

Spring 2014 Newsletter

President

Debra D. Buccilla
Alvis House

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



Thank you for taking the time to read our spring newsletter. Enclosed you will find some of the successes and challenges being faced today in community corrections. From mental health issues, substance use disorders, lack of employment opportunities and housing, clients entering our community correctional programs face significant struggles.

In order to make our communities safer, it is imperative that we assist our clients by helping them to face these challenges head on. This means providing evidenced based programming, intervention and treatment services to deal with both mental health and substance abuse issues, as well as providing the advocacy necessary to break down the employment and housing barriers being faced every day.

In Ohio, we have found that that the Transitional Control program provides the monitoring and supervision our clients need in order to address the challenges that they face. This is a program proven to reduce recidivism in our state thus keeping all of our communities safer. We must be diligent in our efforts to expand the use of this proven program, giving our clients the best chance possible for success.

Please join me as we continue to focus on what the research shows us are our most promising ways to impact the health and safety of our neighborhoods and to give all of us a chance to prosper.

Sincerely,



Debra D. Buccilla - Deb
OCCA President

**OHIO
ELECTED OFFICIALS**

**MARK
YOUR CALENDAR**

**OCCA
POLICY ROUNDTABLE**

May 1, 2014

Noon-1:30 p.m.

**EMBASSY SUITES
COLUMBUS DUBLIN**

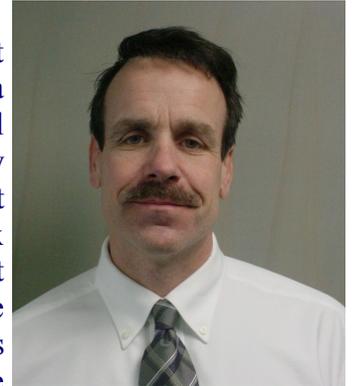
Mission

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

Mental Illness: Causes and Managing Stress Randy Shively, Ph.D.

“Mental Illness has plagued humanity throughout history, yet there is still great uncertainty about its causes. However, over the years much research has given us a better understanding of mental illness. We know mental illness is a real, physical event, and not merely a spiritual or moral affliction. We know that there are many kinds of mental illness, and that many people have or will have a mental illness at some time in their life. We also know that the causes of mental illness are complex and involve the brain, the mind, society, and the environment. Finally, we know that it is possible to treat mental illness and we gradually have become more sophisticated with therapy, medication, and rehabilitation. People with mental illness often do recover. It is not a life sentence for most people. What is more, even those who remain ill for a long time can live useful and meaningful lives despite their illness. The days when we thought that those mentally ill were witches or morally weak or just acting crazy are, fortunately over.” (Excerpt taken from: *Mental Health in Corrections*, Sowers, W., Thompson, K., and Mullins, S., 1999, page 45.)



Most mental illnesses have episodes or flare ups of symptoms much like physical illnesses. When clients are in active phases it is important to give them extra supports and reassure them they will get better if they follow their specific treatment ordered by their psychiatrist or physician and written in their habilitation plan. Often this includes medication, trying to lower their stress and involving themselves in therapeutic experiences, such as individual counseling and group work.

What do we know about the causes of the different types of mental illness? The causes of mental illness are both biological and environmental. Biology may play a more major role in diagnoses such as Bipolar Disorder and Schizophrenia. Environment appears to play a larger role in Personality Disorder diagnoses, such as Antisocial Personality Disorder (frequent violation of rules and laws). The exact interplay between biological and environmental factors is unknown; but we do know that if someone has the genetic predisposition for a mental health issue, their lifestyle and how they cope with stress can either protect them or bring on mental health problems.

Other environmental causes of mental illness are related to the environment in which our clients spend their formative years. Often, if they come from an environment of abuse and neglect, the brain does not develop normally and trauma can greatly impact one's emotional health. In many cases, clients have spent their childhood in environments that were over stimulated with noise and undernourished with meaningful attention.

As our clients grew up, they often had no measure of stability or coping skills to address their situation. Taking a cue from others in their community, they may have turned to alcohol and drugs which they had learned would make them temporarily feel better. This further weakened their brains and set them up for mental health problems, including drug addiction, depression, anxiety problems and a whole host of other mental health conditions. Just trauma alone has been shown to be correlated with all types of later mental health problems. Post Traumatic Stress Disorder is one such problem.

Mental Illness: Causes and Managing Stress cont'd

It needs to be stressed that mental illness is not causally related to violence. One of the most comprehensive research studies done on violence in this country was the MacArthur Study (2001). It showed next to a person's history of violence, a diagnosis of substance abuse or dependence is the most potent risk factor.

In fact, the mentally ill are much **more likely** to be victims of crime and violence. Correctional staff need to set up specialized programs to protect and assist the mentally ill. These clients often have poor hygiene, lack of financial and personal resources, and struggle to obtain and maintain a job. They often have poor frustration tolerance and very low self esteem.

