Justice Reinvestment in Ohio
Reducing Recidivism Through Treatment

February 2021
Overview

Ohio faces several interconnected criminal justice challenges. The use of opioids and other substances is overwhelming communities across the state, causing increases in the arrest and imprisonment of people for drug offenses and highlighting a need to ensure that treatment and other interventions are accessible and effective. Despite the fact that the state’s total crime rate has decreased in recent years, the number of murders and aggravated assaults has risen, more so in some cities than others. However, increases in opioid and other drug crimes have strained law enforcement resources and hampered their efforts to combat violent crime. Further, local probation officers are supervising a large number of people in the community, but limited county data about supervision makes it difficult for the state to accurately assess local needs and provide targeted support. Finally, the state’s capacity to invest resources in tackling these local public safety challenges is hindered by high corrections spending on a large prison population.

In 2011, Ohio’s prisons were operating at 33 percent over their design capacity, with about 51,000 people incarcerated, a number projected to grow by 3,000 by 2015. From 2010 to 2011, The Council of State Governments (CSG) Justice Center worked with Ohio state leaders to develop data-driven policy options designed to curb prison population growth, reduce corrections spending, and increase public safety. House Bill 86, Ohio’s Justice Reinvestment legislation, was signed into law in 2011. As a result of these and other policy reforms, the prison population remained stable and significant projected corrections costs were averted.

To build on these prior efforts and address new challenges, in September 2017, Ohio state leaders requested support from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts (Pew), to employ a data-driven Justice Reinvestment approach to address these criminal justice system challenges. As public-private partners in the federal Justice Reinvestment Initiative (JRI), BJA and Pew approved Ohio leaders’ request and asked The Council of State Governments (CSG) Justice Center to provide intensive technical assistance under the direction of the Justice Reinvestment (JRI 2.0) Committee, a bipartisan, interbranch group of state policymakers and stakeholders. The committee worked with the CSG Justice Center to develop research-backed policies guided by insights from in-depth data analyses of millions of individual records, hundreds of interviews with criminal justice and behavioral health system practitioners, and an extensive legal and policy review. Led by Representative Bill Seitz and Senator John Eklund, the committee developed public safety strategies to improve access to effective behavioral health supports and services for people in the criminal justice system; reduce crime; and adopt more cost-effective sentencing, corrections, and supervision policies.
Ohio Justice Reinvestment (JRI 2.0) Committee

The 24-member committee, which included state lawmakers, judiciary members, corrections officials, defense and prosecuting attorneys, and local law enforcement executives, met four times between November 2017 and November 2018 to review analyses and discuss policy options. Job titles listed below reflect committee members’ roles during this period.

Committee Members

Ronald Adrine, Judge, Cleveland Municipal Court
Sara Andrews, Director, Ohio Criminal Sentencing Commission
Nicolas Celebrezze, State Representative
Daniel Dew, Legal Fellow, The Buckeye Institute
Paul Dobson, Prosecuting Attorney, Wood County
John Eklund, State Senator
Matt Huffman, State Senator
Gary Mohr, Director, Department of Rehabilitation & Correction
Karhlton Moore, Director, Office of Criminal Justice Services
David Painter, Commissioner, Clermont County
Veronica Perry, Chief Probation Officer, Medina County Adult Probation
David Phillips, Prosecuting Attorney, Union County
Tracy Plouck, Director, Department of Mental Health & Addiction Services
Jeffrey Rezabek, State Representative
Charles Schneider, Common Pleas Court Judge, Franklin County
Bill Seitz, State Representative
Nick A. Selvaggio, Common Pleas Court Judge, Champaign County
Larry L. Sims, Sheriff, Warren County
Brandon Standley, Police Chief, Bellefontaine
Thomas Stickrath, Superintendent, Bureau of Criminal Investigation
Cecil Thomas, State Senator
Mark Weiner, Director, Licking County Victim Services
Timothy Young, State Public Defender
Gene Zmuda, Common Pleas Court Judge, Lucas County

Data Collection

Data was provided to the CSG Justice Center by the Ohio Bureau of Criminal Investigation and Ohio Department of Rehabilitation and Correction. In total, more than 5 million arrest records spanning more than 10 years and 100,000 prison records spanning 5 years were analyzed for statewide arrest activity, dispositions, prison sentencing trends, and recidivism. Data analysis on this scale, in terms of breadth and depth, had not previously been undertaken in Ohio and was critical to the CSG Justice Center’s ability to deliver a systemic analysis of adult criminal justice processes to the Ohio JRI 2.0 Committee.

