Justice Reinvestment 2.0 in Ohio

Presentation to the Justice Reinvestment Ad Hoc Committee of the Ohio Criminal Sentencing Commission
April 5, 2018

Carl Reynolds, Senior Legal and Policy Advisor, CSG
Steve Allen, Senior Policy Advisor, CSG
Patrick Armstrong, Senior Policy Analyst, CSG
with **Dr. Robin Engel,** University of Cincinnati

Ohioans representing many state agencies, organizations, stakeholders, and counties continue to lend their expertise to the justice reinvestment process.

Ohio Justice Reinvestment 2017–18
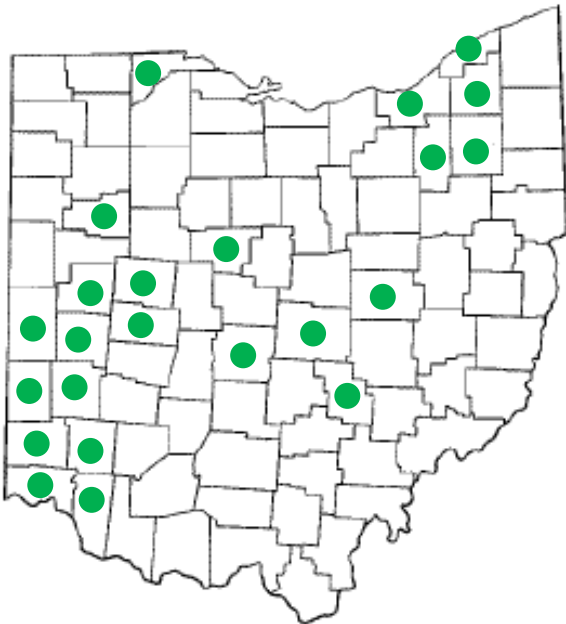
Stakeholder Engagement: Calls, Meetings, Visits, etc.

Agencies/Offices/Legislature:
Ohio Criminal Sentencing Commission
Governor's Office, Supreme Court, House & Senate

Associations/Membership Organizations:
Ohio **Judicial** Conference
Ohio **Prosecuting Attorneys** Association
Ohio **Public Defender**
County Commissioners Association of Ohio
Ohio Council on **Victims** Justice
Ohio Chief **Probation** Officers Association

Additional Efforts/Organizations:
Ohio Justice and Policy Center, Strategic Public Partners, Buckeye Institute

Counties: Allen, Butler, Champaign, Clermont, Coshocton, Cuyahoga, Darke, Franklin, Geauga, Hamilton, Lake, Logan, Licking, Lucas, Marion, Miami, Montgomery, Perry, Preble, Portage, Shelby, Summit, Warren

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Law Enforcement

Agencies/Offices:
Ohio Attorney General's Office
Ohio Office of Criminal Justice Services

Associations/Organizations:
Buckeye State Sheriffs' Association
Ohio Association of Chiefs of Police

Individual Department/Offices:
Dayton Police Department
Union Township Police Department
Clermont County Sheriff's Office
Hamilton County Sheriff's Office

Survey:
124 Police Departments
28 Sheriff's Offices

Other Efforts:
UC Center for Police Research and Policy
National Public Safety Partnership

Behavioral Health

Agencies/Associations/Organizations:
OMHAS, ODM, ODH
Ohio Association of County Behavioral Health
    Authorities
Alcohol, Drug and Mental Health Boards
Ohio Council of Behavioral Health & Family
    Services Providers
Ohio Department of Rehabilitation and
    Corrections
Ohio Association of Recovery Providers

Community Corrections:
Ohio Community Corrections Association
Ohio Justice Alliance for Community Corrections
    CorJus

Individual Entities:
Alvis House, Volunteers of America, Oriana
House, West Central CBCF, MonDay CBCF

Other Efforts/Managed Care Providers:
Stepping Up Together, Addiction Policy Forum
Criminal Justice Coordinating Center of
Excellence, CareSource, UnitedHealth Group

Overview

1 **Public Safety Strategies**

2 **Violence and Policing**

3 **Behavioral Health**

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2 **Violence and Policing**

3 **Behavioral Health**

Overview

1 **Public Safety Strategies**

Review of Project Challenges & Objective

The 50-State Summit on Public Safety

Ohio Information from 50-State Workbook

In November, five major challenges and a project objective were identified.

Develop a **statewide public safety strategy** to reduce crime; improve behavioral health treatment; and adopt more cost-effective sentencing, corrections, and supervision policies.

Ohio's criminal justice system faces major new challenges and three persistent barriers to solving these challenges.

Major New Challenges to Public Safety and Public Health

Recent increases in most violent crime categories

The epidemic of opioid abuse and overdose

Persistent Barriers to Reinvesting in Public Safety and Health Challenges

Ohio still lacks a coherent strategy for recidivism reduction for the huge population under probation supervision

Ohio's sentencing structure is ad hoc, convoluted, and opaque

Prison crowding and costs remain high

Council of State Governments Justice Center | 5

Since November, the CSG Justice Center has focused on the first two challenges—sections 2 and 3 of today's presentation.

The November meeting was followed by the 50-State Summit on Public Safety, with strong participation from Ohio's justice reinvestment committee.

Each state team included key representatives from law enforcement, behavioral health, corrections, and the legislature.

Topics Covered at the 50-State Summit
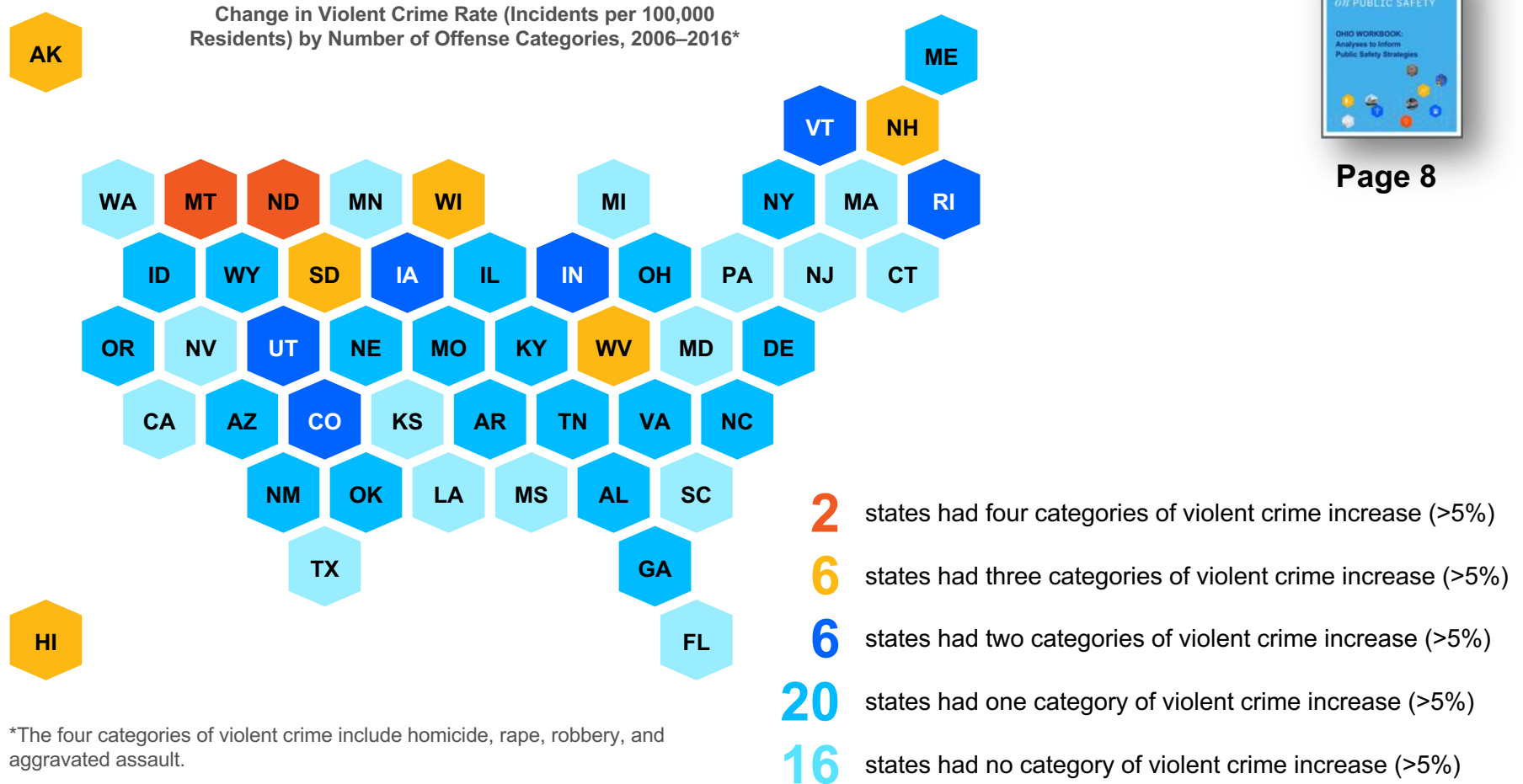
❖ **Reducing Crime and Strengthening Communities**

❖ **Breaking the Cycle of Reoffending**

❖ **Reducing the Cost of Corrections and Reinvesting in Public Safety**

Workbooks of relevant, state-specific data were provided to each state team
Copies are available today

Ohio was one of 34 states that saw at least one type of violent crime increase more than 5 percent over the past decade.
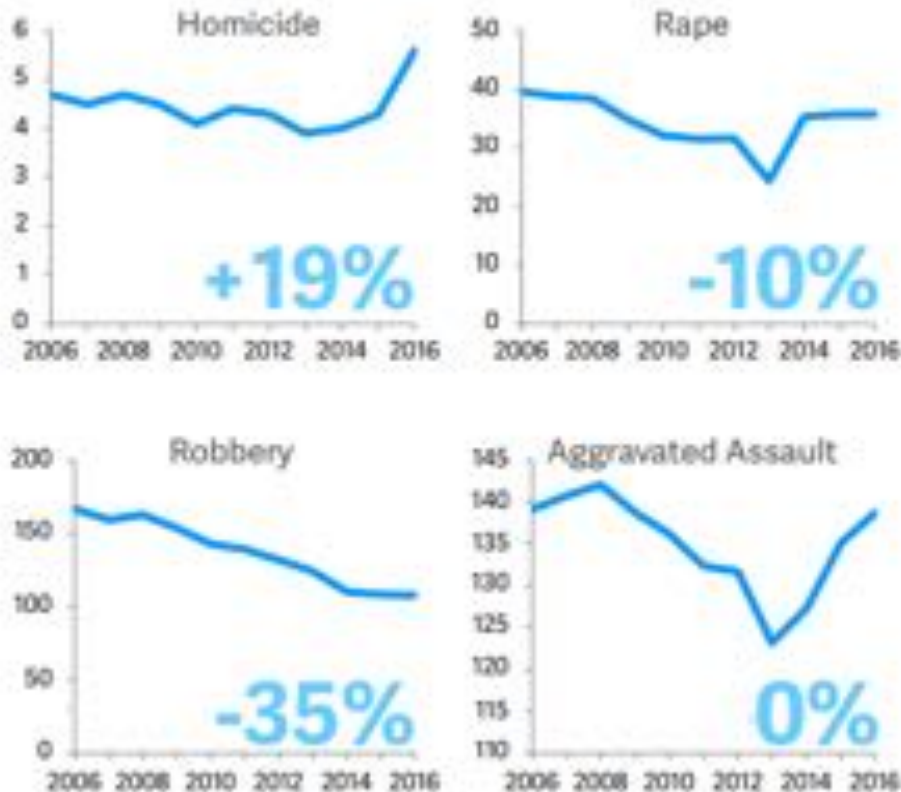
Change in Violent Crime Rate (Incidents per 100,000 Residents) by Number of Offense Categories, 2006–2016*

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2 states had four categories of violent crime increase (>5%)

6 states had three categories of violent crime increase (>5%)

6 states had two categories of violent crime increase (>5%)

20 states had one category of violent crime increase (>5%)

16 states had no category of violent crime increase (>5%)

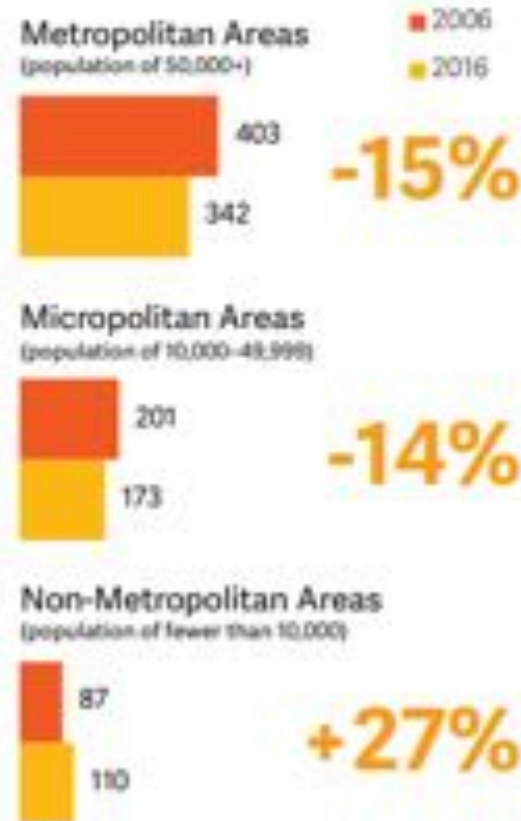*The four categories of violent crime include homicide, rape, robbery, and aggravated assault.

Sources: FBI, Crime in the U.S., 2006–2016.

Ohio's homicide rate increased over the last decade, but total violent crime declined—except in non-metropolitan areas.
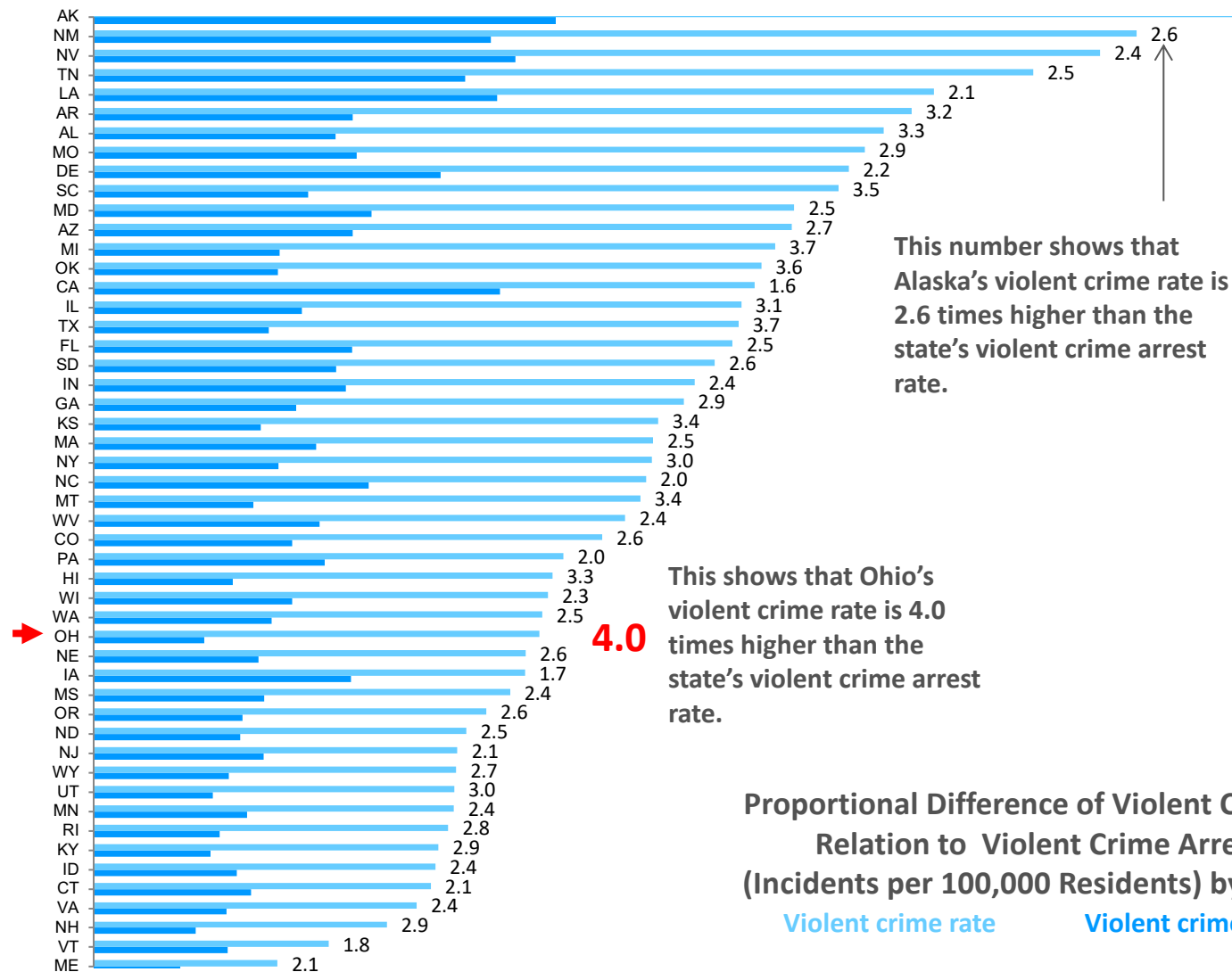

Violent Crime Rate in Ohio (Incidents per 100,000 Residents) by Offense Category, 2006–2016*

Homicide: +19%
Rape: -10%
Robbery: -35%
Aggravated Assault: 0%

Overall Violent Crime Rate in Ohio (Incidents per 100,000 Residents) by Population Area, 2006 and 2016

■ 2006   ■ 2016

Metropolitan Areas (population of 50,000+)
403 / 342 → -15%

Micropolitan Areas (population of 10,000–49,999)
201 / 173 → -14%

Non-Metropolitan Areas (population of fewer than 10,000)
87 / 110 → +27%

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Sources: FBI, Crime in the U.S., 2006–2016.

Ohio had the highest disparity in the country between violent crimes and arrests for violent crimes.

This number shows that Alaska's violent crime rate is 2.6 times higher than the state's violent crime arrest rate.

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This shows that Ohio's violent crime rate is 4.0 times higher than the state's violent crime arrest rate.

State	Value
AK	
NM	2.6
NV	2.4
TN	2.5
LA	2.1
AR	3.2
AL	3.3
MO	2.9
DE	2.2
SC	3.5
MD	2.5
AZ	2.7
MI	3.7
OK	3.6
CA	1.6
IL	3.1
TX	3.7
FL	2.5
SD	2.6
IN	2.4
GA	2.9
KS	3.4
MA	2.5
NY	3.0
NC	2.0
MT	3.4
WV	2.4
CO	2.6
PA	2.0
HI	3.3
WI	2.3
WA	2.5
OH	4.0
NE	2.6
IA	1.7
MS	2.4
OR	2.6
ND	2.5
NJ	2.1
WY	2.7
UT	3.0
MN	2.4
RI	2.8
KY	2.9
ID	2.4
CT	2.1
VA	2.4
NH	2.9
VT	1.8
ME	2.1

Proportional Difference of Violent Crime Rate in Relation to Violent Crime Arrest Rate (Incidents per 100,000 Residents) by State, 2016

Violent crime rate   Violent crime arrest rate

Sources: FBI, Crime in the U.S., 2006–2016.

States are increasingly trying to improve police responses to people who have behavioral health needs.

State Requirements on Police Training in Responses to People Who Have Behavioral Health Needs, 2016*

19 states
do not have laws regarding training requirements for police on responding to people who have behavioral health needs

21 states
have laws requiring training for police on responding to people who have behavioral health needs

6 states
have legislative requirements for the establishment of crisis intervention teams

4 states
have laws requiring training *and* legislative requirements establishing crisis intervention teams

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*Crisis intervention teams are formal partnerships among police departments and mental health care providers with specific training models that agencies must follow. Training requirements related to responding to people who have behavioral health needs include any other training outside of crisis intervention teams.

