TESTIMONY OF THE NEW YORK STATE CATHOLIC CONFERENCE

REGARDING THE 2013-2014 MENTAL HYGIENE BUDGET

PRESENTED ON BEHALF OF THE COUNCIL OF CATHOLIC CHARITIES DIRECTORS BY

LORI ACCARDI, EXECUTIVE DIRECTOR
CATHOLIC CHARITIES OF BROOME COUNTY
AND CHAIR OF THE NYS CATHOLIC CHARITIES
BEHAVIORAL HEALTH COMMITTEE

ANNE OGDEN, EXECUTIVE DIRECTOR CATHOLIC CHARITIES DISABILITIES SERVICES AND CHAIR OF THE NYS CATHOLIC CHARITIES DEVELOPMENTAL DISABILITIES COMMITTEE

AND

Albany, New York February 27, 2013

LORI ACCARDI, EXECUTIVE DIRECTOR CATHOLIC CHARITIES OF BROOME COUNTY AND CHAIR OF THE NYS CATHOLIC CHARITIES BEHAVIORAL HEALTH COMMITTEE

Good morning. My name is Lori Accardi and I serve as Executive Director of the Catholic Charities of Broome County. I am also the Chairperson of the New York State Council of Catholic Charities Directors' Behavioral Health Committee. Our Catholic Charities agency has its headquarters in Binghamton, New York and is part of the Syracuse Diocese. We provide direct service to people in need in our county, including mental health services. Our mental health programs provide services to people of all faiths and ages. The Catholic Charities network provides the full range of mental health and addiction services including community residences and supported housing, clinic/treatment services, Targeted Case Management, Psychosocial clubs and Personalized Recovery Oriented Services, Assertive Community Treatment Teams Employment and Peer Recovery residential and supportive apartment programs. With me today is Anne Ogden.

The New York State Catholic Conference represents the Bishops of the eight dioceses of New York State in matters of public policy. In the human services arena, the expertise, experience and advice of the Council of Catholic Charities Directors guides the Conference. The Catholic Church is the largest non-profit provider of education, health care and human services in the state. Catholic Charities programs exist in all eight dioceses and all 62 counties of the state to provide services to people in need, Catholic and non-Catholic alike. Our Catholic tradition compels us to be active participants in the civic life of our community, to fashion a more just world that upholds the dignity of every individual and to serve those in need. The Catholic Church in New York State fulfills its mandate to care for the most vulnerable among us through its vast Network of Catholic Charities agencies.

In New York State Catholic Charities provides counseling and mental health services to about 70,000 individuals and addiction treatment services to about 15,000 individuals. We work closely with the Office of Mental Health and I represent NYS Catholic Charities on the Mental Health Services Council that advises the Commissioner on potential improvements to mental health services in New York State. We also work closely with the Office of Alcoholism and Substance Abuse Services and we are supportive of the establishment of the Behavioral Health Services Council to provide advice to both state agencies.

The Executive Budget proposes a virtually flat appropriation for OMH and OASAS. These budgets reflect movement toward community based services for chemical dependence, compulsive gambling and mental health services. We support this movement toward greater reliance upon community based programming, but point out as you all must recognize that there is a need to beef up the existing network of services in order to adequately address the need. We support the Executive Budget proposal to create Centers of Excellence in reorganizing the state hospital system with a shift to community mental health services and reinvestment of savings. However, such changes

will need to be closely monitored to assure ongoing access to services and to avoid backup in the system. For example, in some parts of the state, consumers are being placed on extended waiting lists for outpatient clinics and there are problems accessing emergency rooms.

Once again the Executive budget calls for deferral of the anticipate 1.4 percent Cost of Living Adjustment for most human services contracts, including OMH, OASAS and OPWDD. Many of the direct care human services employees are among the working poor and would have benefited from the scheduled COLA. This supplement has been delayed too long as is and in most cases would go right back into the economy at a time that it is much needed. The desired goal of "shared sacrifice" sounds equitable, but it is clear that not everyone has the same capacity to contribute to the effort. Human services employees tend to be at the lower end of the wage scale compared to their colleagues in other fields and as a result this "shared sacrifice' hits them very hard. If the issue is the lack of criteria for providing these supplements than it is incumbent upon the state to establish criteria and not continue to defer the increase. However, it is our position that the increase is justified by the increased cost of living over the past five years and the need for state contracts to keep pace.

As part of the Executive Budget, the Governor proposes making permanent the temporary exemption for certain social workers and other mental health professionals working in a setting regulated by state human service agencies. The current exemption is set to expire in July of 2013. We support this action, but believe there continue to be some scope of practice and waiver issues that must be resolved with the State Department of Education. These issues are being worked on by the Legislature and will ultimately require statutory action to finalize.

We represent a large group of clinic and treatment providers among our agencies and request your review of the proposal to remove "Prescriber Prevails" language which would limit consumers to existing formularies of their Managed Care prescription plan. We are greatly concerned that this will result in many mental health consumers potentially facing changes in their medication regimes that have taken years to perfect. We join with other advocates in opposing this action and believe it should be a decision reserved to the prescriber and patient.

