



Testimony of

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INTRODUCTION

Good morning. My name is Phillip Saperia, and I am the Executive Director of the Coalition of Behavioral Health Agencies, the umbrella trade association and public policy advocacy organization of New York’s behavioral health providers, representing over 100 non-profit community-based mental health and substance abuse agencies. Our members constitute a broad cross section of service providers – all sizes from very small to very large; treatment and rehabilitation-oriented; outpatient and residential; focused on linguistically and culturally specific populations and on many special-needs. 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 and its environs.

The Coalition would like to thank Commissioner Michael Hogan and his staff at the New York State Office of Mental Health for initiating formal briefings and hearings across the State concerning the Statewide Comprehensive Plan for Mental Health Services. These hearings allow for a respectful discussion between OMH and other stakeholders about how the Plan was developed and is to be implemented.

I’d like to give a brief overview of two vexing issues facing the community behavioral health sector, and then I’ll turn the microphone over to my colleague Heather Mermel, the Coalition’s Policy Associate, who will provide more detailed comments on the OMH Statewide Comprehensive Plan for Mental Health Services and the “Engaging in the Next Step” Children’s Mental Health Plan.

THE “TRANSFORMATION” OF THE MENTAL HEALTH SYSTEM

Much work has been invested by State officials and stakeholders in the impending reform of clinic reimbursement methodologies and reform of other parts of the adult and children’s services system. We are grateful to SOMH for the participatory nature of this work and commit ourselves to continue working with colleagues to forge a fairer service system. That system should fairly pay for critical services that provide quality care, empower and instill hope in consumers, encourage their recovery and facilitate the realization of their individual potentials.

SOCIAL WORK LICENSE LAW

We also would like to comment briefly on the social work license law that went into effect on September 1, 2004. The law now recognizes two levels of license: Licensed Master Social Worker (LMSW) and Licensed Clinical Social Worker (LCSW). The law allowed for a limited window of opportunity for existing certified social workers (CSWs) to become Licensed Clinical Social Workers (LCSWs). That window is now closed, and yet among our own membership hundreds of eligible social workers were unable to update their licenses during the period defined in the grandparenting clause of the law, for reasons that were systemic and beyond their personal control.

According to the scope of practice defined by the State Education Department, only LCSWs can provide the clinical services that CSWs previously provided (i.e. diagnostic assessment, develop treatment plans, provide psychotherapy, and bill Medicaid and Medicare for services). LMSWs are considerably more restricted, and can only provide clinical services under supervision of an LCSW, psychiatrist or licensed

psychologist. Medicare does not reimburse services provided by LMSWs, even under supervision. Furthermore, in 2010, social workers without the LCSW designation will be prohibited from billing Medicaid too, the fiscal backbone of the community behavioral health sector! This will have a serious impact on the revenue generation of community based treatment providers. It will have profound impact on the rate reform systems that SOMH is developing. The Coalition urges the State Office of Mental Health to advocate for the “grandparenting” application process to be re-opened to help address workforce shortages in this field and the other potential consequences of the law for voluntary service providers.

I’ll now turn the microphone over to Heather Mermel, who will comment on a few key areas of the Statewide Comprehensive Plan for Mental Health and the Children’s Mental Health Plan which merit special attention.

STATEWIDE COMPREHENSIVE PLAN FOR MENTAL HEALTH SERVICES

We want to add our voice to the many other voices urging more attention and appropriate services to address the mental health needs of older New Yorkers, a fast growing population. We strongly support enhancing access to effective community-based services of all kinds for older adults and the implementation of additional demonstration projects that will meet needs where the population can easily access them. Geriatric programs that bill Medicare, are especially impacted by the changes in the social worker licensing, as only LCSW’s can bill Medicare.

Although we are concentrating our testimony on services for children and families today, we would be remiss if we failed at least to commend the Office of Mental Health

for searching for multiple ways to meet the high service needs of consumers with multiple co-morbid conditions, including behavioral and medical, and the consistent commitment to providing access to safe and affordable housing for individuals with mental and substance abuse disorders. We applaud the development and implementation of pilot programs that will promote care to populations with co-occurring disorders.

Especially in the above contexts, but overall, The Coalition commends SOMH for adding to its strategic priorities one that is “to recruit and retain a qualified workforce and respond” to pressures of inflation. We look forward to helping develop strategies of reimbursement, training and development that will promote continuity of care, consistent qualified supervision and continuity in staff/consumer relationships, engagement and coordination of care.

CHILDREN’S MENTAL HEALTH PLAN – ENGAGING IN THE NEXT STEP

We applaud Commissioner Hogan for convening statewide workgroups to identify ways to improve access and coordination of mental health services for children and their families. We are particularly pleased that a range of stakeholders were involved in the development of the plan. Overall, we find the plan to be quite comprehensive and thoughtful. The Coalition believes the Children’s Mental Health Plan will enable the mental health sector to provide more comprehensive, coordinated, and integrated care to children and their families. However, we are concerned that there is no dedicated funding stream to support the services proposed in the plan. Without adequate funding the recommendations will be unachievable. Furthermore, the plan will

impose additional requirements on community-based providers that are already overburdened. Such funding is particularly critical if the State hopes to coordinate services provided by all child serving systems (i.e., DJJ, OCFS, OMH, OMRDD and OASAS). Furthermore, we urge that local government units be brought into the planning process around the implementation of the recommendations.

