



# CIDS

## County Information and Data Service

*Published weekly by: County Commissioners Association of Ohio*

37 West Broad Street, Suite 650 • Columbus, Ohio 43215-4195  
Phone: 614-221-5627 • Fax: 614-221-6986 • www.ccao.org

VOLUME XXXXVIII

NO. 47

DECEMBER 11, 2009

### DATES TO REMEMBER

DECEMBER 18, 2009

**RECOVERY ZONE BONDS BRIEFING: IMPLICATIONS FOR COUNTIES, CCAO OFFICES, COLUMBUS**

MARCH 6-10, 2010

**NACo LEGISLATIVE CONFERENCE, MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, D.C.**

MARCH 10, 2009

**OHIO CONGRESSIONAL DELEGATION BREAKFAST, WASHINGTON, D.C.**

### ASSOCIATION NEWS

#### BROOKS ELECTED 2010 CCAO PRESIDENT

CCAO President Kerry Metzger (Tuscarawas) convened the 129<sup>th</sup> CCAO Annual Business Meeting on Tuesday, December 8, which was held during the CCAO/CEAO Annual Winter Conference in Columbus. The following commissioners were elected to serve in 2010:

- President - Paula Brooks, Franklin County Commissioner
- 1<sup>st</sup> Vice – David Dhume, Madison County Commissioner
- 2nd Vice President – Mike Adelman, Huron County Commissioner
- Secretary – Doug Corcoran, Ross County Commissioner
- Treasurer – Ben Nutter, Seneca County Commissioner

The following past presidents have elected to automatically serve on the board: Bob Corbett (Champaign), Lenny Eliason (Athens), Patricia Geissman (Medina), Olen Jackson (Morrow), Daniel Troy (Lake), and Kerry Metzger (Tuscarawas).

Eight officials were elected to a two-year term on the Board: Nick Kostandaras (Summit), Gary Lee (Union), Deborah Lieberman (Montgomery), Richard Myers (Henry), Otto Nicely (Defiance), Ann Obrecht (Wayne), Penny Traina (Columbiana), and Tom Wheaton (Carroll).

Finally, the 2010 President Paula Brooks (Franklin) will make nine more appointments to the CCAO Board for next year. Appointments will be announced in CIDS when they are confirmed by the Board of Trustees. The CCAO Nominating Committee wishes to thank all members who submitted their names for consideration. The nomination process was difficult, because 30 highly qualified and motivated individuals expressed interest in serving on the Board.

## RECOVERY ZONE BONDS: IMPLICATIONS FOR COUNTIES

CCAO has scheduled an important briefing on “Recovery Zone Bonds: Implications for Counties” to be held on **Friday, December 18** from **9:30 a.m. to noon** at the **CCAO Offices, 209 East State Street, in downtown Columbus.**

The American Recovery and Reinvestment Act (ARRA), commonly referred to as the Federal Stimulus Act, authorized two types of Recovery Zone Bonds: Recovery Zone Economic Development Bonds (RZEB’s) and Recovery Zone Facility Bonds (RZFB’s). These two new types of bonds are of special interest to counties because most counties receive a specific dollar allocation that can be used to lower borrowing costs for various types of projects in their county. Counties have until December 31, 2010 to use their allocations, however, if your county does not express its intent to use its allocation within the county, the county allocation will be deemed waived and assumed by the State. The State will determine the total amount of waived allocations and undertake a process to reallocate that amount to projects across the state. In this way we will maximize utilization of Ohio’s RZEB and RZFB allocations to benefit the State of Ohio as a whole.

This briefing will give you an opportunity to better understand the possible uses for these bonds in your county, the interest rate savings that can be achieved, and other program requirements.

There is **no charge to attend**. Space is limited. To register, please contact Janet Erwin, CCAO Administrative Assistant, at (614) 220-7986 or [jerwin@ccao.org](mailto:jerwin@ccao.org).

