

## Winter 2013 Newsletter

### President

*Arthur B. Hill*  
Salvation Army-  
Harbor Light

### Executive Director

*Lusanne Green*

### OCCA Agency Members

Alvis House - Columbus,  
Dayton, Chillicothe, Lima

ARCA, Inc - Cleveland

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. - 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

Volunteers of America of  
Northwest Ohio - Toledo

## Message from the President



As we celebrate our 40 years of commitment to service, we take time to appreciate how far Community Corrections has come - implementing the best possible programming to manage and change offenders' behavior. Our conference in May will feature the current and former directors from the Department of Rehabilitation and Correction as well as prior presidents and leaders of our association. As we look towards the future, this opportunity will provide a valuable perspective on both accomplishments and challenges experienced in our industry.

Over the years, we have learned that the most effective program offered within the Department of Rehabilitation and Correction is Transitional Control. Of those inmates that complete Transitional Control in a Halfway House setting, 84% do not return to prison in two (2) years. This statistic proves that those involved in Transitional Control benefit from programming and are less likely to return to prison, which makes our communities safer.

The upcoming budget is going to prove to be a huge hurdle for our State. With resources becoming even more scarce, a greater emphasis will be placed on all to show both the programmatic and financial benefit to citizens of Ohio. Research proves that we are extremely effective and are the best bargain for the state of Ohio.

We are humbled and appreciative of your continued support.

Sincerely,



Arthur B. Hill III - Beau  
OCCA President

### OHIO LEGISLATORS

### MARK YOUR CALENDAR

### OCCA LEGISLATIVE RECEPTION

**April 16, 2013**

**5:30-7:30p.m.**

**Ohio Statehouse  
Atrium**

## Mission

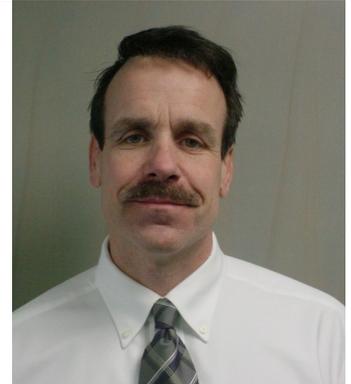
The Ohio Community Corrections Association provides to member community corrections service providers the opportunity for advocacy and professional development which enhances their ability to reduce repeat criminal offending.

# CLINICAL CORNER

Randy Shively, Ph.D.

## Intellectual Disabilities, Not Mental Health

Intellectual Disabilities (formerly referred to as Mental Retardation) is not the same as mental health, although you can be intellectually disabled and have mental health problems, too. Intellectual Disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. The disability originates before age 18. Intellectual impairment can be evidenced by the person not being able to read or write, not able to obtain a drivers license, trouble adding and subtracting, not able to read analogue time on a clock and having great difficulty problem solving. Adaptive impairments can be problems with self care skills such as not being able to bathe thoroughly or able to tie ones shoes. It can mean problems in handling money and knowing how to access the community. Socially, persons with an intellectual disability have difficulty reading body cues or knowing how to handle problems interpersonally with others. Because of brain damage they have holes in their thinking analogous to "swiss cheese." They may have some solid skills that make them appear normal, but in certain life areas they are very helpless.



Supports for this population are essential! They are dependent on environmental help and structure to survive and get through a typical day. Often when they first get up they rely on staff to prompt them to their first task, ie. bathing, followed by reminders of what comes next. With supports they do fine, but without them they can get frustrated, have a behavior outburst, and may not be able to get on with their day. The supports staff provide are in the areas of relationships, problem solving, community participation, personal well being, social roles, health, and making good choices. Each client's needed supports might look very different, but each client has gaping holes in their thinking. Staff's job is to identify these holes and then develop programs broken down into manageable steps to address these holes.

How do you know if you have one of these individuals? First, call on a professional to have an IQ test performed. The IQ test will tell how far below average an individual functions. Typically an IQ of 70 or below may be a telling sign the person has an intellectual disability. Also, look for signs of clients not being able to do a lot for themselves as far as daily living tasks. They may be dependent on others for help with routine tasks or in certain areas appear well behind their peers. Note where the holes lie so help can be passed on to professionals who will write programs to help.

What types of help are available? Once the person is diagnosed with a disability a program plan is developed to teach the person the skill(s) lacking. These programs draw from the individual's strengths in helping them overcome their limitations. For example, a client who can not tie his shoes, but is good at social interactions could be taught through one on one interaction with a staff how to perform the task. The task has to be broken down into short steps that are easily manageable and the client is taught the task one step at a time. The client might be taught first to put the shoe on, then to pull up the tongue of the shoe, then to make a loop of the lace, then make another loop, etc. It could take months before a client could tie his shoe independently. It is the job of the staff to be patient, persistent at running the program, and to provide a lot of encouragement and praise as the client struggles to learn the skill. This same approach is used to teach a variety of skills and justifies the need to keep some offenders in our program for several years. These programs are called active treatment. We are paid to increase independence in our clients.

