

Eastern Ohio Correctional Center Wintersville, OH

Belmont, Carroll, Columbiana, Guernsey, Harrison, Jefferson, Monroe, Noble

Franklin County CBCF Columbus, OH

Franklin

Lucas County Correctional Treatment Facility Toledo, OH

Lucas

MonDay Community Correctional Institution Dayton,OH

Darke, Green, Miami, Montgomery, Preble, Fayette

NEOCAP Warren, OH

Asatabula, Geauga, Lake, Portage, Trumbull

NorthWest Community Corrections Center Bowling Green, OH

Defiance, Fullton, Henry, Williams, Wood

STAR Community Justice Center Franklin Furnace, OH

Adams, Brown, Clinton, Highland, Lawrence, Pickaway, Pike, Ross, Scioto

Stark Regional Community Correction Center Louisville,OH

Holmes, Stark, Tuscarawas, Wayne

West Central Community Correctional Facility Marysville, OH

Champaign, Clark, Delaware, Logan, Madison, Marion, Morrow, Union

W.O.R.T.H. Center Lima.OH

Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, Paulding, Shelby, Van Wert

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House Finance Subcommittee on Transportation

HB 49-FY 18-19 Operating Budget

Proponent Testimony of: Cary Williams

Executive Director, Northwest Community
Corrections Center

March 21, 2017

Good morning Chairman McColley, Ranking Member Reece, and members of the House Finance Subcommittee on Transportation. My name is Cary Williams, I am the Executive Director of NorthWest Community Corrections Center in Wood County, and a member of CorJus, Inc. CorJus is a professional association that represents ten publicly operated Community Based Correctional Facilities (CBCFs) in Ohio. I appreciate this opportunity to provide supportive testimony for House Bill 49 and also offer some suggested changes that would allow for a decrease of the prison population, expansion of safe and secure treatment options to combat the opiate epidemic, and improvement of access to qualified local criminal justice treatment options.

The first CBCF in Ohio dates back to 1978 and was established to be locally controlled. Today, CBCFs serve all 88 counties in Ohio and provide residential treatment to over 7,400 offenders each year, as well has several thousand more in a variety of outpatient programs. CBCFs are effective at working with higher risk, felony level, offenders with a variety of criminogenic needs. Through ingenuity and community collaboration, CBCFs have expanded their holistic treatment to include programs for substance abuse, cognitive restructuring, anger management, family reunification, medication assisted treatment (MAT), trauma, and mental health, among many others.

Under the current administration, community corrections has experienced a high level of growth and success. With the leadership of Governor Kasich and you, the legislature, in collaboration with the vision of Director Mohr, Ohio's community corrections field has become an evidence-based and forward thinking model that other states aim to replicate. The proposed budget before you seeks to continue investment in the community through Targeted Community Alternatives to Prison (TCAP). Providing additional funding directed at collaborative projects is another step in the right direction to allow communities to locally deal with non-violent, non-sex offending, lower level felony offenders. Research overwhelmingly shows us that providing evidence-based treatment options to this population in the community provides the best return in regards to recidivism reduction, prison overcrowding, fiscal responsibility, and public safety. The ten publicly operated CBCFs that make up the membership of CorJus support TCAP and the community initiatives taken in the proposed budget, and thank the Administration and the Legislaturefor the investment made into community corrections.

While CorJus facilities will be responsible for close to 5,000 residential diversions this fiscal year, and have provided residential and outpatient services to more than 60 of Ohio's 88 counties, we believe we can do more. With a \$4.8 million investment in line 501501 funding directed at specific needs within CorJus CBCFs, we can expand and create treatment efforts directed at the opiate epidemic, strengthen mental health services, increase and develop outpatient and aftercare services, divert additional offenders through our residential programs, and ensure qualified and dedicated staff are in a position to help offenders succeed. (Proposed Amendment Attached)

Many CBCFs currently provide some level of medication assisted treatment to offenders. Because of the cost, most are unable to provide those services to all offenders in need. CBCFs are a natural fit for beginning opiate addiction treatment because of their existing treatment components, built-in community linkage, and cost-effectiveness. For opioid antagonist therapy to be effective, it must be provided in conjunction with other alcohol or drug recovery programs. Treatment programs at CBCFs are already comprised of evidence-

based programs to combat substance abuse and criminal thinking. The expansion of MAT services to existing programmatic components in CBCFs would allow the offender to address both the cognitive and physical devastation wrought by opiate addiction. An increase in funding in this area would allow approximately 550 more Ohioans to begin opioid addiction treatment in a safe and secure environment.

Increased funding directed at mental health services would allow many offenders improved access to treatment for co-occurring disorders. As CBCFs continue to work with higher risk clients in effort to relieve the burden on the prison system, they are tasked with addressing a wider range of mental health issues.

Increased resources directed at outpatient and aftercare Services in CBCFs would allow for expansion of pre-CBCF and post-CBCF treatment option available to the courts. Allowing expanded treatment options in the community, developed by CBCFs, ensures utilization of evidence based programs aimed at recidivism reduction and prison overcrowding. With this increase in funding, at least 500 additional offenders would receive treatment that would not otherwise be available in a community setting.

Last year, CorJus facilities alone diverted over 4200 offenders from prison in their residential programs. As I previously stated, this year, that number will be close to 5000. With additional funding, that number would increase.

CBCFs provide the highest levels of treatment dosage in the community. They are tasked with the treatment of offenders who are at a high risk of recidivating. Because of this responsibility, it is imperative to keep the highly trained and specialized staff working at CBCFs. Systemically; it produces a problem when the highly trained staff leave the CBCF to take higher paid jobs in the community dealing with lower risk offenders. While the line has increased significantly in the past several budgets, almost all of this funding has gone towards the operational costs associated with bed expansion. Additional funding to ensure highly trained and qualified staff continue to deliver high levels of service is imperative.

Several of the areas proposed for increase in the 501501 line could be remedied through providing CBCFs direct access to Probation Improvement and Incentive Grants (PIIG) and TCAP Grants. Allowing CBCFs access to these funds would enable them to develop community programs that target Felony 4/5 offenders in the community. (Proposed amendment attached)

Mr. Chairman, members of the subcommittee, thank you for your time. I would be happy to answer any questions you may have.