

Senate Bill 105 Testimony – Jay Hash, Portsmouth Ohio (Scioto County) 5/17/2023

Good afternoon. My name is John “Jay” Hash. I’m a Licensed Professional Clinical Counselor with Supervisor Designation with the Ohio Counselor Social Worker Marriage and Family Therapist Board. I am also a Licensed Independent Chemical Dependency Counselor with the Ohio Chemical Dependency Professional Board. I am a resident of Portsmouth, Ohio in Scioto County. I am in long-term recovery from alcoholism. And, I am the Chief Executive Officer and owner of Hopesource, an OMHAS certified provider of mental health and addiction treatment services in operation since September of 2015.

Over the past 15 years, I have been providing services and leadership in addiction treatment. I have witnessed some very concerning, heartbreaking, but also exciting changes in addiction, addiction treatment, and access to care. From the proliferation of pill mills and subsequent shutting down of pill mills, to the introduction of heroin into our communities, and then the ever-adapting criminal providers of fentanyl and methamphetamine. One thing has been steady throughout this period of time. That is the resilient demand for substances of abuse. Where there is demand, supply will usually find a way.

I would like to thank Ohio for being a leader in prioritizing addiction treatment in the midst of the opioid epidemic which was exacerbated by the COVID-19 pandemic. We are still literally and figuratively clawing our way out of these devastating circumstances. But, we will get it done.

I also want to thank and applaud Ohio for expanding Medicaid. I can no longer count the people who are alive and thriving directly as a result of the expansion of Medicaid in Ohio. These survivors and thrivers are my colleagues and some of my best friends. They are in positions integral to our communities, businesses, and neighborhoods.

Because of the epidemic, we needed to expand access to treatment. Or we would have to drastically increase capacity in hospitals, morgues, and funeral homes. Unfortunately, many have still died. But many have lived!

With Medicaid expansion, discontinuation of Medicaid reconciliation, and opening access to private providers, Ohio took the lead in recognizing Substance Use

Disorder as a health care issue, not merely a social issue. Thank you! This is healthcare.

While the expansion of care was a priority, there was much work to be done. One of the most notable in Scioto County was the slow and then rapid increase in the number of addiction treatment facilities. This makes sense, right? Addiction problems, high overdose death rates, startling Hepatitis C infection rates, and high rates of babies born with Neonatal Abstinence Syndrome (NAS). It did make sense. There were hundreds of women and men on waiting lists for Residential Treatment in Scioto County alone.

So, the improved access to new providers was a great fit and a great, life-saving accomplishment.

But, over the last 5 years or so, some people and parts of our communities have grown weary about the number of treatment facilities. This is not just the “Not in my back yard” contingent (although it does include that). Increasing comments are being made by citizens, public service officials, and even our city council.

Some of their complaints are ludicrous, unfounded, ignorant.

Some of their complaints are just mean-spirited, prejudicial, and fired by the fuel of stigma.

But, some of their complaints are valid. There are new and established treatment providers that are developing a reputation of disregard for the placement of their facilities, disregard for professional management of their agencies and client activities, disregard for the rules, and disregard for prohibitions on violation of the administrative code, local ordinances, residential occupancy limits, and circumvention of rules related to supervision of staff and group ratios of staff to clients. Unfortunately, this is not an exhaustive list as there are reported infractions that are less and more egregious. There are some who complain that local providers should focus even more on local residents’ care. As local agencies “compete” for new clients to enter their services, and as new local agencies start and continue to grow, the pool of local people in need of services spreads across the new array of agencies. When the same number of treatment beds are no longer required to meet the need of the number of residents with substance use disorders, agencies have decisions to make. Do they right-size their organizations

or do they recruit clients from farther and farther away from the area where the demand for services has already been met? For example, as of today, Hopesource's Residential Treatment Capacity is 32. 16 of those for men, 16 for women. We have 16 clients in our 32 beds, so 50%. Our commitment remains to Scioto and any contiguous county. So, there are agencies in Scioto County and, no doubt, throughout the state, that recruit clients from areas far from home. Wrong, right, or somewhere in between, it is a commonly heard complaint by citizens and public officials. So, the data-sharing requirements may be a helpful tool if OMHAS and state leaders have preferences or concerns on these issues.

People seem not to know where to express their concerns or make complaints. It does seem, that with a little bit homework and research, a citizen or public servant could find the resources to complain to OMHAS about one of their agencies.

There are important factors involved in evaluating this dilemma. Of course, those agencies that are breaking rules, disregarding their impact on the community, circumventing the administrative code, or exploiting clients need corrected and held accountable.

In the meantime, there is some unawareness of what separates compliant facilities with professional and ethical operations from the agencies that don't meet the mark, that circumvent the code, that give this healthcare segment a bad reputation. Unfortunately, some parts of society and local government continue to paint addiction and mental health problems with the age-old broad brush of condescension, second-class citizenship status, and prejudice. And more unfortunately, this same broad brush is now being used to paint addiction and mental health providers.

If other counties have any similarities to ours, we could use some help right now.

We have long-established Alcohol Drug and Mental Health Service (ADAMHS) Boards that can serve as an additional overseer, an additional advocate, an additional resource for the community's voice about concerns related to addiction treatment facilities activities.

While there are components of the proposed bill that may be perceived as more “red tape” than is needed or may be perceived as redundant in some areas, from this provider’s standpoint, we feel it is a worthy trade-off.

ADAMHS boards are in place already throughout the state of Ohio. They are recognized. They have “boots on the ground” in all 88 counties. ADAMHS Boards are great resources for the community, providers, and the State of Ohio.

With local ADAMHS Board collaborating with OMHAS on new agency applications, renewals, complaints, I believe it will provide more local options to express concerns, provide valuable information, and increase the connectedness between OMHAS (who certifies providers) and the local Scioto County communities.

Having ADAMHS Board input on investigations will be welcome to all who have no issues with compliance. And, those who do have noncompliance problems (either intentional or unintentional) will be monitored, supported, or even disciplined as warranted. There is no one that should have an issue with a noncompliant provider receiving accountability.

On the complex and growing problem of Recovery Housing, ADAMHS Boards are in a special and unique position to be a resource for the community and the state. While there are excellent, accredited Recovery Housing facilities, there many, many more “sober living” facilities that are not on any registry, are unknown to OMHAS, and are not searchable. While many or maybe most of the facilities are hopefully safe, clean, and properly run, the common belief is that there are too many that have circumvented the code, are operating like treatment centers, and are treating clients that belong in higher ASAM levels of care (American Society of Addiction Medicine). Right now, though, anyone can do what they want as long as they don’t house more than 5 people at a time (reference National and Local Building and Zoning Codes). More oversight and accreditation is needed and ADAMHS Boards are in a special and unique position to supplant the oversight of OMHAS. Again, any provider that resists oversight in this area may not be a suitable provider of recovery housing, or any service for that matter.

There is no body of providers in any industry that does not need oversight and supervision. Adding ADAMHS Boards that are already present in our 88 counties will bolster oversight, reduce noncompliance, ensure the quality of the behavioral

health treatment providers, and increase the confidence of our communities and neighbors.

I am advocating for the passage of Senate Bill 105 and I would like to thank the sponsors and co-sponsors of this bill for all of their efforts.