



# Monroe County, Indiana 2020 Criminal Justice & Incarceration Study

*“Pathways to Sustainable Options & Opportunities for  
meaningful criminal justice outcomes”*

Final Report  
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meaningful criminal justice outcomes”*



Dr. Kenneth A. Ray - RJS Justice Services  
PO 1481 Ashland, KY 41195  
606.694.3031  
ken@rjsjusticeservices.com



Dr. Allen R. Beck - Justice Concepts, Inc.  
417 E. 87<sup>th</sup> Pl Kansas City, MO 64114  
816.361.1711  
abeck@justiceconcepts.com

with team members

Katherine S. Edwards,  
BS, Community  
Corrections

Robert A. Zastany, MS,  
Court Administration

Elise Ferguson, MS,  
Research & Analytics

Eric Chambers, AIA  
Facility Assessment  
Brandstetter Carroll, Inc

*“Dedicated to public safety & community wellness”*

*“True peace is not merely the absence of tension;  
it is the presence of Justice.”*

Dr. Martin Luther King

# Monroe County, Indiana Incarceration & Criminal Justice Study

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## **CHAPTER I**

### **EXECUTIVE SUMMARY**

#### **A. INTRODUCTION**

Justice, public safety, and community wellness are the desired and most valued outcomes of the Monroe County, IN Criminal Justice System. Courts, prosecution, defense, law enforcement, corrections, probation and parole are purposefully designed and function to produce these outcomes independently and with necessary inter-dependence. Each entity must, therefore, optimize its own effectiveness and efficiency as an independent contributor to justice while working with all other entities toward these purposes. Best Justice, public safety, and community wellness outcomes are produced from systems that collaboratively evaluate its effectiveness as a whole, and its contributing entities. The synergy produced by this collaborative evaluation process compels new vision, new ideas, best practices, and ultimately more just and safer communities within Monroe County.

In 2019, the Monroe County Board of Commissioners and County Council commissioned and funded this study of the Monroe County Detention Center and Criminal Justice System. Kenneth A. Ray Justice Services, LLC was retained to perform this work in partnership with Justice Concepts Inc.

The cornerstone-purpose of this study was twofold: 1) gain a clearer understanding of jail conditions and court related practices, and 2) obtain recommendations for improving incarceration and court-related practices that would improve their effectiveness on behalf of the community if implemented.

The ultimate mission for this study is to review and reform the Monroe County criminal justice system priorities and practices in order to positively affect the incarcerated and the community in ways that best reflect the values of Monroe County.

A major part of the work was performed in 2019. However, the arrival and global impact of COVID-19 significantly slowed the remaining work and completion of the study. This unfortunate event closed the court for several months and resulted in changing the manner in which cases were processed. The positive side of this delay was that the consultants were able to examine the application of videoconferencing in court operations and observe a reduction in jail bookings and the inmate population.

#### **Key Critical Issues Adversely Impacting Incarceration in Monroe County**

1. There is a distinct lack of easily available data to consistently measure and evaluate the effectiveness and efficiency of court and jail operations and practices. For existing data, there is no centralized database or data repository containing salient data from the courts, law enforcement, jail, prosecution, defense, and community corrections agencies to fully and accurately evaluate system practices and outcomes.
2. From 2003 to 2018, jail bookings decreased slightly while the number of unique persons booked more than once increase significantly. There were fewer new bookings and significantly more repeat bookings for the same persons. Despite the slight decrease in annual bookings, female bookings increased almost 30% while male bookings decrease almost 10% during the same period.

3. People are staying in the jail for considerably longer time periods. The average length of stay in the jail increased 3.6 days overall, from 18.5 days in 2003 to 22.2. days in 2018. This increase was 4.3 more days for males and 3.6 more days for females. The number of bookings staying up to 24 hours decreased 53.3% while bookings staying over 24 hours increased more than 60%. Consequently, and despite a decrease in bookings, the average daily jail population increased from 251 in 2004 to 294 in 2019; the male average daily population increased 14.4% compared to females at almost 46%. Worse, the highest number of inmates per day increased almost 17% for males and almost 60% for females from 2012 through August 2019.
4. The jail facility is incapable of consistently ensuring and sustaining constitutional levels of inmate care and custody. The jail population has consistently exceeded its functional operating capacity since at least 2012 and its total capacity since 2017. The facility does not have near the bed capacity needed to safely accommodate the growing inmate population, increases in the number of female inmates, inmates with special needs, or to segregate inmates according to their needs and/or risks they pose to the staff and other inmates. Furthermore, the facility is ill designed to accommodate the array of health care treatment services required to meet constitutional levels of care or programs to prepare inmates for successful community reentry.
5. At 36 years old, the jail has far exceeded its structural and functional life cycle, despite all its renovations. Remediation of the real and potential risks posed by physical defects, inadequate architectural design, adverse impact on proper care and treatment, and security problems resulting from facility design and physical deterioration seem cost prohibitive at a provisional estimated cost exceeding 56 million dollars.
6. Court criminal case processing is significantly slower than the national model time standards developed from data on efficient court systems. This has contributed to increases in the jail population and the average length of time persons are incarcerated. The Criminal Courts do not have an effective or efficient method to measure and evaluate criminal case processing speed in comparison to time-efficient courts, or the impact that slow case processing adversely impacts the jail.
7. The number of criminal case continuances granted for felony and misdemeanor cases is extensive. The high number of case continuances directly contributes to slow case processing, increased jail population and longer incarceration.

These critical issues, and other findings in this study, require urgent attention and remediation by all Monroe County government and criminal justice leaders working independently and interdependently. The jail facility is failing and cannot ensure consistent and sustainable provision of Constitutional Rights of incarcerated persons. The jail must be replaced with a facility that is designed prescriptively for sustainable cost-effectiveness, improved safety and security, and to accommodate the implementation of an array of best practices that improve inmate care and custody and reduce recidivism. Constant exposure to significant liability is assured otherwise. However, it would be a tragic mistake to build a jail with a “business as usual mindset. All components of the criminal justice system must adopt a shared, outcome-oriented, vision for justice, public safety, and community wellness. Each entity must engage a structured and systematic change process and implement necessary reforms to realize this vision. The future of justice, public safety, and community wellness in Monroe County is ultimately determined by what and how its government and criminal justice officials decide to do going forward.

## **B. SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS**

### **Chapter II. Jail Bookings**

**FINDING 1:** Total bookings from 2003 to 2018 decreased 2.3% (-113). Male bookings decreased 9.7% (-389) and decreased from 80.9% to 74.8% of total bookings. Female bookings increased 29.2% (+276) and increased from 19.1% to 25.2% of total Bookings.

**FINDING 2:** The number of unique persons booked from 2003 to 2018 decreased 15.5% (-610) while total bookings decreased only 2.3% (-113). First-time bookings decreased at a greater rate than did all bookings.

**FINDING 3:** The number of unique persons booked only once in a given year decreased 26.6% (-867) while unique persons booking more than once in a given year increased 37.9% (+257). The percent of total unique persons booked only once decreased 13.2% (82.8% to 71.9%) while the percent of unique persons to total unique persons increased 63.2% (17.2% to 28.1%). More of the same people are people booked more often.

**FINDING 4:** The number of bookings for unique persons booking only once decreased 26.6% (-897, 3,254 to 2,387) while the number of bookings for unique persons booked more than once increased 44.5% (+754, 1,696 to 2,450).

**FINDING 5:** The average and median age at booking increased from 28.8/25.0 to 33.8/32.0 respectively. Average and median male booking age increased from 28.7/20.0 to 34.0/32.0 years respectively. Average and median female booking age increased from 29.2/26.0 to 33.2/32.0 years respectively.

**FINDING 6:** Booking ages 15-19 and 20-24 are the only two groups in which total, male, and female bookings decreased from 2003 to 2018. Ages 15-19 bookings decreased 54.4% (-325); male booking decreased 51.6% (-243) and female bookings decreased 65.1% (-82). Bookings for ages 20-24 decreased 49.8% (-868); male bookings decreased 52.9% (-763) and female bookings decreased 34.9% (-105).

**Finding 7:** Age group 50-85+ increased 133.3% (+292, 219 to 511). Male bookings increased 125.8% (+234, 186-420) and female bookings increased 175.8% (+58, 33 to 91).

#### **RECOMMENDATION(s):**

1. Monroe County should collaborate with justice system and community stakeholders to identify options and alternatives for safely reducing female bookings using expanded use of citation, pre-and-post detention diversion.
2. Reduce the number of repeat bookings for new low level non-violent charges and probation technical violations.
3. The jail booking area needs to better accommodate implementation of post booking diversion and release.
4. Ensure adequate jail bed capacity.

5. Ensure jail physical environment consistently accommodates and maintains constitutional levels of inmate care and custody.

### **Chapter III. Incarceration Length of Stay**

**FINDING 1.** Inmates are staying considerably longer in the jail. Total average length of stay (ALOS) increased by 3.6 days per booking overall from 18.5 days in 2003 to 22.2 days per booking in 2018. Male ALOS increased by 4.3 days per booking from 20.0 days in 2003 to 24.3 days in 2018. Female ALOS increased 3.6 days per booking from 12.4 days in 2003 to 16.0 days in 2018.

**FINDING 2.** As female bookings increased and male bookings decreased from 2003 to 2018 (see Chapter 9), female ALOS grew at a greater rate than male ALOS. Female ALOS increased 29.2% while male ALOS increased 21.4%.

**FINDING 3.** The number of bookings released within 24-hours decreased 54.4% overall from 2003 to 2018. The number of male bookings in this LOS category decreased 58.3% and female bookings decreased 39.5%. The number of bookings released greater than 24-hours increased 56.5%. The number of male booking in this LOS category increased 42.5% and female booking increased 124.8%.

**RECOMMENDATION(s):** Increased length of stay is a primary cause for the average daily population despite the decrease in bookings.

1. Chapter nine RECOMMENDATIONS are applicable to these findings.
2. Consider implementing a Population Management Coordinator program. This program routinely monitors and tracks inmate lengths of stay, in collaboration with the courts, to expedite releases.
3. Implement case flow efficiency RECOMMENDATIONS found in Chapters related to Court case processing.

### **Chapter IV. Inmate Population & Jail Bed Capacity Utilization**

**FINDING 1:** Over-utilization of MCJ demonstrates that the facility has been and remains unable to ensure consistent provision of adequate housing to its inmates due, in part, to insufficient jail bed capacity.

**FINDING 2:** The average daily inmate population has increased 17.3% and the Peak population has increased 12.2% from 2004 through 2019.

**FINDING 3:** The daily inmate population exceeded the jail's Functional Capacity on most days since 2004 and all days per year consecutively since 2015.

**FINDING 4:** The daily inmate population exceeded the jail's Total Capacity consecutively from 2016 to 2019. Additionally, the jail population also exceeded total capacity prior to the year 2016.

**FINDING 5:** The male ADP increased 18.6% and the Peak population increased 14.4% since 2012. The female ADP increased 46% and the Peak population increased 59.5% since 2012.

**FINDING 6:** The male percentage of the ADP has decrease while the female percentage of the ADP has increased since 2012.

**FINDING 7:** Male and female populations continue to exceed their respective bed capacities.

**FINDING 8:** The jail has not had adequate bed capacity to ensure consistently and adequate classification and housing of inmates since at least 2004. Presently, the facility does not have the accommodations necessary for multi gender, non-binary, transgender and disabled persons. Contemporary correctional facilities must be particularly designed to enable the facilitation of adequate care, custody, and services to these and other special needs populations.

**FINDING 9:** The jail cannot ensure consistent provision of Constitutional levels of inmate care and custody.

**FINDING 10:** A 30-year jail bed capacity estimate indicates that Monroe County needs 448 to 450 jail beds by the year 2049.

**RECOMMENDATION(s):**

1. Immediate steps are required to reduce the jail population to a level that is consistently within the jail's Functional Bed Capacity.
2. County official should complete a study that compares the capital, maintenance, and operating costs of renovating the existing facility to new construction. A primary focus of the study should be on creating a jail that produces outcomes that are consistent with criminal justice and community needs and values.

**Chapter V. Facility Assessment**

**FINDING 1:** At 36 years old, It is evident that the Monroe County Jail has exceeded is structural and functional life cycle, despite recent renovation. The facility does not have sufficient bed capacity or inmate housing areas to consistently ensure Constitutional levels of inmate care, custody, or services from intake to discharge. The facility is incapable of accommodating the delivery of the array of contemporary, evidence based best correctional practices that are well known to improve community wellness, reduce incarceration rates, improve conditions of confinement or reduce civil liability. The operational efficiency of facility design is non-detectable. Consequently, Monroe County taxpayers are burdened with a facility that is unreasonably expensive to maintain and operate. County officials are burdened with a correctional facility that should be considered high risk for liability due to the real and potential risk of harm to inmates, staff, and the public.

**RECOMMENDATION(s):**

1. Develop a strategic plan that systematically guides the timely implementation of a sustainable facility to ensure and maintain Constitutional levels of inmate care and custody and facility safety and security.
2. Monroe County officials should take immediate steps to study the feasibility of maintaining the current jail facility. At a minimum, this study should compare the capital, maintenance,

and operational costs of an updated and repaired current facility to a much better designed facility that accommodates public safety and justice outcomes according to community needs and values.

**FINDING 2.** This assessment identified 53 problem areas related to safety and security, health, compliance with industry standards, structural and systems, operational effectiveness, inmate care and custody, and environmental conditions.

**RECOMMENDATION(s):** Monroe County officials and citizens must clarify and re-envision the fundamental purposes of incarceration. Humane and Constitutional care and custody of the incarcerated should be the lens from which clarification is focused. The jail facility should be replaced with one that consistently accommodates more cost effective operations while ensuring durable provision of a Constitutional care and custody of incarcerated persons and safety to staff and the community.

## **Chapter VII. Diversion**

**FINDING 1:** The use of citations and summons has increased during COVID-19.

**RECOMMENDATION:** Law enforcement practices and jail bookings should be tracked to determine if any of the changes can be continued after COVID-19 subsides.

**FINDING 2:** The method for measuring impact of the Stride Center on the jail population has not been clearly developed.

**RECOMMENDATION:** Client intake forms should be periodically examined to numerically estimate the impact of the Stride Center on the jail.

**FINDING 3:** Although the Prosecutor cannot legally refuse to prosecute marijuana offenses, the Office processes about 80% of marijuana cases through pretrial diversion.

**RECOMMENDATION:** Continue the practice.

**FINDING 4:** The use of summons in lieu of arrest for some misdemeanors needs to be expanded by the State Legislature.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to expand the use of summons in lieu of arrest in the next legislative session.

**FINDING 5.** Current specifications in the Indiana Criminal Code on Driving While Suspended, ~~OWI~~, create barriers to expedient problem resolution.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to reduce the use of punitive license suspensions for infractions and criminal convictions. The penalty provisions contained in Indiana Code 9-30-16 should be simplified.

## **Chapter VIII. Improvement of the Pretrial Release Program (PreTR)**



**FINDING 1:** Monroe County requires the payment of PreTR Supervision Fees. Although a defendant in a pretrial release program is presumed to be innocent, there is no provision for treating that person as innocent in situations in which fees are involved. For example, a person who has his or her case dismissed or is found not guilty, does not receive a refund of pretrial release supervision fees.

**RECOMMENDATION:** The County should consider reduction or elimination of the fees.

**FINDING 2:** The Court allows arrestees to bond out immediately upon booking if they have the financial means. They do not have to wait for an initial hearing or a finding of probable cause to bond out. A bond schedule is used to set money and non-monetary bonds on evenings, weekends and holidays when the court is not in session to hold initial appearances which draw on risk assessments through the IRAS-PAT.

**RECOMMENDATION:** A release matrix should be developed.

**FINDING 3:** The jail has an insufficient number of interview rooms to accommodate attorneys, other necessary officials and pretrial staff.

**RECOMMENDATION:** Unless a new jail is constructed, the use of video should continue.

**FINDING 4:** The office space for housing the Probation Pretrial Release Unit is too small.

**RECOMMENDATION:** The need for Pre Trial space should be considered when conducting the facility study.

**FINDING 5:** Unnecessary differences in the length of stay in jail exist between detainees having various pretrial release risk levels.

**RECOMMENDATION:** The Judiciary with input of the Prosecutor, Public Defender, and Pretrial Release Program Administrator should refine the decision-making guidelines for pretrial release.

**FINDING 6:** The current pretrial release program staffing pattern is not configured to support pretrial release screening on the weekends and holidays.

**RECOMMENDATION:** Reconfigure existing pretrial release resources to increase the number of detainees released on the weekends and holidays.

**FINDING 7:** Arrestees brought into the jail PrTR screenings on weekdays and are unable to post bond have to wait to the following weekday for pretrial release screening.

**RECOMMENDATION:** The County should consider weekend staffing.

## **Chapter IX. Timeliness of Criminal Case Processing**

**FINDING 1.** The speed of case processing in Monroe County is significantly slower than model time standards developed from data on efficient courts.

**RECOMMENDATION:** Ways of improving the timeliness of case processing are described in the next chapter.

**FINDING 2.** The Criminal Court does not have an effective way of evaluating the speed of criminal case processing in comparison to time-efficient courts.

### **RECOMMENDATION(s):**

1. The Court should explore how to implement a software capability to monitor elapsed time from filing to disposition using the CourTool, Time to Disposition, as demonstrated in this chapter.
2. The criminal court judges should use periodic analysis of timeliness as a baseline by which to gauge case processing improvements.

## **Chapter X. Improving Timeliness of Criminal Case Processing**

**FINDING 1:** A study of continuances disclosed that the number of continuances granted in felony and misdemeanor cases is extensive.

**RECOMMENDATION:** The Criminal Court should undertake a four-step process to analyze reasons for continuances and implement methods to control them.

**FINDING 2:** There is no uniform expectation of a timed progression of case settings. Case settings are left to the discretion of each judge. As a result, the speed of case management varies between judges.

**RECOMMENDATION:** The criminal court judges should undertake a process to develop a system of differentiated case management.

## **Chapter XI. Other Court Issues**

**Issue 1.** Is there an extraordinary number of probation revocations?

**FINDING:** A small percentage of offenders who receive a petition to revoke are actually revoked. Probation officers use a variety of strategies, other than revocations, for most probation violations.

**RECOMMENDATION:** Continue practices that minimize revocations without jeopardizing public safety or the effectiveness of the criminal justice system as a whole.

**Issue 2.** What can be done to increase the impact of problem-solving courts on the jail population?

**FINDING:** The problem-solving courts appear to be functioning in accordance with state standards and national models. The best practice is to have a candidate engaged in treatment court within 30 days. Interviews by the consultants suggest that this goal is frequently not met.

**RECOMMENDATION:** The prosecutor's office and the Court should evaluate admission standards for barriers and examine the various facets of decision making to identify how to expedite specialty court referrals.

**Issue 3.** Has court unification affected criminal court performance?

**FINDING:** Unification, by itself, does not mean that all judges will work with a synchronized, single-processing focus that guarantees the time-efficiency of case processing.

**RECOMMENDATION:** The Board of Judges should adopt the strategies in Chapter Five to (1) implement a process to control continuances and (2) implement a system of differentiated case management (DCM). This action could greatly improve the coordination of case management practices in the Judiciary and in the Public Defender's and Prosecutor's Offices, as well.

## **CHAPTER II**

### **DETENTION CENTER BOOKINGS 2003-2018**

#### **A. INTRODUCTION**

This chapter examines the 83,256 jail booking records from January 1, 2003 to December 31, 2018. Data for this examination and descriptive analyses were extracted from the previously used Cisco database and the currently used Spillman database.

Descriptive analyses of booking volume, variances, and trends from 2003 through were performed and reported herein:

1. Total Jail Bookings
2. Bookings by Gender
3. Variance in Annual Bookings
4. Percentages of Bookings by Gender
5. Total Unique Persons and Bookings
6. Bookings by Age and Gender
7. Bookings by Age for One-Time and Repeat Bookings
8. Bookings by Age Groups
9. Increase / Decrease in Annual Bookings by Age Groups
10. Increase / Decrease in Annual Bookings by Age Groups and Gender

#### **B. KEY FINDINGS & RECOMMENDATIONS**

**FINDING 1:** Total bookings from 2003 to 2018 decreased 2.3% (-113). Male bookings decreased 9.7% (-389) and decreased from 80.9% to 74.8% of total bookings. Female bookings increased 29.2% (+276) and increased from 19.1% to 25.2% of total Bookings.

**FINDING 2:** The number of unique persons booked from 2003 to 2018 decreased 15.5% (-610) while total bookings decreased only 2.3% (-113). First-time bookings decreased at a greater rather than did all bookings.

**FINDING 3:** The number of unique persons booked only once in a given year decreased 26.6% (-867) while unique persons booking more than once in a given year increased 37.9% (+257). The percent of total unique persons booked only once decreased 13.2% (82.8% to 71.9%) while the percent of unique persons to total unique persons increased 63.2% (17.2% to 28.1%). More of the same people are people booked more often.

**FINDING 4:** The number of bookings for unique persons booking only once decreased 26.6% (-897, 3,254 to 2,387) while the number of bookings for unique persons booked more than once increased 44.5% (+754, 1696 to 2,450).

**FINDING 5:** The average and median age at booking increased from 28.8/25.0 to 33.8/32.0 respectively. Average and median male booking age increased from 28.7/20.0 to 34.0/32.0 years

respectively. Average and median female booking age increased from 29.2/26.0 to 33.2/32.0 years respectively.

**FINDING 6:** Booking ages 15-19 and 20-24 are the only two groups in which total, male, and female bookings decreased from 2003 to 2018. Ages 15-19 bookings decreased 54.4% (-325); male booking decreased 51.6% (-243) and female bookings decreased 65.1% (82). Bookings for ages 20-24 decreased 49.8% (-868); male bookings decreased 52.9% (-763) and female bookings decreased 34.9% (-105).

**FINDING 7:** Age group 50-85+ increased 133.3% (+292, 219 to 511). Male bookings increased 125.8% (+234, 186-420) and female bookings increased 175.8% (+58, 33 to 91).

**RECOMMENDATION for All Findings:**

6. Monroe County should collaborate with justice system and community stakeholders to identify options and alternatives for safely reducing female bookings using expanded use of citation, pre-and-post detention diversion.
7. Reduce the number of repeat bookings for new low level non-violent charges and probation technical violations.
8. Consider replacing or renovating the jail booking area to better accommodate implementation of post booking diversion release.
9. Ensure adequate jail bed capacity.
10. Ensure jail physical environment consistently accommodates and maintains constitutional levels of inmate care and custody.

## C. JAIL BOOKINGS OVERVIEW

1. **Total Bookings:** There were 83,246 jail total bookings from January 1, 2003 to December 31, 2018. Total bookings decreased 2.3% (-113) from 4,950 in 2003 to 4,837 in 2018. Female bookings increased 29.2% (+276) from 945 to 1,221 while male bookings decreased 9.7% (-389) from 4,005 to 3,616, as shown in Table II.1 and Chart II.1 below. Male and female bookings are independently scale in Chart II.2 to help visualize these booking trends.

**Table II.1. Bookings 2003-2018**

Year	Female	Male	Total
2003	945	4,005	4,950
2004	971	4,108	5,079
2005	1,111	4,120	5,231
2006	1,117	4,127	5,244
2007	1,275	4,459	5,734
2008	1,096	4,498	5,594
2009	1,213	4,606	5,819
2010	1,145	4,623	5,768
2011	1,238	4,781	6,019
2012	1,168	4,334	5,502
2013	1,073	3,770	4,843
2014	1,065	3,575	4,640
2015	1,127	3,616	4,743
2016	1,055	3,365	4,420
2017	1,121	3,702	4,823
2018	1,221	3,616	4,837
<b>Total</b>	<b>17,941</b>	<b>65,305</b>	<b>83,246</b>
<b>N +/-</b>	<b>276</b>	<b>-389</b>	<b>-113</b>
<b>% +/-</b>	<b>29.2%</b>	<b>-9.7%</b>	<b>-2.3%</b>

**Annual Bookings 2003-2018**

**Chart II.1. Bookings 2003-2018**

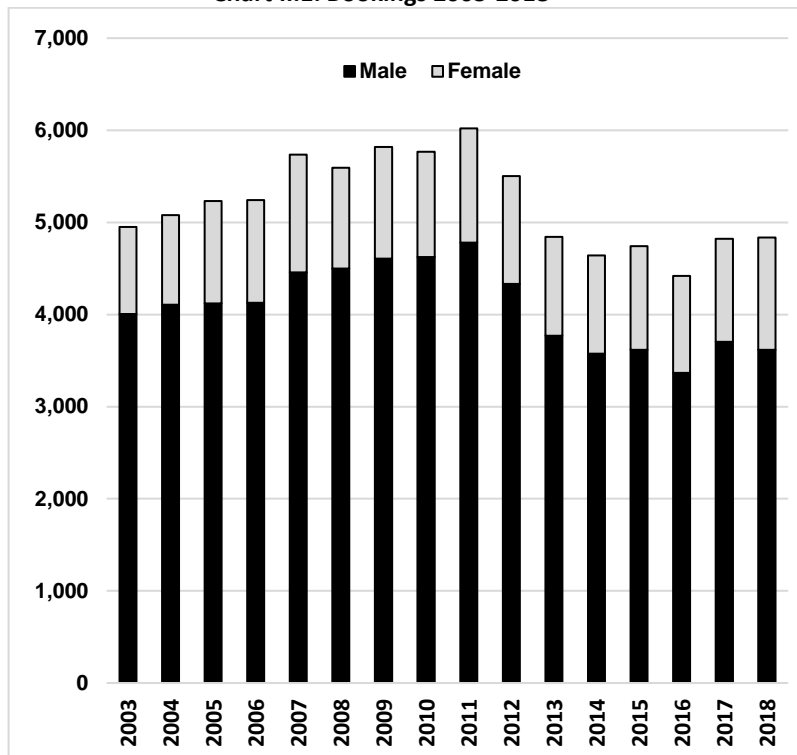
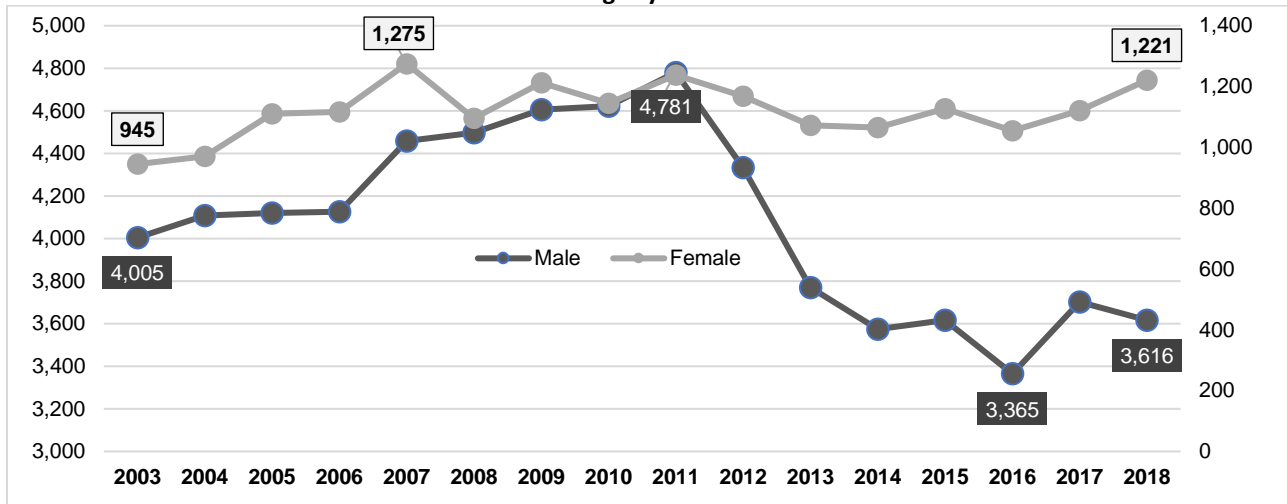


Chart II.2. Bookings by Gender Rescaled

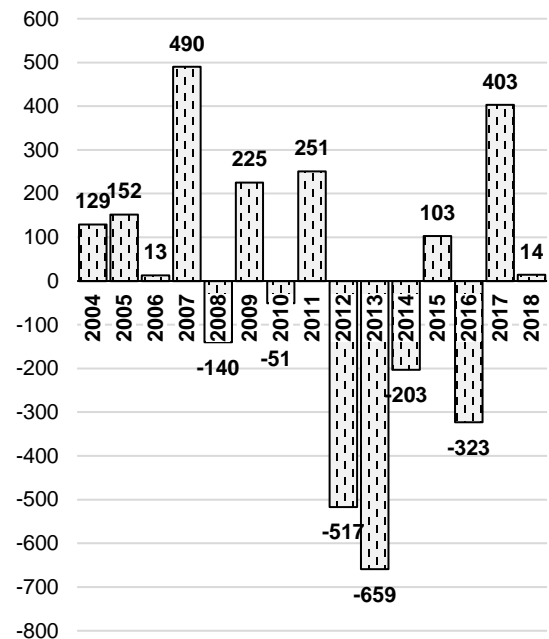


**2. Annual Booking Variances (Per Year Increases / Decreases).** Year-to-year total annual bookings increased nine times between years (+1,789 bookings) and decreased six times (-1,893 bookings) from 2003 and 2018. Total annual booking variances (year-to-year increase/decrease) ranged from a high increase of 490 (+9.3%) in 2007 to a low decrease of -659 (12.0%) in 2013, as shown in Table II.2. Chart II.3 shows Total Annual Booking Variances.

Table II.2. Annual Booking Variance

Year		Male		Female		Total	
1	2004	103	2.6%	26	0.5%	129	2.6%
2	2005	12	0.3%	140	2.8%	152	3.0%
3	2006	7	0.2%	6	0.1%	13	0.2%
4	2007	332	8.0%	158	3.0%	490	9.3%
5	2008	39	0.9%	-179	-3.1%	-140	-2.4%
6	2009	108	2.4%	117	2.1%	225	4.0%
7	2010	17	0.4%	-68	-1.2%	-51	-0.9%
8	2011	158	3.4%	93	1.6%	251	4.4%
9	2012	-447	-9.3%	-70	-1.2%	-517	-8.6%
10	2013	-564	-13.0%	-95	-1.7%	-659	-12.0%
11	2014	-195	-5.2%	-8	-0.2%	-203	-4.2%
12	2015	41	1.1%	62	1.3%	103	2.2%
13	2016	-251	-6.9%	-72	-1.5%	-323	-6.8%
14	2017	337	10.0%	66	1.5%	403	9.1%
15	2018	-86	-2.3%	100	2.1%	14	0.3%
Yrs Increased		10.0	10.0	9.0	9.0	9.0	9.0
Yrs Decreased		5.0	5.0	6.0	6.0	6.0	6.0
Ttl Bkgs Increase		1,154	0.29	768	0.15	1,780	0.35
Ttl Bkgs Decrease		-1,543	-0.37	-492	-0.09	-1,893	-0.35
Total Variance		-389	-0.07	276	0.06	-113	0.003

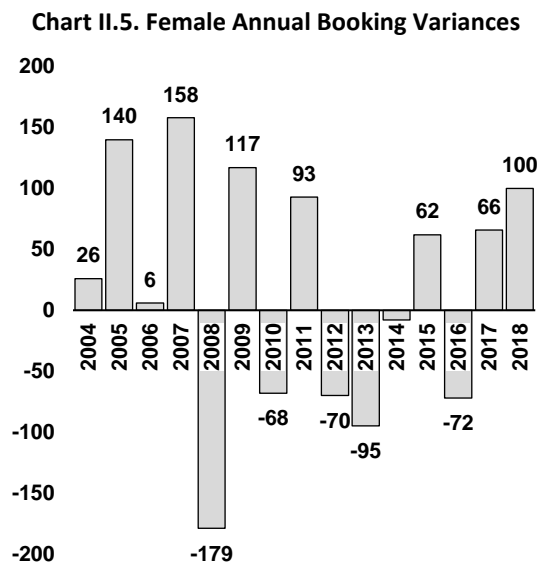
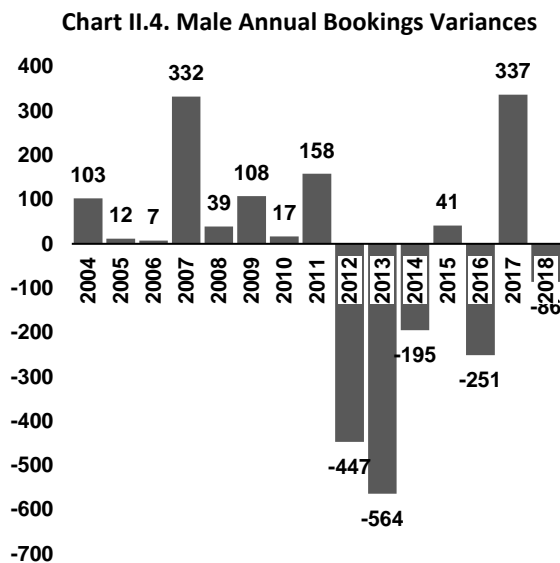
Chart II.3. Total Annual Booking Variance



Differences in gender annual booking variances were found in this analysis. Male annual bookings increased for ten years and decreased for five years and ranged from a high increase of 337 (+10%) in 2007 to a low decrease of -564 (-13%) in 2013. Female annual bookings increased for nine years and



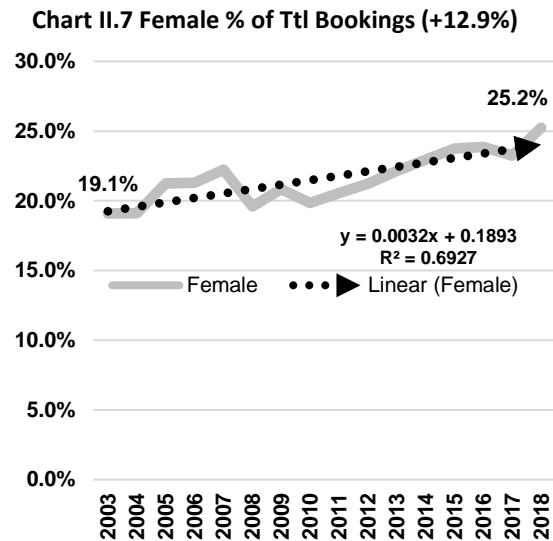
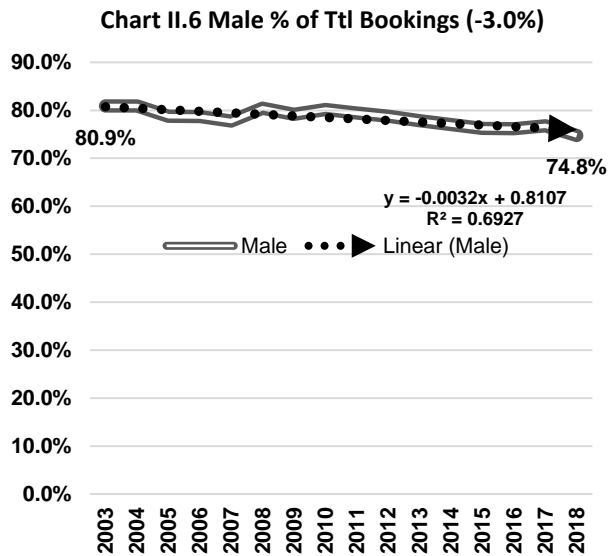
decreased for six and ranged from a high increase of 158 (+2.8%) in 2007 to a low decrease of -179 (-3.1%) in 2008. Overall, total male bookings decreased by -389 and female bookings increased by 276. Charts II.4 and II.5 below show annual variances for male and female bookings.



**3. Percentage of Bookings by Gender.** In 2003, males accounted for almost 81% (80.9%) and females accounted for almost 20% (19.1%) of total bookings. By the end of 2018, male bookings decreased -3.0% as a percentage of total bookings to 74.8% and females increased 12.9% as a percentage of total bookings to 25.2%. Table II.3 and Charts II.6 – II.9 below show these changes in male and female percentages of total bookings.

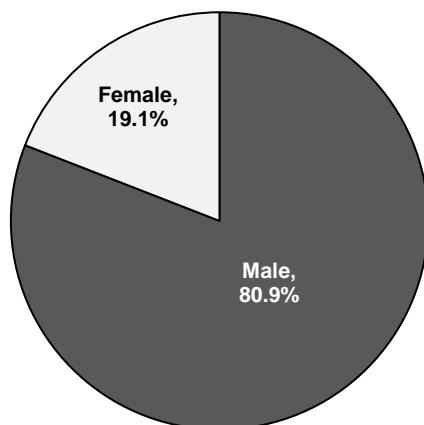
**Table II.3. Annual Percentages of Total Bookings by Gender**

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	80.9%	80.9%	78.8%	78.7%	77.8%	80.4%	79.2%	80.1%	79.4%	78.8%	77.8%	77.0%	76.2%	76.1%	76.8%	74.8%
Female	19.1%	19.1%	21.2%	21.3%	22.2%	19.6%	20.8%	19.9%	20.6%	21.2%	22.2%	23.0%	23.8%	23.9%	23.2%	25.2%

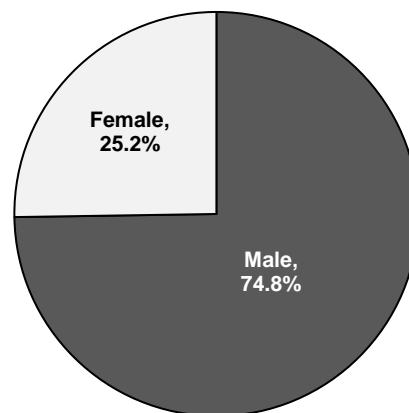


Gender percentages of total bookings for 2003 and 2018 are shown below to further illustrate changes.

**Chart II.8. % Gender Bookings 2003**



**Chart II.9. % Gender Bookings 2018**

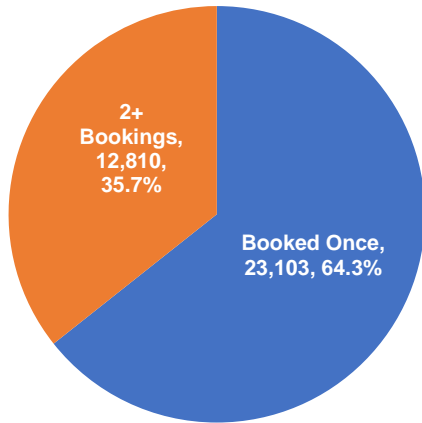


#### D. UNIQUE BOOKINGS

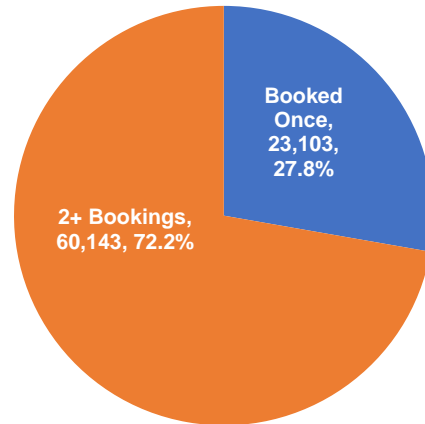
1. **Definitions:** For this study, the term “Unique Booking” means one or multiple bookings of the same person(s) identified by their jail identification number. The term “rebooking” herein means that a unique person (the same person) is booked into the jail more than once in a single year or in multiple years. This definition includes unique individuals booked more than once in a specific year, booked only once in multiple years, and those booked multiple times per year and in multiple years. Jail booking data were examined to determine the number of times unique individuals were booked to estimate recidivism (rebooking) rates.
2. **Changing Trends in Unique Bookings:** The 83,246 total bookings from 2003 to 2018 involved 35,913 total unique persons. Of those 35,913 unique persons, 23,103 (64.3%) of them were booked only once and accounted for 27.8% (23,203) of the 83,246 total bookings. There were

12,810 (35.7%) unique persons who were booked more than once and accounted for 72.2% of total bookings. Charts II.10 and II.11 below show unique persons and bookings comparisons.

**Chart II.10. Number of Unique Persons**

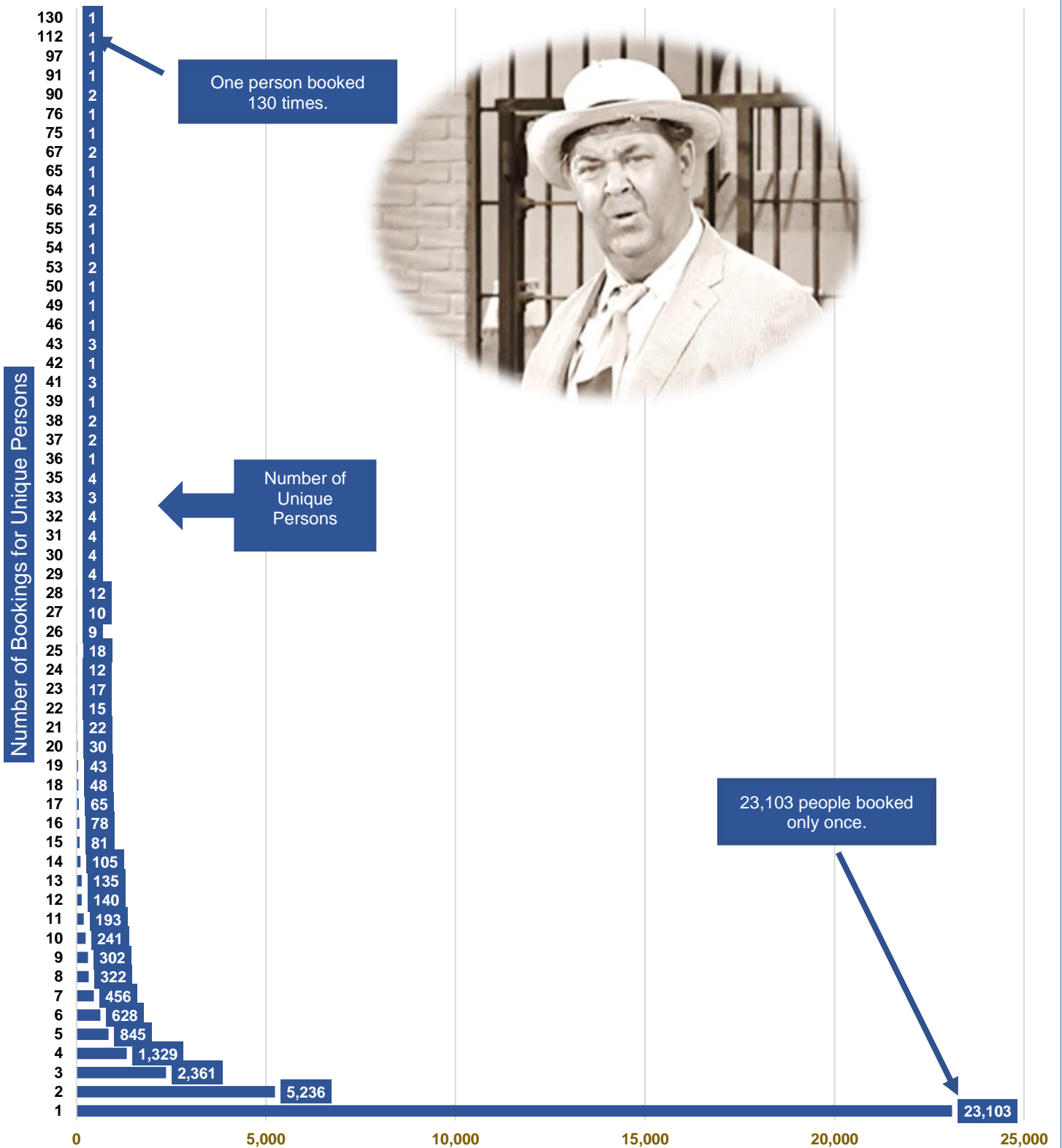


**Chart II.11. Unique Persons Number of Bookings**



The 83,246 bookings from 2003 to 2018 involved 35,913 unique (different) persons. The number of bookings per person ranged from one booking of 23,103 unique persons to 130 bookings of one person. Chart II.12 below shows the number of bookings for all unique persons.

Chart II.12. Number of Bookings for All Unique Persons 2003 - 2018



3. **Comparing Unique Bookings for 2003 and 2018:** Trends in unique persons booked once and multiple times and the number of bookings were examined. This examination further informs our understanding about how changes over time impact or, are impacted by, criminal justice practices and jail utilization.

There was a 2.3% (-113) overall decrease in total bookings from 4,950 in 2003 to 4,837 in 2018. However, the number of unique persons booked decreased almost 16% (15.5%) from 3,932 unique persons in 2003 to 3,322 in 2018 while total bookings decreased only 2.3%. Table II.4 and Chart II.13 below show changes in total unique persons and total bookings for 2003 and 2018.

**Table II.4. / Chart II.13. Total Unique Persons and Total Bookings 2003 and 2018**

Year	Total Unique Persons	Total Bookings
2003	3,932	4,950
2018	3,322	4,837
N +/-	-610	-113
% +/-	-15.5%	-2.3%



The number of unique persons booked only once decreased 26.6% (-867) from 3,254 in 2003 to 2,387 in 2018 while the number of unique persons booked more than once increase 37.9% (+257) from 678 in 2003 to 935 in 2018. Additionally, persons booked only once accounted for 82.8% of all unique persons in 2003 and decreased to 71.9% in 2018. Concomitantly, persons booked more than once increased 63.2% of total unique persons from 17.2% in 2003 to 28.1% in 2018. Chart II.5 below shows changes in unique persons booked in to the jail for 2003 and 2018.

**Chart II.5 Unique Persons Booked 2003 and 2018**

Year	Total Unique Persons	Booked Once		Booked More Than Once	
		Unique Persons	Percent Total Unique Persons	Unique Persons	Percent Total Unique Persons
2003	3,932	3,254	82.8%	678	17.2%
2018	3,322	2,387	71.9%	935	28.1%
N +/-	-610	-867	-10.9%	257	0.11
% +/-	-15.5%	-26.6%	-13.2%	37.9%	63.2%

Total bookings decreased 2.3% (-113) from 4,950 in 2003 to 4,837 in 2018. However, the number of bookings for unique persons booked only once decreased at a much greater rate than total bookings and bookings for persons booked more than once increased at a greater rate than both total bookings and bookings for persons booked only once. Bookings for persons booked once decreased 26.6% (-867)

from 3,254 in 2007 to 2,387 in 2018. Bookings for persons booked more than once increase 44.5% (+754) from 1,696 in 2003 to 2,450 in 2018. As a percentage of total bookings, persons with only one booking decreased from 65.7% of total bookings in 2003 to 49.3% in 2018 (-24.9%). For persons booked more than once, their bookings increased from 34.3% of total bookings in 2003 to 50.5% in 2018 (47.8%). Said differently, persons with more than one booking were responsible for about a quarter of total bookings in 2003 and almost half of total bookings in 2018. Table II.6 below shows 2003 and 2018 bookings for unique persons booking once and more than once.

**Table II.6. Number of Bookings for Unique Persons**

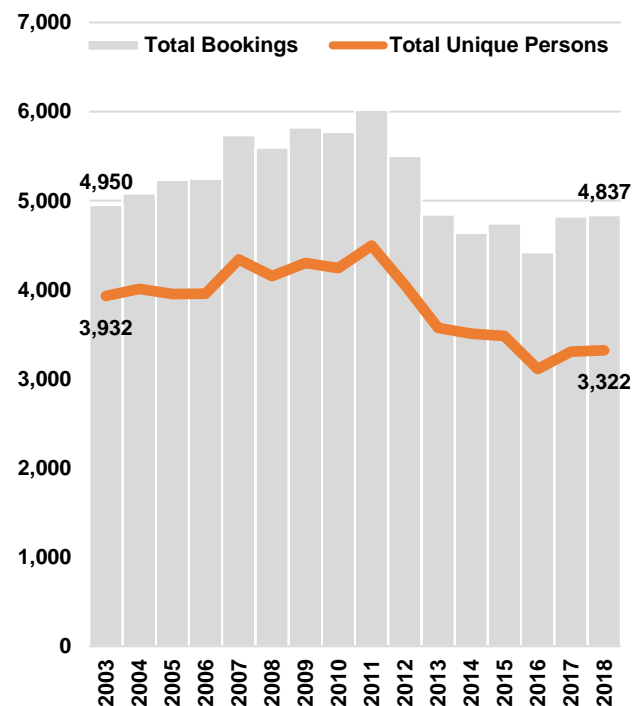
Year	Total Bookings	Unique Persons Booked Once		Unique Persons Booked More Than Once	
		Bookings	Percent Total Bookings	Bookings	Percent Total Bookings
2003	4,950	3,254	65.7%	1,696	34.3%
2018	4,837	2,387	49.3%	2,450	50.7%
N +/-	-113	-867	-0.16	754	0.16
% +/-	-2.3%	-26.6%	-24.9%	44.5%	47.8%

The following table and charts show unique persons and booking trends for all years 2003 to 2018.

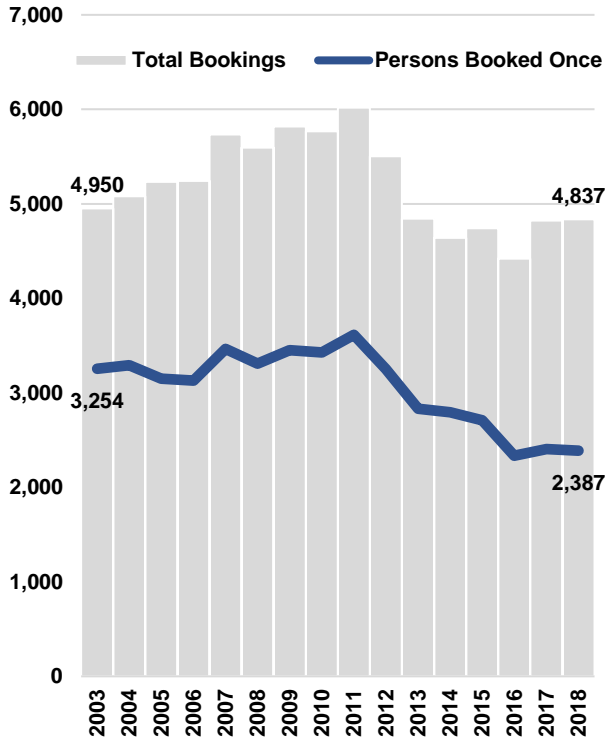
**Table II.7. Total Bookings & Unique Persons**

Year	Total Bookings	Total Unique Persons	Persons Booked Once	Persons Booked More Than Once
2003	4,950	3,932	3,254	678
2004	5,079	4,011	3,291	720
2005	5,231	3,951	3,149	802
2006	5,244	3,956	3,131	825
2007	5,734	4,342	3,465	877
2008	5,594	4,153	3,308	845
2009	5,819	4,302	3,451	851
2010	5,768	4,245	3,429	816
2011	6,019	4,496	3,614	882
2012	5,502	4,052	3,253	799
2013	4,843	3,571	2,832	739
2014	4,640	3,506	2,793	713
2015	4,743	3,481	2,710	771
2016	4,420	3,111	2,335	776
2017	4,823	3,305	2,406	899
2018	4,837	3,322	2,387	935
N +/-	-113	-610	-867	257
% +/-	-2.3%	-15.5%	-26.6%	37.9%

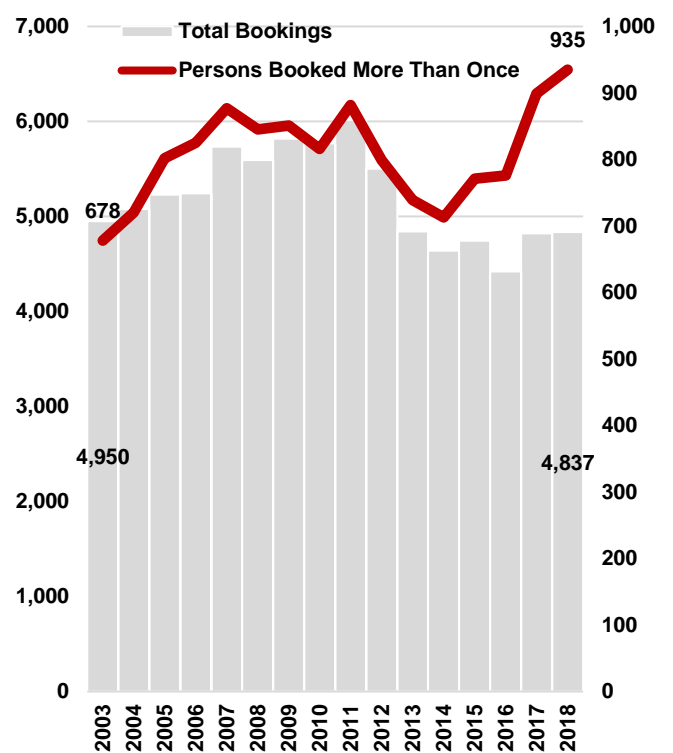
**Chart II.14. Total Bookings & Total Unique Persons**



**Chart II.15. Total Bookings  
& Persons Booked Once**



**Chart II.16. Total Bookings &  
Persons Booked More than once**



**Table II.8. Percentage Unique Persons & Bookings**

Year	% Unique Persons / Total Bookings	% Persons Booked Once / Total Bookings	% Persons Booked More Than Once / Total Bookings	% Persons Booked Once / Total Unique Bookings	% Persons Booked More Than Once / Total Unique Bookings
2003	79.4%	65.7%	13.7%	82.8%	17.2%
2004	79.0%	64.8%	14.2%	82.0%	18.0%
2005	75.5%	60.2%	15.3%	79.7%	20.3%
2006	75.4%	59.7%	15.7%	79.1%	20.9%
2007	75.7%	60.4%	15.3%	79.8%	20.2%
2008	74.2%	59.1%	15.1%	79.7%	20.3%
2009	73.9%	59.3%	14.6%	80.2%	19.8%
2010	73.6%	59.4%	14.1%	80.8%	19.2%
2011	74.7%	60.0%	14.7%	80.4%	19.6%
2012	73.6%	59.1%	14.5%	80.3%	19.7%
2013	73.7%	58.5%	15.3%	79.3%	20.7%
2014	75.6%	60.2%	15.4%	79.7%	20.3%
2015	73.4%	57.1%	16.3%	77.9%	22.1%
2016	70.4%	52.8%	17.6%	75.1%	24.9%
2017	68.5%	49.9%	18.6%	72.8%	27.2%
2018	68.7%	49.3%	19.3%	71.9%	28.1%
N +/-	-0.11	-0.16	0.06	-0.11	0.11
% +/-	-13.5%	-24.9%	41.1%	-13.2%	63.2%

**Table II.9. Annual Number of Bookings for Unique Persons Booked Once and More**

Year	Total Bookings	Bookings for Persons Booked Only Once		Bookings for Persons Booked More Than Once	
2003	4,950	3,254	65.7%	1,696	34.3%
2004	5,079	3,291	64.8%	1,788	35.2%
2005	5,231	3,149	60.2%	2,082	39.8%
2006	5,244	3,131	59.7%	2,113	40.3%
2007	5,734	3,465	60.4%	2,269	39.6%
2008	5,594	3,308	59.1%	2,286	40.9%
2009	5,819	3,451	59.3%	2,368	40.7%
2010	5,768	3,429	59.4%	2,339	40.6%
2011	6,019	3,614	60.0%	2,405	40.0%
2012	5,502	3,253	59.1%	2,249	40.9%
2013	4,843	2,832	58.5%	2,011	41.5%
2014	4,640	2,793	60.2%	1,847	39.8%
2015	4,743	2,710	57.1%	2,033	42.9%
2016	4,420	2,335	52.8%	2,085	47.2%
2017	4,823	2,406	49.9%	2,417	50.1%
2018	4,837	2,387	49.3%	2,450	50.7%
N +/-	-113.00	-867.00	-0.16	754.00	0.16
% +/-	-2.3%	-26.6%	-24.9%	44.5%	47.8%

**Chart II.17. Annual Number of Bookings for Unique Persons Booked Once and More**

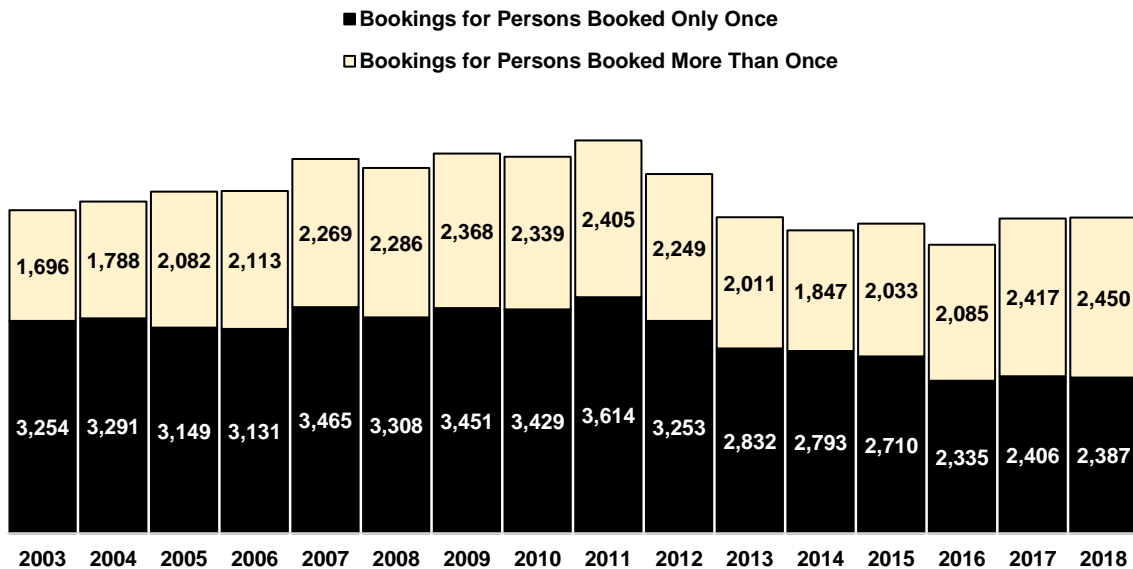
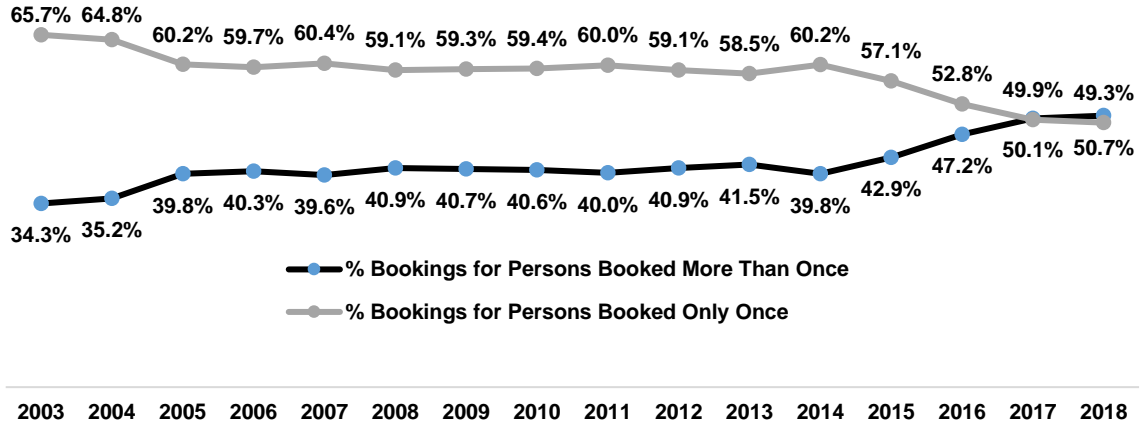




Chart II.18. Annual Percentage of Bookings for Unique Persons Booked Once and More Than Once



## E. BOOKINGS & AGE

1. The average and median ages for total bookings in 2003 was 28.8 and 25.0 years of age respectively (Chart 19 at right). Oldest booking(s) was 75 years old while the minimum age was 16 years old. In 2018, the average and median ages for all bookings increased to 33.8 and 32.0 years respectively. Chart II.19.
2. The average and median ages for male bookings increased from 28.7 and 25.0 in 2003 to 34.0 and 32.0 years in 2018 respective (Chart 9.20 below). The maximum age for males increased from 75 to 80 years of age while the minimum age at booking remained at 16 years old. Chart II.20.
3. The average and median ages for female bookings increased from 29.2 and 26.0 in 2003 to 33.2 and 32.0 years in 2018 respective (Chart 9.20 below). The maximum age for females decreased from 72 to 70 while the minimum age at booking remained at 18 years old. Chart II.21.

Chart II.19. Total Bookings by Age

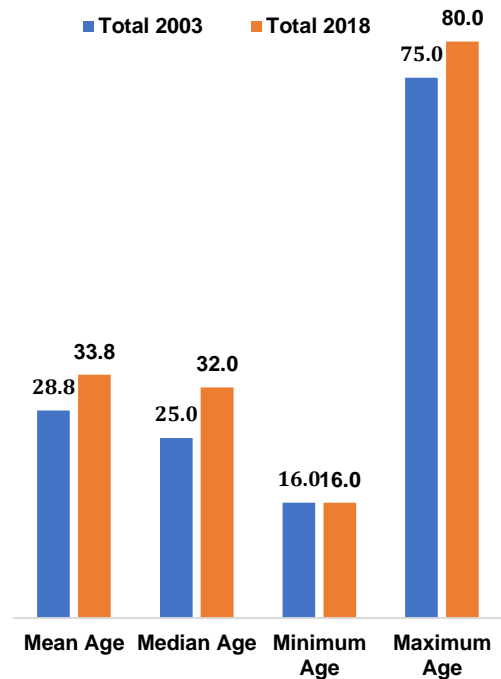


Chart II.20. Male Bookings - Age

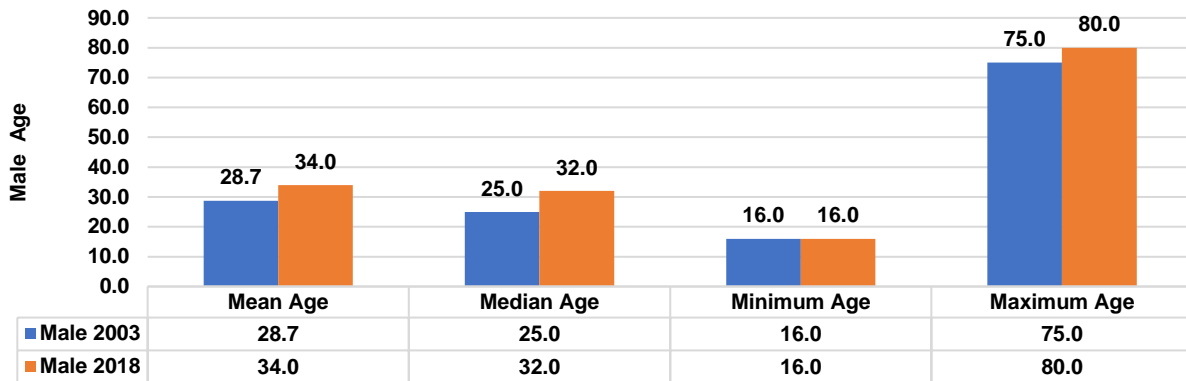
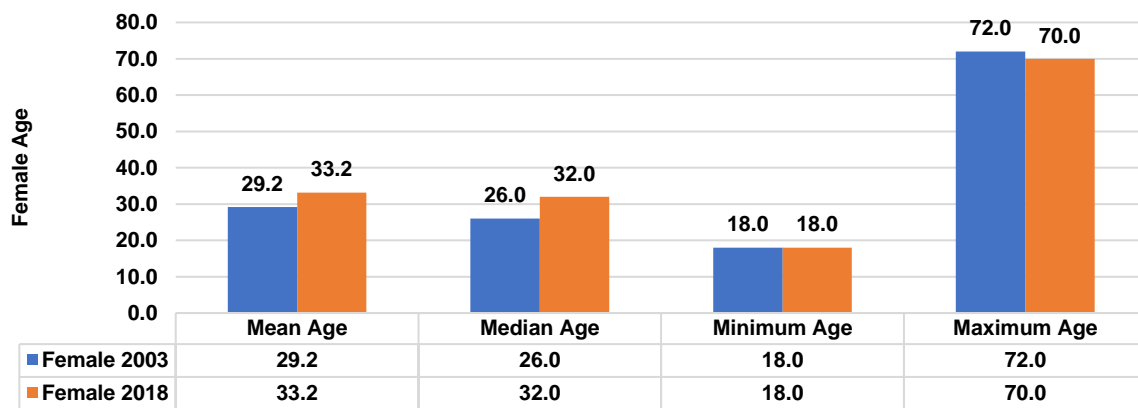


Chart II.21. Female Bookings - Age

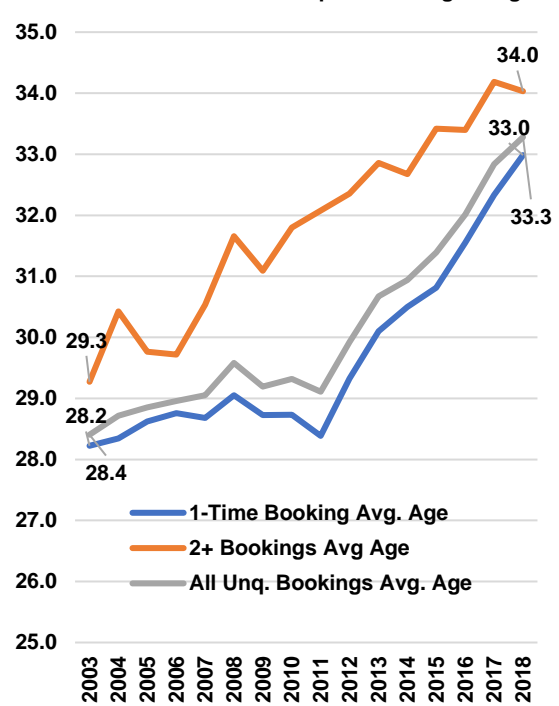


4. **Age of One-Time and Repeat Bookings.** Per-year one-time and repeat bookings for unique persons (the same persons) were compared to determine the effect of repeat bookings on age over time. In 2003, the average age for unique persons booked only once was 28.2 years while the average age for unique persons booking more than once was 29.3 (+1.1 years). In 2018, The average booking age increased to 33.0 years for persons booked only once and 34.0 years for persons multiple booking. The average age for both groups increased 4.8 years from 2003 to 2018. The combined average age for both groups increased from 28.4 years in 2003 to 33.3 years in 2019, for an average age increase of 4.9 years. Overall, it does not appear that the average age of persons booking multiple times is the primary driver for the overall increase in booking age. One-time and repeat bookings are both getting older. Table II.10 and Chart II.22 below show average ages for one-time, multiple, and total unique bookings from 2003 to 2018.

**Table II.10. One-Time & Repeat Bookings & Age**

Year	1-Time Booking Avg. Age	2+ Bookings Avg Age	All Unique Bookings Avg. Age
2003	28.2	29.3	28.4
2004	28.3	30.4	28.7
2005	28.6	29.8	28.9
2006	28.8	29.7	29.0
2007	28.7	30.5	29.1
2008	29.0	31.7	29.6
2009	28.7	31.1	29.2
2010	28.7	31.8	29.3
2011	28.4	32.1	29.1
2012	29.3	32.4	29.9
2013	30.1	32.9	30.7
2014	30.5	32.7	30.9
2015	30.8	33.4	31.4
2016	31.6	33.4	32.0
2017	32.3	34.2	32.8
2018	33.0	34.0	33.3
Increase Yrs.	4.8	4.8	4.9

**Chart II.22. One-Time & Repeat Bookings & Age**



Notably, the number of unique persons booked only once during a given year decreased by 868 bookings (-26.7%) and persons booking more than once during a given year increase by 257 bookings (+37.9%) from 2003 to 2018. Concomitantly, the percentage of persons booked more than once increased from 17.2% to 28.2% of total bookings. Table II.11 below provides descriptive statistics for changes in ages a booking from 2003 to 2018.

**Table II.11. Annual Booking Age for One and Multiple Bookings for Unique Persons**

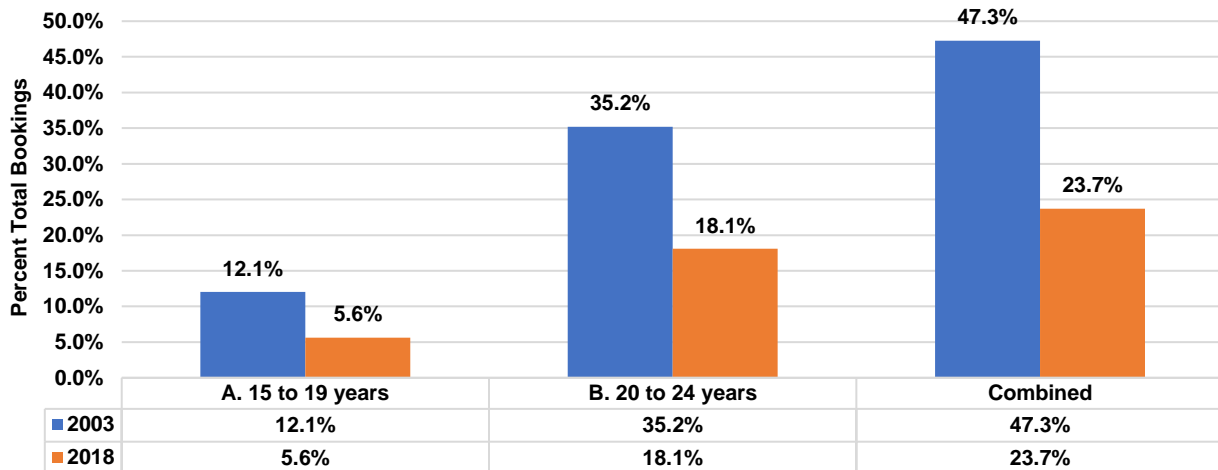
Year	One-Time Bookings Unique Persons				2+ Bookings Unique Persons				% 2+ Booking Per Year	Total Unique Persons				
	Mean	Min	Max	N*	Mean	Min	Max	N*		Mean	Mean	Min	Max	N*
2003	28.2	16	75	3,254	29.3	17	67	678	17.2%	28.4	28.4	16	75	3,932
2004	28.3	18	76	3,283	30.4	16	69	720	18.0%	28.7	28.7	16	76	4,003
2005	28.6	16	75	3,147	29.8	18	74	802	20.3%	28.9	28.8	16	75	3,949
2006	28.8	16	81	3,130	29.7	17	73	825	20.9%	29.0	28.9	16	81	3,955
2007	28.7	16	86	3,465	30.5	18	67	877	20.2%	29.1	29.0	16	86	4,342
2008	29.0	16	78	3,305	31.7	17	74	845	20.4%	29.6	29.5	16	78	4,150
2009	28.7	16	78	3,451	31.1	17	68	851	19.8%	29.2	29.1	16	78	4,302
2010	28.7	16	91	3,429	31.8	18	70	816	19.2%	29.3	29.3	16	91	4,245
2011	28.4	17	71	3,614	32.1	17	70	882	19.6%	29.1	29.1	17	71	4,496
2012	29.3	17	73	3,250	32.4	18	79	799	19.7%	29.9	29.9	17	79	4,049
2013	30.1	16	80	2,832	32.9	17	65	739	20.7%	30.7	30.6	16	80	3,571
2014	30.5	17	85	2,793	32.7	16	76	713	20.3%	30.9	30.9	16	85	3,506
2015	30.8	18	85	2,710	33.4	16	70	771	22.1%	31.4	31.3	16	85	3,481
2016	31.6	16	83	2,335	33.4	17	85	776	24.9%	32.0	32.0	16	85	3,111
2017	32.3	17	83	2,406	34.2	18	70	899	27.2%	32.8	32.8	17	83	3,305
2018	33.0	16	80	2,386	34.0	18	74	935	28.2%	33.3	33.2	16	80	3,321
N +/-	4.8	0.0	5.0	-868.0	4.7	1.0	7.0	257.0	0.11	4.9	4.8	0.0	5.0	-611.0
% +/-				-26.7%				37.9%	63.3%					-15.5%

A. 15 to 19 years
B. 20 to 24 years
C. 25 to 29 years
D. 30 to 34 years
E. 35 to 39 years
F. 40 to 44 years
G. 45 to 49 years
H. 50 to 54 years
I. 55 to 59 years
J. 60 to 64 years
K. 65 to 69 years
L. 70 to 74 years
M. 75 to 79 years
N. 80 to 84 years
O. 85 years +

**5. Booking Age Groups.** Finally, age groups were compared and examined for 2003 and 2018 bookings to further understand the changes discussed. The 15 age-groups used by the U.S. Census Bureau (left) were applied for this analysis.

Ages 15-19 and 20-24 are the only two groups in which total, male, and female bookings decreased from 2003 to 2018. In 2003, ages 15-19 accounted for 12.1% (597/4,950) of total bookings and ages 20-24 accounted for 35.2% (1,743/4,950) of total bookings. Combined, these age groups accounted for almost half (47.3%) of total bookings. By 2018, these age groups combined accounted for less than one-quarter (23.7%) of the 4,837 total bookings, with ages 15-19 accounting for 5.6% (272) and ages 20-24 accounting for 18.1% (875) of total bookings as shown in Chart II.23 below.

**Chart II.23. Percent of Total Bookings - Ages 15-19, 20-24 - (2003 – 2018)**



Within these two age groups, bookings for ages 15-29 decreased 54.4% (-325). Males bookings in this age group decreased 51.6% (-243) and females bookings decreased 65.1% (-82). In the 20-24 age group, total bookings decreased 49.8% (-868). Male bookings decreased 52.9% (-763) and female bookings decreased 34.9% (-105). These decreases appear to be a primary reason for the increase in the inmate's average age at booking from 2003 to 2018.

Booking ages 50 to 85+ is an important inmate population to monitor due to the higher prevalence of chronic illness among inmate and community populations. Chronic health problems and risks among jail inmates is usually significantly greater than in the community population. For example, one study found that compared with the general population, jail inmates have higher odds of hypertension (1.19; 95% CI 1.08 to 1.31), asthma (1.41; 95% CI 1.28 to 1.56), arthritis (1.65; 95% CI 1.47 to 1.84), cervical cancer (4.16; 95% CI 3.13 to 5.53), and hepatitis (2.57; 95% CI 2.20 to 3.00).<sup>1</sup> Compounding this problem, aging for all populations is a strong risk for many and multiple chronic diseases and increased utilization of health care

<sup>1</sup> Prevalence of Chronic Medical Conditions Among Jail and Prison Inmates in the USA Compared with the General Population. Retrieved: <http://dx.doi.org/10.1136/jech.2009.090662>.

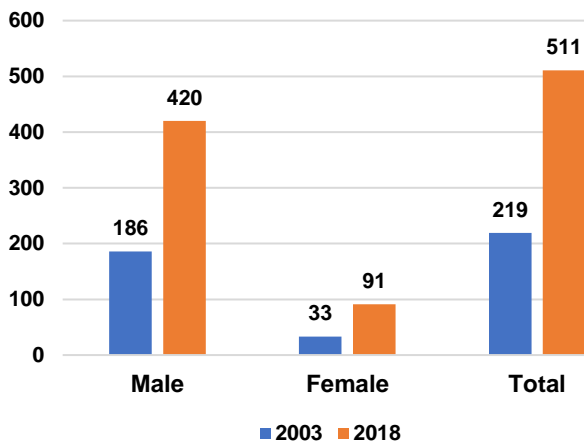
services and resources.<sup>2</sup> Inmate status and aging therefore places greater demand on jail resources to ensure Constitutional levels of adequate care consistently.

In 2003, there were 219 persons ages 50 to 85 booked into the jail. By 2018, that population more than double with 511 (+133.3%) persons ages 50 to 80 booked into the jail. From 2003 to 2018, this population increased from 4.4% of all persons booked to almost 11% (10.6%) of persons booked. This age group more than doubled in prevalence and as a percentage of total bookings. Tables II.12 and II.13 and Charts II.24 and II.25 show increases in the booking of this age group.

**Table II.12. Bookings Ages 50 to 85+**

Year	Male	Female	Total
2003	186	33	219
2018	420	91	511
N +/-	234	58	292
% +/-	125.8%	175.8%	133.3%

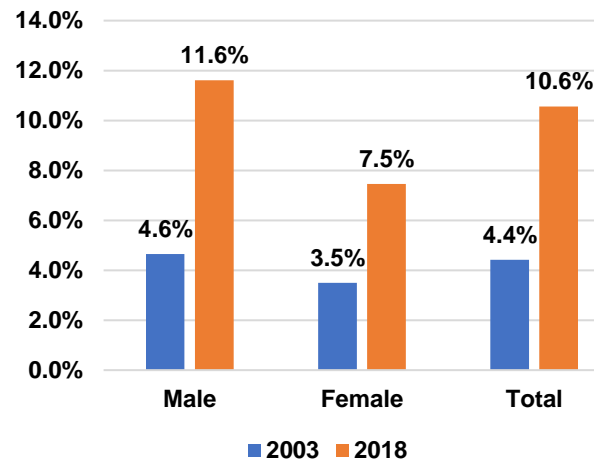
**Chart II.24.  
Booking Ages 50 to 85+**



**Table II.13 Ages 50 to 85+ Percent of Total Bookings**

Year	Male	Female	Total
2003	4.6%	3.5%	4.4%
2018	11.6%	7.5%	10.6%

**Chart II.25.  
Ages 50 to 85+ Percent of Total Bookings**



The following table and charts show 2003 and 2018 increases and decreases in bookings for all primary age groups.

