

340 REVIEW STAKEHOLDER WORKGROUP SURVEY RESULTS

# 1 RANKED GROUP									
<i>Group 2: ADAMHS boards' powers and duties</i>	Topic	Merits attention or of concern?	Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
R.C. 340.03	ADAMHS boards powers and duties	YES – 88.00% NO – 12.00%	48.00%	8.00%	24.00%	8.00%	12.00%	Update language (some outdated), policy; apply policy to all boards and service populations	12
								Make clear the relationship between boards and funded agencies	4
								Change language specific to audits, Auditor of State requirements, and allegation investigations	4
								Licensure/certification requirements needed for recovery housing	3
								Include recovery services within the language	2
								Boards should have a planning responsibility	2
								Ensure boards and providers are culturally competent	1
R.C. 340.05	Advocacy	YES – 48.00% NO – 52.00%	16.00%	24.00%	12.00%	20.00%	28.00%	Board responsibility for client rights needs to be clarified and consistent between various sections and rules	7
								Consider and then clarify scope of roles between boards and OhioMHAS, as well as adult protective services and child protective services	3
								Need consistent means to report complaints	1
								“Any necessary action” change to “appropriate action”	1
								Board self-investigating seen as poor practice	1
R.C. 340.036								120-day notice period needs clarification or revision	15

# 1 RANKED GROUP									
<i>Group 2: ADAMHS boards' powers and duties</i>	Topic	Merits attention or of concern?	Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
	Authority of boards to contract for services and supports	YES – 80.00% NO – 20.00%	64.00%	8.00%	8.00%	12.00%	8.00%	Standardize county contracts; ensure that they focus on implementation of the community plan and service procurement to establish a full continuum of care, as well as support person-centered services and continuity of care	4
								(C)(2) – this section on review of costs elements needs clarification; salary costs should not be required to be submitted as providers are private vendors	3
								(B)(3) – remove this division because no quality criteria or core competencies have been established for recovery supports	2
								Board procurement practices should be modernized to reflect that the boards are purchasers of services and payers of public benefits and, as such, they need to be good stewards of public dollars	1
								Length of contractual periods should be owned by the boards	1
								(B)(3) – this division should be clarified that it does not preclude contracting with recovery housing operators but rather requires those entities to meet the quality criteria for recovery housing	1
								(E) – add language to explicitly permit boards to use a selection process for services and supports in a board’s continuum of care since this authority continues to be questioned despite court rulings stating boards have that discretion	1

# 1 RANKED GROUP									
<i>Group 2: ADAMHS boards' powers and duties</i>	Topic	Merits attention or of concern?	Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
								Consider allowing boards to provide non-Medicaid services directly	1
								Boards lack flexibility to change services, funding, or provider mix; providers lack flexibility to change program, staff, services, etc.	1
R.C. 340.11	Liability insurance	YES – 8.00% NO – 92.00%	16.00%	0.00%	8.00%	12.00%	64.00%	Policy procurement policies do not match between providers, boards	1
								Boards avoid liability insurance	1
								Consumers need to be involved in the planning process	1

#2 RANKED GROUP									
Group 4: Continuum of care	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.032	Establishment of community-based continuum of care	YES – 72.00% NO – 28.00%	24.00%	28.00%	20.00%	8.00%	20.00%	Modernize language to reflect how boards establish their continuums of care	9
								Consider limited resources, including current workforce issues and addition of telehealth	6
								Individuals with lived experience need to be involved in the planning	3
								Planning process needs more involvement of diverse stakeholders	3
								(A) - “to the extent resources are available” has been problematic	2
								Ensure service delivery is culturally competent	2
								Plan should be publicly available – so public aware of what their board’s community plan is	2
								(A) - change “establish” to “ensure through contracting and funding with licensed community-based providers”	1
								(A)(8)(b) – should add a reference to adult care facilities	1
								(A)(2)(b) – the provision of these activities should be the #1 priority	1
(C) – this is already required by OhioMHAS standards and the Joint Commission – unnecessary for boards to do as well	1								

