

GUEST ARTICLES

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Promoting Successful Reentry of Youth
Tom Stickrath,
Director
Ohio Department of Youth Services

Reentry continues to be a top priority for the Department of Youth Services (DYS) and juvenile courts around the state. Every day a large number of youth are released from the care and oversight of facilities, parole and/or probation back to their communities. In an effort to effectively link community stakeholders, the courts and DHS, we released the Reentry Roadmap over two years ago to serve as a guide that encompasses all aspects of the juvenile justice continuum. I'm pleased to say that many of the seeds planted with the Reentry Roadmap are germinating in DHS and in the community as the concepts and goals of the document are being put into practice.

Within DHS we have seen an increase in volunteers who are willing to assist youth both in the facilities and when they return home. In fact, this past year, we logged the most volunteer hours in recorded DHS history, over 40,000. When the youth first arrive at DHS, the Release Authority meets with them face-to-face to assess their individualized plan and go over facility expectations. We have also seen enhanced treatment program delivery,

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Mental Health Leads to Successful Reentry
Terry Collins, Director
Ohio Department of Rehabilitation and Correction

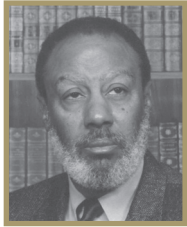
The Ohio Department of Rehabilitation and Correction (ODRC) is committed to providing quality treatment to offenders with mental illness. In the mid-90's, a consent decree greatly expanded mental health services within ODRC, establishing the Bureau of Mental Health Services (BOMHS). Since that time, BOMHS has continued to constantly reevaluate methodologies to help improve the functioning of offenders within our institutions and in preparation for their release back into our communities.

In the current climate of limited resources, the importance of mental health services provided for offenders being released from prison has not diminished and cannot be lost to budget conditions. Much of an offender's success upon release from prison will depend on the continuum of care provided during their incarceration. As such, ODRC and BOMHS have identified key areas of focus in preparing offenders for their transition back into our communities.

Treatment must be tailored and specialized. Currently, each institution

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BOARD MEMBER SPOTLIGHT



Reverend Benjamin
F. Gohlstin, Sr.
Board Member

*ADAMHS Board of
Cuyahoga County*

*Bill Denihan,
Chief Executive Officer,
identified Rev. Gohlstin as an
outstanding Board member.*

According to Bill...

...Rev. Benjamin F. Gohlstin, Sr., Pastor of Heritage Institutional Baptist Church in Cleveland, became a member of the Cuyahoga County Community Mental Health Board in November 2002 and was appointed to the newly consolidated Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County on July 1, 2009. During the consolidation process he represented the alcohol and other drug treatment and prevention interest and ensured that both addiction and mental health issues were fairly addressed. Rev. Gohlstin stresses that spirituality plays an important role in the personal recovery process from mental illness and addiction, and that people who are experiencing behavioral health problems often turn first to their clergy for help. He is an active member of the ADAMHS Board and sits on the Community Relations and Advocacy Committee.

What attracted you to this volunteer position?

My sensitivity and desire to help people who are struggling with a brain-based mental illness and/or addiction attracted me to the Board. I had a brother who was unfairly treated and sentenced to 25 years in prison by a judge who acknowledged that he was living with paranoid schizophrenia but ruled he was sane at the time of an incident. Part of his illness made him experience delusions of biblical and racial basis. During one particular delusion he thought he should punish a woman by striking her. He then grabbed a shotgun and threw it in the street. He was charged with robbery of a gun with a gun. He has since passed away.

What is the most challenging aspect of being a Board member?

I really love serving on the Board so I do not find the work itself challenging. However, I would say that educating the federal, state and local government on the importance

of treatment for the individual and the entire community is difficult. In my role as a reverend and social advocate, I am constantly taking the opportunity to speak to other groups about behavioral health.

What has been the most rewarding part of being a Board member?

The most rewarding part of being a member of the Board is seeing the many people who have come through treatment, attained personal recovery and are now leading productive lives as members of society. A high point of the last year was when I was involved in the Board's suicide prevention campaign that included a large media outreach. I was able to personally reach out to the community by appearing on several radio shows and discussing the warning signs of suicide and where a person can turn for help. I like to think that we touched at least one person's life through that campaign. I also enjoy being in a position to influence the use of recovery methods through the four domains of physical being, psychological aspects, social relationships and spirituality.

Please share your thoughts regarding community reentry of offenders and Cuyahoga County's programming for this population.

