



**Joint Medicaid Oversight Committee**  
**Opening Statements of:**  
**Cheri L. Walter CEO**  
**Ohio Association of County Behavioral Health Authorities**  
**September 17, 2015**

Chairwoman Sears, Vice-Chair Burke, and members of the Joint Medicaid Oversight Committee, thank you for the opportunity to provide an update to you today. My name is Cheri Walter and I am the Chief Executive Officer of the Ohio Association of County Behavioral Health Authorities. We represent Ohio's local Alcohol, Drug Addiction, and Mental Health Boards.

Thank you for inviting me to participate on this panel today. We are excited for the opportunities that the transition of behavioral health services to a managed care environment presents for our local communities to more effectively and efficiently integrate physical and behavioral health services and coordinate these services with local recovery supports.

We recognize that this transition represents a fundamental change in the way our local systems do business, but we believe that in an environment where individuals with serious mental illness are dying an average of 25 years earlier, often as a result of their physical conditions; where we continue to battle the opiate epidemic on all fronts; and where Ohio is currently ranked 42<sup>nd</sup> in the nation when it comes to access to behavioral health services, we must change. Our local Boards are currently transitioning their local systems to become Recovery-Oriented Systems of Care. Integrating physical and behavioral health services along with critical recovery supports will help all of us ensure that we are providing Ohio's citizens with the best chance to achieve and maintain recovery in their community. At the forefront of all of this work are the clients and families we collectively serve in communities across Ohio. We must ensure that we are engaging clients and families in the complete process and that we are all working together to meet the often complex needs of the clients we serve in order to help them have the best possible chance to achieve and maintain their recovery in their community.

As part of my comments today, I want to share with you the principles for a behavioral health benefit in a managed care environment that were approved by the OACBHA membership in 2014. These principles outline our core beliefs about the priority issues that need to be considered throughout this transition to a managed care environment. These principles address items including access to services, client choice, access to medications, reinvestment of any savings, data and information sharing, partnerships between managed care plans and local ADAMH Boards, and outcome measurements.

**Principles for a Behavioral Health Benefit in a Managed Care Environment:**

As we develop and implement Recovery-Oriented Systems of Care throughout Ohio, we will work to strengthen partnerships and increase coordination with managed care organizations to better

integrate services. As this work continues to move forward, we are utilizing the following principles to guide our efforts:

1. The primary goal of moving the Behavioral Health Benefit of Medicaid must be to assist individuals with a mental illness and/or addiction to live full, healthy, participatory lives in the community.
2. The benefit should be designed to give clients choice in providers and services, and support client directed services.
3. Clients will have access to prescription medications as prescribed by their physicians.
4. Clients will be allowed to continue on their present medications should their provider change.
5. Clients will have access to a full array of needed services in a timely manner.
6. Families must receive the assistance they need to support individuals with a mental illness and/or addiction.
7. Savings from moving the benefit to Managed Care will be reinvested in the behavioral health system of care.
8. Clients will be permitted to retain their existing behavioral healthcare providers for at least one year, and if they will be required to change after the first year there needs to be a transition plan developed with the client.
9. ADAMH Boards will have access to Medicaid information so that they can ensure that an individual receives a complete range of Behavioral healthcare.
10. Managed Care organizations will work with their local ADAMH board to ensure a continuity of care between treatment services and recovery support services.
11. Any contracts with managed care entities for the behavioral health benefit will include outcomes that measure the success of client recovery.

I firmly believe that the health plans will only be as successful as our local Boards, and conversely local Boards will only be as successful as the plans. The Boards and the health plans are already working together. To this end, OACBHA and OAHP have signed a Joint Statement of Partnership that demonstrates our commitment to operationalize the integration of physical and behavioral health services along with the coordination of local recovery supports and to make every effort to provide a seamless transition for the clients we mutually serve. We view this continued collaboration as an opportunity to creatively partner together to develop innovative solutions between the Boards and the health plans.

The Boards and I are also committed to working collaboratively with the Departments of Mental Health and Addiction Services and Medicaid as well as with clients, families, providers, and health plans at the state and local levels to ensure that as we move forward, we are all striving to make sure that individuals have access to quality mental health and addiction services. To this end, we recognize that some policy and practice decisions need to be made to continue moving this work forward. As the leaders in moving managed care forward, we encourage the State Departments to collect feedback and information from all of the stakeholders, and then to make timely decisions that are in the best interest of the individuals with mental illness and addiction throughout Ohio who are seeking and receiving services in our communities.

As I conclude my comments, I want to thank you again for your interest in these issues and your focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to participate on this panel, I will be happy to answer any questions you may have.