Ohio addiction policy scorecard

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Law enforcement and the criminal justice system

HPIO Addiction **Evidence** Project

November 2019

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Members of HPIO's Addiction Evidence Project Advisory Group, listed in the appendix, provided guidance on the development of this report. Former Ohio Supreme Court Justice Evelyn Stratton and several state agency staff contributed expertise and additional information about the implementation of law enforcement and criminal justice activities related to addiction in Ohio.

Funding for this project was provided by Interact for Health, SC Ministry Foundation, the Ohio State Bar Foundation and HPIO's core funders.

Contents

HPIO Addiction **Evidence** Project

This report is part of HPIO's **Addiction Evidence Project**. Since December 2017, HPIO has released three reports as part of this project:

- **Addiction Overview and Project Description** (12-page policy brief)
- **Ohio Addiction Policy Scorecard: Prevention, Treatment and Recovery** (40-page scorecard report)
- **Ohio Addiction Policy Scorecard: Overdose Reversal and Other Forms of Harm Reduction** (44-page scorecard report)

HPIO has also released three online resource pages, which are hubs for expert consensus statements and guidelines, evidence registries and model policies:

- **Prevention, Treatment and Recovery**
- **Overdose Reversal and Other Forms of Harm Reduction**
- **Law Enforcement and the Criminal Justice System**

HPIO Addiction **Evidence** Project

Ohio addiction policy scorecard

3 Law enforcement and the criminal justice system

Executive summary

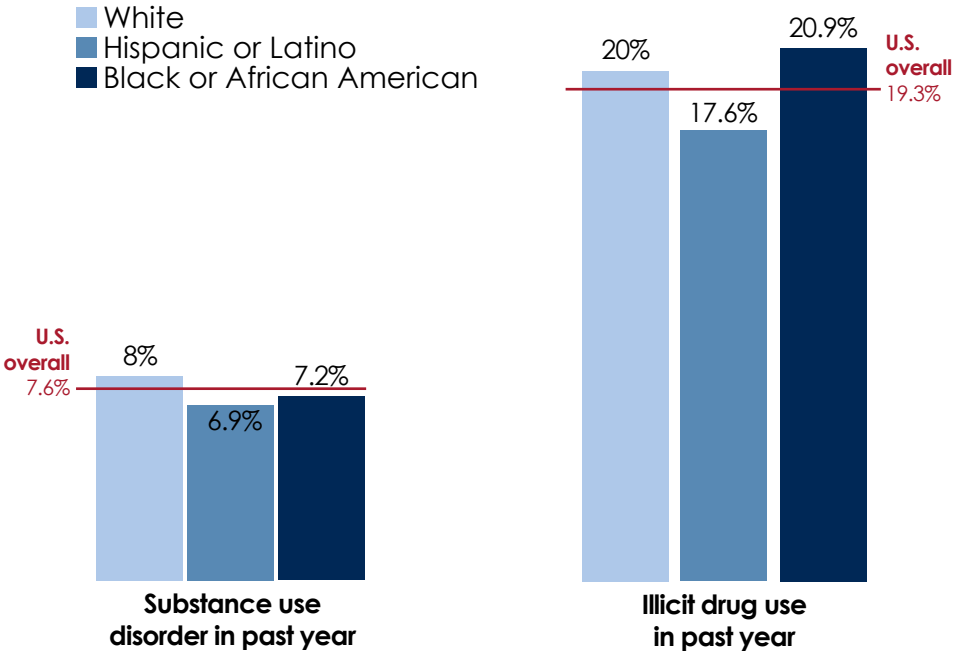
The United States incarcerates people at a higher rate than any other country in the world[1], and Ohio has the 15th highest incarceration rate among the 50 states.[2] Within the incarcerated population, there are large disparities. Nationally and in Ohio, African Americans are incarcerated in state prisons at more than five times the rate of whites.[3] Additionally, black Ohioans are arrested for drug-related crimes at 2.5 times the rate of white Ohioans, despite similar rates of illicit drug use and substance use disorder nationally (see figures ES 1 and ES 2).

Incarceration is costly for Ohio taxpayers. It costs more than $75 per day to house a person in state prison. Because Ohio currently incarcerates over 49,000 people in prisons statewide, taxpayers will spend over $1.3 billion dollars on state prison incarceration this year.[4]

3 key findings for policymakers

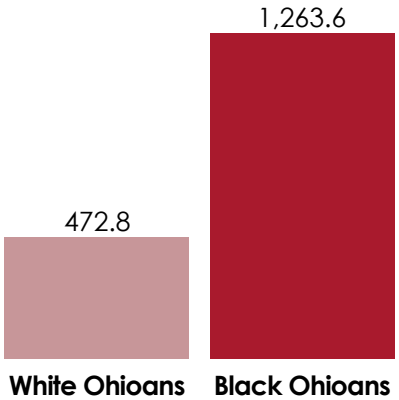
- **Progress toward evidence-informed policies.** Ohio is beginning to move in the right direction by embracing evidence-informed policies, such as Crisis Intervention Teams and specialized dockets, that address addiction in law enforcement and criminal justice settings.
- **Systemic issues in the criminal justice system.** National "tough on crime" policies have resulted in high rates of incarceration for addiction-related offenses. In addition, historically discriminatory criminal justice practices have disproportionately impacted communities of color. More can be done to reduce the number of people with substance use disorder in the criminal justice system, decrease spending on incarceration and improve outcomes for Ohioans struggling with addiction.
- **Gaps in data and information.** Policymakers do not have the information they need to comprehensively address addiction and inequities in the criminal justice system because of significant gaps in data collection, analysis and evaluation.

Figure ES 1. **U.S. substance use disorder and illicit drug use in the past year, age 18 and older, by race, 2017**



Note: Illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants and sedatives
Source: National Survey on Drug Use and Health, 2017

Figure ES 2. **Ohio drug crime arrest rate by race, per 100,000 population, 2018**



Source: Ohio Department of Rehabilitation and Correction, 2019

Figure ES 3. **Summary scorecard rating: Extent to which Ohio policies and programs align with research evidence and reach Ohioans in need**

Topic	Subtopic (SIM intercept)	Rating
Law enforcement	Community services (intercept 0)	**Weak**
	Law enforcement crisis de-escalation (intercept 1)	**Moderate**
Criminal justice system	Initial detention and initial court hearings (intercept 2)	**Weak**
	Courts (intercept 3)	**Moderate**
	Prisons (intercept 3)	**Moderate**
	Jails (intercept 3)	**Weak**
	Reentry (intercept 4)	**Strong**
	Community corrections (intercept 5)	**Weak**

Note: Rating based on evidence alignment and implementation reach. See Part 5 for details.

Addiction is a major driver of Ohio's high incarceration rate. National "tough on crime" policies, including the War on Drugs, have created severe penalties for addiction-related behaviors and have led to an unprecedented increase in the prison population.[5] Ohioans with prior convictions face challenges finding housing, securing employment and pursuing activities that aid in recovery from addiction.

Developing evidence-informed and innovative solutions in law enforcement agencies, courts, jails, prisons and community correctional settings can rehabilitate people with addiction and limit the number of people with addiction who enter the criminal justice system.

This report reviews state-level policy changes related to law enforcement and the criminal justice system enacted in Ohio from 2013 to 2018. It includes:

- **An inventory** of policy changes (legislation, rules and state agency initiatives, programs and systems changes)
- **A scorecard** that indicates the extent to which Ohio is implementing strategies that are proven effective by research evidence (see figure ES 3)
- **Opportunities for improvement** in both the public and private sectors

Sequential Intercept Model

The Sequential Intercept Model (SIM) is a conceptual framework that is often used as a community-level strategic planning tool. Communities use the SIM to improve cross-system collaboration and reduce the involvement of people with mental illness and substance use disorder (SUD) in the justice system.[6] The criminal justice topics in this report are organized by the six intercepts of the SIM (intercepts 0-5), which are also outlined in figure ES 3. The SIM gives stakeholders across sectors a common framework for identifying key issues and partners in each intercept.

What are the **strengths** of Ohio's policy response?

State policymakers have invested in evidence-informed and emerging practices to address the addiction crisis within the criminal justice system. The following strengths stand out:

- **Innovative law enforcement tactics.** Law enforcement agencies and first responders across the state have invested in evidence-informed and innovative models to respond to overdose and other behavioral health crises and to connect people to treatment. Examples include the Overdose Detection Mapping Application Program (ODMAP), Quick Response Teams (QRT)/Drug Abuse Response Teams (DART) and Crisis Intervention Teams (CIT).
- **Pretrial diversion for people with addiction.** Ohio law offers several options outside of incarceration for offenders who commit low-level, non-violent crimes related to substance use or addiction. Recent policy changes have expanded eligibility for some of these programs, including Intervention in Lieu of Conviction (ILC).
- **Drug courts and other specialized dockets.** Ohio has a large number of specialized dockets (256 specialized dockets, including 180 drug courts) and, in many cases, drug courts are quickly connecting participants with appropriate, evidence-informed addiction treatment.
- **Addiction treatment in state prisons.** The Ohio Department of Rehabilitation and Correction (DRC) has several evidence-informed policies in place regarding use of naloxone and addiction screening/treatment in state prisons. State prisons also consistently provide naloxone and naltrexone (Vivitrol) to qualifying and interested individuals upon release.
- **Reentry services.** DRC has many longstanding programs that provide people who are incarcerated with Medicaid coverage, education and employment and life skills training in order to maximize success post-release.

- **Recent changes in data and evaluation.** Although there is room for improvement in Ohio's criminal justice data and evaluation infrastructure, CIT data is systemically collected and analyzed by the Ohio Criminal Justice Coordinating Center of Excellence. Additionally, the Supreme Court of Ohio recently began requiring standardized data collection from specialized dockets across the state.

What are the gaps in Ohio's policy response?

Despite these strengths, Ohio continues to have a high incarceration rate and many people with addiction are involved in the criminal justice system. In Ohio's policy response to curb these trends, the following gaps remain:

- **Gaps in data and evaluation.** There are significant gaps in data collection, analysis and evaluation across the law enforcement and criminal justice systems in Ohio. Information on inequities in the system is limited because data on race, ethnicity, income and education is frequently unavailable.
- **Addiction screening and treatment in jails.** Standards for jails are insufficient to ensure access to behavioral health screening and treatment for all detainees. DRC has several evidence-informed policies in place regarding naloxone and SUD screening/treatment in state prisons, which could serve as a model for local jails.
- **Pretrial diversion access.** Not all offenders who could benefit from diversion programs have access to them. Offenders who have committed violent or high-level felonies due to addiction are not eligible for pretrial diversion, and access to these programs is up to the discretion of the prosecutor and/or the judge.
- **Money bail system.** Ohio utilizes a money bail system and has not implemented risk assessment as a tool for pretrial release and detainment decisions. The ability to pay bail determines whether an Ohioan will await trial in jail or in the community, creating inequities in pretrial detention.
- **Mandatory sentencing.** While some mandatory sentences have been removed from the Ohio Revised Code over the past six years, policymakers have also increased and added several mandatory sentences during that time.

HPIO Addiction **Evidence** Project

About the HPIO Addiction Evidence Project

This report is part of HPIO's **Addiction Evidence Project**, which provides policymakers and other stakeholders with information needed to address substance use disorders in a comprehensive, effective and efficient way. This inventory and scorecard report analyzes two topics: Law enforcement and criminal justice. The first report examined prevention, treatment and recovery and the second report addressed overdose reversal and other forms of harm reduction. Future reports will focus on children, youth and families and data and evaluation.

Opportunities for improvement

1. **Improve data collection and reporting across the law enforcement and criminal justice systems** and identify state-level entities to coordinate data sharing and evaluation.
   a. Require and provide funding for local law enforcement agencies to report crime data to the Ohio Incident-Based Reporting System (OIBRS).
   b. Collect additional data from specialized dockets and leverage existing data by linking it to the Ohio Automated Rx Reporting System (OARRS) to detect patterns of at-risk behavior among specialized docket participants.
   c. Institute a standard data collection system across Ohio jails to determine the extent to which substance use disorder screening, treatment and naloxone are available in jails.
   d. Collect additional data from state prisons to measure the extent to which effective substance use disorder screening and treatment are available during incarceration.
2. **Include race, ethnicity, income and education information in law enforcement and criminal justice data collection systems.** Assess the impact of law enforcement and criminal justice policies on different groups of Ohioans in order to identify opportunities to reduce disparities and inequities in the criminal justice system.
3. **Expand existing evidence-informed models and programs that address addiction in law enforcement and criminal justice settings to all Ohio counties.**
   a. Encourage all first responders and public health agencies to fully utilize ODMAP to mobilize more effective responses to overdose spikes and hot spots. Facilitate partnerships between local health departments and first responders to enhance collaborative utilization of the data.
   b. Assess the extent to which QRTs/DARTs are being implemented across the state and identify a common set of process and outcome evaluation metrics that can be used to evaluate and improve these programs.
   c. Encourage counties to participate in the Targeted Community Alternatives to Prison (T-CAP) program and reduce the number of conditions that make offenders ineligible for T-CAP so that more offenders with addiction issues are diverted from prisons.
   d. Expand the Addiction Treatment Program and/or the Specialized Docket Subsidy Program so that all specialty dockets receive General Revenue Fund (GRF) funding.
   e. Look to the Crisis Intervention Team leadership provided by the Ohio Criminal Justice Coordinating Center of Excellence as a model for training, technical assistance, evaluation and data collection for other statewide criminal justice programs.
4. **Reform the money bail system** and implement a risk assessment tool for pretrial release and detainment decisions. Risk assessment tools should be accessible and culturally competent so that unintended consequences related to racial and other inequities are minimized.
5. **Reduce the prevalence of mandatory sentencing requirements** in the Ohio Revised Code, which prevent the possibility of alternative sentencing programs and/or diversion to community corrections.
6. **Update the minimum standards for jails** to specifically require appropriate use of naloxone, medically managed withdrawal and evidence-based SUD screening and treatment. Rigorous monitoring of local jails is also needed to ensure that inmates with SUD are provided with opportunities to address their addiction while in jail and upon release.
7. **Provide technical assistance to local communities on the Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42**, so that law enforcement agencies and others can appropriately share information through QRTs/DARTs and other community service programs.
8. **Simplify Ohio's Good Samaritan law** and reduce the restrictions on Good Samaritan immunity so that bystanders are encouraged to call for help during an overdose.
9. **Increase training requirements for corrections professionals** on the nature of addiction, evidence-based addiction treatment, stigma and implicit bias.
10. **Update the Ohio Parole Board Handbook** to require the use of evidence-based risk assessment.

