



Mike DeWine, Governor
Lori Criss, Director, OhioMHAS

340 Review Stakeholder Workgroup Second Meeting

**April 6, 2022
10 am – noon
Columbus, Ohio**

Welcome to the second 340 Review Stakeholder Workgroup Meeting

**THANK YOU FOR JOINING US.
THE MEETING WILL BEGIN SHORTLY.**

Workgroup MEMBERS who are attending in person, please also join the meeting on Teams. Please mute your laptop speaker and your Teams audio to prevent sound feedback. Please use the microphones in the room—this will ensure we get a good recording since we are in a larger room with a higher ceiling.

Workgroup MEMBERS who are attending virtually via Teams, please make sure your computer audio is turned on and use your Teams mute/unmute to participate in the meeting.

ALL Workgroup MEMBERS: Please leave your Teams video on as you feel comfortable, but we ask that you turn it on when speaking.

Members of the PUBLIC and MEDIA who are joining virtually via Teams, make sure your audio is turned on to hear the meeting. If you have any difficulty joining virtually, you may also dial in by phone by calling 614.721.2972 and use passcode: 151621967#.

All public participants will be in listen-only mode. There will be a public comment period following the presentation and member discussion, and all comments and questions can be submitted via the chat function in the Teams meeting or emailed to 340ReviewWorkgroup@mha.ohio.gov.

Closed captioning is available to all Teams participants through the “Turn Live Captions On” function under the ellipses (...) icon in the top right corner.



Our Agenda Today

1. Welcome and Overview of the Agenda

2. Short Presentation on 340 Workgroup Survey Results

3. Reaction of Workgroup Members to the Survey Results

4. Roundtable Discussion: Continuum of Care

5. Public Comment Opportunity

6. Upcoming Meetings

7. Adjourn



Governor DeWine

“Realizing this vision will require us to take a giant step forward. But, if we build on our successes and the work we have started together, we can truly bring about lasting change.

My friends, the system isn't broken – it was just never fully built and it does not exist everywhere in Ohio ... YET!

And so, we must build it!”



