



Health Policy Brief

Connections between criminal justice and health

Overview

According to the HPIO *Health Value Dashboard*, Ohio ranks 47 out of 50 states and D.C. on health value — a composite measure of population health outcomes and healthcare spending. Incarceration, arrest and crime contribute to Ohio's poor health value rank.

This brief summarizes research on the complex connections between criminal justice and health (see figure 1), with a focus on the impact of criminal justice involvement on health and well-being. The brief also outlines policy options that state policymakers and other community leaders can take to reduce incarceration and improve the health of Ohioans at highest risk of criminal justice involvement.

The research evidence is clear that poor mental health and addiction are risk factors for criminal justice involvement and that incarceration is detrimental to health. Obstacles to health and well-being are particularly striking for Ohioans who are at highest risk of criminal justice involvement (described in the following sections).

3 key findings for policymakers

- **There is a two-way relationship between criminal justice and health.** Mental health and addiction challenges can lead to arrest and incarceration, and incarceration contributes to poor behavioral and physical health for many Ohioans.
- **Racism and community conditions contribute to criminal justice involvement and poor health.** Racist and discriminatory policies and practices and community conditions, such as poverty, housing instability and exposure to trauma, lead to increased criminal justice involvement and drive poor health outcomes.
- **Improvement is possible.** There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes.

Figure 1. **The relationship between criminal justice and health**



Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.

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What is the relationship between criminal justice and health?

Figure 1 and the following sections describe the relationship between criminal justice and health:

- Poor health, particularly substance use and mental health conditions, can lead to criminal justice involvement, including increased likelihood of experiencing arrest, pretrial detention, incarceration and community and collateral sanctions.
- Involvement in the criminal justice system also negatively affects health and can lead to the contraction of infectious diseases and the development or exacerbation of chronic diseases, mental health conditions and addiction.
- Racism, discrimination and community conditions, such as income, employment, education, housing, trauma and family well-being are foundational drivers of both criminal justice involvement and poor health outcomes.

Engagement with the criminal justice system impacts the health, safety and well-being of justice-involved people, their families and the broader community.

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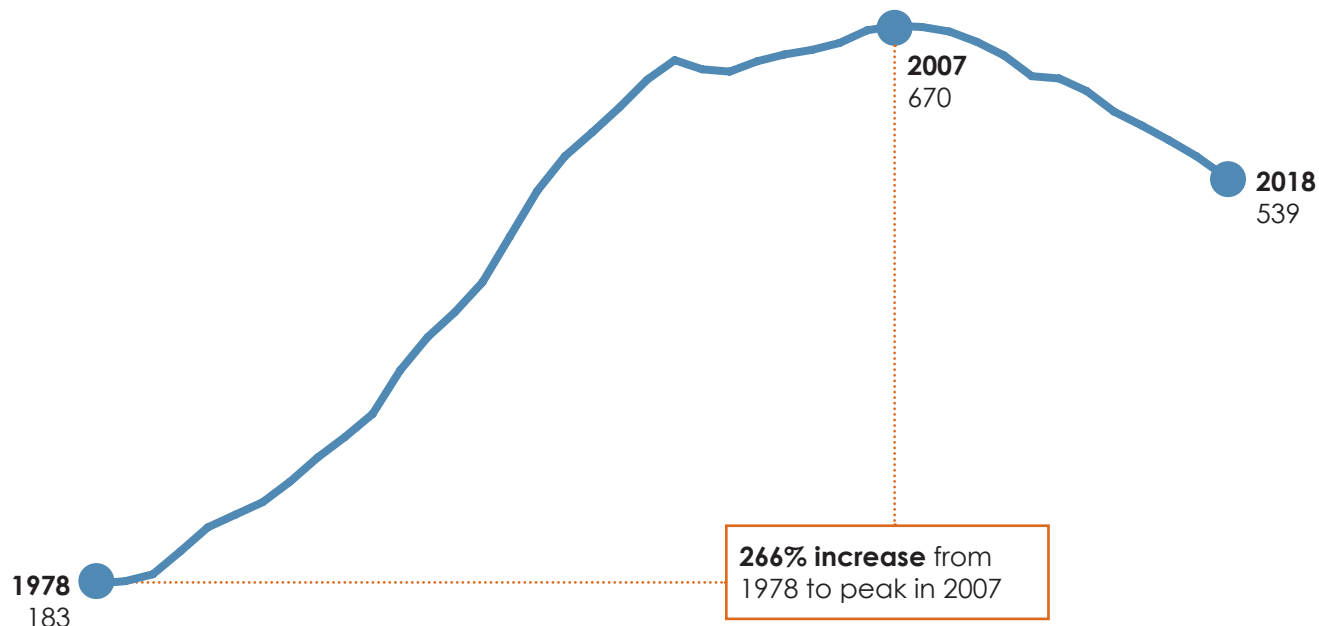
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Figure 2. **Adult imprisonment rate per 100,000 population, U.S., 1978-2019**



Source: Bureau of Justice Statistics, National Prisoner Statistics, 1978-2019

What is the criminal justice system?

The criminal justice system, including law enforcement, courts and corrections, is a network of agencies and processes used to control crime, compensate victims and hold offenders accountable.^{1,2} Improving community safety and ensuring justice for victims are core values of the criminal justice system. However, historical and present day criminal justice policies have not always been in line with these values. In fact, some foundational criminal justice policies and practices, as described in more detail throughout this brief, have disproportionately and negatively impacted some groups more than others. Consequently, community safety has not been significantly improved³ and, instead, these policies and practices have contributed to the poor health and well-being of incarcerated people, their families and communities.⁴

