Ohio | Department of Alcohol & Drug Addiction Services

John R. Kasich, *Governor*

Mary Taylor, *Lieutenant Governor*

Orman Hall, *Director*

SFY 2012 Annual Report

Our Mission:

"To provide statewide leadership in establishing a high-quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans."

Our Vision:

"An addiction-free Ohio that promotes health, safety and economic opportunity."

A Message from the Director...

Dear Ohio Citizens,

Ohio native and inventor Thomas A. Edison revolutionized the world around us and forever transformed communications and commerce with inventions such as the phonograph and the incandescent light bulb. While his contributions earned him status as a true American icon, he also knew a thing or two about progress, achievement and success. Said Edison, "The three great essentials to achieve anything worthwhile are, first, hard work; second, stick-to-itiveness; third, common sense."

Nearly a century later, Edison's words still ring true.

At the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), we are committed to working diligently to ensure all Ohioans have access to quality, cost-effective substance abuse prevention, treatment and recovery support services. Whether investing in tried and true programming rooted in science and best practices, or exploring new and emerging technologies and innovative methods that improve service delivery, we strive to always act with the best interest of Ohioans in mind.

We also don't back down from challenges. Alcohol and other drug addiction remain among the greatest public health threats in the nation and in Ohio. Communities and families continue to struggle under the weight of prescription painkiller abuse and other opiate addiction, bath salts, alcohol, methamphetamine, cocaine and marijuana. By sticking with proven strategies and policies—and forging new partnerships — we are winning Ohio back, one town, one family, one individual at a time.

In terms of common sense, we've embraced Gov. John R. Kasich's philosophy of pursuing forward-thinking, solutions-oriented strategies that transform Ohio into a model of health and economic vitality. Together with our partners at the local, state and federal levels, and guidance from the Governor's Office of Health Transformation, we're working to streamline Ohio's addiction services network through improved care coordination, integrated behavioral and physical health care and shared services. We are confident these actions will promote greater access to care, improved retention rates, superior outcomes and greater cost savings.

Director Orman Hall

Gov. John R. Kasich

Through common sense restructuring and reform, we are improving lives and saving taxpayer dollars.

The following pages are a testimony to our "hard work, stick-to-itiveness and common sense" over the course of the past year. In the spirit of Thomas Edison, a great Ohioan who helped to illuminate the world, we hope you find this record of past-year achievements and progress a shining beacon of the good things happening in Ohio. Though the road ahead is long and winding, we've made tremendous progress in a lot of areas. We're proud to be a part of a team that inspired Gov. Kasich to remark in his 2012 State of the State, "We're alive again. We're out of the ditch. We're growing. We're becoming."

We look forward to working with our Alcohol Drug Addiction and Mental Health Services (ADAMHS)/Alcohol and Drug Addiction Services (ADAS) Boards, providers, stakeholders, consumers, advocates, distinguished members of the Legislature, and the Kasich Administration to keep building on our success in the coming year.

Sincerely,

Orman Hall, Director
Ohio Department of Alcohol and Drug Addiction Services

Common Sense Reforms

Addiction Services See Forward Progress for Ohioans in Need

After nearly a decade of lost ground in state support for the prevention and treatment of alcohol and other drug addiction in Ohio, the administration of Governor John R. Kasich has undertaken a number of steps to advance addiction services for the benefit of Ohio families and communities. The major change from the SFY 2012-13 budget was the elevation of the state/community portion of Medicaid claims to the state level.

Effective July 1, 2012, the Office of Ohio Health Plans (Medicaid) is wholly responsible for paying the nonfederal portion of Medicaid claims. This relieves local Boards of a $15 million liability and promotes a more stabile planning environment for non-Medicaid services.

In SFY 2012, a Mid-Biennium Review bill took additional bold steps to re-shape addiction services. Below are the specific changes made to enhance access and effectiveness of addiction care.

- $3 million in funding for the ODADAS budget to improve service accessibility for non-Medicaid clients, especially those with opiate addiction.
- Addition of a new medical benefit for the provision of medication-assisted treatment (MAT) for up to 21,000 Medicaid clients.
- As of Oct. 1, 2012, Vivitrol will become a pharmacy benefit instead of a medical benefit through Medicaid, thus permitting the public addiction treatment system to purchase Vivitrol like any other prescribed medication. This change makes use of Vivitrol as MAT another option to Suboxone, methadone, and generics.

ODADAS will work with community partners to conduct a clinical trial over the coming year of best practices and efficacy specific to the three categories of MAT. Plans are underway to work with the University of Cincinnati's Clinical Trials Network through the National Institute of Drug Abuse.

Ohio Departments of Mental Health and Alcohol and Drug Addiction Services to Become One

Across the country, 46 other states have agencies with a mission that includes both addiction and mental health services. In 2012, the Ohio Office of Health Transformation joined both departments in announcing a year-long process to result in the merger of two Cabinet-level state departments into one department. Both departments recognize that it is crucial for treatment success that addiction services and mental illness services be maintained with programmatic integrity and as funding priorities. The goal is to have a system in place for prevention and treatment of mental illness and addiction with no wrong doors, shared resources, and combined expertise. There are numerous reasons why this new department makes sense for Ohioans in need of behavioral health services and for Ohio taxpayers.

- There is a combined federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- Mental illnesses and addictions are both biological brain disorders with genetic and/or neurobiological factors.
- The destructive capacities of both illnesses are enormous. The cost to society is similarly great.
- Mental illness and addiction are diseases that are often unseen and may remain undetected for years before treatment is accessed.
- Denial and stigma are common barriers to getting treatment.
- Clients will benefit from specific expertise in prevention, assessment, treatment, and knowledge of best practices by clinicians who specialize in substance abuse and/or mental illness and have been cross-trained in both specialties.
- Both addiction and mental illness are diseases of the brain that can be treated successfully. It makes sense that treatment services for people with these illnesses are coordinated.
- The social supports and community resources that people with both types of brain diseases need are very similar.