<sup>2</sup> Trends in Age-Related Disease Burden and Healthcare Utilization. Retrieved: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6351821/>

**Table II.14. Booking Increases and Decreases for All Age Groups and Gender**

Booked Age Groups	2003 Bookings			2018 Bookings			N - Change			% Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
A. 15 to 19 years	471	126	597	228	44	272	-243	-82	-325	-51.6%	-65.1%	-54.4%
B. 20 to 24 years	1,442	301	1,743	679	196	875	-763	-105	-868	-52.9%	-34.9%	-49.8%
C. 25 to 29 years	675	137	812	602	260	862	-73	123	50	-10.8%	89.8%	6.2%
D. 30 to 34 years	428	101	529	550	246	796	122	145	267	28.5%	143.6%	50.5%
E. 35 to 39 years	296	92	388	513	197	710	217	105	322	73.3%	114.1%	83.0%
F. 40 to 44 years	322	115	437	355	130	485	33	15	48	10.2%	13.0%	11.0%
G. 45 to 49 years	185	40	225	268	57	325	83	17	100	44.9%	42.5%	44.4%
H. 50 to 54 years	110	19	129	192	50	242	82	31	113	74.5%	163.2%	87.6%
I. 55 to 59 years	41	11	52	125	27	152	84	16	100	204.9%	145.5%	192.3%
J. 60 to 64 years	23	0	23	76	9	85	53	9	62	230.4%	900.0%	269.6%
K. 65 to 69 years	9	1	10	15	4	19	6	3	9	66.7%	300.0%	90.0%
L. 70 to 74 years	1	2	3	8	1	9	7	-1	6	700.0%	-50.0%	200.0%
M. 75 to 79 years	2	0	2	3	0	3	1	0	1	50.0%	0.0%	50.0%
N. 80 to 84 years	0	0	0	1	0	1	1	0	1	100.0%	0.0%	100.0%
O. 85 years +	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%
Missing	0	0	0	1	0	1	1	0	1	100.0%	0.0%	100.0%
<b>Total</b>	<b>4,005</b>	<b>945</b>	<b>4,950</b>	<b>3,616</b>	<b>1,221</b>	<b>4,837</b>	<b>-389</b>	<b>276</b>	<b>-113</b>	<b>-9.7%</b>	<b>29.2%</b>	<b>-2.3%</b>

Chart II.26. Number of Bookings Increase / Decrease by Ages Group and Gender 2003-2018

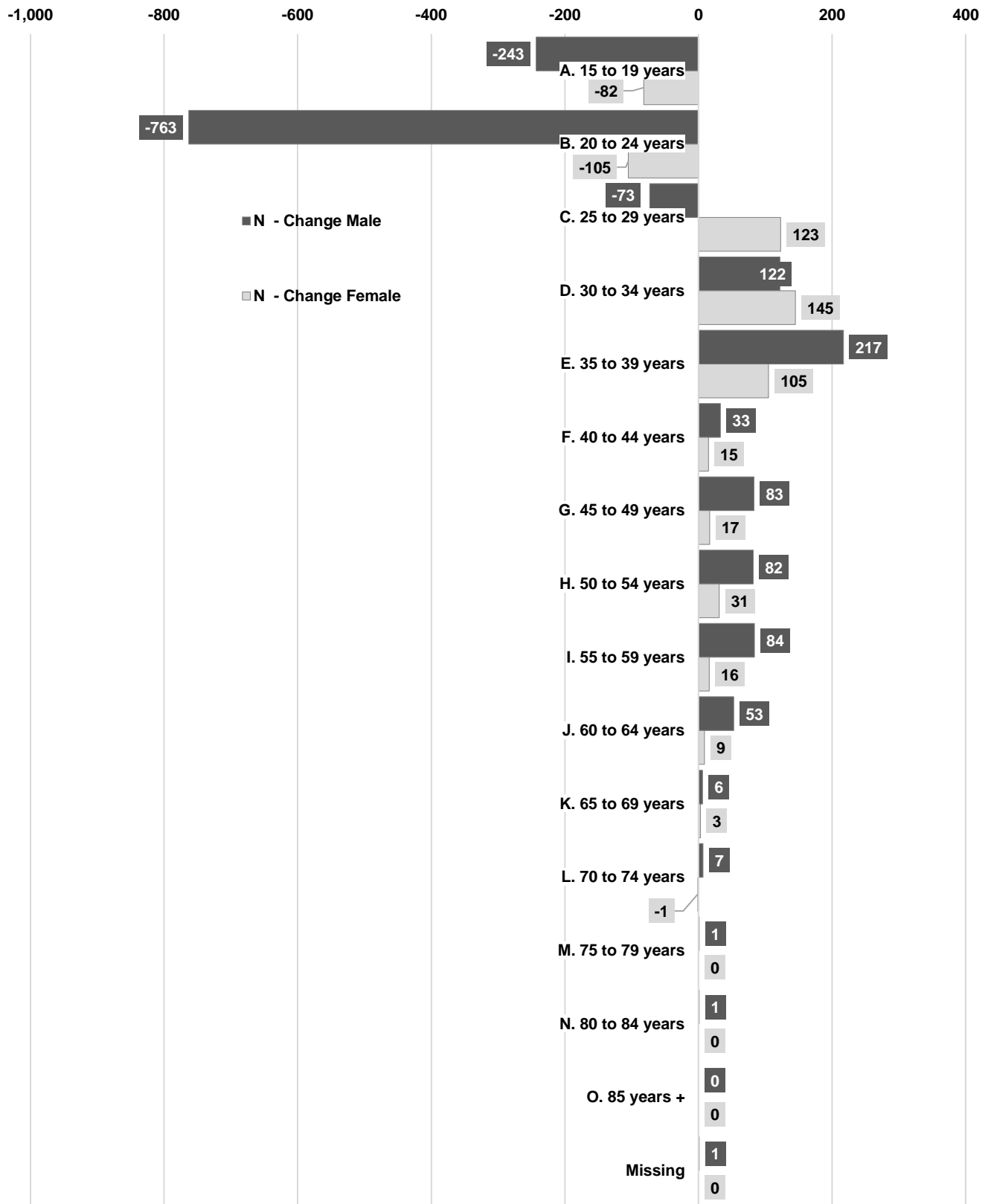




Chart II.27. Percent of Bookings Increase / Decrease by Ages Group and Gender 2003-2018

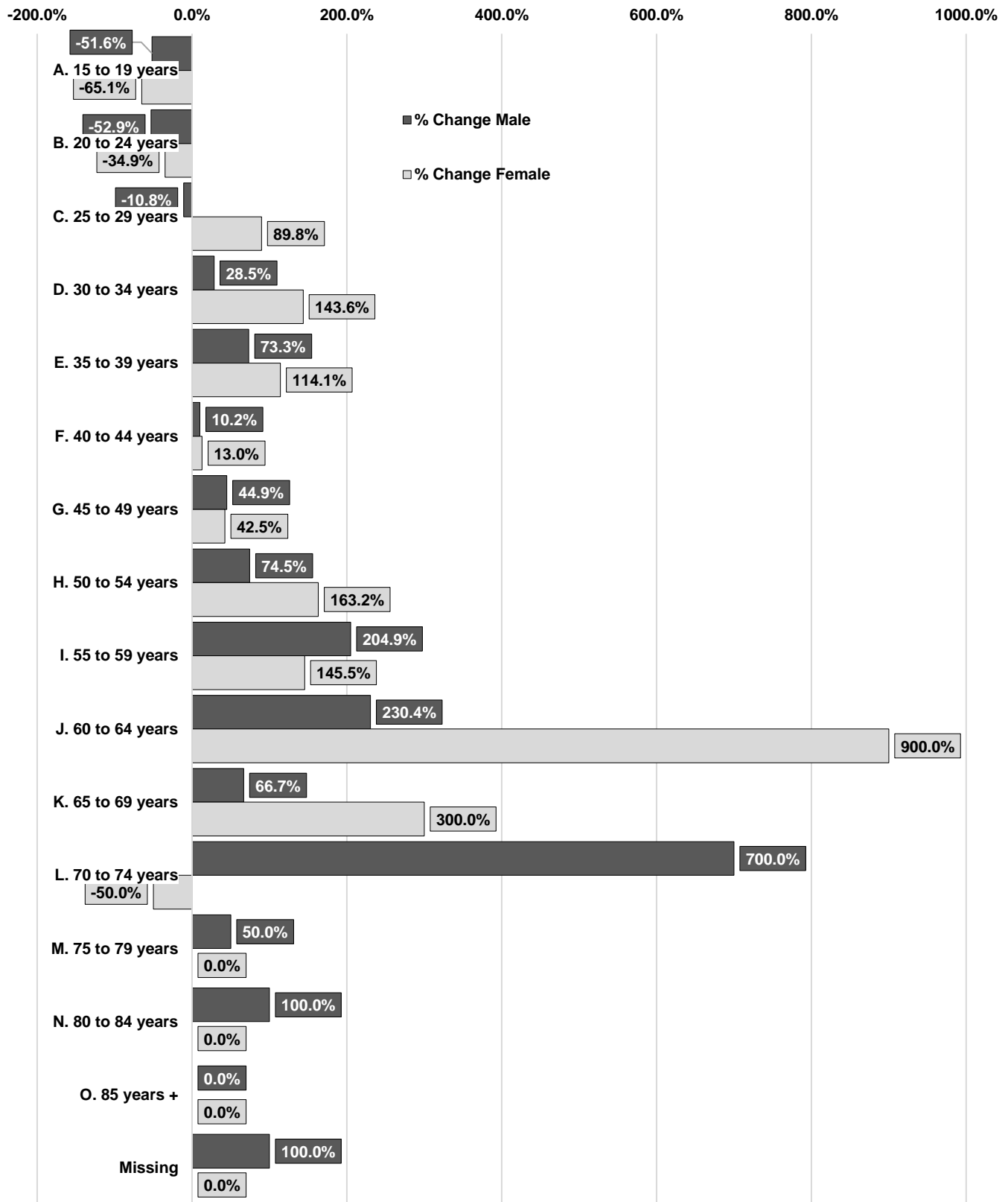


Table II.15. Increase / Decrease in Booking Ages 2003 &amp; 2018

Booked Age Groups	2003 Bookings			2018 Bookings			N - Change			% Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
A. 15 to 19 years	471	126	597	228	44	272	-243	-82	-325	-51.6%	-65.1%	-54.4%
B. 20 to 24 years	1,442	301	1,743	679	196	875	-763	-105	-868	-52.9%	-34.9%	-49.8%
C. 25 to 29 years	675	137	812	602	260	862	-73	123	50	-10.8%	89.8%	6.2%
D. 30 to 34 years	428	101	529	550	246	796	122	145	267	28.5%	143.6%	50.5%
E. 35 to 39 years	296	92	388	513	197	710	217	105	322	73.3%	114.1%	83.0%
F. 40 to 44 years	322	115	437	355	130	485	33	15	48	10.2%	13.0%	11.0%
G. 45 to 49 years	185	40	225	268	57	325	83	17	100	44.9%	42.5%	44.4%
H. 50 to 54 years	110	19	129	192	50	242	82	31	113	74.5%	163.2%	87.6%
I. 55 to 59 years	41	11	52	125	27	152	84	16	100	204.9%	145.5%	192.3%
J. 60 to 64 years	23	0	23	76	9	85	53	9	62	230.4%	900.0%	269.6%
K. 65 to 69 years	9	1	10	15	4	19	6	3	9	66.7%	300.0%	90.0%
L. 70 to 74 years	1	2	3	8	1	9	7	-1	6	700.0%	-50.0%	200.0%
M. 75 to 79 years	2	0	2	3	0	3	1	0	1	50.0%	0.0%	50.0%
N. 80 to 84 years	0	0	0	1	0	1	1	0	1	100.0%	0.0%	100.0%
O. 85 years +	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%
Missing	0	0	0	1	0	1	1	0	1	100.0%	0.0%	100.0%
Total	4,005	945	4,950	3,616	1,221	4,837	-389	276	-113	-9.7%	29.2%	-2.3%

Table II.16. Booking Age Groups Change

Booked Age Groups	2003 - 2018 N +/-	2003 - 2018 % +/-
A. 15 to 19 years	-325	-54.4%
B. 20 to 24 years	-868	-49.8%
C. 25 to 29 years	50	6.2%
D. 30 to 34 years	267	50.5%
E. 35 to 39 years	322	83.0%
F. 40 to 44 years	48	11.0%
G. 45 to 49 years	100	44.4%
H. 50 to 54 years	113	87.6%
I. 55 to 59 years	100	192.3%
J. 60 to 64 years	62	269.6%
K. 65 to 69 years	9	90.0%
L. 70 to 74 years	6	200.0%
M. 75 to 79 years	1	50.0%
N. 80 to 84 years	1	100.0%
O. 85 years +	0	0.0%

Chart II.28. Booking Age Groups Change

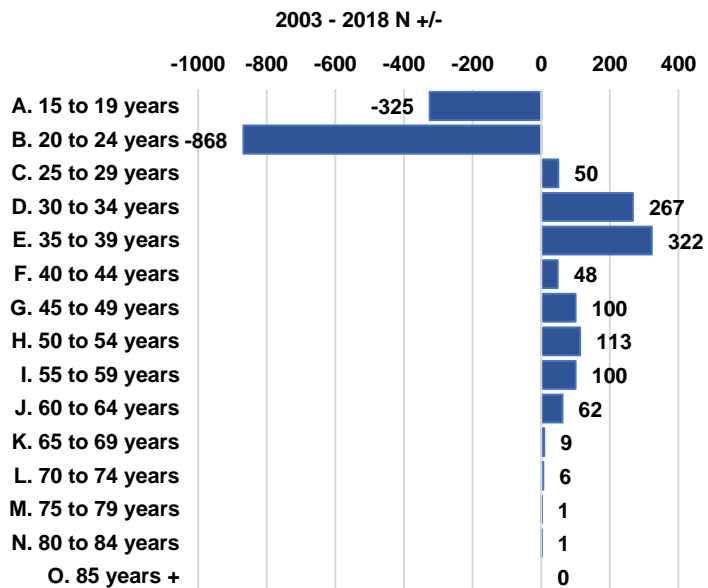
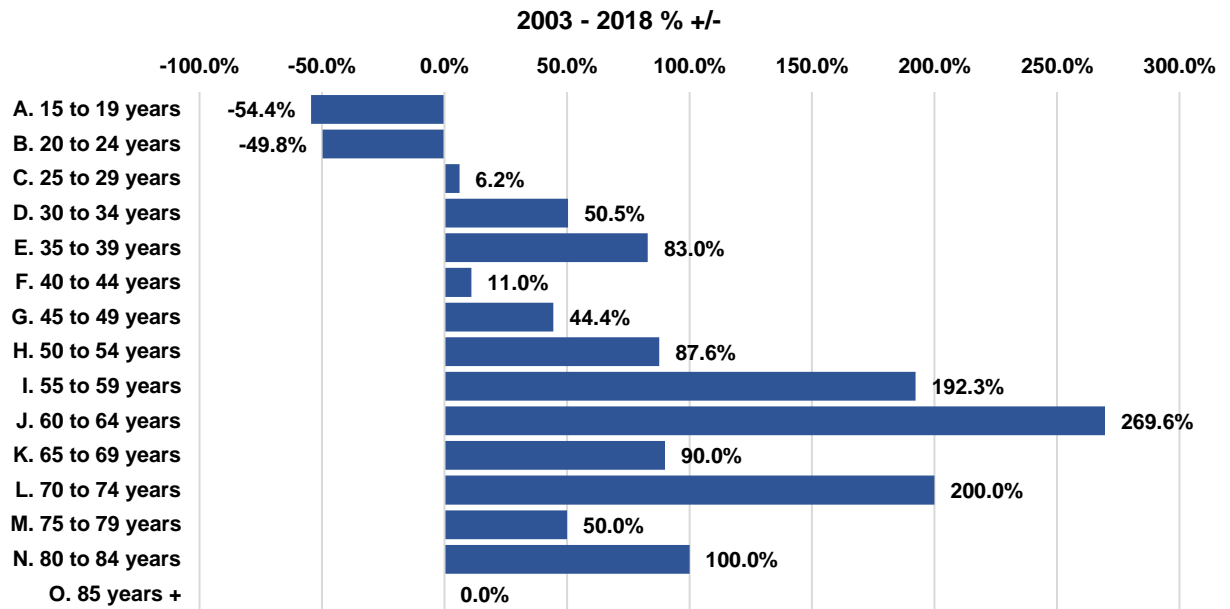


Chart II.29. Booking Age Groups Percent of Change



## **CHAPTER III**

### **INCARCERATION LENGTH OF STAY**

#### **A. INTRODUCTION**

This chapter examines jail length of stay for bookings from 2003 through 2018.

1. The two variables that determine the size of a jail population are 1) the number of people booked and, 2) how long they remain in custody, or length of stay (LOS).
2. This chapter examines inmate lengths of stay (LOS) for all jail bookings from 2003 through 2018. LOS is measured by the number of days in-custody according booking and release dates and times. Additionally, 27 booking LOS categories are analyzed to better understand LOS trends, changes, and trajectories. Trends and changes in LOS are typical strong indicators of patterns in jail booking activity that can and/or have adversely impacted criminal justice system and jail operations and capacity. Close examination of LOS trends can also yield opportunities and options for improving criminal justice system efficiencies and effectiveness, facility design and capacity.
3. Descriptive analyses of booking LOS from 2003 through 2018 were performed and reported herein:
  - 1) Total Average Lengths of Stay (ALOS)
  - 2) ALOS by Gender
  - 3) Variance in ALOS
  - 4) Booking LOS Categories

#### **B. KEY FINDINGS and RECOMMENDATIONS**

**FINDING 1.** Inmates are staying considerably longer in the jail. Total average length of stay (ALOS) increased by 3.6 days per booking overall from 18.5 days in 2003 to 22.2 days per booking in 2018. Male ALOS increased by 4.3 days per booking from 20.0 days in 2003 to 24.3 days in 2018. Female ALOS increased 3.6 days per booking from 12.4 days in 2003 to 16.0 days in 2018.

**FINDING 2.** As female bookings increased and male bookings decreased from 2003 to 2018 (see Chapter 9), female ALOS grew at a greater rate than male ALOS. Female ALOS increased 29.2% while male ALOS increased 21.4%.

**FINDING 3.** The number of bookings released within 24-hours decreased 54.4% overall from 2003 to 2018. The number of male bookings in this LOS category decreased 58.3% and female bookings decreased 39.5%. The number of bookings released greater than 24-hours increased 56.5%. The number of male booking in this LOS category increased 42.5% and female booking increased 124.8%.

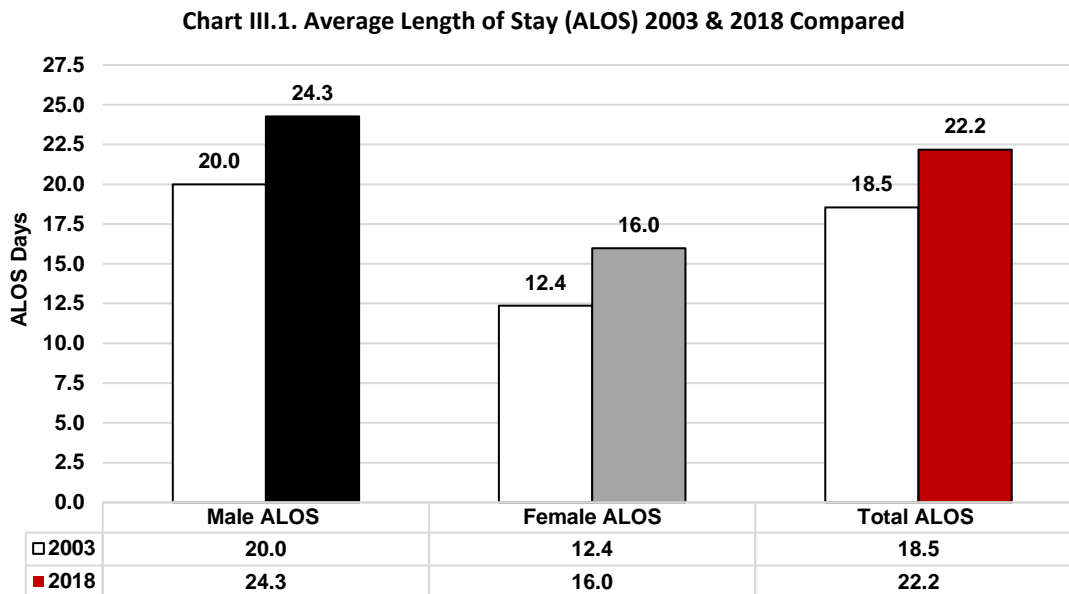
**RECOMMENDATION(s):** Increased length of stay is a primary cause for the average daily population despite the decrease in bookings.

4. Chapter nine recommendations are applicable to these findings.
5. Consider implementing a Population Management Coordinator program. This program routinely monitors and tracks inmate lengths of stay, in collaboration with the courts, to expedite releases.
6. Implement case flow efficiency recommendations found in Chapters related to Court case processing.

### C. AVERAGE LENGTH OF STAY (ALOS)

#### 1. Inmates are staying longer in jail on average.

Total ALOS has increased by 3.6 days per booking from 18.5 days in 2003 to 22.2 days in 2018,. Male ALOS increased by 4.3 days from 20.0 days to 24.3 days and female ALOS increased 3.6 days from 12.4 days to 16.0 days. Chart III.1 show annual ALOS form 2003 to 2018.



Female ALOS grew at a greater rate than male ALOS. Male ALOS increased 21.4% (+4.3 days) from 2003 to 2018 while female ALOS increased 29.2% (+3.6 days). Additionally, male ALOS increased 1.5% (+.016) from 107.9% in 2003 to 109.4% of Total ALOS while Female ALOS increased 8.1% (+.054) from 66.7% to 72.1% of Total ALOS. As a percent of Total ALOS, female ALOS grew at a rate more than three-times greater than male ALOS.

Charts III.2 – III.6 shows annual ALOS variances from 2003 to 2018. Difference in male and female annual variances differences in Table III.5 is notable.

Chart III.2. Total ALOS Annual Variance +/-

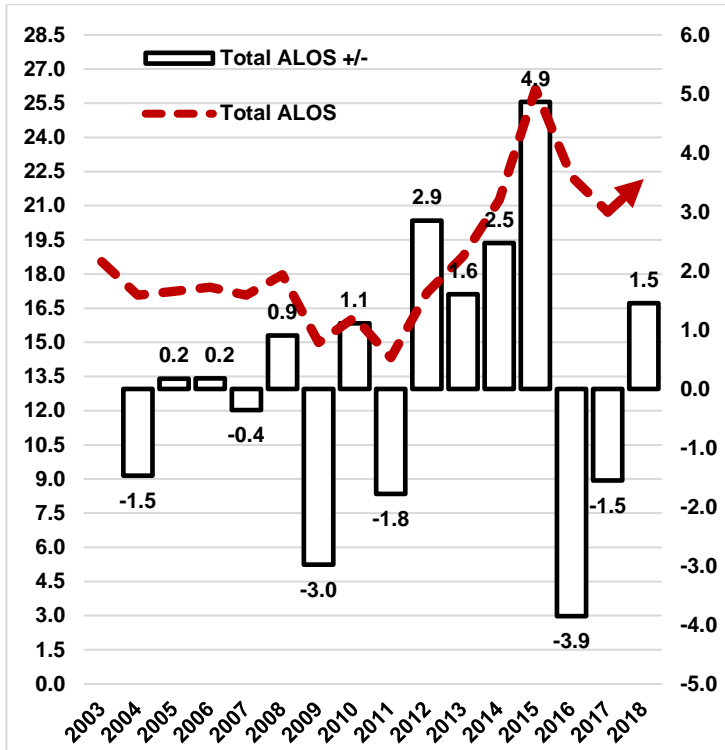


Chart III.3. Male ALOS Annual Variance +/-

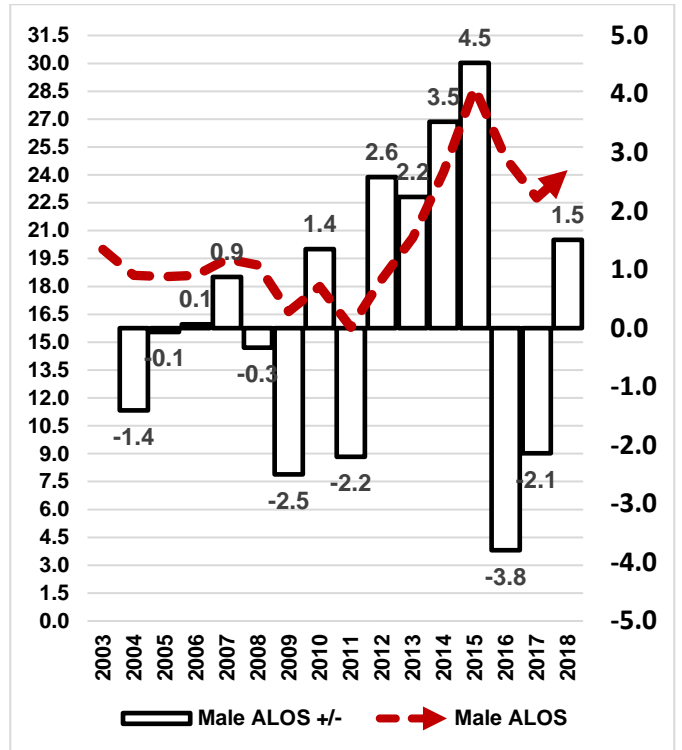


Chart III.4. Female ALOS Variance +/-

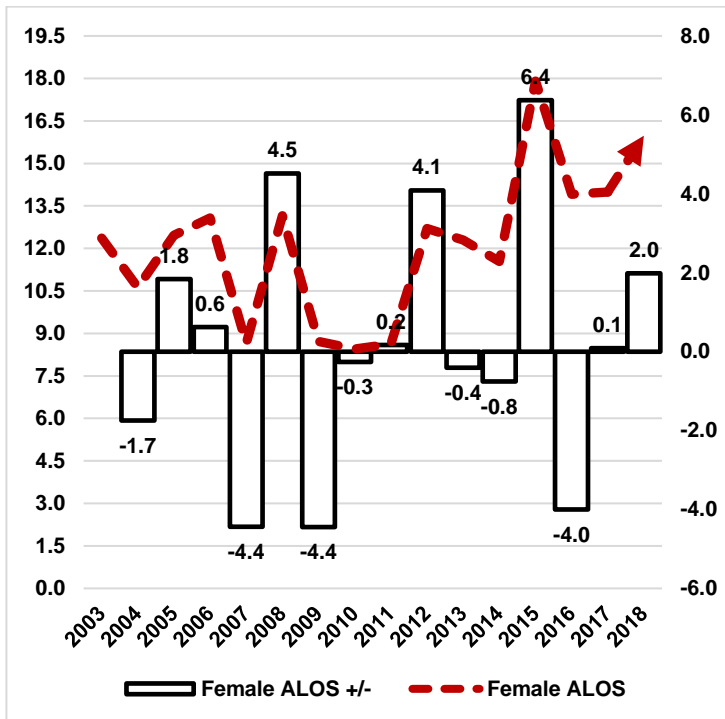


Chart III.5. Male/Female ALOS Variance Compared

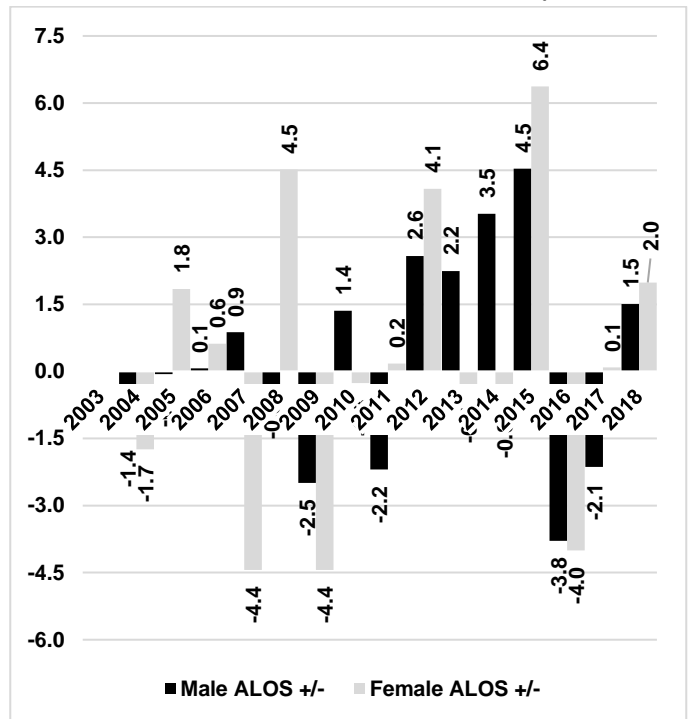
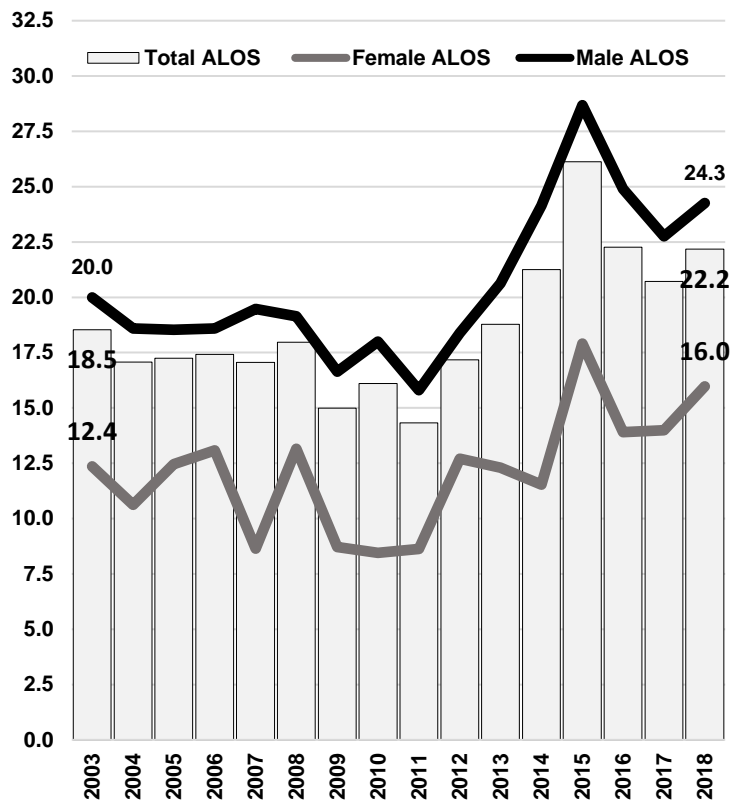


Table III.1. ALOS (Days) 2003-2018

Year	Male ALOS	Female ALOS	Total ALOS
2003	20.0	12.4	18.5
2004	18.6	10.6	17.1
2005	18.5	12.5	17.2
2006	18.6	13.1	17.4
2007	19.5	8.6	17.1
2008	19.1	13.2	18.0
2009	16.6	8.7	15.0
2010	18.0	8.5	16.1
2011	15.8	8.6	14.3
2012	18.4	12.7	17.2
2013	20.6	12.3	18.8
2014	24.2	11.5	21.3
2015	28.7	17.9	26.1
2016	24.9	13.9	22.3
2017	22.8	14.0	20.7
2018	24.3	16.0	22.2
<b>Total</b>	<b>329</b>	<b>194</b>	<b>299</b>
<b>N +/-</b>	<b>4.27</b>	<b>3.62</b>	<b>3.64</b>
<b>% +/-</b>	<b>21.4%</b>	<b>29.2%</b>	<b>19.6%</b>

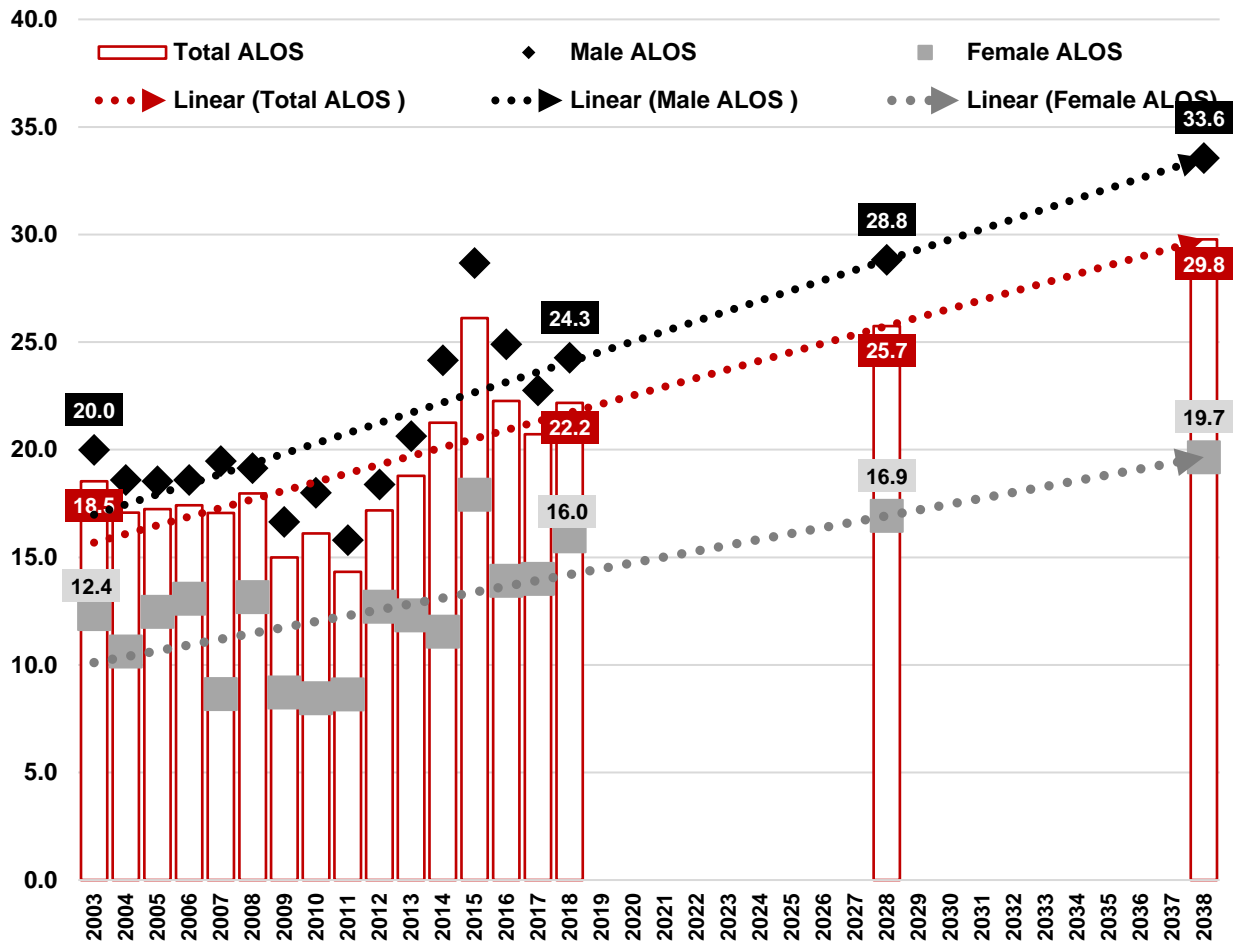
Chart III.6. ALOS (Days) 2003-2018



Linear regression modeling suggests continued ALOS increases to the year 2038. As shown in Chart 20.7 below, Total ALOS is estimated to increase from 22.2 days per booking in 2018 to 25.7 days by 2028 and 29.8 days by 2038. Concomitantly, this linear model estimates Male ALOS to increase from 24.3 in 2018 to 28.8 in 2028 and to 33.6 by 2038. Female ALOS is estimated to increase from 16.0 days in 2018 to 16.9 in 2028 and to 19.7 by 2038.

It is important to note that linear modeling cannot predict ALOS because ALOS is greatly influenced by local criminal justice system practices and is based on historical practices. Practices that create increased ALOS will increase jail ADP if the number of bookings remain stable and/or increase. Similarly, changes in practices that safely reduce ALOS will have the opposite outcome. For example, reducing ALOS via post-booking diversion, changes in bonding and release policies, and improving the efficiency and timeliness court case-flow management can substantially reduce this linear trajectory, reduce the ALOS, and effectively reduce jail ADP. Timely implementation of these and other evidence-based practices can reduce ALOS sooner than later and without jeopardizing public safety or the integrity of the criminal justice system.

Chart III.7. 20-Year ALOS Linear Projections





#### D. LENGTH OF STAY (LOS) CATEGORIES

**Table III.2. Booking LOS Categories**

- 4 Hrs. or Less
- Over 4 Hrs. to 8 Hrs.
- Over 8 Hrs. to 12 Hrs.
- Over 12 Hrs. to 24 Hrs.
- Over 24 Hrs. to 48 Hrs.
- Over 48 Hrs. to 72 Hrs.
- Over 72 Hrs. to 96 Hrs.
- Over 96 Hrs. to 5 Days
- Over 5 Days to 6 Days
- Over 6 Days to 7 Days
- Over 7 Days to 8 Days
- Over 8 Days to 9 Days
- Over 9 Days to 10 Days
- Over 10 Days to 15 Days
- Over 15 Days to 20 Days
- Over 20 Days to 30 Days
- Over 30 Days to 45 Days
- Over 45 Days to 60 Days
- Over 60 Days to 90 Days
- Over 90 Days to 120 Days
- Over 120 Days to 180 Days
- Over 180 Days to 8 Mo.
- Over 8 Mo. to 1 Yrs.
- Over 1 Yrs. to 2 Yrs.
- Over 2 Yrs. to 3 Yrs.
- Over 3 Yrs. to 5 Yrs.
- Over 5 Yrs.

LOS categories are used to better understand where LOS increase and decreases occurred and what specific changes are impacting LOS and ultimately jail capacity. This analysis uses 27 LOS categories (left) ranging from LOS of 4 hrs. or less up to over 5-years if jail incarceration.

There were very large decreases in the number of bookings with shorter lengths of stay (LOS up to 24-hrs) and large increases in longer lengths of stay. These are the primary drivers for the overall LOS increases described previously.

In 2003, 53% (2,625) of the 4,950 total bookings were released within 24-hrs. By 2018, only 24.8% (1,198) of total bookings were released within this time frame. The number of bookings released within 4-hours decreased 71% (-655), 4 to 8-hrs. decreased 61.2% (-123), 8 to 12-hrs decreased 68.2% (-414), and bookings released within 12 to 24-hrs decreased 26.3% (-235). Other LOS decreases include 8 to 10 days (-17 bookings / -29.2%), 20 to 30 days (-14 bookings / -8.8%), and 45 to 60 days (-3 bookings / 3.1%). LOS decreased for 7 of the 27 categories and increased in 20 categories.

Table III.3. and Chart III.8. below shows decreases in LOS up to 24 hrs. for 2003 and 2018.

**Table III.3. Decrease in Bookings / LOS Up To 24-Hrs. 2013 & 2018**

Booking LOS (Hrs./ Days)	2003 Bookings	2018 Bookings	N +/-	% +/-	2003 % Total Bookings	2018 % Total Bookings	N +/- % Total Bookings	% Decrease % Total Bookings
4 Hrs. or Less	922	267	-655	-71.0%	18.6%	5.5%	-0.13	-70.4%
Over 4 Hrs. to 8 Hrs.	201	78	-123	-61.2%	4.1%	1.6%	-0.02	-60.3%
Over 8 Hrs. to 12 Hrs.	607	193	-414	-68.2%	12.3%	4.0%	-0.08	-67.5%
Over 12 Hrs. to 24 Hrs.	895	660	-235	-26.3%	18.1%	13.6%	-0.04	-24.5%
Total LOS Up to 24 Hrs.	2,625	1,198	-1,427	-54.4%	53.0%	24.8%	-0.28	-53.3%

Chart III.8. LOS Bookings & Decreases 2003 & 2018

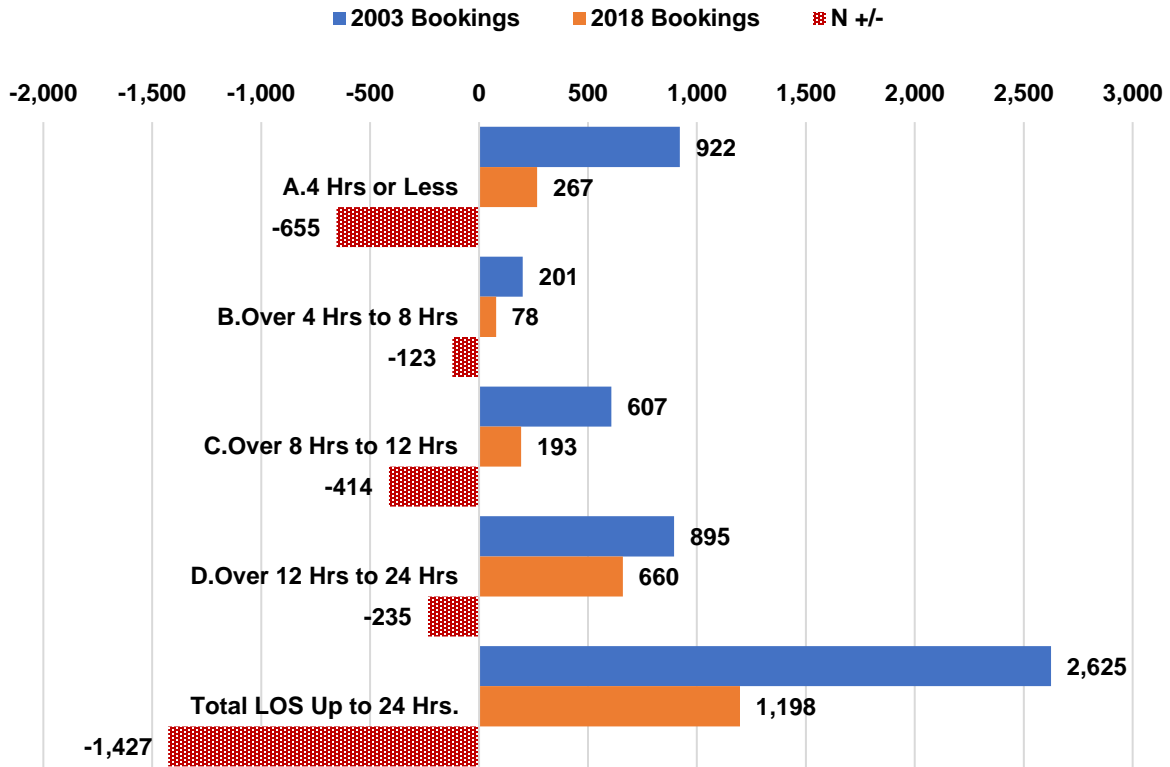
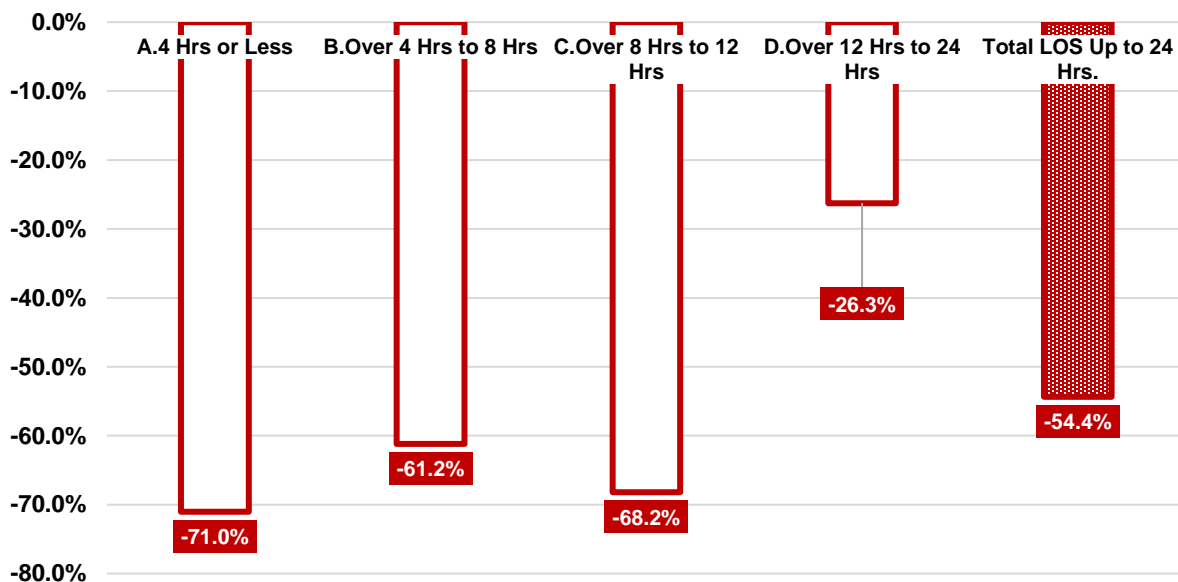


Chart III.9. below shows percentage of 2003 to 2018 decrease in total bookings for up to 24-hours LOS categories.

Chart III.9. Percent Decrease Up to 24 Hrs. LOS



As LOS for bookings up to 24-hrs. greatly decreased (-54.4%), LOS for bookings greater than 24-hrs. increased significantly. In 2003, 47% (2,325) of the 4,950 total bookings were released more than 24-hrs after booking. By 2018, this LOS increased to 75.2% (2,639) of total bookings. While LOS for bookings up to 24-hrs. decreased by 1,427 bookings, LOS for bookings greater than 24-hrs. increased by 1,314 bookings. Table III.4 below shows increase in LOS Greater than 24 hrs. for 2003 and 2018. Table III.4 shows these changes.

**Table III.4. Total Bookings with LOS Greater Than 24 Hours Compared**

2003 & 2018 LOS Up To & Greater Than 24 Hrs. Compared	2003 Total Bookings	2018 Total Bookings	N +/-	% +/-	2003 % Total Bookings	2018 % Total Bookings	N +/- % Total Bookings	% Decrease % Total Bookings
Total LOS Up to 24 Hrs.	2,625	1,198	-1,427	-54.4%	53.0%	24.8%	-0.28	-53.3%
Total LOS Greater Than 24 Hrs.	2,325	3,639	1,314	56.5%	47.0%	75.2%	0.28	60.2%

Chart III.10 below shows increases in total bookings for LOS categories greater than 24-hours and the cumulative total increase from 2003 to 2018 (+1,314). Note the cumulative LOS increasing linear trajectory.

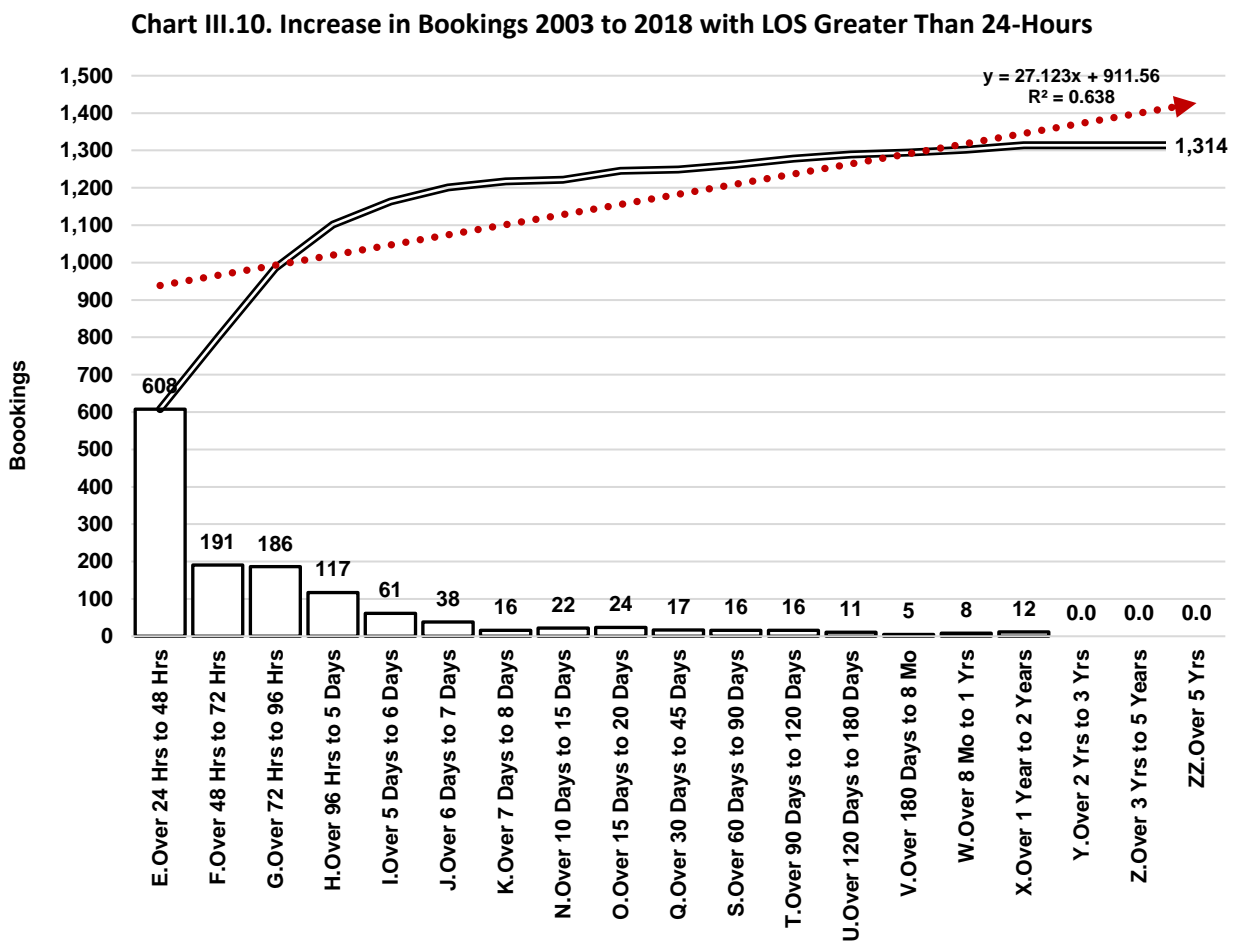


Chart III.11 below shows LOS up to 24-hours and greater than 24-hours percentage comparisons for 2003 and 2018.

**Chart III.11. LOS Up to AND Greater than 24-Hrs. LOS Percentages of Bookings 2003 & 2018**

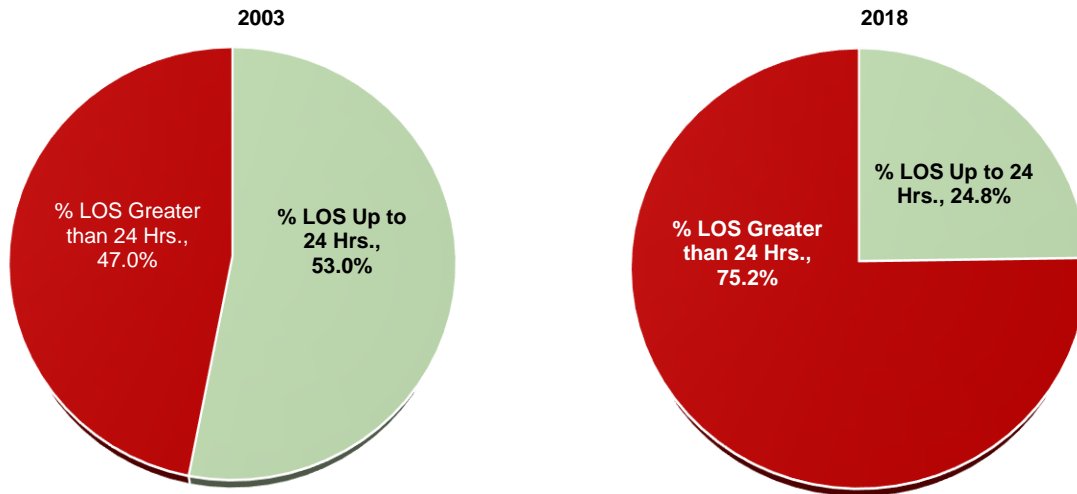
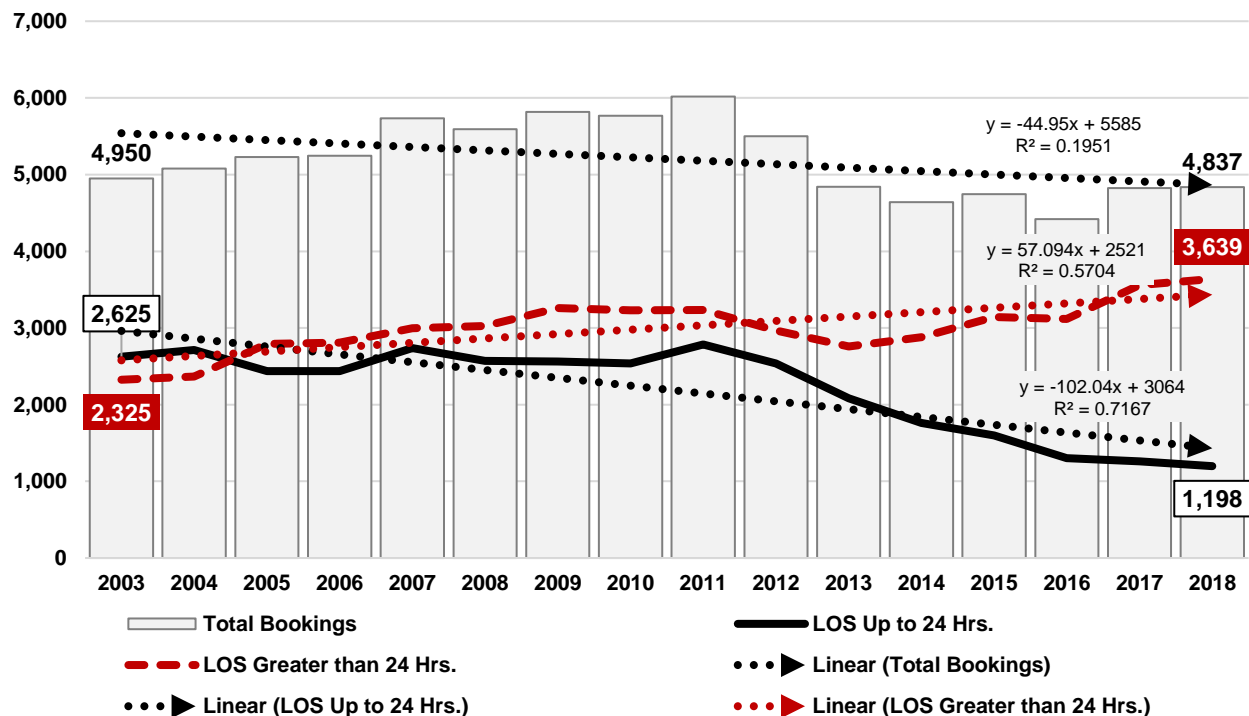


Chart III.12. below shows decreases in total bookings and booking LOS up to 24-hours and increases in booking LOS greater than 24-hours. Note the linear decrease in LOS greater than 24-hours is larger than the decrease in total bookings and the increase in booking LOS up to 24-hours.

**Chart III.12. Total Bookings, Booking LOS Up To & Greater Than 24-hours w/Linear Trajectory**



Charts III.13 and II.14 below show the number and percentage of increased and decreased bookings for all LOS categories for 2003 to 2018.

Chart III.13. Booking Increases & Decreases for All Booking LOS Categories

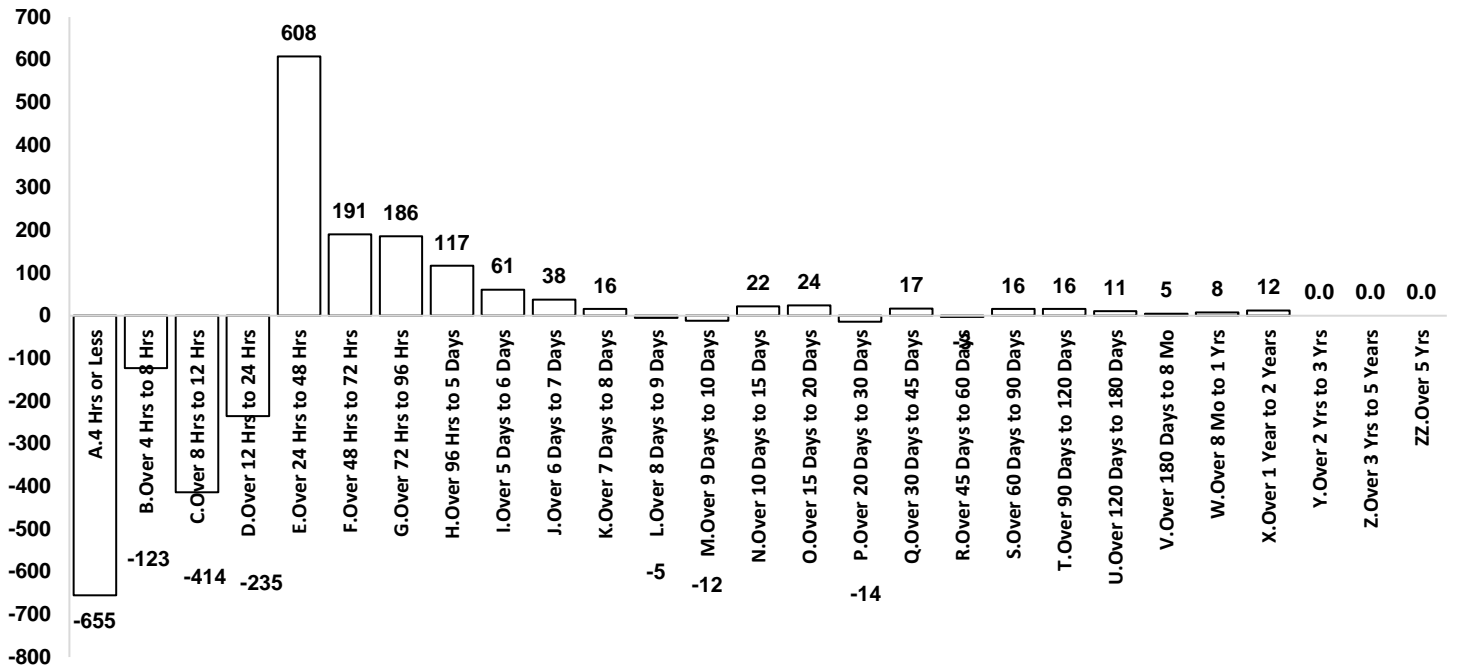
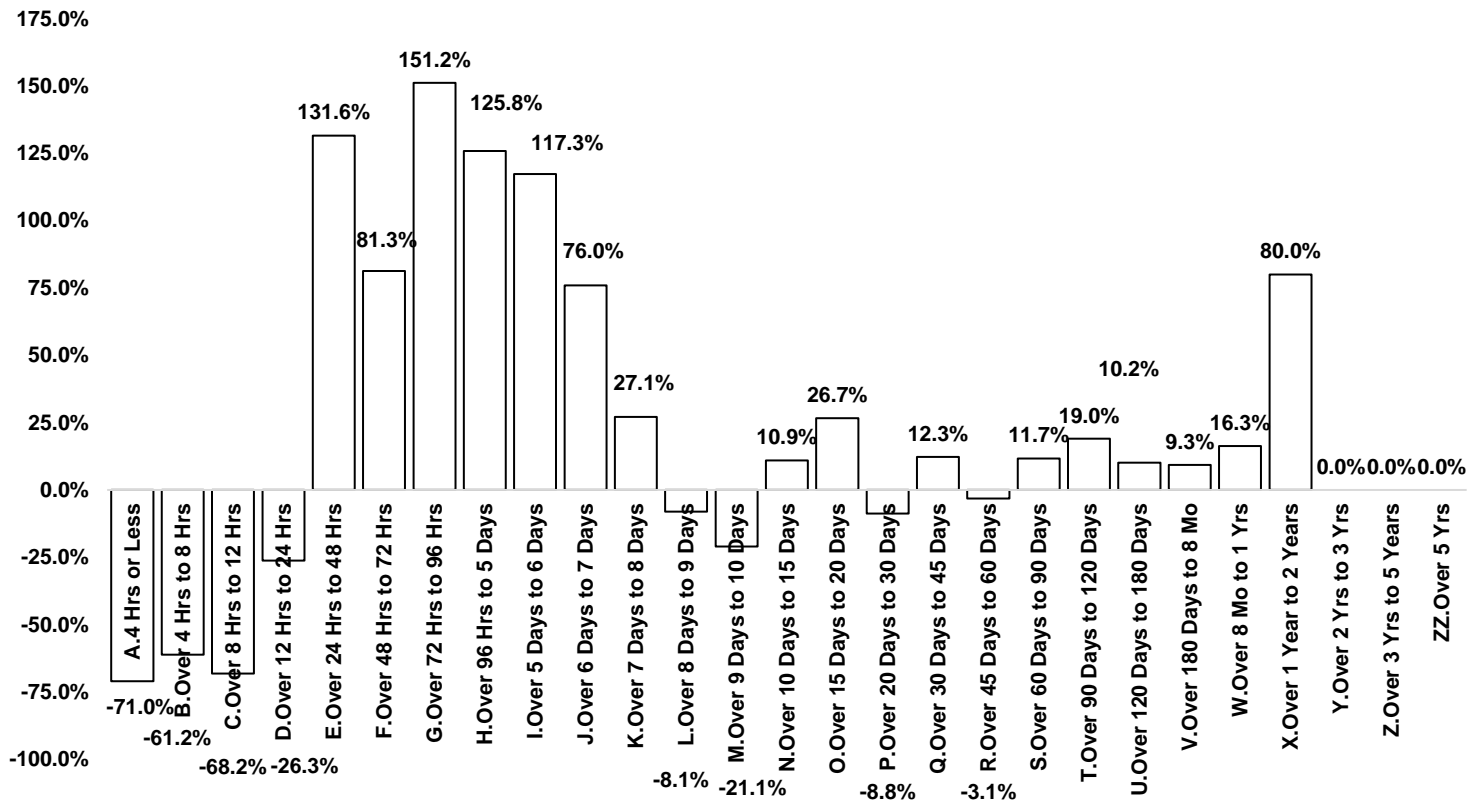


Chart III.14. Percent of Booking Increases & Decreases for All Booking LOS Categories



## E. LENGTH OF STAY BY GENDER

Examination of LOS categories by gender found trends similar to Total LOS findings. There were very large decreases in the number of bookings with shorter lengths of stay (LOS up to 24-hrs) and large increases in longer lengths of stay for male and female bookings.

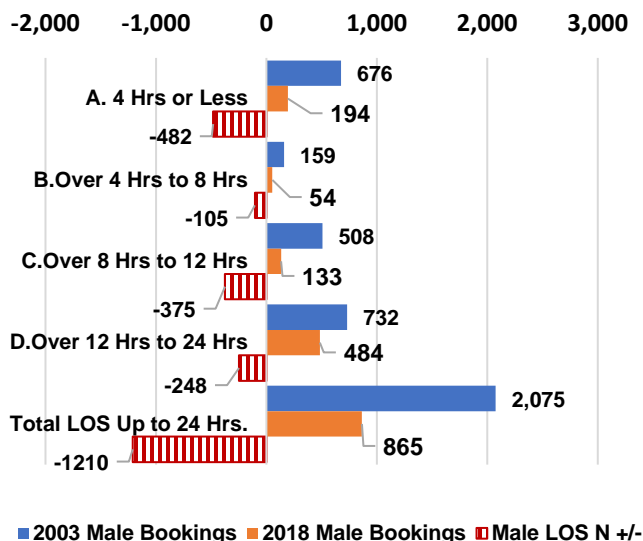
Males released within 24-hours decreased 58.3% (-1,210) from 2,075 bookings in 2003 to 865 bookings in 2018. Females released within 24-hours decreased 39.5% (-217) from 550 bookings in 2003 to 333 bookings in 2018. The greatest decrease during the 24-hour time period was up to 12 hours LOS for males (-73.8%) and 4-hours or less (-70.3%) for females. Female LOS from 12 to 24-hours increased slightly at 8.0% (+13) from 163 bookings in 2003 to 2018 bookings in 2018. Table III.5 below shows up to 24-hours LOS comparisons for 2003 and 2018 for males and females.

**Table III.5. 24-hours LOS comparisons for 2003 and 2018 for Males and Females**

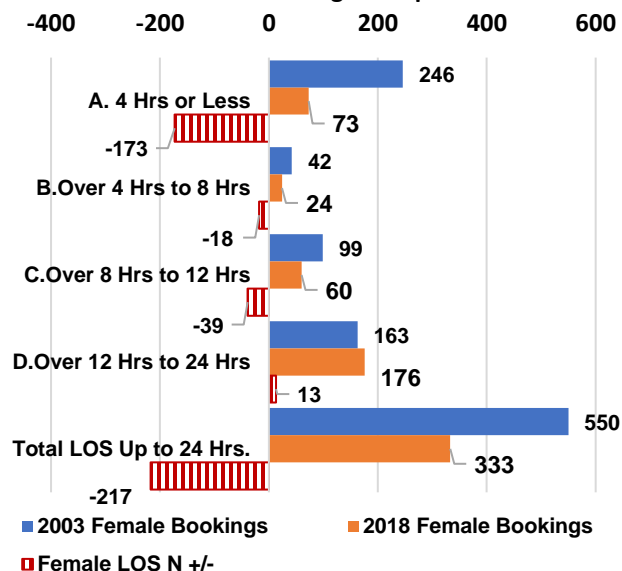
Booking LOS (Hrs. / Days)	2003 Male Bookings	2018 Male Bookings	2003 Female Bookings	2018 Female Bookings	Male LOS N +/-	Female LOS N +/-	Male % +/-	Female % +/-
4 Hrs. or Less	676	194	246	73	-482	-173	-71.3%	-70.3%
Over 4 Hrs. to 8 Hrs.	159	54	42	24	-105	-18	-66.0%	-42.9%
Over 8 Hrs. to 12 Hrs.	508	133	99	60	-375	-39	-73.8%	-39.4%
Over 12 Hrs. to 24 Hrs.	732	484	163	176	-248	13	-33.9%	8.0%
Total LOS Up to 24 Hrs.	2,075	865	550	333	-1210	-217	-58.3%	-39.5%

Charts III.15 and III.16 below show male and female booking decreases and increases for booking LOS up to 24-hours.

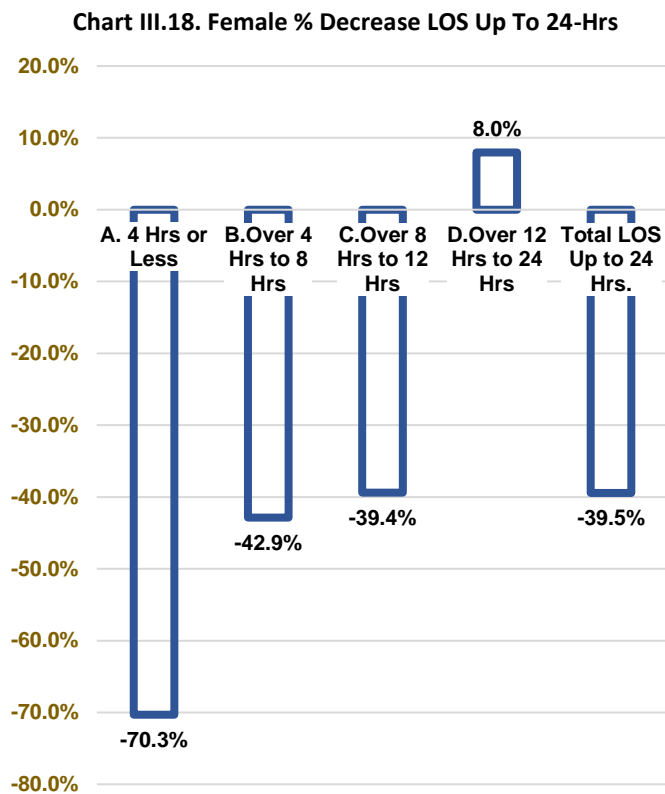
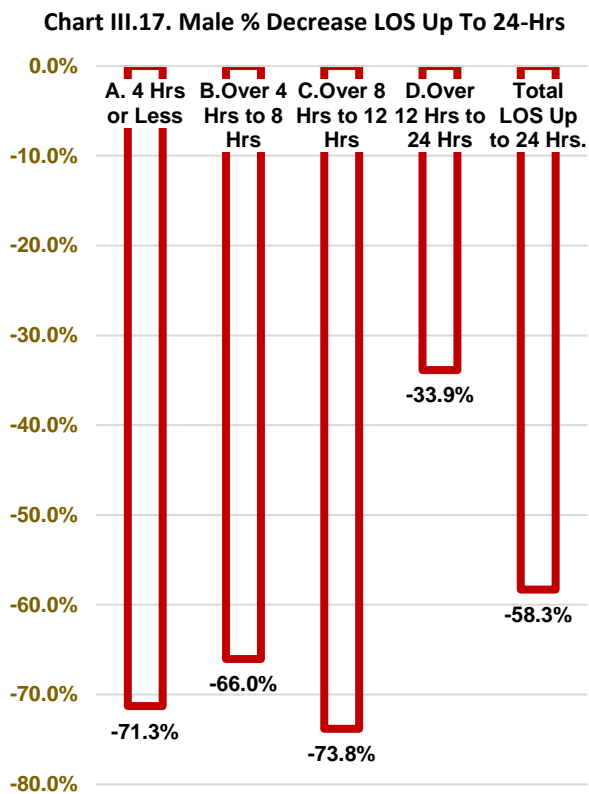
**Chart III.15. Male Booking LOS Up To 24-Hours**



**Chart III.16. Female Booking LOS Up To 24-Hours**



Charts III.17 and III.18 show percentage of male and female booking increases and decreases for booking LOS up to 24-hours.



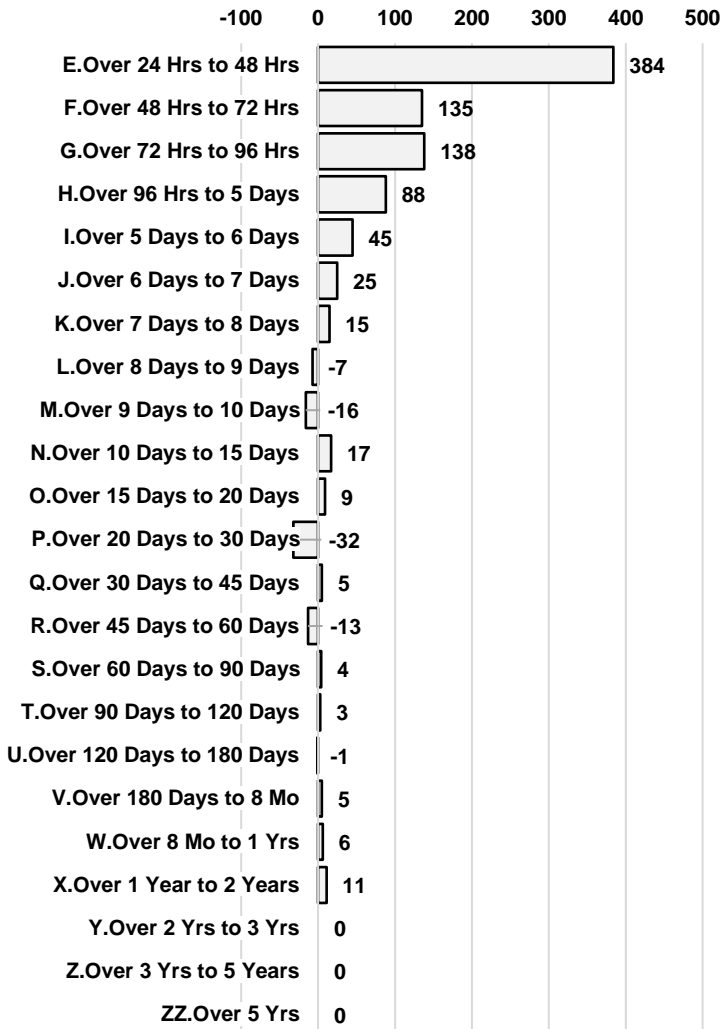
As LOS for bookings up to 24-hrs. decreased overall for males and females while LOS for bookings greater than 24-hrs. increased significantly. Male bookings LOS greater than 24-hours increased 42.5% (+821) from 1,930 bookings in 2003 to 2,751 bookings in 2018. Female bookings LOS greater than 24-hours increase 124% (+493) from 395 bookings in 2002 to 493 bookings in 2018. Table III.6 below compares LOS for up to and greater than 24-hours for male and female bookings.

**Table III.6. Bookings with LOS Up To & Greater Than 24-Hours Compared**

2003 & 2018 LOS Up To & Greater Than 24 Hrs. Compared	2003 Male Bookings	2018 Male Bookings	Male N +/-	Male % +/-	2003 Female Bookings	2018 Female Bookings	Female N +/-	Female % +/-
Total LOS Up to 24 Hrs.	2,075	865	-1,210	-58.3%	550	333	-217	-39.5%
Total LOS Greater Than 24 Hrs.	1,930	2,751	821	42.5%	395	888	493	124.8%
Total	4,005	3,616	-389	-9.7%	945	1,221	276	29.2%

Charts III.19 and III.20 show increases and decreases in male and female bookings for all LOS categories greater than 24-hours. Male bookings saw a decrease in LOS bookings for over 8 to 10 (-23 bookings) days, 20 to 30 days (-32 bookings) , 45 to 60 days (-13 bookings) , and 120 to 180 days (-1 booking). There were no decreases in female bookings with LOS greater than 24-hours.

**Chart III.19. Male LOS Over 24-Hours Increase Bookings**



**Chart III.20 Female LOS Over 24-Hours Increase Bookings**

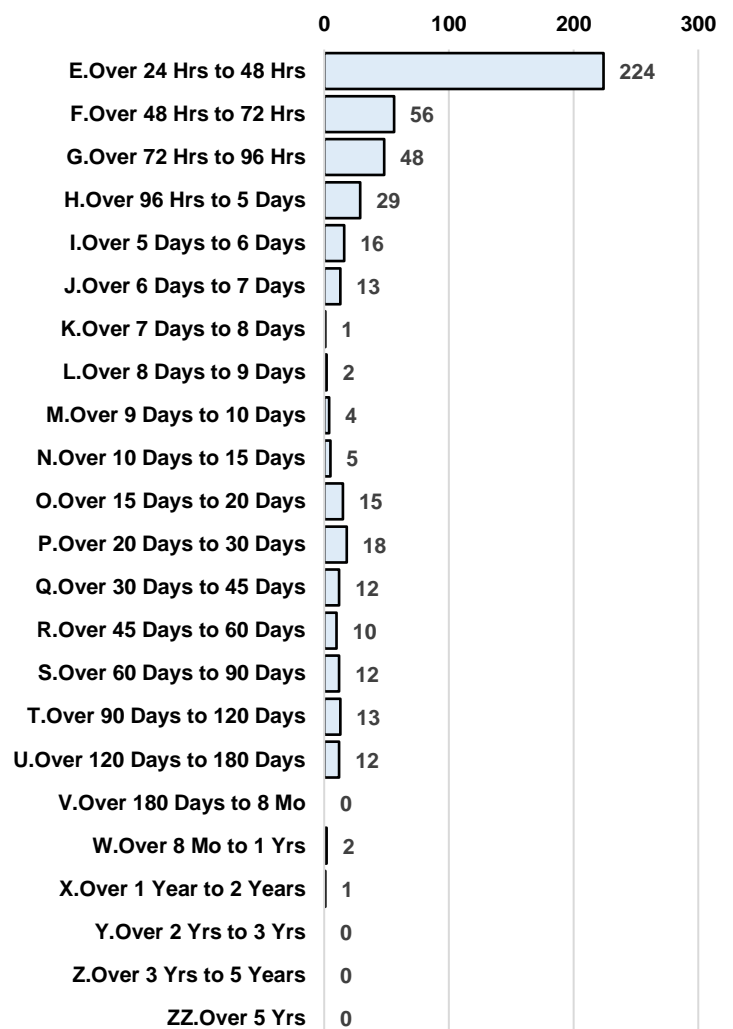
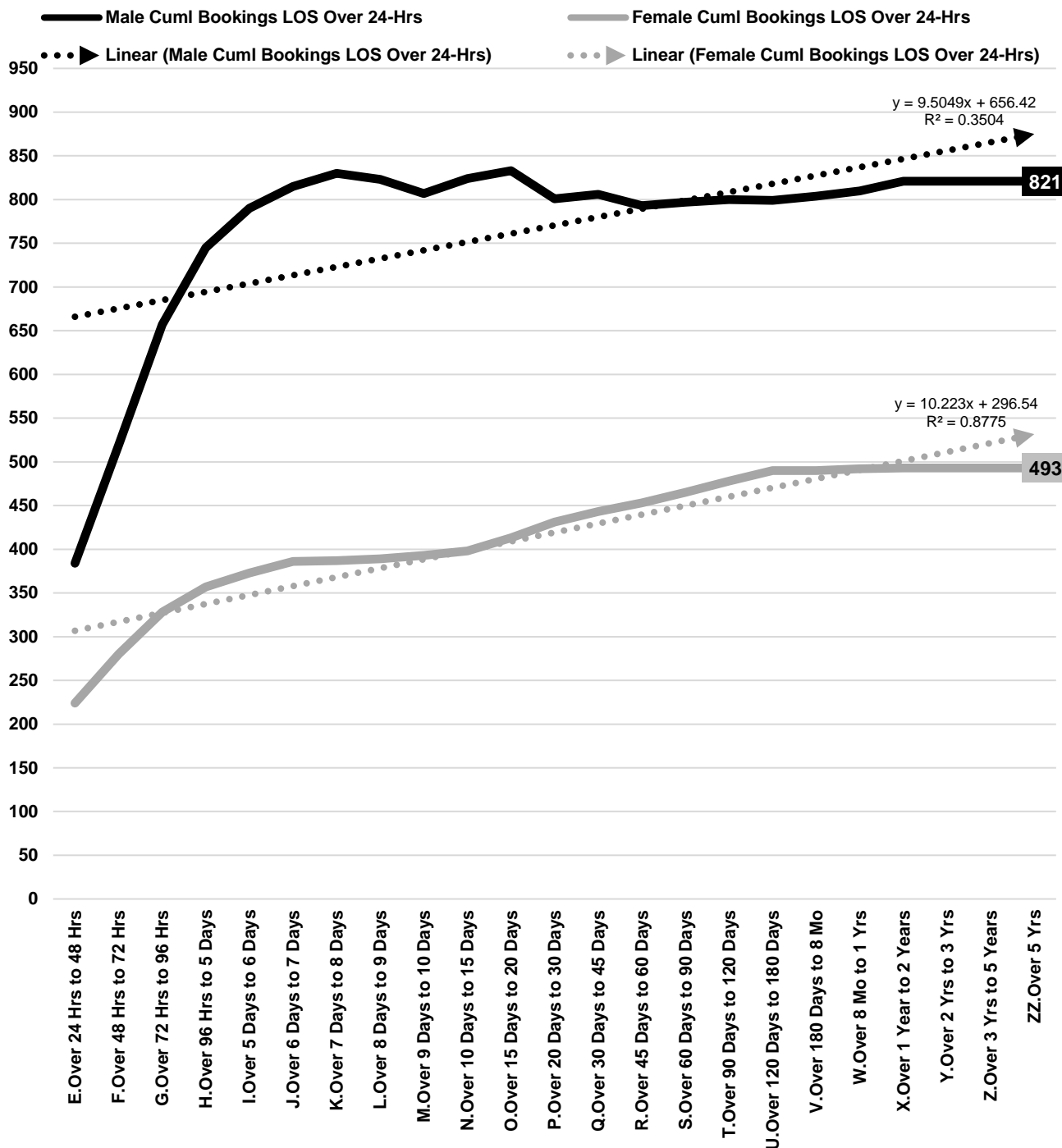




Chart III.21 shows cumulative increases in male (+821) and female (+493) bookings for all LOS categories greater than 24-hours. Male bookings saw a decrease in LOS bookings for over 8 to 10 days (-23 bookings) days, 20 to 30 days (-32 bookings) , 45 to 60 days (-13 bookings) , and 120 to 180 days (-1 booking). There were no decreases in female bookings with LOS categories greater than 24-hours. Note increasing linear trajectory for the number of male and female bookings for booking LOS greater that 24-hours.

Chart III.21. Cumulative Increase LOS Over 24-Hours Male and Female Bookings



Charts III.22 and III.23 below show decreases in male total bookings and increases in female total bookings, decreases in male and female booking LOS up to 24-hours and increase in booking LOS greater than 24-hours. Note the linear decrease in male booking LOS within 4-hours ( $R^2$  0.735) is greater than that for total bookings (0.397) and the increase in booking LOS greater than 24-hours (0.397). Also note that the linear trajectory of booking LOS greater than 24-hours is larger than that for total bookings, (0.735 v. 0.3027). Increased female bookings and booking LOS greater than 24-hours linear trajectory show steady increases while bookings with LOS up to 4-hours continues to decline.

