



**Senate Finance Committee
Testimony by Jonas Thom
Vice President, Behavioral Health**

Chairman Oelslager, Vice Chair Coley, Ranking Member Skindell and members of the committee, thank you for the opportunity to testify today. My name is Jonas Thom, and I am the Vice President of Behavioral Health at CareSource. I have more than 20 years' experience in Ohio's community behavioral health system as provider, consultant, advocate and insurance executive.

CareSource serves more than 1.2 million Ohioans enrolled in Medicaid, and almost a quarter of our members, more than 300,000, have behavioral health needs. Living with a behavioral health condition is difficult; accessing and utilizing care in a fractured, bifurcated system is even tougher. I am here today to encourage you to continue to support integrating all behavioral health benefits into Medicaid managed care and to ask for the needed funding to ensure integration in this biennium.

Today, in Ohio's Medicaid program, there are two outpatient behavioral health programs- one administered by the plans- and a specialized system administered by the state. The plans have responsibility for providing all needed inpatient, pharmacy and traditional outpatient behavioral healthcare services such as psychiatry, counseling, and group therapy in addition to all physical healthcare needs and services. However, there is another outpatient care system that provides these as well as outpatient services and other specialized services that are delivered through a network of community behavioral health providers and paid for with Medicaid dollars.

The Medicaid managed care plans recognize and value the work of the community behavioral health providers and we desperately need more of their services and more access to care for our members. People with behavioral health conditions experience much higher rates of emergency department use and hospitalization than our members who do not have behavioral health needs. In fact, people with behavioral health needs go to the hospital and emergency department 3 times as much; individuals with severe mental illness go 6 times as much. The current non-integrated system is inefficient and ineffective. We must align all of the benefits and providers to maximize access and utilization of effective outpatient services.

While the plans have the incentive, accountability and responsibility to ensure access to quality outpatient behavioral healthcare, there is no alignment of incentives or accountability for access to care in this specialized system. And that's a shame- because care works! Individuals who are engaged in outpatient and community behavioral health treatment have 30% lower rates and costs of hospitalization and emergency department utilization. No other entity is incentivized, penalized or has responsibility for access to care- only the plans do- and only the plans will ensure access to quality care.

The Medicaid managed care plans and community behavioral health providers have almost a year of collaboration underway with MyCare and we will have more than three years of work underway within the next biennium. Roughly two-thirds of all community behavioral health providers are already engaged in billing and coordinating care with the plans through MyCare; a significant amount of time is not needed for the majority of community mental health providers.

As I have mentioned, treatment works and we need more behavioral health services and providers. The plans are committed to preserving and enhancing the capacity of the current community behavioral health providers and system. We are, and will continue to work with all stakeholders to improve access and quality of behavioral health services and, most importantly, the lives of our members.

Over the past weeks, providers, advocates, and the administration have all agreed we must integrate the benefit and all behavioral health services into managed care - as we must improve quality and access. The disagreement we are left with is when and how to achieve integration. There is no member or quality focused reason not to move forward with integration as soon as possible; it is critical to the health of our members we achieve integration in this biennium budget.

Thank you again for the opportunity to testify today. I would be happy to answer any questions you may have.