Glossary

- **Community corrections:** Programs that enforce legal sanctions on convicted offenders in a community or residential setting, outside of jail or prison. Probation agencies and parole agencies typically administer community corrections programs.[7]
  - **Community-Based Correctional Facilities (CBCFs):** Secure, residential facilities that provide an alternative to traditional jail and prison sentences for people with non-violent felony convictions. CBCFs promote rehabilitation through employment, education, local sanctions and treatment.[8]
  - **Parole:** The conditional release of a criminal offender from prison to the supervision of a public official, usually a parole officer, before the completion of the sentence. Conditions of parole can vary and failure to comply can result in a return to incarceration.[9]
  - **Probation:** A court-imposed criminal sentence of community supervision by a probation agency which usually serves as an alternative to imprisonment. Conditions of probation can vary and failure to comply can result in incarceration.[10]
- **Crisis Intervention Team (CIT):** A first-responder model in which law enforcement officers and behavioral health providers are trained to help people with mental illness and/or addictions access medical treatment and psychiatric care rather than be placed in the criminal justice system due to illness-related behaviors.[11]
- **Diversion:**
  - **Drug diversion:** The illegal movement of pharmaceuticals from legal sources to individuals for whom the prescription drugs were not intended (typically refers to prescription opioids and medication used to treat opioid use disorder).[12]
  - **Pre-arrest diversion:** Programs in which law enforcement officers give individuals accused of low-level criminal offenses the opportunity to engage in behavioral health intervention and/or community service in lieu of detention and trial (e.g. Quick Response Teams and CIT).[13]
  - **Pretrial diversion:** Alternative strategies to incarceration that allow defendants to enter rehabilitation aimed at addressing the underlying causes of criminal behavior to reduce recidivism and help the individual avoid a criminal record (e.g. Intervention in Lieu of Conviction).[14]
- **Drug interdiction:** The interception of drugs that are being trafficked or smuggled into communities or diverted from their appropriate use (e.g. prescription opioids).[15]
- **Initial detention:** The pretrial detention period after an arrest and before a hearing in which a judge or magistrate decides if the defendant will be held in jail or released from legal custody on bail until a plea bargain is settled or the full trial begins.[16]
- **Inequities:** Differences between groups in outcomes that impact health and wellbeing (e.g. arrest, incarceration, income, education, housing, transportation, community conditions and social inclusion) that are often a result of systematic, unjust, racist and discriminatory policies and practices.[17]
- **Intervention in Lieu of Conviction (ILC):** A type of pretrial diversion in which offenders of low-level crimes with a documented history of mental illness and/or substance use are given the opportunity to obtain court-ordered treatment at a community-based facility. Upon successful completion of the program, judges can grant the individual an ILC, which results in the dismissal of all original charges.[18]
- **Jail:** Short-term, locally-operated holding facilities for recently arrested individuals, individuals awaiting trial or sentencing who were not eligible or could not afford bail, inmates sentenced to less than one year of imprisonment and/or offenders awaiting transfer to a state prison.[19]
- **Mandatory sentencing:** Laws requiring judges to give minimum prison sentences based on specific charges brought by prosecutors that result in a conviction, typically a guilty plea.[20]
- **Prison:** Long-term corrections facilities operated by state governments, the federal government or private entities for people convicted of felonies and individuals with sentences longer than one year of incarceration.[21]
- **Specialized dockets:** A court session designed to provide defendants with clinically-oriented interventions that reduce incidences of incarceration and give appropriate treatment alternatives to individuals with mental health and/or substance use problems. The aim of specialized dockets is to address underlying behavioral health issues to produce better outcomes for participants.[22]
- **Quick Response Team (QRT):** An integrated first responder unit comprised of law enforcement officers, emergency medical personnel, healthcare providers and/or addiction treatment professionals. QRTs serve as first responders for opioid overdoses and, following an overdose, provide services to help people achieve recovery.[23]

Part 1. Purpose and process

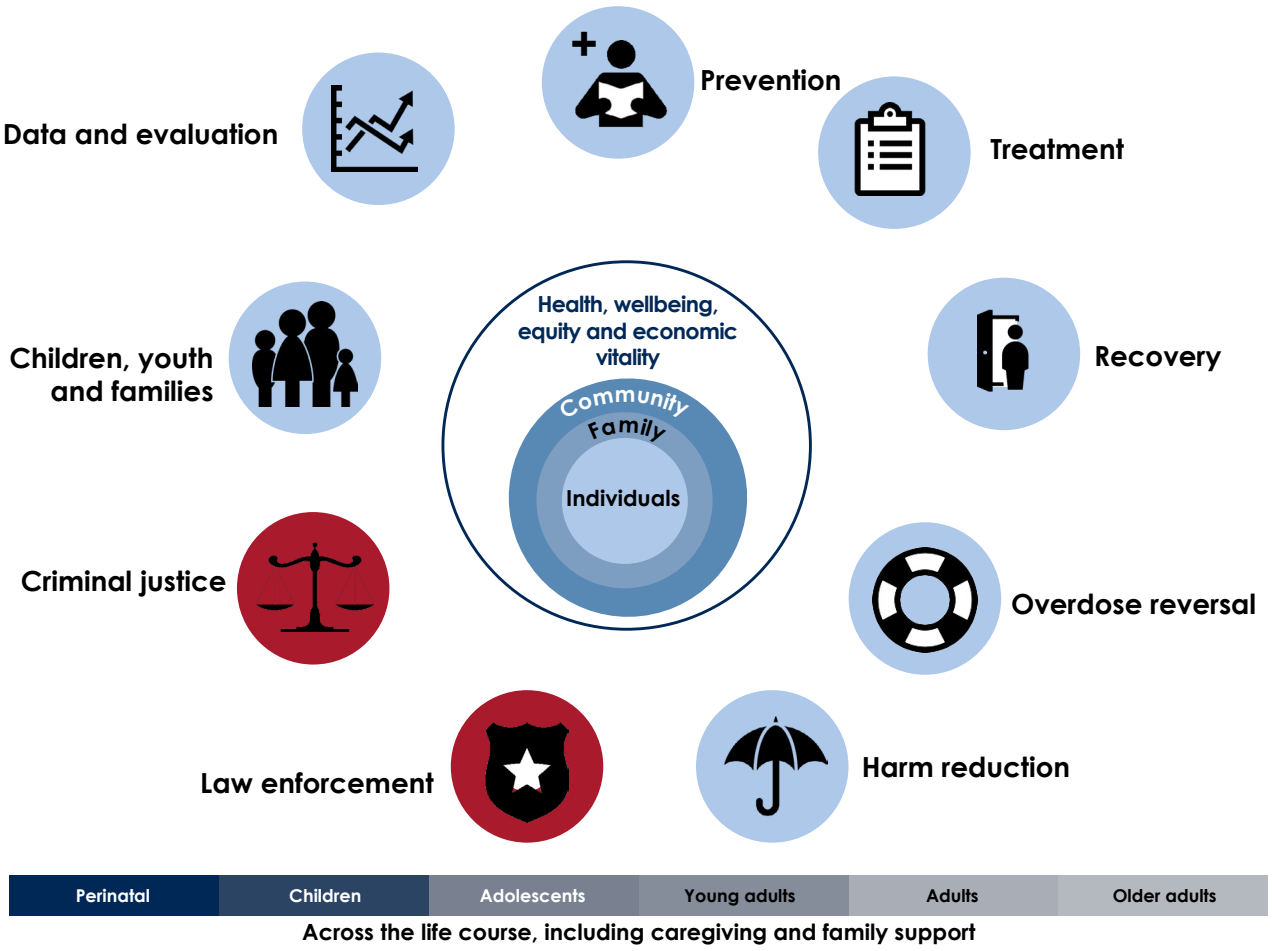
The purpose of this inventory and scorecard is to provide policymakers and other stakeholders with the information needed to take stock of Ohio's policy response to the addiction crisis, particularly as it relates to law enforcement and the criminal justice system. Based on a review of research evidence, this report identifies next steps to reduce the number of Ohioans with substance use disorder entering the criminal justice system, and to better serve the Ohioans that do. More specifically, this report:

- Reviews addiction policy changes relevant to the law enforcement and criminal justice systems enacted in Ohio from 2013 to 2018
- Assesses the extent to which policy changes align with evidence on what works
- Assesses the extent to which policies and programs are reaching Ohioans in need
- Identifies Ohio's policy strengths, challenges and opportunities for improvement

This report focuses on two elements of a comprehensive policy response to addiction, highlighted in red in figure 1: Law enforcement and criminal justice. Stakeholders in these systems are critical partners in addressing addiction. Other key partners include entities representing prevention, treatment, recovery, overdose reversal, harm reduction and children services. In 2018, HPIO released two addiction policy inventory and scorecard reports relating to other elements in the framework: **Prevention, treatment and recovery** and **overdose reversal and other forms of harm reduction**. HPIO plans to develop a similar inventory and scorecard for children, youth and families in 2020.

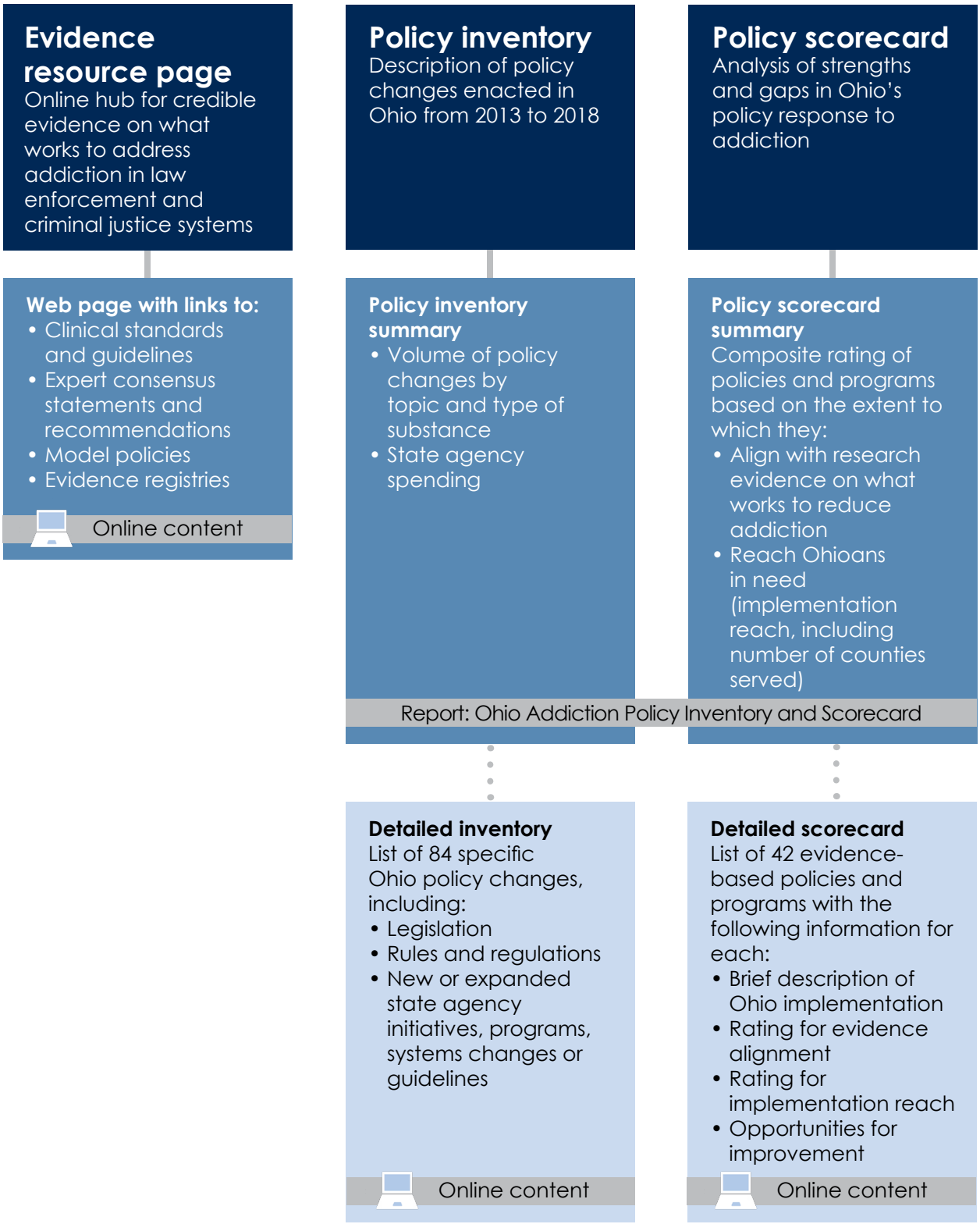
Figure 2 provides an overview of this report, as well as supplemental materials posted on the **HPIO website** that provide additional detail.

Figure 1. **Key elements of a comprehensive policy response to addiction**



Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017)

Figure 2. **HPIO Addiction Evidence Project: Law enforcement and the criminal justice system**



Part 2. Key findings

Overview

This section identifies ten opportunities for improvement based on the following questions:
- What are the strengths of Ohio's policy response?
- What are the gaps in Ohio's policy response?

In addition, this section highlights:
- Current efforts and potential changes on the horizon
- State of the evidence

What are the **strengths** of Ohio's policy response?

Law enforcement

- The Overdose Detection Mapping Application Program (ODMAP) and Quick Response Teams (QRTs)/Drug Abuse Response Teams (DARTs) are examples of evidence-informed and innovative models used by law enforcement agencies and first responders, in partnership with public health and behavioral health entities, to proactively address the overdose crisis and prevent incarceration.
- Ohio has a long history of Crisis Intervention Team (CIT) implementation with broad reach across the state. The CIT approach to training and centralized data collection, led by the **Ohio Criminal Justice Coordinating Center of Excellence**, can serve as a model for replication by other law enforcement programs.

Criminal justice system

- Ohio law offers several pretrial diversion options for offenders who commit low-level, non-violent crimes related to substance use or addiction. Recent policy changes have expanded eligibility for some of these programs.
- Ohio has a large number of specialized dockets; there are 256 specialized dockets in the state, including 180 drug courts. Sixty-three Ohio counties have at least one specialized docket.
- Beginning in July 2019, the Supreme Court of Ohio began requiring more robust data collection from specialized dockets across the state, including the average duration of treatment, whether medication-assisted treatment (MAT) is used and the race/ethnicity of court participants.
- In many cases, drug courts in Ohio are quickly connecting participants with appropriate, evidence-informed addiction treatment services. The Supreme Court of Ohio requires local courts to meet a series of Specialized Dockets Standards in order to maintain specialized docket certification, and the Supreme Court has issued guidance for the use of MAT in drug courts.
- The Ohio Department of Rehabilitation and Correction (DRC) implemented several evidence-informed policies regarding use of naloxone and substance use disorder (SUD) screening/treatment in state prisons.
- State prisons consistently provide naloxone and naltrexone (Vivitrol) to qualifying and interested individuals upon release. There are also strong connections between the prison system, community behavioral health providers and the Ohio Medicaid program.
- DRC has many longstanding reentry programs that provide people who are incarcerated with Medicaid coverage, education, employment and life skills training in order to maximize success post-release.

What are the gaps in Ohio's policy response?

Law enforcement

- More information is needed to determine the extent to which evidence-informed models, such as ODMAP and QRT/DART, are deployed around the state, as well as effectiveness in reaching desired outcomes.
- Although CIT training is widespread across Ohio, local law enforcement agencies are not required to have institutional policies for responding to persons in crisis. There is no statewide information about how many of these policies exist. Evaluation is also needed so that law enforcement agencies can assess whether CIT is being used effectively by officers.

Criminal justice system

- There are significant gaps in data collection, analysis and evaluation across the law enforcement and criminal justice systems, and race, ethnicity, income and education information is frequently unavailable in law enforcement and criminal justice data collection systems.
- Ohio's minimum jail standards are insufficient to ensure that all people in jails have access to behavioral health screening and treatment. Also, several jails did not meet the requirement to screen all inmates for serious medical or mental health issues in 2018.[24] The requirement to screen detainees, with no required treatment plan following a positive screen, is a low bar for appropriate response to incarcerated people with SUD.
- Local jails are not sufficiently prepared or funded to serve inmates with SUD. Due to local control, there are minimal state policies in place to ensure access to evidence-based treatment. There is also minimal data collection, transparency or accountability to assess what services, if any, are being provided in local jails.
- There is no state-level data collected related to naloxone and MAT availability in Ohio jails and whether these life-saving medications are provided to people upon release.
- Not all offenders who would benefit from diversion programs have access to them. Offenders who have committed violent or high-level felonies due to addiction are not eligible for pretrial diversion, and whether qualifying offenders have access to these programs is up to the discretion of the prosecutor and/or the judge.
- Ohio utilizes a money bail system and has not implemented risk assessment as a tool for pretrial release and detainment decisions. Whether Ohioans await trial in jail or in the community is determined by who can afford to pay bail, creating inequities in pretrial detention.
- While some mandatory sentences have been removed from the Ohio Revised Code over the past six years, policymakers have also increased and added several mandatory sentences during that time.
- Until July 2019, there were significant gaps in statewide data collection related to specialized dockets, including the average duration of treatment, whether MAT is used, and what types of aftercare services and/or recovery management plans drug courts offer post-graduation.
- Parole is subject to the absolute discretion of the Ohio Parole Board. While the current Ohio Parole Handbook provides a list of considerations that the Parole Board might consider when making release and parole decisions, the board is not required to use uniform guidelines.