Not everyone with mental illness has a substance abuse issue, but the percentage of those who do live with both issues is high. According to SAMHSA's 2011 National Survey on Drug Use and Health (NSDUH), 20 to 25 percent of individuals with a mental illness will also have a substance use disorder. In ODMH's Regional Psychiatric Hospitals, rates in excess of 50 percent are consistently found. Also according to NSDUH, it is common for people with substance abuse disorders to experience symptoms of mental illness.

From a practical perspective, a number of back-office functions can be stream-lined for a more efficient statewide behavioral health system and will result in administrative cost savings in the future. Some areas of common sense alignment are:

- Barriers in billing and treatment can be overcome; regardless of how a patient presents in crisis, the care should be eligible for payment.
- Fiscal reporting and rule and policy changes will align to make things simpler for the ADAMH boards and service providers who touch both sides of behavioral health.
- A joint agency fiscal review will be implemented.
- Joint regulatory review efforts are underway.
- Initiatives and programs of both agencies will be maintained. The opportunity to work as a team will allow staff members to be more effective in responding to the needs of Ohio residents.
- Community planning for both departments, undertaken by local county ADAMH Boards, will be aligned.

The Administration will seek statutory authority for the merger with the goal of an effective date of July 1, 2013. If you have questions or comments, send them to *consolidationquestions@mh.ohio.gov*.

Treatment Works; People Recover

My story begins like many others — I knew drugs were bad news, but over the course of my experimentation I believed they weren't such a bad thing. When my addiction progressed, and the walls started crumbling in on me, it was already too late.

I had to go back and look at all the places I was using the drugs instead of enjoying companions, security blankets and partners. So I partnered with an ODADAS-certified provider and went to rehab, IOP (intensive outpatient), and began to learn about this crazy, addicted head of mine.

For seven years we practiced our recovery, went to meetings and lived life. During that time I had a baby who was the light of my life, but that didn't stop a relapse in 2003 that did its best to kill me. That time I partnered with SIX ODADAS-certified providers in a seven-month period, and finally it worked.

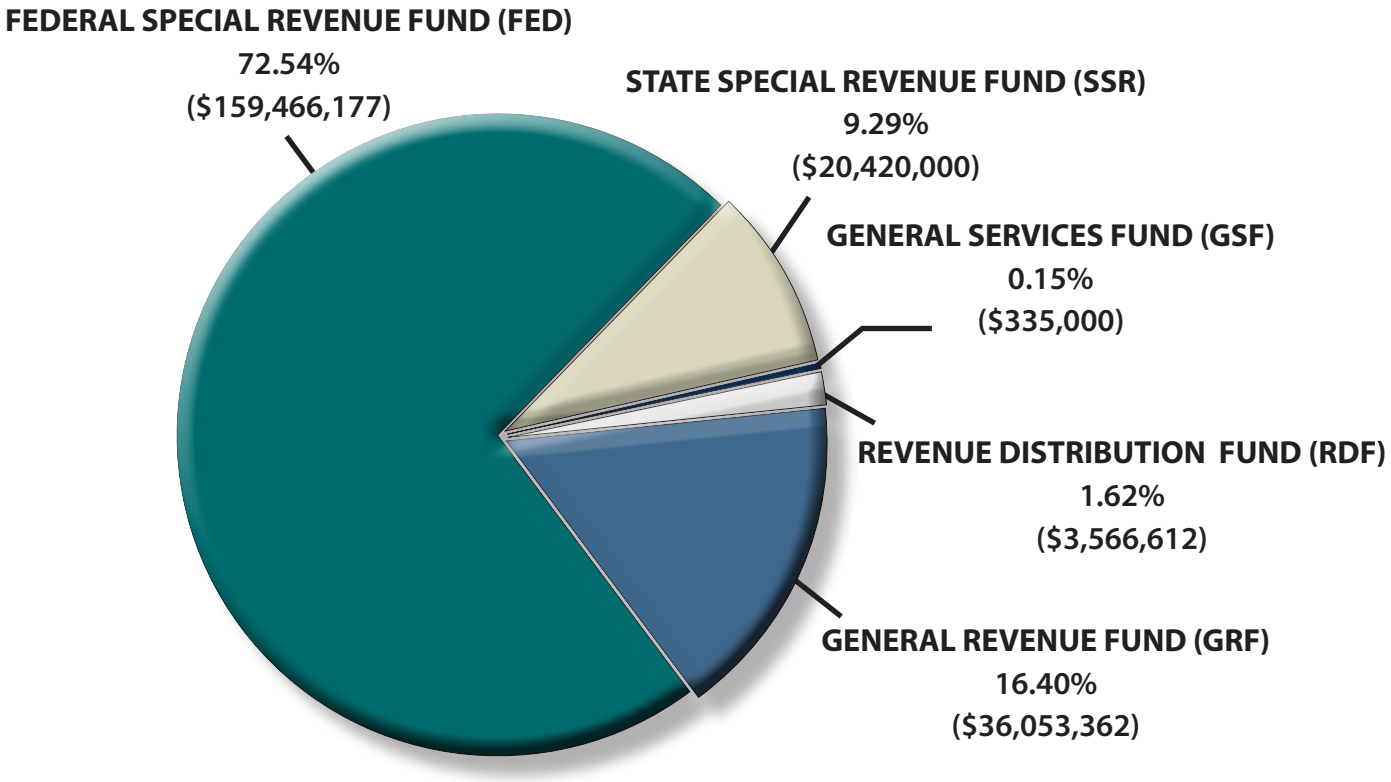
I knew to take it slow. I got into a two-year housing project where my life and lifestyle was looked at in a holistic, recovering manner. I was able to get some help for some trauma in my life, and learned to develop resiliency and flexibility in my program. I've become a "peer-based" mentor and can help guide some of the trickiest clients to the resources that I found life-changing.

As a result of the agencies, services and people at ODADAS-certified facilities, I can tell you how much stronger I am today.

— China Krys Darrington
Summit County

ODADAS provided funding and technical support to 75 gender-specific womens' alcohol and other drug addiction prevention, treatment and recovery support programs in SFY 2012. ODADAS reached more than 37,000 women with its investment of $11,435,784. This Ohio Women's Network exists to serve any Ohio woman in need of addiction care. Many programs also offer services and support for minor children as well.

