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Community Assessment & Treatment
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Community Corrections Association, Inc -
Youngstown

Community Correctional Center,
Talbert House -Lebanon

Community Restoration Centers of Stark
County, Inc. - Canton

Community Transition Center - Lancaster

CROSSWAEH CBCF, Oriana House, Inc. -
Tiffin

Judge Nancy R. McDonnell CBCF,
Oriana House, Inc. - Cleveland

Mahoning County CBCF, Community
Corrections Association, Inc. -
Youngstown

Ohio Link Corrections & Treatment, Inc. -
Lima & Toledo

Oriana House, Inc. - Akron, Cleveland,
Marietta, Sandusky

Summit County CBCF Oriana House, Inc. -
Akron

Talbert House - Cincinnati

The Salvation Army Harbor Light -
Cleveland

Turtle Creek, Talbert House - Lebanon

Volunteers of America Ohio & Indiana -
Cincinnati, Dayton, Mansfield, Toledo

Chair Gross, Vice Chair Barhorst, Ranking Member Baker, and members of the House Medicaid Committee:

My name is Mike Randle, I am the Executive Vice President of Operations, a non-profit human services agency with facilities in Akron, Cleveland, Marietta, Norwalk, and Tiffin. I have served in the corrections field for over 30 years and I am also a past president of the Ohio Community Corrections Association (OCCA); comprised of 38 nonprofit residential reentry treatment facilities across the state serving all 88 counties.

Our providers are at the intersection of treatment and corrections in local communities and knit many types of funding together to return your neighbors with justice involvement as productive members of our society. Thank you for the opportunity to offer testimony on House Bill 96, the state operating budget.

MEDICAID 1115 WAIVER – INTERESTED PARTY

“People incarcerated in state prisons are 129 times more likely to die from an overdose compared to the general public, according to a study published in the New England Journal of Medicine.”¹

Ohio has an opportunity to make transformative changes by expanding eligibility for Medicaid services to individuals in prisons, jails, and detention facilities. It has been well documented that our justice system has become the *de facto* behavioral health system as too many persons with mental illness and/or SUDs are incarcerated who need ongoing treatment.² This 1115 waiver allows for comprehensive coverage leading to **reduced overdoses, less accidental deaths by overdose**, safer and healthier communities, and a savings to our state and local governments.

As you may know, California and Washington states have gotten approval for 1115 waivers to allow for jail and detention facilities to offer behavioral health services to individuals who are incarcerated. Sixteen other states had waivers pending last year to be able to offer similar services.

MEDICAID PROVIDER RATE INCREASES – INTERESTED PARTY

In the last biennium, the administration listened to providers by increasing funding. However, reimbursement rates in HB 33 barely cover inflationary increases seen in the last few years. More funding is necessary in the Medicaid line item 651-525 to adequately treat the numbers of Ohioans needing services. Many residential providers operate at 50% to 75% capacity due to insufficient staffing as we cannot offer competitive wages.

More is required for increasing employees’ salaries – we employ credentialed and non-credentialed employees including psychiatrists, nurses, counselors, social workers, case managers, residential staff, and peer supporters – all are critical to our clients’ outcomes. OCCA joins others including the Ohio Alliance of Recovery Providers in **respectfully requesting support to increase funding for Medicaid community behavioral health services (line item 651-525) by an additional 5% over the biennium.** Additional funds will help providers offer vital services at a greater capacity; incentivize more workers to pursue careers in the community behavioral health system; retain and invest in the staff we currently have; and most importantly, it will allow providers to care for all those who need our services.

