

Autumn 2014 Newsletter

President

Jennifer Turnes
Behavioral Healthcare
Partner of Central Ohio

Executive Director

Lusanne Green

OCCA Agency Members

- Alvis House - Columbus,
Dayton, Chillicothe
- Behavioral Healthcare Partners of
Central Ohio, Inc. - Newark
- Community Assessment &
Treatment Services, Inc. -
Cleveland
- Community Corrections
Association, Inc -Youngstown
- Community Correctional Center,
Talbert House -Lebanon
- Community Transition Center -
Lancaster
- Community Treatment &
Correction Center, Inc. -
Canton
- CROSSWAEH CBCF, Oriana
House, Inc. - Tiffin
- Judge Nancy R. McDonnell
CBCF, Oriana House, Inc. -
Cleveland
- Ohio Link Corrections &
Treatment, Inc. - Lima &
Toledo
- Oriana House, Inc. - Akron,
Cleveland, Sandusky
- Salvation Army Harbor Light -
Cleveland
- Summit County CBCF Oriana
House, Inc. - Akron
- Talbert House - Cincinnati
- Turtle Creek, Talbert House -
Lebanon
- Volunteers of America of Greater
Ohio - Cincinnati, Dayton,
Mansfield, Toledo

Message from the President



At the core of OCCA's mission is an inherent belief in the power of professional development, planning and advocacy, and quality improvement initiatives designed to reduce repeat criminal offending. Over the past year, our commitment to these beliefs has resulted in positive outcomes for the organization such as hosting another annual conference with attendance exceeding past years.

OCCA has also offered numerous trainings, addressing issues central to effectively addressing the needs of offenders and strategies to reduce recidivism.

OCCA also completed a strategic planning process that culminated in the development of goals that will guide the direction of the organization in the coming year. OCCA aims to increase the utilization and capacity of community corrections programs in Ohio.

Specifically, OCCA will focus attention on expanding access to programming for the growing population of offenders eligible for transitional control, Ohio's most successful community correction program with respect to reduced recidivism.

These successes are not possible without the strong leadership and active participation of OCCA's member agencies. It is my pleasure to represent these talented and committed individuals and agencies as the new President of OCCA. I am also proud to welcome Mike Randle, Program Manager at Oriana House, Inc., as OCCA's President-Elect. Mike brings with him years of experience and a wealth of knowledge about community corrections.

In closing, the success of our organization lies in the relationships we build and the integrity with which we carry out our mission. We thank you for your interest and your support of our efforts to provide advocacy and professional development to community corrections professionals.



Jennifer Turnes
OCCA President

Mission

The Ohio Community Corrections Association provides to member community corrections service providers the opportunity for advocacy and professional development which enhances their ability to reduce repeat criminal offending.

OHIO
LEGISLATORS

MARK
YOUR CALENDAR

LEGISLATIVE
RECEPTION

MARCH 24, 2015

4:30 - 6:30 p.m.

OHIO STATEHOUSE

State Agencies Working Together to Expand Medicaid for the Incarcerated

Stuart Hudson, Ohio Department of Rehabilitation and Correction

Ohio's Department of Medicaid, Department of Rehabilitation and Correction (DRC), Department of Youth Services, and Department of Mental Health and Addiction Services have assembled a work group to establish the process for determining Medicaid eligibility for individuals in Ohio prisons and state operated institutions.

Ohio's Department of Medicaid has been developing a new initiative over the past year and a half to expedite the Medicaid enrollment process for incarcerated individuals within Ohio's prison system and enroll these individuals within Medicaid managed care plans. The development of this program has been a collaborative effort between Ohio's Department of Medicaid and the agencies listed above. This program will utilize a new web-based enrollment system to conduct the following primary functions:



1. Identify Medicaid eligible inmates in order to enable reimbursement for in-patient hospital services
2. Engage eligible inmates 90 days prior to release to begin the application process and allow them 60 days to select one of five Medicaid managed care plans options

As part of this program, inmates would enroll within a Medicaid managed care plan. Once inmates are enrolled in a plan, case workers employed by the plans can facilitate their transition of care as they are released from the prison setting. Ohio's Department of Medicaid plans to support this effort by establishing a process for pre-release care coordination. This will enable the managed care plans to send case managers into the prison system to set up a care transition plan for inmates.

