



Reducing Recidivism in the State Prison System by Enhancing Partnership to Provide Addiction Treatment

Background:

According to statistics provided by the Ohio Department of Rehabilitation and Correction (DRC), approximately 50,495 individuals are incarcerated within DRC facilities. Of these, 80% have histories of addiction. Nearly 30,000 of those incarcerated have a considerable or moderate treatment need, but current resources limit treatment availability to reaching only approximately 4,500 of those in prison. Inmates with non-violent drug charges tend to have shorter sentences within the DRC system and have limited access to addiction treatment while incarcerated. If left untreated, these individuals are at a high risk of relapsing and returning to criminal behavior, placing them and their communities at risk.

Addiction treatment research very clearly indicates that follow-up treatment after an initial treatment episode is essential for long-term success, and the addition of medication assisted treatment (MAT) for individuals with opiate use disorders markedly increases treatment success. The expansion of Medicaid means after leaving the correctional setting, many individuals now have a payer source for such treatment, which in combination with stable and safe recovery housing will lead to better long-term treatment success, lower recidivism, and safer communities.

Data demonstrates that those who receive services to treat these disorders have much lower recidivism rates than those who do not receive such services (10.4% for those treated vs. 27% for general population). Regrettably, only a percentage of those who need such services receive them. Equally concerning is that even fewer receive timely and appropriate services following release, placing the individual at risk of relapse and return to criminal behavior that places the community in jeopardy. Ex-offenders are much more likely to sustain their recovery if they are connected with addiction treatment and supports upon release.

First Four Years:

Working with the legislature and across party lines, Governor Kasich put in place common sense sentencing reform measures which aimed to make communities safer by putting first-time non-violent offenders in community alternatives. Similarly, legislation aimed to ease the collateral sanctions that limit employment opportunities to Ohioans with misdemeanor and felony

convictions passed in 2012. Together these measures were aimed at giving people a second chance, reducing crime and slowing the growth of the burgeoning prison population.

With Medicaid extension, significant effort has been made to establish special processes to ensure offenders leaving DRC facilities are enrolled in Medicaid and have selected a managed care plan prior to release. Enrollment in managed care and having early access to care coordination is critical for inmates with mental health and addiction disorders. As of January, the program is being piloted in the three female DRC facilities. Statewide implementation is expected to begin before the end of FY 2015. Once implemented statewide, the program is expected to be used by approximately 20,000 offenders per year and will be supported by special automated processes within Ohio Benefits.

In a concerted effort to address the opiate epidemic, Governor Kasich established the Governor's Cabinet Opiate Action Team, which has brought many successful initiatives forward in the last four years, including: Shuttering of pill mills across the state; additional treatment capacity has been established in some of the areas hardest hit by the problem; the extension of Medicaid benefits providing a payer source for treatment; the launch of the Governor and First Lady's youth drug prevention initiative called *Start Talking!*; the creation of Project DAWN, which makes the life-saving opiate antidote called naloxone available to law enforcement and families of addicted individuals; establishment of drug court programming, working with the Ohio Supreme Court, DRC and OhioMHAS on several fronts, including through the Addiction Treatment Pilot Program; and combatting Neonatal Abstinence Syndrome, a joint project of OhioMHAS and Ohio Medicaid to identify and promote better outcomes for pregnant moms who are addicted.

Executive Budget Proposal and Impact:

Ohio cannot arrest its way out of the drug problem. Treatment is an essential component to stopping the opiate problem in the state. It is critical that a person can access the right treatment services both in the community, but also in prison, where they oftentimes feel they have hit "rock bottom."

The Kasich budget proposes a transfer of responsibility to OhioMHAS from DRC for the treatment and supports of inmates with substance disorders both in the correctional setting and following release, noting that these resources will work in concert with access to Medicaid benefits and not overlap with what is available to each individual through the Medicaid program. OhioMHAS employees will work within the prison walls in order to connect more offenders with treatment, and connect them earlier in their incarceration.

The proposal is three pronged with a total budget of \$27.4 million in FY 16 and \$34.3 million in FY 17:

1. Transfer current \$12.5 million addiction treatment budget from DRC to MHAS. This budget largely consists of personnel who will become employees of OhioMHAS.
2. Augment services within the state prison system to increase treatment resources to level that meets identified need.
3. Expand resources for outpatient recovery supports and treatment for released inmates.

The Kasich budget will capitalize on the combined treatment expertise of OhioMHAS and DRC and provide better continuity of care from DRC into the community with improved success rates in the long term. With a goal of a seamless continuum of care, clinical plans for inmates participating in the program will include connections to care upon release, use of medication assisted treatment when appropriate, and access to housing and other recovery supports. Enhanced care inside the prison walls includes adding two additional contracted therapeutic communities and making treatment available to additional inmates. Many individuals in need of treatment in DRC are not currently receiving such services, so re-apportioning and augmenting existing services within DRC and adding new ones following release (outpatient treatment and MAT) is essential to improve outcomes, avoid re-incarceration and improve community safety.