

## **Ohio Senate Finance Health and Medicaid Subcommittee**

**Testimony of:  
Steve Terrill  
May 24, 2017**

Chairman Hackett, Vice-Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, good morning. Thank you for the opportunity to provide this testimony.

My name is Steve Terrill. I am an individual in recovery, a volunteer advocate against addiction. I am here today to share my story and to ask for your support.

I grew up on a Logan Co. Ohio family farm with a loving family. I am married to Debbie, who is the love of my life, and we began raising her beautiful daughter, Whitney, and was later was blessed in adopting a gift from God, who was named Kevin Lee.

I graduated from OSU and enjoyed a successful 36 year sales and marketing career with AT&T and other hi tech companies. Not surprisingly, the corporate environment was high pressure and it was a constant struggle in trying to balance family and career. Consequently, I suffered with periodic bouts of very difficult anxiety and depression. Eventually my social and after work drinking went to an approach of self-medicating and then into everyday heavy drinking.

Getting the right help and kicking the habit was a painful difficult process, but I had a very supportive wife and knew I had to stop. I also soon decided in 2014 to retire and we moved back and closer to family to Ohio after 23 years in North Carolina.

Life began to get better with a very supportive wife, family, and growing relationship with GOD through a new engaging church. I developed a strong desire to help others in the community. An appointment to the County Mental Health Board, was the first step, quickly leading to actively participating in active Advocacy roles with a number mental health and addiction coalitions.

Unfortunately, I had not yet truly accepted I was an alcoholic and with almost three years of sobriety, started closet drinking. Not long after, we lost our son, Kevin, who was a 5 year active duty Army soldier. The loss was devastating to both, and I again started to drink heavily.

With the support of Debbie and the LORD, I entered a local hospital to detox and stabilize. Within a few days, the hospital wanted to dismiss me. There were few options available and Debbie soon became desperate to find me an adequate treatment facility.

Our finances were not an issue but neither the hospital or local mental health provider were able to help and suggested they transfer me to a local nursing home. Debbie knew that a nursing home was not equipped to provide the healthcare to address my physical and mental condition. Finally, Debbie was able to find a capable treatment center that after a lot of persuasion, agreed to take me for a few weeks.

Today, I know that I was very fortunate to have a treatment center who admitted me and provided excellent treatment. However, without Debbie's determination to find acceptable care during a critical window of time, I would have likely fallen through the cracks.

Today, I stand before you committed to a lifelong recovery for myself and determined to help develop solutions that can address the crisis we have as a result of mental health gone wrong.

Should there be any question that we **MUST** prioritize addictions and other Mental Health illnesses that are devastating the lives of our love ones, families, communities, and country. I would expect that we all would agree that an important key in beating addiction is to address it early, and with "TIMELY" combined medical and behavioral treatment.

I respectfully request that we must realize that this is a top priority for all of us and the current proposed House budget should be extended to:

- Support (12) not just nine (9) collaborative 16-bed Acute SUD Stabilization Centers at \$1 million per year to provide short-term withdrawal management and detoxification services to individuals in need.
- Appropriate \$15 million per year to local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards to support warm hand-offs and follow-up care in the community; and
- Fund eight (8) not just 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.

Thank you for the opportunity to provide this testimony. At this time, I will be happy to answer any questions you may have.