The causes of mental illness are varied, hence treatment also is varied. Clients may need to have biological treatment (medication), psychological treatment (counseling and groups), and/or social/environmental treatment (tangible incentives for success; improved living conditions; reduced noise levels; positive contacts with family). As correctional staff press to help the client, treatment depends less on help from staff and more on the client's willingness to follow his/her plan and accept responsibility for recovery.

As service providers, we need to be cognizant of the amount and type of stress we place on clients in our programs when they have predispositions toward mental health problems. For many of our clients, just coming to a residential facility is a stressful, fearful event. Even though correctional staff need to expect effort and compliance, clients need to know staff are helpers, supporters, and at times coaches for them to succeed. Teaching our clients how to manage their stress is so important. Mental health episodes are much less likely to occur if our clients are taking care of themselves. Often the basics can make a major difference: eating right, getting sleep and taking the recommended medications.

Staff need to learn the specific mental health issues of each client and then create specific plans on how to help each client cope. This might mean ensuring the client is taking their medication and is educated about their mental illness. It might mean individualizing parts of their program and offering them special supports. Staff learn to be aware of clients' stress levels and teach them to monitor themselves so their frustrations do not feed their mental illness. Staff need to be aware of noise levels and stress/anger levels in residential facilities and give the mentally ill client the tools to manage his/her stress/anger. Some of these tools include: giving the clients an understanding of how medications assist them; how a balanced diet and sleep stabilizes them; and how supportive relationships are vital to protect them from mental relapse.

Meaningful, therapeutic relationships with correctional staff can make a big difference and just knowing someone cares on a daily basis is crucial for mental health. Clients can learn to have mastery over their mental health issues and over their future. This can often prevent further episodes or make further episodes much less severe. Correctional staff are an important part of the fabric guarding our clients' mental health!!

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.

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 closely monitored and supervised during the end of their sentence. The average length of stay for a TC inmate in a halfway house is 119 days. 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

- TC participants had a 16% recidivism rate according to the University of Cincinnati.
- 84% of prisoners who participate in TC do NOT return to prison—lowest recidivism rate among all programs at ODRC.
- Any inmate violating TC program rules is returned to prison.
- Makes all of our families and communities safer!

Relieves Overcrowding

- 3,028 inmates were placed in TC in the last fiscal year.
- Equates to a 2% overall reduction in Ohio's prison population.
- Saves Ohioans nearly \$3 million (\$9.03 marginal cost times 119 days average length of stay).

Supports 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



Despite these successes, in FY 2013 **1,929 eligible** inmates were not allowed to participate in TC at the end of their sentence because of a judicial veto.

WHY did we lose this huge opportunity to decrease prison spending AND make our communities safer?

ORC 2967.26(A)(2) allows the Common Pleas Court to disapprove of a TC transfer, despite the fact that ODRC has screened the inmate and determined that they are eligible for TC under a strict and comprehensive list of thirteen standards for eligibility.

- ◆ Ohio is the only state that allows for judicial veto of an individual's eligibility for TC.
- ◆ Every other state and the Federal Bureau of Prisons considers the TC decision a "classification determination" that is best left to the experts in the Department of Corrections.
- ◆ Many judges misinterpret TC requests and the stringent ODRC eligibility process that is employed before they are even given the opportunity to veto.
- ◆ Many judges have a standing policy to veto all TC requests that come before them without any analysis of the specific facts and details of the inmate's progress during incarceration.

Judicial vetoes of otherwise eligible inmates for participation in TC, in FY2013 alone cost taxpayers approximately \$2 million (\$9.03 marginal cost times 119 days average length of stay).

SOLUTION:

It is time for Ohio to remove the judicial veto in ORC 2967.26(A)(2) and maximize its use of this cost-saving and highly effective tool by fully empowering ODRC to make this classification determination.

REGISTER NOW!



***Evidence Based Practice:
Why It Works***

**13th Annual Conference
May 1-2, 2014
Columbus, Ohio**

KEYNOTE SPEAKERS

Dr. Christopher Lowenkamp, University of Missouri - Kansas City

Dr. Alexander Holsinger, University of Missouri-Kansas City

George Keiser, Keiser and Associates LLC

**POLICY ROUNDTABLE: TRANSITIONING INMATES
FROM THE INSTITUTION TO THE COMMUNITY**

Featuring

Judge Nancy A. Fuerst, Cuyahoga County Court of Common Pleas

Judge Guy L. Reece II, Franklin County Court of Common Pleas

Judge Keith M. Spaeth, Butler County Court of Common Pleas

Judge James DeWeese, Richland County Court of Common Pleas

PLUS A WIDE RANGE OF WORKSHOPS

Up to 10.5 RCHs and CEUs

Up to 9.5 COBs

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

The Opiate Epidemic

Anne Connell-Freund

Sometimes, out of desperation, we go straight to the last resort first. Ohio and the nation's prisons and jails became the de facto behavioral health care systems because we did not have adequate services to address persons who were dying on our streets from mental illness and addiction. Presently, our state is in a crisis related to heroine and opiates. We know what works with those addicted to opiates, but we struggle with available resources.