It is very important that we as a Board and the providers make adjustments in our thinking about our men and women returning to society after incarceration. While in prison offenders who have mental illness and/or addiction issues are treated, but once released, they often receive no medication or treatment. Many return to the community with just a two-week supply of medication with no follow-up appointments to see a doctor. I believe that parolees should leave incarceration with an appointment to address their needs immediately to receive continued treatment and medication. It is difficult for anyone returning from prison, but is harder for a person with the added baggage of a mental health or addiction issue. In Cuyahoga County, outcomes of services provided to parolees through an Assertive Community Treatment (ACT) team show that the recidivism rate is reduced to 20% and lower. Another program has seen a recidivism rate of less than 5%. Through these programs, prisoners with a mental illness returning home are provided treatment, medication, and assistance in contacting family, obtaining housing, linking to other benefits, and finding hope through vocational training and employment. We, as a society need to provide the necessary supports to ensure that parolees can become active citizens.



Partnerships in Preparing for Reentry

Sandra Stephenson, Director
Ohio Department of Mental Health

Effective reentry programming in Ohio communities for persons with severe mental illness, addiction and co-occurring disorders is expensive, complex and challenging. The population is high risk and multi-dimensional regarding need and is often not treated as a priority population regarding funding incentives. Ohio's prison system is currently estimated to have approximately 4,500 inmates with mental illness (almost 9% of the prison population) with close to 3,000 re-entering our communities annually. The recidivism rate (from community back into prisons) is approximately 10% during just the first year of release of persons with mental illness.

ODMH previously funded reentry projects and pilots but had very little data to demonstrate effectiveness. These funding dollars are no longer available. Additional projects that are funded are targeting diversion. We do know a considerable amount of life history and clinical information about the reentry population that moves back and forth between communities and prisons (and shifts costs across these systems); we haven't used information as effectively as we might in designing community-based interventions. Effective reentry programs must consider the following:

- Many, if not most of the reentry population would benefit from an IDDT (integrated dual-disorder treatment) model with focus on stage-based assessment and intervention and motivational interviewing.
- Diagnosis and assessment need to be specialized to include a determination of presence and level of criminogenic thinking/behavior in order to direct appropriate treatment resources/interventions.
- Community supports (housing, employment, education, spiritual and social opportunity) must be immediate considerations and housing must be **in place at the time of reentry**.
- Peer supports must be better developed and available.
- Linkage and development of a relationship with a community treatment provider should occur in advance of reentry.

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Providing Access to Alcohol and Other Drug Addiction Treatment and Reentry Services

Angela Dawson, Director
Ohio Department of Alcohol and Drug Addiction Services

Ohio's alcohol and other drug addiction services system has demonstrated time and again that an investment in treatment is an investment in savings. Given the unprecedented nature of the budget challenges currently facing our state and nation, it has become more important than ever to invest scarce resources strategically. Our valued partnership with the Ohio Department of Rehabilitation and Correction (ODRC) to provide access to alcohol and other drug addiction treatment and reentry services is one such way we are strategically partnering to save resources and lives.

Recovery is a process, and as such, we know that providing access to quality, cost effective treatment services alone is not enough. In order to facilitate a successful return to a healthy, productive lifestyle in the community, we must collaborate to ensure ongoing access to aftercare and support services that address employment, housing, education and healthcare services. This is especially true in Ohio's criminal justice system, where nearly 80 percent of offenders have an underlying substance abuse issue according to ODRC estimates.

From treatment services tailored to meet the unique needs of offender populations to reentry initiatives designed to nurture sustained recovery, reduce recidivism and enhance public safety, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is committed to working across organizational boundaries to promote efficiencies while working to reduce substance abuse and crime. The Center for Substance Abuse Treatment suggests this cross-systems approach can cut drug abuse in half, reduce criminal activity up to 80 percent and reduce arrests up to 64 percent. It can also lead to significant cost savings. The average cost for treatment in Ohio is approximately \$1,600 as compared to the average cost of incarceration which is around \$25,000 annually.

