



MENTAL HEALTH and RECOVERY BOARD

Belmont, Harrison and Monroe Counties

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 Lisa Ward, and I am the Executive Director of the Mental Health and Recovery Board Belmont, Harrison, and Monroe Counties.

Today in my testimony I would like to address three specific proposed changes to the Ohio Revised Code, Chapter 340, introduced in Sub HB 523:

- Board Composition
- Contracting
- Certification

Board Composition

1. We appreciate that existing 14 and 18 member boards may keep their current board size if they so choose.
2. We also support that prior to making a change the commissioners or one of their representatives must attend an open board meeting to offer input. Since my board area covers three counties, the board members having a voice prior to this decision is particularly important to ensure diversity in the composition of the board.
3. We strongly support that 50% of the members must be persons in recovery or their family members, and that both the Commissioners and OhioMHAS have a responsibility to ensure this.
4. The Belmont, Harrison, and Monroe Counties Board of Directors is composed of both persons with lived experience as well as family members providing input and making decisions about their community's behavioral health services.
5. A quality system, and one based truly on recovery principles, recognizes the best way to ensure that local systems of care are both consumer- and recovery-focused is to have persons with lived experience sitting on the board of directors to directly impact developments in services and supports.
6. We support County Commissioners making 2/3rds of the appointments, and OhioMHAS making 1/3. Our County Commissioners, with their active involvement

in the community, are well aware of local strengths and needs. As such, they can make the most informed decisions and solid recommendations for community members who will best support the purpose and mission of the board.

CONTRACTING

1. Chapter 340 currently dictates certain aspects of how ADAMH Boards contract with community behavioral health providers for the provision of services. HB 523 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.
2. The changes proposed in the bill would allow Boards to make decisions about services purchased with public dollars based on the results of their local needs assessment and to identify which providers are best suited to provide quality services.
3. The changes in HB 523 brings contracting in line with how the state and other governmental agencies contract. Specifically, the language removes the present 120-day requirement, but it also requires that as new contracts are negotiated, a due process for early termination be put in place.
4. The requirement itself and the litigiousness around it restrains Boards from making contracting decisions they determine to be in the best interest of clients, the community, health equity, and the use of public dollars.
5. This proposed change also allows Boards to be pre-emptive and responsive when there is change in local community needs.

CERTIFICATION

1. Language requires Boards to be informed of certification and re-certification of service providers, and to be notified when there is an investigation into an agency.
2. All too often new providers come into the county without the board's knowledge, and their presence only becomes known to the board when there is a concern.
3. ADAMH Boards are in the best position to have information about service providers operating in their local communities, which may be of help with OhioMHAS' certification and investigation processes
4. Boards are closely connected to the local community and often are the first to receive a phone call from an elected official or community partner when there are concerns or questions about a service provider. ADAMH Boards, as part of the community, are best positioned to know when there are problems and when they need addressed.
5. To ensure that ADAMH Boards are in the best position to perform their duties of planning, evaluating, and overseeing the local system of care, they must be included in the process of certification, re-certification, and investigations of local providers.

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.