ODADAS Budget Authority for SFY 2012*



* Amount approved by the Ohio General Assembly for ODADAS Budget Authority.
** Totals may not equal 100% due to rounding.

General Revenue Funds (GRF)
This includes Alcohol and Drug Addiction Treatment Services (038-401), Prevention Services (038-404) and Medicaid Match (038-501) and are credited to ODADAS by the passage of the Biennial Budget Bill.

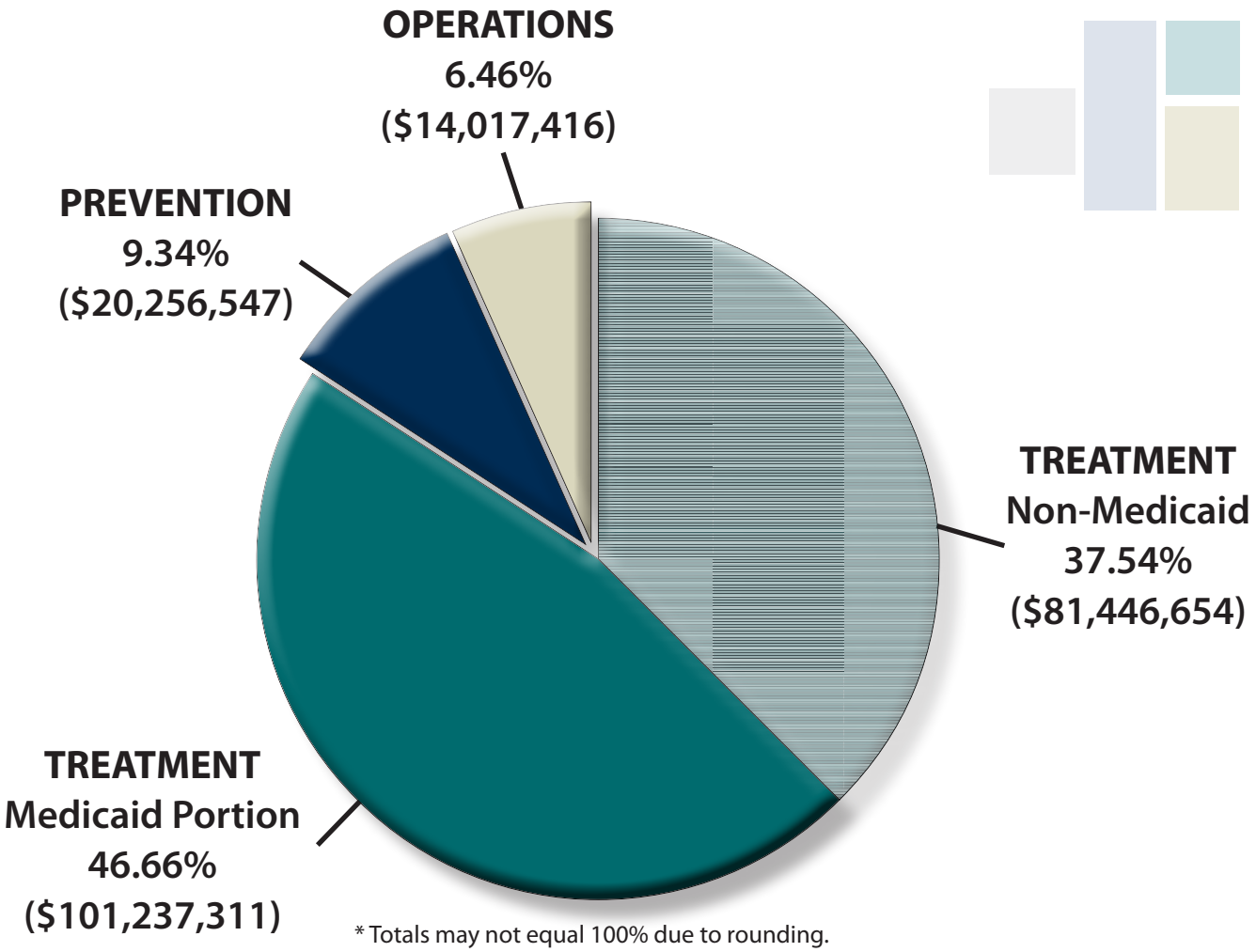
Federal Special Revenue Fund (FED)
This includes the SAMHSA Block Grant for Substance Abuse Prevention and Treatment Fund (3G40), Vocational Rehabilitation Commission pass-through Fund (3FG0), Medicaid FFP pass-through Fund (3J80), Demonstration Grants Fund (3H80) and Administrative Reimbursement Fund (3N80).

State Special Revenue Funds (SSR)
This includes Statewide Treatment and Prevention Fund (4750) consisting of driver's license fees, OMVI driver's license reinstatement fees and liquor permit fees, Board Match Reimbursement Fund (5JW0) and Education and Conferences Fund (6890).

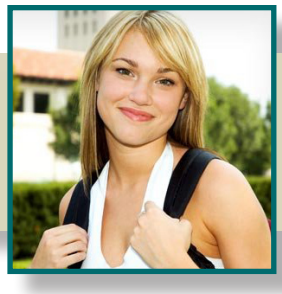
General Services Fund (GSF)
This fund includes Problem Gambling (5T90) through a contract with the Ohio Lottery Commission.

Revenue Distribution Fund (RDF)
This includes Indigent Driver Fees Fund (7049) and the Problem Gambling/Casino Fund (5JL0).

ODADAS Budgeted Expenses for SFY 2012*



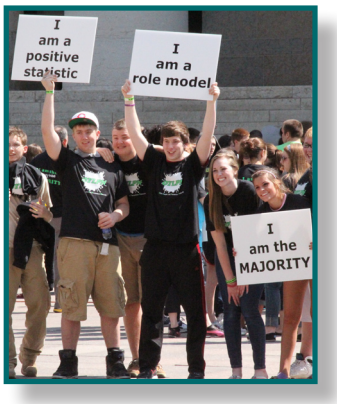
* Totals may not equal 100% due to rounding.
** Personnel costs for ODADAS' direct service care team at the OASIS Therapeutic Community at Pickaway Correctional Institution are included in the Operations budget.