Chart III.22. Male Bookings, Booking LOS Up To and Greater Than 24-hours

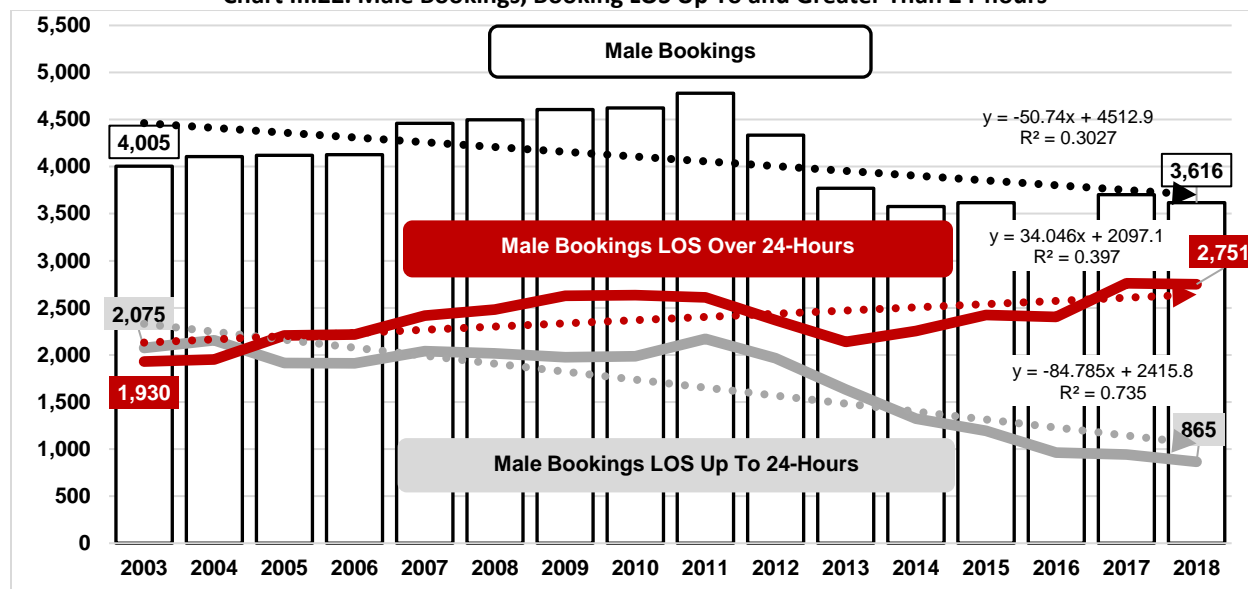
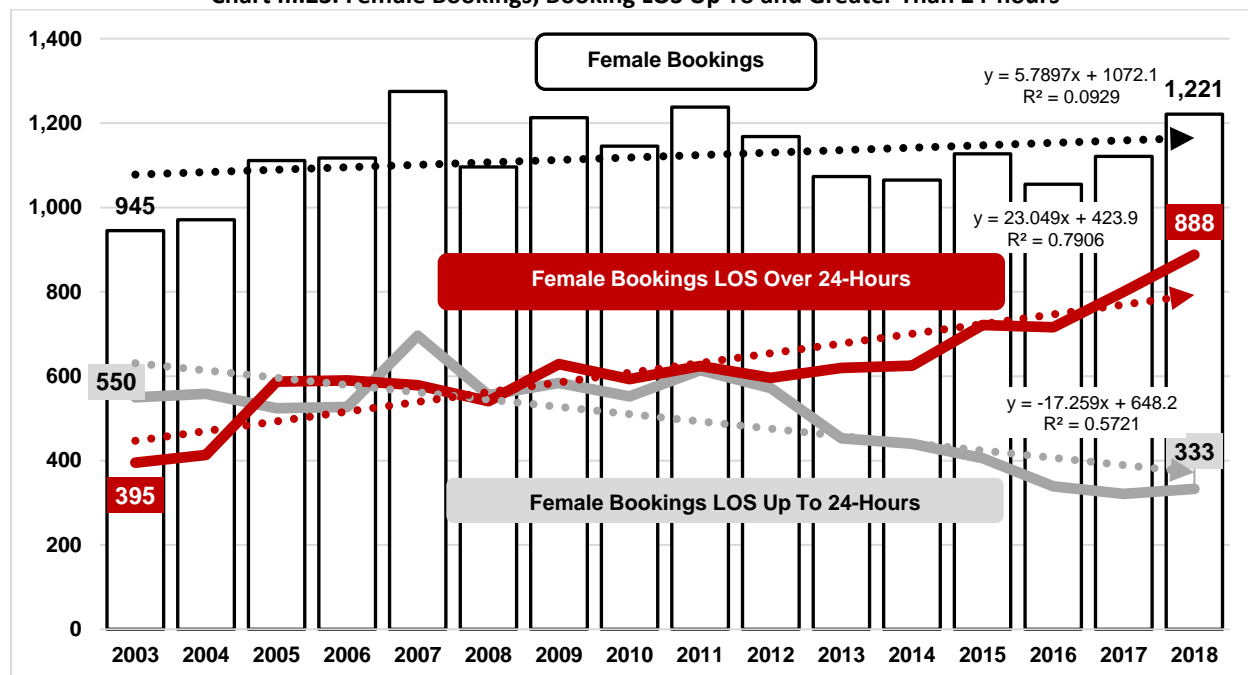


Chart III.23. Female Bookings, Booking LOS Up To and Greater Than 24-hours



Charts III.24 and III.25 below show male booking decreases and increases and percentages for all booking LOS categories.

Chart III.24. Male Booking & Decreases LOS Booking Categories

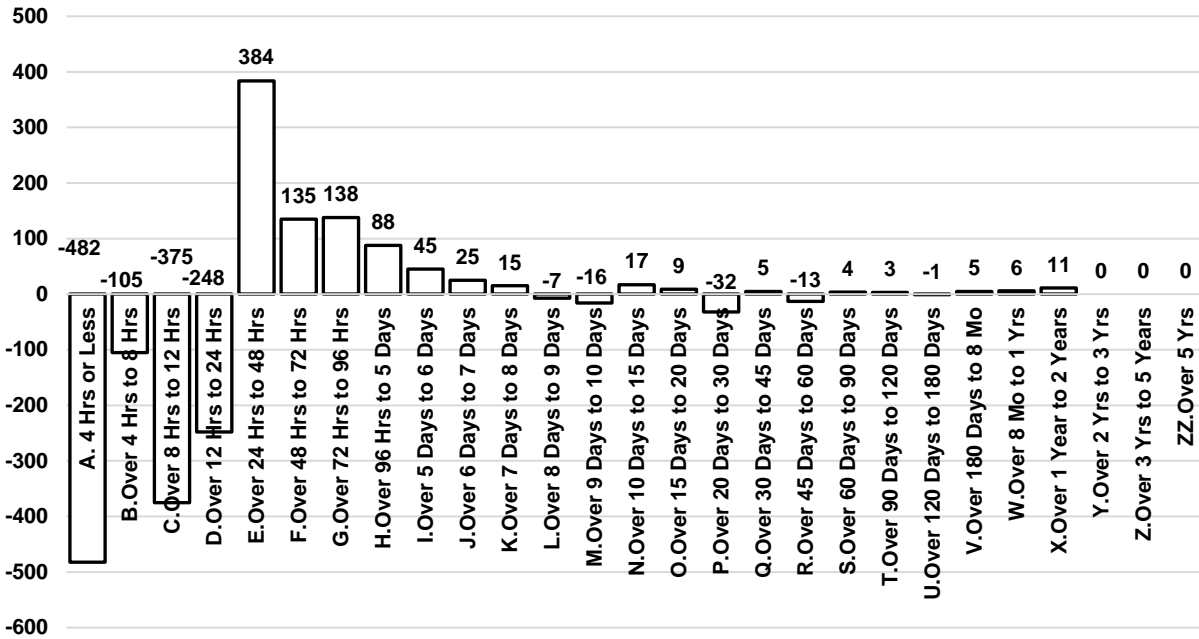
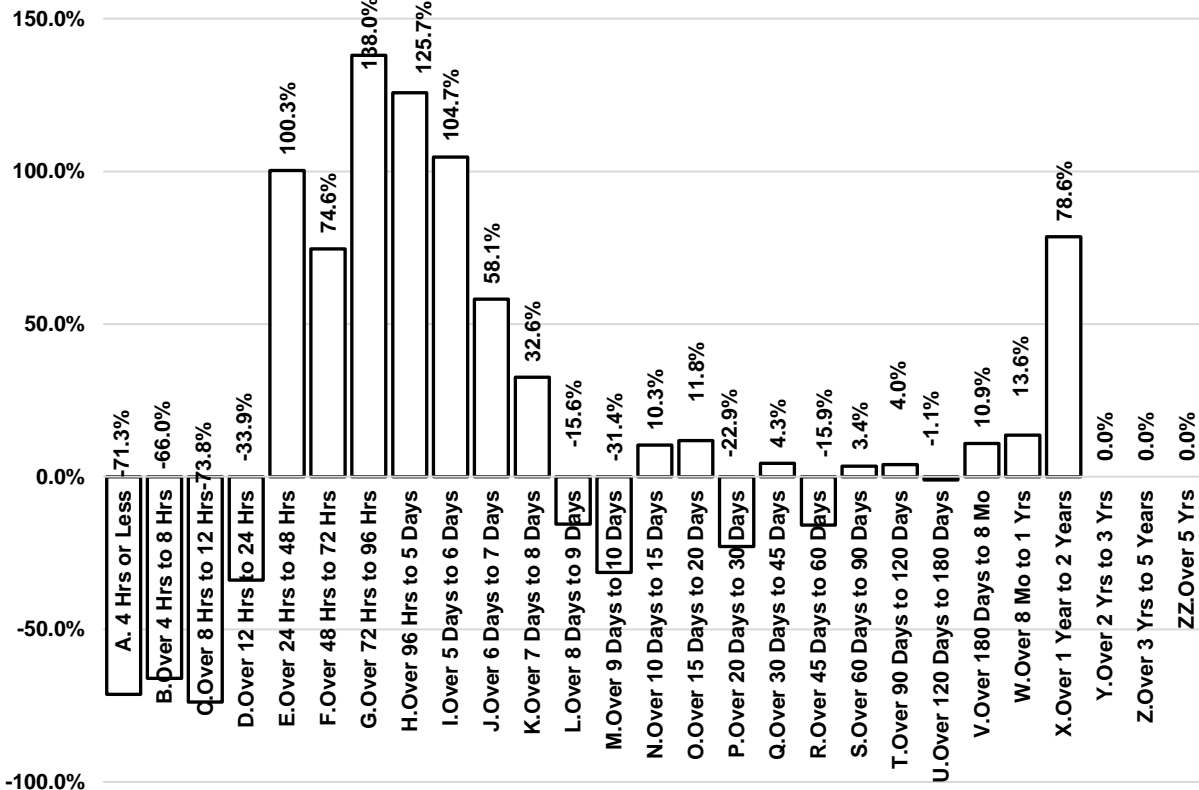


Chart III.25. Male % Booking & Decreases LOS Booking Categories



Charts III.26 and III.27 below show female booking decreases and increases and percentages for all booking LOS categories.

Chart III.26. Female Booking & Decreases LOS Booking Categories

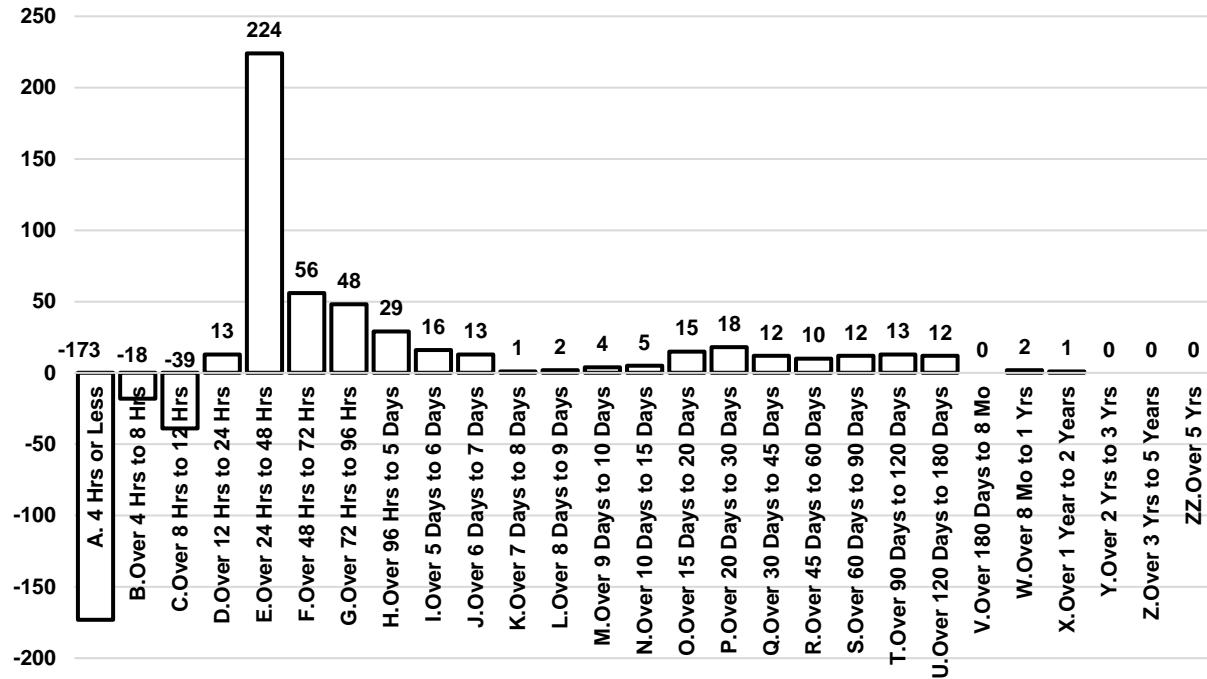
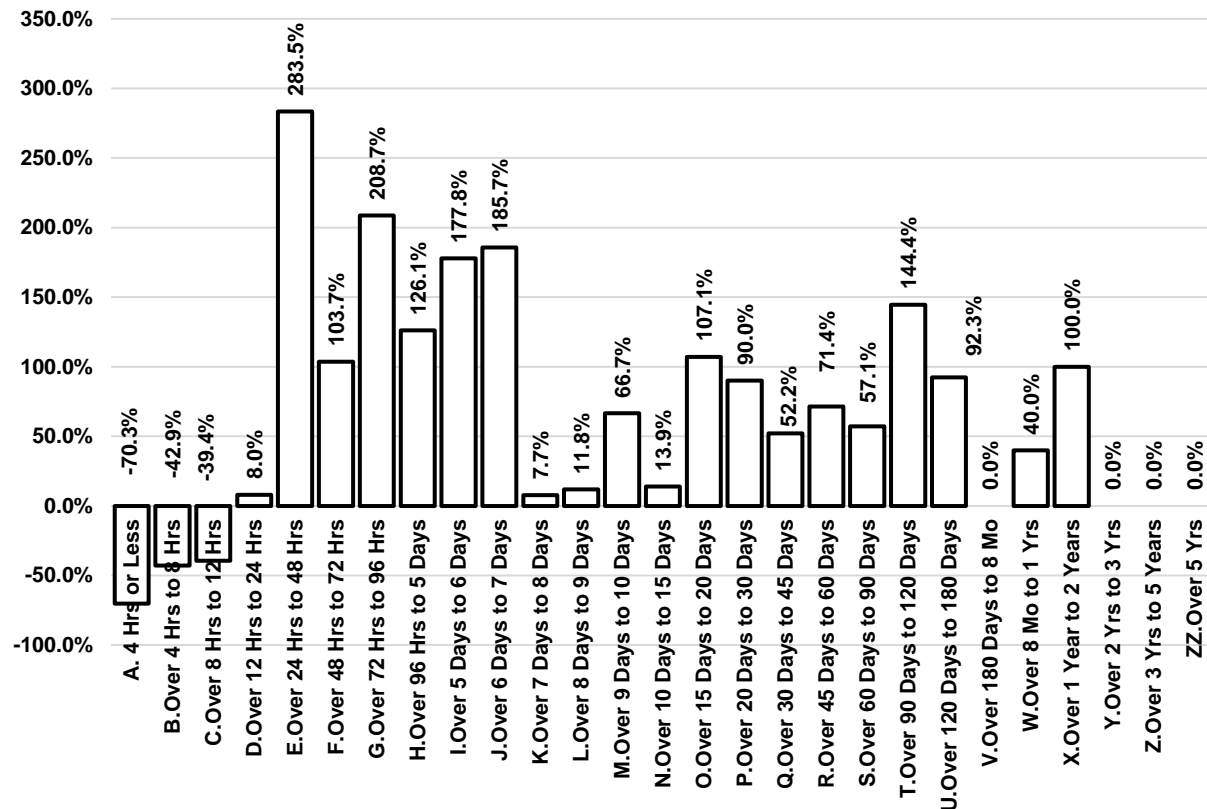


Chart III.27. Female % Booking & Decreases LOS Booking Categories



## **CHAPTER IV**

### **INMATE POPULATION & JAIL BED CAPACITY UTILIZATION**

#### **A. INTRODUCTION**

This chapter examines relevant jail population trends and patterns. Many of the findings are clear causes, or have heavily influence, chronic, long-term jail overcrowding and heaped enormous stressors and risks onto the jail facility and operations, staff and prisoners.

#### **B. KEY FINDINGS & RECOMMENDATIONS**

**FINDINGS 1: Over-utilization of MCJ demonstrates that the facility has been and remains unable to ensure consistent provision of adequate housing to its inmates due, in part, to insufficient jail bed capacity.**

**FINDING 2: The average daily inmate population has increased 17.3% and the Peak population has increased 12.2% from 2004 through 2019.**

**FINDING 3: The daily inmate population exceeded the jail's Functional Capacity every on most days since 2004 and all days per year consecutively since 2015.**

**FINDING 4: The daily inmate population exceeded the jail's Total Capacity six years since 2004 and consecutively from 2016 to 2019.**

**FINDING 5: The male ADP increased 18.6% and the Peak population increased 14.4% since 2012. The female ADP increased 46% and the Peak population increased 59.5% since 2012.**

**FINDING 6: The male percentage of the ADP has decrease while the female percentage of the ADP has increased since 2012.**

**FINDING 7: Male and female populations continue to exceed their respective bed capacities.**

**FINDING 8: The jail has not had adequate bed capacity to ensure consistently and adequate classification and housing of inmates since at least 2004.**

**FINDING 9: The jail does not appear to be capable of ensuring consistent provision of Constitutional levels of inmate care and custody.**

**FINDING 10: A 30-year jail bed capacity estimate indicates that Monroe County needs 448 to 450 jail beds by the year 2049.**

#### **RECOMMENDATION(s):**

- 3. Immediate steps are required to reduce the jail population to a level that is consistently within the jail's Functional Bed Capacity.**

4. **County official should complete a study that compares the capital, maintenance, and operating costs of renovating the existing facility to new construction. A primary focus of the study should be on creating a jail that produces outcomes that are consistent with criminal justice and community needs and values.**

### **C. BED CAPACITY DEFINED**

Jails and detention facilities consist of three primary bed capacities for housing pretrial and convicted prisoners: 1) total bed capacity, 2) functional bed capacity, and 3) classification and overflow bed capacity. A facility's functional capacity is 80% of its total capacity and is considered the maximum number of prisoners that should be held to ensure operational effectiveness and staff and prisoner safety and security. Classification/overflow capacity is the 20% margin of beds between functional and total capacities needed to ensure that there are enough jail beds to continually move and house prisoners according to their various risks, needs and conviction status factors, and for very short-term spikes in the daily prisoner population. Examples of classification factors requiring adequate bed capacity include:

1. Separation of males from females, adults from juveniles, state prisoner from local prisoners, violent from non-violent, vulnerable from predatory, inmate workers from general population, work-release from general population, etc.
2. Medical and mental health issues requiring temporary or long-term special individual and small group housing.
3. Segregation of prisoners for disciplinary, administrative, protective or close monitoring purposes.
4. Compliance with the Federal Prisoner Rape Elimination Act (PREA).

Examples of causes for very short-term spikes in the prisoner daily population include:

- Scheduled mass warrant service events by local law enforcement agencies.
- Unscheduled mass arrest incidents.
- Unexpected delays in prisoner releases.
- Overnight or very short stays by state and federal prisoners.

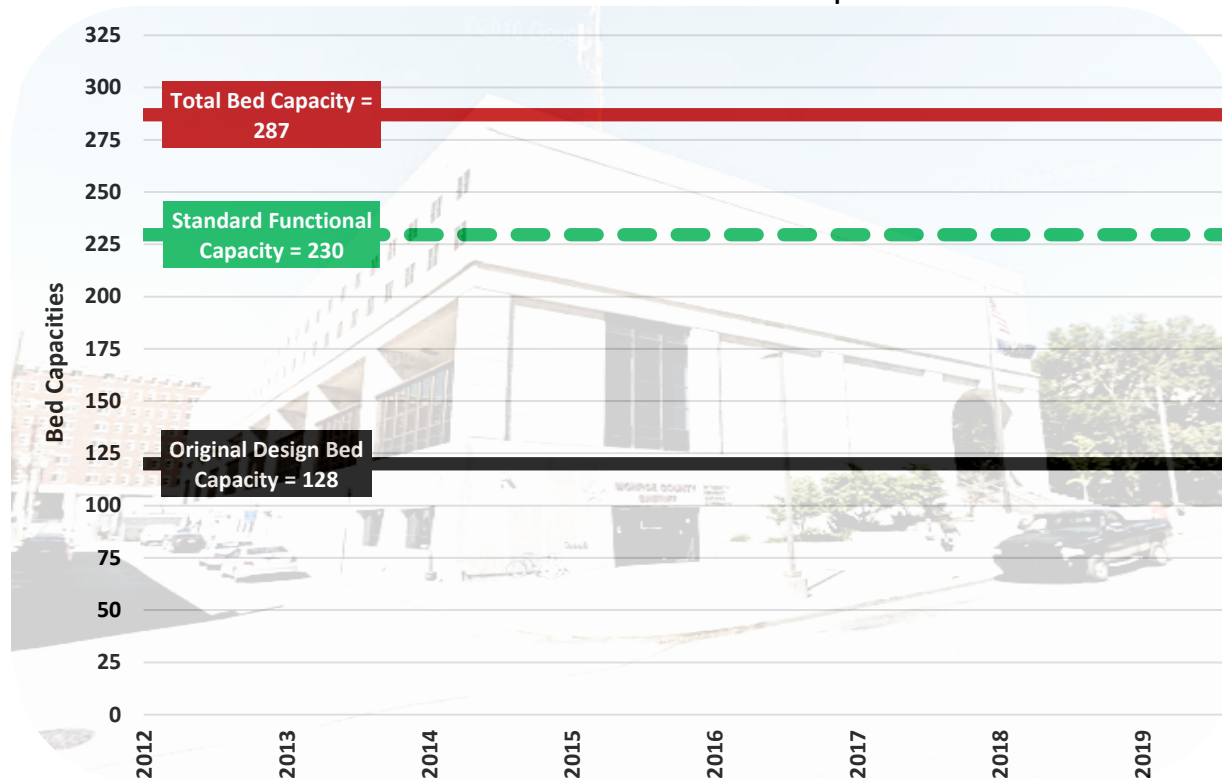
As a general rule, a facility is considered overcrowded when it exceeds its functional capacity for more than 30 days.

### **D. MCJ JAIL BED CAPACITY**

The Monroe County Correctional Center is located at 301 North College Avenue, Bloomington, Indiana. The Correctional Center is housed within the Monroe County Justice Buildings 1st, 4th and 5th Floors. The facility was built in 1984 and had an original bed count of 128. Over the years additional bed space was gained from double bunking all cells with the exception of two for ADA compliance. Space previously designed for other uses has been converted to housing, the latest in 2017 when a remodeling project of a space previously used for storage was completed. This space designated as K Block, provided an additional seven beds to the facility and serves as a housing area for select inmates with mental health issues. The latest remodel in 2017 increased the total bed capacity to 294. For the purposes of this study, the total actual bed capacity is 287 according to jail officials interviewed. The

Functional Jail Capacity, therefore, is 230 beds. The chart IV.1 below illustrates total and functional bed capacities, and will be used to illustrate population trends throughout this chapter.

**Chart IV.1. MCJ Total and Functional Bed Capacities**



MCJ also operates under two additional total and functional bed capacity requirements. These include 1) Indiana State Department of Corrections (IDOC) Jail Standards and a 2009 Civil Rights Private Settlement Agreement (PSA) with the ACLU. Both of the entities further limit usable total and functional bed capacities. IDOC rates MCJ with total capacity of 278 beds (222 Functional Capacity), while PSA uses different inmate population counts to determine actions to be taken to reduce the jail population when the population reaches specific capacities (CAP):

**248 Inmate CAP (Paragraph 11, pg. 3-4)** ...[ i ]n the event that the population for the security beds exceeds 248 for more than twenty-four (24) hours or on more than three (3) occasions in one week, even if each or any occasion is less than twenty-four (24) hours in duration, the defendants agree that they shall take all reasonable steps to lower the population at the earliest reasonable opportunity. These efforts shall include, but not necessarily be limited to the following:

1. When the population for the available security beds reaches 244, the jail staff will immediately contact the Circuit Court judges with criminal jurisdiction or their designee and request an order releasing inmate in order to avoid the population exceeding the jail's capacity. It is understood that the decision to release any inmate or the identity of those to be released lies solely within the discretion of the Circuit Court judges.
2. Members of the board of commissioners and the county council will be notified when the population in the security beds reaches 244.

3. Plaintiffs' counsel will be notified if the population in the available security beds exceed 248.

**258 Inmate CAP (Paragraph 12, pg.4):** In the event that the population for the available security beds exceed 258 for more than twenty-four (24) hours or on more than three occasions in one week, even if each or any occasion is less than twenty-four (24) hours, the defendants agree that the Monroe County Sheriff shall, in addition to the steps noted in paragraph 11 above, also contact other Indiana jail facilities in order to transfer prisoners out of the Monroe County Jail for housing on a per diem basis until such time as the population of the Monroe County Jail is below the security bed capacity of the facility and shall transfer the prisoners if such out of county beds are available.

**248 / 278 Inmate CAP (Paragraph 13, pg.4):** In the event that the population of the Monroe County Jail exceeds its security bed [248] or rated capacity [278], all prisoners housed in the jail who do not have a permanent bed will be provided temporary bedding that is off the floor through the use of "Stack-A-Bunks"® or similar institutional-grade furniture.

Table IV.1 below summarize and illustrate MJC capacities discussed above.

Table IV.1 Summary of MJC Bed Capacities	
Bed Capacities	Capacity
1. Original Design	1. 128 Beds
2. Total Primary Beds w/2017 Renovation	2. 287 Beds
3. Standard Functional Capacity (80% total capacity)	3. 230 Beds
4. IDOC Rated Capacity	4. 278 Beds
Rated Functional Capacity	5. 222 Beds
5. Private Settlement Agreement (PSA) Security Bed Cap	6. 248 Beds
Inmate Transfer Cap	7. 258 Beds
Court Release Cap	8. 244 Beds

## E. BED CAPACITY UTILIZATION

### 1. Terms used in this Chapter:

- a. **Total Bed Capacity.** This is the total number of usable beds in a correctional facility. MJC has a total capacity of 287 beds. Jails should be designed, constructed, and operated to never house a number of inmates that exceeds its total capacity. Constitutional levels of inmate care and custody provisions are typical not possible when jails reach or exceed their total bed capacity.
- b. **Functional Bed Capacity.** This is considered the safest and most cost effective jail operating capacity. According to industry standards, the functional bed capacity is 80% of a jail's total bed capacity. MJC functional capacity is 230 (287 x .80). Operational effectiveness and efficiency and the ability to ensure consistent provision of Constitutional levels of inmate care and custody, increasingly diminishes as the inmate population increasingly exceeds the functional bed capacity.



c. **Average Daily Population (ADP).** The average daily inmate population (ADP) is the mean average of the daily inmate population divided by the number of days in a given year. ADP is typically measured annually to assist in identifying population trends and patterns from year to year

d. **Inmate Population Peaks.** The highest number of inmates in a given period (day, month, year) is considered the inmate population peak. This study uses annual inmate population peaks to understand their historical relationship with capacity and to estimate future bed capacity needs.

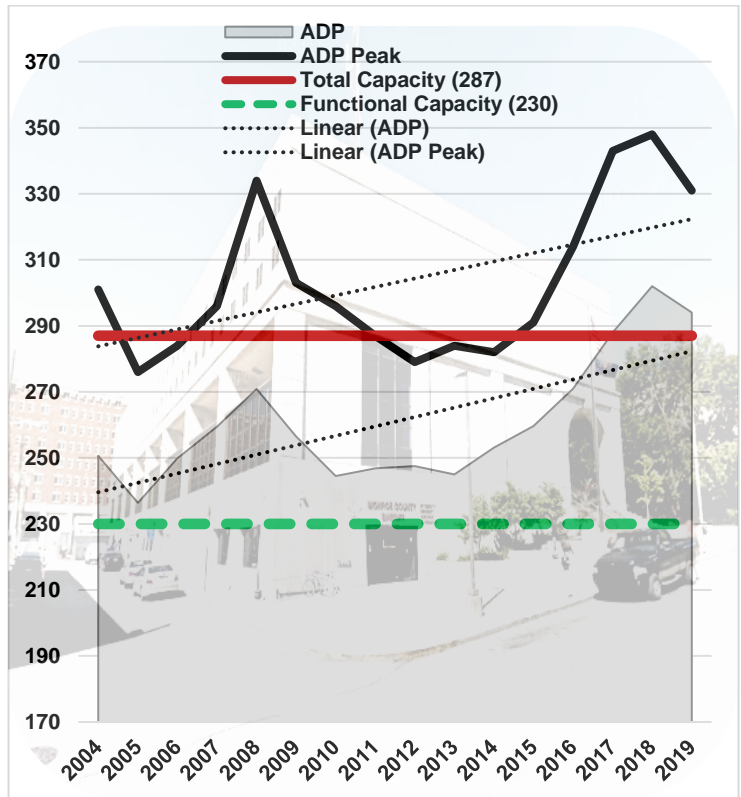
2. **ADP and Bed Capacity Utilization:** Examination and analyses of jail population data strongly indicates that the jail has been and remains unable to ensure consistent provision of adequate housing to its inmates due, in part, to insufficient jail bed capacity.

Jail total ADP increased approximately 17.3% (+43 ADP) from 251 in 2004 to 294 August 2019. Maximum ADP (Peak) increased 27.7% (+54 ADP) from 277 to 331 during the same period. The ADP exceeded the jail's functional bed capacity of 230 for the past 16 years and the total capacity in 2017 to 2019. Peak population also exceeded the functional capacity for the past 16 years and the total capacity in 2008, 2015, 2017-2019. Table IV.2 and Chart IV.2 below shows ADP, Peak ADP, and variances from 2004 to August 2019.

**Table IV.2. ADP / PEAK ADP 2004-2019**

Year	ADP	ADP N +/-	ADP % +/-	Peak	Peak N +/-	Peak % +/-
2004	251			301		
2005	236	-14	-5.7%	276	-25	-8.3%
2006	250	14	5.7%	284	8	2.9%
2007	259	10	3.8%	296	12	4.2%
2008	271	11	4.4%	334	38	12.8%
2009	257	-14	-5.3%	303	-31	-9.3%
2010	245	-12	-4.7%	296	-7	-2.3%
2011	247	2	1.0%	287	-9	-3.0%
2012	248	1	0.3%	279	-8	-2.8%
2013	245	-3	-1.0%	284	5	1.8%
2014	253	8	3.3%	282	-2	-0.7%
2015	260	7	2.6%	291	9	3.2%
2016	271	11	4.4%	314	23	7.9%
2017	288	17	6.3%	343	29	9.2%
2018	302	14	4.9%	348	5	1.5%
2019	294	-8	-2.6%	331	-17	-4.9%
Total +/-	43	43	17.3%	30	30	12.2%

**Chart IV.2. ADP & PEAK ADP 2004-2019**

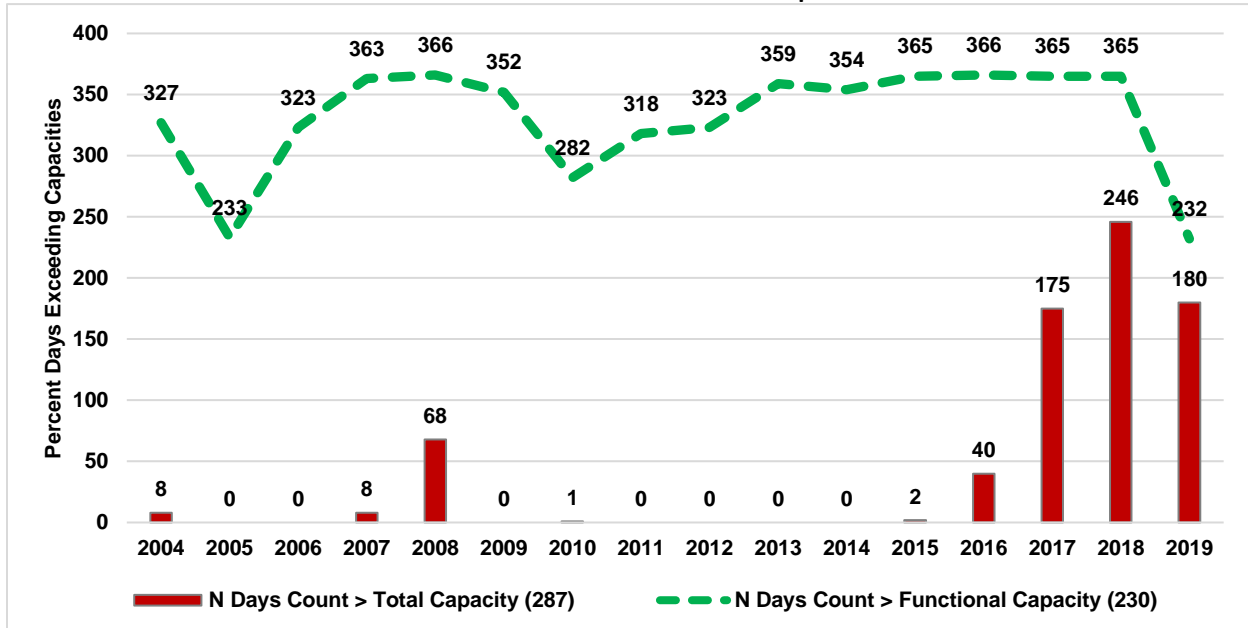


To understand the jail bed utilization more specifically, we deep dive into daily jail inmate count data from 2004 to 2019 to determine the number of days with inmate counts that exceeded the total and functional bed capacities. This examination found that 5,293 (97.2%) of the 5,709 days exceeded the functional bed capacity and 728 (12.8%) days exceeded the jail's total bed capacity. It is important to note that the 12.8% is misleading because almost half or more of the days (62.5% total) during 2017-2019 had daily inmate populations that exceeded total jail capacity. More clearly stated, daily inmate populations exceeded the functional bed capacity most days from 2004 to 2019, and neared exceeding total bed capacity on most days in 2018 and 2019 (67.4% of days / 76.3% days). Table IV.3 and Charts IV.3 and IV.4 below shows the number of days and annual percent of days that the inmate population (count) exceeded jail total and functional Capacities. It is important to note that as safety and security risks increase as the number of days and percentages increase.

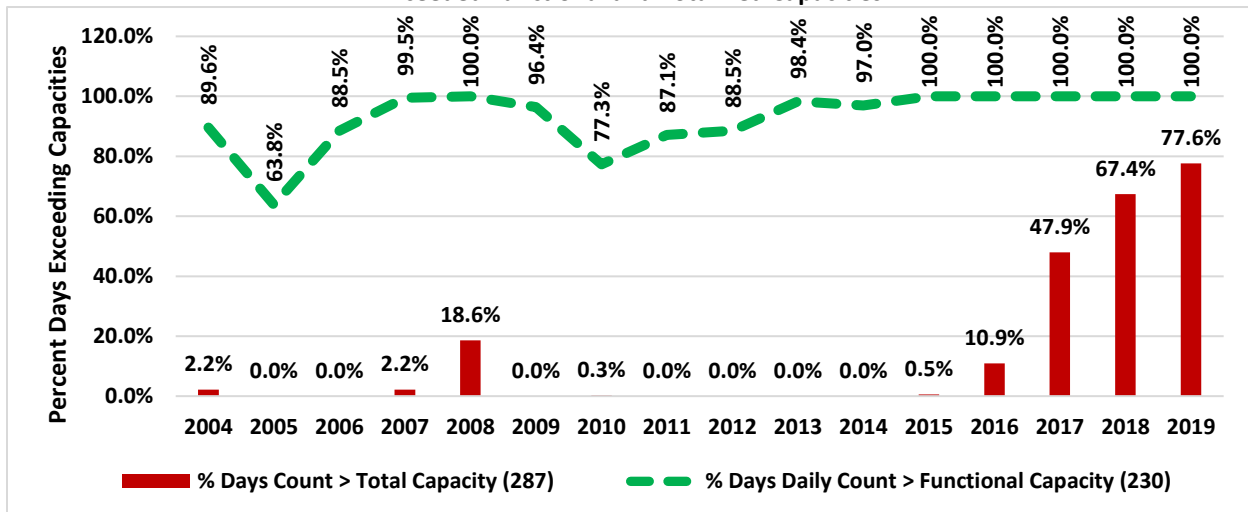
**Table IV.3. Number & Percentage of Days Inmate Population Exceeded Capacities**

01/01/2004-08/13/20)	Days of Data	N Days Count > Functional Capacity (230)	% Days Daily Count > Functional Capacity	N Days Count > Total Capacity	% Days Count > Total Capacity (287)
2004	365.0	327	89.6%	8	2.2%
2005	365.0	233	63.8%	0	0.0%
2006	365.0	323	88.5%	0	0.0%
2007	365.0	363	99.5%	8	2.2%
2008	366.0	366	100.0%	68	18.6%
2009	365.0	352	96.4%	0	0.0%
2010	365.0	282	77.3%	1	0.3%
2011	365.0	318	87.1%	0	0.0%
2012	365.0	323	88.5%	0	0.0%
2013	365.0	359	98.4%	0	0.0%
2014	365.0	354	97.0%	0	0.0%
2015	365.0	365	100.0%	2	0.5%
2016	366.0	366	100.0%	40	10.9%
2017	365.0	365	100.0%	175	47.9%
2018	365.0	365	100.0%	246	67.4%
2019	232.0	232	100.0%	177	76.3%
Total	5,709.0	5,293.0	92.7%	725	12.7%

**Chart IV.3. Number of Days Daily Inmate Count Exceeded Functional and Total Bed Capacities**

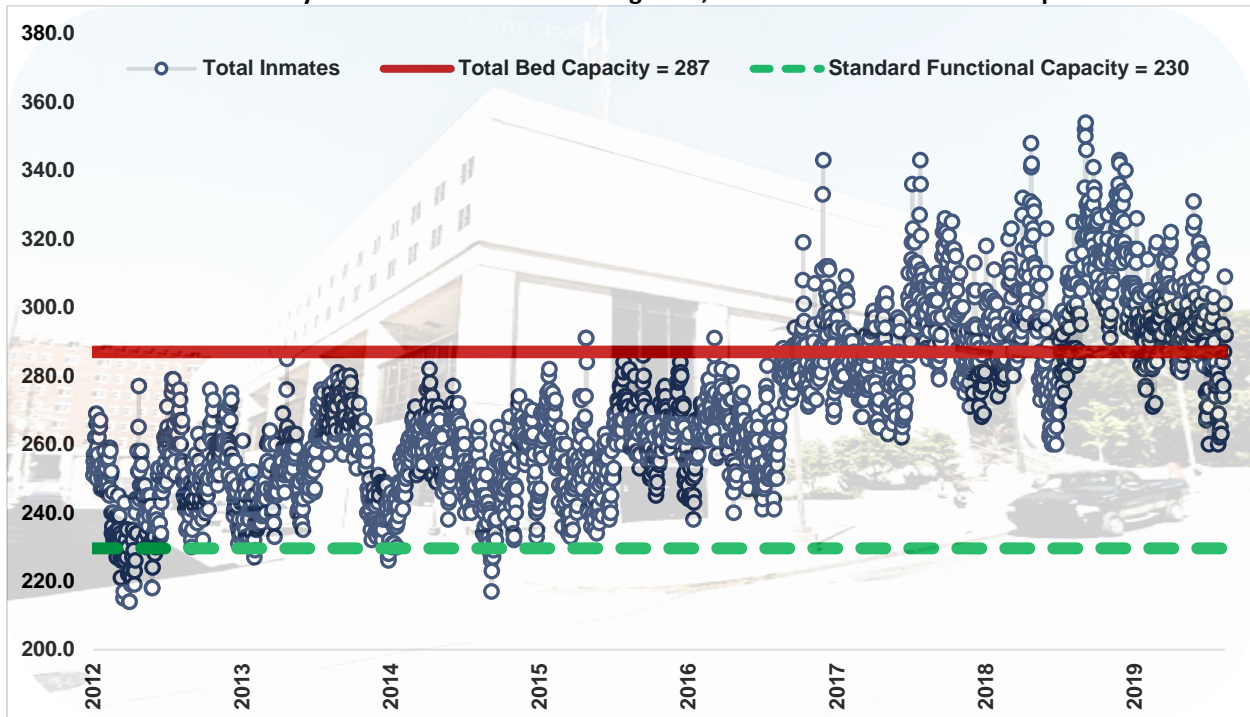


**Chart IV.4. Percentage of Days Daily Inmate Count Exceeded Functional and Total Bed Capacities**



The daily inmate population count is shown in comparison to jail total and functional capacities below.

Chart IV.5. Daily Inmate Count Jan 2012 – Aug 2019, Total & Functional Jail Bed Capacities



3. **Gender & Bed Utilization:** Inmate gender and composition has significantly impacted jail bed utilization and operations. Male ADP from 2012 to 2019 increased approximately 14.4%, from 214 to 245. Male peak population increased 16.9%, from 242 to 283, but was higher in other years. Female ADP increased at a considerably greater rate at 46%, from 34 to 49 during the same period. Female peak population increased almost four-times the rate for males at 59.5%, from 42 to 67. MCJ was not designed or constructed with adequate capacity to house or effectively and efficiently manage these inmate gender volumes. Table IV.4 below shows changes in inmate gender from 2012 - 2019.

Table IV.4. Male & Female ADP & Peak Population 2012-2019

Year	ADP	Peak Pop	Male ADP	Male Peak Pop	Female ADP	Female Peak Pop
2012	248	279	214	242	34	42
2013	254	284	218	249	35	49
2014	253	282	219	245	34	45
2015	260	291	220	249	39	50
2016	271	314	228	301	43	56
2017	291	343	252	298	39	48
2018	302	348	257	299	45	59
2019 (Aug 13th)	294	331	245	283	49	67
N +/-	46		31	41	15	25
% +/-	18.6%		14.4%	16.9%	46.0%	59.5%

The total capacity for male inmates is 236 beds with a functional capacity of 189 beds. Total female capacity is 51 beds with a functional capacity of 41 beds. Male ADP and peak populations have exceeded male total and functional bed capacities since at least 2012. Female ADP has exceeded female functional capacity since 2015 while female peak population has exceeded female functional bed capacity since 2012 and total female bed capacity since at least 2016. The actual number of days per year that male and female populations exceeded their functional and total bed capacities is discussed further in this section. Charts IV.6 and IV.7 compare annual male and female populations to their respective bed capacities.

Chart IV.6. Male Populations and Bed Capacities Compared

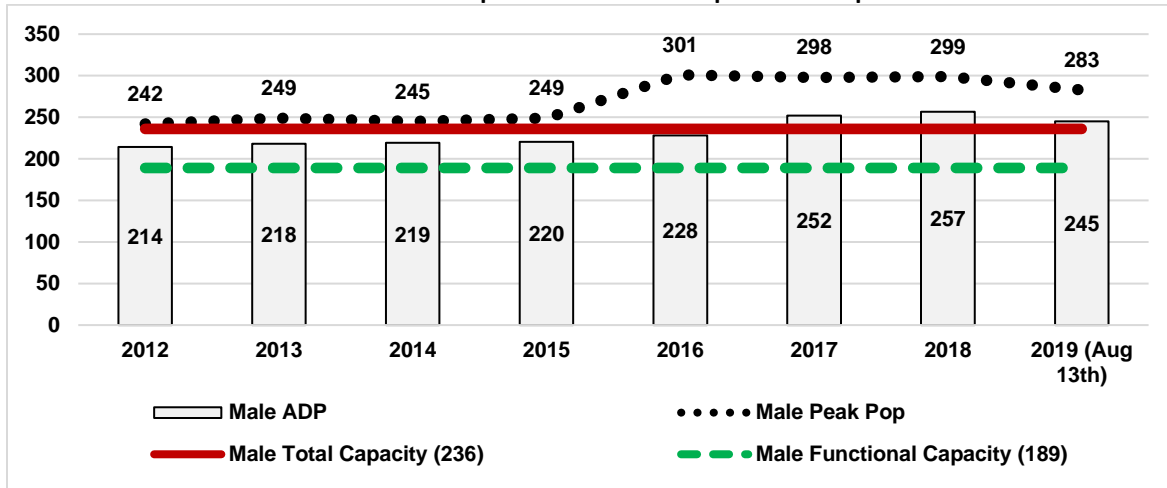
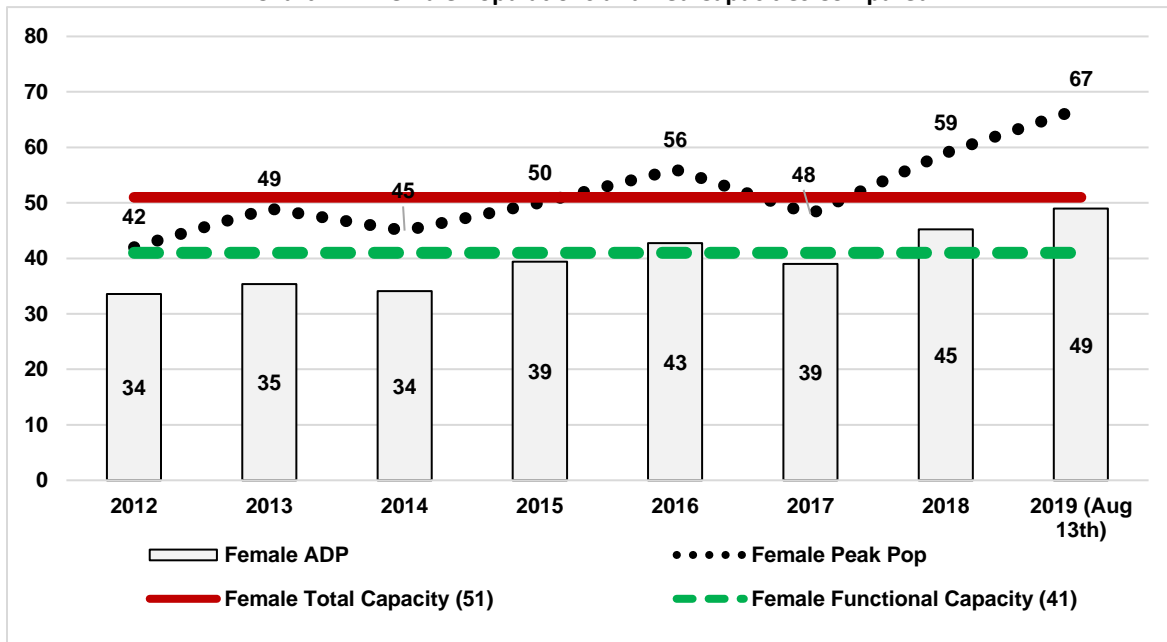


Chart IV.7. Female Populations and Bed Capacities Compared



4. **Gender ADP Percentage of Total ADP & Peak Populations:** Another indicator that points to real and potential impacts on bed capacity comes from examining inmate gender population changes as percentage total ADP, and the difference between gender ADP and gender peak

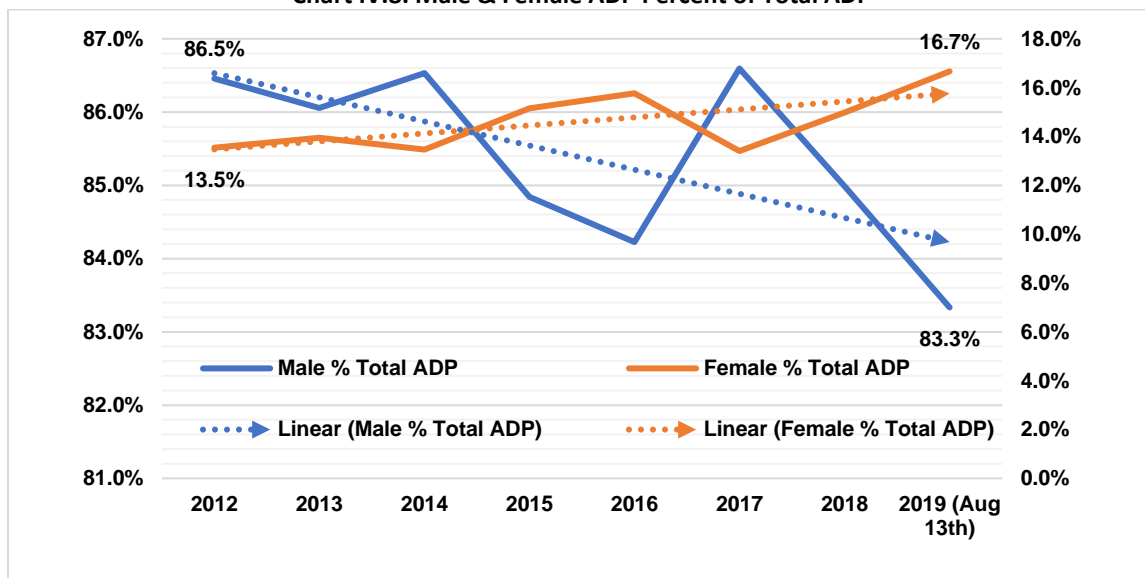
populations, over time. Such analyses is another reliable method for making for reasonably objective conclusions regarding the jail's ability to effect sustainable operational effectiveness and efficiency.

Male ADP as a percentage of total ADP decreased approximately 3.6%, from 86.5% of total ADP in 2012 to 83.3% in 2019. Female ADP as a percentage of total ADP increased 23.1%, from 13.5% of total ADP in 2012 to 16.7% in 2019. Female are increasingly occupying more bed capacity than males. Table IV.5 and Chart IV.8 show changes in male and female percentages of total ADP.

**Table 11.5. Male & Female ADP Percent of Total ADP**

Year	Male ADP % Total ADP	Female ADP % Total ADP	% Male ADP/Male Peak Diff	% Female ADP/ Male Peak Diff
2012	86.5%	13.5%	13.0%	25.2%
2013	86.1%	13.9%	14.1%	38.6%
2014	86.5%	13.5%	11.8%	31.9%
2015	84.8%	15.2%	13.0%	26.9%
2016	84.2%	15.8%	31.8%	30.9%
2017	86.6%	13.4%	18.3%	23.1%
2018	85.0%	15.0%	16.5%	30.4%
2019 (Aug 13th)	83.3%	16.7%	15.5%	36.7%
N +/-	-0.031	0.031	0.026	0.116
% +/-	-3.6%	23.1%	19.7%	46.0%

**Chart IV.8. Male & Female ADP Percent of Total ADP**



The difference between jail ADP and peak population is yet another important indicator for monitoring and effectively managing jail populations. As previously discussed, the jail's total capacity is 287 beds with a functional capacity is 80% of total capacity, or 230 beds. The 57 (20%) beds between functional and total capacities are intended for temporary or short-term overflow, changes in inmate classifications, population peaks, or various other important population management purposes.

However, ensuring adequate bed capacity for these purposes becomes much more complicated and difficult when accounting for inmate gender.

Male total bed capacity is 236 with a functional capacity of 189, or 47 extra beds for various male population management purposes. Female total capacity is 51 beds with a functional capacity of 41 beds, or 10 extra beds for various female population management purposes. Both use a 20% bed capacity margin to address various inmate population management needs. However, the difference between male and female APD and population peaks has increased since at least 2012. The standard 20% bed margin does not appear to hold true, particularly for the female population. For males, that difference remained within the 20% margin from 2012 – 2015, 2017 – 2019, but the margin is steadily shrinking. The 20% margin has not been available for the female population since at least 2012. The culprits causing this problem include 1) inadequate bed capacity and 2) increasing lengths of stay (LOS). Table IV.6 and Charts IV.9 – IV.11 below shows the difference in ADP and Peak for male and female populations 2012-2019.

**Table IV.6. Male & Female ADP / Peak Differences**

Year	Male ADP / Peak Diff	Female ADP / Peak Diff	% Male ADP/Male Peak Diff	% Female ADP/ Female Peak Diff
2012	28	8	13.0%	25.2%
2013	31	14	14.1%	38.6%
2014	26	11	11.8%	31.9%
2015	29	11	13.0%	26.9%
2016	73	13	31.8%	30.9%
2017	46	9	18.3%	23.1%
2018	42	14	16.5%	30.4%
2019 (Aug 13th)	38	18	15.5%	36.7%
N +/-	10.2	9.6	0.0	0.1
% +/-	36.9%	113.2%	19.7%	46.0%

**Chart IV.9. Male & Female ADP / Peak Differences Compared**

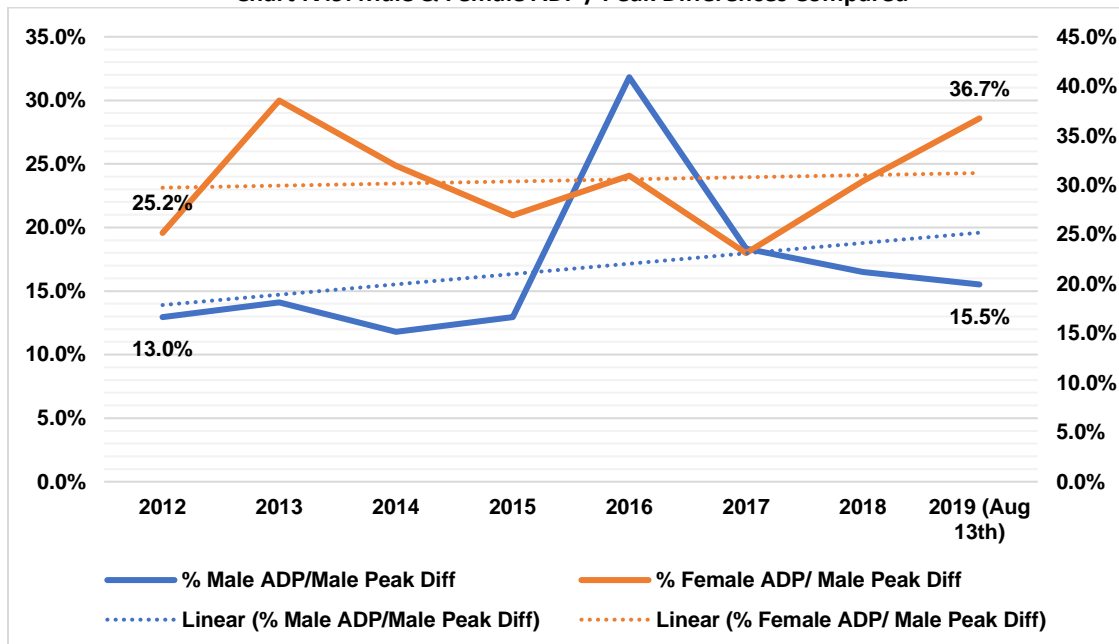


Chart IV.10. Male ADP / Peak Differences

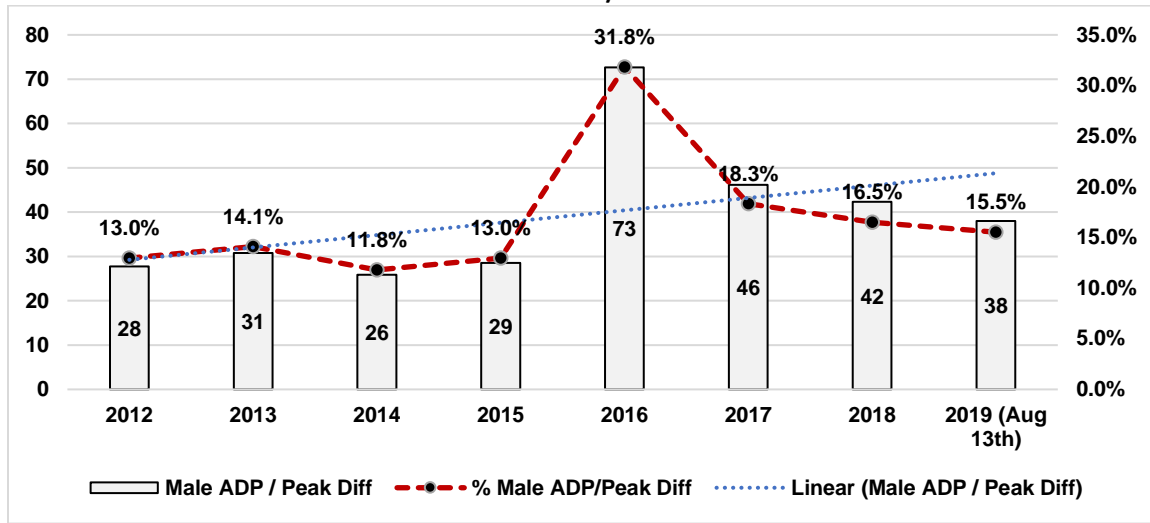
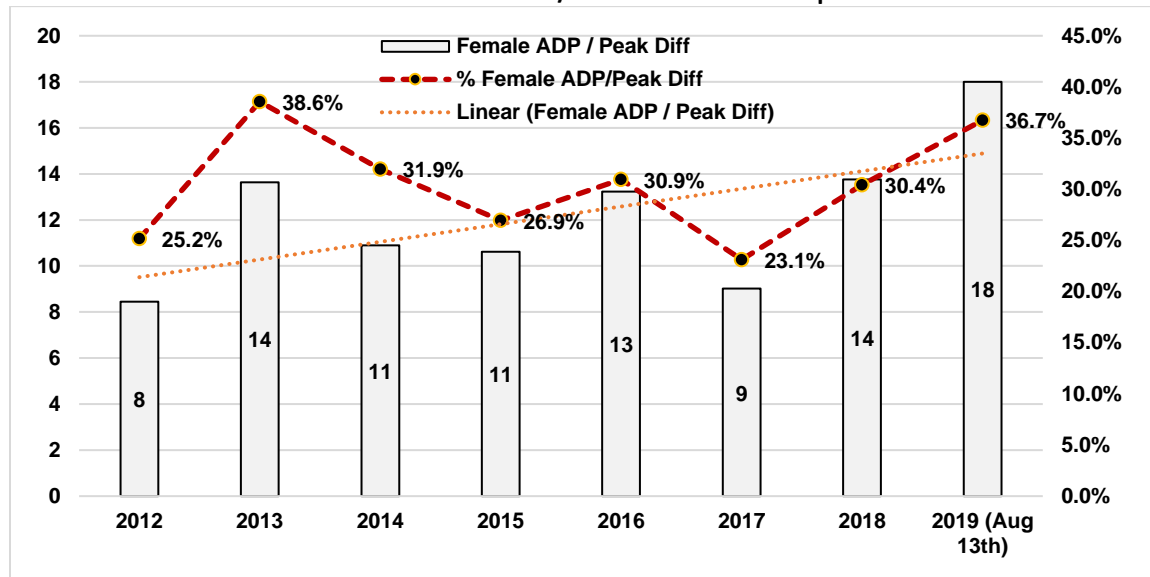


Chart IV.11. Female ADP / Peak Differences Compared





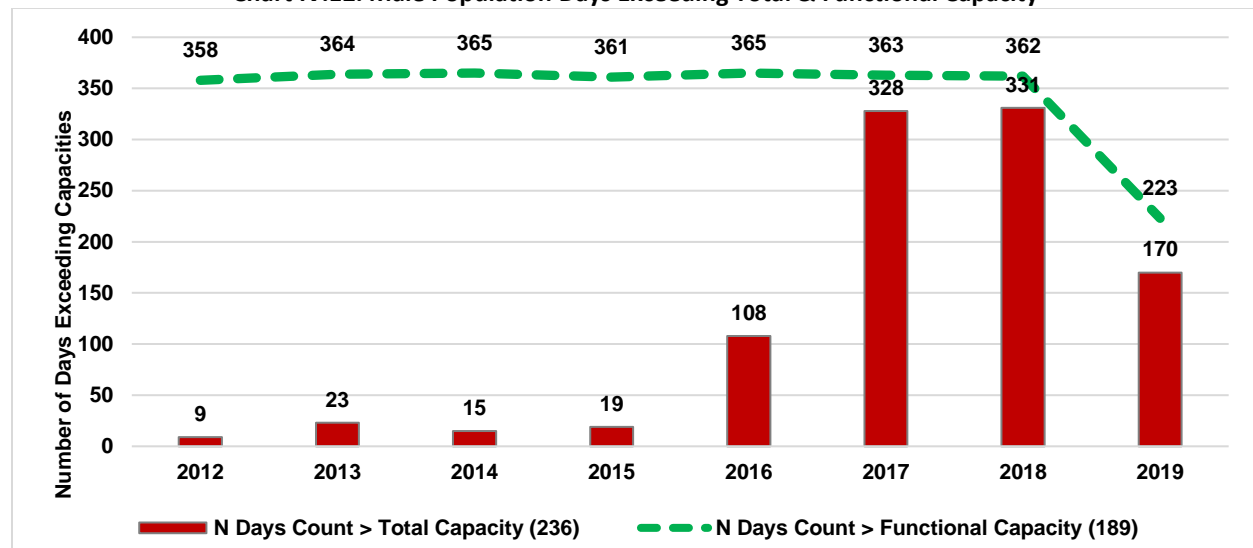
As stated above, jail safety and security risks increase the more frequently the inmate population exceeds total and functional capacities. This issue is exacerbated and complicated when inmate gender is considered.

The male inmate population has exceeded the functional capacity virtually every day since 2012, and the total capacity from 29.5% (2016) to as much as 90.7% (2018) since 2012. Table IV.7 and Charts IV.12 and IV.13 show the number and percentage of days per year male population exceeded total and functional capacities.

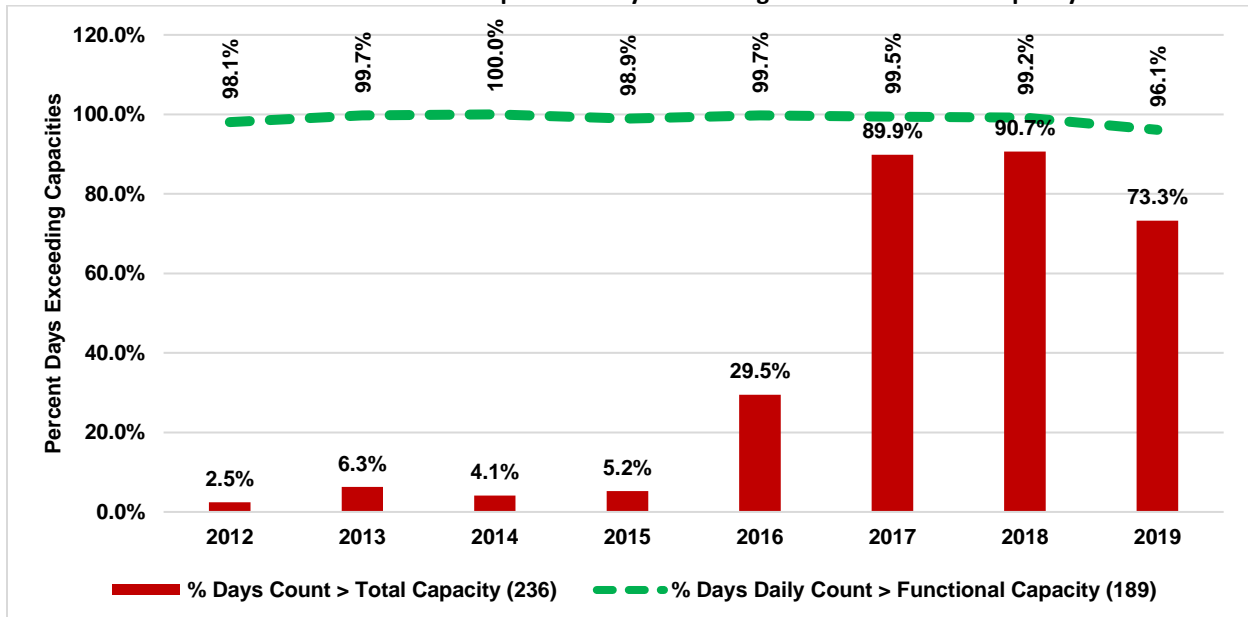
**Table IV.7. Male Population Days Exceeding Total & Functional Capacity**

01/01/2012-08/13/19)	Days of Data	N Days Count > Functional Capacity (189)	% Days Daily Count > Functional Capacity (189)	N Days Count > Total Capacity (236)	% Days Count > Total Capacity (236)
2012	365.0	358	98.1%	9	2.5%
2013	365.0	364	99.7%	23	6.3%
2014	365.0	365	100.0%	15	4.1%
2015	365.0	361	98.9%	19	5.2%
2016	366.0	365	99.7%	108	29.5%
2017	365.0	363	99.5%	328	89.9%
2018	365.0	362	99.2%	331	90.7%
2019	232.0	223	96.1%	170	73.3%
Total	2,788.0	2,761.0	99.0%	1,003.0	36.0%

**Chart IV.12. Male Population Days Exceeding Total & Functional Capacity**



**Chart IV.13. Percent Male Population Days Exceeding Total & Functional Capacity**



The female inmate population has exceeded the functional capacity from approximately a third to most days since 2015. The percentage of days that exceeded female total capacity almost double from 12.9% in 2018 to 21.6% in 2019. Table IV.8 and Charts IV.14 and 11.15 show the number and percentage of days per year the female population exceeded total and functional Capacities.

**Table 11.8. Female Population Days Exceeding Total & Functional Capacity**

01/01/12-08/13/19	Days of Data	N Days Count > Functional Capacity (41)	% Days Daily Count > Functional Capacity (41)	N Days Count > Total Capacity (51)	% Days Count > Total Capacity (51)
2012	365.0	5	1.4%	0	0.0%
2013	365.0	24	6.6%	0	0.0%
2014	365.0	9	2.5%	0	0.0%
2015	365.0	111	30.4%	0	0.0%
2016	366.0	221	60.4%	10	2.7%
2017	365.0	120	32.9%	0	0.0%
2018	365.0	270	74.0%	47	12.9%
2019	232.0	212	91.4%	50	21.6%
Total	2,788.0	972.0	34.9%	107	3.8%

Chart IV.14. Female Population Days Exceeding Total & Functional Capacity

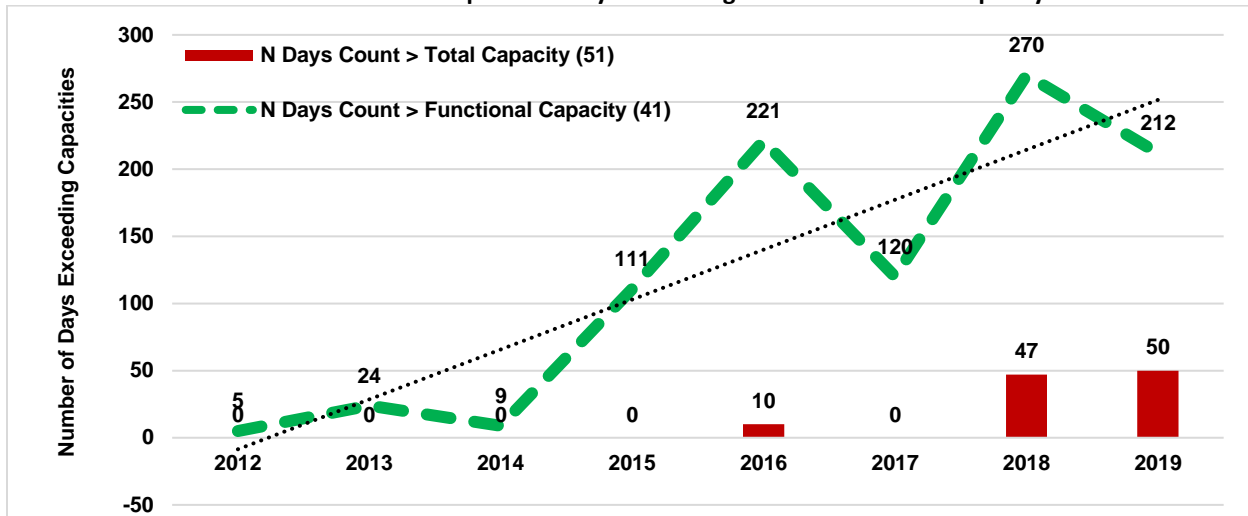
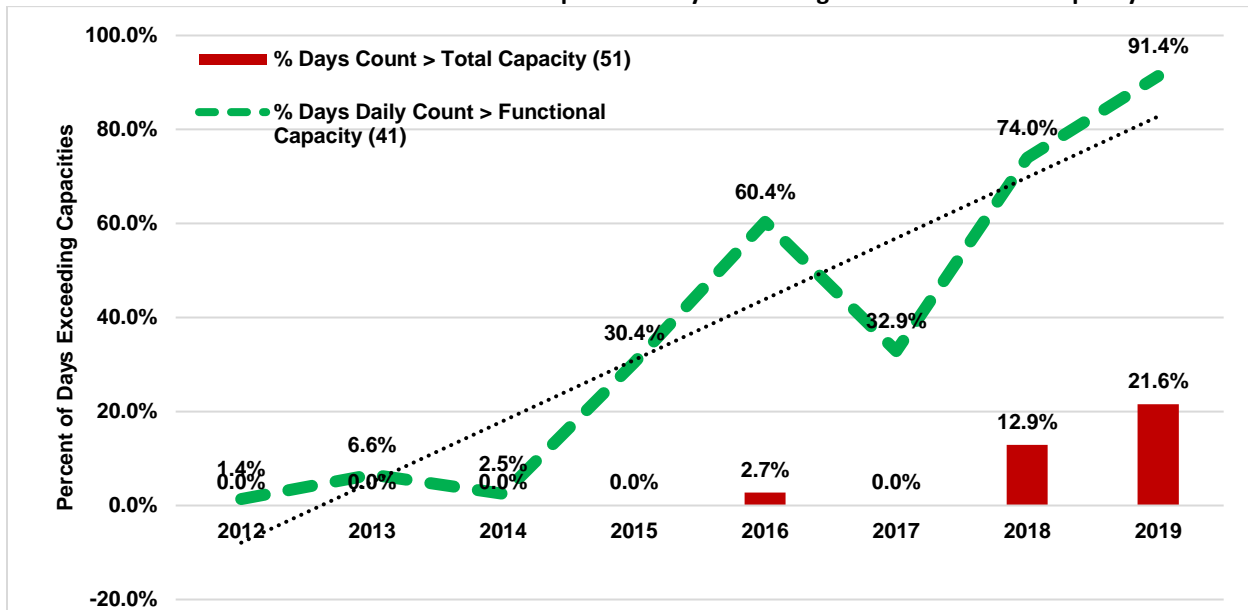


Chart IV.15. Percent Female Population Days Exceeding Total & Functional Capacity



## F. Estimating Jail Bed Capacity Needs

- 1. Additional Beds Needed:** The need for more jail bed capacity is undeniable based on the inmate population data analyzed. The daily and average daily inmate population continues to exceed the facilities total and functional capacities as jail length of stay increases. Current capacity is seriously inadequate and insufficient for inmate gender population changes or for ensuring adequate housing for the variety of inmate classification or other inmate special safety and security needs. Despite Monroe County's best efforts to expand and efficiently maintain bed capacity beyond the jail's original 128 beds, jail overcrowding must be address with meaningful and sustainable justice reforms and additional jail capacity. The purpose of this section is to estimate jail bed capacity needed over the next 20 years using our understanding of the inmate population evidence previously discussed in this report.

Estimating jail bed needs is more art than it is a science. Different models can produce similar results just as can using of similar forecasting models. All models are error prone and more so the farther out in time the forecast. In this project, we estimate jail bed capacity needs to the year 2049. There are solid arguments suggesting that long-term jail bed forecasting is inherently unpredictable and often incorrect:

*“Although municipal jails consume a significant amount of resources and the number of inmates housed in such facilities exploded in the 1990s, the literature on forecasting jail populations is sparse. Jail administrators have available discussions on jail crowding and its causes, but do not have ready access to applications of forecasting techniques or practical demonstrations of a jail inmate population forecast. ... [T]he underlying reason for this deficiency is the inherent unpredictability of local long-term correctional population levels. The driving forces behind correctional bed need render local jail population forecasts empirically valid only for a brief time frame. These inherent difficulties include the volatile nature of jail populations and their greater sensitivity when compared with prison populations to local conditions; the gap between the data needed for local correctional population forecasting and what is realistically available to forecasters; the lack of reliable lead variables for long-term local correctional population forecasts; the clash of the mathematics of forecasting and the substantive issues involved in the interpretation of forecast models; and the significant political and policy impacts of forecasts on local criminal justice systems and subsequent correctional population trends.*

*The differences between the accuracy of short-term versus long-term jail bed need forecasts means that forecasting local correctional bed need is empirically valid for, at best, one to two years. As the temporal cast is extended, longer-term forecasts quickly become error prone. Except for unique situations where jails exist in highly stable local political, social, and criminal justice environments, long-term forecasts of two years or greater are fatally flawed and have little empirical accuracy. Long-term forecasts of local jail bed needs are useful, though, as policy catalysts to encourage policymakers to consider possible long-term impacts of current decisions, but forecasts should be thought of and presented as one possible future scenario rather than a likely reality...”<sup>3</sup>*

County officials and the community should be aware of at least three trends that be cannot be reliably factored into bed need estimates but could impact the veracity of the estimates. These trends include: 1) an increase in new and total CHINS (Children in Need of Supervision) cases, 2) an increase in new and total mental health civil cases in from 2010 through 2018, and 3) an increase in new and total felony level 6 cases from 2014 through 2019.<sup>4</sup>

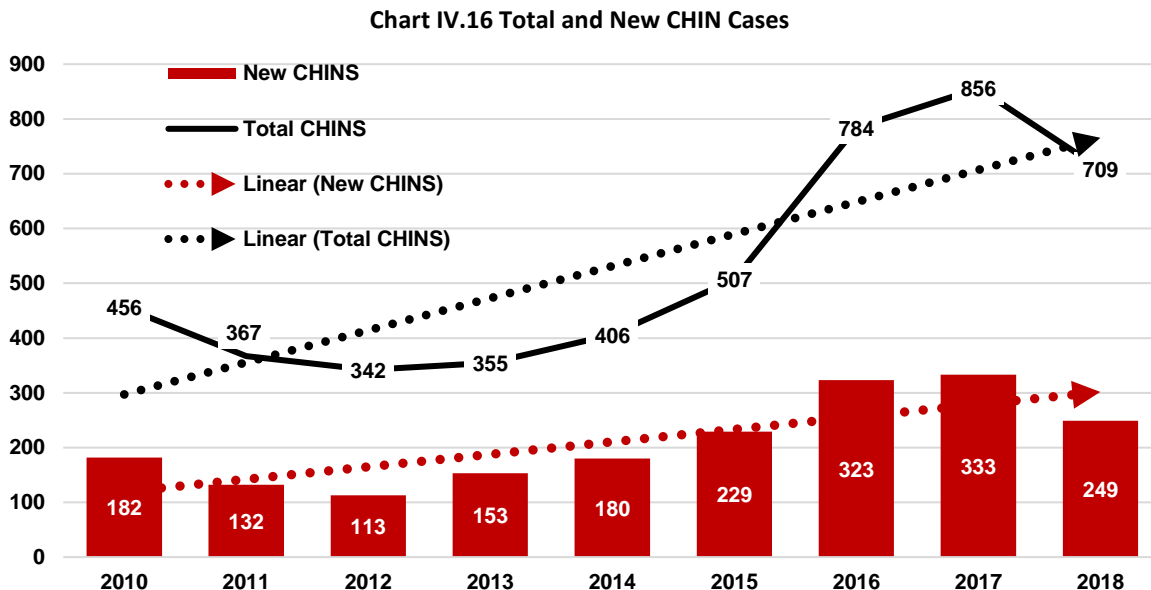
2. **Children in Need of (court/social services) Supervision (CHINs):** This population includes abused, neglected, and at-risk children. Being at great risk for criminal justice system involvement is a disheartening and very unfortunate reality for some of these children. It is also an unfortunate reality to anticipate that a percentage of this population will enter the system and the literature indicates that this population is disproportionately involved in adult criminal violence and other crimes compared to non-CHIN youth. New CHINS cases increased 36.8%,

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<sup>3</sup> Surette, R., Applegate, B., McCarthy, B., & Jablonski, P. (2006). Self-destructing prophecies: Long-term forecasting of municipal bed need. *Journal of Criminal Justice*, 34, 57-72.

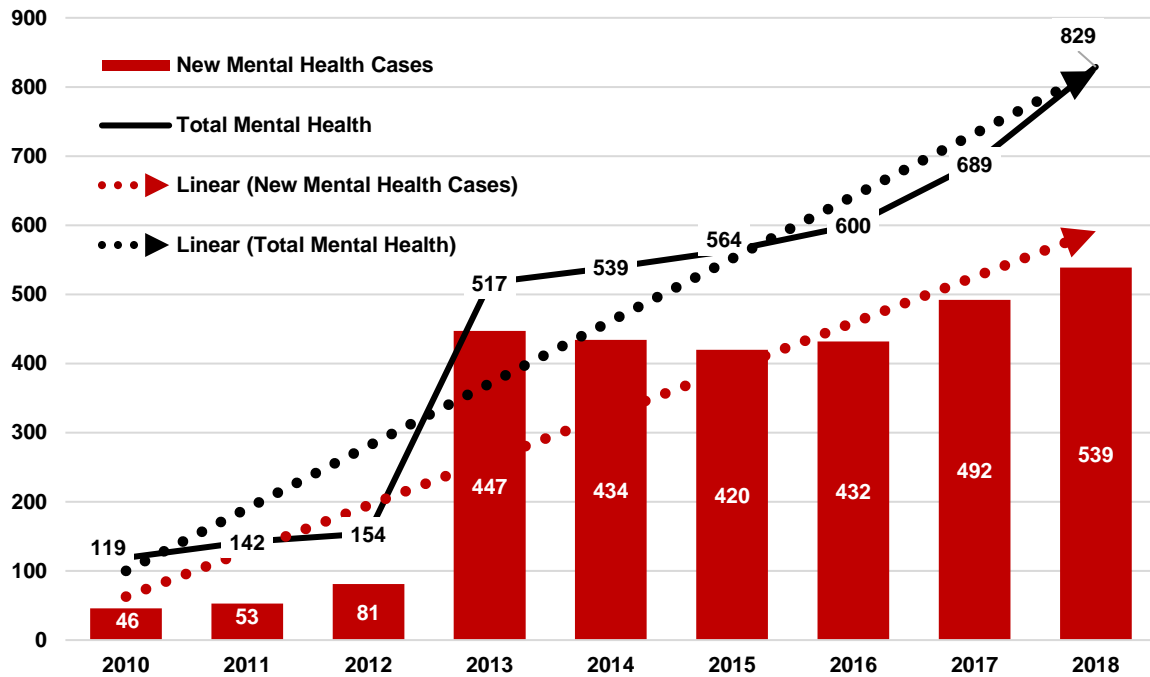
<sup>4</sup> Data retrieved from <https://publicaccess.courts.in.gov/ICOR/>

from 182 in 2010 to 249 cases in 2018. Total CHINS cases increased 55.5% (456 to 709) during the same period. Considering the dramatic increase in CHINS cases, county officials and the community must consider the real and potential impacts on jail capacity needs. Chart IV.16 shows new and total CHINS case trends.



