Amend and Extend the OLD REINVESTMENT (Community Mental Health Support and Workforce Reinvestment Program) and Authorize the NEW REINVESTMENT (Community Based Behavioral Health Services Reinvestment Program) with amendments.

What:
The original Community Mental Health Reinvestment Act contained carefully constructed formulas and decision-making over how state savings derived through the closure of state-operated psychiatric hospital beds should be spent. This year’s budget allows the successor Community Mental Health Support and Workforce Reinvestment Program to sunset on March 31, 2015 despite continued debate about significant state savings through bed reductions and other service consolidations. The Article VII bill authorizes a new Reinvestment program, one that would be funded through savings achieved as we transition to Medicaid Managed Care to be reinvested into community behavioral health services identified by DOH, OMH and OASAS.

Why:
The Executive Budget correctly invests $25 million into expanding community based services to prepare for the future downsizing of state-operated psychiatric centers. National data comparisons show that New York’s state-operated psychiatric hospital system is the largest and most expensive in the country. However, prior to downsizing the services that communities have come to rely upon, it is appropriate to build up the capacity of high-quality services that can provide alternatives to inpatient psychiatric services. This is especially true for the child and adolescent population for which crisis bed development and other intensive, but non-inpatient services are more appropriate. However, this investment does not preclude the need to capture the future savings of bed and facility closures that occur after January 2015. That is why we urge the Legislature to extend, with amendments, the Community Mental Health Support and Workforce Reinvestment Program’s sunset date from March 31, 2015 until March 31, 2016. Amendments should include updating the per bed commitment to at least $110,000 per bed, considering the cost of living adjustments needs of the non-profit behavioral health care workforce and ensuring that Family Support Services are provided by credential individuals with lived experience and not supplanted by non-qualified state employees.

In addition, we urge the Legislature to accept the Executive Budget recommendation to create the, “Community Based Behavioral Health Services Reinvestment Program”. However, we urge that S.6358/A.8558 be amended to prioritize not only residential services provided by OASAS, but also prioritize children’s behavioral health essential community providers to preserve specialty service providers through the anticipated December 2017 full transition to Medicaid Managed Care of currently exempt youth populations and the specialty child and adolescent services.

Legislative Action Requested:
• Amend Part C of the S.6358/A.8558 to include children’s behavioral health essential community providers as a priority funding target, because the unintended consequence of transitioning children’s behavioral health services last is that those providers will stay the longest under the existing Medicaid cost containment provisions.
• Extend the sunset date in Section 7 of Part H of Chapter 56 of the Laws of 2013 to read, “. . . shall expire March 31, 2016 . . . “