

## 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 Miriam Walton, and I am the Executive Director of Ashtabula County Mental Health and Recovery Services Board.

### Why data is important to the boards

ADAMH Boards serve as the central point of coordination for public mental health and substance use disorder service resources for Ohio communities. The responsibility of dealing with immediate client crises, coordinating care across the variety of systems and providers, and ultimately stabilizing and planning for ongoing care for our community members are some of our core functions.

Mental health challenges and substance use disorders seldom occur in isolation and frequently accompany chronic medical illnesses, homelessness, and interaction with other partners such as criminal justice and child welfare just to mention a few. As such, coordination of mental health and substance use challenges is essential to improving health outcomes and increasing the quality of life for our residents. The ADAMH Boards often provide a vital link to our healthcare system and with all the organizations that support individual recovery in our communities.

As we look to the future of behavioral healthcare, more broadly addressing health disparities and advancing whole-person health outcomes as envisioned by the administration, we face a critical need to share data amongst the partners to support these efforts.

Data sharing supports the goals of the administration and this body to achieve a system that ensures broad access to care while maintaining fiscal responsibility and is the next step in a broad movement to Population Health and Value-Based Care- paying for outcomes as opposed to volume. Data sharing will support current ODM efforts concerning fraud, waste, and abuse detection as well as its third-party liability coordination mandates.

Such examples of system improvements through data sharing are:

- **REDUCED REPORTING BURDEN FOR PROVIDERS** – Providers currently report data through many different means and formats for various departments and agencies.
- **IMPROVED ABILITY TO MANAGE POPULATION HEALTH** – A complete dataset that includes data from ODM, MCO's and ADAMH boards would give a complete picture of

the health of the population being served and appropriately capture the key metrics that identify and track population health.

- **IDENTIFICATION OF TRUE “HIGH UTILIZERS”** – This data will provide Boards a holistic picture of ALL relevant costs for an individual receiving services funded by ODM, the MCO’s and ADAMH Boards.
- **MORE TIMELY REPORTING** – Efficient and timely data sharing processes provide information that is current and, most importantly, actionable. Data elements such as admissions for substance use treatment or crisis response services currently have a significant reporting time lag, causing potential gaps in community-based treatment.
- **IMPROVED FRAUD DETECTION** - Combining ADAMH board data with data from ODM and MCO’s will support and enhance ODM’s current fraud, waste, and abuse program initiatives.
- **COORDINATING THIRD-PARTY LIABILITY** - ODM and its contractors are required to take all reasonable measures to ascertain third party liability to pay for care and services that are available under the Medicaid state plan. The data shared by the boards provide additional support to ODM or its contractors in ensuring the third-party liability obligation is fulfilled. This is in the best interests of all parties, as it reduces the burden on the public finance system to support those with other coverages that should reimburse prior to the Ohio Medicaid program.
- **ENHANCED CARE COORDINATION WITH A MORE COMPLETE PICTURE OF A PERSON’S HEALTH AND SERVICES** – Synchronization and sharing of data with the state and the MCOs on additional non-clinical recovery support services such as housing, emergency services, and much more funded by ADAMH Boards and not the MCO’s will also provide a more complete view of the types and intensity of services being provided currently or that were utilized in the past.

In addition to supporting current clients, we envision a future where boards can support local public health, children’s services and even law enforcement through the efficient exchange of data.

As the administration embarks on the next iteration of Managed Care for the Medicaid population, the introduction of the OhioRISE plan and other innovative programs to support multi-system involved adults and expansion of crisis services, data sharing is vital to making these initiatives successful for all Ohioans.

### **How we protect data as a HIPAA covered entity**

As HIPAA-covered entities Boards are well versed in data governance and have made significant investments in technologies to both protect and distribute data that supports our activities and the broader community human service systems.

Our PartnerSolutions Collaborative, which houses the critical data system for our group of ADAMH Boards, has been actively involved with such data governance, technology, and reporting for its Boards for approximately 25 years. Because of our deep obligation to protect our client’s data, we have invoked security and system safeguards as follows:

- We have Cyber Liability Insurance coverage
- We conduct annual HIPAA Security Risk Assessments
- All our Protected Health Information (PHI) is encrypted
- All our member Boards invoke Minimum Necessary Use with all PHI access

- We contract with TrustedSec for biennial External and Internal Penetration Tests. (TrustedSec is a full-service information security consulting firm based out of Cleveland and often seen and relied on by national media.)
- We also contract with TrustedSec to do a FISMA (Federal Information Security Modernization Act) gap assessment and remediation
- We invoke Multi-Factor Authentication (MFA) wherever possible
- We have documented security controls
- We have daily monitoring of security reports
- We have central security logging and alerting on all endpoints
- We have annual Auditor of State (AOS) reviews for our local information system (SmartCareMCO) overseeing enrollment & claims payment for BH clients
- We contract with legal counsel to review all contracts, documents, and HIPAA compliance with Policy and Procedures

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.