



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

OhioMHAS Updates

Sentencing Commission

February 19, 2015

Tracy J. Plouck, Director
Mark Hurst, M.D., Medical Director

Agenda

- OhioMHAS background
- FY 14/15 progress
- Plans for FYs 16/17 (highlights)
- Questions and discussion

OhioMHAS Background

- 6 regional psychiatric hospitals
- Linkage workers and OASIS at DRC
- Community subsidies and grants
- Regulatory functions

Our Hospitals

- Appalachian Behavioral Healthcare – Athens
- Heartland Behavioral Healthcare – Massillon
- Northcoast Behavioral Healthcare – Northfield
- Northwest Ohio Psychiatric Hospital – Toledo
- Summit Behavioral Healthcare – Cincinnati
- Twin Valley Behavioral Healthcare – Columbus

Bureau of Criminal Justice

- Christopher Nicastro – Chief
- A sample of programs overseen by the Bureau:
 - Community Linkage
 - TASC
 - Circle for Recovery
 - Drug Court
 - Specialized Dockets Payroll Subsidy (more on that later)
 - Ex-Offender MH Stop-Gap Mini Grant
 - Criminal Justice Coordinating Center of Excellence
 - Indigent Driver Alcohol Treatment Fund

Community Linkage

- Provide linkage services to all ODRC prisons and ODYS facilities
- Provide continuity of mental health care for offenders leaving ODRC or ODYS
- Reduce de-compensation rates of released offenders to increase chances of recovery and successful reintegration
- Reduce recidivism of offenders with mental illness who are involved in the criminal justice system

Community Linkage

- Build and strengthen information sharing and alliances across systems
- Enhance public safety by arranging post-release mental health services, recovery supports and benefits
- Assisting with SSI/SSDI benefit applications
- Assisting with Medicaid benefit applications
- In the past year has expanded to include the AOD population

Treatment Alternatives to Safer Communities (TASC)

- Designed to improve service provisions to nonviolent alcohol and drug dependent felons and misdemeanants under the jurisdiction of the court/ probation/ parole system.
- 14 TASC programs located throughout Ohio.
- Managed and staffed by employees of the courts that provide jurisdiction over the TASC programs.
- The mission of these programs is to build a bridge between the criminal justice and treatment systems.

Circle for Recovery

- Located in and administered by a total of nine Urban Minority Alcohol and Drug Addiction Outreach Programs (UMADAOPs) across the state of Ohio.
- The objective is to prevent relapse of chemical dependency and criminal recidivism primarily among African-American adult parolees.
- In addition to providing services to prevent relapse, they provide the following services: employment/vocational, GED/education, health education including AIDS/HIV/STD education, relationship education, peer support, violence prevention, and crisis intervention services.

Drug Courts

- Drug court funds administered by OhioMHAS are designed to provide 1st or 2nd time substance-abusing offenders with an opportunity to receive substance abuse treatment in lieu of incarceration.
- Drug court programs create treatment teams that are made up of probation officers, prosecutors, defense counsel, substance abuse treatment personnel, TASC personnel, schools, children's services personnel and other ancillary service providers.
- The treatment team meets with the judge to staff cases, provide updates, and make recommendations based on participant performance.

Ex-Offender MH Stop Gap Mini Grant

- Provides mini grants to 21 counties in Ohio to expand the capacity and/or services to the SPMI forensic population leaving prisons, jails, and Community Correction Programs.
- Funding is utilized to provide direct services for a limited number of days prior to (in-reach) and upon release.
- Programs include CPST (individual or group), MH Assessment (non-physician or physician), pharmacological management, crisis intervention, housing assistance (short term 7 days maximum), as well as other services if clinically appropriate. All services are provided at a level that prevents decompensation and aids in stabilization.

Criminal Justice Coordinating Center of Excellence

- The Criminal Justice CCOE promotes the sequential intercept model, which includes interventions to help individuals with mental illness obtain appropriate treatment and avoid entering or sinking deeper into the criminal justice system.
- The CCOE provides crisis intervention team training to law enforcement and emergency service providers.
- The CCOE is a collaborative effort involving the Summit County ADAMH Board, Northeastern Ohio University's Colleges of Medicine and Pharmacy and NAMI Ohio.