In 2006, the National Institute on Drug Abuse (NIDA) released Principles of Drug Abuse Treatment for Criminal Justice Populations. Effective reentry programming is among the 13 principles outlined in the publication. In fact,

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BOARD SPOTLIGHT



Reentry Coalition Eases Transition Jody Demo-Hodgins, Executive Director Crawford-Marion Board of ADAMH

The Crawford-Marion Alcohol, Drug Addiction and Mental Health (ADAMH) Board, in partnership with the Marion County Family Court, began frank discussions in the spring of this year to address support systems for individuals returning to Marion County from state correctional facilities, Department of Youth Services facilities and the county jail. We were fortunate to work with Judge Robert Fragale to jointly convene a group of community members to learn more about reentry and what steps Marion County might take to address needs. Initially, the Reentry Coalition spent time reviewing the following obstacles faced by the reentry population:

- **Housing:** Many former prisoners are able to live, at least temporarily, with family members. But those who cannot report limited housing options and little help in finding a place to stay.
- **Employment:** Low levels of education, work experience, and vocational skills limit employment opportunities, and many employers are hesitant to hire former prisoners.
- **Health:** Former prisoners are more likely to have major mental disorders and chronic and infectious disease, but many live in communities with insufficient healthcare facilities.
- **Substance use:** A majority of prisoners have extensive substance abuse histories and most identified drug use as the primary cause of their problems, but less than one-third receive treatment after release.
- **Communities:** A significant number of prisoners return to a small number of communities, many of which are facing high levels of social and economic disadvantages.

Once we had a better idea of the obstacles, we worked with representatives from the Ohio Department of Rehabilitation and Correction to create a Reentry Coalition. In a short period of time, the Marion County Reentry Coalition was formed with three chairs: Judge Robert Fragale, Judge Robert Davidson and me -- director of the ADAMH Board. The coalition includes representation from: Marion County United Way, Marion-Crawford Community Action; Marion Area Counseling Center; Marion County Job and Family Services and Children Services Board; Marion County Family and Children First, Marion County Prosecutor, Marion Technical College, Ohio State University at Marion, Victim Assistance Program, Metro Housing, Legal Aid, churches, the Domestic Violence Shelter, and ex-offenders.

While the group is in its infancy, they have formed committees around the most significant barriers and are in the process of developing a strategic plan. Our committee structure includes: housing; employment/education; family supports and treatment. Our overall goals mirror those of the Ohio Reentry Coalition:

- 1) Reintegrate offenders into society
- 2) Reduce recidivism
- 3) Maintain public safety

We know that ex-offenders face a variety of challenges. If we can help in the coordination of resources and services, we believe that families will ultimately benefit along with the community through reduced recidivism and increased connectivity to society.



PROMOTING SUCCESSFUL REENTRY OF YOUTH, CONTINUED

Continued from page 1

and we will be rolling out a Strength-based Behavioral Management System on all of the units in the beginning of 2010. The process for approving a youth's release to the community is being revamped, and the role of the parole officer is being reassessed as well.

Ohio now has a uniform system for assessing youth who enter the juvenile justice system called the Ohio Youth Assessment System (OYAS). The OYAS is improving Ohio's juvenile justice system by creating statewide consistency in the determination of treatment and level of supervision for juvenile offenders.

Around the state, juvenile courts are advancing reentry initiatives to aid youth in re-connection to their family and community, as well as to implement strategies for improving the tracking and supervision of released youthful offenders. I've visited courts around the state and have seen many excellent reentry approaches. On a recent visit to Muskingum County, I witnessed reentry in action as staff practitioners led youth through the process of re-unification with their community and family. The Court Administrator talked about the court embracing the Reentry Roadmap as their guide for developing their approach. Other juvenile courts with reentry initiatives include Butler, Cuyahoga, Delaware, Franklin, Hamilton, Mahoning, Montgomery, Lucas, Richland, Summit, Stark and Williams.

“Every day a large number of youth are released from the care and oversight of facilities, parole and/or probation...we released the Reentry Roadmap over two years ago to serve as a guide that encompasses all aspects of the juvenile justice continuum.”

**~ Tom Stickrath, Director
Ohio Department of Youth Services**

Outside of Ohio's approach to reentry, we are excited to see our efforts supported by national attention where the concept of reentry is gaining steam. Especially pleasing was the passage of the Second Chance Act, federal legislation designed to improve outcomes for adults and youth returning to the community from prisons and facilities. The act authorizes federal grants to government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victim support and other services with the goal of reducing recidivism.

Last month the Council of State Governments' Justice Center launched the National Reentry Resource Center, an unprecedented initiative to advance the safe and successful return of individuals from prisons and jails to their communities. The center promotes evidence-based best practices and provides education, training and technical assistance to states, tribes, territories, local governments, service providers, nonprofit organizations and correctional institutions working on reentry.

All youth will leave DYS by their 21st birthdays, thus the time we have with them is short and critical for rehabilitation efforts. These youth belong to their communities, not DYS, so we will continue to embrace partnerships that will support success beyond our scope. The Ohio Ex-Offender Reentry Coalition serves as a guiding hub for expanding and improving reentry efforts across state and local agencies and communities. The dedication of the Ohio Association of County Behavioral Health Authorities is particularly valuable in assuring that mental health and substance abuse support services are available. Together we are supporting positive change in the lives of returning youth as we change the footprint of juvenile justice in Ohio.