Additional context and information were provided through in-person meetings and conference calls with judges, prosecuting attorneys, public defenders, law enforcement officials, probation and parole officers, behavioral health service providers, victims and their advocates, criminal justice system advocates, county officials, and others.
Key Challenges

The ongoing opioid epidemic and high rates of substance addiction are overwhelming local communities in Ohio, straining resources, and hindering law enforcement's efforts to address an increase in violent crime. Connecting people with substance use disorders and mental illnesses to appropriate treatment will not only help reduce their criminal justice involvement but will help free up taxpayer dollars to combat violent crime and address other public safety priorities. Through its review of state data, the JRI 2.0 Committee identified the following key challenges and related findings.

1. Negative impacts of substance use disorders and mental illnesses.
   From 2011 to 2017, drug overdose deaths, arrests for drug violations, and prison commitments for drug possession all increased in Ohio. These trends have overwhelmed law enforcement, jail capacity, and the state’s mental health and addiction services. While many agencies are working to address these challenges, there is no clear statewide strategy and system of accountability designed to improve criminal justice and health care outcomes while managing costs.

2. Increases in violent crime.
   From 2011 to 2017, reported homicides in Ohio increased 38 percent, and aggravated assaults increased 8 percent. Every year across the country, there are significantly more violent crimes than there are arrests for those offenses, and in 2017 Ohio had one of the largest gaps among states between those numbers. Ohio law enforcement agencies, with state and university support and collaboration, have repeatedly demonstrated that research-based policing strategies can prevent violent crime, but only when those practices are sustained over time. Research shows that to reduce violent crime in Ohio, investments in improving effective policing will be far more cost-effective than strategies focused on increased incapacitation.

3. High cost of recidivism and incarceration.
   In 2017, over 5,500 people in Ohio were sentenced to prison for low-level drug and property offenses at a cost of about $80 million, and many had behavioral health needs that could have been treated in the community. Recidivism by people on supervision also contributes substantially to Ohio prison commitments. More recently, on any given day approximately 10,320 people are incarcerated as a result of a supervision violation at an annual cost to the state of $279 million. Technical supervision violations account for $133 million of this total amount, and new offense supervision violations make up $146 million. These figures do not account for the significant local costs of keeping people in jail for supervision violations.

4. Inadequate data linkages and sharing.
   Criminal justice data in Ohio are disconnected and spread across agencies and all levels of government, from district and municipal courts to local probation departments to state prisons. As a result, Ohio lacks the necessary information to measure outcomes and determine whether policies and programs are working. For example, locally run probation departments supervise about a quarter of a million people, but the state lacks basic information about people on probation supervision, including how many are on felony versus misdemeanor probation, their needs, and supervision violation information.
Summary of Proposed Policy Options and Potential Impacts

The policy options listed below are designed to achieve the following goals:

- Improve outcomes for people who continually cycle through Ohio’s criminal justice and behavioral health systems.
- Reduce violent crime.
- Reduce recidivism and hold people accountable through improved supervision practices.
- Ensure that policy decisions are better informed by state and local criminal justice data.

1. Provide effective treatment for people in the criminal justice system who have substance use disorders and mental illnesses.

   **Potential Impact:** This policy has the potential to reduce overdose deaths, arrests, emergency room visits, financial costs, and jail and prison commitments for people with serious addictions and mental illnesses who cycle through Ohio’s criminal justice and behavioral health systems.

2. Reduce violent crime through proven, proactive law enforcement interventions.

   **Potential Impact:** With state collaboration and grant support in 2007, the Cincinnati Initiative to Reduce Violence reduced gang member-involved homicides by 42 percent and shootings by 22 percent over a 42-month period. If the proposed policy option is adopted, Ohio could achieve similar outcomes.

3. Reduce recidivism and costs to taxpayers from an overcrowded prison system by modernizing and streamlining sentencing laws.

   **Potential Impact:** This policy option could reduce the prison population by diverting some people convicted of low-level drug and property offenses from prison to supervision and treatment and ensuring that some of the people in prison for violations of supervision conditions do not occupy expensive prison beds longer than necessary. For example, projections indicate that the prison population could have been reduced by more than 900 people had the proposed policy been enacted in 2017.