We send officers for training when possible. Staffing and budgets are a key element in the decision making process.
—*CSG Ohio Law Enforcement Survey*

Nearly every state now tracks at least one measure of recidivism for people exiting prison, but few states track across multiple measures or probation populations.

States Tracking and Publishing Recidivism

Percent of states that report tracking and publishing recidivism data for people **released from prison** by:
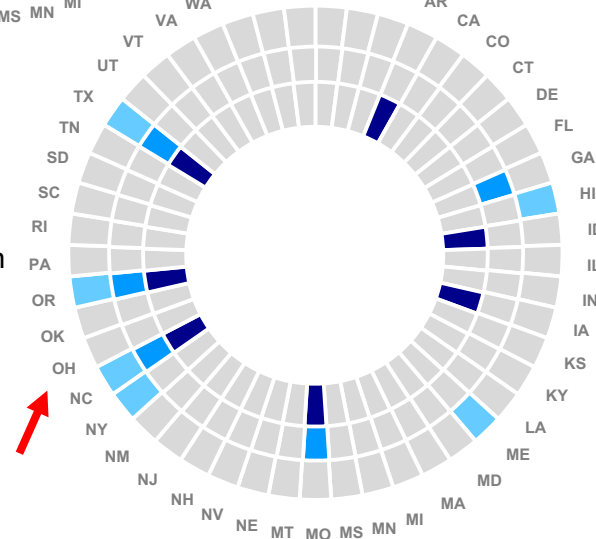
Rearrest	Reconviction	Reincarceration
25%	**30%**	**94%**

Percent of states that report tracking and publishing recidivism data for people starting **probation** by:

Rearrest	Reconviction	Incarceration
12%	**10%**	**14%**

Sources: CSG Justice Center, structured interviews, Aug. 2017.
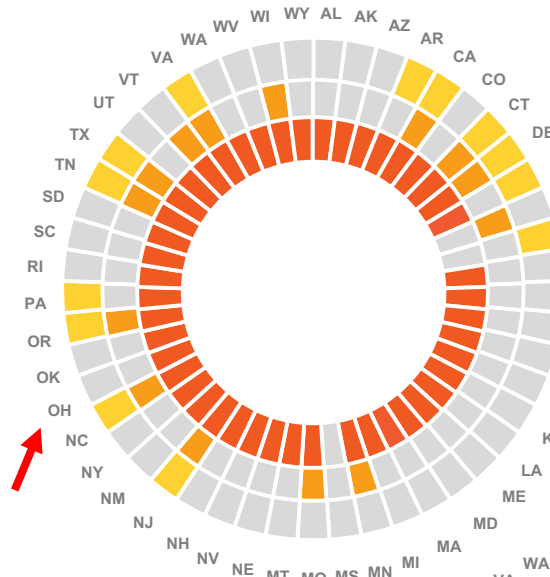
People **Released from Prison** in a Given Year

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People Starting **Probation** in a Given Year

Thirty states publish data on probation revocations to prison, but Ohio is not among them.

Reported Publishing of Probation and Parole Revocations to Prison by State, 2017*

Ohio tracks the reasons people on supervision are terminated from diversion programs.

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8 states
do not publish probation or parole revocations to prison

1 state
publishes only probation revocations to prison

12 states
publish only parole revocations to prison

29 states
publish both probation and parole revocations to prison

* ODRC publishes revocation data for people on APA-supervised probation, but there is not a statewide recidivism figure.

* Probation and parole revocations are examples of more timely recidivism measures than the cohort-based measures presented in the preceding pages, but not all states track and publish this type of recidivism data.

The summit identified general strategies to reduce crime and strengthen public safety, which should lead to more specific recommendations for Ohio.

Support effective law enforcement

- ❖ Fund targeted efforts, including crime lab improvements and data collection and reporting, to increase police accountability
- ❖ Improve training standards for law enforcement officers statewide
- ❖ Encourage partnerships between law enforcement, supervision, and behavioral health agencies, as well as the community to address public safety challenges
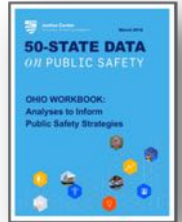
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Improve responses to people who have behavioral health needs in local criminal justice systems

- ❖ Improve the identification of people who have behavioral health needs in the criminal justice system

- ❖ Ensure the availability of a range of treatment and service options to improve the viability of local criminal justice responses

- ❖ Increase the effectiveness of treatment to improve public safety and health outcomes

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- ❖ Strengthen the collaboration between behavioral health and criminal justice agencies at the state and local level

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2 Violence and Policing

3 **Behavioral Health**

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Law Enforcement Survey Results

Research on What Works in Policing

Review of Ohio Efforts

Discussion for Moving Forward

Recent increases in violent crime raise questions about what policing methods help reduce crime.

Violent Crime Rate in Ohio (Incidents per 100,000 Residents) by Offense Category, 2006—2016*

Homicide
+19%

Rape
-10%

Robbery
-35%

Aggravated Assault
0%
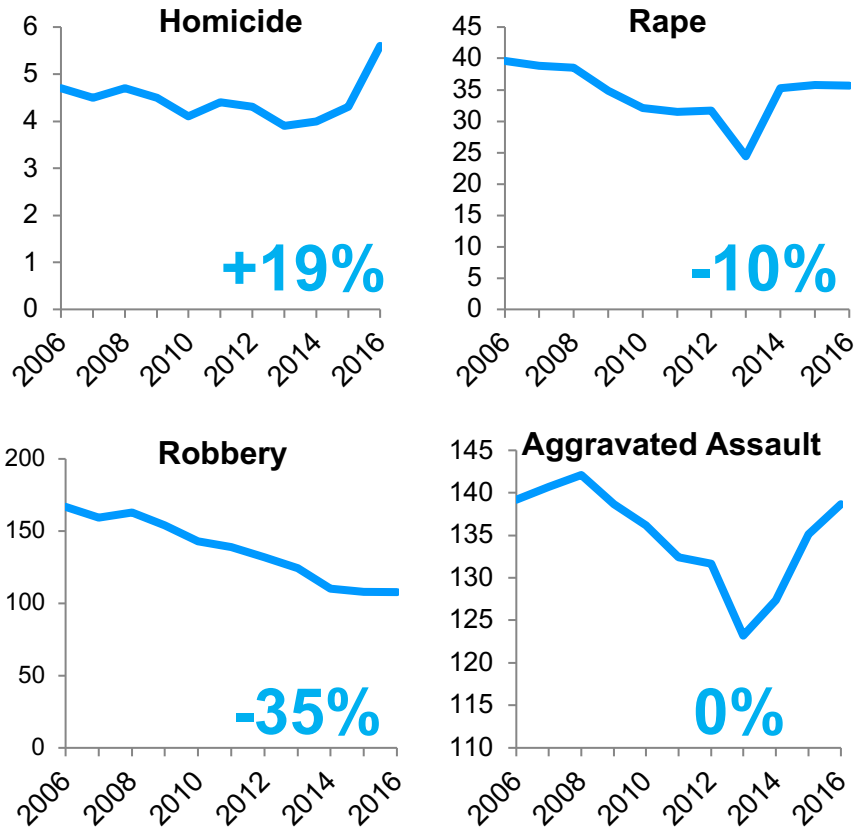
Reported Violent Crime in Major Ohio Cities (2011 and 2016)

■ 2011 ■ 2016

-16% **+14%**

Akron, Canton, Cincinnati, Columbus, Youngstown, Cleveland, Dayton, Toledo
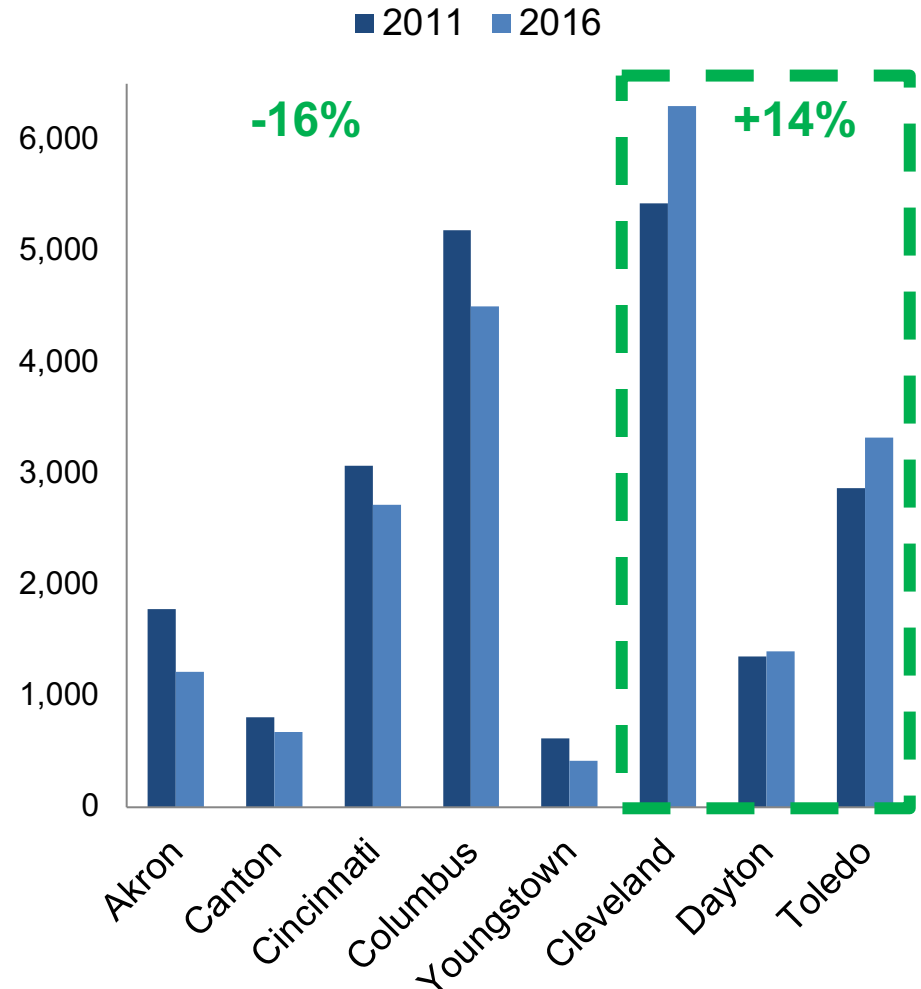
Sources: FBI, Crime in the U.S., 2006–2016.

Changes in violent crime rates across the country show little correlation to increases and decreases in incarceration.

Change in Incarceration and Violent Index Crime Rates by State, 2005–2015

■ Change in Violent Crime Rate

■ Change in Incarceration Rate

States with increasing and decreasing violent crime while incarceration has decreased.

States with increasing and decreasing violent crime while incarceration has increased.
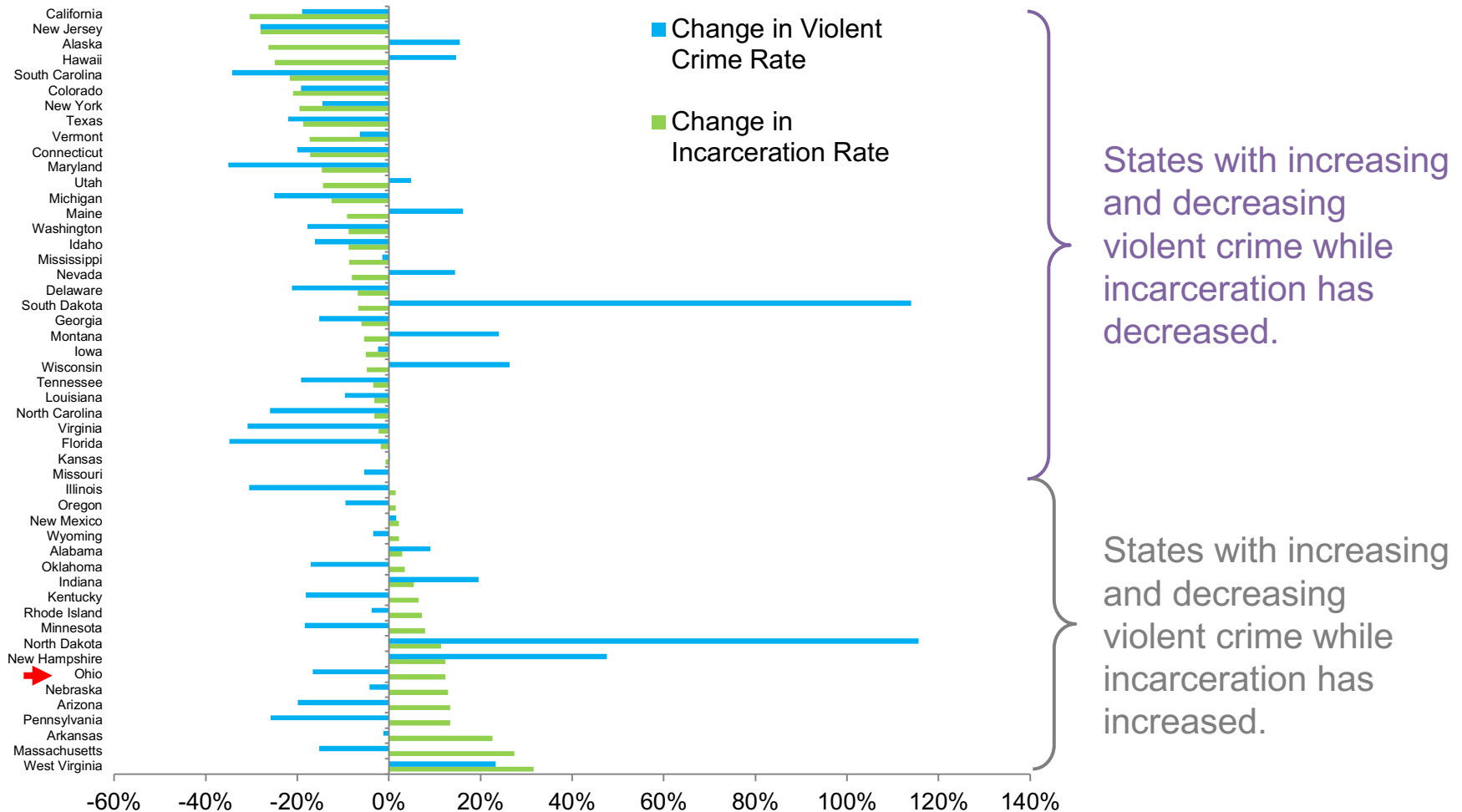
Sources: FBI, Crime in the U.S., 2005–2015, BJS, Prisoners series, 2005-2015.

CSG Justice Center staff conducted a survey to learn more about the perspectives of law enforcement in Ohio.

Law Enforcement Agency Responses by Community Type

■ Police ■ Sheriff

Community Type	Police	Sheriff
Urban	19	1
Rural	31	19
Suburban	58	1
Mixed	13	7
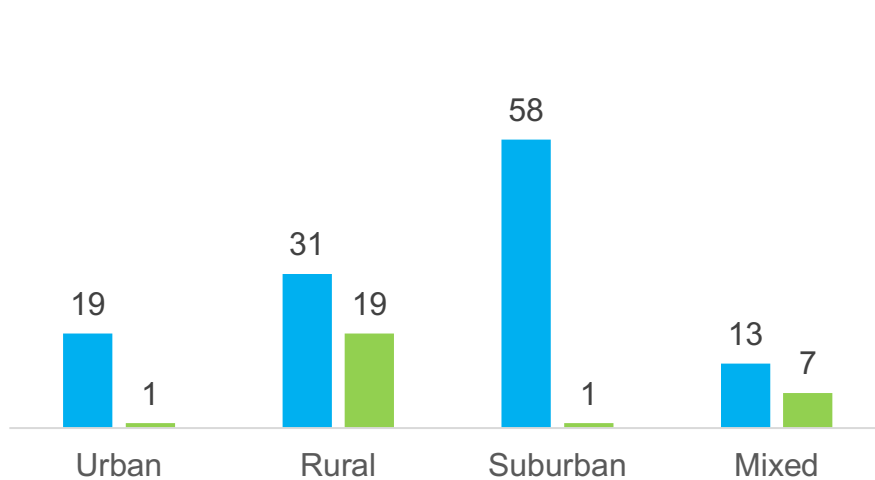
Average Number of Sworn Officers by Law Enforcement Agency and Community Type

■ Police ■ Sheriff

Community Type	Police	Sheriff
Urban	110	200
Rural	14	46
Suburban	33	95
Mixed	22	92
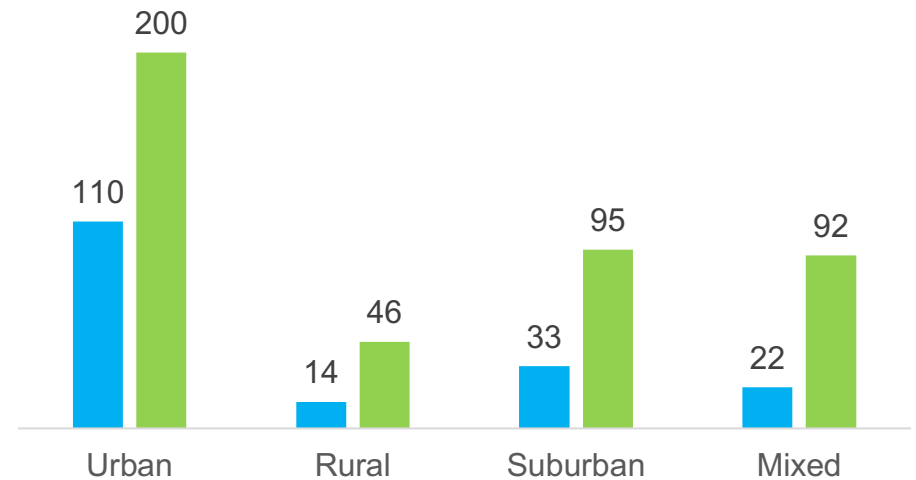
There are more than 800 police departments in Ohio and 88 sheriff's departments. Respondents came from 60 of the state's 88 counties.

Drugs, mental illnesses, and staffing are among the most pressing challenges for law enforcement in the state.

Pressing Challenges for Law Enforcement
N=149, all agencies were required to respond

Law enforcement agencies selected the top five challenges for their department from a list of challenges frequently faced by law enforcement.