340 REVIEW STAKEHOLDER WORKGROUP SURVEY RESULTS

#2 RANKED GROUP									
Group 4: Continuum of care	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.033	Minimum addiction treatment and support services options	YES – 52.00% NO – 48.00%	4.00%	16.00%	32.00%	20.00%	28.00%	Section could be incorporated into R.C. 340.032; minimum continuum needed for all SUD conditions, as well as mental health care	6
								Minimal quality standards should be applied to the listed services	3
								Consider the provision of the listed services through a cultural competence lens	1
								Contracting no more than 30 miles outside of catchment area could be a limitation	1
								There should be minimal mental health treatment and support options in all areas	1
340.034	Recovery housing	YES – 68.00% NO – 32.00%	12.00%	24.00%	36.00%	12.00%	16.00%	Recovery housing should be subject to licensure or meet standards of an oversight body; concern re: unregulated and substandard recovery housing	6
								Board ownership of recovery housing – should be allowed or not?	5
								Utilization of medication-assisted treatment (MAT) by residents	2
								Concern re: the lack of a reference to mental health housing— why a section on recovery housing but none on mental health housing?	2
340.037	Operation of facility to	YES – 44.00%	12.00%	4.00%	40.00%	8.00%	36.00%	Concern re: appropriate guardrails on board authority to be involved in daily operations of a facility	3

#2 RANKED GROUP									
Group 4: Continuum of care	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
	provide addiction or mental health services	NO – 56.00%						(B) – parts of this division do not seem to match with the operating environment where many BH services are provided by private, non-community based services.	2
								(B) – could be improved if updated to reflect current practices, which prioritize retaining existing and available staffing, mobilizing local or regional resources from existing providers, developing transfer protocols to support client care and transition, and making operating funds available to providers accepting both staff and clients	1
								Concern re: rural areas – need for care exists, and boards must be responsible for providing services until other providers are identified	1
								Boards should be able to refuse to contract with a willing provider if challenges or deficiencies in that provider’s care are documented	1

#3 RANKED GROUP									
<i>Group 3: ADAMHS boards and residential facilities</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.031	Inspecting mental health facilities	YES – 36.00% NO – 64.00%	12.00%	16.00%	24.00%	16.00%	32.00%	Clarify language re: boards and mortgage agreements	3
								Specify criteria for inspection – lack of criteria to initiate an inspection with or without cause	3
								Adding a layer of inspection from boards is redundant, as organizations already held to licensing and accreditation standards	2
								Conflict of interest concerns pertaining to board-owned facilities	2
								Boards should be able to purchase facilities—OhioMHAS should increase capital commitment from \$750,000 to \$1.5 million for good projects	1
340.035	Advocacy by ADAMHS boards	YES – 24.00% NO – 76.00%	16.00%	8.00%	24.00%	20.00%	32.00%	Boards should be permitted to advocate for all citizens, not only Medicaid recipients	4
								Advocates need cultural competence training	1
								The ability to advocate should allow for access to patient data across behavioral health systems	1
								For Medicaid recipients, lack of clarity as to whether responsibility and accountability for patient disposition resides with the boards or the Medicaid system	1

#4 RANKED GROUP									
<i>Group 1: ADAMHS boards' organization and size</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.02	ADAMHS board organization	YES – 64.00% NO – 36.00%	12.00%	32.00%	28.00	12.00%	16.00%	Importance of those with lived and shared experiences on boards: their participation should be emphasized, not limited	12
								Need flexibility on size of boards	5
								Appointing authorities should be jointly responsible for categorical appointments	4
								Missing language related to cultural competence; does not reflect adequate specificity of race/ethnic/faith representation	2
								Smaller counties need better representation on boards	2
								(E) – needs to be a modernized conflict of interest policy, not just an anti-nepotism policy	2
								Gambling addiction not represented	1
								Re-appointment under the other appointing authority should be provided after term limits	1
								Should county commissioners be able to appoint? Adds an element of politics	1
340.021	County alternatives for providing ADAS	YES – 36.00% NO – 64.00%	8.00%	12.00%	16.00%	28.00%	36.00%	Section no longer applicable because it describes separate MH/ADAS boards	9
								Need to simplify/update language, remove deadlines	5
								Need for cultural competence training and cultural competence expert on boards	1
								Need for cultural competence expert on boards	1
340.022	ADAMHS board size after	YES – 28.00%	16.00%	4.00%	24.00%	28.00%	28.00%	Section has very limited applicability; instead, address these requirements for withdrawing counties in other sections (R.C. 340.01 and 340.02)	7

(Sections receiving “YES” responses exceeding 60% have been highlighted in yellow.)