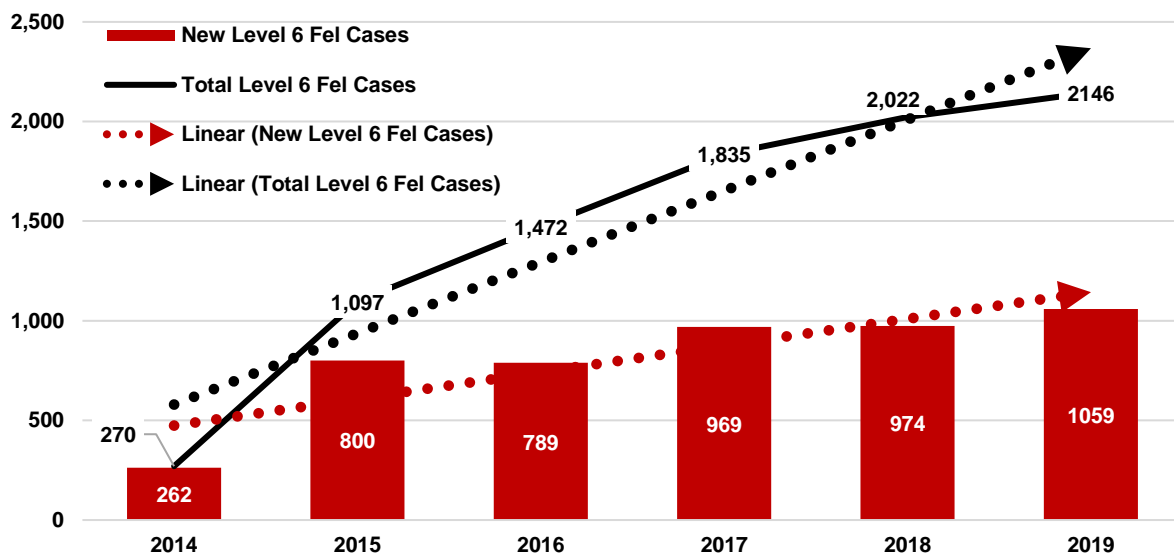
3. **Mental Health Petition Cases:** There is a consistent upward trend in civil mental health petition cases between 2010 through 2018. New cases increased 1,071% from 46 in 2010 to 539 in 2018. Total cases increased 595%, from 119 cases in 2010 to 829 cases in 2018. Generally speaking, a civil mental health petitions intend seek help for persons with mental illness who are a real or potential risk of harm to themselves or others. Petitions may include court intervention to hospitalization the person for evaluation and/or care, administer medications, or for involuntarily commit the person for longer-term psychiatric treatment. People with mental illness are at high risk of incarceration and criminal justice involvement. National studies have found that the mentally ill are disproportionately represented in jail populations compared to community populations. This population poses unique challenges and risks when incarcerated and the federal courts have been vigilant and committed to protecting the civil rights of this inmate population. It is not unreasonable to infer that increases in petition cases could impact jail bed capacity for a facility that was not constructed for, and is ill-designed to ensure consistently adequate care and custody of, these inmates. Chart IV.17 below shows upward trend in these cases for the period report.

Chart IV.17. Total and New Mental Health Cases



4. **Level 6 Felony Cases.** In 2014, the Indiana State Legislature off-loaded legal and financial responsibility for incarceration of felony level 6 offenders to the counties. Consequently, Monroe County is now obligated to incarcerate this population even after conviction when doing so is indicated. From 2014 through 2019, new level 6 cases increased approximately 81.8%, from 262 in 2014 to 1,059 in 2019. Total cases increased 92.8%, from 270 in 2014 to 2,146 in 2019. Chart IV.18 below shows new and total level 6 case trends.

Chart IV.18. New and Total Felony 6 Cases



## G. 30 -Year Bed Capacity Need Estimates

The Monroe County jail has a total capacity of 287 beds and a functional capacity of 230 beds, which is 80% of total capacity. Operating within the jail's Functional Capacity provides a margin between the functional and total capacities of at least 57 beds (20%). Total and functional capacity for male inmates is 236 and 189 beds respectively. Total and functional capacity for female inmates is 51 and 41 beds respectively.

Two methods are used here to estimate bed capacity needs to 2049. These include the 80% functional capacity method and the inmate peak population method. The 80% functional capacity method simply adds 20% to known annual ADP (2004-2019) and projects calculated average differences between the ADP and Peak population over 30 years. The Peak population method combines the known male and female annual peak populations and forecasts the sums using a linear regression over 30 years.

- 1. The ADP + 20% Method.** This method assumes that the ADP for any given year is at the functional capacity level (80%) of total capacity. Adding 20% to the ADP, therefore, would equal the total capacity. The ADP + 20% is subtracted from the actual Peak population for each year to determine whether having that number of beds would have been adequate to house the Peak population for all years. As shown below, ADP + 20% is an adequate bed capacity to have housed Peak Populations for 12 of the past 16 years (2004-2019). This method demonstrates adequate Peak Population bed capacity 75% of the time and 100% of the time for the average daily inmate population (ADP) as shown in Table IV.9 below.

**Table IV.9. ADP + 20% Bed Estimate  
Method Results**

Year	MCJ ADP	ADP + 20%	Peak Population	ADP+20% / Peak Pop Diff
2004	251	302	301	1
2005	237	284	276	8
2006	247	297	284	13
2007	250	300	296	4
2008	268	322	334	-12
2009	275	330	303	27
2010	239	287	296	-9
2011	254	305	287	18
2012	236	283	279	4
2013	258	310	284	26
2014	249	299	282	17
2015	270	324	291	33
2016	339	407	314	93
2017	269	323	324	-1
2018	274	329	348	-19
2019	294	353	331	22

The ADP average annual variance is determined to estimate bed needs to 2049 by calculating and averaging ADP differences between consecutive years. The average annual variance of 2.8 is then added

to the actual 2019 ADP to estimate the ADP for 2020 and so forth to estimate ADP for 2020 through 2049. The ADP + 20% method is then applied to produce a total bed capacity estimate of 454 by 2049 as shown in Tables IV.10 and IV.11 below.

**Table IV.10. ADP Annual Variances**

Year	MCJ ADP	Annual Variance
2004	251	
2005	237	-15
2006	247	10
2007	250	3
2008	268	18
2009	275	7
2010	239	-36
2011	254	15
2012	236	-18
2013	258	22
2014	249	-9
2015	270	21
2016	339	69
2017	269	-70
2018	274	5
2019	294	20
Avg. Annual Var.		2.8

**Table IV.11. Bed Capacity Estimates**

Year	MCJ Actual & Estimated ADP	Annual Variance	Beds Needed ADP + 20%
2004	251		302
2005	237	-15	284
2006	247	10	297
2007	250	3	300
2008	268	18	322
2009	275	7	330
2010	239	-36	287
2011	254	15	305
2012	236	-18	283
2013	258	22	310
2014	249	-9	299
2015	270	21	324
2016	339	69	407
2017	269	-70	323
2018	274	5	329
2019	294	20	353
2020	297	2.8	356
2021	300	2.8	359
2022	302	2.8	363
2023	305	2.8	366
2024	308	2.8	370
2025	311	2.8	373
2026	314	2.8	376
2027	316	2.8	380
2028	319	2.8	383
2029	322	2.8	387
2030	325	2.8	390
2031	328	2.8	393
2032	331	2.8	397
2033	333	2.8	400
2034	336	2.8	404
2035	339	2.8	407
2036	342	2.8	410
2037	345	2.8	414
2038	348	2.8	417
2039	350	2.8	421
2040	353	2.8	424
2041	356	2.8	427
2042	359	2.8	431
2043	362	2.8	434
2044	365	2.8	437
2045	367	2.8	441
2046	370	2.8	444
2047	373	2.8	448
2048	376	2.8	451
2049	379	2.8	454

- 2. Combined Peak Population Method.** This method assumes that male and female combined Peak Population for any given year is at total capacity. The average annual variance for combined male and female Peak of 9.4 is calculated using 2012-2019 data<sup>5</sup> and added to 2019 Combined Peaks to estimate bed needs for 2020, then to 2020 for 2021 bed needs and so forth to produce a bed needs

<sup>5</sup> Male and female Peak data were only available for 2012 – 2019 only.



estimate of 633. It is important to note that jail capacity must accommodate both population Peaks despite the fact that they rarely occur on the same day. Male and female Peak population data were available for only 2012 through 2019 as shown in Tables. IV.12. and IV.13 below.

**Table IV.12. Peak Populations & Annual Variance**

Year	Male Annual Daily Peak (Max)	Female Annual Daily Peak (Max)	Combined Male + Female Peak	Annual Variance
2012	242	42	284	
2013	249	49	298	14.0
2014	245	45	290	-8.0
2015	249	50	299	9.0
2016	301	56	357	58.0
2017	298	48	346	-11.0
2018	299	59	358	12.0
2019	283	67	350	-8.0
Avg. Annual Variance				9.4

**Table IV.13. Bed Capacity Estimate**

Year	Annual / Avg. Annual Variance	Beds Needed Combined Male & Female Peak
2012		284
2013	14.0	298
2014	-8.0	290
2015	9.0	299
2016	58.0	357
2017	-11.0	346
2018	12.0	358
2019	-8.0	350
2020	9.4	359
2021	9.4	369
2022	9.4	378
2023	9.4	388
2024	9.4	397
2025	9.4	407
2026	9.4	416
2027	9.4	425
2028	9.4	435
2029	9.4	444
2030	9.4	454
2031	9.4	463
2032	9.4	473
2033	9.4	482
2034	9.4	491
2035	9.4	501
2036	9.4	510
2037	9.4	520
2038	9.4	529
2039	9.4	539
2040	9.4	548
2041	9.4	557
2042	9.4	567
2043	9.4	576
2044	9.4	586
2045	9.4	595
2046	9.4	605
2047	9.4	614
2048	9.4	623
2049	9.4	633

The glaring problem with the estimates from 2020 through 2049 is that they are based eight years of data for calculating annual average variance whereas the ADP + 20% method estimate involves 16 years of data for that calculation. To adjust for this difference we have to recalculate the annual average variance by estimating male and female Peak populations for 2004 through 2011. Known Peak populations for 2012 through 2019 are used for this purpose. The average percentage of male and female Peak populations to the known Peak populations for 2012 through 2019 is approximately 85% and 15% respectively. These percentages are applied to the known Peak male and female Peak populations for 2004 through 2011. Those results are then combined and annual variances are calculated for each of those years. An annual average variance of 3.3 is recalculated for the 16 years of data and added to 2019 Combined Peaks to estimate bed needs for 2020, then to 2020 for 2021 bed needs and so forth to produce a bed needs estimate of 448 as shown in Tables IV.14 and IV.15 below.

**Table IV.14. Peak Populations & Annual Variance**

Year	Male Annual Daily Peak (Max)	Female Annual Daily Peak (Max)	Male + Female Peak	Annual / Avg. Annual Variance
2004	256	45	301	
2005	235	41	276	-25
2006	241	43	284	8
2007	252	44	296	12
2008	284	50	334	38
2009	258	45	303	-31
2010	252	44	296	-7
2011	244	43	287	-9
2012	242	42	284	-3
2013	249	49	298	14
2014	245	45	290	-8
2015	249	50	299	9
2016	301	56	357	58
2017	298	48	346	-11
2018	299	59	358	12
2019	283	67	350	-8
Avg. Annual Variance				3.3

**Table IV.15. Bed Capacity Estimate**

Year	Annual / Avg. Annual Variance	Beds Needed Combined Male & Female Peak
2004		301
2005	-25	276
2006	8	284
2007	12	296
2008	38	334
2009	-31	303
2010	-7	296
2011	-9	287
2012	-3	284
2013	14	298
2014	-8	290
2015	9	299
2016	58	357
2017	-11	346
2018	12	358
2019	-8	350
2020	3.3	353
2021	3.3	357
2022	3.3	360
2023	3.3	363
2024	3.3	366
2025	3.3	370
2026	3.3	373
2027	3.3	376
2028	3.3	379
2029	3.3	383
2030	3.3	386
2031	3.3	389
2032	3.3	392
2033	3.3	396
2034	3.3	399
2035	3.3	402
2036	3.3	406
2037	3.3	409
2038	3.3	412
2039	3.3	415
2040	3.3	419
2041	3.3	422
2042	3.3	425
2043	3.3	428
2044	3.3	432
2045	3.3	435
2046	3.3	438
2047	3.3	441
2048	3.3	445
2049	3.3	448

## **CHAPTER V FACILITY ASSESSMENT**

### **A. INTRODUCTION**

This chapter discusses findings from a structured and systematic assessment of the jail facility. A general baseline assessment of the jail facility reviewed physical structures, systems, environmental conditions, and spaces. The primary purpose of this assessment is to provide Monroe County officials a basic understanding about facility conditions and problems related to the care and custody of inmates, safety, and functionality. This assessment is not a comprehensive evaluation of the facility but is intended to provide policy makers basic information for planning next steps to prioritize and address facility needs bed capacity.

The Monroe County Correctional Center is located at 301 North College Avenue, Bloomington, Indiana. The Correctional Center is housed within the Monroe County Justice Buildings 1st, 4th and 5th Floors. The facility was built in 1984 and had an original bed count of 128. Over the years additional bed space was gained from double bunking all cells with the exception of two for ADA compliance. Space previously designed for other uses has been converted to housing, the latest in 2017 when a remodeling project of a space previously used for storage was completed. This space designated as K Block, provided an additional seven beds to the facility and serves as a housing area for select inmates with mental health issues. With the latest remodel in 2017, the Correctional Center bed count is currently at 294.

### **B. KEY FINDINGS & RECOMMENDATIONS**

**FINDING 1: At 36 years old, It is evident that the Monroe County Jail has exceeded its structural and functional life cycle, despite recent renovation. The facility does not have sufficient bed capacity or inmate housing areas to consistently ensure Constitutional levels of inmate care, custody, or services from intake to discharge. The facility is incapable of accommodating the delivery of the array of contemporary, evidence based best correctional practices that are well known to improve community wellness, reduce incarceration rates, improve conditions of confinement or reduce civil liability. The operational efficiency of facility design is non-detectable. Consequently, Monroe County taxpayers are burdened with a facility that is unreasonably expensive to maintain and operate. County officials are burdened with a correctional facility that should be considered high risk for liability due to the real and potential risk of harm to inmates, staff, and the public.**

#### **RECOMMENDATION(s):**

- 3. Develop a strategic plan that systematically guides the timely implementation of sustainable facility repairs, upgrades, and renovation (FINDING 2) to ensure and maintain Constitutional levels of inmate care and custody and facility safety and security.**
- 4. Monroe County officials should take immediate steps to study the feasibility of maintaining the current jail facility. At a minimum, this study should compare the capital, maintenance, and operational costs of an updated and repaired current facility to a much better designed facility that accommodates public safety and justice outcomes according to community needs and values.**

**FINDING 2. This assessment identified 53 problem areas related to safety and security, health, compliance with industry standards, structural and systems, operational effectiveness, inmate care and custody, and environmental conditions:**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. CCTV Cameras are Damaged</li> <li>2. Control Room</li> <li>3. Corridors not Code Compliant</li> <li>4. Diffusers and Lights</li> <li>5. Dirty Diffusers and Grills and Registers</li> <li>6. Drains and Dryer Vents Dirty</li> <li>7. Existing Site limitations</li> <li>8. Exit Signage is Dim or Non-Compliant</li> <li>9. Exposed or Lay-In Ceilings Do Not Meet Standards</li> <li>10. Fasteners and Piping Exposed</li> <li>11. Graffiti</li> <li>12. HVAC &amp; Controls</li> <li>13. Inadequate CCTV Coverage</li> <li>14. Inadequate Counseling Areas</li> <li>15. Inadequate Housing</li> <li>16. Inadequate Housing for Segregation</li> <li>17. Inadequate Isolation Cells</li> <li>18. Inadequate Processing / Booking Area</li> <li>19. Inadequate Program Space</li> <li>20. Inadequate Public Lobby and Waiting</li> <li>21. Inadequate Staff Areas</li> <li>22. Intercoms are Not Working</li> <li>23. Kitchen Storage</li> <li>24. Lack of Electrical and Data Outlets</li> <li>25. Lack of Medical Interview Areas</li> <li>26. Lack of Medical Treatment Space</li> <li>27. Lack of Padded Cells</li> <li>28. Lack of Suicide Cells</li> </ol> | <ol style="list-style-type: none"> <li>29. Lacking ADA Compliance</li> <li>30. Laundry</li> <li>31. Lay-In Ceilings Do Not Meet Correction Standards</li> <li>32. Lighting Outdated and Damaged or Missing</li> <li>33. Lights Burnt Out or Damaged</li> <li>34. Limited Separation of Contagious Inmates</li> <li>35. Masonry Block</li> <li>36. Masonry Cracking</li> <li>37. Mold</li> <li>38. No Segregation of Sexes or Special Needs Inmates</li> <li>39. No Sick Beds</li> <li>40. Old Kitchen Equipment</li> <li>41. Plastic Laminate Counters and Cabinets</li> <li>42. Plumbing Fixtures and Isolation Valves</li> <li>43. Quarry Tile</li> <li>44. Records Room</li> <li>45. Secure Doors are not Shutting or Locking Properly</li> <li>46. Security Door Controls and Security Hardware</li> <li>47. Security Door Controls and Security Hardware</li> <li>48. Sprinkler Heads and Piping Deterioration</li> <li>49. Staff Amenities are Limited</li> <li>50. Storage</li> <li>51. Surface Mounted Conduit and Outlets</li> <li>52. Vision Issues</li> <li>53. Water Infiltration</li> </ol> |
|---|--|

Facility assessment findings are categorized to assist Monroe County officials develop and implement a comprehensive plan to remediate risks associated with care and custody of inmates, staff safety and on current and future jail operations.

Each finding / problem is listed with a brief description. Each problem found is assigned to one or more of three primary categories (A,B,C) and five subcategories depending on the risk(s) posed by the problem, impact on current and future operations, and facility deterioration. Each problem is assigned a level of importance or criticality from Low to High and a recommended Remedy. Finally, Low and High Opinion of Cost to remediate each problem is estimated.

**Category A: Risks in Management, Housing, and Treatment of Inmates**

- Risk Type 1: Physical Defects Posing Risk to Safety
- Risk Type 2: Inadequate Architectural Design
- Risk Type 3: Adverse Impact on Proper Care and Treatment

- Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration

Category B: Impacts Current & Future Operations Adequacy

- Operational Adequacy Problem 1: Original Design

Category C: General Deterioration of Facility

- Deterioration Problem 1: Deferred Maintenance
- Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life

Opinion of Cost Low / High

Sections III and IV provide an overview and detailed description of assessed risks and option of costs.

### C. ASSESSMENT DETAIL AND FINDINGS

This section provides an overview of findings and a brief description of problems and issues. The Facility Assessment Matrix in the Appendix includes problems found, these descriptions, proposed remedies, shows categorized risks, and estimated costs.

- |   |  |
|---|--|
| 1. CCTV Cameras are Damaged or Missing Entirely | Cameras are missing in critical locations.   |
| 2. Control Room                                 | Room too small and used for other functions. Ceilings and Floors are in bad shape. |

No Photo

Exhibit V.1. Control Room



3. Corridors not Code Compliant

Existing corridors are being used for Storage.

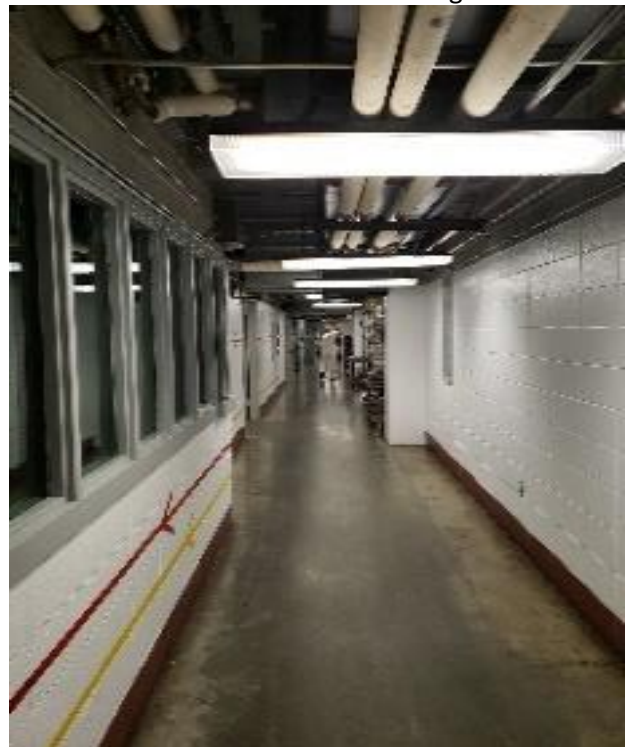
Exhibit V.2. Corridors



4. Diffusers and Lights

Non-Detention Grade Products used which do not meet Corrections Standards. These can be used for weapons.

Exhibit V.3. Diffusers and Lights



- |   |   |
|---|---|
| 5. Dirty Diffusers and Grills and Registers | Clean all diffusers / grills / registers in the facility for HVAC, Smoke Evacuation System, and Exhaust Systems |
|---|---|

Exhibit V.4. Diffusers, Grills and Registers



- |                                 |  |
|---------------------------------|--|
| 6. Drains and Dryer Vents Dirty | Drains for Washers and Vents for Dryers need to be cleaned |
|---------------------------------|--|

Exhibit V.5. Drafts and Dryer Vents



- |   |   |
|---|---|
| 7. Existing Site                        | Existing Site is constrained and building is tied to other County Services. Renovation will be extremely difficult. |
| 8. Exit Signage is Dim or Non-Compliant | Exit signage is non-compliant in some areas due to signage being  |

No Photo

No Photo



damaged or lighting levels too low.

9. Exposed or Lay-In Ceilings Do Not Meet Standards

Secure Areas have exposed or lay-in ceilings that do not meet Standards and are items that can be used to hide contraband or use as a weapon.

Exhibit V.6. Ceilings



10. Fasteners and Piping Exposed

Piping and fasteners are exposed in restroom and shower areas. These can be used as weapon or suicide potential.

Exhibit V.7. Fasteners and Piping





11. Graffiti

Graffiti on walls and doors

Exhibit V.8. Graffiti Example



12. HVAC & Controls

HVAC units and Controls are past their useful life and they are also unable to keep up with the Heating and Cooling demands of the building

Exhibit V.9. HVAC & Controls



13. Inadequate CCTV Coverage

Cameras missing in critical locations. Dead Zones may exist.

No Photo

14. Inadequate  
Counseling Areas

Single and Group Counseling areas are non-existent due to lack of space. Spaces are being used differently than intended function.

Exhibit V.10. Counseling Areas



15. Inadequate Housing

Not enough bed space for inmates. Shower and Restroom facilities do not meet State Standards or Best Practices at higher ADP.

No Photo

16. Inadequate Housing  
for Segregation

Lack of Housing does not allow for segregation of special populations (sick, transgender, ADA, high-risk, etc.)

No Photo

17. Inadequate Isolation  
Cells

Minimum # of cells provided for Isolation of Special Inmates, infectious disease. This is inadequate for ADP.

No Photo

18. Inadequate  
Processing /  
Booking Area

Sallyport is being used for Processing and Scanning Equipment. Processing has multiple functions that are all inadequately sized and used for housing due to ADP. Report area is non-existent

Exhibit V.11. Processing / Booking Area



19. Inadequate Program Space      Not enough Multi-purpose rooms for ADP. Difficulty for programming to occur for lack of space or separation. Areas may be used for housing.

Exhibit V.12. Program Space



20. Inadequate Public Lobby and Waiting      Lobby area has limited waiting area or visitation stations.

No Photo

21. Inadequate Staff Areas      Staff Areas are inadequately sized for staffing requirements.

Exhibit V.13. Staff Work Areas



22. Intercoms are Not Working      Intercoms in building do not work      No Photo

23. Kitchen Storage

Kitchen Storage too small and storing supplies in other areas like corridors and kitchen.

No Photo

24. Lack of Electrical and Data Outlets

Lack of Electrical and Data Outlets around building make reorganizing and performing daily tasks difficult.

Exhibit V.14. Electronical & Data Outlets



25. Lack of Medical Interview Areas

Limited Space for Medical Interviews - HIPPA Violation

No Photo

26. Lack of Medical Treatment Space

No capability to treat medical needs if hospitalization is unnecessary

Exhibit V.15. Medical Treatment Space



27. Lack of Padded Cells

Lack of Padded Cells creates issues with certain inmates. Takes other means or staffing to control inmate(s) who need these type cells.

No Photo

28. Lack of Suicide Cells

Inability to handle multiple inmates in need of watch for Suicide.

No Photo



29. Lacking ADA  
Compliance

Jail not compliant with  
Accessibility Requirements

Exhibit V.16. ADA Compliance



Exhibit V.17. Laundry

30. Laundry

Laundry facility is used for other functions. New machines and larger capacity needed for ADP.



31. Lay-In Ceilings Do Not Meet Correction Standards

Tiles are sagging or damaged. Inmate Areas have ceilings that do not meet Correction Standards

No Photo

32. Lighting Outdated and Damaged or Missing

Lights around building are burnt out or broken. This hinders security and safety. The lights are outdated and should be replaced with new light technology

No Photo

33. Lights Burnt Out or Damaged

Lights around building are burnt out or broken. This hinders security and safety

No Photo

34. Limited Separation of Contagious Inmates

Limited Negative Pressure Cells with Ante-Vestibules

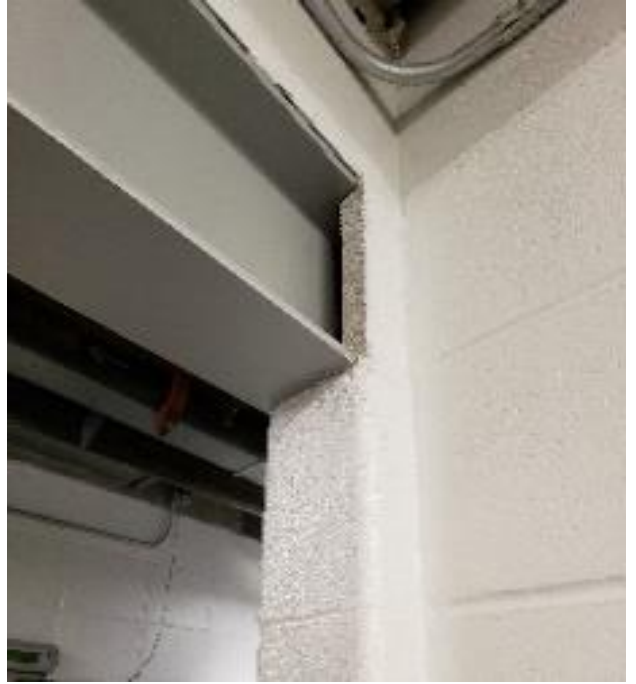
No Photo



35. Masonry Block

Masonry Units used are stack bond and is missing grout which is allowing inmate damage which then block pieces are used for weapons which can injure staff or other inmates

Exhibit V.18. Masonry Block



36. Masonry Cracking

Shrinkage and Settlement Cracks are occurring in various areas.

Exhibit V.19. Masonry



37. Mold

Various areas where mold growth is evident. This is a health issue.

Exhibit V.20. Examples of Mold



38. No Segregation of  
Sexes or Special  
Needs Inmates

No area to separate inmates with physical conditions that need separation from General Population. (Mobility Impaired, Pregnant, ADA, etc.)

No Photo

39. No Sick Beds

No area to separate inmates with sickness. Other cells intended for other functions are used or taken to Hospital.

No Photo

40. Old Kitchen  
Equipment

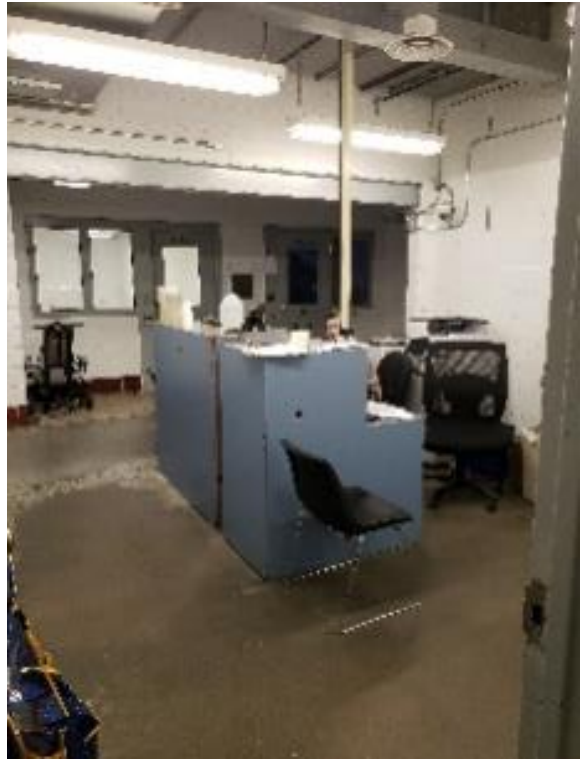
Some equipment is old and coming to the end of its useful life for the amount of cooking use.

No Photo

41. Plastic Laminate  
Counters and  
Cabinets

Plastic Laminate is damaged in multiple locations. This material is easily damaged and can be used for weapons

Exhibit V.21. Counters & Cabinets



42. Plumbing Fixtures  
and Isolation Valves

Fixtures and Isolation Valves are in need of repair or replacement due to leaking or deterioration that has occurred.

Exhibit V.22. Plumbing Fixtures & Isolation Valves



43. Quarry Tile

Quarry Tile floor is slippery. This poses safety concerns for inmates and staff.

Exhibit V.23. Quarry Tile



44. Records Room

Records Room is too small and not adequate for needs.

No Photo

45. Secure Doors are not Shutting or Locking Properly

Secure Doors not shutting or locking properly

Exhibit V.24. Security Doors and Locking



46. Security Door Controls and Security Hardware

Security Door Controls and Hardware are close to the end of their useful life.

No Photo

47. Security Door Controls and Security Hardware

Security Door Controls and Hardware are not operating properly.

No Photo

48. Sprinkler Heads and Piping Deterioration

Sprinkler Heads and Piping is showing deterioration. Leaks are occurring in multiple locations.

Exhibit V.25. Sprinkler Heads & Pipes



49. Staff Amenities are Limited

Staff Areas are not large enough for Staff needs

Exhibit V.26. Staff Amenities





50. Storage

Storage space is significantly inadequate. This creates safety and efficiency issues. Storage is occurring in corridors and other locations.

Exhibit V.27. Storage



51. Surface Mounted  
Conduit and Outlets

Unsecured and do not meet  
Corrections Standards

No Photo

52. Vision Issues

Owner has had to make vision  
shields for various cells.

Exhibit V.28. Visibility



53. Water Infiltration	Efflorescence and Peeling paint is evidence that water is infiltrating the wall cavities.	No Photo
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## **CHAPTER VI**

### **A BRIEF LEGAL FRAMEWORK FOR JAIL OPERATIONS**

The following discussion lays out a brief legal foundation regarding a jail's obligation to provide adequate medical, dental and mental health care to inmates.

#### **A. Civil Rights of Institutionalized Persons Act (CRIPA)<sup>6</sup>**

In an effort to stem the tide of prisoner section 1983 Civil Rights litigation and strike a balance between deference to state officials and the rights of the institutionalized, Congress enacted the Civil Rights of Institutionalized Persons Act ("CRIPA") in 1980. Prior to 1980, inmates who wanted to sue in court were not required to exhaust their administrative remedies. CRIPA applied only to section 1983 actions and contained the first exhaustion requirement for prisoner lawsuits. CRIPA did not require mandatory exhaustion, however, and gave judges the power to require plaintiffs to exhaust administrative remedies when "appropriate and in the interests of justice." A judge could continue a case for up to 180 days if he/she believed that the suit could be resolved using administrative remedies.

This discretionary exhaustion requirement offered [jail] officials the ability to resolve violations in administrative proceedings without involving the courts. The exhaustion provision of CRIPA further limited its own application by mandating that exhaustion could only be required where the administrative remedies had been certified by the Attorney General as meeting certain minimum standards. These standards required that inmates be afforded an advisory role in creating and applying a grievance procedure. The Supreme Court created a balancing test for determining when to require exhaustion under CRIPA; "federal courts must balance the interest of the individual in retaining prompt access to a federal judicial forum against countervailing institutional interests favoring exhaustion."

Beyond the exhaustion requirement, CRIPA also gave the Attorney General of the United States authority to sue state and local officials responsible for facilities exhibiting a pattern or practice of flagrant or egregious violations of constitutional rights. CRIPA also set forth guidelines for prison administrative procedures and required that states have their procedure certified by the Attorney General in order to require exhaustion of remedies. Even with this discretionary exhaustion requirement, CRIPA allowed inmates to participate in the formation of the grievance procedures and many states refrained from having their procedures certified because of this requirement. The states' refusal to adopt these provisions and alter their grievance procedures to accommodate inmates' civil rights had opposite of the intended effect and actually increased the number of prisoner suits filed, thus contributing to the burden on federal dockets as well as increasing the costs to prisons caused by defense of suits. In response, many legal scholars, politicians and judges supported a change in the system that would reduce the number of frivolous lawsuits.

#### **B. The Prison Litigation Reform Act of 1995**

The civil rights of inmates were again the subject of Congressional legislation in 1996, with the passage of the aptly named amendment to CRIPA, the Prisoner Litigation Reform Act ("PLRA"). Though the legislative history is minimal, the PLRA was intended to stem the tide of purportedly frivolous prisoner

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<sup>6</sup> Civil Rights of Prisoners: The Seventh Circuit and Exhaustion of Remedies Under the Prison Litigation Reform Act, Seventh Circuit Review, Volume 1, Issue 1, Spring 2006 ([www.kentlaw.edu/7cr/v1-1/mccomb.pdf](http://www.kentlaw.edu/7cr/v1-1/mccomb.pdf))



lawsuits and reduce judicial oversight of correctional facilities. The PLRA represented a major change in prison litigation creating barriers such as requiring physical injury in tort claims, forcing even *in forma pauperis* prisoners to pay filing fees, and creating limits on attorney's fees. Most importantly, however, the PLRA drastically modified the CRIPA's exhaustion of administrative remedies provision.

Under the PLRA, inmates are required to exhaust all administrative remedies available, mandating, "No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal Law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." The PLRA's exhaustion requirement was more restrictive and differed from CRIPA in five important ways: First, the PLRA applies to all state, local and federal prisoners in contrast to CRIPA, which did not apply to federal prisoners or juveniles. Second, the exhaustion requirement was broadened to include pretrial detainees as well as convicted prisoners. Third, the PLRA requires dismissal of cases in which administrative remedies were not exhausted. Before the PLRA, courts continued or stayed cases until prisoners had exhausted administrative remedies.

The PLRA lacks the discretionary application of the exhaustion requirement and removes the ability of judges to determine when requiring exhaustion is appropriate. Finally, before a court could require a prisoner to use a prison's administrative grievance process, the process had to meet certain requirements. The PLRA removed the requirements that exhaustion of administrative remedies must be "appropriate and in the interests of justice" or that the administrative remedies be "plain, speedy and effective." The PLRA also removed the five statutory standards for administrative remedies and required only that the remedies be "available." The impact of the PLRA on prisoner lawsuits for constitutional violations was immediate and substantial. In the last year under CRIPA, inmates filed 41,679 civil rights petitions.

In 2000, four years after the passage of the PLRA, the number of civil rights petitions dropped to 25,504 - a reduction of 39%. Specifically, the more comprehensive and automatic exhaustion requirement greatly increased the number of inmate lawsuits that were dismissed for failure to exhaust all available administrative remedies. The Supreme Court, in interpreting the new exhaustion requirement under the PLRA, held that inmates were required to exhaust all available administrative remedies regardless of whether the claims involved general circumstances of incarceration or particular incidents, thus ensuring that the PLRA will govern all prisoner lawsuits in every state.

### **C. Inmate Healthcare<sup>7</sup>**

Jail inmates have the right to receive adequate health care. The Eighth Amendment of the US Constitution guarantees the right to be free from cruel and unusual punishment, which the Supreme Court has determined to include the right of prisoners to have access to health care.<sup>8</sup> The denial of necessary medical care is a Constitutional violation only if prison officials are "deliberately indifferent" to a "substantial risk of serious harm."<sup>9</sup> Medical, dental and mental health care would fall within the scope of these legal expectations.

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<sup>7</sup> [http://www.washlaw.org/projects/dcprisoners\\_rights/medical\\_care.htm#objectiveStandard](http://www.washlaw.org/projects/dcprisoners_rights/medical_care.htm#objectiveStandard)

<sup>8</sup> *Estelle v. Gamble*, 429 U.S. 97, 97 S. Ct. 285, 50 L. Ed. 2d 251 (1976).

<sup>9</sup> *Farmer v. Brennan*, 511 U.S. 825 (1994).

In order for an inmate to successfully claim that inadequate medical care violated his constitutional rights, he must prove two things<sup>10</sup>: (1) that the treatment or lack of treatment resulted in "sufficiently serious"<sup>11</sup> harm (the objective standard), and (2) that the jail officials responsible for the harm knew of that or the possibility of a risk, by act or omission, failed to eliminate the risk <sup>12</sup> (the subjective standard).

The Objective Standard of Care: Generally speaking, for an injury to be considered "sufficiently serious," the harm must significantly change the prisoner's quality of life. For example, harm would be considered "sufficiently serious" if it causes degeneration or extreme pain. Some examples of medical needs that the courts have considered "sufficiently serious":

1. degenerative, painful hip condition that hindered the inmate's ability to walk
2. painful, obviously broken arm
3. bleeding ulcer that caused abdominal pain
4. inflamed appendix
5. shoulder dislocation
6. painful blisters in mouth and throat caused by cancer treatment
7. pain, purulent draining infection, and 100 degrees or greater fever, caused by an infected cyst
8. cuts, severe muscular pain, and burning sensation in eyes and skin, caused by exposure to Mace
9. head injury caused by slip in shower
10. substantial back pain
11. painful fungal skin infection
12. broken jaw requiring jaw to be wired shut for months
13. severe chest pain caused by heart attacks

Some examples of medical needs that the courts have determined NOT to be "sufficiently serious":

1. sliver of glass in palm that did not require stitches or painkillers
2. pain experienced when doctor removed a partially torn-off toenail without using anesthetic
3. nausea, shakes, headache, and depressed appetite caused by family situational stress
4. "shaving bumps"

The Subjective Standard of Care: A jail official cannot be "deliberately indifferent" to a medical need if he is not aware of the medical problem. Thus, an inmate must make sure that jail officials know about his medical needs. If an inmate wants to see medical personnel, he must inform the corrections officers on his block. He must fill out sick call slips and, if these are not honored, he must file grievances. Once an inmate gets in to see a nurse or doctor, he should discuss symptoms and any relevant medical history.

While an inmate should do everything he or she can to make sure that medical personnel are aware of his medical problems, medical personnel can also be held responsible for knowing information in addition to what the inmate tells them. Specifically, medical personnel are responsible for information

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<sup>10</sup> Criteria summarized in A Jailhouse Lawyer's Manual (JLM), 5th edition. New York: Columbia Human Rights Law Review, 2000, p. 540.

<sup>11</sup> Wilson v. Seiter, 501 U.S. 294, 298, 115 L. Ed. 2d 271, 111 S. Ct. 2321 (1991).

<sup>12</sup> Martinez v. Mancusi 443 F.2d 921, 924 (1970). In: JLM, p. 542.

gained by examining the inmate, reviewing the inmate's medical records, and by talking to others familiar with the inmate (guards, other doctors, and family members, for example). If a jail official knows of an inmate's medical problem, he must do what is in his power to address that problem. If a jail official knows of an inmate's substantial medical need and disregards it, he can be held accountable for violating the inmate's constitutional rights. Listed below are some common situations in which courts have held that officials were deliberately indifferent to inmates' medical needs.

**Failure to Treat a Diagnosed Condition:** If a jail doctor diagnoses an inmate with a certain medical condition and then fails to provide that inmate with treatment for this condition, courts are likely to find that the doctor has been deliberately indifferent to inmate's medical needs. If an inmate suffers serious harm as a result of this lack of treatment, jail officials can be held liable for violating the inmate's rights. For example, if an inmate who is diagnosed with HIV receives no drugs to inhibit the virus and as a result develops full-blown AIDS more quickly than he should have, jail medical staff can be held liable.

Similarly, jail officials other than doctors can be held liable for infringing on an inmate's rights if the official prevents an inmate from receiving treatment recommended by a doctor. For example, the 2nd Circuit Court of Appeals held that prison officials were deliberately indifferent to an inmate's medical needs when they removed him from a hospital without permission from the doctors.<sup>13</sup> Jail officials without medical training do not have the right to second-guess the recommendations of doctors.

**Delay in Treatment or Delay in Access to Medical Attention:** Jail officials do not have to provide inmates with immediate access to non-emergent medical care. Generally speaking, jail officials can delay in providing medical care if they have a legitimate reason for doing so. For example, security concerns can justify delaying an inmate's access to medical care, as long as this delay does not make the medical problem significantly worse. On the other hand, unreasonable delays do violate the Constitution. A delay is considered to be unreasonable if it is medically unjustified and it is likely to make the medical problem worse or to result in permanent harm. For example, the 7th and 8th Circuit Courts of Appeals have ruled that 10-15-minute delays in responding to heart attacks constitute deliberate indifference.<sup>14</sup> Also, the 4th Circuit Court of Appeals held that prison officials were deliberately indifferent when they delayed 11 hours in examining an inmate's painfully swollen and obviously broken arm.<sup>15</sup>

**Denial of Access to Medical Personnel:** Jail officials cannot deny inmates access to health care personnel. If an inmate requests health care attention, non-healthcare staff may not decide whether or not to allow the inmate to see health care personnel. For example, in *Parrish v. Johnson*, the 6th Circuit Court of Appeals ruled that a guard who failed to relay an inmate's request for health care was deliberately indifferent to the inmate's medical needs.<sup>16</sup> Similarly, the 11th Circuit Court of Appeals found a physician's assistant to be deliberately indifferent to an inmate's medical needs when the assistant refused to x-ray an inmate with a broken hip or to send him to a doctor for examination.<sup>17</sup>

**Grossly Inadequate Care:** Negligent medical care does not generally violate the Constitution. In jails, health care malpractice, generally speaking, does not constitute a violation of prisoners' rights. On the

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<sup>13</sup> *Martinez v. Mancusi*, 443 F.2d 921, 924 (1970). In: JLM, p. 542.

<sup>14</sup> *Lewis v. Wallenstein*, 769 F.2d 1173, 1183 (7th Cir. 1985) and *Tlamka v. Serrell*, 244 F.3d 628, 633-34 (8th Cir. 2001). In: Toone, p. 81

<sup>15</sup> *Loe v. Armistead*, 582 F.2d 1291, 1296 (4th Cir. 1978). In: Toone, p. 81

<sup>16</sup> 800 F.2d 600, 605 (1986). In: Toone, p. 80.

<sup>17</sup> *Mandel v. Doe*, 888 f.2d 783, 789-90 (1989). In: Toone, p. 80

other hand, excessively bad medical care can violate a prisoner's 8<sup>th</sup> Amendment rights. For example, a jury could find that a jail official acted with deliberate indifference if he treats a patient with a serious risk of appendicitis by simply giving him aspirin and an enema.<sup>18</sup>

Inadequate staffing levels: Inadequate jail health care staffing has been determined by the United States Department of Justice to be a direct and indirect cause for Civil Rights violations. Insufficient staff levels create serious access-to-care barriers, resulting in medical neglect. Additionally, assigning unqualified staff to perform medical or mental health care functions outside their scope of licensure or practice can be cause for inadequate care violations as noted in a 2012 DOJ jail Investigation Findings Letter<sup>19</sup>:

*"Our investigation found reasonable cause to believe that the Jail is denying necessary medical and mental health care, and consequently places prisoners at an unreasonable risk of serious harm, in violation of the Constitution..."*

*Many of the lapses we identify below are directly related to [the jail's] inadequate medical staffing. There is too little onsite coverage by properly licensed staff members, forcing certified nursing assistants (CNAs) to practice and provide medical care beyond their training and licensure. The lack of sufficiently trained and available medical staff for the management and evaluation of serious medical conditions places prisoners at risk of unnecessary harm and is deliberately indifferent to prisoners' serious medical needs. Prison officials, including doctors, "violate the civil rights of inmates when they display 'deliberate indifference to serious medical needs.'" Gordon v. Kidd, 971 F.2d 1087, 1094 (4th Cir. 1992) (citing Estelle v. Gamble, 429 U.S. 97, 104 (1976)) ...*

*"Perhaps the most significant single concern we have with the provision of medical and mental health care at the Facility is that staff members routinely perform medical services beyond what they are trained and credentialed to do. A further concern involves "medical" security officers. We reviewed several incidents in which security staff were used to evaluate prisoner injuries and cleared the prisoners without any medical input or consultation. Any clinical support by corrections officers must be limited, must be overseen by the medical department, and must be guided by clear protocols. Corrections officials may, and, in fact, should respond to medical emergencies in acute, life-threatening situations and be properly trained to do so. They should never, however, evaluate prisoners for medical reasons, perform sick call, or provide any type of non-emergency care. There are no protocols in place at [the jail] to guide corrections officers in the very limited medical tasks they may perform, and the current level of medical department oversight of officers is insufficient."*

#### **D. Inmate Psychiatric Treatment and Mental Health Care:**

It is important that jail officials and local government leaders clearly recognize and acknowledge that adequate inmate psychiatric treatment and mental health care is a fundamental constitutional obligation of the jail and, therefore, a constitutional duty of local government. Such care should be looked at no differently than medical care in terms of providing constitutionally adequate care and custody of inmates. The courts have consistently applied the same constitutional standards for inmate

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<sup>18</sup> *Sherrod v. Lingle*, 223 F.3d 605, 611-12 (7th Cir. 2000). In: Toone, p. 84.

<sup>19</sup> [http://www.justice.gov/crt/about/spl/documents/piedmont\\_findings\\_9-6-12.pdf](http://www.justice.gov/crt/about/spl/documents/piedmont_findings_9-6-12.pdf)

medical care to psychiatric and mental health services. The standards generally consist of these six (6) elements:

1. Timely and appropriate assessment, treatment and monitoring of inmate mental illness.
2. Making appropriate provisions for an array of mental health services that are not limited to psychotropic medication only.
3. Ensuring that administrative segregation and observation is used appropriately.
4. Mental health records are accessible, complete and accurate.
5. There is proper and adequate response to medical and laboratory orders in a timely manner.
6. Adequate and ongoing quality assurance programs are in place.

The Fourteenth Amendment mandates that jails must provide pre-trial inmates “at least those constitutional rights... enjoyed by convicted prisoners,” including Eighth Amendment rights.<sup>20</sup> Under the Eighth Amendment, prison officials have an affirmative duty to ensure that inmates receive adequate food, clothing, shelter, and medical care.<sup>21</sup> The Constitution imposes a duty on jails to ensure an inmate’s safety and general well-being.<sup>22</sup> This duty includes the duty to prevent unreasonable risk of serious harm, even if such harm has not yet occurred.<sup>23</sup> Thus, jails must protect inmates not only from present and continuing harm, but also from future harm. This protection extends to the risk of suicide and self-harm.<sup>24</sup>

The Constitution also mandates jails to provide inmates adequate medical and mental health care, including psychological and psychiatric services.<sup>25</sup> Jail officials violate inmates’ constitutional rights when the officials exhibit deliberate indifference to inmates’ serious medical needs.<sup>26</sup>

#### **E. Jail Staffing and the Federal Courts<sup>27</sup>**

Court decisions define important parameters for jail operations by establishing minimum levels of service, performance objectives, prohibited practices, and specific required practices. We explore federal court decisions in this appendix, but we note that state and local courts also play an active role in evaluating and guiding jail operations. Decisions handed down by federal courts have required jails to:

- Protect inmates from themselves, other inmates, staff, and other threats.
- Maintain communication with inmates and regularly visit occupied areas.
- Respond to inmate calls for assistance.
- Classify and separate inmates.
- Ensure the safety of staff and inmates at all times.

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<sup>20</sup> Bell v. Wolfish, 441 U.S. 520, 545 (1979).

<sup>21</sup> Farmer v. Brennan, 511 U.S. 825, 832 (1994).

<sup>22</sup> County of Sacramento v. Lewis, 523 U.S. 833, 851 (1998) (citing DeShaney v. Winnebago County Dep’t of Soc.Servs., 489 U.S. 189, 199-200 (1989)).

<sup>23</sup> Helling v. McKinney, 509 U.S. 25, 33 (1993).

<sup>24</sup> Matos v. O’Sullivan, 335 F.3d 553, 557 (7th Cir. 2003); Hall v. Ryan, 957 F.2d 402, 406 (7th Cir. 1992) (noting that prisoners have a constitutional right “to be protected from self-destructive tendencies,” including suicide)

<sup>25</sup> See Farmer, 511 U.S. at 832

<sup>26</sup> Estelle v. Gamble, 429 U.S. 97, 102 (1976).

<sup>27</sup> See: Excerpts from: Jail Staffing Analysis Third Edition, Jail Staffing and the Federal Courts Copyright 2009, Rod Miller, Dennis R. Liebert and John E. Wetzel. (An NIC project).

- Make special provisions for processing and supervising female inmates.
- Deliver all required inmate activities, services, and programs (medical, exercise, visits, etc.).
- Provide properly trained staff.

Federal court involvement with jails goes back more than 40 years. State and federal prisons were the focus of many landmark cases in this era, and local jails soon became targets, as well. Early federal decisions tackled fundamental constitutional issues in jails. Many of these pioneering decisions are still cited in current litigation.

#### **F. The Courts' View Staffing Levels and Practices as Central to the Constitutional Duty to Protect**

The United States Constitution imposes an extraordinary duty to protect on jails that have no counterpart in the public safety. While a jailer's duty is less visible to the public, and likely less appreciated, it rises above the constitutional responsibilities of their public safety colleagues. Even probation does not approach the duty to protect that is imposed on jails. Probation officials are not held responsible for the behavior of offenders under their supervision, nor for what happens to the offenders when they are not actually with a probation officer.

Do citizens have a constitutional right to be protected from crime or to have a fire extinguished? Neither of these are services that government *chooses* to provide. Whether or not to provide these services and the level of service that are delivered are discretionary decisions from a constitutional perspective. To be sure, it is politically expedient to provide fire and police protection. Because such services are discretionary, officials may vary staffing levels in response to temporary or long-term staff shortages.

But a jail's duty to protect is constant, beginning when an inmate is admitted and continuing until release. Case law clearly establishes the responsibility of jail officials to protect inmates from a "risk of serious harm" at all times, and from all types of harm-- from others, from themselves, from the jail setting, from disease, and more. Because the duty to protect is constant and mandated, jails do not have the option to lower the level of care just because there is not enough staff. If a shift supervisor leaves a needed post vacant because there are not enough employees to staff all posts, he/she increases risk and exposes the agency and government to higher levels of liability.

#### **G. Duty to Protect**

In an early federal district court case in Pulaski County, Arkansas, the court described the fundamental expectations that detainees have while confined:

*...minimally, a detainee ought to have the reasonable expectation that he would survive his period of detainment with his life; that he would not be assaulted, abused or molested during his detainment; and that his physical and mental health would be reasonably protected during this period... Hamilton v. Love, 328 F.Supp. 1182 (D.Ark. 1971).*

In a Colorado case, the federal appeals court held that a prisoner has a right to be reasonably protected from constant threats of violence and sexual assaults from other inmates, and that failure to provide an adequate level of jail security staffing, which may significantly reduce the risk of such violence and assaults, constitutes deliberate indifference to the legitimate safety needs of prisoners.

## H. Staffing Levels

The first Pulaski County case produced continuing federal court involvement with jail operations. When the county was brought back to court by inmates in 1973, the county asked the court to consider their plans to build a new jail. But the judge held that, while the plans are promising, current conditions must be addressed:

*"This Court can only deal with present realities.... The most serious and patent defects in the present operation result directly from inadequate staffing. Hamilton v. Love, 358 F.Supp. 338 (D.Ark. 1973). A federal district court judge linked Platte County (Missouri) Jail's duty to protect to staffing levels: There shall be adequate correctional staff on duty to protect against assaults of all types by detainees upon other detainees." Ahrens v. Thomas, 434 F.Supp. 873 (D.Mo. 1977).*

In New Jersey, the federal district court required county officials to obtain an independent, professional staffing analysis addressing security staffing and training, classification, and inmate activities. The court set expectations for the plan and ordered the county to *implement* the plan:

*"The staffing analysis shall review current authorized staffing, vacancies, position descriptions, salaries, classification, and workload... [The county] must implement the plan..." Essex County Jail Annex Inmates v. Treffinger, 18 F.Supp.2d 445 (D.N.J. 1998).*

## I. Liability

Officials may be found to be "deliberately indifferent" if they fail to address a known risk of serious harm, or even if they *should* have known of the risk. Ignorance is not a defense. Failure to protect inmates may result in liability. Usually court intervention takes the form of orders that restrict or direct jail practices. Sometimes the courts award compensatory damages to make reparations to the plaintiffs. In more extreme situations, defendant agencies may be ordered to pay punitive damages. A U.S. Supreme Court decision held that punitive damages may even be assessed against individual defendants when indifference is demonstrated:

*"A jury may be permitted to assess punitive damages in a § 1983 action when the defendant's conduct involves reckless or callous indifference to the plaintiff's federally protected rights. Smith v. Wade, 103 S.Ct. 1625 (1983)"*

## J. Court Intervention

Most court decisions produce changes in jail conditions, including operations. Continuing court involvement might be prompted by a consent agreement between the parties, or by failure of the defendants to comply with court orders. The nature of court involvement may even include the review of facility plans. In a New Mexico case, the court renewed its involvement when plans to reduce staffing were challenged by the plaintiffs. The court prevented the state from reducing staffing levels at several correctional facilities:

*"...defendants will be enjoined from...reducing the authorized or approved complement of security staff...unless the minimal staffing levels identified as being necessary to provide a constitutional level of safety and security for prisoners have been achieved.*

*The Court also will enjoin defendants to fill existing vacancies and thus to employ at least the number of medical and mental health staff as well as the number of security staff authorized to be employed during fiscal Year..." Duran v. Anaya, 642 F.Supp. 510 (D.N.M. 1986).*

#### **K. Connecting Staffing Practices to Other Conditions of Confinement**

In the New Mexico case, the court went on to draw links between staffing levels and other aspects of facility operations, ranging from overtime to inmate idleness:

1. Overtime: "...security staff will be adversely affected by excessive overtime work as a result of the understaffing of the institutions subject to the Court's orders in this litigation"
2. Out of Cell Opportunity: "...In addition, prisoners will be required to remain in their housing units for longer periods of time, and inmate idleness will increase."
3. Idleness: "Prisoner idleness...will increase as a result of staff reductions..."
4. Programs and Activities: "There is a direct, inverse correlation between the incidence of acts and threats of violence by and between inmates, on the one hand, and the types and amounts of educational, recreational, work and other programs available to inmates, on the other--i.e., acts and threats of violence tend to decrease as program availability and activity increase."
5. Training: "Reduction in security staff positions will prevent...complying with staff training requirements of the Court's order..."

The court noted concerns by a security expert that the "security staff reductions that are contemplated will result in a 'scenario at this time...very similar to the scenario that occurred prior to the 1980 disturbance'", referring to the deadly inmate riot at the New Mexico Penitentiary that claimed 33 inmate lives and injured more than 100 inmates and 7 officers.

#### **L. Lack of Funds is Not an Excuse**

Federal courts have made it clear that lack of funds does not excuse violation of inmates' constitutional rights:

*"Humane considerations and constitutional requirements are not, in this day, to be measured or limited by dollar considerations..." Jackson v. Bishop, 404 F.2d 571 580 (8th Cir.1968)*

Courts may even restrict a jurisdiction's discretion with regard to where funds are found to make needed improvements. An appeals court held that it may restrict the sources from which monies are to be paid or transferred in order to protect the legal rights of those who have been victims of unconstitutional conduct. In a 1977 decision, Supreme Court Justice Powell observed:

*...a federal court's order that a State pay unappropriated funds to a locality would raise the gravest constitutional issues... But here, in a finding no longer subject to review, the State has been adjudged a participant in the constitutional violations, and the State therefore may be ordered to participate prospectively in a remedy otherwise appropriate."*



## M. Other Related Federal Cases Examples

Although the basic tenets of federal court involvement with jail staffing and operations were forged many years ago, the practice has not ended, as suggested in these more recent cases:

1. *Cavalieri v. Shepard*, 321 F.3d 616 (7th Cir. 2003). The court noted that the detainee's right to be free from deliberate indifference to the risk that he would attempt suicide was clearly established.
2. *Wever v. Lincoln County, Nebraska*, 388 F.3d 601 (8th Cir. 2004). The court held that the arrestee had a clearly established Fourteenth Amendment right to be protected from the known risks of suicide.
3. *Estate of Adbollahi v. County of Sacramento*, 405 F.Supp.2d 1194 (E.D.Cal.2005). The court held that summary judgment was precluded by material issues of fact as to whether the county knowingly established a policy of providing an inadequate number of cell inspections and of falsifying logs showing completion of cell inspections, creating a substantial risk of harm to suicide-prone cell occupants.
4. *Hearns v. Terhune*, 413 F.3d 1036 (9th Cir. 2005). The court held that the inmate's allegations stated a claim that prison officials failed to protect him from attacks by other inmates. The inmate alleged that an officer was not present when he was attacked, even though inmates were not allowed in the chapel without supervision.
5. *Velez v. Johnson*, 395 F.3d 732 (7th Cir. 2005). The court held that the detainee had a clearly established Fourteenth Amendment right to be free from the officer's deliberate indifference to an assault by another inmate.
6. *Smith v. Brevard County*, 461 F.Supp.2d 1243 (M.D.Fla. 2006). Violation of the detainee's constitutional rights was the result of the sheriff's failure to provide adequate staffing and safe housing for suicidal inmates, and in light of the sheriff's knowledge that inmate suicide was a problem, his failure to address any policies that were causing suicides constituted deliberate indifference to the constitutional rights of inmates.

## CHAPTER VII DIVERSION

### A. INTRODUCTION

Two types of diversion are examined in this chapter: (a) options that avoid taking the person to jail: citations, summons, and crisis center and (b) dropping of charges after arrest if the person completes a specific program.

### B. KEY FINDINGS & RECOMMENDATIONS

**FINDING 1:** The use of citations and summons has increased during COVID-19.

**RECOMMENDATION:** Law enforcement practices and jail bookings should be tracked to determine if any of the changes can be continued after COVID-19 subsides.

**FINDING 2:** The method for measuring impact of the Stride Center on the jail population has not been clearly developed.

**RECOMMENDATION:** Client intake forms should be periodically examined to numerically estimate the impact of the Stride Center on the jail.

**FINDING 3:** Although the Prosecutor cannot legally refuse to prosecute marijuana offenses, the Office processes about 80% of marijuana cases through pretrial diversion.

**RECOMMENDATION:** Continue the practice.

**FINDING 4:** The use of summons in lieu of arrest for some misdemeanors needs to be expanded.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to expand the use of summons in lieu of arrest in the next legislative session.

**FINDING 5.** Current specifications in the Indiana Criminal Code on Driving While Suspended, DWS, create barriers to expedient problem resolution.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to reduce the use of punitive license suspensions for infractions and criminal convictions. The penalty provisions contained in Indiana Code 9-30-16 should be simplified.

In order to ascertain if any of the changes in practices could be continued in the future, one way to do this is to track the changes in types and numbers of low-level offenses booked into jail as Covid-19 subsides. This will provide a starting place for explore continuing which law enforcement agencies changed practices and discussing with them how policies might be modified to continue.

A second consideration in tracking those bookings is to ascertain if which bookings were the result of failure to appear in response to the citations and summons. This type of tracking may be a little more difficult to perform.

### C. CURRENT USE OF CITATIONS AND SUMMONS IN LIEU OF DETENTION ARREST

1. **General Definitions:** In Indiana a citation (ticket) may be given by a law enforcement officer, in lieu of arrest, for driving offenses, except where:
  - a. There are reasonable grounds to believe the person will not appear in court.
  - b. There are reasonable grounds to believe the person poses a danger to persons or property, or that the offense will continue.
  - c. The person has outstanding warrants.
  - d. A legitimate investigation or prosecution would be jeopardized by release.
  - e. The person requires physical or behavioral health care—for example, being intoxicated.
2. **Summons:** A summons may be given by a law enforcement officer to a person for allegedly committing a relatively minor misdemeanor (other than a traffic misdemeanor) in the officer's presence. The summons will specify the nature of the offense and direct the person to appear before a court at a stated place and time.<sup>28</sup> When used by police, a summons is used in essentially the same way as a citation.

A summons, also, may be given by the court when charges are filed against a person charging him or her with a misdemeanor in lieu of issuing an arrest warrant. This is often used in instances in which investigations have been performed by law enforcement and the evidence is brought to a prosecutor, who in turns initiates the charging process.

### FINDING 1: The Use of Citations and Summons Increased During Covid-10.

The use of citations and summons increased during COVID-19. During this period of COVID-19, the prosecutor indicated that an increase occurred in the number of citations and summons. Some law enforcement agencies are citing and using summons for misdemeanors through level 5 felony offenses, except for violence, driving under the influence, and for people with histories of failure to appear. However, the consultants were unable to discern which specific practices have changed in law enforcement agencies. This phenomenon, also, has been reported by counties in other states. Also, Information from the Probation Department indicates that summons were being used in lieu of warrants for probation violations before the advent of COVID-19.

**RECOMMENDATION 1: Law enforcement practices and jail bookings should be tracked to determine if any of the changes can be continued after COVID-19 subsides.**

### D. STRIDE CENTER ARREST ALTERNATIVE

The Center is the first operational center of its kind in Indiana. The Center's goals include 1) Reduce unnecessary incarcerations and hospitalizations of individuals with behavioral health and substance use disorders, 2) Connect qualifying people to resources, 3) Free up valuable and limited police resources

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<sup>28</sup> Indiana Code Title 35. Criminal Law and Procedure § 35-33-4-1 (Jan 1, 2018)

## Decrease criminal justice system costs

1. **Description of Stride Center Operations:** The Stride Center is a crisis diversion center for people, 18 years or older, who are in a mental health or drug crisis. It operates 24 hours a day, seven days a week, 365 days a year. Law enforcement agencies which come into contact with such persons may take them to the Center in lieu of taking them to a hospital or making an arrest and taking them to jail.<sup>29</sup> Examples of persons who can be diverted include the following:
  - a. Publicly intoxicated
  - b. Exhibiting disorderly conduct
  - c. Disruptive or have incapacitating mental health problems
  - d. Loitering
  - e. Trespassing
  - f. Homeless/nowhere to go
  - g. Causing severely disruptive family conflict

This Center, which has the capacity of 22 persons (called “guests) and two staff (minimum required staffing), is located below the county employee parking garage (across the alley from the jail). The space, which has been remodeled, was originally designed as a place that could be used to house inmates in case that the jail needed to be evacuated.<sup>30</sup>

**Exhibit VII.1. Location of the Stride Center Across the Alley from the Jail**



(Photo provided by The B Square Beacon)

Guests are transported to the Center by a law enforcement officer(s) and handed-off to Center staff after briefly filling out a referral form and without filing charges. This takes about five minutes.

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<sup>29</sup> The Stride Center name is symbolic of the purpose of the Stride Coalition, which is noted on the Coalition’s website: “We are community members working in stride to address the issues of substance use disorder. Together, we can build the momentum to create a positive and important impact in our community.”

<sup>30</sup> The space for the Center was originally designed as a place that could be used to house inmates in case that the jail needed to be evacuated. Although the Center is not a department of the County, the County paid for and performed remodeling of the space, installing ceiling sanitization devices, fiber for phones/computers, and security cameras.

In order to qualify for the Center's services, a guest has to have the mental capacity to accept or deny treatment and to walk away from the facility if he or she chooses. A guest is free to leave at any time as there are no charges filed by law enforcement. However, if a guest chooses to leave soon after arrival and comes into contact with law enforcement a second time for the same issue, law enforcement may not offer the Stride Center as an option. Prior to the first intake into the Center, guests can have had multiple contacts with law enforcement. Although the Center has sleeping accommodations, it is not intended to be a shelter. The length of stay is limited to 23 hours. Thus, it is not an option to "come to get out of the rain" overnight-transient housing.

The philosophy of the Center is reflected in the statement, "People in crisis often need something as simple as a hot meal and a safe place with trained professionals available for support."<sup>31</sup> It will be staffed 24 hours a day, seven days a week with at least two staff present at all times. The full staff of about 10 people is planned to include three peer specialists, three recovery coaches, two LPNs, a therapist, and a coordinator. "The staff will act as a sounding board to assist guests in identifying their individual needs, provide resource coordination, and assist in linking guests to further services. The range of supportive services includes the following:

- a. "Free healthcare navigation
- b. Naloxone training (NARCAN)
- c. Peer support/recovery coaching
- d. Crisis intervention
- e. Therapy
- f. Community resource coordination and follow-up"<sup>32</sup>
- g. Access to shower and clean clothes.

2. **Recent Development of the Stride Center:** The Stride Center opened on August 24, 2020 after three years of planning by a Stride Coalition which comprised of more than 40 public, private and, non-profit organizations. Among the major contributing organizations (for involvement and/or support) were the following:

- a. Centerstone (the lead agency for Stride Center operations)
- b. Monroe County Commissioners
- c. Monroe County Prosecutor
- d. City of Bloomington
- e. Bloomington Police Department
- f. The Cook Group (privately owned company that manufactures medical devices)
- g. Bloomington Health Foundation
- h. Community Foundation of Bloomington and Monroe County
- i. IU Health Foundation
- j. Indiana Department of Mental Health and Addictions

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<sup>31</sup> Linda Grove-Paul (Vice President of Adult Services at Cornerstone), "Community Leaders Unite to Address Substance Use Disorder, Announce New Coalition and Crisis Center". *Business Wire*, November 19, 2019, <https://www.businesswire.com/news/home/20191119005853/en/>.

<sup>32</sup> Stride Center literature. (See appendix at end of this report.)

Part of their work was to research diversion strategies for dealing with mental health and drug abuse crises. The research narrowed to examining the three most prominent diversion models:

**Crisis Intervention Team (CIT):** CIT consists of a team of police officers with special training in recognition of, and response to, a wide variety of mental health and substance abuse issues. The object of CIT training is to de-escalate individuals in crisis, to divert them from the criminal justice system and connect them to appropriate behavioral health resources.

**Law Enforcement Assisted Diversion (LEAD):** LEAD is a pre-booking diversion program that allows law enforcement to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution.

**The Living Room model (TLR):** Central to TLR is a comfortable, non-clinical space (resembling a living room that contains couches, comfortable chairs and refreshments) that offers an alternative to hospital emergency rooms for adults experiencing mental health crises. When a client comes to The Living Room, he or she is greeted by a member of TLR staff. A licensed therapist assesses the person's safety and collects preliminary information. A trained recovery support specialist/peer specialist provides support throughout the person's brief time stay (up to 24 hours). The objective is to help the person regain immediate control over the situation and to assist in identifying how to use quickly access local resources that can provide therapeutic assistance. The assistance of the TLR is voluntary as the client may leave at any time during the visit.

Funding for the Stride Center concept was applied for and obtained from the Community Foundation in Bloomington (a Community Impact Grant) and by matching funds raised by the Indiana University Health Foundation for a total of \$1,050,00. This grant is predicted to support the first three years of operation. The County provided an in-kind match (space for the Center), which included renovation and equipping of the space. The Cook Group, which is a strong supporter of the project, provided some of the manpower to paint and help prepare the space.

The first year of operation is a "pilot" which will primarily accept referrals from law enforcement. Currently, only law enforcement agencies can take/drop off persons at Stride Center. An individual is able to return on his/her own (self-referral) after the first visit initiated by law enforcement.

3. **Center Operational Challenges:** Administrative and program staff involved in planning the Center tried to identify possible challenges in operation. The Center is unique to Indiana and there was no model that could provide insights into operational challenges. Some of the possible challenges identified by staff include the following:
- a. Staffing - e.g., appropriate fit of individuals in working with guests, additional support needs, turnover.
  - b. Early buy-in by law enforcement to use the Center for all eligible people.
  - c. Individuals wanting to use the facility as a place to get out of the weather.
  - d. Individuals wanting to use the Center as a "get out of jail free card."
  - e. Individuals not electing to use the community resources provided by Center staff.

- f. Peer Specialists on the staff may be aware of/have a history connected with particular guests that could contribute to a conflict of interest.
- g. As a “low barrier” facility, a possibility exists that a guest could try to use a substance during their stay.

**FINDING 2. The Method for Measuring the Impact of the Stride Center on the Jail Population Has not been clearly Developed.**

Although the Center has a capacity of 22 guests who can stay up to 23 hours, that does not directly translate into the reduction of the jail population by 22 inmates. There are several factors that must be considered.

First, when law enforcement is called to assist with a person’s mental health or drug crisis at night, the only options previously available were to take the person to jail or the hospital emergency room, neither of which was often not the most effective option.

Second, if law enforcement does not fully take advantage of the Stride Center option, the impact on the jail may be minimized.

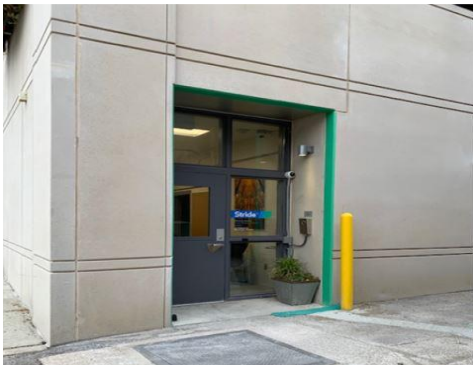
Third, a full impact analysis seems not to have been performed. Such an analysis would have required assessment of how many people coming into contact with law enforcement would have been suited for the Stride Center according to the current Stride Center eligibility criteria.

Fourth, the advent of COVID-19 muddies the water of what might have happened versus the current environment.

**RECOMMENDATION: 2. Client intake forms should be periodically examined to numerically estimate the impact of the Stride Center on the jail.**

**Additional Pictures of the Stride Center**

**Exhibit VII.2. Exterior Entrance**



**Exhibit VII.3. Intake Area Upon Entry**





**Exhibit VII.4. Private Counseling Area**



**Exhibit VII.5. Temporary Living Area**



Note: A guest may lay down on one of the couches in the temporary living area, if he or she wishes. There are no bedrooms, cots, pillows, or blankets as the Stride Center is not designed as a shelter.

## **E. PROSECUTOR'S PRETRIAL DIVERSION PROGRAM**

### **1. Description of the Program**

There are two types of prosecutor-led diversion programs: *pretrial-filing* programs which divert cases before and in lieu of initiating a criminal court case and *post-filing* programs which divert defendants after the court process is underway. The form of diversion in Monroe County is post-filing or as it is called in Indiana, Pretrial Diversion Program (PDP). The program may be offered to defendants without significant criminal records who have been charged with certain minor offenses. It is designed to help a defendant keep a criminal conviction off his/her record with regard to the offense(s) charged. In operation, a criminal charge is filed and those who qualify are offered the opportunity to sign up for the program. Once they have satisfied the conditions of admission, the case is dismissed. If there are no violations during the pendency of the prescribed diversion period, then the case remains dismissed. If there is a violation, the Prosecutor may ask the court to re-docket the case and proceed with prosecution

The charges eligible for PDP include "(c)ertain misdemeanor and felony offenses including (but not limited to) shoplifting, illegal consumption or possession of an alcoholic beverage, public intoxication, possession of marijuana or other controlled substances, or possession of paraphernalia may be considered for participation in the Pretrial Diversion Program (PDP). Charges that involve operating a motor vehicle while intoxicated are not eligible for PDP. Regardless of the charges filed, eligibility for PDP is not guaranteed and is determined on a case-by-case basis at the discretion of the prosecutor..."<sup>33</sup>

"Program requirements may include alcohol and drug education, substance abuse evaluations and treatment, and/or restorative justice programming. Defendants may also be required to perform community service work or pay restitution where appropriate. The program saves judicial resources by diverting cases away from the traditional court docket."<sup>34</sup>

<sup>33</sup> Prosecuting Attorney's Website, "What is the Pretrial Diversion Program (PDP)." <http://www.monroe-prosecutor.us/criminal-justice/pretrial-diversion-program/>

<sup>34</sup> Ibid.



## 2. Restrictions Imposed by Indiana State Code:

The State Code is very specific on its restrictions on options for addressing various offenses. For example, the use of diversion in marijuana arrests specifies that the possession of marijuana is a Class B misdemeanor. The offense becomes a Level 6 felony if the person has a prior conviction for a drug offense and possesses “at least thirty (30) grams of marijuana.”<sup>35</sup>

**Exhibit VII.6. The Approximate Size of 30 Grams of Loose Marijuana Buds**



**Exhibit VII.7. The Amount of Half-Gram Joints that Can Be Rolled with 30 Grams of Loose Marijuana<sup>36</sup>**



### **FINDING 3: Although the Prosecutor Cannot Legally Refuse to Prosecute Marijuana Offenses, the Offices Processes About 80% of Marijuana Cases Through Pretrial Diversion.**

In October 2019 the Monroe County Prosecutor said in a news release that although she supports decriminalization of marijuana, she cannot legally issue a blanket refusal to prosecute the charge “because that is, in essence, passing legislation...a power exclusively relegated to the Indiana General Assembly.

Instead, the Monroe Prosecutor’s Office processes about 80% of marijuana cases through pretrial diversion.<sup>37</sup> This strategy seems to be in line with legal opinions in many states. For example, the New Jersey’s Attorney General issued a nine-page guidance document for prosecutors in which he stated that prosecutors cannot adopt a wholesale strategy of decriminalizing conduct that the legislature has criminalized, although they can use discretion when pursuing such cases.<sup>38</sup>

<sup>35</sup> Indiana Code Title 35. Criminal Law and Procedure § 35-48-4-11

<sup>36</sup> Rafferty Baker. “This is how much legal pot you can take on domestic flights in Canada.” October 3, 2018. CBC News website: <https://www.cbc.ca/news/canada/british-columbia/30-gram-airplane-limit-for-cannabis-1.4849730>

<sup>37</sup> Ibid.

<sup>38</sup> Mike Catalin, “Prosecutors can’t categorically refuse marijuana cases.” AP News, August 29, 2018, <https://apnews.com/ed23ba0065174fe0b615b35f391e0254/AG:-Prosecutors-can't-categorically-refuse-marijuana-cases>.

**RECOMMENDATION 3: Continue the practice.**

**F. DEVELOPING SUPPORT FOR LEGISLATIVE CHANGE**

**FINDING 4: Use of Summons In Lieu of Arrest for Some Misdemeanors Needs to be Explained.**

HB 1076 which did pass in the 2020 legislative session, sought to establish the use of summons to appear for a misdemeanor. In lieu of arresting a person who has allegedly committed a misdemeanor (other than a traffic misdemeanor) in a law enforcement officer's presence, the officer could issue a summons and promise to appear unless the person: (1) has committed a violent misdemeanor offense that involves a victim or a weapon or involves an offense related to the impaired operation of a motor vehicle; (2) poses a safety risk to the person, the officer, or the public; or (3) has falsely identified the person to the officer. The bill required that the summons set forth substantially the nature of the offense and direct the person to appear before a court at a stated place and time not later than seven business days after issuance of the summons.

**RECOMMENDATION 4: The county should communicate with relevant legislators about the need to expand the use of summons in lieu of arrest in the next legislative session.**

**FINDING 5: The current language in the Indiana criminal code on driving while suspended creates barriers to expedient problem resolution.**

The driver's license penalty provisions in the current code are complicated to understand, and the relatively new specialized driving privileges provisions create complicated exceptions to those provisions.

Indiana Code 33-39-1-8 allows for pretrial diversion of misdemeanor driving while suspended, DWS, cases charged under Indiana Code 9-24-19. However, as a matter of practice, the Monroe County Prosecutor's Office offers to dismiss such charges if the defendant can obtain a valid operator's license by resolving suspensions within six (6) months of their initial hearing, so long as the suspension is not a result of another criminal conviction. During the course of resolving suspensions, the Monroe Circuit Court routinely waives any reinstatement fees that may be required by the Bureau of Motor Vehicles.

In 2020, Indiana Code 9-33-4 created a Traffic Amnesty Program which allows someone with a suspended license to petition for unpaid fees to be reduced by half (1/2). The Traffic Amnesty Program requires the petitioner to have a pending infraction, but does not contemplate use in misdemeanor cases. In addition, some individuals with court-ordered suspended operator's licenses qualify for Specialized Driving Privileges under Indiana Code 9-30-16.

DWS cases are relatively easy to prove from an evidentiary standpoint and many Indiana counties put violators on probation or otherwise punish them. The Monroe County Prosecutor and other prosecutors, such as in Marion and Lawrence Counties do not consider that to be a good use of resources and that the approach is counterproductive because it sets up untenable conditions which result in more DWS cases for the violators.

The previous Monroe County Prosecutor decided not to use PDP for DWS cases because of the issues inherent in getting their licenses reinstated. Some people struggle and take a long time to get

it done. From a caseload perspective, the PDP director normally has a large caseload. Adding DWS PDP cases to the director's caseload would likely double its size. The magnitude of this issue is significant as Indiana ranks third in the top ten states according to the percentage of drivers with suspended licenses.<sup>39</sup>

**RECOMMENDATION 5. The county should communicate with relevant legislators about the need to reduce the use of punitive license suspensions for infractions and criminal convictions. The penalty provisions contained in Indiana Code 9-30-16 should be simplified.** Modification of Indiana Code is needed to limit use of license suspension penalties and to simplify restoration of driving privileges.

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<sup>39</sup> "The 10 States with the Most Suspended/Revoked Licenses." Results of a December 16, 2019 survey on the Insurify website: <https://insurify.com/insights/the-10-states-with-the-most-suspended-revoked-licenses/>

## **CHAPTER VIII**

### **IMPROVEMENT OF THE PRETRIAL RELEASE PROGRAM**

#### **A. INTRODUCTION**

This chapter deals with clarifying the purpose of pretrial release (PRETR), responding to legal issues surrounding pretrial release, improving the efficiency of related practices, and increasing the impact of PRETR on the jail population.

#### **B. KEY FINDINGS & RECOMMENDATIONS:**

**FINDING 1: Monroe County requires the payment of PRETR Supervision Fees. Although a defendant in a pretrial release program is presumed to be innocent, there is no provision for treating that person as innocent in situations in which fees are involved. For example, a person who has his or her case dismissed or is found not guilty, does not receive a refund of pretrial release supervision fees.**

**RECOMMENDATION: The County should consider reduction or elimination of the fees.**

**FINDING 2: The Court allows arrestees to bond out immediately upon booking if they have the financial means. They do not have to wait for an initial hearing or a finding of probable cause to bond out. A bond schedule is used to set money and non-monetary bonds on evenings, weekends and holidays when the court is not in session to hold initial appearances which draw on risk assessments through the IRAS-PAT.**

**RECOMMENDATION: A release matrix should be developed.**

**FINDING 3: The jail has an insufficient number of interview rooms to accommodate attorneys, other necessary officials and pretrial staff.**

**RECOMMENDATION: Unless a new jail is constructed, the use of video should continue.**

**FINDING 4: The office space for housing the Probation Pretrial Release Unit is too small.**

**RECOMMENDATION: The need for Pre Trial space should be considered when conducting the facility study.**

**FINDING 5: Unnecessary differences in the length of stay in jail exist between detainees having various pretrial release risk levels.**

**RECOMMENDATION: The Judiciary with input of the Prosecutor, Public Defender, and Pretrial Release Program Administrator should refine the decision-making guidelines for pretrial release.**

**FINDING 6: The current pretrial release program staffing pattern is not configured to support pretrial release screening on Saturdays and holidays.**

**RECOMMENDATION: Reconfigure existing pretrial release resources to increase the number of detainees released on Saturdays and holidays.**

**FINDING 7: Arrestees brought into the jail after screenings on weekdays have to wait to the following weekday for pretrial release screening.**

**RECOMMENDATION: Pretrial release staff should consider weekend hours to conduct jail interviews**

## **C. THE BASIS OF PRETRIAL RELEASE AND BEST PRACTICES**

### **1. Recent Changes in Indiana's PRETR Policy**

In 2010 the Board of Directors of the Judicial Conference of Indiana adopted the Indiana Risk Assessment System (IRAS). This is a comprehensive system of six separate instruments used at specific points in the criminal justice process. It is used at the pretrial release decision-making stage to assess a defendant's risk of committing a new offense while on pretrial release or failure to appear (for court hearings) and provides the basis for an individualized pretrial release supervision plan. Five additional instruments assess a sentenced offender's supervision and criminogenic needs and, also, provide the basis for individualized case plans. The pretrial assessment tool is called the IRAS-PAT.

In 2014 the Indiana Supreme Court authorized the development of a pretrial release project in collaboration with Indiana's Evidence-based Decision-Making Initiative. Indiana Criminal rule 26 is the foundation for 11 counties, including Monroe, to participate in a pilot project. Monroe County established their Pretrial Program in 2016. (In September 2019 the Indiana Supreme Court finalized the Pretrial Services Rules for each participating county.) This has now been expanded as a statewide mandate.