Mental Illnesses	Opioids	Other Drugs	Property Crime	Repeat Offenders	Staffing/Resources
75%	84%	54%	56%	38%	65%
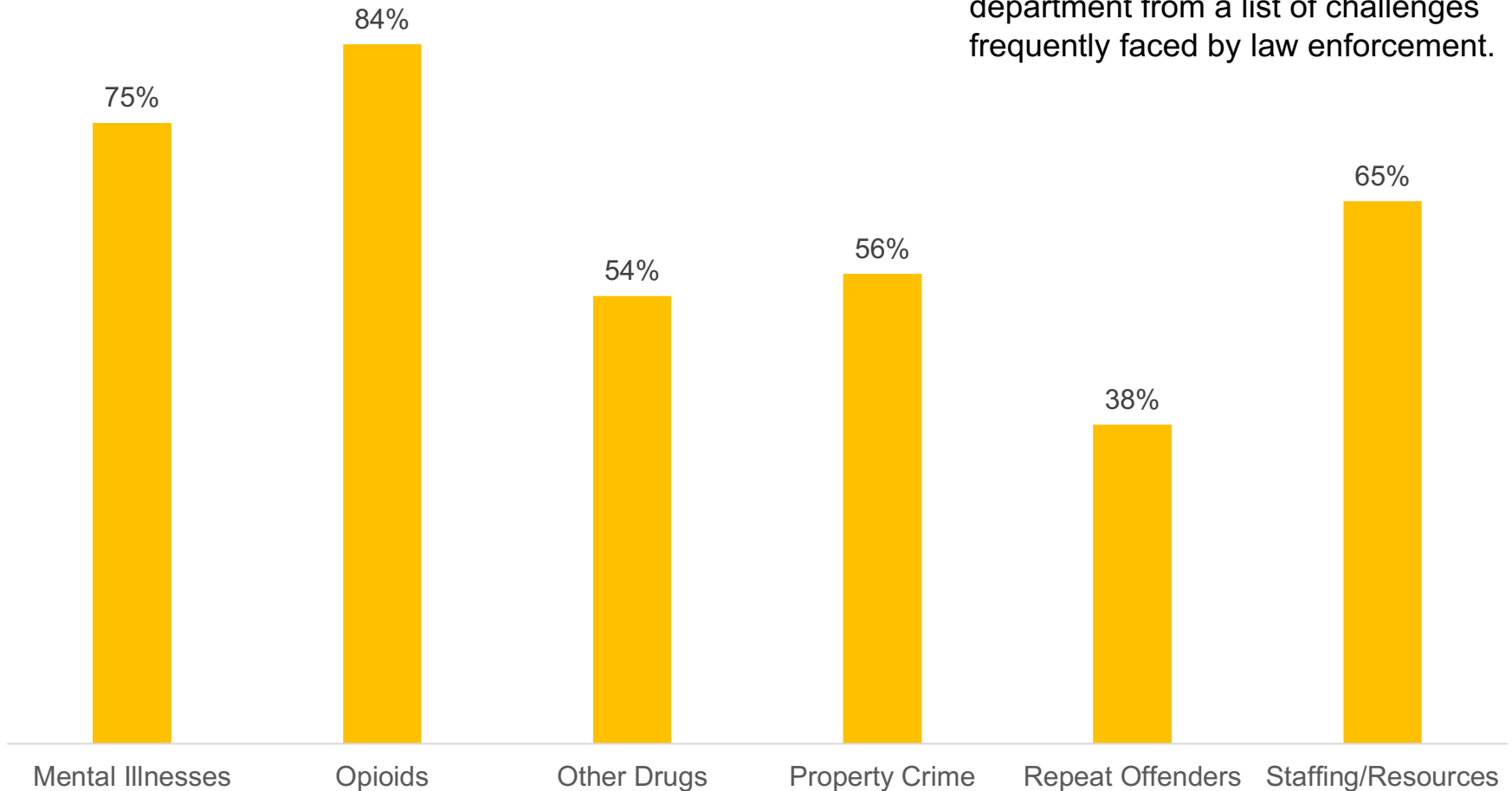
Source: CSG Justice Center Law Enforcement Survey.

Additional staff/officers were ranked among the most helpful ways to reduce crime and address challenges.

63% described more staff of all types as helpful or very helpful

21% indicated that specialized training would be very helpful

Helpful training opportunities include:
- Crisis Intervention Training
- Drug interdiction training
- Free or local specialized training (e.g., CIT, Mental Health First Aid)

Source: CSG Justice Center Law Enforcement Survey.

Items Rated Very Helpful to Reduce Crime and Address Challenges
N=132 to 142

Item	Percent
Additional staff for specialized units	55%
Additional patrol officers/detectives	74%
Crime prevention programs	24%
Cross-agency teams	28%
Crime analysis software	24%
Crime analysts	25%
Neighborhood development	21%
Other technology	18%
Staff to fill vacancies	55%
Specialized training	21%
Strategies to reduce CFS	21%

Between 2013 and 2016, the number of law enforcement employees in Ohio decreased.

Despite more agencies reporting statistics to the FBI in 2016 than 2013, the total number of law enforcement employees decreased 2 percent.

Total officers:
–5%

Total civilian employees:
+10%

Law Enforcement Employees by Officer/Civilian Status, 2013 and 2016
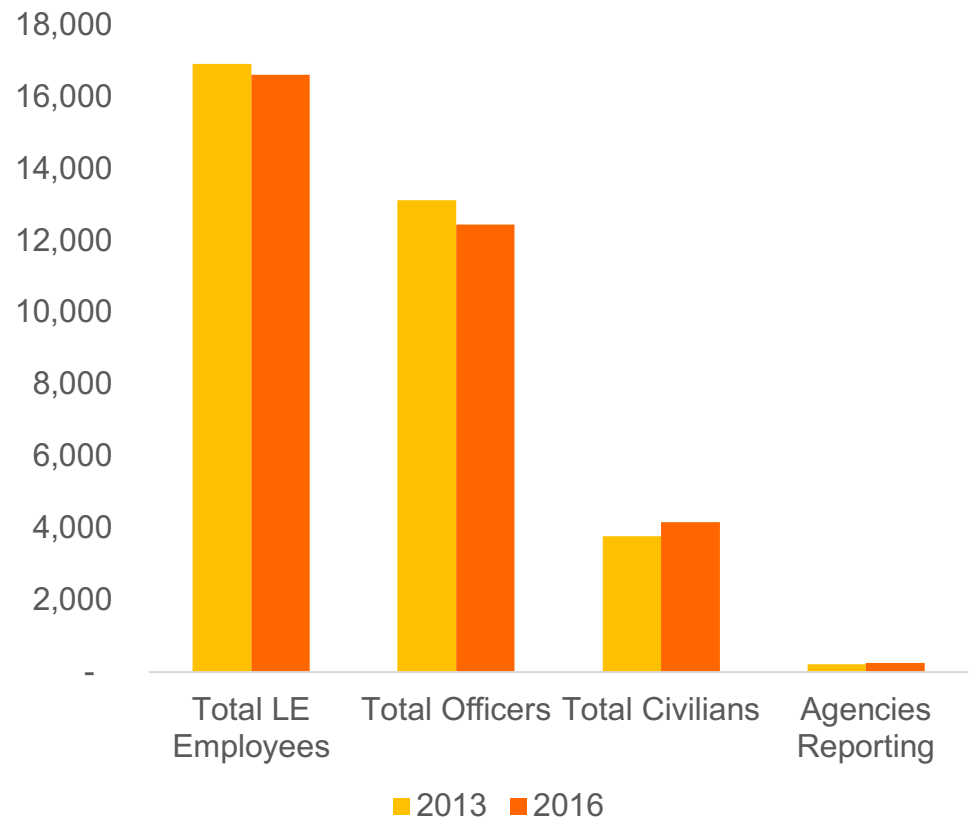
Source: FBI Uniform Crime Report.

More than one-third of Ohio law enforcement agencies provide specialized mental health training to all staff.

Percent of Staff Receiving Specialized Mental Health and De-escalation Training, by Staff Type

Staff Type	Percent
Executive Leadership	50%
Recruits	71%
Supervisors/Managers	88%
Veteran Officers	86%
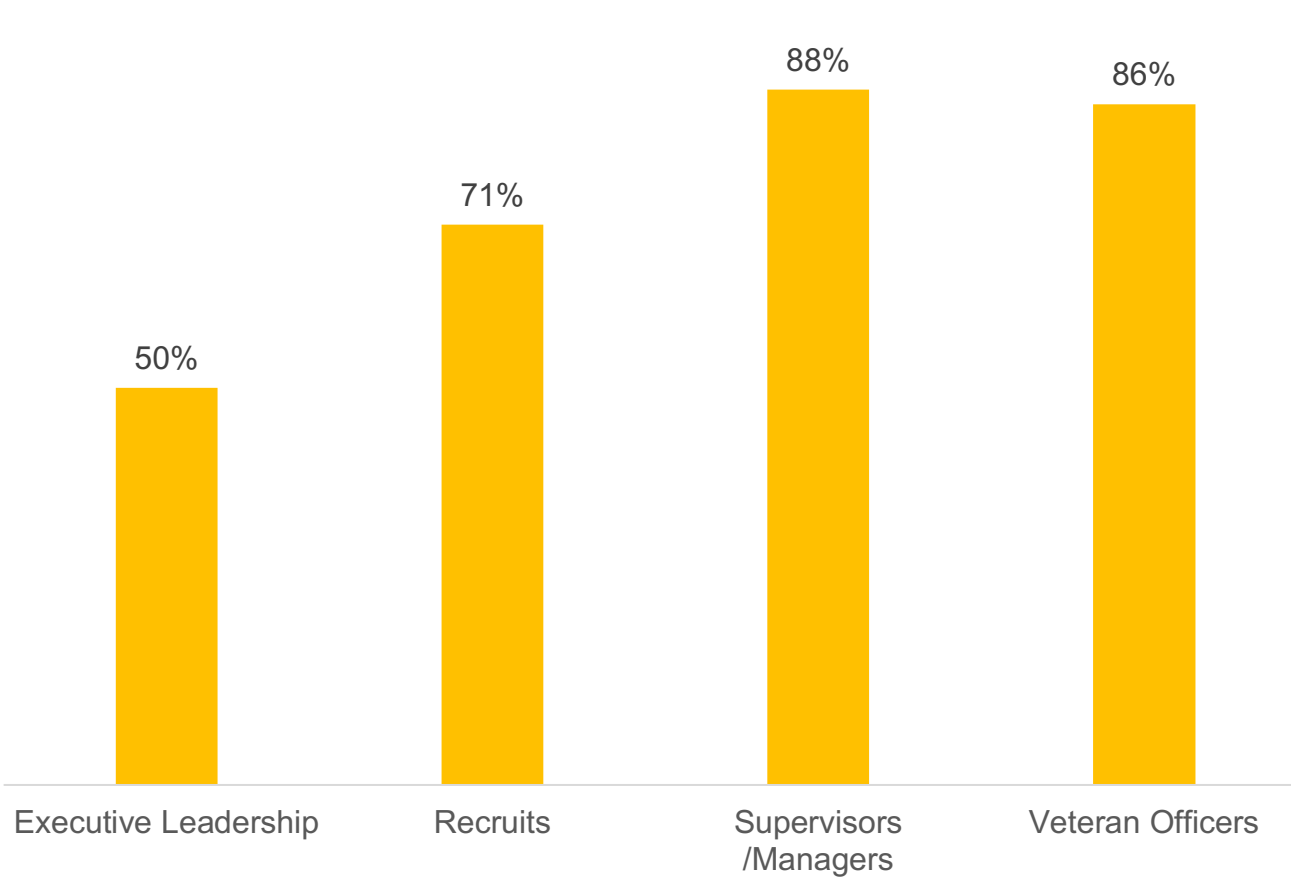
39%

of agencies provide specialized training to all staff

N=112, 37 agencies did not respond.

Source: CSG Justice Center Law Enforcement Survey.

Although many officers and deputies receive mental health and de-escalation training, there is still a desire for more.

96%

of sheriff's departments

81%

of police departments

are interested in enhancing their department's ability to train officers/deputies and develop a better response to people who have mental illnesses

N=138, 11 agencies did not respond.

Percent of Current Staff Who Receive Specialized Mental Health Training

None Trained

1-49% Trained

75%+ Trained

50-74% Trained

N=134, 15 agencies did not respond.
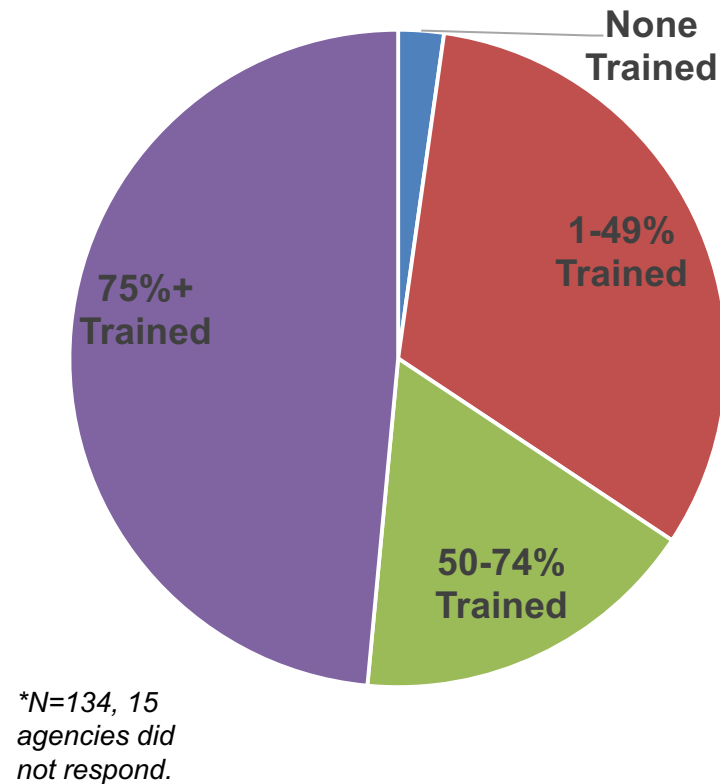
Law enforcement identified a need for more places to take people experiencing a mental health crisis.

Law enforcement agencies reported that officers/deputies use all available options to hold someone who is experiencing a mental health crisis, with emergency rooms and jails topping the list.

20% of agencies identified jail or an emergency room as their only options

There is a need for bed space—an average 4 hour or longer wait at the ER.

This area is SERIOUSLY lacking.

Nowhere—there's not enough beds in the area.

Source: CSG Justice Center Law Enforcement Survey.

Options for Law Enforcement Agencies to Take a Person in Crisis, by Percent Chosen

Option	Percent
Comm. Mental Health Center	32%
Crisis Center	17%
Emergency Room	91%
Jail	42%
Psychiatric Hospital	26%
Receiving Center	3%
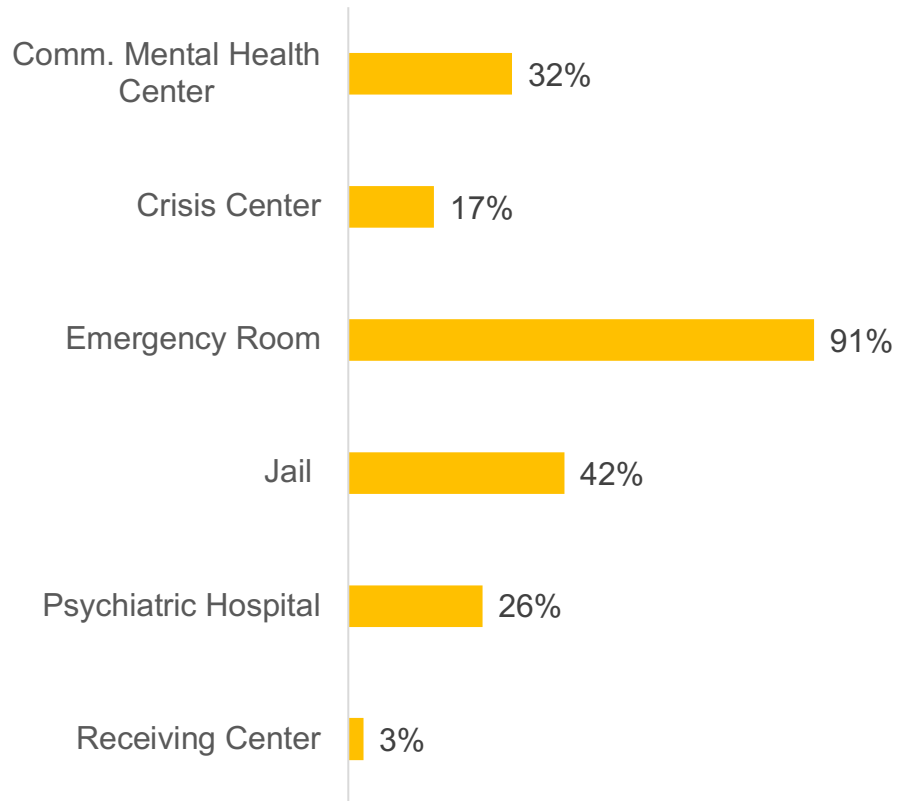
*N=138, 11 agencies did not respond.

Robin S. Engel, PhD

Vice President for Safety & Reform

Director, IACP / UC Center for Police Research and Policy

University of Cincinnati

What do we want from police?

Generally, the public, politicians, and other stakeholders want (and expect) three things from police agencies:

THE THREE Es

1. **Effectiveness**
2. **Efficiency**
3. **Equity**

*   How do we get there?

*   What works in policing?

*   Can we have all three?

*   And specifically for Ohio, can we have effective, efficient, and equitable policing strategies that reduce violence and other crimes?

Evidence-Based Policing

- Identifying practices and strategies that accomplish police missions most cost-effectively

- Test hypotheses with empirical research to find what works

- A blend of individual clinical experience with the best quantitative and qualitative external research

  - Insider knowledge
  - Outsider research

- Sherman's (2013) "Triple-T" Strategy

  - **Targeting**—use scarce resources on predictable concentrations of harm (focus on repeats)

  - **Testing**—test methods to choose what works best to reduce harm

  - **Tracking**—track daily delivery and effects of practices; are police doing what leaders expect?

Source: Sherman, Lawrence W. (2013) The rise of evidence-based policing: Targeting, testing, and tracking. In Michael Tonry (ed.) Crime and Justice in American 1975-2025. Chicago, University of Chicago Press, p. 377-452.

What Works to Reduce Violence?

Promoting Evidence-Based Strategies to Reduce Violence

Step 1: Identify Type of Violence

Step 2: Conduct a Problem Analysis

Step 3: Examine Available Research and Evidence

Step 4: Involve Community/Consider Impact

Step 5: Strategy Development and Implementation

Step 6: Measure Program Fidelity/Provide Feedback

Step 7: Evaluate Impact

Step 8: Sustainability

Step 1: Identify Type of Violence

What works in reducing "violence"?

- First must answer how we define/measure "violence"?
- UCR Part 1 Violent Crime: Homicide, Robbery, Rape, Aggravated Assault

- Embedded within these classifications:
  - Gang violence
  - Gun violence
  - Drug-related violence
  - Human trafficking
  - Domestic violence
  - Dating violence
  - School violence
  - Violence against law enforcement

- Also significant variation within these subcategories

Example: Definitions Matter—New Orleans, LA, NOLA for Life

Cincinnati and New Orleans Homicide Patterns

	% Black	% Male	% Gun-Related	% Gang-Related
Cincinnati	87.7%	83.8%	83.1%	53.8%
New Orleans	88.9%	88.3%	90.5%	2.5%

■ Cincinnati ■ New Orleans

Cincinnati and New Orleans Homicide Patterns

	% Black	% Male	% Gun-Related	% Gang-Related
Cincinnati	87.7%	83.8%	83.1%	53.8%
New Orleans	88.9%	88.3%	90.5%	55.0%
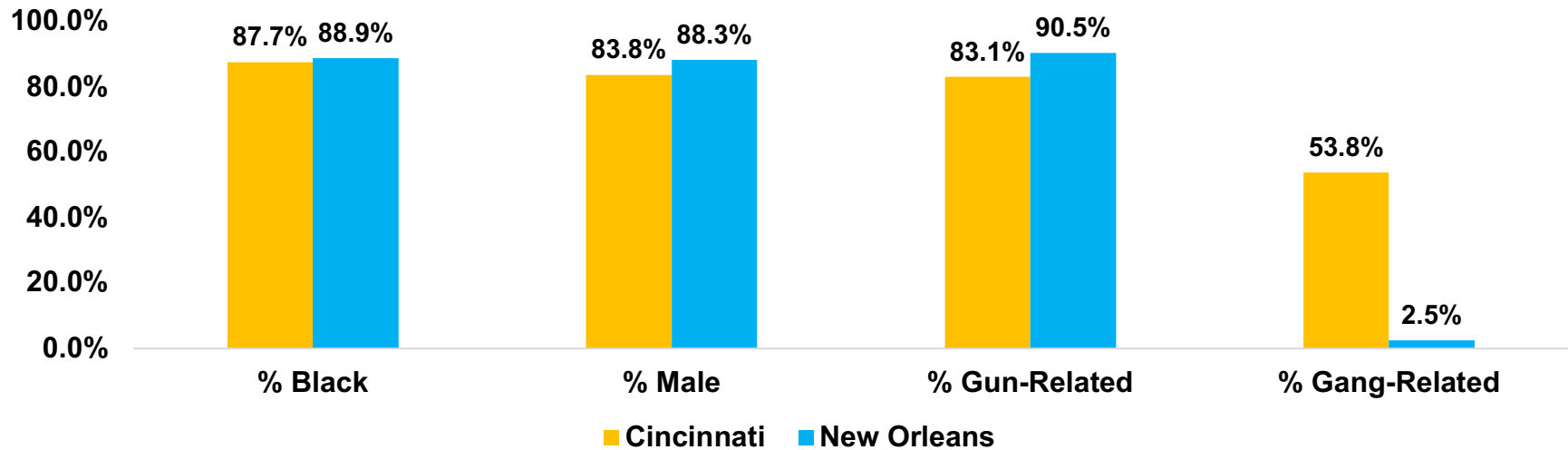
■ Cincinnati ■ New Orleans
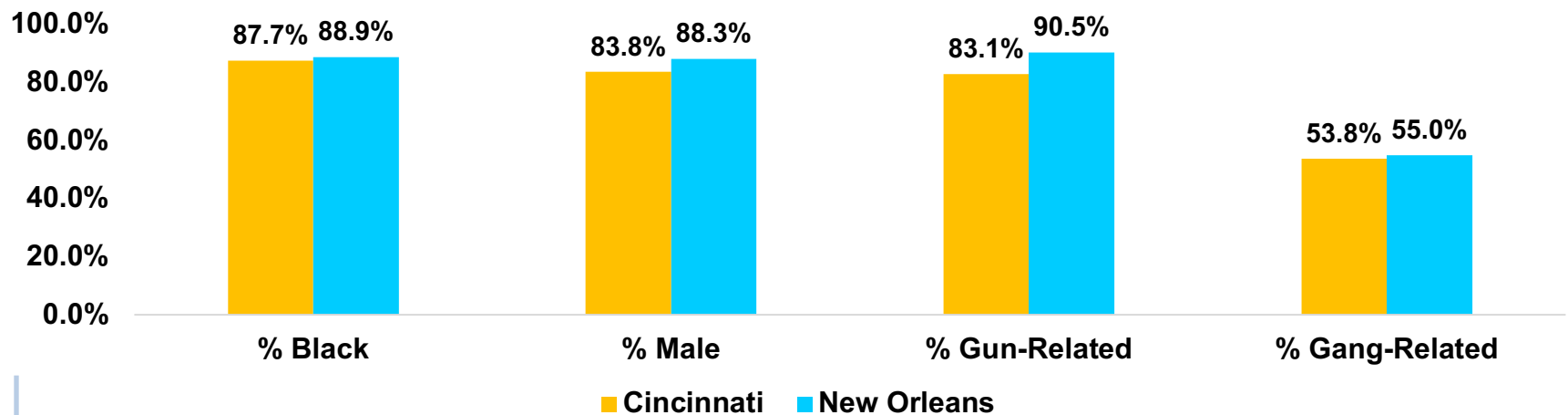
Step 2: Conduct Problem Analysis

- **Conducting a problem analysis is the most critical component for any crime reduction strategy, but is the step that is most often missed!**

- **Problem Analysis:** The process of conducting in-depth, systematic analysis and assessment of crime problems at the local level

- **Why is this "obvious" step often missed?**
    - Reliance on anecdotes and intuition
    - External influences (e.g., media, politicians, stakeholders, etc.)
    - Need for expediency
    - Lack of resources

- **The challenge for LE leaders**: Balancing these issues with the importance of fully understanding the scope and context of the violence problem

Source: Boba, R. (2003). *Problem analysis in policing*. Washington, DC: Police Foundation.

