Ohio Senate Finance Committee

Testimony of:
P. Stephen Novack, D.O.
Associate Medical Director
Avita Health System, Maryhaven
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Chairman Oelslager, Vice-Chair Manning, Ranking Member Skindell, and members of the Senate Finance Committee, good afternoon.

My name is Steve Novak and I am employed with Avita Health System, Galion and associate medical director with Maryhaven. I appreciate the opportunity to testify today.

I am here today to provide information about withdrawal management and detoxification services and request your support for increased access to community-based services and supports.

I was Galion City Health Department health commissioner from 2008 to 2015. In 2011, I addressed Galion City Council and described opiate addiction and overdose death as the biggest public health problem in the city. I assert the same conclusion about the residents of the Ohio today. Since 2011, I worked with the Crawford-Marion ADAMH and Maryhaven to provide an outpatient combined medication-assisted therapy and counseling office in Bucyrus. Since then we added another satellite office in Marion.

I have interviewed over a one-thousand people admitting to an addiction to opiates, predominantly heroin. Well over ninety-percent were born and educated in Crawford or Marion counties. These are Ohioans, born and bred. I have witnessed many get their GED's, get jobs, raise families and become members of their communities, as well as form communities of recovery. I have also witnessed reductions in over dose deaths until fentanyl and carfentanyl hit in 2015. I have witnessed reductions in crime rates and improvements in living standards for these communities.

I attribute these successes to many factors including Crawford 2020 strategic planning, Together We Hurt, Together We Heal, a grass roots effort formed by three moms of heroin-addicted teen boys. I especially credit the Crawford-Marion ADAMH for its willingness to innovate in treatment options, including medication-assisted therapy, of which there none in Crawford County prior to 2011.

Of course, many more have failed to recover, some have gone to prison. Those in prison will return to their communities and they will be in need of recovery.

I have also witnessed remarkable and inspirational actions by the very top of each of the three branches of Ohio state government: license action against egregious opiate-prescribing doctors, opiate prescribing guidelines, OARRS, innovative pilot projects in treatment, sentencing and long-term recovery. From my perspective, Medicaid expansion has done the most to ensure most of those afflicted with opiate addiction have access to outpatient treatment.

My training and experience has shown me that opiate addiction spans the entire life of those so afflicted. The majority however can experience short-term recovery with outpatient treatment. However some, though apparently motivated are unable to stop illicit drug use for even one week. Our usual response is to assume they're "not ready" and discharge them to the street. If they survive or are not imprisoned, they may return in thirty-days for re-admission to our program for another attempt. We have placed no limit on the number of attempts. A thoughtful person would ask if we've admitted this person several times in the last year and they're still using opiates, maybe we're not the program for them. Maybe there's another approach? There are some inpatient beds but they are several counties away and they're most often full when we make the call. If I were an emergency room doctor in Galion and a patient came in with a ruptured abdominal aortic aneurysm, I would know that my hospital couldn't accommodate him. So, would I say we'll admit you anyway, give you blood and pain medication and hope for the best? No. I would call helicopter and he would be in an appropriate hospital in about an hour.

In the course of my career, I observed the creation of such medivac operations for trauma, heart attacks and other serious life-threatening events. Those changes were based physicians and others advocating for a medical need and then developing a sustainable reimbursement from various sources. It is now unthinkable that a small hospital would keep or temporize such patients.

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.