Indigent Drive Alcohol Treatment Fund

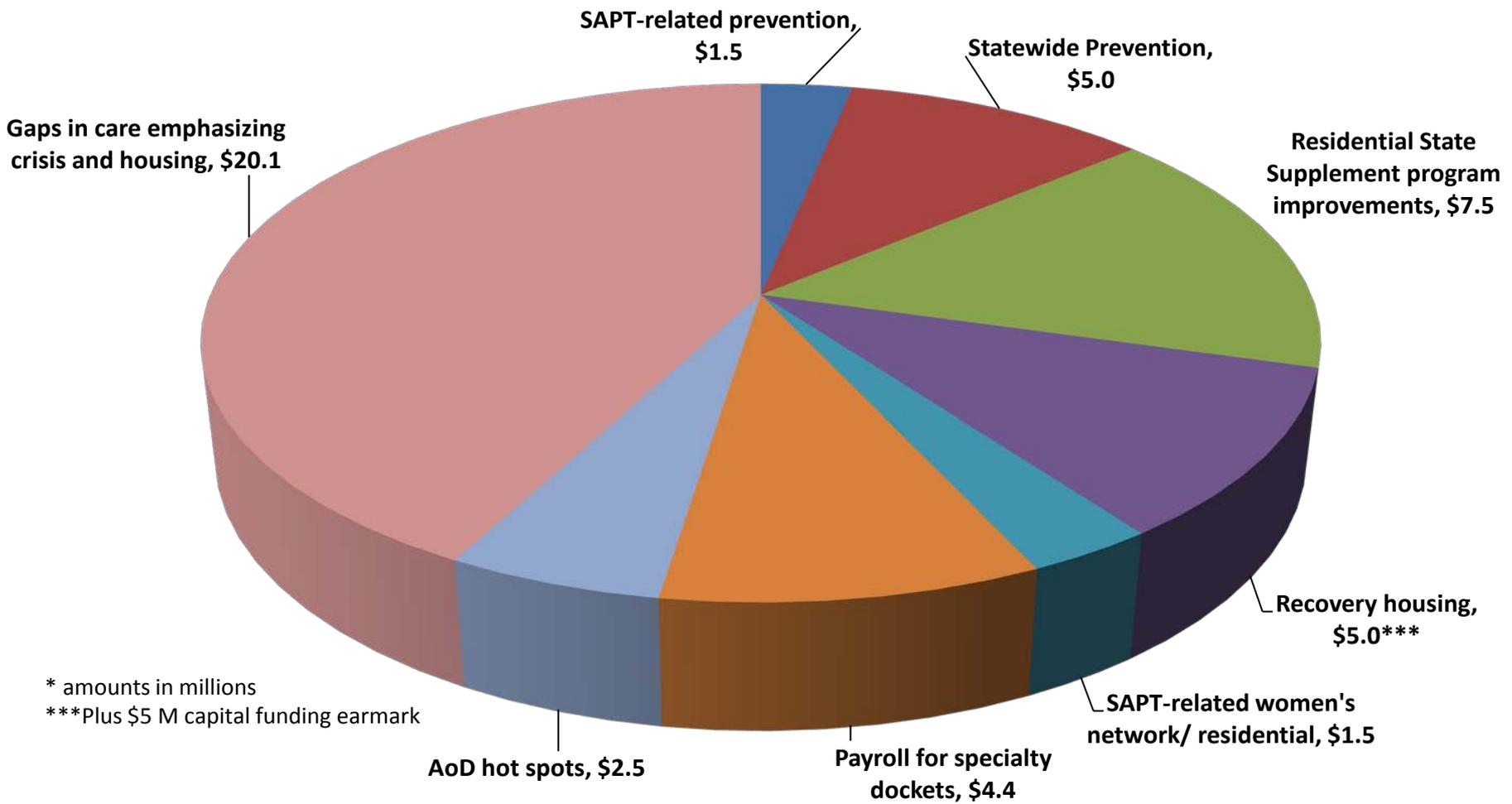
- IDAT is a funding mechanism for substance abuse treatment services for convicted indigent OVI offenders who have a diagnosis of alcohol, other drug abuse or dependence. This enables courts in Ohio to utilize necessary additional treatments services for offenders charged with operating a vehicle under the influence of alcohol or drugs.
- Municipal, county and juvenile courts have IDAT accounts.
- Common Pleas courts and mayors' courts do not have the same statutory authority to create and maintain an IDAT account.
- Surplus IDAT funds can be used for alcohol and drug assessments and treatment for indigent people if substance abuse was a contributing factor of the offense.

FY 14/15 Progress

- Community Innovations: \$1.5 million/year
- Specialty dockets
- Recovery housing
- Other

MBR Funding Distribution

Distribution of ALI \$47.5 million for FY 15



* amounts in millions
***Plus \$5 M capital funding earmark

Specialty dockets

Purpose: MBR earmarked \$4.4M in FY 15 **to defray a portion of the annual payroll costs** associated with the employment of one staff member of a Family Dependency Treatment Court.

