



OHIO COMMUNITY CORRECTIONS ASSOCIATION
TESTIMONY

HB 49

SUBMITTED TO THE
OHIO SENATE SUBCOMMITTEE

ON

FINANCE: HEALTH & MEDICAID SUBCOMMITTEE

May 2017

Chairman Hackett, Vice Chair Tavares and members of the Senate Finance Subcommittee on Health & Medicaid:

The Ohio Community Corrections Association (OCCA) represents 39 nonprofit residential reentry treatment facilities, also called halfway houses, and community based correctional facilities (CBCFs). There are 18 CBCFs in Ohio, OCCA represents 5.

As you can see by the enclosed fact sheet, Ohio Community Correctional Programs; including Halfway Houses, CBCFs, and Community Corrections Act Programs provide effective treatment sanctions while assuring for accountability and public safety. Through an efficient allocation of taxpayer resources based on sound evidence-based practices, Ohio has made significant steps forward to reduce costs and improve public safety.

Our member agencies provide residential and non-residential services to criminal justice involved individuals. This includes persons reentering local communities from incarcerate settings or sanctioned in the community in lieu of prison. Our clients are much more likely to have mental illness or substance use disorders than the general population. In fact, according to the Brennan Report (widely cited by Director Gary Mohr) "...79% of today's prisoners suffer from either drug addiction or mental illness, and 40% suffer from both¹." In Ohio, the result is a prison system with ten times as many mentally ill inmates as there are patients in the six psychiatric hospitals in our state.

Our research-based programs address behavioral health issues and are **proven** to reduce recidivism. Clients are able to work and/or attend school while participating in treatment, gathering resources and learning skills for successful reentry.

MEDICAID

Maintaining the Medicaid expansion is especially critical now since any reductions could impact our clients' ability to access healthcare and chemical dependency treatment services. There have been 3,050 deaths in 2015 due to opiates (and a record peak is still expected). This is a chronic condition that requires diligence and tenacity as we know that addiction can be a long road without quick fixes.

In particular, we are in opposition to the work requirement for the Medicaid expansion population contained in HB49 as passed by the House. This requirement will create an additional burden for those actively working to overcome patterns of criminal thinking and behavior, seeking employment, and reconnecting with their families. In addition, some of these individuals suffer from mental illness and/or addiction that either were not assessed in an incarcerate setting or are awaiting placement in treatment services. In recognition of the importance of continuity of health care to the reduction of recidivism, ODRC continues to work hard to ensure that all eligible individuals leave the institutions with Medicaid cards, and it is critical that the results of those efforts not be undercut with this proposed change in eligibility requirements. In short, OCCA asserts that imposing a work requirement on Medicaid recipients will inadvertently increase public safety concerns for local communities. While 57% of Ohio's expansion population was unemployed, 75% of those were actively seeking work according to the Ohio Medicaid Assessment¹.

¹ Ohio Department of Medicaid, "Ohio Group VIII Assessment"
<http://medicaid.ohio.gov/portals/0/resources/reports/annual/group-viii-assessment.pdf>

BH REDESIGN

OCCA favors the delayed implementation date for behavioral health redesign as passed by the House from July 2017 to January 2018 per the recommendations to the Ohio General Assembly that electronic health record vendors are ill prepared to process claims in the next 2 months. A delay of a few months now, can ensure that the transition is a smooth one. The behavioral health redesign represents a sea change in Ohio's behavioral health care system, and it is critical that we take the time to do it right.

IMD WAIVER

Our providers support the language that allows the Ohio Department of Medicaid to apply for a waiver to provide services at institutions for mental diseases...which are hospitals and other facilities of more than 16 beds primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases². This change will allow for more efficient treatment for those with substance use disorders (especially important now in light of the opiate epidemic and the need to increase the treatment options and available beds).

TARGETED COMMUNITY ALTERNATIVES TO PRISON (TCAP)

Many of those we treat come from families in which substance use disorders and criminal justice involvement are intergenerational. Often these individuals arrive at our community corrections facilities as a step down from prison. "Unfortunately, we know that drug addicted Ohioans trapped by the opioid epidemic do not think rationally, and their addictions are not adequately addressed by sending them to prison."³ Prison and jail diversion is a much more effective approach for working with this group and other low level offenders.

OCCA enthusiastically supports allowing local jurisdictions the ability to choose approaches that work best for them in keeping the lowest level felons in their communities. The Ohio House understood the far reaching positive implications that this new policy will have on their constituencies when they passed T-CAP. This new framework will address the myriad (treatment) needs that prison does not provide.

The 15% deviation cap provisions preserve judicial discretion by allowing multiple fifth degree felons to go to prison! The deviation allowance can be used in any way that a county sees fit without compromising the spirit and integrity of the TCAP program. OCCA respectfully requests that the Senate maintain the spirit and integrity of Director Mohr's proposal by restoring the version of T-CAP that allows for a deviation cap **without** any additional waivers.

To recap, we urge continued investment in Medicaid, delay of BH redesign as passed by the Ohio House and passage of T-CAP with the deviation cap and no additional waivers.

Questions may be directed to:

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Endnotes/References

² Department of Medicaid Comparison Doc

ⁱ <http://www.brennancenter.org/publication/how-many-americans-are-unnecessarily-incarcerated> page 8