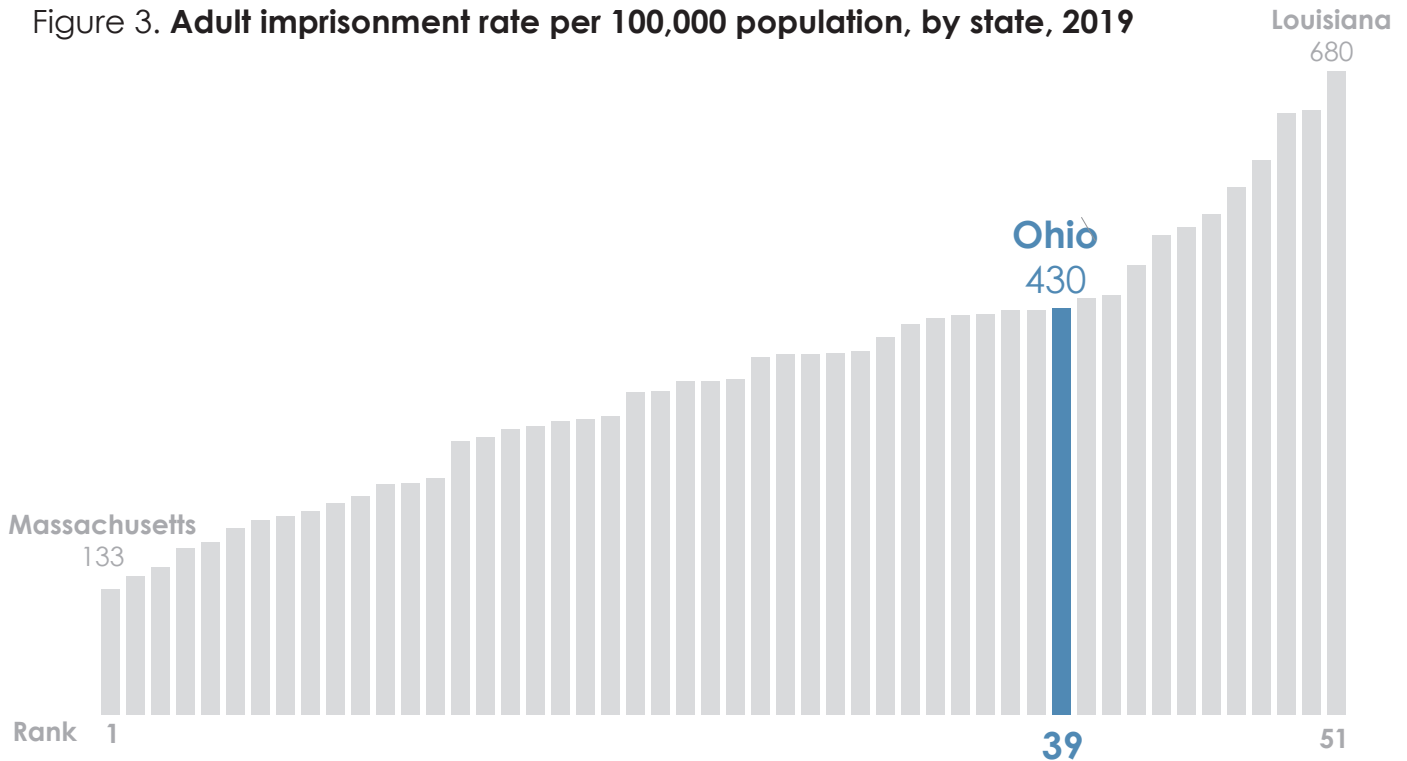
Beginning in the 1960s, a series of “tough on crime” policies expanded the reach of the criminal justice system nationally and in Ohio, resulting in the incarceration of tens of thousands of Ohioans. This is often referred to as “mass incarceration.”⁵ In the U.S., incarceration increased from 183 adults per 100,000 population in 1978 to a high of 670 adults per 100,000 in 2007 (see figure 2). Communities disproportionately impacted by the criminal justice system include people of color, with low incomes and with mental health and substance use disorders.

The United States has the highest rate of incarceration in the world⁶, and Ohio has a higher incarceration rate than most other states. In 2019, Ohio had one of the highest adult imprisonment rates among all 50 states, ranking 39th with 430 adults per 100,000 population serving sentences in state or federal prisons (see figure 3). In addition, many Ohioans are incarcerated in local jails. In 2016, Ohio incarcerated 202 adults per 100,000 in jails.⁷

Many policy decisions over several decades have contributed to high incarceration rates in Ohio and the U.S. overall. These include:

- **Drug control policies** and other penalties related to drug possession and use, often referred to as the “War on Drugs.” These policies led to a rapid increase in incarceration in the 1980s and 1990s.⁸
- **The money bail system**, which requires criminal defendants to be held in jail before trial unless they can pay a set price to be released. Pretrial detention of people who have not been convicted of a crime contributes to the large number of people incarcerated in jails.⁹
- **Charges brought by prosecutors**, who have broad discretion in whether they charge a person who has been arrested with one or more crimes. Since the 1990s, more criminal charges per arrest have been filed, which has led to an increase in convictions and incarceration.¹⁰

Figure 3. **Adult imprisonment rate per 100,000 population, by state, 2019**



Source: Bureau of Justice Statistics

These policies have been promoted as ways to deter crime and improve community safety. While jail and prison sentences do prevent incarcerated people from committing crimes in the community, research finds that the threat of incarceration does not prevent crime and having been incarcerated does not deter recidivism (i.e., the likelihood that the person will commit another criminal offense).¹¹ In fact, having been incarcerated may actually increase the likelihood that a person reoffends.¹² Instead of contributing to community safety, mass incarceration has led to the permanent disenfranchisement of many Ohioans, including people of color, people with behavioral health or disabling conditions and people with low incomes.¹³ Mass incarceration also destabilizes families by removing many parents, particularly Black fathers, from their children.¹⁴

Figure 4. **Ohio incarcerations in state prison per 100,000 population, by race, July 2020**



Source: HPIO analysis of Ohio Department of Rehabilitation and Corrections annual report and Population Division, U.S. Census Bureau

There are large disparities in the criminal justice system by race and ethnicity.¹⁵ Nationally and in Ohio, Black Americans are incarcerated in state prisons at more than five times the rate of white Americans.¹⁶ In 2020, the incarceration rate for Black Ohioans was 1,340 per 100,000 population and the rate for white Ohioans was 246 per 100,000 (see figure 4).

Black Ohioans are also arrested at over three times the rate of white Ohioans. In 2019, the arrest rate for Black Ohioans was 5,272 per 100,000 population, while the arrest rate for white Ohioans was 1,595 per 100,000 (see figure 5).

