340 Review Stakeholder Workgroup

Wednesday, April 6, 2022

Meeting Minutes

I. Welcome and Introduction of OhioMHAS Staff

Director Lori Criss, Chair of the 340 Review Stakeholder Workgroup, welcomed the group and highlighted the Governor's State of the State address. Lisa Musielewicz, OhioMHAS Staff Counsel and Department Lead for this Workgroup, provided a reminder of hybrid meeting etiquette.

All Workgroup members were present virtually and in person, except for Helen Jones-Kelley, Executive Director of the Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board and Aimee Shadwick, Director of RecoveryOhio. The full list of members and OhioMHAS staff in attendance can be found on the last page of this document.

II. Short Presentation on 340 Review Stakeholder Workgroup Survey Results

Lisa Musielewicz went over the results of the survey members completed after the March meeting. A document highlighting survey results was sent to the group prior to this meeting. The top ranked group of sections within R.C. Chapter 340 was ADAMHS boards' powers and duties (R.C. 340.03, 340.05, 340.036, and 340.11). Continuum of care (R.C. 340.032, 340.033, 340.034, and 340.037) was the second ranked group, followed by ADAMHS boards and residential facilities (R.C. 340.031 and 340.035) and ADAMHS boards' organization and size (R.C. 340.02, 340.021, 340.022, 340.04, and 340.041).

III. Reaction of Workgroup Members to the Survey Results

Jamahal C. Boyd, Sr., and Teresa Lampl both remarked that the results were not surprising thematically, with the latter adding this was a great opportunity since there is an understanding that changes need to be made. Precia Stuby asked if, based on the results, there would be any discussion on landmark changes to R.C. Chapter 340. Director Criss commented that the survey was meant to give a structure for looking at the chapter, in terms of identifying themes for Workgroup discussions. She added that the Workgroup will not be redlining each section, but will be looking for areas of concern raised for each identified theme. She acknowledged that there may be some technical problems identified in

particular sections, but there will be more aspirational discussions too. The Workgroup will be reviewing the current statutes and thinking about the extent to which they create an ideal mental health and addiction services system. Terry Russell suggested that Governor DeWine's State of the State address should be the foundation for any changes and what the boards should turn their attention to, and Cheri Walter added that the Workgroup needs to really look at who are the priorities in this public system. Tracy Maxwell Heard asked whether there are any legislators involved who would be willing to champion the process. Director Criss responded that the Governor's Office is connected to this Workgroup and is having ongoing conversations with legislators. She acknowledged that Representative Swearingen has introduced legislation in this space, and that both he and the Mental Health Caucus are also aware of the Workgroup.

IV. Roundtable Discussion: Continuum of Care

Evaluating common themes from member survey responses on R.C. 340.032, Precia Stuby commented that members did not appear to view the list of services in the continuum of care to be a weakness; rather, members appear to desire modernization of the language, as well as clarification of the phrase, "to the extent resources are available." She also indicated that some comments led her to believe there may be a lack of clarity about the boards as part of a public system. She pointed out that community plans are already available to the public and that individuals with lived experience are involved in board decisions. Jamahal C. Boyd, Sr., commented that it would be useful to make those things within the statutes that are implicit explicit and then to consider how operationalization of the statutes will occur. He added that ambiguity exists concerning how the language should be interpreted and the roles of those engaged in implementing that language. Tracy Maxwell Heard commented that cultural competence is absent from the statutes and needs to be more prescriptive within them. Specifically, she said that cultural competence training should be required for board members and providers and that service offerings and their delivery must be culturally- and linguistically-appropriate, with Joan M. Englund, Cheryl Subler, and Jamahal C. Boyd, Sr. in agreement. Thomas Stuber said he realizes Ohio is a home rule state, but he has concerns regarding consistency of participation between counties in developing community plans. Michael Krause commented that individuals with lived experience should be given a voice in the community plan development process earlier rather than later. Molly O'Neill commented that board membership should be more heavily weighted toward individuals with lived experience. She added that discrimination in the system is occurring because of a lack of consistency in quality among boards (some boards having less resources or being less engaged). To ensure equity, she said there should be metrics for measuring the boards' continuum of care work and a report card.