Opportunities for improvement

1. **Improve data collection and reporting across the law enforcement and criminal justice systems** and identify state-level entities to coordinate data sharing and evaluation.
   a. Require and provide funding for local law enforcement agencies to report crime data to the Ohio Incident-Based Reporting System (OIBRS).
   b. Collect additional data from specialized dockets and leverage existing data by linking it to the Ohio Automated Rx Reporting System (OARRS) to detect patterns of at-risk behavior among specialized docket participants.
   c. Institute a standard data collection system across Ohio jails to determine the extent to which substance use disorder screening, treatment and naloxone are available in jails.
   d. Collect additional data from state prisons to measure the extent to which effective substance use disorder screening and treatment are available during incarceration.
2. **Include race, ethnicity, income and education information in law enforcement and criminal justice data collection systems.** Assess the impact of law enforcement and criminal justice policies on different groups of Ohioans in order to identify opportunities to reduce disparities and inequities in the criminal justice system.
3. **Expand existing evidence-informed models and programs that address addiction in law enforcement and criminal justice settings to all Ohio counties.**
   a. Encourage all first responders and public health agencies to fully utilize ODMAP to mobilize more effective responses to overdose spikes and hot spots. Facilitate partnerships between local health departments and first responders to enhance collaborative utilization of the data.
   b. Assess the extent to which QRTs/DARTs are being implemented across the state and identify a common set of process and outcome evaluation metrics that can be used to evaluate and improve these programs.
   c. Encourage counties to participate in the Targeted Community Alternatives to Prison (T-CAP) program and reduce the number of conditions that make offenders ineligible for T-CAP so that more offenders with addiction issues are diverted from prisons.
   d. Expand the Addiction Treatment Program and/or the Specialized Docket Subsidy Program so that all specialty dockets receive General Revenue Fund (GRF) funding.
   e. Look to the Crisis Intervention Team leadership provided by the Ohio Criminal Justice Coordinating Center of Excellence as a model for training, technical assistance, evaluation and data collection for other statewide criminal justice programs.
4. **Reform the money bail system** and implement a risk assessment tool for pretrial release and detainment decisions. Risk assessment tools should be accessible and culturally competent so that unintended consequences related to racial and other inequities are minimized.
5. **Reduce the prevalence of mandatory sentencing requirements** in the Ohio Revised Code, which prevent the possibility of alternative sentencing programs and/or diversion to community corrections.
6. **Update the minimum standards for jails** to specifically require appropriate use of naloxone, medically managed withdrawal and evidence-based SUD screening and treatment. Rigorous monitoring of local jails is also needed to ensure that inmates with SUD are provided with opportunities to address their addiction while in jail and upon release.
7. **Provide technical assistance to local communities on the Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42**, so that law enforcement agencies and others can appropriately share information through QRTs/DARTs and other community service programs.
8. **Simplify Ohio's Good Samaritan law** and reduce the restrictions on Good Samaritan immunity so that bystanders are encouraged to call for help during an overdose.
9. **Increase training requirements for corrections professionals** on the nature of addiction, evidence-based addiction treatment, stigma and implicit bias.
10. **Update the Ohio Parole Board Handbook** to require the use of evidence-based risk assessment.

Current efforts and potential changes on the horizon

As of October 2019, the following state-level efforts are potential opportunities to address addiction in criminal justice settings:

- **Senate Bill 3.** SB 3, titled "Express intent to reform drug sentencing laws," is a proposed priority bill for the 133rd General Assembly, focusing on sentencing reform for low-level drug offenses. A key goal of SB 3 is to reclassify possession of illicit drugs for personal use as a misdemeanor. Beginning as a placeholder bill, the legislation has undergone several changes and has had several hearings in the Senate Judiciary Committee.
- **House Bill 1.** HB 1 would require defendants who claim that drugs or alcohol played a role in their offense to receive an eligibility hearing for Intervention in Lieu of Conviction (ILC). (For more information about ILC, see the glossary on page 8.) The bill would also remove the cap on the number of fourth- and fifth-degree felonies an offender can have sealed. HB 1 passed through the House of Representatives in June 2019 and, as of October 2019, is being heard in the Senate.
- **State agency initiatives.** The Ohio Departments of Mental Health and Addiction Services, Rehabilitation and Correction, and Public Safety are expanding programs that support treatment and recovery for people with addiction who encounter the criminal justice system. The 2020-2021 state operating budget includes funding for these agencies to expand specialized dockets, CIT training for law enforcement, treatment and recovery services for state prison inmates and supports for people who reenter the community post-incarceration.[25]
- **Supreme Court of Ohio Task Force to Examine the Ohio Bail System.** The Task Force to Examine the Ohio Bail System released a **report** in July 2019 that includes nine recommendations that the Supreme Court of Ohio can act on to reform the Ohio bail system. A goal of this work is to preserve the foundational principle that people accused of crimes are innocent until proven guilty.
- **Specialized docket data collection.** In order to evaluate the effectiveness of each specialized docket, the Supreme Court of Ohio began requiring more robust data collection from specialized dockets in July 2019. This information can be used for planning and quality improvement and to ensure that more people who are diverted from the criminal justice system are successfully treated for and recover from addiction.

State of the evidence

The body of research evidence relevant for the first two phases of the Addiction Evidence Project (prevention, treatment, recovery, overdose reversal and harm reduction) is much stronger than the body of research evidence on law enforcement and the criminal justice system. The fields of medicine and public health rely heavily on empirical research evidence, while decisions in the criminal justice system are frequently made based on professional expertise and precedent. In addition, data collection in the health sector is more robust than in law enforcement and criminal justice, leading to significant data gaps that limit efforts to determine what works to improve outcomes for justice-involved people with SUD.

This scorecard relies on several useful sources that summarize expert consensus on effective approaches, such as best practice standards for drug courts and the Department of Justice Roadmap to Reentry (see **Detailed Policy Scorecard** for complete list of evidence sources). There are some policies and programs, however, for which no evidence of effectiveness was found, such as interdiction of illicit drugs and criminal sentencing. The review of research did not find any information about whether interdiction is successful in reducing addiction, which models of interdiction are most effective or how sentencing reform should be done in order to reduce addiction, recidivism or crime.

Part 3. Status of addiction and the criminal justice system in Ohio

Overview

This section provides background information on the criminal justice system and describes the current status of criminal justice and addiction-related outcomes in Ohio. The following topics are discussed:

- Criminal justice basics, including the Sequential Intercept Model, incarceration rates, spending and the role of the criminal justice system in a comprehensive approach to addiction
- Drug crime in Ohio, including inequities in the criminal justice system and incarceration related to addiction
- Data limitations

Criminal justice basics

The criminal justice system is a network of government agencies and processes used to control crime, penalize offenders and compensate victims.[26,27] Components of the criminal justice system include law enforcement, courts and corrections, and each component involves a complex array of actors and procedures. Issues related to addiction start at every level of the criminal justice system.

The criminal justice system has several competing goals: To punish lawbreakers, rehabilitate offenders and seek justice for victims.[28] Historically, harsh penalties have been associated with drug-related crimes. More recent research evidence suggests that, because addiction is a chronic and relapsing illness, the criminal justice system should prevent people with addiction from entering the system and rehabilitate the individuals who do. Specifically, the aims of the criminal justice system when addressing addiction are outlined in figure 3.

Figure 3. **Aims of the criminal justice system related to addiction**

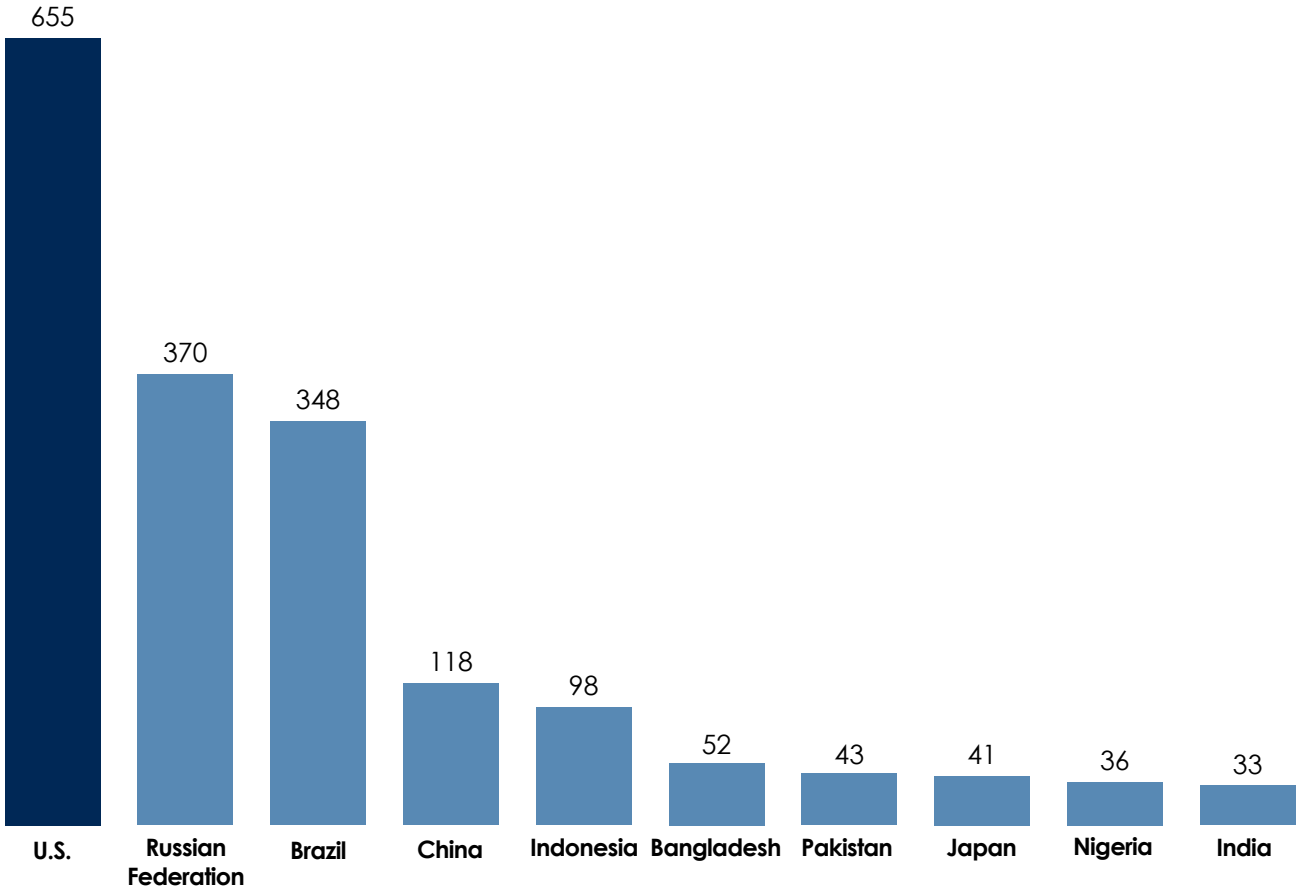
Intercept 0: Community services	
Examples: • Pre-arrest diversion (QRTs/ DARTs) • Overdose reversal • Partnerships between public safety and public health agencies	Aims: • Reduce the number of people with SUD in prison or jail • Reduce overdose deaths
Intercept 1: Law enforcement	
Examples: • Crisis Intervention Teams (CIT) and crisis centers • Interdiction of illicit drugs and prevention of prescription drug diversion*	Aims: • De-escalate crises • Reduce the drug supply
Arrest	
Intercept 2: Initial detention/initial court hearings	
Examples: • Pretrial diversion • Screening for substance use disorder • The bail system	Aim: Reduce the number of people with SUD in prison and jail
Intercept 3: Jails/courts	
Examples: • Specialized dockets (e.g. drug courts) • Sentencing • Withdrawal management and addiction treatment in prison and jail	Aims: • Treat SUD • Reduce the number of people with SUD in prison and jail
Intercept 4: Reentry	
Examples: • Naloxone access • Connections to Medicaid • Job training and recovery services	Aims: • Reduce recidivism • Reduce overdose deaths • Increase recovery
Intercept 5: Community corrections	
Examples: • Conditions of parole • Responses to parole violations	Aims: • Reduce recidivism • Reduce overdose deaths • Increase recovery

*Not typically included in the Sequential Intercept Model
Note: This framework is based on the **Sequential Intercept Model**
Source: HPIO analysis and information from Policy Research Associates, 2018

Incarceration rates and spending

As of November 2018, the U.S. has the highest rate of incarceration in the world, far surpassing the rates of countries with larger populations such as China and India (see figure 4).

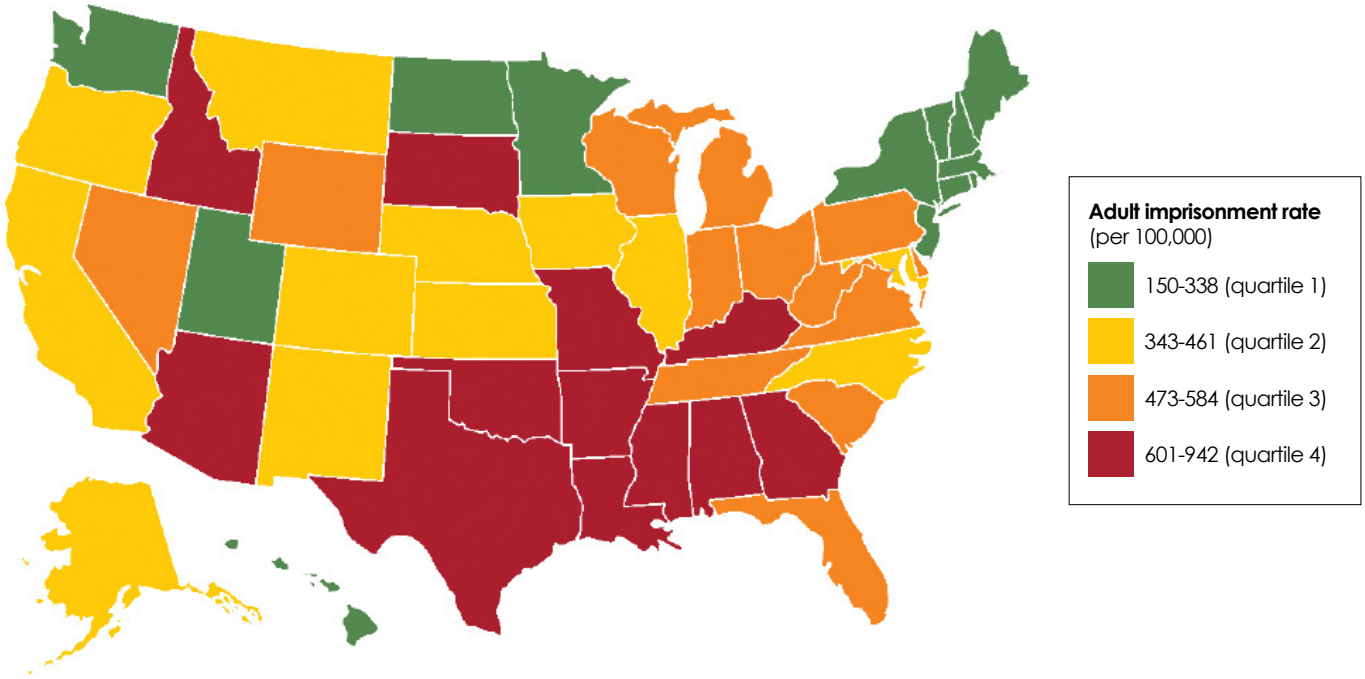
Figure 4. **Incarceration rate of the most populous countries in the world, per 100,000 population, November 2018**



Note: Incarceration rate includes incarceration in a variety of settings, including pretrial detainees. In the U.S., this includes federal and state prisons and local jails.
Source: World Prison Brief, Institute of Criminal Policy Research, University of London

Ohio has a higher incarceration rate than the U.S. overall. In 2017, Ohio was in the third quartile for adult imprisonment with 567 per 100,000 adults serving sentences in state prisons, compared to the U.S. rate of 503 per 100,000 adults (see figure 5). State imprisonment rates reported by the Bureau of Justice Statistics include the state prison population only. Federal prisons and local jails are not included.

