



**Ohio House Finance Subcommittee on Health and Human Services
Testimony of:
April Caraway, Executive Director
Trumbull County Mental Health & Recovery Services Board
March 23, 2017**

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

My name is April Caraway and I am the Executive Director of the Trumbull County Mental Health and Recovery Services Board. I appreciate the opportunity to testify. I am here today with Carol Fambro Henderson.

Although I'm the Director of the TCMHRB, I, too, have lost someone to addiction. My cousin Chad was in the Army and did three tours in Afghanistan. When he came home he had serious post-traumatic stress and was addicted to pain medication due to some injuries he had sustained in the war. In order to cope, Chad started using any drug he could get his hands on. Due to depression, drug use and erratic thinking, and with nowhere else to go, he was admitted to one of the six behavioral health hospitals in the state. After being there for six days he was sent home. He overdosed two days later in his room at his mom's home in Howland Ohio. He was 26 years old and left behind a beautiful daughter and a devastated family.

Trumbull County has been hit especially hard by the heroin epidemic. Our drugs come from Cleveland, Akron and Stark Counties – other very hard hit areas. Coroner's data on unintentional Overdose Deaths in Trumbull County for the past three years are:

2016 – 104
2015 – 87
2014 – 54

From March 1 – 21, 2017, there have been 101 overdoses. Of those, 16 people died.

There were 73 overdoses in January and 45 overdoses in February of 2017

Agencies are working together, our Alliance for Substance Abuse Prevention is working with families and people in recovery, we're doing prevention in the schools, we have a robust Project Dawn program, and we have reduced our waiting list for detox from 2 weeks to 2 days. Yet everyday people are overdosing and every week people are dying.

We need help.

In Trumbull County an average of 1,000 people per month are receiving approximately \$400,000 each month in behavioral health services due to being on expanded Medicaid. Most of our people in addiction treatment are now qualified. If the Affordable Care Act is repealed, who will pay for these services? Additional money will help us get some people into treatment that still don't qualify for Medicaid or can't afford their insurance costs.

Please,

- Fund nine (9) collaborative 16-bed Acute SUD Stabilization Centers at \$1 million per year to support first responders and our system to get people treatment instead of putting them in jail.
- Appropriate \$12 million per year for community-based services. We would use the money to expand access and capacity for detox and withdrawal management, acute treatment services and recovery supports.

Detoxification costs an average of \$450 per day. It is billable to Medicaid, expanded Medicaid, and some private insurance.

Residential Inpatient Treatment, which also costs an average of \$450 per day, is not covered by Medicaid, expanded Medicaid or most private insurance. A 30 day stay after detox costs \$13,500 per patient. If 100 people stay for 30 days each, the cost is \$1,350,000. That's a lot of money that counties do not have. But, research shows longer stays in treatment result in longer times in recovery and abstinence.

I appreciate your time today. I spend a lot of time advocating for people with addiction and most people ask, "What can I do?" You're hearing today some real needs and real solutions that you can support that can change lives. Thanks for taking action on these issues.