Social Emotional Development and Learning

In the report, the social emotional development and learning (SEDL) workgroup identified the need for specialists who can assess the needs of young children and determine the supports necessary to improve the child's development. The Coalition strongly supports the need for more trained staff and believes this is an issue across all of the workgroups. One of the recommendations is to “attend to the structural, statutory, regulatory and funding barriers..., so that proven strategies will be widely promoted and developed”. The Coalition strongly recommends that OMH involve stakeholders when determining how to overcome these barriers.

Family Engagement & Support, Early Identification and Evidence-Based Practices

The Coalition strongly supports the need for early identification and intervention, which will certainly increase the number of children identified with social and emotional problems. The question that emerges is: where will these children be served? Currently, there are a limited number of children's mental health clinics in the NYC Metro Area and most of them are at full capacity. The Coalition thanks SOMH for lifting the COPS threshold and eliminating the Medicaid neutrality cap. Both actions should help agencies increase capacity. We hope that the rate restructuring transformation

initiatives will enable agencies to further increase capacity to serve vulnerable children and families. Furthermore, we urge OMH to adopt policy and billing/payment mechanisms that encourage providers to conduct developmental and social-emotional screenings and referrals.

We also recognize the value of engaging the youth, family members and community integration. We strongly support OMH's efforts to improve family engagement in all aspects of a child's treatment.

The plan included a recommendation to "ensure that evidence-informed, evidence-based and promising practices are widely used". While we support the use of evidence-based treatment models, reimbursement and funding issues are a legitimate concern for many providers. When agencies send clinicians to trainings, they experience a loss of revenue because these clinicians are not generating the revenue that service delivery would produce. It is essential that funding and reimbursement is provided to support agencies in dedicating time and sending clinicians to trainings. Furthermore, it is essential that OMH include stakeholders in the selection of evidence-based practices that will be promoted by the State.

Accountability and Systems Integrations

We can not stress enough the importance of cross-systems collaboration. In order for treatment to be most effective, services must be integrated and coordinated. There was remarkable consistency across each of the workgroups around the need for partnerships across all child-serving systems of care. The case for this was made more

than once in The Coalition’s Center for Rehabilitation and Recovery’s white paper, “A Chance for Change”. It is essential that all of the Commissioners “weigh in” on the plan and concur on funding allocations. As stated in several of the workgroups’ recommendations, it is important that there be a joint effort across all child-serving systems to create guidelines for implementing SEDL programming, evidence-based practices, early identification and intervention and the incorporation of the youth and family voice.

Developing, Recruiting a Qualified and Competent Workforce

The Coalition strongly supports the need for more trained staff and specialists to work with young children and adolescents. In addition to the extensive training The Coalition has offered to the NYC community over the past two years on Evidence Based Practices for working with youth, it is also important that the workforce be culturally and linguistically competent. One of the recommendations to address this issue put forth in the plan is to “broaden the workforce” by expanding the use of child psychiatrists and primary care physicians to work in diverse settings. We think this is the wrong solution to the problem. The Coalition is concerned that by changing regulations, organizations and professionals not trained and equipped to serve the specific needs of mental health needs of children and families will be diverted from Article 31s – the organizations with the expertise to work with these populations.

Many children’s programs face particular hurdles in meeting the requirements set forth in the social work license law. Programs such as children’s case management, Waiver and residential treatment will apparently not qualify as clinical placements. Thus,

LMSWs may be less motivated to work and train in such programs. There has not been enough research done to evaluate the impact of the social work license law, with regard to the ability to recruit and retain clinical social workers. The Coalition strongly endorses the creation of the OMH Office of Workforce Development, Recruitment and Retention, which would study workforce issues over time and the potential problems created by the licensing bill, which may restrict the workforce and drive up costs to agencies.

ENSURING THE INCLUSION OF YOUTH VOICE

The Coalition strongly believes that when a treatment plan is being developed and implemented, the “youth voice” must be heard and used to guide the process. It is essential that providers respect and encourage meaningful youth involvement in their care. This is also a recommendation for best practices identified in our recently released white paper on supporting youth in transition in NYC. We also support the recommendation to enhance and expand peer support programs and services.

SUMMARY

We applaud the Administration for addressing what has been for years a chronic deficiency in the mental health system – the delivery of services to children, adolescents and their families, both in terms of numbers of services and in the creativity and flexibility of services available. The “Engaging in the Next Step” Children’s Mental Health Plan is an impressive document. We appreciate the efforts OMH and all the stakeholders undertook in reviewing the current make-up of the mental health workforce and data on who is being served, services offered and where they are receiving services. It is our hope that the final Plan submitted to the Governor’s office and

Legislature will incorporate our recommendations, and those made by our colleagues here today and around the State. We look forward to working with the administration to develop a long term plan, that includes specific steps and objectives, and secure adequate funding for the implementation of the plan. Thank you again for the opportunity to testify, and I'd be happy to take any questions you might have.