The research is clear that the reasons for the racial and ethnic disparities in arrest and incarceration are historic, systemic and intentional, and are not due to racial or ethnic differences in behaviors. Because of historic connections to slavery and Jim Crow, the American criminal justice system has targeted Black people since its creation (see pages 10-11 for historical and contemporary examples).¹⁷ As stated in the 2018 Vera Institute

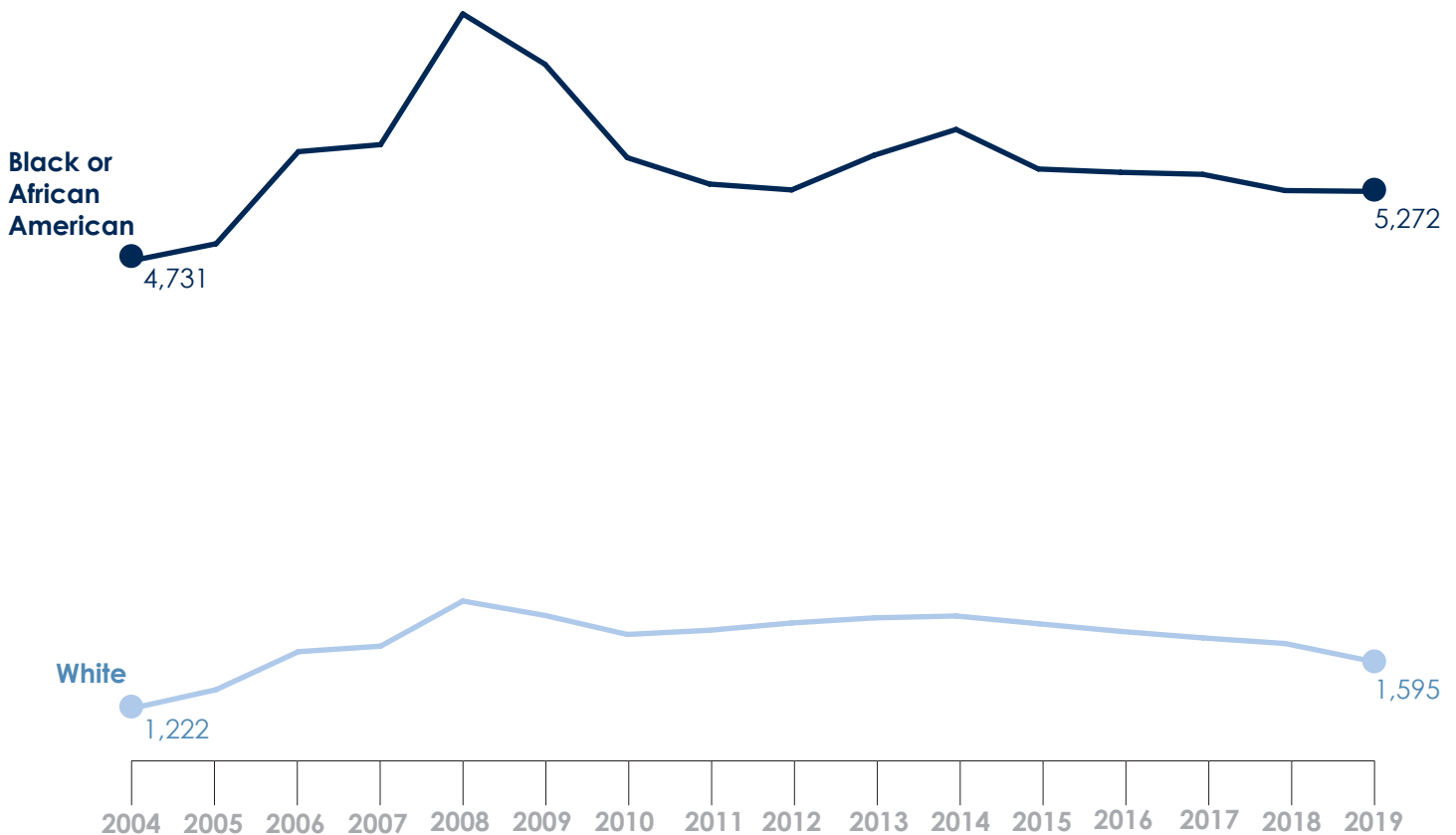
report, **An Unjust Burden: The Disparate Treatment of Black Americans in the Criminal Justice System:**

“Racial disparities in the criminal justice system are no accident, but rather are rooted in a history of oppression and discriminatory decision making that have deliberately targeted Black people and helped create an inaccurate picture of crime that deceptively links them with criminality.”

Criminal justice costs

Incarceration is costly for Ohio. It costs about \$30,558 per year to incarcerate one person in a state prison, and Ohio taxpayers will spend nearly \$1.5 billion dollars on state prison incarceration this year.¹⁸ Local governments in Ohio also spend a large portion of their budgets on law enforcement. The City of Columbus, for example, spends \$361 million — 37% of its operating budget — on the Division of Police; Cleveland will spend \$218 million and Cincinnati will spend \$151 million on policing this year.¹⁹

Figure 5. Ohio arrests per 100,000 population, by race, 2004-2019



Source: Ohio Department of Public Safety

How does health impact criminal justice involvement?

Behavioral health issues, particularly substance use and mental health conditions, increase the likelihood of criminal justice involvement.

Drug-related arrests in Ohio increased 109% (from 440.1 per 100,000 population to 919.4 per 100,000) from 2004 to 2018.²⁰ As a result, most incarcerated individuals have a history of substance use.

