



Delaware-Morrow
Mental Health & Recovery Services Board
Health. Healing. Hope.

Ohio Senate Community Revitalization Committee
Proponent Testimony for Senate Bill 105
Deanna Brant
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Chairman Landis, Vice Chair Chavez, Ranking Member Sykes, and members of the Senate Community Revitalization Committee, thank you for this opportunity to submit testimony in support of Senate Bill 105. My name is Deanna Brant. I am the Executive Director of the Delaware-Morrow Mental Health and Recovery Services Board, a role I've been in since 2017.

I'd like to start by expressing my gratitude to all the members of this committee who've worked to bring these much-needed reforms before this committee. Updating this section of the Ohio Revised Code has been a priority of our board and others and we appreciate this chamber's efforts to do the same. I would like to specifically thank Senators Johnson and Sykes, the bill's sponsors.

There is a very basic explanation of what ADAMH boards do: We plan and maintain the continuum of public behavioral health care for our communities. It is our responsibility, our mandate in ORC 340.032 from the General Assembly and our resident to ensure that the safety net for mental health care and addiction treatment exists to the extent that resources allow. There is no other entity or institution behind boards who are mandated to help the most vulnerable in our communities. These proposed changes to ORC 340 will ensure that boards can maintain local access to the most efficient and effective behavioral healthcare services.

To my knowledge, ADAMH Boards are the only public body in the state of Ohio required to give 120 days' notice of proposed "substantial changes" or non-renewal of the subsequent year contract. While supporters of this language may argue it helps ensure the continuity of care, our Board and others around the state strongly believe it does the opposite. It's a barrier to high quality care. It is a barrier to making efficient planning and funding decisions that would strengthen our system of care, offer additional services to meet the needs of our residents in a flexible and timely way, and ultimately save lives.

This lengthy and vaguely worded notice requirement makes it impossible for Boards to efficiently non-renew or substantially change funding for ineffective services, or services deemed by local assessment to no longer be a priority need. This arbitrary timeframe, if not



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met, leaves the handful of providers who take advantage of it free to continue operating without fear of losing funding for services that may not be working, may not be the evidence based care needed, may no longer be what the community actually needs.

The ultimate result is that millions of dollars in ADAMH board funds- taxpayer dollars - can't be readily redirected to other services because of this language. We are also forced to defend litigation that results from the varying interpretations of the code. What constitutes "substantial," "good faith negotiation" and what the outcome is if a party does not engage in the mediation offered in ORC 340 when a dispute is not resolved – all subject to interpretation. In effect, we are held hostage by this unique section of ORC 340.

Can you imagine this standard applying to other public agencies? An example we often use is the Ohio Department of Transportation. If ODOT contracted with a paving vendor and immediately realized they did subpar work or that a project was not feasible in that fiscal year, they would not have the vendor continue paving roads and highways around the state. They would not continue giving them millions of dollars in taxpayer money until such time as this notice could be issued and complied with. They would cease doing business with that vendor in a reasonable period of time, per the contract terms, not the ORC. ADAMH Boards are not afforded that same flexibility.

ORC 340.036 (D) is also bi-directional. What that means for our board is that a provider who proposes substantial changes or non-renewal of a contract term is in theory obligated to provide our board similar written notice. In practice, in our experience, this does not routinely occur, and frankly, in the circumstances we have faced with providers who had less than the required notice period, common sense prevailed and we as a board did not sanction or even substantively address the lack of written notice. It did not make sense to do so.

We also want to be clear that our opposition to the statutory notice requirement does NOT mean we are opposed to giving providers notice of potential changes to contracts. To us, this is a matter of geography. Due process rights for all parties involved should live in the contract, negotiable by those parties, not in the Ohio Revised Code.

Our board and others around Ohio have no interest in parting ways with high-quality providers. Our residents need the services and those purchased services are critical to the health and wellbeing of our residents. Ending relationships with effective providers is not in anyone's best interest and is not what we seek to do. Our board-funded system has expanded exponentially in the last 10 years, however it has taken longer and more work to achieve with this barrier in place.



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There are other elements of SB105 that we agree with and support but eliminating the 120 day notice requirement is our top priority. We need the ability to move on from the bad actors and to move on in a reasonable period of time. We need this committee to move this legislation forward and to help us continue to be responsible stewards of public money.

Thank you for your time and consideration.