Patrick Tribbe commented that boards are responsible for establishing a continuum of care in their communities and facilitating access to those services, but yet lack control over aspects that affect their ability to fulfill these responsibilities. For example, he pointed out that 60 – 80% of services are now paid for by Medicaid and boards have no control over the authorized services. He said that OhioMHAS also provides funding directly to community agencies and sometimes the boards are not involved in that process. Therefore, Workgroup members should be realistic about boards' abilities when it comes to the continuum of care. Dustin Mets commented that there are two systems: the community-based continuum of care and the overall continuum of care. He said historically, the former is the "stigmatized system" (with more barriers), and the latter is the "good system" and that providers interact with both. He suggested that the systems and their funding streams need to work together to ensure care is provided regardless of a client's means or insurance coverage. Teresa Lampl commented that we have a good definition of the services that should be available through the continuum of care (although harm reduction could be explicitly added), but the Workgroup should focus on the "how" (the planning) to make those services accessible in each community regardless of the phrase, "to the extent resources are available." In other words, R.C. 340.032 should include both the planning process as well as the continuum that is in that plan. Jeff O'Neil expressed agreement with Patrick Tribbe's comments and the realities of how the behavioral health funding environment and mechanisms have and continue to evolve, and how that relates specifically to where board responsibilities lie for planning to ensure a continuum of care.

Tony Coder commented that he has encountered many families confused on how to enter the continuum of care, particularly when a loved one is suicidal. He suggested more be done about this, as R.C. 340.032(A)(2) mentions boards' roles in outreach and engagement activities. Robin Harris commented that her region (Southeast Ohio) has struggled to start a NAMI chapter due to cultural issues and advised the Workgroup to try not to be so prescriptive that suggestions make it challenging for some portions of the state. Thomas Stuber commented that outside perspective on the system (e.g., from hospital emergency departments, social services agencies, county departments of job and family services, and community groups) is valuable and Joan M. Englund agreed. Dustin Mets cautioned referring to emergency departments as outsiders—said that they are an integral part of the behavioral health system, and we should think about how the continuum of care can facilitate transition of a client between provider types. Samantha Shafer commented on the importance of wellness of the whole person and thus, the need for integrated care. She also commented that not all boards have the resources to advocate, and equity is needed to build out systems of care throughout the state. Molly O'Neill commented on reprioritizing resource allocation: she said that 90% of the resources are being allocated to the first 10% they process and that more should be allocated to recovery supports and the protection of the investment made in that first 10%. She also said less attention should be placed on the laundry list of services in

R.C. 340.032 and that we should be thinking in terms of levels of care based on client acuity and who is responsible at each level.

Kay Spergel commented that she is realizing that while her board has many services it offers through providers, they often are not the services people actually need. She suggested looking through a lens of not only what makes good clinical practice and good service practice across the many different groups the boards work with, but also to think about the people the boards are serving. One example she gave was individuals who have been prescribed a certain level of care in accordance with ASAM standards, but then are saying they cannot be successful in the community without residential treatment. But because of a lack of openings and funding, they cannot access that treatment.

