



Hearing on House Bill 369 before House Health and Aging Committee
Wednesday, March 12, 2014

Testimony of Tara Dolansky, MPA
Public Policy Associate

Good morning, Chair Wachtmann, Vice Chair Gonzales, Ranking Member Antonio, and members of the House Health and Aging Committee. My name is Tara Dolansky. I am a Public Policy Associate at The Center for Community Solutions, a non-profit research and advocacy organization with offices in Cleveland and Columbus. The organization celebrated its 100th anniversary in 2013. Our mission is to propose non-partisan policy solutions to improve health, social, and economic conditions for Ohioans.

We are here today in support of H.B. 369. Behavioral health has been a major focus for our organization in recent years. Community Solutions has produced several major reports on behavioral health issues over the last four years including, *By the Numbers 1* and *2*, in partnership with the Mental Health and Addiction Advocacy Coalition. *By the Numbers 1* looked at the fiscal impact of mental health and addiction issues across systems, ranging from the community behavioral health system to the criminal justice system and found a need to improve service coordination and delivery to make sure treatment is taking place at the right times and in the right settings. *By the Numbers 2* analyzed spending by local ADAMH boards on non-Medicaid mental health services. *By the Numbers 2* found that boards are providing many wraparound services in a continuum of care in addition to treatment and recommended the collection of more consistent data to track the need for these services.

We commend Rep. Sprague and this committee for their work on combating the opiate epidemic in Ohio. It is astounding that drug overdoses are the leading cause of accidental death in the state. The work of the Prescription Drug Addiction and Healthcare Reform Legislative Study Committee detailed the impact of this epidemic and some of the ways in which the problem can be addressed. Stemming from the work of the study committee, House Bill 369 provides a definition for a full spectrum of care

for opiate addiction and requires that all of these services be available to those who need them. A major component of these services is recovery housing that allows recovering addicts to live in an environment that is alcohol and drug-free with peer support. We support the \$25 million appropriation for recovery housing. Currently the demand for recovery housing exceeds the supply. Given the magnitude of opiate addiction, these dollars are needed.

Based on the findings from our *By the Numbers 2* report, we know how important it is to consistently track the number of clients served and the number of people who are waiting for services across the state. Without this information, it is difficult to determine the unmet need for services. Based on our research, some ADAMH boards keep detailed records of wait list information including the number of people and length of time on wait lists, while others keep little or no record of those waiting for services. We support the language added to House Bill 369 to include the maintenance and reporting of a waiting list for individuals with opiate addiction or co-occurring drug addiction by the provider to the local ADAMH board. Accurate tracking of this information will help to determine the needs of people suffering with opiate addiction in a local board area and by county. We recommend the addition of language that explicitly allows the boards to verify an unduplicated count of all individuals on the wait list.

We are supportive of the dedicated funds to expand recovery housing, but want to ensure that recovery housing organizations that receive public funds are meeting levels of quality, similar to how we expect other providers within the full spectrum of care to meet quality standards. To this end, we propose integrating into House Bill 369 quality standards for recovery housing similar to those adopted by the National Alliance of Recovery Residences or other states with more developed recovery housing networks such as California or Georgia. Another option would be for the Department of Mental Health and Addiction Services to develop, with input from stakeholders, quality standards and measures that recovery housing must meet in the process of implementing the provisions of this bill. Recovery residences provide housing for people at a vulnerable stage in their life and should be able to meet and maintain basic quality standards, including background checks, in order to become a part of the recovery process.

We are very supportive of the goals of House Bill 369. The level of need for treatment and support for opiate addiction has reached beyond what many of us could ever have imagined. We look forward to working further in the collaborative process that has led to substitute House Bill 369.

Thank you for your time and I would be happy to take any questions.

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