Program/Grants Updates

Ohio Youth-Led Prevention Network (OYLPN)

Building awareness that most youth do not use substances communicates healthy expectations about alcohol and other drug related behaviors. This year, ODADAS partnered with the Drug-Free Action Alliance, and the three largest youth-serving organizations in the state — Ohio Teen Institute, Youth to Youth International and PRIDE Youth Programs — to launch the Ohio Youth-Led Prevention Network (OYLPN). The Network is comprised of substance abuse prevention providers and youth throughout the state who are committed to the cornerstones of youth-led prevention, peer prevention, positive youth development and community service.



Teens from across Ohio celebrate being part of the "drug-free majority" at a Statehouse rally.

According to the 2011 Youth Risk Behavior Survey, the majority of Ohio adolescents do not use alcohol and other drugs. For example, 62% of teens did not drink alcohol and 76.4% did not use marijuana in the 30 days prior to the survey. On April 30, more than 600 youth from across Ohio gathered in downtown Columbus to celebrate being the drug-free MAJORITY. The rally served as a kick-off to a statewide awareness campaign to promote healthy, social normative environments for adolescents.

Through OYLPN, youth are empowered to join with other preventionists to influence their peers, communities and schools to become more educated around opiate and other drug issues.

Fetal Alcohol Spectrum Disorders (FASD)

Pre-natal exposure to alcohol is the leading cause of birth defects in Ohio. In fact, *1 in every 100* babies born in Ohio suffer premanent physical, mental and developmental disabilities as a result of FASD. The cost to Ohio taxpayers to provide special services for education, juvenile justice, medical, behavioral health, foster care and unemployment, exceeds $300 million annually.

Since 2004, ODADAS has proudly served as the key coordinating agency for Ohio's Fetal Alcohol Spectrum Disorders (FASD) Statewide Committee, a partnership that also includes eight other state agencies, three universities, providers and parents. The initiative's primary goals include: reducing alcohol-exposed pregnancies, increasing awareness of and access to services for those affected by FASD, forging lasting state/national partnerships and improving diagnostic and screening services. The Committee made significant strides toward the latter goal by providing a series of regional, skill-building Screening and Diagnostic trainings. In total, more than 100 Ohio physicians, nurses, behavioral health clinicians and other allied health professionals learned how to accurately screen and/or diagnose on the FASD spectrum, which will dramatically improve outcomes for Ohioans affected by FASD.

Problem Gambling Prevention and Treatment

As Ohio gears up for casino-style gaming in Cincinnati, Cleveland, Columbus, and Toledo — ODADAS has been hard at work laying the framework for state efforts around problem/pathological gambling addiction awareness, prevention and treatment. As part of the legislation that paved the way for expanded gaming, ODADAS is slated to receive 2 percent of the tax revenue generated by casinos to help fund addiction services.

The Department has enjoyed a long-standing partnership with the Ohio Lottery Commission, which provided $350,000 to fund treatment programs in Athens, Cincinnati, Cleveland, Columbus, Toledo and Youngstown. In Spring 2012, the Department built upon that relationship by partnering with the Lottery, Casino Control Commission and the Racing Commission to launch the *Ohio for Responsible Gambling* initiative. The collaborative effort has yielded a nationally-recognized informational website — *www.org.ohio.gov* — that connects Ohioans to community-based treatment resources. ODADAS also jointly supports the operation of a toll-free 24/7 problem gambling helpline — *1-800-589-9966* — through the 211/ First call for Help system.

This Spring, the Department hosted its annual Problem Gambling Conference and conducted a series of trainings throughout the state to help clinicians prepare for the National Certified Gambling Counselor credential. To date, more than 500 clinicians have completed these trainings.

ODADAS also initiated a statewide survey to establish prevalence of problem and pathological gambling as a baseline prior to the onset of casino gambling. The Department continues to capture epidemiological data through the Ohio Substance Abuse Monitoring (OSAM) Network and other sources and is preparing to conduct a readiness survey to establish capacity for treatment of problem/pathological gambling. Results will be available in SFY 2013.

Strategic Prevention Framework-State Incentive Grant

ODADAS is in the fourth year of a competitive five-year, *Strategic Prevention Framework State Incentive Grant (SPF-SIG)* totaling more than $10 million. Funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse

Program/Grants Updates, continued

Prevention, the SPF-SIG initiative will enhance the capacity of state and counties to build a sustainable, culturally-competent infrastructure focusing on prevention. Thirteen Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards won three years of funding through a competitive process. All other Board areas had the opportunity to receive $20,000 of SPF-SIG funding for prevention workforce development.

Strategic Prevention Enhancement (SPE)

ODADAS received a $600,000 *Strategic Prevention Enhancement (SPE)* grant in September 2011 from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), to strengthen and extend the national implementation of the Strategic Prevention Framework (SPF). The SPF process is an integral part of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. Ohio used these grant funds to support cross-systems planning to strengthen and enhance the current prevention infrastructure to support more strategic, comprehensive systems of community-oriented care. A consortium of key stakeholders including state agencies, foundations, universities, prevention providers and other community members worked to develop a five-year strategic plan to foster more responsive, interactive State and local systems to better address and adjust to the complexities of evolving health care initiatives.

ODADAS Continues Success with Access to Recovery

ODADAS was awarded its second *Access to Recovery (ATR)* grant of $13.3 million in 2010 by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. ATR is a federal initiative that provides vouchers to clients for the purchase of treatment and recovery support services for alcohol and other drug addiction. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers of AoD treatment and recovery support services.

While the initial grant focused on veterans and adult men and women with an alcohol/drug diagnosis who were re-entering their community following incarceration, the second grant includes service to adolescents. The target service area has also been expanded to include Lorain County in addition to Cuyahoga, Mahoning, Stark and Summit Counties. Because ODADAS has continued to exceed its performance measures on clients served, funds expended and client outcome reporting, the Department will receive $161,000 in incentive funding in the third year of the grant.

