

Op-Ed Submission  
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How would you build a bridge with an incomplete blueprint?

Without a blueprint how would you know what materials to buy, how long to make the bridge, or what workers and tools you needed for construction? Would you ask your loved ones to walk across that bridge?

These are the huge questions facing the nurses, social workers, and doctors who serve Ohioans battling mental illness and addiction. Ohio's community behavioral health system has 40 days left to overhaul their services, staffing, and technology systems with an incomplete blueprint. The new system is scheduled to begin on July 1, 2017 and could have adverse impact on thousands of Ohioans who use these services.

The clinics where Ohioans receive treatment for mental health and addiction are going through a big transformation, commonly called the behavioral health redesign. Annually half a million Ohioans—including children, working adults and seniors—access mental health and addiction services through the state's Medicaid program. We fully support the changes in the behavioral health redesign, but the timing of its implementation is troubling.

The redesign alters the mix of services a behavioral health clinic can afford to offer in order to serve patients and pay their staff. Ohio will see a change in availability of services including crisis intervention and counseling services. The redesign also requires major software changes to track and bill for the new services. The state of Ohio must update its software *and* each clinic must also change their software systems.

Governor Kasich has a well-established and admirable record of supporting people with mental illness and addiction. In expanding Medicaid in Ohio, the Governor connected more Ohioans to treatment services than ever before. In the preparations for the behavioral health redesign, the administration and community providers have worked diligently together to develop the new system.

But with a self-imposed July 1 deadline looming, the state's rules and IT system for Medicaid aren't finished. Without the state's finalized blueprint, providers' IT systems can't be updated and staff can't be re-trained. This deadline is not required by state or federal law. It is unwise to insist on this arbitrary deadline and jeopardize access to critical services at a time when Ohio is facing an opiate crisis, an alarming uptick in suicides, and widespread demand for services.

In light of the administration's historic support and the months of work to develop the behavioral health redesign, it is baffling that now the Governor's Office of Health Transformation is declaring that providers are "ready for July 1" when the state's work isn't complete. By throwing the entire behavioral

health system into this transition without proper preparation, the administration is placing access to community treatment needlessly at risk.

Ohio need only look at the significant, lingering problems that occurred when the Department of Medicaid transitioned a smaller group of people in only one third of Ohio's counties to MyCare to know that behavioral health redesign is worth doing right the first time.

Ohio's mental health and addiction services providers need a complete blueprint from the state and time to build the bridge. Most importantly, Ohioans fighting depression, anxiety, and addiction need a bridge they can safely walk across. It's not about a delay. It's about having the plan, tools, and time to get the job done right.

We urge the Ohio Senate to keep the six-month delay of the behavioral health redesign added to the state budget bill by the Ohio House. We also urge the Ohio Senate to compel the use of this time to 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 all parts of the state.

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