#4 RANKED GROUP									
Group 1: ADAMHS boards' organization and size	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
	withdrawing from joint-county district	NO – 72.00%						Boards members should be representative of the community	1
340.04	Executive director	YES – 20.00% NO – 80.00%	8.00%	12.00%	20.00%	8.00%	52.00%	Administration experience in a publicly-funded social service system is key	1
								Need for cultural competence training	1
								Language pertaining to removal for cause conflicts with public employment, as board directors are “at will” employees	1
								Board directors should be subject to same conflict of interest standards as board members	1
								Board leadership position could benefit from community input	1
340.041	Executive director powers and duties	YES – 28.00% NO – 72.00%	16.00%	16.00%	16.00%	12.00%	40.00%	(H) – add language to clarify that activities related to promotion and prevention should also be implemented including educational and informational campaigns to educate the public about treatment, prevention, and the availability of services and supports	3
								(B) – concern with how “supervising services” has been interpreted in some communities--clarification needed; refocus this provision on executive director’s role in implementing the community plan and collaborating with providers to support access to full continuum of care	3
								This section needs to include responsibilities, standards for accountability for the executive director	1

#4 RANKED GROUP									
<i>Group 1: ADAMHS boards' organization and size</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
								(C) – concern with how “provide consultation” has been interpreted in some communities; division should be removed or refocused on developing collaborative relationships with contracted and non-contracted providers and other entities that support prevention, treatment, and recovery supports	1
								(D) – refocus this division on increasing access to the full continuum of care and support for evidence informed services and supports	1
								(G) – could be improved to require more transparency and accountability for annual reporting of available reserve funds in all communities	1

(Sections receiving “YES” responses exceeding 60% have been highlighted in yellow.)

#5 RANKED GROUP									
<i>Group 7: Opioids</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.20	Review and assessment of data	YES – 72.00% NO – 28.00%	8.00%	32.00%	24.00%	16.00%	20.00%	Delete the wait list requirement, as well as corresponding sections and rules; this requirement does not result in viable wait list data	4
								Section is not clear as to what data and how/when it is to be received and a response received	1
								Boards should report data into a central database; this could include a central database created by OhioMHAS	1
								Section should be limited to services or programs the boards fund; providers could better support the boards if they know the specific information that OhioMHAS requires	1
340.30	County hub program to combat opioid addiction	YES – 64.00% NO – 36.00%	12.00%	16.00%	28.00%	16.00%	28.00%	(C) – contains a sunset provision; this section no longer relevant and should either be updated or removed	6
								Should this section be broadened to include suicide and other behavioral health issues?	4
								Cultural competency training needed	1
								No need for this section – boards, as planning authorities, are already hubs for all mental health and addiction services	1
								Boards not always the best organizations to be the hubs	1
								Hubs must be inclusive of all avenues to recovery and approaches to treatment and support	1

(Sections receiving “YES” responses exceeding 60% have been highlighted in yellow.)

#6 RANKED GROUP (tied)									
Group 5: ADAMHS board budget	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.07	Appropriating money in accordance with ADAMHS board budget	YES – 16.00% NO – 84.00%	8.00%	8.00%	12.00%	4.00%	68.00%	Include language related to a maximum reserve—some boards keeping too much money on hand, not spending the money collected to purchase needed services	1
								Provider contracting barriers impact budget development	1
340.08	Duties of ADAMHS boards (submission of budget and other documents to OhioMHAS)	YES – 44.00% NO – 56.00%	4.00%	20.00%	20.00%	20.00%	36.00%	Update language; align with rest of chapter provisions	3
								Update continuity of care agreements with state hospitals; look at management of state hospital beds	3
								(E) - should remain a requirement since OhioMHAS's receipt, review, and retention of reports of client rights and grievances, investigations, and outcomes helps to ensure patient safety	1
								Identify funding for cultural competency training	1
								Unclear who is accountable if this section is not followed	1
340.09	State reimbursement for services	YES – 24.00% NO – 76.00%	4.00%	8.00%	16.00%	24.00%	48.00%	Consider utilization of IT to make this less labor intensive and more intuitive	1
								Include professional development, particularly on cultural competence	1
								(A) – in communities without levies, the board should fully disclose to the community and/or set maximum allowances for the items in this division to ensure public resources are available to the greatest degree to support access to the continuum of care	1

#6 RANKED GROUP (tied)									
<i>Group 5: ADAMHS board budget</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
								(A)(3) – recommend setting a maximum allowance for use of funds for support functions and define a process for OhioMHAS approval	1
								Who is accountable for this section?	1

#6 RANKED GROUP (tied)									
Group 6: Vulnerable children	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.15	Referral of parent, guardian, or custodian of child at imminent risk of being abuse or neglected	YES – 32.00% NO – 68.00%	8.00%	12.00%	28.00%	16.00%	36.00%	(A) – if the child does not require alcohol and drug addiction services but does need mental health care, is he/she offered that care? Similarly, what about the child who is experiencing abuse or neglect because of the mental illness of a parent?	2
								Does this need to be updated as a result of the Family First Prevention Services Act (FFPSA) or OhioRISE?	1
								Should ensure that the procedure outlined in this section is standardized across the state	1
								Update language – more clarity needed, especially replace “alcohol and drug addiction services” with “substance use disorder”	
								Need to look at reporting and follow-up protocols to make sure children are safe	1
								With the new Medicaid program of OhioRISE, should there be changes to this section? Consider coordination of care for these clients done by Medicaid.	1
								There is an opportunity for higher levels of collaboration for desired outcomes across state systems	1
340.16	Rules for children referred by public children	YES – 24.00% NO – 76.00%	8.00%	12.00%	28.00%	12.00%	40.00%	With the new Medicaid program of OhioRISE, should there be changes to this section? Consider coordination of care for these clients done by Medicaid.	1
								Does this need to be updated as a result of the Family First Prevention Services Act (FFPSA) or OhioRISE?	1

(Sections receiving “YES” responses exceeding 60% have been highlighted in yellow.)