An Example: Importance of Problem Analysis, Understanding Domestic Violence in Tulsa, Oklahoma

- **Evidence-Based Strategies:** Focus on repeat chronic offenders and more serious violence
  - Intervention (in the form of LE follow-up) immediately following arrest (Chula Vista Model), or for chronic offenders, notification meetings (High Point, NC model)
  - Also intervention in severe cases through use of lethality assessments

- **Problem Analysis Shows:** Evidence-based strategies do NOT fit DV problem in Tulsa
  - High rates of domestic violence, but 80% of offenders are arrested only once—not chronic offenders
    - High Point Model does not fit
  - Average rearrest occurs more than 300 days later
    - Chula Vista Model does not fit
  - For DV homicides, only 15% involve someone previously arrested for DV
    - Lethality assessment approach unlikely to have much impact

- **Challenge for LE leaders:** Evidence-based solutions that are readily available and developed to address problems in other jurisdictions simply may not fit a specific problem at a different locale.
  - A problem analysis is critical to develop solutions that fit the problem in each community

Step 3: Examine Available Research and Evidence

- **Evidence-based policing:** Method of making decisions about "what works" in policing: which practices and strategies accomplish police missions most cost-effectively (Sherman, 2013).

- **Resources:**
  - Bureau of Justice Assistance: https://www.bja.gov/Publications.aspx
  - Center for Evidence Based Policing: http://cebcp.org/
  - Center for Problem-Oriented Policing: www.popcenter.org
  - College of Policing's What Works Center: http://whatworks.college.police.uk/Pages/default.aspx
  - Crime Solutions.gov: https://www.crimesolutions.gov
  - International Association of Chiefs of Police (IACP): www.theiacp.org
  - IACP/UC Center for Police Research and Policy: http://www.theiacp.org/research
  - National Network for Safe Communities: https://nnscommunities.org/
  - National Registry of Evidence-based Programs and Practices: http://www.nrepp.samhsa.gov/01_landing.aspx
  - Office of Community Oriented Policing Services: https://cops.usdoj.gov/resources
  - Police Executive Research Forum (PERF): http://www.policeforum.org/
  - Police Foundation: https://www.policefoundation.org/
  - Police, Treatment and Community (PTAC) Collaborative: http://www.axissummit.com/ptac-event/
  - Strategies for Policing Innovation: http://www.strategiesforpolicinginnovation.com/
  - National Public Safety Partnership: https://www.nationalpublicsafetypartnership.org/

An Example: Four Types of Policing Strategies

Interventions

Wide Range

② **COMMUNITY**

Foot Patrols
Neighborhood Stations
Community Meetings
Community Involvement

Crime reduction effectiveness varies from none to modest/may improve police legitimacy

③ **PROBLEM-ORIENTED**

SARA process
Repeat victimization schemes
Risky facility interventions
Problem analysis
Multiagency partnerships

Good evidence of crime reduction effectiveness/ equity untested but potential

Narrow Range

① **STANDARD**

Random Patrol
Rapid Response
Investigation
Broad scale enforcement

Little or no crime reduction effectiveness/little perceived equity

④ **FOCUSED**

Hotspots Patrol
Repeat Offender Investigations
Temporal/Spatial Crackdowns
Focused Deterrence

More focused strategies are effective/ potential for low perceptions of equity

Unfocused   **Attention**   Highly Focused

An Example: Four Types of Policing Strategies

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Temporal/Spatial Crackdowns
Focused Deterrence

More focused strategies are effective/ potential for low perceptions of equity

Unfocused   **Attention**   Highly Focused

Sources: National Research Council 2004 Fairness & Effectiveness in Policing: The Evidence. National Academies Press, Washington, DC.

Weisburd & Eck 2004 "What Can Police Do to Reduce Crime, Disorder and Fear?" The Annals of the American Academy of Political and Social Science, 593:42-65.

Most Promising Violence-Reduction Strategies

- **Hotspot policing**
  - robberies, burglaries
- **Focused deterrence**
  - gang member involved violence, homicides, shootings
- **Place-based problem solving**
  - robberies, shootings, property crime, drug markets
- **Alternatives to arrest**
  - minor misdemeanors, drug-related crimes, juvenile crime, and incidents involving people who have mental illness
- **Problem solving, including strategic use of crime analysis** to focus on repeat victims, offenders, crimes, locations, times, etc.
  - all crime types

- **But must also balance crime prevention with police legitimacy**

Step 4: Involve Community/Consider Impact

- **Gathering community input and generating community buy-in are critical steps for the success of any violence-reduction strategy**

- Strategies that are effective in reducing crime may not be viewed by community members and other stakeholders as legitimate

- Some "effective" strategies may result in unintended consequences including:
    - greater racial/ethnic disparities
    - increase use of arrest/incarceration
    - net-widening of criminal justice system
    - reduced community trust in law enforcement
    - strained police-community relations

- Does **not** need to be a trade-off between police effectiveness and equity

An Example: The Hypothetical Effectiveness-Equity Tradeoff

- In policing . . . often presume an unfortunate yet necessary trade-off between equity and effectiveness

- Hypothesized trade-off linked to Herbert Packer's classic model of the criminal justice system: **Due Process vs. Crime Control**

EQUITY

More of one requires decline of the other—only question is shape of the curve
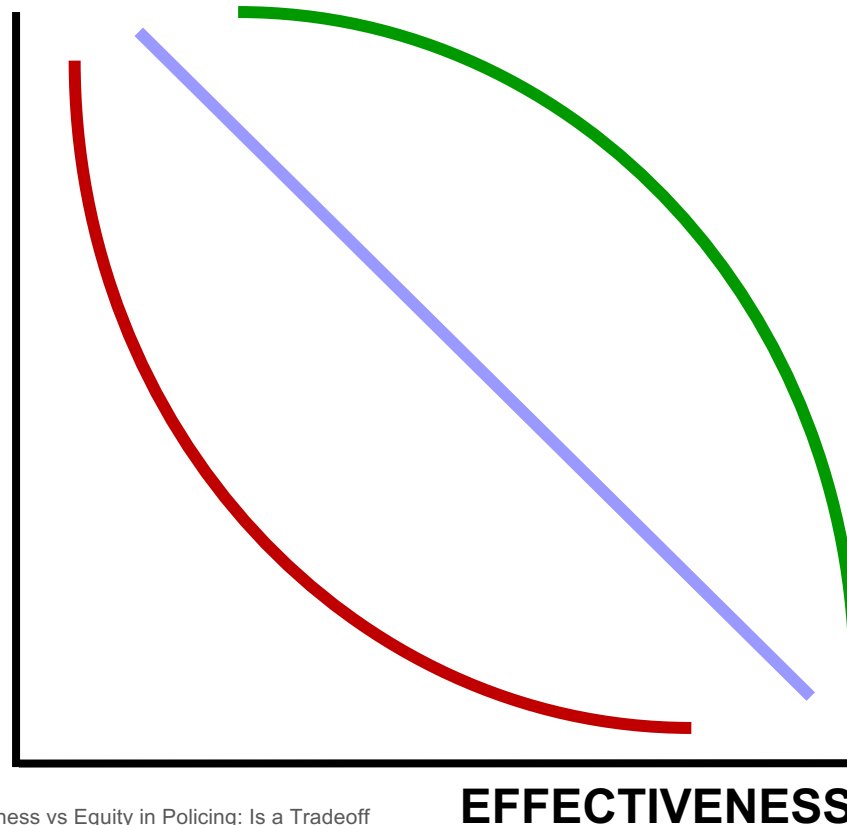
EFFECTIVENESS

Source: Engel, R. S., & Eck, J. E. (2015). Effectiveness vs Equity in Policing: Is a Tradeoff Inevitable. *Washington, DC: Police Foundation*.

An Example: Equity vs. Effectiveness with Problem-Oriented and Focused Policing
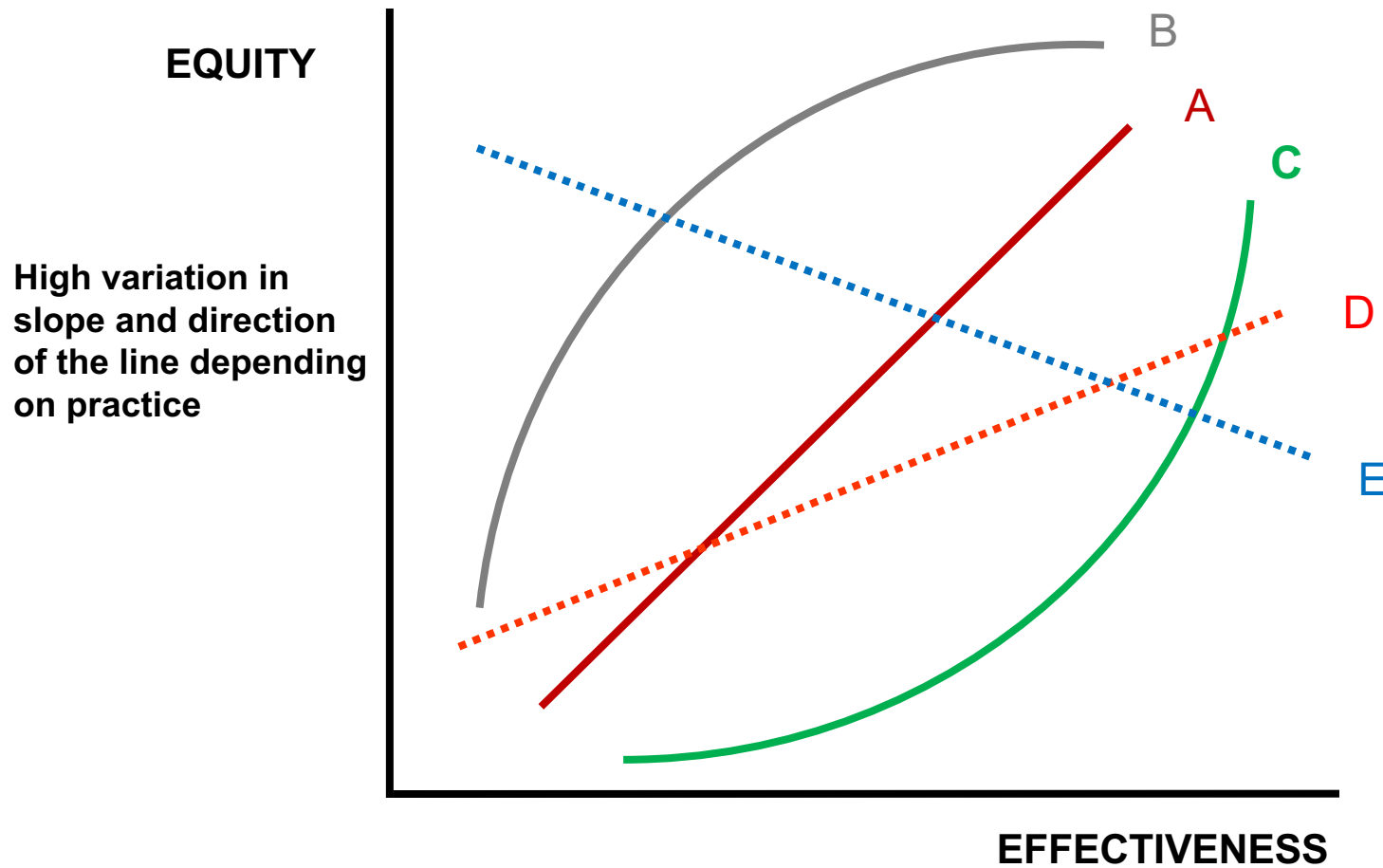
EQUITY

High variation in slope and direction of the line depending on practice

B

A

C

D

E

EFFECTIVENESS

Source: Engel, R. S., & Eck, J. E. (2015). Effectiveness vs Equity in Policing: Is a Tradeoff Inevitable. Washington, DC: Police Foundation.

An Example: Four Types of Policing Strategies with Effectiveness and Equity
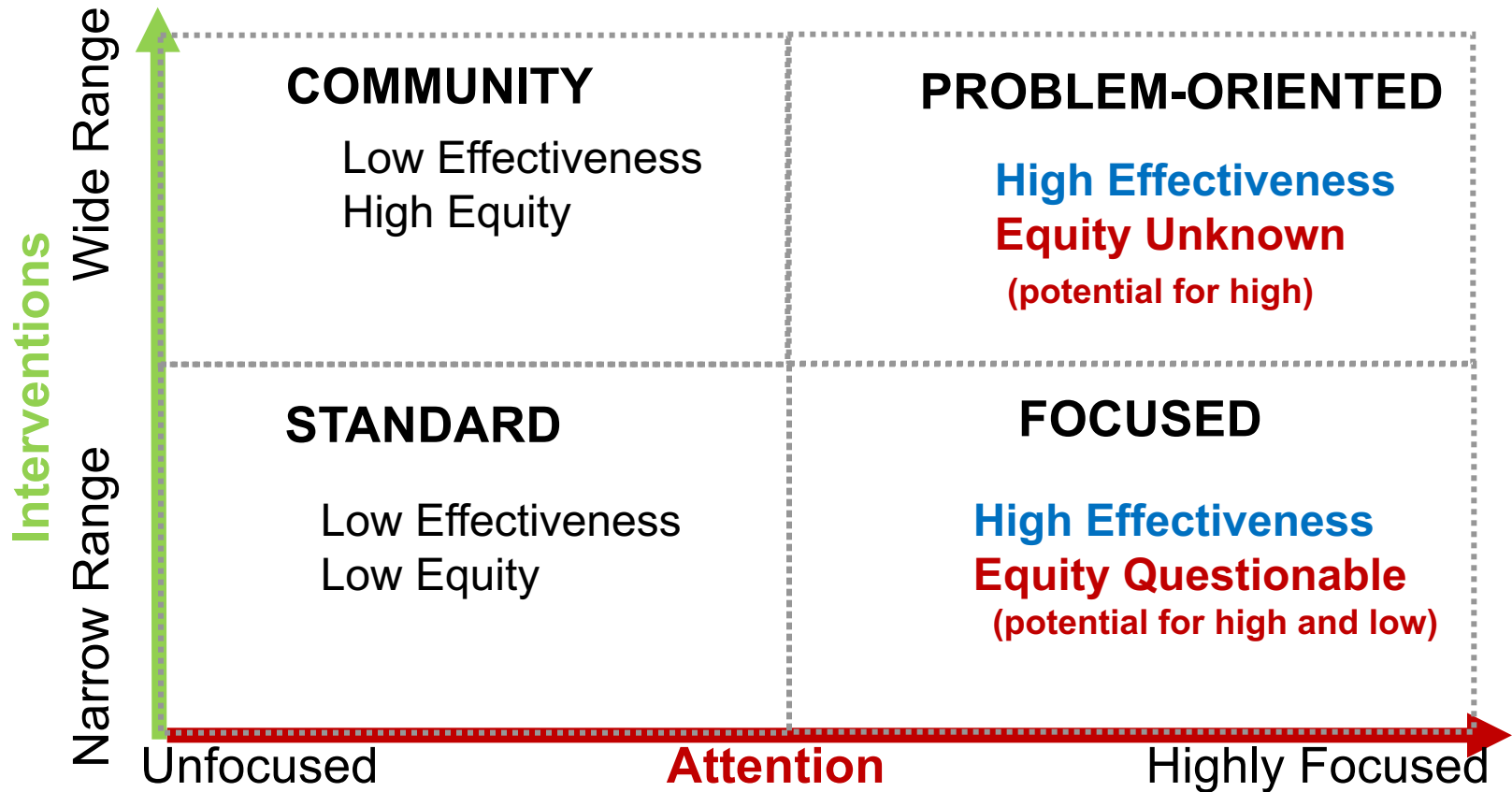
Interventions

Wide Range

COMMUNITY

Low Effectiveness
High Equity

PROBLEM-ORIENTED

High Effectiveness
Equity Unknown
(potential for high)

Narrow Range

STANDARD

Low Effectiveness
Low Equity

FOCUSED

High Effectiveness
Equity Questionable
(potential for high and low)

Unfocused **Attention** Highly Focused

Step 5: Strategy Development and Implementation

Once problem analysis is complete and agencies do their homework about what works, must select and tailor strategy to local problem

- Crime triangle and focus on repeats—repeat offenders, victims, locations, crimes, times, etc.

- Engage with community to find a champion and build support

An Example: Focused Deterrence

Cincinnati Initiative to Reduce Violence (CIRV)

- Initiated in 2007, CIRV was a multiagency and community partnership that used a focused deterrence approach to reduce gun and gang violence while:
  - Strengthening relationships between law enforcement and communities
  - Helping offenders
  - Addressing racial conflict
  - Reducing incarceration
- Partners in the community, service providers, and law enforcement to deliver key messages to target population
- Resulted in 42% reduction in gang member involved homicides and 22% reduction in shootings over 42-month evaluation period

- **Replications across Ohio, with training and technical assistance funded by Ohio Office of Criminal Justice Services (OCJS):**
  - Dayton
  - Mansfield
  - Toledo
  - Youngstown
  - Cleveland

Source: Engel, R.S., Tillyer, M.S. & N. Corsaro (2011). Reducing gang violence using focused deterrence: Evaluating the Cincinnati Initiative to Reduce Violence (CIRV). Justice Quarterly 30 (3):403-439.

