



Ohio Senate Community Revitalization Committee

Proponent Testimony on SB105

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Chairman Johnson, Vice-Chair Hoagland, Ranking Member Sykes, and members of the Senate Community Revitalization Committee thank you for this opportunity to submit testimony in support of SB 105. My name is Deanna Vietze, and I am the Executive Director of the Brown County Board of Mental Health and Addiction Services as well as a member of the Executive Council of the Ohio Association of County Behavioral Health Authorities.

I want to start by expressing our gratitude to Chairman Johnson and Ranking Member Sykes, the bill sponsors, for working with us and introducing this important piece of legislation. Senator Johnson serves my district, and he has been a tremendous advocate for ADAMH Boards and supporting our role in our communities.

On behalf of the members of the Ohio Association of County Behavioral Health Authorities, I am here to express our support for SB 105. Our membership sees many positive and necessary changes to Ohio Revised Code 340, the authorizing statute for ADAMH Boards, in this bill. I am going to take a few minutes to highlight the need for these changes. You will hear from others today about why these changes are so important as we collectively work to ensure that Ohioans are able to access effective, efficient, and recovery-oriented mental health and substance use disorder treatment and supports in their communities.

One of Ohio's greatest strengths is the philosophy that we are a home rule state. Local citizens know best what their local communities need. In regard to mental health and substance use disorder services and recovery supports, local Alcohol, Drug Addiction, and Mental Health Boards are statutorily empowered to plan, develop, fund, administer and evaluate the local system of mental health and addiction services and supports. In order to do this in the best way possible, it is time to make some changes to the ADAMH Boards statutory operating authority, ORC 340.

Local ADAMHS Boards do not provide direct services, we plan for, develop, fund, administer, and contract for these services. In order to adequately assess, plan, and contract for the local needs of the local citizens, we need to be able to have access to real-time data on behavioral health services, including Medicaid. We need to know what services are occurring, where we are seeing increased demand, where there are gaps, and what the evolving needs are in local communities. We also need to have the ability to contract for services in a way that is flexible, accountable, and provides for an agreed upon due process for early termination of a contract.

Boards are uniquely positioned to rapidly identify changing community needs, respond to crisis situations, and serve as a catalyst for change, but to do so we need Chapter 340 updated to reflect today's realities in regard to data and contracting, and we believe that the changes to ORC 340 as proposed in SB 105 will do just that.

As ADAMH Boards plan for, develop, fund, administer, and contract for services, they work with local individuals in recovery, family members, and other community partners to respond to local needs. It is for this reason that we support the change in SB105 that would require at least 50% of all Governing Board members to be individuals in recovery, or family members, and it would change the appointing authority to reflect local communities, by having two thirds of the appointments made by local county commissioners.

Lastly, as the entities on the ground in the local community, we believe that Boards have a good understanding of local needs and 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.

In the last several years we have seen where not having access to good data, not having timely information about who is coming into communities to deliver services, and not having the ability to be more flexible in our contracting process has made it even more difficult for Boards to respond to community needs in a quickly changing environment. We believe that SB 105 helps address these issues and the statutory changes proposed in this bill will lead to improvements in how ADAMH Boards are able to serve their communities and meet the needs of Ohioans impacted by mental illness and substance use disorders.

As opposed to spending more time going over the specifics of each section, I can say that we are very supportive of the changes included in this bill related to the contracting authority for ADAMH Boards, including the change in the 120 day notice provision; the language to ensure that bi-directional data exchange can occur; and the changes that further involve and inform Boards in the certification and recertification process. I have included a brief overview of the changes in SB105 at the end of my written testimony. I believe you will hear more details about the specific reasons for these recommended changes from several of the individuals who will be testifying today.

Mr. Chairman 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.

Summary of S.B. 105

Proposed Changes to Alcohol, Drug Addiction and Mental Health Services - Chapter 340

Contracting

- Removes the 120-day notice requirement in full.
- Requires contracts to include a process for early termination of the contract for any reason that the board determines termination is necessary that also provides a process for the provider to appeal the early termination.
- Adds language stating that a board can use any process it chooses for entering into contracts (competitive or otherwise).
- Makes the amendments to this section applicable only to contracts entered into, modified, or renewed on or after the effective date of the legislation.

Data Language

- Requires Boards to implement working agreements with other government programs that provide public benefits for the purpose of coordinating public benefits and improving the administration and management of the government programs.
- Requires OhioMHAS and ODM to establish requirements and procedures for the provision of Medicaid-recipient data to Boards for the purpose of coordinating public benefits, the administration and management of the programs and ensuring the essential elements of the board's continuum of care is available to recipients of BH services, as appropriate.

Board Input on Provider Certification and Investigations

- Requires Boards to provide input and recommendation to OhioMHAS regarding initial or renewal applications for certification and when provider is being investigated when they have information that would be beneficial to those determinations.

Recovery Housing

- Removes the prohibition on ADAMH Boards owning recovery housing residences.
- Inserts that recovery housing residences must comply with OhioMHAS monitoring requirements in Chapter 5119 and rules.
- Removes references to recovery housing's "owner". References to "operator" remain.
- Replaces "recovery housing" with "recovery housing residences".

