

My name is David Marlon. In addition to being the president of an alcohol and drug treatment center, I have served on the board of HELP of Southern Nevada for about 9 years and contracted with Community Counseling for about 6 years. All three of these organizations have been providing services to co-occurring Nevadans for many years.

This counsel has been great in getting information to understand the problem that our mental health system faces. However we cannot think that we have fixed the problem or rest on our laurels, much of our system is now still suffering and with the expansion of Medicaid and the Managed Care Medicaid parts of the system are even worse.

1. Our current public mental health system in Southern Nevada is still broken. Due to the lack of alternatives to the emergency room, we continue to have to take clients to local emergency rooms for services. I do not believe that taking patients to an emergency room to be medically cleared to then transport them to Rawson Neal or discharge to the streets is good clinical or cost effective care. In fact, this is likely the worst care for individuals in crisis that really need outpatient services to prevent the need for inpatient care. There is an assumption that managed care will own their patients and provide evaluation and treatment but this is just not happening. Right now, we have a great opportunity to reform the system. There must be some risk to Medicaid Managed Care so that they are motivated to support and provide outpatient services.

With the council's recommendations, there have been no developments in alternative outpatient services like same day outpatient access to medications, psychiatric urgent cares, case management services, short term housing, or crisis management services for this population. These are services that are reimbursable but Managed Care Medicaid assumes no risk for patient stabilization and therefore waiting in an ER or going to Rawson Neal is an adequate alternative.

2. With expanded Medicaid there is the assumption that almost all Nevadans will have a pay-source in Medicaid. Enrollment is difficult for both patients and providers. Our clients are often homeless and are unable to access computers or even telephones. I haven't seen Managed care outreach. It appears like they have been capped for this service while they "credential" and prepare to deliver the care. HELP, Community Counseling, and many other SAPTA funded providers have been pushed into a critical financial position. There is an obligation to become a provider for Managed Care (most have accepted 70% of Medicaid contracts) and change our service delivery model but only the Division of Public and Behavioral Health is helping the SAPTA providers with this transition. They probably need some interim assistance while being squeezed between the state, Medicaid and Managed care.

3. Finally, while I think the state has made the best decision possible to expand Medicaid and to contract with Managed Care, the new payors are not participating in housing, occupational assistance and placement, and other aspects of the care that the state used to deliver. The state is the only funder of housing and those funds are limited, as we all know. As long as acute hospitalization is covered by the state the managed care organizations will not do what they need to do to manage this care, nor will they have an incentive to increase outpatient care. I respectfully ask the council to focus on outpatient services, Medicaid Managed Care, access to services and network adequacy. Put funding where the people are and require Managed Care and Medicaid to fund ALL reimbursable services appropriately.