

**Ohio House Finance Subcommittee on Health and Human Services**  
**Testimony of:**  
**Joe Trolan, Executive Director**  
**Richland County Mental Health and Recovery Services Board**  
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Chairman Romanchuk, Ranking Member Sykes and members of the Health and Human Services Subcommittee. Good Morning.

My name is Joe Trolan and I am the Executive Director of the Richland County Mental Health and Recovery Services Board.

I am here today with Mr. Dennis Baker, the Executive Director of Mansfield UMADAOP and Mr. Derek Pidgeon, a certified Peer Recovery Specialist and a person with lived experience.

Richland County, much like the rest of the State of Ohio has been dealing with an ever-growing opiate epidemic. In 2015 we saw 41 deaths as a result of overdoses. In 2016 we experienced a 50% increase with 485 overdoses and 61 confirmed deaths.

Behind the scenes we were also dealing with a second epidemic, which received much less publicity but resulted in 21 confirmed suicides in 2015 and 16 in 2016. Richland County's typically averages 11.5 suicides per year.

This one-two punch has result in the need to increase outreach and engagement efforts, increase more intensive front end services and adopt a more trauma-informed and recovery oriented approach to service delivery.

We have made efforts to increase early identification of those at risk for suicide through education of teachers and professors as well as the general public in applying questioning, persuading and referring techniques. We also have a functioning Opiate Response Team that is making contact with individuals who have received Narcan, within 72 hours to help them engage in treatment.

We have placed services in the County jail a minimum of 20 hours a week that include a crisis walk through for everyone in an isolation cell, educational presentations for those who have not yet chosen to seek treatment and assessments and coordination for those individuals who want treatment. Part of this engagement is a collaborative effort with our Federally Qualified Health Center to engage those with opiate addictions in a Medication Assisted Treatment program. We are in the process of collaboratively opening a 16 bed withdraw management (sub-acute detox) unit to provide an intensive early treatment option, at the local level that will allow good coordination with treatment providers upon discharge.

As the chair of the Ohio Association of County Behavioral Health Authorities' Hospital Work Group I have seen firsthand the impact that the increased suicide and overdose rates have had on our local and state hospital capacities. Many times this needed service is unavailable and results in significantly longer stays in local emergency departments or people simply going without care. In Richland County we have been able to mitigate some of this impact through strategic use of a 13 bed crisis stabilization unit. This provides both a diversion option from hospital level care as well as step-down option to shorten the overall length of hospital stays. The location of the unit allows for easy access to medical services and opportunities to begin counseling and coordination services in the community while maintaining a level of supervision and security. With an increase of 6 additional crisis stabilization units, one in each of the six hospital regions, we could provide a much needed answer to the lack of available hospital beds in the state, with a far more cost effective alternative.

We have made some significant strides in Richland County to address some of the major concerns that we are facing today. Medicaid Expansion has allowed us to realign resources to be able to utilize options that are not billable to Medicaid or other third party payers. Medicaid Expansion has also contributed greatly to individuals staying in treatment in order to reach a stage of recovery. This has led to a significant increase in the number of people served. In 2012, prior to Medicaid expansion, 4,319 Richland County residents received Medicaid or non-Medicaid funded services, compared to 9,051 in State Fiscal Year 2016.

We are now exploring the issue of sustainability of our current effective endeavors. Many programs were started with financial realignments as well as cooperative grant funding. Unfortunately grant funds expire and we are still faced with the increased service populations. We are requesting and appropriation of \$12 Million per each year of the Biennium for community-based services. These funds would be utilized by Boards to expand access and capacity for withdrawal management, acute treatment services and recovery supports that focus on continued recovery of individuals and families.

I would also ask that we maintain the access that has been established through Medicaid expansion. You will hear, in a moment the success that can be obtained by consistent participation in treatment and how the upfront investment in the health of a citizen through Medicaid can lead to a healthy workforce that is able to repay that investment through contribution to the tax base.

I thank you for giving me the opportunity to address you today and after Mr. Baker and Mr. Pidgeon have had an opportunity to speak, we will be happy to address any questions.