

Testimony on H.B. 166: Main Operating Budget for FY 2020-2021

House Finance: Health and Human Services Subcommittee

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Eric Morse, MSSA, LISW-S

The Nord Center

Chair Romanchuk, Ranking Member West, Representatives Kelly, Lipps, and Roemer thank you for the opportunity to testify on HB 166, the state operating budget and the important investments in mental health and addiction.

My name is Eric Morse and I am the Executive Director of The Nord Center, headquartered in Lorain County. The Nord Center is also a member of the Mental Health & Addiction Advocacy Coalition and the Ohio Council of Behavioral Health Services. The Nord Center was founded in 1947 to provide psychiatric services to the people of Lorain County. Today, The Nord Center employs over 250 behavioral health professionals to provide mental health services for both crisis and long-term treatment as well as wrap around services, including housing assistance, supported employment, sexual assault services, pharmacy, and addiction services. The Nord Center provides services to over 8,000 adults and children per year.

I want to begin by thanking Governor DeWine and Director Lori Criss of The Ohio Mental Health and Addiction Services for their strong, swift leadership that convened a group of experts from around the state that so quickly produced the RecoveryOhio Report. In my 20 years serving the needs of people living with behavioral health conditions, I have never seen a more complete and accurate report of the behavioral health needs of Ohioans. It is clear that this administration is committed to this issue by putting their money where their mouth is. The budget proposals for behavioral health were clearly made thoughtfully based on the RecoveryOhio Report.

I will use my remarks today to highlight these key items in the proposed budget:

- Crisis Services
- Behavioral Health Workforce
- The importance of maintaining Medicaid expansion

Crisis Services

In 2018, The Nord Center's Lifeline Crisis Call Center received over 18,000 calls. Crisis intervention services, delivered by the Mobile Response Team, were provided to more than 2,500 callers. In 2017, the Lorain County Suicide Prevention Coalition engaged RI International

Consulting to assess the county's current crisis response systems and readiness to adopt a *Crisis Now* model. RI International is a leader in the use of crisis system best practices from across the country. Local law enforcement, hospitals, non-profits, local foundations, the Lorain County Board of Mental Health, and The Nord Center were engaged in the process. The resulting Crisis System Optimization report indicated a growing need for crisis services throughout the county.

The best practice model for a crisis continuum includes 24/7 Hotline, Mobile Teams and a Crisis Stabilization Center. The hotline and mobile teams across the state including Lorain County are largely supported through county levy funds. The ability of counties to support these services varies widely. Funding issues for crisis services was further exacerbated by Behavioral Health Redesign which cut reimbursement rates for crisis services by 40%. Most of the current crisis stabilization centers funded in Ohio are not funded to provide services consistent with best practice. I believe there is work to be done to adjust Medicaid rates so that the crisis system can be adequately funded throughout the state.

I appreciate and support the increased crisis system funding for Ohio Mental Health and Addiction Services in the proposed budget but feel that it is not enough to implement a functioning crisis continuum in the state. The experience in states where there has been significant investment in the full crisis continuum shows that people with mental illness and addiction receive better care leading to better outcomes and less deaths and that there is decreased use of other expensive services and resources such as police, jails, prisons and emergency rooms. It also leads to less inpatient hospitalization which is the highest cost service reimbursed by Medicaid to treat mental illness and addiction. This is also highlighted in Governor DeWine's Recovery Ohio report. I ask that at a minimum you support the increase in funding crisis services proposed in the budget and that you consider further increasing that funding.

Behavioral Health Workforce

Progress has been made in recognizing that mental illness and addiction are an illness of the brain and the evidence that untreated or undertreated mental illness and addiction is a leading cause of lost productivity and increases health care costs for physical health conditions. This progress has led to increased demands on the behavioral health system. Wait times to get in to treatment are far too long because there simply are not enough professionals to handle the demand. At The Nord Center, I have over 30 open positions for behavioral health workers of all levels, including psychiatrists, nurses, social workers, case managers and peer support. We are in a crisis similar to the crisis experienced during the nurse shortage a decade ago. We need a campaign that encourages people to enter the field, we need to address the high cost of tuition and we need to address the compensation for this work. The approach outlined in the Governor's RecoveryOhio and in the proposed budget are exactly what is needed. I ask that you support the workforce investments proposed in the budget.

Medicaid Expansion

The Ohio Department of Medicaid (ODM) reports that 26 percent of the total Medicaid population have been diagnosed with and treated for a behavioral health condition. Approximately one third (32.7 percent) of the expansion population met screening criteria for depression or anxiety, while 13 percent had a primary depression diagnosis in 2017. Coverage through expansion is working to reduce emergency department visits. Those who screened positive for depression or anxiety reported a non-emergency department source of care. Medicaid has been an important tool in the battle against the opioid epidemic by providing coverage to people during the treatment and recovery process. In 2017, 9.8 percent of the Medicaid expansion population received a primary diagnosis for any substance use disorder and 7.9 percent received a primary diagnosis for Opioid Use Disorder (OUD).

The Ohio Department of Medicaid requests funding to implement the new work requirements for the expansion population. Approximately 109,000 individuals are estimated to require additional assessment to determine whether they meet any of the exemptions to these requirements. The funding would cover increased assessment and medical evaluation costs, administrative requirements, and information technology system upgrades. Please support this funding allocation for the implementation of Ohio's Medicaid work requirements.

Thank you for this opportunity to address the proposed budget as it relates to behavioral healthcare on behalf of our community.