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Comment on Draft Recommendations

submitted to the

Governor's Certificate of Need Task Force

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I would like to comment specifically on the Task Force's draft recommendation that suggests eliminating the required CON review of new, proposed substance abuse treatment programs in Connecticut -- and suggest an alternative approach for consideration.

The Task Force should be applauded for recognizing the need to revise the existing CON application process which is unnecessarily cumbersome and protracted – in many cases causing organizations to choose to not open facilities in Connecticut at a time when services are sorely needed. While the process needs to be significantly improved, completely eliminating it for substance abuse facilities is unwise and would have negative, unintended consequences. In particular, it would result in failure to achieve a primary objective -- to ensure quality care.

The onerous nature of the CON application process is in no way the responsibility of OHCA staff who are highly professional and exceptionally thorough. They excel at doing what they are required to do. The real problem is what they are required to do.

We are in the midst of the worst opiate addiction epidemic in history – that is now claiming more lives annually than motor vehicle crashes. The need for access to quality treatment is urgent. Obtaining a CON award typically takes a minimum of eight months to one year, and can take up to two years in the case of residential services given the probability of a public hearing to hear challenges from existing competitors. An immediate solution is clearly required.

Under the draft recommendation, an organization attempting to respond to the urgent need by applying for a CON award today would not see the new service open until after the CON requirement would be eliminated. This would result in that organization spending considerable time and financial resources only to be faced with an open door to national competitors who could open shop without those expenditures and time requirements. This situation could lead to some unscrupulous providers being able to undercut existing services and provide services at lesser quality. This occurred nationally in the 1980's with disastrous consequences for residential facilities – most of which closed.

Regarding services for children/adolescents, residential services do not require a CON and are licensed by DCF. However, outpatient treatment programs for minors require a CON and DPH licensing. And yet, many of the adolescent outpatient services in Connecticut are provided in group practices that are not licensed. Removing the CON review would not only increase the availability of services, but would

encourage existing groups to obtain licensure – providing clients with the protections and oversight that are currently lacking in these entities.

Finally, chemical maintenance facilities including opioid treatment programs (OTPs) (e.g., methadone, buprenorphine/naloxone, naltrexone) have State/Federal oversight and additional requirements (e.g., SAMSA/CSAT/DPT certification; national accreditation) that provide some assurance of quality and competence. The role of the Governor-designated State Opioid Treatment Authority (SOTA) is an important one that should be reinforced. The SOTA is consulted by the Division of Pharmacological Therapies (DPT) of the Center for Substance Abuse Treatment (CSAT) in the Substance Abuse and Mental Health Services Administration (SAMHSA) for Federal certification of OTPs. This is a role that typically lies within DMHAS.

Rather than completely eliminating the requirement of CON review for substance abuse treatment facilities, I suggest the following alternative solutions.

Recommendations:

- 1. Authorize DPH, in consultation with DMHAS, to issue waivers from CON review for organizations with existing substance abuse treatment facilities that were previously awarded a CON, obtained licensure through DPH and have operated for at least two years. Approval would be allowed for expansion of existing services or establishment of new services at or below the highest level of care for which the organization is currently licensed. Waivers should be contingent upon there being no change in ownership for a period of at least two years subsequent to the beginning of operations.***
- 2. Authorize DPH, in consultation with DCF, to issue waivers from CON review for any organization seeking to provide outpatient substance abuse treatment services for children/adolescents.***
- 3. Authorize DPH, upon approval from the State Opioid Treatment Authority (SOTA), to issue waivers to existing organizations to provide chemical maintenance services.***
- 4. Expedite the immediate implementation of a CON waiver process through any means available (e.g., Executive Order, Administrative Directive, etc.).***

Thank you for your consideration. I would be happy to discuss these recommendations with the Task Force or any of its members.

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