



MENTAL HEALTH and RECOVERY BOARD

Belmont, Harrison and Monroe Counties

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Ohio Senate Community Revitalization Committee

Proponent Testimony on Sub SB105

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Mental Health and Recovery Board, Belmont, Harrison, and Monroe Counties

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Chairman Landis, Vice-Chair Chavez, Ranking Member Sykes, and members of the Senate Community Revitalization Committee thank you for this opportunity to provide this testimony in support of Substitute SB 105. My name is Lisa Ward, and I am the Executive Director for the Mental Health and Recovery Board, and we serve residents of Belmont, Harrison, and Monroe Counties.

I am here today as the local authority responsible for the behavioral health system of care in Belmont, Harrison, and Monroe Counties. The Board is in partnership with over ten provider organizations both representing the for-profit and non-profit agencies in our local communities to create access to high-quality behavioral health services in rural Appalachia Ohio.

Today in my proponent testimony for Substitute Senate Bill 105 I would like to address the areas of data sharing and contracting.

DATA Sharing

The Ohio Revised Code Chapter 340 is the authorizing statute for Ohio's Alcohol, Drug Addiction, and Mental Health Boards (ADAMHS) that empowers ADAMHS Board to assess, plan, develop, fund, administer, and evaluate the local system of mental health and addiction services. This statute has placed the responsibility with the ADAMHS Board to assure that residents of every Ohio community are living a healthier life by having access to high quality, cost-effective, and culturally appropriate services.

To carry out these critical duties that ensure our local communities have a robust system of care, ADAMHS Boards need access to data that will assist with public behavioral health service planning and policy decisions. ADAMHS Boards are required to complete a Community Assessment Plan, develop and participate in local strategic planning, around the needs and gaps in our service district. Accomplishing this without access to supporting data makes this set of tasks challenging.

If one looks across the wide spectrum of businesses and organizations across Ohio, I believe you would find that those who are successful at accomplishing their key performance indicators have access to data that drives their strategic planning, organizational decisions and guides the appropriate use of revenues and resources.

In Substitute SB105 ADAMHS Boards are asking for your support to be part of a plan in collaboration with OhioMHAS to share data to assure that essential services are in place in our local systems of care. Access to data will allow ADAMHS Boards to understand prevalence in our communities, identify those at risk, create effective models of intervention, while strategically allocating resources to create evidence-based service models for our communities.

I respectfully ask that you consider supporting the data sharing language introduced in Sub SB 105. The language prescribes OhioMHAS to collaborate with Boards and other stakeholders to develop a data sharing and integration plan, with procedures to guide OhioMHAS and Boards to ensure the *precise local* essential services are available in communities across Ohio for the persons we serve.

Contracting

Chapter 340 currently dictates certain aspects of how ADAMH Boards contract with community behavioral health providers for the provision of services. Substitute SB 105 provides for more local control on these decisions, which gives ADAMH Boards the ability to make contracting and procurement decisions in ways that make the most sense for the development of the local system's continuum of care, thus allowing ADAMH Boards to make the best use of the federal, state, and local dollars when purchasing behavioral health services and recovery supports.

The first change I would like to address is the language that identifies the requirement of a due process for early termination be put in place. This requirement would modernize our contracting process and align it with how the state and other governmental agencies currently contract.

Second, proposed in Substitute SB105 is the removing of the present language of a 120-day requirement to terminate a contract and replaces it with language that requires each party to give at least a thirty-day notice prior to the termination date of the contract.

I can attest that in the last two fiscal years in my service district I have been approached by two separate providers to terminate program services due to the severe workforce shortage we face in our communities.

Together we agreed to a thirty-day notice and exchanged our agreement in writing. This time frame gave the provider sufficient time to close out the service and the ADAMHS Board

opportunity to try and stand up the service with another provider organization. In other words, together with the provider we did what made sense and what was practical for our communities.

The third and final requirement under contracting that I would like to address, involves ADAMHS Boards having the right to use a selection process that compares providers of services and supports on a competitive basis or any other basis the ADAMHS Board considers appropriate.

A competitive selection process for procuring services is a model that is currently being utilized in awarding grants and contracts for services across many of our state agencies. This approach would allow ADAMHS boards the same opportunity to foster innovation and encourage quality and transparency in the development of behavioral health services with state local and federal dollars.

In closing I would like to respectfully ask you to consider these changes proposed in Substitute SB105 that will modernize how ADAMHS Boards do business under ORC 340.

Thank you,

Lisa Ward
Executive Director