4. Improve data collection, sharing, and coordination to inform policy development.

   **Potential Impact:** By having access to valuable information about the effectiveness and cost of current public safety strategies, general assembly members, county officials, and criminal justice and behavioral health practitioners will be able to make data-informed policy decisions, hold agencies accountable, and ensure the efficient use of resources.
Proposed Policy Option Details

1. **POLICY OPTION**

Provide effective treatment for people in the criminal justice system who have substance use disorders and mental illnesses.

### Background

- **Overdose death rates have nearly tripled in Ohio in recent years.** From 2011 to 2017, the drug overdose death rate increased 162 percent from 17.7 per 100,000 people to 46.3 per 100,000 people. This was the fifth-largest increase in the nation during this time.\(^\text{12}\)

- **Ohio leads the nation in Medicaid spending on medication-assisted treatment for opioid addictions.** Spending on opioid addiction medications, such as Buprenorphine, Naltrexone, and Naloxone, increased 622 percent between 2011 and 2017.\(^\text{13}\)

- **People who are frequently arrested in Ohio are often arrested for drug or property offenses, suggesting a need for substance use disorder or mental health services.** From 2015 to 2016, 15,063 people were arrested three or more times, 50 percent of whom were arrested at least once for a drug or property offense.\(^\text{14}\)

- **People who continually cycle through the state’s health systems account for a large portion of Medicaid spending.** From 2012 to 2013, the top 5 percent of behavioral health clients accounted for 52 percent of Medicaid spending.\(^\text{15}\)

- **Sequential intercept mapping completed between 2013 and 2017 showed that the availability of mental health and substance use disorder services and screening were among the most frequently identified gaps.** Across the 19 counties mapped, 49 percent identified availability of behavioral health services and 34 percent identified completion of screening as gaps.\(^\text{16}\)

- **Having health insurance is strongly linked to increased treatment utilization for people with substance use disorders and mental illnesses.** Nationwide, 47 percent of people on Medicaid received mental health treatment in 2015, versus 23 percent who were uninsured. In the same year, 20 percent of people on Medicaid received substance use disorder treatment versus 10 percent who were uninsured.\(^\text{17}\)

### Policy Option Details

A. **Focus Ohio’s behavioral health system resources on people in the criminal justice system who have serious substance use disorders and/or mental illnesses through a collaborative multiagency approach.** First, Ohio must identify people with substance use disorders and/or mental illnesses who frequently cycle through the state’s criminal justice and behavioral health care systems.\(^\text{19}\) Then, building on the state’s existing health care reforms, such as Medicaid expansion, the Behavioral Health Redesign Initiative, and the Behavioral Health Care Coordination Program, Ohio must better coordinate resources across agencies to improve behavioral health and criminal justice outcomes for the target population. Due to Medicaid expansion in Ohio, most of these people are already Medicaid eligible, which allows the state to leverage federal funding to deliver supports and services. By providing effective supports and services to this population through provider networks and resources provided by Ohio’s Alcohol, Drug Addiction & Mental Health Services boards and Managed Care Organizations (MCOs), the state can avoid significant costs by reducing expensive hospital visits and jail bookings.

B. **Incentivize providers to improve health and criminal justice outcomes for people in the criminal justice system who have substance use disorders and/or mental illnesses while managing costs.** Performance of the comprehensive supports and services in A above will be measured by indicators of improved access, substance use disorder recovery, and reductions in criminal justice involvement and system costs. Sample outcome measures include reductions in jail bookings and emergency department visits, housing stability, employment stability, and progress toward recovery. Providers that achieve improvements in outcome measures will be rewarded with financial incentives to further drive performance.
2 POLICY OPTION
Reduce violent crime through proven, proactive law enforcement interventions.

Background
- In recent years, there have been upticks in violent crime but a low rate of arrests for those crimes in Ohio. In 2017, Ohio’s violent crime rate was 3.4 times higher than the state’s violent crime arrest rate—one of the largest gaps among states between the rate of violent crimes reported and rate of arrests for those crimes. Low-level crimes drive arrest activity and limit law enforcement’s capacity to respond to violent crime. Arrests for violent crime accounted for just 4 percent of all arrests in 2017. 20
- Ohio’s past experience shows that effective policing strategies can reduce violence but must be sustained. The Cincinnati Initiative to Reduce Violence began in 2007 and resulted in a 42-percent reduction in gang member-involved homicides and a 22-percent reduction in shootings over a 42-month evaluation period. However, success was not sustained as support for the initiative fluctuated over time. 21

Policy Option Details
A. Establish a state grant program to fund local law enforcement efforts to reduce violent crime. Such efforts could include hot-spot policing, focused deterrence, place-based problem solving, alternatives to arrest, crime data analysis, and other approaches that have proven successful.

