

Ohio House Finance Committee
Testimony of: Ronald A. Adkins, Executive Director
Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction, and Mental Health Services
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Chairman Smith, Vice Chair Schuring, Ranking member Driehaus, and members of the House Finance Committee, good afternoon and thank you for allowing me to speak to you on this very important subject.

My name is Ron Adkins. I am the Executive Director of the Gallia-Jackson-Meigs Board of Alcohol, Drug Abuse, and Mental Health Services. I represent a rural area in Southeastern Ohio that is plagued with extreme levels of poverty, some of the state's highest unemployment and one that has been significantly impacted by the opiate epidemic that has spread across Ohio and the entire country in general. Living and working in an area impacted so substantially by this opiate epidemic, I want to thank this body for its ongoing focus on this issue and for your continued support as we work together to end this epidemic. We appreciate the increased investment in the addiction treatment pilot program and in specialized docket staff proposed in your substitute bill.

I want to start by addressing the positive impact that Medicaid Expansion has had on our system of care and the clients whose lives have been so greatly enhanced. While Medicaid Expansion has provided us great opportunity to expand traditional therapeutic services to a larger population, I MUST caution you that there are still many "supportive" services that enhance clients' success that are not reimbursable through Medicaid. These supportive services include residential per diems including placements in our community based crisis units and other residential treatment programs and other housing supports, respite, employment supports, and peer support services to just name a few. In FY'14 and SFY 2015, the 507 funds have helped fill that gap in many communities. These resources allowed us to secure funding for our Crisis Stabilization Unit for diversion or step-down placements from more expensive placement options.

This Crisis Stabilization Unit is a 13 bed facility with 9 crisis beds and 4 beds designated as homeless. The Crisis Beds are used as diversion, respite and hospital step down beds. The homeless beds are primarily used for hospital discharge clients who lost their resident during hospital placement or have no place to return after discharge (families refuse to let them return home, etc.). In SFY 2015, we utilized \$209,889 from the 507 line item to fund the Crisis Stabilization Unit. As of March 31, 2015 our Crisis Stabilization Unit had provided services to 127 clients utilizing 2,081 units of service. The funds we utilized to fund this program are not included in the SFY 2016 budget. Without these funds, we will be forced to downsize or even close our Crisis Stabilization Unit and result in more expensive placements in the already overtaxed state hospital system. One day in our local crisis stabilization unit costs \$252 compared to one day in a state hospital at \$532. As you can see, we can serve individuals more cost effectively in the community and making this investment will save the state dollars.

We have also been working with the Gallia County Sheriff to provide a bed on the unit for non-felony offenders who need BH stabilization in lieu of initial incarceration. We would need to step away from this option if funding is reduced.

Along with the high rates of poverty and unemployment I mentioned earlier, my Board area does not have a levy. As a board without a local levy to provide funds for the critical recovery support services, we are primarily dependent on our allocations from OhioMHAS. While Medicaid expansion has been

beneficial and some Boards have been able to divert funds to other services in the community, without a local levy, we have had minimal funds to divert without further eroding essential core services that are provided to clients in our communities.

This confluence of factors is why I stand here before you today, asking for your support. I am asking that you allocate additional funds to the OhioMHAS 336-421 line item to help my Board and Boards in a similar situation continue to provide access to critical and life-saving services to citizens in our communities. These funds would be used by my Board to continue funding our Crisis Stabilization Unit as well as provide stabilizing recovery supports that are not covered by Medicaid, including: housing, peer support, transportation, and more.

On behalf of all the Boards, I also ask for your support for an amendment that would provide permissive authority for Boards to own recovery housing when it is determined that Board ownership would best meet the needs of the community.

Thank you for the opportunity to provide this testimony. I'm happy to take any questions you may have.