340 Workgroup Survey Results

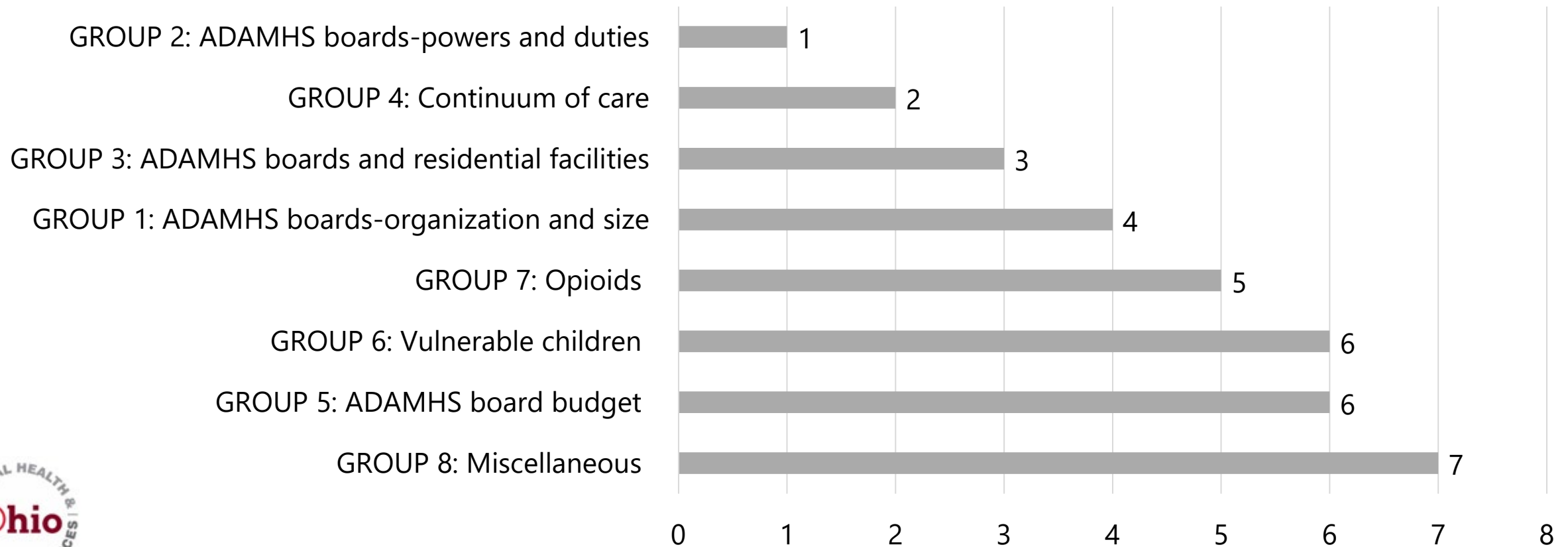


1. Rank the eight groups of sections, with "1" being the group that you believe merits the Workgroup's most time and attention and "8" being the group that merits the Workgroup's least time and attention.
2. Within each group, consider each section and indicate, yes or no, whether you believe this section warrants attention by the Workgroup.
3. If "yes," summarize the challenges or reasons you believe this section warrants Workgroup attention.
4. In thinking about R.C. Chapter 340 as a whole, what level of priority should the Workgroup assign to this section?

Survey Questions

Ranking the Groups

Ranking of groups that "merit the most time and attention"



#1 Ranked Group: ADAMHS boards powers and duties

Section and Topic	"Yes" – merits attention or of concern	Ranking (1 = highest; 5 = lowest)				
		1	2	3	4	5
R.C. 340.03 ADAMHS boards' powers and duties	88%	48%	8%	24%	8%	12%
R.C. 340.035 Advocacy	48%	16%	24%	12%	20%	28%
R.C. 340.036 Authority of boards to contract for services and supports	80%	64%	8%	8%	12%	8%
R.C. 340.011 Liability insurance	8%	16%	0%	8%	12%	64%

#2 Ranked Group: Continuum of care

Section and Topic	"Yes" – merits attention or concern	Ranking (1 = highest; 5 = lowest)				
		1	2	3	4	5
R.C. 340.032 Establishment of community-based system of care	72%	24%	28%	20%	8%	20%
R.C. 340.033 Minimum addiction treatment and support services options	52%	4%	16%	32%	20%	28%
R.C. 340.034 Recovery housing	68%	12%	24%	36%	12%	16%
R.C. 340.037 Operation of facility to provide addiction or mental health services	44%	12%	4%	40%	8%	36%