B. Create a violent crime reduction advisory committee to engage in strategic planning and support local law enforcement. With appropriate representation from existing Ohio stakeholders, and with sustained funding, this committee will ensure the dissemination and appropriate use of grant funding, data analyses, research, training opportunities, and evidence-based policing strategies.

3 POLICY OPTION
Reduce recidivism and costs to taxpayers from an overcrowded prison system by modernizing and streamlining sentencing laws.

Background
- In Ohio, sentencing people to probation instead of prison for property and drug offenses is less costly and results in lower recidivism. For people convicted of a property or drug felony who had five or more prior arrests, incarceration in prison cost approximately $23,364 per person annually 22 and resulted in a 43-percent one-year rearrest rate for those released in 2016. In contrast, probation cost about $1,500 per person each year and resulted in a 32-percent one-year rearrest rate for those sentenced in 2016. 23
- A significant portion of people committed to state prison in Ohio for certain types of property and drug offenses have fewer than five prior arrests. In 2016, 40 percent of people committed to state prison for an F4 or F5 offense had only one or no prior arrests; another 40 percent had two to four. 25 F4 and F5 offenses include drug abuse, grand theft, receiving stolen property, driving under the influence, and other similar offenses.
- A large number of people committed to prison for F4 and F5 offenses have substance use disorders and/or mental illnesses. Based on national estimates for the number of people in prison who have serious mental illnesses and/or substance use disorders, it’s likely that each year, more than 1,000 commitments to prison for F4 and F5 offenses could be diverted to what is known in Ohio as recovery sentencing. This would require people to serve time on probation, called community control in Ohio, and participate in treatment. 26

- Thousands of people in Ohio who are convicted of property and drug offenses continue to be sentenced to state prison each year. From 2011 to 2017, commitments to state prison for drug possession went up 24 percent, from 2,290 to 2,738. In 2017, there were 5,031 commitments for drug offenses and 3,686 commitments for property offenses. 24
Ohio sentencing laws are overly complex due to repeated rounds of legislation, yet remain outdated. While purporting to provide judicial discretion, the state’s sentencing laws in fact dictate sentences for a wide variety of crimes through numerous exceptions and special rules. One law even applies different sentencing options in different counties. Additionally, the laws governing sentencing to probation do not account for people with mental illnesses, do not define “technical violation,” fail to connect conditions and intensity of supervision with the results of risk and needs assessments, and apply the same probation term caps regardless of offense severity.

Judicial release is an underutilized option to release people from prison. In 2017, over 10,000 people were estimated to be eligible for judicial release—early release from prison granted by a sentencing judge under certain circumstances. Only a small number of people are actually granted judicial release under current law due to complicated release eligibility timing; restrictions on judicial discretion; and the lack of any required hearings, criteria for decision-making, and opportunities for representation. In 2017, just 11 percent of releases from prison occurred through judicial release. Separately, judges may also approve people for early release to a halfway house under the transitional control program. Stakeholders report that release eligibility timing for transitional control should also be reviewed.

Ohio stakeholders report that the most vulnerable people, especially those with low incomes, are unable to use civil commitment for treatment as a tool for recovery. Civil commitment currently requires people to pay out-of-pocket for treatment, so it is underutilized by people with low incomes, people of color, people experiencing homelessness, people with chronic physical or mental health conditions, and others.

Policy Option Details
A. Establish a presumption of recovery sentencing for people whose crimes are related to substance use disorders or mental illness. Divert some of the people committed to prison for low-level property and drug crimes and instead require them to serve time on community control and participate in treatment services, including the comprehensive supports and services developed through improved resource coordination discussed in Policy 1 above.

B. Modernize and streamline sentencing and supervision laws. Limit probation maximum terms based on offense severity, set probation conditions according to risk and needs, and define “technical violations.” Eliminate sentencing laws that only apply to certain counties to increase consistency statewide, and review and revise drug offense statutes to ensure that people are appropriately and fairly sentenced.

