



House Finance Committee
Interested Party testimony on House Bill 33
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Volunteers of America Ohio and Indiana
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Chairman Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee, thank you for allowing me to testify today on House Bill 33. My name is Jennifer Martinez, and I am the Vice President of Behavioral Health for Volunteers of America Ohio and Indiana.

Volunteers of America's mission is to transform lives and help people reach their full potential by offering hope and restoring dignity. Our vision is a world where all people live in safety, with social, emotional and physical well-being, spiritual fulfillment, justice and hope.

Our latest project to help those in need is a Family Focused Recovery program that provides residential treatment for pregnant women and mothers with substance use disorder (SUD), along with their children. The 34-bed program offers trauma-informed, evidence-based clinical services provided by licensed and trained treatment professionals with a focus on whole-family recovery. Family Focused Recovery helps women recover from SUD, breaks the cycle of addiction in families, improves health outcomes, and promotes the birth of healthy babies. This project is built upon the success of four similar existing programs called Volunteers of America Fresh Start in Indiana.

The Columbus Family Focused Recovery treatment model has three phases. Phase 1 is 30-45 days of intensive clinically managed residential treatment, which includes the following:

- Peer Support – We will use people with lived experience in long-term recovery from substance use disorder, mental illness, and trauma. We will be using these individuals in the role of counseling and support to the residents. We will be using individuals who have been certified by the state of Ohio with 40 hours in person training and 16 hours of online work.
- Medication Assisted Treatment (MAT) – Methadone, Suboxone, and Vivitrol, all used to reduce cravings and assist in the treatment of substance use disorders. These are most effective when used in combination with counseling and other therapeutic techniques to provide a “whole person” approach to treatment.

- Parenting and life skills development / Family coaching – We will be using an evidenced based practice call Nurturing parent to accomplish these goals.
- Pregnancy and childbirth education – we will be working closely with OBGYN's who specialize in the treatment and support of women who are pregnant / parenting who also live with a substance use disorder to ensure education and support during this time. We also plan on working with Doula's in the program.
- Childcare – childcare will be provided on site while mothers are in treatment services, looking for employment, housing, or accessing other needed community resources. These services will be provided by the Early Head Start program to ensure that the childcare being offered is age and developmentally appropriate.

Phase 2, the step-down phase, focuses on community reintegration with family-focused wrap-around services and outpatient treatment. This includes a minimum of 9 hours of weekly intensive outpatient services and after care and community reintegration.

Phase 3 of the program will follow each family of 2 years post-program completion to ensure ongoing stability, including employment, housing, and development of positive social supports.

The Family Focused Recovery Center budget is \$2.4 million in construction / remodeling cost for a recently purchased building, located at 81 South 5th Street Columbus, Ohio. Of the \$2.5 million we have raised \$1.7 million and continue to raise more in private donations. However, with the state's support of \$1 million, we can close our funding gap sooner and begin helping those in need.

Thank you very much for an opportunity to testify on our state funding request. Feel free to review additional documentation, attached to this testimony, for more information on our services and renderings of the facility.



Family Focused Recovery Center Living

The Family Focused Recovery facility is designed to be a welcoming and safe space where mothers can focus on their recovery journey while strengthening family bonds. The lights throughout the building are soft or dimmable to create a warm environment for families. And, the artwork and paint colors on each floor are specifically designed to uplift the mothers and children we serve.

Lower Level

The lower level features a kitchen, dining, and laundry area where mothers and children can do the activities that make them feel at home.

Features

- Two dishwashers, large pantry, large capacity oven
- Commercial fridge and freezer
- Additional storage space



First Floor

The first floor has a public entrance that leads to a reception area, waiting room, medical and counseling offices, and staff breakroom.

Features

- Private resident entrance with elevator access
- Fully accessible bathrooms in lobby area
- Full bathroom with shower for incoming clients



Building Stronger Communities

The statistics around maternal substance use disorder are staggering. This Family Focused Recovery Program will provide essential services to address important community needs.

Ohio has one of the highest rates of drug overdose deaths involving opioids in the U.S. which has been highly correlated to the high neonatal abstinence syndrome (NAS) birth rate. (CDC, Drug Overdose Deaths, 2019)



Second & Third Floors

The second and third floors is where mothers and children can go to relax and be a family!

Features

- Bedrooms of various sizes
- Kitchenette for quick snacks and late-night bottle feedings
- Full bathrooms with bathtub
- Community room for activities, AA meetings, and other support groups

Fourth Floor

The fourth floor is where mothers can attend check-ins with staff in their offices while children play in the group space.

Features

- Mothers can focus on their recovery journey while kids play safely
- Play area activities like a chalk wall, TV, and games
- Two “mommy rooms” where mothers can nurse in privacy



20%
of new foster care
entries were infants
younger than one

According to Health Affairs (November 2021), from 2010 to 2017 the number of pregnant women with an opioid-related diagnosis at delivery, and the number of infants diagnosed with neonatal abstinence syndrome (NAS), approximately doubled nationwide, with infants younger than age one comprising nearly 20% of new foster care entries.