Suffolk Coalition of Mental Health Service Providers

New York State Budget Testimony

November 30, 2007

My name is Michael Stoltz and I am the current Chair of the Suffolk Coalition of Mental health Services Providers. The Coalition is a group of 23 non-profit agencies that collectively have over 4000 employees and volunteers who provide the full range of inpatient and outpatient mental health services to nearly 50,000 Suffolk County residents each year. On behalf of the Coalition, I want to thank the Spitzer Administration and the NYSOMH for its renewed commitment to public planning and input process.

Former U.S. Surgeon General Dr. David Satcher advocates, "There is no health without mental health." Failure to include mental health as integral to any health policy and budget solely has served to establish a shell game of shifting responsibility to lower levels of government. It has now been fourteen years since New York State passed and implemented the Community Mental Health Reinvestment Act in which our State government orchestrated a shift of responsibility for care of people with mental illnesses from the State hospital to the community. The Reinvestment Act applied a cost to each bed in the State hospital that was to be emptied and shifted approximately 50% of that value into expanding and developing new community mental health capacity. While this was clearly well-intentioned, years later, we see the actual consequences:

- Reinvestment essentially allowed State government to define its limit of responsibility for in-patient and outpatient services at those State funding levels and failed to address rising needs of people who never touched the State hospital system.
- Reinvestment set the stage for the State to shift its efforts to building a Medicaid driven system so that – wherever possible under Federal law -- the Federal government would pick up 50% of all dollars for critical services such as housing, rehabilitation, case management, as well as treatment. And, finally,
- Reinvestment allowed the State to shift to the Counties – without notice –the primary responsibility for the cracks in the community mental health system.

As a result – whether you believe it was intended or unintended – New York State was able to define that it was no longer responsible for any forthcoming shortage of service capacity in community mental health. Ever since, County budgets have swelled under the burden of this policy of an abandonment of State responsibility. Today in Suffolk County – as with nearly all Counties – nearly 20% of all people in the County jails are there predominantly due to untreated mental illnesses and non-violent offenses. Nearly 80% of single homeless adults served by County Social Services are homeless predominantly because of untreated and under-treated mental illnesses. County Police spend inordinate amounts of time – and overtime – transporting people with untreated mental health problems to emergency rooms and jail. And, people with under-treated and untreated mental illnesses disproportionately require emergency health services – via local Fire and ambulance companies and hospital emergency rooms. And, to make

matters worse, County budgets that have included funds for vital community mental health service capacity repeatedly freeze or cut those allocations or place restrictive bureaucratic rules on accessing them.

This picture has become a tragedy and an embarrassment for New York State. While we were once a proud leader in quality mental health care, we are today a stark example of a fragmented and under-resourced health system that denies its citizens what national best practices have demonstrated can and should happen for people with mental illnesses. New York State can reverse this course with the following commitments:

1. A halt to "Medicaid-it-is"— This is a system disorder characterized by two symptoms:
    - A romance with building State administrations through a charge to draw down more Federal dollars for health and mental health services; and
    - A bloating of State government and public consciousness through a belief that any facility or practitioner that bills Medicaid must be committing fraud.

    "Acute Medicaid-itis" in mental health care is costly on every level and reduces the resources and attention to consumer and family needs in favor of agency-centered and –driven risk management needs. We ask Governor Spitzer to assert strong leadership to take hold of this health industry-wide plague. Please consider making a commitment of OMH, Health Department, and Medicaid Inspector General's office to provide the leadership and resources necessary to help non-profit providers reduce Medicaid and Medicare Compliance-related risks and costs so that the focus of our work is with clients and potential clients.

2. A commitment to the Community Mental Health Workforce: NYSOMH mission states a commitment to a consumer and family-centered system of care. How can this happen when the most critical and delicate helping relationships cannot be sustained because its workforce is constantly unstable due? Our Coalition strongly supports Senator Marcellino's Quality Workforce Act and ask that OMH and the Governor's office support its goal of improving mental health workforce pay. We also need to build in to regulation trended COLAs for all licensed programs on top of a commitment for commensurate rates of pay between government and non-government service providers.

