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May 15, 2023

Chairman Johnson, Vice-Chair Hoagland, Ranking Member Sykes, and members of the Senate Community Revitalization Committee,

First, thank you for this opportunity to submit written testimony in support of SB 105. Senate Bill 105 represents a needed update to Ohio Revised Code Chapter 340, which will greatly improve the local ADAMH Boards ability to administer the local alcohol, drug addiction and mental health system of care, to best help Ohioans in need of services.

While the bill addresses numerous issues, I would like to focus on four areas - contracting, program certification, data-sharing, and ADAMH Board member appointments.

SB 105 proposes removal of Chapter 340 requirement that ADAMH Boards must provide 120-days' notice to providers when proposing substantial changes to a service contract or non-renewal of a service contract. It also proposes removing the requirement for the 120 days of negotiation and potential mediation that must occur if a provider disputes the proposed changes or non-renewal. These changes are needed because:

- Providing notice of contract non-renewal or changes in terms four months prior to the end of the contract means that the parties must start making decisions about the following year's contract when they are only halfway through the current contract. At that point in a contracting cycle, ADAMH Boards are still evaluating how local needs are being met with current services, assessing provider performance and are still many months away from finding out what funding they will have available to purchase services.
- The bill also proposes adding language to Chapter 340 clarifying that a board can use any process it chooses for entering into contracts (competitive or otherwise) to remove the on-going dispute as to whether ADAMH Boards can use RFPs or an application process for new providers or services.
- The bill proposes adding language that would require ADAMH Board contracts to include a method for early termination of the contract, that provides a process for provider to appeal the early termination. This language would provide a measure of due process to providers in the absence of the 120-day notice requirement that it proposes to remove.

SB 105 also includes changes that would require the Ohio Department of Mental Health and Addiction Services to provide local ADAMH Boards information when a new provider seeks certification, when a provider is being re-certified, and if a provider is under investigation. Then Boards have the opportunity to provide any information that may be beneficial to OhioMHAS when it is considering provider certification applications or renewals or conducting investigations of certified providers. This change is needed because:

- ADAMH Boards 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.

- Often times, an ADAMH Board is unaware of a new provider or program in its service district until that provider requests funding, or until they receive complaints or hear about concerns from local residents.
- ADAMH Boards are on the ground in the local community, they often know when there are problems and when they need to be addressed.
- ADAMH Boards and local partners need to be aware of who is providing services to residents of the community. Clients, families and communities deserve to know that services provided within Ohio's public behavioral health system are held to a high measure and have an expectation of quality when accessing those services.

Additionally, SB 105 proposes requiring the Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services to establish requirements and procedures for the provision of providing Medicaid-recipient data to ADAMH 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 behavioral health services, as appropriate. This change is needed because:

- ADAMH Boards need timely and complete information in their role as the central point of coordination for the local behavioral health system. When an ADAMH Board is contacted by someone in the community, such as law enforcement, about an immediate client crisis, the ADAMH Board needs access to a comprehensive picture of that person's needs and services received in order to assist that person as effectively as possible.
- ADAMH Boards need Medicaid data for recipients receiving behavioral health services to have a complete picture of local service and support needs to ensure that the essential elements of their local continuums of care are available to persons seeking or receiving addiction or mental health services, even if they are receiving those service from the Medicaid program.
- Planning for the entire local system of care, being able to effectively address immediate client crises, coordinating care across the variety of systems and providers, and ultimately stabilizing and planning for ongoing care for community members, necessitates ADAMH Boards having a complete picture of the services and supports provided to individuals in the local system.
- By having data come to Boards directly from Medicaid, it would reduce the amount of redundant data that providers need to share, particularly if they contract with multiple Boards.

Lastly, SB 105 makes some much-needed changes to ADAMH Boards Appointments. It provides for county commissioners to decide board size with options of 9, 12, 14, 15 or 18 members.

- Commissioners may choose to keep ADAMH Boards as they now are, or they may choose to make a change.
- 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.
- Additionally, who makes what appointments changes by having OhioMHAS appoint 1/3 of the members and having commissioners appoint 2/3 of all members. With local Boards representing local communities, it just makes sense to have Commissioners have the larger share of appointments.

In summary, the bill provides for more local control. Ohio has a long history of being a home-rule state and under the current statute, many aspects of the public behavioral health system are being controlled at the state level, which is too far away from local communities to accurately understand their diverse and unique needs. The bill would provide ADAMH Boards with the ability to make decisions in the way that makes the most sense for the local system's needs while making the best use of the federal, state and local dollars they use to purchase services and supports.

The bill's changes to Chapter 340 will modernize the statute and enable ADAMH Boards to ensure that quality services, that will better support the needs of clients and families impacted by mental illness and substance use disorders, are being provided in their communities.

Thank you for the opportunity to submit this testimony and for your consideration of this timely, important piece of legislation.

Respectfully,

A handwritten signature in blue ink, appearing to read "Kathryn Whittington". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kathryn Whittington, Vice President  
Ashtabula County Commissioner