Harbor Behavioral Health
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Testimony March 23, 2017

Chairman and members of the committee:

Thank you for the opportunity to provide testimony this morning.

I want to thank the departments of Medicaid and Mental Health and Addiction services for their work in attempting to align the Behavioral Health redesign to the outcomes and vision. This is a tremendous task.

There are many specific issues left unclear as some rules are still not in alignment between Medicaid and OMHAS which makes it difficult to complete planning processes and service gain or lose clearly.

I do believe that with our current understanding that both **residential treatment programs** for SUD may not remain after the BH redesign takes place. There is strong agreement that using the ASAM standards to define levels of care is a good approach to standardize care. The high degree of concern is that in the current draft plan Ohio has established specific staffing requirements that are NOT part of the ASAM guidelines. In this time of critical heroin and opiate issues the potential to close a program like our Chrysalis program which is for pregnant substance use addicted women due to new staffing rules is alarming.

There are **additional specific issues** including:

Additional **documentation** (added cost and time).

Nursing service unable to bill during same day as physician service.

Limits placed upon Therapeutic Behavioral Services and Psychosocial Rehabilitation that restrict engagement with non-family members (i.e.courts, schools, child welfare etc.)

Devaluation of group services will lead to more expensive services that would be delivered individually.

Inability to bill at any time when a **care manager is transporting** a client. Transportation is a great opportunity to engage the client and this intervention helps the next intervention at a hospital or other setting.

Medicaid Health Home is a service that meets at least 4 of the 9 outcomes and visions of the BH redesign goals mentioned earlier:

»Integration of Behavioral Health & Physical Health services
»High intensity services available for those most in need
»Implementation of value-based payment methodology
»Improving health outcomes through better care coordination;

Medicaid Health Home is comprehensive Care management that addresses behavioral, primary care and social service needs of an individual with severe mental health issues and primary care issues. This service is for adults with severe and persistent mental illness and youth with Severe Emotional disturbances. Both groups have significant primary care issues. It is important to recall an individual with a SPMI condition lives an average of 25 years shorter than the average Ohioan due to chronic primary care issues that were not successfully addressed.

Here are a couple case examples of MHH at work:

A teenage Health Home client, who had several chromosomal abnormalities in addition to several behavioral health diagnoses (including an extensive trauma history), was admitted to an emergency in-patient facility in response to an uncharacteristic increase in aggressive and assaultive behavior. During his stay, lab work indicated some abnormalities that demanded further investigation. It was discovered that the client was experiencing renal failure; some of the aggressive behavior was in response to the client's pain/discomfort and internal toxicity. The client was linked to a pediatric nephrologist, and his health home worker was able to attend these consultations/appointments, and support the guardian through the process. The client was diagnosed with end-stage renal failure at age 17; the health home staff were instrumental in helping the guardian navigate through the overwhelming amount of information being presented. The health home worker also coordinated with the county Board to connect resources. The client, through the work of the health home team, was connected to Make-A-Wish, and was placed on the transplant list. Given the client's chromosomal complications, the guardian was doubtful that there would be approval for a transplant; the client was denied, and the guardian and health home provider appealed the decision, along with the staff from the county board.

Eventually the family succeeded in getting the lifesaving transplant. Without the wide reach of support offered through health home, it is doubtful that the client's needs would have been met as they were; without the support Health Home could provide to the guardian in the medical setting, it is possible that the family would have acquiesced and ceased their pursuit to improve the client's health.

Another Example of MHH at work:

Michael was a high school senior. His mother had just passed away, he had difficulty communicating and was living with his sister who had recently been placed under house arrest for felonious assault. He was struggling to stay stable, mental health symptoms were exacerbated and thus it seemed he was headed for group home at best or, staying with his family that was very troubled.

The intense coordination of services, treatment planning, and numerous interventions, Michael graduated from high school, seizures Michael began to experience were treated successfully through gaining medical care access and education which allowed him to continue to work towards independence, an apartment was secured through HUD, the Apartment Manager made accommodations for Michael, numerous needed supports such as services for basic

independent living skills were obtained, Michael was enrolled in a payee program run through a local organization to help with the management of his finances, he was referred and provided a YMCA pass to address his health; basic alert systems to monitor his seizures were secured; skills teaching and progress monitoring were provided to address how to handle socially challenging issues which arise with peers, budgeting/purchasing, preparing food in his apartment; and managing anxiety levels which tend to escalate at certain times of the year; and assistance with how to be consistent on his counseling and medication schedule and many other aspects.

As a Health Home team in collaboration with other supports secured, we have all played our roles and assisted Michael in living independently for almost one year. While we have encountered numerous issues, we continue to navigate them as they arise, as a team. All of us would agree Michael will continue to need a great deal of assistance to keep him independent but as he grows as a person, develops coping skills and gains confidence in his ability to function independently, he will continue to live a better quality of life living a life as a healthy young man in recovery.

Harbor's Medicaid Health Home has demonstrated success for our patients in many ways including:

Through this service we reduced adult psychiatric admissions by 76%, general hospital admissions by 44%, and emergency department visits by 48%.

For youth in our Medicaid health home services we reduced child/adolescent psychiatric admissions by 43%, general hospital admissions by 69%, and emergency department visits by 41%.

This leads to an annual reduction in costs by Medicaid for those services by $2.7 million dollars annually.

But the impact is much greater. Improvement in health (both behavioral and primary) leads to greater success in work and school and leads to people progressing to become fully engaged and contributing to our communities in ways that would have been impossible or at least very unlikely without successful and intensive care coordination through the MHH model.

We are respectfully asking to continue MHH until the Managed Care Plans can determine themselves whether or not to engage this service in the future in addressing individuals with a SPMI and SED with primary care issues. If we do not maintain this service for this gap of time and cause a disruption we will not only impact lives by producing a lessor service, but also disrupt and disband a trained workforce.

Thanks you for your time.

Sincerely,

Harbor

Steve Benjamin
Senior Vice President, Clinical Services