Specialty dockets

Eligibility Requirements

- A Common Pleas, Municipal, or County Court (including Juvenile or Family Courts) that is certified by the Supreme Court of Ohio for a specialized docket that targets participants with a drug addiction or dependency; and

Specialty dockets

Eligibility Requirements

- The specialty docket staff must be trained in alcohol and other drug abuse and addiction;
- The staff must demonstrate an understanding of their training to engage a person in treatment and recovery; and
- The staff must have an understanding of social service systems and the criminal justice systems.

Specialty dockets

Funding methodology (as defined in the legislation): One-time direct funding to the courts

- The amount of compensation and fringe benefits (total payroll cost) of a FTE or FTE equivalent will be up to 65% of the payroll cost not to exceed \$50,700.

Addiction Treatment Pilot Program

- \$5 million appropriated to Specialty-docket drug courts in six counties (Crawford, Franklin, Hardin, Mercer, Allen and Hocking).
- The program provides addiction treatment, including medication-assisted treatment, to persons who are offenders within the criminal justice system, eligible to participate in a certified drug court program, and dependent on opioids, alcohol or both.

Recovery Housing

- \$10 million in funding to strengthen and expand housing options for Ohioans seeking a fresh start in recovery from addiction.
- Will expand Ohio's recovery housing capacity by nearly 660 beds.

Crisis Intervention Team training

Selected CIT Training Highlights from May 2000 – Dec 2014:

- Total of 86 Ohio Counties = 7,495 out of 23,714
- Full-Time officers = 31%
- 536 Ohio Law Enforcement Agencies (out of 968 = 55%), including:
 - 77 Ohio County Sheriff's Offices = 1,422 Deputies
 - 49 State Highway Patrol Troopers
 - 54 Ohio Colleges/Universities = 393 trained Officers/Security
 - 597 Corrections Officers
 - 155 Probation Officers & 65 Parole Officers
 - 188 Hospital Security Officers
 - 93 Park Rangers
 - 227 Police Dispatchers

Community Innovation grants

Overview:

- A significant percentage of individuals incarcerated in jails have diagnosable mental illness and/or substance abuse disorder.
- Many of these individuals repeatedly shift between the criminal justice and the behavioral health system and experience poor outcomes.
- The ability of jails to treat inmates with behavioral health disorders is limited.

Community Innovation grants

Needs Identified:

- Divert appropriate individuals from the legal system and into behavioral health services
- Identify and treat inmates with behavioral health problems while incarcerated
- Promptly link them to behavioral health services upon release to improve both health and legal outcomes for these individuals

Community Innovation grants

Objectives:

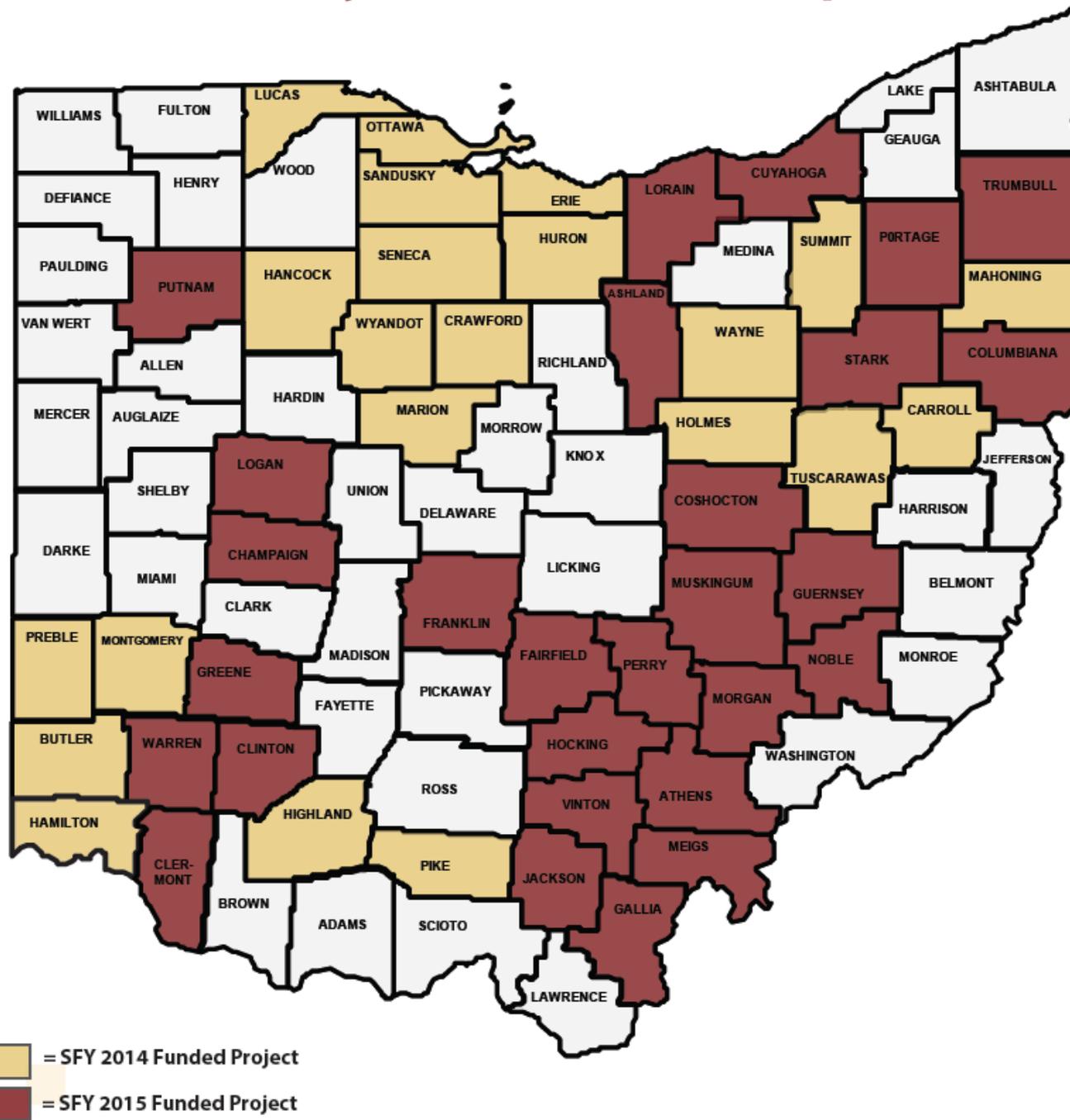
- Reduce state and local correction costs
- Reduce recidivism
- Promote public safety
- Promote behavioral health treatment
- Support local partnerships
- Increase/develop community capacity