FDA Tobacco Retailer Inspection Program

Since 1998, ODADAS and the Ohio Department of Public Safety's Investigative Unit (OIU) have partnered in the state's efforts to reduce youth access to tobacco. In September 2011, ODADAS was awarded a contract from the Food and Drug Administration (FDA) to conduct inspection and enforcement activities relating to youth tobacco purchases and advertising and labeling requirements of the Family Smoking and Tobacco Control Act (TCA) of 2009. This contract is for one year with two additional option years, a total of three years. ODADAS received a total of $2.76 million over the three years. These activities serve as an enhancement to the state's federally required Synar program to reduce youth access to tobacco through randomly selected retailer youth tobacco purchase inspections, merchant education and the state's enactment and enforcement of youth tobacco possession and purchase laws .

Recovery to Work

In Ohio, there are thousands of individuals with mental health issues and/or drug and alcohol addiction in need of vocational rehabilitation services to help them move towards recovery and work readiness. One prong of Governor Kasich's action to address Ohio's opiate epidemic was to task the Ohio Rehabilitation Services Commission (RSC), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Ohio Department of Mental Health (ODMH), and the Ohio Association of County Behavioral Health Authorities (OACBHA) to implement a statewide program allowing Alcohol, Drug Addiction and Mental Health (ADAMH) Services Boards to contract with local agencies to provide vocational rehabilitation and treatment services to eligible consumers with a Diagnostic and Statistical Manual (DSM) diagnosis. As of July 2012, 4,695 Ohioans received services from Recovery to Work, and 1,885 were working on an Individualized Plan for Employment. For more information about the Recovery to Work program, visit *www.recovery2work.org*.

Criminal Justice and Behavioral Health Initiative

With coordination by ODADAS, state government funders of re-entry programs, drug courts, and other criminal justice diversion programs along with community representation, are meeting to identify common practices for intervention with criminal offenders who are addicted and/or mentally ill. The intent is to improve the efficacy of court and treatment-based programs for the criminal justice population with a behavioral health diagnosis. This cross-systems initiative is targeted at reducing incarceration, improving accountability, and reinforcing of best practice standards. This work included development of a white paper on behavioral health in the criminal justice system and creation of a model pilot program for alternatives to incarceration and re-entry from institutions.

Technology Assisted Care (TAC) Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a Technology Assisted Care grant to ODADAS in 2010. This three-year, $1.2 million grant-funded project is designed to increase access via e-therapy to alcohol and other drug treatment for Ohio residents who: 1) are deaf or hard of hearing; 2) are veterans, service members and their families; 3) have co-occurring disorders; and 4) have other disabling conditions. Transportation and access are common barriers to treatment for these populations. ODADAS contracted with Wright State University in Dayton to provide the e-therapy treatment services due to Wright State's long standing expertise in service provision to persons with disabilities and a previous grant for Deaf Off Drugs and Alcohol Specialized Services. To date, 122 clients have received services through the TAC grant, and clients have reported a high level of satisfaction with being able to access services through this modality.

ODADAS Programming Numbers Served

Prevention Services:	2,204,493 in SFY 2011
Treatment Services:	98,902 in SFY 2011
Workforce Development:	1,158 professionals trained 135.25 CEUS, RCHs offered

ODADAS Criminal Justice Diversion Program Outcome Statistics

ODADAS partners with the Department of Rehabilitation and Correction, as well as Youth Services and the Supreme Court of Ohio to provide treatment services and interventions to criminal offenders. Along with case management and re-entry programs, these programs are proven effective.

There are currently 95 drug court programs statewide: 40 adult drug courts; 29 juvenile drug courts; 19 family drug courts (that deal with parents charged with abuse/neglect/dependency), one prostitution court and six OVI/DUI courts. As the primary funder of drug courts in the state, ODADAS provides funding for 25 of these programs, as well as technical assistance to courts and agencies interested in planning and implementing the drug court model. The Department also provides funding and technical assistance to 17 adult and juvenile Treatment Alternatives to Street Crime (TASC) programs.

Drug Courts

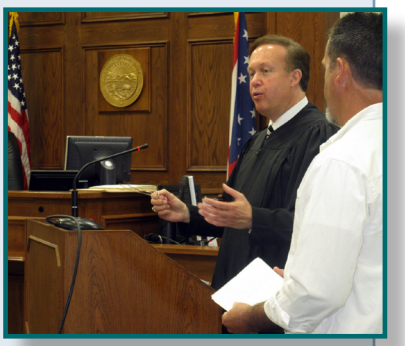
1,774 clients served
55% average completion rate
12% re-arrest rate
93% negative drug tests
51 children reunited with parents/family
6% committed to DRC
0% committed to DYS

Adult TASC Programs

4,527 adult offenders served
46% average completion rate
7% re-arrest rate
3% committed to DRC
Since 1994, approximately 122,500 adults served

Juvenile TASC Programs

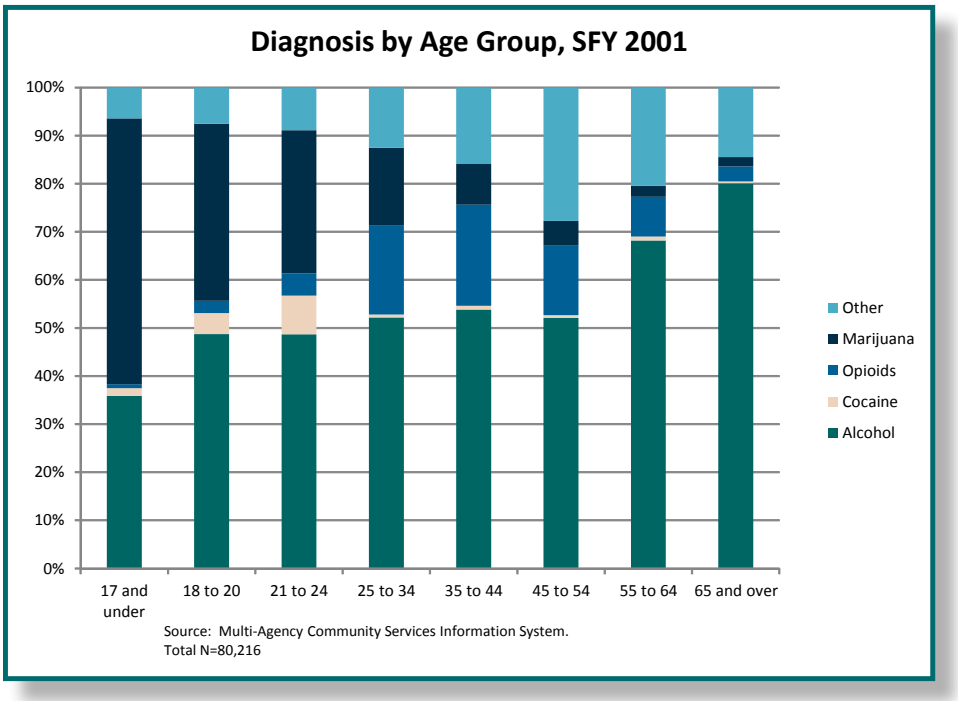
488 juvenile offenders served
64% average completion rate
10.5% re-arrest rate
4% committed to DYS
Since 1994, approximately 24,500 clients served