3. Re-assert New York State's commitment to services access for people without Medicaid: -- How can a mental health system be effective when there is such a huge chasm that separates those with Medicaid from those without Medicaid? This is especially archaic when we recognize that mental illnesses and psychiatric disabilities can occur at virtually any phase in human development.We request that the State budget for NYSOMH back-up this recognition by considering:
    1) Greater State aid, indexed at the prevailing Medicaid reimbursement rates, for services for those without Medicaid.

2) Technical Assistance to MH providers to develop uniform procedures that will help maximize revenues, and help reduce client burden, for billing for services to Medicare –only recipients
3) Lead and support advocacy to push commercial payers to fully respect mental health parity legislation by adequate reimbursement for OMH-licensed programs in its mental health benefit packages.

4. A re-commitment for State aid for non-Medicaid services: How can a system of care be effective when a transition to a Medicaid funded program model reduces or eliminates services that consumers and families have asked for and value? The transition to PROS for Suffolk County providers is beginning to bring home realities that there are many non-reimburseable services that remain that consumers and families ask for and need. These included employment- and education-directed services -- which consumers widely recognize as means to reduce patient roles and identities -- as well as a range of support services, including peer-provided services. We recommend that OMH seek to provide State aid that responds to strong local input for such services.

5. Address the Shortage of Acute Care Services: How can a system of care be effective when consumers and families have such a limited range of resources to help in times when episodes of illness require acute care? Our Coalition has been very vocal at all levels about the problems faced by our CPEP program which is on frequent diversion forcing consumers (and Police) to traverse the County to find available facilities for acute assessment. We recommend and request:
   1) A State-led re-Assessment of the number and level of emergency, acute, and intermediate care resources that is available in this County to people with Medicaid.
   2) A re-assessment of appropriate levels of clinic treatment slots – which ultimately serve to prevent people from requiring acute care
   3) A commitment of State aid to focus on new approaches to intervene and divert acute care --- including models that integrate medical and psych assessment with peer-provided support and diversion services.

6. All strategies of promoting affordable housing must also address the lack of housing for people with psychiatric disabilities: How can a local system of care be at all effective when thousands of people are on a waitlist for OMH-supported housing while many more don't even bother to pursue housing because the waiting time is unrealistic or the type of model doesn't match their needs. And, how can a system be called consumer-driven when nearly 1200 people in Suffolk alone can lose their housing in an adult home crisis and be displaced from their communities and support services to other parts of the State? We support NYSOMH's current interest in working with mainstream housing agencies to expand the array of housing opportunities available to people with psychiatric disabilities. We agree that supportive services should be flexible and should be determined by the needs and choices of people served. Equally important is that the services be adequate to meet the service needs of the people housed. An array

of competent, qualified staff must be available in housing programs. And, finally, we should include the development of more supportive family housing in any plan to address the housing needs of people in recovery.

7. Provide Funds for Diversion Services to reduce the number of people with mental illnesses in County jails: Suffolk is fortunate to have a mental health court but our outstanding Supervising Judge has been clear about the inability of her court to expand its role and impact without adequate community mental health resources. Our Coalition, with active participants on the County's coordinating bodies for County and State offenders, has assembled a diversion proposal that can ultimately save critical County resources. Supported by the League of Women Voters and the Criminal Justice Coordinating Council, our Coalition asks State government to intervene on this tragic policy of abandonment of our most misguided and fragile people with mental illnesses.

8. Stigma: Misunderstanding about mental illness still keeps people from exploring proper treatment and services. We recommend State health and mental health leadership lend financial support for statewide public education/anti-stigma campaign that supports the recent implementation of the Children's Mental Health initiative and Mental Health Parity. There is no better time for such a campaign.

Thank you again for this opportunity to provide input to the State Plan Our Coalition members are extremely excited by the opportunity to work with new State leadership. We implore Governor Spitzer and NYSOMH Commissioner Hogan through its budget and regulatory processes to transform the policies of the past 14 years and reinforce --- as other States are doing – its position of central responsibility for community mental health service planning, funding, and quality assurance and its commitment to the millions of people and families affected by highly treatable mental health problems and illnesses.