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eveland, OH 44103
org (216) 432-7200

Testimony before the Ohio Senate Finance Health and Medicaid Subcommittee
Elizabeth Newman, President & CEO, The Centers for Families and Children
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Good morning Chairman Hackett, Vice Chairman Tavares and members of the Senate Finance Health and Medicaid Subcommittee. Thank you for the opportunity to share information on the potential impact of the proposed budget on the most vulnerable residents of Northeast Ohio.

My name is Elizabeth Newman and I am the President and CEO of The Centers for Families and Children, headquartered in Cleveland. The Centers is one of the largest outpatient providers of behavioral health services in the state. When combined with our other core service offerings – namely high quality preschool, child care and workforce development services, our staff of 600 professionals assists over 23,000 people each year through 14 locations throughout Northeast Ohio. Our multi-service approach enables The Centers to serve as a kind of "one-stop-shop" connecting individuals and families to the resources and supports they need to build a better life and a brighter future.

I will use my remarks today to highlight key issues regarding:

- behavioral health redesign,
- Medicaid expansion, and
- The impact of premiums on our target population.

Behavioral Health Redesign

Over the last year, The Centers for Families and Children has been privileged to provide input into the "Behavioral Health Redesign" process which will change the way behavioral health and related services are paid for by Medicaid statewide. We remain supportive of the redesign efforts and believe that "carving in" of behavioral health services into Medicaid managed care has the potential to improve client outcomes while lowering overall health care costs.

However, the current proposals could exacerbate existing challenges with our workforce (including credentialing and cost) and prevent us from funding innovations to deliver effective client services. For example:

- The proposed rules create more limits on the kinds of services we can provide, and the professionals who can provide these services. For example, redesign incentivizes hiring professionals with a minimum of an undergraduate degree and a clinical license but this becomes a barrier in practice. There is a shortage of licensed providers statewide, and we rely on unlicensed providers for capacity and cost savings. **Easing these restrictions**

would enable us to maintain capacity while we encourage our workforce to achieve their clinical license.

- I also want to raise the role of **pharmacists** in an effective integrated model of care. Since 2013, The Centers for Families and Children has offered a hands on, personalized approach to assist clients who often take more than 5 medications each day. Our clinical pharmacy program has more than tripled our rates of medication compliance which contribute to positive health outcomes. **This service has been largely funded through Medicaid, but will no longer be recognized as a billable service as of July 1, 2017 putting this innovative and effective program at risk.**

From an operational perspective, the complexity of the new billing requirements has huge operational implications for behavioral health providers. We have certainly invested in preparing for these billing changes, but want to be sure that the State is also investing, and is committed to work with providers to prevent any disruption in services for the thousands who depend on our care.

Benefits of Medicaid Expansion

The goal of behavioral health redesign and efforts with managed care have focused on bringing value to the people we serve and the community as whole – quality versus quantity. As we continue to grow an integrated model of care, one that seeks to provide the right service in the right setting, to improve health outcomes while lowering overall cost, we do this in the shadow of the Medicaid expansion debate.

The Repeal and Replace or Repair discussion of the Affordable Care Act has the potential to derail years of progress. And let me clear in stating that I am not here to argue that the ACA is a perfect policy bur rather that changes and improvements are necessary. However, we have witnessed the positive impact of Medicaid expansion first hand.

Medicaid expansion has forced us to innovate as an industry. Through Medicaid expansion we saw more people seeking out behavioral health services at a point when interventions could be effective, and we could truly improve client health. Early intervention coupled with prevention efforts, and better coordination of care, enabled innovative and cost effective solutions that worked.

And we have seen compelling results. Not just improvements in health outcomes, but significant reductions in hospital readmissions and ER visits. Better care in the right setting at a lower cost. We have invested a great deal of precious resources – money, time, and talent – into creating the collaborations and systems that make this work possible. If this progress is rolled back, we lose this investment, and the idea that we would shift back as we wait for an

alternative to the ACA to be developed and refined – will amount to a huge setback for everyone – but especially the people we serve.

Impact of Medicaid Premiums on Behavioral Health Clients

Finally, Director Sears has proposed premiums for Medicaid recipients. We recognize this effort is to reduce overall Medicaid costs and encourage personal responsibility among beneficiaries by creating incentives to seek care in the right setting and adopt a healthy lifestyle.

But, we caution any policy maker to consider the experience of low-income people living with mental health and addiction concerns. The premium payment is another impediment for our population to access and maintain coverage. Mental illness and addiction issues often prevent our clients from actively managing their own healthcare, which is why aggressive outreach, intensive case management and hands on clinical pharmacy supports are effective best-practices for this population. We would prefer that our clients not be in a position to have to choose between a Medicaid premium payment and other needs like essential prescriptions, housing and food. And the payment of a penalty for a missed premium payment, or required volunteer work, is not a realistic solution for the vast majority of our clients.

Regardless of the policies made in Washington, at the State or the local level, mental health, addiction services, accessible primary care – these concerns do not go away. If we are not paying for health care these costs will show up in other systems – criminal justice, homeless services, and foster care as prime examples. We have made important progress and the innovation continues to achieve better outcomes at lower costs and this work must continue. Ultimately, comprehensive, integrated and accessible health care for people living with mental illness allows The Centers to help stabilize and strengthen our entire community.

Thank you for this opportunity to address integrated behavioral healthcare on behalf of our community.