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House Finance Subcommittee on Health and Human Services

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Chairman Sprague, Ranking Member Sykes and members of the House Finance Subcommittee on Health and Human Services, thank-you for the opportunity to testify today on proposed behavioral health policies included in H.B. 64, the state budget for fiscal years 2016-2017. My name is Tina Pine and I am the Executive Director with Century Health in Findlay in Hancock County. Century Health is a rural community based, not-for-profit, behavioral health agency that provides an extensive range of mental health and substance use treatment services to residents of Hancock County and the surrounding area. Century Health delivers 42 different types of service to meet a wide variety of behavioral health needs. Last fiscal year, Century served over 3600 clients. 70% of the client population is diagnosed with a mental illness and 30% with a substance use disorder. 439 individuals received care through our specialized criminal justice program. The majority of our clients are adults, however our Children's Treatment Team provided care to 387 youth and families. Century Health provides 24 hour response to psychiatric and addiction emergencies. 1310 individuals received immediate and vital assistance during times of crisis. Century Health employs 87 staff. 67 employees serve in a clinical or direct care capacity.

The SFY 16-17 budget outlines a desirable vision for a modernized and expanded array of behavioral health services; continued investment in recovery supports, including housing, employment, and prevention; a partnership between OhioMHAS and DRC to improve behavioral health services in the criminal justice system; and continued efforts to better integrate physical and behavioral health care, all of which, offers a viable path for rebuilding Ohio's behavioral health system. Successful implementation of this vision requires careful planning and watchful transformation of a behavioral health care system that has been operating for the past 20 years with highly standardized and established programs and processes. Alterations and adjustments must be implemented in a time frame that considers existing provider infrastructure and assures receipt of those resources necessary to maintain- and ultimately build the behavioral health services that Ohioans deserve.

For many low-income Ohioans living with addiction and/or mental illness, Medicaid provides a means to become healthy, well, and productive. Expanded access to insurance coverage through Ohio Medicaid provided an infusion of resources to begin a process of re-building a continuum of care. Extending Medicaid coverage has dramatically decreased the number of uninsured clients receiving care at Century Health. One year ago, 45% of new clients seen for assessment did not have insurance. Today only 7% of clients entering care are uninsured. Not only are behavioral health issues being treated, but access to specialty health care and dentistry promotes healthier lifestyles. Funding that was previously allocated to cover treatment services is now available to strengthen services to the jail, support the hiring of peer supports and cover room and board costs at our new 12-bed residential treatment center for substance use disorders.

Integrating physical and behavioral health care is essential to health care reform. Integrated care should not be defined by a single model of practice transformation or a singular policy activity. Integration is complex, has many dimensions, and requires multidisciplinary practice. Any change in policy needs to

support transformation across a continuum of care and within an array of practice settings. Century Health has worked over the past 2 years to place our independently licensed clinicians within medical practices, cancer treatment centers, a local housing program, Children’s Protective Services and our Area Agency on Aging. This strategy works to decrease the stigma of seeking care, provides care in a familiar setting and promotes communication among treating disciplines. Our agency’s case managers recognize the importance of addressing physical health care issues, particularly within the population of clients diagnosed with a severe and persistent mental illness. High priority is placed on accessing and coordinating care with physical healthcare providers. Results could be enhanced with a reimbursement model that is aligned with acuity levels and supports all care activities relative to the goal of improved mental and physical health.

Expanding the array of behavioral health services, modernizing and streamlining coding and billing, and building an infrastructure is a proper first step. This approach can facilitate better integration and efficiency. The ability to work and operate in an environment that reduces administrative burden, promotes sound and effective clinical programs and outcomes, attracts talented professionals and does so with reduced costs benefits the system of care, provider organizations and ultimately the clients we serve.

The Medicaid proposal includes “budget assumptions” for re-building and modernizing the behavioral health continuum of care in a budget neutral manner. Years of steady erosion of resources, service capacity, and workforce have left many behavioral health provider organizations, including mine, operating on narrow margins with minimal capital for infrastructure investment. The magnitude of change in this legacy driven system will be quite disruptive. Restructuring 20 years of practice and process cannot reasonably be accomplished in 20 months. The existing infrastructure is fragile. Failure to acknowledge or invest in resource capacity could lead to further erosion of service capacity and bankrupt those very agencies that have served individuals and families living with addition and mental illness in our community for decades. The speed of implementation must be tempered by the availability of resources and system capacity to manage change while sustaining current service levels.

Change is vital, but with change comes challenges. Century Health’s operations are very intertwined, highly regulated and complex. One change precipitates a considerable domino effect that requires astute insight and problem solving. The impact of significant change on information technology/electronic health record reconfiguration; business processes; staff morale; staff training; and cash flow concerns cannot be ignored or minimized.

While we recognize the desire of Ohio Medicaid and MHAS to have flexibility and broad discretion to implement their vision of behavioral health reform, we are concerned by the lack of legislative oversight and accountability in HB 64. Working together in collaboration, there is opportunity to wisely invest resources that re-build behavioral health services, bolster service capacity, and promote health, wellness, work, and recovery for all Ohioans.

RECOMMENDATIONS:

To support successful implementation of the vision for rebuilding the behavioral health system, we recommend adding temporary language that provides:

1. Clarification of the Medicaid “budget neutral” resource investment available for re-building behavioral health services;
2. Assurances that the expanded array of services and transition to standard health care coding results in a net effect of increasing access and capacity to serve persons with addiction and mental health disorders and maintains or expands workforce; and
3. Reasonable implementation timelines for service coding alignment, expanded service array design and implementation, and a transition to some model of managed care or payment reform.

Thank-you for the opportunity to testify today, I am happy to respond to questions.