An Example: Ohio Consortium of Crime Science

- **Develop police-academic partnerships**

- **Ohio Consortium of Crime Science (OCCS)**
    - Association of researchers from colleges, universities, and state agencies in Ohio working together to provide evidence-based solutions to the real-world problems that local criminal justice agencies face
    - Researchers from multiple disciplines in 15 different colleges and universities across Ohio
    - Assists criminal justice agencies in conducting research, disseminating knowledge, and fostering relationships between practitioners, policymakers, and academics
    - Provides technical assistance and evaluations of evidence-based strategies through research network at no cost to agencies
    - Developed by Ohio Office of Criminal Justice Services (OCJS)
    - Funded by Bureau of Justice Assistance (BJA)
    - Website: https://services.dps.ohio.gov/OCCS/Pages/Public/Welcome.aspx

Step 6: Measure Program Fidelity/Provide Feedback

- **Ineffective strategies are often due to poor program fidelity**

- **Program fidelity**—extent to which the delivery of a program follows the protocol or program model, often examined across five dimensions: (1) adherence, (2) exposure (i.e., dosage), (3) quality of delivery, (4) participant responsiveness, and (5) program differentiation

- Fidelity assists in standardization of program implementation across contexts

- **Fidelity assessments:**
  o Determine how adequately a program model has been implemented
  o Determine whether program "works" or meets intended goals
  o Identify potential barriers to implementation
  o Informs future program implementation in different contexts

- Important to gather, analyze, and disseminate ongoing qualitative and quantitative feedback directly to the implementation teams, community members, and other stakeholders

Source: Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control?. *Clinical psychology review*, *18*(1), 23-45.

An Example: Keeping Track through Scorecards

CIRV Law Enforcement Team Scorecard- (April, 2013)

Overall Objective	Target Goal for Objective to be Achieved	Responsibility for Target Goal	Outcome of Target Goal		Target Goal Achieved?
Identify and focus enforcement on violent groups/gangs that engage in violence, utilizing a law enforcement partnership. Produce a sustainable system of data gathering and analysis that can be utilized to inform future targeted law enforcement efforts. Deliver a consistent message of non-violence	Update CIRV group and individual information list	Lt. Col. Humphries/ UC	Group and Group member list updates completed?	☐	In progress
	Continued review of shootings and homicides for GMI determinations	Lt. Col. Humphries	Up-to-date GMI determinations?	☒	YES
	Execute one call-in per District	Lt. Col. Humphries/District Commanders	Call-ins executed in each district?	☒	In progress
	Use home visits strategy to supplement message dissemination between call-ins	Lt. Isaac	Home visit strategy continuing?	☒	YES
	Work with Moral Voice to identify key players in target neighborhoods	Lt. Isaac	Working to ID key players in OTR/Price Hill/Avondale?	☒	YES
	Conduct targeted law enforcement action against two groups and report the results of this action to UC	Lt. Col. Humphries	Two group enforcements completed?	☒	YES
	Schedule a meeting for the full LE team quarterly	Lt. Col. Humphries	Meeting scheduled?	☐	NO
	Re-engage with Probation	Lt. Col. Humphries/ De. Engel	Met with Probation?	☒	YES
	Provide violence updates at S/I Team meetings	CPD Crime Analysis and Problem Solving Unit	Violence updates given?	☒	YES

■ Goal achieved   ■ Goal not achieved

Step 7: Evaluate Impact

- Scientifically rigorous evaluations of law enforcement tactics and strategies should be used to guide decisions
- **Types of evaluations**
    - _Formative_: determines if a program is feasible, appropriate, and acceptable prior to full implementation to make early improvements
    - _Summative:_ provides information on program effectiveness
    - _Process_: determines whether a program has been implemented as intended
    - _Outcome_: measures program effects according to progress in designated outcomes
    - _Cost_: determines program costs compared to outcomes
    - _Impact_: assesses program effectiveness in achieving overall long-term goals
- **Evaluations tell us what works and what doesn't work**
    - Knowing what and how to measure is critical
    - Examine unintended consequences
- Evaluations are particularly important for police administrators and policymakers who must justify their work when facing strict budget considerations

An Example: Knowing What to Measure—PTAC (Police, Treatment & Community)

An Example: Unintended Consequences

ShotSpotter Technology: uses acoustic sensors to locate gunshots; advancements allow it to connect to CCTVs which will automatically pan to the location of the shot

- Only limited research; however, findings are generally counterintuitive
  - Leads to unnecessary additional police dispatches to random gunfire problems or "false alerts"
  - Related to reduction in citizen reports of "shots fired"
  - Increased officer workload
  - Has <u>not</u> shown a reduction in violence

Body-Worn Cameras (BWC)

- Growing body of evidence showing both positive and negative effects
  - Increased police legitimacy and accountability
  - Improved report writing and documentation accuracy
  - Linked to better evidence gathering and better quality evidence
  - In domestic violence cases, increased detection, charging, and guilty pleas
  - Increase in arrests
  - Increase in assaults/injuries of officers

Step 8: Sustainability

- **Lessons learned based on review of court reform process evaluations identify four key issues related to effective implementation and sustainability**
  1. **Engage in comprehensive planning:** Confusion over the basic design of initiative can create frustration and sow the seeds of failure
     - Have a shared vision; identify program goals
     - Identify quantifiable objectives and plan to collect data
     - Formalize the program model
  2. **Identify key stakeholders:** Strategies often require participation and support of many players, including traditional adversaries, bureaucracies unaccustomed to change, and disengaged (or overly engaged) citizens
     - Be strategic about when/how to engage stakeholders in planning process
     - Think about how to facilitate buy-in from line staff
  3. **Respond to emerging challenges:** No planning process can take every scenario into account; be flexible during implementation
     - Be realistic
     - Adapt the program in response to early implementation experience
  4. **Recognize need for leadership:** Many new projects, particularly those that seek to promote cross-agency collaboration, struggle to establish clear lines of authority and to find powerful allies
     - Designate a project director
     - Find political champions

Sources: Cissner, A., & Farole, D. (2009). Avoiding failures of implementation: Lessons from process evaluations. Washington, DC: Bureau of Justice Assistance; Tillyer, M. S., Engel, R. S., & Lovins, B. (2012). Beyond Boston: Applying theory to understand and address sustainability issues in focused deterrence initiatives for violence reduction. *Crime & Delinquency, 58*(6), 973-997.

An Example: Cincinnati Initiative to Reduce Violence

Cincinnati, OH
Average # of Monthly Shootings

Period	Value
Jan '04 - Jun '07	36.7
Jul '07 - Dec '10	34.5
Jan '11 - Dec '11	35.8
Jan '12 - Dec '12	31.9
Jan '13 - Dec '13	36.0
Jan '14 - Dec '14	31.3
Jan '15 - Jun '15	37.7
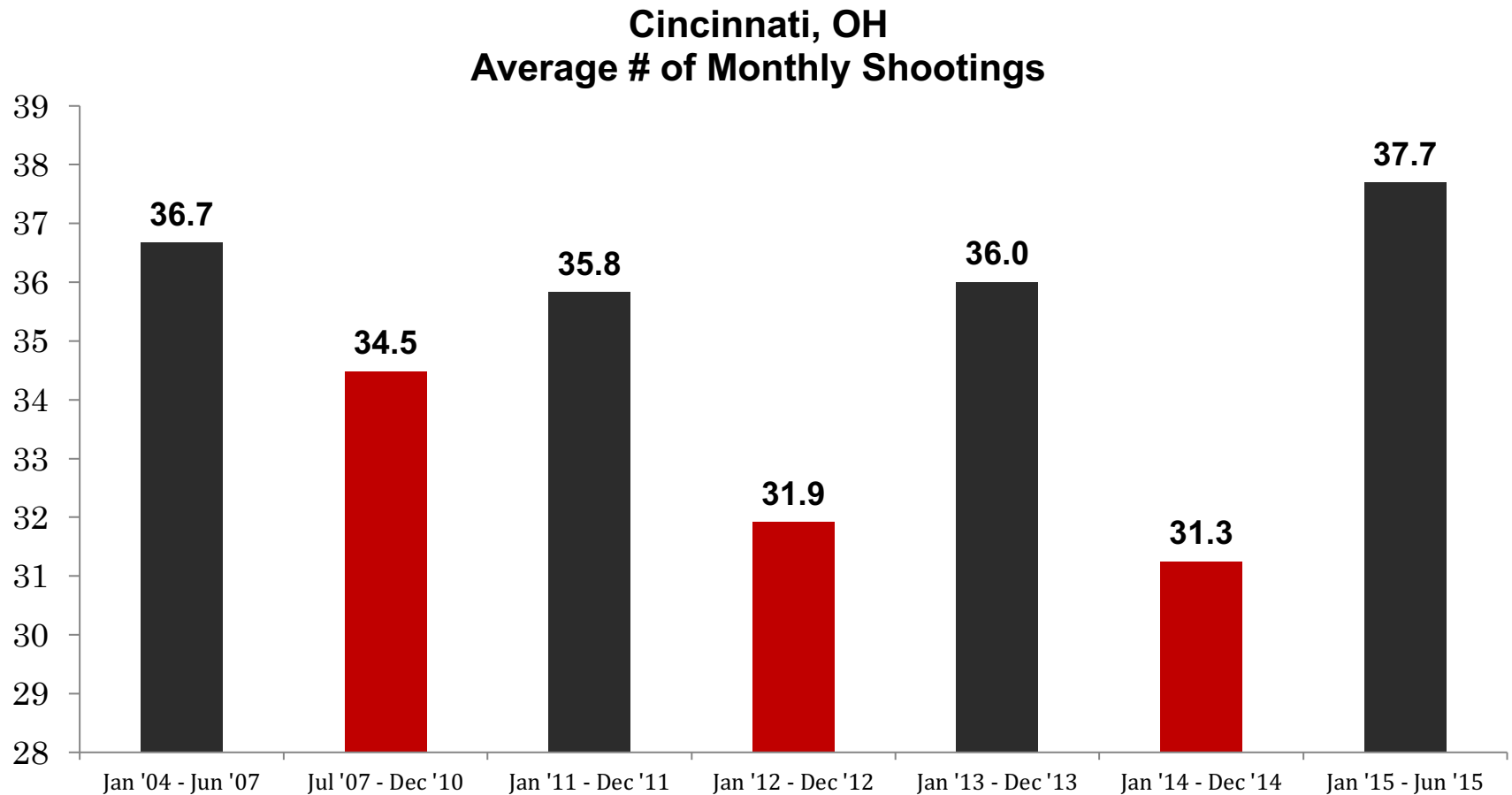
What can policymakers do at the state level to reduce violence?

- **Provide training and technical assistance**
  - Ohio Consortium of Crime Science (OCCS)
- **Provide resources to address emerging problems (e.g., opioid epidemic, shifting drug markets)**
  - Resist urge to provide episodic responses rather than strategic focus on solving long-term problems
- **Ohio Collaborative Community-Police Relations**
  - Lessons learned
- **Coordinate and learn from other efforts across Ohio**
  - e.g., National Public Safety Partnership (PSP) in Cincinnati/Toledo
- **Explore "policy labs" concept at state level**
  - Consider incentivizing state universities to participate in research
- **Develop and facilitate data-sharing systems across agencies**
  - Across and within jurisdictions
  - Law enforcement, health, and social services providers
- **Fund and promote evidence-based programs**
  - Require evaluation component to add to existing knowledge base
- **Support officer wellness initiatives**
  - Translates into better officer performance and citizen satisfaction

Overview

① **Public Safety Strategies**

② **Violence and Policing**

③ **Behavioral Health**

Overview

1 **Public Safety Strategies**

2 **Violence and Policing**

3 **Behavioral Health**

Significant challenges and responses

Opportunities to manage costs and improve outcomes

The opioid crisis is devastating America, and Ohio is at the epicenter.

U.S. Jails Are Killing People Going Through Opioid Withdrawals

03/29/2016 01:26 pm ET | Updated Mar 30, 2017

AP / July 11, 2016, 11:35 AM

Dying by detox: Heroin-related jail deaths raise alarm with advocates

REUTERS

Unbudgeted: How the opioid crisis is blowing a hole in small-town America's finances

Here heroin spares no one, not even the sheriff's wife

Story by Poppy Harlow
Article by Zach Wasser, CNN
Video by Jeff Simon, Haley Draznin and Zach Wasser, CNN
Updated 1:18 AM ET, Tue August 8, 2017

Opioid Users Are Filling Jails. Why Don't Jails Treat Them?

Getting methadone in jail gave a Connecticut heroin user a firmer foothold in recovery. But fewer than 1 percent of jails and prisons allow it.

By TIMOTHY WILLIAMS AUG. 4, 2017

Nearly every state had an increase in overdose death rates between 2006 and 2016. In Ohio, overdose death rates nearly tripled during this period.

Drug Overdose Death Rate (per 100,000 Residents), 2016*

fewer than 10
drug overdose deaths

10 to 19
drug overdose deaths

20 to 29
drug overdose deaths

30 or more
drug overdose deaths

Page 23

Percent Change in Drug Overdose Death Rate by State (per 100,000 Residents, 2006–2016)*

*Age-adjusted death rates.

Source: CDC, Increases in Drug and Opioid-Involved Overdose Deaths, United States.

Ohio has initiated huge responses to the state's opioid epidemic.

Governor formed Governor's Cabinet Opiate Action Team (GCOAT) to combat the opioid epidemic through initiatives at the state and local level.

The Prescription Drug Abuse Action Group (PDAAG)

Opioid Prescribing Guidelines

Naloxone Distribution

Community projects:

Preventive Health and Human Services Block Grant

Overdose surveillance

Medication disposal

Public Awareness

Prescription for Prevention: Stop the Epidemic

Clermont County is actively working with behavioral health providers to address the opioid epidemic.

Quick Response Teams (QRT) utilize a team approach where law enforcement, first responders, and treatment professionals work together to respond to opioid users and their families following an overdose. The goal is to connect people to treatment and prevent future overdoses.

In Clermont County, stakeholders realized that despite this increased collaboration, they were not reaching everyone in the county impacted by an overdose. First responders were addressing overdoses but did not have a clear process to report overdoses to the QRT. Those who were discovered to have drug paraphernalia were not connected to the QRT.

Law enforcement, first responders, and behavioral health treatment providers are working together to more accurately record everyone who receives Narcan and who is found to possess drug paraphernalia, and track the case after contact with the QRT.

Source: Conversation with Clermont County Sheriff's Office.

Medicaid spending in Ohio on opioid use disorder medications increased 467 percent between 2011 and 2016.

Total Medicaid Spending on Buprenorphine, Naltrexone, and Naloxone Prescriptions for Opioid Use Disorders, 2011–2016

Millions

Year	Amount
2011	$22
2012	$33
2013	$41
2014	$51
2015	$83
2016	$124
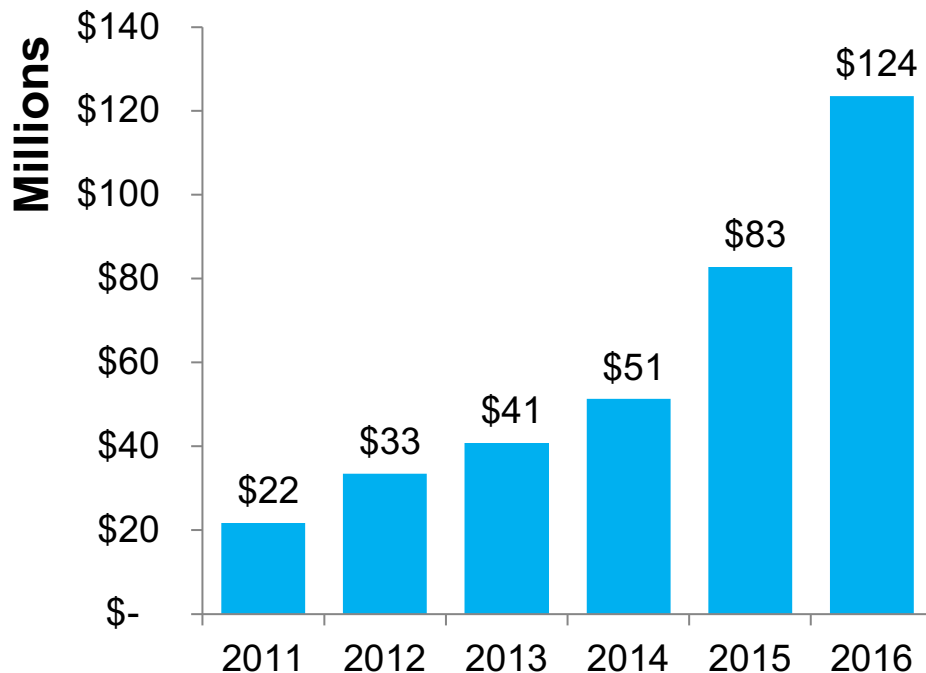
Ohio:
- leads the nation in spending on medication assisted treatment
- accounts for 13% of Medicaid spending on opioid use disorder medications
- spends more than 5 times as much as California and 23 times as much as Texas.

- How many people are treated?
- Is medication paired with other treatment? How much of a treatment gap is there?
- How and where has Ohio ramped up access to this medication?
- To what degree did this spending reach the criminal justice population?

Note: This chart does not include spending on Methadone, a longstanding opioid use disorder medication.

Along with the opioid crisis, the number of people in jails who have mental illnesses remains a persistent national struggle, and Ohio shares this challenge.

Akron Beacon Journal/Ohio.com

What led to death of mentally ill Summit County Jail inmate last year? Report leaves questions unanswered

County officials: Mental illness is a huge drain on resources for central Ohio jails

Morning Mix

A violent, mentally ill man begged in vain for medication, lawsuit says. Then three people were killed.

In response, Ohio has initiated Stepping Up initiatives at both the county and state levels.

Stepping Up is a national initiative to help counties achieve measurable reductions in the number of people with mental illnesses in jails.

Six key questions:
1. Is our leadership committed?
2. Do we conduct timely screening and assessments?
3. Do we have baseline data?
4. Have we conducted a comprehensive process analysis and inventory of services?
5. Have we prioritized policy, practice, and funding improvements?
6. Do we track progress?

4 Key measures:
1. Reduce jail bookings
2. Reduce length of stay
3. Increase connections to care
4. Reduce recidivism

35 counties in Ohio have signed on to the initiative

Counties across Ohio are also assessing system needs and initiating CIT training.

Through a grant from ODMHAS through ADM Board, the Criminal Justice Coordinating Center of Excellence (CJCCE) has worked with counties across Ohio to facilitate cross-system collaboration between local behavioral health and criminal justice systems.

Specifically, CJCCS has:

- Conducted sequential intercept mappings in nearly 20 counties to engage local stakeholders in discussion and planning

- Developed a state CIT strategic plan and conducted CIT trainings in nearly 40 counties across the state

Northeast Ohio
MEDICAL UNIVERSITY

Counties Participating in SIM and CIT Initiatives

SIM ■   CIT ●
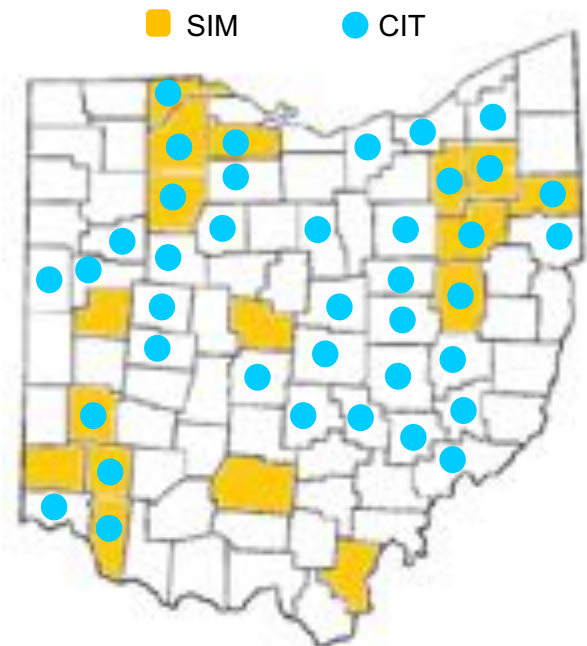
The state is actively redesigning its Medicaid system to focus on strengthening behavioral health system capacity.

