

Testimony Submitted to the Joint Legislative Budget Committee on Health/Medicaid

Submitted by Lauri Cole, Executive Director
New York State Council for Community Behavioral Healthcare
February 3, 2014

Good Afternoon: My name is Lauri Cole and I am the Executive Director of the **NYS Council for Council for Community Behavioral Healthcare** ("The Council"). I am here today representing 100 community based organizations that provide a broad range of mental health and substance use/addiction prevention, treatment, and recovery programs and services in local communities across New York. Our members are the general hospitals, counties and freestanding agencies in your districts that provide critical safety net mental health and substance abuse services operated by hospitals, counties and freestanding multi-service organizations.

I thank you for the opportunity to speak to you today. Some of my comments may feel like I am drifting into the Mental Hygiene realm. But what we know today is that mental health and substance use issues are public health issues requiring all of us to focus on all of the needs of these individuals, paying less attention to silos and more attention to care for the whole person. What we need to do is embed primary care experts in behavioral health settings, and we need behavioral health specialists embedded in all settings where primary care services are rendered.

a pill they don't need.

Managed Care in the Behavioral Health Service Delivery System

On January 1, 2015 NYC residents with a serious mental illness or substance abuse problem will be enrolled in a managed care plan that includes a specific set of benefits for the most challenged of these individuals. In areas outside of NYC, the rollout is scheduled to take place in July of the same year. As I mentioned earlier, the Governor's Budget proposal includes a package of initiatives designed to sure up the availability of behavioral healthcare services in areas of the state where general hospitals have discontinued their psychiatric services and there is a need for more access to care.

In addition, the Administration states they will reinvest savings associated with the closure of approximately 400 beds in state hospitals around New York, re-directing these funds to support the enhancement of recovery-oriented, crisis and diversion services these local communities needs to be responsive to the changing needs of behavioral healthcare clients.

We urge you to support this package of proposals designed to prep our system for the implementation of managed care and we urge you to follow the rollout of managed behavioral healthcare in your local community closely. Please watch for any indication that access to care is not what it needs to be, or that providers are going out of business due to financial distress combined overwhelming regulatory burdens, and a workforce that has not had a cost of living adjustment for a very long time.

PROPOSED \$1.2 BIL IN CAPITAL AND INFRASTRUCTURE GRANTS MUST INCLUDE BEHAVIORAL HEALTH ORGANIZATIONS

I am also here today to speak to you about the availability of funds for mental health and substance use provider organizations. New York has a rich tradition of ensuring that resources

to assist healthcare providers are made available so they can invest capital, expand services where necessary and re-organize services as required. But behavioral health providers have not had these same opportunities. Through round and after round of HEAL grants, only one or two held the promise of grant dollars for these providers to use to invest in Electronic Health Records and now, as we move forward with integration of care and make strides towards seamless communication between parts of our system, many behavioral health providers do not have the funds to allocate to invest in sophisticated technologies. While it is true that DSRIP money can not be used for these purposes, it is also the case that the \$1.2 billion dollar provision in the Health Budget to assist hospitals and other healthcare providers holds the potential to assist our members with many of their capital and infrastructure needs. We ask that the distribution of these funds be fair and transparent, and that behavioral health needs be considered among the list of priority areas for this funding.

CHILD HEALTH PLUS

Next I would like to the Child Health Plus program. We were pleased to see the Governor has once again proposed rate making authority for Child Health Plus be transferred to the State Department of Health. We think this makes sense considering the Program has a Medicaid subsidy built in to the rate. Child Health Plus has significant penetration in the programs and services our members offer to children – and especially outpatient clinic services. SOMH licensed Article 31 Children’s Outpatient Clinics are in trouble financially. Many of them are in serious enough fiscal distress to now be considering shutting their doors. But the move to managed care for children with serious mental health issues will not occur for another two years. We need these clinics to be available to our children and teenagers who are experiencing serious issues. That’s why we would request of this Committee that the Child Health Plus rate be

brought in line with the Medicaid Fee for Services rate for our Outpatient Clinics. We urge you to support any proposal that comes before you that would put these rates on par with other Medicaid subsidized rates.

BASIC HEALTH PLAN

I am a member of NYS Basic Health Plan Workgroup. As such I have reviewed the strengths and challenges for NYS associated with the implementation of the BHP. The New York State Council strongly supports the implementation of the BHP for a variety of reasons including the fact that there are thousands of individuals across New York who need behavioral health services but for a myriad of reasons, they can not afford these services either because they are uninsured, or because they cannot afford the high deductible plans they are being offered at work, or they just can't afford the co-pay when they get to the Outpatient Clinic and realize they will have to choose between a meal on the table or that \$50 co-pay they are responsible for. The availability of a Basic Health Plan for these individuals will make a tremendous difference to all of these individuals who we are encouraging to seek services when they are needed, rather than after there has been a negative event requiring more intensive services that cost more money.

NURSE PRACTITIONER MODERNIZATION ACT

The NYS Council urges this Committee to support the Governor's proposed Nurse Practitioner Modernization Act. In our field, there are very severe workforce shortages that are tying the hands of our members who want to be able to provide treatment on demand but who cannot due to scope of practice requirements that are outdated and designed to protect turf. The Act gives experienced Nurse practitioners the freedom from collaboration and for new nurse practitioners the option of an experienced nurse practitioner as a collaborator if a

physician/psychiatrist will not collaborate. For the behavioral health sector, the Act would provide some much needed relief from the very significant workforce shortages we currently face.

INCLUDE US ON THE LIST OF 'SAFETY NET PROVIDERS HERE IN NEW YORK STATE

Finally, the members of the NYS Council would urge the members of this Committee to consider working with State Agency leaders and the Administration to ensure behavioral healthcare providers are included in the state's definition of "safety net provider".

It is our understanding that only those healthcare providers defined as "safety net providers" will be permitted to apply directly for DSRIP funds despite the fact that behavioral health care providers perform many of the same critical activities as other healthcare providers who can apply for grants and will be eligible to compete for other opportunities afforded to this group of providers.

Behavioral healthcare providers meet the threshold thresholds in terms of our provision of services to Medicaid beneficiaries, dually eligible individuals, uninsured New Yorkers and yet, we struggle for the same level of recognition in a variety of situations where scarce resources are being made available.

Thank you for your time and your public service.