### **2. Description of Current Functions of the Monroe County PRETR Office**

a. Program Activities: The Monroe County Probation Office, Pretrial Unit consists of five probation officers and a supervisor. In 2019, overall, 2,486 persons were on some type of pretrial monitoring. Of those cases, 948 persons were placed on pretrial case management. The majority, 1,504, were notified by telephone of their court dates.

- i. The Pretrial Unit conducts risk assessments using the Indiana Risk Assessment System-Pretrial Assessment Tool (IRAS-PAT) developed by the University of Cincinnati.
- ii. From the daily jail list the administrative staff determine which new arrestees need to be interviewed and assessed with the IRAS-PAT.

- iii. The Pretrial Office conducts interviews all new arrestees in the county jail on weekdays and completes the IRAS-PAT which is then hand-carried to the court for use in Initial Appearance. Excluded from this process are cases currently on probation, parole, or community corrections or those being held for another county.
  - iv. Initial Hearings are conducted Monday through Friday at 1:30 p.m. During the hearings the judge uses the IRAS-PAT report to guide decisions about release. A prosecuting attorney and defense attorney are also present. They also have a copy of the IRAS-PAT report and may give input regarding conditions of pretrial release.
  - v. As a condition of release, the court may require defendants to be monitored by the Pretrial Office until their case is adjudicated.
  - vi. The defendants are ordered to report to the Pretrial Office immediately after court. In the Office an officer explains the conditions of release and, if the court has ordered, an electronic monitoring bracelet may be attached. Defendants on monitored release remain in the program for the duration of court processing of their case. If they violate the terms of their release, a pretrial release officer will use a decision-making grid (praxis) to ascertain the sanction relevant to the violation. Reasons for revoking release include failure to adhere to monitoring conditions, being charged with a new crime, or failing to appear for scheduled court hearings.
- b. Monitoring Conditions: Conditions of release vary according to the decisions of various judges who hold initial appearances. The pretrial department initially determines the level of monitoring. The court may add release conditions to the Pretrial Release Order, which will include the frequency and duration of the monitoring condition. The types of pretrial monitoring include the following:
- i. Telephone Notification of court dates. All pretrial defendants receive court notification prior to their next hearing.
  - ii. Text messages about court dates.
  - iii. Case Management consists of contacting their pretrial release officer in person or by phone on a biweekly or monthly basis depending on their level of risk.
  - iv. Electronic Monitoring (EM) is the most restrictive form of release and requires the client (defendant) to wear an EM bracelet to track their movements or to restrict them to their home. EM also has the capability to monitor exclusionary zones which prohibit the client from entering specific geographic locations. Exclusionary zone monitoring is typically used in domestic violence cases or for sex offenders.
  - v. Soberlink (a wireless connectivity breathalyzer) can be used for cases involving drunk driving offenses.

#### D. THE THREE GOALS OF PRETRIAL RELEASE SUPERVISION IN CONTRAST TO PROBATION

Three goals of pretrial release supervision have gained widespread adoption. These goals are stated in the literature of the National Institute of Corrections and are referenced on the Indiana Department of Correction's website and were a major topic in the 2019 Indiana Pretrial Summit.

1. Maximize the release of pretrial defendants (recognizing the presumption of innocence and the harmful effects of pretrial detention)
2. Maximize public safety
3. Maximize court appearance<sup>40</sup>

The three goals of pretrial supervision stand in contrast to those in the post-conviction setting, where rehabilitation is a primary focus. [Note: Underlining in the following text is used to point out key points].

*The legal status of defendants, as well as the considerations arising as a result of that status, should also necessitate looking at violations of pretrial conditions differently from probation conditions. Take, for example, a condition that both an offender and a defendant are ordered to periodic drug and alcohol monitoring. Each condition must be held up independently to its purpose, and thus the monitoring might be ordered in probation to assure not only public safety, but also some degree of retribution, deterrence, and perhaps long-term rehabilitation. When an offender has violated that condition by not showing up for a test, then it is a straightforward instance of thwarting the very purposes the criminal justice system sought to attain. But in the context of pretrial release, a defendant may only be ordered to such monitoring if it is reasonably related to the purposes of public safety and court appearance during the pretrial period. Accordingly, if a defendant fails to show up for a scheduled test but has not yet missed court or committed a new offense, he has not thwarted the purposes. Indeed, it could be argued that the technical violation itself illustrates that the condition was unnecessary to achieve those purposes to begin with. Accordingly, the legal status of pretrial defendants must cause us to pause not only when we set conditions, but also when we react to violations of those conditions... In the context of pretrial release long-term behavioral change is technically not the goal, and treatment programs, even ordered benevolently (as opposed to the perhaps subtle distinction of presenting them to defendants, who may voluntarily choose to engage in them) to help any particular defendant to begin a process of reform, would exceed the lawful purposes of pretrial release.<sup>41</sup>*

#### E. PRETRIAL RELEASE VS. PROBATION: PRESUMPTION OF INNOCENCE & PROBATION FEES

*Jurisdictions should avoid charging fees for pretrial services, as these can create untenable pressure on poor defendants. Pretrial justice is a public good that should be funded collectively by*

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<sup>40</sup> Indiana Department of Correction, *Pretrial Information Sheet*. Available at <https://www.in.gov/idoc/3616.htm>. Also see Indiana Pretrial Summit Agenda: Pretrial Release Decisions, Conditions & Supervision Strategies. October 4, 2019. Available at <https://www.in.gov/judiciary/iocs/files/pretrial-summit-program-agenda-2019.pdf>

<sup>41</sup> Timothy Schnacke, "Pretrial Release and Probation: What is the Same and What is Different?" *National Association of Pretrial Services Agencies*. 2018, pages 47-48. Available at <https://nicic.gov/pretrial-release-and-probation-what-same-and-what-different?>

*taxpayers...The practice of charging defendants to fulfill the conditions of their release may be distorting sound policy decision-making. By externalizing the expense of pretrial services onto defendants, system actors do not have to find money in their budget to impose sometimes unneeded pretrial conditions.*<sup>42</sup>

**FINDING 1: Monroe county requires the payment of PreTR supervision fees. although a defendant in a pretrial release program is presumed to be innocent, there is no provision for treating that person as innocent in situations in which fees are involved. for example, a person who has his or her case dismissed or is found not guilty, does not receive a refund of pretrial release supervision fees.**<sup>43</sup>

The Monroe County Pretrial Unit is part of the Probation Department, which is funded through client fees (both probation and pretrial program fees), Indiana Department of Corrections funds, grants, and County General Revenue funds.<sup>44</sup>

Grant and Hamilton Counties do not charge pretrial supervision fees. They are two of the eleven pretrial release pilot programs. There could be more counties in this category, however, the point of our examination was to identify if any Indiana counties do not charge such fees.

**RECOMMENDATION 1: The county should** consider the reduction or elimination of the fees.

Some counties in Indiana, for example Hamilton county and jurisdictions in other states, such as Douglas County, Kansas, have established their pretrial release programs as separate units and do not require pretrial defendants to pay monthly PRETR supervision fees.<sup>45</sup> These counties fund their pretrial programs (office, staff, and supervision/monitoring equipment), either totally with general revenue funds and or a mixture of general revenue funds and supplemental state grants.

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<sup>42</sup> Brook Hopkins, Chiraag Bains, and Colin Doyle. "Principles of Pretrial Release: Reforming Bail Without Repeating its Harms." *Journal of Criminal Law and Criminology*, 89, no. 4, (2018): p. 683. Available at: <https://scholarlycommons.law.northwestern.edu/jclc/vol108/iss4/2/>

<sup>43</sup> In 2020, Maryland's proposed HB 82/SB 659 would require a county to reimburse a person for costs incurred to satisfy conditions of pretrial release imposed by the court if the person is found not guilty of all charges arising out of the same incident. Any pretrial services program that receives funding from the Pretrial Services Program Grant Fund would be prohibited from charging fees for participation in the program. (Posted on PJI website, May 19, 2020). Available at: <https://www.pretrial.org/?s=supervision+fees> )

<sup>44</sup> Some of the funds from the DOC are restricted to specific programs.

<sup>45</sup> Hamilton County requires the one-time payment of \$50, whereas Monroe requires a monthly supervision fee.



## F. Do Any Monroe County PRETR Practices Affect Poor Arrestees Differently than Other Arrestees?

### 1. Research on the Use of Secured Bonds (money bail) and Precedence Setting Case:

In 2013 the Pretrial Justice Institute (PJI) reported findings of the first of its kind study of unsecured and secured bonds. The study examined 1,919 cases in 10 Colorado Counties. The findings disclosed the following:<sup>46</sup>

- a. Unsecured bonds were found to be as effective as secured bonds:
  - i. At achieving public safety. Whether released defendants are higher or lower risk or somewhere in the middle, unsecured bonds offer decision makers the same likelihood of new criminal activity.
  - ii. At achieving court appearance.
  - iii. Even after a failure to appear (FTA), unsecured bonds offer the same probability of fugitive return as surety bonds.
- b. Unsecured bonds use far fewer jail beds than do secured bonds because more releasable defendants leave jail and leave sooner.
- c. Higher dollar amounts of cash and surety bonds were found to be associated with increased pretrial detention but not increased court appearance rates.

The findings of the PJI study lead to the question of why should members of the criminal justice system cling to the belief that money has the power to control negative behavior? Proponents of money bail usually avoid mentioning the serious failures of money bail.

In 2019, Harris County, Texas (Houston) entered into a consent decree. This event is being seen as setting national expectations for ending secured bonds.<sup>47</sup>

*(T)he use of secured money bail can deprive individuals of their constitutional rights to due process and equal protection, impose high public costs, and exacerbate the racial disparities in pretrial detention and posttrial outcomes. This litigation also affirmed that an up-front payment of money bail does not meaningfully promote public safety or appearance in court.*<sup>48</sup>

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<sup>46</sup> Michael Jones. "Unsecured Bonds: The As Effective and Most Efficient Pretrial Release Option." *Pretrial Justice Institute*, Updated October 15, 2019. <https://university.pretrial.org/viewdocument/unsecured-bonds-the>

<sup>47</sup> For example, Elizabeth Rossi, an attorney with Civil Rights Corps, expressed that "This is a watershed moment in the bail reform movement. " The Civil Right Corps is a Washington, D.C.-based nonprofit agency that is among the group of organizations that brought suit against Harris County. Source: Probation Officers Professional Association of Indiana, 7/28/2019. Available at <http://gopopai.org/settlement-reached-in-suit-over-bail-system-texas/>

<sup>48</sup> Memorandum and Opinion, *ODonnell v. Harris County, Texas*, No. 16-cv-01414 (S.D.Tex. June 29, 2018), p1. Available at: <https://www.txs.uscourts.gov/sites/txs/files/Memorandum%20and%20Opinion.pdf>

Similar lawsuits are being filed in other counties across the country. This case was also a topic in the Indiana Pretrial Summit on October 4, 2019.<sup>49</sup>

The major conclusion in the text of the consent decree is that the defendant's ability to pay for release violates the Equal Protection and Due Process Clause.

*Requiring payment for release from jail after arrest exacerbates and perpetuates poverty because of course only people who cannot afford the bail assessed or to post a bond—people who are already poor—are detained in custody pretrial. As a consequence, they often lose their jobs, may lose their housing, be forced to abandon their education, and likely are unable to make their child support payments.*<sup>50</sup>

Ending the Poor People's Tax:<sup>51</sup> On February 15, 2021 Illinois became the first state to abolish cash bail. This change in the Illinois Code of Procedure will take effect on or after January 1, 2023. Revisions were made to multiple statutes to replace references to "bail" and "conditions of bail" with "pretrial release" and "conditions of pretrial release."<sup>52</sup>

**FINDING 2: The court allows arrestees to bond out immediately upon booking if they have the financial means. they do not have to wait for an initial hearing or a finding of probable cause to bond out. a bond schedule is used to set money and non-monetary bonds on evenings, weekends and holidays when the court is not in session to hold initial appearances which draw on risk assessments through the IRAS-PAT.**

On weekends and holidays, the duty judge reviews a statement of probable cause or arrest report and sometimes prior criminal history is available. With that information the judge uses the bond schedule as a guide for setting bonds without the benefit of the IRAS-PAT risk assessment. Although the elements that define a crime are standard, information is not always available that could justify setting a lower bond, such as circumstances of the offense and lack of prior criminal history.

**RECOMMENDATION 2: A release matrix should be developed.**

Although, the discontinuation of using a bond schedule may not be viable within the immediate future, the judiciary in collaboration with prosecutor, defense, police, and probation/pretrial release program should consider creating a decision-making matrix for use when regular court is not in

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<sup>49</sup> The Pretrial Summit is a county team-based training on pretrial best practices, which is presented by the Indiana Supreme Court in partnership with state criminal justice offices and associations.

<sup>50</sup> Consent Decree, *O'Donnell v. Harris County, Texas*. No. 16-cv-01414 (S.D.Tex. August 1, 2019, p 9. Available at <https://sites.law.duke.edu/odonnellmonitor/>

<sup>51</sup> Many criminal justice reform advocates refer to cash bail as the "poor people's tax."

<sup>52</sup> The Institute for Illinois' Fiscal Sustainability. *Summary of Provisions in Illinois House Bill 3653: Criminal Justice Omnibus Bill*. February 15, 2021. Available at: <https://www.civiced.org/iifs/blog/summary-provisions-illinois-house-bill-3653-criminal-justice-omnibus-bill>

session. Such a matrix would not eliminate the use of a bond schedule but would reduce dependence on it.

Hamilton County is the only county that has elected to give pretrial staff the authority to release certain inmates from the county jail upon completing the IRAS-PAT and determination of conditions specified in the matrix. The use of a release matrix will shorten the duration of detention for some inmates who would have had to wait for the next regularly scheduled initial appearance on a

Offense Level → Risk Category ↓	Level A	Level B	Level C	Level D
Category 1 (0-2)	ROR w/ reminder	ROR w/ reminder	ROR w/Basic Supervision	Detain until appear before a judicial officer
Category 2 (3-5)	ROR w/ reminder	ROR w/ Basic Supervision	ROR w/Moderate Supervision	Detain until appear before a judicial officer
Category 3 (6-7)	ROR w/ reminder	ROR w/Basic Supervision	ROR w/Enhanced Supervision	Detain until appear before a judicial officer
Category 4 (8)	Detain until appear before a judicial officer	Detain until appear before a judicial officer	Detain until appear before a judicial officer	Detain until appear before a judicial officer

weekday. Monroe County should consider implementing a similar process which could allow for immediate release, especially on weekends and holidays, thus reducing the workload for the duty judge.

**Table VIII.1. Hamilton County Pretrial Release Matrix**

(Documentation of how to use the matrix is provided in the appendix.)

## **G. ASSESSMENT OF THE EFFICIENCY AND EFFECTIVENESS OF THE PRETRIAL RELEASE PROGRAM**

**FINDING 3: The jail has an insufficient number of interview rooms to accommodate attorneys, other necessary officials and pretrial staff.**

As a result of lack of interview rooms, pretrial staff members have to conduct interviews in a hallway. This raises a serious issue of confidentiality because some questions may be confidential. Given the poor acoustics of this setup, there is a risk that inmates and custodial staff could overhear some of the interviews.

Attorneys have a strong preference for face-to-face interviews with clients as a means of establishing rapport and for detecting reactions of clients that are communicated through body movements and reactions. In addition, there are instances in which attorneys need to have clients sign documents.

During COVID-19 interviews of inmates have to be conducted by video conferencing.

**RECOMMENDATION 3: The use of video should continue.**

Note that this recommendation is not linked to use of teleconferencing by the court, which will be described in Chapter. Also, the jail and court rooms do not use the same teleconferencing equipment.

**FINDING 4: The office space for housing the pretrial release unit is too small.**

For example, there are too few meeting rooms for meeting with a client or group of clients outside of the officer's small, personal office. Also, defendants on pretrial release are required to share the same waiting room as those on probation, which is an undesirable practice.

**RECOMMENDATION 4:** The need for Pre Trial space should be considered when conducting the facility study.

## **H. IMPROVING TIMELINESS OF PRETRIAL RELEASE DECISION MAKING**

The previous section mentioned that a matrix would not only reduce the dependence on bonds but would improve the timeliness of release. In this section the issue of timeliness will be further explored.

### **1. Analysis of Current Length of Stay**

#### **a. 3DaysCount**

This is a Pretrial Justice Institute initiative, which was named for how quickly pretrial detention can upend a person's life. The initiative has been adopted by numerous states. It is based on research that drew on data from counties in two states located in different regions of the country. Three days seems to be a tipping point which signals the accumulation of negative impacts on a detained defendant's well-being. Protracted jail stay undermines employment, housing, marriages, and care of family members. Even a relatively short period in jail pretrial, as few as two days, correlates with negative outcomes for both defendants and public safety when compared to those defendants released within 24 hours. Defendants detained longer than 24 hours were more likely to be rearrested before trial, to receive a sentence of

imprisonment, to be given a longer term of imprisonment, and to recidivate after sentence completion.<sup>53</sup>

b. Peak Days of Jail Population

The peak/highest days of the jail population are usually on weekends and days following holidays. In Monroe County the pretrial release program is not operational on those days.

c. Length of Stay of Jail Inmates According to Risk Levels

**FINDING 5. Unnecessary differences in the length of stay in jail exists between detainees having various pretrial release risk levels.**

Table 2, below, shows that lengths of stay of persons significantly increased from 2019 to 2020. This affects both the size of the jail population and economic well-being of detained persons.

**Table VIII.2. Comparison of Average Lengths of Stay (in days) of Pretrial Detainees During the Last Four Years<sup>54</sup>**

RISK LEVEL / YEARS	2017	2018	2019	2020
High Risk	26.0	16.0	16.6	20.8
Moderate Risk	9.3	11.4	13.2	17.6
Low Risk	3.9	3.6	3.4	6.4
OVERALL	13.1	10.3	11.0	14.9

Observations in Table 1:

- The length of stay of detainees is related to their risk level.
- Moderate risk persons stayed more than twice the time of low-risk persons. This is symptomatic of either or both of two conditions: (1) Low-risk persons had greater economic resources to bond out of jail than moderate and high-risk persons and/or (2) The pretrial release program, including the judges, is not designed to perform in a time-efficient manner. This relates back to the concept of 3DaysCount which was previously discussed.
- The length of stay in all risk categories jumped significantly from 2019 and 2020.  
NOTE: Risk levels were determined by the IRAS-PAT.

<sup>53</sup> Timothy Schnacke, "Money as a Criminal Justice Stakeholder: The Judge's Decision to Release or Detain a Defendant Pretrial." *National Institute of Corrections*. 2014. Available at: <https://nationalcenterforstatecourts.app.box.com/s/rgn2kixsz7k2bejknhtajaezej97ahm>

<sup>54</sup> Monroe Circuit Court Probation Department. 2020 Annual Report, p. 61. Available at: [https://www.co.monroe.in.us/egov/documents/616002398\\_36073.pdf](https://www.co.monroe.in.us/egov/documents/616002398_36073.pdf) NOTE: Page 61 also explains how the length of stay is calculated.

**RECOMMENDATION 5. The judiciary, with input of the prosecutor, public defender, and pretrial program administrator, should refine the decision-making guidelines for pretrial release.**

Although, the risk assessment instrument (IRAS-PAT) generates suggestions for a select few pretrial release conditions, such as electronic monitoring, prosecutors and judges may attach additional conditions. However, public defenders may not be in agreement and may not feel comfortable voicing their opposition. This concern came up during the interviews of attorneys.

It is not a goal of this recommendation that judges should be bridled in decision-making. Rather, it reflects a need to improve communication about considerations in applying special conditions.

Judges in several states have pursued clarification and, at the same time, obtained useful input about imposing special conditions. They have accomplished this by inviting the input of the prosecutor, public defender, and pretrial release representatives. As a result, decision-making guides have been developed for setting conditions commensurate to the level of risk and circumstances of the offense. For example, someone charged with domestic violence would require a condition of “no contact” with the victim. Such a guide would provide a “menu” of conditions based on risk and would facilitate consistent application of conditions as judges rotate the Initial Appearance docket.

**FINDING 6. The current pretrial release program staffing pattern is not configured to support pretrial release screening on weekends and holidays.**

The preceding analyses indicate that the jail population can be further reduced if existing resources can be made available for assessment and decision making. This is an issue that is relevant not only at times of overcrowding but at times when the jail is not overcrowded. Inefficient usage of jail beds represents an unnecessary cost to the County.

Monroe County has an established system by which defendants are considered for release based on risk using, in part, the results of the IRAS-PAT report. This tool was designed to reduce the dependence on monetary bail. It provides the court with information about risk and appropriate monitoring (supervision) of the defendant by the pretrial release program. The recommendations report is completed by the Pretrial Office on normal business days, Monday through Friday. On non-business days a duty judge sets a monetary bond or a recognizance bond using a bail schedule and statement of probable cause. Persons who cannot post bond must remain in custody until their initial appearance which could take up to four days, depending on time and day of arrest, weekends and holidays. For example, a person arrested on Friday evening of the Memorial Day weekend would not have a regularly scheduled initial court appearance until Tuesday.

**RECOMMENDATION 6. Reconfigure existing resources to increase the number of detainees released on weekends and holidays.**

Operation of the Pretrial Release Office should be expanded from five to at least six days a week including holidays. Sundays are recommended but not included in this recommendation because the

existing pretrial unit staffing seems sufficient to accommodate modifications of schedules to handle Saturdays, but would be stretched to handle Sundays, which are typically low-intake days for the jail.

This reconfiguration of resources would require the following:

- a. Adjust work schedules for PRETR staff to 10-hour days and rotate staff to cover Saturdays and holidays.
- b. Educate PRETR staff to run the jail list to determine who was arrested so they can interview those persons and create a pretrial release recommendation report.
- c. Certify and train staff to obtain criminal histories through the National Crime Information Center (NCIC) in lieu of designated staff from the Sheriff's department who do not work weekends.<sup>55</sup> NCIC is available at the Probation Department and can be expanded once staff is certified and trained. In most jurisdictions staff has access to run criminal histories and this will speed up the process of completing the pretrial report for the court.
- d. Email pretrial reports to the "duty judge" on Saturdays and holidays, which when coupled with the statement of probable cause and decision matrix (previously described), will provide the court with as nearly as much information as available in initial appearances held on weekdays.
- e. A dedicated email box should be set up specifically for these reports which can be accessed by the judges, prosecuting attorney and defense attorney or public defender. Currently the pretrial release recommendation reports are hand carried to the court and delivered prior to the beginning of the Initial Appearance. Reports cannot be e-filed until charges are filed and a case number created.

**Cost Impact:**

- a. The Probation Department would have to adjust work schedules for its probation officers who work in the pretrial unit. This should not lead to additional costs for staffing as days off can be rotated to keep the work week at 40 hours. There is a possibility that adding coverage for both Saturday and Sunday and the following recommendation could require addition of a minimal number of staff. This will have to be determined through a workload and schedule analysis by the Probation Department.
- b. Certification of staff to be permitted access to NCIC may have a minimal cost as the Department may have to purchase certifications.
- c. Setting up a dedicated email box where reports can be sent should not pose any additional cost to the County.

**FINDING 7.** Arrestees brought into the jail PrTR screenings on weekdays and are unable to post bond have to wait to the following week day for pretrial release screening.

**RECOMMENDATION:** The County should consider weekend staffing.

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<sup>55</sup> NCIC is the National Crime Information Center. NCIC is a computerized index of criminal justice information (i.e. criminal record history information, fugitives, stolen properties, missing persons). It is available to Federal, state, and local law enforcement and other criminal justice agencies and is operational 24 hours a day, 365 days a year.

**Pretrial release program staff currently interview arrestees at the beginning of each business day on Monday through Friday.**

**RECOMMENDATION: Pretrial release staff should conduct jail interviews two times a day (morning and afternoon) on weekdays.**

The afternoon interview would include assessment with the matrix. Reports generated by afternoon interviews would be sent to the court so that action could be taken to release appropriate arrestees instead of holding them to the next day. This revised process would further reduce the time an arrestee is detained, as well as increasing control of the size of the jail population.

**I. IMPROVEMENT STRATEGIES:**

1. Pretrial staff could conduct jail interviews in the morning and afternoon Monday through Friday, complete pretrial reports and forward them to the court for immediate release consideration.
2. If Monroe County implemented a release matrix, the arrestee could be immediately released and provided a summons to appear in court on a future date.
3. Pretrial staff should be provided adequate space at the jail to interview inmates in a confidential environment.
4. As an alternative pretrial staff could conduct interviews via video from their office utilizing video equipment which already exists to connect with the jail.
5. Email the completed report to the court for release consideration and issuance of a summons for a future Initial Appearance.

**Cost Impact:**

The impact to the county would again be positive as it would increase the number of people released in a more-timely manner.

**ATTACHMENTS PLACED IN THE APPENDIX:** Hamilton County Pretrial Release Program Documents



## CHAPTER IX

### TIMELINESS OF CRIMINAL CASE PROCESSING

#### A. INTRODUCTION

The analysis in this chapter examines the speed of criminal case processing. Importantly, the speed of case processing is directly related to the number of people detained in jail until their cases are concluded.

#### B. KEY FINDINGS & RECOMMENDATIONS:

**FINDING 1.** The speed of case processing in Monroe County is significantly slower than model time standards developed from data on efficient courts.

**RECOMMENDATION:** Ways of improving the timeliness of case processing are described in the next chapter.

**FINDING 2.** The Criminal Court does not have an effective way of evaluating the speed of criminal case processing in comparison to time-efficient courts.

**RECOMMENDATION:** The Court should explore how to implement a software capability to monitor elapsed time from filing to disposition using the CourTool, Time to Disposition, as demonstrated in this chapter.

**RECOMMENDATION:** The criminal court judges should use periodic analysis of timeliness as a baseline by which to gauge case processing improvements.

#### C. WHY EXAMINE THE SPEED OF CASE PROCESSING?

In addition to reducing the number of defendants held in jail until their cases are concluded another compelling reason for examining the timeliness of court case processing is clearly articulated on the National Association for Court Management (NACAM) website:

*Thinking that the court is performing at its best and knowing it are two different things. Court leaders are accountable to both the judiciary and the public for a well-run court, which means that managers must be able to both effectively measure and manage performance. Skillful collection and analysis of performance information ensures that court managers no longer just think the court is performing well but are able to demonstrate it.<sup>56</sup>*

As public organizations, courts are expected to be broadly transparent about their activities. Transparency promotes judicial accountability, a necessary counterbalance to judicial independence. Knowing that the court system's internal activities are being externally monitored creates incentives for

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<sup>56</sup> National Association for Court Management (NACM). "Accountability and Court Performance." Core Competency Statement on Website, 2020. Available at <https://nacmcore.org/competency/accountability-and-court-performance/>

productive judicial behavior.<sup>57</sup>

During the interviews of court-related officials, a concern was raised that increasing the speed of case processing would detract from the quality of justice. That stance, however, is not supported in the seminal study of efficient state criminal trial courts:

*Central Finding: Timeliness and the quality of justice are not mutually exclusive either in theory or in fact. Expeditious criminal case resolution is found to be associated with court systems in which the conditions also promote effective advocacy. Because effective advocacy underlies due process and equal protection of the law, it is an integral aspect of the broader concept of quality case processing...*<sup>58</sup>

*Efficiency within the context of case resolution means to use resources in their most productive fashion to produce the most of what a court system values. Therefore, to be efficient, court leaders need to devote sufficient time to determining and clarifying what the court values. Few would argue against the statement that both timeliness and quality are each worthwhile values for courts to pursue.*<sup>59</sup>

#### **D. OVERVIEW OF THE ANALYSIS PROCESS**

The analysis focuses on three years of data because the time from filing to final disposition can take more than 365 days and due to the manner in which COVID-19 affected court operations in 2020.

1. The study involves the cases filed in 2018.
2. A portion of the cases filed in early 2018 had time to be disposed in that year (2018). However, as the months of 2018 progressed, fewer and fewer of the cases were filed and disposed. For example, not many cases filed in December of 2018 were closed. Thus, the disposition of cases had to be tracked into 2019 plus January of 2020. (Exhibit 1 shows that some felony cases took more than 365 days to reach disposition.)

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<sup>57</sup> Jordan Singer, “What is the Right Level of Court System Transparency?” *The Interdependent Third Branch*, November, 26, 2019. Available at <https://interdependentcourts.com/2019/11/26/what-is-the-right-level-of-court-system-transparency/>

<sup>58</sup> Brian Ostrom and Roger Hanson. “Efficiency, Timeliness, and Quality: A New Perspective from Nine State Criminal Trial Courts.” *National Institute of Justice and the State Justice Institute*. 1999, p. 13. Note: This report is a joint effort by the National Center for State Courts (NCSC) and the American Prosecutors Research Institute, with the support of the National Institute of Justice (NIJ) and the State Justice Institute (SJI). Available at: <https://www.ojp.gov/pdffiles1/nij/178403-1.pdf>

<sup>59</sup> Ibid, page 14.

Thus, the data analysis in this chapter is the best representation of the speed of case processing prior to the advent of COVID-19 in 2020. Given that the goal of improving speed of case processing is to improve current practices, the most recent status of case processing is more important than cases filed in years prior to 2018.<sup>60</sup>

The result of the analysis is best understood as an estimate. Errors were found in the data and some were likely the result of how the data, which contained both numerical data and narrative text, had to be analyzed by visual inspection. Thus, the utility of the information is analogous to being in the ballpark rather than out in the stadium's parking lot; it is sufficiently accurate to support drawing conclusions about the speed of case processing. A more thorough explanation of the analysis methodology is provided at the end of the chapter.

## **E. THE ANALYSIS OF CASE PROCESSING TIMELINESS**

### **a. Definitions and Format for Analysis**

As mentioned earlier, the Judicial Branch of the Supreme Court is providing individual judges with electronic data on how well their case processing times compare with time frames established by the model time standards for state trial courts.<sup>61</sup> The time frames take into account that some cases can be disposed more quickly than others. Thus, it is not helpful, from a performance improvement standpoint, to use only the longest time standard.

Courts need a common definition of when a case begins. The model standards use the time of filing as the point of case initiation. Also, courts need a common definition of when a case is disposed, i.e., the time of dismissal or sentencing. The time between the point of filing and disposition is measured in elapsed days, which is referred to as the "time to disposition."<sup>62</sup>

### **b. Results of the Analysis**

#### **FINDING 1. The speed of case processing in Monroe county is significantly slower than model time standards developed from data on efficient courts.**

In the analysis in Tables 1 and 2, only the cases that moved through the system without interruption were included. Data from the period of January 1, 2018 to January 31, 2020 were examined.

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<sup>60</sup> A study of historical trends in case disposition could not be performed because the Supreme Court Judicial Branch's data system is not set up to provide data in a format that could be readily analyzed by spreadsheets or statistical analysis software.

<sup>61</sup> Time standards to ensure timely justice have existed for nearly 50 years. The National Center for State Courts (NCSC), in conjunction with the Conference of State Court Administrators (COSCA) and Conference of Chief Judges (CCJ) revised previous national standards, engaging practitioners in a two-year collaboration informed by empirical performance data from state courts. These revised standards were approved by CCJ, COSCA, the American Bar Association (ABA), and the National Association for Court Management (NACM).

<sup>62</sup> Terms such as "pending" and "decided" which are shown in the MyCase portal available to the public, are not the same as "disposed." A pending case may be a case that has been disposed and reactivated because of violations of conditions set at time of sentencing, such as violations of probation. That type of case, when resolved, may be labeled as "decided."

**Table IX.1. Percent of Monroe Felony Cases  
Disposed Within Model Time Standards**  
(Number of cases = 413)

<b>FELONY CASES</b>		
<u>Elapsed Days</u>	<u>Standard</u>	<u>Monroe %</u>
90 days	75%	20%
180 days	90%	43%
365 days	98%	80%

Interpretation Of Exhibit 1

- The percent of felony cases disposed within 90 and 180 days appears to be very low.
- As expected, the gap in dispositions caught up, somewhat, by the 365-day mark. However, that performance was still considerably low.
- Analysis of data, not shown here, indicates that 83 cases surpassed the 365 outer limits. The range of days extended up to 734 days.

**Table IX.2. Percent of Monroe Misdemeanor Cases Disposed Within Model Time Frames**  
(Number of cases = 1,811)

<b>MISDEMEANOR CASES</b>		
<u>Elapsed Days</u>	<u>Standard</u>	<u>Monroe %</u>
60 days	75%	20%
90 days	90%	30%
180 days	98%	53%

Interpretation Of Table IX.2.

In comparison to felony case speed of disposition, misdemeanor cases are significantly slower. (HINT: Compare the percentages for 90 and 180 days in both Exhibits 2 and 3)

The analysis of Table 3, below, examines the question: Is the disposition of F6 cases slower or faster than other felony cases (F1-F5)? F6 level cases are known as “wobblers” because they can be disposed as felonies or misdemeanors.

**Table IX.3. Comparison of Disposition Speeds of F1-F5 Level Felony Cases to F6 Felony Cases**

COMPARISON OF F6 CASES TO FELONY F1-F5 CASES			
<u>Elapsed Days</u>	<u>Standard</u>	<u>F1-F5 Cases %</u>	<u>F6 Cases %</u>
90 days	75%	10%	22%
180 days	90%	30%	47%
365 days	98%	60%	85%

Interpretation of Table IX.3.

- a. F6 cases are disposed at a faster rate than F1-F5 cases. This is likely a result of being less serious than F1-F5 cases.
- b. In 2018 there were close to three times more F6 cases filed than F1-F6.<sup>63</sup> Given the disparity in speed of processing, the court should consider examining F6 cases as a separate breakout.

**RECOMMENDATION 1: Strategies for improving timeliness of case processing are described in the next chapter.**

**F. TRACKING TIMELINESS OF CASE PROCESSING BY THE MONROE COUNTY CIRCUIT COURT**

**FINDING 2. The criminal court does not have an effective way of evaluating the speed of criminal case processing in comparison to time-efficient courts.**

1. The consultants observed the following about ability of the court to assess timeliness of case processing.
  - a. The County needs the capability to create a set of analysis routines that could analyze bulk data downloads. At this time, no such analyses have been performed locally.
  - b. According to the Judicial Branch of the Indiana Supreme Court a feature (a portal) has been implemented that provides judge-specific case disposition data to individual judges in real time. However, the state has not established recommended time standards by which a judge can evaluate his or her timelessness of case processing. Also, the restriction of the data to individual judges means that a composite analysis of all judges in a local court cannot be assembled or obtained from the state as a specific report. The alternative for the consultants was to obtain a download of data from the State.

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<sup>63</sup> 2018 data from the Judicial Branch of the Supreme Court indicate that 351 F1-F5 cases and 974 F6 cases were filed. The methodology section in this chapter explains that Exhibits 1-4 do not contain cases that involved delays.

- c. When the consultants asked the Court Administrator for a copy of the report(s) on case processing provided to the judges, the only document provided was a printed copy of the end-of-year Quarterly Case Status Reports (QCSR) for 2015-2018 which had been electronically submitted to the Indiana Supreme Court. The Supreme Court uses the report to assemble statewide information about the volume and types of cases and to develop weighted caseload measures for each court. Exhibit 1, which follows, shown the QCSR for 2018.

**Table IX.4. Monroe County Year-to-Date QCSR for 2018 Criminal Cases**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	MR	CF	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	PC	CM	MC	IF	OV,OE
	Murder	Criminal Felony	Class A Felony	Class B Felony	Class C Felony	Class D Felony	Level 1 Felony	Level 2 Felony	Level 3 Felony	Level 4 Felony	Level 5 Felony	Level 6 Felony	Post Conviction	Criminal Misdemeanor	Miscellaneous Criminal	Infractions	All Ordinance Violations
WCL Factors >	1209	155	359	218	211	125	359	339	250	229	207	128	345	40	18	2	2
<b>PART I: BEFORE COURT</b>	<b>MR</b>	<b>CF</b>	<b>FA</b>	<b>FB</b>	<b>FC</b>	<b>FD</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>F4</b>	<b>F5</b>	<b>F6</b>	<b>PC</b>	<b>CM</b>	<b>MC</b>	<b>IF</b>	<b>OV,OE</b>
A. Previously Pending	2	43	21	59	44	207	22	63	66	116	232	935	38	2049	27	1173	28
B. New Filings	3	X		1	5	5	12	38	47	68	186	974	9	3117	2369	7248	65
C. Venued In				1					3		1	15			218		
D. Transferred In	1	3	3	7	6	22	2	9	8	14	26	98	2	238	67	24	7
E. TOTAL CASES BEFORE COURT (add A through D)	6	46	24	68	55	234	36	110	124	198	445	2022	49	5404	2681	8445	100
<b>PART II: DISPOSED CASES</b>	<b>MR</b>	<b>CF</b>	<b>FA</b>	<b>FB</b>	<b>FC</b>	<b>FD</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>F4</b>	<b>F5</b>	<b>F6</b>	<b>PC</b>	<b>CM</b>	<b>MC</b>	<b>IF</b>	<b>OV,OE</b>
F. By Jury Trial							1		1	1	1	1					
G. By Bench Trial															2		4
H. By Bench Disposition		1		3	2	6				1	1	3	14	87	2544	2	4
I. Dismissed		1		2	8	13	3	6	14	14	51	341	6	1241	5	1682	32
J. Default	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		8
K. Deferred/Diverted												4		712		622	
L. Guilty Plea/Admission	2		2	4	4	12	6	28	22	54	112	597	X	1000		41	
M. Violations Bureau	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3062	
N. Closed	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	X	X
O. FTA/FTP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1946	
P. Other																	
Q. TOTAL DISPOSED CASES (add F through P)	2	2	2	9	14	31	10	34	37	70	165	946	20	3040	2553	7355	48
R. Venued Out																	
S. Transferred Out			1	1	4	6	2	8	7	13	28	103	2	147	47	3	7
<b>PART III: PENDING AT END OF QUARTER</b>	<b>MR</b>	<b>CF</b>	<b>FA</b>	<b>FB</b>	<b>FC</b>	<b>FD</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>F4</b>	<b>F5</b>	<b>F6</b>	<b>PC</b>	<b>CM</b>	<b>MC</b>	<b>IF</b>	<b>OV,OE</b>
T. TOTAL (E minus Q minus R minus S)	4	44	21	58	37	197	24	68	80	115	252	973	27	2217	81	1087	45
<b>PART IV: OTHER</b>	<b>MR</b>	<b>CF</b>	<b>FA</b>	<b>FB</b>	<b>FC</b>	<b>FD</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>F4</b>	<b>F5</b>	<b>F6</b>	<b>PC</b>	<b>CM</b>	<b>MC</b>	<b>IF</b>	<b>OV,OE</b>
U. Cases Heard By Rep Judge, as SJ, in Other Courts										1			1	3	1		
V. Cases Heard By Other SJ in Reporting Court																1	
W. Cases w/Pro Se Litigants	1	1	1			1	2	1			4	6	2	18		7	4
X. Cases Referred to ADR																	
Y. Indigent Counsel Apptd																	
Z. Interpreter Services Used																	
AA. GAL/CASA Appointed																	

Observation About Table 4.

The Year-To-Date (YTD) Table does not provide succinct data on the percentage of cases disposed within various time frames, nor can the data be rearranged to provide that information. (The reader should compare Table 1 to Table 4.)

## G. EFFECTIVE TOOLS AND METHODS FOR MONITORING TIME FROM FILING TO DISPOSITION

The CourTool, Time to Disposition, is one of 10 court performance standards that are used in hundreds of courts throughout the United States and foreign countries and are widely acknowledged as the standard for effective judicial administration.<sup>64</sup> This tool would be a valuable aid in monitoring progress of actions taken to improve timeliness of case management.

The Court Administrator and the Deputy Administrator have both obtained their certification in Court Management and should be knowledgeable in the use of CourTools. If needed, additional selected staff members can readily learn the mechanics of implementing the time to disposition analysis. The Institute for Court Management (ICM) provides online training in its course, Court Performance Standards: CourTools. A description of the course is provided below:

*Learn how to use the CourTools and the Court Performance Standards, CPS, as a framework to guide your court into the future by setting target performances, then monitoring, evaluating and learning from results. Learn how to introduce CourTools into your court as a means of assessing court performance and guiding the decisions of management, planning and leadership.*

*This online course is designed to be self-paced and to build a sequential understanding of performance measurement and teach the skills necessary to effectively conduct performance measurement. The course is organized into a series of 10 units containing video segments, readings, a PowerPoint presentation and a self-assessment exercise addressing unit competencies. Course assignments are reviewed by faculty with feedback to reinforce the learning objectives. Threaded discussions and email offer the opportunity to discuss performance issues with faculty and other course participants.*<sup>65</sup>

**RECOMMENDATION 2: The court should explore how to implement a software capability to monitor time elapsed time from filing to disposition.**

The State Judicial Branch has implemented a form of real-time analysis of time to disposition, which is accessible only to judges. The software program does not produce historical follow-ups of the kind suggested below. None-the-less, support in implementing local court capabilities in Monroe County may be available. The biggest challenge may be modifying the analysis routines from “real time” to the type of historical follow-up used in this report. This is explained more fully in the following section.

This recommendations for measuring court processing times can be performed internally without needing State approval. The Supreme Court does not have to mandate every single practice of local courts. Staff and judges are not prohibited from informally measuring performance. This is based on training principles of the Institute for Court Management.

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<sup>64</sup> National Center for State Courts (NCSC), “CourTools: Time to Disposition.” Available at: [https://www.courttools.org/\\_\\_data/assets/pdf\\_file/0014/61403/courttools\\_trial\\_measure3\\_time\\_to\\_disposition\\_revised.pdf](https://www.courttools.org/__data/assets/pdf_file/0014/61403/courttools_trial_measure3_time_to_disposition_revised.pdf)

<sup>65</sup> The ICM course description can be found at <https://courses.ncsc.org/course/courttools>.



A simple method of measuring elapsed time from filing to disposition would be to create a spreadsheet containing four items for each case: (1) Date of case filing, (2) Offense level of the case, i.e., felony or misdemeanor, (3) Notation if a case had progress interrupted and underwent a period of inactivity, e.g., YES OR NO, (4) Date of final disposition. Explanation of this simple measuring and analysis process is described on the National Center for State Courts website.<sup>66</sup>

Note: These standards were approved by the Conference of Chief Justices, , Conference of State Court Administrators, National Bar Association, and the National Association for Court Management.

**RECOMMENDATION 3: The criminal court judges should use periodic analysis of timeliness as a baseline by which to gauge case processing improvements.**

The analysis should be similar to that used in this chapter but should be formatted to allow comparison of yearly data in columns as suggested below.

**Table IX.5. Sample Format for Comparing Speed of Felony Case Processing Over time**

Elapsed Days	Model Time Standards	Monroe County Circuit Court				
		2018	2022	2023	2023	2024
90	75%	20%				
180	90%	43%				
365	98%	80%				

Similar formats can be used to present data on misdemeanor case processing and breakouts by case types (Re: Exhibits 2 and 3).

Note: Due to the interruption of court operations during 2020, the assessment of case processing speeds that involved cases in the last quarter of 2019, the court may choose to omit those years and pick 2022 as the first year to begin tracking.

## H. METHODOLOGY USED IN THIS CHAPTER

The Judicial Branch of the Indiana Supreme Court has electronically implemented one of the National Center for State Courts' (NCSC) performance measures called "Time to Disposition" (elapsed time from case filing to disposition). Unfortunately, this implementation has two drawbacks:

Drawback 1. The Judiciary's analysis does not show time to disposition for cases filed in an entire time period, such as for 2018. The only way that a local court can analyze annual time to disposition is to obtain a "bulk download" and to create a software program to extract and analyze the data. The Judicial Branch does not supply such support to the local courts.

Drawback 2. The data portal for viewing time to disposition can only be accessed individually by judges to see their own data. This means that "Judge A" cannot view the data of "Judge B."

<sup>66</sup> Ibid, NCSC.

The State Supreme Court Judicial Branch's database is not organized to facilitate the type of analysis required by the CourTool, Time to Disposition. The historical data files (2018 to January 31, 2020) obtained from the Judicial Branch contained both numeric data and text, spreadsheets and statistical software could not be applied. The analysis methodology involved importing some of the data into spreadsheets, conversion of some of that data, and manually reading open-format narrative text files. This analysis involved many hours of sorting through data and reading. In addition, errors were found in the data. Also, it is likely that the process of sorting and reading contained errors. This is the reason that the results of the data analysis should be respected as a reasonable estimate.

The analysis of time to disposition involved a series of steps:

Step 1. A bulk data dump (an extraction of all case data for the period of January 1, 2012 to January 31, 2020) was provided by the Supreme Court. The data dump contained five types of records: Criminal Hearing Data, Criminal Case Assigned Data, Attorney Data, Criminal Sentence Data, and Criminal Case Data. Total count of records was 62,927. Note that "records" is not equivalent to "cases" because a case often had more than one charge. Each charge was stored as a separate record.

Step 2. Only the data records relevant to time to disposition of cases filed in 2018 were selected. No later year, such as 2019 was selected as the beginning year of the analysis because the time from filing of a case to disposition could be more than 365 days. Thus, many cases filed in 2019 would not have sufficient elapsed time to be included in the "time to disposition" calculation, e.g., a case filed on December 16, 2019 would have only 61 days, including Christmas to be processed. The remaining file contained only cases that had been disposed; all pending cases had been removed. [Total remaining records = 5,401]

Step 3. The following records were removed from the remaining records.

- a. "No State Code"
- b. "Infractions"
- c. Cases that had a warrant issued at some time during the course of case processing.
  - This involved multiple records because a case often had more than one charge. Each charge was recorded as a separate record.
  - If a defendant had several cases that overlapped in case processing and had the same date of disposition, the overlapping cases were removed. The rationale for this removal is that delays due to FTA or flight, etc., of the defendant could have affected the overlapping cases.
- d. Cases with remaining charges had to be sorted and only the most serious charge was kept.
  - This was important because cases often had both felony and misdemeanor charges. The analysis of time to disposition is based on most serious charge. (All charges in a case had the same disposition date. This was consistent across all cases.)

At the end of this removal process, 2,224 cases remained: 413 felony cases and 1,811 misdemeanor cases.

Step 4. The time to disposition involved subtracting the filing date from the disposition date. The software had a formula for that calculation. Next, felonies and misdemeanors were sorted as to the elapsed time from filing to disposition in periods specified by the standards, e.g., 90 days, 180, and 365 days.

Note: The data could not be sorted according to the judges who managed the cases because the election of new judges resulted in some cases being managed by more than one judge.

## **CHAPTER X**

### **IMPROVING TIMELINESS OF CRIMINAL CASE PROCESSING (PRIMARY STRATEGIES)**

#### **A. INTRODUCTION**

Two strategies are described in this chapter. They are designated as “primary strategies” because of their foundational relevance for improving the timeliness of criminal case processing. These practices are consistently found in high-functioning court systems. Together, the two strategies can have a greater impact than any other approaches that could be recommended by the consultants.

The first of the two primary strategies involves controlling continuances and the second involves clearly differentiating between the types of cases and managing their processing accordingly.

#### **B. KEY FINDINGS & RECOMMENDATIONS:**

**FINDING 1: A study of continuances disclosed that the number of continuances granted in felony and misdemeanor cases is extensive.**

**RECOMMENDATION: The Criminal Court should undertake a four-step process to analyze reasons for continuances and implement methods to control them.**

**FINDING 2: There is no uniform expectation of a timed progression of case settings. Case settings are left to the discretion of each judge. As a result, the speed of case management varies between judges.**

**RECOMMENDATION: The criminal court judges should undertake a process to develop a system of differentiated case management.**

#### **C. CONTINUANCES OF CRIMINAL CASES**

##### **1. General Rule for Assessing Continuances**

Control of Continuance is Critical! Without the control of continuances, there can be no effective caseflow management.<sup>67</sup> Of course, research supports the need for continuances. The goal of improving control of continuances is to make it difficult to obtain unjustifiable continuances.

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<sup>67</sup> This position is supported in numerous articles and studies, for example see: (a) Maureen Solomon and Douglas Somerlot, *Caseflow Management in the Trial Court: Now and For the Future*. (Chicago: American Bar Association, 1987) and (b) David Steelman, John Goerdt, and James McMillan. “Caseflow Management: The Heart of Court Management in the New Millennium.” *National Center for State Courts*, 2004. Available at: <https://ncsc.contentdm.oclc.org/digital/collection/ctadmin/id/1498/>

*Some judges feel that it is impossible or unrealistic to set a maximum on the number of continuances since each request must be evaluated on its merits. However, experience in both large and small courts of general jurisdiction indicates that when the continuance rate rises above twenty percent (20%) of the scheduled cases, the court is failing to be rigorous in evaluating continuance requests.<sup>68</sup>*

**FINDING 1. The study of continuances disclosed that the number of continuances granted in felony and misdemeanor cases is extensive.**

This finding was supported in interviews of Monroe courts-related personnel.

The data used in the study is for 2018, which matches the time period in the study of speed of case processing. The conclusions in this study are relevant to 2019 because no major changes in controlling continuances have yet occurred.

**2. Analysis of Continuances**

**a. Frequency of Felony Case Continuances.**

In order to compare the percentage of cases having continuances in Monroe County that exceeded 20%, a sample of 2018 closed felony cases was analyzed. (Sample size: 102 = 10% of 1,026 cases)<sup>69</sup>

**Table X.1. Number and Percentage of Felony Cases Having Continuances in 2018**

A	B	C	D	E
Number of Continuances in a Case	Number of Cases	Total Number of Continuances (Column A x Column B)	% of Cases Having Continuances (Column B ÷ 102)	Cumulative % of Cases Having Continuances
0	35	0	0%	0%
1	23	23	23%	23%
2	10	20	10%	33%
3	15	45	15%	48%
4	5	17	5%	53%
5	5	25	5%	58%
6	4	24	4%	62%
7	0	0	0%	62%
8	1	8	1%	63%
9	1	9	1%	64%
10	1	10	1%	65%
11 or More	2	31*	2%	67%
Total	102	212	67%	

<sup>68</sup> Solomon and Somerlot, p. 39. Note: Underling was added in this document for emphasis.

<sup>69</sup> The sampling methodology is explained in Section 7.

### Interpretation of Table X.1.

- i. In the sample of felony cases, 34% had more than 2 continuances.
- ii. What the columns mean:
  - Column B shows: 23 cases that had 1 continuance, 10 cases had 2 continuances, etc.
  - Column C shows that 212 continuances occurred in the sample of 102 cases.
  - \* The “11 or More” category in column C is not a calculation of Column A x Column B as in the preceding rows because then specific count of continuances is not shown for each case. **This means that the real number of continuances is higher than shown, because some cases may have had 12, 13, 14, etc. continuances.**
- Column D shows: 1 continuance was found in 23% of the sample, 2 continuances were found in 10% of the sample, etc.
- Column E shows that the percentage of continuances in the sample increases with each successive level of continuances. For example, 58% of the sample had 1 up to and including 5 continuances. The total for this column does add up to 100% because 35 of the cases (approximately 33%) had no continuances.
- iii. In order to keep the table simple, the percentages in columns D and E do not contain fractions (e.g., 34% is shown rather than 34.3%), thus the data reflect small rounding errors.
- iv. Note for the reader accustomed to reading tables: There is no column showing a final cumulative percent of 100%. Such a column would have been the cumulative percent of cases in column B.

## b. Frequency of Misdemeanor Case Continuances

**Table X.2. Number and Percentage of Misdemeanor Cases Having Continuances**

(Sample Size: 219 = 10% of 2,195 cases in 2018)<sup>70</sup>

A	B	C	D	E
Number of Continuances in a Case	Number of Cases	Total Number of Continuances (Column A x Column B)	% of Cases Having Continuances (Column B ÷ 219)	Cumulative % of Cases Having Continuances
0	101	0	0%	0%
1	42	42	19.2%	19.2%
2	29	58	13.2%	32.4%
3	14	42	6.4%	38.8%
4	3	12	1.4%	40.2%
5	7	35	3.2%	43.4%
6	1	6	0.5%	43.9%
7	2	14	0.9%	44.8%
8	3	24	1.4%	46.2%
9	0	0	0.0%	46.2%
10	1	10	0.5%	46.7%
11 or More	16	324*	7.3%	54%
Total	219	567	53.9%	

### Interpretation of Table X.2.

- i. The small number of cases in some rows, such as 1 and 6 cases resulted in small percentages which had to be displayed as decimals in column D. This is dissimilar to Table 1, which did not show decimals.
- ii. \* The number 324 is an actual count of continuances and not a calculation. The “11 or More” category contains grouped data.

### Observations of the Analyses of Continuances in Tables X.1 and X.2.

- Observation 1. Both felony and misdemeanor cases greatly exceed the 20% recommended criteria to use in guiding court case management practices. This observation is supported in interviews of Monroe courts-related personnel in which the issue of continuances was raised as a problem.
- Observation 2. The total number of continuances in the combined sample of felony and misdemeanor cases = 212 felony continuances + 576 misdemeanor continuances = 788 continuances (in the sample).

Since this was a 1 in 10 sample, the number of continuances in the total population of criminal cases would be very large = approximately 788 x 10.

<sup>70</sup> The sampling of misdemeanor cases was similar to that for felony cases. The sample size is 219, which is 10% of 2,195 misdemeanor cases.

### c. Parties Requesting Continuances:

The analysis of who requested the continuances in Tables 1 and 2 is shown below.<sup>71</sup>

**Table X.3. Number of Continuances Requested by Each Party<sup>72</sup>**

Agency	Number of Continuances in Felony Cases	Number of Continuances in Misdemeanor Cases
Prosecutor	12	7
Public Defender	711	2,348
Private Attorneys	157	260
Courts	127	395
Defendants	0	45
Could not be determined	94	1,435
TOTAL	1,101	4,490

Note that the data in the table contains only the number of continuances in the sample, which represents just a portion of the year's total cases.

Since the Public Defender handles the largest portion of felony and misdemeanor defense cases, that agency was responsible for the highest percentage of continuances. The Public Defender, in an interview with the consultants, indicated that slow turnaround by the State Lab in processing evidence in drug cases was an issue that contributed to some of the delay in his office. Also, the economic status of persons represented by the Public Defender is different from those represented by private attorneys. This could affect some of the requests for continuances, particularly when the Public Defender is trying to arrange treatment services for clients in order to strengthen the position of cases in the plea bargaining process. A method for untangling the reasons for continuances is provided in a later section of this chapter.

### 3. Cost of Continuances

Estimation of the cost of continuances is a sizable undertaking that was not possible in the current study. However, studies by other researchers shed light on the cost impact of continuances in Monroe County. The reader should keep in mind that such estimates are ballpark estimates which serve the purpose of providing a general gauge for thinking about costs.

Conti, et. al., in 1979, estimated the cost of a criminal case continuance in the general jurisdiction in

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<sup>71</sup> The data in Table 3 is an undercount because of the way that continuances were tallied in the category of "11 or more" in Tables 1 and 2. This is explained in the "Interpretation of Table 1" on a previous page.

<sup>72</sup> The data pertain to the number of continuances requested, not the number of cases in which continuances were requested. For example, if the Public Defender was granted 2 continuances in 20 cases and 3 continuances in 10 cases, the number of continuances in that instance would be 70.



Allegheny County (Pittsburgh) to be about \$79. This estimate took into account the impact of continuances on facilities, equipment, time, and fringe benefits of judges and their staff, the clerk of court, the court administration staff, attorneys, and the sheriff.<sup>73</sup> In 2020, that cost would be about \$274.<sup>74</sup> A 2011 study in a higher-cost-of-living state, California, disclosed that the court operational cost, not including costs incurred by other agencies, is over \$230.<sup>75</sup>

In the early 1980's the National Institute of Justice funded a study to examine the cost of continuances to prosecution and defense agencies in felony and misdemeanor cases. The study included courts in North Carolina, Virginia, and Pennsylvania. Researchers found that continuances added 12 to 24 percent more work to each prosecution and public defense agency.<sup>76</sup>

#### **4. Other Considerations About the Impact of Continuances**

Importantly, the assessment of impact should take into account that unnecessary continuances can adversely impact jail capacity. Detained inmates' length of incarceration and the jail population is unnecessarily increased by the number of times their cases are continued and by the length of time involved in those continuances.

Not to be overlooked are the impacts of unnecessary continuances on other agencies and persons:

- a. Staff of outside agencies called as witnesses, such as police and social service agency staff may have to appear.
- b. Witnesses may have to come to court. For some this may involve obtaining transportation, finding child-care, loss of money because of time off from work, and meal costs if their presence is required over the noon hour.
- c. Defendants out on release may incur the same expenses as experienced by witnesses.

In courts where the widely held view is that dates are not credible and continuances are easily obtained, lawyers are less likely to meet deadlines. In sum, the routine granting of continuances creates disorganization and inconvenience and fosters a negative view of the court and its ability to

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<sup>73</sup> Samuel Conti, William Popp, and Don Hardenburgh. "Finances and Operational Costs in Pennsylvania's Court of Common Pleas." (Williamsburg, VA: National Center for State Courts, 1979.) Available at: <https://cdm16501.contentdm.oclc.org/digital/collection/financial/id/73>

<sup>74</sup> In 2006 Van Duizend and Mathias applied changes in inflation using the Consumer Price Index from 1979 to 2006 and found the cost per continuance in 2006 to be about \$200. Using the same methodology, the author of the current study of continuances in Monroe County estimated the amount in 2020 to be about \$274 (from 1979 to 2020). The inflation calculator and estimated ranges for select cities can be found at [www.in2013dollars.com/](https://www.in2013dollars.com/). Of course, estimates of costs are general and are ballpark at best. The estimation does not take into such factor as the differences in costs between Pennsylvania's Court of Common Pleas and Monroe County's criminal justice system.

<sup>75</sup> John Greacen and F. Miller, "Felony Hearing and Trial Date Certainty Study." *California Judicial Council*. October 6, 2012. Available at: <https://www.courts.ca.gov/documents/ocr-crim-caseflow.pdf>

<sup>76</sup> Joan Jacoby, Charles Link, and Edward Ratledge. "Some Costs of Continuances, A Multi-Jurisdictional Study." *Jefferson Institute for Justice Studies*. (Washington, D.C., July 1986). Available at: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/some-costs-continuances-multi-jurisdictional-study>

perform a basic function: to do justice in every case and provide a process that embodies the appearance of justice.<sup>77</sup>

## 5. Strategy for Improving Management of Continuances

Although Rule 53-5 in the Indiana Rules of Court addresses continuances, it appears to lack specificity that is needed to provide firm guidance for controlling continuances in Monroe County.<sup>78</sup> With that in mind, the following steps outline a process that would support the efforts of Monroe County's court-related agencies in developing an effective strategy for managing continuances.

### **RECOMMENDATION: The criminal court should analyze reasons for continuances and implement methods to control continuances**

The first step of the courts is to clarify the reasons for continuances before leaping in to revise the current policy on continuances. That step will require recording the characteristics of each continuance in a set period of time, such as six months. Characteristics to be recorded include (a) the type of offense involved,<sup>79</sup> (b) the type of event continued; (c) which party made the request; and (d) the reason the request was granted.

Many of the requests for continuances come from defense attorneys. Why these requests are being made is relevant to the development of strategies for reducing their frequency. The analysis of reasons for continuances could uncover several situations, for example:

- a. Results of evidence to be processed by the State lab has not been returned.
- b. Statutes governing admission to specialty courts exclude some defendants who could benefit from treatment. Some jurisdictions in other states are recognizing the role of the public defender as an important resource for eliciting willingness to participate in treatment. In other words, the public defender has a carrot of a different kind. In this light a public defender might seek continuances to serve the benefit of a client/defendant, as well as serving to support a better plea bargain.

The second step would be to bring together Judges, the Prosecutor, and Public Defender to discuss the findings and to explore refinements in practices and programs.

The third step would be to review the currently policy on continuances in comparison to a model policy, such as the Model Continuance Policy developed by David Steelman, principal court management consultant at the National Center for State Courts in 2009 (see appendix). The examination of the current continuance policy posted on Monroe County Court's website by the

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<sup>77</sup> Solomon, Improving Criminal Caseflow. American University, October 2008. This report was prepared under the auspices of the Bureau of Justice Assistance (BJA) Criminal Courts Technical Assistance Project at American University, Washington, D.C.

<sup>78</sup> Indiana Supreme Court, Office of Judicial Administration. *Indiana Rules of Court: Rules of Trial Procedure*. January 1, 2020. Available at [https://secure.in.gov/judiciary/rules/trial\\_proc/#\\_Toc25572091](https://secure.in.gov/judiciary/rules/trial_proc/#_Toc25572091)

<sup>79</sup> Later in this report, the types of offenses will be addressed in a section on differentiated case management, DCM.

consultants disclosed that the current policy is much less structured than that of the Model policy.

In reviewing the two policies, the current and the Model, the consultants recommend that the purpose of a policy should be to help set expectations of attorneys and provide a strong rationale/support for judicial decisions. Another benefit of strengthening the structure of the continuance policy is that it will provide stronger support for new judges in learning efficient practices.

The fourth step should be that of monitoring, by the Court Administrator's Office, of the number of continuances and providing feedback (quarterly reports) to the judges on the frequency of continuances in regards to the four characteristics identified in Step 1, above.

## **6. Methodology Used in This Study of Continuances**

The data used in the study is for 2018. This period was selected because of its match to the time period in study of speed of processing, which was 2018. The conclusions and recommendation in this study are relevant to 2019 because no major changes in controlling continuances have yet occurred.

The Prosecutor's Office performed the sampling. Excluded in the sample were cases that involved expungement, pretrial diversion, petitions to revoke, suspended sentence, drug court, and other post disposition. The exclusions were made before pulling the population of cases. In this manner a total population of 1,026 "general felony cases" was obtained. The method of sampling was random. Every 10th case in the population was selected, which resulted in a sample size of 102 cases. The source of the data is MyCase, which is available through the Indiana Supreme Court.

## **D. IMPROVING COORDINATION OF CRIMINAL CASE PROCESSING THROUGH DIFFERENTIATED CASE MANAGEMENT (DCM)**

### **1. Why Is It Important to Differentiate Between Types of Criminal Cases?**

Many courts take a general first-in-first-out approach to disposing of criminal cases. Priority is placed on resolving older cases before newer ones in this approach. While broad distinctions among cases may be made (such as civil versus criminal or misdemeanor versus felony) and special tracks for special types of cases may be used (such as for domestic violence protection orders and administrative appeals), finer case management distinctions are usually not made. Judges typically resort to applying an average case processing time to the sequencing of cases in their calendars in such systems.

Studies of time-efficient courts show that the first-in-first-out approach and its general variations are wasteful of precious court time. Few experienced attorneys will deny that some cases can be disposed of expeditiously, with little or no discovery and few intermediate events. More complex cases require extensive court supervision over pretrial motions, scheduling of forensic testimony and expert witnesses, and settlement negotiations. This concept has been formalized into what has become known as differentiated case management (DCM).<sup>80</sup>

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<sup>80</sup> In 1987 the Bureau of Justice Assistance (BJA) launched a demonstration program to pilot test the application of DCM techniques in criminal and civil caseloads in general jurisdiction courts. An outgrowth of this effort was the

## 2. Characteristics of DCM

There are four general characteristics of DCM:

- a. Multiple tracks or paths for case disposition, with differing procedural requirements and time frames geared to the processing requirements of the cases that will be assigned to that track.
- b. Provision for court screening of each case shortly after filing so that it can be assigned to the appropriate track according to specified criteria.
- c. Continuous court monitoring of case progress within each track to ensure that it adheres to track deadlines and requirements.
- d. Procedures exist for changing the track assignment in the event the management characteristics of a case change during the pretrial process or in the event the case was initially inaccurately classified.

*The development of meaningful DCM track criteria requires the identification of factors that determine the extent of case preparation by the prosecutor and public defender and court oversight required to ensure timely case resolution. Some courts differentiate on the basis of case seriousness, such as the nature of the charges and whether the defendant could be sentenced to time in jail or life in prison. Other relevant factors may include: likely defenses; the need for time to prepare and present forensic testimony or a psychiatric evaluation; or the number of defendants and the amount of discovery anticipated. Some courts have developed time tracks solely on the basis of case types while others use more complex criteria that employ a combination of these approaches. Examples of these approaches can be found in Vermont, Boston, Massachusetts, and Pierce County, Washington. Regardless of the approach, the courts should continually assess the effectiveness of their DCM program and make adjustments, as needed, to the process to ensure ongoing efficiency and quality of justice.<sup>81</sup>*

The easiest and most-widely adopted way to distinguish cases is by case type. Each case category is assigned to a track. Exhibit one, below, illustrates a DCM case management system based on case types. This system was developed in Tarrant County, Texas by a task force consisting of criminal district judges, court coordinators, district attorneys' office, county defense attorneys association, county sheriff, and others. (See the document produced by the task force, Tarrant County Differentiated Felony Case Management System, which is provided in the appendix for this chapter.)

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identification of characteristics and practices of successful DCM programs. This set the stage for the evolving refinement of DCM programs and recognition of DCM's role as a central feature of effective case management.

<sup>81</sup> Nial Raaen. "Implementation of a Criminal Caseflow Management Plan: A Report to the North Carolina Commission on the Administration of Law and Justice." *National Center for State Courts*. August 17, 2016, page 19. Available at <https://ncsc.contentdm.oclc.org/digital/collection/criminal/id/283/rec/1>

**Table X.4. Example of Tracks in a DCM System Based on Case Type**

<b>Track 1. Expedited Track</b>		
Burglary of a building		Prostitution-4th
Credit/debit card abuse		Theft
Criminal nonsupport		Aggravated perjury
Evading arrest with vehicle		Bail jumping
False alarm or report		Escape from felony offense
Forgery		Unauthorized use of vehicle
Possession of prohibited weapon		Tampering with evidence
Fraudulent use of identification		Unauthorized absence from work release

**Timing of Case Settings for Track 1 (Expedited Track)**

<b>Setting</b>	<b>In Jail</b>	<b>Out on Pretrial Release</b>
Initial Appearance - IA	Filing Date = 1 business day	Filing Date + 1-4 business days
Consultation Setting - CS	IA + 30 days	IA + 30 days
Evidence Exchange Setting - EES	Indictment + 15 days	Indictment + 15 days
Comprehensive Pretrial Conference/ Status Conference - CPC	Indictment + 60 days	EES + 60 days

<b>Track 2. Basic Track (an abbreviated list of offenses is shown below)</b>		
Arson		Robbery
Assault		Aggravated robbery
Aggravated Assault - serious bodily injury		Sexual assault
Burglary of habitation		Stalking
Criminal negligent homicide		Tampering with witness
DWI-3rd		Terrorist threat
Indecency with a child		Unlawful restraint
Manslaughter		Kidnapping
Possession of firearm by felon		Violation of protective order

### Timing of Case Settings for Track 2 (Basic Track)

Setting	In Jail	Out on Pretrial Release
Initial Appearance - IA	Filing Date = 1 business day	Filing Date + 1-4 business days
Consultation Setting - CS	IA + 30 days	IA + 30 days
Evidence Exchange Setting - EES	Indictment + 15 days	Indictment + 15 days
Comprehensive Pretrial Conference/ Status Conference - CPC	Indictment + 75 days	EES + 75 days
Motion Setting - MS	Indictment + 90 days	Indictment + 90 days

Track 3. Complex Case Track
<p>This track includes Murder, Capital Murder, and any case that in the opinion of the court involves complex legal or evidentiary issues</p> <p>– The timed progression of case settings for Track 3 is shown in the Tarrant County document in the appendix.</p>

### 3. Assignment of Cases to Tracks

One staff person, such as a magistrate or experienced court administrator, can perform the case screening and assignment to tracks. Immediately after the charging decision is made, the prosecutor can record information about case complexity on standardized forms which can then be passed to the court.<sup>82</sup> Case screening also can occur at an early status conference conducted by a judge or magistrate.

### 4. Benefits of DCM<sup>83</sup>

Studies of successful DCM programs have identified benefits that include:

- a. Significantly greater scheduling certainty and more efficient use of resources, including:
  - i. Reduced disposition times.
  - ii. Greater judicial productivity.
  - iii. Fewer continuances.
  - iv. Lower witness costs, including less police overtime.
  - v. Reduced pretrial detention costs.
  - vi. Fewer bench warrants due to failures to appear.
- b. Increased coordination and cooperation among justice agencies, including:
  - i. More efficient coordination of individuals and tasks.

<sup>82</sup> Depending on local preference, the public defender and private defense attorneys may also provide relevant information on standardized forms which are submitted to the court.

<sup>83</sup> Bureau of Justice Assistance Fact Sheet: *Differentiated Case Management*. November 1995. Available at <https://www.ncjrs.gov/pdffiles/dcm.pdf>

- ii. Earlier discovery and other information exchanges among attorneys.
- iii. Earlier availability of information needed for accurate case scheduling (for instance, the need for an interpreter and pre-sentence investigations).
- c. Improved quality of the judicial process, including:
  - i. Better attorney preparation due to more reliable court schedules.
  - ii. Fewer witnesses “lost” due to delays or continuances.

## **5. The Review of Case Management Operations Through Interviews, Discussions, and Examination of Documents**

### **FINDING 2: There is No Uniform Expectation of a Time Progression of Case Settings. Case Settings are Left to the Discretion of Each Judge. The Speed of Case Management Varies Between Judges.**

- a. There is no uniform expectation of a timed progression of case settings. Case settings are left to the discretion of each judge. As a result, the speed of case management varies between judges. Symptoms of this mixed system of case management are reflected in numerous continuances and complaints about delays in case progress by attorneys.
- b. No consensus exists among the court-related officials (judges, prosecutors, public defenders, and court administrator) about assigning cases to tracks.
- c. The court administrator does not monitor the timeliness of case events. The case processing reports provided to the consultants were very general. Each judge has access to a Supreme Court data portal that displays the general status of their current cases. This information is in real time and is not compiled on an annual basis nor is it made available to the court administrator or presiding judge, nor is the data discussed in meetings of the judges.

### **RECOMMENDATION 2: Criminal Court Judges Should Undertake a Process to Develop a System of Differentiated Case Management.**

Since DCM is not a new concept in the field of court case management, detailed information on implementation is readily available on the Internet. Two of the “how to do it” documents are identified at the end of this chapter.

## **6. Prerequisites for Implementing DCM<sup>84</sup>**

- a. A key judge must assume leadership throughout the development and implementation process.
- b. Judges, the prosecutor, and public defender must agree that all cases are not alike.
- c. They must commit themselves to differentiating among cases for management and processing purposes.
- d. Someone (judge, magistrate, or court administrator) must be trained in DCM management and assigned to coordinate the details of the DCM development, implementation, and follow-on monitoring and ongoing improvement.

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<sup>84</sup> Ibid.

- e. The key court-related officials must be willing to collaborate in the design and implementation of the DCM program.
- f. The court, prosecutor, and public defender must be willing to reorganize existing staff to support the operation of a DCM program.
- g. Each organization must be willing to dedicate senior staff with expertise and credibility to evaluate cases.
- h. An information system must be available to support the DCM program operation, monitoring, and evaluation. In some jurisdictions a PC-based system has been adequate.

## **7. Additional Implementation Considerations for Monroe County**

- a. Data on new criminal cases filed in 2018 in Monroe County indicates that Level 6 cases represent 22% percentage of both misdemeanor and felony cases (F1-F6) and 74% of felony cases (F1-F6) cases filed.<sup>85</sup> This finding suggests that the Court should consider the efficacy of developing a track for cases.
- b. The Presiding Judge is a competent person with the leadership skills to assemble key members of courts-related agencies to initiate the planning process.
- c. Technical support, provided at no cost, may be available through the National Center for State Courts or the State Justice Institute. There are a number of competent court consultants who could be called on to facilitate the planning and implementation of DCM.

An important aspect of this facilitation will be to familiarize the judges and officials of courts-related agencies in DCM practices and to reinforce the need for working in concert to develop a uniform plan for DCM.

- d. The Court Administrator could be trained to conduct the screening and support processes, such as monitoring cases. The Court Administrator has been trained through the Institute for Court Management (ICM) in a variety of topics. Supplemental training in DCM may be needed to refresh her knowledge of DCM.

## **8. Costs and Cost Savings**

- a. Costs

Budgeting for DCM implementation requires evaluation of existing resources. Many jurisdictions simply reorganize existing staff and redefine staff functions as necessary to support the requirements of the DCM system. For example, a court clerk might begin tracking the different types of cases on the court docket or monitoring cases proceeding on a given track. Costs specifically attributable to the DCM system include the need for adequate staff, management, and information resources both within the court and among participating agencies. The actual costs of implementing DCM will therefore be determined by the pre-implementation adequacy of these resources.

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<sup>85</sup> Data Source: Indiana Trial Court Statistics by County (Monroe County, 2018). Available at <https://publicaccess.courts.in.gov/ICOR/>



The following is a high-level view of some of the costs that can be tied to the effort in Monroe County:

i. Development Costs.

Minimal costs will be associated with development of the components of a DCM Program. As previously mentioned, the refinement of DCM procedures for application in Monroe County will occur in committee meetings at various levels involving the judges, staff, justice partners and members of the local bar association. These meetings will focus on rules of procedures, form development or modification, ensuring the level of staffing is adequate, and implementation strategy.

ii. Operational Costs.

As previously discussed, the decision about who will administer the DCM program will likely result in the largest cost consideration. If the current Court Administrator is selected, the subsequent cost consideration will be ensuring that the functions left uncovered are appropriately undertaken. Other staffing requirements need to be developed by the implementation committee and justified to the funding authority. Additional operational costs may include, forms development and printing, information system modifications, and training for judges, staff and justice partners.

iii. Non-Recurring Costs.

Other than personnel costs, there should be very modest recurring costs, such as training; travel and other personnel-related costs associated with planning and implementation; possible facilitator support; contractual or other direct support services. As mentioned previously, training and facilitator support may be available at no cost from organizations such as the National Center for State Courts and the State Justice Institute.

iv. Capital Costs.

If new work space is required for the DCM administrator, there may be a cost of locating and furnishing an office.

b. Cost Savings

The costs of DCM development, implementation, and ongoing operations must be balanced against probable cost savings. The basic question is, does the faster processing of detained individuals provide a benefit to the justice system and to the county budget? Shown below in Table 2, are considerations that should be taken into account:

**Table X.5. Considerations in Cost Savings**

AREAS OF POSSIBLE SAVINGS	COSTING UNIT	QUANTITATIVE MEASURES
Jail Detention	Jail bed-day cost (supervision, meals, medical, etc.); Reduction in number of jail beds that need to be added; Inmate movement costs	Number of jail-bed days saved; Inmate movement trips saved.
Jury Trials	Cost of juror day; Cost of summoning jurors	Juror days saved; Reduced jurors summoned cost
Police & Witness Court Appearance	Cost of police in court, adjusted for overtime; Cost of other witnesses	Police days saved; Witness days saved
Discovery Motions	Cost of processing motions and motion hearings	Savings resulting from reduction in number of motions
Court Appearances	Cost of processing motions for trial (attorney time, judge time, court personnel time)	Savings resulting from fewer court appearances
Judge "Down-Time"	Cost of a judge-day	Savings resulting from reduction in down-time.

Notes about Quantitative Measures:

- a. The number of jail-bed days saved should take into account the large impact on the Montgomery County budget of those inmates who, after the extended process of case disposition and sentencing, will be transported to state prison.
- b. Judge Down-Time is not uncommon in courts that have not adequately implemented strategies for dealing with gaps in judicial activity schedules. For example, the finalization of plea bargains at the last hour(s) before a multi-day trial is slated to begin could result in one or more days of unscheduled time for a judge.

**E. MAJOR REFERENCES**

**1. Documents Provided in the Appendix of This Report**

***Model Continuance Policy***, June 23, 2009. This model policy was developed as part of a technical assistance program of the National Center for State Courts and refined over the course of multiple applications.

***Tarrant County Differentiated Felony Case Management***. February 6, 2015. This system of case management is the result of a collaborative effort of a task force consisting of representatives of the criminal justice system. The document details the three DCM tracks, how the cases are distributed to courts, the different case events, and composition of each track and related case settings.

## 2. Links to Important Documents on How to Develop and Implement a DCM System

***Differentiated Case Management: Implementation Manual.*** (1993). Washington, DC: Bureau of Justice Assistance. This document of 137 pages goes into greater detail on the management and implementation of DCM. It includes frequently asked questions about the system, cases in which the system was implemented, and basic tactics to assure the greatest success with DCM.

LINK: <https://www.ncjrs.gov/pdffiles1/Digitization/142416NCJRS.pdf>

***Differentiated Case Management: Program Brief.*** (1993). Washington, DC: Bureau of Justice Assistance. This 13-page document explains the concept of DCM, describes the criteria needed for DCM, and the process by which a locality can implement the program.

LINK: <https://www.ncjrs.gov/pdffiles/difb.pdf>

## **CHAPTER XI OTHER COURT ISSUES**

### **A. INTRODUCTION**

This chapter addresses a variety of separate issues that were brought to the attention of the consultants.

### **B. KEY FINDINGS AND RECOMMENDATIONS**

#### **Issue 1. Is there an extraordinary number of probation revocations?**

**FINDING:** A small percentage of offenders who receive a petition to revoke are actually revoked. Probation officers use a variety of strategies, other than revocations, for most probation violations.

**RECOMMENDATION:** Continue practices that minimize revocations while optimizing public safety and desired justice outcomes.

#### **Issue 2. What can be done to increase the impact of problem-solving courts on the jail population?**

**FINDING:** The courts appear to be functioning in accordance with state standards and national models. The best practice is to have a candidate engaged in treatment court within 30 days. Interviews by the consultants suggest that this goal is frequently not met.

**RECOMMENDATION:** The prosecutor's office should examine the various facets of decision making to identify how to expedite specialty court referrals.

#### **Issue 3. Has court unification affected criminal court performance?**

**FINDING:** Unification, by itself, does not mean that all judges will work with a synchronized, single-processing focus that guarantees the time-efficiency of case processing.

**RECOMMENDATION:** The Board of Judges should adopt the strategies in Chapter Five to (1) implement a process to control continuances and (2) implement a system of differentiated case management (DCM). This action could greatly improve the coordination of case management practices in the Judiciary and in the Public Defender's and Prosecutor's Offices, as well.

#### **Issue 4. How to improve the ability to review the performance of court support staff?**

**FINDING:** Position descriptions provided to the consultants for review had not been updated since 2005.

**RECOMMENDATION:** The Circuit Court and County Council should agree upon when and how to update position descriptions.

Other Issues That Could Not be Addressed During the Study. (These issues are briefly described.)

- Night Court

- Self-Represented Litigant Center
- Forensic Social Worker for the Public Defender's Office
- Slow turnaround of evidence analysis results from the State Laboratory

## C. EXAMINATION OF PROBATION REVOCATIONS

A question was raised to the consultants, "Why are there so many petitions to revoke probation filed in Monroe County?" In response to that question, practices were reviewed and statistics were examined.

### **FINDING: A Small Percentage of Offenders Who Receive a Petition to Revoke are Actually Revoked. Probation Officers Use a Variety of Strategies Other Than Revocations for Most Probation Violations.**

#### **1. Findings in the Probation Department's Annual Report**

According to the Probation Department's 2019 annual report there were 1,683 active cases at the end of 2019 and the closed-case success rate for that period was 49%. The data on unsuccessful cases disclosed the following:<sup>86</sup>

- 79 cases (6% of total cases) revoked for technical violations
- 85 cases (7% of total cases) revoked due to new charges.
- 237 cases (17% of total cases) were unsuccessfully discharged (but not revoked). An unsuccessful discharge occurs when a probationer (a) completes all conditions of probation except for failure to pay fees, or (b) accrues a number of probation violations which may have been addressed informally, without a petition to revoke, or (c) probation violations were formally addressed with a petition to revoke and their supervision was continued until discharge.
- 232 cases (19% of total cases) were closed for death, absconded, or bought back to the sending county.