#6 RANKED GROUP (tied)									
<i>Group 6: Vulnerable children</i>	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
	services agency to board							There are issues related to the lack of unlimited resources and funding and the responsibilities of the local mental health system vs. the children’s social services system	1

#7 RANKED GROUP									
Group 8: Miscellaneous	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
340.011	Interpretation and construction of R.C. Chapter 340	YES – 52.00% NO – 48.00%	24.00%	16.00%	12.00%	12.00%	36.00%	Language needs to be updated—it is outdated and confusing in places; add references to prevention and supports; should be more patient-centered	7
								Role of boards should be clarified	3
								Refer to boards as the local safety nets	2
								Section could perhaps be eliminated as other sections may speak better to boards’ roles	1
								(A)(4) and (A)(7) appear to be duplicative	1
								Cultural competence and equity not included	1
								The current system does not meet the dreams put into this section	1
340.10	County auditor is auditor and fiscal officer of ADAMHS district or joint-county district	YES – 0% NO – 100%	8.00%	0%	12.00%	8.00%	72.00%	Keep politics out	1
340.12	Discrimination prohibited – affirmative action program	YES – 48.00% NO – 52.00%	8.00%	12.00%	24.00%	16.00%	40.00%	Update language to align with OhioMHAS Agreement and Assurances language	9
								Include gender identity and sexual orientation	5
								Needs a cultural competence/equity statement	1
								Need to ensure boards’ affirmative action statements contain useful information	1

#7 RANKED GROUP									
Group 8: Miscellaneous	Topic	Merits attention or of concern?	Percentage Ranking (1 = highest importance to 5 = lowest importance)					Qualitative Themes	# Related Responses
			1	2	3	4	5		
								Should have a workforce representative of the community served	1
								Address stigma	1
340.13	Setting aside contracts for bidding by minority business enterprises only	YES – 36.00% NO – 64.00%	12.00%	12.00%	20.00%	12.00%	44.00%	Definition of minority business enterprise should include women, veterans, and individuals with disabilities	3
								(C) – consider increasing the standard from 15 to 25% to support diversity and equity	2
								Achieve the 15% standard by allowing majority businesses (non-MBE) to serve as primary contractors with obligation to subcontract with MBEs – intent to provide business for MBEs when MBEs themselves cannot meet requirements to serve as primary entity	1
								Is this even happening?	1

Open-ended questions:

1. In thinking about Ohio’s system of community-based care today and for the future, are there topics missing from the chapter—topics that had not even been conceived of by policymakers in the past? Or, do you have thoughts on creative and imaginative ways the system of community-based care could be modified to better serve Ohioans in all regions of the state?

Qualitative Themes	# Related Responses
Workforce development is critical issue	2
Exchange of data between systems needs work; eliminate silos, waste	2
Eliminate barriers to care for individual and families	1
Develop new innovative care systems	2
Care systems and limitations should not vary by county	1
System should be more accessible, predictable	2
Increase the role/function of boards within communities	2
Continue to develop new language	1
Continue to identify accountable parties	1
Recovery supports needs to be a focus	1
Transfer of electronic records should be a focus	2

Qualitative Themes	# Related Responses
Importance of those with lived experience	1
Increase funds, focus on supporting workers	1
Establish a system for funds kept in reserve	1
Review of Housing First model	1
Improve behavioral health care for homeless	2
Bring together fragmented systems of care	1

2. If you have any additional comments or thoughts regarding R.C. Chapter 340, please indicate them here.

Qualitative Themes	# Related Responses
None/NA	10
Eliminate unnecessary barriers, improve quality of behavioral health care	6
Excited about goals, work ahead	3
More efficient continuum of care	3

Qualitative Themes	# Related Responses
Need to be mindful of health disparities	2
Behavioral health care access should not be district-specific issue	2
Further work/analysis required	2
Integrate crisis work here	1
Focus on needs of Appalachian region	1
Policy should be specific to board-funded activities	1

Qualitative Themes	# Related Responses
Person-centered approach to behavioral health care is needed	1