A high percentage of offenders with developmental disabilities have mental health problems. Common problems are Depression, Attention Deficit issues, and Personality Disorders. They are offered counseling and medication to help address these issues. They are usually followed by a team of professionals who take data on their behaviors and develop Behavior Support Plans to help them cope more effectively. They also often have physical problems from not taking care of themselves. Often they need frequent doctor visits to clear up problems.

Many offenders with a disability do not have traditional community jobs, but sheltered employment experiences where they are served in workshops or specialized programs providing supervision and less complex tasks. Also there are typically more staff to help them with simple work tasks. They make comparably little money and some may only make \$30 for 2 weeks of work. However, work keeps them out of trouble and gives them some feeling of accomplishment.

Offenders with intellectual disabilities want to help, try hard and enjoy life. They appreciate the small things that others may take for granted. If you want to learn more about these clients, come visit our services at Alvis House.

**Dr. Randy Shively is the Vice President of Clinical Services at Alvis House and has over 30 years of experience working with corrections populations who have mental health problems, sexual issues, and developmental disabilities.**

*(This was written with a reference of Mental Retardation: Definition, Classification, and Systems of Supports, by the American Association of Mental Retardation, 10<sup>th</sup> edition)*

## ANNUAL GALA BENEFITS COMMUNITY ASSESSMENT & TREATMENT SERVICES

On Friday, October 12, 2012, OCCA member Community Assessment & Treatment Services, Inc. (CATS) hosted its annual benefit gala at the Historic Ballroom at the Alliance of Poles Hall on Broadway Avenue in Slavic Village. The gala, titled “*CATS on Broadway*,” was sponsored by Baker & Hostetler, LLP. This annual event provides critical funding to Community Assessment & Treatment Services enabling it to maintain high standards of professional care and service to Cuyahoga County residents struggling with substance abuse. Guests were welcomed by a New York-style red carpet entrance complete with costumed stilt walkers. Inside, the crowd enjoyed multiple buffet stations representing the unique flavors of New York City’s Broadway District and live music performed by the popular Cleveland band, Cats on Holiday. Master of Ceremonies for the evening was CATS’ Board Member, Dick Clough. Guests including Judge David Matia, Judge Janet Burnside, Judge Brian Hagan and Cleveland City Councilman Tony Brancatelli spent the evening dining, dancing and bidding on items in the Silent Auction. CATS Board Member Mike Van Niel of Baker & Hostetler LLP won the 50/50 raffle and generously donated his winnings back to the agency.



CATS Board Members at the Annual Benefit Gala

## TRANSITIONAL CONTROL AT WORK

At 26, Nicholas Bell has already been in and out of jail, committing several burglaries while he was abusing opiates. He was convicted with his current offenses of Assault, Burglary, and Obstruction of Official Business and sentenced to 3 years at Richland Correctional Institution after running from a police officer.

About 9 months into his prison sentence, Mr. Bell realized he needed to make changes in his life. He put his time to use by participating in programs that he felt would benefit his future, such as carpentry, framing techniques, OSHA Construction, Safety and Health, for which he received Certificates of Participation.

Nicholas Bell came to The Salvation Army Harbor Light Community Corrections Program in Cleveland, Ohio on September 11, 2012 from Richland Correctional Institution. He is currently serving the last 6 months of a 3 year sentence. When he arrived to The Salvation Army Harbor Light Community Corrections Transitional Control Program, he participated in the Rise Above Workforce Development and Fatherhood Initiative Program. Shortly after completing these initiatives, he obtained employment with his previous employer Wildhaber Roofing. His employer is very supportive of Mr. Bell’s Transition into the Community. Mr. Bell plans on continuing to work with his employer after he completes the Transitional Control Program on March 8, 2013.

Mr. Bell has a goal of re-establishing a relationship with his 2 sons who are now 3 and 5 years old. He is working hard to regain trust with his family. He realizes he needs to continue to make positive choices because the decisions he makes not only affect him, but his family.

Mr. Bell has been a model client in the Transitional Control Program. He continues to maintain his sobriety, adheres to the rules, and requires minimal supervision. The advice he would give to a person entering Transitional Control is to take advantage of programs, become employed, save money, and re-establish yourself so you can figure out who you are as a person. It is also important to strengthen relationships with family members and be there for your children.