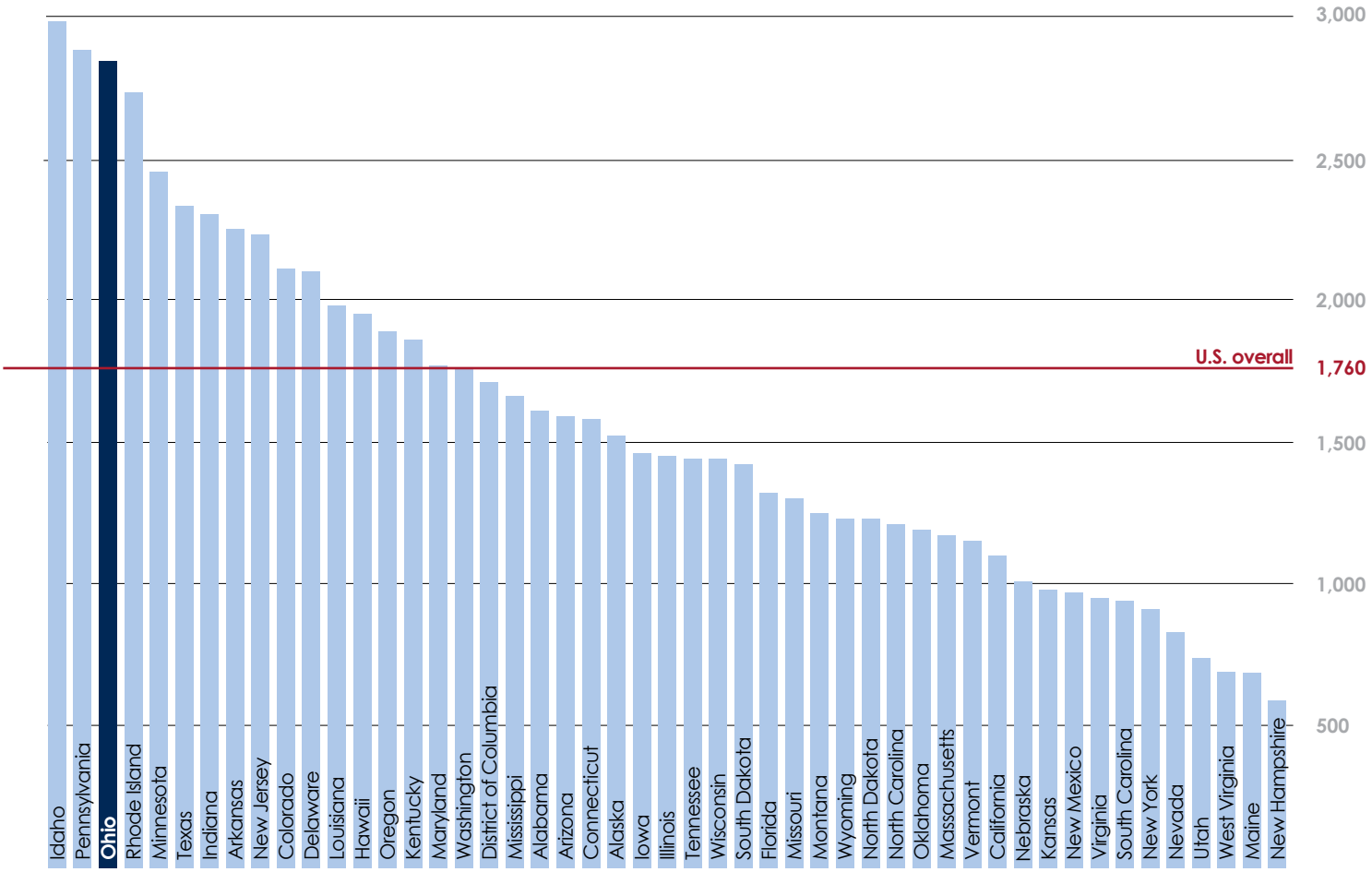
Figure 5. **Adult imprisonment rates in state prisons, per 100,000 population, 2017**



Note: Incarceration rate includes incarceration in state prisons only. Federal prisons and local jails are not included.
Source: National Prisoner Statistics, Bureau of Justice Statistics

In addition to incarceration, Ohio has one of the highest community supervision rates in the U.S. More people are on probation and parole in Ohio than in most other states (see figure 6).

Figure 6. **Adult community supervision rates, per 100,000 population, 2016**



Notes: Counts are rounded to the nearest 100, and rates are rounded to the nearest 10. Rates are computed using estimates of the U.S adult resident population of persons age 18 or older and persons of all ages on January 1, 2017, within jurisdiction.
Source: National Prisoner Statistics, Bureau of Justice Statistics

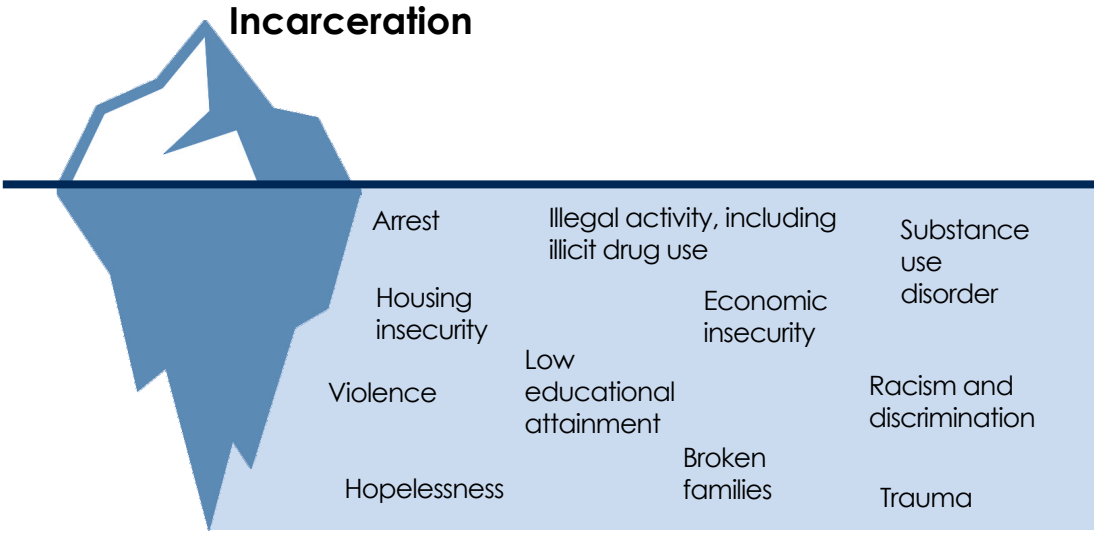
Incarceration is costly for Ohio taxpayers. As of June 2019, it costs more than $75 per day to house a person in state prison.[29] Because Ohio currently incarcerates over 49,000 people in prisons statewide, taxpayers will spend over $1.3 billion dollars on state prison incarceration this year.[30] It costs Ohio taxpayers $27,375 to incarcerate one person in a state prison for one year. In comparison, the average cost to attend a public, four-year, residential university in Ohio for one year is $21,118 (see figure 7).[31]

Figure 7. **University and incarceration costs, Ohio, 2019**

Incarceration source: Ohio Department of Rehabilitation and Correction, 2019
University source: HPIO analysis of College Tuition Compare, 2019

While incarceration rates and spending are high in Ohio, these are just the "tip of the iceberg." Figure 8 illustrates examples of behaviors and community conditions that contribute to high incarceration rates. Just below the surface, substance use disorder, illegal activity, including illicit drug use, and arrests lead to incarceration. Further down, poverty, violence, racism and discrimination create conditions in communities and institutions that result in increased addiction, incarceration and inequity.

Figure 8. **Determinants of incarceration**

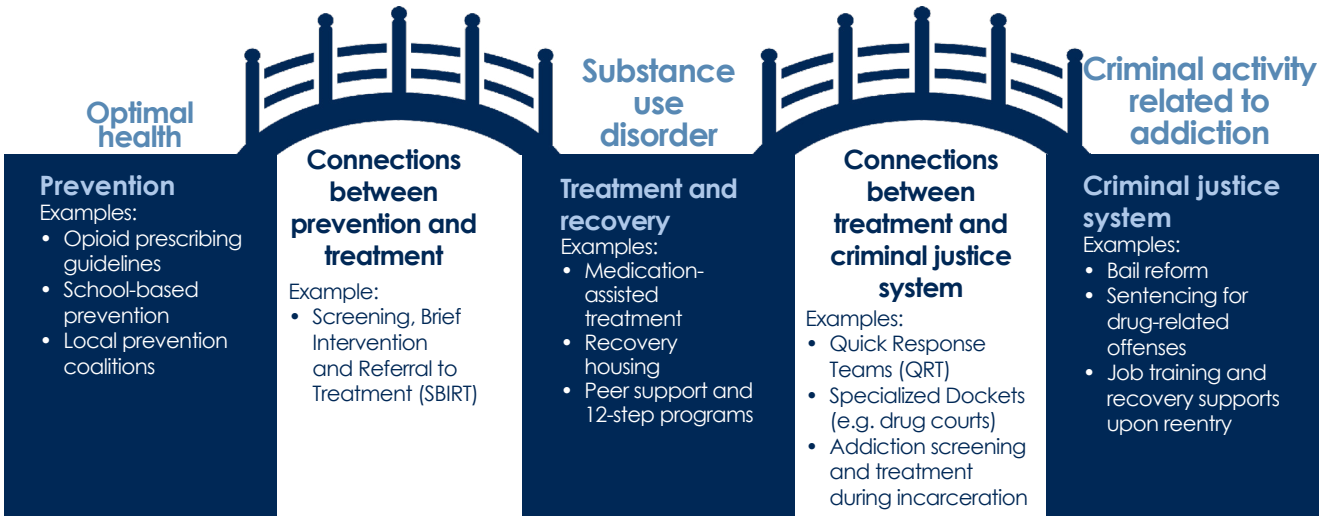


The role of the criminal justice system in a comprehensive approach to addiction

The criminal justice system, including law enforcement, courts and corrections, is just one component of a comprehensive approach to addiction. Prevention, treatment and recovery are other necessary components. See figure 1 on page 9 for all the key elements of a comprehensive policy response to addiction.

Figure 9 outlines the relationship between prevention, treatment, recovery and the criminal justice system. For people with optimal health, prevention strategies reduce the risk of future addiction. For people living with substance use disorder, treatment and recovery services help them to stop using or abusing drugs and to regain overall health. For people who have committed crimes as a result of addiction, the criminal justice system can treat and rehabilitate offenders, as well as support long-term recovery.

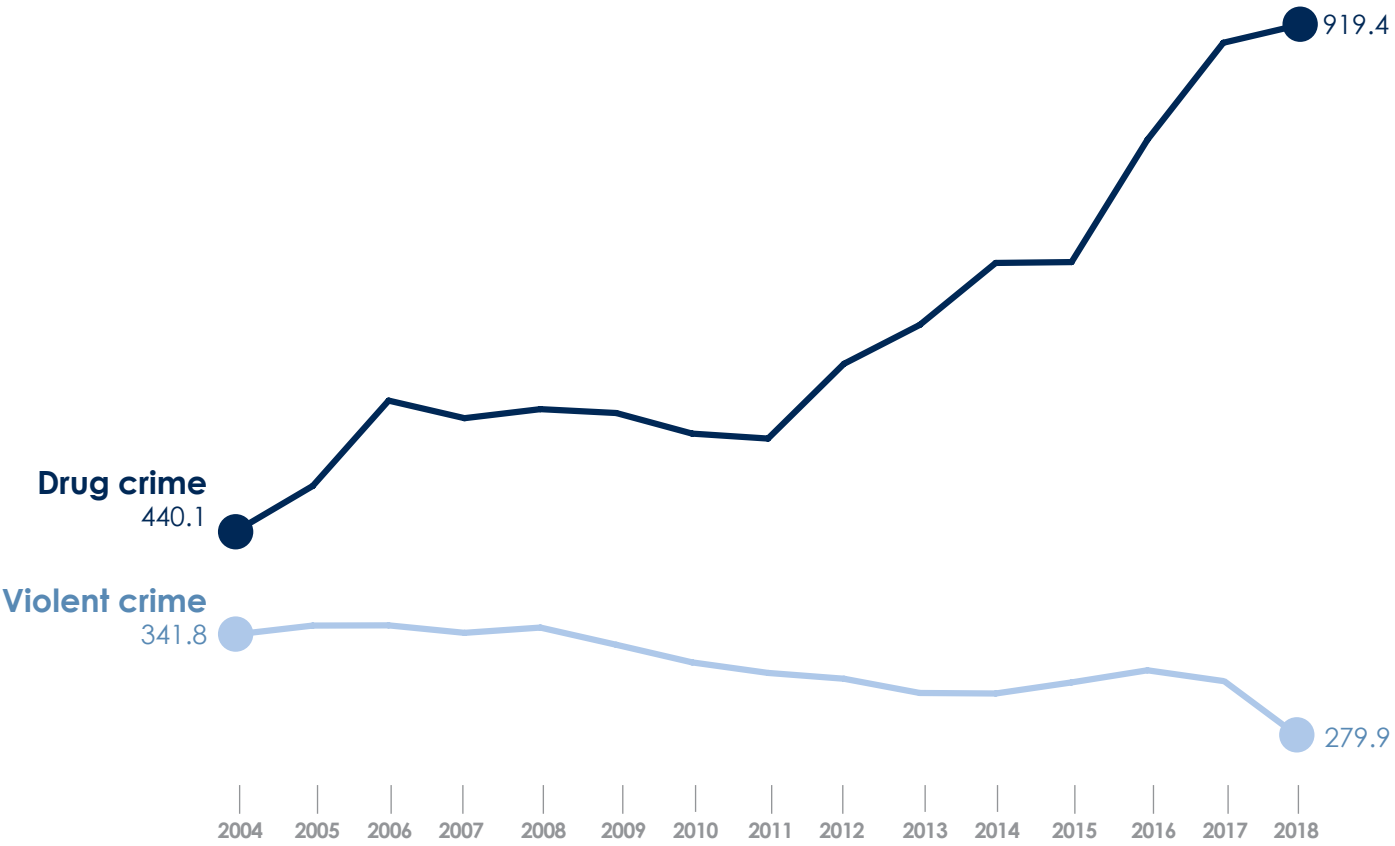
Figure 9. **Role of the criminal justice system in a comprehensive approach to addiction**



Drug crime in Ohio

The Ohio Incident-Based Reporting System (OIBRS) is a voluntary reporting program[32] that law enforcement agencies use to submit crime statistics directly to the state and federal government. Drug crimes (e.g., purchase, use, possession, manufacture, distribution, sale, transportation, importation, etc.) reported to OIBRS increased by approximately 109% between 2004 and 2018. This increase in drug crime does not appear to be driven by an overall increase in crime, as violent crime decreased by 18% in the same time period (see figure 10). Property crime also decreased between 2004 and 2018, from a rate of 3,662 crimes per 100,000 population to 2,177 crimes per 100,000 population (a 41% decrease).[33] Therefore, the increase in drug crimes reported may relate to an increase in illicit drug use, an increase in drug crime reporting or both.