Behavioral Health Redesign

State commitment (SFY 2016–2017 state budget) to modernize/update Medicaid system, which includes:

- "Developing new services for individuals with high intensity service and support needs; and
- Improving health outcomes through better care coordination"
- Recoding Medicaid behavioral health services to align with national coding standards

Under leadership of Gov's Office of Health Transformation, OHMHAS, and OH Department of Medicaid, major policy changes include:

- State moving to "carve in" behavioral health services to managed care arrangements
- Significant investment in models to improve care coordination for populations with complex care needs

Source: http://www.bh.medicaid.ohio.gov/About

Ohio is seeking to address the shortage of behavioral health care providers.

News Updates

$6M in grants will strengthen behavioral health care workforce

Trudy.Sharp   9/27/2017 5:35:00 PM   0 Comments   View Count 614

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is taking action to strengthen and enhance the state's behavioral healthcare workforce through $6 million in grants to community-based mental health and addiction service providers. The funds will support agency-led recruitment and retention efforts, and incentivize existing professionals to attain a higher level of professional certification.

The funds were awarded on a first-come, first-served basis to OhioMHAS-certified providers, with priority given to agencies who indicated intent to initiate or expand workforce capacity for serving deaf and hard of hearing populations. Providers were eligible to apply for a one-time funding maximum of $100,000 for SFY 2018-19. All told, the Department sent award notices to 61 providers throughout the state.

Read the entire press release including the list of funded programs.

Ohio invests more than $277.7M in community initiatives targeting people in the criminal justice system.

Budget Dollars Appropriated to Community Criminal Justice Programs, FY2012–FY2017

CBCF

Parole and Community Operations

Halfway Houses

Non-residential Programs

Misdemeanor Program
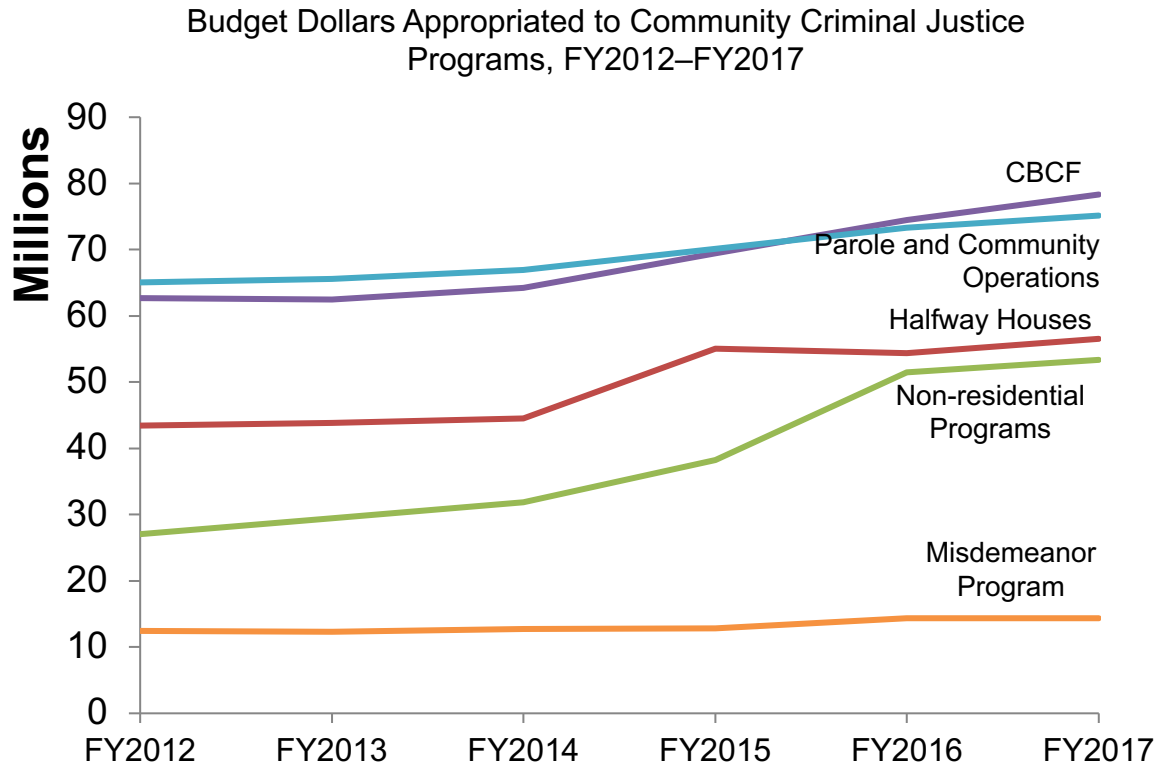
For FY2017, the state appropriated a total of **$277.7M** to community-based correctional facilities, parole, halfway houses, non-residential programs, and community-based misdemeanor programs.

Initiatives administered outside of the Ohio Department of Rehabilitation and Correction, such as the Community Transition Program, are missing from this chart.

Note: Chart shows actuals for FY2012 through FY2015 and the appropriations for FY2016 and FY2017. General revenue funds only.

Collectively, these efforts have translated into progress.

- Anecdotal reductions in opioid overdose deaths *(but influx of other drugs reported, like methamphetamine).*

- Formalized state leadership and collaboration structures composed of key committed decision-makers spanning multiple systems.
    - Includes: Stepping Up Steering Committee, Attorney General's Task Force on Criminal Justice and Mental Illness

- Multiple cross-system efforts targeted to people with behavioral health needs, spanning multiple points in the criminal justice system. This includes:
    - Medicaid suspension upon incarceration for people who are enrolled (one of the first in the country) and robust enrollment prior to release
    - Programs to facilitate connections to community treatment
    - Creation of criminal justice and behavioral health linkage grants
    - Rolling out CIT training across the state; 69% of LE agencies in the state have participated in CIT training (more than 10,000 officers since May 2000)
    - Targeted policies to encourage consistent and widespread screening and assessment

https://www.neomed.edu/cjccoe/cit/reports/

Ohio can maximize the positive impact of its state and local initiatives and investments through a systematic and structured approach.

1 **Improve identification:** Are people screened and assessed at multiple points in the system? Are these assessments shared?

2 **Ensure access:** Are the right types of services available at the right times and places? Do people have timely access to the services they need when they most need them?

3 **Increase effectiveness:** How do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4 **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?

Case Example: Mr. H has repeated contact with a wide range of criminal justice and health service agencies, creating multiple social and economic impacts.

JAIL

JAIL

Rearrest

ED Visit

Relapse with Overdose

Drug Treatment

Rearrest

PRISON

Drug Court

Mr. H has complex conditions and needs, requiring engagement with a broad array of programs and agencies.

Criminogenic Needs	Behavioral Health Needs	Barriers	Agencies/Providers Involved

Criminogenic needs areas:
   Antisocial thinking
   Antisocial associates
   Employment
   Substance Use
 Multiple supervision failures
 Multiple rearrests for new property and drug crimes
	Drug and alcohol use
	   Methamphetamines
	   Heroin
	   Alcohol
	 Bipolar disorder with manic episodes
	 Multiple drug overdoses
	 Poor treatment compliance
		Unstable Housing
		 Unstable employment
		 Transportation
		 Inability to make medication co-payments
			Law enforcement
			 First responders
			 Hospitals
			 Treatment Programs
			 Probation
			 Jails

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2 **Ensure access:** Are the right types of services available at the right times and places? Do people receive services they need when they most need them?
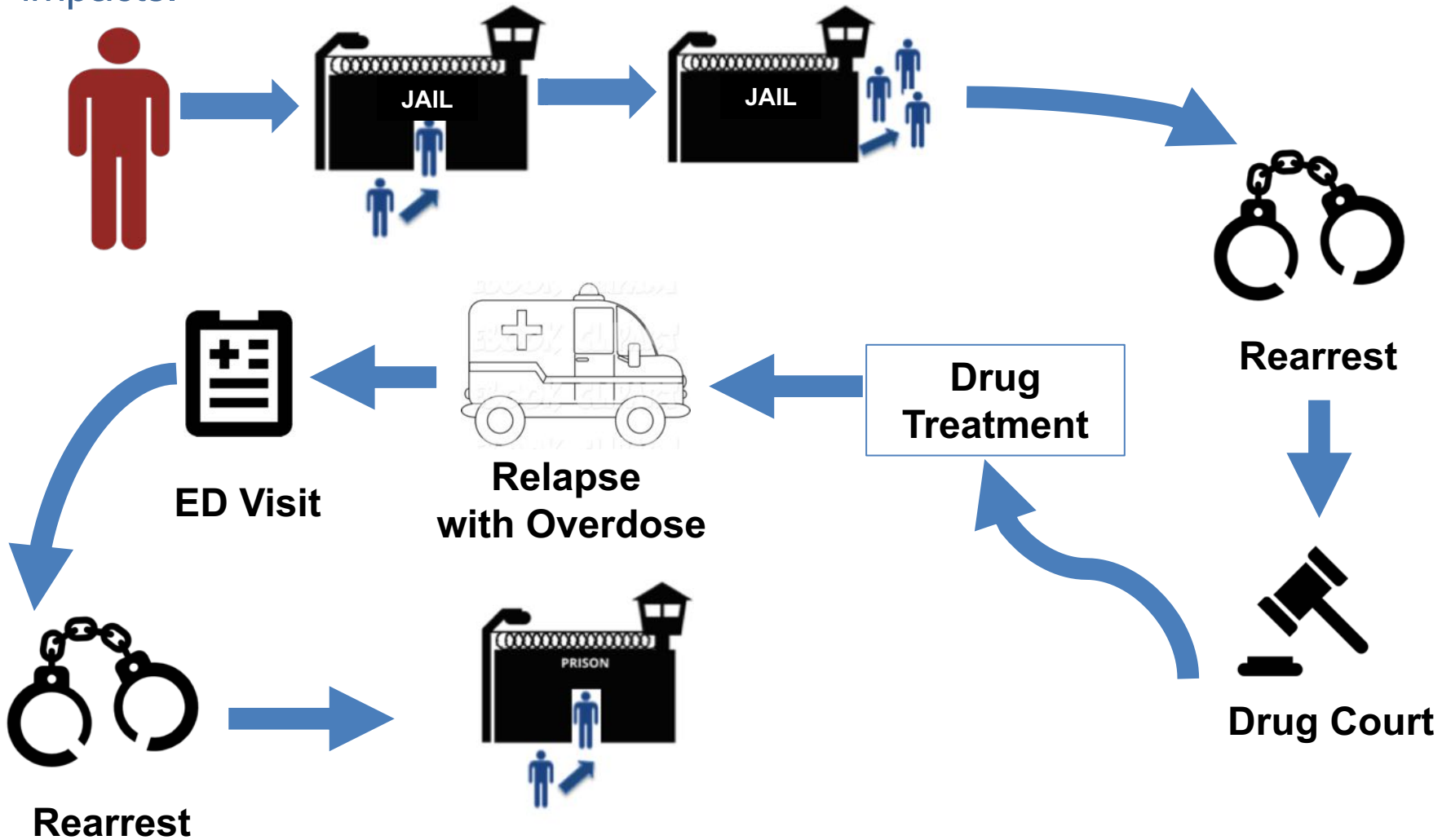
3 **Increase effectiveness:** Do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4 **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?

Risk-needs assessments combined with behavioral health assessments help ensure that people receive the types and intensities of interventions needed to improve outcomes.
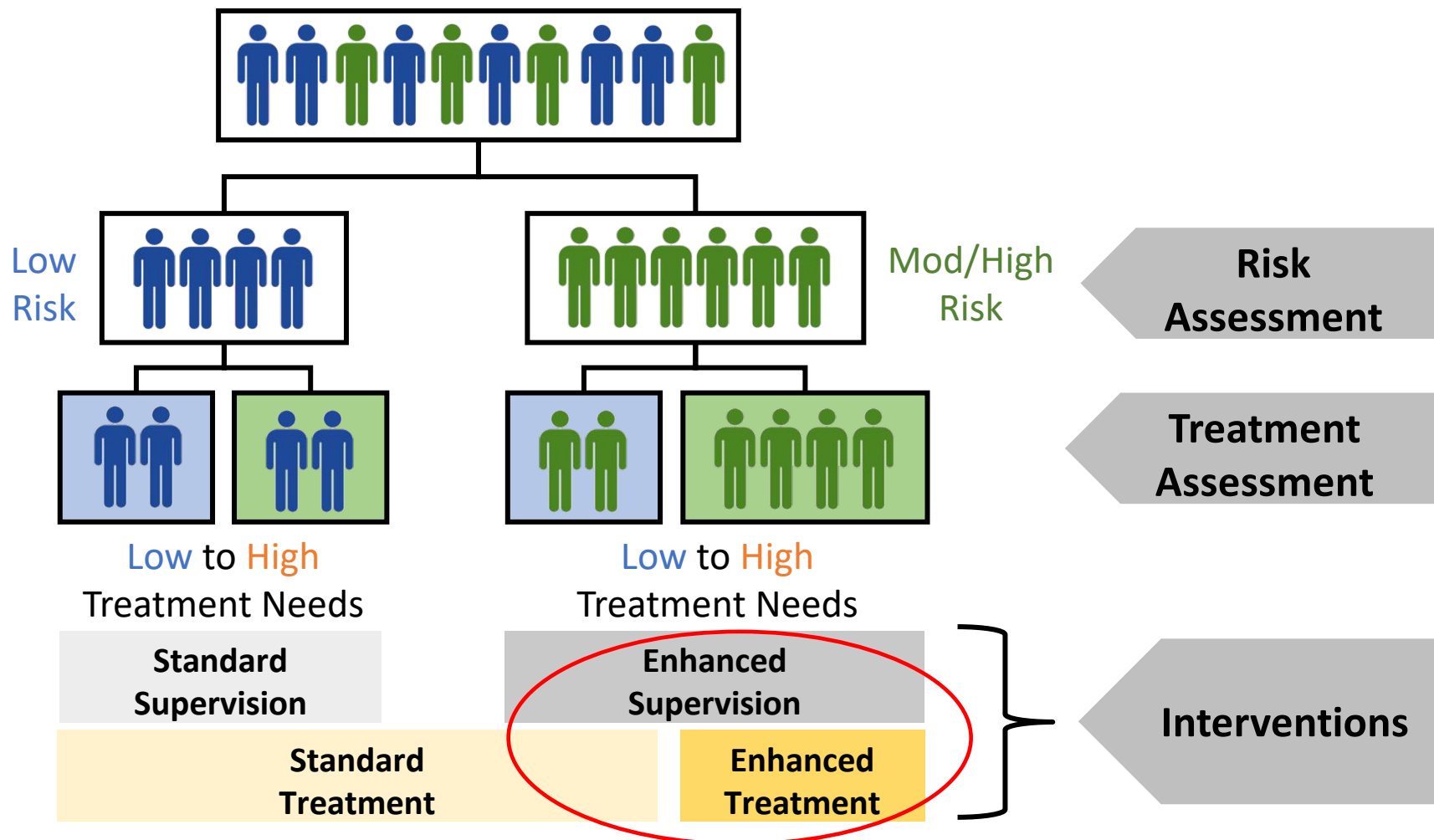
Risk and needs assessments should inform key decisions at multiple points in the criminal justice system.

Assessments can help inform…

Law Enforcement	Pretrial	Courts	Incarceration	Supervision

Diversion Programs

Law Enforcement / Pretrial
Immediate treatment needs
Diversion decisions
Need for confinement
Community supervision strategy

Courts
Sentencing decisions
Problem-solving courts

Incarceration / Supervision
Risk management
Programming & treatment needs
Case planning
Reentry
Community supervision
Programming effectiveness

When assessment results aren't available to key stakeholders, important information is either missing or ends up being duplicated.

1

JAIL

JAIL

Assessed: Y
Shared: **N**

Rearrest

Drug Treatment

Assessed: Y
Shared: **N**

Relapse with Overdose

ED Visit

Assessed: Y
Shared: **N**

Rearrest

PRISON

Drug Court

Assessed: Y
Shared: **Y**

Ohio can maximize the positive impact of its state and local initiatives and investments through a systematic and structured approach.

1 **Improve identification:** Are people screened and assessed at multiple points in the system? Are these assessments shared?

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3 **Increase effectiveness:** How do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4 **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?

Access: Mr. H has complex needs and requires a broad range of supports and services to overcome access barriers and to address his criminogenic and behavioral health needs.
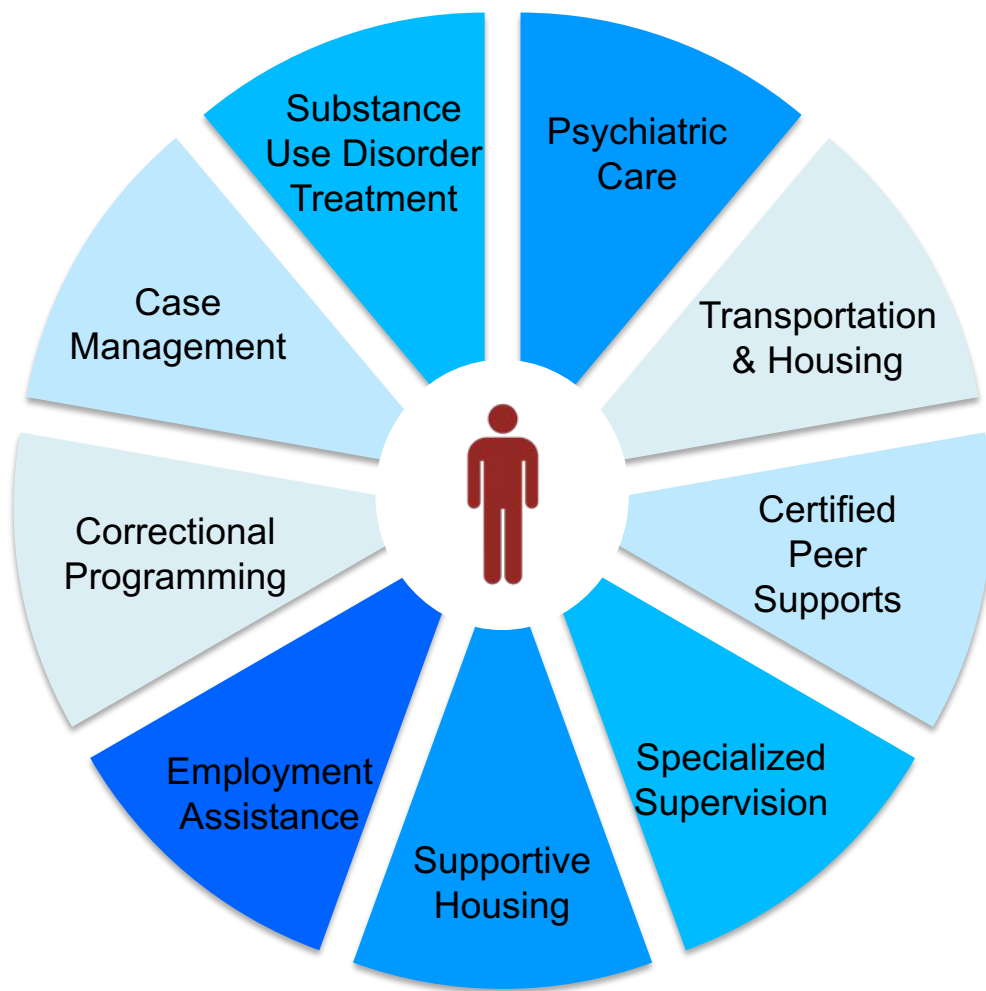

Common Access Challenges:

- Funding limitations

- Practical barriers (transportation, housing, etc.)

- Workforce and capacity shortages

- Waiting lists

- Provider reluctance

- Reimbursement rates

- Regional shortages

Access: Outcomes for higher-risk populations are significantly improved by addressing their broader range of criminogenic need areas.