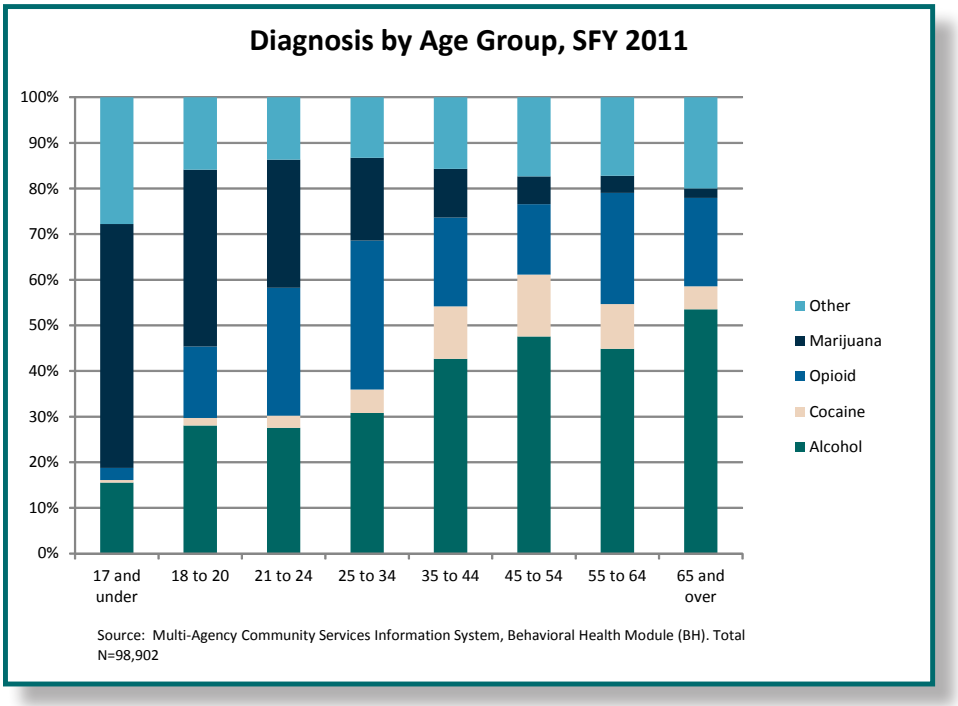


Clermont County Municipal Court Judge James Shriver discusses the benefits of specialized docket programs and their role in helping to break the cycle of addiction and crime during a 2012 OVI court graduation ceremony.

