



**Testimony by Thomas Cook, Executive Director
February 22, 2018 Joint Finance Committee Hearing on the FY 2019
Division of Substance Abuse and Mental Health (DSAMH) Budget**

Good afternoon, Representative Smith, Senator Poore, and other members of the Joint Finance Committee. My name is Thomas Cook. I am the Executive Director of the Ability Network of Delaware, a statewide association of 39 developmental disability and behavioral health service providers.

The Ability Network fully supports the governor's recommended budget for DSAMH. We are also supportive of the efforts being made by Secretary Walker and the Division Directors for DSAMH and Public Health to address the opioid crisis. During last year's legislative session, we worked with Senator Townsend and Representative Bentz to pass SB 109 to remove the requirement for preauthorization for several opioid treatment services and to use the ASAM criteria as the basis for determining medical necessity for managed care payments.

In particular, we believe that it is important to address the social determinants of health that were mentioned in the article posted yesterday on the Delaware Public Media site about the Centers for Excellence RFP: "Many people with addictions also face other barriers to recovery like mental illness, unemployment and homelessness." Removing these barriers to recovery will require breaking down any silos that may exist in the various Divisions in the Department of Health and Social Services, cooperation with county authorities and hospital systems, and approaches similar to the Assertive Community Treatment teams that currently serve people with severe and persistent mental illnesses.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA)

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recently posted grant funding opportunities to support counties working to help people with mental illnesses and/or substance use disorders. Several grants are available to support efforts such as law enforcement diversion and homelessness initiatives. These are the kinds of initiatives that address the social determinants of health, which could make an even greater impact on the opioid epidemic.

A bibliography and literature review that was published in 2007 on the issue of housing for people with mental health and/or substance use disorders concluded that they are “at risk of homelessness, and constitute a highly vulnerable sub-population among the homeless. Moreover, service providers encounter great difficulty engaging mentally ill people who are living on the street . . . The treatment of substance use and mental disorders cannot therefore be meaningfully considered in the absence of appropriate housing.” The behavioral health members of the Ability Network see this intersection of homelessness and the need for treatment for mental health and substance use disorders in their work every day. They’d ask that this area receive greater attention in the FY 2019 budget.

The final request from A.N.D.’s behavioral health members is that the Joint Finance Committee include language in the budget epilogue that requires DSAMH and DMMA to engage in a full review of the Medicaid rates for mental health and substance use disorder treatment. Until the vision for value-based payments for these services is realized, providers will continue to be reimbursed on a fee-for-service basis. In a letter that I sent to Secretary Landgraf at the end of 2014, I noted a number of issues with the work that was done to create these rates. In more recent conversations with DMMA Director Steve Groff at the end of last year, treatment providers discussed issues with rates for substance use disorder services that interfere with the recovery process. Resolving these issues should be a priority.

Thank you for the opportunity to comment on the DSAMH budget.