



Behavioral HealthChoices -- Talking Points

February 2019

Global

- BHC has delivered tremendous results for Pennsylvanians and their families who rely on the lifesaving services that this program has delivered for the last 21 years.
- Right now, more Pennsylvanians are receiving more services than ever before.
- BHC provides:
 - flexibility for local elected officials to develop their own solutions
 - accountability and transparency for lawmakers and taxpayers;
 - results for members: consumers and family members have consistently given high satisfaction ratings to their local county BHC services.
- Eliminating BHC would disrupt care for 2.9 million Pennsylvanians and their families; cripple counties' ability to deliver coordinated human services; and deal a major setback to the state's efforts to stem the opioid epidemic.
- Virtually every advocacy group; provider; mental health and recovery organization, and county commissioner in our state supports BHC.
- Lawmakers need to listen to their own constituents as they consider this legislation.
- BHC is managed far more efficiently and is more cost effective than its physical health counterpart and we have the data to prove it.

Local Control

- Local control is the cornerstone of this program. BHC works because county commissioners can go it alone; form partnerships with other counties; or select a Behavioral Health MCO to work with.
- Counties can develop programs and services that their communities need. This is a big state with a diverse population. York County does not have the same population or human services challenges that Bucks County does.
- County control works because the counties can partner with law enforcement, schools, the court system and local hospitals to develop integrated solutions.
- Lawmakers should understand that a "one size fits all" approach won't work when it comes to providing services to this vulnerable population. Our members certainly know this.

The History

- BHC was created because our members were not receiving the care that they needed under the fee-for-service model that BHC replaced.
- BHC has earned bipartisan support from the Ridge, Rendell, Corbett and Wolf administrations and lawmakers for 21 years because it is working.
- We know from experience with a pilot project that a 'carved in' model will result in higher profits for MCOs. It will not lead to better care. During the pilot, at least half of the taxpayer-funded behavioral health payment did not reach the consumer and instead became part of the MCO's direct profit margin.

The Math

- Our job is to advocate for our members, but there is simply no way to save any money without jeopardizing care/services/programs that the counties are now providing.
- We know that some counties are able to return dollars to the state every year. We know that the reinvestment program allows counties to address their needs. It is clear that these dollars will go to the MCOs' profit margins – not to services our members need or to our communities.
- The counties are delivering services much more efficiently and affordably than the MCOs. Do lawmakers believe that the MCOs will become more efficient overnight or will start cutting their profit margins to match the counties?