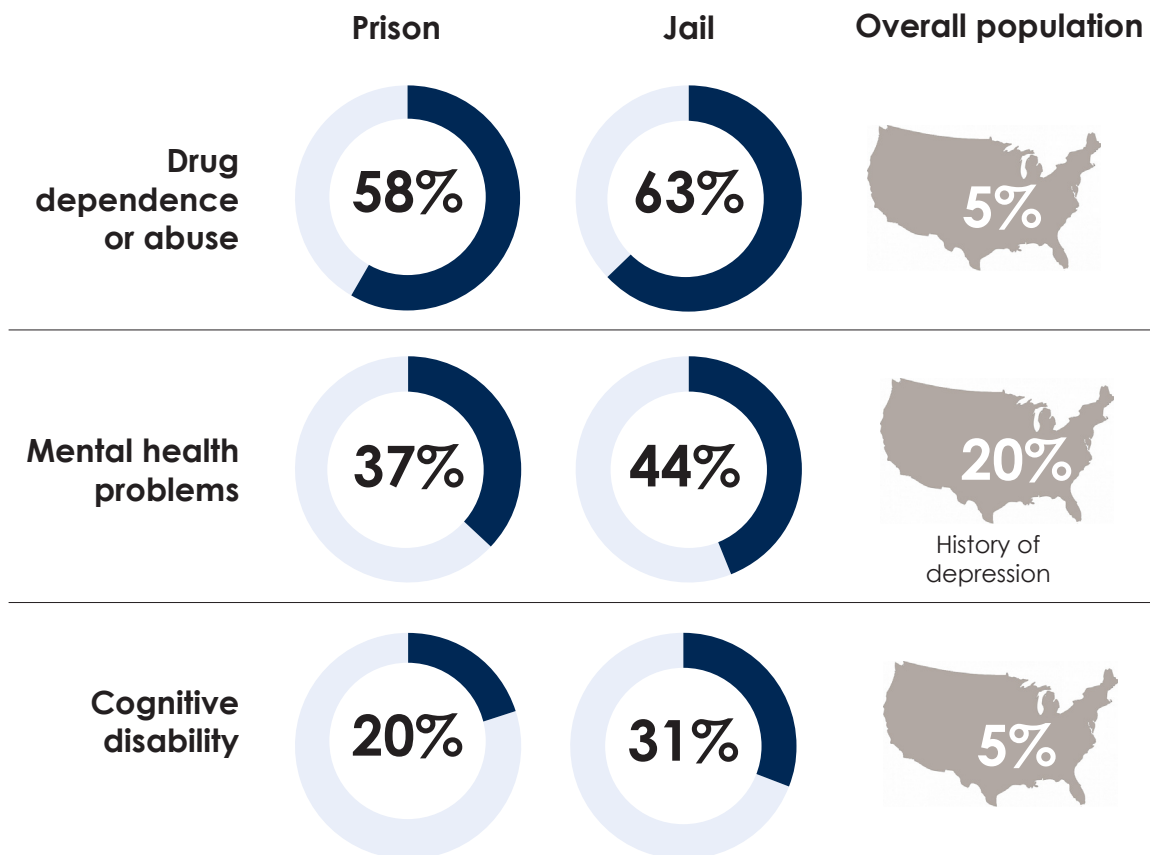
Compared to 5% of the general adult population who have substance use disorders²¹, more than half of adults who are incarcerated in state prisons and nearly two thirds of the people who are in jail have substance use disorders (see figure 6).

Individuals struggling with mental illness, particularly serious and persistent mental illness, are also at increased risk of criminal justice involvement. In 2017, a national study found that 37% of people incarcerated in prisons and 44% of those in jails had a history of mental health problems, such as depression, bipolar disorder

and post-traumatic stress disorder (see figure 6). Depression was the most common mental health problem experienced by those incarcerated (24% in prisons and 31% in jails).²² In comparison, 20% of people in the general population have a history of depression.²³ Despite experiencing higher rates of incarceration, research suggests that people with a mental health diagnosis are not more likely to engage in violence or crime than people without a diagnosis.²⁴

People with other disabling conditions are also disproportionately incarcerated.²⁵ A 2015 report found that people incarcerated in prisons and jails are much more likely to report having at least one disability than people in the general population (nearly 3 times more likely in prisons and more than 4 times more likely in jails).²⁶ Cognitive conditions, including Down syndrome, autism, dementia, intellectual disabilities and learning disorders, were the most commonly reported disabling conditions, at 20% in prisons and 31% in jails (see figure 6).²⁷

Figure 6. Drug dependence, mental health problems and cognitive disability among incarcerated people in the U.S.



Drug use source: U.S. Department of Justice, Bureau of Justice Statistics, Special report: Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2017 (data from 2007-2009)

Mental health source: U.S. Department of Justice, Bureau of Justice Statistics, Special report: Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2017 (data from 2011-2012)

History of depression source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Cognitive disability source: U.S. Department of Justice, Bureau of Justice Statistics, Special report: Disabilities Among Prison and Jail Inmates, 2015 (data from 2011-2012)

What are behavioral health services?

Behavioral health is an umbrella term for mental health and addiction. Behavioral health services include:

- Promotion of mental health, resilience and well-being
- Treatment of mental and substance use disorders
- Supports for those who experience and/or are in recovery from these conditions, along with their families and communities²⁸

Behavioral health crises

Individuals who have mental health or substance use disorders may reach the point of experiencing crises related to their disorder. At this point, a person's condition puts them at risk of hurting themselves or others and/or prevents them from caring for themselves and functioning effectively in the community.²⁹ Examples of behavioral health crises include drug overdose, impulsive or reckless actions due to mental illness and suicidal ideation or attempted suicide.

During behavioral health crises, first responders are often called, including law enforcement officers. Because law enforcement officers are not always trained in crisis de-escalation or equipped to respond to serious behavioral health challenges, interactions with law enforcement during a behavioral health crisis can lead to the incarceration, injury or even the death of the person in crisis.³⁰

Access to behavioral health treatment

Lack of access to behavioral health treatment results in exacerbated addiction and mental health conditions and can lead to criminal justice involvement. In 2016-2017, 20% of Ohioans ages 18 and older did not receive needed mental health treatment or counseling.³¹ Barriers to behavioral health treatment include lack of insurance coverage, cost of care, workforce shortages, lack of culturally-competent providers, inadequate transportation options, inability to take time off of work and stigma associated with mental illness or addiction.

Substance use and mental health conditions are much more effectively treated in community-based settings; however, lack of adequate community-based prevention and treatment has resulted in criminal justice settings becoming "de facto" behavioral health treatment facilities.

Ohio policymakers have invested in several strategies to reduce the number of people with behavioral health conditions who are incarcerated in prisons and jails, such as:

Behavioral health crises and COVID-19

The COVID-19 pandemic has exacerbated mental health and addiction challenges across the U.S. In April 2020, three times as many adults reported serious psychological distress than they did the year prior (13.6% and 3.9% respectively).³² Additionally, in April 2021, about four in 10 adult Ohioans reported experiencing symptoms of anxiety or depression. For context, only one in ten U.S. adults experienced symptoms between January and July 2019.³³ Preliminary data also show that 5,001 Ohioans died of drug overdoses in 2020, representing a 24% increase in the rate of drug overdose deaths in Ohio in 2019 and reversing a previous downward trend.³⁴

The COVID-19 pandemic has also disparately impacted communities of color, people with low incomes and people with disabilities.³⁵ As a result, the pandemic may drive an increase in poor behavioral health outcomes among these already disadvantaged groups, which puts them at even higher risk of criminal justice involvement.