## WIRELINE (LAND LINE) & WIRELESS (CELL PHONE) 9-1-1 SYSTEMS - COUNTY COMMISSIONERS HANDBOOK CHAPTER UPDATED

Over the decades, CCAO has published four editions of the County Commissioners Handbook and distributed copies to all counties. Since the first edition, the Handbook has grown to nearly 1,000 pages and publishing an updated copy of all chapters in a timely manner is nearly impossible. Due to technology changes and the high cost of publishing a hard copy of the Handbook will be published on our website.

Recently, Chapter 105 – Wireline (Land Line) and Wireless (Cell Phone) 9-1-1 Systems was updated. A revised copy has been published on the CCAO website at [www.ccao.org](http://www.ccao.org) > Publications > County Commissioners Handbook or click on the story on the front page about the Handbook.

## ASHLAND & SENECA COUNTIES COMMIT TO THE CEBCO PROGRAM

The Ashland and Seneca County Commissioners voted to join CEBCO, the County Employee Benefit Consortium of Ohio, effective January 1, 2010. With the addition of the 551 employee lives, CEBCO will have nearly 10,000 county employees and the CCAO staff in the program. Ashland County is the 21<sup>st</sup> and Seneca County is the 22<sup>nd</sup> to join the plan. The consortium was created by CCAO to help stabilize the health insurance costs for the counties. Ashland and Seneca Counties will enjoy the benefits of the consortium membership along with the following CEBCO counties: Allen, Ashtabula, Athens, Butler, Carroll, Champaign, Clark, Clinton, Darke, Delaware, Geauga, Hardin, Hocking, Logan, Madison, Morrow, Putnam, Union, Washington, and Williams counties.

As with all of the existing CEBCO products, your county can choose any of the stand alone programs separately or in conjunction with any of the other CEBCO offerings include: medical, drug, dental, life, employee assistance plan, and vision coverage. Harnessing group buying power is a key benefit of CEBCO. For more information on the CEBCO Program please contact Sherri Noll, Managing Director of Health and Wellness Programs, at (614) 220-7984 or [snoll@ccao.org](mailto:snoll@ccao.org) or Senior Benefit Specialists Melissa Bodey at (614)

220-7997 or [mbodey@ccao.org](mailto:mbodey@ccao.org) or Wendy Dillingham at (614) 220-7992 or [wdillingham@ccao.org](mailto:wdillingham@ccao.org) or toll free at (888) 757-1904.

## **OHIO ASSOCIATION NEWS**

### OHIO ASSOCIATION OF COUNTY BEHAVIORAL HEALTH AUTHORITIES

Attached to this issue of CIDS are two publications from the Ohio Association of County Behavioral Health Authorities (OACBHA): November 2009 newsletter and Behavioral Health Developing a Better Understanding (Volume Five, Issue XI). For more information, contact the OACBHA at 33 North High Street – Suite 500, Columbus, OH 43215, (614) 224-1111, fax (614) 224-2642 or <http://oacbha.org>.

## **OSU EXTENSION NEWS**

### FUNDING FOR OSU EXTENSION IN A COUNTY

Attached to this edition of CIDS is a memo from OSU Extension Director Keith Smith that addresses funding for county OSU Extension programs. The information includes a list of the options for funding OSU Extension in counties and the results of not funding Extension, which include the inability of a county to offer a 4-H program to its residents. If you have questions about this information, contact Gwen Wolford, OSU Extension Liaison to CCAO, at (614) 292-0877 or [wolford.1@osu.edu](mailto:wolford.1@osu.edu).

## **STATE ACTIVITIES**

### JOB AND EARNINGS TRENDS REPORTED

Recently information was released on Ohio Job losses and earnings reductions since 2000 that are most troubling. The following summary of significant findings is only an introduction to the entire report that has been issued by George Zeller, an economic researcher. The full report can be viewed at: <http://www.nacs.net/~georgez/qew1Q09.pdf>.

“The lengthy 2000s recession has been extraordinarily damaging in Ohio. The state’s loss of 466,916 jobs between 2000 and 2009 represented 8.8% of the state’s employment. That employment loss caused an annual loss in annual Ohio paycheck earnings of \$19.79 billion. The United States gained jobs during this period until national job losses started in 2008, so Ohio trailed national trends badly.

