



Testimony before the
**Ohio House of Representatives Study Committee
Law Enforcement Perspectives on the Drug Epidemic & Its Impact on Families**

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Representing the County Commissioners Association of Ohio

Chairwoman Pelanda, Vice Chair Buchy, and members of the House of Representatives Study Committee on Law Enforcement Perspectives on the Drug Epidemic & Its Impact on Families, thank you for the opportunity to address the Study Committee on behalf of the County Commissioners Association of Ohio.

In addition to being a Tuscarawas County Commissioner, I have also been appointed by our CCAO President, Summit County Council Member Nick Kostandaras, to chair an ad hoc committee to study the county response to mental health and addiction which is still underway.

Our ad hoc committee has focused on three areas where counties are particularly feeling the impact of untreated mental illness and addiction – workforce development, the child protective system, and our county jails. Given the stated topic of the committee today, I will focus my comments to highlight areas of interest for your consideration specific to county jails and addiction only. Notes on our ad hoc committee’s work on the other two topics which your committee may find of value to you in your deliberations follows my testimony.

After meeting with several interested parties including sheriffs, jail administrators, behavioral health experts, the Department of Mental Health & Addiction Services and others, we have identified the following areas of concern:

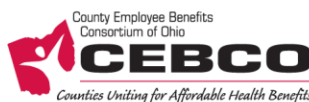
Jail “Hot Spot” Population

Just as the Ohio General Assembly identified small populations that led to a large percentage of the costs within Medicaid that were referred to as “hot spot” populations, the same is true within our county jails. For example, Lucas County found that about 8% of the population is driving around 24% of the costs. Behavioral health – and in particular addiction – is a big factor of the cost within this “hot spot” population.



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Jails as De Facto Treatment Facilities

Communities often have significant waiting lists for addiction treatment. Summit County alone has over 300 individuals on their waiting list for opiate treatment. Additionally, the components of getting better recovery rates – housing, therapy, medications, peer supports and employment – are rarely all present in any given community to meet demand. Consequently, individuals who really need to be receiving medical care are instead incarcerated in our jails simply due to a lack of more appropriate options. Jails are not equipped in many instances to serve as treatment centers. Our county jails have neither the resources nor the expertise.

High Mortality Post Release

One of the unfortunate outcomes that we see with respect to those who are incarcerated in our jails who have an opiate addiction is very high mortality rates post release. Individuals detox in our jails. Then they are released. They resume using at levels prior to incarceration and overdose deaths are the result.

Our committee is currently identifying strategies and best practices that range from early identification of addiction treatment needs at intake, how to provide detox and treatment in a jail setting, better jail diversion strategies, and improved discharge planning.

However, it is readily apparent from the county commissioner perspective, even prior to our final committee report, that it will take a strong state and local partnership if we are to make the changes necessary to save lives and be smarter about how and where we spend taxpayer dollars as it relates to our county jail “hot spot” population.

I appreciate the opportunity to testify today, and I would be happy to answer any questions that you may have.

Kerry Metzger

September 3, 2014
Kent State University - Stark County Branch
North Canton, Ohio

**CCAO Ad Hoc Committee
to Study the County Response to Mental Health and Addiction**
Kerry Metzger, Tuscarawas County Commissioner - Chair

Child Protective Services & Addiction

The opiate epidemic has been felt significantly by counties in their statutorily delegated role of administering child protective services.

Addiction impacts the child protective services system in two fundamental ways:

First, the parents - In order to keep children in or return children safely to their home – which is shown to be most beneficial to children in the child welfare system – parents need to receive appropriate and timely treatment for their addiction and mental health needs. Children whose parents are battling addiction require more costly placements and remain in the system longer. Outcomes tend to be poorer for these children. For example, children in custody due to a caregiver’s addiction issues are in custody on average for longer than 300 days, compared to an average placement of 75 days for children in custody without addiction issues present in the home.

Second, the children – Trauma is often a reality for children that come into contact with the children services system. The children often have mental health needs due to this trauma, some quite severe. It is often a challenge to find available and appropriate mental health services for children.

The work of our ad hoc committee has focused on strategies to better incorporate addiction and mental health services into our public children service agencies. Specialty docket courts have also been studied, along with treating the family rather than just the individual with the addiction. At the local level, there is much to coordinate between human service agencies, behavioral health providers, law enforcement and the justice system. Funding for more evidence-based approaches remains a big challenge. Just as with addressing our jail “hot spot” population, it is hard to put all the pieces together that are necessary to support better recovery rates for treating addiction.

Workforce & Addiction

Employers are conveying frustration about the number of employees who are unable to pass a drug test. Given the responsibilities delegated to county government as it relates to workforce development, we want to do everything possible to help individuals understand what it means to be employable and ready to work in a drug-free workplace.

We have explored ways to offer drug-free workplace educational moments as part of our orientations for workforce training offered through One-Stops and our CDJFS. We have also discussed the need for a broader public awareness campaign around drug-free workplaces.

We have also explored where and when it might make sense to utilize drug testing in certain situations when a larger training investment is being made. Improved training for our CDJFS staff on the warning signs of addiction and improve the referral process to behavioral health treatment is also being discussed. Additionally, we have looked at public-private partnership models to ensure a drug-free workplace. There is a We Care at Work Program that originated with the Mental Health & Recovery Services Board of Allen-Auglaize & Hardin Counties and their local businesses where the Board helps businesses with company-specific drug-free workplace policies, training, and testing. If someone tests positive, then the Board works with the individual to address the abuse or addiction issue and helps return them to the workforce.

While our internal committee process is still underway and this is not a comprehensive review of our deliberations, we hope it gives you a sense of the challenges we are facing at the county level and the work we are doing to try and be a partner in solving them.