



Mental Health & Recovery  
for Licking and Knox Counties

*Inspire. Heal. Share.*

**Ohio Senate Finance Committee  
HB 110**

Testimony of:

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May 13, 2021

Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, good morning. I appreciate the opportunity to testify today.

My name is Kay Spergel, and I am the Executive Director of the Mental Health and Recovery Board for Licking and Knox Counties and the current President of the Ohio Association of County Behavioral Health Authorities.

I want to start by sharing that we are very appreciative of the continued investment in mental health and addiction services included in HB 110 and your ongoing commitment to supporting Ohioans impacted by mental illness and substance use disorders.

Today, I am going to concentrate my comments on two key priorities for our Board that are shared by members of OACBHA.

Ensuring Protection of Data

We are asking that you maintain the proposed changes in ORC 340.03 included in House passed version of HB 110. These changes are designed to clarify language to:

- Ensure that local ADAMH Boards are able to:
  - Promote partnership agreements with other government programs providing public benefits for the purpose of coordinating and improving the administration and management of programs and services.
- Align with federal law requiring ADAMH Boards to:
  - Comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as a HIPAA-covered health plan.

This language, as passed by the House, does not increase or expand the Board’s role or authority, nor does it grow government. These changes will ensure that local ADAMH Boards are in a position to engage in data sharing relationships at the state and local level as part of their planning and system coordination responsibilities. The ability to access and share timely data is a key component in providing a holistic view of the services and supports currently being provided and is key for the community to be able to identify and respond to service needs before they turn into a crisis.

Without access to data Boards are unable to effectively identify gaps in the system of care throughout the state. Individual communities are better positioned to respond to their local needs, but even they do not have the ability to access and share data in a way to meet client and community needs most effectively. This

language only impacts local ADAMH Boards and simply sets the stage for local Boards to work with state and local partners on data-sharing opportunities. It does not put in place any new data collection requirements nor will it increase costs for local providers. **We are asking that you maintain this language change.**

#### ADAMH Board Governing Board Appointments

The House-passed version of HB 110 incorporates very concerning changes to the number and way that Governing Board Members are appointed to local ADAMH Boards. We have concerns about the revised language. The appointed volunteer Board Members serve a critical role in our local systems of care and as such we need to ensure robust community representation from all areas.

We are extremely concerned about the proposed removal of the categorical appointments in ORC 340.02(C). These appointments, representing individuals with lived experience with mental illness and substance use disorders, family members, and professionals in the field provide essential input to the Governing Board decisions made on behalf of local communities. Consumers and families deserve to have a voice.

We understand that there is a belief among some that ADAMH Boards have a hard time maintaining full Boards. ADAMH Boards across the state voted unanimously to keep the number of Governing Board members at the current number of 14 or 18. While there are times that a Board may have a vacancy, that is most often during a transition period when one Board member leaves the Board, and a new Board member has not yet been or is waiting to be appointed.

The House-passed changes are not informed by the needs of communities throughout Ohio and would limit community input provided as ADAMH Boards make decisions about their local system of mental health and addiction services. At a time when we are seeing increasing demand for care, we should not be decreasing the community participation in how decisions are being made on behalf of taxpayers and the public. We see this as a solution looking for a problem. **We are requesting your support for an amendment that would remove these changes from the budget bill.**

I want to thank you all for your interest in these issues and your ongoing focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to provide this testimony. At this point I would be happy to answer any questions you may have.