

**Ohio House Finance Subcommittee on Health and Human Services**  
**Testimony of:**  
**Jerry Craig, Executive Director**  
**County of Summit Alcohol, Drug Addiction, and Mental Health Services Board**  
**March 14, 2017**

Chairman Romanchuk, Ranking Member Sykes, and members of the Health and Human Services Subcommittee good morning.

My name is Jerry Craig and I am the Executive Director of the County of Summit Alcohol, Drug Addiction and Mental Health Service Board. My training and background is in social work and I have been working in the behavioral health field for over 30 years. I appreciate the opportunity to testify today. I am here today with Marie Higgins and Mike Cohen from our Opiate Task Force. We will all present our testimony and then the full group will be available for questions at the end.

Summit County is an innovative leader in development of programs that respond to community problems. We are the birthplace of AA. We were one of the first to offer drug courts, recovery coaching and to fund recovery housing. We work together to meet the needs of our citizenry. Sadly, we are also a national leader in and the epicenter of opiate overdoses! I have watched our community rally for action this summer as we became the first in the nation to suffer the ill effects of carfentanil, the very lethal opiate analog responsible for 28 of our 235 tragic overdose deaths in 2016!

We have seen a run on detox services, and demand for residential care has skyrocketed from within and outside our county! There have been cries for us to do more to address access to treatment. With a 10 day wait for detox alone, we have found our jails overcrowded because concerned Judges use our jails to keep opiate addicted people alive. We need all affected counties to have a threshold level of services!

We are seeking your support to 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 for this purpose. These centers, developed and administered by the ADMHS Board hospital collaboratives, will be accessible both pre- and post-ED/Hospitalization; pre- and post-jail. They will be freestanding, using an existing facility that is not a jail. These centers will allow for delivery of Medicaid reimbursable services. This allows anyone with Medicaid to have access, irrespective of county of residence.

To even the playing field, we ask that you appropriate an additional \$12 million per year for community-based services. The funds would be utilized by ADMH Boards to expand access and capacity for withdrawal management, acute treatment services, and recovery supports that focus on continued recovery for individuals and families. We would propose that you allocate the funds to Boards on a modified per-capita formula, using population and a three-year average of overdose deaths. This will allow any resident, irrespective of residence, to access the most critical services. As we look at the changing landscape of healthcare funding on both a state and federal level, it is more critical now than ever to ensure that services are available no matter where you happen to live regardless of your ability to pay.