#### **2. Alternatives to Incarceration for Probation Violations**

At the onset of supervision each offender is evaluated and a plan is developed, with the input of the offender, to address their identified criminogenic needs. Probation Officers are tasked with working with offenders (clients) to identify and address negative behaviors (criminogenic needs) which could result in violations.

Monroe County Probation Officers regularly use a variety of strategies to address negative behaviors and violations. In the event a probationer commits a new offense or are somehow identified as a threat to the community, he or she will be placed in custody. Many of the violators, who go to court for violations, will have been issued a summons to appear in court rather than being placed in custody.

Some of the evidence-based strategies that Monroe County probation officers use to address negative or unwanted behaviors include, for example, Motivational Interviewing (MI) and

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<sup>86</sup> "Monroe Circuit Court Probation Department: Annual Report for 2019," p. 34. [https://www.co.monroe.in.us/egov/documents/1582815699\\_76077.pdf](https://www.co.monroe.in.us/egov/documents/1582815699_76077.pdf)

Effective Practices in Community Supervision (EPICS). Also, officers use rewards and graduated sanctions to respond to both positive and negative behaviors. Sanctions can range from a writing assignment, to treatment, to more restrictive sanctions such as electronic monitoring in which a violator's movements can be restricted and closely monitored without having to place them in custody. Nationwide probation officers use such alternatives to incarceration as a means to guide the offender into making positive, pro-social decisions.

### **3. Ongoing Study of Probation Failures**

In 2019 Monroe County Probation Department was awarded a \$200,000 Reducing Revocations Challenge Grant. This grant engages Indiana University to conduct a 16-month in-depth research and data analysis on the drivers of probation failures and to identify responsive solutions. The project (overseen by the City University of New York Institute for State and Local Governance) started on October 1, 2019 and will examine cases from 2014 through 2019. According to Chief Probation Officer Linda Brady this will help them "understand the pathways to revocation so we can identify ways to disrupt these pathways and hopefully give our clients greater opportunities for success." A preliminary report should be available by the end of 2020 or early 2021 with a final report completed by mid-2021.

## **D. REVIEW OF PROBLEM SOLVING COURTS**

Monroe County has four kinds of problem solving courts, also called specialty courts:

1. Drug Treatment Court [Started November, 1999]
2. Reentry Court [Started October 6, 2014] Serves mostly offenders returning from state prison
3. Mental Health Court [Started August 27, 2015] Serves participants diagnosed with a serious mental illness.
4. Veterans Court [Started December 1, 2016] Serves participants from Monroe, Owen, and Lawrence Counties.

The general purpose of the problem solving courts is to reduce recidivism by addressing the individual's problems and need for facilitative support. For the offender, participation in a specialty court may be an alternative to a harsher sentence, such as imprisonment. Duration of participation is usually about two years.

Problem solving courts do not have a large number of participants at a time, thus have only a modest impact on the jail population. Consider also, that the candidates for all but the Reentry Court may have spent 30 or more days in jail before being processed and approved for the courts. In addition, some of the persons who fail in the various courts will return to jail to have their cases addressed through the normal criminal case process. The number of new persons assigned to supervision in the specialty courts is shown below.

**Table XI.1. Number of New Individuals Received  
in 2019 and 2020 into the Problem Solving Courts<sup>87</sup>**

TYPE OF COURT	2019	2020
Drug Treatment Court	35	29
Reentry Court	23	13
Mental Health Court	7	7
Veterans Court	6	8
TOTAL	71	57

Monroe County Problem Solving Courts have seven criteria that a candidate must satisfy in order to participate:

1. Resident of Monroe County.
2. No past felony convictions for serious violent offenses, nor any present pending offenses for serious violent offenses.
3. No pending offenses for dealing in a controlled substance. Also, past convictions for dealing offences may affect possible participation in the program.
4. Be at least 18 years of age or older and have previous unsuccessful opportunities at probation or treatment.
5. No outstanding warrants or open parole/probation violations in any other county or state.
6. No indication that a firearm was in possession during the commission of the present offense, nor have any prior convictions for firearm violations.
7. Have indications of recent or past substance abuse arrests and the defendant admits to substance abuse/problem.<sup>88</sup>

A challenge for the Monroe County Drug Treatment Court is finding enough qualified candidates. Often an abuser's addiction is so severe at the time of arrest that he or she is not willing to commit to all the work required by the court program. In addition, the program is costly for low-income persons:

1. Participation Fee: \$300 for persons convicted of a misdemeanor offense and \$400 for a felony.
2. Monthly Probation Fee: \$20 for misdemeanor offenders and \$30 for felony offenders.
3. Payment for all drug tests, which may be numerous.
4. Payment of fees charged by the community agency to which the abuser has been referred.<sup>89</sup>

<sup>87</sup> "Monroe Circuit Court Probation Department: Annual Report for 2020," pages 72-77. Available at [https://www.co.monroe.in.us/egov/documents/1616002398\\_36073.pdf](https://www.co.monroe.in.us/egov/documents/1616002398_36073.pdf)

<sup>88</sup> "Division V. *Problem Solving Court Program*" (brochure). *Monroe Circuit Court*. Available at <https://www.co.monroe.in.us/departments/division.php?structureid=129>

<sup>89</sup> "Problem Solving Court Intake and Orientation Forms." *Monroe Circuit Court Adult Probation Services Court Alcohol and Drug Services*. Available at: [https://www.co.monroe.in.us/egov/documents/1593016953\\_72987.pdf](https://www.co.monroe.in.us/egov/documents/1593016953_72987.pdf)

The speed of screening candidates for specialty courts by the Prosecutor's Office affects the length of stay of detained defendants. The best practice is to have a candidate engaged in treatment court within 30 days. Interviews by the consultants suggest that this goal is frequently not met.

Processing delays may come from several sources, such as from the Prosecutor's Office practices, defense attorneys, and information sources that provide needed background information. For example, a decision to refer a candidate to Mental Health Court requires obtaining sufficient mental health information to support a decision, e.g., a diagnosis of mental health status which may have to be obtained through discovery from the defense attorney. For Veteran's Court, the process may be delayed in obtaining information on the person's discharge from service.

Monroe Problem Solving Courts appear to be functioning well. As with many courts set up in the United States, problem solving courts in Indiana are guided by both national models and state statutes and are reviewed periodically. For example, the Drug Treatment Court was evaluated in March 2019 by the Indiana University School of Social Work. In addition, the Drug Court has been recognized by The National Association of Drug Court Professionals (NADCP) as an exceptional example of a drug court. In 2018 the Indiana Office of Court Services granted initial certification of the Reentry, Mental Health, and Veterans Courts.

**RECOMMENDATION: The Prosecutor's Office Should Examine the Various Facets of Decision Making to Identify How to Expedite Specialty Court Referrals.**

## **E. EXAMINATION OF THE IMPACT OF COURT UNIFICATION ON COURT PERFORMANCE**

**FINDING: Unification Alone Does Not Mean That All Judges Will Work With a Synchronized, Single-Processing Focus that Guarantees Time-Efficiency of Case Processing.**

Consensus generally exists that a unified court system has five components: (1) a consolidated and simplification of court structure, (2) centralized management, (3) centralized rule making, (4) centralized budgeting, and (5) state financing." A key to a unified court system is the ability to divide the duties of the court among judges. No longer is each judge responsible for the entire administration of the court.

In 1990 Monroe County's courts were unified. Rather than having several courts, such as a circuit court and superior court, the distinction between courts was removed and they were collectively reorganized as a "Circuit Court." This reorganization provided centralized administrative support. However, each judicial officer remained as a separately elected officer who is responsible for their individually docketed cases. They retained the ability to conduct court proceedings according to individual preferences which are allowed within the parameters of general court rules.

The four criminal divisions rotate on a four-week rotation, as follows:

- Week 1: Duty Week: All bail reviews, initial hearings, probation evidentiary hearings required within 14 days of arrest, traffic bench trials, and misdemeanor guilty pleas and sentencings.
- Week 2: Jury Trial Week



- Week 3: Miscellaneous Week: Misdemeanor pretrial conferences, probation evidentiary and Disposition hearings, restitution and sentencing hearings, hearings on motions to suppress, other miscellaneous hearings as needed
- Week 4: Felony Week: Felony pretrial conferences, felony guilty pleas and sentencings, probation evidentiary and disposition hearings

The criminal divisions move in numerical order, circuits 2, 3, 5, and 9. For example, in the first week of the month, it is Division 2's duty week, Division 3's jury week, Division 5's miscellaneous week and Division 9's felony week.

General guidance for court case processing is provided in Indiana Supreme Court Rules and Local Court Rules. Although the Local Rules (LR) are more specific than the Supreme Court Rules, they lack the level of detail needed to ensure consistency among judges required to reduce unnecessary delays in case processing. For example, Local Rule 53-TR53-0207 on continuances is much less specific than the model continuance policy developed by the National Center for State Courts which has been adopted by courts in other states. This lack of specificity is compounded when judges rotate, each judge may have a different opinion about granting continuances. Chapter VII analyzes the problem of an extensive number of continuances.

What this means is that judicial decision-making and case management is not controlled by the Presiding Judge. The concept of "unified" cannot be superimposed onto "judicial independence" so as to synchronize judicial case management thereby resulting in all judges "acting as one." This is one of the reasons that the Board of Judges was established, i.e., to decide on case processing practices.

If the Board of Judges adopts the strategies in Chapter 5 to: (1) implement a process to control continuances and (2) implement a system of differentiated case management (DCM) that action could build a stronger team approach and consistency in case processing than now exists. The implementation of a method to control continuances is not complex and could be implemented in a relatively short time. In regards to the adoption of DCM, the consultants suggest that the criminal court judges draw on Strategy One in Chapter Eight, which is to bring in a subject-matter-expert to conduct informational meetings with the Judges, Prosecutor, and Public Defender. This approach will help to increase knowledge of how DCM works and its benefits. Without such awareness, there is a likelihood that the recommendation to adopt DCM will be quickly dismissed.

#### **F. IMPROVING THE ABILITY TO REVIEW PERFORMANCE OF COURT SUPPORT STAFF**

Although the speed of case processing is largely controlled by the judges, court administrative staff play an important role in supporting case processing operations. Court staff do not function on their own. They take direction from the individual judges, as well as the Board of Judges. Since each judge is running their own courtroom, it is possible that processes and procedures may differ, which is like to affect the consistency across job descriptions. Furthermore, it is possible that job descriptions, if not continually updated, will not reflect the true functions of court support staff.

ALL of the key court support staff positions are funded by the County Council and, not having other information, depend on the position descriptions to garner an understanding of what they are funding.

**Everything from recruitment and training to performance evaluations  
and compensation stems from job descriptions.<sup>90</sup>**

Thus, it was no surprise to the consultants when County administrative officials asserted that the job/position descriptions should be the instruments by which to evaluate functioning of the court support staff. This is a reasonable expectation, however, it is based on the assumption that someone will be in charge of periodically overseeing the updating of position descriptions.

Monroe County Administration provided eleven job/position descriptions for the consultants to review. Results of that review are presented below.

**FINDING: THE POSITION DESCRIPTIONS PROVIDED TO THE CONSULTANTS FOR REVIEW HAD NOT BEEN UPDATED SINCE 2005.**

Trying to compare the various staff functions as they existed 15 years ago to what they are today would be tenuous at best. The Courts should follow the County policies to update the job descriptions after reviewing this report, to effectuate the changes that are determined to be beneficial.

**RECOMMENDATION: Circuit Court and County Council Should Agree Upon When and How to Update Position Descriptions.**

As with all positions, Court position descriptions should be reviewed frequently, i.e. every three years.<sup>91</sup> A key function of a position description is to prescribe what ought to happen. Periodic performance reviews should compare what ought to happen to what does happen and, accordingly, lead to adjustments in either the position description or performance of the staff member when discrepancies are found. Too often government organizations let jobs evolve into "products of the incumbent

**G. ISSUES THAT COULD NOT BE ADDRESSED IN THIS STUDY**

During the course of the study, four issues were encountered that could not be adequately addressed due to complexity or budgetary limitations of the County to support implementation within the immediate future.

- 1. Night Court:** A night court that would operate on a restricted schedule, such as once a week, will require a comprehensive study. For example, how to provide coverage by staff in court-related agencies and Justice Building support operations will need to be considered. Such an undertaking would require a series of planning sessions led by the judiciary. An option for extending court operations into the evening would also require a study of how to provide staff coverage beyond

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<sup>90</sup> Kathryn Tyler, "Job Worth Doing: Update Descriptions - The basic job description is the foundation of nearly every HR function." *HR Magazine*. January 1, 2013. Available at <https://www.shrm.org/hr-today/news/hr-magazine/pages/0113-job-descriptions.aspx>

<sup>91</sup> Tyler, *Ibid*.

normal working hours. A survey and analysis of night court operations is provided in an appendix of this report.

- 2. Self-Represented Litigant Center** (also called “Pro Se Center”): In 2017, Indiana University entered into a partnership with the Coalition for Court Access (IU-CCA) to conduct a statewide legal needs study. Results of that study disclosed that about one in four civil cases filed in 2017 involved unrepresented litigants.<sup>92</sup> The Self-Represented Litigation Network estimates that the percentage of self-represented litigants, nationwide, could be even higher.<sup>93</sup> The magnitude of the problem points out a need to support the public's desire to pursue their legal issues without hiring an attorney.

A common response that can be found around the country is to develop a court-led self-help center. Such centers, typically, consist of a website, a convenient location in a courthouse, supporting materials and forms, and staff to oversee the center.

Development of such a center in Monroe County will require a space study and possible relocation of some courts related offices and determination of how to provide staffing. Due to the fiscal constraints of the County budget, this issue may not be a viable topic of this time. However, this issue should be addressed in strategic planning for the future development of Court resources and capabilities.

- 3. Forensic Social Worker for the Public Defender’s Office:** Early in 2019 the Indiana Public Defender Council acknowledged the growing need for social workers to support public defense attorneys. The Monroe Public Defender is cognizant of the need to provide quality defense and to ensure that proper treatment needs are being addressed as rapidly as possible to positively impact a population of defendants struggling with substance abuse, untreated mental health concerns, homelessness, unemployment, poverty, and the life consequences that follow multiple incarcerations. In serving this population, the skill-set of a forensic social worker would be beneficial in creating alternative sentencing plans that would involve effective options which would not otherwise be identified.
- 4. Slow Turnaround of Evidence Analysis Results from State Laboratory:** The Public Defender indicated this is a major problem that delays processing of some cases in his office. This issue is problematic in many states and is outside the purview of the consultants to address.

**Document Provided in the Appendix of This Report:** Issues Surrounding the Feasibility of a Night Court.

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<sup>92</sup> “Indiana Civil Legal Needs Study and Legal Aid System Scan.” *Indiana University Public Policy Institute*, March 2019. Available at: <https://www.in.gov/judiciary/iocs/files/cca-civil-legal-needs-study.pdf>

<sup>93</sup> “An estimated 3 out of 5 people in civil cases go to court without a lawyer.” *Self-Represented Litigation Network*, 2021. Available at <https://www.srln.org/>

## **CHAPTER XII**

### **IMPLEMENTATION OF COURT-RELATED IMPROVEMENTS**

#### **A. INTRODUCTION**

Each problem identified in the findings of the various chapters have specific recommendations about how to resolve them. For that reason, those recommendations will not be discussed again in this chapter.

Recommendations pertaining to the criminal case processing operations that are the responsibility of the court will need to be pursued by the judiciary. The executive branch cannot impose solutions on the court. Strategy one, below, suggests a manner that the court could obtain assistance in considering implementation of recommended improvements. Two additional strategies are provided for promoting problem-solving involving practices of more than one agency.

Strategy One: Bring in a Subject-matter-expert Judge for Special Meetings with Judges and Others

Strategy Two: Establish a Criminal Justice Coordinating Council (CJCC) consisting of the BOJ, Prosecutor, Defense Bar, PD, Sheriff, Police, Chief Probation Officer, Stride Administrator, Court Administrator and a prior user of the jail/probation (lived experience).

Strategy Three: Implement Informal Meetings of Key Justice System Administrators - an Alternative to a Criminal Justice Coordinating Committee (CJCC)

#### **B. IMPLEMENTATION STRATEGIES**

The possibility of improving case management becomes more likely if the judiciary is actively engaged. Previously held beliefs about “how we do business” create a filter which, in essence, will turn this report into a menu of choices – the selection of which will involve choosing immediately palatable recommendations and discarding important other choices without fully considering their merits or need. In the following pages three strategies are presented that could facilitate improvement in overall criminal justice functioning. The strategies are listed in the order of their potential impact, from highest to lowest. The decision about which strategy to select will depend upon the willingness of the various criminal justice leaders to participate in. Also, there would be no problem in selecting more than one of the strategies. For example, strategy two would easily serve as a follow-up to strategy one.

##### **1. Bring In A Subject-Matter-Expert Judge For Special Meetings With Judges And Others**

Experience suggests that information provided by an actively sitting or retired judge who has a proven track record of case management is the most effective approach for fostering exploration of ideas by judges. The consultation would be in the form of a one-day workshop that would include, for example some or all of the following. The final workshop content should be driven by the Presiding Judge in consultation with the Board of Judges in Monroe County.

- a. Discussion of case management techniques from a judge’s perceptive, use of data in managing cases and resources,
- b. The impact and reaction to implementing change with the bar and other stakeholders,

- c. Use of CourTools that relate to case management, benefits of system improvement both operationally and politically,
- d. Different calendaring and case assignment techniques available to judges having limited resources,
- e. Benefits of implementing a differentiated case management system,
- f. Why more timely processing of cases, based on best practices, will not sacrifice the quality of justice,
- g. Pre-workshop self-assessment with discussion of results during the workshop.

Following the workshop, a similar, briefer session should be conducted for prosecutors, public defenders, and local defense attorneys. The session could be held as a long lunch time or at the end of the day, but not to exceed three hours. The importance of this session should not be overlooked, because the goal is to share the information with as many participants in the local legal culture as possible.

If this recommendation is accepted, information about securing a content-matter-expert judge at little cost to the Monroe County and the Circuit Court will be provided by Justice Concepts Inc.

## **2. Establish A Criminal Justice Coordinating Council (CJCC)**

During discussion with County Officials, the utility of a Criminal Justice Coordinating Council (CJCC) was raised. This section responds to that concern. An alternative to a CJCC is also provided in Section 5.

The purpose of a Criminal Justice Coordinating Council is to bring criminal justice system stakeholders together to identify bottlenecks, work collaboratively on solutions and improve efficiency of the justice system. CJCCs differ from other criminal justice committees in that they are designed to be permanent, ongoing, advisory boards that solve specific problems as they arise, monitor the system's functioning, and manage its collective workload.

### **a. Example of a CJCC**

During the search for an example of a CJCC in a community similar to Monroe County, the CJCC webpage of Douglas County, KS was identified. Douglas County is the home of the University of Kansas, has a court system with eight judges, and shares many community characteristics with Monroe County. The webpage address is <https://www.douglascountyks.org/cjcc/about>. The site contains:

- i. CJCC bylaws
  - The bylaws list the Council membership positions. It includes all of the persons typically suggested in CJCC planning literature plus several others. The members are identified by terms and voting status on the Council. Since Douglas County does not have a public defender, a representative of the local bar, who serves on the panel of criminal attorneys, has been appointed as a member.
  - How the council chair is selected.
  - Nature of the meetings, schedule, and voting.
  - How staff support is provided.

- Importantly, the bylaws specify that members may not designate an alternate and are expected to attend all bimonthly Council meetings.

ii. List of Members

The members are shown by name and who they represent in the criminal justice system, county agencies, and community. This list will provide insight into how members of a Monroe County CJCC might be chosen. Among the community representatives is a former consumer of the criminal justice system.

iii. Strategic Plan for 2019-2022

The strategic plan is shown as a list of areas that will be addressed. Some of the areas reflect activities that have been, or will be, planned as separate initiatives and others involve coordination of efforts between agencies.

- Examples of initiatives are the evaluation of current programs and unification of data among criminal justice agencies.
- An orientation process will be developed to familiarize new CJCC members with how the CJCC operates, including historical and ongoing initiatives. Such an orientation is important because of frequent turnovers of agency representatives who are elected or appointed by the county or their organization.

iv. Description of the two staff persons who support the CJCC.

Importantly, the webpage provides a description of these staff members. This information will be helpful in gauging the level of competence that Monroe County will need in establishing support for a CJCC.

- The Criminal Justice Coordinator has extensive experience in working with clients, in managing various types of treatment programs, and in planning innovative programs that respond to local needs.
- The Data Analyst has worked as a statistician for federal agencies and was a senior associate in research for the Pew Charitable Trusts' Public Safety Performance Project.

b. The Need for Data

Members of many new CJCCs have quickly realized that their ability to recommend changes or make decisions that have a high likelihood of success is extremely limited without data and information to guide decision-making. When planning a CJCC omits the ability to collect and analyze local data and fails to stress the importance of researching cost-effective and evidence-based practices, CJCC members tend to make decisions based on anecdotes, or on

responses to sensational cases, or that are politically charged.<sup>94</sup>

c. Useful Tips for Organizing a CJCC

The Bureau of Justice Assistance (BJA) publication, *County Elected Officials Guide to Criminal Justice Decision Making* provides the following tips:<sup>95</sup>

- i. Request an initial one-year commitment from key stakeholders to actively participate.<sup>96</sup>
- ii. Require stakeholders, not proxies, to attend.
- iii. Create bylaws that define the systemic mission, objectives and structure of the CJCC.
- iv. Establish ground rules for meeting conduct, decision making, and information sharing.
- v. Focus on the system and public safety and avoid territorial boundaries and politics
- vi. Maintain balance so that no one individual or justice organization controls the council or meetings.
- vii. Identify 3-5 initiatives that the CJCC can mutually work together to address over the first year.
- viii. Make every meeting productive out of respect for stakeholders' time.
- ix. Form committees to work on tasks between CJCC meetings.
- x. Hire qualified staff to assist with CJCC efforts.

d. Considerations

- i. Without a requirement to report successes and areas of continuing discussion and disagreement, CJCC's activities, achievements, and areas of disagreement have generally been known only to its participating agencies. This has created little incentive to coordinate for the common good, and all too often agencies have simply "agreed to disagree" without taking action.<sup>97</sup>
- ii. Politically charged disagreements among CJCC members may freeze a CJCC's ability to perform. For example, on February 11, 2020, the Walworth County, WI County Board dissolved its CJCC (created in 2005) because of disagreements among the members about operation of the county's drug court. The CJCC will be reconstituted in a privatized structure that will allow members to hold discussions out of view – Wisconsin has an open meeting

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94 Michael Jones, "Guidelines for Staffing a Local Criminal Justice Coordinating Committee. *National Institute of Corrections*. December 2012, page xi. Available at: <https://nicic.gov/guidelines-staffing-local-criminal-justice-coordinating-committee>.

95 The Justice Management Institute, National Association of Counties, & Pretrial Justice Institute. "County Elected Officials Guide to Criminal Justice Decision Making." *Bureau of Justice Assistance*. September 30, 2016. Page 4. Available at: <https://cjcc.doj.wi.gov/sites/default/files/subcommittee/county-elected-officials-cj-guide.pdf>

96 Experience in working with the CJCC in Douglas County suggests that a two-year commitment would be better because it takes three to four meetings to become familiar with the process.

97 Testimony Before Congress, "Criminal Justice System: Better Coordination Needed Among Participating Agencies," *U.S. Government Accountability Office*. GAO-01-708T. May 11, 2001. Available at: <https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-01-708T/html/GAOREPORTS-GAO-01-708T.htm>

rule for government bodies.<sup>98</sup>

- iii. The ability of CJCCs to maintain consistent participation from its organizational members is a challenge. Many of the members are elected officials or agency heads appointed by local government. As such there can be frequent turnover.

- This is an aspect in which an effective coordinator can make a difference. One-on-one meeting with key stakeholders can keep them engaged and attending meetings. Sometimes this means a project may be delayed in order to ensure that key stakeholders are engaged. Regardless of delays, in the long run this engagement is essential.

The most important role of a coordinator is in one-on-one meetings. Key stakeholders need to have frequent input into the direction of CJCC projects. In the words of one criminal justice coordinator, "There is nothing worse than the first time a leader learns about data from his agency than when it is presented in a public setting." That coordinator also explained that he had put together many data reports that never went any further than the leader's desk, even though he felt that it was important to release the information for discussion. His advice is that it is more important to maintain relationships than it is to be right or to pursue action too quickly on a project.

- iv. Most of the success of a CJCC will be in the form of improved case processing between agencies, identification of needs for new programs, and operational efficiencies of existing alternatives to incarceration, supervision, and treatment programs.<sup>99</sup>
- v. While the CJCC may be presented as a community organization with equity among members, this equity is impossible to achieve. Officials who are elected or appointed to run a criminal justice entity have more to lose than community members or directors of human service agencies. The justice officials also have all the power when it comes to data collection, policy and implementing changes.

The author of this chapter is familiar with several Kansas counties that implemented a CJCC. In one of the counties, during the implementation phase of their CJCC, the leadership made a mistake in telling community members they were equal partners in the CJCC. Equal partnership is ideal condition, not a reality. After three years the leadership changed how they couched the communication to convey that all members had an equal voice but not

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98 Scott Williams, "County criminal justice group going private to avoid open meetings law." *Lake Geneva Regional News*, February 20, 2020. Available at: [https://www.lakegenevanews.net/news/local/county-criminal-justice-group-going-private-to-avoid-open-meetings/article\\_d876cefc-7b06-5d97-bb16-b4e73f784637.html](https://www.lakegenevanews.net/news/local/county-criminal-justice-group-going-private-to-avoid-open-meetings/article_d876cefc-7b06-5d97-bb16-b4e73f784637.html)

99 This definition of success is different from that expressed by Gleigher, et. al. in the July 2108 technical report of the Illinois Criminal Justice Information Authority, Center for Justice Research and Evaluation, "Collaboration in Criminal Justice: A Review of the Literature on Criminal Justice Coordinating Councils." A conclusion of this report stated "Little is known about the outcomes of CJCCs, so more rigorous research is needed. Research on effectiveness of CJCCs and the potential impacts on crime is needed to recognize them as evidenced-based practice." That conclusion fails to consider that improvements as the processing of cases between criminal justice cases may be extremely difficult to measure in terms of "impacts on crime."



necessarily equal vote in decision-making about CJ operations. If this change in communication had not occurred, it would have been difficult to keep CJ Officials engaged in strategic planning. Thereafter, new members understood and embraced the concept. CJ officials who would have been affected by the misunderstanding include the Sheriff, Chief of Police, District Attorney, District Chief Judge and Municipal Judge.

- vi. County leaders want change but often tend to be unrealistic about their "bandwidth" to do the work. Most projects are achieved by individuals who championed the project. For example, in a county known to the author, a study of race and ethnicity in law enforcement contacts was commissioned with a researcher experienced in this subject. Even though this issue had been discussed in CJCC meetings and all of the county chiefs of police, the sheriff and the criminal justice coordinator agreed to work with the researcher to collect data, several CJCC representatives stated publicly that the CJCC is doing nothing on race. Apparently, those council members did not feel connected to the work. In an attempt to improve their connection, as well as the community's resulting misgivings, the CJCC established work groups which were to meet frequently on specific tasks and report back to the CJCC in open meetings. Intentionally, the work groups were chaired by non-CJCC members. These persons were selected for their high performance in their community agencies. The chairpersons met regularly with the CJS coordinator and, also, received CJCC support funding to attend training and conferences that expanded their knowledge in the area of their work group's focus.
- vii. As evident in the preceding discussion of support needed for a CJCC, if a county does not have a strong data department, then an experienced, outside analyst should be hired. In carrying out data analysis tasks, the analyst will need access to multiple databases, such as the jail, law enforcement, and mental health databases. In the instances that data is protected, the county should establish mou's and business associative agreements or organizing a data-collaborative when appropriate.
- viii. A clear indicator that the CJCC is seriously failing to serve a positive function in criminal justice system appears when appointed members stop attending and send their alternatives who have no decision-making authority.

c. Viability of Implementing a CJCC in Monroe County

A decision to implement a CJCC will need to take into several aspects into considerations:

First, leaders of the criminal justice agencies will have to agree to participate.

Second, CJCC participants should agree on their ultimate goal. The goal of a CJCC is often a variation of:

*To serve as an anchor to and steer a process of planning, analysis and coordination to improve the effectiveness and efficiency of the local criminal justice system.*<sup>100</sup>

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100 Marea Beeman and Aimee Wickman, "The Criminal Justice Coordinating Council Network Mini-Guide Series: Measuring Performance of CJCC's." *The Justice Management Institute*, January 2013. Available at: <https://cjcc.doj.wi.gov/sites/default/files/subcommittee/CJCCMiniGuide-Performance%20Measures.pdf>

If the only goal is for the CJCC to promote implementation of the recommendations in this report, a possibility exists that some recommendations may not be desirable to one or more of the criminal justice system officials. This could affect their decision to not participate in the CJCC.

Third, it is likely that a criminal justice coordinator and experienced analyst will have to be hired. Experience in Douglas County suggests that, although a university has professors technically skilled in data analysis, they may not have sufficient operational experience to understand the nuances of the criminal justice system. In a time when the county tax base is shrinking, the addition of staff would be an unexpected expenditure.

d. Additional Information About CJCCs

Before accepting or rejecting implementation of a CJCC, the county administrators should fully explore information on the Douglas County CJCC webpage and the following documents:

- i. The Justice Management Institute, National Association of Counties, & Pretrial Justice Institute. "County Elected Officials Guide to Criminal Justice Decision Making." *Bureau of Justice Assistance*. September 30, 2016, page 4. Available at: <https://cjcc.doj.wi.gov/sites/default/files/subcommittee/county-elected-officials-cj-guide.pdf>
- ii. Michael Jones, "Guidelines for Staffing a Local Criminal Justice Coordinating Committee." National Institute of Corrections. Dec. 2012, p xi. Available at: <https://nicic.gov/guidelines-staffing-local-criminal-justice-coordinating-committee>.

**3. IMPLEMENT INFORMAL MEETINGS OF KEY JUSTICE SYSTEM ADMINISTRATORS - An alternative to a CJCC**

In Lake County, Illinois where a CJCC failed to take hold, the key CJ agency leaders agreed to meet monthly to discuss common issues, new programs/initiatives in one of the agencies that might impact another CJ agency, and to work on support for common goals for improving the overall criminal justice system.

Membership of this informal group included the presiding judge, chief prosecutor, chief public defender, sheriff, and court clerk. The court administrator, county executive, jail superintendent, and chief probation officer were invited to meetings based on the topic(s) for discussion. As the meetings evolved, the county executive became a participant. The meetings did not meet the requirements of the open meetings statute and, thus, was not open to the public, unless all members agreed that releasing information would benefit in the betterment of the issue/problem/initiative/or position taken by members.

A benefit of this type of group is that it seeks to build consensus and team building on both short- and long-term objectives rather than voting on issues.

Given that there is no budgetary impact for forming this group, its implementation depends only on the willingness of the key agency members to meet.

4. Work with the State of Indiana as per IC 33-38-9.5-1

Establishment and duties of advisory council; information provided by department of correction

C. The duties of the advisory council include:

- (1) reviewing and evaluating state and local criminal justice systems and corrections programs, including pretrial services, behavioral health treatment and recovery services, community corrections, county jails, parole, and probation services;
- (2) reviewing the processes used by the department of correction and the division of mental health and addiction in awarding grants;
- (3) reviewing and evaluating jail overcrowding to identify a range of possible solutions;
- (4) coordinating with other criminal justice funding sources;
- (5) establishing committees to inform the work of the advisory council; and
- (6) performing other relevant duties as determined by the advisory council.

## **CHAPTER XIII**

### **POTENTIAL FUNDING RESOURCES**

#### **FUNDING SOURCES EVIDENCE JAIL AND CRIMINAL JUSTICE SYSTEM BEST PRACTICE PLANNING, IMPLEMENTATION, and ADMINISTRATION**

Local criminal justice and corrections systems can leverage public and private-non-profit grant function for planning, developing, implementing, operation, and evaluating various evidence-based best practice reports. This is a non-exclusive list of various funding opportunities for various local reform initiatives.

##### **A. National Initiatives Adjudication: Training and Technical Assistance for Pretrial Release Decision-Making: Using Risk Assessment and Supervision to Enhance Public Safety:**

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is seeking applications under its National Initiatives Adjudication: Training and Technical Assistance for Pretrial Release Decision-Making: Using Risk Assessment and Supervision to Enhance Public Safety. This program furthers the Department's mission by assisting state and local jurisdictions in using evidence-based, data driven strategies to reduce crime and unnecessary confinement, while improving the fair administration of justice.

Eligible applicants include for-profit (commercial) organizations, nonprofit organizations (including tribal nonprofit or for-profit organizations), and institutions of higher education (including tribal institutions of higher education) that support national initiatives to improve the functioning of pretrial systems using risk assessment tools and risk management. For-profit organizations must agree to forgo any profit or management fee. Applicants are strongly encouraged to submit an application that shows partnerships with key organizations in order to build strong working relationships with national-level organizations in the criminal justice field.

BJA welcomes applications that involve two or more entities that will carry out the funded federal award activities; however, one eligible entity must be the applicant and the others must be proposed as subrecipients. The applicant must be the entity with primary responsibility for administering the funding and managing the entire project. Only one application per lead applicant will be considered; however, a subrecipient may be part of multiple proposals.

BJA may elect to make awards for applications submitted under this solicitation in future fiscal years, dependent on, among other considerations, the merit of the applications and the availability of appropriations.

Contact Information: For technical assistance with submitting an application, contact the Grants.gov Customer Support Hotline at 800-518-4726 or 606-545-5035, or via email to [support@grants.gov](mailto:support@grants.gov). The Grants.gov Support Hotline hours of operation are 24 hours a day, 7 days a week, except federal holidays.

Applicants that experience unforeseen Grants.gov technical issues beyond their control that prevent them from submitting their application by the deadline must email the BJA contact identified below within 24 hours after the application deadline and request approval to submit their application.

Additional information on reporting technical issues is found under “Experiencing Unforeseen Grants.gov Technical Issues” in the How to Apply section.

For assistance with any other requirement of this solicitation, contact the National Criminal Justice Reference Service (NCJRS) Response Center: toll-free at 800-851-3420; via TTY at 301-240-6310 (hearing impaired only); email [grants@ncjrs.gov](mailto:grants@ncjrs.gov); fax to 301-240-5830; or web chat at <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>. The NCJRS Response Center hours of operation are 10:00 a.m. to 6:00 p.m. eastern time, Monday through Friday, and 10:00 a.m. to 8:00 p.m. eastern time on the solicitation close date.

**B. Laura and John Arnold Foundation (LJAF) makes strategic investments in criminal justice, education, evidence-based policy and innovation, sustainable public finance, and research integrity. In addition to these core areas of focus, we identify and pursue other high-leverage opportunities through our New Initiatives division. LJAF’s grants are aligned with our Philosophy of Philanthropy and support projects that are intended to produce sustainable and scalable solutions that result in transformational change.**

1. Various grants awarded for:
2. Criminal Justice System Improvement
3. Pretrial Release Services
4. Technical Assistance for Innovative Training, Program Development and Implementation
5. Jail Diversion and Alternatives to Confinement
6. Special Grants for Evaluating the Effectiveness and Sustainability of Evidence-Base Best Practices
7. Mentally Ill / Chemically Addicted Offender Programming and Community Partnerships

Contact: <http://www.arnoldfoundation.org/grants/#>

**C. SAMHSA.gov. United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration Grants.**

SAMHSA / GAINS Center has program and block grants available to improve criminal justice and community response and outcomes for community and offender behavioral health issues, criminal justice and jail diversion programs, homelessness, specialized court programs for mental health, substance abuse, and veterans. Through its programs, SAMHSA provides grants to establish or expand programs that divert adults with a serious mental illness or a co-occurring disorder from the criminal justice system to community-based services prior to arrest and booking. Special consideration will be given to applicants proposing to use grant funding to support early diversion services for veterans.

SAMHSA grants are open to U.S. public and non-profit entities. Check for any additional eligibility requirements in the grant’s Request for Applications (RFAs), or on [Grants.gov](https://www.samhsa.gov/grants), to see if you are eligible to apply for that specific grant.

**D. United States Department of Justice. The Department of Justice offers funding opportunities to support law enforcement and public safety activities in state, local, and tribal jurisdictions; to assist victims of crime; to provide training and technical assistance; to conduct research; and to implement programs that improve the criminal, civil, and juvenile justice systems.**

The Department of Justice (DOJ) has three grant-making components: the Office of Community Oriented Policing Services (COPS); the Office of Justice Programs (OJP) comprised of six bureaus and program offices; and the Office on Violence Against Women (OVW). These agencies are responsible for awarding federal financial assistance to support law enforcement and public safety activities in state, local, and tribal jurisdictions; to assist victims of crime; to provide training and technical assistance; to conduct research; and to implement programs that improve the criminal, civil, and juvenile justice systems. The Congressional appropriation that supports DOJ's programs and operations reflects the priorities of the President, the Attorney General, and Congress. The DOJ Program Plan is a tool to help applicants and grantees find funding opportunities (solicitations) that address their criminal, juvenile, and civil justice needs. The DOJ Program Plan provides summary details of the funding opportunities each DOJ grant-making component is expecting to release or has released in the current fiscal year. The DOJ Program Plan addresses the following priorities:

1. Administering justice for and strengthening services to victims of domestic violence, dating violence, sexual assault, and stalking.
2. Advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies.
3. Implementing state of the art strategies for crime fighting, control, and prevention by law enforcement officers in states, cities, and neighborhoods.
4. Expanding research, training and technical assistance, and programs that enhance the criminal and juvenile justice systems and support services.

For convenience and ease of access, the DOJ Program Plan can be filtered by the various grant-making components or offices (i.e., COPS, OJP bureaus and offices, and OVW), keywords, eligible applicants categories and subcategories, and expected release date.

For more information about the DOJ grant-making components, please visit the following sites:

1. The Office of Community Oriented Policing Services (COPS)
2. The Office of Justice Programs (OJP)
3. The Office on Violence Against Women (OVW)

The DOJ Program Plan is a tool to help applicants and grantees find funding opportunities (solicitations) managed by the DOJ grant-making components that address their criminal, juvenile, and civil justice needs.

Contact: <https://www.justice.gov/grants> and  
<https://ojp.gov/funding/Explore/CurrentFundingOpportunities.htm>

- E. National Criminal Justice Reference Service NCJRS.gov. Established in 1972, the National Criminal Justice Reference Service (NCJRS) is a federally funded resource offering justice and drug-related information to support research, policy, and program development worldwide. Additionally, NCRJS is a great site for locating federal grant opportunities for various criminal justice, corrections, law enforcement, community corrections projects and programs for addressing a variety of issues.**

You can view general funding information and opportunities from our federal sponsors and other agencies on the following sites:

1. Office of Justice Programs (OJP): <https://ojp.gov/funding/>
2. Bureau of Justice Assistance (BJA): <https://www.bja.gov/funding.aspx>
3. Bureau of Justice Statistics (BJS): <https://www.bjs.gov/index.cfm?ty=fun>
4. National Institute of Justice (NIJ): <https://www.nij.gov/funding/pages/welcome.aspx>
5. Office for Victims of Crime (OVC): <https://ojp.gov/ovc/grants/index.html>
6. Office of Juvenile Justice and Delinquency Prevention (OJJDP): [https://www.ojjdp.gov/\\_funding/funding.html](https://www.ojjdp.gov/_funding/funding.html)
7. Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking (SMART): <https://www.smart.gov/funding.htm>

**F. The Second Chance Act (SCA) supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people returning from state and federal prisons, local jails, and juvenile facilities. Passed with bipartisan support and signed into law on April 9, 2008, SCA legislation authorizes federal grants for vital programs and systems reform aimed at improving the reentry process.**

The U.S. Department of Justice's Office of Justice Programs (OJP) funds and administers the Second Chance Act grants. Within OJP, the Bureau of Justice Assistance awards SCA grants serving adults, and the Office of Juvenile Justice and Delinquency Prevention awards grants serving youth. Since 2009, more than 800 awards have been made to grantees across 49 states.

**Second Chance Act Grant Programs**

1. Adults with Co-Occurring Substance Use and Mental Disorders
2. Community-Based Mentoring and Transitional Services for Adults
3. Family-Based Substance Use Treatment
4. Implementing County and Statewide Plans to Improve Outcomes for Youth in the Juvenile Justice System
5. Innovations in Reentry
6. Innovations in Supervision
7. Mentoring and Transitional Services for Youth
8. Juvenile Community Supervision Improvement
9. State, Local, and Tribal Reentry Courts
10. Statewide Recidivism Reduction
11. Technology Career Training
12. Two-Phase Juvenile Reentry Demonstration

Contact: <https://csgjusticecenter.org/nrrc/projects/second-chance-act/>

**G. The Annie E. Casey Foundation is limited to initiatives in the United States that have significant potential to demonstrate innovative policy, service delivery and community supports for disadvantaged children and families. The Foundation's approach to grant making focuses on commitments that enable us to invest in long-term strategies and partnerships that strengthen families and communities. The Foundation invites grantees to participate in these projects. We do not seek, accept or fund unsolicited grant applications.**

The mission of the Annie E. Casey Foundation is ambitious: to improve the futures of millions of disadvantaged children and their families.

To achieve results, we focus on developing solutions to build a brighter future for children, families and communities. As such, our grant-making strategies are focused on policies and practices that improve the outcomes of kids, families, communities and reform-minded leaders.

#### KIDS

We invest to make sure every child has a strong family — a family for life. We also work to give children and youth more access to opportunities for healthy development.

#### FAMILIES

Children's futures are profoundly affected by whether their parents have the opportunity for economic opportunity. We invest in strategies to help parents find jobs and to help employers find good workers. We invest to help families plan for their financial future and to help their children prepare for success through a good education.

#### COMMUNITIES

We know that future opportunities for kids are affected by the conditions in the neighborhoods where they grow up. We work to transform struggling communities into good places to raise a family, with good homes, effective schools, safe streets, vibrant businesses, strong connections to opportunity and responsive government.

#### LEADERS

We believe leadership can make a big difference, and we invest in developing leaders and in providing them with the tools they need to succeed.

We are driven by a relentless focus on data, evidence and results. We are committed to measurable improvement in the opportunities and outcomes for whole populations of children and families.

Contact: <https://www.aecf.org/who-we-help/>, and <https://www.aecf.org/about/grant-making/>

**H. The Bob Barker Company Foundation for Reducing Recidivism seeks to fund organizations that are well managed, have a financial and fundraising plan, engage in strategic planning, and have strong leadership and engaged governance. Your organization must meet the following requirements in order to be considered for funding. If you do not meet these requirements at this time, we encourage you to submit once these baseline requirements have been satisfied.**

1. Your organization's work must result in reducing recidivism.
2. Your organization must work with a minimum of 100 incarcerated or formerly incarcerated individuals annually.
3. Your organization must have a 501(c)(3) tax-exempt status or a governmental, educational or research institution with tax-exempt status.
4. Your methods must be "Evidence Based" or use "Best Practices."



Contact: <http://www.bobbarkercompanyfoundation.org/grant-process/>

**I. United States Department of Labor. Grants are available to create jail-based employment centers to ready inmates for job market before release, reduce recidivism.**

The U.S. Department of Labor's Employment and Training Administration today announced the availability of approximately \$5 million for 10 grants of up to \$500,000 each to put specialized American Job Centers within county, municipal or regional correctional facilities. By doing so, the grants will support an integrated approach that links pre-release services directly to post-release services. The "Linking to Employment Activities Pre-Release" initiative will fund the grants.

Every year, the U.S. Department of Justice reports, the nation's more than 3,000 county and local jails release more than 9 million people. Many of these individuals have few job skills and face difficult barriers to stable employment. Without a strong support system or a steady job, many once incarcerated people are likely to commit new crimes and return to jail: a cycle of recidivism that recurs nationally.

The department awarded \$10 million in grants for demonstration projects in 20 communities in 14 states to provide inmates with comprehensive services before release and ongoing support as they regain their place in the community when their incarceration ends.

One of those communities is Montgomery County, Pennsylvania, where U.S. Secretary of Labor Thomas E. Perez visited the Montgomery County Correctional Facility today as part of a "State of the Union: Cabinet in Your Community" tour. There, he observed demonstrations of the facility's manufacturing and computer occupational skills training, and met participants in the pilot program to discuss their experiences.

"There is no such thing as a spare American," said Secretary Perez. "We need to take people where we find them and help them overcome barriers. These grants strengthen our communities by integrating services already available in the community and building partnerships between local correctional systems and the local workforce systems."

The LEAP initiative seeks to break down silos and help integrate two services already offered by local governments – correctional facilities and workforce development programs. In nearly every county, municipal or regional area, jail or correctional facilities are located near an American Job Center. Nationwide, the U.S. Department of Labor funds approximately 2,500 centers, which local governments or non-profit organizations administer through local workforce investment boards.

LEAP aligns closely with the principles driving President Obama's My Brother's Keeper initiative, which seeks to address persistent opportunity gaps facing boys and young men of color and to ensure that all young people can realize their full potential.

For additional information and to apply, read the full Funding Opportunity Announcement online on Grants.gov.

Contact: <https://www.grants.gov/>

**J. United States Department of Health & Human Services.** Ending homelessness requires housing combined with the types of services supported by HHS programs. The delivery of treatment and services to persons experiencing homelessness are included in the activities of the Department, both in five programs specifically targeted to homeless individuals and in fourteen non-targeted or mainstream, service delivery programs.

1. Targeted homeless assistance programs are specifically designed for individuals or families who are experiencing homelessness.
2. Supportive Services: Non-targeted or Mainstream programs are designed to serve those who meet a set of eligibility criteria, which is often established by individual states, but are generally for use in serving low-income populations. Very often, persons experiencing homelessness may be eligible for services funded through these programs.

#### **Targeted Homeless Assistance Programs**

1. State Medicaid-Housing Agency Partnerships  
CMS' Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and CHIP Services (CMCS) and Center for Medicare & Medicaid Innovation (CMMI). The six-month State Medicaid-Housing Agency Partnerships begins May 2016. It is designed to be intensive and hands-on to move toward building collaborations with key housing partners. CMCS is partnering with several federal agencies on the planning and coordination of the program support: The United States Department of Housing and Urban Development; SAMHSA; the Office of the Assistant Secretary for Planning and Evaluation; and the US Interagency Council on Homelessness. The eight participating states (California, Connecticut, Hawaii, Illinois, Kentucky, Nevada, New Jersey, and Oregon) will work with subject matter experts to develop an action plan to use supportive housing as an evidence-based solution to address policy challenges related to long-term services and supports.
2. Health Care for the Homeless (Health Resources and Services Administration)  
This multi-disciplinary comprehensive program provides primary health care, substance abuse treatment, emergency care with referrals to hospitals for in-patient care services, and outreach services to help difficult-to-reach homeless persons establish eligibility for entitlement programs and housing.
3. Projects for Assistance in Transition from Homelessness (PATH) (Substance Abuse and Mental Health Services Administration)  
PATH is a formula grant program that provides financial assistance to states to support services for homeless individuals who have serious mental illness or serious mental illness and substance abuse. Eligible programs and activities include outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol or drug treatment services; staff training; case management services; supportive and supervisory services in residential settings; referrals for primary health services, job training, educational services, and relevant housing services; and a prescribed set of housing services.
4. Services in Supportive Housing (Substance Abuse and Mental Health Services Administration)

The SSH program helps prevent and reduce chronic homelessness by funding services, in conjunction with permanent housing, for individuals and families experiencing homelessness living with a severe mental and/or substance use disorder. Grants are awarded competitively for up to five years to community-based public or nonprofit entities. Services supported under the SSH funding include, but are not limited to, outreach and engagement, intensive case management, mental health and substance abuse treatment, and assistance in obtaining benefits.

5. Grants for the Benefit of Homeless Individuals (Substance Abuse and Mental Health Services Administration)

GBHI is a competitively awarded grant program that enables communities to expand and strengthen their treatment services for people experiencing homelessness. Grants are awarded for up to five years to community-based public or nonprofit entities and funded programs and services include substance abuse treatment, mental health services, wrap-around services, immediate entry into treatment, outreach services, screening and diagnostic services, staff training, case management, primary health services, job training, educational services, and relevant housing services.

### **Runaway and Homeless Youth Programs**

1. Basic Center Program (Administration for Children and Families)

The **Basic Center Program** helps create and strengthen community-based programs that meet the immediate needs of runaway and homeless youth under 18 years old. In addition, BCP tries to reunite young people with their families or locate appropriate alternative placements. Locate a basic center program.

2. Transitional Living Program for Older Homeless Youth (Administration for Children and Families)

The **Transitional Living Program** supports projects that provide long-term residential services to homeless youth. Young people must be between the ages of 16 and 22 to enter the program. Services are provided for up to 21 months. Young people who have not yet turned 18 at the end of the 21 months may be able stay until their 18th birthday. Maternity Group Homes for Pregnant and Parenting Youth, which are also funded through TLP, support homeless pregnant and/or parenting young people, as well as their dependent children. Locate a transitional living program.

3. Street Outreach Program (Administration for Children and Families)

The **Street Outreach Program** enables organizations around the country to help young people get off the streets. The program promotes efforts by its grantees to build relationships between street outreach workers and runaway, homeless and street youth. Grantees also provide support services that aim to move youth into stable housing and prepare them for independence. The program's ultimate goal is to prevent the sexual abuse or exploitation of young people living on the streets or in unstable housing. Locate a street outreach program.

4. Cooperative Agreements to Benefit Homeless Individuals (CABHI) (Substance Abuse and Mental Health Services Administration)

The CABHI program supports the development and/or expansion of local efforts to integrate treatment and services for people with mental, substance use, or co-occurring disorders with permanent housing and other critical services. Grants are awarded competitively for up to three

years to community-based public or nonprofit entities to build upon the success of the Services in Supportive Housing (SSH) programs. The program aims to ensure that individuals who experience chronic homelessness receive access to permanent housing, treatment, and recovery support services. Funds provide behavioral health treatment and other recovery-oriented services; improve the sustainability of integrated community systems that provide stable and affordable housing and other related supportive services; and increase client enrollment for health insurance, Medicaid, and other mainstream benefits. Grantees must establish a community consortium and steering committee to help guide program integration and implementation.

5. Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States) (Substance Abuse and Mental Health Services Administration)  
The CABHI-States program works to enhance states' treatment services infrastructure to better provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services to veterans who experience homelessness or chronic homelessness, and other chronically homeless individuals with SMI, substance use disorders, or co-occurring disorders. Grants are awarded to enhance statewide planning and infrastructure development; deliver behavioral health, housing support, peer and other recovery-oriented services; and engage and enroll individuals in Medicaid and other mainstream benefits. Grantees must establish a state interagency council to guide program integration and implementation.

#### **Supportive Services: Non-targeted or Mainstream Programs**

1. Access to Recovery (Substance Abuse and Mental Health Services Administration)  
Access to Recovery supports a grantee-run voucher program to expand clinical substance abuse treatment and recovery support services to reach those in need. These competitive grants are awarded to grantees who approach and target efforts to areas of greatest need, areas with a high degree of readiness, and to specific populations, including adolescents.
2. Child Support Enforcement Program(Administration for Children and Families)  
The Child Support Enforcement Program is a federal/state/tribal/local partnership to help families by promoting family self-sufficiency and child well-being. All States and territories run a child support enforcement program. Families seeking government child support services must apply directly through their state/local agency or one of the tribes running the program. Services are available to a parent with custody of a child whose other parent is living outside the home, and services are available automatically for families receiving assistance under the Temporary Assistance for Needy Families (TANF) program.
3. Community Mental Health Services Block Grant (Substance Abuse and Mental Health Services Administration)  
The Community Mental Health Services Block Grant (MHBG) is a formula grant awarded to states and territories to improve access to community-based health care delivery systems for adults with serious mental illnesses and children with serious emotional disturbances. The formula for determining the federal allocations of funds to the states is determined by Congress. States must set aside 5 percent of their increased FY 2014 MHBG appropriation to support evidence-based programs that provide treatment to those with early serious mental illness,

including psychosis at any age. SAMHSA is working with the National Institute of Mental Health in this effort.

4. Community Services Block Grant (Administration for Children and Families)  
The Community Services Block Grant funds a network of community action agencies that provides services and activities to reduce poverty, including services to address employment, education, better use of available income, housing assistance, nutrition, energy, emergency services, health, and substance abuse needs. Funds are allocated by formula to 50 states and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas, and state and federally-recognized Indian tribes.
5. Community Health Center Program (Health Resources and Services Administration)  
The centers provide health-care services and help ensure access to primary care to underserved populations. Services are provided without regard for a person's ability to pay. Fees are discounted or adjusted based upon the patient's income and family size from current Federal Poverty Guidelines.
6. Family Violence Prevention and Services Grant Program (Administration for Children and Families)  
The Family Violence Prevention and Services Grants Program assists state agencies, territories and Indian Tribes in the provision of shelter to victims of family violence and their dependents, and for related services, such as emergency transportation and child care. Grantees use additional resources to expand current service programs and to establish additional services in rural and underserved areas, on Native American reservations, and in Alaskan Native Villages. The program also supports technical assistance and training for local domestic violence programs and disseminates research and information through five resource centers.
7. Head Start (Administration for Children and Families)  
ACF's Head Start (with Early Head Start) is a comprehensive child development program that serves children from birth to age five, pregnant women, and their families. It is a child-focused, multi-generational program with the overall goal of increasing the school readiness of young children in low-income families. The children of families experiencing homelessness are categorically eligible for Head Start and are identified and prioritized for enrollment. The children of families experiencing homelessness can apply, enroll and attend while documents are collected in a reasonable time frame. Head Start directly serves children experiencing homelessness from birth to five years old and provides children and their families with services related to nutrition, developmental, medical and dental screenings, immunizations, mental health and social services referrals, family engagement, and in some cases transportation.

Head Start was reauthorized by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134). In this reauthorization, age-eligible children whose families are determined to be homeless are categorically eligible for Head Start and Early Head Start programs. Many Head Start grantees serve families experiencing homelessness through home-based and center-based programs, both of which provide many supportive services to children and families regardless of their living circumstances. HHS issued a Notice of Proposed Rule Making (NPRM) regarding eligibility on March 18, 2011. This regulation affirms that the McKinney-Vento definition of "homeless" applies for Head Start eligibility and ensures that no requirements in the regulation create barriers for children experiencing homelessness being

served in Head Start. Read [additional information](#) on the Administration for Children and Families website.

8. Maternal and Child Health Services Block Grant (Health Services and Resources Administration)
9. The Maternal and Child Health Services Block Grant has three components: formula block grants to 59 states and Territories, grants for Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. It operates through a partnership with State Maternal and Child Health and Children with Special Health Care Needs programs. The Program supports direct care; core public health functions such as resource development, capacity and systems building; population-based functions such as public information and education, knowledge development, outreach and program linkage; technical assistance to communities; and provider training.

Most of these services are preventive services that are available to everyone such as immunizations, child injury prevention programs, lead poisoning prevention activities, and newborn screening programs. Activities also include: evaluation, monitoring, planning, policy development, quality assurance, training and research.

10. Medicaid (Centers for Medicare & Medicaid Services)  
Medicaid is a jointly funded, federal-state health insurance program for certain low-income and needy people. In FY 2006, Medicaid provided coverage to more than 47.9 million individuals including 22.9 million children, the aged, blind and/or disabled, and people who are eligible to receive federally assisted income maintenance payment.
11. Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Health Resources and Services Administration)  
The Ryan White HIV/AIDS Treatment Modernization Act (also known as the Ryan White HIV/AIDS Program), operated by the Health Resources and Services Administration (HRSA), authorizes funding for the bulk of the agency's work on HIV/AIDS. Programs are funded through states, disproportionately impacted metropolitan areas, community health centers, dental schools, and health care programs that target women, infants, youth, and families. An increasing number of the people accessing HIV/AIDS services and housing have histories of homelessness, mental illness, and chemical dependency. The HRSA bureau responsible for administration of the Ryan White HIV/AIDS Program, the HIV/AIDS Bureau (HAB), has approached the issue of housing and healthcare access through housing policy development, direct service programs, service demonstrations, as well as in technical assistance and training activities to grantees. According to our FY 2005 CARE Act Data Report (CADR), of the 2,631 providers responding to the question whether they delivered services to special target populations, 1,180 providers indicated that they provided services to persons experiencing homelessness.
12. Social Services Block Grant (Administration for Children and Families)  
The Social Services Block Grant program assists states in delivering social services directed toward the needs of children and adults. Funds are allocated to the states on the basis of population. Funds support outcomes across the human service spectrum and are associated with strategic goals and objectives such as employment, child care, child welfare, adoptions, and youth services. States have flexibility to use their funds for a range of services, depending on

state and local priorities. The SSBG is based on two fundamental principles: (1) state and local governments and communities are best able to determine the needs of individuals to help them achieve self-sufficiency; and (2) social and economic needs are interrelated and must be met simultaneously.

13. Children's Health Insurance Program (Centers for Medicare & Medicaid Services)

The Children's Health Insurance Program (CHIP) is jointly financed by the Federal and State governments and is administered by the States. Within broad Federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. CHIP provides a capped amount of funds to States on a matching basis. Children began receiving insurance through CHIP in 1997 and the program helped states expand health care coverage to over 5 million of the nation's uninsured children. The program was reauthorized on February 4, 2009, when the President signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Public Law 111-3).

14. Substance Abuse Prevention and Treatment Block Grant (SAMHSA)

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSAs free treatment referral service to link people with the community-based substance abuse services they need.

15. Temporary Assistance for Needy Families (Administration for Children and Families)

Temporary Assistance for Needy Families (TANF) is a flexible block grant to states, Territories and federally recognized Indian Tribes for use in any manner that is reasonably calculated to accomplish a purpose of the TANF program. Section 401 of the Act sets forth the following four TANF purposes: (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families.

16. Child Care and Development Fund (Administration for Children and Families)

The Child Care and Development Fund (CCDF), administered by the Office of Child Care (OCC), is a multi-billion dollar Federal and State partnership that promotes family economic self-sufficiency and helps children succeed in school and life through affordable, high-quality early care and afterschool programs. Subsidized child care services are available to eligible families through certificates (vouchers), or grants and contracts with providers. Nearly 1.5 million children receive a child care subsidy from the CCDF program every month.

- a. As a block grant, this program offers States, territories, and tribes significant flexibility in designing their CCDF policies, including the ability to define eligibility and prioritize resources. OCC encourages States to leverage this flexibility to offer access to the most

vulnerable populations, including families experiencing homelessness.

On November 19, 2014, the President signed the Child Care and Development Block Grant (CCDBG) Act of 2014, which authorizes the Child Care and Development Fund. The law, which Congress passed with strong bipartisan support, reauthorizes the child care program for the first time since 1996 and represents an historic re-envisioning of the CCDF program. The new law not only benefits the children receiving federal assistance through CCDF, but also improves the health and safety of millions of other children in child care each day and provides important support for working parents. The new law has several provisions that specifically benefit children and families experiencing homelessness, including requiring States to:

- Use CCDF funds for activities that improve access to child care services, including:
  - Procedures to permit enrollment of homeless children (after an initial eligibility determination) while required documentation is obtained
  - Training and technical assistance on identifying and serving homeless children and their families
  - Specific outreach to homeless families
- Establish a grace period that allows children experiencing homelessness to receive CCDF services while their families take any necessary action to comply with immunization and other health and safety requirements
- Coordinate CCDF services with early childhood programs serving homeless children
- Collect child-level data on whether CCDF children are homeless

17. Title V, Federal Real Property Assistance Program (Program Support Center)

Read [additional information](#) on the Administration for Children and Families website.

The Federal Real Property Assistance Program (FRPAP) transfers suitable and available Federal surplus real properties for public benefit at no cost to States, political subdivisions thereof (e.g., municipalities), and 501(c)(3) tax-exempt organizations, for homeless assistance purposes. Transferees must use conveyed properties for approved purposes for a proscribed period of years in accordance with key terms and conditions. Eligible programs include supportive services, emergency shelter, transitional housing, and permanent supportive housing.

18. Tribal Home Visiting

The Tribal Maternal, Infant, and Early Childhood Home Visiting program provides grants to tribal organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native (AIAN) communities. It is funded by a 3 percent set-aside from the larger Federal Home Visiting (MIECHV) program. Tribal Home Visiting grants are awarded to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations.

The Tribal Home Visiting Program is designed to develop and strengthen tribal capacity to support and promote the health and well-being of AIAN families; expand the evidence-base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that service AIAN children and their families.

The goals of the Tribal Home Visiting Program include:



- Supporting the development of happy, healthy, and successful AIAN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs.
- Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities.
- Expanding the evidence base around home visiting interventions with Native populations.
- Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.

Contact: <https://www.hhs.gov/programs/social-services/homelessness/grants/index.html>

#### K. Some Current Solicitations:



Apply Now: Healthy Transitions—Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program

The program provides funding to improve access to treatment and support services for youth and young adults, ages 16–25, including those who may not be working, in school, or in vocational and higher education programs, as well as youth and young adults who are in contact with the juvenile or criminal justice system.

Contact: <https://csgjusticecenter.org/mental-health/announcements/apply-now-healthy-transitions-improving-life-trajectories-for-youth-and-young-adults-with-serious-mental-disorders-program-2/>



Apply Now: Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants

The program provides funding to build or expand the capacity of state educational agencies, in partnership with state mental health agencies overseeing school-aged youth and local education

agencies, to increase awareness of mental health issues and provide training for school personnel and other adults who interact with school-aged youth.

Contact: <https://csgjusticecenter.org/mental-health/announcements/apply-now-project-aware-advancing-wellness-and-resiliency-in-education-state-education-agency-grants/>



#### Apply Now: 2019–21 Juvenile Justice Youth Advisory Council

The Annie E. Casey Foundation is seeking applications from emerging youth justice leaders, ages 18–25, around the country to support and contribute to a national juvenile justice reform movement.

Contact: <https://csgjusticecenter.org/youth/announcements/apply-now-2019-21-juvenile-justice-youth-advisory-council/>



#### Apply Now: Youth in Custody Practice Model Initiative

The Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy, in partnership with the Council of Juvenile Correctional Administrators, is now accepting applications for its 2019 cohort of Youth in Custody Practice Model sites

Contact: <https://csgjusticecenter.org/youth/announcements/apply-now-youth-in-custody-practice-model-initiative/>



#### Apply Now: FY 2019 Thinking For A Change Facilitator Training

The National Institute of Corrections (NIC) is offering training to criminal justice professionals and government contractors. The NIC will provide qualified facilitator trainers at no cost while the host agency provides the training facility and instructional support.

Contact: <https://csgjusticecenter.org/law-enforcement/announcements/apply-now-fy-2019-thinking-for-a-change-facilitator-training/>



**Apply Now: Boulware Foundation Grants to Increase Economic Opportunities for Women and Girls**

The grant provides funding aimed at increasing economic opportunities for women and girls through workforce and vocational skill development, financial literacy education, and entrepreneurship.

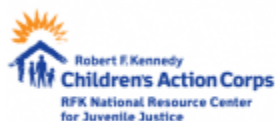
Contact: <https://csgjusticecenter.org/youth/announcements/apply-now-boulware-foundation-grants-to-increase-economic-opportunities-for-women-and-girls/>



**Serving Safely: The National Initiative to Enhance Policing for Persons with Mental Illnesses and Developmental Disabilities**

Serving Safely is a national initiative designed to improve interactions between police and persons affected by mental illnesses and developmental disabilities.

Contact: <https://csgjusticecenter.org/mental-health/announcements/serving-safely-the-national-initiative-to-enhance-policing-for-persons-with-mental-illnesses-and-developmental-disabilities/>



**Apply Now: RFK National Resource Center for Juvenile Justice Training Institute**

The training institute features a portfolio of on-site training opportunities addressing critical topics in juvenile justice, including probation system review training and multi-system information and data sharing.

Contact: <https://csgjusticecenter.org/nrrc/announcements/apply-now-rfk-national-resource-center-for-juvenile-justice-training-institute/>



#### Apply Now: Pilot Studies to Detect and Prevent Suicide Behavior Ideation and Self-Harm in Youth in Contact with the Juvenile Justice System

This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm among youth involved the justice system.

<https://csgjusticecenter.org/youth/announcements/apply-now-pilot-studies-to-detect-and-prevent-suicide-behavior-ideation-and-self-harm-in-youth-in-contact-with-the-juvenile-justice-system/>

<https://www.google.com/search?q=us+department+of+health+and+human+services&oq=us+department+of+health+and+human+services&aqs=chrome..69i57j0l5.3848j0j7&sourceid=chrome&ie=UTF-8>

## **APPENDIX**

### **CHAPTER II. JAIL BOOKINGS**

#### **Data Tables**

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- 2. Percentages Unique Persons Bookings 2003-2018 Data Table**
- 3. Annual Bookings by Month Data Table**
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- 8. Annual Bookings by Day Data Table**
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- 12. Percentage of Bookings by Day 2003 to 2018 Chart**

# 1. Unique Persons Bookings 2003-2018 Data Table

Year	2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013		2014		2015		2016		2017		2018		
Number of Bookings	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#		
	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	Unique Persons	Bookings Total	
1	3,254	3,254	3,291	3,291	3,149	3,149	3,131	3,131	3,465	3,465	3,308	3,308	3,451	3,451	3,429	3,429	3,614	3,614	3,253	3,253	2,832	2,832	2,793	2,793	2,710	2,710	2,335	2,335	2,406	2,406	2,387	2,387	
2	484	968	528	1,056	524	1,048	558	1,116	570	1,140	531	1,062	563	1,126	535	1,070	575	1,150	514	1,028	491	982	483	966	480	960	469	938	557	1,114	605	1,210	
3	116	348	103	309	177	531	160	480	197	591	193	579	174	522	156	468	177	531	158	474	124	372	126	378	179	537	194	582	198	594	206	618	
4	51	204	53	212	60	240	65	260	61	244	69	276	48	192	58	232	66	264	61	244	55	220	64	256	65	260	52	208	87	348	64	256	
5	11	55	20	100	18	90	24	120	26	130	21	105	22	110	28	140	29	145	23	115	37	185	22	110	29	145	34	170	28	140	31	155	
6	8	48	9	54	10	60	10	60	15	90	11	66	15	90	10	60	10	60	14	84	9	54	5	30	6	36	13	78	15	90	17	102	
7	3	21	3	21	4	28	5	35	0	0	3	21	9	63	7	49	8	56	8	56	10	70	5	35	6	42	9	63	4	28	2	14	
8	1	8	2	16	3	24	1	8	2	16	5	40	3	24	5	40	2	16	5	40	3	24	5	40	4	32	2	16	4	32	5	40	
9	1	9	1	9	2	18	0	0	4	36	6	54	6	54	3	27	5	45	0	0	4	36	1	9	0	0	1	9	1	9	2	18	
10	1	10	0	0	2	20	1	10	0	0	0	0	0	0	1	10	3	30	4	40	1	10	1	10	1	10	1	10	2	20	1	10	
11	1	11	1	11	1	11	0	0	2	22	2	22	3	33	1	11	2	22	2	22	3	33	0	0	0	1	11	1	11	1	11	1	11
12	0	0	0	0	1	12	0	0	0	0	1	12	0	0	1	12	0	0	2	24	1	12	0	0	0	0	0	0	0	1	12	0	0
13	0	0	0	0	0	0	0	0	0	0	1	13	0	0	2	26	0	0	2	26	1	13	1	13	0	0	0	0	0	0	0	0	0
14	1	14	0	0	0	0	0	0	0	0	0	0	2	28	1	14	1	14	1	14	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	1	15	0	0	1	15	2	30	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	2	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	16	
17	0	0	0	0	0	0	0	0	0	0	1	17	1	17	1	17	1	17	2	34	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	54	0	0	1	18	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	1	19	0	0	2	38	0	0	0	0	0	0	0	0	0	0	0	0	0	1	19	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	1	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	1	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0	0	0	0	1	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												

## 2. Percentages Unique Persons Bookings 2003-2018 Data Table

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018										
Number of Bookings	%Unique IDs	% Bookings Total	% Unique Bookings Total	% Unique IDs	% Bookings Total	% Unique Bookings Total	% Unique IDs	% Bookings Total	% Unique Bookings Total	% Unique IDs	% Bookings Total	% Unique Bookings Total	% Unique IDs	% Bookings Total	% Unique Bookings Total	% Unique Bookings Total										
1	82.8%	65.7%	82.0%	64.8%	79.7%	60.2%	79.1%	59.1%	59.1%	60.4%	80.4%	60.0%	80.3%	59.1%	79.3%	58.5%	79.7%	60.2%	77.9%	57.1%	75.1%	52.8%	49.9%	71.9%	49.3%	
2	12.3%	19.6%	13.2%	20.8%	13.3%	20.0%	14.1%	21.3%	13.1%	19.9%	12.8%	18.6%	12.8%	19.1%	12.7%	18.7%	13.7%	20.3%	13.8%	20.8%	13.8%	20.2%	15.1%	16.9%	23.1%	18.2%
3	3.0%	7.0%	2.6%	6.1%	4.5%	10.2%	4.0%	9.2%	4.5%	10.3%	4.6%	10.4%	4.0%	9.0%	3.7%	8.1%	3.9%	8.6%	3.5%	7.7%	3.6%	8.1%	5.1%	11.3%	12.3%	6.2%
4	1.3%	4.1%	1.3%	4.2%	1.5%	4.6%	1.6%	5.0%	1.4%	4.3%	1.7%	4.9%	1.1%	3.3%	1.4%	4.0%	1.5%	4.4%	1.5%	4.4%	1.8%	5.5%	1.7%	4.7%	7.2%	1.9%
5	0.28%	1.11%	0.50%	1.97%	0.46%	1.72%	0.61%	2.29%	0.60%	2.27%	0.51%	1.88%	0.51%	1.89%	0.66%	2.43%	0.65%	2.41%	0.57%	2.09%	1.04%	3.82%	0.63%	2.37%	3.06%	3.20%
6	0.20%	0.97%	0.22%	1.06%	0.25%	1.15%	0.25%	1.14%	0.35%	1.57%	0.26%	1.18%	0.35%	1.55%	0.24%	1.04%	0.22%	1.00%	0.35%	1.53%	0.25%	1.12%	0.14%	0.65%	1.76%	2.11%
7	0.08%	0.42%	0.07%	0.41%	0.10%	0.54%	0.13%	0.67%	0.00%	0.00%	0.07%	0.38%	0.21%	1.08%	0.16%	0.85%	0.18%	0.93%	0.20%	1.02%	0.28%	1.45%	0.14%	0.75%	1.76%	0.29%
8	0.03%	0.16%	0.05%	0.32%	0.08%	0.46%	0.03%	0.15%	0.05%	0.28%	0.12%	0.72%	0.07%	0.41%	0.12%	0.69%	0.04%	0.27%	0.12%	0.73%	0.08%	0.50%	0.14%	0.86%	0.00%	0.05%
9	0.03%	0.18%	0.02%	0.18%	0.05%	0.34%	0.00%	0.00%	0.09%	0.63%	0.14%	0.97%	0.14%	0.93%	0.07%	0.47%	0.11%	0.75%	0.00%	0.00%	0.11%	0.74%	0.03%	0.19%	0.03%	0.19%
10	0.03%	0.20%	0.00%	0.00%	0.05%	0.38%	0.03%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.17%	0.07%	0.50%	0.10%	0.73%	0.03%	0.21%	0.03%	0.22%	0.03%
11	0.03%	0.22%	0.02%	0.22%	0.03%	0.21%	0.00%	0.00%	0.05%	0.38%	0.05%	0.39%	0.07%	0.57%	0.02%	0.19%	0.04%	0.37%	0.05%	0.40%	0.08%	0.68%	0.00%	0.00%	0.23%	0.03%
12	0.00%	0.00%	0.00%	0.00%	0.03%	0.23%	0.00%	0.00%	0.00%	0.00%	0.02%	0.21%	0.00%	0.00%	0.00%	0.02%	0.21%	0.00%	0.00%	0.05%	0.44%	0.03%	0.25%	0.00%	0.00%	0.03%
13	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.23%	0.00%	0.00%	0.00%	0.05%	0.45%	0.00%	0.05%	0.47%	0.03%	0.27%	0.03%	0.28%	0.00%	0.00%
14	0.03%	0.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.48%	0.02%	0.24%	0.02%	0.23%	0.02%	0.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
15	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.26%	0.00%	0.00%	0.02%	0.25%	0.05%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
16	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%
17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.29%	0.00%	0.00%	0.02%	0.28%	0.05%	0.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.07%	0.94%	0.00%	0.00%	0.02%	0.33%	0.00%	0.00%	0.00%	0.00%	0.00%
19	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
20	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
21	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
22	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
23	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
24	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
29	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
30	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
31	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
32	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
33	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
34	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.		



