Ohio Senate Health Committee
HB 110

Testimony of:
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Chief Executive Officer
Ohio Association of County Behavioral Health Authorities
May 5, 2021

Chairman Huffman, Ranking Member Antonio, and members of the Senate Health Committee, good morning.

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 (ADAMH) Boards. I appreciate the opportunity to testify today.

I want to start by sharing that we are very appreciative of the continued investment in mental health and addiction services included in HB 110. We appreciate the ongoing commitment to supporting Ohioans impacted by mental illness and substance use disorders demonstrated by this General Assembly and this Administration.

Local ADAMH Boards are charged with establishing a unified system of prevention, treatment, and community supports for individuals impacted by mental illness and/or addiction. The Boards, through contracts with community provider agencies, encourage and foster the development of high-quality, cost effective, and comprehensive services. Local Boards are uniquely positioned to rapidly identify and effectively respond to evolving community needs while also ensuring the accountable use of public funds. Over the course of the last year, local Boards have partnered with providers, hospitals, businesses, and other units of local government to address the growing behavioral health demand resulting from the stress and anxiety experienced by so many youth and adults throughout our state.

Ensuring Protection of Data

We are asking that you maintain the proposed changes in ORC 340.03 included in House passed version of HB 110. These changes are designed to clarify language to:

- To ensure that local ADAMH Boards are able to:
    - Promote, arrange, and implement working agreements with social agencies, both public and private, including but not limited to, other government programs providing public benefits for the purpose of coordinating public benefits and to improve the administration and management of the programs and with judicial agencies.
- To align with federal law requiring ADAMH Boards to:
    - Comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as a HIPAA-covered health plan.

This amendment, as passed by the House, does not increase, or expand the Board role or authority. These changes will ensure that local ADAMH Boards are in a position to engage in data sharing relationships at the state and local level as part of their planning and system coordination responsibilities. The ability to access

and share timely data is a key component in providing a holistic view of the services and supports currently being provided and is key for the community to be able to identify and respond to service needs before they turn into a crisis.

The current data infrastructure in the behavioral health system is fragmented. Presently, there is no consolidated view of services and supports throughout the state. Because of this, we are unable to effectively identify gaps in the system of care throughout the state. Individual communities are better positioned to respond to their local needs, but even they do not have the ability to access and share data in a way to meet client needs most effectively. This language simply sets the stage for local Boards to work with state and local partners on data-sharing opportunities. It does not put in place any new data collection requirements for local providers.

ADAMH Board Governing Board Appointments

The House passed version of HB 110 incorporates very concerning changes to the number and way that Governing Board Members are appointed to local ADAMH Boards. We have concerns about the revised language, as crafted. We believe that the appointed volunteer Board Members serve in a critical role in our local systems of care and as such we need to ensure robust community representation from all areas.

We are very concerned about the proposed removal of the categorical appointments in ORC 340.02(C). These appointments, representing individuals with lived experience with mental illness and substance use disorders, family members, and professionals in the field provide critical input to the Governing Board decisions made on behalf of local communities.

We understand that there is a belief among some that ADAMH Boards have a hard time maintaining full Boards. Our member Boards voted unanimously to keep the number of Governing Board members at the current number of 14 or 18. While there are times that a Board may have a vacancy, that is most often during a transition period when one Board member leaves the Board, and a new Board member has not yet been or is waiting to be appointed.

The proposed changes are not informed by the needs of communities throughout Ohio and would limit the community input provided as ADAMH Boards make decisions about the local system of mental health and addiction services. At a time when we are seeing an increased demand for care, we should not be decreasing the community participation in how decisions are being made on behalf of taxpayers and the public.

We are recommending the removal of these changes from the budget. If, ultimately, the provisions cannot be altogether removed, we are recommending that they be limited to apply to Erie County, the county requesting the change, not all Board areas.

I've included with this testimony the Coalition for Healthy Communities' memo opposing these changes.

Eliminating 120-day Notice Requirement

We are recommending that you incorporate amendment SC2379 that eliminates the 120-day notice requirement by striking ORC 340.036(D).

- The 120-Day Notice requirement prevents ADAMH Boards from expanding or changing their provider network.
    - ADAMH Boards are required to negotiate new contracts with current providers until the end of the current contracting term. This has the effect of ADAMH Boards not being able to begin a contracting process with new providers without a gap in service.
    - Public dollars should be spent in the manner deemed by the public entity to be in the best interests of the public, and not determined by an outdated and arbitrary process.

