Appleseed Community Mental Health Center

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Senate Finance Health and Medicaid Subcommittee
Public Testimony on H.B. 49 – Behavioral Health Redesign
Jerry Strausbaugh
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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 the Behavioral Health Redesign. My name is Jerry Strausbaugh and I represent Appleseed Community Mental Health Center located Ashland Ohio. We are a community mental health center in a rural community. Our organization serves consumers primarily in Ashland County but also some from Richland, Knox, and Holmes Counties. Annually we serve around 2000 children, adolescents, and adults who are experiencing many types of mental health concerns such as depression, anxiety, bipolar disorder, schizophrenia or who are at risk of harming themselves due to suicidal thinking. Our agency has 80 employees and has served the Ashland community for over 25 years.

On behalf of our staff, administration and Board I am here today to discuss my thoughts and concerns about the Behavioral Health Redesign (BHR) that is due to impact the Ohio network of community mental health care providers July 1. It will impact their ability to continue to deliver the care and safety net for the thousands of Ohioans served by our system each year.

I want to communicate that we appreciate the Ohio Department of Medicaid and Mental Health and Addiction Service's commitment to maintaining service access, capacity and workforce. We support the need to modernize and align medical coding. Our agency is not afraid of, but rather welcomes, change. We embrace the effort to make service delivery more effective.

We are concerned, however, because the proposed model doesn't support the stated goal and quite frankly will result in a loss of access to services. This will happen because the effort is being rolled out with: 1) faulty assumptions of the number of professionals in the workforce, 2) faulty assumptions about the ability of the current billing infrastructure to handle the change, 3) a lack of a realistic understanding of funding needed for crisis services, 4) and rules written for new services that run counter to the goal of having professional services delivered by licensed professionals.

1. Ohio's behavioral health system is facing a workforce shortage which is acknowledged by ODM and OMHAS. Though they acknowledge this shortage the BHR restructures the provider matrix and forces our agency, particularly in crisis services, nursing, and care coordination services to lay off some of our workforce. It also forces lower licensed professionals (BSW, LSW) to function as counselors when their training for licensure does not prepare them for this level of service provision.

2. Our agency, like 58% of the community mental health centers in Ohio, carries 2-3 months' worth of cash reserves. Our IT vendor informs us that they will not be ready for testing the new billing codes until mid-June. We rely on our billing software vendor to work with the state MITS system to maintain cash flow. We have not been given any, let alone adequate, time to test the new codes and services. Based on

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past experience it takes several months of testing to make sure that there is a seamless transition. We cannot afford glitches or delays in payments. Frankly, glitches or delays could lead to our agency and potentially many others, going out of business. There are no assurances offered by the state that our billing will be able to successfully be tested and that our cash flow will not be an issue.

3. One of the most critical services we offer our community is crisis intervention. Our local medical personnel (hospital, EMT, local offices), schools, and law enforcement all rely on our crisis services. As it stands today the BHR will translate to a 30-40% reduction in our crisis services reimbursement. This will result in an inability to provide this emergency response service in our rural area. The results of this could be as devastating. We anticipate more completed suicides, increased numbers of mentally ill individuals in our already burgeoning jail population, and more stress on our local medical emergency departments.

4. The new Therapeutic Behavioral Service (TBS) services, which was written in to replace the critical CPST service offered by community mental health centers, is poorly written. On the one hand, ODM and OMHAS are stating they want professionals to practice to the top of their license. On the other, as written, TBS allows people with high school diplomas to perform complex counseling interventions. I am concerned that the Counselor, Social Worker, Marriage and Family Therapist Board was not consulted and that individuals with little to know training or licensure are cleared to bill to provide counseling.

   I am asking the Ohio Senate to support the Ohio House's decision to delay the implementation of the BHR by six months. This delay is necessary for ODM and MHAS to finalize rules, provider manual and most importantly produce finalize and testing IT specification for MITS. Without this delay there is likely to be serious repercussions in our agency's ability to carry forward the critical services it offers Ashland County.

   I also ask the Ohio Senate to support adding amendments that ensure implementation readiness through testing of the IT system and cash flow to ensure a stable provider network and continued access to mental health and addiction services in my community and in all parts of the state.

Sincerely,

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