While Ohio's Medicaid managed care plans provide the majority of the services needed by an inmate post-release, the state has a separate delivery and reimbursement system for behavioral health services. Medicaid works closely with the Ohio Department of Mental Health and Addiction Services to coordinate with these providers.

The main barrier the Ohio Department of Medicaid encountered in implementing the program was the length of time in which it took to plan, design, and develop all of the program components. This process included implementing a new technology infrastructure to enable the automatic enrollment process and share information with the DRC and coordinating efforts with diverse stakeholder groups that had little prior knowledge of each other's operations.

The state agencies engaged in this initiative anticipate the program will drive cost and recidivism reductions, as well as improve healthcare quality.

Stuart Hudson currently serves as the Managing Director of Healthcare and Fiscal Operations for the Ohio Department of Rehabilitation and Correction, where he is responsible for all healthcare operations and the overall ODRC fiscal management.

Expanding Access to Medical Care in Our Local Communities

Jennifer Turnes, Behavioral Healthcare Partners of Central Ohio

The expansion of Medicaid coverage represents a monumental leap in Ohio's efforts to serve those in need of medical coverage. For the first time, single adults and others who have been historically excluded from medical benefits were provided access to coverage. Filling this coverage gap will ensure that the healthcare needs of many hardworking Ohioans can be addressed. These are our friends and family members that are struggling to make ends meet. The expansion of Medicaid coverage also assists the community in its efforts to provide support services for those with behavioral health needs. For example, once the benefit of expanded Medicaid coverage is fully realized, community boards such as Mental Health and Recovery for Licking and Knox Counties, will be able to shift their financial resources to assist with essential services that are not covered by Medicaid such as housing support services for individuals with behavioral health conditions.



As an organization that serves over 6,000 individuals annually, Behavioral Healthcare Partners of Central Ohio, Inc. (BHP) had the unique opportunity (and duty) to reach out and assist its clients to obtain Medicaid benefits previously unavailable to them. With the assistance of the Licking County Department of Jobs & Family Services staff, BHP trained its office and community-based staff on the eligibility criteria for expanded Medicaid coverage and the online application process. BHP specifically identified clients that could be eligible for expanded Medicaid coverage and worked directly with this population to assist with the application process. Equipped with knowledge, laptops and internet service, BHP's community-based staff took their knowledge to the streets (literally) and were able to assist clients with the online application process in their homes. BHP's residential staff also took to the street by transporting clients from programs such as The Courage House and Spencer House to the local Department of Job & Family Services office to utilize the clinic that was designed to provide access to internet service for the online application. In addition, BHP also offered one-on-one assistance during Medicaid sign-up clinics that were hosted in their Newark and Mt. Vernon office locations. Clinics were offered for nearly two months and provided an access point and assistance for clients who needed to complete the online application process.

Through these processes, BHP has seen a number of its clients gain coverage under the expansion of Medicaid. This benefits clients by ensuring that they have a way to cover the costs of their critical behavioral health services. It also provides clients with coverage for their medical needs, such as primary care, which had previously been unattended. This coverage is of particular importance for BHP's clients and the millions of others in America who have serious mental illnesses and substance dependence as these populations are found to die roughly 25 years earlier than other Americans without such conditions.

Jennifer Turnes is Senior Vice President & Chief Operating Officer at Behavioral Healthcare Partners of Central Ohio, Inc. where she is responsible for the day-to-day oversight BHP's operations. Jennifer is President of the Ohio Community Corrections Association.

Combatting Opioid Addiction

Robert Cole Sprague, Ohio House of Representatives

With an average of five Ohioans dying every day, drug overdose has been the leading cause of accidental death in Ohio since 2007; and during that time, prescription opioids have caused more overdoses than heroin and cocaine combined. Due to the fact that the amount of prescription opioids dispensed has increased more than ten-fold over the course of the last ten years, the dangers of prescription opioids cannot be ignored or underestimated; because there is a direct correlation between the number of prescriptions, overdose deaths, and people suffering from an addiction. Ohio went from having 80 million doses of prescription opioids dispensed in 2003 to 822 million doses dispensed in 2013; and heroin, typically an urban drug of abuse, found its way into Ohio's suburban and rural areas. Due to heroin's close chemical composition and price difference, a prescription opioid addiction can lead to heroin use. Abuse of prescription opioids has not only become more prevalent in society, but prescription medications have built a bridge over the moat that used to surround heroin.