Teresa Lampl again mentioned planning, suggesting the Workgroup consider the question "how do we pay for it versus how do we plan for it?" when making recommendations. She also mentioned the need to move toward a preventative approach—where individuals can access routine care in their local communities, yet be connected to specialty care that may be farther away when needed. She pointed out that people go all over the place to access specialty physical care, and suggested that this, as well as telehealth, may need to happen more in the context of behavioral health care delivery. Aimee Wade commented on removing barriers so that people can access the services they believe they need at the time they need them. For example, if someone enters the system through the emergency department, how do you get him or her to the services needed when needed? Kay Spergel said her board is concerned about some very large for-profit providers pushing a continuum of services that people may not need. When communities lose control over the services provided in them, they cannot monitor their quality or effectiveness. Patrick Tribbe commented that funding streams have changed dramatically and people in his community access services he is not aware of (he has no access to that data). Accordingly, Medicaid and OhioMHAS should also be involved in the continuum of care in communities; boards alone cannot guarantee the continuum of services. Tracy Maxwell Heard (with Precia Stuby and Molly O'Neill in agreement) also mentioned that data collection is key to everything – workforce, treatment, funding, as well as planning and the prevention that Teresa Lampl mentioned. Data collection is vital to identifying struggling populations and ensuring resources and services are properly allocated. She suggested that there be collective conversations (including payers and service providers) about who is in the best position to collect data and then how can it be uploaded and delineated by demographic characteristics.

Dustin Mets mentioned that boards need to play a role in influencing rather than controlling how someone accesses the behavioral health system, since there is no wrong door for that access. Precia Stuby agreed, saying the system has gotten so big; while it is wonderful that there are so many ways people can access care, if boards want to have influence, they must

consider how the statute can be expanded to include other parties working with the boards. She also mentioned capacity: communities have many services but not much depth for providing them. Capacity is both a function of human and financial resources. Terry Russell said he wanted to go back to Patrick Tribbe's comments on Medicaid now paying for up to 80% of services. While he realizes that Medicaid rates are not as high as board rates, he said the Medicaid managed care organizations need to be held accountable for ensuring their enrollees receive the services they need. Same for insurance plans and their enrollees. The statute needs to be rewritten, he said, to specify that boards have the responsibility for the care that Medicaid and private insurance does not pay for.

Teresa Lampl commented on service gap problems – that people need to know how to get connected to the specific services they need regardless of their payor source. She believes the boards could be the go-to people for making these connections. Cheri Walter commented that since the Workgroup is talking about a community plan, the larger health care system (including hospitals, health departments, and managed care plans) should be involved in Workgroup discussions. Molly O'Neill commented that there are services that are worse than no services and there must be standards. One example is recovery housing where there are funded recovery houses that are demeaning drug houses. She said we have a responsibility to ensure quality in what is funded.

Dustin Mets commented that R.C. 340.033 is not an issue separate from R.C. 340.032; they need to be considered together. Cheri Walter commented that there needs to be more discussion on group and adult homes and investments in them. She pointed out that they receive significantly less funding than recovery homes. Molly O'Neill agreed with this comment, but cautioned that the various types of behavioral health housing should not be put in competition with each other for investments. Thomas Stuber asked whether the responsibility for quality rests with the licensing body. He pointed out that some homes choose not to be licensed and maybe we should consider mandatory licensing. Alisia Clark said that was a great question, and something certainly to be considered. Dustin Mets commented with licensure and accreditation there should be a centralized place where a person can check on quality, so they do not have to seek the information from multiple sources.

Teresa Lampl pointed out that residential programs are licensed, but housing is not. Although there is a process for a recovery home to be "accredited" through Ohio Recovery Housing, she said Ohio may need more than that to ensure funding is going to quality entities. Michael Krause commented that individuals need to be navigated to quality recovery housing. Danielle Gray said she receives calls from people assuming recovery homes are, in fact, licensed and are shocked to find out otherwise. But if Ohio goes down the road of licensing recovery housing, she cautioned that the residents of the homes lose

protections they currently have against discrimination under the federal Fair Housing Act. Precia Stuby commented that there are entities taking advantage of people and those entities are often not connected to a board. She agreed something needs to be done to ensure quality exists. Cheri Walter raised stigma as an issue and said more must be done to convince the public of the benefits of housing for individuals living with mental illness or addiction.