2

Reductions in Recidivism

1–2 Criminogenic Needs Addressed

14–19%
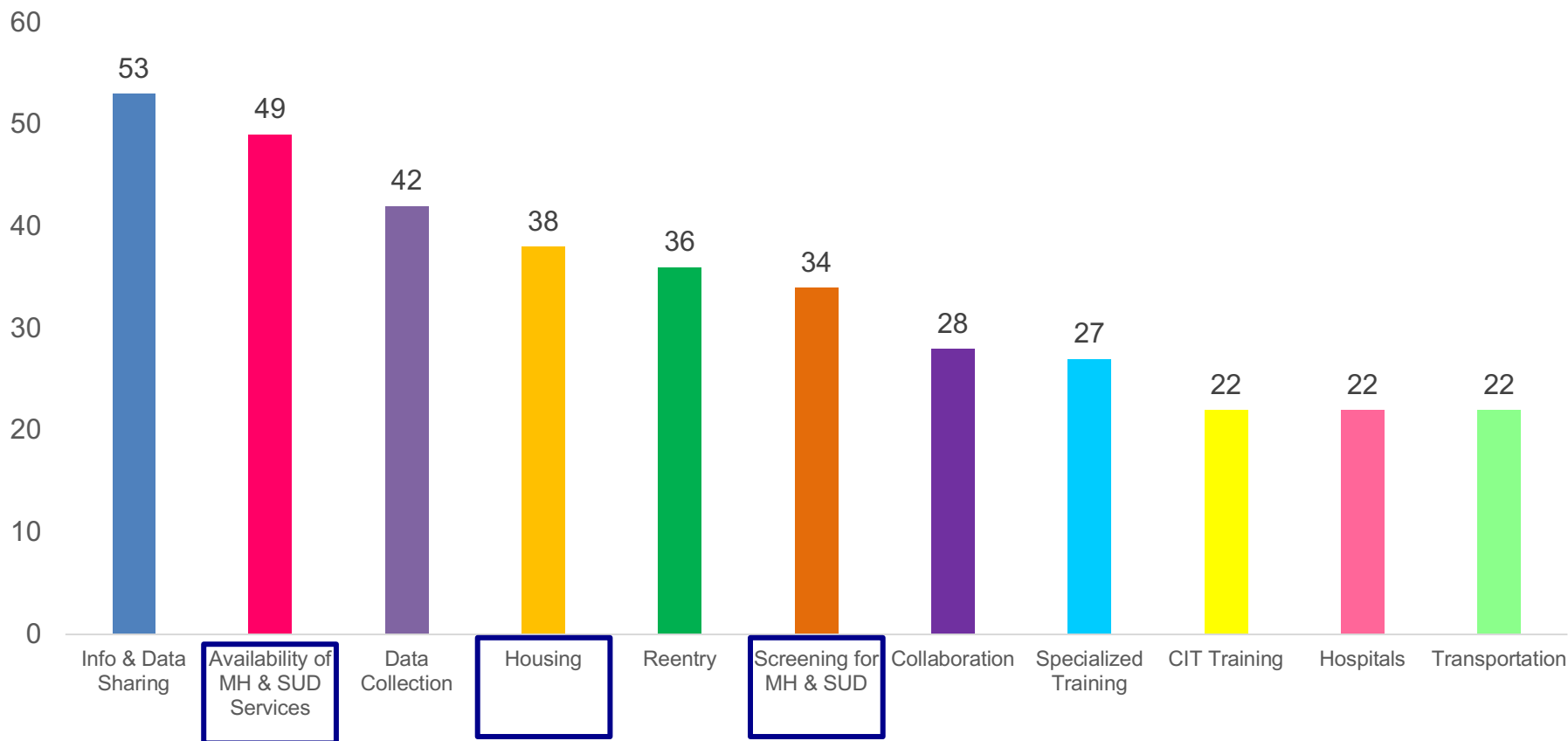
3+ Criminogenic Needs Addressed

22–51%
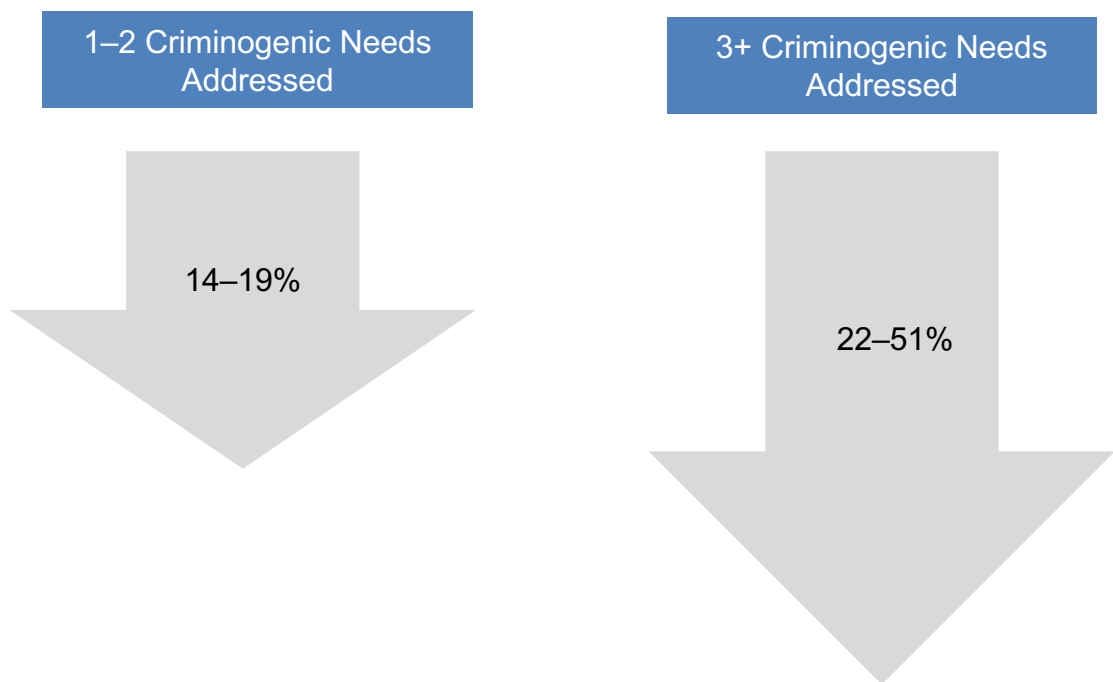
Criminogenic Needs

- Antisocial Personality
- Criminal Thinking
- Criminal Associates
- Substance Use
- Family/Marital
- Employment/School
- Leisure/Recreation

Source: D. A. Andrews and James Bonta, The Psychology of Criminal Conduct, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

Access: Despite investments, county sequential intercept mappings show that the availability of mental health and substance use disorder services as well as housing are among the most frequently identified gaps.

Sequential Intercept Mapping Top Ten Gaps, 2013–2017

Bar chart values:
- Info & Data Sharing: 53
- Availability of MH & SUD Services: 49
- Data Collection: 42
- Housing: 38
- Reentry: 36
- Screening for MH & SUD: 34
- Collaboration: 28
- Specialized Training: 27
- CIT Training: 22
- Hospitals: 22
- Transportation: 22

Source: Email between CSG Justice Center and Northeast Ohio Medical University.

Ohio can maximize the positive impact of its state and local initiatives and investments through a systematic and structured approach.

1 **Improve identification:** Are people being screened and assessed at multiple points in the system? Are these assessments shared?

2 **Ensure access:** Are the right types of services available at the right times and places? Do people have timely access to the services they need when they most need them?

3 **Increase effectiveness:** How do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4 **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?

Effective interventions for people in the criminal justice system who have behavioral health challenges address both criminogenic and health needs.

Core Treatment Competencies Required for Behavioral Health and Recidivism-Reduction Improvements

Substance Use Treatment

Criminal Behavior/ Thinking

Mental Health Treatment
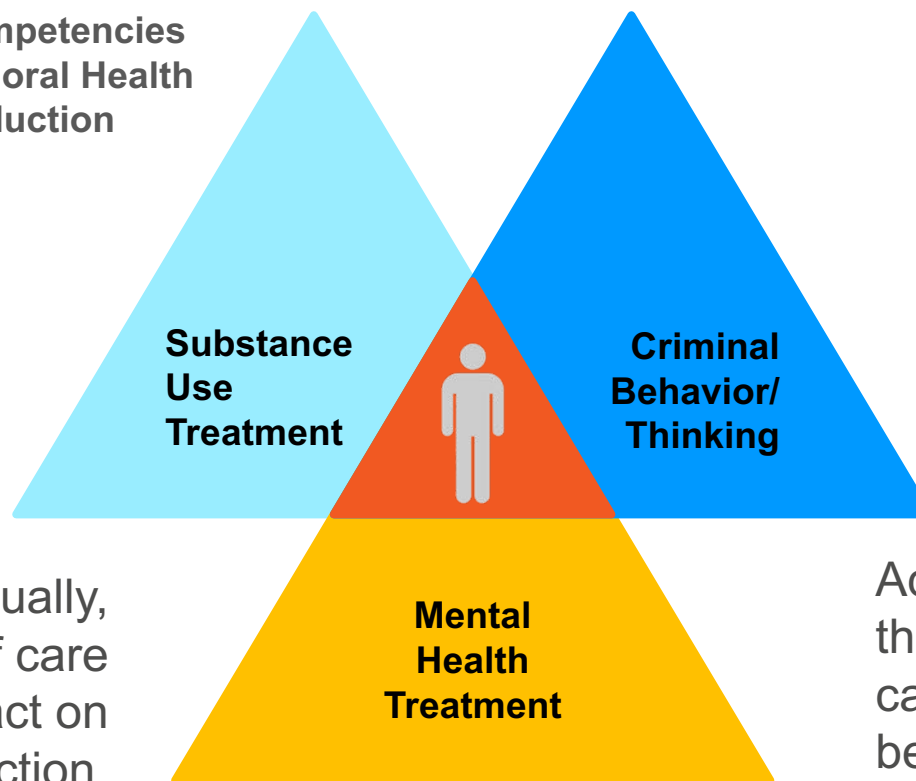
Addressed individually, these categories of care have minimal impact on recidivism reduction.

Addressed together, these categories of care improve behavioral health and reduce criminal behavior.

3

It is important for systems to not only assess performance but to use that information to make adjustments at both the case and system levels.
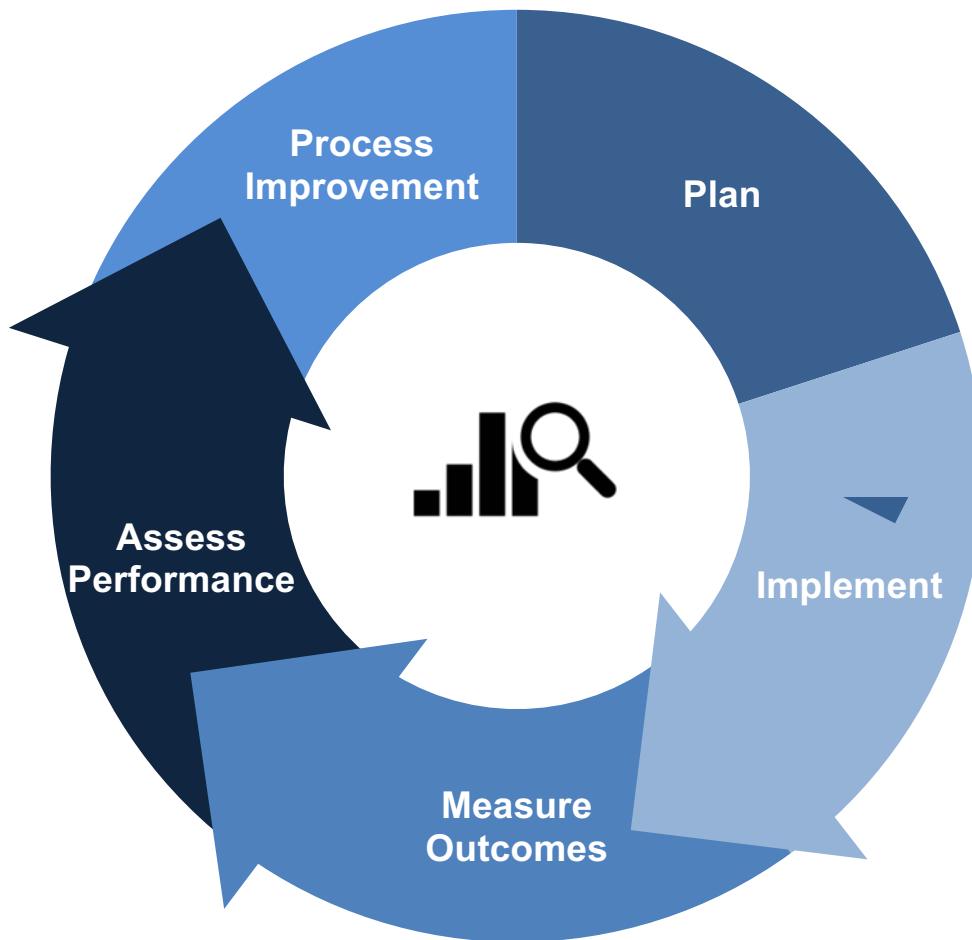
**Measuring outcomes for people on supervision is about more than just recidivism.**

Other success metrics:

- ✓ Reductions in rearrest
- ✓ Maintaining employment
- ✓ Adherence in treatment
- ✓ Stability in housing
- ✓ Passing drug/alcohol screens
- ✓ Reductions in overdoses
- ✓ Reductions in emergency department visits

Cycle diagram labels: Plan, Implement, Measure Outcomes, Assess Performance, Process Improvement

Effectiveness is time sensitive: Research shows that people are at the highest risk of overdose in the period directly following release from incarceration.

Mortality Rate by Week Since Release, For Overdose and All Other Causes of Death
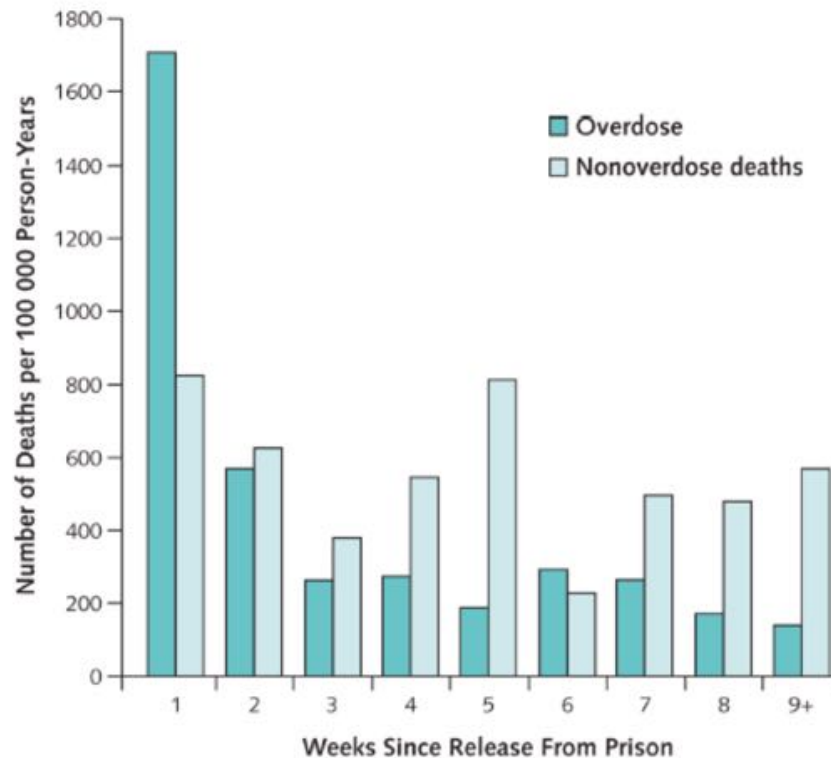
Binswanger, I A, et al. "Mortality after Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends from 1999 to 2009." Annals of Internal Medicine., U.S. National Library of Medicine, 5 Nov. 2013, www.ncbi.nlm.nih.gov/pubmed/24189594.

Ohio can maximize the positive impact of its state and local initiatives and investments through a systematic and structured approach.

1 **Improve identification:** Are people screened and assessed at multiple points in the system? Are these assessments shared?

2 **Ensure access:** Are the right types of services available at the right times and places? Do people have timely access to the services they need when they most need them?

3 **Increase effectiveness:** How do stakeholders know whether services delivered are high quality, tailored for criminal justice populations, and producing desired outcomes?

4 **Strengthen collaboration:** What measures are in place to ensure that services are coordinated? How is information shared?
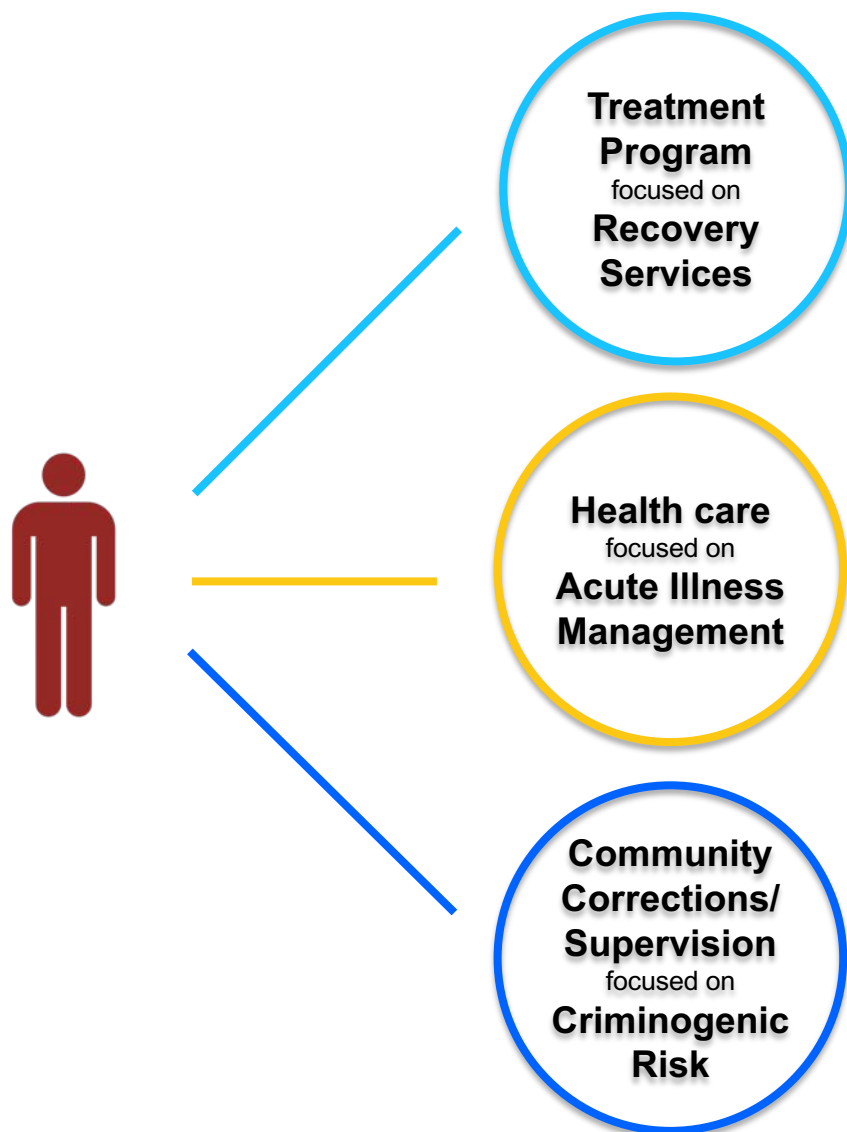
Collaboration: The comprehensive array of services Mr. H requires involves interaction with a broad number of agencies and programs.
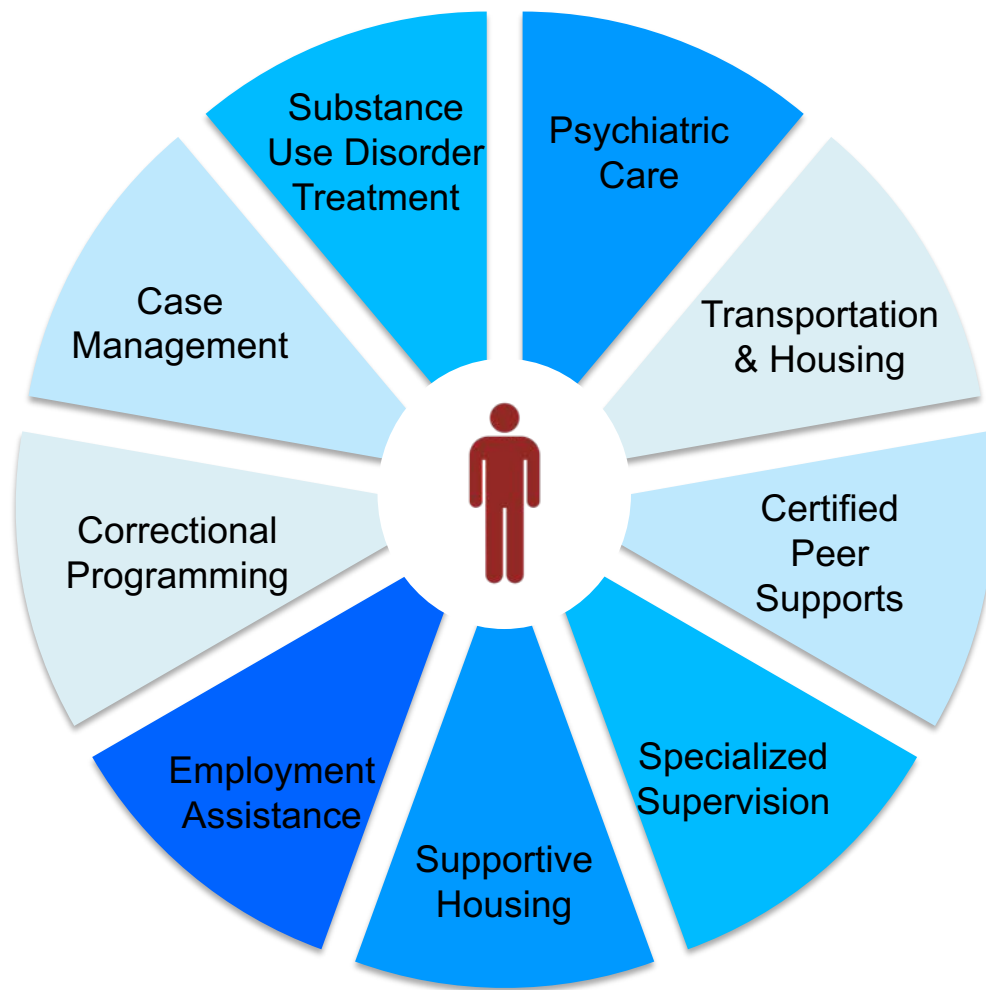
Agencies and Programs:

- Probation
- MAT Provider
- Hospital
- Mental health provider
- Employment provider
- Supportive housing provider

Collaboration can be disrupted by a variety of organizational and practical barriers.