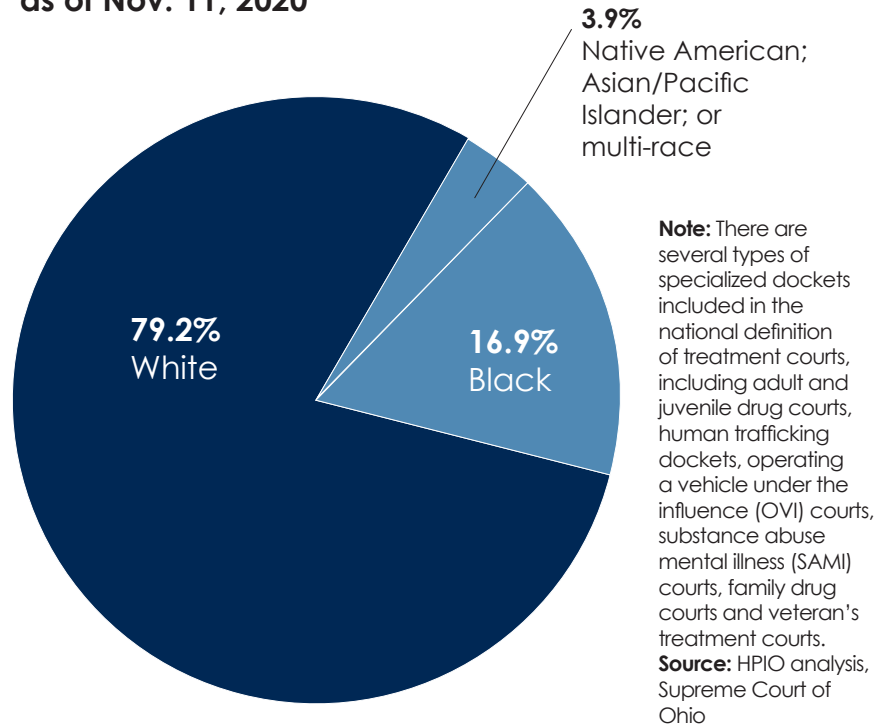
- **Specialized dockets**, including treatment courts (i.e., drug courts and mental health courts)
- Pretrial diversion programs, including **Targeted Community Alternatives to Prison (T-CAP)** and Intervention in Lieu of Conviction (ILC) programs. ILC was expanded by the 133rd General Assembly under **House Bill 1**
- **Crisis Intervention Training** for law enforcement
- **Stepping Up Initiative**, a collaborative, multi-sector initiative targeted at reducing the number of people with mental illnesses in jails
- **OhioRISE**, a care-coordination approach that aims to expand behavioral health treatment and supports for children and adolescents, particularly multisystem youth

However, more can be done to improve access to community-based mental health and addiction treatment and reduce disparities in incarceration for people with behavioral health conditions.

Inequities in behavioral health diversion programs

People of color are less likely to have access to behavioral health treatment³⁶, and, as data on page 4 indicates, experience stark disparities in incarceration. Unfortunately, people of color are also less likely to be enrolled in diversion programs, such as specialized dockets (i.e. treatment courts). Figure 7 shows the percent of treatment court participants in Ohio by race. Although Black Ohioans make up 44.6% of the state prison population³⁷, only 16.9% of treatment court participants are Black.

Figure 7. Ohio treatment court participation, by race, as of Nov. 11, 2020



How does criminal justice involvement impact health?

Criminal justice involvement increases a person's risk of exposure to and can exacerbate existing health issues, including:

- **Infectious diseases**³⁸, such as HIV, hepatitis C, tuberculosis, sexually transmitted infections and COVID-19
- **Chronic diseases**³⁹, such as hypertension, diabetes, arthritis and asthma
- **Behavioral health conditions and outcomes**⁴⁰, such as substance use disorder, depression, anxiety, post-traumatic stress disorder (PTSD), drug overdose and suicide

Poor conditions in prisons and jails contribute to poor health. Overcrowding, lack of sanitation, exposure to contaminants, inadequate nutrition, delays in medical diagnoses and other factors contribute to the higher prevalence of acute and chronic disease among incarcerated people.⁴¹ The violence that occurs inside prisons and jails, the use of disciplinary practices like solitary confinement and access to illicit substances that are trafficked into prisons and jails also exacerbate and create mental health and addiction challenges for people who are incarcerated or detained.⁴²

Policies that contribute to mass incarceration are also detrimental to health. For example:

- **Drug sentencing laws.** Felony sentences for drug possession lead to longer periods of incarceration for people with substance use disorder, which can limit addiction treatment options and create lifelong barriers to recovery by restricting future access to jobs, housing and other necessities (see page 12).
- **Money bail system.** The money bail system results in people being held in jail when they cannot afford to pay to be released. This exposes people who have not yet been convicted of a crime to the negative health consequences of incarceration (recent **rule changes** limiting the use of money bail in Ohio will take effect July 1, 2021).
- **Limited access to pretrial diversion programs.** Pretrial diversion programs allow criminal defendants to enter community corrections or addiction treatment programs instead of being sentenced to prison or jail. However, people charged with violent or felony offenses typically do not have access to these programs, regardless of their behavioral health treatment needs.

Police use of force

Interactions with law enforcement can also result in injury and poor health. Police officers are trained to use force when necessary to mitigate an incident, make an arrest or protect themselves or others.⁴³ However, police use of force can injure or kill people involved in the interaction. A 2021 report found that, of the 100 most populous counties in the U.S., Franklin County, Ohio ranks 18th in fatal police shootings at a rate of 4.8 per 1,000,000 population.⁴⁴ In the state overall, deaths by police shootings among Black Ohioans per 1,000,000 were 339% higher than deaths among white Ohioans.⁴⁵ Police encounters and use of force also contribute to trauma, stress and mental health conditions, particularly for people of color.⁴⁶

Law enforcement officers can be trained in de-escalation techniques that prevent injury and death. Crisis intervention and de-escalation training are required courses for new officers in Ohio, but Crisis Intervention Team training for local law enforcement agencies is optional.⁴⁷

Healthcare access and incarceration

Major barriers to health care also exist inside prisons and jails. Though state and local jurisdictions are required to provide incarcerated people with health care, some people who are incarcerated lack basic and necessary services, including access to medications and treatment for substance use disorder.⁴⁸ For example, one study found that, for incarcerated people with “persistent medical problems,” 20% in state prisons and 68% in local jails did not receive a medical examination.⁴⁹

Some people may experience better access to healthcare services while incarcerated than they received in community settings. For example, people may receive health screenings upon entrance into criminal justice settings that result in diagnoses for substance use disorder, mental health conditions or infectious diseases, like hepatitis C. See Ohio’s [Minimum Standards for Jails](#) for information about required screening, treatment and referrals to care in local jails.