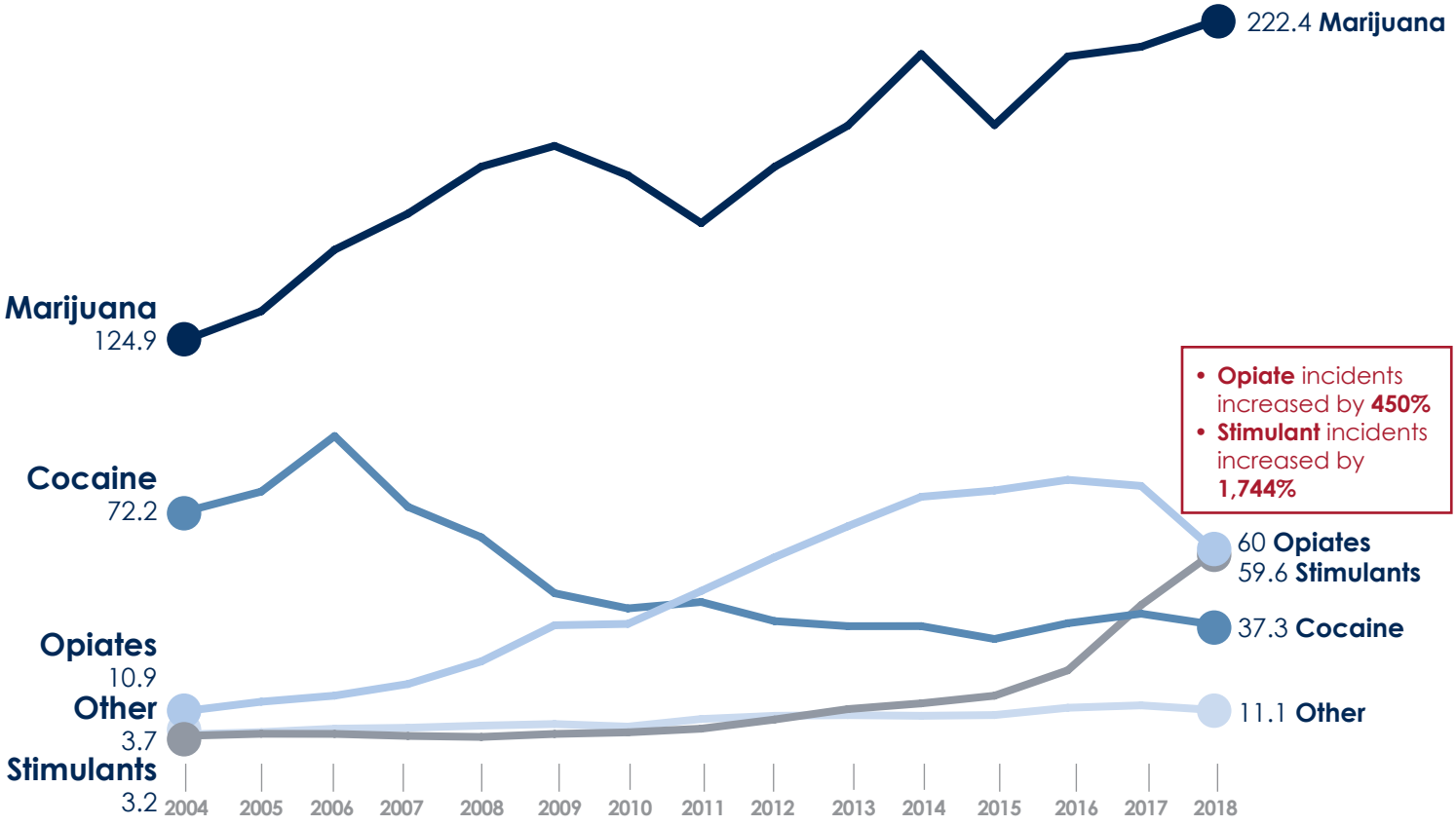
Figure 10. **Rate of drug crime and violent crime in Ohio, per 100,000 population, 2004-2018**



Note: Participation in OIBRS has increased from 383 law enforcement agencies (covering 64.7% of the population) in 2004 to 539 agencies (covering approximately 72.7% of the Ohio population) in 2014. Ohio Department of Rehabilitation and Correction, 2016.
Source: Ohio Department of Rehabilitation and Correction, 2019

In 2018, marijuana was involved in more incidents (i.e., offenses)[34] than all other drugs combined. However, the rate of increase was highest for stimulant-related incidents, which rose by 1,744%, and opiate-related incidents, which rose by 450%, from 2004 to 2018 (see figure 11). Incidents related to stimulants have increased sharply since 2016, while opiate-related incidents have begun to decline in 2018.

Figure 11. **Ohio's incident rate, per 100,000 population, by drug type, 2004-2018**

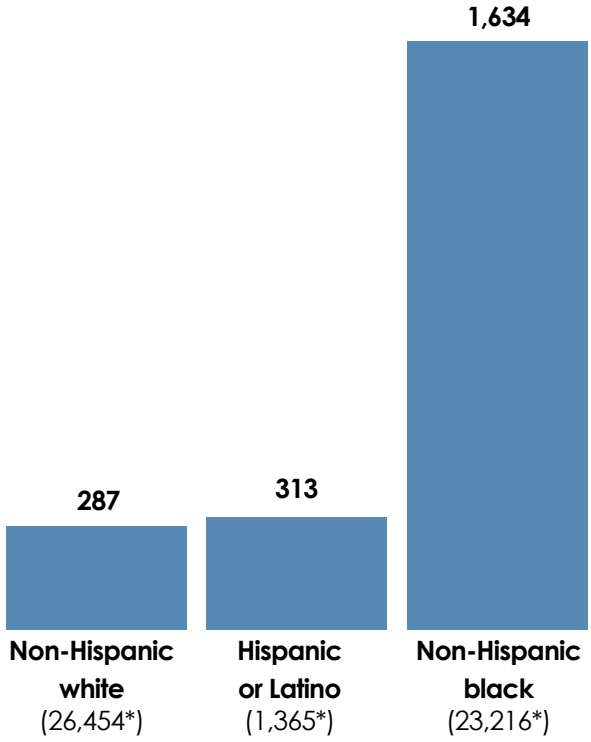


Note: Drug categories are based on OIBRS classification codes. "Opiates" includes heroin and other illicit opioids. "Stimulants" includes methamphetamine and other stimulant drugs (except cocaine). "Other" includes depressants, hallucinogens, prescription drugs and harmful intoxicants.
Source: Ohio Department of Rehabilitation and Correction, 2019

Inequities in the criminal justice system

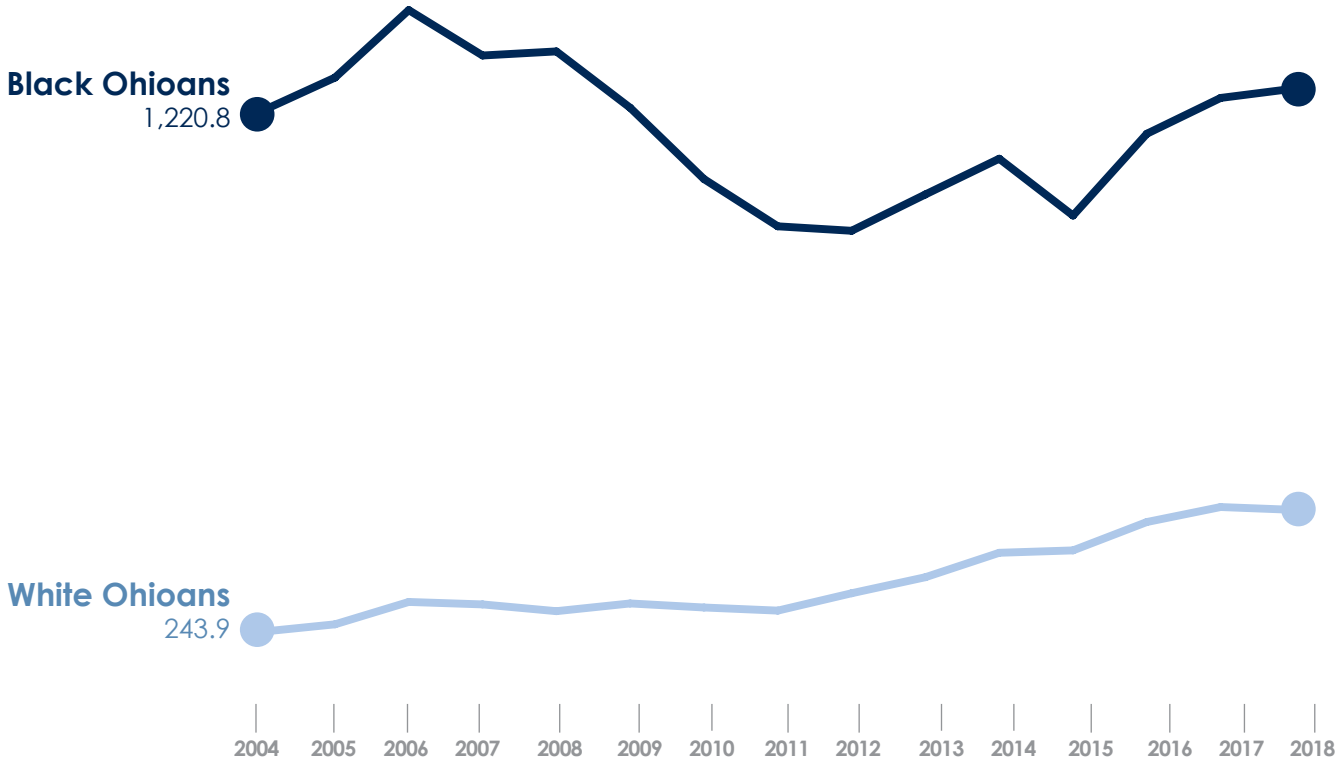
There are large disparities in the criminal justice system by race and ethnicity.[35] Nationally and in Ohio, African Americans are incarcerated in state prisons at more than five times the rate of whites.[36] In 2017, the incarceration rate for non-Hispanic black Ohioans was 1,634 per 100,000 population and the rate for non-Hispanic white Ohioans was 287 per 100,000 population (see figure 12). Additionally, the drug crime arrest rate for black Ohioans was more than two and a half times higher than the arrest rate for white Ohioans (see figure 13).

Figure 12. **Ohio incarceration rate, per 100,000 population, by race, 2017**



* Number of people incarcerated
Source: HPIO analysis of data from the Bureau of Justice Statistics and the U.S. Census Bureau, Population Division

Figure 13. **Ohio drug crime arrest rate, per 100,000 population, by race, 2008-2018**



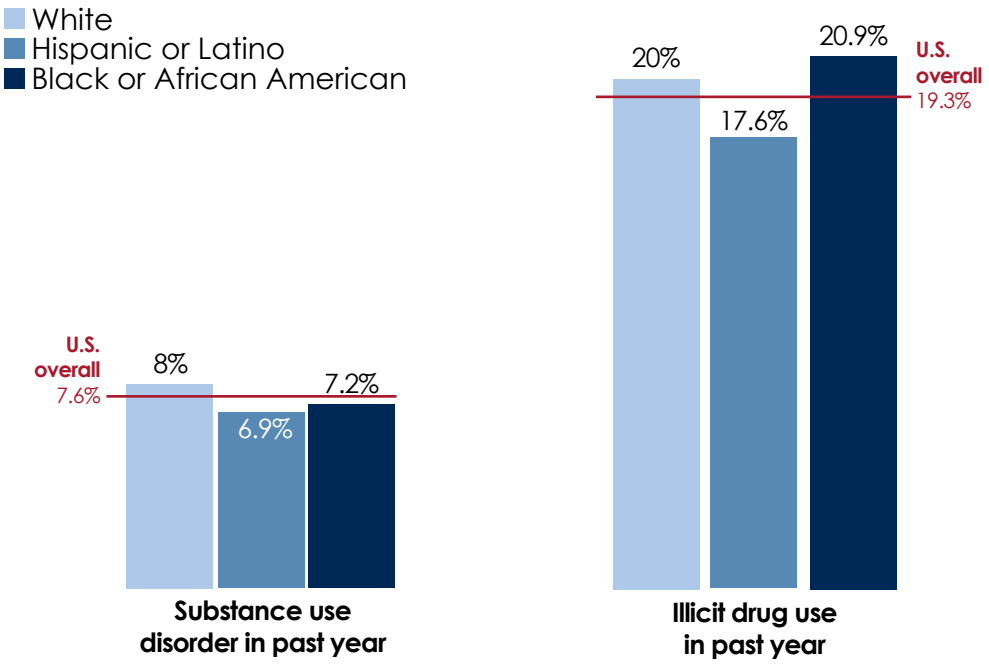
Source: Ohio Department of Rehabilitation and Correction, 2019

Data gaps: Income, education and disability status

Criminal justice data often cannot be broken out by income, education or disability status because this information is not collected in a systematic way. Having a low income, low levels of education and/or literacy, and living with a disabling condition can directly impact how a person interacts with the criminal justice system. For example, illiteracy or a disabling condition can impact an individual's ability to earn an income post release, increasing the likelihood of recidivism. Disaggregated data would indicate the extent of any arrest or incarceration disparities for these individuals.

Racial inequities in the criminal justice system cannot be attributed to higher rates of illicit drug use among different groups. Despite the large disparity in drug crime arrests by race, drug use and addiction prevalence are fairly similar across racial and ethnic groups. For example, in 2017, the rates of SUD and illicit drug use among white, black and Hispanic individuals was within 10 percent of the overall U.S. rate for each group (see figure 14). Illicit drug use includes marijuana, cocaine, heroin, methamphetamine and other substances.

Figure 14. **U.S. substance use disorder and illicit drug use in the past year, age 18 and older, by race, 2017**



Note: Illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants and sedatives
Source: National Survey on Drug Use and Health, 2017

The causes of the racial inequities in the criminal justice system are deep and systemic in the United States.[37] After the ratification of the 13th Amendment in 1865, a system of "black codes" (criminal codes meant to restrict the activities of African Americans) and convict leasing (the practice of leasing incarcerated people to plantations and factories as free labor) was established.[38] Racial minorities have been unduly burdened and targeted by the American criminal justice system ever since.

In addition to the disproportionate imprisonment of communities of color, policies in the second half of the 20th century led to the extreme growth of the American prison population now referred to as mass incarceration. The War on Drugs — declared by President Nixon in 1971 — was a major driver of racialized mass incarceration and targeting racial minorities was an intentional objective of the Nixon White House.[39]

The nation's severe drug penalties, including adding marijuana to the federal Schedule I (the most restrictive category of drugs), led to a dramatic increase in the prison population and disproportionately impacted communities of color.[40]

The prison population experienced an even sharper increase during President Reagan's administration; the U.S. prison population doubled from 329,000 in 1980 to 627,000 in 1988.[41] Policies that contributed to this growth included the expansion of federal drug control agencies, mandatory sentencing and no-knock warrants (i.e. allowing law enforcement officials to enter private property without first notifying residents).

