



February 27, 2014

Ryan G. Dolan  
Division of Legal Services  
Ohio Department of Rehabilitation and Corrections  
770 West Broad Street  
Columbus, OH 43222

Dear Mr. Dolan,

This letter serves as the ACLU of Ohio's comment to the Ohio Department of Rehabilitation and Corrections' proposed amendment to Ohio Revised Code 5120:1-8-01 Reception and Release.

Central to the ACLU of Ohio's mission is the commitment to protect all people from arbitrary loss of liberty and inhuman conditions of confinement. The ACLU of Ohio fully supports a fair and effective criminal justice system that holds people proportionally accountable. We have been deeply involved in supporting positive justice reform efforts that seek to decrease over-criminalization, increase cost effective alternatives to incarceration, and enhance successful re-entry for those with criminal convictions. In recent years, we have supported HB 130 which established the statewide re-entry coalition, sentencing reform through HB 86, and collateral sanctions reform through SB 337.

We applaud the collaborative efforts made by the Ohio Department of Rehabilitation and Correction, the General Assembly, and countless advocates working towards common sense justice reform.

Ohio is considered a leader in national sentencing reform and reentry circles. The establishment of the Ohio Ex-Offender Reentry Coalition, the Ohio Association of Local Re-Entry Coalitions, 19 local reentry coalitions, and reentry partners serving 41 counties<sup>1</sup> all serve as a model to other states. Ohio's commitment to sentencing reform and the successful re-entry of people with convictions is clear and has been a multi-year effort involving hundreds of stakeholders.

Despite these efforts, Ohio's prisons are still overcapacity, worsening conditions of confinement. Jails around the state are over-utilized and drain county budgets. However, combining Ohio's innovative justice reform efforts and transformative healthcare expansion would allow for some much needed relief.

Starting on January 1, 2014 a new group of people became eligible for Medicaid. The newly eligible include low income, childless adults under the age of 65.<sup>2</sup> In order to encourage enrollment the federal government will pay 100% of healthcare costs for

<sup>1</sup> See [http://hirenetwork.org/sites/default/files/Advancing%20Reentry%20in%20the%20States\\_Presenter%20Notes.pdf](http://hirenetwork.org/sites/default/files/Advancing%20Reentry%20in%20the%20States_Presenter%20Notes.pdf)

<sup>2</sup> See ACA, §2001. The legislation establishes eligibility at 133% of FPL, but with a 5% income disregard, essentially making 138% Federal Poverty Level the eligibility limit.

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people who are newly eligible for Medicaid from 2014 to 2016, gradually decreasing to 90% in 2020 and beyond.<sup>3</sup>

Several studies highlight the healthcare needs of people involved in the criminal justice system. Research indicates that 90% of those entering local or county jails and detention centers are uninsured.<sup>4</sup> Additionally, the U.S. Bureau of Justice Statistics (a sub-department of the U.S. Department of Justice which collects and analyzes criminal justice statistics) reported that 64% of jail inmates had a recent "mental health problem."<sup>5</sup> Another study found that rates of substance abuse among jail inmates can be as much as seven times that of the general public.<sup>6</sup> Finally, research indicates that those who access treatment are less likely to be re-arrested.<sup>7</sup>

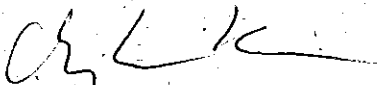
Systemically, enrolling people that are scheduled to be released from jail into Medicaid allows them to access much needed federally funded medical and behavioral health care services upon release while reducing county and state criminal justice and healthcare costs.<sup>8</sup>

Other Medicaid expansion states are working to enroll their jail, probation, and parole populations and Ohio should do the same. In order for the State Ohio and counties to reduce costs, recidivism rates, incarceration rates in prisons and jails, and fully realize the tremendous fiscal benefits that Medicaid can offer, the ACLU of Ohio recommends that:

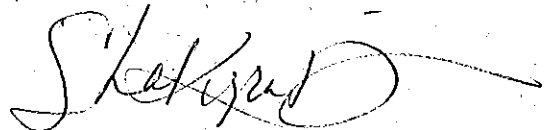
In consultation with the necessary stakeholders, jails should develop and implement a procedure to screen *all* inmates and assist *all* eligible inmates in submitting an application for enrollment into Medicaid upon release from the jail.

The ACLU of Ohio supports successful reentry and the end to mass incarceration. To that end, we hope that our input is constructive and supports the various efforts undertaken by the Ohio Department of Rehabilitation and Corrections. If we can offer any assistance regarding implementation or should you have any questions or concerns please do not hesitate to contact the undersigned.

Sincerely,



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<sup>3</sup> See <http://www.urban.org/uploadedpdf/412772-Expanding-Medicaid-in-Ohio-Report.pdf>

<sup>4</sup> Wang, E.A., White, M.C., Jamison, R., Goldenson, J, et al. (2008.) Discharge planning and continuity of health care: findings from the San Francisco county jail. *American Journal of Public Health* 98 (12): 2182-2184

<sup>5</sup> See <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>

<sup>6</sup> Aileen B. Rothbard, "Effectiveness of a Jail-Based Treatment Program for Individuals with Co-Occurring Disorders," *Behavioral Sciences & the Law* 27 (2009): 643-54

<sup>7</sup> See <http://www.drugabuse.gov/publications/drugfacts/treatment-drug-abusers-in-criminal-justice-system>

<sup>8</sup> See [http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/County-Jails-HealthCare\\_WebVersion.pdf](http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/County-Jails-HealthCare_WebVersion.pdf)