Treatment/Outcomes Data

10-year comparison of diagnosis* by age group — SFY 2001 vs. 2011

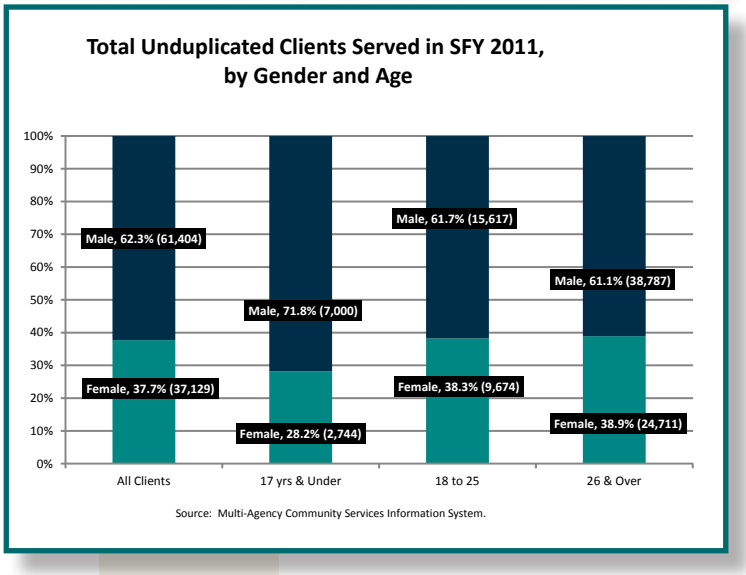


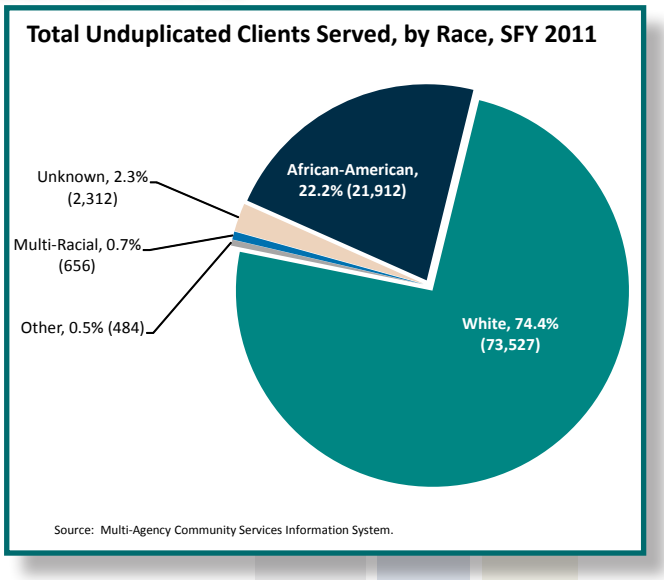


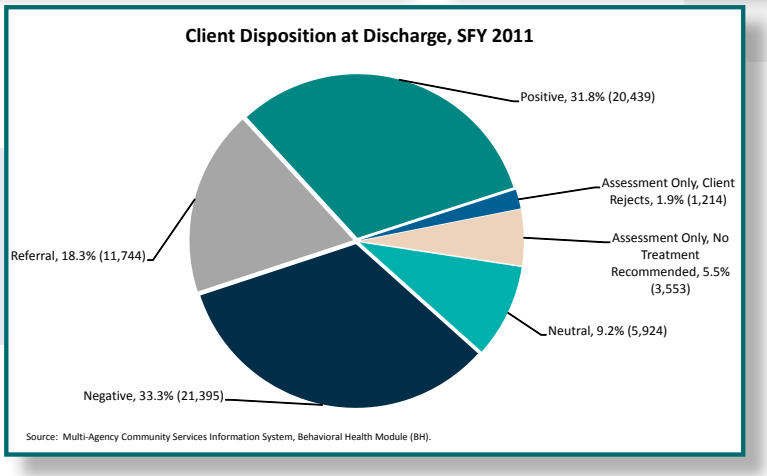
From SFY 2001 to 2011, alcoholism as a primary diagnosis shrunk for all age groups, with opioid diagnoses taking a much larger portion of clients' drugs of choice, especially for younger adults. Cocaine use by adults can be seen as increasing through 2011.

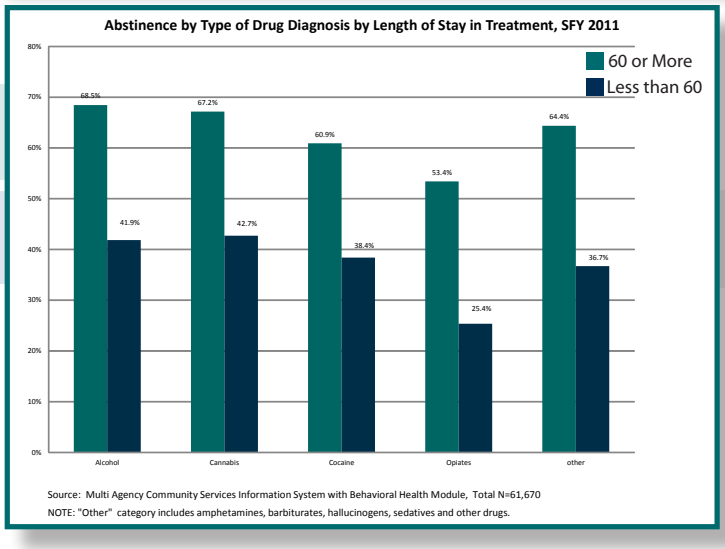
***NOTE: "Other" category includes amphetamines, barbiturates, hallucinogens, sedatives and other drugs.**

