

## **Ohio Senate Finance Committee**

### **Testimony of:**

**Dr. Doug Smith**

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County of Summit ADM Board

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Chairman Oelslager, Vice-Chair Manning, Ranking Member Skindell, and members of the Senate Finance Committee, good afternoon.

My name is Dr. Doug Smith and I am the Medical Director and Chief Clinical Officer for the County of Summit ADM Board. I appreciate the opportunity to testify today.

I am here today to provide information about the need for timely access to crisis services and to request your support for increased access to community-based services and supports.

Having worked for many years at 3 of the state psychiatric hospitals in Ohio and at the Toledo Correctional Institution, I have overseen treatment for or directly treated thousands of adults with mental illness and addiction. During the past 5 years at the Summit County ADM Board I have broadened my experience with exposure to individuals from infants to those in the geriatric population.

Across the Northern part of the state, from the Indiana border to the Pennsylvania border, the catchment area originally covered by the 3 Northcoast Behavioral Healthcare regional psychiatric hospitals, I observed that patients most often entered care, both in the community and at public and private hospitals, through crisis service providers. While private hospitals have emergency rooms that fulfill some of the need, the counties with the best access to services also operated other crisis care settings as doors to their broader system of care.

Summit County, encompassing the broader Akron area and suburbs, has an excellent example of crisis services that serve as one of these doors. The ADM Crisis Center includes Psychiatric Emergency Services (PES), a Crisis Stabilization Unit, and a detoxification center. At any hour of any day an individual may present to either PES or Detox, either voluntarily or under law enforcement escort. In either situation, the person can get rapid assessment and all needed psychiatric crisis services, or addiction detoxification services, including connection to inpatient or outpatient providers, prior to leaving the building. The setup also allows family and police to impart any information they have and then rapidly move on with their work or other responsibilities elsewhere. This is particularly important for law enforcement, often CIT trained officers in Summit County, so that they may attend to other calls for service, and allows for a very collaborative working relationship that encourages diversion of individuals to care, as opposed to jail.

Since many individuals with mental disorders and/or addiction don't recognize that they have an illness, it is common for their first or even subsequent engagement in assessment and/or treatment to occur when their symptoms are severe and blatant, and their resultant behavior has brought them to the attention of family, the police, or other citizens, resulting in a need for immediate care. The more rapidly the individual can have his or her needs assessed, the more rapidly and safely appropriate care

can be provided. This is valuable to that individual, as each of us desires rapid treatment of any of our own personal illnesses; valuable to families, who similarly desire speedy treatment for their loved ones; and valuable to society, as we all desire a healthy and safe community. In addition, research has shown that the sooner a mental illness is recognized and treated, the more positive the long-term prognosis. This swiftness minimizes both human costs and fiscal costs.

The Crisis Stabilization Unit is also a key component of the crisis care continuum. Individuals who have been assessed, recognize that they would benefit from structure and treatment, but do not need the most restrictive and expensive level of care in a hospital, can reside on the CSU. Over the course of days or a few weeks, this 16-bed setting helps many persons receive needed treatment while maintaining and gradually increasing their connection to the community and outpatient services. Individuals ready to leave a psychiatric hospital but not yet able to live independently may also choose to reside in the CSU after hospital discharge until they are better prepared to transition back into the community. Similar to the CSU at the Summit County ADM Crisis Center, the recently created Adam-Amanda Mental Health Rehabilitation Center in Athens, Ohio, will undoubtedly help many individuals on their road to recovery.

I respectfully request that you support the increased investments in the Ohio Department of Mental Health and Addiction Services' Continuum of Care line item to:

- Support 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 \$12 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 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.

As I conclude my comments, I want to thank you for the opportunity to provide this testimony, I will be happy to answer any questions you may have today.