Community Innovation grants

Funding:

- \$1.5 million for FY14 and \$1.5million for FY15
- 12 projects were funded in FY14
- 17 projects were funded in FY15
- Serving 24 counties in FY14 and 30 counties in FY15

Community Innovations Fund Recipients



Trauma-Informed Care

- With technical assistance from National Center for Trauma-Informed Care, regional teams are identifying strategies to meet local needs
- OhioMHAS is working with Ohio Council & others to plan specialized focus for youth residential providers
- Contact: Kim.Kehl@mha.ohio.gov

Adverse Childhood Experience (ACE) categories

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

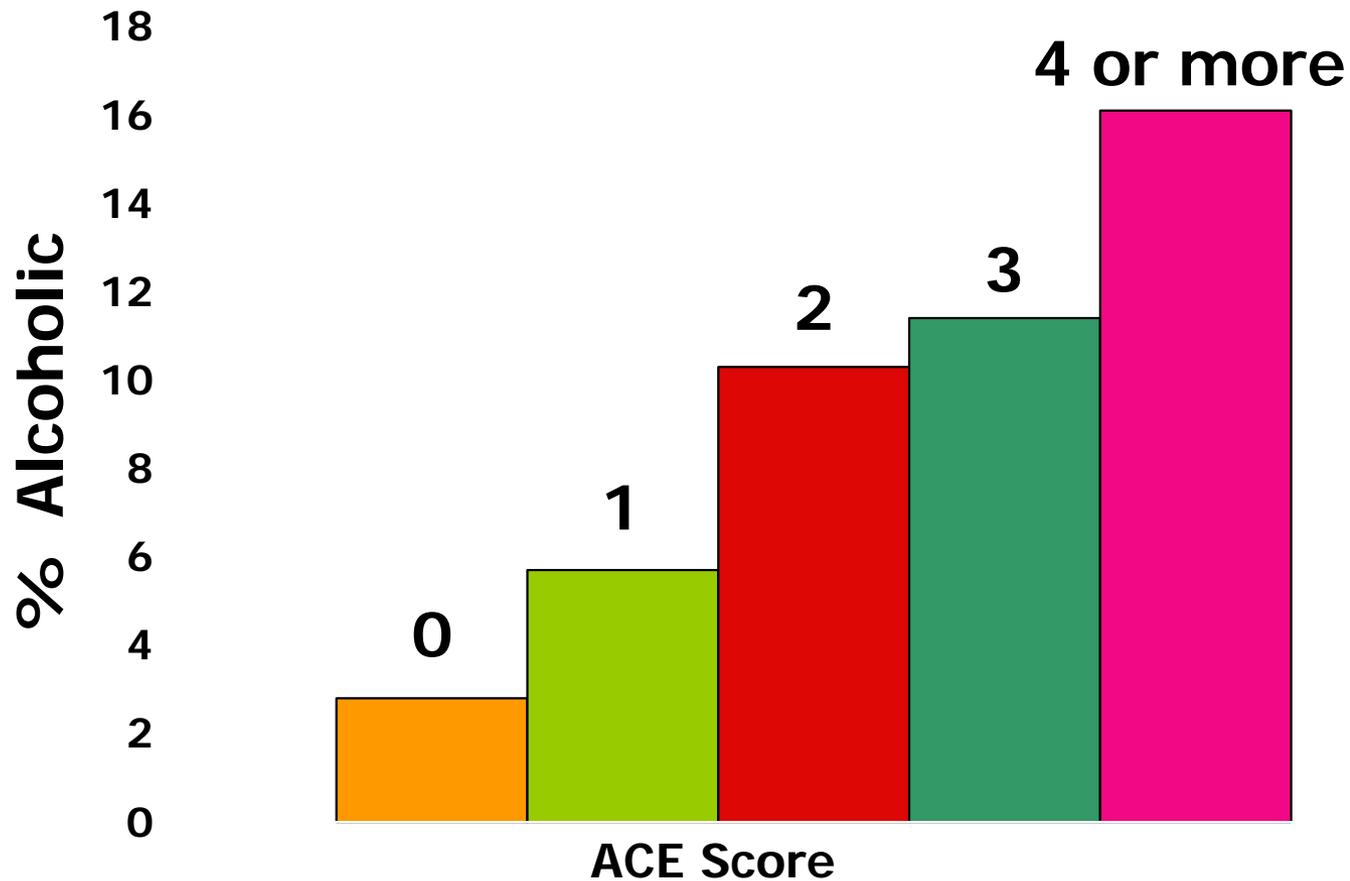
Household Dysfunction

- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member