C. Explore improving judicial release practices. Consider simplifying release eligibility timing, including for transitional control. Also consider expanding judicial discretion to allow judges to release more people, requiring at least one hearing so that people have the opportunity to explain why they are good candidates for release, defining the criteria for decisions to provide more clarity for individuals and judges, and enhancing opportunities for representation so that people receive professional guidance on the release process.

D. Lower barriers to civil commitment for treatment. Allow insurance coverage in lieu of up-front treatment payments and permit the use of certain overdose-related evidence (e.g., overdose in the presence of a minor) as sufficient proof that an individual is a danger to themselves or others for commitment purposes.
POLICY OPTION

4 Improve data collection, sharing, and coordination to inform policy development.

Background

- **Ohio lacks meaningful data needed to analyze and inform efforts to reduce probation revocations and recidivism.** The state’s locally run probation departments supervise a quarter of a million people, but the state does not have basic information, such as the number of people on felony versus misdemeanor probation; how dispositions to probation vary by county, offense, criminal history, and sentence length; demographics and risk levels of people on probation; and the total number of people on probation.

- **Although multiple data systems exist in Ohio, most are not useful for informing policy development.** In Ohio, limited data is collected across county-level courts, county-managed supervision, and the Department of Rehabilitation and Correction, and the data that is collected is not comprehensively analyzed. For example, the Ohio Courts Network was not developed for aggregate data reporting or large-scale data analysis, has incomplete state coverage, relies on every jurisdiction to agree on any changes regarding data collection, and requires just a small amount of information for each case. Additionally, the Ohio Community Corrections Information System (OCCIS) captures data on probation and Community Based Correctional Facilities but not all counties report to OCCIS. It is also unclear whether and how probation data can be accessed for research purposes.

- **Court staff provide limited data.** Court staff are required to complete only five data fields in the Ohio Courts Network. This provides Ohio Sentencing Commission research staff with limited information about dispositions and sentences.

- **Ohio stakeholders report that confusing and incomplete sentencing information limits the state’s ability to understand sentencing trends or improve sentencing policies and practices.** The law requires judges to provide a written explanation of their consideration of sentencing factors and explain post-release control requirements to the defendant. These requirements are not consistently met, contributing to inconsistent reporting and, as a result, Ohio is unable to produce meaningful analyses of sentencing information to improve policy.

Policy Option Details

A. **Require the Ohio Sentencing Commission to lead an effort to analyze what criminal justice data is currently collected and develop a statewide data improvement strategy.** By documenting the flow of cases through the criminal justice system, the sentencing commission can better identify which data can be shared and matched across agencies as well as what types of data are not adequately collected. The sentencing commission should maintain a centralized database of sentencing and probation data and require courts and probation departments to submit data. By improving its data collection, Ohio can better identify opportunities for collaboration and evaluate the impact of its criminal justice policies and programs, such as those used to treat people with substance use disorders or mental illnesses. These efforts will also help ensure that the state is accountable for using its corrections resources effectively.

B. **Standardize how court data is collected and tracked.** Expanding required data elements and standardizing data definitions in court records (i.e., consistent notation of probation in all court records, sentences with standardized time frames, etc.) will allow researchers at the Ohio Sentencing Commission to study sentencing patterns and produce regular data summaries that detail these patterns. These data summary reports would allow legislative stakeholders and state or local practitioners to learn more about sentencing trends in Ohio and create probation and prison population projections.
Looking Ahead

In November 2018, the working group approved Justice Reinvestment recommendations, which were subsequently moved to the legislature to consider in the 2019 session. Also in the fall of 2018, the state voted on Issue One, a ballot measure to reduce penalties for crimes of obtaining, possessing, and using illegal drugs. While Issue One did not pass, the governor and other stakeholders continued to be highly motivated to update drug sentencing laws to provide treatment in lieu of incarceration for people who have substance use disorders and are in contact with the criminal justice system. At the same time, the governor was interested in a number of other priorities, such as addressing the state’s opioid epidemic, policies related to education and children, and keeping people convicted of nonviolent offenses out of prison.

