**Testimony before the Joint Medicaid Oversight Committee (JMOC)**

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**The Centers for Families and Children**

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Good morning Chairman Huffman, Ranking Member Tavares, and members of the Joint Medicaid Oversight Committee (JMOC). Thank you for the opportunity to discuss the Behavioral Health Redesign efforts and how the changes will impact our clients, staff and our operations.

My name is Lynnette Forde, Vice-President Government Relations & Development of The Centers for Families and Children, headquartered in Cleveland. I am proud to speak on behalf of our President & CEO, Elizabeth Newman who addressed this committee on June 22nd, and unfortunately could not join you today. The Centers is one of the largest outpatient providers of integrated behavioral health (mental health, substance use and primary care) 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. On November 1st we announced our affiliation with the former Free Medical Clinic of Greater Cleveland, now known as Circle Health Services. Circle Health is a Federally, Qualified Health Center. Through this affiliation we are enhancing our capacity to deliver coordinated, community-based health care (including dental services and the state’s first needle exchange program) to some of the most vulnerable Ohioans.

Over the past two years, The Centers has been privileged to provide input into the “Behavioral Health Redesign” process. We remain supportive of the state’s efforts and believe that Medicaid managed care has the potential to improve client outcomes while lowering overall health care costs. We have great hopes for Behavioral Health Redesign. The Centers is currently participating in all of the available training and testing modules offered by the state. The process has progressed very well, and our systems are operational. We have had no trouble with our software vendors or technology. In fact, The Centers has already made significant investments in staffing, training and technology systems to prepare for billing and operational changes that would have gone into effect on July 1, 2017. We have even instituted our own “Redesign University” a training academy led and created by our staff to provide additional tools to help our teams navigate the rationale for redesign, the role of managed care, new billing, and our responsibility in the “system of care.” At The Centers, all counselors, therapists, case managers, CPSTs have a minimum of a BA degree- because we believe that our clients and patients deserve a value-based model of care that encourages and pays for education and credentialing.

Still… the shifting start date of redesign has increased the complications of running a business that supports clients with severe and persistent mental illness as well as families challenged by the opiate crisis. The delay of new rates causes uncertainty to budgeting and planning and as a result, uncertainty in service quality. The uncertainty also impacts our staff as training efforts are interrupted, and also creates a lack of trust in the administration.

The rules for redesign are still not perfect. For example, we believe that the role of pharmacists must be expanded to allow them to provide support and extend the practice of prescribers, such as psychiatrists, in a manner that is more cost effective and patient-centered. Also, the fact that hospitals were allowed to implement Behavioral Health Redesign immediately while community mental health centers were delayed provided a substantially unfair financial and programmatic incentive to hospitals, effectively encouraging them to compete with community mental health centers for both staff and clients. Hospitals are permitted to bill for the same behavioral health services, without having gone through the process of obtaining a Community Mental Health Center distinction. These rules threaten to undo the many years of effort in developing an innovative and very cost-effective collaborative business model, which facilitates referrals from local hospitals to The Centers.

And we have seen compelling results from care coordination with hospitals. Not just improvements in health outcomes, but significant reductions in costly hospital readmissions and Emergency Room visits. Better care in the right setting at a lower cost is an important goal of redesign. And, The Centers has invested a great deal of precious resources – money, time, and talent – into creating viable collaborations and systems that make this work possible. Ultimately, the sooner redesign is launched--the sooner our community will be able to benefit from the higher rates and credentialed staff that fuels the comprehensive, integrated and accessible health care for people living with mental illness, the poor and families challenged by substance abuse disorder.

Thank you for this opportunity to address the commitment of The Centers for Families and Children in stabilizing and strengthening our entire community. I am happy to answer any questions you may have.