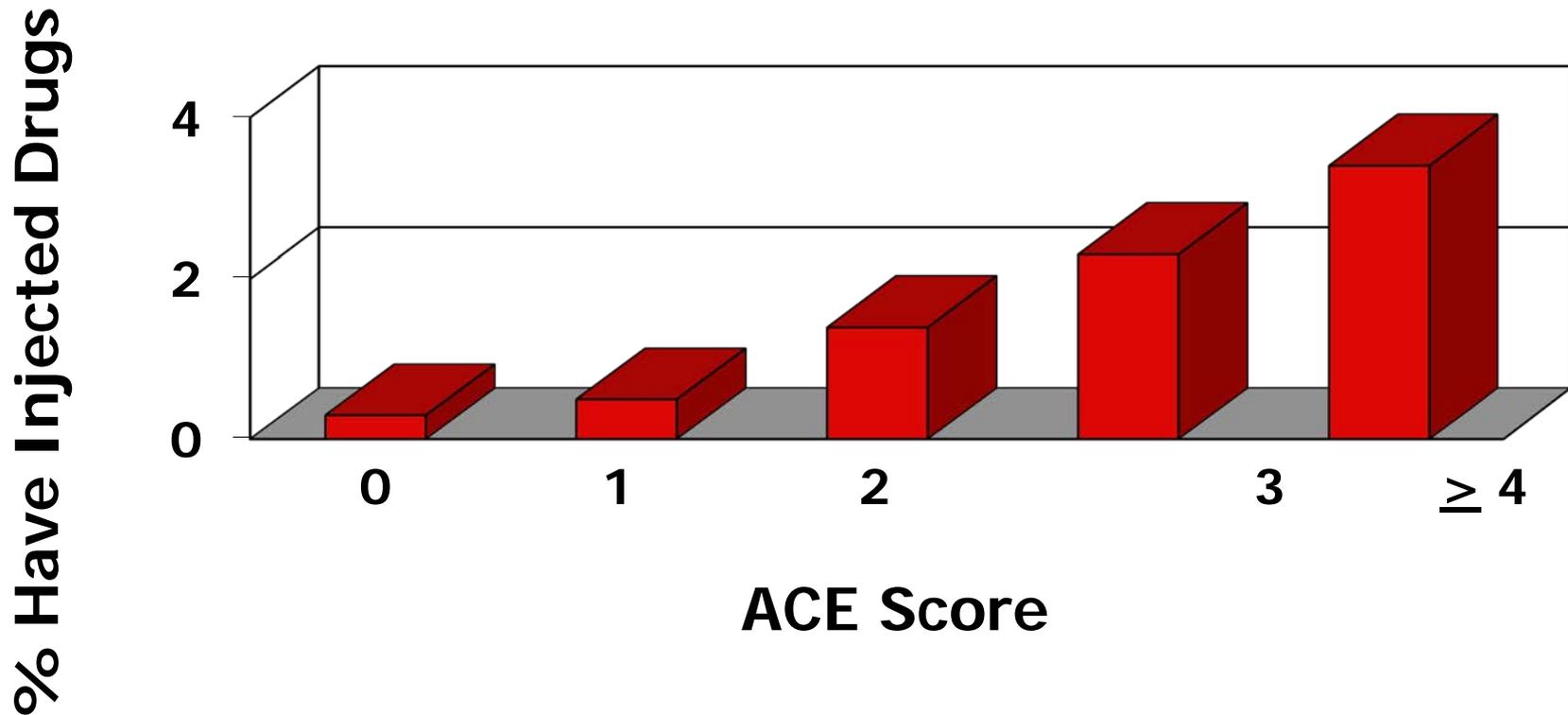
Number of ACE categories

ACE SCORE	WOMEN	MEN	TOTAL
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

Childhood experiences and adult alcoholism



ACE score and IV drug use



ACE score and IV drug use

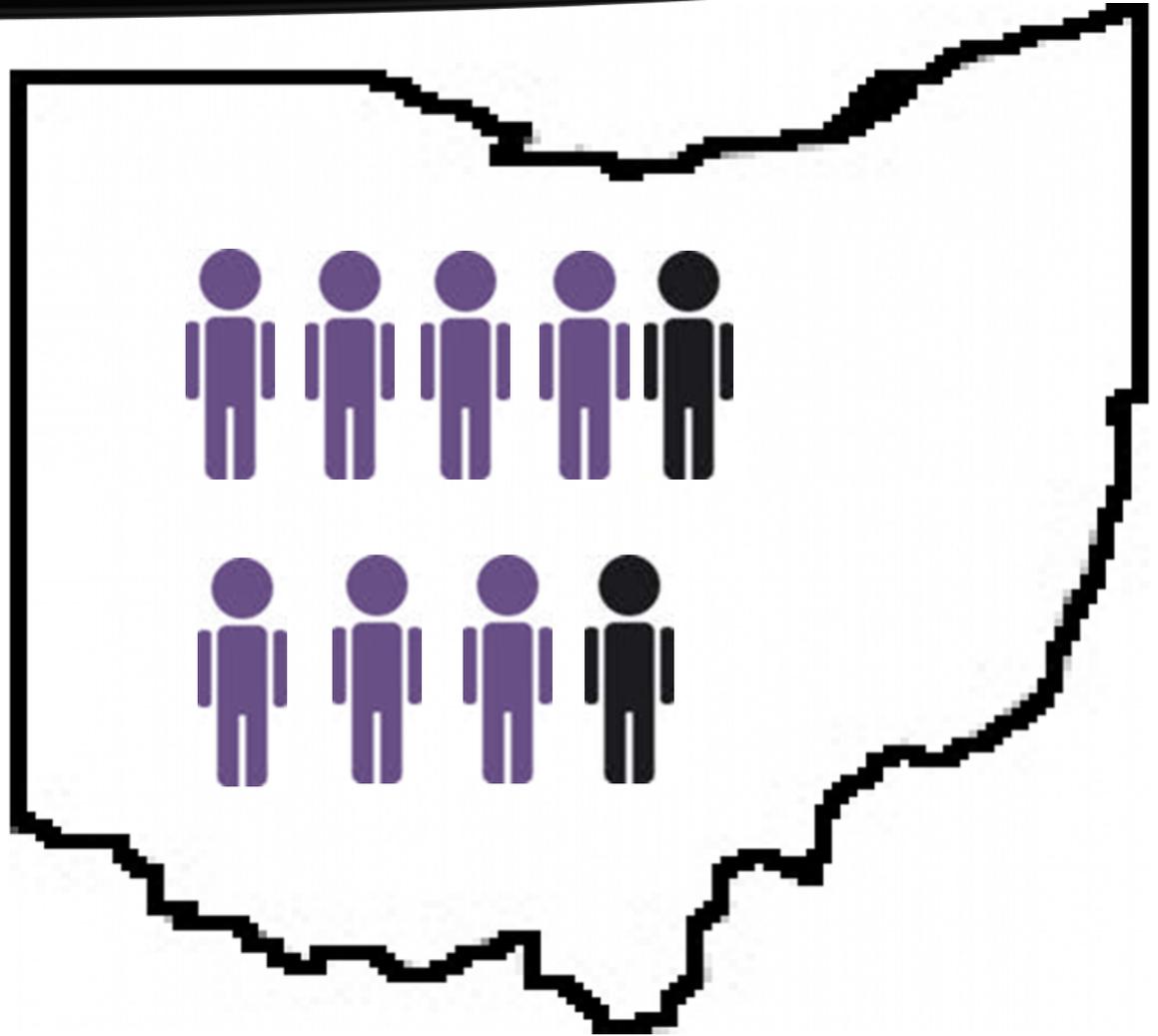
"A male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?"

