



Director Tracy J. Plouck
Testimony before the Senate Finance Corrections Subcommittee
Ohio Department of Mental Health and Addiction Services/Ohio Department of
Rehabilitation and Correction Partnership to Enhance Addiction Treatment
FY 16-17 Budget – House Bill 64

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Good morning Chairman Uecker, Vice Chair Brown and members of the Corrections Subcommittee of Senate Finance. Today, I appreciate the opportunity to present on the proposed partnership between the Ohio Department of Mental Health and Addiction Services (MHAS) and the Ohio Department of Rehabilitation and Corrections (DRC) to enhance addiction recovery services in the state prison system.

This proposal is one of the most exciting and innovative opportunities proposed as a part of the OhioMHAS FY 16-17 budget. According to DRC, approximately 50,495 individuals are incarcerated within DRC facilities. Of these, 80% have histories of addiction. Nearly 30,000 of those incarcerated have a considerable or moderate treatment need, but current resources limit treatment availability to reach approximately 4,500 of those in prison. Those who receive services to treat addiction have much lower recidivism rates than those who do not receive such services (10.4% for those treated vs. 27% for general population).

In order to make improvements and expand the reach of recovery services in the prisons, this budget leverages the clinical expertise and recovery-oriented mission of OhioMHAS partnered with DRC's success in keeping recidivism rates low to provide quality addiction services to more people within the walls of the state prisons. Enhanced care inside the prison walls includes increasing the recovery services staff by 50% to provide individual and group treatment and adding two new therapeutic communities, a proven model of treatment that uses the influence of peers to promote recovery. Additional programming will encourage a seamless transition to services upon release to further lower the rate of recidivism, including a connection with the Medicaid program to ensure continued clinical services where applicable. Expanded use of Medication Assisted Treatment will further reduce the risk of future relapse. The budget will also increase access to recovery supports, such as sober housing and employment services, upon release to ensure stable recovery and even further lower the recidivism rate.

Employees of DRC's Bureau of Recovery Services will transfer to OhioMHAS and report under the direction of MHAS' Medical Director, Dr. Mark Hurst. However, the goal is to make the transfer with very little disruption to the staff, who will continue to work within the prisons, retain their DRC badges, and maintain their rates of pay and benefits.

The proposal is three-pronged with a total budget of \$27.4 million in FY 16 and \$34.3 million in FY 17:

1. Transfer current \$12.5 million addiction treatment budget from DRC to MHAS. This budget largely consists of personnel who will become employees of OhioMHAS.
2. Augment services within the state prison system to increase treatment resources to levels that meets identified need. This includes hiring additional personnel to work within the prison setting.
3. Expand resources for outpatient recovery supports and treatment for released inmates.

While these statistics and percentages illustrate the clear need to place a greater emphasis on recovery services in the prison setting, I also want to share with the committee a very clear illustration of why this partnership is a wise investment. I met Dewayne Lee at the OASIS therapeutic community program at Pickaway Correctional Institution while he was serving time in prison for the second time due to crimes he committed while addicted to cocaine and crack. Mr. Lee was college educated and gainfully employed before falling prey to the lure of drugs. The treatment he received through OASIS worked well for him, even leading him to pursue further education as a chemical dependency counselor. Dewayne was released on January 1, 2014. Three days later, he was married. Eleven days after that, he received his CDCA license and after receiving additional training, received his LCDC III certification nine months later. Mr. Lee now works as a treatment counselor at a medication assisted treatment program in Mansfield and works part-time at Healing Hearts Counseling Center. He was recently accepted into a Master's program at Ashland University to further his education and learn skills to help even more people.

Dewayne's story is only one of many successes. Through this proposed recovery services partnership between DRC and MHAS, the aim is to have thousands more men and women achieve recovery and accomplish their goals as a result of help they received while in prison.

Additionally, I wanted to take a moment to note the impact that Medicaid coverage is making an impact on the criminal justice system and specifically the state prison system. With Medicaid extension, significant effort has been made to establish special processes to ensure offenders leaving DRC facilities are enrolled in Medicaid and have selected a managed care plan prior to release. Enrollment in managed care and having early access to care coordination is critical for inmates with mental health and addiction disorders. As of January, the program is being piloted in the three female DRC facilities. Statewide implementation is expected to begin before the end of FY 2015. Once implemented statewide, the program is expected to be used by approximately 20,000 offenders per year and will be supported by special automated processes within Ohio Benefits.

I know Medicaid is a valuable benefit that enhances re-entry through the stories and anecdotes that I hear as I travel the state and talk to mental health and addiction boards, providers, and the people they serve. For instance, I recently attended an event in Mansfield where a couple told their personal story. They were both addicted to drugs, they had lost custody of their children, the wife had spent time in prison, and neither one of them were working. Through the

extension of Medicaid benefits, the couple was able to seek treatment for their addictions and their physical health needs. As a result, they are both sober, have regained custody of their children, the husband has found gainful employment, and they both have great hope for the future. This recovery success story illustrates the impact and potential savings in other parts of state spending – less recidivism, less use of the child welfare system, and an increase in tax revenues through more people having jobs. This story repeats itself across the state.

I thank you very much for your time and attention today. It is always a pleasure to work with the legislature as key interested partners to improve Ohio's system of mental health and addiction. I look forward to our continued collaboration, and I am happy to answer any questions at this time.