

Ohio House Behavioral Health and Recovery Supports Committee

Proponent Testimony on Sub. HB 523

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Chairwoman Carruthers, Vice-Chair Pavliga, and members of the House Behavioral Health and Recovery Supports Committee thank you for this opportunity to submit testimony in support of Sub HB 523. My name is John Garrity of the Mental Health and Recovery Board of Portage County.

As the Executive Director, I am acutely aware of the need for ADAMH boards to have access to data that is pertinent for the purpose of planning. Boards are required to plan for the entire local system of care; yet must do it with one hand tied behind their back without Medicaid data. We are required to share our data with the state for services paid for with local levy funds, yet they do not share Medicaid data with us. This bill provides for the much-needed exchange of health information among public benefit systems. Currently, Ohio's Medicaid and public behavioral health systems, which both provide public benefits to the same or similar population, do not exchange recipient information with one another. Many other states have legislation or policies in place that provide for the exchange of health information between their Medicaid and public behavioral health systems. There is also a national movement underway for providing health systems with better access to data and enhanced data-sharing to improve the provision of health care and outcomes for persons receiving health care. The bill would require the two systems to share data with one another which will allow for coordination and improvement of the public benefit programs but will most importantly enable ADAMH Boards to ensure that the essential elements of their local continuums of care are available to persons seeking or receiving addiction or mental health services even if they are receiving those service from the Medicaid program.

Chapter 340 currently dictates certain aspects of how ADAMH Boards contract with community behavioral health providers for the provision of services. The changes proposed in HB 523 brings contracting in line with how the state and other governmental agencies contract. The bill provides for more local control on these decisions which gives ADAMH Boards the ability to make contracting and procurement decisions in the way that makes the most sense for the local system's needs while making the best use of the federal, state and local dollars they use to purchase behavioral health services and recovery supports. This would allow Boards to make decisions about the services they purchase with public dollars based on their local assessment of what services are needed and which providers are best suited to provide quality services. The language removes the present 120-day requirement, but it requires that as new contracts are negotiated that a due process for early termination be put in place and also allows contracts to change if and when there is a change in community needs.



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Language requires Boards to be in the loop for certification and re-certification and when there is an investigation. All too often new providers come into the county that the board is unaware of until they open and the board hears a concern. ADAMH Boards are in the best position to have information about the service providers operating in their local communities that may be of help with OhioMHAS' certification and investigation processes. Boards are on the ground in the local community; they know when there are problems and when they need to be addressed.

Overall, this bill will have a positive impact for those that need help the most as it will provide access to information to allow boards to operate more efficiently and streamline processes for the benefit of the community.

Madam Chairwoman and members of the Committee, thank you for the opportunity to provide testimony today. Should you have any questions, I would be happy to answer them.

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