MENTAL HEALTH LEADS TO SUCCESSFUL REENTRY, CONTINUED

Continued from page 1

provides outpatient mental health treatment to offenders, with mental health professionals treating all conditions or referring offenders to a higher level of care, including Residential Treatment Units (RTU's) or psychiatric hospitalization as needed. Under this model, there is a sense that all practitioners must have a generalist approach to treatment, potentially sacrificing depth for breadth of service. As resources become more expensive and budgets get tighter, we must work smarter. Thus, the BOMHS is developing a new model based on the specialization of services. The model utilizes institution-based "Centers of Excellence" that focus on precise, scientifically validated treatments for the given condition/diagnosis. Just as a doctor in the community would refer a patient to a specialist, mental health professionals have the capacity to refer an offender to a "Center of Excellence" that specializes in his or her condition/diagnosis. The model requires better identification of conditions at our reception centers and subsequent appropriate placement.

The total prison environment must be considered. It is recognized that good treatment requires evaluation of the environment that impacts behaviors and interactions. Within the prison environment, we must examine the impact that other offenders, corrections officers, staff, and confinement has on the inmates in our care.

Mental illness and criminogenic factors must be evaluated and addressed concurrently. Criminogenic factors are those factors that potentially lead to increased recidivism. It is erroneous to believe that mental illness alone is the reason why one would commit a crime. The risk of recidivism is increased if criminogenic factors are present, such as if the individual has a drug and/or alcohol history, lacks education, or has an antisocial orientation to life. If we treat only the mental illness, we may have a healthier individual who still commits crime. Treatment must be comprehensive in addressing criminogenic factors; otherwise, we run the risk of sending a more stable individual into society who will still lack the skill sets necessary to maintain a pro-social lifestyle. The BOMHS is working in collaboration with the Department's reentry staff to create more integrated treatment and services, following the reentry philosophy of addressing the issues from reception to final release.

Effective institutional management utilizes mental health services with the total population, not just the seriously mentally ill. Mental health services must look beyond providing treatment to a select group of individuals, identified because they are on a mental health caseload. The future of mental health requires a new vision that encompasses the total prison population. All offenders have engaged in patterns of behavior that have not been functional in society. Mental health professionals can become key agents in promoting pro-social behavior in the offender population.

By identifying key factors in providing effective mental health treatment, the Ohio Department of Rehabilitation and Correction aims to increase the success rate for mentally ill offenders remaining crime-free following a period of incarceration. It is the mission of ODRC to ensure public safety and successful offender reentry, and while we continue to face budgetary challenges, we recognize the critical need for offenders to have access to treatment that will ultimately aid them in a successful release. It is our hope that offenders leaving our prison system will be going home to stay.

Reentry Resources

The Ohio Ex-Offender Reentry Coalition
Reentry Policy Council

The National Reentry Resource Center
U.S. Dept. of Justice Office of Justice Programs (Reentry)

www.reentrycoalition.ohio.gov

www.reentrypolicy.org

www.nationalreentryresourcecenter.org

www.reentry.gov



PARTNERSHIPS IN PREPARING FOR REENTRY, CONTINUED

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- Family dynamics must be considered and family supports made available.
- Community and staff safety must be considerations in program design.
- Stigma, discrimination and issues of racism impacting the reentry population must be considerations and elements in program design.
- Juvenile reentry and adult reentry require different programming; programming also needs to have components that are gender specific.

Persons leaving prison and jail settings must be linked with providers/provider systems that are equipped to handle their special needs. Simply assuring linkage to a provider is not necessarily a solution. In order to have successful reentry outcomes, providers must have expertise, capacity and desire to serve this high-need, high-risk population. There is a significant provider cost in developing this specialization.

Reentry is on the back-end of “things already gone bad.” We should join together to reduce the number of persons with mental illness moving into jails and prisons in the first place. The Ohio Criminal Justice Coordinating Center of Excellence, working with the National GAINS Center, has developed “The Sequential Intercept Model.” This is a conceptual model to target the decriminalization of people with mental illness. The “intercept levels” include:

- 1) **Law enforcement and emergency services** where law enforcement Crisis Intervention Teams (CIT) are involved as key partners;
- 2) **Initial hearings and initial detention**;
- 3) **Jail and courts** with Ohio being a leader in the establishment of Mental Health and Drug Courts;
- 4) **Reentry from jails, prisons and hospitals**; and
- 5) **Community corrections and community support services.**

The earliest possible point in the model, at which a person with mental illness is intercepted, produces prevention or lessening of criminalization of the mentally ill population.