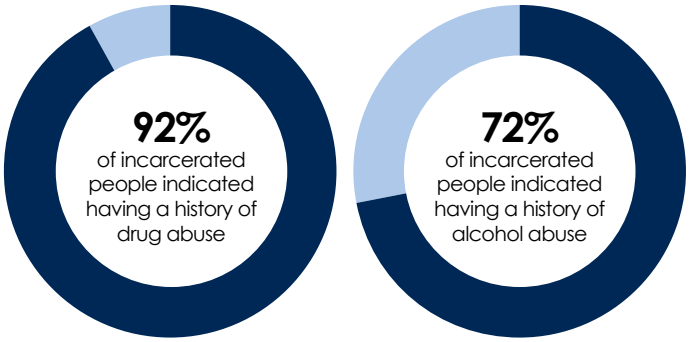
Policies contributing to mass incarceration continued through the 1990s. The Violent Crime Control and Law Enforcement Act of 1994, signed into law by President Clinton, imposed harsher federal prison sentences for violent crimes. It also provided funds for states to build more prisons, hire more police officers and establish grant programs to encourage police officers to carry out more drug-related arrests.[42]

From the 1960s to the 1990s, there was bipartisan support for "tough on crime" policies. Unfortunately, these policies did very little to improve public safety and instead became a major driver of mass incarceration of communities of color across the U.S.[43]

Addiction and the criminal justice system

Individuals with substance use disorder are also disproportionately represented in the criminal justice system. Many studies have illustrated the increase in the number of people with SUD in prisons and jails. Specifically, a 2017 report from the Bureau of Justice Statistics estimated that, compared to 5% of the general adult population who have SUD, more than half of adults who have been in state prisons and more than half of the people who have been sentenced to jail have drug use disorders.[44,45] In Ohio, 92% of people who were incarcerated in 2015 indicated having a history of drug abuse, while approximately 72% had a history of alcohol abuse (see figure 15).

Figure 15. **Drug and alcohol use among incarcerated people in Ohio, 2015**



Source: 2015 Intake Study, Ohio Department of Rehabilitation and Correction, 2016

Alcohol use and crime

Research on addiction and crime often focuses on illicit and diverted prescription drugs rather than alcohol. For example, alcohol is not included as a drug category in OIBRS. Still, there is a connection between alcohol use and criminal activity. Some crimes refer specifically to alcohol use, such as public intoxication and operating a vehicle under the influence (OVI). Excessive alcohol use can also increase the likelihood that individuals will commit certain violent crimes, such as assault or domestic violence.[46] A comprehensive approach to addressing addiction in the criminal justice system would include strategies related to alcohol use.

Data limitations

There is a lack of rigorous, standardized, state-level criminal justice data in Ohio. Data is collected by courts, jails and law enforcement agencies, but often this data is managed at the local level and is not standardized across the state.[47] When data collection is standardized, state-level reporting is not always mandatory. For instance, the Ohio Incident-Based Reporting System (OIBRS) is a standard data collection system for law enforcement agencies, but participation is voluntary. In 2014, 539 agencies (covering approximately 72.7% of the Ohio population) participated in OIBRS.[48] This makes it difficult for state policymakers to fully understand the criminal justice issues facing Ohio.

There are also limitations to race and ethnicity data collected in the criminal justice system. Although some criminal justice entities are collecting this data, there are no standard racial and ethnic categories that are used across the criminal justice system. Because of this, state-level data is not always available by race/ethnicity. There are some national and state data systems that collect race/ethnicity information. For instance, the federal Bureau of Justice Statistics collects incarceration data that can be broken out by race and ethnicity, and the OIBRS has standard race/ethnicity categories as well. Beginning in 2019, the Supreme Court of Ohio also began collecting **standardized data** from specialized dockets across the state, including race/ethnicity information. Still, there are many gaps in the data available at the state level.

Finally, inconsistent definitions of foundational terms, including recidivism, severe and persistent mental illness (SPMI) and SUD, create data collection challenges within the criminal justice system. Uniform definitions are necessary for generating reliable data sources. Ensuring that clear and consistent definitions are shared across Ohio's county jails and local behavioral health systems has been a vital objective of the **Stepping Up Initiative**. This initiative has developed a working definition for "serious mental illness," as well as "recidivism," to improve consistency in data collection.[49] As a state, Ohio needs this data to better understand the challenges faced by jails and the growing number of inmates with substance use and/or mental health challenges.[50]

Part 4. Policy inventory summary

Overview

This section highlights key findings from the policy inventory, including the volume of addiction-related policy changes in the law enforcement and criminal justice sectors.

A complete list of specific policies, programs and services, including descriptions and links for more information, is available in the **Detailed Policy Inventory**.

Inventory process and methodology

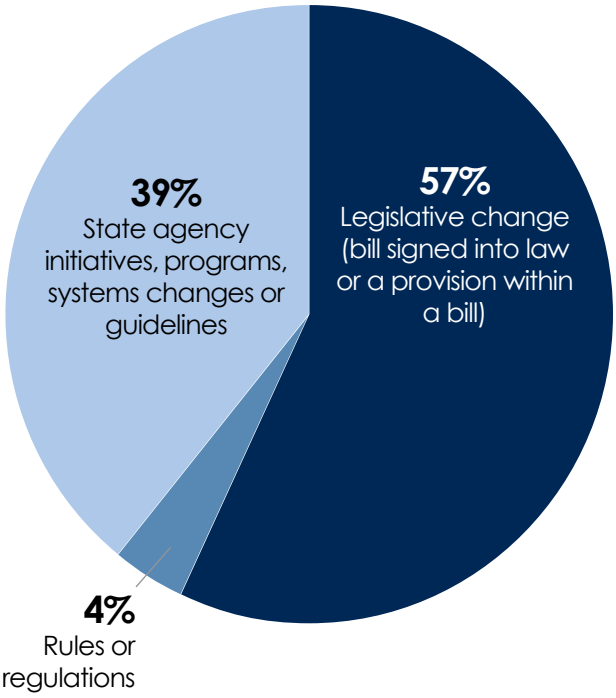
HPIO researchers conducted a structured review of policy changes that occurred at the state level from 2013–2018 (the 130th, 131st and 132nd General Assemblies) to develop the policy inventory. The search did not include any legislation that has been passed in the 133rd General Assembly, including the 2020-2021 state operating budget. See the appendix for a list of the search terms used.

Of the policy changes identified, 57% were legislative changes, 4% were rules or regulations and 39% were new or expanded state agency initiatives, programs, systems changes or guidelines (see figure 16).

Volume of policy changes, by topic

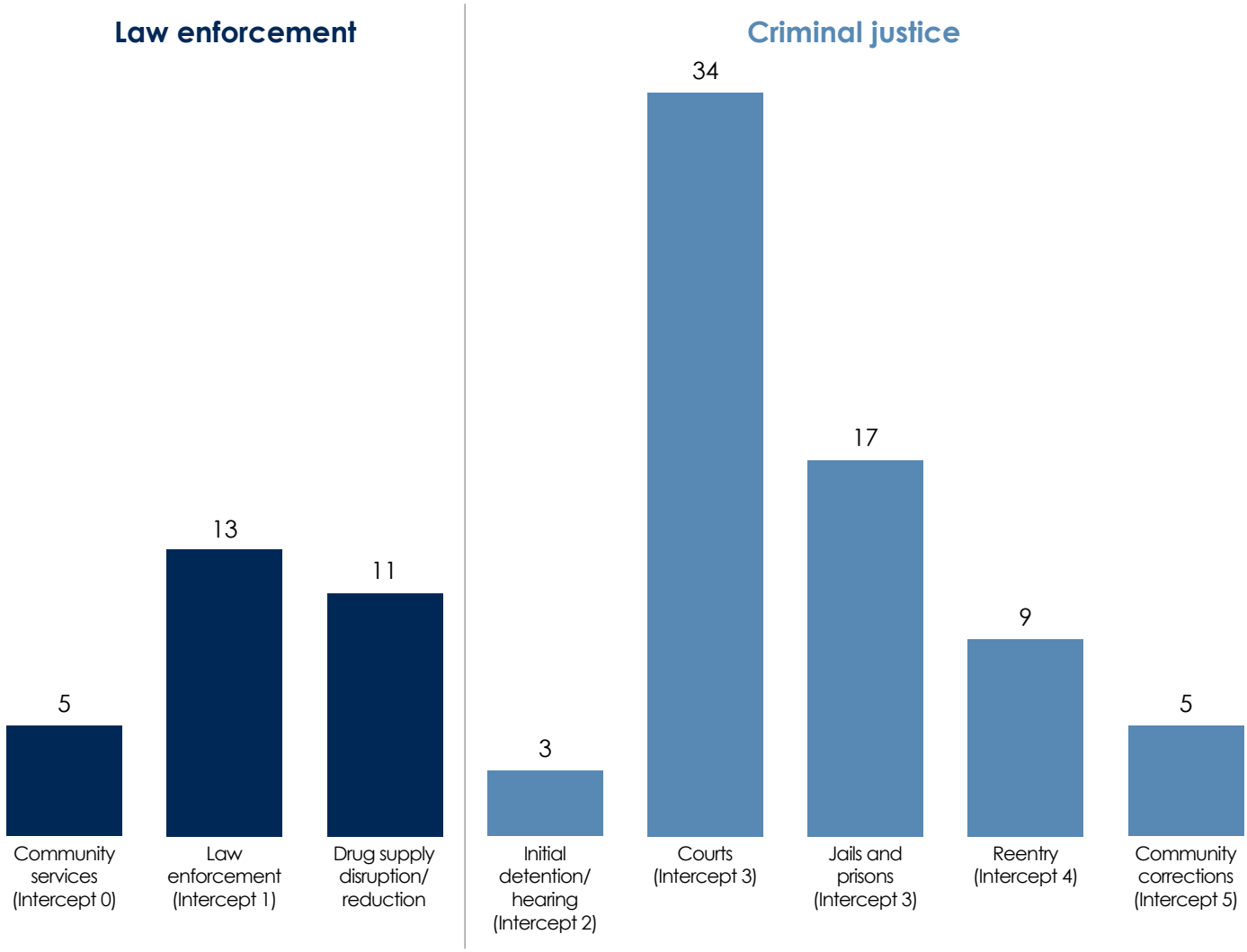
Figure 17 displays the number of policy changes implemented between 2013 and 2018 that relate to the addiction response in the law enforcement and criminal justice sectors. Overall, policy changes within courts, including changes to sentencing requirements and expansion of specialized dockets, received the largest amount of policy attention. Policies related to incarceration, including addiction treatment in prisons and preparations for reentry, received significant policy attention as well. Over the past six years, there was less policymaking activity regarding other areas of the criminal justice system, including pre-arrest diversion, crisis intervention, pretrial diversion and community corrections.

Figure 16. **Number of addiction-related policy changes in the law enforcement and criminal justice sectors in Ohio, by type of policy change, 2013–2018**



Source: HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries

Figure 17. **Number of addiction-related policy changes in Ohio, by topic, 2013–2018**



Source: HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries

Part 5. Policy scorecard summary

Overview

The policy scorecard summary tables in this section rate Ohio's law enforcement and criminal justice policies and programs related to addiction on a three-point scale (see key below) based on the extent to which they:

- Align with research evidence on what works to reduce addiction-related harms
- Reach Ohioans in need (implementation reach, including number of counties served)

In addition, the scorecard summary tables in this section highlight key strengths and gaps related to evidence alignment and implementation reach or utilization of evidence-based services. High-priority opportunities for improvement are listed in the right-hand column and additional opportunities are described in the **Detailed Policy Scorecard**.

Scorecard process and methodology

To develop the list of evidence-based policies and programs in the scorecard, HPIO consulted rigorous reviews of available research literature, including:

- **Expert consensus statements and recommendations** from independent expert panels convened by organizations such as the National Institute of Justice, the International Association of Chiefs of Police and the National Association of Drug Court Professionals
- **Clinical guidelines** from medical associations and federal agencies such as the American Society of Addiction Medicine, the National Institute of Drug Abuse and the U.S. Substance Abuse and Mental Health Services Administration
- **Evidence registries and clearinghouses**, such as What Works for Health

HPIO then reviewed the inventory to identify policies and programs that were relevant to the specific evidence-based approaches. Finally, the Institute assessed the extent to which Ohio's efforts align with the evidence and are being implemented in a widespread way. Although guided by specific criteria (see Appendix), this assessment was largely qualitative.

HPIO sought and received input from state agencies and other stakeholders to ensure that the description of policy implementation was accurate, although information about the number of Ohioans reached or fidelity to evidence-based models was often not available. See the appendix for further description of limitations.

Key: Scorecard summary rating for evidence alignment and implementation reach*

Strong	Most policies, programs and services in this category are consistent with evidence on what works and some are being implemented in a widespread way.	**Moderate**	Many policies, programs and services in this category are consistent with evidence on what works, but overall implementation reach may be limited.	**Weak**	For many of the policies, programs and services in this category, alignment with evidence and/or implementation reach is weak, mixed or unknown.

*See appendix for scoring methodology. See **Detailed Policy Inventory** for list of specific policies, programs and services reviewed.

Figure 18. **Law enforcement scorecard summary**

		Strengths	Gaps	Opportunities for improvement
Weak	**Community services (intercept 0):** *Pre-arrest diversion, overdose reversal and partnerships between public safety and public health agencies*	• First responders and public health personnel in many Ohio counties are using ODMAP for near real-time data on drug overdoses, allowing these agencies to identify and respond to spikes in overdose events and overdose "hot spots" within their jurisdiction • Several Ohio communities have established QRTs/ DARTs, which pair first responders with behavioral health providers and other community partners to follow up with overdose survivors and engage them in treatment	• More information is needed to determine the extent to which evidence-informed models, such as ODMAP and QRT/DART, are being deployed around the state and their effectiveness in reaching desired outcomes • There are no requirements for law enforcement personnel to receive training on addiction, mental health or stigma, and the number of agencies that have received this training is unknown	• Assess the extent to which local health departments are partnering with first responder agencies to access and utilize ODMAP data, and encourage all first responders and public health agencies to fully utilize ODMAP • Provide technical assistance to local communities on HIPAA and CFR 42 so that law enforcement agencies and others can appropriately share information through DARTs, QRTs and other community service programs • Require local law enforcement agencies to participate in training on addiction, mental health and stigma
Moderate	**Law enforcement crisis de-escalation (intercept 1):** *CIT training and crisis response*	• The Criminal Justice Coordinating Center of Excellence provides statewide technical assistance center for CIT • The OPOTA includes 20 hours of crisis intervention training as a foundational introduction to CIT for new officers	• Local law enforcement agencies are not required to have a policy on responding to persons in crisis or to share these policies to a state entity • There is no common definition of "crisis center" in Ohio, and the number of crisis centers in the state is unknown	• Continue to increase the number of law enforcement agencies fully implementing the CIT model • Require local law enforcement agencies to have a policy on responding to persons in crisis, including addiction-related crisis • Collect statewide data on crisis centers

Note: Rating based on evidence alignment and implementation reach

Acronyms in figure 18
CFR: Code of Federal Regulations
CIT: Crisis Intervention Teams
DART: Drug Abuse Response Team
HIPAA Health Insurance Portability and Accountability Act
ODMAP: Overdose Detection Mapping Application Program
OPOTA: Ohio Police Officer Training Academy
QRT: Quick Response Team

Figure 19. **Criminal justice system scorecard summary**

		Strengths	Gaps	Opportunities for improvement
Weak	**Initial detention and initial court hearings (intercept 2):** *Pretrial diversion, SUD screening and the bail system*	• Ohio law requires all full-service jails to screen inmates for physical and mental health conditions upon arrival, including "use of alcohol and drugs" • There are several pretrial diversion methods for offenders in Ohio who commit low-level, non-violent crimes related to substance use or addiction. Recent policy changes have expanded eligibility for some of these programs	• Only 32 jails demonstrated compliance with the requirement to screen inmates for physical and mental health conditions upon arrival in 2018 • There are many factors that make offenders ineligible for pretrial diversion programs and whether qualifying offenders have access to these programs is up to the discretion of the prosecutor and/or the judge • Ohio utilizes a money bail system and has not implemented risk assessment as a tool for pretrial release and detainment decisions	• Inspect all Ohio jails to assess whether mental health and substance use disorder screening is occurring upon intake, and revise jail standards to include specific focus on screening for substance use disorder using evidence-based screening tools • Reduce the number of factors that make offenders ineligible for pretrial diversion • Reform the money bail system and implement an equitable risk assessment tool for pretrial release and detainment decisions
Moderate	**Courts (intercept 3):** *Specialized dockets and mandatory sentencing*	• Ohio has a large number of specialized dockets: There are 256 specialized dockets in the state, including 180 drug courts. Sixty-four counties have at least one specialized docket • In many cases, drug courts are quickly connecting participants with appropriate, evidence-informed addiction treatment services • The Supreme Court of Ohio requires local courts to meet a series of Specialized Dockets Standards and has issued guidance for the use of MAT in drug courts	• Although the Supreme Court of Ohio is requiring more robust data collection beginning July 2019, there are gaps in statewide data collection related to specialized dockets, including what types of aftercare and recovery management services are offered post-graduation • During the 130th-132nd General Assemblies, Ohio increased and added several mandatory sentences to the ORC	• Expand upon the data collected by the Supreme Court of Ohio from specialized dockets • Expand the Addiction Treatment Program and/or the Specialized Docket Subsidy Program so that all specialty dockets receive GRF funding • Reduce the prevalence of mandatory sentencing requirements in the ORC, which prevent the possibility of alternative sentencing programs and/or diversion to community corrections

Note: Rating based on evidence alignment and implementation reach

Acronyms in figure 19
ASAM: American Society of Addiction Medicine
DRC: Ohio Department of Rehabilitation and Correction
GRF: General Revenue Fund
MAT: Medication-Assisted Treatment
ORAS: Ohio Risk Assessment System
ORC: Ohio Revised Code
SUD: Substance Use Disorder

Figure 19. **Criminal justice system scorecard summary** (cont.)