### 3. Annual Bookings by Month Data Table

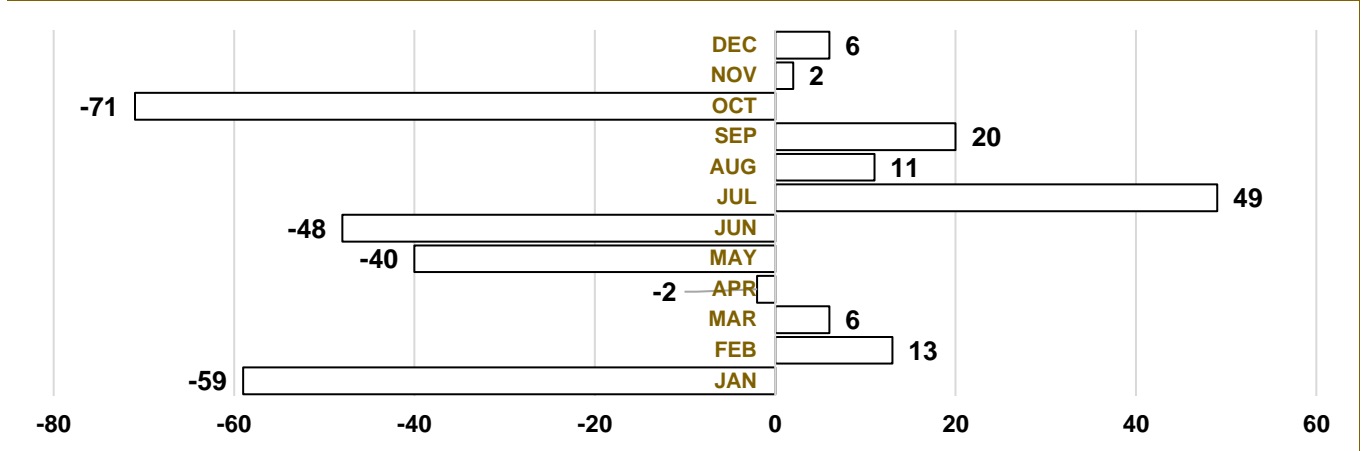
Month / YR	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total	N +/-	% +/-
January	423	422	480	444	476	478	438	500	445	451	420	337	405	364	373	364	6820	-59	-13.9%
February	364	403	424	410	359	405	459	415	395	488	363	372	380	285	343	377	6242	13	3.6%
March	418	408	391	438	461	413	498	487	514	480	414	382	396	354	406	424	6884	6	1.4%
April	481	482	490	458	551	532	554	611	635	631	489	496	453	367	463	479	8172	-2	-0.4%
May	420	365	433	399	438	473	469	437	494	450	393	416	371	345	390	380	6673	-40	-9.5%
June	392	363	415	391	471	445	426	481	426	441	344	379	424	339	427	344	6508	-48	-12.2%
July	393	418	368	443	436	497	458	452	531	434	366	359	428	367	448	442	6840	49	12.5%
August	438	440	471	464	505	521	577	492	567	475	487	404	416	457	442	449	7605	11	2.5%
September	401	469	484	515	561	543	545	536	579	470	431	397	411	408	398	421	7569	20	5.0%
October	480	517	463	457	552	490	523	561	553	471	425	392	376	397	367	409	7433	-71	-14.8%
November	376	430	419	424	501	466	473	416	427	400	393	392	348	401	365	378	6609	2	0.5%
December	364	362	393	401	423	331	399	380	453	311	318	314	335	336	401	370	5891	6	1.6%
Total	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,640	4,743	4,420	4,823	4,837	83,246	-113	-2.3%
N +/-	-59	-60	-87	-43	-53	-147	-39	-120	8	-140	-102	-23	-70	-28	28	6	-929		
% +/-	-13.9%	-14.2%	-18.1%	-9.7%	-11.1%	-30.8%	-8.9%	-24.0%	1.8%	-31.0%	-24.3%	-6.8%	-17.3%	-7.7%	7.5%	1.6%	-13.6%		

### 4. Percentage Annual Bookings Per Month

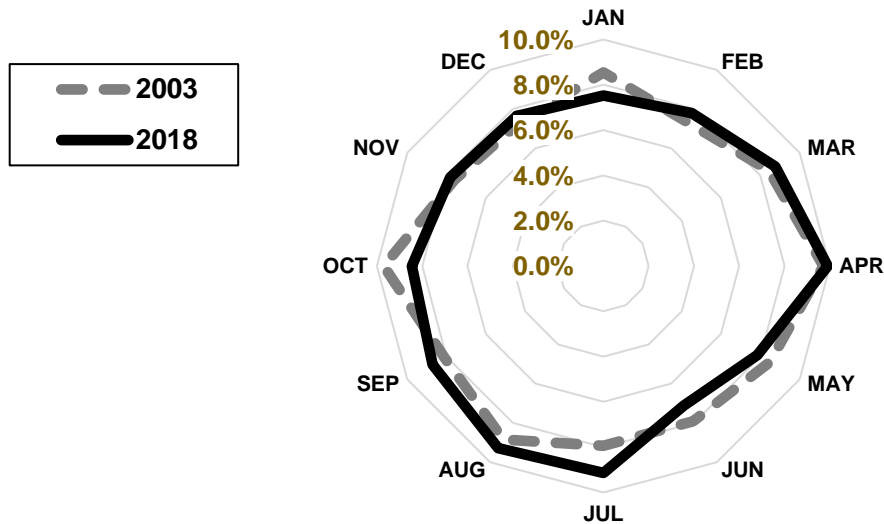
MO YR	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Avg.	N +/-	% +/-
JAN	8.5%	8.3%	9.2%	8.5%	8.3%	8.5%	7.5%	8.7%	7.4%	8.2%	8.7%	7.3%	8.5%	8.2%	7.7%	7.5%	8.2%	-0.010	-11.9%
FEB	7.4%	7.9%	8.1%	7.8%	6.3%	7.2%	7.9%	7.2%	6.6%	8.9%	7.5%	8.0%	8.0%	6.4%	7.1%	7.8%	7.5%	0.004	6.0%
MAR	8.4%	8.0%	7.5%	8.4%	8.0%	7.4%	8.6%	8.4%	8.5%	8.7%	8.5%	8.2%	8.3%	8.0%	8.4%	8.8%	8.3%	0.003	3.8%
APR	9.7%	9.5%	9.4%	8.7%	9.6%	9.5%	9.5%	10.6%	10.5%	11.5%	10.1%	10.7%	9.6%	8.3%	9.6%	9.9%	9.8%	0.002	1.9%
MAY	8.5%	7.2%	8.3%	7.6%	7.6%	8.5%	8.1%	7.6%	8.2%	8.2%	8.1%	9.0%	7.8%	7.8%	8.1%	7.9%	8.0%	-0.006	-7.4%
JUN	7.9%	7.1%	7.9%	7.5%	8.2%	8.0%	7.3%	8.3%	7.1%	8.0%	7.1%	8.2%	8.9%	7.7%	8.9%	7.1%	7.8%	-0.008	-10.2%
JUL	7.9%	8.2%	7.0%	8.4%	7.6%	8.9%	7.9%	7.8%	8.8%	7.9%	7.6%	7.7%	9.0%	8.3%	9.3%	9.1%	8.2%	0.012	15.1%
AUG	8.8%	8.7%	9.0%	8.8%	8.8%	9.3%	9.9%	8.5%	9.4%	8.6%	10.1%	8.7%	8.8%	10.3%	9.2%	9.3%	9.1%	0.004	4.9%
SEP	8.1%	9.2%	9.3%	9.8%	9.8%	9.7%	9.4%	9.3%	9.6%	8.5%	8.9%	8.6%	8.7%	9.2%	8.3%	8.7%	9.1%	0.006	7.4%
OCT	9.7%	10.2%	8.9%	8.7%	9.6%	8.8%	9.0%	9.7%	9.2%	8.6%	8.8%	8.4%	7.9%	9.0%	7.6%	8.5%	8.9%	-0.012	-12.8%
NOV	7.6%	8.5%	8.0%	8.1%	8.7%	8.3%	8.1%	7.2%	7.1%	7.3%	8.1%	8.4%	7.3%	9.1%	7.6%	7.8%	7.9%	0.002	2.9%
DEC	7.4%	7.1%	7.5%	7.6%	7.4%	5.9%	6.9%	6.6%	7.5%	5.7%	6.6%	6.8%	7.1%	7.6%	8.3%	7.6%	7.1%	0.003	4.0%



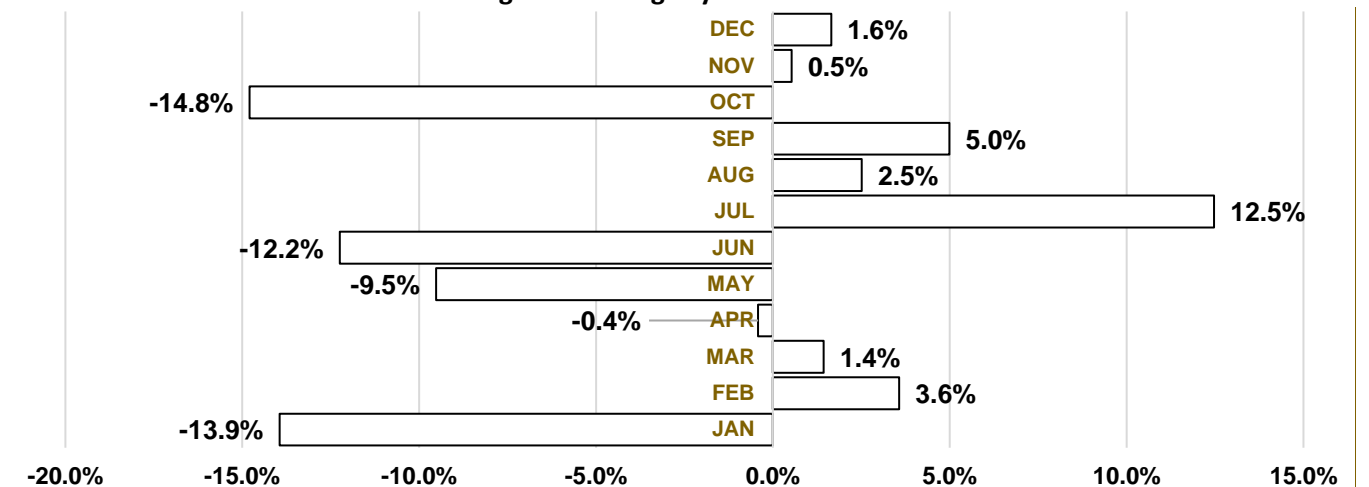
### 5. Increase / Decrease Bookings by Month 2003 to 2018



### 6. Percentage of Bookings by Month – 2003 & 2018 Compared



### 7. Percentage of Bookings by Month 2003 to 2018



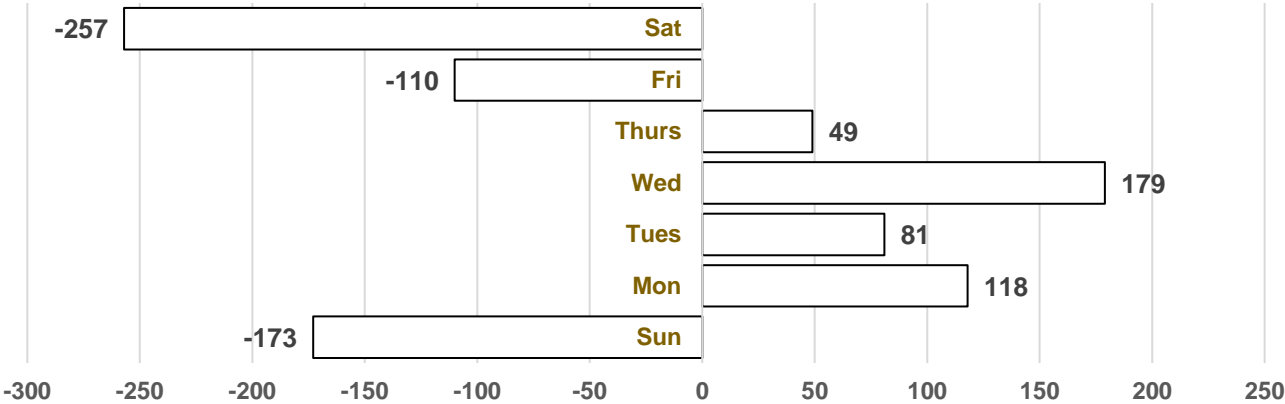
### 8. Annual Bookings by Day Data Table

DY	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	N +/-	% +/-
Sun	736	770	739	785	812	770	782	803	899	779	588	555	594	466	533	563	-173	-23.5%
Mon	571	509	560	607	681	595	653	588	701	625	596	597	568	590	694	689	118	20.7%
Tues	637	632	688	728	795	743	777	762	763	697	680	626	663	705	743	718	81	12.7%
Wed	577	630	766	705	729	792	727	809	823	824	726	775	758	755	767	756	179	31.0%
Thurs	658	720	747	804	786	822	835	789	794	789	696	648	715	682	785	707	49	7.4%
Fri	872	836	858	802	950	943	1,011	977	975	894	784	737	811	673	729	762	-110	-12.6%
Sat	899	982	873	813	981	929	1,034	1,040	1,064	894	773	702	634	549	572	642	-257	-28.6%
Ttl	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,640	4,743	4,420	4,823	4,837	-113	-2.3%

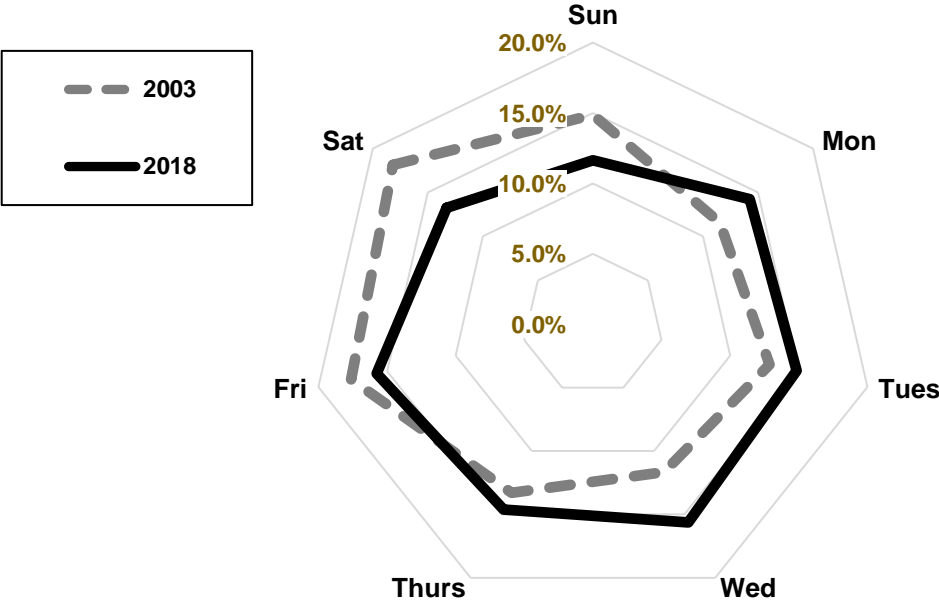
### 9. Percentage Annual Bookings Per Day Data Table

DY	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	N +/-	% +/-
Sun	14.9%	15.2%	14.1%	15.0%	14.2%	13.8%	13.4%	13.9%	14.9%	14.2%	12.1%	12.0%	12.5%	10.5%	11.1%	11.6%	-0.03	-21.7%
Mon	11.5%	10.0%	10.7%	11.6%	11.9%	10.6%	11.2%	10.2%	11.6%	11.4%	12.3%	12.9%	12.0%	13.3%	14.4%	14.2%	0.03	23.5%
Tues	12.9%	12.4%	13.2%	13.9%	13.9%	13.3%	13.4%	13.2%	12.7%	12.7%	14.0%	13.5%	14.0%	16.0%	15.4%	14.8%	0.02	15.3%
Wed	11.7%	12.4%	14.6%	13.4%	12.7%	14.2%	12.5%	14.0%	13.7%	15.0%	15.0%	16.7%	16.0%	17.1%	15.9%	15.6%	0.04	34.1%
Thurs	13.3%	14.2%	14.3%	15.3%	13.7%	14.7%	14.3%	13.7%	13.2%	14.3%	14.4%	14.0%	15.1%	15.4%	16.3%	14.6%	0.01	10.0%
Fri	17.6%	16.5%	16.4%	15.3%	16.6%	16.9%	17.4%	16.9%	16.2%	16.2%	16.2%	15.9%	17.1%	15.2%	15.1%	15.8%	-0.02	-10.6%
Sat	18.2%	19.3%	16.7%	15.5%	17.1%	16.6%	17.8%	18.0%	17.7%	16.2%	16.0%	15.1%	13.4%	12.4%	11.9%	13.3%	-0.05	-26.9%

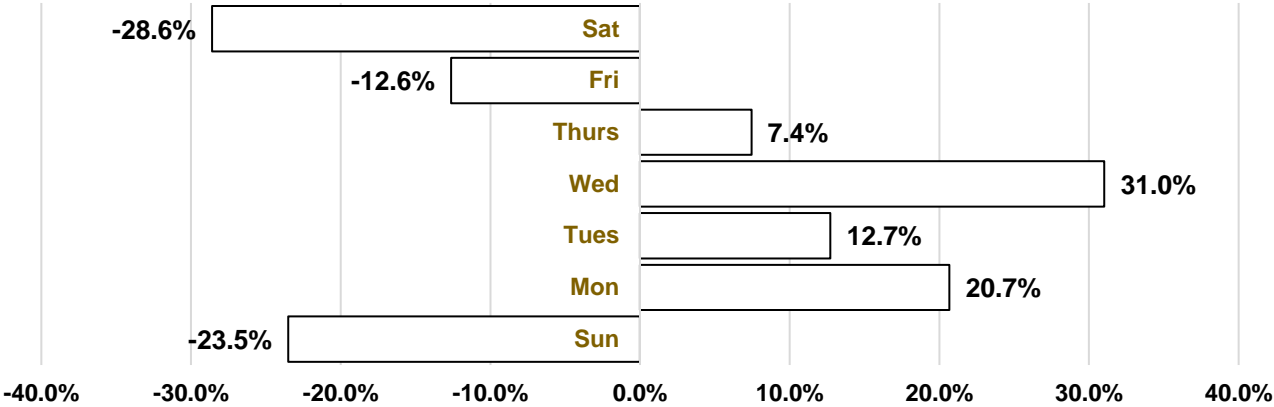
10. Increase / Decrease Bookings by Day 2003 to 2018



11. Percentage of Bookings by Day – 2003 & 2018 Compared



12. Percentage of Bookings by Day 2003 to 2018



## **CHAPTER III. INCARCERATION LENGTH OF STAY**

### **Data Tables**

- 1. Annual LOS by Category Data Table**
- 2. Cumulative LOS by Booking Year Data Table**
- 3. Percent LOS by Booking Year Data Table**
- 4. Cumulative Percent LOS by Booking Year Data Table**

### 1. Annual LOS by Category Data Table

LOS by Category by Booking Year																			
Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total	2018 N+/-	% +/-
A.4 Hrs or Less	922	797	724	688	754	653	675	648	740	767	739	562	477	369	297	267	10,079	-655.00	-71.0%
B.Over 4 Hrs to 8 Hrs	201	256	191	190	288	266	303	275	304	261	194	192	188	103	70	78	3,360	-123.00	-61.2%
C.Over 8 Hrs to 12 Hrs	607	763	615	589	735	677	741	695	840	692	511	439	384	243	203	193	8,927	-414.00	-68.2%
D.Over 12 Hrs to 24 Hrs	895	897	907	970	960	974	842	921	901	816	640	569	550	586	692	660	12,780	-235.00	-26.3%
E.Over 24 Hrs to 48 Hrs	462	536	595	646	684	764	899	906	904	753	648	784	859	839	1,056	1,070	12,405	608.00	131.6%
F.Over 48 Hrs to 72 Hrs	235	217	281	254	353	342	376	346	334	262	263	225	230	238	344	426	4,726	191.00	81.3%
G.Over 72 Hrs to 96 Hrs	123	127	210	169	161	187	236	215	215	163	153	148	192	190	240	309	3,038	186.00	151.2%
H.Over 96 Hrs to 5 Days	93	84	168	154	158	147	155	176	149	162	175	159	160	168	202	210	2,520	117.00	125.8%
I.Over 5 Days to 6 Days	52	46	138	113	120	100	110	105	110	90	96	121	109	122	102	113	1,647	61.00	117.3%
J.Over 6 Days to 7 Days	50	62	112	148	154	170	189	206	190	182	155	173	197	196	181	88	2,453	38.00	76.0%
K.Over 7 Days to 8 Days	59	54	62	84	91	106	103	119	116	123	85	109	123	111	80	75	1,500	16.00	27.1%
L.Over 8 Days to 9 Days	62	63	54	61	64	60	71	66	63	64	71	53	67	58	50	57	984	-5.00	-8.1%
M.Over 9 Days to 10 Days	57	34	36	54	46	43	49	39	50	57	41	53	65	48	44	45	761	-12.00	-21.1%
N.Over 10 Days to 15 Days	201	215	156	161	170	161	171	183	171	196	190	167	210	249	196	223	3,020	22.00	10.9%
O.Over 15 Days to 20 Days	90	87	90	86	80	80	90	86	89	110	79	114	122	95	130	114	1,542	24.00	26.7%
P.Over 20 Days to 30 Days	160	145	185	177	183	156	165	132	158	115	156	141	165	126	182	146	2,492	-14.00	-8.8%
Q.Over 30 Days to 45 Days	138	150	140	154	154	135	143	139	155	157	140	131	117	133	140	155	2,281	17.00	12.3%
R.Over 45 Days to 60 Days	96	94	102	99	107	96	98	85	111	107	95	91	101	102	123	93	1,600	-3.00	-3.1%
S.Over 60 Days to 90 Days	137	180	185	149	159	139	139	137	158	136	134	123	144	149	156	153	2,378	16.00	11.7%
T.Over 90 Days to 120 Days	84	71	81	75	86	96	77	77	87	98	73	75	65	87	115	100	1,347	16.00	19.0%
U.Over 120 Days to 180 Days	108	112	100	113	117	107	93	94	99	95	79	91	90	109	114	119	1,640	11.00	10.2%
V.Over 180 Days to 8 Mo	54	41	53	60	59	64	44	51	36	29	60	51	30	29	52	59	772	5.00	9.3%
W.Over 8 Mo to 1 Yrs	49	30	28	38	30	42	32	44	25	40	40	37	43	42	36	57	613	8.00	16.3%
X.Over 1 Year to 2 Years	15	18	18	12	20	27	15	20	12	21	25	26	33	21	17	27	327	12.00	80.0%
Y.Over 2 Yrs to 3 Yrs	0	0	0	0	1	2	3	3	2	4	1	1	1	5	1	0	24	0.00	0.0%
Z.Over 3 Yrs to 5 Years	0	0	0	0	0	0	0	0	0	2	0	3	21	2	0	0	28	0.00	0.0%
ZZ.Over 5 Yrs	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0.00	0.0%
Total	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,640	4,743	4,420	4,823	4,837	83,246	-113.00	-2.3%

## 2. Cumulative LOS by Booking Year Data Table

Cumulative LOS by Category by Booking Year																		
Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2018 N+/-	% +/-
A.A 4 Hrs or Less	922	797	724	688	754	653	675	648	740	767	739	562	477	369	297	267	-655	-71.0%
B.B.Over 4 Hrs to 8 Hrs	1,123	1,053	915	878	1,042	919	978	923	1,044	1,028	933	754	665	472	367	345	-778	-69.3%
C.C.Over 8 Hrs to 12 Hrs	1,730	1,816	1,530	1,467	1,777	1,596	1,719	1,618	1,884	1,720	1,444	1,193	1,049	715	570	538	-1192	-68.9%
D.D.Over 12 Hrs to 24 Hrs	2,625	2,713	2,437	2,437	2,737	2,570	2,561	2,539	2,785	2,536	2,084	1,762	1,599	1,301	1,262	1,198	-1427	-54.4%
E.E.Over 24 Hrs to 48 Hrs	3,087	3,249	3,032	3,083	3,421	3,334	3,460	3,445	3,689	3,289	2,732	2,546	2,458	2,140	2,318	2,268	-819	-26.5%
F.F.Over 48 Hrs to 72 Hrs	3,322	3,466	3,313	3,337	3,774	3,676	3,836	3,791	4,023	3,551	2,995	2,771	2,688	2,378	2,662	2,694	-628	-18.9%
G.G.Over 72 Hrs to 96 Hrs	3,445	3,593	3,523	3,506	3,935	3,863	4,072	4,006	4,238	3,714	3,148	2,919	2,880	2,568	2,902	3,003	-442	-12.8%
H.H.Over 96 Hrs to 5 Days	3,538	3,677	3,691	3,660	4,093	4,010	4,227	4,182	4,387	3,876	3,323	3,078	3,040	2,736	3,104	3,213	-325	-9.2%
I.I.Over 5 Days to 6 Days	3,590	3,723	3,829	3,773	4,213	4,110	4,337	4,287	4,497	3,966	3,419	3,199	3,149	2,858	3,206	3,326	-264	-7.4%
J.J.Over 6 Days to 7 Days	3,640	3,785	3,941	3,921	4,367	4,280	4,526	4,493	4,687	4,148	3,574	3,372	3,346	3,054	3,387	3,414	-226	-6.2%
K.K.Over 7 Days to 8 Days	3,699	3,839	4,003	4,005	4,458	4,386	4,629	4,612	4,803	4,271	3,659	3,481	3,469	3,165	3,467	3,489	-210	-5.7%
L.L.Over 8 Days to 9 Days	3,761	3,902	4,057	4,066	4,522	4,446	4,700	4,678	4,866	4,335	3,730	3,534	3,536	3,223	3,517	3,546	-215	-5.7%
M.M.Over 9 Days to 10 Days	3,818	3,936	4,093	4,120	4,568	4,489	4,749	4,717	4,916	4,392	3,771	3,587	3,601	3,271	3,561	3,591	-227	-5.9%
N.N.Over 10 Days to 15 Days	4,019	4,151	4,249	4,281	4,738	4,650	4,920	4,900	5,087	4,588	3,961	3,754	3,811	3,520	3,757	3,814	-205	-5.1%
O.O.Over 15 Days to 20 Days	4,109	4,238	4,339	4,367	4,818	4,730	5,010	4,986	5,176	4,698	4,040	3,868	3,933	3,615	3,887	3,928	-181	-4.4%
P.P.Over 20 Days to 30 Days	4,269	4,383	4,524	4,544	5,001	4,886	5,175	5,118	5,334	4,813	4,196	4,009	4,098	3,741	4,069	4,074	-195	-4.6%
Q.Q.Over 30 Days to 45 Days	4,407	4,533	4,664	4,698	5,155	5,021	5,318	5,257	5,489	4,970	4,336	4,140	4,215	3,874	4,209	4,229	-178	-4.0%
R.R.Over 45 Days to 60 Days	4,503	4,627	4,766	4,797	5,262	5,117	5,416	5,342	5,600	5,077	4,431	4,231	4,316	3,976	4,332	4,322	-181	-4.0%
S.S.Over 60 Days to 90 Days	4,640	4,807	4,951	4,946	5,421	5,256	5,555	5,479	5,758	5,213	4,565	4,354	4,460	4,125	4,488	4,475	-165	-3.6%
T.T.Over 90 Days to 120 Days	4,724	4,878	5,032	5,021	5,507	5,352	5,632	5,556	5,845	5,311	4,638	4,429	4,525	4,212	4,603	4,575	-149	-3.2%
U.U.Over 120 Days to 180 Days	4,832	4,990	5,132	5,134	5,624	5,459	5,725	5,650	5,944	5,406	4,717	4,520	4,615	4,321	4,717	4,694	-138	-2.9%
V.V.Over 180 Days to 8 Mo	4,886	5,031	5,185	5,194	5,683	5,523	5,769	5,701	5,980	5,435	4,777	4,571	4,645	4,350	4,769	4,753	-133	-2.7%
W.W.Over 8 Mo to 1 Yrs	4,935	5,061	5,213	5,232	5,713	5,565	5,801	5,745	6,005	5,475	4,817	4,608	4,688	4,392	4,805	4,810	-125	-2.5%
X.X.Over 1 Year to 2 Years	4,950	5,079	5,231	5,244	5,733	5,592	5,816	5,765	6,017	5,496	4,842	4,634	4,721	4,413	4,822	4,837	-113	-2.3%
Y.Y.Over 2 Yrs to 3 Yrs	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,500	4,843	4,635	4,722	4,418	4,823	4,837	-113	-2.3%
Z.Z.Over 3 Yrs to 5 Years	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,638	4,743	4,420	4,823	4,837	-113	-2.3%
ZZ.Over 5 Yrs	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,640	4,743	4,420	4,823	4,837	-113	-2.3%
Total	4,950	5,079	5,231	5,244	5,734	5,594	5,819	5,768	6,019	5,502	4,843	4,640	4,743	4,420	4,823	4,837	-113	-2.3%

### 3. Percent LOS by Booking Year Data Table

Percent LOS Category by Booking Year																			
Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total	N+/-	%+/-
A.A.4 Hrs or Less	18.6%	15.7%	13.8%	13.1%	13.1%	11.7%	11.6%	11.2%	12.3%	13.9%	15.3%	12.1%	10.1%	8.3%	6.2%	5.5%	0.12	-13.11%	-70.4%
	4.1%	5.0%	3.7%	3.6%	5.0%	4.8%	5.2%	4.8%	5.1%	4.7%	4.0%	4.1%	4.0%	2.3%	1.5%	1.6%	0.04	-2.45%	-60.3%
B.B.Over 4 Hrs to 8 Hrs	12.3%	15.0%	11.8%	11.2%	12.8%	12.1%	12.7%	12.0%	14.0%	12.6%	10.6%	9.5%	8.1%	5.5%	4.2%	4.0%	0.11	-8.27%	-67.5%
C.C.Over 8 Hrs to 12 Hrs	18.1%	17.7%	17.3%	18.5%	16.7%	17.4%	14.5%	16.0%	15.0%	14.8%	13.2%	12.3%	11.6%	13.3%	14.3%	13.6%	0.15	-4.44%	-24.5%
D.D.Over 12 Hrs to 24 Hrs	9.3%	10.6%	11.4%	12.3%	11.9%	13.7%	15.4%	15.7%	15.0%	13.7%	13.4%	16.9%	18.1%	19.0%	21.9%	22.1%	0.15	12.79%	137.0%
E.E.Over 24 Hrs to 48 Hrs	4.7%	4.3%	5.4%	4.8%	6.2%	6.1%	6.5%	6.0%	5.5%	4.8%	5.4%	4.8%	4.8%	5.4%	7.1%	8.8%	0.06	4.06%	85.5%
F.F.Over 48 Hrs to 72 Hrs	2.5%	2.5%	4.0%	3.2%	2.8%	3.3%	4.1%	3.7%	3.6%	3.0%	3.2%	3.2%	4.0%	4.3%	5.0%	6.4%	0.04	3.90%	157.1%
G.G.Over 72 Hrs to 96 Hrs	1.9%	1.7%	3.2%	2.9%	2.8%	2.6%	2.7%	3.1%	2.5%	2.9%	3.6%	3.4%	3.4%	3.8%	4.2%	4.3%	0.03	2.46%	131.1%
H.H.Over 96 Hrs to 5 Days	1.1%	0.9%	2.6%	2.2%	2.1%	1.8%	1.9%	1.8%	1.8%	1.6%	2.0%	2.6%	2.3%	2.8%	2.1%	2.3%	0.02	1.29%	122.4%
I.I.Over 5 Days to 6 Days	1.0%	1.2%	2.1%	2.8%	2.7%	3.0%	3.2%	3.6%	3.2%	3.3%	3.2%	3.7%	4.2%	4.4%	3.8%	1.8%	0.03	0.81%	80.1%
J.J.Over 6 Days to 7 Days	1.2%	1.1%	1.2%	1.6%	1.6%	1.9%	1.8%	2.1%	1.9%	2.2%	1.8%	2.3%	2.6%	2.5%	1.7%	1.6%	0.02	0.36%	30.1%
K.K.Over 7 Days to 8 Days	1.3%	1.2%	1.0%	1.2%	1.1%	1.1%	1.2%	1.1%	1.0%	1.2%	1.5%	1.1%	1.4%	1.3%	1.0%	1.2%	0.01	-0.07%	-5.9%
L.L.Over 8 Days to 9 Days	1.2%	0.7%	0.7%	1.0%	0.8%	0.8%	0.8%	0.7%	0.8%	1.0%	0.8%	1.1%	1.4%	1.1%	0.9%	0.9%	0.01	-0.22%	-19.2%
M.M.Over 9 Days to 10 Days	4.1%	4.2%	3.0%	3.1%	3.0%	2.9%	2.9%	3.2%	2.8%	3.6%	3.9%	3.6%	4.4%	5.6%	4.1%	4.6%	0.04	0.55%	13.5%
N.N.Over 10 Days to 15 Days	1.8%	1.7%	1.7%	1.6%	1.4%	1.4%	1.5%	1.5%	1.5%	2.0%	1.6%	2.5%	2.6%	2.1%	2.7%	2.4%	0.02	0.54%	29.6%
O.O.Over 15 Days to 20 Days	3.2%	2.9%	3.5%	3.4%	3.2%	2.8%	2.8%	2.3%	2.6%	2.1%	3.2%	3.0%	3.5%	2.9%	3.8%	3.0%	0.03	-0.21%	-6.6%
P.P.Over 20 Days to 30 Days	2.8%	3.0%	2.7%	2.9%	2.7%	2.4%	2.5%	2.4%	2.6%	2.9%	2.9%	2.8%	2.5%	3.0%	2.9%	3.2%	0.03	0.42%	14.9%
Q.Q.Over 30 Days to 45 Days	1.9%	1.9%	1.9%	1.9%	1.9%	1.7%	1.7%	1.5%	1.8%	1.9%	2.0%	2.0%	2.1%	2.3%	2.6%	1.9%	0.02	-0.02%	-0.9%
R.R.Over 45 Days to 60 Days	2.8%	3.5%	3.5%	2.8%	2.8%	2.5%	2.4%	2.4%	2.6%	2.5%	2.8%	2.7%	3.0%	3.4%	3.2%	3.2%	0.03	0.40%	14.3%
S.S.Over 60 Days to 90 Days	1.7%	1.4%	1.5%	1.4%	1.5%	1.7%	1.3%	1.3%	1.4%	1.8%	1.5%	1.6%	1.4%	2.0%	2.4%	2.1%	0.02	0.37%	21.8%
T.T.Over 90 Days to 120 Days	2.2%	2.2%	1.9%	2.2%	2.0%	1.9%	1.6%	1.6%	1.6%	1.7%	1.6%	2.0%	1.9%	2.5%	2.4%	2.5%	0.02	0.28%	12.8%
U.U.Over 120 Days to 180 Days	1.1%	0.8%	1.0%	1.1%	1.0%	1.1%	0.8%	0.9%	0.6%	0.5%	1.2%	1.1%	0.6%	0.7%	1.1%	1.2%	0.01	0.13%	11.8%
V.V.Over 180 Days to 8 Mo	1.0%	0.6%	0.5%	0.7%	0.5%	0.8%	0.5%	0.8%	0.4%	0.7%	0.8%	0.8%	0.9%	1.0%	0.7%	1.2%	0.01	0.19%	19.0%
W.W.Over 8 Mo to 1 Yrs	0.3%	0.4%	0.3%	0.2%	0.3%	0.5%	0.3%	0.3%	0.2%	0.4%	0.5%	0.6%	0.7%	0.5%	0.4%	0.6%	0.00	0.26%	84.2%
X.X.Over 1 Year to 2 Years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.00	0.00%	0.0%
Y.Y.Over 2 Yrs to 3 Yrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00	0.00%	0.0%
Z.Z.Over 3 Yrs to 5 Years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.0%	0.0%	0.00	0.00%	0.0%
ZZ.Over 5 Yrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00	0.00%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	1.00	0.00%	0.0%



#### 4. Cumulative Percent LOS by Booking Year Data Table

Cumulative Percent LOS Category by Booking Year																	
Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	N+/- % +/-
A.4 Hrs or Less	18.6%	15.7%	13.8%	13.1%	13.1%	11.7%	11.6%	11.2%	12.3%	13.9%	15.3%	12.1%	10.1%	8.3%	6.2%	5.5%	-0.13 -70.4%
B.Over 4 Hrs to 8 Hrs	22.7%	20.7%	17.5%	16.7%	18.2%	16.4%	16.8%	16.0%	17.3%	18.7%	19.3%	16.3%	14.0%	10.7%	7.6%	7.1%	-0.16 -68.6%
C.Over 8 Hrs to 12 Hrs	34.9%	35.8%	29.2%	28.0%	31.0%	28.5%	29.5%	28.1%	31.3%	31.3%	29.8%	25.7%	22.1%	16.2%	11.8%	11.1%	-0.24 -68.2%
D.Over 12 Hrs to 24 Hrs	53.0%	53.4%	46.6%	46.5%	47.7%	45.9%	44.0%	44.0%	46.3%	46.1%	43.0%	38.0%	33.7%	29.4%	26.2%	24.8%	-0.28 -53.3%
E.Over 24 Hrs to 48 Hrs	62.4%	64.0%	58.0%	58.8%	59.7%	59.6%	59.5%	59.7%	61.3%	59.8%	56.4%	54.9%	51.8%	48.4%	48.1%	46.9%	-0.15 -24.8%
F.Over 48 Hrs to 72 Hrs	67.1%	68.2%	63.3%	63.6%	65.8%	65.7%	65.9%	65.7%	66.8%	64.5%	61.8%	59.7%	56.7%	53.8%	55.2%	55.7%	-0.11 -17.0%
G.Over 72 Hrs to 96 Hrs	69.6%	70.7%	67.3%	66.9%	68.6%	69.1%	70.0%	69.5%	70.4%	67.5%	65.0%	62.9%	60.7%	58.1%	60.2%	62.1%	-0.08 -10.8%
H.Over 96 Hrs to 5 Days	71.5%	72.4%	70.6%	69.8%	71.4%	71.7%	72.6%	72.5%	72.9%	70.4%	68.6%	66.3%	64.1%	61.9%	64.4%	66.4%	-0.05 -7.1%
I.Over 5 Days to 6 Days	72.5%	73.3%	73.2%	71.9%	73.5%	73.5%	74.5%	74.3%	74.7%	72.1%	70.6%	68.9%	66.4%	64.7%	66.5%	68.8%	-0.04 -5.2%
J.Over 6 Days to 7 Days	73.5%	74.5%	75.3%	74.8%	76.2%	76.5%	77.8%	77.9%	77.9%	75.4%	73.8%	72.7%	70.5%	69.1%	70.2%	70.6%	-0.03 -4.0%
K.Over 7 Days to 8 Days	74.7%	75.6%	76.5%	76.4%	77.7%	78.4%	79.5%	80.0%	79.8%	77.6%	75.6%	75.0%	73.1%	71.6%	71.9%	72.1%	-0.03 -3.5%
L.Over 8 Days to 9 Days	76.0%	76.8%	77.6%	77.5%	78.9%	79.5%	80.8%	81.1%	80.8%	78.8%	77.0%	76.2%	74.6%	72.9%	72.9%	73.3%	-0.03 -3.5%
M.Over 9 Days to 10 Days	77.1%	77.5%	78.2%	78.6%	79.7%	80.2%	81.6%	81.8%	81.7%	79.8%	77.9%	77.3%	75.9%	74.0%	73.8%	74.2%	-0.03 -3.7%
N.Over 10 Days to 15 Days	81.2%	81.7%	81.2%	81.6%	82.6%	83.1%	84.6%	85.0%	84.5%	83.4%	81.8%	80.9%	80.3%	79.6%	77.9%	78.9%	-0.02 -2.9%
O.Over 15 Days to 20 Days	83.0%	83.4%	82.9%	83.3%	84.0%	84.6%	86.1%	86.4%	86.0%	85.4%	83.4%	83.4%	82.9%	81.8%	80.6%	81.2%	-0.02 -2.2%
P.Over 20 Days to 30 Days	86.2%	86.3%	86.5%	86.7%	87.2%	87.3%	88.9%	88.7%	88.6%	87.5%	86.6%	86.4%	86.4%	84.6%	84.4%	84.2%	-0.02 -2.3%
Q.Over 30 Days to 45 Days	89.0%	89.2%	89.2%	89.6%	89.9%	89.8%	91.4%	91.1%	91.2%	90.3%	89.5%	89.2%	88.9%	87.6%	87.3%	87.4%	-0.02 -1.8%
R.Over 45 Days to 60 Days	91.0%	91.1%	91.1%	91.5%	91.8%	91.5%	93.1%	92.6%	93.0%	92.3%	91.5%	91.2%	91.0%	90.0%	89.8%	89.4%	-0.02 -1.8%
S.Over 60 Days to 90 Days	93.7%	94.6%	94.6%	94.3%	94.5%	94.0%	95.5%	95.0%	95.7%	94.7%	94.3%	93.8%	94.0%	93.3%	93.1%	92.5%	-0.01 -1.3%
T.Over 90 Days to 120 Days	95.4%	96.0%	96.2%	95.7%	96.0%	95.7%	96.8%	96.3%	97.1%	96.5%	95.8%	95.5%	95.4%	95.3%	95.4%	94.6%	-0.01 -0.9%
U.Over 120 Days to 180 Days	97.6%	98.2%	98.1%	97.9%	98.1%	97.6%	98.4%	98.0%	98.8%	98.3%	97.4%	97.4%	97.3%	97.8%	97.8%	97.0%	-0.01 -0.6%
V.Over 180 Days to 8 Mo	98.7%	99.1%	99.1%	99.0%	99.1%	98.7%	99.1%	98.8%	99.4%	98.8%	98.6%	98.5%	97.9%	98.4%	98.9%	98.3%	0.00 -0.4%
W.Over 8 Mo to 1 Yrs	99.7%	99.6%	99.7%	99.8%	99.6%	99.5%	99.7%	99.6%	99.8%	99.5%	99.5%	99.3%	98.8%	99.4%	99.6%	99.4%	0.00 -0.3%
X.Over 1 Year to 2 Years	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	99.9%	100.0%	99.9%	99.5%	99.8%	100.0%	100.0%	0.00 0.0%
Y.Over 2 Yrs to 3 Yrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.6%	100.0%	100.0%	100.0%	0.00 0.0%
Z.Over 3 Yrs to 5 Years	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.00 0.0%
ZZ.Over 5 Yrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.00 0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.00 0.0%

## **CHAPTER VI. FACILITY ASSESSMENT**

### **Assessment Findings Matrix Showing**

#### **Category A: Risks in Management, Housing, and Treatment of Inmates**

**Risk Type 1: Physical Defects Posing Risk to Safety**

**Risk Type 2: Inadequate Architectural Design**

**Risk Type 3: Adverse Impact on Proper Care and Treatment**

**Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration**

#### **Category B: Impacts Current & Future Operations Adequacy**

**Operational Adequacy Problem 1: Original Design**

#### **Category C: General Deterioration of Facility**

**Deterioration Problem 1: Deferred Maintenance**

**Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life**

**Opinion of Cost Low / High**

**Facility Assessment Matrix Problems Found 1-8**

PROBLEM / RISK RATING				Opinion of Cost Low / High		Category C: General Deterioration of Facility		Category B: Impacts Current & Future Operations Adequacy		Category A: Risks in Management, Housing, and Treatment of Inmates			
Problem Found	Description	Remedy		Low	High	Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Operational Adequacy Problem 1: Original Design		Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration
1	CCTV Cameras are Damaged or Missing Entirely	Replace/ Repair		\$ 150,000	\$ 300,000	High				High			
2	Control Room	Renovate		\$ 400,000	\$ 500,000			Medium			Medium		
3	Corridors not Code Compliant	Renovate		\$ 500,000	\$ 3,000,000			High			High		
4	Diffusers and Lights	Replace		\$ 5,000	\$ 50,000			High		High			High
5	Dirty Diffusers and Grills and Registers	Clean		\$ 12,000	\$ 45,000		Medium	Medium				Medium	
6	Drains and Dryer Vents Dirty	Clean		\$ 500	\$ 5,000	Medium				Medium			
7	Existing Site	Relocate		No Value Available		Medium						Medium	
8	Exit Signage is Dim or Non-Compliant	Replace/ Repair		\$ 15,000	\$ 18,000		High	High				High	

**Facility Assessment Matrix Problems Found 9-16**

PROBLEM / RISK RATING			Category A: Risks in Management, Housing, and Treatment of Inmates	Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High	
Problem Found	Description	Remedy			Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Low	High
9 Exposed or Lay-In Ceilings Do Not Meet Standards	Secure Areas have exposed or lay-in ceilings that do not meet Standards and are items that can be used to hide contraband or use as a weapon.	Replace	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	\$ 5,000	\$ 65,000
10 Fasteners and Piping Exposed	Piping and fasteners are exposed in restroom and shower areas. These can be used as weapon or suicide potential.	Conceal	High				\$ 500	\$ 10,000
11 Graffiti	Graffiti on walls and doors	Repair				Low		
12 HVAC & Controls	HVAC units and Controls are past their useful life and they are also unable to keep up with the Heating and Cooling demands of the building	Repair / Replace		Medium		Medium	\$ 10,000	\$ 500,000
13 Inadequate CCTV Coverage	Cameras missing in critical locations. Dead Zones may exist.	Replace	High				\$ 150,000	\$ 300,000
14 Inadequate Counseling Areas	Single and Group Counseling areas are non-existent due to lack of space. Spaces are being used differently than intended function.	Add Space	Medium	Medium			\$ 1,000,000	\$ 3,000,000
15 Inadequate Housing	Not enough bed space for inmates. Shower and Restroom facilities do not meet State Standards or Best Practices at higher ADP.	Add Space	High	High			\$10,000,000	\$20,000,000
16 Inadequate Housing for Segregation	Lack of Housing does not allow for segregation of special populations (sick, transgender, ADA, high-risk, etc.)	Add Space	High				\$ 500,000	\$ 1,000,000

### Facility Assessment Matrix Problems Found 17-25

PROBLEM / RISK RATING				Category A: Risks in Management, Housing, and Treatment of Inmates				Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High	
	Problem Found	Description	Remedy	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	Operational Adequacy Problem 1: Original Design	Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Low	High
17	Inadequate Isolation Cells	Minimum # of cells provided for Isolation of Special Inmates, infectious disease. This is inadequate for ADP.	Add Space	High	High	High		High			\$ 500,000	\$ 2,900,000
18	Inadequate Processing / Booking Area	Sallyport is being used for Processing and Scanning Equipment. Processing has multiple functions that are all inadequately sized and used for housing due to ADP. Report area is non-existent	Add Space	Medium	Medium						\$ 2,000,000	\$ 2,900,000
19	Inadequate Program Space	Not enough Multi-purpose rooms for ADP. Difficulty for programming to occur for lack of space or separation. Areas may be used for housing.	Add Space			Medium		Medium			\$ 500,000	\$ 900,000
20	Inadequate Public Lobby and Waiting	Lobby area has limited waiting area or visitation stations.	Add Space	Medium	Medium			Medium			\$ 100,000	\$ 500,000
21	Inadequate Staff Areas	Staff Areas are inadequately sized for staffing requirements.	Add Space			Medium		Medium			\$ 100,000	\$ 2,000,000
22	Intercoms are Not Working	Intercoms in building do not work	Replace	High		High				High	\$ 20,000	\$ 40,000
23	Kitchen Storage	Kitchen Storage too small and storing supplies in other areas like corridors and kitchen.	Renovate/ Add					Medium			\$ 300,000	\$ 400,000
24	Lack of Electrical and Data Outlets	Lack of Electrical and Data Outlets around building make reorganizing and performing daily tasks difficult.	Add Outlets		Low			Low			\$ 5,000	\$ 50,000
25	Lack of Medical Interview Areas	Limited Space for Medical Interviews - HIPPA Violation	Add Space	High	High	High		High			\$ 1,000,000	\$ 3,000,000

**Facility Assessment Matrix Problems Found 26-33**

PROBLEM / RISK RATING				Category A: Risks in Management, Housing, and Treatment of Inmates				Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High	
	Problem Found	Description	Remedy	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	Operational Adequacy Problem 1: Original Design	Deferred Maintenance Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Low	High
26	Lack of Medical Treatment Space	No capability to treat medical needs if hospitalization is unnecessary	Add Space	High	High	High		High			\$ 1,000,000	\$ 3,000,000
27	Lack of Padded Cells	Lack of Padded Cells creates issues with certain inmates. Takes other means or staffing to control inmate(s) who need these type cells.	Add Space	High		High		High			\$ 25,000	\$ 150,000
28	Lack of Suicide Cells	Inability to handle multiple inmates in need of watch for Suicide.	Add Space	High	High	High		High			\$ 500,000	\$ 800,000
29	Lacking ADA Compliance	Jail not compliant with Accessibility Requirements	Renovate / Add			Medium		Medium			\$ 150,000	\$ 1,000,000
30	Laundry	Laundry facility is used for other functions. New machines and larger capacity needed for ADP.	Renovate/ Add					Medium			\$ 550,000	\$ 650,000
31	Lay-In Ceilings Do Not Meet Correction Standards	Tiles are sagging or damaged. Inmate Areas have ceilings that do not meet Correction Standards	Replace						High		\$ 5,000	\$ 45,000
32	Lighting Outdated and Damaged or Missing	Lights around building are burnt out or broken. This hinders security and safety. The lights are outdated and should be replaced with new light technology	Replace							High	\$ 50,000	\$ 100,000
33	Lights Burnt Out or Damaged	Lights around building are burnt out or broken. This hinders security and safety	Replace	High		High			High		\$ 10,000	\$ 50,000

### Facility Assessment Matrix Problems Found 34-40

PROBLEM / RISK RATING			Category A: Risks in Management, Housing, and Treatment of Inmates				Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High		
	Problem Found	Description	Remedy	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	Operational Adequacy Problem 1: Original Design	Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past it's Serviceable Life	Low	High
34	Limited Separation of Contagious Inmates	Limited Negative Pressure Cells with Ante-Vestibules	Add Space	High	High	High					\$ 500,000	\$ 300,000
35	Masonry Block	Masonry Units used are stack bond and is missing grout which is allowing inmate damage which then block pieces are used for weapons which can injure staff or other inmates	Repair	Medium	Medium		Medium	Medium	Medium		\$ 10,000	\$ 250,000
36	Masonry Cracking	Shrinkage and Settlement Cracks are occurring in various areas.	Repair						High		\$ 5,000	\$ 150,000
37	Mold	Various areas where mold growth is evident. This is a health issue.	Remediate	High							\$ 10,000	\$ 50,000
38	No Segregation of Sexes or Special Needs Inmates	No area to separate inmates with physical conditions that need separation from General Population. (Mobility Impaired, Pregnant, ADA, etc.)	Add Space	High	High	High		High			\$ 950,000	\$ 4,000,000
39	No Sick Beds	No area to separate inmates with sickness. Other cells intended for other functions are used or taken to Hospital.	Add Space	High	High	High		High			\$ 500,000	\$ 300,000
40	Old Kitchen Equipment	Some equipment is old and coming to the end of its useful life for the amount of cooking use.	Replace							High	\$ 15,000	\$ 150,000

**Facility Assessment Matrix Problems Found 41-49**

PROBLEM / RISK RATING				Category A: Risks in Management, Housing, and Treatment of Inmates				Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High	
	Problem Found	Description	Remedy	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	Operational Adequacy Problem 1: Original Design	Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Low	High
41	Plastic Laminate Counters and Cabinets	Plastic Laminate is damaged in multiple locations. This material is easily damaged and can be used for weapons	Replace	High			High	High			\$ 10,500	\$ 20,000
42	Plumbing Fixtures and Isolation Valves	Fixtures and Isolation Valves are in need of repair or replacement due to leaking or deterioration that has occurred.	Replace/ Repair					Medium		Medium	\$ 75,000	\$ 200,000
43	Quarry Tile	Quarry Tile floor is slippery. This poses safety concerns for inmates and staff.	Replace	High							\$ 35,000	\$ 45,000
44	Records Room	Records Room is too small and not adequate for needs.	Renovate/ Add					Medium			\$ 40,000	\$ 50,000
45	Secure Doors are not Shutting or Locking Properly	Secure Doors not shutting or locking properly	Repair	High			High				\$ 5,000	\$ 65,000
46	Security Door Controls and Security Hardware	Security Door Controls and Hardware are close to the end of their useful life.	Replace/ Repair	High						High	\$ 50,000	\$ 750,000
47	Security Door Controls and Security Hardware	Security Door Controls and Hardware are not operating properly.	Replace/ Repair	High			High				\$ 20,000	\$ 65,000
48	Sprinkler Heads and Piping Deterioration	Sprinkler Heads and Piping is showing deterioration. Leaks are occurring in multiple locations.	Repair			High			High		\$ 15,000	\$ 85,000
49	Staff Amenities are Limited	Staff Areas are not large enough for Staff needs	Renovate/ Add					Medium			\$ 100,000	\$ 2,000,000



### Facility Assessment Matrix Problems Found 50-53

PROBLEM / RISK RATING				Category A: Risks in Management, Housing, and Treatment of Inmates				Category B: Impacts Current & Future Operations Adequacy	Category C: General Deterioration of Facility		Opinion of Cost Low / High		
		Problem Found	Description	Remedy	Risk Type 1: Physical Defects Posing Risk to Safety	Risk Type 2: Inadequate Architectural Design	Risk Type 3: Adverse Impact on Proper Care and Treatment	Risk Type 4: Security Problems Resulting from Facility Design and Physical Deterioration	Operational Adequacy Problem 1: Original Design	Deterioration Problem 1: Deferred Maintenance	Deterioration Problem 2: Equipment Outdated or Past It's Serviceable Life	Low	High
50	Storage		Storage space is significantly inadequate. This creates safety and efficiency issues. Storage is occurring in corridors and other locations.	Renovate/ Add					Medium			\$ 200,000	\$ 550,000
51	Surface Mounted Conduit and Outlets		Unsecured and do not meet Corrections Standards	Repair					High		High	\$ 12,000	\$ 14,000
52	Vision Issues		Owner has had to make vision shields for various cells.	Replace						Low		\$ 1,500	\$ 12,000
53	Water Infiltration		Efflorescence and Peeling paint is evidence that water is infiltrating the wall cavities.	Repair				High	High	High		\$ 5,000	\$ 150,000
										Total Cost Range		\$22,122,000	\$56,484,000

## **CHAPTER VII. DIVERSION**

### **Stride Center Literature**

- 1. Program Overview**
- 2. Referral Form**

## 1. Program Overview

Stride Center  
312 N. Morton St  
Bloomington, IN 47404



### Project Overview

- The program provides a 24-hour, seven-day-per-week, safe, low barrier environment that will use harm reduction and trauma informed care approaches.
- The goal of the program is to divert individuals from jail and hospitals to a more “service-based” program that can be individualized to better meet the need of the person in crisis.
- The Stride Center provides a resource for police, medics, other first responders as well as other community agencies such as Wheeler, Middleway, IU Health to use to provide as an alternative option for persons in crisis suffering from acute mental health and/or substance use issues who are in relatively good behavioral control, have not committed a violent crime, do not have a recent history of violence and are voluntarily willing to participate in the program instead of being transported to the hospital or being booked into jail.
- Participation in the program will be voluntary.
- The Stride Center will be a place to calm and de-escalate guests and provide one-on-one consultation with professionally-trained staff, which includes peer support specialists.
- Staff will act as a sounding board to assist guests in identifying their individual needs, provide resource coordination, and assist in linking guests to further services.
- Guests will be allowed to stay up to 23 hours per visit to the Stride Center and are able to make repeat visits.
- The Stride guest will have access to laundry and shower facilities

### Eligibility Criteria

- Adults in crisis with mental health and/or substance use issues
- Have not committed a violent crime or have violent history
- Agree voluntarily to be diverted instead of being taken to the jail or ED
- During Year 1 Pilot – Taking referrals primarily from law enforcement
- The guest does not need to be a Centerstone client to access services nor do they have to agree to become a client to continue services at the Stride Center

## Referral Process

- During Year 1 Pilot – Taking referrals from law enforcement only
- After the first initial visit, the guest is able to self-refer
- A brief referral form will be completed by staff once law enforcement arrives with guest and the warm handoff takes place

## Supportive Services

### All Guests:

- Free healthcare navigation
- Naloxone training (NARCAN)
- Peer support/recovery coaching
- Crisis intervention
- Therapy
- Community resource coordination and follow-up

## Staff (There will not be 24 hour therapy or LPN services)

- Program manager
- Therapist
- Peer Recovery Specialists
- Recovery Coaches
- LPNs

## Community Funders/Support

- City of Bloomington
- Monroe County Commissioners
- The Cook Group
- Bloomington Health Foundation
- Community Foundation of Bloomington and Monroe County
- IU Health Foundation
- Indiana Department of Mental Health and Addictions

## 2. Referral Form

### REFERRAL FORM THE STRIDE CENTER

Date (mm/dd/yyyy):

Time (Military):

Name of the person you transported:

Referral Source:

1. Law Enforcement Agency (circle one)

Sheriff    Bloomington PD    IU Police    Ellettsville PD    IN State Police    Conservation    NA

Name of officer:

2. Other agency referral (name of agency/and or contact person):

What were the circumstances leading to person being brought to The STRIDE Center?

(mark all that apply)

- ☐ Alcohol use
- ☐ Substance use
- ☐ Mental Health
- ☐ Loitering
- ☐ Trespassing
- ☐ Public Intoxication
- ☐ Disorderly conduct
- ☐ Homeless/nowhere to go
- ☐ Family conflict
- ☐ Other \_\_\_\_\_

Is this someone frequently encountered?

- ☐ Yes    a. Arrest    b. Suspension    c. Other Involvement
- ☐ No
- ☐ Not certain

If they did not agree to be diverted to STRIDE Center, where would you have taken them?

- ☐ Jail
- ☐ Hospital/ER
- ☐ Other: \_\_\_\_\_

If this person leaves shortly after drop off, do you want STRIDE to contact you/the department?

- ☐ Yes
- ☐ No

Any other relevant information:

## **CHAPTER VIII. PRETRIAL RELEASE**

### **Hamilton County Pretrial Release Documents**

- 1. LR29-CR00-305 (Program Description)**
- 2. Pretrial Release Schedule**
- 3. Pretrial Release Matrix**
- 4. Violent Felony List**

## **1. 1.LR29-CR00-305 (Program Description)**

### **LR29-CR00-305. PRETRIAL SERVICES PROGRAM: RELEASE ON BOND OR PERSONAL RECOGNIZANCE AND SUPERVISION**

**305.10 PRETRIAL SERVICES PROGRAM.** The Hamilton County Pretrial Services Program (the “Program”) shall operate under the authority the Circuit and Superior courts of Hamilton County with day to day operations supervised by its Director who shall report to the judges of those courts. The Program shall include those persons acting under the Director’s authority or direction. The purpose of the Program shall be to assess the risk posed by the release of individuals booked into the Hamilton County jail on a criminal charge, and to supervise those who are released under the authority of the Program. The Hamilton County Courts grant the Program the authority to perform the following duties:

a. Conduct assessments: Each individual booked into the Hamilton County Jail on a criminal charge, unless ordered or exempted by the court, shall be assessed as to his/her risk for failure to appear, risk of re-offending, and risk of potential harm to the community or to self if released from custody pending a resolution of a pending charge or charges. The safety of the community shall be paramount, but given this priority, the Program shall attempt to maximize release without money bond where appropriate. The Program shall utilize at least one screening tool approved by the Indiana Supreme Court for this purpose and such other instruments as may be approved and required by the judges of the Circuit and Superior Courts of Hamilton County.

b. Supervise Program Participants: Each individual approved for release from custody shall be under the supervision of the Program as a program participant. The Program shall utilize means of supervision approved by the judges of the Circuit and Superior courts that are consistent with the assessed risk level of the program participant, and shall have the authority to increase or decrease supervision requirements during the pendency of the program participant’s case, as appropriate.

**305.20 RELEASE SCHEDULES:** When any individual is booked into the Hamilton County Jail on a warrantless arrest, unless ordered or exempted by the court, the Sheriff shall either release or detain the individual in accordance with the schedules found in Appendices A and B pertaining to pretrial release and bond.

**305.30 SEPARATE BONDS:** The Circuit and Superior Courts of Hamilton County will only accept appearance bonds written for a single cause number and will not accept lump sum appearance bonds that apply to more than one cause number.

**305.40 CONDITIONS OF RELEASE:** All releases on bond or on personal recognizance are subject to the following basic conditions: (a) defendant shall appear in court at all times required by the Court; (b) defendant shall not leave the State of Indiana without the prior written consent of the Court; (c) defendant shall not commit nor be arrested for another criminal offense; (d) defendant shall keep his or her attorney and the Court advised in writing of any change of address within 24 hours of such change; and (e) any other condition set forth in Appendices A and B or as ordered by court. Pursuant to IC 35-33-8-3.2(a)(4) a defendant’s release may also be conditioned upon refraining from any direct or indirect contact with the alleged victim of an offense or other individual as ordered by the Court. Violation of any condition of release may result in the Court revoking the defendant’s release and issuing a re-arrest warrant.

**305.50 PROPERTY BONDS:** The Circuit and Superior Courts of Hamilton County will grant a defendant’s release on a property bond only after notice is sent to the Prosecuting Attorney and a hearing is set to determine whether such a bond is proper.



**305.60 ALTERATION OF RELEASE STATUS:** If a judicial officer has set the defendant's initial bond, then the judicial officer conducting the initial hearing may not alter the bond. If the Sheriff has initially set the defendant's bond in accordance with Appendix A, or if the defendant has been determined to be eligible for release in accordance with Appendix B, then the judicial officer who conducts the initial hearing:

- a. shall adjust the bond to conform to the actual charges filed by the State;
- b. may increase the bond, if an increase is warranted by the circumstances;
- c. may set a money bond if the defendant is still in custody when he/she appears before the judicial officer, even if it has been determined that the defendant is eligible for release to the Pretrial Release Program;
- d. may reduce the bond, if multiple charges have been filed, to an amount not lower than the highest class bond for one charge (unstacking), if a reduction is warranted by the circumstances;
- e. may release the defendant on his or her own recognizance:
  - (1) for medical reasons if recommended by the Sheriff and if notice has been given to the prosecuting attorney;
  - (2) with or without conditions upon the agreement of the prosecuting attorney and the defendant's counsel and after review of a pretrial release screening report filed with the court;
- f. may release the defendant to the supervision of the pretrial release program under such conditions found appropriate after review of a pretrial release screening report filed with the court;
- g. after review of a pretrial release screening report filed with the court, and upon agreement of the prosecuting attorney and the defendant's counsel, may modify conditions of release previously imposed.



## 2. 2.Pretrial Release Schedule

### **HAMILTON COUNTY PRETRIAL RELEASE SCHEDULE**

This schedule applies to all cases to be filed in the Circuit and Superior Courts of this county and the City of Carmel, City of Noblesville, and City of Fishers Courts. **THE SHERIFF OF HAMILTON COUNTY IS HEREBY ORDERED TO FOLLOW THIS SCHEDULE FOR DETERMINING THE PRETRIAL RELEASE OR DETENTION OF ALL INDIVIDUALS ARRESTED FOR CRIMINAL OFFENSES TO BE FILED IN THE ABOVE COURTS.**

Pursuant to the authority of the Hamilton County Circuit and Superior Courts to establish a reasonable basis for release/detention in criminal cases, a pretrial release schedule is established in accordance with the following terms and conditions as approved this date:

1. All individuals detained in the Hamilton County Jail and otherwise eligible to post bond shall be subject to pretrial release screening and risk assessment. This pretrial release schedule shall control the release or detention of all individuals screened by the Pretrial Services Program, unless a court, on its own motion or at the request of the State, issues an order setting a bond or detaining the individual until the initial hearing.
2. An individual is eligible for screening upon being booked-in unless the individual is booked in for an alcohol related offense, or lacks the capacity to provide a valid risk assessment due to the effects of drugs, chemical withdrawal, or a mental or emotional condition. An individual booked-in for an alcohol related offense becomes eligible for screening pursuant to the chart established for release eligibility in I.C. 35-33-1-6. An individual who lacks the capacity to provide a valid risk assessment becomes eligible for screening when he/she regains that capacity.
3. If an individual is not screened within eight hours of being eligible for screening, the individual may be released in accordance with the Hamilton County Bond Schedule already in effect. Said individual however may be screened prior to posting bond if the screening can be completed without delaying the individual's release. If found to be appropriate, the individual may be released to the Pretrial Services Program.
4. Except as provided in paragraph 3 above, no individual shall be released pursuant to this Pretrial Release Schedule or the Hamilton County Bond Schedule until that person is screened by the Pretrial Services Program, and that screening shall include the administration of at least one State approved pretrial risk assessment and such other risk assessment instrument(s) that may be approved and required by the judges of the Circuit and Superior Courts of Hamilton County.
5. All decisions regarding release and release conditions under this Pretrial Release Schedule are conditional and may be reviewed *sua sponte* by the Court at the initial hearing based upon information obtained through the pretrial screening process. Subsequent to the initial hearing (or waiver thereof), the Court, *sua sponte*, or the Prosecuting Attorney or Defendant by written

motion may request a hearing on the Defendant's pretrial release/detention status and/or conditions of release.

6. The following four risk categories are established:

- Category 1
- Category 2
- Category 3
- Category 4

7. Every detainee classified in Category 4 shall be detained in custody until his or her release can be reviewed by a judicial officer at or before the initial hearing.

8. A person shall be placed in Category 4 if:

- (a) he/she is charged with an offense listed in Offense Level "D" as provided in paragraph 14;
- (b) he/she is an individual who cannot be positively identified including, but not limited to, those individuals who refuse to cooperate in their identification by refusing to be fingerprinted, individuals who provide conflicting identification, and individuals whose identifying information cannot be verified;
- (c) he/she has an outstanding arrest warrant, or is on probation or community corrections, or is currently released on bond or recognizance or to a pretrial release program for a pending criminal case;
- (d) he/she is charged with Battery, Stalking, Invasion of Privacy, or Strangulation. Such an individual shall remain in Category 4 for 24 hours after book-in; thereafter, release shall be in accordance with the individual's true assessed risk category and the matrix in Attachment 1;
- (e) he/she refuses to cooperate in the risk assessment and/or pretrial screening process;
- (f) he/she scores in higher than category 3 on the pretrial risk assessment.

9. Any individual assessed as Category 1, Category 2, or Category 3, but not placed in Category 4 as above, shall be released on his/her own recognizance and shall be supervised through the pretrial release program under the appropriate level of supervision.

10. For the purpose of identifying the appropriate level of supervision from the matrix in Attachment 1, the following offense levels are established:

- Offense Level A
- Offense Level B
- Offense Level C

Offense Level D

11. Offense Level "A" includes:

- (a) all nonviolent misdemeanor offenses except Operating a Vehicle While Intoxicated ("OWI"), and Leaving the Scene of an Accident.
- (b) "Nonviolent" for this level means an offense in which:
  - (i) no firearm or deadly weapon was used or involved in any way;
  - (ii) no bodily injury occurred to any person;
  - (iii) no force was used or threatened against any person; and
  - (iv) is not listed in Attachment 2.

12. Offense Level "B" includes misdemeanors and Level 6 felonies offenses in which there is an allegation that:

- (a) the individual possessed or carried a firearm or other deadly weapon;
- (b) bodily injury occurred;
- (c) there was use of force or a threat of force, including by use of motor ) vehicle;
- (d) the individual resisted law enforcement;

and includes all OWI and Leaving the Scene of an Accident offenses.

13. Offense Level "C" includes "non-violent" Level 3, 4, and 5 felonies, Possession of a Narcotic Drug, Possession of a Syringe, and any OWI where there has been a prior OWI conviction within 10 years." A "non-violent offense" is defined as one in which:

- (a) no firearm or deadly weapon was used or involved in any way;
- (b) no bodily injury occurred to any person;
- (c) no force was used or threatened against any person; and
- (d) is not listed in Attachment 2.

14. Offense Level "D" includes Murder, Attempted Murder, Dealing in Cocaine or a Narcotic Drug, Dealing in or Manufacturing Methamphetamine, Dealing in a Controlled Substance, all Level 1 felonies, all Level 2 felonies, Level 3, 4, or 5 violent felonies, and any charges enhanced by a Habitual Offender or by a Habitual Vehicular Substance Offender allegation. For purposes of this schedule, a Level 3, 4, or 5 felony is a "violent felony" if the offense is listed in

Attachment 2.

15. Pretrial conditions of release under this pretrial release schedule shall include that the individual released:

- (a) shall appear in Court at all times required by the Court;
- (b) shall not leave Indiana without the prior written consent of the Court, and shall agree to waive extradition as a condition of release to the Pretrial Services Program and/or the Court granting such consent;
- (c) shall not commit nor be arrested for another criminal offense;
- (d) for the purpose of receiving court notices and reminders of hearing dates, shall provide to the Pretrial Services Program, the Court and the person's attorney, a valid e-mail address, if available;
- (e) for the purpose of receiving court notices and reminders of hearing dates, shall provide to the Pretrial Services Program, the Court and the person's attorney, a valid telephone number for a cellular telephone that is capable of receiving text messages, if available;
- (f) shall notify the Pretrial Services Program, the person's attorney and the Court in writing of any change of address, telephone number or e-mail address within 24 hours of any such change;

16. Pretrial conditions of release under this pretrial release schedule may include that the individual released shall:

- (a) call in regularly to an electronic monitoring system;
- (b) respond promptly to email, telephone calls or text messages from the Pretrial Services Program or the court;
- (c) verify employment, residence and contact information;
- (d) meet in person as directed with a case monitor from the Pretrial Services Program;
- (e) obey all rules and regulations of the Pretrial Services Program;
- (f) obey all other conditions imposed by the Court.



### 3. Pretrial Release Matrix

## Pretrial Release Matrix

### Attachment 1 to Appendix B to LR29-CR00-305

Offense Level → Risk Category ↓	Level A	Level B	Level C	Level D
<b>Category 1 (0-2)</b>	ROR w/ reminder	ROR w/ reminder	ROR w/Basic Supervision	Detain until appear before a judicial officer
<b>Category 2 (3-5)</b>	ROR w/ reminder	ROR w/ Basic Supervision	ROR w/Moderate Supervision	Detain until appear before a judicial officer
<b>Category 3 (6-7)</b>	ROR w/ reminder	ROR w/Basic Supervision	ROR w/Enhanced Supervision	Detain until appear before a judicial officer
<b>Category 4 (8)</b>	Detain until appear before a judicial officer	Detain until appear before a judicial officer	Detain until appear before a judicial officer	Detain until appear before a judicial officer

### Offense Levels

**Offense Level “A”** includes all nonviolent misdemeanor offenses except Operating a Vehicle While Intoxicated (“OWI”), and Leaving the Scene of an Accident.

**Offense Level “B”** includes misdemeanors, Operating a Vehicle While Intoxicated (“OWI”), Leaving the Scene of an Accident, and Level 6 felonies offenses in which there is an allegation that: (a) the person possessed or carried a firearm or other deadly weapon; (b) bodily injury occurred; (c) there was use of force or a threat of force, including by use of motor vehicle; or (d) the person resisted law enforcement.

**Offense Level “C”** includes “non-violent” Level 3, 4, and 5 felonies, Possession of a Narcotic Drug, Possession of a Syringe, and any OWI where there has been a prior OWI conviction within 10 years.” A “non-violent offense” is defined as one in which: (a) no firearm or deadly weapon was used or involved in any way; (b) no bodily injury occurred to any person; (c) no force was used or threatened against any person; and (d) is not listed in Attachment 2 of Appendix B to LR29-CR00-305.

**Offense Level “D”** includes Murder, Attempted Murder, Dealing in Cocaine or a Narcotic Drug, Dealing in Methamphetamine, Manufacturing Methamphetamine, Dealing in a Controlled Substance, all Level 1 felonies, all Level 2 felonies, violent Level 3, 4, or 5 felonies, and any charge enhanced by a Habitual Offender or by a Habitual Vehicular Substance Offender allegation. For purposes of this schedule, a Level 3, 4, or 5 felony is a “violent felony” if the offense is listed in Attachment 2 of Appendix B to LR29-CR00-305.

#### 4. Violent Felony List

## Violent Felony List **Level 3,4,5**

### Attachment 2 to Appendix B to LR29-CR00-305

This document identifies the violent offenses in the Indiana Code for the purposes of making pretrial release decisions using the Pretrial Release Matrix.

Indiana Code number	Offense	Other citation	Other citation
35-42-1-1	Murder	*35-50-1-2	**35-38-2.5-4.7
35-42-1-3	Voluntary Manslaughter	35-50-1-2	35-38-2.5-4.7
35-43-1-4	Involuntary Manslaughter	35-50-1-2	35-38-2.5-4.7
35-42-1-5	Reckless Homicide	35-50-1-2	35-38-2.5-4.7
35-42-2-1.5	Aggravated Battery	35-50-1-2	35-38-2.5-4.7
35-42-3-2	Kidnapping	35-50-1-2	35-38-2.5-4.7
35-42-4-1	Rape	35-50-1-2	35-38-2.5-4.7
35-42-3-3	Criminal Confinement		
35-42-4-2(before repeal)	Criminal Deviate Conduct	35-50-1-2	35-38-2.5-4.7
35-42-4-3	Child Molesting	35-50-1-2	35-38-2.5-4.7
35-42-4-9(a)(2) and (b)(2)	Sexual Misconduct w/Minor	35-50-1-2	35-38-2.5-4.7
35-42-5-1	Robbery	35-50-1-2	35-38-2.5-4.7
35-43-2-1	Burglary Level 1,2,3,4,5	35-50-1-2	35-38-2.5-4.7
9-30-5-5	OWI Death	35-50-1-2	35-38-2.5-4.7
9-30-5-4	OWI Serious Bodily Injury	35-50-1-2	35-38-2.5-4.7
35-42-4-4(b) and (c)	Child Exploitation L4 & L5	35-50-1-2	35-38-2.5-4.7
35-44.1-3-1	Felony Resisting L.E.	35-50-1-2	35-38-2.5-4.7
35-47-4-5	Possession Firearm SVF	35-50-1-2	35-38-2.5-4.7
35-42-2-1	Battery	35-38-2.5-4.7	
35-42-2-1.3	Domestic Battery	35-38-2.5-4.7	
35-43-1-1	Arson	35-38-2.5-4.7	
34-44.1-3-4	Escape/Failure to Return	35-38-2.5-4.7	
35-45-10-5	Stalking	35-38-2.5-4.7	
35-46-1-3	Incest	35-38-2.5-4.7	
35-47.5-5-2 through 8	Explosive Devices	35-38-2.5-4.7	
35-41-5-1	Attempts of Above Offenses	35-38-2.5-4.7	
35-41-5-2	Conspiracy/ Above Offenses		
35-44.1-2-5(a)(2)	Assisting a criminal, level 5	***35-47-4-5	
35-46-1-15.1	Invasion of Privacy		
35-50-2-13/35-48-4-1 to 4	Use of Firearm to deal drugs	35-47-4-5	
35-45-2-1(b)(1) and (b)(2)	Intimidation - felony		
35-42-2-9	Strangulation F5		

\*IC 35-50-1-2 is a list of violent offenses for the purpose of consecutive sentences

\*\*IC 35-38-2.5-4.7 is the definition of violent offender

\*\*\*IC 35-47-4-5 is the list of predicate offenses for serious violent offender

## **CHAPTER X. IMPROVING TIMELINESS OF CRIMINAL CASE PROCESSING**

### **1. Model Continuance Policy**

### **2. Tarrant County Differentiated Felony Case Management**

## 1. Model Continuance Policy

# MODEL CONTINUANCE POLICY\*

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\* This model policy was originally developed by David C. Steelman, Principal Court Management Consultant, National Center for State Courts, at the request of the Presiding Judge of the Yamhill County Circuit Court in McMinnville, OR, in 2006, as part of a caseload management technical assistance program with the Oregon Judicial Department. It has been revised in 2009 as part of a technical assistance project with the Alaska Judicial Department and the Alaska Superior Court for Anchorage, incorporating examples of grounds on which continuances would generally be granted or not granted in substantial reliance on the continuance policy published by the Circuit Court of Petersburg, VA (11<sup>th</sup> Judicial Circuit)(© Supreme Court of Virginia 2009) (see <http://www.courts.state.va.us/courts/circuit/Petersburg/continuance.html>, as downloaded on June 23, 2009).



## CONTINUANCE POLICY OF THE \_\_\_\_ COURT

It is the policy of this Court to provide justice for citizens without unnecessary delay and without undue waste of the time and other resources of the Court, the litigants, and other case participants. For all of its case types and dockets, and in all of its courtrooms, the Court looks with strong disfavor on motions or requests to continue court events. To protect the credibility of scheduled trial dates, trial-date continuances are especially disfavored.

Except in unusual circumstances, any continuance motion or request must be in writing and filed not later than [48 hours] before the court event for which rescheduling is requested. Each continuance motion or request must state reasons and be signed by both the attorney and the party making the request.

The Court will grant a continuance only for good cause shown. On a case-by-case basis, the Court will evaluate whether sufficient cause justifies a continuance. As a guide to practitioners, the following will generally not be considered sufficient cause to grant a continuance:

- Counsel or the parties agree to a continuance;
- The case has not previously been continued;
- The case probably will settle if a continuance is granted;
- Discovery has not been completed;
- New counsel has entered an appearance in the case or a party wants to retain new counsel;
- Unavailability of a witness who has not been subpoenaed;
- Plaintiff has not yet fully recovered from injuries when there is no competent evidence available as to when plaintiff will be fully recovered;
- A party or counsel is unprepared to try the case for reasons including, but not limited to, the party's failure to maintain necessary contact with counsel;
- The failure to schedule the hearing on a suppression motion on a timely basis unless the prosecution failed to comply with a discovery order;
- A police officer or other witness is either in training or is scheduled to be on vacation, unless the Court is advised of the conflict soon after the case is scheduled and sufficiently in advance of the trial date;
- Any continuance of trial beyond a second trial date setting.

The following will generally be considered sufficient cause to grant a continuance:

- Sudden medical emergency (not elective medical care) or death of a party, counsel, or material witness who has been subpoenaed;
- A party did not receive notice of the setting of the trial date through no fault of that party or that party's counsel;
- Facts or circumstances arising or becoming apparent too late in the proceedings to be fully corrected and which, in the view of the Court, would likely cause undue hardship or possibly miscarriage of justice if the trial is required to proceed as scheduled;
- Unanticipated absence of a material witness for either party;
- Illness or family emergency of counsel.

## **CONTINUANCE POLICY OF THE \_\_\_\_ COURT**

Any grant of a continuance motion or request by the Court shall be made on the record, with an indication of who requested it and the reasons for granting it. Whenever possible, the Court shall hold the rescheduled court event not later than [7 days] after the date from which it was continued.

Information about the source of each continuance motion or request in a case and the reason for any continuance granted by the Court shall be entered for that case in the Court's computerized case management information system. At least once a quarter, the chief judge and other judges of the Court shall promote the consistent application of this continuance policy by reviewing and discussing a computer report by major case type on the number of continuances requested and granted during the previous period, especially as they relate to the incidence and duration of trial-date continuances. As necessary, the Court shall work with bar representatives and court-related agencies to seek resolution of any organizational or systemic problems that cause cases to be rescheduled, but which go beyond the unique circumstances of individual cases.

## **2. Tarrant County Differentiated Felony Case Management**

# **Tarrant County**

## **DIFFERENTIATED FELONY CASE MANAGEMENT**

### **PREAMBLE**

The following Differentiated Felony Case Management (DFCM) system is the result of a collaborative effort of a task force consisting of representatives from the following entities: the Tarrant County criminal district judges, the Tarrant County criminal district court coordinators, the Tarrant County District Attorney's Office, the Tarrant County Criminal Defense Lawyers' Association, the Tarrant County Sheriff's Office, the Tarrant County District Clerk's Office, the Tarrant County Community Supervision and Corrections Department, and the Tarrant County Information Technology Department. The task force has met weekly over the course of several months to develop the DFCM system.

The DFCM system is a result of the need to increase the use of information technology in the processing of criminal cases, to increase the efficient use of court time and resources, and to standardize the practice among the criminal district courts. The goal of this process is to create an efficient and fair system for the disposition of felony cases taking into consideration such diverse factors as local jail population, the Fair Defense Act, judicial discretion, and the individual interests of the various participants in the criminal justice system.

Central to the theme of the DFCM system is the concept that each court event should involve timely action and meaningful progress toward case disposition. The system recognizes the need to administer different categories of cases based on their individual issues and complexity.

The system seeks to enhance public confidence in the Tarrant County criminal justice system, and to foster a sense of pride among the professionals who administer it.

## THE CASE TRACKING SYSTEM

For purposes of court administration, felony cases filed in the criminal district courts will be divided into three case tracks by offense category. The three case tracks are:

1. The Expedited Case Track
2. The Basic Case Track
3. The Complex Case Track

While there are necessary differences in the administration of the three case tracks, there are also numerous similarities.

### CASE FILING DATE

The date that the case is filed by the Tarrant County District Attorney's Office is the triggering date for the Initial Appearance Setting within the DFCM system. Each filed case will be randomly computer-assigned to one of the ten felony district courts. At that time each individual case will also be assigned to a case track based upon the offense code at time of filing.

The trigger date for setting probation revocations is the date the defendant is arrested on the petition. Probation revocations will only be included on the track through the CS, then will be set for hearing or other disposition during a non-jury week.

Based upon individual case factors, the case track for a given case may be changed at any time by the trial judge after consultation with the parties.

The DFCM system will automatically send notice to the defendant, bail bondsman and defense attorney for each court setting based on the filing date and case track. The courts and state will receive notice of the settings by way of the setting dockets.

### THE INITIAL APPEARANCE SETTING

The first setting for each felony case is the Initial Appearance Setting (IAS). The purpose of the IAS is to ensure that each defendant has an attorney on all pending cases. A case will not progress to the next case setting until the defendant is represented on all cases.

All IAS will be conducted in the magistrate's court. In cases where the defendant is in custody, the IAS will be conducted within four days of the filing date.

Where the defendant is on bond, the IAS will be conducted within 15 days of the filing date.

If the assigned court or magistrate's court has received notification that a defendant is represented by retained counsel before the IAS, the defendant and counsel will be excused from the IAS. Notification may be delivered by fax, email or letter.

If an attorney is retained before a case is filed, the attorney is expected to notify the Office of Attorney Appointments so that the attorney's name can be coordinated with the case when filed.

If a defendant is not represented by counsel at the IAS, the magistrate will inquire into the reason for the lack of counsel and require the defendant to complete the "Election



of Counsel” form. If the defendant requests court appointed counsel, the magistrate will require the defendant to complete the “Affidavit of Indigency.” After the defendant has completed this form, the magistrate will conduct a thorough indigency hearing. If the defendant is on bond, the magistrate will not complete the hearing until the defendant has produced the documents required by condition of bond. The failure or refusal of the defendant to produce the required documents at the IAS may result in the re-arrest of the defendant.

If the magistrate finds that the defendant is indigent, the defendant will be appointed an attorney from the felony court appointment wheel. The magistrate will then enter an order requiring any defendant with appointed counsel to make payments toward appointed attorney fees through the District Clerk’s office where it is determined that the defendant is financially able to make such payments.

If the magistrate finds that the defendant is not indigent, the magistrate will urge the defendant to hire an attorney and may reset the case for another IAS.

The magistrate will also review all cases for appropriate bond conditions and modify the conditions accordingly. If a defendant is in custody, the magistrate will also review the bond amount and may, based on individual case factors, reduce the bond to an amount consistent with the current bond schedule set by the criminal district judges.

### THE CONSULTATION SETTING

The next setting for each case is the Consultation Setting (CS). The CS will be conducted in the assigned district court and will include all of a defendant’s then pending cases. Later cases filed against a defendant will be scheduled with the earlier filed cases.

All attorneys accepting appointments from the felony court appointment wheel shall comply with all required settings pursuant to the requirements of the Felony Public Appointment Guidelines of the Tarrant County Criminal District Courts.

In all cases where a defendant is represented by retained counsel, the CS will occur as soon as practical following the date of the return of an indictment, allowing for reasonable notice to all parties.

In all cases where a defendant is represented by appointed counsel, the CS will occur pre-indictment in order to allow the opportunity to meet and consult with appointed counsel with the State and its files available for discovery and meaningful consultation in order to allow, if possible, a prompt and just resolution of the case. Continued compliance with all bond conditions and the Felony Public Appointment Guidelines will also be monitored at this setting.

Prior to the CS the assigned prosecutor will be expected to thoroughly review the case(s) and arrive at a considered and educated plea agreement offer, at least on cases within the Expedited and Basic case tracks. The Tarrant County District Attorney’s Office has agreed that their file will be open to the attorney of record on all cases. The defense attorney will be expected to have thoroughly reviewed the state’s file, to have consulted with the defendant, and to have begun any necessary investigation. At the CS the defense attorney will be expected to convey the plea agreement offer to the defendant and to present any motions necessary to complete investigation of the case.

If a plea agreement is reached at the CS, the parties will be expected to complete a “Written Plea Admonishment Document.” After this is done the parties can proceed

through the plea proceeding and sentencing, proceed through the plea proceeding and defer sentencing or defer the plea proceeding and sentencing. All unindicted cases in which an agreement is reached and where sentencing is not completed at the CS will require the execution of a “Waiver of Indictment and Acceptance of Plea Agreement Offer”. All deferred plea proceedings will be conducted during non-jury weeks.

If there is no indictment and no plea agreement is reached at the CS but the defendant waives indictment in writing, the Tarrant County District Attorney’s Office has agreed that the CS plea offer will remain available to the defendant for at least 45 days after the CS.

If a plea agreement is not reached on a probation revocation case at the CS, the court coordinator will schedule the case for a hearing during the next available non-jury week.

If no plea agreement is reached on a case by the conclusion of the CS, the case will be scheduled for an Evidence Exchange Setting.

### THE EVIDENCE EXCHANGE SETTING

The Evidence Exchange Setting (EES) will be conducted in the assigned district court.

By the EES the state will be expected to have completed all necessary laboratory investigation, to have consulted with any necessary persons, and to have the relevant reports available in court.

At the EES the state will be required to disclose the existence of biological or other complex evidence the testing of which could require that the case be moved to the Complex Case Track.

Any agreed discovery must be completed before the parties are excused from the setting.

Meaningful plea negotiations are encouraged at this setting. If a plea agreement is reached, the plea proceeding may be scheduled as contemplated at the Consultation Setting.

If no plea agreement is reached on a case by the conclusion of the EES, the case will be scheduled for a Motion Setting.

### THE MOTION SETTING

The Motion Setting (MS) will be conducted in the assigned district court. The state and defendant must file all non-constitutional motions ten or more days before the MS as required by the Texas Code of Criminal Procedure. At the MS, the trial court will conduct a hearing on all motions as requested by the parties. Meaningful plea negotiations are encouraged at this setting. If a plea agreement is reached, the plea proceeding may be scheduled as contemplated at the Consultation Setting.