The recession was driven primarily by manufacturing job losses. Ohio lost a staggering 44.4% of its high wage manufacturing employment in just eight years between 2001 and 2009. In 83 of the state’s 88 counties and in all of its large urban counties, more than a fifth of all high wage manufacturing jobs disappeared during the 2000s recession. More than one third of all Manufacturing jobs vanished during this period in 66 of Ohio’s 88 counties. These mammoth Manufacturing losses rippled widely through the rest of the Ohio economy, causing losses in a large majority of the state’s other industries. A small number of industries bucked this highly negative trend, notably Health Care and Social Assistance, where employment increased by 19% despite the extremely severe statewide labor market recession.

Job losses of this magnitude were extraordinarily damaging to Ohio workers and their families. During most of the 2000s recession, average paycheck earnings of surviving jobs actually increased in most Ohio industries, even when adjusted for inflation. But, that situation reversed itself in 2008 and 2009, when average job earnings in Ohio fell sharply to a level lower than what was generated by the average Ohio job in 2000.”

THE 10 MOST IMPORTANT THINGS TO KNOW ABOUT MEDICARE OPEN ENROLLMENT; COVERAGE SELECTION PERIOD RUNS NOV. 15 TO DEC. 31, COVERAGE BEGINS JANUARY 1

Understanding Medicare and its important details, key dates, and coverage options and how to go about changing your Medicare coverage can be a daunting task. The Ohio Department of Insurance's Ohio Senior Health Insurance Information Program (OSHIIP), which provides free and unbiased Medicare information, enrollment assistance and outreach services through statewide Medicare Check-up events, is here to help you. OSHIIP has identified the 10 most important things beneficiaries should know about the Medicare open enrollment period.

1. It's an opportunity for OSHIIP to help you evaluate your Medicare options for next year.
2. It occurs every year from November 15 to December 31.
3. If you enroll in a different plan, coverage begins January 1.
4. Your current Medicare plan may not be the best plan for you in 2010.
5. There are many plans to choose from and OSHIIP can help you pick the right one for you.
6. All Medicare beneficiaries qualify for prescription drug coverage or Part D prescription drug plans.
7. Medicare plans can vary in benefits, formularies, networks and out of pocket expenses.
8. Help paying for a Part D plan is available to those with limited income and OSHIIP can help you apply.
9. You can attend one of OSHIIP's many statewide Medicare Check-up events for free information and counseling assistance.
10. Event attendees are encouraged to bring a list of their prescriptions drugs, dosages and preferred pharmacy information, as well as any information on pension, VA or other medical care benefits they are receiving.

Also remember that not everyone who contacts you about switching your Medicare coverage has the best intentions. Individuals who contact you about any type of private Medicare coverage: must be licensed by the state, may not make unsolicited contact such as door-to-door sales, and must have an appointment before coming to your home. Do not give out personal information, such as Social Security numbers, bank account numbers or credit card numbers to anyone you have not verified as a licensed agent. If you suspect inappropriate sales activity contact the Department's fraud hotline at 1-800-686-1527.

During the Medicare open enrollment period people on Medicare can select one of several coverage options: original Medicare; original Medicare with a Medicare supplement and/or with a stand-alone Part D prescription drug plan; a Medicare Advantage Plan, which provides comprehensive health benefits including drug coverage; or determine if their current coverage is still the best choice for 2010.

For a complete listing of available Part D and Medicare Advantage plans, visit [www.medicare.gov](http://www.medicare.gov). Those with Medicare questions and those who need enrollment assistance and/or information about financial assistance programs can call OSHIIP at 1-800-686-1578 Monday through Friday, 7:30 a.m. to 5 p.m., or Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours-a-day, seven days-a-week.

## **FEDERAL ACTIVITIES**

### 2010 CENSUS: QUESTIONNAIRE ASSISTANCE CENTER/BE COUNTED SITE

In an effort to reach every resident, the U.S. Census Bureau will be implementing a strategy to provide one-on-one assistance in filling out the 2010 Census questionnaire. In Ohio, roughly 1,350 **Questionnaire Assistance Centers** (QACs) will be located throughout the state. These Centers will provide assistance in filling out the questionnaire to remove any hesitation because of a language-barrier or disability. Approximately 30,000 QACs will be open nationally to the public from March 19 to April 19, 2010. Regional partnership staff is

working with local Ohio partner organizations to identify the locations of donated space. They will be staffed with paid Census employees and possibility volunteers.

