

Ohio Senate Finance Health and Medicaid Subcommittee

Testimony of:

Brad DeCamp

Executive Director

Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services

May 11, 2017

Chairman Hackett, Vice-Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, good morning.

My name is Brad DeCamp and I am the Executive Director of the Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services. I appreciate the opportunity to testify today.

As you well know, 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. Ohio's hospitals, jails, prisons, schools, businesses, and other human service settings are experiencing the strain of an overburdened treatment and recovery system. Every sector of society is impacted by mental illness and addiction, and an increasing number of individuals and families are coming forward requesting help.

The expansion of Medicaid in Ohio has been the single most important policy change that has occurred for individuals impacted by addiction and mental illness in Ohio. I encourage you to continue providing uninterrupted health care coverage to Ohioans with addiction and mental illness. In my community, Medicaid expansion has meant

Additionally, I am requesting that you maintain the investments made by the House in the OhioMHAS continuum of care line item to support acute substance use disorder and mental health stabilization services. These investments will allow local ADAMH Boards to put in place a level of care in communities throughout Ohio that is lacking in many areas today. This investment of \$27 million/year in crisis stabilization and withdrawal management services will provide for short-term stabilization centers with warm-handoffs to ongoing services in the community. While we do have access to Ambulatory Detox in our community, we do not have a Sub-Acute Detox facility in either of our counties and we struggle, as do most of colleagues in finding access to this level of care.

We recognize that this is a big investment during a tight budget. We truly believe that these centers will make a difference for the clients we serve and meet a need that is largely unmet now. We would encourage the inclusion of an evaluation of the effectiveness of these centers in order to measure the clinical and social outcomes as well as the cost-effectiveness of this level of care. Local Boards are practiced at blending and braiding funds to most effectively meet community needs.

We know that 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 targeted investments made in House's budget package will help communities who are struggling to meet the needs of their citizens provide additional access to services, thereby increasing the number of Ohioans who are able achieve and maintain recovery in their communities. By working together at the state and local level to prioritize and marshal all available resources and leverage all relationships we can end the opiate epidemic in Ohio.

As I conclude my comments, I want to thank you again for your commitment to 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.