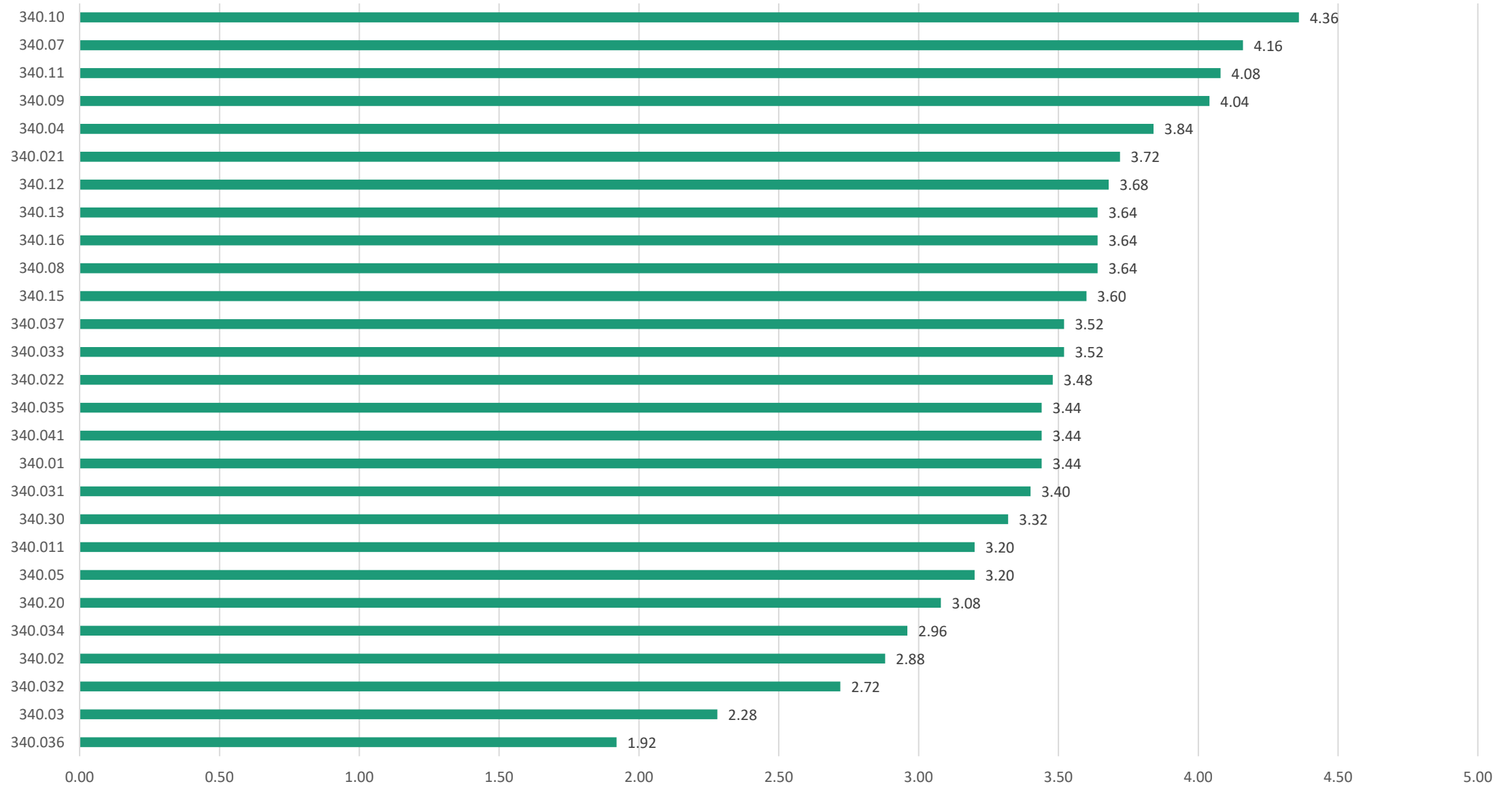
#3 Ranked Group: ADAMHS boards and residential facilities

Section and Topic	"Yes" merits attention or concern	Ranking (1 = highest; 5 = lowest)				
		1	2	3	4	5
R.C. 340.031 Inspecting mental health facilities	36%	12%	16%	24%	16%	32%
R.C. 340.035 Advocacy by ADAMHS boards	24%	16%	8%	24%	20%	32%

#4 Ranked Group: ADAMHS boards' organization and size

Section and Topic	"Yes" merits attention or concern	Ranking (1 = highest; 5 = lowest)				
		1	2	3	4	5
R.C. 340.02 ADAMHS board organization	64%	12%	32%	28%	12%	16%
R.C. 340.021 County alternatives for providing ADAS	36%	8%	12%	16%	28%	36%
R.C. 340.022 ADAMHS board size after withdrawing from joint-county district	28%	16%	4%	24%	28%	36%
R.C. 340.04 Executive director	20%	8%	12%	20%	8%	52%
R.C. 340.041 Executive director powers and duties	28%	16%	16%	16%	12%	40%

Level of Priority by Section Number (1=highest; 5=lowest)