The Bureau will also be making questionnaires available within high-traffic locations (i.e., libraries, grocery stores, or laundromats) to allow residents a chance to pick up a form. These are referred to as **Be Counted Sites**. The Ohio Library Council has agreed to sponsor libraries throughout the state as Be Counted sites, as well as a number of central Ohio urgent care units.

If your county has space available, please complete the form that is attached to this issue of CIDS. A copy is also located [www.ccao.org](http://www.ccao.org). Click on the article on the front page.

## **NACo ACTIVITIES**

### NACo LEGISLATIVE CONFERENCE REGISTRATION OPENED DECEMBER 1

NACo's Legislative Conference will be held March 6 - 10 at the Marriott Wardman Park Hotel in Washington, D.C. The conference's theme and focus, "Finding Solutions for Tough Times" will provide you with tangible solutions to take home and apply in moving your county forward in these very difficult economic times.

In addition, the Opening Session keynote speaker is Joe Klein, columnist for *TIME* magazine. A veteran of eight presidential campaigns, *The New York Times* wrote that "Klein possesses one of the more musical ears in American politics, a gift for hearing what others miss." Registration opened on December 1. Register online and save \$25.

### 2010 ACHIEVEMENT AWARD PROGRAM

Begun in 1970, the annual Achievement Award Program is a non-competitive awards program that recognizes innovative county government programs. Awards are given in a number of program categories such as arts and historic preservation, children and youth, community and economic development, jails-corrections, county administration, emergency management, environmental protection, health, human services, libraries, parks and recreation, transportation and volunteers.

This year, NACo is introducing a new application process this year that requires that part of the application information be completed online. Please see the Achievement Award Application instructions for detailed information. This updated process requires submitting contact information and the title and category of the program in an online application. Payment by credit card can also be made online, but checks and purchase orders may still be mailed. The program narrative and any supplemental materials must still be mailed along with an e-mailed confirmation page.

All applications and materials must be postmarked by February 12, 2010. When ready to apply, please complete the online application form. For more information, contact Kathryn Murphy, Research Associate, NACo Research Division, (202) 661-8806 or [kmurphy@naco.org](mailto:kmurphy@naco.org).

## **OHIO ATTORNEY GENERAL OPINIONS**

### **SYLLABUS**

2009-041

1. Pursuant to R.C. 519.21(A), officials of a township that has not adopted a limited home rule government under R.C. Chapter 504 may not regulate the location, height, bulk, or size of a free-standing outdoor sign that is located on a lot greater than five acres and deemed to be a structure when the use of the

sign relates directly and immediately to the use for agricultural purposes of the lot on which the sign is located.

2. The use of a free-standing outdoor sign is directly and immediately related to the use for agricultural purposes of the lot on which the sign is located when the sign advertises the sale of agricultural products derived from the lot on which the sign is located.
3. The use of a free-standing outdoor sign is not directly and immediately related to the use for agricultural purposes of the lot on which the sign is located when the sign advertises the sale of (1) agricultural products not derived from the lot on which the sign is located or (2) things other than agricultural products.
4. Township officials may consider any information or facts they deem necessary and relevant in order to determine in a reasonable manner whether the use of a free-standing outdoor sign is directly and immediately related to the use for agricultural purposes of the lot on which the sign is located or an attempt to promote an activity that is not conducted in conjunction with, and secondary to, the production of the agricultural products derived from the lot on which the sign is located.