- This provision has been in place for decades and the system and the BH field are in a completely different place. No other systems in Ohio have a similar statutory requirement imposed upon their contracting decisions.
- Boards are separately required by statute to ensure the full continuum of care is available to residents of their service district and to work in cooperation with local partners when assessing needs and setting priorities for service. This section restricts Boards from performing their obligations to the communities that they serve and is not necessary to ensure continuity of care.

Student Wellness and Success

In Am. Sub. HB 110, several changes were made to the Student Wellness and Success funding and list of priorities. OACBHA, along with the members of the Coalition of Healthy Communities, is recommending a restoration to the Administration's as-introduced funding and language related to the Student Wellness and Success provisions within the state budget. I have included a copy of the Coalition of Healthy Communities memo on this topic that provides additional details about why protecting the focus of these resources for student support services is so critical.

Remove Program Specific Earmarks in the 336-421 Continuum of Care Line Item

Several program specific earmarks have been included in the 336-421 Continuum of Care line item in the House version of the budget. OACBHA has always opposed program-specific earmarks in this line item as any earmarked investment for a specific program results in a net reduction to the funds distributed to ADAMH Boards to fund the local continuum of care. We do not have specific concerns about any of the proposed programs or initiatives, our concerns are related to where they have been placed in the budget. The 336-421 Continuum of Care line item is utilized by local ADAMH Boards to fund a variety of prevention, treatment, and recovery support services and any reduction in the allocations from this line to local Boards will result in decreasing access to care in communities.

We are recommending that you remove the following program specific earmarks included in the OhioMHAS 336-421 Continuum of Care Line Item.

Section 337.40

- (H) $2,000,000 in each fiscal year to support treatment and monitoring programs offered by occupational licensing boards to licensed healthcare workers with mental health or substance use disorders.
- $1,000,000 in each fiscal year to operate a two-year pilot program related to lockable tamper-evident pharmaceutical packaging for certain prescription medications.
- (J) $519,514 in each fiscal year for the Near West Side Multi-Service Corporation dba May Duggan Center
- (L) $400,000 in each fiscal year for Bellefaire Jewish Children's Bureau.
- (M) $325,000 in each fiscal year for Ohio Guidestone
- (N) $225,000 in each fiscal year for LifeTown Columbus
- (O) $100,000 in SFY 2022 for Applewood Centers
- (P) $100,000 in each fiscal year for The Refuge, Inc.

I want to thank you all for your interest in these issues and your ongoing focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to provide this testimony. At this point I would be happy to answer any questions you may have.

To: Members of the Ohio Senate
From: Coalition for Health Communities
Date: May 3, 2021
Re: ADAMH Board Member Appointments

The budget bill, as passed by the House, incorporates very concerning changes to who is appointed, the number, and the way that Governing Board Members are appointed to local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards. The members of the Coalition of Healthy Communities have concerns about these proposed changes. We believe that the appointed volunteer Board Members serve in a critical role in our local systems of care.

We are opposed to the proposed removal of the categorical appointments in ORC 340.02(C). These appointments, representing individuals with lived experience with mental illness and substance use disorders, family members, and professionals in the field provide essential input to the Governing Board decisions made on behalf of local communities.

ADAMH citizen board members are public officials who serve without compensation. These community leaders serve as members of the board because they have a passion for helping the citizens of their communities. Local boards are made up of community leaders from varied professional and personal backgrounds. Clients, family members, recovery and mental health experts, medical professionals, law enforcement officials, and others with an interest in community behavioral health services serve on community ADAMH Boards. The resulting blend of expertise and perspectives makes the ADAMH Boards uniquely qualified to make important community funding and program decisions effectively and efficiently. Board members dedicate their time and considerable expertise to working to ensure that Ohio's community support systems for individuals, families, and communities impacted by mental illness or addiction have access to the services and supports that they need.

The proposed changes to ORC 340.02 in Am. Sub. HB 110 are not informed by the needs of communities throughout Ohio and would limit the community input provided as ADAMH Boards make decisions about the local system of mental health and addiction services. At a time when we are seeing an increased demand for care, we should not be decreasing the community participation in how decisions are being made on behalf of taxpayers and the public.

We recommend the proposed changes to ORC 340.02 be removed from the biennial budget bill.

Thank you for your consideration of this request.