In addition to the efforts of Ohio's statewide officials, the Ohio General Assembly has approached this serious epidemic in an extensive and multifaceted way:

We must prevent more people from becoming addicted.

During testimony, members and I heard stories of minors being prescribed prescription opioids without the knowledge of a parent or guardian. These prescriptions eventually led to an addiction and heroin use. Upon further investigation, we realized that this practice was legal in Ohio; so legislation was signed into law that requires prescribers to discuss with and get consent from a parent or guardian before prescribing an opioid to a minor.

In addition to educating minors and their families in the doctor's office, we thought that it would be a good idea to require opioid related education in our school curriculum. Ohio law requires health classes to cover nutrition, alcohol abuse, tobacco abuse, general drug abuse, and personal safety; so we passed a bill out of the Ohio House of Representatives that requires our health curriculum to include information regarding prescription opioid addiction and its link to heroin.

Furthermore, two bills have been introduced to bring awareness of this issue to all Ohioans. The first bill has been signed into law, and it designates the first Friday of May as "Prescription Drug Abuse Awareness and Education Day." Since opioid addiction is very physical, babies born addicted have to go through treatment procedures before being able to live a normal life. The second bill, which has been passed by the Ohio House, designates the first week of July as "Neonatal Abstinence Syndrome Awareness Week." The intent of "Neonatal Abstinence Syndrome Awareness Week" is to bring awareness to expecting families of the complications that can be expected if a mother uses while carrying.

There needs to be a greater chain of custody on prescription medications within our medical system.

A couple of years ago, during the 129th General Assembly, the State of Ohio had a serious pill mill problem. The Governor signed a bill into law to combat unscrupulous prescribers, close the pill mills, enhance the Ohio Automated Rx Reporting System, and change how chronic pain is treated. Under this piece of legislation, a large number of pill mills have been closed throughout Ohio.

In a continuing effort to combat bad acting prescribers and drug seekers, a bill has been signed into law that requires prescribers using opioids or benzodiazepines to utilize the Ohio Automated Rx Reporting System (OARRS). The Ohio Automated Rx Reporting System is a statewide database that's used to track prescription data of controlled substances.

Although doctor shoppers and unscrupulous prescribers contribute greatly to illegal diversion, diversion continues to be a problem in homes throughout our state. We heard testimony from a mother whose son took a pill from a friend at school. After his grandmother passed away, his friend found the pill in a shoebox of old medications. The boy didn't feel right after taking the pill, so his parents took him to the emergency room. He was released the next morning to sleep it off. A few hours later, his mother found him dead. That single methadone pill had caused his respiratory system to shut down.

Combatting Opioid Addiction cont'd

To decrease the diversion of pain medications, a piece of legislation has been signed into law that will require hospice providers to monitor and dispose of prescription opioids used during home care.

In the hope that they will find a path to recovery, individuals suffering from an addiction must be kept alive.

As individuals are suffering from an addiction, they usually share needles. Legislation has been passed by the Ohio House that allows local boards of health to establish syringe exchange programs, which will prevent the further spread of HIV and Hepatitis in the addicted population. These programs also create a point of contact for addiction professionals, which can possibly put the individual suffering from an addiction on a road to recovery.

In addition to preventing the spread of disease, we wanted to find ways to save the lives of individuals that have overdosed. As opioids attach to receptors in the body, the respiratory system can stop working correctly; and as the respiratory system shuts down, people can die. Legislation has been signed into law that authorizes prescribers to give naloxone to individuals in a position where they can provide assistance to someone who might be at risk of an opioid related overdose. By detaching the opioid from receptors in the body, naloxone has the potential to reverse an overdose.

Although naloxone can save lives, professional medical attention is always required. A bill has been introduced to urge individuals to seek emergency assistance during an overdose. If medical assistance is pursued during a drug overdose, this bill would provide legal immunity for minor drug possession offenses.

Our treatment system needs to be integrated and effective.