# The ABCs of Transitional Control

## Alicia Handwerk, Ohio Department of Rehabilitation and Correction

Working with the transitional control population on a daily basis, corrections professionals don't realize that courts and court personnel, legislators and others who are outside the process aren't really aware of all of the special care taken with the screening and monitoring of these offenders in the community, so we forget to take the time to educate others in our processes. This became especially clear to us at a recent meeting between ODRC, the Ohio Community Correction Association (OCCA) and several judges. The following is an overview of the screening, supervision and return and release processes in place to specifically address the transitional control offender---or the ABCs of transitional control



- A. Screening and Placement
- B. Supervision and Assessment
- C. Return to Prison or Moving on to the Community

### A. Screening and Placement

- a. An automated screening of the criminal history contained in the prison database lets Unit Management (UM) know that the offender has met the first tier of eligibility for participation in the TC program. This automated screening looks for statutory exclusions such as having a detainer in place for an active felony warrant.
  - i. UM notifies the offender she is eligible and allows her to opt in or out of program.
- b. When offender has indicated willingness to participate in program, the Parole Board Parole Officer (PBPO) reviews the his "paper" file of information not included in the prison database, looking for any out of state convictions or juvenile adjudications that might preclude him from participating in the program. The PBPO also reviews the offender's institutional records to see if there are any sufficiently serious violations within recent history that would make him ineligible. This process weeds out a significant number of offenders.
- c. The letter announcing the offender's eligibility to participate in the TC program **no sooner than 180 days before the end of his sentence** goes out to the court. Note: the letter may come out a few months before the offender is eligible, but the offender **will not** be released before that 180 day cap. In the meantime, Bureau of Community Sanctions (BCS) staff also requests placement at a halfway house as near the offender's identified county of residence as possible. In addition, BCS does a final review of the offender, looking at his medical and mental health status to insure his ability to fully participate in the program; to make sure that no detainees have been placed or time has been added to the offender's sentence since the screening process began; and that the offender hasn't committed any serious violations since his initial screening. Prison staff will also alert BCS staff immediately if any disqualifications crop up.

### B. Supervision and Assessment

- a. Halfway house staff travel to the prison to pick up the offender.
- b. For the first two weeks, the offender is in orientation and confined to the halfway house. She is assessed with the ORAS tool and any other specialized assessment tool the halfway house may deem appropriate.
- c. Once risk and need is determined, case planning is done to determine the appropriate programming for each offender. Ability to begin job searching and take home passes is determined by risk level and program progress, so it will be much longer before a high risk offender can go into the community unsupervised, even for pro-social activities such as employment.
- d. All offenders, regardless of risk, must create weekly itineraries with their case manager and must abide by them strictly, or risk discipline or even removal from the program. When offenders are in the community at jobs or on home passes, they are checked regularly with phone calls to the employer or home.
- e. Offenders must fully participate in assessed programming or risk removal from the program and return to prison.

# The ABCs of Transitional Control cont'd

## C. Return to Prison or Moving on to the Community

### a. Return to prison

- i. While over 70% of the offenders participating in the TC program complete it successfully, a number do get returned to prison.
- ii. Several are returned administratively because they choose to quit the program; others may be returned to prison because they receive additional sentence time from a previous offense, or a detainer is lodged against them; or, their medical or mental health issues may preclude them from participation in the program.
- iii. Halfway houses are responsible for disciplinary actions taken against offenders in the program. A sanction grid outlines the potential violations and the point range available to each type of violation, depending on its severity. An offender may be returned to prison based upon one violation if it is sufficiently severe, i.e. assault on another offender; or based upon an accumulation of smaller violations. The halfway house holds an administrative hearing and provides a report of the results to BCS which processes the appropriate paperwork for return to prison.
- iv. About 4.6% of TC offenders abscond from the halfway house. There is a policy in place that outlines the halfway houses' responsibility to try to locate the offender and persuade him to return and for notification of the APA and BCS night or day so that the appropriate searches can be made for the offender and a warrant issued for his arrest.

### b. Moving on to the community

- i. Offenders successfully completing the program leave the halfway house with an aftercare plan that describes their course of action for the immediate future, and may also include linkages to appropriate community resources for follow up.
- ii. About half of the offenders that participate in transitional control have fulfilled the obligations of their sentence and are free to go on with their lives, but the other half must serve a period of post release control with the Adult Parole Authority.

