



**Joint Legislative Public Hearing on 2013-2014 Executive Budget Proposal: Topic
"Mental Hygiene"**

February 27, 2013

Introduction

Good afternoon Senators DeFrancisco, Hannon, Carlucci and Boyle, Assembly Members Farrell, Gottfried, Gunther, Cymbrowitz and distinguished members present at today's hearing. Thank you for allowing me the opportunity to testify before you today on the 2013-2014 Executive Budget Proposal. My name is Jason Lippman, and I am the Senior Associate for Policy and Advocacy at The Coalition of Behavioral Health Agencies (The Coalition).

We are very pleased that Governor Cuomo's 2013-14 Executive Budget proposal carries a number of initiatives to coordinate and integrate behavioral health and health services for people with severe mental illness and substance use disorders. Included in the Executive Budget is much needed support for Health Homes, although that support is conceptual, in light of the 30 day amendment cuts. Also notable are ongoing reforms initiated under the Medicaid Redesign Team (MRT). As a member of the MRT's Behavioral Health Reform Work Group and Affordable Housing Work Group, The Coalition is glad to see that input from these work groups continues to be sought and hopes that many initiatives will see fruition.

Maintain Behavioral Health State Agencies' Empowerment, Input and Oversight

As the behavioral health system moves towards managed care and integration with primary health services, we cannot stress how important it is for the State behavioral health agencies, the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS), to have meaningful input in this policymaking process. Both of these agencies should be full partners with the Department of Health (DOH) in decision making in their respective areas of expertise. It is here that the wisdom and know-how resides, not only to oversee the delivery of community-based services for children and adults with severe mental illness and chronic substance use disorders, but the specialized knowledge and experience of how to best provide rehabilitation and recovery services to these high-need populations. Furthermore, transparency of the behavioral dollar and accountability for its use in the switch to managed care will be critical for tracking service provision and outcomes. Also, savings in the behavioral health sphere should be reinvested into specialized and needed behavioral health services.

The 2013-14 Executive Budget proposes to consolidate all Medicaid administration activities into the Department of Health, including activities related to Medicaid managed care plans, rate setting and claims processing activities. We understand the State's wish for a centralized approach. At the same time, we have concerns about its consequences to behavioral health policy and planning. Medicaid consolidation must include mechanisms to ensure that the individual state agencies like OMH and OASAS maintain policy and programmatic responsibilities in order to insure that our Medicaid recipients make a successful transition into managed care that appropriate services are delivered at appropriate levels to suit individual consumer

needs and therefore resulting in financial savings. Again, their collective experience and knowhow is essential to the planning process as well as to oversight of care.

The Coalition is also worried about the Executive Budget proposal to sunset on March 31, 2015, a policy that passes through State dollars to managed care organizations in order to require them to pay Medicaid rates to OMH and OASAS clinics by an ambulatory patient group (APG) methodology. We urge the Legislature to extend the proposed sunset to at least March 31, 2017. Ending the pass-through at this juncture, when the community based behavioral health sector is beset by change and multiple fiscal challenges, will financially impair community based organizations, eroding services and severely limiting access to mental health and substance use clinic services by consumers.

Support for Health Homes

The Coalition strongly supports the \$15 million initiative in the Executive Budget for Health Homes infrastructure development and governance support grants and is dismayed by the announcement of its delay as part of the Governor's 30 day amendments. Since its inception, The Coalition has advocated for funding to cover the extraordinary amount of resources our members and other consortia have spent in preparation for Health Homes. They are heavily invested in its implementation. Nonprofit providers in Health Home networks have installed the necessary internet platforms and other infrastructure to carry out this bold initiative to bring care coordination to 100,000 persons with serious behavioral health and comorbid health issues. These include outlays for Health Information Technology (HIT), governance, administration and staffing needs. When it comes to the availability for HIT funding, nonprofit behavioral health providers are consistently left out of initiatives like HEAL and

the Federal CMA Innovation Grants. Historically, HIT dollars are only available to primary care providers. Truly effective healthcare reform, Medicaid redesign and care integration necessitates that both halves of the whole have access to HIT funding. We wholeheartedly support this initiative.

Supportive Housing Development

The Coalition is pleased that the Governor's Executive Budget continues to fund and expand access to supportive housing programs for people with complex care needs who lack stable housing. The Executive Budget appropriates \$91.35 million to: 1) sustain \$75 million in MRT Affordable Housing dollars for a number of supporting housing initiatives being implemented at OASAS, OMH, OPWDD, OTDA, DOH AIDS Institute and HCR; 2) allocate \$12.5 million in new funds; and 3) designate \$3.85 million to fund initiatives from savings derived from hospital and nursing home bed closures. Some of the new initiatives being considered by the MRT Affordable Housing Work Group in 2013-14 include pilot programs to access supportive housing through Health Home networks, supplement OMH supportive housing rates to provide enhanced services for high-cost Medicaid recipients with severe and persistent mental illness (SPMI) enrolled in Health Homes, and enriched behavioral health crisis and step-down housing services.

In general, we wish to highlight the need to maintain adequate rates to keep up with the cost of running supportive housing programs. Initiatives that were originally designed to pay for the cost of building operating expenses and support services now have to allocate more dollars every year to cover the costs of rent or property expenses that grow on an annual basis. Without corresponding rate adjustments, this eats away at services dollars that should be dedicated to keeping vulnerable people in their own

homes. This is especially true for high need clients who will, at times, require intensive levels of care.