Board Composition

- Provides for county commissioners to decide board size with options of 9, 12, 14, 15 or 18 members (existing 18 and 14 member boards can change to 15, 12 or 9 members). In a joint-county district, all county commissioners must jointly determine board size.
- Before adopting a resolution to change board size, the county commissioners must send a representative to a meeting of the board to solicit feedback on the matter and must consider the feedback received.
- A change in board size may not occur more frequently than once every four calendar years.
- A decrease in board size will occur by not filling vacancies as they occur.
- No action is required of existing 18 and 14 member boards that will stay with the current number of members.

Appointments

- OhioMHAS appoints 1/3 of members and the commissioners appoint 2/3.
- The appointing authorities must ensure that, at all times, 1/2 of the Board is comprised of persons who are receiving/have received MH services, persons who are receiving/have received addiction services and the parents or other relatives of persons who are

receiving/have received services.

- Newly established boards have staggered terms of 2, 3 and 4 years.
- Removes the prohibition on the family member of a county commissioner being an employee of the board.

Board Members

- After being informed in writing and afforded the opportunity for a public hearing, a board member may be removed by the appointing authority at will.

Executive Directors

- Allows for an executive director of an ADAMH Board to be removed for cause, contingent upon any contract between the Board and the E.D. (current language also allows removal for cause without reference to a contract). A hearing before the board must still be afforded upon request.

Opiate Hub Reporting

- Removes the county opiate hub reporting requirement.

Wait List Reporting

- Repeals the wait list section (340.20) in its entirety.

Withdrawal from Joint-County Boards

- Requires proposed plan for withdrawal from a joint-county board to include proposed bylaws, proposed list of board members, proposed list of services to be made available (including inpatient, outpatient, prevention and housing) provision for employment of an E.D and plan for ensuring no disruption in services.
- Requires Director of OhioMHAS to approve the plan within 1 year of the resolution to withdraw.

Proposed Change to OhioMHAS Statute - Chapter 5119

Wait List Rules for Boards

- Eliminates the requirement that OhioMHAS establish rules applicable to Boards around the waiting list requirement. Does not change provider wait list requirements.

Certifying community mental health services or addiction services providers

- Makes the application requirements in this section applicable to both initial and renewal certification.
- Requires OhioMHAS to provide a copy of an applicant's application materials to the local ADAMH Board within fourteen days after their receipt. Authorizes an ADAMH Board to provide to OhioMHAS any additional information or concerns regarding the application not later than 30 days after receipt. Requires OhioMHAS to meet with an ADAMH Board that responds within the fourteen-day period with significant concerns regarding the application.
- Requires OhioMHAS to provide notice to the local ADAMH Board when a provider's certification ceases to be valid for any reason, including failure to renew, as well as reason and effective date.
- Authorizes OhioMHAS to refuse certification, renewal of certification or revocation of certification when the applicant has been found to be in violation of the prohibition on providers referring clients to recovery housing residences that are not on the OhioMHAS registry.
- Requires OhioMHAS to notify the ADAMH Board when OhioMHAS proposes to refuse certification, renewal of certification or revocation of certification and must also provide the Board an opportunity to respond with respect to initial or renewal applications.

- Requires OhioMHAS, upon the request of an ADAMH Board, to initiate the investigation of a community mental health or addiction services provider within 10 days after receipt of the request. Requires that if OhioMHAS initiates the investigation of a provider for any other reason, it must notify the ADMAH Board of the investigation not later than three business days after its initiation. Requires OhioMHAS to keep the ADAMH Board updated on the status of any investigation, including its final disposition.

Recovery Housing

- Adds that OhioMHAS must monitor the operation of recovery housing in Ohio by either certifying recovery housing residences or accepting accreditation from NARR's Ohio affiliate, Oxford House or any other organization designated by OhioMHAS.
- Adds that any person or government entity that operates a recovery housing residence, must file a form prescribed by OhioMHAS that contains specified information about the residence.
- Adds that no persons or government entities may operate a recovery housing residence as of January 1, 2025 unless the residence is certified by OhioMHAS (if OhioMHAS certifies recovery housing residences) or OhioMHAS accepts accreditation and the residence is accredited unless the residence has been operating for less than 18 months and is actively seeking certification or accreditation.
- Adds that OhioMHAS may petition a court of common pleas to enjoin operation of a residence that is in violation of this section's requirements.
- Requires OhioMHAS to establish a procedure to receive and investigate complaints from residents, staff and the public regarding residences. Certain requirements apply if OhioMHAS contracts with another organization to receive and investigate complaints on its behalf.
- Requires OhioMHAS to establish and maintain a registry of residences on the OhioMHAS website and to include certain information including complaints received and outcomes of investigations.
- Prohibits, as of January 1, 2025, persons and government entities from advertising or representing that a building/residence is a recovery housing residence, sober living home or other alcohol and drug free housing for persons recovering from SUD without it being regulated by DRC or on the OhioMHAS registry of recovery housing residences.
- Prohibits providers, as of January 1, 2025, from referring clients to recovery housing residences unless the residence is on the OhioMHAS registry on the date the referral is made. Requires providers to maintain records of all referrals made to recovery housing residences.

Proposed Change to Medicaid Statute - Section 5160.45

- Provides an exception for the disclosure of Medicaid recipient information made in accordance with the proposed 340 language from the general prohibition on disclosure.

Proposed Changes to Alcoholism Statute / Section 3720.041

- Repeals provision authorizing the regional councils of any alcohol treatment and control regions to use funds received from private sources in acquiring, operating or contracting with private alcohol treatment and control programs within the region.