Conclusion

Thank you for your consideration of our comments. We would be happy to discuss our concerns and recommendations and the good work Catholic Charities' behavioral health and developmental disabilities programs do throughout the state.

ANNE OGDEN, EXECUTIVE DIRECTOR CATHOLIC CHARITIES DISABILITIES SERVICES AND CHAIR OF THE NYS CATHOLIC CHARITIES DEVELOPMENTAL DISABILITIES COMMITTEE

Good morning. I am Anne Ogden and I serve as Executive Director of Catholic Charities Disabilities Services in the Diocese of Albany. I am also the Chairperson of the New York State Council of Catholic Charities Directors' Developmental Disabilities Committee. We provide individualized services for people with developmental disabilities including service coordination, information and referral, community habilitation, in home respite, and twenty-four hour residential services. Additional specialties include: an array of services for individuals diagnosed with Prader-Willi Syndrome and service coordination for individuals with traumatic brain injury. Some of the people served by our agency are here with us today.

In New York State Catholic Charities provides residential, case management and support services for a large number of people with developmental disabilities. We work closely with the Office for People with Developmental Disabilities and I represent NYS Catholic Charities on the OPWDD Provider Council to share the perspective of the not-for-profit service providers with the state agency.

We were informed last week that the state budget has an additional shortfall. The Governor's 30-day budget amendments that were released last week called for a \$500 million reduction in Medicaid funding for the next fiscal year which has been structured to incorporate a 6 percent across-the-board cut for not-for-profit providers of services to people with developmental disabilities. This cut, proposed without any evidence of consultation with the advocacy or provider communities, will have an immediate, direct and catastrophic impact on the level and quality of services provided to individuals with disabilities and their families. Catholic Charities is an agency with significant experience caring for the most disadvantaged and vulnerable and we can't see how people with disabilities will not be put at risk of harm due to this proposed cut. Agencies are already stretched beyond their limits attempting to continue to provide quality services in the face of ever increasing, and unfunded, regulatory and administrative requirements imposed by oversight agencies at the federal and state level, and no longer have any capacity to absorb the proposed across the board cuts. This 6 percent across the board is to take effect on 4/1/13. It is radical to cut services that will go into effect in just 5 weeks. The magnitude, suddenness and short time frame are just unimaginable and we cannot see how we will achieve this cut without widespread layoffs that may endanger the safety and welfare of human beings. Some providers in New York State may very well have to transfer sponsorship of residential programs back to the State because they do not have the ability to subsidize quality care. These are tragic consequences that serve no one, least of all our most vulnerable citizens. These across the board cuts can be avoided if a more thoughtful, planned process were phased in to achieve the savings needed in our field of developmental disabilities. We look to the State Legislature for your leadership to restore the 6% cut to the voluntary not-for- profit providers.

Further, please consider the environment in which these cuts have been proposed. Medicaid reforms proposed by the Medicaid Redesign Team (MRT) process are at various stages of development and implementation. These reforms will have a dramatic impact upon human service providers. The state is moving forward with various reforms at the same time they are negotiating waivers from the federal government. Health, Long-Term Care, Mental Health, Alcohol and Substance Abuse Services, Developmental Disability Services, Supportive Housing and Foster Care are all areas that will be impacted by these reforms. It is important that these significant changes be implemented in a manner that ensures that services to recipients are not negatively impacted. New and significant cuts at this time of momentous change will not only undermine the system of services we have built together, but will jeopardize the transformative efforts underway to improve the system of services for the individuals with developmental disabilities and their families who depend on us for their health, safety and well-being. If we want our system to transform, we have to invest in that transformation and cannot sabotage our efforts with ill-timed and unwarranted fiscal assaults on an already fragile system.

Conclusion

New York State has a proud history of caring for its vulnerable citizens but has not always lived up to its obligations to people with disabilities. After the horrors of the past were so graphically exposed, the Governor and the Legislature made a new commitment that people with disabilities who were dependent on the stateprovided or licensed service delivery system would be afforded the safety, quality and dignity they deserved. With the adoption and implementation of a meaningful "Olmstead Plan," that commitment will be further enhanced to ensure that individuals with disabilities have the opportunity to receive services in the most integrated setting, as fully-participating members of their chosen communities. We cannot allow the current fiscal challenge to thwart or defer our fidelity to this commitment. The proposed across the board reduction will not only turn back the clock on services and supports for vulnerable individuals, but further delay the opportunity for the state and its communities to take advantage of the contributions which empowered and enabled people with disabilities can make to the fabric of life of the entire community. This immediate and significant cut in funding will have serious consequences to people with disabilities both in group homes, community care and support to the families. Cuts will lead to less service and to families calling for help in crises. We don't want to ask in the near future "how did we let this happen?" Please do not let this happen.

The federal government and New York State have agreed that certain Medicaid expenditures must be curtailed. We appreciate the fiscal reality, but ask that you not ask people with disabilities, their families, and the voluntary sector to shoulder a disproportionate burden in responding to the current fiscal situation. We ask you to accept the challenge of finding a way to more equitably distribute any necessary reductions in order to allow this field to continue to partner with you to fulfill the commitments which you have made to this State's most vulnerable citizens.

Thank you for your consideration of our comments.