		Strengths	Gaps	Opportunities for improvement
Moderate	**Prisons (intercept 3):** *Addiction screening and treatment during incarceration*	• Naloxone is available in all Ohio state prisons, and all DRC employees are trained annually on naloxone administration, storage and record keeping • SUD screening is included in the regimen of treatment that DRC provides to state prison inmates • Prisons offer a variety of SUD treatment services to inmates	• Gaps exist in the data collected from Ohio prisons, including the number of inmates screened for SUD and the extent to which prisons provide evidence-based SUD treatment • Prison staff are not uniformly trained on the nature of addiction, evidence-based SUD treatment and stigma related to addiction	• Assess the extent to which state prisons are appropriately screening newly-incarcerated persons for addiction and mental disorders and providing evidence-based SUD treatment, including MAT • Require prison staff to participate in training on the nature of addiction, evidence-based SUD treatment and stigma
Weak	**Jails (intercept 3):** *Addiction screening, withdrawal management and treatment during detainment and incarceration*	• Ohio law contains "Minimum Standards for Jails in Ohio" and jails are regularly monitored for compliance with these standards • Within DRC, the Bureau of Adult Detention is responsible for creating standards for jails, conducting jail inspections and coordinating technical assistance for local jails	• Significant gaps exist in the data collected from jails, including whether SUD screening, treatment and withdrawal management services are provided to individuals in jail • The "Minimum Standards for Jails in Ohio" are insufficient to ensure that all people in Ohio jails have access to behavioral health screening and treatment • There is no requirement for local jail employees to be trained in naloxone administration	• Improve data collection and reporting about the extent to which Ohio jails are providing effective care for detainees and inmates in withdrawal • Provide technical assistance to jails to develop evidence-based policies and protocols for medically managed withdrawal services consistent with the ASAM National Practice Guideline • Require all jail employees to be trained on naloxone administration, storage and record keeping

Note: Rating based on evidence alignment and implementation reach

Acronyms in figure 19
ASAM: American Society of Addiction Medicine
DRC: Ohio Department of Rehabilitation and Correction
GRF: General Revenue Fund
MAT: Medication-Assisted Treatment
ORAS: Ohio Risk Assessment System
ORC: Ohio Revised Code
SUD: Substance Use Disorder

Figure 19. **Criminal justice system scorecard summary** (cont.)

		Strengths	Gaps	Opportunities for improvement
Strong	**Reentry (intercept 4):** *Naloxone access, connections to Medicaid, job training and recovery services*	• DRC operates the Narcan at Release Project, which provides overdose education and naloxone to prison inmates before release • Since 2014, the Medicaid Pre-Release Enrollment Program has connected people with behavioral health needs to Medicaid, which provides access to SUD treatment and other services for transitioning from prison back into the community • DRC offers high school equivalency programs to inmates at all prisons, as well as career-technical training and addiction recovery programs to maximize success post-release	• There is no state-level information about the percent of Ohio jails that provide naloxone to people upon release • Programming for children and their incarcerated parents is limited, although visitation and video conferencing services are often available	• Collect data regarding how many jails stock naloxone and provide it to people upon release • Expand programs that maintain family relationships and community connections prior to release, including programming for children • Evaluate utilization rates of reentry programs and expand underutilized programs • Utilize public-private partnerships to expand housing and employment options for people upon release
Weak	**Community corrections (intercept 5):** *Granting parole, conditions of parole and responses to parole violations*	• Parole officers are trained on drug testing, addiction and working with offenders who are addicted to opioids. This training outlines the evidence related to addiction, including MAT • The Parole Board uses risk assessment as a key element in deciding which sanctions to impose during parole	• The Ohio Parole Board has absolute discretion in parole decisions without the use of parole guidelines • Ohio has not implemented an earned credit system so that individuals on parole can earn time off their community-control sentence	• Require the Parole Board to use guidelines that include the ORAS as a key factor in assessing risk and readiness for parole • Implement an earned credit system for individuals on parole, similar to the system for individuals who are incarcerated

Note: Rating based on evidence alignment and implementation reach

Acronyms in figure 19

ASAM: American Society of Addiction Medicine
DRC: Ohio Department of Rehabilitation and Correction
GRF: General Revenue Fund
MAT: Medication-Assisted Treatment
ORAS: Ohio Risk Assessment System
ORC: Ohio Revised Code
SUD: Substance Use Disorder

Strategies to address addiction in the criminal justice system

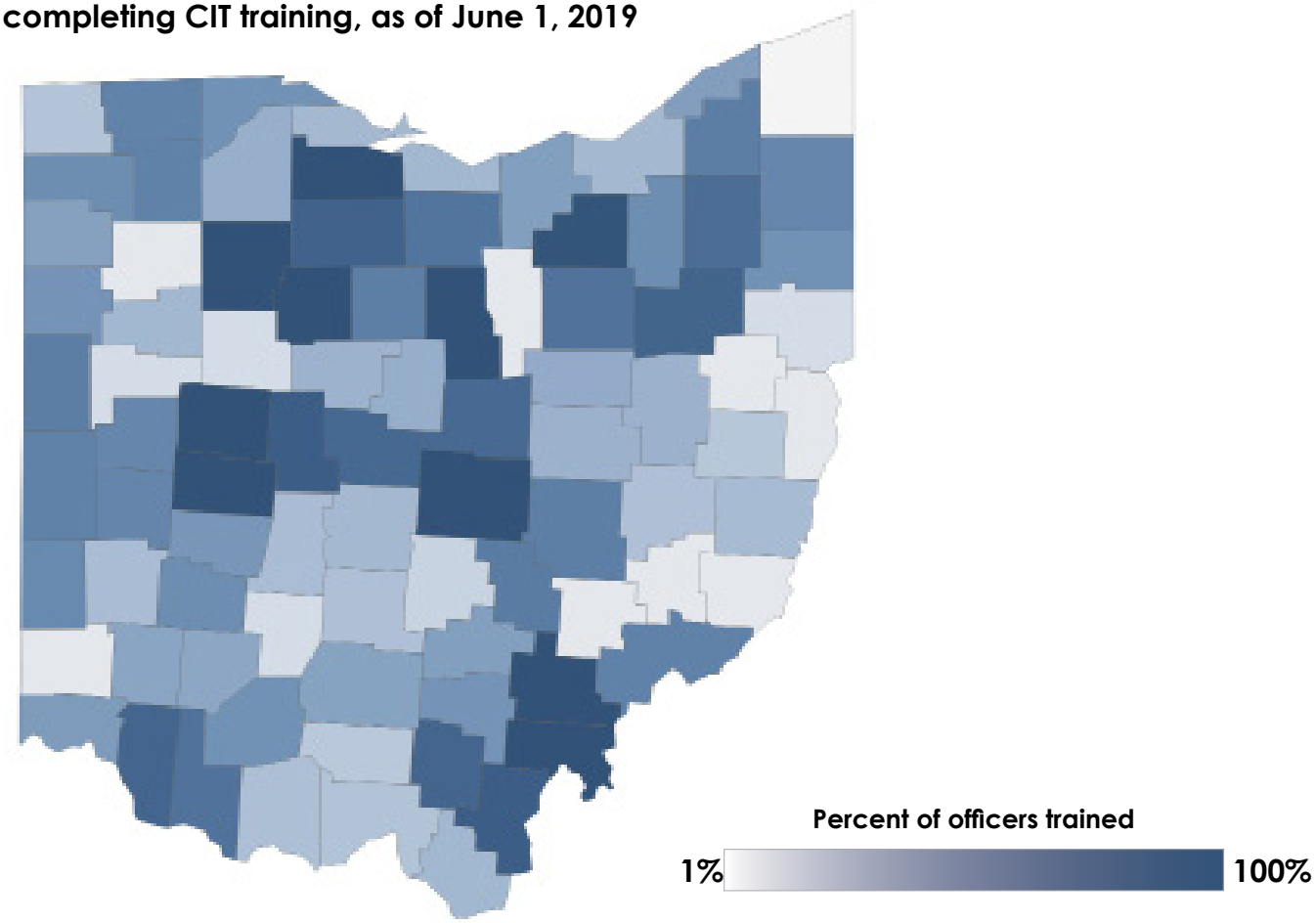
There are evidence-informed strategies that state policymakers can implement to both divert offenders with addiction issues from the criminal justice system and treat incarcerated people who have substance use disorder. Several of these strategies are described below. This inventory and scorecard report examines the application of these strategies in Ohio, including opportunities to improve implementation.

Law enforcement: Quick Response Teams and Crisis Intervention Training

Quick Response Teams (QRTs)/Drug Abuse Response Teams (DARTs). A QRT, also known as a DART, is an integrated first responder unit comprised of law enforcement officers, emergency medical personnel, healthcare providers and/or addiction treatment professionals. QRTs serve as first responders for opioid overdoses and, following an overdose, provide services to help people achieve recovery. The QRT program originated in Colerain Township in Cincinnati and the DART program began in Lorain County, both in 2014. This model has shown evidence of effectiveness for connecting people who have overdosed with addiction treatment programs.[51]

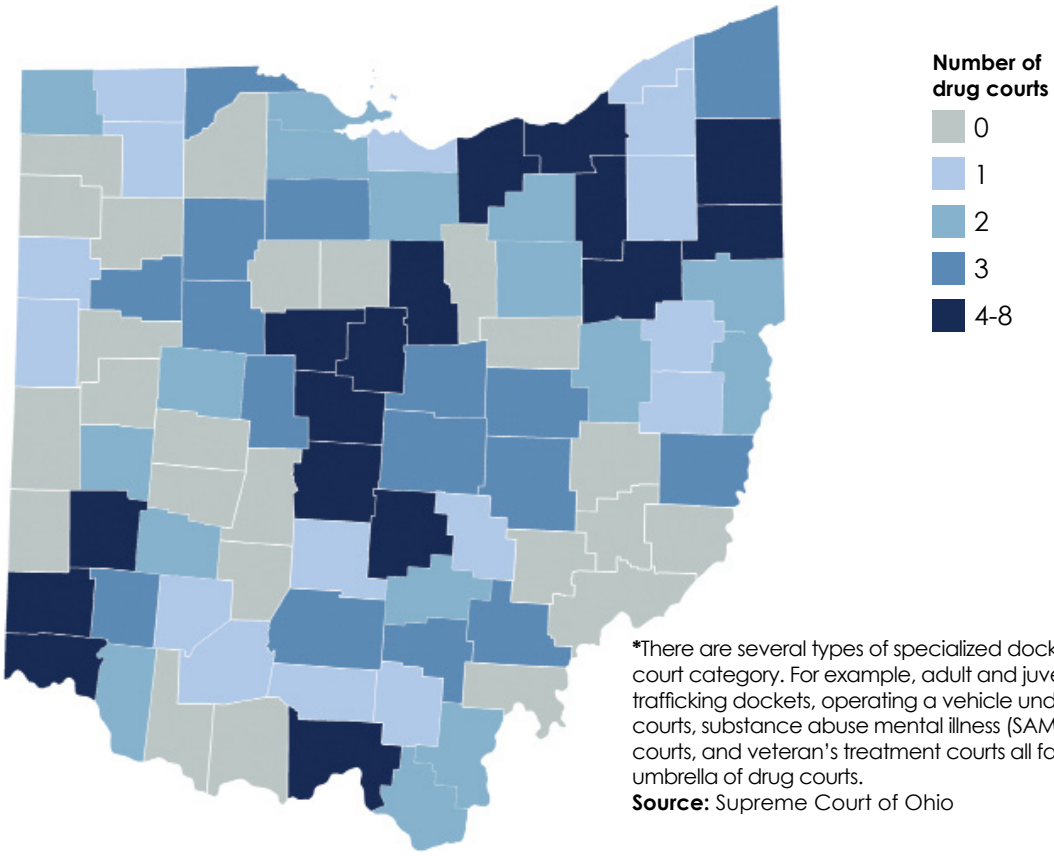
Crisis Intervention Teams (CIT). CIT is a first-responder model in which law enforcement officers and behavioral health providers are trained to connect people with mental illness and/or substance use disorder (SUD) to medical treatment and psychiatric care rather than be placed in the criminal justice system. CIT training is effective in improving officers' knowledge and attitudes when responding to crisis calls.[52] CIT trained officers use lower levels of force and make more connections with behavioral health services than officers without training.[53] Figure 20 illustrates the extent of CIT training in Ohio as of June 2019.

Figure 20. **Percent of full-time law enforcement officers completing CIT training, as of June 1, 2019**



Source: Criminal Justice Coordinating Center of Excellence, Northeast Ohio Medical University

Figure 21. **Drug courts* in Ohio, October 2019**



*There are several types of specialized dockets included in the drug court category. For example, adult and juvenile drug courts, human trafficking dockets, operating a vehicle under the influence (OVI) courts, substance abuse mental illness (SAMI) courts, family drug courts, and veteran's treatment courts all fall under the national umbrella of drug courts.
Source: Supreme Court of Ohio

Courts: Specialized dockets and bail reform

Specialized dockets. First established by the Supreme Court of Ohio in 2011, Ohio's specialized docket system is used to accommodate specific populations of offenders, such as individuals with mental health and addiction challenges.[54] There are many types of specialized dockets, including drug courts, mental health courts, family dependency courts and veterans courts. By closely supervising participants and ordering them into appropriate treatment, specialized dockets increase completion of treatment, decrease recidivism and defer offenders with underlying challenges away from the traditional criminal justice system.[55] The Supreme Court of Ohio began certifying specialized dockets in 2013, requiring courts to offer treatment, as well as a "therapeutically oriented judicial approach," to receive specialized docket status.[56] As of October 2019, there are 256 specialized dockets, including 180 drug courts in 64 Ohio counties (see figure 21).[57]

The Ohio Department of Mental Health and Addiction Services (OMHAS) plays a large role in funding specialized dockets. This funding is available to courts through the Addiction Treatment Program, Specialized Dockets Subsidy Project, Legacy Drug Court Program and Mental Health Court Pilot Program.[58] As of June 2019, OMHAS funds specialized dockets in 55 counties.[59]

Bail reform. Ohio utilizes a money bail system for pretrial detention. Whether Ohioans await trial in jail or in the community is determined by who can afford to pay bail, creating inequities in pretrial detention. Expert consensus reports, including the **Report and Recommendations of the Supreme Court of Ohio Task Force to Examine the Bail System**, recommend replacing the money bail system with a risk assessment system to determine which arrestees have a high risk of failing to appear for the scheduled court date and/or being re-arrested for further criminal violations prior to trial.[60] Risk assessment is an evidence-informed tool to increase success in pretrial decisions.

