County of Summit
ADM BOARD
Alcohol, Drug Addiction & Mental Health Services Board

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Recovery Starts Here

Ohio Senate Community Revitalization Committee

Proponent Testimony on SB105

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Summit County Alcohol, Drug Addiction & Mental Health Service Board
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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 Aimee Wade. I am the Executive Director of the Summit County Alcohol, Drug Addiction & Mental Health Services Board.

I would first like to thank Chairman Johnson and Ranking Member Sykes, the bill sponsors, for introducing SB 105. Senator Sykes serves my district, and he has been a strong and consistent partner to the ADAMH Board and our role in Summit County and we appreciate his on-going support.

I am here today to express support for the much-needed changes to Chapter 340 that are proposed in SB 105. I would like to use my time to specifically address two areas that would be greatly improved with the passage of this Bill.

The first is the certification and investigation of providers. Too often ADAMH Boards are contacted by someone in the community with a question or concern about a provider that the Board was not even aware was offering services to our residents. Other times the Board will receive a request for funding from a provider that has been operating in the county without the Board's knowledge. As the entities with statutory responsibility to evaluate and plan for behavioral health services and ensure a full continuum of services is available to the residents of our counties, Boards need to know when a provider is planning to open its doors to our community.

Similarly, ADAMH Boards need to be aware of any serious concerns with those providers that are already operating in our communities and to have a process we can utilize for ensuring that when an ADAMH Board becomes aware of serious concerns about a provider in our community, that there is a clear pathway, timeline, and follow-up for investigation once reported.

Our ADAMH Boards and their local partners need to be aware of who is offering services to residents of our communities and the clients and families in those communities should feel confident that the services being offered to them are held to a high standard of quality.

The next area of the Bill that I would like to address is the data provisions.

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ADAMH Boards are required to plan for their entire local systems of care, but they currently must do so without a complete picture of local service and support needs because of the lack of access to Medicaid-recipient data. Additionally, in our role as the central point of coordination and crisis response for the local behavioral health system, we are often contacted about an immediate client crisis, where we need access to a comprehensive picture of that persons needs and services received in order to assist that person as effectively as possible. We do not have that comprehensive picture without knowing what services they have been receiving that have been paid by Medicaid instead of an ADAMH Board. Similarly, when there is a broader community crisis, such as an opiate overdose outbreak or suicide contagion, an effective crisis management response requires ADAMH Boards to have a complete picture of the community and its needs.

Locally, we are members of our Opiate Fatality and Suicide Fatality Review Boards, and we host case conferences on difficult clients with community partners to help identify solutions that may cross systems. However, when we do not have a complete picture of the services that have been received, we risk being redundant and slow to implement innovation and alternative strategies that may not have been tried to help save lives and provide a better quality of life sooner.

We have also had instances where we have received funding to specifically serve 96 Summit County residents who were identified by the state as having multiple psychiatric hospitalizations within a short period of time, but unfortunately the identity of these residents was not shared. While there were some that were known to our system as we had funded some of their services, we by no means could identify 100% and ran into barriers attempting to acquire information from the state and local hospital systems that could have assisted in identifying and creating a plan to help these people.

I would like to close on this topic by emphasizing two points. The first is that ADAMH Boards have been maintaining, transmitting, and securing protected health information for many years now. We are HIPAA-covered entities with robust policies, procedures and mechanisms in place that will also ensure the privacy and security of the Medicaid-recipient data we would receive under the Bill's provisions.

The second is that the proposed exchange of data required by SB 105 would happen at the state department level and would not impose any additional workload on providers.

Although I am only taking the opportunity to address a couple areas of the Bill, I am supportive of SB 105 in its entirety as it brings much needed changes to the community behavioral health system that will ultimately enable ADAMH Boards to ensure that comprehensive, quality services are available to the residents of our communities.

Again, thank you for the opportunity to testify, and I would be happy to answer any questions.

ADM Board Contract Provider Agencies

ADM Crisis Center ● Akron-UMADAOP ● Alliance For Healthy Youth ● ARC Recovery Services ● Asian Services in Action ● The Blick Center ● Catholic Charities ● CHC Addiction Services ● Child Guidance & Family Solutions ● CHOICES Social Center ● Coleman Behavioral Health ● Community Support Services ● Greenleaf Family Center ● IBH Addiction Recovery Center ● Minority Behavioral Health Group ● North Coast Community Homes ● Ohio Guidestone ● Oriana House ● Portage Path Behavioral Health ● Psycho-Diagnostic Clinic ● Red Oak Behavioral Center ● Shelter Care ● Summit County Community Partnership ● Summit County Sheriff's D.A.R.E. Program ● Summit Psychological Associates ● Tarry House ● Victim Assistance Program