education, job training and employment issues

as well.

For example, in one very successful agency in New York, most clients are 35 to 50 years old, have little or no work experience, educational deficits and long histories of substance abuse. The long-term Therapeutic Communities format worked well, and has long been considered "best practices" as it relates to the rehabilitation of long-term drug addicts.

It is very important for you to know that one year in prison costs about \$55,000. One year in a Therapeutic Community costs about \$25,000.

In early 2001, the state put out a Requisite For Proposal (RFP) for a pilot project that would shorten the stay in a Therapeutic Community to 6 to 9 month. They offered supplement funds, on top of what you already received in the contract, for programs to give it a try.

While at least one agency declined, knowing that the shortened time would be a disaster, a couple of agencies did give it a try. The incidence of deviation and relapse increased, as they attempted to squeeze 24 months of treatment into 9 months of service.

Fast-forward to today, and now there is a new attempt at reinventing the wheel.

All Therapeutic Communities that are funded by the New York State Office of Alcoholism and Substance Abuse Services are being required to convert to a managed care platform.

This means that ultimately, state aid funds will dry up leaving long-term treatment programs at the beck and call of managed care insurance companies. We all know that insurance companies are businesses designed to make money, which is where the concern comes into play.

The first wave of this initiative is designed so that programs can derive huge surpluses. This was presented so that programs would want to convert, but at least one program did not.

The state offered that for the first 2 years programs could keep their state aid, and bill managed care companies at the same time. All the big agencies knew this was to sweeten the pot so that they would want to convert, but most of them knew better. After there were no takers of this dangling carrot, the state decided to mandate all programs to convert or lose their state funding.

Earlier this month, agencies were informed that they must convert by 2017, or they will not be funded going forward.

While it's true that most well run programs will develop a surplus in the first 2 years, what comes after that should be alarming to all New Yorkers. At the end of 2019 the state will stop babysitting these insurance companies, and the results will be as follows:

- Drug addicts seeking residential treatment will be asked to first attend an outpatient program, even if they are homeless. This is purely a cost cutting measure and has nothing to do with the well being of our community.

- Managed care companies will require pre- authorization for drug addicts to attend a residential program, just like you need to get an MRI. This can take days, and in the meantime addicts will have to commit crimes in order to support their habits.

- These authorizations will have to be renewed every 90 days, and can be denied at any time. Once a resident's coverage is denied, the program will not be allowed to discharge her/him. Programs will be required to keep them without any reimbursement until housing is secured. This alone could send some small programs into financial devastation.

- Duration of treatment will be dictated by managed care companies, which will render the trained program staff powerless in terms of length of stay needed.

-During this process, state aid will dry up, leaving programs completely at the mercy of insurance companies. When this happens, managed care companies will take 90 to 180 days to pay and will reject claims as they see fit.

-Ultimately, sometime in 2020, managed care companies will be allowed to begin the process of bidding out rates. This means that programs will be pitted against each other without any regard for quality of care.

In the end, the drug addict and the community will suffer the consequences.

We all know that for some people, relapse is part of the recovery process. By 2020, if a person relapses after completing a residential program, insurance companies will have the right to say no to another attempt during the same calendar year.

These addicts, with no treatment options, will be turned loose in our communities. The numbers will increase over the years. They will all have habits to support, and sad to say, many will turn to crime and violence in order to support their habits.

The best-case scenario for these people, is that they end up off the street and in our already overcrowded prisons. The unfortunate but likely outcome is that they will wreak havoc in our communities; robbing, stealing and killing innocent people because they could not get the treatment they need.

Finally, state representatives will assure you that they have it all under control. Please remember that the true answers lie in the motive for this conversion, and most importantly, what happens in 2020.

I am Senator Reverend Rubén Díaz, and this is what you should know.