We are community corrections providers who play an important role in the criminal justice component of the continuum of care related to the opiate crisis affecting our communities. We see the fallout from abuse and diversion of opiates in our communities. Whether addicts receive their initial prescription from a physician or a pain clinic or become addicted through street level introduction, addiction to opiates often leads to criminal behaviors and into the criminal justice systems. Accordingly, the criminal justice and community corrections provider community must be involved in understanding, impacting, and transforming Ohio's treatment continuum. We need to figure out how to best assess and treat those addicted to opiates in prison, prevent abuse of opiates in prison by controlling the prescriptions and usage and allocate money in prison budgets to create needed programs. Moreover, we must not view all those using opiates as addicts.



CROSS TRAIN / EDUCATE

- ◆ We need support and direction from ODMHAS to modify our treatment protocols for new drugs that enter our communities. Community corrections providers should be a part of the dialog relative to treatment protocols, what works, what doesn't, and how the effectiveness of a treatment protocol is altered in the corrections setting.
- ◆ The treatment provider, courts, and community corrections providers must work as a team and communicate with each other to understand the needs of treatment, sanctions, and protection of the client and the community. Just as Ohio House Representative Robert Sprague (R-Findlay) has requested assistance from the Ohio Criminal Sentencing Commission **we would advocate that the most effective approaches: detoxification coupled with medication assisted treatment, behavioral counseling, narcotics groups and a sponsor coupled with a residential criminal justice alternative should be the direction that Ohio takes in addressing this epidemic.**
- ◆ Community Corrections facilities need to be aware of new drugs entering our programs, have the ability to test for them, and understand the behavioral indicators of which we should be aware.

MEDICATION ASSISTED TREATMENT (MAT) WITH THE CRIMINAL JUSTICE POPULATION

- ◆ Availability and access of Naloxone for community corrections providers needs to be increased. Recent passage of House Bill 170 in the Ohio General Assembly will assist in making this a reality.

SERVICES /LENGTH OF ENGAGEMENT

- ◆ Research has routinely shown extremely higher opiate abstinence with the use of MAT and long term treatment. The old treatment philosophy does not seem to fit the opiate population. Our experience is that the opiate addicts have a dramatically lower successful completion rate of around 30% when placed in treatment with other non-opiate clients. A solution would be to group opiate clients alone in treatment for a longer duration and with more individualized sessions.

The Opiate Epidemic

cont'd

- ◆ A twelve to eighteen month step down support program is more feasible to achieve better outcomes, but funding for treatment and recovery support is limited and difficult to obtain. We agree with and support the efforts of policy makers in addressing the need to work with insurance companies, Medicaid, State of Ohio, and local ADM Boards to secure funding for specialized services.
- ◆ We applaud Representative Sprague for identifying that Sub-Acute Detoxification is a necessary tool in the treatment arsenal. Most hospitals are not equipped to provide detoxification services. If funding could be provided for regional sub-acute detoxification services, this could go far in supplying a much needed resource at a reduced rate of hospital services.

LESSONS LEARNED

- ◆ Female clientele are posing different treatment challenges
- ◆ We have a severe need for more experienced counselors
- ◆ Clients cannot be released from Individualized OutPatient without Aftercare and Recovery Coaches
- ◆ Clients must be held more accountable for their sobriety
- ◆ 12 Step meetings and self-help groups are vital early in treatment
- ◆ Co-occurring Disorders (mental health with substance use disorder) yield an increased probability for homelessness, lower economic status and incarceration (Kessler et al 1994):
 - ◇ Best results when both disorders are treated at the same facility by the same group of professionals, in other words, Integrated treatment of both conditions simultaneously
 - ◇ Staff should be knowledgeable about treatment for both disorders
 - ◇ Psychotropic medications should be prescribed only after clients are stabilized on MAT
 - ◇ Medications should be monitored closely with drug testing and medications with abuse potential should be sparingly given
 - ◇ Clients should be educated about their conditions and assured that diagnoses are not used to stigmatize but to provide understanding
 - ◇ Treatment should be more intensive on average than for those without co-occurring problems

Anne Connell-Freund is the Executive Vice President of Operations for Oriana House, Inc., a private non-profit organization that operates community corrections and chemical dependency programs, specifically Halfway Houses and Community Based Correctional Facilities. Presently, Anne is the President-Elect of the International Community Corrections Association (ICCA), President of the Ohio Justice Alliance for Community Corrections (OJACC), and board member and past president of the Ohio Community Corrections Association (OCCA).

REGISTER NOW FOR A ONE DAY WORKSHOP!

June 5, 2014, 9 am - 4 pm

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



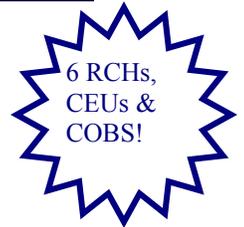
“Introduction to Effective Assessment and Case Planning in Community Corrections”

Featuring Holley Bossell, Auditor/Analyst

And

Matthew Morris, Auditor

**Ohio Department of Rehabilitation and Correction, Bureau
of Community Sanctions**



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

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