RESIDENTIAL COMMUNITY CORRECTIONS LINES – PROPONENT

OCCA supports the increase for residential community corrections in this budget. **Our members are grateful for the additional resources placed in the budget and ask that you protect this funding which allows our agencies to increase wages**

for non-clinical staff who serve on the front lines of this demanding occupation that improves public safety for the benefit of all Ohioans. The combined and thoughtful efforts of Ohio's lawmakers, the administration, and our providers have resulted in making Ohio a leader in **evidence based community corrections programs.**

OCCA is committed to helping people who have criminal histories successfully reenter and positively contribute to their neighborhoods. Ohio community correctional programs, including Halfway Houses, Community Based Correctional Facilities (CBCFs), and Community Corrections Act Programs are good stewards of public resources. Within our membership, we represent **two separate budget line items** in the Department of Rehabilitation and Correction's (DRC) budget: GRF line item 501-405 that includes our licensed halfway houses and GRF line item 501-501, which includes OCCA's five **non-profit** run Community Based Correctional Facilities (CBCFs).³

House Bill 96 includes an increase of \$3,024,200 in FY26 and \$2,857,900 in FY27 for correctional personnel in Halfway Houses and an increase of \$4,358,600 for CBCFs in FY26 and an additional \$4,146,200 in FY27. We appreciate the administration's commitment, recognizing how vital our organizations are in making a difference in behavioral health, workforce and other vital interventions in districts across Ohio.

Clients can work and/or attend school while participating in treatment, save financial resources, pay child support, and learn skills that contribute to successful reentry. We focus on changing clients' thinking to effect pro-social behavior and assist with obtaining employment, stable housing, and connecting support services people can access independently; and some of our facilities offer specialized services for substance use disorders, sex offending, and mental health.

MEDICATION ASSISTED TREATMENT FOR DETENTION FACILITIES – INTERESTED PARTY

We also support the governor's continued investment in recovery. Our clients are much more likely to have mental health and/or substance use disorders than the general population. We believe in prioritizing services and coordinating efforts in behavioral health treatment (for mental illness and substance use disorders).

In the last budget, we supported reimbursement for psychotropic drugs, Medication Assisted Treatment, and medicine used in withdrawal management or detoxification at detention facilities. The program was more successful than anticipated and funds fell short of the need. In fact, the reimbursement rate was 64% of actual expenditure.

Without adequate revenue, participating entities must subsidize the cost of provision of these medications which is unsustainable. In this budget, GRF ALI 336-422 has a very modest proposed increase of \$250,000 per fiscal year. We are humbly requesting that the need for treatment in detention receive an increase in both fiscal years of the upcoming biennium, and to do this we ask that the Legislature support HC0060 which is attached to my testimony.

Thank you for your time today. I am happy to answer any questions. Kindly forward additional queries to:

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(614) 461-9335

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¹ <https://bhbusiness.com/2024/02/09/groundswell-of-states-pursue-medicaid-for-incarcerated-people-pre-release-after-californias-success/> last visited 2.28.2024

² Numerous studies show incarcerated individuals experience high rates of physical and behavioral health conditions: – Approximately 37 percent of people in prisons and 44 percent in jails have a history of mental illness. – The rate of substance use disorders (SUDs) in incarcerated individuals may be as high as 65 percent in prisons

<https://csgjusticecenter.org/wp-content/uploads/2023/06/From-Corrections-to-Community-Navigating-Medicaid-1115-Demonstration-Opportunity-Part-1.pdf> last visited 2.12.2024

³ There are 18 CBCFs in Ohio, five are operated by non-profit agencies. Those five are members of OCCA.

H. B. No. 96
As Introduced

_____ moved to amend as follows:

In the table on line 107857, in row K, delete "\$34,561,738 1
\$34,821,119" and insert "\$39,561,738 \$39,821,119" 2

In the table on line 107857, in rows Q and AW, add \$5,000,000 to 3
each fiscal year 4

In line 108114, delete "5,250,000" and insert "\$10,250,000" 5

The motion was _____ agreed to.

SYNOPSIS 6

Department of Behavioral Health 7

Sections 337.10 and 337.80 8

Increases GRF ALI 336422, Criminal Justice Services, by 9
\$5,000,000 in each fiscal year. Increases the earmark for the 10
Behavioral Health Drug Reimbursement Program in ALI 336422 by 11
the same amount. 12

Legislative Service Commission