Terry Russell commented that adult care facility operators often get a bad rap; he acknowledged that some 20% are awful but he said there should not be a discussion on ACF quality unless there is a commitment to increased funding for these facilities. He pointed out that the current RSS allowable fee is the same it was six years ago. Danielle Gray reiterated these comments, saying resources should be increased for the ACFs so that the residents have a safe place to live where they are supported. She also mentioned that Dustin Mets' comments on influence could be applied to recovery housing—how boards can be in a position to influence referrals to quality recovery housing. Terry Russell commented that institutional racism plays a part in the reason why some ACFs and recovery houses are of low quality and said there are people who live under a bridge because there are not enough quality homes.

V. Public Comment Opportunity

There were no comments made by members of the public.

VI. Upcoming Meetings

The next meeting will be held on Wednesday, May 18, 2022, from 10:00 a.m. – 2:30 p.m. The current Workgroup meeting schedule is as follows:

- Wednesday, June 22, 2022 (10:00 a.m. – Noon) Public Comment Opportunity
- Thursday, June 30, 2022 (10:00 a.m. – 2:30 p.m.)
- Thursday, August 18, 2022 (10:00 a.m. – 2:30 p.m.)

More meetings may be added if further opportunities for discussion are needed. In Fall 2022 there will be five public listening sessions, but those dates have yet to be determined.

<u>Workgroup Attendees</u>

Director Lori Criss (Workgroup Chair), Jamahal C. Boyd, Sr. (CEO – The Crossroad Center), Tracey Campbell (Director of Operations – Firelands Health), Tony Coder (Executive Director – Ohio Suicide Prevention Foundation), Lovell Custard (President and CEO – Murtis Taylor Human Services System), Bobbi Douglas (Executive Director – OneEighty), Joan M. Englund (Executive Director – Mental Health and Addiction Advocacy Coalition), Danielle Gray (Executive Director – Ohio Recovery

Housing), Robin Harris (Executive Director – Gallia-Jackson-Meigs Alcohol, Drug Addiction, and Mental Health Board), Tracy Maxwell Heard (Executive Director – Multi-Ethnic Advocates for Cultural Competence), Michael Krause (Executive Director – Ohio Peer Recovery Organizations), Teresa Lampl (CEO – Ohio Council of Behavioral Health and Family Services Providers), Sarah LaTourette (Chief Advocacy Officer – Ohio Children's Alliance), Dustin Mets (CEO – CompDrug), Jeff O'Neil (President and CEO – Greater Cincinnati Behavioral Health Services), Molly O'Neill (CEO – Ohio Citizen Advocates for Addiction Recovery), Amy Price (Associate Advocacy Director – Disability Rights Ohio), Duane Piccirilli (Executive Director – Mahoning County Mental Health and Recovery Board), Terry Russell (Executive Director – National Alliance on Mental Illness Ohio), Samantha Shafer (CEO – Integrated Services for Behavioral Health), Kay Spergel (Executive Director – Mental Health and Recovery Board of Licking and Knox Counties), Thomas Stuber (President – Ohio Alliance of Recovery Providers), Precia Stuby (Executive Director – Hancock County Alcohol, Drug Addiction, and Mental Health Services Board), Cheryl Subler (Executive Director – County Commissioners Association of Ohio), Patrick Tribbe (CEO and President – Hamilton County Mental Health and Recovery Services Board), Aimee Wade (Executive Director – County of Summit Alcohol, Drug Addiction, and Mental Health Services Board), Cheri L. Walter (CEO – Ohio Association of County Behavioral Health Authorities)

MHAS Staff Attendees

Gregory Allison, Melissa Bacon, Jonathan Baker, Alisia Clark, Douglas Day, Lisa Frederick, Ashley Gonzalez, Matthew Loncaric, Nicole Marx, Angelika McClelland, Merissa McKinstry, Vanessa McMahon, Lisa Musielewicz, Daniel Nieman, Dr. Justin Trevino, Eric Wandersleben