

**Ohio Senate Medicaid Committee**  
**Testimony of:**  
**Helen E. Jones-Kelley, J.D. Executive Director**  
**ADAMHS Board for Montgomery County**  
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Chairman Burke, Ranking Member Cafaro and members of the Senate Medicaid Committee, thank you for this opportunity to testify before the Committee. I am Helen Jones-Kelley, executive director of Montgomery County's Alcohol, Drug Addiction and Mental Health Services Board. I want to share with you today, Montgomery County's positive experience with Medicaid expansion and to respectfully request your continued support for community mental health and addiction services.

Montgomery County is unique to have a voter-approved, property tax based combined Human Services levy which provides funding and performance oversight for our mandated agencies, including Children Services, Developmental Disabilities, Public Health, ADAMHS and nearly forty nonprofit service providers. We progressed from single purpose levies over thirty years ago. Prior to Medicaid elevation and subsequent expansion, a significant portion of ADAMHS' funding allocation was expended to leverage Medicaid services in order to address the needs of our county's most vulnerable population. Medicaid expansion allowed us to make several transformational business decisions:

- In FY 15 we made a 30% reduction in our mental health provider contracts, because we "best guesstimated" that we were still using local dollars to pay for Medicaid reimbursable services;
- During calendar year 2014, our local system of care received \$4.7 million in Medicaid expansion dollars;
- We anticipate being able to make another 10% reduction in provider contracts in FY' 16 without harm to clients or providers, depending upon the outcome of these proceedings;

We didn't simply return those dollars to our bottom line to sit on them. Medicaid expansion allows us to be innovative and collaborative in designing and deploying new evidence-based practices that we might otherwise be constrained from launching in the community due to lack of discretionary funding. For example, we have been able to continue our ambulatory detox program, enhance our permanent housing initiative, continue our regional transitional youth housing partnership with Butler County, provide grant match to draw down a \$3.0 million dollar federal grant that provides critical mental health services to a specialized population of foster youths aged 5-14, provide capital for a new business model focused on population health and recovery, and outpost a Medicaid Specialist from the Department of Job and Family Services to work with our detention facilities, courts and jails to re-establish Medicaid eligibility for people leaving incarceration which will keep them connected to treatment services and medication assistance as needed.

We are quite proud of our accomplishments and the flexibility that Medicaid expansion has afforded our strategic planning initiatives. We are able to get up on the balcony and view our business with a keener eye. We have begun to move to a new practice model reflective of population health and our role in the collaboration required for sustainable communities: working with first responders, contracting with housing providers, engaging in workforce development, negotiating employment and community

supports and skills training that reinforce job retention and career trajectory. We are learning to manage innovation.

So it is within this framework, that I would ask you to restore the OhioMHAS 421 Allocation Line Item, which would continue to reinforce the change which is underway in our system. We would be able to continue our focus on recovery in partnership with our community. Medicaid doesn't pay for everything and local dollars are being stretched. It takes the proverbial "community", in this case, the state and local community working together and making the commitment to Ohio's citizens through the ongoing provision of housing, peer supports, crisis, transportation and employment services to achieve true integration of physical and brain health.

People who are experiencing mental illness and addiction face the same obstacles as any other citizen with a disease. They have to manage housing, employment, challenges with transportation and family supports as they seek to manage their disease and daily living.

One of the most important aspects of our new way of doing business is the identification and acquisition of safe housing and peer supports who aid in providing effective aftercare that supports an individual's recovery, allowing them to achieve self-sufficiency and productivity. Support from the State in this effort would allow us to work together to give individuals and families great hope; not very different from the way in which communities offer supports to people struggling with devastating physical illness.

Good brain health can prevent or improve some of the physical illnesses that take control of people's lives. We are working to improve the overall health of our community, because we now have the initial experience of Medicaid expansion to document the difference that ongoing funding flexibility can make in creating sustainability in our community strategies and supports. We are no longer just looking at year to year decision making. We are on a path to long term supports and systemic improvements that yield so much more than the initial funding considerations ever imagined.

Thank you for the opportunity to appear before you today, and I would be happy to answer any questions that you might have.