

**Testimony before the Joint Medicaid Oversight Committee (JMOC)**  
**Elizabeth Newman, President & CEO, 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 some of the most vulnerable Ohioans.

My name is Elizabeth Newman and I am the President and CEO of The Centers for Families and Children, headquartered in Cleveland. 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.

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. The rules for redesign are still not perfect. For example, we believe that the role of pharmacists must be expanded. Included with this testimony is a *Cleveland Plain Dealer* article on The Centers innovative clinical pharmacy program.

The Centers has 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. 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.

Also problematic is the administration proposal that allows hospitals to implement Behavioral Health Redesign immediately while community mental health centers are delayed. The delay and corresponding rule change provides 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 would be 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, comprehensive, integrated and accessible health care for people living with mental illness allows The Centers to help stabilize and strengthen our entire community.

Thank you for this opportunity to address the care of our community. I am happy to answer any questions you may have.