After incarceration, many people reentering the community experience significant barriers to accessing health care. For example:

- People who were formerly incarcerated may struggle to get health insurance coverage, establish a relationship with a provider or find transportation to a healthcare setting.

Incarceration and COVID-19

Cases of COVID-19 spread quickly throughout Ohio state prisons and jails.⁵⁰ For example, more than 80% of people incarcerated in the Marion Correctional Institution in Ohio tested positive for COVID-19 by late April 2020.⁵¹ People who are incarcerated tend



to have higher rates of chronic disease and other medical conditions, making them more vulnerable to severe COVID-19 disease and death.

Some incarcerated individuals were released from state prisons during the pandemic, reducing the Ohio prison population by approximately 950 people.⁵² Local courts and jails in Cuyahoga and Hamilton counties also made efforts to curb entrance into jails by reducing the number of people detained pretrial.⁵³

As of April 26, 2021, 7,190 people incarcerated in state prisons tested positive for COVID-19 and 135 died with COVID-19. Although Ohio does relatively well compared to other states (ranked 9th with 164.3 COVID-19 cases per 1,000 incarcerated population), the pandemic has highlighted conditions of incarceration that drive the spread of infectious disease, including overcrowding, delays in medical diagnosis, limited access to personal hygiene products and the higher prevalence of chronic health conditions among incarcerated people.⁵⁴

In addition, the pandemic has widened inequities and health disparities, even those already existing within the criminal justice system, among Ohioans of color and other systematically disadvantaged communities.⁵⁵

- Collateral sanctions—laws that bar formerly incarcerated people from accessing certain employment, housing, education and other opportunities—make it harder for people to meet their basic needs, which negatively affects their ability to obtain health care.⁵⁶

What drives both criminal justice and health outcomes?

There are many factors that impact both criminal justice and health outcomes. Positive community conditions, including access to economic opportunity, education, family well-being and housing security, are key contributors to health, safety and well-being. On the other hand, racism and exposure to trauma are detrimental to health and safety. Policymakers and other leaders can prevent justice involvement, increase community safety and improve health and well-being by focusing policy attention on the drivers of poor criminal justice and health outcomes, including:

- Racism across systems and sectors
- Income, employment and education
- Trauma and family well-being
- Housing and homelessness

The connections between these drivers and poor criminal justice and health outcomes are described in the following sections.

Racism

The research evidence is clear that racism is the primary driver of disparities and inequities for people of color across all systems and sectors, including criminal justice and health. The disparities and

inequities in criminal justice and health outcomes faced by Ohioans of color are based in both historical and present-day racist and discriminatory policies, practices and beliefs.

For example, communities of color face implicit biases and discrimination within the healthcare system. Black patients have historically been denied treatment and were subject to unethical medical research practices, such as the Tuskegee Study and the case of Henrietta Lacks.⁵⁹ Recent studies have found that the health concerns and questions of patients of color are often written off or not taken as seriously by clinicians.⁶⁰ This has contributed to disparities in health for Ohioans of color, including greater prevalence of chronic conditions, such as hypertension and diabetes, and a life expectancy that is four years shorter than Ohioans overall.⁶¹

In addition, the American criminal justice system was designed to oppress Black Americans. After the ratification of the 13th Amendment in 1865, criminal justice policies were created to exploit newly freed Black people, including:

- **Black codes:** Criminal codes meant to restrict the movement and activities of Black people
- **Vagrancy laws:** Laws that made it a criminal offense for Black people to be unemployed or without a permanent residence
- **Convict leasing:** The practice of leasing incarcerated people to plantations and factories as free labor⁶²

Black people and other people of color have been unduly burdened and targeted by the American criminal justice system ever since. Contemporary

What is racism?

Racism is a system that categorizes and ranks social groups into races and differentially distributes resources and opportunities to those groups based on their perceived inferior or superior ranking.⁵⁷ Racism results in the devaluation and disempowerment of racial groups that are classified by society as inferior (i.e., communities of color in the U.S.).⁵⁸

Racism manifests across different levels of society. Internalized and interpersonal racism occur within and between individual people. Institutional and structural racism are perpetuated by organizations and across systems. Most conversations about racism focus on the individual level (internalized or interpersonal); however, systemic racism (institutional or structural) is an even more pervasive driver of the poor criminal justice and health outcomes faced by communities of color.

For more information, see HPIO's brief [Connections Between Racism and Health: Taking Action to Eliminate Racism and Advance Equity](#).

criminal justice policies, including the money bail system, continue to disproportionately incarcerate Black people and other racial and ethnic minorities, as well as low-income people of all races.

In addition to contributing to poor criminal justice and health outcomes, racism results in negative community conditions for Ohioans of color, including poverty, unemployment, exposure to violence, housing instability and homelessness. For example, racist housing policies such as residential redlining created racially segregated neighborhoods, with negative consequences for community investment, neighborhood conditions and school equity that persist today.⁶³ Acknowledging the compounding and continuing effects of racism across systems and structures is essential to understanding the connections between criminal justice and health. The impact of community conditions on criminal justice and health outcomes are discussed below.

Income, employment and education

Poor economic conditions, unemployment and low educational attainment can lead to poor health and criminal justice involvement. People with higher incomes tend to live longer and healthier lives than people with lower incomes, and people with very low incomes tend to experience the worst health outcomes (see figure 8 for examples).

For more information, see HPIO’s brief [Connections between Income and Health](#).