This model should be a significant element of planning in every community with ADAMH Boards, providers and criminal justice systems developing their local model together. We should be encouraged by what we have already accomplished with components of this model. With the incredible leadership of Justice Evelyn Stratton, Ohio has one of the most highly developed and wide-spread CIT programs in the nation. With community police officers and deputies, university and college law enforcement personnel and park rangers being CIT trained, we are working at the “front end” of the intercept model to prevent the criminalization of persons with mental illness. With Justice Stratton’s leadership, Ohio has an array of mental health courts and drug courts that is far beyond what has occurred across the nation. We are far weaker on the reentry tier of the intercept model with thousands of inmates with mental illness returning to Ohio communities who need this level of service and supports. Exceptional reentry models for persons with mental illness and dual disorders do exist in limited areas of our state, but are not the norm.

I have viewed on several occasions the *Front Line* documentaries of the mentally ill in prisons and of the “newly released.” If you have not yet seen these productions, you must. Sadly, what is depicted is not a negative exaggeration. Our system of care is not working for this population. The fact that a human being moves to another system of care and the costs shift, doesn’t mean that we don’t share a mutual problem. The solution to this problem requires a different and concerted commitment from all of us at the state and community levels. A severe mental illness should not be a sentence to poverty; a severe mental illness should not be a sentence to a life expectancy twenty years less than others without such illness; and a severe mental illness should not be a rapid pathway to joining the ranks of those who have been criminalized. We have accomplished so much on the earlier tiers of the Sequential Intercept Model. Let us challenge ourselves to assure we are developing greater competency and availability in the delivery of specialized services and supports for our reentry population with severe mental illness.

PROVIDING ACCESS, CONTINUED

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NIDA asserts, “Continuity of care is essential for drug abusers re-entering the community.” The National Institutes of Health (NIH) agrees. NIH researchers suggest individuals who participate in prison-based treatment followed by a community-based program post-incarceration are seven times more likely to be drug free and three times less likely to be re-arrested for criminal behavior than those not receiving treatment.

We know programs like the OASIS Men’s and Tapestry Women’s therapeutic communities -- and other institution-based recovery services -- equip substance-abusing offenders with the skills needed to succeed and facilitate a successful return to a healthy, productive lifestyle in the community. In SFY 2007, individuals who participated in the ODADAS OASIS therapeutic community experienced a recidivism rate of 14 percent compared to ODRC’s rate of 38 percent. Our work, however, does not end the day these individuals leave prison. We have a collective responsibility to provide linkages to community-based aftercare services for ex-offenders -- or risk perpetuating the cycle.

That is why ODADAS proudly supports a number of reentry initiatives that clearly embrace NIDA’s guiding principles, including Circle for Recovery, DYS Aftercare and TC Expansion. We are also actively partnering with colleagues at the Ohio Department of Rehabilitation and Correction to assist counties in developing ex-offender reentry coalitions.

Through our three-year \$13.9 million Access to Recovery (ATR) program, we have provided adults involved in the criminal justice system expanded access and choice with regard to reentry services in Cuyahoga, Stark, Summit and Mahoning counties. Known as Ohio’s Choice for Recovery, the program has already benefited more than 4,500 men and women, and involved more than 124 community-based providers (including 39 faith-based organizations). Outcomes data, collected from the start of the project in September 2007 through November 2009, appears promising. Six months after program enrollment: 85.5 percent were alcohol and other drug abstinent, 95.6 percent were arrest free, 42.1 percent were employed or in school, 95 percent described themselves as “socially connected” and 35.8 percent had permanent, stable housing. The six-month follow-up rate currently stands at 80.1 percent.

Clearly, this is a step in the right direction. The Department will continue to look for new and innovative ways to partner for success with other state agencies and our ADAMHS/ADAS Boards, providers, stakeholders to help make lasting recovery a reality. This includes seeking out additional grants to expand the ATR program, enhance reentry efforts and pursue funding for the piloting of a Recovery Oriented System of Care (ROSC).

Efforts at the federal level focus on ROSCs that support person/family-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families, and communities to achieve sustained recovery. ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care, and require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.

ODADAS firmly believes all Ohioans deserve a chance at lasting recovery. Through continued partnership, Ohio’s criminal justice and addiction treatment systems can help close the revolving door of substance abuse and crime.

ASSOCIATION STAFF

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Chief Executive Officer

Suzanne Dulaney
Associate CEO

Fonda Dawkins
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