In addition, we would like to point out, that crisis and step-down housing services remain woefully unmet on a systems-wide basis. If temporary residences with high service levels were in place to enable a more seamless transition from psychiatric hospitals to the community, or when individuals in the community are experiencing a behavioral health related crisis, not only would care be enhanced, but the growth in costs from higher levels of care and emergency services would be curtailed.

In the same light, The Coalition supports the proposals in the OMH budget to create new supportive housing units for residents leaving nursing homes (1,000 units), adult homes (4,000 units) and individuals who are homeless (3,400 units). We also support \$1.5 million for 205 new OASAS New York/New York III units for families that are homeless and the head of household has a chemical dependency.

Social Work and Mental Health Professions Licensing Issues

The Coalition fully supports the Executive Budget proposal to make permanent the exemption for certain social work and mental health professional licensure requirements. This exemption would apply to all persons employed by a program or service operated, regulated, funded, licensed, or approved by OMH, OPWDD, OASAS, DOH, OCFS, Office for the Aging, Department of Corrections and Community Supervision, and/or local governmental units or social services districts. We also support an amendment to include OTDA and HUD. If the current temporary exemption were to expire on July 1, 2013, it would create serious workforce and service shortages throughout the human services community, costing the state \$325 million per year to mitigate its disastrous effects on services to consumers.

In addition, further legislative measures are required to fix two interrelated issues: 1) the corporate practice prohibition; and 2) problems with the breadth of scope of practice definitions. With respect to corporate practice, licensed social workers and the other mental health professionals should be exempt from the legal restriction on their employment that many other professions (optometrists and audiologists) already have. We support legislation to establish this exemption and repeal the current corporate practice waiver. With respect to scope of practice, clarification and revision of the activities that fall within the restricted scope of practice for licensed social work and the other mental health professions is definitely required. Activities that may fall both within restricted scopes and at the same time widely performed by unlicensed professionals include, counseling, assessment, evaluation, treatment, case management, care management, support, psycho-education, and service planning to name a few. The restricted scopes must be much more narrowly drawn.

Restore Prescriber Prevails

Governor Cuomo's Executive Budget proposes to eliminate the vital protections which allow prescribers to make the final decision on the most clinically appropriate medication for consumers, even when it is not on a preferred drug list. These safeguards would be lifted on all drug classes in Medicaid managed care plans, including atypical anti-psychotic medications for people with mental illness.

Atypical antipsychotics are often a critical component to successfully treat schizophrenia and other serious mental health conditions with psychotic features. Atypical antipsychotics are not clinically interchangeable. Prescribing these types of medication involves personalized and individualized choices, based on personal body chemistry and personal circumstances. Medicine decisions, therefore, should remain

between patient and provider and not be left to insurance plans. Our members report numerous cases in which consumers are stabilized on a particular drug regimen, only to have their treatment disrupted when a health plan demands that they switch to a different medication, often to a lower priced alternative.

From a short-term budgetary perspective, requiring cheaper prescriptions may appear to make sense. When the impacts are examined more closely, restricting consumer access to the most clinically appropriate psychiatric medication places them at risk for destabilization of medication routines, which can lead to higher rates of emergency department visits and acute hospitalizations. This policy would not only be extremely harmful to patients, but enormously expensive down the road in Medicaid and other state system costs. We urge the Legislature to oppose the elimination of prescriber prevails in Medicaid managed care plans, maintain current policies and allow prescribers to determine the most clinically indicated psychiatric medication.

NY SAFE Act

The Coalition supports the provisions in the New York Secure Ammunition and Firearms Enforcement Act of 2013 (NY SAFE Act) related to gun control, specifically expanding New York's laws on banning assault weapons, high capacity magazines and background checks for all sales and purchases for all New York State residents. We believe that gun control is a significant public health issue. We are concerned that the requirement that mental health professionals report to local officials when a person is likely to engage in conduct that would result in serious harm to self or others not only stigmatizes people with mental illness and might deter them from seeking treatment, but is in violation of federal HIPPA law and exposes both practitioners and providers to liability risks. It is currently the case that HIPPA law now allows practitioners to report

clients in the presence of an imminent threat. We are looking forward to working with the Governor, and members of the legislature to remove this troubling provision, while retaining the freedom to report that HIPPA allows.

Conclusion

On behalf of the 130 Coalition members throughout New York City, Westchester and neighboring counties, we thoughtfully ask the Legislature to ensure that behavioral health remains strong and effective in providing services to New York's most vulnerable citizens.

- Behavioral health, agencies, providers, consumers and families, must remain key stakeholders in the transition to managed care, integration and beyond.
- The "O" agencies possess a particular and knowledgeable body of information and should be intentionally engaged in plan oversight.
- Plans should be held to transparency and accountability of the behavioral health service dollar.
- The new organization of care will necessitate investments in housing, care coordination, and the various recovery-oriented services in between that enable people with substance abuse issues and severe mental illness to live and be contributing members of the community.

I thank you for your time and interest. I am available to answer any questions that you may have.

Jason Lippman, Senior Associate for Policy & Advocacy
The Coalition of Behavioral Health Agencies
90 Broad Street, 8th Floor
New York, NY 10028
212-742-1600 x102
jlippman@coalitionny.org

About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 130 non-profit behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City, Westchester County and surrounding areas.

Founded in 1972, the mission of the Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including the fragile elderly, people who are homeless, those who struggle with AIDS and other co-morbid health conditions, violence and other special needs. Coalition members help people with mental illness and addiction disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.