## SYLLABUS

2009-049

1. A county prosecuting attorney may not appoint himself to the county law library resources board.
2. An assistant county prosecuting attorney may serve as a member of the county law library resources board that is established in his county, provided he is not required as an assistant county prosecuting attorney to (1) participate in civil or criminal proceedings against the members of the county law library resources board, (2) represent or provide legal advice to the county law library resources board, (3) assist in preparing the county's budget, or (4) substitute for the county prosecuting attorney on the county budget commission.
3. A member of a county law library resources board who also serves as an assistant county prosecuting attorney in the same county may not participate in deliberations, discussions, negotiations, or votes concerning a proposal by the county prosecuting attorney to procure the use of legal research or reference materials available in print, audio, visual, or other medium or equipment necessary to support the utilization of that medium.

## CLASSIFIEDS

### WATER OPERATOR / MAINTENANCE

The Ottawa County Sanitary Engineering Department currently has a job opening for a Water Operator / Maintenance position at the Regional Water Treatment Plant. Applicant must be able to perform laboratory tests of water to determine water quality; operate the regional water treatment plant to ensure required water quality standards are achieved; implement proper procedures for efficient water treatment plant operation and maintenance; perform skilled mechanical maintenance of equipment at the facility; lift or move chemical drums/bags; and perform housekeeping duties.

Minimum Ohio EPA Class I Water Supply Operators license required. Ottawa County provides a competitive salary and benefits package. Applications are available at the Ottawa County Sanitary Engineering Department, 315 Madison Street, Room 105, Port Clinton, Ohio 43452 or online at [www.co.ottawa.oh.us](http://www.co.ottawa.oh.us). Applications deadline: **4:30 p.m. December 18, 2009**. EOE.

November 25, 2009



## Funding for OSU Extension in a County

These are tough economic times for county governments – and OSU Extension recognizes that. OSU Extension also remains committed to offering the resources of Extension and The Ohio State University – in each of our four program areas – in every county.

The plan for funding Extension may look different for each county, depending on local resources, but OSU Extension policy requires that a local match be provided for state and federal monies to be supplied. It is important that local partners work with Extension to support our services in each county.

“We have heard rumors that some supporters are saying ‘only’ \$25,000 is necessary to fund a county Extension office.” – said Dr. Keith Smith, Director of OSU Extension and Associate Vice President, Agricultural Administration in the Ohio State College of Food, Agricultural, and Environmental Sciences.

“This is NOT an accurate interpretation of the OSU Extension funding model. Our policy states that – beyond county cost share for at least one educator (which is the \$25,000 expense mentioned), counties must also provide office space as well as funding to support basic office functions,” said Dr. Smith. This includes operating expenses; staff travel, program and professional development activities; local support staff; and other basic needs for maintaining a local Extension office. While specific needs vary by county, OSU Extension recommends that no county spend “just \$25,000,” because this does not allow for adequate educator, office, and local program support.

“County cost share for calendar year 2010 is really a bargain for local supporters – \$25,000 for the first educator; \$38,200 for the second educator, and \$40,000 for the third educator or more – when you also consider that OSU Extension provides more than \$10 million per year across the state in direct support to Ohio counties for salaries and benefits of educators,” said Dr. Smith.

OSU Extension also provides an additional \$10 million in indirect support for curriculum development, leadership and supervision, training, and other professional development.

**Local office space is required.** While the amount of funding appropriated locally may be at the discretion of each county’s commissioners, there is a section of the Ohio Revised Code that requires commissioners to provide office space for OSU Extension employees. ORC Section 3335.36 states: “Such employees shall have offices provided by the county or other political subdivision in which they serve in which bulletins and other educational materials of value to the people may be consulted and through which the employees may be reached.”

OSU Extension local educators and staff, regional directors, and administration are continually working with all counties to ensure efficient use of local Extension funds and relevant programming to effectively meet the needs of county clientele.

-More-

There are three basic methods of funding Extension in a county:

- 1) via county commissioners through general fund appropriations;
- 2) via levy (ORC 3336.37) when general funding is not available. Levy funds raised can be used for OSU Extension only, and the levy must be returned to the ballot every five years for a vote by county citizens; and
- 3) creation of a current use development fund with The Ohio State University in which private individuals, organizations and businesses can donate funds designated for support of Extension programming within that county.

