

Ohio House Finance Committee
Testimony of: Susan Schultz, Executive Director
Alcohol, Drug Addiction, and Mental Health Services Board of Adams, Lawrence, and Scioto Counties
April 16, 2015

Chairman Smith, Vice Chair Schuring, Ranking member Driehaus, and members of the House Finance Committee, good morning. My name is Sue Shultz and I am the Executive Director of the Alcohol, Drug Addiction, and Mental Health Services Board of Adams, Lawrence, and Scioto Counties. I appreciate the opportunity to provide this testimony.

Like my colleague Ron, my three-county Board area serves a rural area of Southern Ohio and we also do not have a levy. Our communities have been hit hard by the opiate epidemic while also experiencing high rates of unemployment - Adams County is currently the second highest in the state at 9.9% and Scioto County is seventh highest in the state at 8.9% unemployment.

I want to start by thanking you all for your ongoing support in the fight against Ohio's opiate epidemic. Your focus on the issue has helped shine a light on the problems and target resources to individuals, families, and communities in need. We appreciate the increased investment in the addiction treatment pilot program and in specialized docket staff proposed in your substitute bill.

I also want to highlight the benefit of Medicaid expansion on our community system. We are able to provide more clinical services to individuals in need and enhance lives in a way we previously never have. Medicaid expansion has provided expanded access to treatment services, but Medicaid does not pay for many critical recovery supports, including housing, peer supports, transportation, and importantly in our area, our crisis stabilization unit and our crisis hotline.

Our Board, in conjunction with The Counseling Center opened, the Crisis/Detox Center that offers Ambulatory Detox and Mental Health Crisis Services, as well as a Crisis Hotline Service, to Adams, Lawrence, and Scioto County residents. The Crisis Center began operations on January 15, 2014. Between July 1, 2014 to March 31, 2015, 352 clients with mental illness, addiction, and dual-diagnosis were admitted. Clients present at the Crisis Center in the midst of a mental health crisis, in desperate need of detox services, and sometimes both. We are serving mothers, fathers, sons, daughters, neighbors, and friends and we're serving them as close to home as we can. Between July 1, 2014 to March 31, 2015, the Crisis Hotline has received 4,769 calls. The crisis hotline provides information about services, offers supportive conversations, and responds to crisis calls (suicidal, addiction, emotional distress, etc.). The total budget for operations of the Crisis Center is \$826,319, which consists of various funds. The budget includes the \$441,161 of the 507 and Hot Spot funds allocated to our Board area. While some of the counseling services provided by our crisis team are covered by Medicaid, the room and board, meals, transportation, and costs associated with ensuring 24/7/365 staffing of the unit are not. Furthermore, our hotline that provides critical support to individuals, families, and local partners is funded by our state allocation. Without an additional investment, the Crisis Center would have to close down. This will result in us reverting back to our old, inefficient system of providing crisis services through unnecessary emergency room utilization, increased hospitalization rates, and increased jail stays.

My Board area does not have a levy. As a result, we rely on our allocations from OhioMHAS. Medicaid expansion has been beneficial and has allowed some Boards to divert funds to other services in the

community, but without a local levy, we have had minimal funds to divert without further eroding our already fragile service system.

I have seen the incredible benefit of the crisis stabilization unit and our hotline and I don't want to go back to the days where our only options are to send people to the state hospital or the local emergency room. 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.

As I conclude, I also want to 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.