-Felitti, 1998

Trauma and Domestic Violence

Of families who experience intimate partner violence:

- Four out of five adult children *commit* violence against partners
- Three out of four adult children become *victims* of domestic violence



ACE categories

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

Household Dysfunction

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Trauma-Informed Care Regional Collaboratives



Developmental Disabilities
Mental Health & Addiction Services

FY 16/17 Planning

- DRC partnership – addiction recovery services expansion and community investment
- Recovery housing
- Probate court costs
- Forensic evaluation centers
- Specialty dockets

Preparing for FYs 16/17

- Emphasize partnerships to address gaps in local continuums of care
- Connect Ohioans who are justice involved to meaningful treatment
- Examine Medicaid benefit changes to continue to support our evolving system
- Continue emphasis on prevention, housing, access to hospitalization, etc.

Opportunities to Improve Outcomes

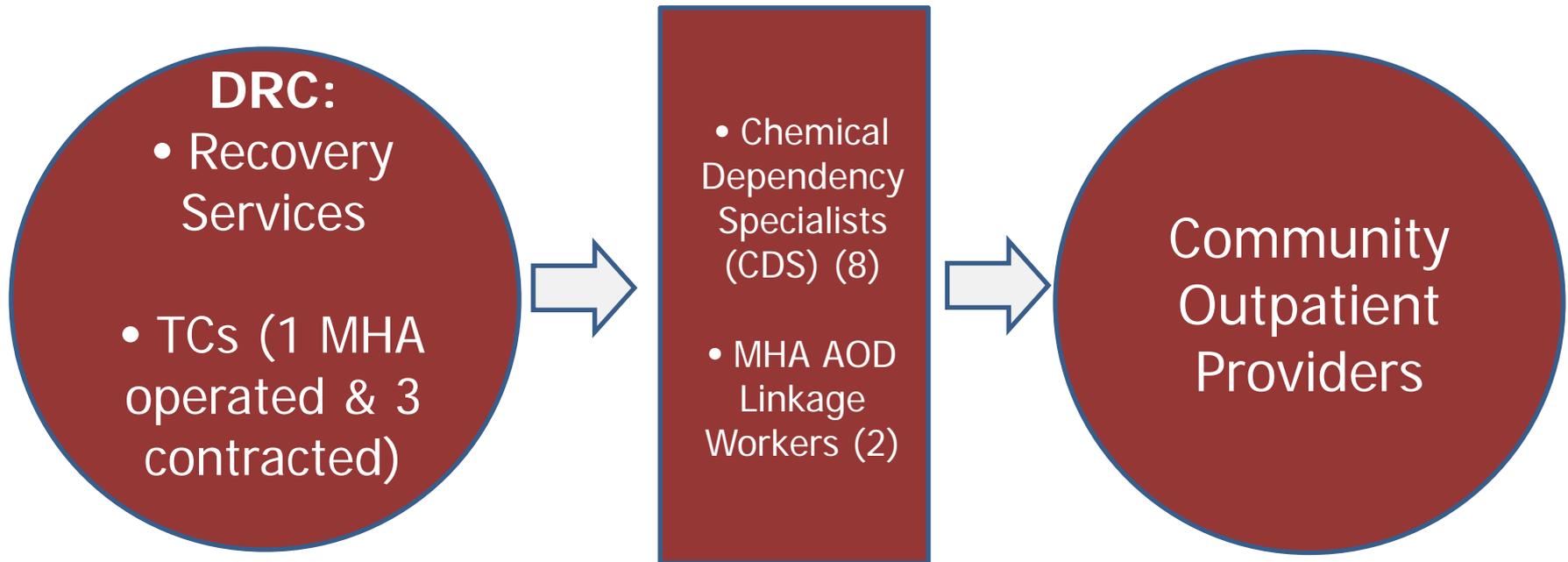
- Recidivism rates (2010):
 - General population: 27.1% (down from 28.7% in 2009)
 - National Average: 40-44%
 - Received treatment in Therapeutic Community: 9%
 - Received treatment in Recovery Services: 10.4%
- Creates significant opportunity to:
 - Further decrease recidivism leading to:
 - Increased public safety
 - More individuals becoming productive citizens