**This is just a brief overview of the TC process. For more information please feel free to contact:  
Kara Peterson, Assistant Chief of the Bureau of Community Sanctions 614-752-1192  
Lusanne Green, Executive Director of OCCA 614-252-8417 ext. 357  
Your local Justice Reinvestment Officer (JRO)**

# TRANSITIONAL CONTROL PUTTING PUBLIC SAFETY FIRST

## RECOGNIZING THE FACTS

Nationally and in Ohio - About  
95% of Inmates Will Return to  
Live Among Us

and

## ASKING THE RIGHT QUESTION

Is it best to have the front door of the  
prison mindlessly swing open for an inmate  
based on a preordained date certain, or are  
public safety interests best served if  
corrections employs a panoply of case  
assessments and release planning tools?



## COMMITTING TO WHAT WORKS

### The Best Offender Rehabilitation Strategies Include

- ◆ Risk Assessments
- ◆ Treatment Services
- ◆ Release Planning
- ◆ **Community-Based Transitional Programs**
- ◆ Community-Based Aftercare/Supervision



## ACHIEVING THE BEST OUTCOME FOR OHIO

**Transitioning Inmates from Behind the Wall to the Streets Provides Additional  
Supervision and Support During the First Phase of Reentry Leading to Lower  
Recidivism Rates and Safer Communities for All Ohioans**

**RESEARCH HAS SHOWN TRANSITIONAL CONTROL TO BE THE  
MOST SUCCESSFUL ODRC PROGRAM WITH A 16 PERCENT  
RECIDIVISM RATE AS COMPARED TO A 31 PERCENT  
STATEWIDE AVERAGE**

**OCCA 40th Anniversary  
Roundtable:  
“Collaboration - The  
Roadmap to Success”  
at Noon on MAY 9, 2013  
(with preferred seating for  
elected officials)**

**REGISTER NOW!**

**May 9-10, 2013  
12th Annual Conference**

**“OCCA: Celebrating 40  
Years of Commitment to  
Service”**

**RCHs , CEUs, and COBs  
AVAILABLE**

**KEYNOTE SPEAKERS:**

**Dr. Mario Paparozzi**, University of North Carolina at Pembroke  
**Director Gary Mohr**, Ohio Department of Rehabilitation and Correction  
**Director Tracy Plouck**, Ohio Department of Mental Health  
**Dr. Kimberly Sperber**, Talbert House

To be held at the Embassy Suites Columbus-Dublin, 5100 Upper Metro Place, Dublin, Ohio 43017  
Reserve your room now by calling 1-800-EMBASSY. Please state that you are a guest of the Ohio Community  
Corrections Association with group code **OCM** for base room rate \$117-\$120.  
For more information or to register, contact Gloria Hampton at (614)252-8417 ext 356, FAX (614)252-7987  
Or visit our WEBSITE: [www.occaonline.org](http://www.occaonline.org)

**REGISTER NOW FOR A ONE DAY WORKSHOP!**

**March 26, 2013, 9 am - 4 pm  
ALVIS HOUSE ADMINISTRATION BUILDING,  
2100 Stella Court, Columbus, OH 43215**

**6 RCHs,  
CEUs &  
COBs!**

**“Case Planning: An Individualized  
Approach”  
Featuring Melanie Lowenkamp, MS  
Implementation Specialist  
Oriana House**

**6 RCHs,  
CEUs &  
COBs!**

For more information or to register, contact Gloria Hampton at (614)252-8417, ext. 356  
Or visit our WEBSITE: [www.occaonline.org](http://www.occaonline.org)

# Transitional Control

Transitional Control (TC) is a program created by statute in 1996 and administered by the Ohio Department of Rehabilitation and Correction (ODRC). Under TC, an inmate is transferred from prison to a halfway house where the inmate's re-entry into the community is guided and supervised during the last 180 days of the sentence. No person with a sex offense or violent crime is eligible for TC.

Research shows that **TC is ODRC's most successful program.**

## Reduces Recidivism

- The University of Cincinnati determined that TC participants had a 16% recidivism rate as compared to the statewide average of 31%
- 84% of those successfully completing TC did not return to prison within 2 years
- Makes all of our families and communities safer!

## Relieves Overcrowding

- 2,949 inmates were placed in TC in the last fiscal year.
- Equates to a 2% overall reduction in Ohio's prison population.
- Saves Ohioans approximately \$3 million (\$8.59 marginal cost times 124 days average length of stay)

## Speeds Reentry

- Inmates in TC earn wages and pay restitution, child support and taxes.
- Inmates in TC participate in:
  - ♦ Supervision & Monitoring
  - ♦ Education
  - ♦ Vocational Training
  - ♦ Substance Abuse Treatment
  - ♦ Cognitive Treatment
  - ♦ Job Search Assistance

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