We noticed that some behavioral health providers have about a 10% recovery success rate, and others have around a 60% success rate. The 60% success rates come from providers that have an integrated system of care, which contain all of the crucial elements of recovery. Although some providers offer programs with an integrated system, most operate in a fragmented manner. In addition to the fragmented systems throughout Ohio, some of our rural areas have almost nothing available to their residents. Language has been signed into law that will implement the integrated model throughout Ohio and targets \$47.5 million for housing and crisis services, recovery housing, prevention, case managers in specialty docket drug courts, and Ohio's Residential State Supplement program for the mentally ill. In addition to \$5 million for the important component of recovery housing, we also included \$5 million in capital dollars to increase access to recovery housing. Lastly, the bill implements a statewide waiting list that can be used to see where additional resources are needed.

In addition to the waiting list, we have also implemented another data based resource. Every day in Ohio, babies are born with a substance abuse addiction; so legislation has been signed into law that requires hospitals to report cases of neonatal abstinence syndrome to the Ohio Department of Health. Again, this data will be an indication of where more resources are needed throughout the State of Ohio to fight the epidemic.

Going forward, we will continue to work to combat the opioid epidemic. I'm hoping to use the U.S. Food and Drug Administration's Risk Evaluation and Mitigation Strategies to combat overprescribing, change how prescription opioids are paid for within our Medicaid system, and certify buprenorphine prescribers throughout Ohio. Furthermore, I hope to change how an entire episode of addiction treatment is paid for through our payment systems. Members also recently concluded their meetings of the Law Enforcement Perspectives on the Drug Epidemic & Its Impact on Families Study Committee.

In Ohio, the estimated annual cost of fatal drug overdose is estimated at \$3.5 billion. That figure factors in medical costs, work loss, and the quality-of-life loss; but there are many other costs within our state. As families are torn apart by addiction, children are entering the growing foster care system or being raised by their relatives. Moreover, the criminal justice system cannot continue to keep up with this growing epidemic. Law enforcement officers continue to fight drug related crime, and Ohio's prisons are way above capacity. In addition, due to the lack of drug-free workers, businesses throughout Ohio cannot fill available positions. The opioid addiction epidemic does not only continue to drive up costs throughout society, but more importantly, it's costing individuals their lives.

Robert Cole Sprague is currently serving his second term in the Ohio House of Representatives, following his appointment in February 2011. He serves the 83rd District, which consists of Hancock and Hardin Counties, as well as parts of Logan County. Sprague currently serves on the House Insurance and Finance Committee, and as Chairman of the Prescription Drug Addiction and Healthcare Reform Committee.

The Role of Practitioner Driven Research

Kimberly Gentry Sperber, Ph.D., Talbert House

Researchers and practitioners alike continue to lament the ongoing gap between research and practice. One barrier to implementation efforts has been that practitioners are frequently expected to implement evidence-based practices without having had meaningful participation in defining and prioritizing what gets studied. Consequently, one response has been to forge stronger partnerships between researchers and practitioners in order to allow practitioners input into the formulation of research questions of most interest to them and to facilitate the dissemination of research findings into the field. A key feature of most of these models, however, is that the researchers are typically housed in academic environments or in agencies that are external to the practitioner agencies. Talbert House has decided to take a different approach by embedding a research center directly within the agency.



While Talbert House has had research capacity for almost 10 years, the agency launched the Center for Health and Human Services Research (CHHSR) in July, 2013 to further strengthen the practitioner voice in research. Having an asset like CHHSR takes Talbert House to the forefront of social service research by being one of the few to incorporate research into a practitioner agency and allows the organization to foster both science-based practice and practice-based science. Dr. Kimberly Sperber currently leads the research center. In addition to Dr. Sperber's leadership, the research center also benefits from the technical expertise of an advisory council. Members include Dr. Faye Taxman (George Mason University), Dr. Robert Anthenelli (University of California, San Diego, School of Medicine), Ms. Melissa Van Dyke (National Implementation Research Network), and Dr. Kristina Moster (Cincinnati Children's Medical Center).