Treatment Program
focused on
Recovery Services

Health care
focused on
Acute Illness Management

Community Corrections/ Supervision
focused on
Criminogenic Risk

Organizational barriers:

- Leadership and oversight
- Mission
- Approach
- Funding

Practical Barriers:

- Time
- Private Health Information
- Data systems
- Proximity

Sharing data and case information across behavioral health and criminal justice systems is crucial to delivering effective care to people, but is often impeded by structural barriers.

Behavioral Health System

Criminal Justice System
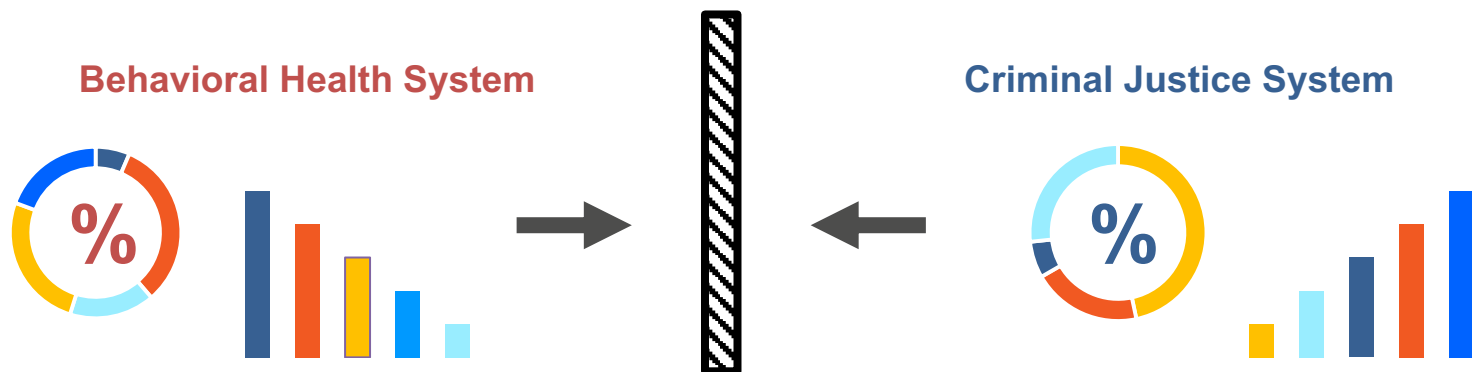
Data sharing for people in both criminal justice and behavioral health systems is necessary for:

- Ensuring continuity of care
- Eliminating duplication
- Applying consistency in assessment, evaluation, and case planning
- Evaluating outcomes

Policymakers and practitioners are often stymied by persistent beliefs about the impossibility of data sharing, such as:

- No one can access addiction information
- Only health care providers can share personal health information ("PHI")
- You always need a patient's authorization to release information

When sharing basic case information is prevented, efficiencies and effectiveness created through coordination and collaboration are prevented.

Ineffective	Increasing Effectiveness		
Disjointed	**Communication**	**Coordination**	**Collaboration**
Agencies working with same people but without sharing information, mission, or approach	Passive sharing of information about a client from one agency to another	Shared information used by parties to avoid working at cross-purposes and to sequence activity to improve effectiveness	Actions by parties shaped through responsive communication, shared goals, and shared approach to improve outcomes
	Example: Passing on treatment history to community provider at reentry from prison	**Example:** Development of a shared case plan	**Example:** Integrated case planning with community supervision and service providers

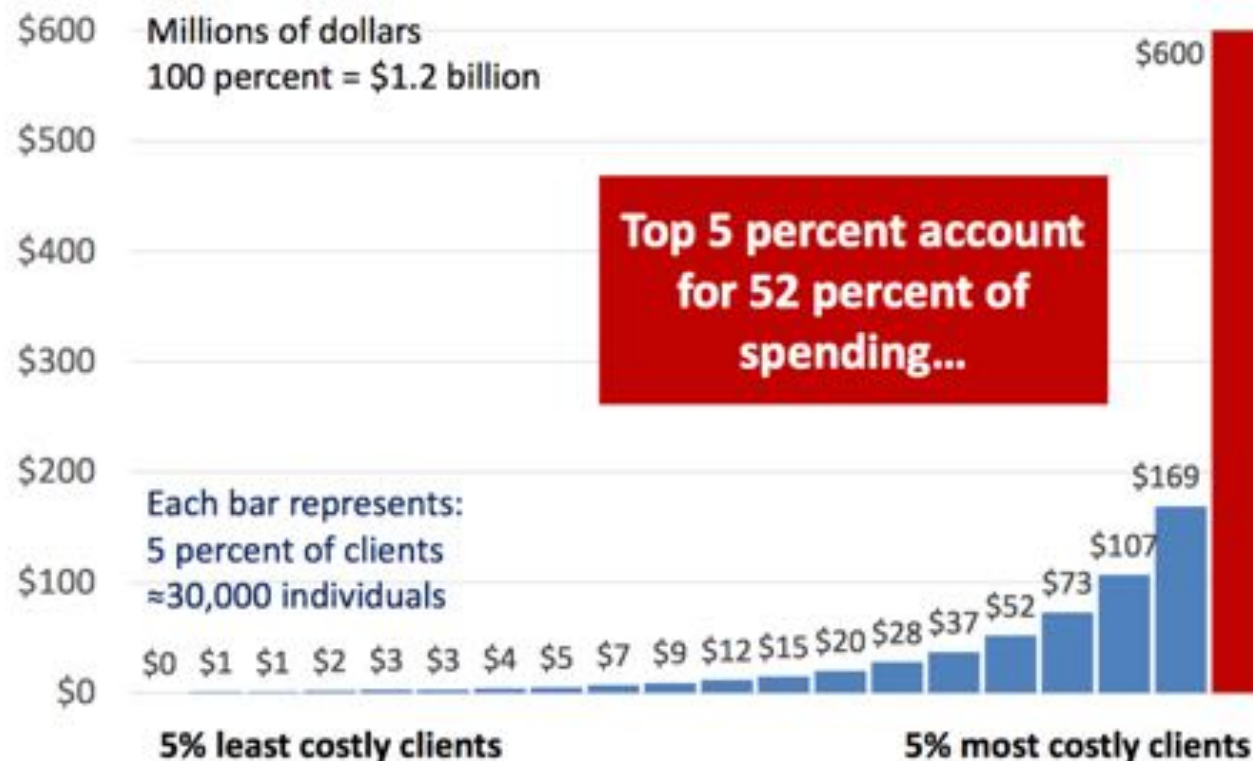# People with complex needs drive a significant share of costs in both health care and criminal justice systems.

Emergency Room → Arrest → Diversion Programs → Treatment → Incarceration → Relapse → Emergency Room
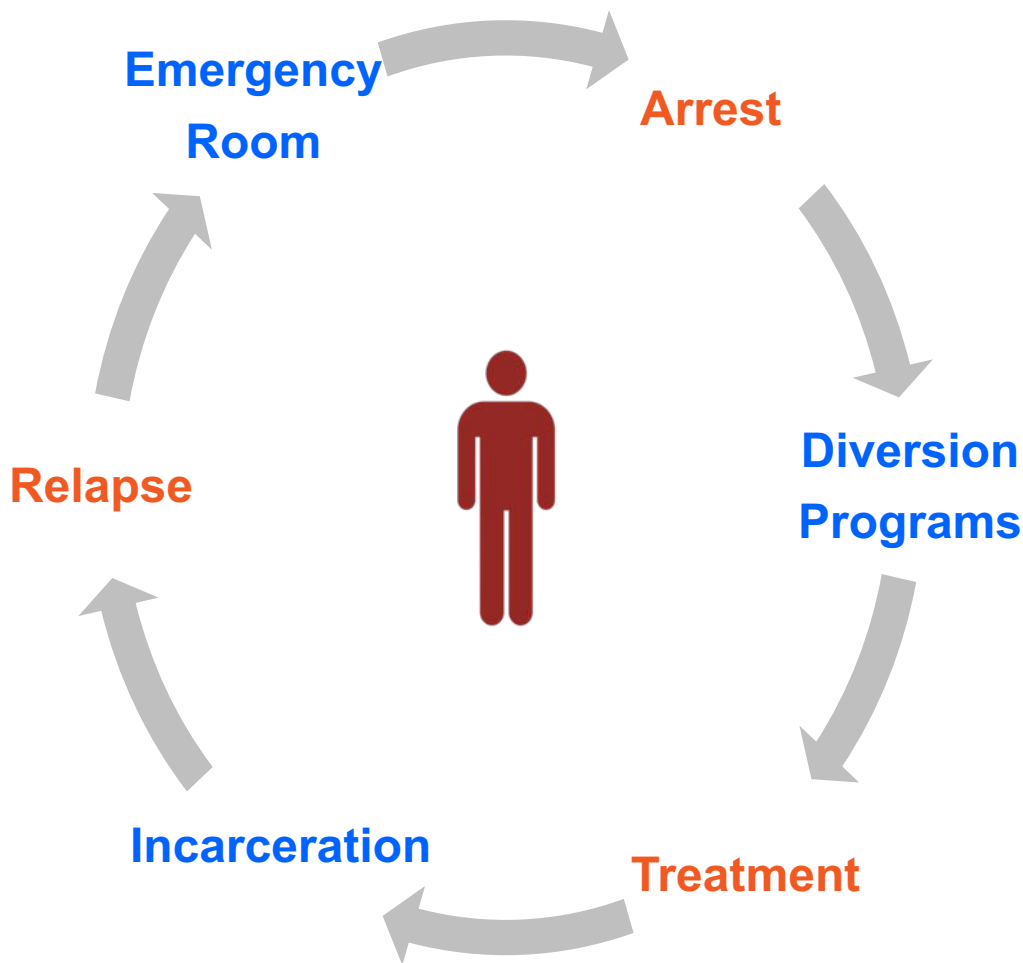
Criminal justice, health, and social service costs of "high-frequency" individuals can be considerable.

Study: 14,372 Vancouver residents with Provincial Court involvement

Reviewed frequency and costs associated across corrections, health, and social welfare services

	All N=14,372	Frequent Supervision N=216	Frequent Custody N=107
Rate of co-occurring disorders	30%	82%	94%
Average jail sentences (5 yr)	2.2	4.6	12.7
Average days in custody (5 yr)	93.2	158.4	590.9
Average health care costs (5 yr)	$15,160	$81,918	$85,344
Total average corrections and health care costs (5 yr)	$53,003	$168,389	$246,899

Somers, Julian M., et al. "High-Frequency Use of Corrections, Health, and Social Services, and Association with Mental Illness and Substance Use." *Emerging Themes in Epidemiology*, vol. 12, no. 1, 2015, doi:10.1186/s12982-015-0040-9.

This pattern of "high utilizers" is reflected in a recent analysis of people who have behavioral health conditions in Ohio.

Distribution of Behavioral Health Clients by Spending

Millions of dollars
100 percent = $1.2 billion

$600

Top 5 percent account for 52 percent of spending...

Each bar represents:
5 percent of clients
≈30,000 individuals

$0 $1 $1 $2 $3 $3 $4 $5 $7 $9 $12 $15 $20 $28 $37 $52 $73 $107 $169

$600

5% least costly clients   5% most costly clients

Ohio | Governor's Office of Health Transformation | Source: Ohio Medicaid claims, including claims with diagnosis code of ICD9 290-314 excluding 299 and dementia codes in 294; does not include pharmacy claims (August 2012-July 2013).

There are three primary opportunities to strengthen state and local efforts to improve outcomes for people who have behavioral health needs in the criminal justice system.

Access

- Create more **consistent access** to community behavioral health services

Effectiveness

- Establish stronger focus on **outcomes and accountability** for Ohio's investments

Collaboration

- Establish **information sharing** protocols and improve IT system functionality to enable efficient case collaboration and cross-system data exchange and reporting

	Regulatory Approach	**Market-Driven Approach**
Description	Provide additional funding and create additional regulation to help ensure access, effective practice, and multi-system collaboration	Provide incentives for providers to improve specific public health and public safety outcomes
Pros	Regulation provides clarity and consistency in expectations along with "teeth" to drive compliance	Creates strong focus on achieving outcomes versus providing services. Reduces the need for regulation and auditing while allowing providers flexibility to take unique approaches to achieve program goals
Cons	Ensuring adherence is expensive and time consuming	Outcomes-based approaches can test existing data systems

Developing Ohio's statewide public safety strategy to reduce crime, improve behavioral health treatment, and adopt more cost-effective sentencing, corrections, and supervision policies.

The 50-State Public Safety Summit Reflects Ohio's Challenges

- ❖ **Reducing Crime and Strengthening Communities**

- ❖ **Breaking the Cycle of Reoffending**

- ❖ **Reducing the Cost of Corrections and Reinvesting in Public Safety**

Ohio's criminal justice system faces major new persistent barriers to solving these challenges.

50-STATE DATA *ON* **PUBLIC SAFETY**

OHIO WORKBOOK: Analyses to Inform Public Safety Strategies

Major New Challenges to Public Safety and Public Health

Recent increases in most violent crime categories

The epidemic of opioid abuse and overdose

Persistent Barriers to Reinvesting in Public Safety and Health Challenges

Ohio still lacks a coherent strategy for recidivism reduction for the huge population under probation supervision

Ohio's sentencing structure is ad hoc, convoluted, and opaque

Prison crowding and costs remain high

Council of State Governments Justice Center | 5

Reducing Crime and Strengthening Communities – JR 2.0 Committee Discussion

Use data

How to assist the Sentencing Commission in developing a comprehensive map of justice data assets and gaps, and identify state policy changes and resources to fill the gaps?

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Support effective law enforcement

What are the core components of a statewide policing support program?

What governance structure is appropriate?

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Improve responses to people who have behavioral health needs in local criminal justice systems

What policies and collaboration are needed to achieve access to cost-effective interventions for frequent, high-cost users of health and criminal justice systems?
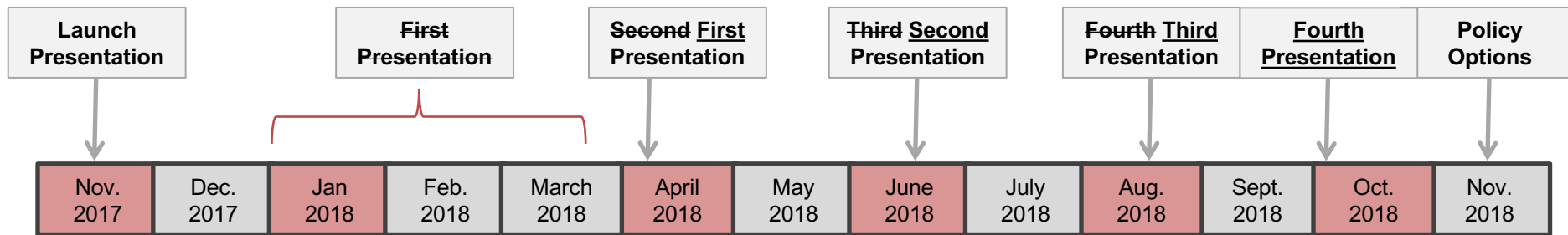
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Ohio BCI and DRC data is in hand for analysis.

Data Type	Source	Status
Crime and Arrests	**Ohio Bureau of Criminal Investigation**	August 15 - Requested October 2 - Submitted assurance documents December 1 - Data predicted February 28 - **Data received** Currently cleaning
Sentencing	Ohio Courts Network	Data will not meet project's needs
Prison admissions, releases, and population snapshots	**Ohio Department of Rehabilitation and Correction**	September 8 - Requested October 4 - Data meeting October 13 - Application submitted December 1 - Data predicted February 2 - **Sentence to DRC data received**
Probation Supervision Post-Release Control Supervision	Ohio Department of Rehabilitation and Correction	September 8 - Requested October 4 - Data meeting October 13 - Application submitted May 15 (probation) - Data predicted May 15 (PRC) - Data predicted
Community-Based Correctional Facility	Ohio Department of Rehabilitation and Correction	September 8 - Requested October 4 - Data meeting October 13 - Application submitted May 15 - Data predicted
VOCA	**Ohio Attorney General**	Requested January 23 March 26 - **Data received**

Ohio JR 2.0 timeline is somewhat delayed by data access, and four meetings by November may not be possible.

Launch Presentation	~~First~~ ~~Presentation~~	~~Second~~ First Presentation	~~Third~~ Second Presentation	~~Fourth~~ Third Presentation	Fourth Presentation	Policy Options

Nov. 2017	Dec. 2017	Jan 2018	Feb. 2018	March 2018	April 2018	May 2018	June 2018	July 2018	Aug. 2018	Sept. 2018	Oct. 2018	Nov. 2018

Potential Topics to Explore

Public safety and Drivers of Crime/Arrests
- Examine local and regional trends
- Explore what high volume crimes drive statewide trends

Sentencing and Sorting of Cases
- Examine sentences using BCI criminal history data
- Research relevant case law
- Provide examples of statutory changes

Community Supervision, Programs, and County Innovations
- Delve into county-based probation systems
- Analyze county-level probation and CBCF data
- Provide recommendations to reduce recidivism

Behavioral Health Systems
- Review behavioral health system's intersection with criminal justice
- Promote collaboration across systems to improve behavioral health outcomes

And as the process evolves, trying to link together in a coherent plan the intensive work already underway in Ohio in each domain

Thank You

Patrick Armstrong, Senior Policy Analyst
parmstrong@csg.org

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