Opportunities to Improve Outcomes

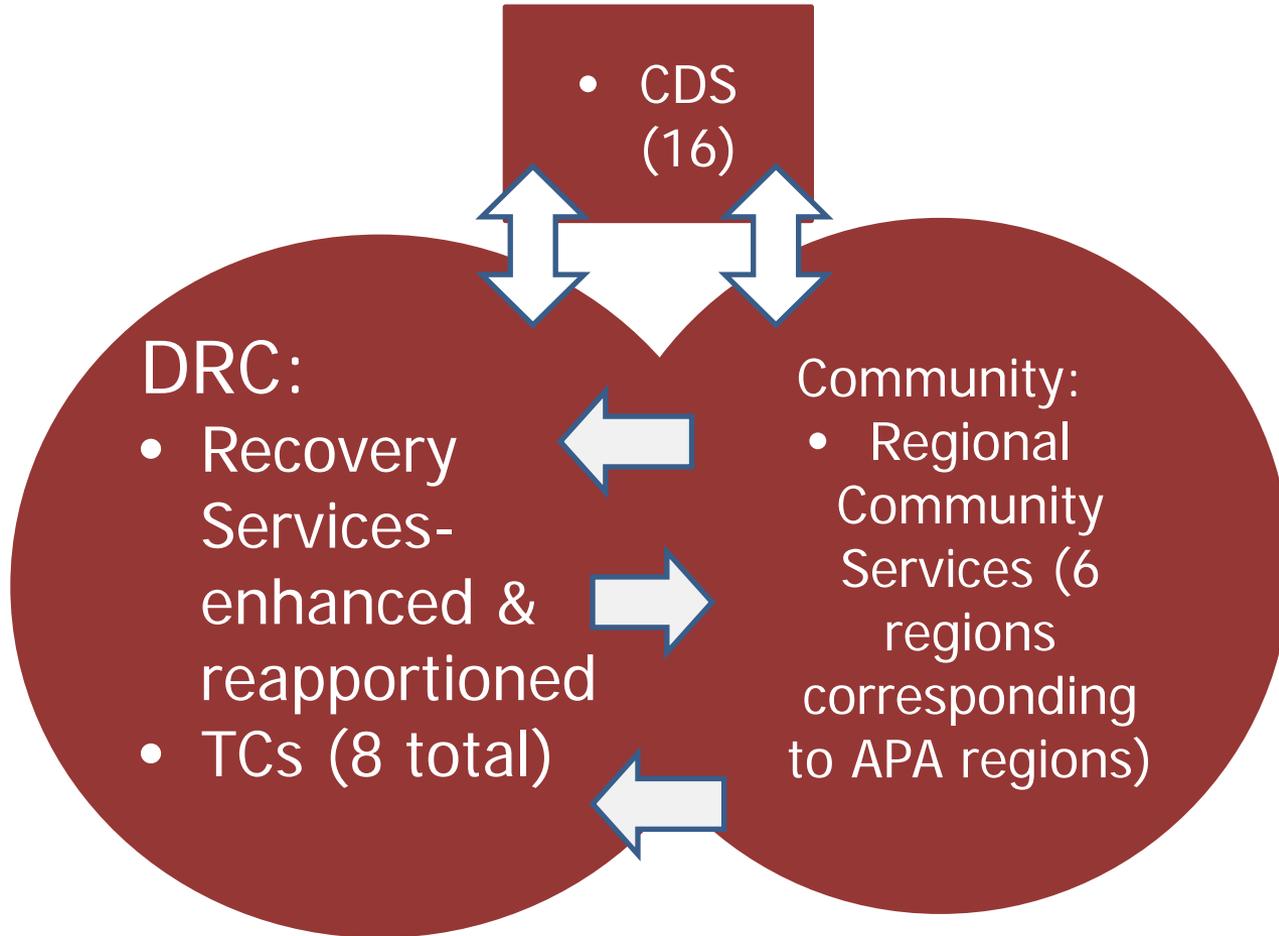
Proposal:

- Enhance services to inmates detained in DRC
- Continuity of treatment in the community following release
- With a higher % of inmates with SUDS treated during incarceration, a lower number will return to DRC based upon current programming and outcome statistics
- Addition of treatment following release will likely decrease recidivism further
- Utilizing Medication Assisted Treatment (MAT) in individuals with Opiate use disorders will likely reduce recidivism even more

Current State



Goal



Medicaid expansion

Ohio Medicaid & CHIP Enrollment			National		
Total Medicaid & CHIP Enrollment (Oct 2014 - Preliminary)	Comparison of Oct 2014 data to July-Sept 2013 Average Enrollment		Total Medicaid & CHIP Enrollment, all States (Oct 2014 - Preliminary)	Comparison of Oct 2014 data to July-Sept 2013 Average Enrollment	
	Net Change	% Change		Net Change	% Change
2,838,379	496,898	21.2%	68,529,576	9,683,006	16.76%

Source: Ohio Medicaid website

Medicaid expansion

- Status of enrollment for inmates being released from DRC
- Working on a local level to get individuals coming out of jail enrolled into Medicaid

More information

Find us on:



<http://www.mha.ohio.gov/>

Join our OhioMHAS e-news listserv for all of the latest updates!