OSU Extension current policy also states that if funding is not provided through one of these means for a county, there will be NO Extension membership programs in that county. This includes 4-H youth development, master gardener volunteers, etc. County clientele will be welcomed at Extension educational programs in other counties, but may be charged a variable fee. Specialist visits to the county will be curtailed until funding is restored.

“We believe that it is vital for county commissioners and other community stakeholders to financially support OSU Extension at the local level. This helps to ensure we are working with our community partners to meet local needs,” said Dr. Smith.

###



# Behavioral Health: Developing a Better Understanding

## THE SECOND CHANCE ACT: WHAT IT MEANS TO OHIO

As of October 2009, the Ohio Department of Rehabilitation and Correction (ODRC) reported that Ohio’s prisons held 51,177 men and women, 24 percent higher than capacity. Based on a study from the Pew Charitable Trusts, about half of all offenders will return to prison or jail within three years of leaving the justice system. With 28,000 men and women released from prison in Ohio every year, the question of how best to help them avoid the re-offending cycle demands attention, and the Second Chance Act is a Federal Act aimed at just that.

On a daily basis, ODRC notes that 19 percent of offenders in the institutions have a diagnosable mental illness, and 80 percent have substance abuse dependency or addiction. For Ohio Department of Youth Services clients, 35 percent have a mental illness diagnosis, and 78 percent have substance abuse addictions. For all offenders, successful reentry means that barriers such as securing safe housing, gainful employment, valid forms of identification, reinstatement and proof of benefits, and access to community healthcare and supports must be addressed.

### SECOND CHANCE ACT OVERVIEW

The Second Chance Act is federal legislation designed to improve outcomes for people returning to the community from prisons and jails. On April 9, 2008, President Bush signed the Second Chance Act into law (Public Law 110-199). This first-of-its-kind legislation authorizes federal grants to government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims’ support, and other services that can help reduce recidivism.

### DEMONSTRATION PROJECTS

The Second Chance Act Prisoner Reentry Initiative strengthens jurisdictions characterized by large numbers of returning offenders. Within this initiative, “reentry” is not envisioned to be a specific program but rather an evidenced-based process that begins with initial incarceration and ends with successful community reintegration, evidenced by lack of recidivism. This process includes the delivery of a variety of evidenced-based program services in pre- and post-release settings to ensure that the transition from prison or jail to the community is safe and successful.

### FEDERAL FISCAL YEAR 2009 FUNDING

In FFY 2009, \$28 million was granted to the states for Second Chance Act programs: Second Chance Act Mentoring Grants to Nonprofits; Second Chance Act Prisoner Reentry Initiative Demonstrations; Second Chance Act National Adult and Juvenile Offender Reentry Resource Centers; Second Chance Act Youth Offender Reentry Initiative; and Second Chance Juvenile Mentoring Initiative. Ohio received \$1.025 million of these funds.

#### OHIO MENTORING GRANTS TO NONPROFITS

Center for Families and Children  
Spirit of Peace Community Development Corp.  
Goodwill Easter Seals Miami Valley

#### CITY, COUNTY

Cleveland, Cuyahoga \$300,000  
Dayton, Montgomery \$299,821  
Dayton, Montgomery \$300,000

#### OHIO PRISONER REENTRY INITIATIVE

Stark County Court of Common Pleas

Canton, Stark \$125,000

#### YOUTH OFFENDER REENTRY & JUVENILE MENTORING INITIATIVES

None in Ohio

## **OHIO READY FOR SECOND CHANCE ACT**

Ohio House Bill 130, signed into law in January 2009, provided a long-term investment strategy for reentry by addressing some of the legal and other impediments to employment for released offenders. One key provision established that conviction for a felony does not, by itself, constitute grounds for denying employment.

HB 130 also called for the creation of the Ex-Offender Reentry Coalition, which has been operating for several months. The Coalition includes members from criminal justice, faith-based organizations, County Alcohol, Drug Addiction and Mental Health Boards (ADAMH), treatment service agencies, social services, state departments, and the courts, among others. The actions of the Coalition are intended to better position Ohio for additional funding through the Second Chance Act.