The Top 7

1	R.C. 340.036 – Authority for boards to contract for services and supports (average level of priority – 1.92)	5	R.C. 340.034 – Recovery housing (average level of priority – 2.96)
2	R.C. 340.03 – ADAMHS boards powers and duties (average level of priority – 2.28)	6	R.C. 340.20 – Review and assessment of data (average level of priority – 3.08)
3	R.C. 340.032 -Establishment of community-based continuum of care (average level of priority - 2.72)	7 (tied)	R.C. 340.05 - Advocacy (average level of priority – 3.20)
4	R.C. 340.02 – ADAMHS boards organization and size (average level of priority - 2.88)	7 (tied)	R.C. 340.011 - Interpretation and construction of chapter (average level of priority – 3.20)

Survey Reactions





Continuum of Care

Roundtable Discussion:

R.C. 340.032

R.C. 340.033

R.C. 340.034

R.C. 340.037



Considerations

What challenges does this section present?
What are its weaknesses?

Are the challenges or weaknesses attributed to how the statute is written, or how it is being implemented or enforced (or both)?

How can this section be improved?

**R.C. 340.032
Establishment
of
community-
based
continuum of
care**

COMMENT THEMES	
Modernize language to reflect how boards establish their continuums of care	Plan should be publicly available – so public are aware of what their community’s plan is
Consider limited resources, including current workforce issues and addition of telehealth	(A) – change “establish” to “ensure through contracting and funding with licensed community-based providers”
Individuals with lived experience need to be involved in the planning	(A)(8)(b) – should add a reference to adult care facilities
Planning process needs more involvement of diverse stakeholders	(A)(2)(b) the provision of these activities should be the #1 priority
(A) – “to the extent resources are available” has been problematic	(C) – this is already required by OhioMHAS standards and the Joint Commission – unnecessary for boards to do as well
Ensure service delivery is culturally competent	

**R.C. 340.033
Minimum
addiction
treatment
and support
services**

COMMENT THEMES

Section could be incorporated into R.C. 340.032; minimum continuum needed for all SUD conditions, as well as mental health care

Minimal quality standards should be applied to the listed services

Consider the provision of the listed services through a cultural competence lens

(B) - contracting no more than 30 miles outside of catchment area could be a limitation

There should be minimal mental health treatment and support options in all areas

**R.C.
340.034
Recovery
housing**

COMMENT THEMES

Recovery housing should be subject to licensure or meet standards of an oversight body; concern re: unregulated and substandard recovery housing

Board ownership of recovery housing – should be allowed or not?

Utilization of medication-assisted treatment (MAT) by residents

Concern re: the lack of a reference to mental health housing – why a section on recovery housing but none on mental health housing?

**R.C. 340.037
Operation of
facility to
provide
addiction or
mental health
services**

COMMENT THEMES

Concern re: appropriate guardrails on board authority to be involved in daily operations of a facility

(B) – parts of this division do not seem to match with the operating environment where many behavioral health services are provided by private, non-community-based services

(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

Concern re: rural areas – need for care exists, and boards must be responsible for providing services until other providers are identified

Boards should be able to refuse to contract with a willing provider if challenges or deficiencies in that provider’s care are documented.



Public Comment Opportunity

Please submit comments and questions
via the Teams chat or via email to
340ReviewWorkgroup@mha.ohio.gov.

Upcoming Meetings

DATE	PROPOSED TIME	PROPOSED TOPICS
Wednesday, May 18, 2022	10 am – 2 pm, with break for lunch	ADAMHS boards' powers and duties (R.C. 340.03, 340.05, and 340.08) Authority of ADAMHS boards to contract for services and supports (R.C. 340.036)
Thursday, June 30, 2022	10 am – 2 pm, with break for lunch	Interpretation and construction of R.C. Chapter 340 (R.C. 340.011) ADAMHS boards' organization and size (R.C. 340.02, 340.021, 340.022, 340.04, and 340.041) ADAMHS boards and residential facilities (R.C. 340.031 and 340.035) Opioids (R.C. 340.20 and 340.30)



Public comment
opportunity on R.C.
Chapter 340 -
Wednesday, June 22,
from 10 am – noon



THANK YOU

Connect with us online at:

<https://mha.ohio.gov/community-partners/advisory-groups/340-workgroup>

or by email at:

340ReviewWorkgroup@mha.ohio.gov

