

Ohio Senate Community Revitalization Committee

May 17, 2023

Testimony of Theresa Kane

SB 105

Chairman Johnson, Vice-Chair Hoagland, Ranking Member Sykes, and members of the Senate Community Revitalization Committee, thank you for the opportunity to come before you today. My name is Theresa Kane. I am a licensed chemical dependency counselor, certified prevention consultant, and a registered nurse. I serve as the executive director of a non-profit agency - Perry Behavioral Health Choices, Inc. where I have been employed for more than 35 years now. I am here to give proponent testimony for Senate Bill 105.

There are four particular components of this bill that I would like to address which include Board input on provider certification and investigations, Data information and sharing, Recovery housing, and Wait List reporting:

Board Input on Provider Certification and Investigations

- The bill proposes that ADAMH Boards provide the Ohio Department of Mental Health and Addiction Services with any information that may be beneficial when considering provider certification applications/renewals or sadly when needing to conduct an investigation of certified providers. This change is needed because:
 - ADAMH Boards are in the best position to have information about the service providers operating in our local communities that can help with OhioMHAS' certification and investigation processes.
 - ADAMH Boards may be unaware of a new provider or program in its service area until that provider requests funding, or until they receive complaints or hear about concerns from local residents or other providers, like myself.
 - ADAMH Boards are engaged in the local community, they often know when there are problems and when they need to be addressed.

My perspective:

ADAMH Boards and local partners/providers need to be aware of who is providing services to residents of the community. Patients/clients, families, and communities deserve to know that services provided within Ohio's public behavioral health system are held to a high standard and to expect quality. As a provider, I appreciate knowing that my collaborators or even competitors are being held to the same standards, this benefits all behavioral health organizations. It also helps to address concerns about unscrupulous for-profit organizations that are not adhering to licensure standards.

ADAMH Board Access to Needed Information and Data

- The bill proposes requiring the Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services to establish requirements for the provision of Medicaid-recipient data to ADAMH Boards for the purpose of coordinating public benefits, coordinating programming, and ensuring essential elements of the board's continuum of care is available to recipients of behavioral health services, as appropriate. This change is needed because:
 - ADAMH Boards need timely information in their role as the central point of coordination for the local behavioral health system. When an ADAMH Board is contacted by someone in the community, such as law enforcement, about an immediate patient/client crisis, the ADAMH Board needs access to information/data in order to assist that person as effectively as possible.
 - ADAMH Boards need Medicaid data for those receiving behavioral health services to have a complete picture to support needs, ensuring their local continuums of care are available to persons seeking or receiving substance use disorder or mental health services.

My perspective:

The bill provides for the needed exchange of information among public benefit systems. Planning for the entire local system of care, being able to effectively address immediate client crises, coordinating care across the systems and providers, and ultimately stabilizing and planning for ongoing care for community supports. This exchange of data would happen at the state level and would not require additional data entry from or impose an additional workload on provider agencies, which I appreciate. I personally utilize my local ADAMH Board as a resource for data and making community connections as needed.

Recovery Housing

- Removes the prohibition on ADAMH Boards owning recovery housing residences.
- Adds that OhioMHAS must monitor the operation of recovery housing in Ohio by either certifying recovery housing residences or accepting accreditation from NARR's Ohio affiliate, Oxford House or any other organization designated by OhioMHAS.
- Adds that any person or government entity that operates a recovery housing residence, must file a form prescribed by OhioMHAS that contains specified information about the residence.
- Adds that no persons or government entities may operate a recovery housing residence as of January 1, 2025, unless the residence is certified by OhioMHAS or is actively seeking certification or accreditation.
- Prohibits persons and government entities from advertising or representing that a building/residence is a recovery housing residence, sober living home or other alcohol/drug free housing for persons recovering from substance use disorder without it being regulated by DRC or on the OhioMHAS registry of recovery housing residences.
- Prohibits providers, as of January 1, 2025, from referring patients/clients to recovery housing residences unless the residence is on the OhioMHAS registry on the date the

referral is made. Requires providers to maintain records of all referrals made to recovery housing residences.

My perspective:

The bill requires accreditation, registration and monitoring of recovery housing residences that will help ensure that only quality recovery housing residences are operating in the State of Ohio. Some areas that my program serves simply cannot afford or are unwilling to provide Recovery Housing. This bill will help ensure all counties have some recovery housing. There was an instance in my area where a person inherited a run-down family home and was attempting to get funding for repairs by calling it a recovery house.

Wait List Reporting

- Repeals the wait list review requirement in its entirety.
- Corresponding code and rule sections will also need to be rescinded/repealed to remove the requirement for providers.

My perspective:

The required wait list reporting does not result in viable wait list data and is an additional burden on the providers already submitting the data to OhioMHAS.

Thank you for the opportunity to testify today. I would be happy to answer any questions you may have.