CHHSR provides local, state, and national expertise in identifying, testing, and applying evidence-based practices for human services organizations. The research center is responsible for conducting research in corrections, addictions, mental health, and primary care. Current criminal justice research projects focus on effective applications of risk-based dosage, the impact of opiate addiction on correctional treatment outcomes in offender populations, medication-assisted treatment for opiate-addicted clients, strengths-based approaches for improving treatment responsivity, and testing various implementation strategies with the University of Cincinnati Effective Practices in Community Settings (EPICS) model. Highlights from these projects are included below:

- ◆ In partnership with Dr. Ed Latessa and Dr. Matthew Makarios, CHHSR has published two dosage studies, has one currently under review for publication, and one nearing completion. Findings from these studies provide preliminary guidelines for how many hours of treatment to allocate to offenders based on their risk to re-offend. Results of these studies have been used by: (1) the National Association of Drug Court Professionals in setting their treatment standards for drug courts; (2) the Ohio Department of Rehabilitation and Correction in setting certification standards for halfway houses and CBCFs; and (3) a monograph commissioned by the National Institute of Corrections on risk-based probation.
- ◆ CHHSR staff are currently analyzing data on a sample of more than 2,000 offenders to determine the impact of an opiate diagnosis on intermediate and long-term outcomes compared to other addiction disorders.
- ◆ In partnership with Dr. Christopher Sullivan, CHHSR has recently completed a meta-analysis on the effectiveness of methadone versus buprenorphine for reducing opiate use. Results indicate that both medications are equally effective across studies. CHHSR staff are also currently conducting a meta-analysis on the impact of medication-assisted treatment on reducing recidivism.
- ◆ In partnership with the Mayerson Foundation, CHHSR is currently evaluating the impact of a strengths-based intervention on treatment responsivity for a sample of female halfway house clients. Because the focus of the study is on improving responsivity, outcomes of interest include program retention, completion rates, infractions, in-program relapse, reductions in depression, and reductions in PTSD symptoms.

The Role of Practitioner Driven Research cont'd

- ◆ In a partnership with the UC School of Criminal Justice, CHHSR is currently evaluating the implementation of EPICS as a case management model across 11 programs, 75 staff, and approximately 1300 clients. The goal of the study is to test various aspects of coaching, supervision, and program culture to determine their impact on staff fidelity, therapeutic alliance, and client outcomes.

Findings from the studies listed above have implications for adoption/refinement of evidence-based services, evidence-based implementation strategies, client advocacy, and policy making. Consequently, Talbert House views the operation of a research center within a practitioner agency as an innovative method for elevating the role of practitioners in defining pertinent research issues and designing research projects most likely to yield actionable results. Together, researchers and practitioners work to bridge research and practice to maximize access to high quality services with proven outcomes for clients, their families, and their communities.

Kimberly Gentry Sperber received her Ph.D. in Criminal Justice from the University of Cincinnati in 2003 and has worked in the field for more than 20 years. Dr. Sperber currently works as the Chief Research Officer for Talbert House and oversees the agency's Center for Health and Human Services Research.

2014 CLIFF SKEEN AWARD WINNERS

The Clifford Skeen Award is presented annually by the Ohio Department of Rehabilitation and Correction in recognition of excellence in community corrections. The award, first presented in 1993, is given in honor of the late eight-term Ohio legislator who sponsored Ohio's Community Correction Act. Congratulations to our member agencies—Community Corrections Association, Inc for its win in the halfway house category and the Judge Nancy R. McDonnell CBCF, operated by Oriana House, for its award in the Community Based Correctional Facility category.



Judge Nancy R. McDonnell CBCF staff and leadership with ODRC Director Gary Mohr after winning 2014 Cliff Skeen CBCF Award



Community Corrections Association, Inc. staff and leadership pose with ODRC Director Gary Mohr and the 2014 Cliff Skeen Halfway House Award

REGISTER NOW FOR A ONE DAY WORKSHOP!

March 13, 2015, 9 am - 4 pm

ALVIS HOUSE ADMINISTRATION BUILDING,
2100 Stella Court, Columbus, OH 43215



“GRADUATED/ADVANCED PRACTICE IN COGNITIVE BEHAVIORAL THERAPY”

Featuring

**Kelly Pitocco, MSW, LISW-S, LICDC, Research Associate
School of Criminal Justice at the University of Cincinnati**



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