Mental Health Services
for Clark and Madison Counties, Inc.

A Culture of Compassion and Caring

Senate Finance Health and Medicaid Subcommittee
Public Testimony on H. B. 49-Behavioral Health Redesign
Curtis Gillespie CEO, Mental Health Services for Clark & Madison Counties, Inc.
05-17-2017

Chairman Hackett, Ranking Member Tavares and members of the Senate Finance Health and Medicaid Subcommittee, Thank you for the opportunity to provide testimony today on H. B. 49 regarding provisions related to Behavioral Health Redesign. My name is Curtis Gillespie and I represent Mental Health Services of Clark and Madison Counties located in Springfield and London.

Our total revenue for 2017 is 13 million dollars, 45% of which is Medicaid. We have 133 full time staff and 66 part time staff. We have been serving the residents of Clark County since 1970 and residents of Madison County since 1987. We served 6046 people from 4/1/2016 to 3/31/2017.

We serve adults with all degrees of mental Illness from general Diagnosis to the severely and Persistently Mentally Ill, many of which have a co-occurring substance use disorder. We serve children and adolescents who are severely emotionally disturbed, as well as the general population of children and adolescents with mental illness, substance use disorders and those with both.

Our continuum of care for adults includes a 16 bed Acute Psychiatric Care Inpatient Hospital, 24 hour Emergency crises unit, 5 day per week treatment/partial hospital programming, psychiatric services, nursing services, clinic services, individual and group for mental health and substance use disorders, medication box supervision for the severely and persistently mentally ill, Vivitrol program for Opioid replacement and treatment, community psychiatric support services in homes and community, transitional housing and group homes.

For youth we provide assessment services in the community, 5 day per week Day Treatment/Partial hospital programming which includes nursing services, individual and group services for Mental Health and substance use disorders, community psychiatric support services for IEP students in three school districts, and parenting education.

I wish to congratulate and recognize directors and staff of ODM and OMHAS for their efforts to bring the departments and providers together to achieve a greater capacity for consumers and “modernize “the Behavioral Health system. This has been a difficult and arduous task.

I am very concerned that most electronic billing systems have not yet been tested. Given all the work that has gone into developing a reasonable system, it seems premature and potentially destructive to proceed without appropriate beta testing. We could make a good system look very bad quickly. Most providers cannot go 90 days without payment. We experienced this type of delay in 2009. As senator Terhar pointed out last week, the equation has two parts: those who bill and those who make payment. If either part is inadequate it is a failure.

In order to accomplish this task, we need to finalize rules and billing procedures. We need a service coding and billing crosswalk so we can design service delivery. Then the IT vendors can work with us to design and program our IT systems correctly and do testing. We are working on form development for the electronic health record part of our IT systems which is a timely process. Then we need to educate our staff on all of these changes. It is already May 17th – 6 weeks until July!

Another challenge for our agency, and I am sure it is for other agencies, is attracting available, licensed therapists. We have spent in excess of $4,000 a month in advertising just for recruiting licensed therapists. We also pay recruiters. There was only a period of 30 days in the last two years at least that all of our licensed positions were filled. We have only had 4 Bachelor level licensed persons apply in the last 90 days. All took positions elsewhere for higher salaries. We have not been able to secure one hire for a licensed CPST worker in the last year. At a time when rates are decreasing especially for services provided by unlicensed staff, we are finding that in order to adequately staff our services we have increased staffing costs.

I wish to present one last concern. In the 80's, Ohio accomplished an admirable task of getting the Mentally Ill out of hospital care and into community based care. OMAS, ODM and providers worked hard to create systems of care to support and improve the functioning of mentally ill who were released from hospitals. I am concerned that limiting care by reducing payment rates may cause a reversal of our intent when we closed state hospitals in the 1980's. Genoa Pharmaceuticals published research in 2016 that indicated that medication compliance was the most effective method to keep Mentally Ill people out of more expensive care such as hospital care. We have used nursing services, home visits, group sessions and clinic to accomplish good medication compliance and a good record of keeping our consumers in the community and out of state hospital. Limiting the services we have been offering by payment structure or definition of care may compromise our care and the success of our consumers and their ability to stay in the community.

Thank you for your time today.