The Ohio Association of County Behavioral Health Authorities and its member Boards have also prioritized reentry issues for the State Fiscal Year 2010 agenda. As a result, a Reentry Committee has been formed and will be studying ways to maximize success for Ohio offenders' community re-integration.

**“In each community we need to develop a program that incorporates behavioral health and reentry in a broader, more significant basis than there has been...to reduce recidivism and the budget impact of crime.”**

**~ William M. Denihan, CEO, ADAMHS Board of Cuyahoga County  
and Co-Chair, OACBHA Reentry Committee**

## **SECOND CHANCE ACT FUNDING OPPORTUNITIES FOR 2010**

For FFY 2010, (began on Oct. 1, 2009) the Administration requested \$212 million for prisoner reentry programs, including \$100 million for Second Chance Act programs administered by the Department of Justice (DOJ) and \$112 million for reentry programs administered by the Department of Labor.

In June, the House of Representatives approved an appropriations bill for the DOJ for FY2010 that provides \$114 million for prisoner reentry, including \$100 million for Second Chance Act programs and nearly \$14 million for reentry initiatives in the federal Bureau of Prisons. The Senate Appropriations Committee has approved an appropriations bill that provides \$64 million for prisoner reentry, including \$50 million for Second Chance Act programs and nearly \$14 million for reentry initiatives in the federal Bureau of Prisons. The DOJ appropriations bill is now awaiting consideration by the full Senate.

## **CHARACTERISTICS OF SECOND CHANCE PRIORITY PROJECTS**

- Focus program on areas with a disproportionate population of offenders released from prisons or jails.
- Include input from nonprofit organizations, consultation with crime victims and offenders who are released from prisons and jails, and coordination with families of offenders.
- Use validated and dynamic assessment tools to determine the risk and needs of offenders; demonstrate effective case management abilities, including, but not limited to, planning while offenders are incarcerated, pre-release transition housing, establishing pre-release planning procedures to ensure eligibility of an offender for federal or state benefits upon release, ensuring that offenders obtain all necessary referrals for reentry services, and delivery of continuous and appropriate drug treatment, medical care, job training and placement, educational services, or any other service or support needed for successful reentry.
- Provide for a review of the process by which the applicant adjudicates violations of parole, probation, or supervision following release from prison or jail, taking into account public safety and the use of graduated, community-based sanctions for minor and technical violations of parole, probation, or supervision.
- Provide for an independent evaluation of the reentry process.
- Target high-risk offenders for participation in the reentry process through validated assessment tools.

### **Sources:**

Ohio Department of Rehabilitation and Correction  
Ohio Department of Youth Services

Pew Charitable Trusts  
Ohio Department of Alcohol and Drug Addiction Services

## GUEST ARTICLES

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### Executive Council

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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,

*Continued on page 5*



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

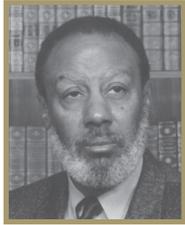
The Ohio Department of Rehabilitation and Correction (ODRC) is committed to providing quality treatment to offenders with mental illness. In the mid-90's, a consent decree greatly expanded mental health services within ODRC, establishing the Bureau of Mental Health Services (BOMHS). Since that time, 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.

*Continued on page 7*



### 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,

*Continued on page 8*



### **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](http://www.reentrycoalition.ohio.gov)

[www.reentrypolicy.org](http://www.reentrypolicy.org)

[www.nationalreentryresourcecenter.org](http://www.nationalreentryresourcecenter.org)

[www.reentry.gov](http://www.reentry.gov)



## PARTNERSHIPS IN PREPARING FOR REENTRY, CONTINUED

Continued from page 3

- 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

*Continued from page 3*

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

Cheri L. Walter  
Chief Executive Officer

Suzanne Dulaney  
Associate CEO

Fonda Dawkins  
Chief of Program and  
Information Services

Stacey Frohnappfel-Hasson  
Director of Communication  
and Outreach

Liz Henrich  
Administrator of  
Behavioral Health Initiatives

Todd Hollett  
Administrator of Operations

Kurtis Kiesel  
MIS Administrator

Krista Thomas  
Administrative Assistant



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