Despite these diverse objectives, updating drug sentencing laws became the state’s top criminal justice priority and there were at least five different proposals under consideration. Senate Bill (SB) 3 was introduced and included many of these proposals. The legislature considered SB 3 from March 2019 through December 2020, and it passed the Senate by a 25-4 vote in June 2020. CSG Justice Center staff worked with state leaders to include Justice Reinvestment policies as part of the discussion on SB 3, namely the addition of “recovery sentencing,” which was included in the final version and the House Criminal Justice Committee report. Ultimately, the bill was not considered by the full House of Representatives but it remains possible that new, similar legislation will be introduced in the 2021–2022 legislative session.

Should Ohio enact any Justice Reinvestment policies, the state may have the opportunity to apply for additional technical assistance from BJA during the implementation of these policies and request funding to support additional capacity-building efforts, such as workforce training, enhancing data collection and performance measurement, and ensuring proper implementation of best practices.
Endnotes

1. “Opioid Overdose Deaths and Opioid Overdose Deaths and a Percent of All Drug Overdose Deaths,” Kaiser Family Foundation, accessed February 5, 2020, http://www.kff.org/other/state-indicator/opiod-overdose-deaths/?activeTab=graph&currentTimeframe=6&selectedDistributions=opioid-overdose-deaths&selectedRows=%7B%22states%22%3A%7B%22oh%3A%7B%22id%3A%22%22%22%20location%22%3A%22%22%22%20sort%22%3A%7B%22asc%22%7D%7D%7D%7D&startYear=2007&startMonth=1&endYear=2017&endMonth=12&sortModel=%7B%22colId%22%3A%22%20location%22%2C%22sort%22%3A%22asc%22%7D.


12. “Opioid Overdose Deaths and Opioid Overdose Deaths and a Percent of All Drug Overdose Deaths,” Kaiser Family Foundation, accessed February 5, 2020, http://www.kff.org/other/state-indicator/opiod-overdose-deaths/?activeTab=graph&currentTimeframe=6&selectedDistributions=opioid-overdose-deaths&selectedRows=%7B%22states%22%3A%7B%22oh%3A%7B%22id%3A%22%22%20location%22%3A%22%22%20sort%22%3A%22asc%22%7D%7D%7D%7D&startYear=2007&startMonth=1&endYear=2017&endMonth=12&sortModel=%7B%22colId%22%3A%22%20location%22%2C%22sort%22%3A%22asc%22%7D.


14. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009 (Washington, DC: Bureau of Justice Statistics, 2017). This is based on national data indicating that the majority of people in prison and jail for property or drug offenses meet the DSM-IV criteria for drug dependence or abuse.


16. Ohio Governor’s Office of Health Transformation. Ohio Medicaid claims, including claims with diagnosis code of ICD9290-314 excluding 299 and dementia codes in 294; does not include pharmacy claims (August 2012–July 2013).

17. Email between CSG Justice Center and Northeast Ohio Medical University. The Sequential Intercept Model (SIM) guides community and systemwide responses to people with mental illneses and substance use disorders in the criminal justice system. SIM focuses on six discrete points of potential intervention (also known as intercepts) in the criminal justice system at which a person who has behavioral health needs might be screened, assessed, and connected to treatment. These six points are (0) community services, (1) law enforcement, (2) initial detention/initial court hearings, (3) jails/courts, (4) reentry, and (5) community corrections. See Policy Research Associates, The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders (New York: Policy Research Associates, 2018), https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf.


19. The Behavioral Health Redesign Initiative was an effort to rebuild community behavioral health system capacity across the state. The effort aimed to provide targeted investments to support developing new services for people with high support needs, improving health outcomes through better care coordination, and integrating behavioral health and primary care services. The Behavioral Health Care Coordination Program aimed to connect members with the best providers for their needs, support member choice through a member-focused care model, increase preventive health programs, and help clients with substance use disorders through collaboration with recovery services. For more information, see https://bh.medicaid.ohio.gov/About.


29. The Data Disconnect: Adult Criminal Justice Data in Ohio.

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The Council of State Governments (CSG) Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. The CSG Justice Center’s work in Justice Reinvestment is done in partnership with The Pew Charitable Trusts and the U.S. Department of Justice’s Bureau of Justice Assistance. These efforts have provided data-driven analyses and policy options to policymakers in more than 30 states. For additional information about Justice Reinvestment, please visit csgjusticecenter.org/projects/justice-reinvestment/.

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Project Contact: Patrick Armstrong, Esq., Project Manager, parmstrong@csg.org