Members of the Coalition for Healthy Communities

Buckeye Art Therapy Association
Mental Health & Addiction Advocacy Coalition
Mental Health America of Ohio
National Alliance on Mental Illness of Ohio
Ohio Association of County Behavioral Health Authorities
Ohio Children's Alliance
Ohio Citizen Advocates for Addiction Recovery
Ohio Council for Behavioral Health & Family Services Providers
Ohio Counseling Association
Ohio Disability Rights Law and Policy Center, Inc.
Ohio Psychiatric Physicians Association
Ohio Psychological Association
Ohio Suicide Prevention Foundation
Prevention Action Alliance
Treatment Advocacy Center
Universal Health Care Action Network of Ohio

To: Members of the Ohio Senate
From: Coalition for Healthy Communities
Date: May 3, 2021
RE: Am.Sub.HB 110 - Restore Student Wellness and Success Funds

Social emotional development has been identified as essential for student academic achievement and preparing students for success beyond high school by meeting the whole needs of the student. A key benefit of the Student Wellness and Success Funds (SWSF) has been a focus on meeting the developmental needs of every student, every school, every family, and every community. Every school received funding to prioritize developing programs that support student wellness founded in the Ohio's Whole Child Framework that aspires to create an environment where every student is healthy, safe, engaged, supported, and challenged. This provides a blueprint to meet these whole child needs which are foundational to a child's intellectual and social development and necessary for students to fully engage in learning and school leading to success in life.

Specifically, we know half of all mental illness begins before age 14 and mental illness and addiction cross every socioeconomic level. All students benefit from access to universal prevention services. Schools have utilized the SWSFs to bolster access to mental health and prevention services, physical health services, family and youth engagement initiatives, mentoring programs, and supports for youth that are engaged in child welfare services or experiencing homelessness. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children. School and community behavioral health partnerships have increased because of the SWSF and provide access to services beyond the school day and school year.

In the ODE 2019-2020 Student Wellness and Success Survey Data Report[1], of the 914 schools responding, 66% of schools reported implementing or planning a mental health initiative, 34% physical health initiative, 29% mentoring programs, and 27% each offered community liaison programs and family and student engagement. The report also found that schools reported that more than one-third of initiatives (36%) were reported as being "new" and nearly one-third (32.7%) "expanded."

As Ohio students and schools respond to the increased emotional distress, anxiety, depression and substance misuse resulting from the COVID pandemic coupled with the continuing drug overdose epidemic, now is exactly the time to sustain and increase access to services defined under SWSF.

We applaud the House of Representatives for their effort to propose an updated school funding formula as part of Am.Sub.HB 110. However, we are concerned by the approach of combining the Student Wellness and Success Funds with the Economically Disadvantage funds into the Disadvantaged Pupil Impact Aid (DPIA) fund for several reasons.

[1] Ohio Department of Education, Student Wellness and Success Data Report, December 2020. Retrieved from: http://education.ohio.gov/getattachment/Topics/Student-Supports/Student-Wellness-and-Success/Student-Wellness-Report.pdf.aspx?lang=en-US

1. **Overall, funding is reduced**. The proposed DPIA fund is appropriated at $620 million, whereas, the SWSF and Economic Disadvantage Pupil fund are each currently funded at $400 million ($800 combined). Net loss= $180 million.
2. The proposed DPIA fund relies on the Governor's proposed appropriation for SWSF funds but distributes funds solely on the number of low-income students identified in each school and the number of students receiving free and reduced lunch. Whereas the SWSF provides a base funding allocation to each school plus an additional per student payment tiered by quartile based on a federal poverty index. Most schools will LOSE funding in this area.
3. While unintended, this approach stigmatizes social-emotional development, mental health, and prevention as limited to low-income students and families. Changing the conversation from every student to only disadvantaged students.
4. Gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools.
5. The Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee use to support activities or initiatives as defined under SWSF.

We recommend restoring R.C 3317.26 Student Wellness and Success authorization language and funding to the Governor's as introduced version. Further consideration can be given to including SWSF in the funding formula provided it is a restricted line item that retains the as introduced funding, requirements for partnerships with community providers, and defined accountability for use of funds.

Thank you for considering our request.

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Ohio Counseling Association
Ohio Disability Rights Law and Policy Center, Inc.
Ohio Psychiatric Physicians Association
Ohio Psychological Association
Ohio Suicide Prevention Foundation
Prevention Action Alliance
Treatment Advocacy Center
Universal Health Care Action Network of Ohio