People with low incomes are also at higher risk of incarceration. A 2015 study found that the pre-incarceration median income for justice-involved people is about 41% lower than the median income of other Americans of similar ages.⁶⁴

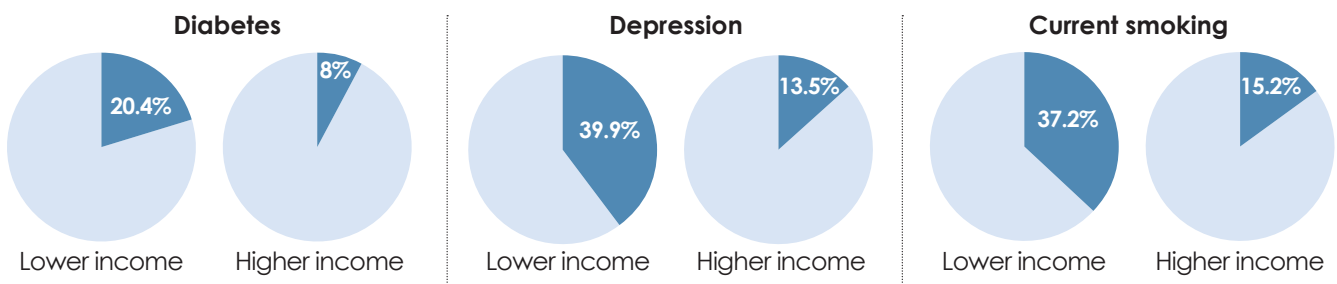
Incarceration is also strongly associated with unemployment and low educational attainment:

- One study found that, three years prior to incarceration, only 49% of men ages 18-64 were employed, and when employed, their median earnings were extremely low—\$6,250 per year.⁶⁵
- Research shows that people who were formerly incarcerated are nearly twice as likely to have no high school diploma or credential and are eight times less likely to complete college than people who have not been incarcerated.⁶⁶

Punitive practices in schools, such as zero tolerance policies, lead many young people, particularly Black males and children with cognitive disabilities, out of school and into juvenile detention and the criminal justice system.⁶⁷ This process is often referred to as the school-to-prison pipeline.

Figure 8. Health disparities by income, Ohio, 2019

In 2019, Ohioans with low incomes (less than \$15,000 per year) were more likely than Ohioans with higher incomes (\$50,000 or more per year) to report:



Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Collateral sanctions and reentry barriers

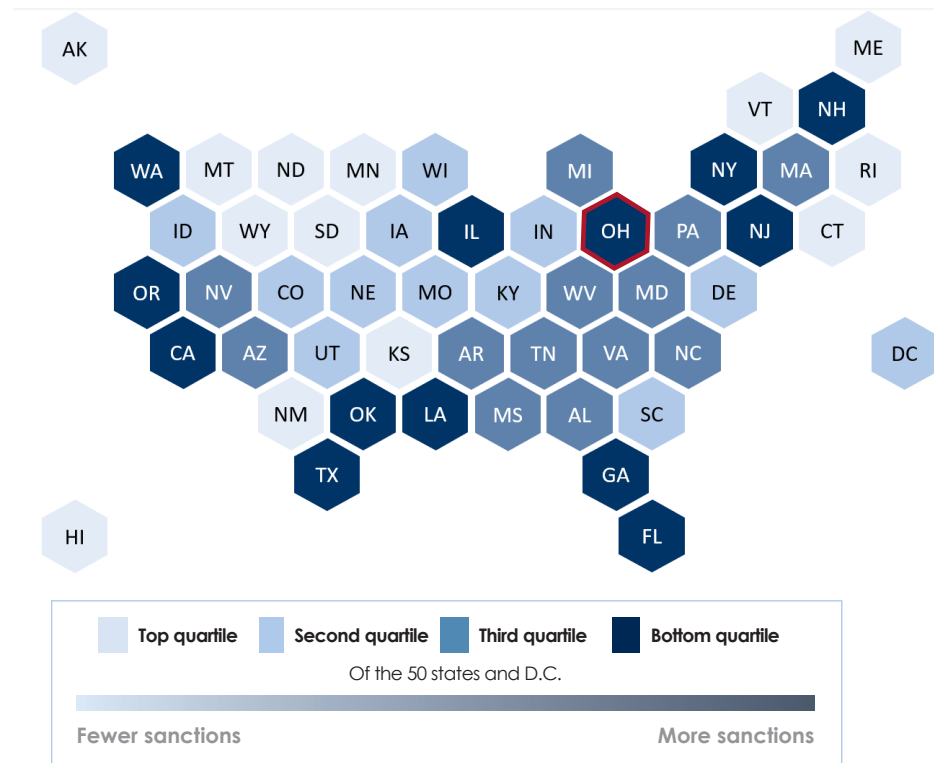
Not only are people with low incomes and poor community conditions more likely to face incarceration, but incarceration limits economic and other opportunities upon reentry into the community. Collateral sanctions placed on formerly incarcerated people cast a shadow over that person's ability to gain employment, find housing and participate in the community for the rest of their lives.⁶⁸

Collateral sanctions are legal restrictions on the rights, benefits and opportunities of people who have been charged or convicted of crimes. Examples include, but are not limited to, restrictions on:

- Employment and volunteering
- Occupational and professional licensure/certification
- Education
- Housing and residency
- Political and civic participation

Ohio state law contains 1,630 collateral sanctions. When compared to other states and D.C., Ohio ranks 49 out of 51 for states with the most collateral sanctions (see figure 9). The majority of the collateral sanctions placed on Ohioans limit economic opportunity and employment. For example, Ohio law has 939 laws limiting employment and volunteering opportunities, and 614 laws limiting occupational and professional licensure and certification for Ohioans with a criminal record.⁶⁹

Figure 9. **Collateral sanctions in state law, 2021**



Source: HPIO analysis, National Inventory of Collateral Consequences of Conviction

People who were formerly incarcerated also experience poor housing outcomes. Collateral sanctions, conditions of parole and other barriers make it difficult to find quality, safe and affordable housing upon reentry.⁷⁰ Unstable housing and homelessness make all other aspects of reentry, including employment, managing health conditions and family reunification, nearly impossible to achieve. Policy and system changes are needed to increase access to employment, housing and other opportunities for incarcerated Ohioans returning to the community.

Trauma and family well-being

Another driver of both poor health and criminal justice involvement is exposure to trauma. Experiencing traumatic events has lasting adverse effects on health and negatively impacts family well-being.

Repeated exposure to traumatic events leads to toxic stress: the prolonged activation of the body's "fight-or-flight" stress response. This activation causes "wear and tear" of the body's nervous, endocrine and immune systems, which, over time, contributes to poor health, such as high blood pressure, heart disease, stroke and depression.⁷¹ Trauma negatively affects health outcomes and sometimes contributes to early death.⁷²

Involvement in the criminal justice system is itself a series of traumatic events. For example, negative encounters with law enforcement, separation from family and community and disciplinary practices like solitary confinement are traumatic experiences for justice-involved individuals.⁷³ Additionally, incarceration of a parent destabilizes families and exposes children to trauma, increasing the likelihood that the next generation will be incarcerated in the future.⁷⁴

People of color and people with low incomes are frequently exposed to higher levels of trauma through racism and other forms of discrimination, community violence and incarceration. For this reason, people of color and those with low incomes are more likely to become justice-involved and have poorer health.