Risk assessment tools must be accessible and culturally competent so that unintended consequences related to racial and other inequities are minimized.[61] For instance, assessment criteria should be transparent and the risks assessed should be carefully considered (i.e., eliminate variables with significant racial bias). Additionally, release and detainment decisions should be closely monitored and evaluated for impact on inequities so that needed adjustments can be made to risk assessment tools.[62]

Prisons and jails: Health care and addiction treatment

Jails and prisons are sometimes referred to as de facto addiction treatment centers because of the high number of incarcerated people with addiction challenges. This added role of treatment center is relatively new for county jails and many facilities are not adequately staffed or funded to provide addiction treatment services.[63]

Ohio should overcome these funding and capacity challenges and treat individuals with addiction issues in criminal justice settings. Not only does treatment improve a variety of health outcomes for individuals with SUD, but treatment also reduces the likelihood that offenders will recidivate. The National Institute on Drug Abuse estimates that for every dollar invested in addiction treatment programs there is a return of between $4 and $7 in reduced drug-related crime, criminal justice costs and theft.[64]

An additional barrier to utilizing MAT in criminal justice settings is education and stigma. In 2015, the Ohio Office of Criminal Justice Services (OCJS) found that community corrections facilities had difficulty hiring medical professionals who were willing and able to treat offenders with SUD.[65] The study also found that facility staff were less likely to agree that they "have received adequate information about the effects of using MAT for offender populations", and more likely to agree with negative statements about MAT, such as "using medications to treat addiction is substituting one drug for another" and "using medications to treat addiction in correctional programs causes too many problems with diversion and contraband within the facility".[66] More training and education is needed to overcome these barriers in the criminal justice system.

For additional information about the treatment services available within the criminal justice system, see the **By the Numbers** series of reports by the Center for Community Solutions and the Mental Health and Addiction Advocacy Coalition.

Medication-assisted treatment

Medication-assisted treatment (MAT) provides a holistic, pharmacotherapy approach to treating SUD by using FDA-approved medications, as well as counseling and behavioral therapies. There are three medication types commonly used to treat opioid addiction[67], and it is important that all three types are available to patients since there is not one, universal medication that is appropriate or effective for all.[68] For an in-depth description of these three types of medications, as well as more information about MAT, please refer to page 22 of HPIO's **Ohio Addiction Policy Inventory and Scorecard: Prevention, Treatment and Recovery**.

Reentry: Collateral consequences and recovery

Collateral consequences occur when legal restrictions limit access to employment, business and occupational licensing, housing, voting, education and other rights, benefits and opportunities for people convicted of crimes.[69] According to the National Inventory of Collateral Consequences of Conviction, Ohio law contains 1,630 consequences for convicted persons.[70]

Some collateral consequences serve a public safety function, such as limiting firearm access for people convicted of violent offenses or barring people convicted of fraud from positions of public trust.[71] However, some collateral consequences apply regardless of the relationship between the crime and opportunity being restricted, and consequences often apply without consideration of the time that has passed or the person's rehabilitation efforts since the conviction.[72] These consequences interfere with recovery from addiction, unduly limit civil liberties and make it harder to find a job, housing or access to other resources that support reentry.

The Ohio Department of Rehabilitation and Correction offers high school equivalency programs to people serving sentences in all prisons, as well as career-technical education and addiction recovery programs to maximize success post-release. This is a positive step, but more can be done to enhance social and economic opportunities for people who have been released from prison.

Part 6. Evaluating the impact of Ohio's policies and programs

Evaluation research assesses how a policy or program was implemented and whether or not it was effective in achieving desired outcomes.

Of the 84 law enforcement and criminal justice policies reviewed in this inventory, only 11 (13%) included a clear reference to an evaluation requirement or some other provision related to outcome monitoring or data tracking.

Because of this minimal focus on evaluation, the impact of most policy changes is not assessed or documented in a systematic or rigorous way in Ohio. New pilot programs continue to be launched, while the learnings from previous pilots are rarely used to inform policy decisions.

Transparency of evaluation results

Of the 11 policy changes with an evaluation or data monitoring component identified, there was only one program for which evaluation results are posted online—the Addiction Treatment Program, which provides MAT in drug courts. The initial pilot program and subsequent expansions of the program were evaluated by two research teams. The results are summarized in the following reports, which are posted on the OMHAS website:

- **OhioMHAS Addiction Treatment Pilot Program, Begun Center for Violence Prevention, Research and Education, Case Western Reserve University (2015)**
- **Ohio Addiction Treatment Program Evaluation Final Report, Treatment Research Institute (2017)**

Both of these studies had significant limitations that made it difficult to fully determine whether the program's intended long-term outcomes had been achieved.

Appendix. Methodology

Inventory process

HPIO researchers searched the Ohio Revised Code (ORC), Ohio Administrative Code (OAC), the Governor's Cabinet Opiate Action Team (GCOAT) timeline (**Combating the Opiate Crisis in Ohio**), state agency websites and policy summaries for other organizations to compile the detailed policy inventory. See figure 22 for examples of the types of policy changes reviewed.

Figure 22. **Types of policy changes reviewed**

Type of policy change	Examples
Legislative change	• The 2017-2018 state budget (HB 49) appropriated $16 million for the Ohio Department of Mental Health and Addiction Services (OMHAS) to create the Addiction Treatment Program, which provides addiction treatment and recovery supports through drug court programs • Provision of SB 66 (132nd General Assembly) modified the criteria for Intervention in Lieu of Conviction (ILC) and expands eligibility for pretrial diversion for people charged with certain minor drug offenses
Rules or regulations	OAC 5120-17-01 and 5120-17-02 established a community-based substance use disorder treatment program for eligible prisoners
New or expanded state agency initiatives	• OMHAS participated with the Ohio State Highway Patrol in SHIELD details, which help connect people who use drugs and are intercepted by law enforcement to treatment • The Ohio Department of Medicaid and the Ohio Department of Rehabilitation and Correction operate the Medicaid Pre-Release Enrollment Program to facilitate enrollment into Medicaid as people with behavioral health needs transition from prison back into the community

HPIO researchers used the following search terms when reviewing the ORC and OAC:

- Alcohol
- Arrest
- Cigarette
- Collateral sanction
- Community corrections
- Controlled substance
- Criminal justice
- Crisis center
- Crisis Intervention Team
- Diversion
- Drug Abuse Response Team
- Drug court
- Drug possession
- First responder
- Illicit drug
- Incarceration
- Inmate
- Interdiction
- Jail
- Law enforcement
- Marijuana
- Mandatory sentence
- Offender
- Open container
- Operating a vehicle under influence
- Police officer
- Peace officer
- Prison
- Probation
- Quick Response Team
- Reentry
- Schedule I
- Schedule II
- Specialty docket
- Trafficking

Scorecard process

Step 1: Rating for specific policies and programs in detailed scorecard. HPIO researchers rated the specific policies, programs and services in the **detailed policy scorecard** based on five levels: strong, moderate, mixed, weak and unknown/more information needed. Each policy was given two ratings, one for alignment with evidence and another for extent of implementation reach. Figure 23 defines each of these ratings, as well as the score assigned to each rating.

Figure 23. **Definition of detailed scorecard rating levels**

Rating and score	Ohio alignment with evidence	Extent of implementation reach in Ohio
Strong (4)	Services, programs and policies being implemented in Ohio are highly consistent with the most rigorously evaluated and effective evidence-based approaches in this category.	Services and programs are being implemented throughout the entire state (statewide or more than 80 counties), are reaching the majority of prisons (statewide or more than 25 of 28 state prisons), are reaching a majority of intended groups of Ohioans and are funded at the level needed to implement widespread, effective programming with fidelity to the evidence-based model. Policies are being monitored, implemented and enforced as intended.
Moderate (3)	Services, programs and policies being implemented in Ohio are mostly consistent with recommended evidence-based approaches in this category.	Services and programs are being implemented in at least 40-80 counties, are reaching large numbers of prisons (14-24 state prisons), are reaching large numbers of intended groups of Ohioans and/or are funded adequately to meet current capacity and demand. Policies are likely being implemented and enforced as intended, although rigorous monitoring information may not be available.
Mixed (2)	Ohio is implementing some services, programs or policies with "strong" or "moderate" alignment with evidence, but is also implementing a significant number of services, programs or policies with "weak" alignment.	Within this category, Ohio is implementing some services or programs with "strong" or "moderate" implementation reach but is also implementing a significant number of services or programs with "weak" implementation reach. Some policies are being implemented as intended and enforced, while others are not.
Weak (1)	Ohio is implementing services, programs and policies that are not consistent with recommended evidence-based approaches within this category.	Services and programs are being implemented in fewer than 40 counties, are only reaching a small proportion of prisons (fewer than 14 state prisons), are only reaching a small proportion of intended groups of Ohioans, and/or funding is inadequate to meet demand. Policies are not being implemented as intended and/or are not being enforced.
Unknown/ More information needed (1)	Adequate information to determine evidence alignment is not currently available.*	Adequate information to determine implementation reach is not currently available.*

*Note that this information may be available within specific counties, but is not available on a statewide basis.

Step 2. Summary score for subtopics. The scores for each policy and program in the detailed policy scorecard were averaged across sub-topics in order to summarize the scorecard findings for this report. For example, policies on mental health and substance use disorder screening, pretrial diversion, and money bail were averaged to calculate scores for the criminal justice system topic: *"Initial detention and initial court hearings."* This method was replicated for each subtopic (see figure 24). The total score for a subtopic is a composite score of alignment with evidence and extent of implementation and reach. If the subtopic total score was 6.0 or higher, it received a strong rating. Subtopics with a score between 5.0 and 5.9 received a moderate rating and subtopics with a score below 5.0 received a weak rating.

Figure 24. **Final summary score and rating for law enforcement and criminal justice subtopics**

Subtopic	Alignment with evidence*	Extent of implementation reach*	Total summary score	Summary rating
Community services (intercept 0)	2.8	1	**3.8**	**Weak**
Law enforcement crisis de-escalation (intercept 1)	2.5	2.5	**5**	**Moderate**
Initial detention and initial court hearings (intercept 2)	1.7	1.7	**3.3**	**Weak**
Courts (intercept 3)	2.7	2.3	**5**	**Moderate**
Prisons (intercept 3)	3	2.3	**5.3**	**Moderate**
Jails (intercept 3)	1	1.8	**2.8**	**Weak**
Reentry (intercept 4)	3	3.3	**6.3**	**Strong**
Community corrections (intercept 5)	2.3	2	**4.3**	**Weak**

*Average score across specific policies/programs within subtopic
Note: Subtopics with a score of 6.0 or higher received a strong rating, subtopics with a score between 5.0 and 5.9 received a moderate rating and subtopics with a score below 5.0 received a weak rating.

Sources of evidence

HPIO relied upon the most credible sources of information available in order to identify the evidence-based policies, programs and practices listed in the scorecard. Rather than citing individual studies, HPIO turned to expert consensus statements, clinical guidelines and evidence registries whenever possible; these sources involve rigorous review of available research evidence by a group of experts who synthesize the information and make a recommendation or statement about what approaches are most effective. The types of sources used to develop the scorecard are listed below, in order of preference. Gray literature reports were used for some topics if expert consensus statements or clinical guidelines were not available:

1. **Expert consensus statements or recommendations from independent expert panels** convened by organizations, such as the International Association of Chiefs of Police (IACP) or the National Association of Drug Court Professionals. Example: National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards*.
2. **Clinical guidelines from professional/medical associations**, sometimes published in peer-reviewed journals. Example: National Sheriffs' Association and National Commission on Correctional Health Care, *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.*
3. **Evidence registries and clearinghouses.** Searchable databases or other user-friendly compilations of evidence-based policies and programs. These registries use specific screening criteria to identify effective strategies and/or rate strategies on the strength of their available evidence of effectiveness. Examples: What Works for Health (University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation) and Crime Solutions (National Institute of Justice). (Note: Only programs with high ratings of evidence of effectiveness were included.)
4. **Gray literature reports** from private sector organizations with recommendations based on review of evidence (although typically not a systematic review). Example: The National Center for Addiction and Substance Abuse, *Behind Bars II: Substance Abuse and America's Prison Population*

For a complete list of credible sources of evidence on effective addiction practices in the law enforcement and criminal justice sectors, visit the HPIO Addiction Evidence Project **Evidence Resource Page: Law Enforcement and the Criminal Justice System**.

Limitations

The inventory begins in 2013, and therefore does not include policies that were implemented earlier in the opiate crisis. Visit the **GCOAT timeline** for policies implemented in 2011-2012.)

Although this inventory is the most comprehensive review of law enforcement and criminal justice policy changes related to addiction in Ohio completed to date, it is likely that some policies were missed, such as:

- Legislation or rules/regulations that did not include any of the search terms used by HPIO researchers (listed on page 38) when reviewing legislation and the OAC
- Rules/regulations that were revised between 2013 and 2018 but have prior effective dates outside of that date range. Due to the way rules are recorded, HPIO researchers were unable to discern which language was newly added and which language existed prior to 2013.

There were several challenges to rating the extent of implementation reach for the scorecard. First, information about the number of Ohioans or number of counties reached by a program or service was not always available. Second, information about the extent to which policies were being implemented as intended was not always available. Finally, service penetration rates and per-capita spending information from other states would provide useful context for assessing the adequacy of Ohio's efforts, but this information would be time consuming and costly to collect.

Advisory Group

HPIO convenes an Addiction Evidence Project Advisory Group made up of 30 representatives from state and local, public and private organizations with expertise in addiction prevention, behavioral health treatment and recovery, child welfare, first responders and criminal justice (listed below). This group provides guidance to HPIO on Addiction Evidence Project products, including this report.

First Name	Last Name	Organization
Carol	Baden	RecoveryOhio
Lara	Baker-Morrish	City of Columbus
Andrea	Boxill	Columbus Public Health
Tara	Britton	Center for Community Solutions
Sonya	Carrico	Interact for Health
Dennis	Cauchon	Harm Reduction Ohio
Geoff	Collver	Ohio Council of Behavioral Health & Family Services Providers
Daniel	Dew	Buckeye Institute
Courtney	Ebersole	Ohio Association of County Behavioral Health Authorities
Melissa	Federman	AIDS Funding Collaborative
Melissa	Fischer	Lorain County Sheriff's Department
Melissa	Green	Columbus Public Health
Orman	Hall	Ohio High Intensity Drug Trafficking Areas
Mark	Hurst	Ohio Department of Health
Lesli	Johnson	Ohio University
Steven	JohnsonGrove	Ohio Transformation Fund
Monica	Kagey	Supreme Court of Ohio
Hope	Lane	Center for Community Solutions
Teresa	Long	Ohio State University College of Public Health
Michelle	Lydenberg	Interact for Health
Dustin	Mets	CompDrug
Chris	Nicastro	Ohio Department of Mental Health and Addiction Services
Amy	O'Grady	City of Columbus
Matthew	Parrish	City of Columbus, Division of Fire
Jim	Ryan	Alcohol and Drug Abuse Prevention Association of Ohio
Kelly	Smith	Mental Health Advocacy Coalition
Ann	Spicer	Ohio Academy of Family Physicians
Phil	Stammitti	Sheriff, Lorain County
Brandon	Standley	Chief, Bellefontaine Police Department
Scott	Sylak	Mental Health & Recovery Services Board, Lucas County
John	Tharp	Sheriff, Lucas County
Jonathan	Westendorf	Chief of Fire and EMS, City of Franklin (Warren County)
Andy	Wilson	Office of the Governor
Kathy	Yokum	Ohio Department of Mental Health and Addiction Services

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The following core funders provide generous support to the Health Policy Institute of Ohio:

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