

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

NorthEast Ohio Community Alternative Program Warren, OH Ashtabula, Geauga, Lake, Portage, Trumbull

NorthWest Community Corrections Center Bowling Green, OH Defiance, Fulton, Henry, Williams, Wood

River City Correctional Center Cincinnati, OH Hamilton

STAR Community Justice Center Franklin Furnace, OH Adams, Athens, Brown, Clinton, Fairfield, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Morgan, Pickaway, Perry, Pike, Ross, Scioto, Vinton, Washington

Stark Regional Correction Center Louisville, OH Holmes, Stark, Tuscarawas, Wayne

W.O.R.T.H. Center Lima, OH Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, Paulding, Shelby, Van Wert

West Central Community Correctional Facility Marysville, OH Champaign, Clark, Delaware, Logan, Madison, Marion, Morrow, Union

Senate Government Oversight

and Reform Committee

Substitute House Bill 96 Ohio Operating Budget

Fiscal Years 2026-2027

Testimony of: Matt McClellan

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Committed to Community Corrections Excellence

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Chair Manchester, Vice Chair Brenner, Ranking Member Weinstein, and members of the Government Oversight and Reform Committee. My name is Matt McClellan, I am the Executive Director of STAR Community Justice Center in Scioto County, and a Trustee of CorJus, Inc. CorJus is a professional association that represents eleven publicly operated Community Based Correctional Facilities (CBCFs) in Ohio. I greatly appreciate this opportunity to provide this testimony on substitute House Bill 96, the state operating budget for FY26/27.

CBCFs have existed in Ohio since 1978, when the first one was created by the Ohio Department of Rehabilitation and Corrections. CBCFs have since grown to serve all eighty-eight counties in Ohio providing residential treatment to over 7,500 offenders annually, with several thousand more in a variety of outpatient programs. CBCFs were originally just an alternative sentencing option for felony level offenders. However, as the need to help these offender populations in local communities have increased, CBCFs have evolved into robust therapeutic facilities, providing treatment at high dosage levels and developing additional services to meet all the offenders' criminogenic needs. CBCFs take a holistic approach, addressing behavioral needs like substance abuse coupled with medically assisted treatment (MAT) services, mental health, trauma, anger management, and cognitive restructuring, but also additionally developing educational and social needs through educational attainment, employment and vocational skills, as well as family reunification among many others.

CBCFs have shown they are effective at working with high-risk offenders by addressing the multifaceted needs that lead to them recidivating. The typical offenders are no longer low risk but now have greater instances of violent tendencies, dually diagnosed with mental health needs, and have little to no employability skills. In this, CBCFs have shown a great ability to effectively manage these populations with significantly lower instances of violence and/or uses of force. With a more therapeutic culture created within, the environments are naturally suited to address many of the social determinants of health for this population. Currently, most CBCFs are GED testing centers and provide Adult Diploma certified vocational certifications. CBCFs work to link residents to employment and provide aftercare services upon release. Thus, to maintain these safer environments and help prepare offenders be better qualified employees for Ohio's workforce, CBCFs must retain highly trained and specialized staff.

After considerable collaboration with all CBCFs and ODRC, we are grateful for the increases to the 501501 line included in the as-introduced version of the governor's budget and supported and passed by the House. We request that the Senate maintain the 501501 line item at this funding level. The increases of 4.4% in 2026, totaling \$4,358,400, and an additional 4% in 2027,

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totaling \$4,146,200, will help CBCFs address the significant staff retention needs. As previously stated, retaining highly trained and specialized staff is of paramount importance to appropriately handle the significant needs of the populations served. Any reductions to this funding could have adverse impacts on safety levels for offenders and staff, reduced operational capacities of facilities, and worse outcomes for the participants and the programs.

In the last budget, CBCFs were included in the Behavioral Health Drug Reimbursement Program located in line-item MHA 336442 within the Department of Mental Health and Addiction Services' budget. This program granted offenders access to expanded services targeting their addiction and withdrawal, as well as psychotropic medications to treat the increasing mental health needs. CorJus has discussed the program with OHMAS and based on submittals for reimbursement, the participants and needs for this program have grown significantly higher. However, the reimbursement rates are decreasing due to these rising demands of participants.

The House increased this program's line from \$5,250,000 to \$7,750,000 and we greatly appreciate the House's investment and acknowledgement, during this tight fiscal year, of the benefit to the community that this program provides. We would ask that the Senate hold the funding line at the House level, but we would welcome more investment as the demand is fast outpacing the supply. Over the last biennium in just CorJus facilities alone, over 4,400 offenders benefitted from this program, providing them with the psychotropic and MAT resources they needed. However, without the current investment being maintained for this program, it would lead to more offenders being denied from CBCFs and being potentially diverted to more costly alternatives, such as prisons or state hospitals.

As I close this testimony, I would like to thank all those other entities that have worked collaboratively with CorJus in continuing to improve the continuum that Ohio has for serving offenders. Thank you to both the Department of Rehabilitation and Corrections and the Department of Mental Health and Addiction Services for continuing to invest and prioritize community corrections. Thank you also to our community corrections partners, the Ohio Community Corrections Association, and the Ohio Justice Alliance for Community Corrections. It is through our combined efforts that we will continue to make the greatest impact we can for our communities.

Chair Manchester and members of the committee, I appreciate you allowing me the opportunity to provide this testimony and please feel free to contact me with any questions.

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