Housing and homelessness

Poor housing conditions can lead to criminal justice involvement, contribute to the cyclical nature of incarceration and drive poor health outcomes.

Lack of well-maintained and affordable housing contributes to a range of physical and mental health problems, including toxic and persistent stress. High housing costs make it more difficult for families with low incomes to pay for other necessities, such as food and medical care, which also has a direct and negative impact on health.

Unaffordable and low-quality housing is also associated with criminal justice involvement:

- People with stable housing commit fewer offenses, such as theft, robbery, trespassing and loitering; research indicates that homelessness is a significant predictor of nonviolent crime.⁷⁵
- People who experience forced moves, including evictions and foreclosures, are up to 22% more likely to also lose their jobs⁷⁶, and unemployment is associated with criminal justice involvement.
- Children with lead poisoning, which results from

Adverse Childhood Experiences (ACEs) and generational trauma

Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood (ages 0-17).⁷⁷ Several specific ACEs, including living in a household with a member who is incarcerated, witnessing intimate partner violence, substance use in the household and child abuse and neglect, are directly related to parental involvement with the criminal justice system. Incarceration is a traumatic event for the person incarcerated, as well as their family and communities, resulting in negative impacts on health and well-being.

Exposure to ACEs can increase the likelihood of experiencing poor health outcomes such as depression, learning disabilities, attention deficit disorder/attention deficit hyperactivity disorder and anxiety.⁷⁸ Childhood trauma can also lead to involvement with the criminal justice system. For example, experiencing abuse or neglect in childhood is found to raise the likelihood of juvenile arrest by 59%, likelihood of engaging in criminal behavior during adulthood by 28% and likelihood of committing violent crime by 30%.⁷⁹ Childhood trauma perpetuates the cyclical and generational impacts of criminal justice involvement.

For more information, see HPIO's [ACEs Impact Project](#).

residing in poor quality housing, are also six times more likely to be involved in the juvenile justice system.⁸⁰ Lead poisoning in children is found to have wide-ranging, harmful effects on physical and behavioral health.

The connections between housing and criminal justice are even more salient for people experiencing homelessness. Many state and local laws criminalize homelessness, including laws related to loitering, begging and bans on sitting, laying down and sleeping in public.⁸¹ These policies lead to arrest and incarceration for people experiencing homeless, which further perpetuates poor health and well-being for those individuals. Data show that:

- People experiencing homelessness are 11 times more likely to face incarceration when compared to the general population.⁸²
- Individuals involved with the criminal justice system are 10 times more likely to face homelessness than the general public.⁸³

Taking action

Although there are many challenges at the intersection of criminal justice and health, improvement is possible. State policymakers and other public and private stakeholders can act on the following evidence-informed policy options to improve outcomes and advance equity in criminal justice and health.

Support mental well-being and improve crisis response for people at higher risk of criminal justice involvement

1. Expand the use of evidence-based mental health promotion and addiction prevention strategies for children and families, including **school-based social and emotional instruction** and **universal school-based prevention programs**
2. Ensure that evidence-based addiction treatment and recovery services are culturally and linguistically appropriate and available for all Ohioans in need, including all forms of Medication-Assisted Treatment for substance use disorder
3. Improve crisis response in Ohio by increasing the number and effectiveness of **Crisis Intervention Teams**, establishing programs that dispatch medical professionals to behavioral health crises (such as the **CAHOOTS model**) and requiring crisis de-escalation training for all first responders

Who is at higher risk of criminal justice involvement?

The following groups of Ohioans are disproportionately incarcerated and negatively impacted by the criminal justice system. Policy options should be targeted and tailored to address the needs of:

- Black Ohioans and other people of color
- People with low incomes
- People with behavioral health and/or disabling conditions
- People who were formerly incarcerated

Reduce the number of people incarcerated in Ohio

4. Increase access to treatment courts and pretrial diversion for criminal defendants with substance use and mental health disorders (e.g., **Interventions in Lieu of Conviction (ILC)**, **Targeted Community Alternatives to Prison (T-CAP)**, **drug and mental health courts**, etc.), including reducing the number of factors that make offenders ineligible for diversion programs
5. Reform the money bail system and implement comprehensive **pretrial services programs** that can assess release and detention options for defendants and monitor compliance with non-financial release conditions, including appearance to hearings and trials

Improve health for people who are currently or formerly incarcerated

6. Improve conditions within prisons and jails, such as sanitation, nutrition and disciplinary practices, including eliminating the use of solitary confinement
7. Require implicit bias assessment and training, as well as training on mental health and substance use disorders, for all corrections staff
8. Increase access to health care for incarcerated people by expanding the use of **telehealth** in jails and prisons, including medical management of behavioral health conditions and consistent and accurate dispensing of medications
9. Remove barriers to physical and behavioral health care for individuals returning to the community after incarceration, including increased investment in the Ohio Department of Mental Health and Addiction Service's **Community Linkage program**

Improve community conditions for people who are at higher risk of criminal justice involvement

Employment and education

10. Improve high school graduation rates through additional investments in **career-technical education** and **career academies**, and expand access to the GED and other high school equivalency tests, such as the High School Equivalency Test (HiSET) and Test Assessing Secondary Completion (TASC)
11. Reduce legal barriers that prevent people with criminal records from getting jobs by eliminating excessive **collateral sanctions**, expanding use of **Certificates of Qualification for Employment** and establishing reentry plans and offering job training supports for each person exiting the prison system

Trauma mitigation and resilience

- Promote community-based violence prevention, such as the [Cure Violence Health model](#), and increase access to mentoring programs for K-12 students, such as [Big Brothers Big Sisters](#), particularly in districts with higher numbers of low-income students and students of color
- Connect individuals returning to the community and their family members with trauma-informed mental health treatment and other resources that promote healing and resilience

Housing

- Prevent eviction by increasing rapid access to legal representation, landlord-tenant mediation and emergency financial assistance
- Increase housing access for people with substance use disorder by expanding [Permanent Supportive Housing](#) to more counties and increasing the number of [Ohio Recovery Housing](#)-certified houses across the state

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