COALITION TO PRESERVE BEHAVIORAL HEALTHCHOICES

Alliance of Community Service Providers

County Commissioners Association of Pennsylvania (CCAP)

Disability Rights Pennsylvania (DRP)

Drug and Alcohol Services Providers Organization of Pennsylvania (DASPOP)

Mental Health Association in Pennsylvania (MHAPA)

NAMI Keystone Pennsylvania (NKP)

Pennsylvania Association for Behavioral Healthcare (PABH)

Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS)

Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)

Pennsylvania Association of County Human Services Administrators (PACHSA)

Pennsylvania Council of Children, Youth and Family Services

Pennsylvania Mental Health Consumers' Association (PMHCA)

Pennsylvania Psychiatric Leadership Council (PPLC)

Pennsylvania Recovery Organizations Alliance, Inc. (PRO-A)

Rehabilitation and Community Providers Association (RCPA)

Youth MOVE PA (YMP)

To Members of the Senate

February 11, 2019

OPPOSE SENATE BILL 268

We are writing to state our Coalition's strong opposition to Senate Bill 268 and urge you to work with your colleagues to ensure this legislation is not enacted. In addition, if you are a cosponsor of this legislation, we respectfully request that you reconsider the impact this bill would have on some of our most vulnerable citizens and remove your name from the bill.

This legislation would eliminate the current Behavioral HealthChoices (BHC) program and jeopardize every county's ability to deliver a wide array of coordinated and integrated county-managed human services tailored to meet local needs and challenges. It would negatively impact the health of 2.9 million Pennsylvanians and their families, including our members.

BHC is the statewide program through which every county delivers mental health and drug and alcohol services to vulnerable Pennsylvanians enrolled in the Medical Assistance program, and their families. BHC was created 21 years ago and has enjoyed strong bipartisan support in four successive administrations, among lawmakers in both chambers, and by virtually every provider of these lifesaving services across the state. BHC has evolved into one of the most successful models in the country for delivering care to those seeking behavioral and drug and alcohol healthcare. As a result of this model, more Pennsylvanians are receiving more of these services – and counties have stronger and better coordinated human services systems.

We should be celebrating and building upon this program, and taking it to the next level, not trying to tear it down and dismantle it.

Under BHC, each county has the opportunity to manage their own program or to work with other counties and form collaborative partnerships. In addition, each county can select a Behavioral Health Managed Care Organization (BHMCO) to work with. This local control is a cornerstone of this program. As elected representatives, we are sure you agree that you have a better understanding of programs and services that support the unique needs of your constituents as opposed to a sweeping "one size fits all" approach run by large national insurance companies that lack the experience with this fragile population and the connection to our neighbors in need of these services. We would stress that you and your colleagues consider BHC as a critical, foundational program for the entire array of human services that Coalition members and members of the communities we all live in rely upon and that counties provide.

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Senate Bill 268 ignores a tremendously successful record of delivering more care to more Pennsylvanians under BHC. The program was created because every stakeholder, including state and local elected officials, recognized that behavioral health services were not being delivered effectively when Medical Assistance was on a fee-for-service basis. When behavioral health services were "carved-in" during a demonstration project in Philadelphia over 25 years ago, at least half of the taxpayer-funded behavioral health capitated payment did not reach the behavioral health consumer and instead became part of the MCO's direct profit margin. This led to people with serious behavioral health disorders not having access to the care they needed and an inadequate behavioral health service system. BHC was created precisely because the state has learned from painful experiences that the model envisioned in Senate Bill 268 does not work.

Today, simply "carving in" behavioral health services into physical health managed care does not translate into better health outcomes and it will not save taxpayers dollars in the short or long run. There is no objective data to support these assertions. In fact, as you and your colleagues consider this proposal, we would urge you to carefully study how much it may cost the taxpayers to eliminate Behavioral HealthChoices.

The BHC model is also driving efforts to better integrate both behavioral and physical health services. There are countless, specific examples of integrated care that reflect a strong commitment by the state Department of Human Services, counties, advocates, and the Behavioral Health MCOs to work with the Physical Health MCOs to deliver 'whole person' or integrated care. Our members would also welcome the opportunity for you to meet with the Pennsylvanians we serve so they can share how they continue to benefit from these fully integrated services. We would note that the legislation lists many elements of what would be included as part of a quality, accessible, cost effective behavioral health program. The fact is that the current BHC program, virtually all those elements and criteria are met and/or exceeded. Data that is readily available shows that consumers and family members have consistently given high satisfaction ratings to their local county BHC services.

Finally, the flexibility that BHC provides counties to develop programs to fit their needs has proven to be invaluable in our state's response to the opioid crisis. Counties have been able to open recovery centers; train first responders; provide counseling and support services for those impacted by opioids and their families. Eliminating this program would disrupt the care and treatment for tens of thousands of Pennsylvanians.

So, the question remains: Why would anyone propose a sweeping change away from a very successful approach to delivering behavioral health services to some of our most vulnerable community members to a system that did not adequately care for these patients over 20 years ago? Improving upon and evolving the current program makes sense and so many impressive gains have been made over time. Senate Bill 268 tears this apart.

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