



Ohio Senate Finance Committee HB 110

Written Testimony of:
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Chairman Dolan, Vice-Chair Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, good morning. I appreciate the opportunity to provide testimony today.

My name is Cheri Walter, and I am the Chief Executive Officer of the Ohio Association of County Behavioral Health Authorities. We represent Ohio's local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards.

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. We appreciate the ongoing commitment to supporting Ohioans impacted by mental illness and substance use disorders demonstrated by this General Assembly and this Administration.

Local ADAMH Boards are charged with establishing a unified system of prevention, treatment, and community supports for individuals impacted by mental illness and/or addiction. The Boards, through contracts with community provider agencies, encourage and foster the development of high-quality, cost effective, and comprehensive services. Local Boards are uniquely positioned to rapidly identify and effectively respond to evolving community needs while also ensuring the accountable use of public funds. Over the course of the last year, local Boards have partnered with providers, hospitals, businesses, and other units of local government to address the growing behavioral health demand resulting from the stress and anxiety experienced by so many youth and adults throughout our state.

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. Appointed volunteer Board Members serve a critical role in our local systems of care and the structure in current law ensures robust community representation from all areas.

As I see it, there are four distinct problems with the language passed by the House. Each of these represent a problem for local systems. The house passed language:

- Removes the categorically appointed Governing Board members that represent individuals, families, and the professional field.
- Provides County Commissioners with the option to reduce the number of ADAMH Board members and thereby limiting public participation in local decision-making.

- Provides a three-year timeline for a decision to be made, potentially resulting in disruptive and unnecessary politicization of the local mental health and addiction system of care.
- Does not engage the existing, appointed volunteer ADAMH Board members in the process to make a decision to make a change, it is left to the sole discretion of the County Commissioners.

The proposed removal of the categorical appointments in ORC 340.02(C) would set our system back. These appointments, representing individuals with lived experience with mental illness and substance use disorders, family members, and professionals in the field provide critical input to the Governing Board decisions made on behalf of local communities. Clients and family members deserve to have a voice.

The proposed changes to the appointment of Governing Board members to local ADAMH Boards are not informed by the needs of communities throughout Ohio. This change is being made based on issues in one Board area. These changes would limit the community input provided as ADAMH Boards make decisions about the local system of mental health and addiction services. At a time when we are seeing an increased demand for care, increasing rates of overdose deaths, and surging needs for mental health and substance abuse services, we should not be decreasing the community participation in how decisions are being made on behalf of public we are charged with serving.

Boards across the state are unanimously recommending the removal of these changes from the budget. We, along with the members of the Coalition of Healthy Communities, are recommending the language be restored to current law.

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:

- To ensure that local ADAMH Boards are able to promote, arrange, and implement working agreements with social agencies, both public and private, including but not limited to, other government programs providing public benefits for the purpose of coordinating public benefits and to improve the administration and management of the programs and with judicial agencies.
- To 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 amendment, as passed by the House, does not increase, or expand the Board role or authority. 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.

Following are a few examples of what could be improved through information sharing at the local level:

- Coordinating third-party liability would help local partners who often serve the same clients make sure that two entities are not paying for the same services for the same client.
- Identification of true “high utilizers” By seeing which clients are consistently moving in and out of the same services: such as ERs, local Jails, housing, crisis services etc. due to their

mental illness and or addiction. It will also help identify the services they are utilizing; and assess if there are better ways to meet their needs.

- Improved fraud detection through combining ADAMH board data and data from other state and local partners we will be able to determine if any double payments are made.
- Enhanced care coordination with a more complete picture of a person's health and services through sharing data with other local and state partners on additional non-clinical services (housing, crisis, etc.) funded by ADAMH Boards.
- More timely reporting of data elements for substance use treatment and crisis response services for clients at the local level.
- Improved ability to manage population health by highlighting the importance of public benefit programs working together to coordinate care and benefits and improve their respective programs (i.e. population health management, reduced data collection, efficiencies in administering the programs) as indicated by HIPAA explicitly authorizing disclosures for such purposes and state and federal care coordination and population health management initiatives.

Student Wellness and Success

In Am. Sub. HB 110, several changes were made to the Student Wellness and Success funding and list of priorities. OACBHA, along with the members of the Coalition of Healthy Communities, is recommending a restoration to the Administration's as-introduced funding and language related to the Student Wellness and Success provisions within the state budget.

The Student Wellness and Success funding is a key component of community strategies working to develop integrated and streamlined connections between schools and community behavioral resources. For example, in a NW Ohio community, schools have partnered with the behavioral health community to develop a system-wide behavioral support response to the schools within 48 hours of referral. The responding behavioral health professional helps with classroom observation and consultation, provides positive strategies to the family and teacher, and can provide referrals to any additional services.

In central Ohio, a school district implemented the Panorama survey. The survey is designed to help the school district identify and measure the current status and develop recommendations to support the social-emotional learning of local students and improve the overall district and school culture. The district is examining the data from a lens of diversity and equity to better understand how the experiences of various student populations may differ.

These are two short examples of many that exist throughout the state for how schools and local behavioral health partners are working to support students, families, and communities.

Remove Program Specific Earmarks in the 336-421 Continuum of Care Line Item

Several program specific earmarks have been included in the 336-421 Continuum of Care line item in the House version of the budget. OACBHA has always opposed program-specific earmarks in this line item as any earmarked investment for a specific program results in a net reduction to the funds distributed to ADAMH Boards to fund the local continuum of care. We do not have specific concerns about any of the proposed programs or initiatives, our concerns are related to where they have been placed in the budget. The 336-421 Continuum of Care line item is utilized by local ADAMH Boards to

fund a variety of prevention, treatment, and recovery support services and any reduction in the allocations from this line to local Boards will result in decreasing access to care in communities.

We are recommending that you remove the following program specific earmarks included in the OhioMHAS 336-421 Continuum of Care Line Item.

Section 337.40

- (H) \$2,000,000 in each fiscal year to support treatment and monitoring programs offered by occupational licensing boards to licensed healthcare workers with mental health or substance use disorders.
- \$1,000,000 in each fiscal year to operate a two-year pilot program related to lockable tamper-evident pharmaceutical packaging for certain prescription medications.
- (J) \$519,514 in each fiscal year for the Near West Side Multi-Service Corporation dba May Duggan Center
- (L) \$400,000 in each fiscal year for Bellefaire Jewish Children's Bureau.
- (M) \$325,000 in each fiscal year for Ohio Guidestone
- (N) \$225,000 in each fiscal year for LifeTown Columbus
- (O) \$100,000 in SFY 2022 for Applewood Centers
- (P) \$100,000 in each fiscal year for The Refuge, Inc.

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. I would be happy to respond to any questions you may have.