

## **Ohio House Finance Committee**

**Testimony of:  
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Chairman Smith, Ranking Member Cera, and members of the House Finance Committee, good morning.

My name is Robin Harris and I am the Executive Director of the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction, and Mental Health Services. I appreciate the opportunity to testify today.

Today's community mental health and addiction system is striving to meet the growing demand for treatment for mental illness and addiction. However, the demand has outpaced the supply. I represent a rural area in Southeastern Ohio that is plagued with extreme levels of poverty, some of the state's highest unemployment and communities that have been significantly impacted by the opiate epidemic that has spread across Ohio. Having described these socio-economic conditions, it should be no surprise that our Board operates without a local tax levy and is quite challenged to offer the non-Medicaid supports and services necessary for a Recovery-Oriented System of Care. As one who lives and works in an area impacted so substantially by this opiate epidemic, I want to thank this body for its ongoing focus on this issue and for your continued support as we work together to end this epidemic.

With appropriate treatment and support, people can and do recover. As demand continues to surge, communities must ensure the existence of a full scope of care within the local Recovery-Oriented System of Care, including access to crisis stabilization services, as well as withdrawal management services. The continuation of Medicaid expansion is critical to this work, along with greater access to treatment services and recovery supports.

To best respond to individuals and families across the state, Ohio needs policies and resources that build out a full, Recovery-Oriented System of Care to support acute and long-term recovery management strategies above and beyond Medicaid. A comprehensive system will create opportunities for 24/7 coordinated responses for individuals and their family members.

To this end, we recommend the following budget strategies:

- Fund nine (9) collaborative 16-bed Acute SUD Stabilization Centers at \$1 million per year to support first responders in having a medical response available to families with addiction crises and to reduce the use of jails and EDs for this purpose. The nine centers would be established throughout Ohio, with one in each state psychiatric hospital collaborative area and one each in Franklin, Hamilton, and Cuyahoga counties.
- Appropriate \$12 million per year for community-based services. The funds would be utilized by ADAMH Boards to expand access and capacity for withdrawal management, acute treatment services, and recovery supports that focus on continued recovery for individuals and families.

- Allocate the funds to Boards on a modified per-capita formula based on population and a three-year average of overdose deaths. This methodology will drive increased resources to areas hardest hit by the opiate epidemic.

At the same time as we are battling the opiate epidemic we are seeing a parallel increase in deaths by suicide. Ohioans need access to mental health crisis services. State psychiatric hospitals are consistently at capacity, jails and prisons have become de facto treatment centers, and community hospital emergency rooms are responding to an increasing number of mental health crises. Individuals experiencing a mental health crisis and their families often run out of options for where to access care. An individual in a crisis situation who does not have access to crisis services often times ends up in an emergency room, in jail, or too often dying by suicide. To respond to the mental health needs, we are asking for funding for six (6) collaborative 16-bed Mental Health Crisis Centers at a \$1 million per year to expand capacity and extend access to mental health crisis stabilization beds throughout the state.

We know that time is of the essence for the Mental Health and SUD Crisis Stabilization Centers. We can't afford to spend years building facilities and developing programs. The structure that we propose for these centers recognizes the immediacy of the needs. The Boards are already working to identify existing locations that could be quickly modified to meet the needs of these centers. The funding we're requesting would be used to cover operational program costs, maybe some light renovation in some facilities, and to pick up the room and board expenses that will not be covered by Medicaid.

As I conclude my comments, I want to thank you for your interest in these issues and your focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to provide this testimony, I will be happy to answer any questions you may have.