

## **Testimony – May 10, 2017**

**Terry L. Russell**

### **The Health and Medicaid Subcommittee of Senate Finance**

Chairman Hackett, Vice-Chair Tavares and Members of the Committee:

- My name is Terry Russell. I'm the Executive Director of the National Alliance on Mental Illness of Ohio, the state's voice for mental illness. I represent families and individuals who live every day with mental illness.
- This is my 22<sup>nd</sup> biennium budget process and it may be the most complicated.
- In all honesty, the families and those receiving services for their mental illness believe it is the responsibility of the Department of Medicaid, Department of Health Transformation, Ohio Department of Mental Health and Addiction Services, ADAMH Boards and mental health providers to develop and implement the re-design. Claims submission, coding issues and other operational issues only concern my membership in the respect that services need to be available.
- For too long, behavioral health has been siloed. This has created a negative impact on those I represent.
- The severely and persistently mentally ill in this state die 25 years earlier than the rest of the population. They don't die from mental illness. They die from the neglect of not receiving comprehensive health care.
- Medicaid re-design moves us closer to being part of Ohio's healthcare system.
- While we acknowledge concerns have been raised by providers about operational readiness for a July 1 implementation of Behavioral Health Redesign (BRD), the Departments of Medicaid and Mental Health and Addiction Services have made exhaustive efforts to prepare providers for implementation and have made firm commitments that there will be capacities in place to provide immediate response to any implementation issues that arise around claims submission, coding issues, and other operational issues.
- More importantly to NAMI Ohio, the departments have assured that processes will be in place to quickly respond to any access to care issues raised by individuals or their families and NAMI will be given a formal role in this process.
- We take the departments at their word on these commitments.
- Finally as it relates to re-design, Ohioans with mental illnesses can't wait any longer for better access to vital services. Re-design will pay for Assertive Community Treatment (ACT Teams) to keep the sickest of the sick out of harm's way and away from expensive hospital settings or incarceration.
- Above all else, let's talk about children. Only 20% of children with mental health issues receive any care at all. Children with complex mental health needs can't wait any longer for intense home-based treatment services. Too many parents have had to relinquish custody of their children to get treatment. The new Intensive Home Based Treatment services will help prevent this.
- To conclude, although re-design is certainly one of the highest priorities in this budget, Medicaid Expansion and the budget for behavioral health will be addressed in later hearings.
- Thank you.