Treatment/Outcomes Data, continued

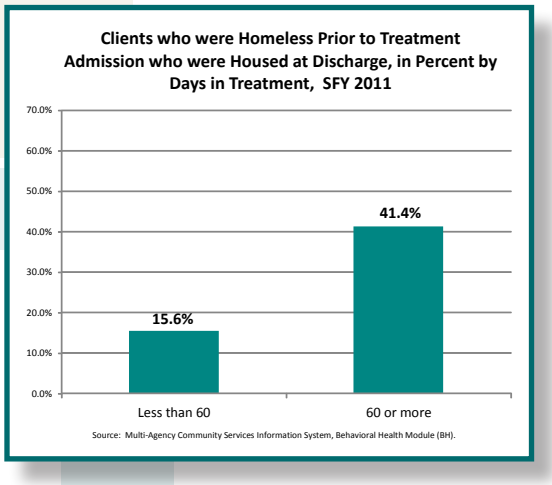


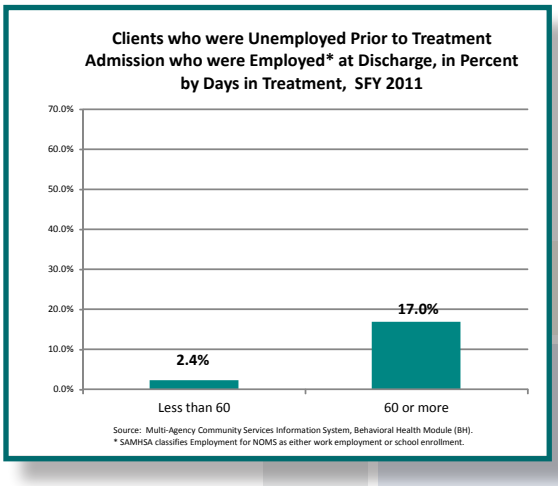


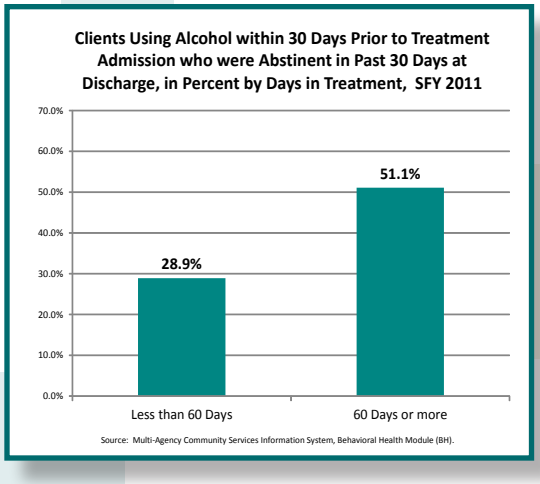


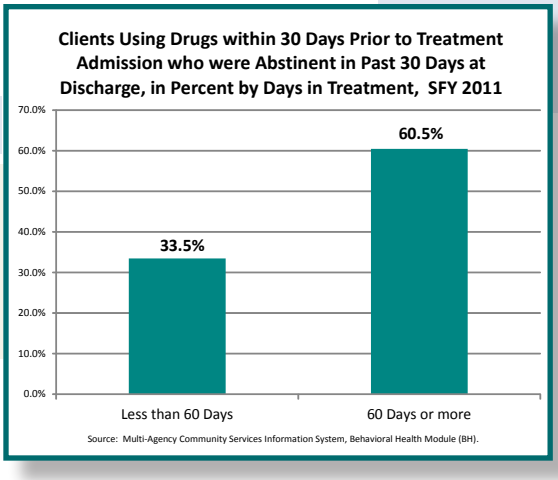


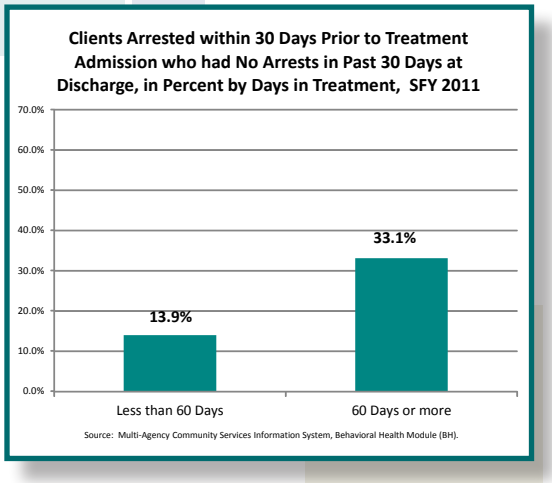
Treatment/Outcomes Data, continued

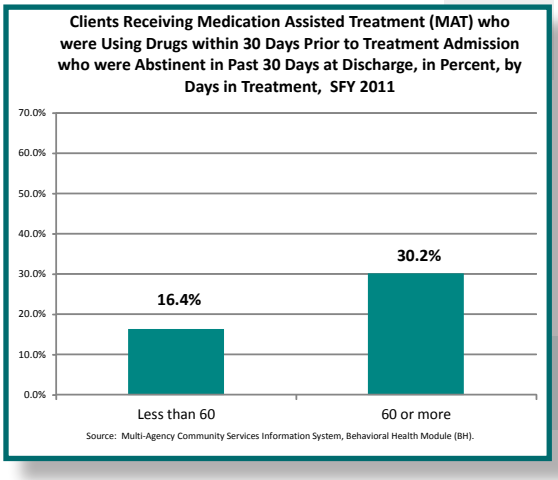












Key Legislation

Pill Mills Part II - SB 301

Senate Bill 301, sponsored by Senators David Burke (R-Marysville) and Capri Cafaro (D-Hubbard) and in the House by Representative Terry Johnson (R-McDermott) takes last year's "pill mill bill" (House Bill 93) to the next step by making some necessary refinements. Specific changes include: allowing the Ohio State Medical Board to inspect pain management clinics suspected of operating without a license, granting the Dental Board authority to summarily suspend a practitioner's license without a prior hearing and permitting physicians to check the Ohio Automated Rx Reporting System (OARRS) before accepting a referral. These key protections will further enhance Ohio's efforts to combat opiate abuse. Passed by the Senate and out of House committee, SB 301 is expected to become law in late 2012.

Combatting Human Trafficking - HB 262

The illegal trade of humans for commercial sexual exploitation and forced labor - human trafficking - is one of the fastest growing criminal enterprises in the world and is on pace to surpass the drug trade in less than five years. This plague has reached Ohio, claiming 1,078 children as victims with an estimated 3,016 more at-risk. Partnered with Governor Kasich's Executive Order establishing the Ohio Human Trafficking Task Force and its recommendations, House Bill 262 (sponsored by Representative Teresa Fedor, D-Toledo) enhances Ohio's efforts to fight against this horrific crime. The legislation raises the penalty for committing the crime of human trafficking to a first-degree felony with a mandatory sentence of 10-15 years, creates a diversion program for victims of human trafficking (many of whom need assistance for substance abuse) to receive the protection and treatment they need through the juvenile justice system, and allows adult victims of human trafficking with prior convictions of prostitution or solicitation to have their records expunged.

Gov. John R. Kasich joins with State Rep. Teresa Fedor (D-Toledo) to address supporters after signing Ohio's human trafficking bill (HB 262) into law in June.

Mid-Biennium Review

Fondly known as the MBR, Governor Kasich's Mid-Biennium Review of state government included important benefits for the addiction services community. As a part of the MBR, Governor Kasich made an additional $3 million investment in subsidy for county behavioral health authorities. Additionally, enhancements were made to state Medicaid services that would expand the use of Medication Assisted Treatment (MAT) to an estimated additional 21,000 people in need of treatment. Also, state Medicaid policy changes were announced to go into effect Oct. 1, 2012, to make injectable medications such as Vivitrol — which is used in treatment to block the effect of opioids — more easily accessible as an option in the spectrum of medication-assisted treatment.

Collateral Sanctions Bill- HB 524

While the term "ex-offender" is common language to describe someone who has served time in jail or prison, it shouldn't be terminology that follows a person for the rest of his/her life. Some of the sanctions placed on offenders in Ohio can have long-lasting repercussions for employment once the person is out in the community. Reducing the long-term impact of these barriers to employment for non-violent, ex-offenders was the intent of SB 337/HB 524.

The legislation, sponsored by Cleveland Democrat Senator Shirley Smith and Cincinnati Republican Senator Bill Seitz, along with State Representatives Ross McGregor, a Springfield Republican, and Tracy Maxwell Heard, a Columbus Democrat, was championed by Governor John R. Kasich and signed in Spring 2012. Its effective date will be in September 2012.

Gov. John R. Kasich signs collateral sanctions reform (Senate Bill 337) into law at an event at Elizabeth Baptist Church in Cleveland.

The legislation removes some of the restrictions on occupational licenses, permits one felony record to be sealed, and creates a certificate of qualification that will give felons access to some occupational licenses that they previously could not obtain, for jobs such as truck driver and barber. This opens some doors for job-hunting offenders trying to put their rehabilitation into practice.

Ohio

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