If no plea agreement is reached following the MS on Expedited Case Track cases, the court will set the case for trial. If no plea agreement is reached on Basic or Complex Case Track cases, the parties will receive a Status Conference date.

### THE STATUS CONFERENCE

The last case setting before trial is the Status Conference (SC). Meaningful plea negotiations are encouraged at the SC. At the SC, the court may accept negotiated and non-negotiated pleas of guilty. After the SC, the court may refuse to accept any negotiated guilty plea. If no plea of guilty is entered at the SC, the parties will be required to complete a "Status Conference" form. The defendant will also be expected to execute necessary trial motions such as an application for probation and an election of punishment. After completion of the forms, the case will be scheduled for trial.

## THE CASE TRACKS

### THE EXPEDITED TRACK

The following types of state jail and third degree felony offenses are included in the expedited track:

Burglary of a building	Prostitution-4th
Credit/debit card abuse	Theft
Criminal nonsupport	Aggravated perjury
Evading arrest with vehicle	Bail jumping
False alarm or report	Escape from felony offense
Forgery	Unauthorized use of a vehicle
Possession of prohibited weapon	Tampering with evidence
UCW on licensed premises	Probation revocations
Fraudulent use or possession of identifying information	Unauthorized absence from CCF or CC

If any of the above listed offenses is filed as a habitual offender, the defendant's cases will be moved to the Basic Case Track.

The following table shows the progression of settings under the Expedited Case Track in number of days:

File date=(F); Indictment date=(I)	<u>Jail</u>	<u>SB7 Bond</u>	<u>Bond</u>
Initial Appearance (IAS)	F+4	F+15	F+15
Consultation (CS)	F+10	F+30	I+15
Status Conference (SC)	I+15	I+15	I+60
Trial		within 4 weeks following MS	



## THE BASIC TRACK

All felony offenses not included in the Expedited or Complex Case Tracks, including but not limited to the following, are to be included in the Basic Case Track:

Cruelty to animals	Obstruction/retaliation
Engaging in organized crime	Possession firearm by felon
Improper photography or visual recording	Possession weapon –prohibited place
Injury to a child, elderly, disabled causing bodily injury	Stalking
Interference with child custody	Unlawful restraint
Tampering with witness	Violation of protective order
Terrorist threat	Aggravated assault
Unlawful restraint of child	Aggravated kidnapping
Delivery CS, PG1 < 1 gr.	Arson
Possession CS, PG1 <1 gr.	Bribery
Delivery marihuana > ¼ oz.	Burglary of habitation – theft
Possession marihuana > 4 oz.	Burglary of habitation – assault
Delivery CS, PG1A, <20 units	Escape causing bodily injury
Possession CS, PG1A, <20 units	Improper relationship-student/teacher
Assault	Indecency with child – contact
Deadly conduct	Robbery
DWI-3 <sup>rd</sup>	Sexual assault
Enticing child	Trafficking of persons
Improper contact with victim	Aggravated robbery
Indecency with a child--exposure	Aggravated sexual assault
Intoxication assault	Burglary of habitation – other
Kidnapping	Escape with deadly weapon
Evading arrest with SBI	Attempted capital murder
Manslaughter	Solicitation of capital murder
Injury to a child, elderly, or disabled with serious bodily injury	Criminal negligent homicide
Aggravated assault-serious bodily injury	Evading arrest with death
	Intoxication manslaughter
	Escape with serious bodily injury

The following table shows the progression of settings for cases in the Basic Case Track in number of days:

	<u>Jail</u>	<u>SB7 Bond</u>	<u>Bond</u>
File date (F); Indictment date (I)	F + 4	F + 15	F + 15
Initial appearance (IAS)	F + 10	F + 30	I + 15
Consultation (CS)	I + 15	I + 30	I + 90
Evidence Exchange (EES)	I + 90	I + 90	I + 150
Motion Setting (MS)	I + 135	I + 135	I + 200
Status Conference (SC)	within 4 weeks of SC		
Trial			

### THE COMPLEX CASE TRACK

The Complex Case Track includes the following offenses:  
Murder; Capital Murder; and any case that in the opinion of the court involves complex legal or evidentiary issues

The following table shows the progression of settings for these cases:

File date (F); Indictment date (I)	<u>Jail</u>	<u>SB7 Bond</u>	<u>Bond</u>
Initial appearance (IAS)	F + 4	F + 15	F + 15
Consultation (CS)	I + 15	I + 15	I + 15
Evidence Exchange (EES)	I + 100	I + 100	I + 100
Motion Setting (MS)	I + 150	I + 150	I + 150
Status Conference (SC)	I + 200	I + 200	I + 200
Trial	within 6 weeks of SC		

In capital murder cases, the state will elect whether it will seek the death penalty at the Consultation Setting.

If no agreed plea is negotiated following the Consultation Setting it may be necessary for the judge to enter a "Scheduling Order". The parties will not be excused from this setting until this issue has been settled.

## MISCELLANEOUS PROVISIONS

The state has agreed to bring all of the defendant's pending case files including misdemeanor files to all settings in district court to facilitate global resolution of cases.

All district courts have agreed to use only uniform written plea admonishment forms for pending cases and probation revocations.

All defendants in custody should be present at all court settings.

The district courts will schedule court settings (except trial settings) as follows:

Monday: 396<sup>th</sup>, CDC2, 372<sup>nd</sup> and 432<sup>nd</sup>

Tuesday: CDC3 and 297<sup>th</sup>

Wednesday: 371<sup>st</sup>

Thursday: CDC4

Friday: CDC1 and 213<sup>th</sup>

Hearings on property seizures and expunctions will be heard in the assigned court during non-jury weeks.

The designated court coordinator and the Office of Attorney Appointments must receive a vacation letter at least 45 days prior to the beginning of the requested vacation or it is void.

A motion for continuance must be in writing, under oath, and presented in open court with all parties present, as required by the Texas Code of Criminal Procedure. A continuance may only be granted for the prosecution or the defense for sufficient cause shown, as defined by statute.

Applications for the DIRECT program or the District Attorney's Deferred Prosecution Program should be made at the earliest possible time.

**ORDER**

The undersigned judges approve and ORDER the implementation of the Differentiated Felony Case Management System as set out above on September 16, 2013.

Signed this 6<sup>th</sup> day of February 2015.



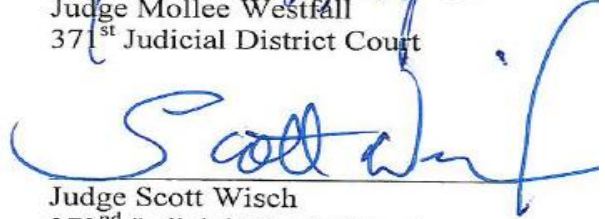
Judge Elizabeth Beach  
Criminal District Court No. One



Judge Mollee Westfall  
371<sup>st</sup> Judicial District Court



Judge Wayne Salvant  
Criminal District Court No. Two



Judge Scott Wisch  
372<sup>nd</sup> Judicial District Court



Judge Robb Catalano  
Criminal District Court No. Three



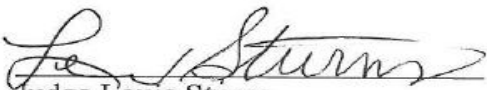
Judge David Hagerman  
297<sup>th</sup> Judicial District Court



Judge Mike Thomas  
Criminal District Court No. Four



Judge George Gallagher  
396<sup>th</sup> Judicial District Court



Judge Louis Sturns  
213<sup>th</sup> Judicial District Court



Judge Ruben Gonzalez  
432<sup>nd</sup> Judicial District Court

## CHAPTER XI. OTHER COURT ISSUES

### Issues Surrounding the Feasibility of a “Night Court”

During several interviews and general discussion, the concept of implementing a Night Court in Monroe County was identified. The following information covers the numerous aspects involved with implementing such a court.

#### INTRODUCTION

Preparation of this section of the report began with a literature review to identify how and where night courts were being used, as well as how they were structured. Information gathered from this review was supplemented by some limited interviews with selected courts to gather more detailed information about the operations of their night court.

There is no comprehensive listing of night court operations in the country. The decision to operate during evening hours (non-traditional business hours) is usually made at the local level. To identify courts that have or have had night court sessions and learn about their programs, various sources including the National Center for State Courts were consulted.

The experiences of jurisdictions operating night courts provided valuable insights about the requirements and operation of night court sessions. While particular circumstances vary from court to court, similar issues are common across the courts. Ultimately, the success of such programs is the result of a combination of factors including the purpose for which they were created, the funding available, the level of support for the project among court and legal community participants.

A number of general observations can be made about these nights court programs:

- Most long-term night courts that operated 3 or more nights a week are located in major metropolitan areas.
- A majority of the night courts service the criminal docket (arraignments, misdemeanors, and ordinance violations).
- Majority of the night courts are in limited jurisdiction courts (justice of the peace, city courts, mayor courts, municipal courts).
- Outside major metropolitan areas, night courts usually operated between once a month and once a week.
- Starting time ranges from 4 to 6 PM and most conclude before 10:00 PM.
- High cost, particularly for security, was a factor in many night courts that have been discontinued.
- Successful pilot projects may or may not translate into successful ongoing night courts.
- Commitment of the court leadership and acceptance by the local legal culture is crucial to a successful on-going night court.

It was found that night courts were established primarily to expand the courts' capacity to hear cases without constructing extra courtrooms and the courts were usually terminated as soon as additional space became available. Night court does not appear to be a viable long-term solution in this situation. Night courts established to accommodate institutional goals, such as to assure the system's ability to arraign defendants within specified time periods, or to make more judge time available for other types of matters during the day court hours, are more likely to persevere. Night courts designed to provide additional access and convenience to the public often focus on less complicated cases appear to be responding to a trend, political pressures – having night court once per week or month.



It is important to note, that while a number of the night courts rely on regular judges, there are a number of jurisdictions that use: commissioners, hearing officers, general masters, judges protem, part-time judges (attorneys able to practice law in the day and conduct limited court business during the evening hours) or retired judges. This appears to work well in some locations, but in others has been a source of criticism as it relates to the quality of justice offered by the night courts. In addition, the use of regular judges was mandated by constitution or state law, thus the use of the previous listed judicial officers was not an option.

Few evaluations of night court operations exist. One that was available involved Cook County Circuit Court in 1993. The Bureau of Justice Assistance published an evaluation of the Cook County Drug Night Court Program. The report, prepared by a team from the American Bar Association and Loyola University describes how that court was established, the impact it had on the various offices and individuals necessary to the successful operations of five and then eight courtrooms hearing drug cases nightly, and identified problems and concerns among those staffing the courts.

One of the more interesting points made in the study is the report that included results of a national survey seeking information on the experience of other cities in running court sessions at night. Questionnaires were sent to the presiding judge, prosecuting attorney and public defender in the nation's 50 largest counties. Responses received from all the jurisdictions sampled indicated that eight had current nighttime operations, six previously had night hours and 10 were considering implementing nighttime hours. With the exception of Cook County, all current night court operations reported were only for arraignments.

#### **ISSUES TO BE CONSIDERED IN ESTABLISHING A NIGHT COURT**

Whether deciding to implement a single night court courtroom or multiple courtrooms, a substantial number of issues must be considered. The size and scope of operations will affect the complexity of these issues, but all are important to the final decision. The following issues pertain to the court and its staff, the support and cooperation of others outside the court, and the impact night operations may have on other operations.

**PURPOSE.** The purpose for which a night court is established will have a significant impact on how the effort is designed and what it will cost. If the night court is created to increase the court's capacity to hear cases, the expectation would be that the number of cases processed by the court would increase. To maximize this increased capacity, all types of cases handled by the court would be included in the night court program. This would require addition systemwide human resources at all levels, to include judicial officers. In addition, if criminal matters are planned for inclusion with this effort, then additional Assistant Prosecuting Attorneys, Assistant Public Defenders and Probation staff would be needed. Jury trials should not be considered for inclusion.

If on the other hand, the purpose were to increase the public's access to the courts by holding court at times when they could attend without taking time from work, or substantially reducing their time away from work, the court's caseload would be redistributed rather than increase. In theory, readjusting or shifting the work schedules of existing staff would reduce the need to hire additional staff for night court. In practice, however, managing the court's workload with reduced staff during portions of the day may be difficult. In addition, the experience of other courts indicates a strong need for continuity and supervision of night court staff, so that some additional night court positions would be needed. Night courts designed for increased public access and service could be structured for less complicated cases to reduce the need for additional staff, however some additional staff would be needed, and/or shift differential for hourly, and/or premium pay for salaried staff and/or comp-time for staff. This does not address the issue of scheduling and managing the work schedule for the judge(s) assigned to this activity nor speaks to the impact on the local attorneys.

**MATTERS TO BE HEARD/SERVICES TO BE PROVIDED.** At one end of the spectrum of the scope of a night court operation is the “mirror image” of the day court operation. All courtroom and clerk office functions available during the day would be available at night. At the other end would be a limited night court function, handling one or two specific type of cases and the ancillary clerk’s office functions necessary to support the processing of those cases at night. Between these two extremes is a sliding scale of options that can be developed to support the goal of the night court program. Decisions on which kinds of cases would be handled and which services would be provided need to consider what other offices and services are needed to make this effort successful.

In addition to deciding which types of cases would be eligible to be heard in night court, the mechanisms for actually placing cases on the night dockets would have to be developed. Also, a decision would need to be made on whether cases would be assigned to the night docket or whether the option of having a case heard at night would be given to the defendant/parties. In some jurisdictions both parties must consent having their matter placed on the night docket. The reason behind this requirement dealt with addressing the issue: Which case is set for the day docket and which is set for the night docket? Whether day docket or night docket, there is a level of inconvenience for the parties to the case. The point of superior communications is needed to deal with the issues of when, where, etc. to all parties is critical or the FTA (failure to appear) rate will be enormous – result is lack of productivity and large cost of processing cases.

**FREQUENCY.** Examples of night court operations range from every night to once a month. Very few courts operate on a daily basis outside major metropolitan areas. There are a number of courts that began their efforts at the five-night level and have cut back to two or three days due to efficiency issues and lack of demand for night court.

**HOURS.** A decision on the hours of night court operations, both in terms of what time to start and how long to run the night court sessions needs to take into account a variety of factors. With respect to the starting time, the goal would be to accommodate both the efficient conclusion of the day court and the timely commencement of the night court. One must consider not just the time of court, but the audience you are attempting to provide access, their ability to get to night court (transportation issues), seasonal variation (darker earlier in winter), after hour activities near the court location (security and safety issues), commuting patterns that will impact the prompt start of night court and how easy can adjustments be made to the court call if the need arises.

**SECURITY.** One of the major concerns and expenses raised in connection with night court programs involves security: for individuals working in and using the courthouse, for the monies taken in during night court hours, for the facility itself. The amount of security needed in the courtroom and elsewhere in the courthouse would, in part, be a factor of the types of cases being heard and the number of courtrooms operating. Proceedings involving in-custody defendants require higher levels of security than those not involving them. Additional security staff is needed for back-up (during normal court operations security is generally staffed to handle most situations, night court does not have this in-place support). Any cases where an individual can be jailed will require not only additional security officers, but will require jail transport. In addition, security needs to be provided until all court employees have departed from the building and safely departed the property. This may require additional police patrols in the courthouse area during the extended hours.

The amount of security needed elsewhere in the courthouse would reflect the building’s size and occupants, the relationship of the courtroom to the clerk’s office and the proximity of the courtroom to the building entrance. Security for a court located in a building with other non-court offices that is regularly open at night, or that is already provided with night security personnel, would require less adjustment to make it secure for night court operation. When the courtroom used for night court is one of many in a courthouse, or when the court shares a building with other government offices that are not open at night, the issues involving security increase as plans are made to



assure that individuals in the courthouse after normal business hours remain only in the areas necessary for conducting business with the court.

Achieving an acceptable security plan for night court operation may require some modifications to the building to contain night users in designated areas of the courthouse. In addition, this issue should be coordinated with the building housekeeping plan. The facility's housekeeping program may need to be modified and ultimately may require additional monies due to later hours.

**COURT STAFFING.** The issue of court staffing is comprised of two components: 1) how many and what kinds of staff are needed to operate a night court program? and 2) how do you assign individuals to that function?

The staff provided for night court should be sufficient to provide services comparable to those provided to the public attending the day court sessions, with adjustments as needed to make night court operation effective. Each courtroom that is operating must have a full complement of staff to adequately support the judge and the type of case(s) assigned. The size and type of docket will impact the level of activity with the courtroom and between the courtroom and the clerk's office, and the amount of staffing needed. The greater the number of services provided or the number of different type of cases, the larger the staff would need to be.

An infrequent night court could be staffed by regular court staff working on a flex schedule, or receiving overtime for the additional hours. A frequent night court (several nights each week) would need at least one permanent night staff position to assure continuity and consistency between day and night court. Rotation of judges and clerks between the day and night court sessions would present a management challenge to the court's leadership. The challenge is made more complex by the need to cover the night assignments even when "regular" night court staff is sick or on leave.

**OTHER STAFFING.** Depending on the types of cases to be heard in the night court, successful operation of the sessions may require the cooperation and participation of other justice system officials. Criminal matters will require the presence of the Assistant Prosecuting Attorney, Assistant Public Defender, Probation, court-appointed or private attorneys, as well as law enforcement officers. Representatives of programs to which defendants may be referred may also need to be present, such as service providers and others.

Careful consideration would need to be given to the number of court security officers assigned to a night court. At least one officer would be needed in the courtroom. In addition, some level of entrance screening would be needed. Generally, this activity requires two individuals, maybe three depending on the size of the night court docket. If defendants can be taken into custody or turn themselves in to the court (warrant) extra officer(s) may be needed in addition to transport staff. Fewer officers would be available as backup to respond to an emergency situation during night or extended court operations.

**COMPUTER SUPPORT.** Unlike many of the existing night court programs which either do not require computer support or are not tied into a central computer system, all aspects of case processing, financial transactions, record checks and the like in Monroe County rely on computer support provided by the Information and Technology Department as well as the Indiana Administrative Office of the Courts technical staff. Thus, any implementation of night court would impact the information and technology staff and its ability to provide support to all court operations.

In addition to making program and processing changes to the case management system, as noted earlier in this report, if night court were implemented, nightly processing of the day-time daily court activity, financial recaps, data backups and other required processes would translate into possible additional cost for staff, disc space, and



other related items. In addition, having all of the day-time activity and night activity current for the next day start-up of court is a huge task.

Additionally, the following areas need further exploration by technical staff:

- **Potential System Operation Degradation.** The most serious night court impact would be the loss of the existing margin of recovery time. Presently, when a problem is encountered, there is sufficient time during the evening hours to recover from it in time to have the automated systems fully available to the courts when they come online in the morning. But this margin is none too large. The delay in nightly processing imposed by even a few night courtrooms would likely mean that there may be an occasion when the system would not be available for the start of court the next day.
- **Need for Additional Staff.** Currently technical questions, troubleshooting communications, hardware and software problems are handled by day-time staff. Additional staff resources will be needed to provide this support. Without this addition, night courts would have to go without such support – leading to unanswered questions, possible delays in processing the cases, closing the courtroom, waste of time and a negative image of the judicial system and government in general.
- **Difficulties in Making System Upgrades.** Since nearly all applications are maintained on the County's servers, any upgrade activity or changes, even minor ones, would be difficult to perform if the court system needs to remain online for extended periods of time. Postponing upgrades and changes until the weekend would also require additional resources (staff or overtime).

Issues to be Considered in Establishing a Night Court - Quick Reference	
ISSUE	OPTIONS / CONSIDERATIONS
<b>Purpose</b>	<ul style="list-style-type: none"> <li>▸ Increase capacity to hear cases</li> <li>▸ Avoid building new courtrooms</li> <li>▸ Increase public access to the courts</li> <li>▸ Reduce backlog and delay</li> </ul>
<b>Matters to be heard/ Services provided</b>	<ul style="list-style-type: none"> <li>▸ Full range of day court / clerk's office functions</li> <li>▸ Cases that involve few witnesses, law enforcement, etc.</li> <li>▸ Cases that would provide greater service and flexibility to public</li> </ul>
<b>Frequency</b>	<ul style="list-style-type: none"> <li>▸ Every night</li> <li>▸ 2 – 4 nights each week</li> <li>▸ Once a week</li> <li>▸ Several times a month</li> </ul>
<b>Hours</b>	<ul style="list-style-type: none"> <li>▸ Full additional shift (additional 6 - 8 hours)</li> <li>▸ Approximately 4 hours</li> <li>▸ Less than 4 hours</li> <li>▸ Staggered shifts</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>▸ Of public</li> <li>▸ Of court personnel</li> <li>▸ Of facility</li> <li>▸ Of funds</li> </ul>
<b>Court Staffing</b>	<ul style="list-style-type: none"> <li>▸ Hire new staff</li> <li>▸ Use existing staff</li> <li>▸ Develop flexible schedules</li> <li>▸ Pay overtime</li> </ul>
<b>Other Staffing</b>	<ul style="list-style-type: none"> <li>▸ Court Officers</li> <li>▸ Building Security</li> <li>▸ State's Attorney</li> <li>▸ Public Defender / Legal Aid</li> <li>▸ Psychological Services</li> <li>▸ Programs</li> <li>▸ Probation Services</li> <li>▸ Law Enforcement</li> <li>▸ Private Bar</li> </ul>
<b>Computer Support</b>	<ul style="list-style-type: none"> <li>▸ For courtroom/clerk's office operation</li> <li>▸ Impact on centralized processing</li> </ul>
<b>Cost</b>	<ul style="list-style-type: none"> <li>▸ Personnel</li> <li>▸ Equipment</li> <li>▸ Hardware/Software</li> <li>▸ Facility modifications</li> <li>▸ To state / county / taxpayers</li> </ul>

***COST INDICATORS.*** In order to consider diverse cost implications of a night court program. The following highlights the major cost elements from other night court operations. These same data elements could be used to more closely study the actual cost in Monroe County.

# NIGHT COURT COST ELEMENTS

COST ELEMENTS	Cost paid by:		Expense is:		Cost per unit	Comments
	State	Locality	Start-up	On-going		
I. COURT PERSONNEL						
Judge						These costs would apply to the extent a night court design required the addition of personnel. In that context they would also be considered start-up costs.
Courtroom Clerk						
Assistant Clerk						
Cashier						
Counter Clerk						
Supervisor Clerk						
II. OTHER PERSONNEL						
Staff Entrance Screening						These costs would apply if additional personnel were needed to staff the night court operation. The composition of the dockets would influence how frequently individuals other than entry screening staff and court security officers would need to attend the night sessions.
Court Security Officer						
Assistant State's Attorney						
Assistant Public Defender						
III. TECHNOLOGY SUPPORT						
MIS Services						Hardware costs would support necessary processing levels in reduced time. Personnel costs would assure night courts having access to the same support services as are available today court operations.
Hardware						
Personnel						
Computer Operator						
Equipment						
Desktop						
IV. MAINTENANCE AGREEMENTS						
						Would be needed by additional judges or staff who overlap with day staff in a court where both would need access to the computer at the same time. If night staff arrived after day staff left, existing computers would be shared.

KEY:

X = APPLIES

? = MAY APPLY

COST ELEMENTS	Cost paid by:		Expense is:		Cost per unit	Comments
	State	Locality	Start-up	On-going		
V. FACILITIES						
Access Control						Court facility would need to be assessed to determine what, if any, modifications would be needed in connection with implementing a night court. The use patterns, security concerns, and wear and tear on the facility would all need to be considered, and a suitable plan adopted. The items listed here should all be considered in the process.
Lighting						
Heating, Ventilation, & Air Conditioning (HVAC)						
Building Maintenance						
Custodial Services						
Office/Work Area						
VI. PARKING						
Security, Lighting, & Personnel						Reassess the availability, security and lighting of parking particularly after dark.

KEY:

X = APPLIES

? = MAY APPLY

## SUMMARY

Underlying any decision with respect to the addition of night court operations in Monroe County must be a recognition of the need to preserve the dignity, quality and integrity of the services the court provides to the people it serves. Night court, if offered, should neither impair the ability of the day court operations by drawing off necessary resources, nor themselves be provided with inadequate resources to provide the services for which they are intended. It would not serve the system well to do so. Nor would public trust and confidence in the courts be enhanced if night courts were to be seen as a "second class" form of justice.

## CONCLUSION

Without a procedure for reviewing the merits and implications of a night court operation in a similar jurisdiction, it would be difficult to plan and budget for such an endeavor. The information gathered for this section of the report appears, along with the current caseload, volume of certain cases that would be conducive to such a court and compliment of judicial officers to support that a night court should **not be** considered at this time in the Monroe County. This concept should be studied closer when warranted to

be cost effective and operationally efficient. In addition, this concept should be added to existing Long-Range Plans and Monroe County's Capital Expansion Plans, if the Court desires to pursue this concept.



# Monroe County, Indiana 2020 Criminal Justice & Incarceration Study

*“Pathways to Sustainable Options & Opportunities for  
meaningful criminal justice outcomes”*

Executive Summary  
Key Findings & Recommendations  
June 20, 2021







# Monroe County, Indiana Criminal Justice & Incarceration Study

*“Pathways to Sustainable Options & Opportunities for  
meaningful criminal justice outcomes”*

## Key Findings & Recommendations



Dr. Kenneth A. Ray - RJS Justice Services  
PO 1481 Ashland, KY 41195  
606.694.3031  
ken@rjsjusticeservices.com



Dr. Allen R. Beck - Justice Concepts, Inc.  
417 E. 87<sup>th</sup> Pl Kansas City, MO 64114  
816.361.1711  
abeck@justiceconcepts.com

with team members

Katherine S. Edwards,  
BS, Community  
Corrections

Robert A. Zastany, MS,  
Court Administration

Elise Ferguson, MS,  
Research & Analytics

Eric Chambers, AIA  
Facility Assessment  
Brandstetter Carroll, Inc

*“Dedicated to public safety & community wellness”*

*“True peace is not merely the absence of tension;  
it is the presence of Justice.”*

Dr. Martin Luther King



## **EXECUTIVE SUMMARY KEY FINDINGS & RECOMMENDATIONS**

### **A. INTRODUCTION**

Justice, public safety, and community wellness are the desired and most valued outcomes of the Monroe County, IN Criminal Justice System. Courts, prosecution, defense, law enforcement, corrections, probation and parole are purposefully designed and function to produce these outcomes independently and with necessary inter-dependence. Each entity must, therefore, optimize its own effectiveness and efficiency as an independent contributor to justice while working with all other entities toward these purposes. Best Justice, public safety, and community wellness outcomes are produced from systems that collaboratively evaluate its effectiveness as a whole, and its contributing entities. The synergy produced by this collaborative evaluation process compels new vision, new ideas, best practices, and ultimately more just and safer communities within Monroe County.

In 2019, the Monroe County Board of Commissioners and County Council commissioned and funded this study of the Monroe County Detention Center and Criminal Justice System. Kenneth A. Ray Justice Services, LLC was retained to perform this work in partnership with Justice Concepts Inc.

The cornerstone-purpose of this study was twofold: 1) gain a clearer understanding of jail conditions and court related practices, and 2) obtain recommendations for improving incarceration and court-related practices that would improve their effectiveness on behalf of the community if implemented.

The ultimate mission for this study is to review and reform the Monroe County criminal justice system priorities and practices in order to positively affect the incarcerated and the community in ways that best reflect the values of Monroe County.

A major part of the work was performed in 2019. However, the arrival and global impact of COVID-19 significantly slowed the remaining work and completion of the study. This unfortunate event closed the court for several months and resulted in changing the manner in which cases were processed. The positive side of this delay was that the consultants were able to examine the application of videoconferencing in court operations and observe a reduction in jail bookings and the inmate population.

#### **Key Critical Issues Adversely Impacting Incarceration in Monroe County**

1. There is a distinct lack of easily available data to consistently measure and evaluate the effectiveness and efficiency of court and jail operations and practices. For existing data, there is no centralized database or data repository containing salient data from the courts, law enforcement, jail, prosecution, defense, and community corrections agencies to fully and accurately evaluate system practices and outcomes.
2. From 2003 to 2018, jail bookings decreased slightly while the number of unique persons booked more than once increase significantly. There were fewer new bookings and significantly more repeat

bookings for the same persons. Despite the slight decrease in annual bookings, female bookings increased almost 30% while male bookings decrease almost 10% during the same period.

3. People are staying in the jail for considerably longer time periods. The average length of stay in the jail increased 3.6 days overall, from 18.5 days in 2003 to 22.2. days in 2018. This increase was 4.3 more days for males and 3.6 more days for females. The number of bookings staying up to 24 hours decreased 53.3% while bookings staying over 24 hours increased more than 60%. Consequently, and despite a decrease in bookings, the average daily jail population increased from 251 in 2004 to 294 in 2019; the male average daily population increased 14.4% compared to females at almost 46%. Worse, the highest number of inmates per day increased almost 17% for males and almost 60% for females from 2012 through August 2019.
4. The jail facility is incapable of consistently ensuring and sustaining constitutional levels of inmate care and custody. The jail population has consistently exceeded its functional operating capacity since at least 2012 and its total capacity since 2017. The facility does not have near the bed capacity needed to safely accommodate the growing inmate population, increases in the number of female inmates, inmates with special needs, or to segregate inmates according to their needs and/or risks they pose to the staff and other inmates. Furthermore, the facility is ill designed to accommodate the array of health care treatment services required to meet constitutional levels of care or programs to prepare inmates for successful community reentry.
5. At 36 years old, the jail has far exceeded its structural and functional life cycle, despite all its renovations. Remediation of the real and potential risks posed by physical defects, inadequate architectural design, adverse impact on proper care and treatment, and security problems resulting from facility design and physical deterioration seem cost prohibitive at a provisional estimated cost exceeding 56 million dollars.
6. Court criminal case processing is significantly slower than the national model time standards developed from data on efficient court systems. This has contributed to increases in the jail population and the average length of time persons are incarcerated. The Criminal Courts do not have an effective or efficient method to measure and evaluate criminal case processing speed in comparison to time-efficient courts, or the impact that slow case processing adversely impacts the jail.
7. The number of criminal case continuances granted for felony and misdemeanor cases is extensive. The high number of case continuances directly contributes to slow case processing, increased jail population and longer incarceration.

These critical issues, and other findings in this study, require urgent attention and remediation by all Monroe County government and criminal justice leaders working independently and interdependently. The jail facility is failing and cannot ensure consistent and sustainable provision of Constitutional Rights of incarcerated persons. The jail must be replaced with a facility that is designed prescriptively for sustainable cost-effectiveness, improved safety and security, and to accommodate the implementation of an array of best practices that improve inmate care and custody and reduce recidivism. Constant exposure to significant liability is assured otherwise. However, it would be a tragic mistake to build a jail with a “business as usual mindset. All components of the criminal justice system must adopt a shared, outcome-oriented, vision for justice, public safety, and community wellness. Each entity must engage a structured and systematic change process and implement necessary reforms to realize this vision. The

future of justice, public safety, and community wellness in Monroe County is ultimately determined by what and how its government and criminal justice officials decide to do going forward.

## **B. SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS**

### **Chapter II. Jail Bookings**

**FINDING 1:** Total bookings from 2003 to 2018 decreased 2.3% (-113). Male bookings decreased 9.7% (-389) and decreased from 80.9% to 74.8% of total bookings. Female bookings increased 29.2% (+276) and increased from 19.1% to 25.2% of total Bookings.

**FINDING 2:** The number of unique persons booked from 2003 to 2018 decreased 15.5% (-610) while total bookings decreased only 2.3% (-113). First-time bookings decreased at a greater rather than did all bookings.

**FINDING 3:** The number of unique persons booked only once in a given year decreased 26.6% (-867) while unique persons booking more than once in a given year increased 37.9% (+257). The percent of total unique persons booked only once decreased 13.2% (82.8% to 71.9%) while the percent of unique persons to total unique persons increased 63.2% (17.2% to 28.1%). More of the same people are people booked more often.

**FINDING 4:** The number of bookings for unique persons booking only once decreased 26.6% (-897, 3,254 to 2,387) while the number of bookings for unique persons booked more than once increased 44.5% (+754, 1696 to 2,450).

**FINDING 5:** The average and median age at booking increased from 28.8/25.0 to 33.8/32.0 respectively. Average and median male booking age increased from 28.7/20.0 to 34.0/32.0 years respectively. Average and median female booking age increased from 29.2/26.0 to 33.2/32.0 years respectively.

**FINDING 6:** Booking ages 15-19 and 20-24 are the only two groups in which total, male, and female bookings decreased from 2003 to 2018. Ages 15-19 bookings decreased 54.4% (-325); male booking decreased 51.6% (-243) and female bookings decreased 65.1% (82). Bookings for ages 20-24 decreased 49.8% (-868); male bookings decreased 52.9% (-763) and female bookings decreased 34.9% (-105).

**Finding 7:** Age group 50-85+ increased 133.3% (+292, 219 to 511). Male bookings increased 125.8% (+234, 186-420) and female bookings increased 175.8% (+58, 33 to 91).

### **RECOMMENDATION(s):**

1. Monroe County should collaborate with justice system and community stakeholders to identify options and alternatives for safely reducing female bookings using expanded use of citation, pre-and-post detention diversion.
2. Reduce the number of repeat bookings for new low level non-violent charges and probation technical violations.
3. The jail booking area needs to better accommodate implementation of post booking diversion and release.

4. Ensure adequate jail bed capacity.
5. Ensure jail physical environment consistently accommodates and maintains constitutional levels of inmate care and custody.

### **Chapter III. Incarceration Length of Stay**

**FINDING 1.** Inmates are staying considerably longer in the jail. Total average length of stay (ALOS) increased by 3.6 days per booking overall from 18.5 days in 2003 to 22.2 days per booking in 2018. Male ALOS increased by 4.3 days per booking from 20.0 days in 2003 to 24.3 days in 2018. Female ALOS increased 3.6 days per booking from 12.4 days in 2003 to 16.0 days in 2018.

**FINDING 2.** As female bookings increased and male bookings decreased from 2003 to 2018 (see Chapter 9), female ALOS grew at a greater rate than male ALOS. Female ALOS increased 29.2% while male ALOS increased 21.4%.

**FINDING 3.** The number of bookings released within 24-hours decreased 54.4% overall from 2003 to 2018. The number of male bookings in this LOS category decreased 58.3% and female bookings decreased 39.5%. The number of bookings released greater than 24-hours increased 56.5%. The number of male booking in this LOS category increased 42.5% and female booking increased 124.8%.

**RECOMMENDATION(s):** Increased length of stay is a primary cause for the average daily population despite the decrease in bookings.

1. Chapter nine RECOMMENDATIONS are applicable to these findings.
2. Consider implementing a Population Management Coordinator program. This program routinely monitors and tracks inmate lengths of stay, in collaboration with the courts, to expedite releases.
3. Implement case flow efficiency RECOMMENDATIONS found in Chapters related to Court case processing.

### **Chapter IV. Inmate Population & Jail Bed Capacity Utilization**

**FINDING 1:** Over-utilization of MCJ demonstrates that the facility has been and remains unable to ensure consistent provision of adequate housing to its inmates due, in part, to insufficient jail bed capacity.

**FINDING 2:** The average daily inmate population has increased 17.3% and the Peak population has increased 12.2% from 2004 through 2019.

**FINDING 3:** The daily inmate population exceeded the jail's Functional Capacity on most days since 2004 and all days per year consecutively since 2015.

**FINDING 4:** The daily inmate population exceeded the jail's Total Capacity consecutively from 2016 to 2019. Additionally, the jail population also exceeded total capacity prior to the year 2016.

**FINDING 5:** The male ADP increased 18.6% and the Peak population increased 14.4% since 2012. The female ADP increased 46% and the Peak population increased 59.5% since 2012.

**FINDING 6:** The male percentage of the ADP has decrease while the female percentage of the ADP has increased since 2012.

**FINDING 7:** Male and female populations continue to exceed their respective bed capacities.

**FINDING 8:** The jail has not had adequate bed capacity to ensure consistently and adequate classification and housing of inmates since at least 2004. Presently, the facility does not have the accommodations necessary for multi gender, non-binary, transgender and disabled persons. Contemporary correctional facilities must be particularly designed to enable the facilitation of adequate care, custody, and services to these and other special needs populations.

**FINDING 9:** The jail cannot ensure consistent provision of Constitutional levels of inmate care and custody.

**FINDING 10:** A 30-year jail bed capacity estimate indicates that Monroe County needs 448 to 450 jail beds by the year 2049.

**RECOMMENDATION(s):**

1. Immediate steps are required to reduce the jail population to a level that is consistently within the jail's Functional Bed Capacity.
2. County official should complete a study that compares the capital, maintenance, and operating costs of renovating the existing facility to new construction. A primary focus of the study should be on creating a jail that produces outcomes that are consistent with criminal justice and community needs and values.

**Chapter V. Facility Assessment**

**FINDING 1:** At 36 years old, It is evident that the Monroe County Jail has exceeded is structural and functional life cycle, despite recent renovation. The facility does not have sufficient bed capacity or inmate housing areas to consistently ensure Constitutional levels of inmate care, custody, or services from intake to discharge. The facility is incapable of accommodating the delivery of the array of contemporary, evidence based best correctional practices that are well known to improve community wellness, reduce incarceration rates, improve conditions of confinement or reduce civil liability. The operational efficiency of facility design is non-detectable. Consequently, Monroe County taxpayers are burdened with a facility that is unreasonably expensive to maintain and operate. County officials are burdened with a correctional facility that should be considered high risk for liability due to the real and potential risk of harm to inmates, staff, and the public.

**RECOMMENDATION(s):**

1. Develop a strategic plan that systematically guides the timely implementation of a sustainable facility to ensure and maintain Constitutional levels of inmate care and custody and facility safety and security.

2. Monroe County officials should take immediate steps to study the feasibility of maintaining the current jail facility. At a minimum, this study should compare the capital, maintenance, and operational costs of an updated and repaired current facility to a much better designed facility that accommodates public safety and justice outcomes according to community needs and values.

**FINDING 2.** This assessment identified 53 problem areas related to safety and security, health, compliance with industry standards, structural and systems, operational effectiveness, inmate care and custody, and environmental conditions.

**RECOMMENDATION(s):** Monroe County officials and citizens must clarify and re-envision the fundamental purposes of incarceration. Humane and Constitutional care and custody of the incarcerated should be the lens from which clarification is focused. The jail facility should be replaced with one that consistently accommodates more cost effective operations while ensuring durable provision of a Constitutional care and custody of incarcerated persons and safety to staff and the community.

## **Chapter VII. Diversion**

**FINDING 1:** The use of citations and summons has increased during COVID-19.

**RECOMMENDATION:** Law enforcement practices and jail bookings should be tracked to determine if any of the changes can be continued after COVID-19 subsides.

**FINDING 2:** The method for measuring impact of the Stride Center on the jail population has not been clearly developed.

**RECOMMENDATION:** Client intake forms should be periodically examined to numerically estimate the impact of the Stride Center on the jail.

**FINDING 3:** Although the Prosecutor cannot legally refuse to prosecute marijuana offenses, the Office processes about 80% of marijuana cases through pretrial diversion.

**RECOMMENDATION:** Continue the practice.

**FINDING 4:** The use of summons in lieu of arrest for some misdemeanors needs to be expanded by the State Legislature.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to expand the use of summons in lieu of arrest in the next legislative session.

**FINDING 5.** Current specifications in the Indiana Criminal Code on Driving While Suspended, ~~OWI~~, create barriers to expedient problem resolution.

**RECOMMENDATION:** The County should communicate with relevant legislators about the need to reduce the use of punitive license suspensions for infractions and criminal convictions. The penalty provisions contained in Indiana Code 9-30-16 should be simplified.

## **Chapter VIII. Improvement of the Pretrial Release Program (PreTR)**

**FINDING 1:** Monroe County requires the payment of PreTR Supervision Fees. Although a defendant in a pretrial release program is presumed to be innocent, there is no provision for treating that person as innocent in situations in which fees are involved. For example, a person who has his or her case dismissed or is found not guilty, does not receive a refund of pretrial release supervision fees.

**RECOMMENDATION:** The County should consider reduction or elimination of the fees.

**FINDING 2:** The Court allows arrestees to bond out immediately upon booking if they have the financial means. They do not have to wait for an initial hearing or a finding of probable cause to bond out. A bond schedule is used to set money and non-monetary bonds on evenings, weekends and holidays when the court is not in session to hold initial appearances which draw on risk assessments through the IRAS-PAT.

**RECOMMENDATION:** A release matrix should be developed.

**FINDING 3:** The jail has an insufficient number of interview rooms to accommodate attorneys, other necessary officials and pretrial staff.

**RECOMMENDATION:** Unless a new jail is constructed, the use of video should continue.

**FINDING 4:** The office space for housing the Probation Pretrial Release Unit is too small.

**RECOMMENDATION:** The need for Pre Trial space should be considered when conducting the facility study.

**FINDING 5:** Unnecessary differences in the length of stay in jail exist between detainees having various pretrial release risk levels.

**RECOMMENDATION:** The Judiciary with input of the Prosecutor, Public Defender, and Pretrial Release Program Administrator should refine the decision-making guidelines for pretrial release.

**FINDING 6:** The current pretrial release program staffing pattern is not configured to support pretrial release screening on the weekends and holidays.

**RECOMMENDATION:** Reconfigure existing pretrial release resources to increase the number of detainees released on the weekends and holidays.

**FINDING 7:** Arrestees brought into the jail PrTR screenings on weekdays and are unable to post bond have to wait to the following weekday for pretrial release screening.

**RECOMMENDATION:** The County should consider weekend staffing.

## **Chapter IX. Timeliness of Criminal Case Processing**

**FINDING 1.** The speed of case processing in Monroe County is significantly slower than model time standards developed from data on efficient courts.

**RECOMMENDATION:** Ways of improving the timeliness of case processing are described in the next chapter.

**FINDING 2.** The Criminal Court does not have an effective way of evaluating the speed of criminal case processing in comparison to time-efficient courts.

**RECOMMENDATION(s):**

1. The Court should explore how to implement a software capability to monitor elapsed time from filing to disposition using the CourTool, Time to Disposition, as demonstrated in this chapter.
2. The criminal court judges should use periodic analysis of timeliness as a baseline by which to gauge case processing improvements.

## **Chapter X. Improving Timeliness of Criminal Case Processing**

**FINDING 1:** A study of continuances disclosed that the number of continuances granted in felony and misdemeanor cases is extensive.

**RECOMMENDATION:** The Criminal Court should undertake a four-step process to analyze reasons for continuances and implement methods to control them.

**FINDING 2:** There is no uniform expectation of a timed progression of case settings. Case settings are left to the discretion of each judge. As a result, the speed of case management varies between judges.

**RECOMMENDATION:** The criminal court judges should undertake a process to develop a system of differentiated case management.

## **Chapter XI. Other Court Issues**

**Issue 1.** Is there an extraordinary number of probation revocations?

**FINDING:** A small percentage of offenders who receive a petition to revoke are actually revoked. Probation officers use a variety of strategies, other than revocations, for most probation violations.

**RECOMMENDATION:** Continue practices that minimize revocations without jeopardizing public safety or the effectiveness of the criminal justice system as a whole.



**Issue 2.** What can be done to increase the impact of problem-solving courts on the jail population?

**FINDING:** The problem-solving courts appear to be functioning in accordance with state standards and national models. The best practice is to have a candidate engaged in treatment court within 30 days. Interviews by the consultants suggest that this goal is frequently not met.

**RECOMMENDATION:** The prosecutor's office and the Court should evaluate admission standards for barriers and examine the various facets of decision making to identify how to expedite specialty court referrals.

**Issue 3.** Has court unification affected criminal court performance?

**FINDING:** Unification, by itself, does not mean that all judges will work with a synchronized, single-processing focus that guarantees the time-efficiency of case processing.

**RECOMMENDATION:** The Board of Judges should adopt the strategies in Chapter Five to (1) implement a process to control continuances and (2) implement a system of differentiated case management (DCM). This action could greatly improve the coordination of case management practices in the Judiciary and in the Public Defender's and Prosecutor's Offices, as well.

# **MONROE COUNTY, INDIANA, CRIMINAL JUSTICE PROJECT**

## **STRENGTHS ASSESSMENT & GAP ANALYSIS**

Prepared By  
Eve L. Hill



April 2021

## I. OVERVIEW OF THE PROJECT

The Monroe County, Indiana, Board of Commissioners has undertaken a Comprehensive Criminal Justice Review with the goal of exploring changes to consistently reduce the number of individuals in the Monroe County Corrections Center (“MCCC”). It seeks to work collaboratively with other County constituents to implement alternatives to incarceration, effective and cost-effective rehabilitation and treatment, and restorative justice principles. Kenneth Ray Justice Services (“RJS”) and its partner, Justice Concepts Inc. (“JCI”), have reviewed, and made findings and recommendations regarding, improvements to Monroe County’s diversion, pretrial release, court processing, and specialty court systems designed to reduce incarceration.

Building on the Comprehensive Review, Inclusivity Strategic Consulting, in consultation with RJS and JCI, and with assistance from the Bazelon Center for Mental Health Law, has reviewed Monroe County’s mental health and addiction treatment and intervention resources; its law enforcement, jail, and court responses to individuals experiencing mental health and substance use crises and needing treatment; its resources for such people reentering their communities after incarceration; and its mechanisms for collaboration among its healthcare service system, its crisis intervention system, and its criminal justice system. In addition, Inclusivity has reviewed the general findings and recommendations of the Comprehensive Criminal Justice Review by RJS and JCI and assessed the impact of those recommendations on individuals with mental illness and substance use disorders.

The purpose of our review is to identify strengths and gaps in and between Monroe County’s mental health and addiction, crisis, and criminal justice systems in their efforts to prevent, divert, treat, and facilitate successful reentry from criminal justice involvement of individuals with mental illness and substance use disorders (“SUD”). Based on the strengths and gaps identified, Inclusivity Strategic Consulting provides recommendations, priorities, and model policies to facilitate building on the identified strengths and filling the identified gaps in order to achieve the goals of the Comprehensive Criminal Justice Review.

### A. Scope of Work

#### *1. Interviews and Site Visits*

Inclusivity Strategic Consulting conducted numerous telephone interviews with County leaders and project staff, County agencies, and service providers over the course of the summer and fall of 2019 and fall of 2020, using a survey instrument developed in coordination with the Bazelon Center for Mental Health Law. We conducted two multi-day site visits to Monroe County in August and September 2019. Over the course of the site visits, we met with the County Council, Commissioners, judiciary, Sheriff, Prosecutor, Public Defender, and other County leadership,

and with mental health and addiction service providers, deans and faculty of Indiana University, members of the bar and Chamber of Commerce, and members of the community. In addition, we led a community meeting and a session at the annual Opioid Summit.

Community representatives interviewed included:	
Amethyst House	IU Center for Collaborative Systems Change
Bloomington Housing Authority	IU Health
Bloomington Meadows Hospital	IU School of Social Work
CASA Team	Made Up Mind (M.U.M.)
Catholic Charities	Milestones Clinical and Health Resources
Centerstone	Monroe County United Ministries
Chamber of Commerce	NAMI Greater Bloomington
CleanSlate Centers	New Leaf New Life
Cook	Oxford House
Courage to Change	Shalom Community Center
Goodwill/New Beginnings	United Way of Monroe County
Groups Recover Together	Vocational Rehabilitation Services
Hoosier Initiative for ReEntry (HIRE)	Volunteers in Medicine (now HealthNet Bloomington)
Indiana Center for Recovery	Local Bar Association
Indiana Institute on Disability and Community	Various community members
Institute on Community and Disability	

## 2. Research and Data Collection

We researched promising and best practices from the evidence base and from initiatives in similar jurisdictions to identify models for community-based mental health and addiction services, Medicaid funding, crisis intervention, and other programs that have been shown to reduce incarceration without compromising public safety.

We relied on RJS and JCI to collect data regarding numbers of, charges against, case outcomes, lengths of stay, and services for individuals with mental health conditions and addiction in the criminal justice system. We also conducted research into Indiana's Medicaid system, including interviewing experts, analyzing limitations imposed by state Medicaid rules, and researching the demographic makeup and prevalence of

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We attempted to gather data on numbers of individuals with mental health conditions and addiction entering emergency rooms, numbers of individuals hospitalized for mental health conditions and addiction, and numbers receiving service by community-based providers. We met with limited success, because there is no central repository of data and because these providers are not County-controlled.

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mental illness and addiction of the County. Finally, we reviewed prior plans touching on the subjects of the review, including the Local Coordinating Committee's Community Comprehensive Plan for Monroe County.

### 3. *Products*

Inclusivity Strategic Consulting reviewed demographic data regarding Monroe County's population to inform the research. Appendix A. Inclusivity Strategic Consulting, along with the Bazelon Center for Mental Health Law, produced *Diversion to What? Essential Community Based Services*, setting out best practices for prevention of and diversion from criminal justice involvement for people with mental health disabilities and substance use disorders. Appendix B. The document describes the essential and effective evidence-based community-based services that should be part of communities' mental health and addiction services systems in order to decrease incarceration and institutionalization of individuals with mental illness and addiction. It also sets out the importance of collaborative planning and case management involving criminal justice, behavioral health, and service agencies.

The primary best practices for mental health services, as described in greater depth in the Best Practices document, include Assertive Community Treatment ("ACT"), Supported Housing, Mobile Crisis Services, Supported Employment, and Peer Support Services. The primary best practices for addiction services include Cognitive Behavioral Therapy, Contingency Management, and Medication-Assisted Treatment.<sup>1</sup>

### 4. *Timing*

Although the review was planned to be completed by early 2020, lack of access to data slowed completion. The COVID-19 pandemic and nationwide racial and political unrest then delayed progress for several months as both the County and the consultants responded to emergencies. The death of George Floyd at the hands of police officers, other prominent recent examples of police responses to people of color and people with mental disabilities, and data about incarceration rates and the effects of unnecessary incarceration on communities, however, bring even more urgency to Monroe County's efforts. This report seeks to assist the County to be responsive to its entire community, to ensure its criminal justice resources are used wisely and efficiently, and to ensure that other resources are available to people with needs that law enforcement is not designed to address.

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<sup>1</sup> See *Diversion to What? Essential Community Based Services*, Appendix B.

## II. BACKGROUND ON THE INTERSECTION OF MENTAL HEALTH, ADDICTION, AND CRIMINAL JUSTICE

*“The penal code shall be founded on the principles of reformation, and not of vindictive justice.”*

~ Indiana Constitution, Article 1, Section 18.

Indiana’s Constitution mandates that its criminal code should focus on reformation. This is a more than 200-year-old mandate that may have been forgotten by many Hoosiers, but that can and should be given meaning by Monroe County. The Indiana Constitution calls on authorities to carefully consider their responses to drug and alcohol use, addiction-motivated criminal offenses, and mental illness. It is widely recognized that incarceration of people with mental illness and addiction is counterproductive to recovery and that certain conditions of incarceration (e.g., segregation) for such individuals are inhumane, unethical, and illegal. The cost and ineffectiveness of incarceration also cry out for new approaches to prevent and treat, rather than punish, substance use and mental illness. Less expensive and more effective, long-lasting, and humane responses exist.

The Comprehensive Criminal Justice Review gives Monroe County an unprecedented opportunity to respond swiftly and boldly to the lessons of the past few years in criminal justice. Most calls to action regarding criminal justice reform have focused on communities of color and low-income communities. Closely related, and equally urgent, however, is the need to reform the response of criminal justice and healthcare systems to people with mental illness or addiction.

Monroe County’s residents support the goals of the Comprehensive Criminal Justice Review. Participants in community meetings expressed concern that the jail has shifted costs to inmates for supplies, programming, medication, and treatment and that its limited resources disparately negatively affect inmates with mental illness and SUD. We heard that the jail does not effectively set people with mental illness and addiction on the road to recovery and community integration.

Participants identified that prejudice against, and assumptions about, individuals with SUD, as well as systemic racism, have led the public health and criminal justice systems to emphasize criminalization and fail to prioritize treatment. Participants were concerned that, despite the growing evidence that mental illness and SUD are treatable health conditions and not character flaws or serious threats to public safety, the justice system continues to focus on punitive responses to the conditions.

Many participants were disturbed by the conditions and overcrowding of the jail. Participants had varying opinions as to whether a new jail should be constructed or money invested, instead,

in community-based treatment and diversion. Participants consistently called for a “paradigm shift” from considering behaviors related to mental illness and addiction as crimes to treating them as illnesses requiring treatment. They also sought criminal justice reform based on principles of restorative justice and evidence-based practices.

In addition, participants expressed concern that the capacity and continuum of community mental health and SUD treatment options were inadequate, making it difficult to implement diversion programs. Because these services are even further limited for those returning from incarceration, we heard that they inhibited successful reentry and reintegration into the community. Participants also repeatedly pointed to structural barriers that particularly harm individuals who are most vulnerable, such high market rents, limited public transportation, and limited employment options.

Participants commended many in the criminal justice system for their efforts to reform responses mental illness/SUD and to give people a chance to avoid criminal justice involvement or recidivism. In considering possible solutions, participants identified improved, and consistent, data collection, sharing, and analysis, improved education for leadership and stakeholders in the criminal justice and public health systems, elimination of barriers to treatment before, during, and after incarceration, and greater community openness to housing, employing, and working together with individuals with mental illness/SUD and histories of incarceration.

#### **A. Need for Change in Criminal Justice and Public Health Responses to Mental Illness and Substance Use Disorders**

Many widely publicized incidents across the country have led communities to reexamine the effects of various aspects of their criminal justice systems. These include sentencing guidelines with disparate effects on communities of color; cash bail systems that make incarceration unavoidable for low-income communities; incarceration based on debt for fines and fees; law enforcement training, personnel practices, and immunities that make best practices difficult to implement effectively and consistently; and the long-term, even generational, effects of incarceration on individuals, families, and entire communities, in terms of employment, housing, family stability, and trauma.<sup>2</sup>

The COVID-19 pandemic has highlighted the potential risks of holding people in congregate settings such as jails, even while the pandemic’s effects - economic losses, COVID illness and long-haul COVID, closure of in-person services, and limitations on in-person outreach - have exacerbated many of the service gaps that lead people to interaction with law enforcement. At

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<sup>2</sup> U.S. Office of Disease Prevention and Health Promotion (ODPHP), Healthy People 2020, Social Determinants of Health, Social Determinants of Health, Incarceration, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/incarceration>.

the same time, responses to the pandemic – including increased use of telehealth, internet-based resources, and online coordination tools – have shown us some possible solutions to some of those gaps, at least for people with access to those tools.

Much of the national focus this past year has been on the disparate responses and devastating effects of criminal justice systems on people of color, and in particular Black people.<sup>3</sup> While this report focuses on criminal system responses to people with mental illness and SUD, we emphasize that the effects of unaddressed systemic racism in, and other barriers to, health care, employment, housing, and other systems are cumulative and contribute to the disparate involvement of people of color, including those with mental illness and SUD, in criminal systems in Monroe County and elsewhere.

Resources are becoming and may become more available from the new federal Administration to support states, counties, and localities to shift responses to mental health and substance use disorders from criminal interventions to treatment interventions.<sup>4</sup> In addition, efforts to address the overincarceration of people with mental illness and substance use disorders have been made nationwide, including by the MacArthur Safety and Justice Challenge<sup>5</sup> and the Council of State Governments Stepping Up Initiative, in which over 500 counties are participating.<sup>6</sup> This should help law enforcement, corrections, and courts to focus on their primary public safety missions. The Biden Administration has committed to pursuing a new grant program based on a Brennan Center proposal<sup>7</sup> that would call on states to reduce prison populations by 7% over three years by focusing on, among other things, drug and mental health treatment, alternatives to incarceration/diversion, alternative courts, re-entry services, and employment.<sup>8</sup> At the same time, the Administration has committed to tackling the drug addiction crisis by designating substance use disorder and mental health services as essential benefits that insurers must cover and by expanding Medicaid availability. It intends to invest \$125 billion in a comprehensive public

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<sup>3</sup> Loftman & Aydt, Race and Criminal Justice in Monroe County, Indiana: A Long-Range Perspective, available at <http://www.uubloomington.org/wp-content/uploads/2018/12/2018-RaceAndCriminalJusticeReport-online.pdf> (2018).

<sup>4</sup> See Bazelon Center, An Alternative to the Police: New Funding is Available for Mental Health Mobile Crisis Teams, available at <http://www.bazelon.org/> and Appendix D; See Bazelon Center, New Funding is Available for Community-Based Mental Health Services, available at Appendix E; Mental Health Justice Act, proposing creation of a grant program for training, technical assistance, and salary for mental health provider first responder units, available at <https://www.congress.gov/bill/117th-congress/house-bill/1368/text>; HCBS Infrastructure Improvement Act, <https://www.govtrack.us/congress/bills/116/s3277/summary>.

<sup>5</sup> <https://www.safetyandjusticechallenge.org/>.

<sup>6</sup> <https://csgjusticecenter.org/2019/08/06/stepping-up-initiative-celebrates-500-counties-milestone/>.

<sup>7</sup> Brennan Center for Justice, The Reverse Mass Incarceration Act, available at [https://www.brennancenter.org/sites/default/files/publications/The Reverse Mass Incarceration Act%20.pdf](https://www.brennancenter.org/sites/default/files/publications/The%20Reverse%20Mass%20Incarceration%20Act.pdf).

<sup>8</sup> The Biden Plan for Strengthening America's Commitment to Justice, available at <https://joebiden.com/justice/>.



health approach to addiction, doubling funding to community mental health centers, expanding the supply of providers and workers, and reforming criminal justice so that drug use alone does not lead to incarceration.<sup>9</sup> Jurisdictions that do not take advantage of these opportunities to prevent unnecessary incarceration of people with mental illness and SUD do so at their peril. The Department of Justice appears poised to expand its enforcement of the constitutional and federal rights of these individuals, regarding both whether they should be incarcerated and the conditions of their incarceration. In April, 2021, the Department of Justice issued a letter of findings to the County of Alameda, California, concluding that

- 1) Alameda's mental health system is violating the Americans with Disabilities Act by failing to provide services to individuals with mental health disabilities in the community and unnecessarily institutionalizing them and forcing them into unnecessary encounters with law enforcement due to unmet mental health needs, and
- 2) Alameda's jail is violating the U.S. Constitution by failing to provide constitutionally adequate mental health care to prisoners, including those at risk of suicide, by denying adequate access to programs and activities because of their disabilities, and by putting them at risk of repeated or unnecessary psychiatric hospital stays upon release.<sup>10</sup>

Indiana appears supportive of efforts to reduce jail overcrowding. The state's Jail Overcrowding Task Force, with specific focus on mental health and drug and alcohol treatment services, educational programs, and other evidence-based programs designed to reduce recidivism, issued its report in December 2019, recommending:

- Amending the criteria for termination of Medicaid upon incarceration;
- Increasing jail efforts, such as through community corrections case managers, to enroll inmates in Medicaid and connect to services prior to reentry;
- Expanding mental health and addiction treatment services, including MAT and crisis centers, in communities and jails;
- Increasing partnerships among jails and community service providers;
- Reducing arrest warrants for nonviolent offenders by developing cite and release procedures, using release matrices, and implementing non-carceral methods of preventing failures to appear;
- Expanding prosecutor diversion programs and pilot programs focusing on treatment services;
- Implementing early mental health screenings to divert people with severe mental illness away from the criminal justice system;
- Expanding the state's pretrial reform initiative based on best practices and graduated incentives and sanctions focusing on therapeutic adjustments;
- Expanding availability of alternatives to incarceration (including problem-solving courts) and community-based treatment services;
- Considering more flexibility for local governments to use jail income tax, public safety tax, and other tax income for resources to address criminal justice system needs other than paying for correctional facilities.

The Task Force also recommended the state invest in these efforts by appropriating additional funding for the Recovery Works pilot project authorized by IC 12-23-1902(d), increasing community supervision staffing levels, and reviewing reimbursement levels for felons held in county jails. While the Task Force found that inadequate data collection was a major hurdle to targeting interventions, it nonetheless found that incarceration of people with mental illness and SUD was sufficiently documented and sufficiently critical to require immediate intervention.

## **B. National Data on Prevalence of Substance Use Disorders and Mental Illness in Police Interactions and Jail Populations**

Recent incidents continue to highlight the need for law enforcement not to be the only available response to people in mental health or substance use crises. For example, police killings of people in mental health crises in Philadelphia and Rochester in just the last several months have sparked community concern.<sup>11</sup> Indiana has not been immune to tragic outcomes.<sup>12</sup> A *Washington Post* database of all reported police fatal shootings since 2015 shows that 23% of the individuals shot by police during the last five years had known mental illness.<sup>13</sup> This is a significant undercount, as it includes only fatal shootings and only of persons the police, themselves, identified as mentally ill. Even this percentage, however, reflects a tremendous disproportionate incidence, as only approximately 5% of the U.S. population has a serious mental illness.<sup>14</sup>

The Bureau of Justice Statistics (“BJS”) reported in 2017 that, based on 2011 and 2012 surveys, approximately 26% of jail inmates had experienced serious mental illness within the previous 30 days.<sup>15</sup> Approximately 44% of jail inmates had a history of mental illness. Inmates with more

**Nationally, approximately 44% of jail inmates had a history of mental illness. Approximately 63% of sentenced jail inmates met DSM-IV criteria for drug dependence or abuse, compared with approximately 5% of the general population.**

than one arrest were more likely to have mental illness than those experiencing their first arrest.<sup>16</sup> Notably, the prevalence of mental illness did not vary significantly between those incarcerated for violent crimes and property crimes or across lengths of sentence.<sup>17</sup>

In addition, according to a 2017 BJS report, based on

<sup>11</sup> <https://www.nbcnews.com/news/us-news/family-says-walter-wallace-jr-killed-philadelphia-police-needed-mental-n1245166>; <https://www.nytimes.com/2020/10/09/nyregion/daniel-prude-rochester-police-mental-health.html>.

<sup>12</sup> <https://www.wthr.com/article/news/crime/police-investigating-fatal-shooting-air-force-veteran-during-mental-health-emergency/531-d245c6fd-bea2-42cb-be6d-7659439f3b61>.

<sup>13</sup> <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>.

<sup>14</sup> U.S. Bureau of Justice Statistics (BJS), Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 (June 2017), <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>, 4.

<sup>15</sup> Id. at 1

<sup>16</sup> Id. at 7.

<sup>17</sup> Id. at 6.

2007–2009 data, approximately 63% of sentenced jail inmates met DSM-IV criteria for drug dependence or abuse, compared to approximately 5% of the general population.<sup>18</sup> Notably, these figures do not include alcohol dependence and abuse. Prevalence of drug dependence/abuse was higher among those incarcerated for property and drug offenses than for violent offenses, and jail inmates with drug dependence/abuse represented approximately 45% of those incarcerated for DWI/DUI and 51% for public order offenses.<sup>19</sup> Some 37% of jail inmates incarcerated for property offenses, 29% of those incarcerated for drug offenses, and 14% of those incarcerated for violent offenses reported that they committed the crime to obtain drugs or money for drugs.<sup>20</sup>

However, arrests tell only a small part of the story. A 2006 Canadian study found that, by far, most police interventions with people with mental illness were for Potential Offenses (“incidents stemming from crises, contentious situations that may degenerate into violence, and antisocial acts or situations that suggest a crime is about to be committed”) (31%), Individuals in Distress (34%), and Noncriminal Incidents (27%).<sup>21</sup> Police were called to intervene with people with mental illness as Individuals in Distress and for Noncriminal Incidents disproportionately to such calls for individuals without disabilities, although those calls rarely resulted in arrest.<sup>22</sup>

### **C. Monroe County Data on Prevalence of Substance Use Disorders and Mental Illness in Police Interactions and Jail Populations**

The evidence indicates the prevalence of mental illness and SUD in MCCC is far greater in Monroe County than nationally. This is concerning and should be both a red flag to Monroe County and a call to action. Individuals both within and outside the criminal justice system in Monroe County estimate that 75–80% of the individuals in MCCC at any given time have mental illness and/or SUD. However, self-report surveys such as those conducted for BJS have not been implemented in Monroe County. Nor are current MCCC intake screenings or other data designed to reliably collect or track this information. However, by all accounts, this is a crisis that the County has simply failed to count. Finally, although on the national level, criminal justice involvement increased the likelihood that an individual participated in a drug treatment program (8% participation without criminal justice involvement versus 35% participation by probation/parole population and 30% participation by those arrested),<sup>23</sup> MCCC is not currently equipped to guide people into treatment upon reentry. As a result, MCCC sees individuals with

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<sup>18</sup> BJS, Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009, <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>, 1.

<sup>19</sup> *Id.* at 3.

<sup>20</sup> *Id.* at 6.

<sup>21</sup> Charette, et al., PSYCHIATRIC SERVICES, Vol. 65, No. 4, *Police Encounters Involving Citizens with Mental Illness: Use of Resources and Outcomes*, Table 1 (2014).

<sup>22</sup> However, even in these types of calls, which rarely led to arrest in general, these interventions were twice as likely to lead to arrest when an individual with a mental illness was involved than when a person without a mental illness was involved. *Id.* at 514.

<sup>23</sup> BJS, Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009, at 14.

mental illness and SUD return and return and return.

MCCC had 4,869 bookings in 2019, a slight decrease from 2018. MCCC has 294 beds, including 2 holding beds, 4 segregation beds, and 1 padded cell bed.<sup>24</sup> Bookings resulted in an average daily inmate population in 2019 of 280, but monthly averages ranging from 239 to 301. If, as estimated, 75% of jail inmates have mental illness and/or SUD, some 3,650 bookings would involve someone with mental illness and/or SUD per year.

Despite the failure to specifically count inmates with mental illness or SUD, the charges for which people are booked demonstrate that these illnesses are significant causes of MCCC overcrowding. The MCCC 2019 Annual Report states that the top ten booking types in 2019 included Operating While Intoxicated (#1), Violation of Terms of Placement (#2), Failure to Appear Warrant (#3), Probation Violation (#4), Possession of Methamphetamine (#8), Public Intoxication (#9), and Possession of Paraphernalia (#10). The number of Public Intoxication bookings decreased substantially from a high of 1,156 in 2011 to a low of 171 in 2016, but rose (to 206) in 2018. Notably, the number and percentage of women booked for Public Intoxication has increased from a low of 35 (13%) in 2014 to 51 (25%) in 2018.<sup>25</sup>

In addition, the average length of stay at MCCC for Public Intoxication has dramatically increased from a low of 1.9 days in 2012 to a high of 20.3 days in 2018, when **Public Intoxication accounted for 4,173 MCCC days.**<sup>26</sup> **All possession crimes amounted to 11,214 days in MCCC in 2018.**<sup>27</sup> Other drug-, alcohol-, and mental health-associated bookings also resulted in substantial jail stays, according to 2018 data:

- Operating While Intoxicated – 7,421 days (340 bookings averaging 22 days);
- Minor Possessing Alcohol – 3,034 days (119 bookings averaging 26 days);
- Disorderly Conduct – 1,737 days (82 bookings averaging 21 days);
- Drug Court Violations – 899 days (55 bookings averaging 16 days).<sup>28</sup>

Individuals in the jail's Detox Unit detoxifying from drug or alcohol account for a significant number of daily beds in MCCC, especially on Fridays, Saturdays, and Sundays.<sup>29</sup> In 2018, an average of 9.5 inmates were detoxing in jail per day, with a maximum of 31 inmates detoxing on at least one day.<sup>30</sup> The Annual Report also reports 834 suicide observations in 2019, an increase

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<sup>24</sup> 2019 Monroe County Correctional Center Annual Jail Report at 3.

<sup>25</sup> RJS Consulting, MCCC Public Intoxication Bookings - Gender 2003-2018; RJS Consulting LOS Charges 2003-2018.

<sup>26</sup> RJS Consulting, MCCC Public Intoxication Bookings Number of Days Length of Stay 2003-2018.

<sup>27</sup> Id.

<sup>28</sup> Id.

<sup>29</sup> RJS Consulting, MCCC Detox Unit Count 2012-2019.

<sup>30</sup> RJS Consulting, MCCC Number Inmates Per Day in Detox Unit.

of 73 over 2018 and an increase of 186 over 2017.<sup>31</sup>

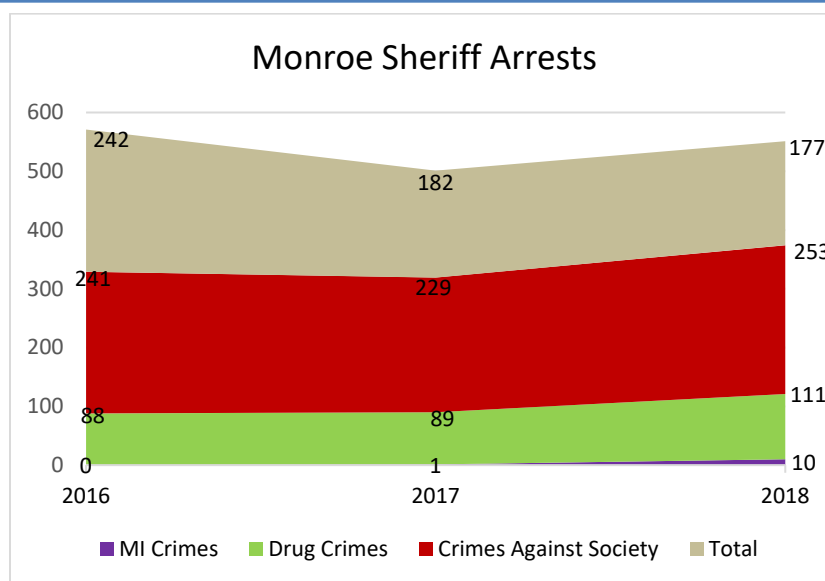
The FBI's database for 2019 did not show arrest data for the Monroe County Sheriff.<sup>32</sup> The Sheriff's arrest data for 2018<sup>33</sup> show 551 arrests, of which more than half were for crimes associated with drugs, alcohol, or mental illness:

- 153 arrests (28%) for Driving Under the Influence, the largest category;
- 111 arrests (20%) for Drug Abuse Violations, the second largest category (100 of which were for possession);
- 10 arrests (2%) for Disorderly Conduct, the seventh largest category;
- 9 arrests (2%) for Liquor Law violations, the eighth largest category;
- 5 (1%) arrests for Drunkenness.

Arrest data from Monroe County's three law enforcement agencies:

	2018	%	2019	%
MCS Drug/Alcohol Offenses	278	50%	*	*
MCS Mental Illness Offenses	10	2%	*	*
BPD Drug/Alcohol Offenses	594	27%	982	28%
BPD Mental Illness Offenses	111	5%	248	7%
IUPD Drug/Alcohol Offenses	510	75%	379	69%

\* MCSO switched in March to NIBRS from UCR, as such Federal database does not reflect partial years



A review of Bloomington Police Department ("BPD") arrest data reported to the Federal Bureau

<sup>31</sup> 2019 Monroe County Correctional Center Annual Jail Report at 4.

<sup>32</sup> FBI Crime Data Explorer, <https://crime-data-explorer.fr.cloud.gov/explorer/agency/IN0530000/arrest>.

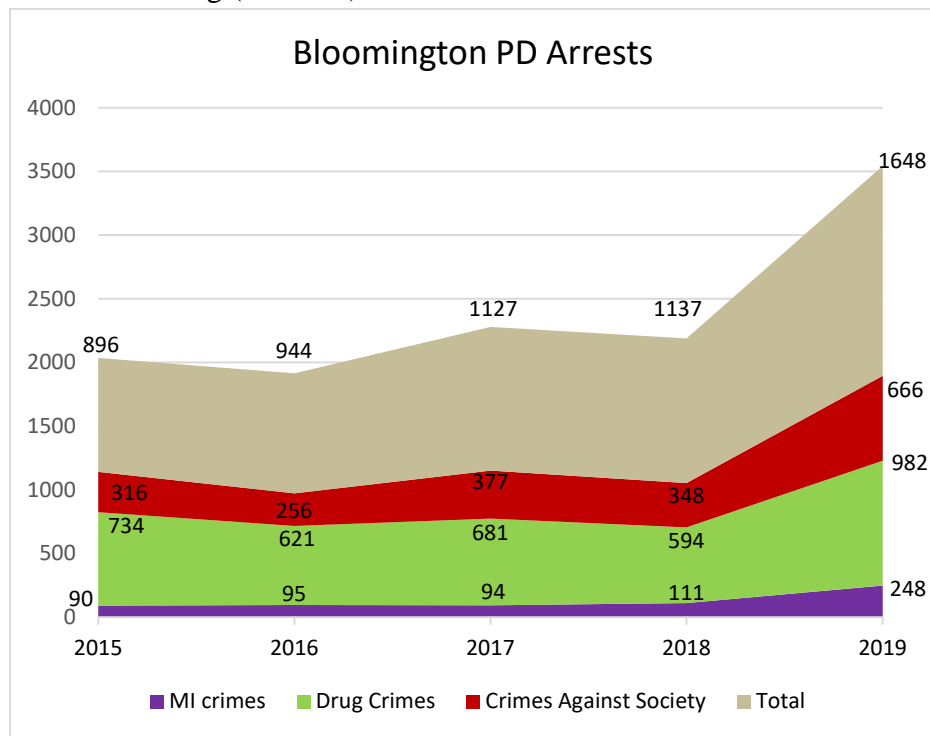
<sup>33</sup> FBI Crime Data Explorer, <https://crime-data-explorer.fr.cloud.gov/explorer/agency/IN0530000/arrest>.

of Investigation for 2019<sup>34</sup> shows 982 arrests for drug- and alcohol-related offenses (28% of all arrests):

- 458 arrests (13%) for Drug Abuse Violations – making it the second largest category of enumerated arrests (388 of these arrests were for possession);<sup>35</sup>
- Drunkenness, at 308 arrests (9%), was the fourth largest category;
- Driving Under the Influence (186 arrests, 5%) the seventh largest category;
- “Possession, Etc. Liquor Laws” (30 arrests, 1%) was the 14th largest category.

The BPD also reported 248 arrests in categories often associated with mental illness,<sup>36</sup> including:

- Disorderly Conduct (240 arrests, 7%) the fifth largest category;
- Vagrancy (6 arrests);
- Curfew and Loitering (2 arrests).



Although similar percentages were reported (27–36% drug- and alcohol-related) in 2015–2018, the total number of BPD arrests grew by 62%, or 1,354 arrests, in 2019 compared to 2018 and prior years. Therefore, the raw numbers of people arrested for substance-related offenses increased from 594 in 2018 to 982 in 2019, a 65% increase. The number of people arrested for

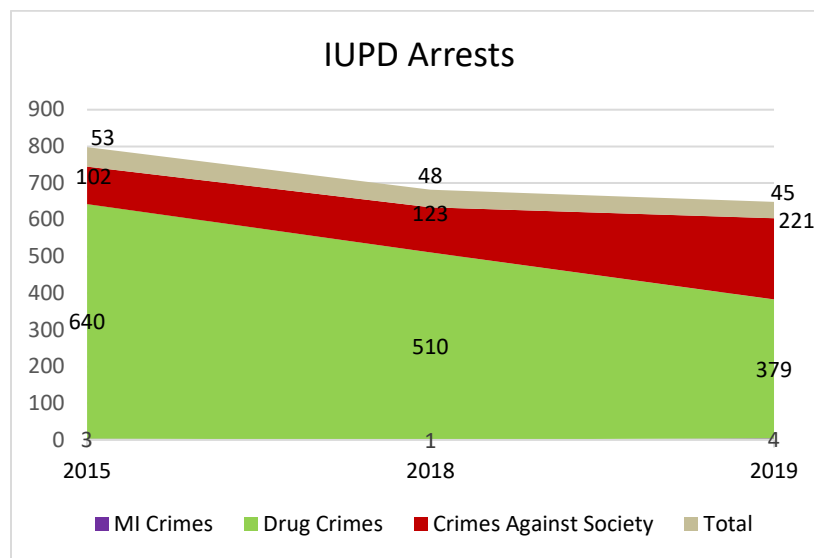
<sup>34</sup> FBI Crime Data Explorer, <https://crime-data-explorer.fr.cloud.gov/explorer/state/indiana/arrest>.

<sup>35</sup> FBI Crime Data Explorer, Bloomington Police Department, <https://crime-data-explorer.fr.cloud.gov/explorer/agency/IN0530100/arrest>. The catch-all category “All Other Offenses (Except Traffic)” accounted for the most arrests (610).

<sup>36</sup> Fisher, et al., *PSYCHIATRIC SERVICES, Patterns and Prevalence of Arrest in a Statewide Cohort of Mental Health Care Consumers*, Vol. 57, No. 11 (2006).

mental-illness-associated offenses more than doubled from 111 in 2018 to 248 in 2019.

The Indiana University: Bloomington Police Department (“IUPD”) reported a total of 549 arrests in 2019. Of these, 379 (69%) were alcohol- or drug-related. Arrests for “Crimes Against Society” (including drug- and alcohol- offenses), as opposed to crimes against persons or property, were 92% of all IU arrests.<sup>37</sup> The highest category of arrests in 2019 was for violations of the liquor laws (152 arrests, 28%), such as underage possession and possession on IU’s dry campus. By contrast, BPD arrests for liquor law violations constituted only 1% of arrests (30). Although the number and percentage of IUPD arrests for drug and alcohol offenses has been dropping in recent years, these figures indicate that IU and the Monroe County community have different priorities regarding criminalization of these activities. Yet, MCCC bears the burden of the arrests.



Of note are BPD arrest rates for “Drunkenness,” or Public Intoxication, and Disorderly Conduct, which are Class B misdemeanors. Disorderly Conduct is defined as fighting or tumultuous conduct, making unreasonable noise, or disrupting a lawful assembly. Public Intoxication is only a criminal offense if the person is endangering someone’s life, breaching the peace, or harassing another person. Notably, police have complete discretion not to arrest for this offense, as the IN Code provides that no one can maintain a legal action against an officer for failing to enforce it.

These arrest numbers indicate a substantial use of law enforcement and MCCC resources to respond to individuals with substance use (including alcohol) and mental illness needs, with all the predictable impacts on criminal justice budgets and on individuals’ employment, family,

<sup>37</sup> FBI Crime Data Explorer, IU: Bloomington, <https://crime-data-explorer.fr.cloud.gov/explorer/agency/IN0530100/arrest>. IU did not report for 2016, and its 2017 report showed less than 40% of the number of arrests in past and subsequent years, indicating that reporting may not have been complete in 2017.

housing, and health. These numbers, however, substantially underestimate the impact of substance use/mental illness on local government. Many police interventions with people experiencing drug/alcohol use or mental illness issues – such as welfare checks, transporting individuals to treatment services or responding to drug overdoses – do not result in arrest. Bloomington Police data on service calls for 2017 show nearly 4,000 welfare checks, 800 calls for drugs, 650 involving alcohol, and 235 for mental health.<sup>38</sup> Annual overdose deaths in Monroe County have ranged from 25 to 28 consistently from 2016–2019, with 15 overdose deaths in the first half of 2020.<sup>39</sup> Those interventions divert law enforcement resources from responding to crimes, take additional time compared to interventions for people without SUD and mental illness, and are not the central mission, or skill set, of law enforcement.<sup>40</sup>

Substance use and mental health crises also impact other entities, such as hospitals. In 2017, IU Health Bloomington handled 3,591 drug/alcohol abuse-related Emergency Room visits, and 1,107 overdoses.<sup>41</sup>

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**In short, in order to reduce jail overcrowding and unnecessary incarceration of its residents, Monroe County must prioritize alternatives to incarceration (diversion) for violation of court-imposed requirements, for substance use violations, for detox, and for mental illness-related offenses. To the extent people cannot be diverted from criminal justice involvement, Monroe County must ensure that the jail operates as a pipeline into treatment, rather releasing people to the never-ending revolving door of crisis, relapse, and recidivism that destroys lives, families, communities, and County budgets.**

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#### **D. Effects of Incarceration of Individuals with Mental Illness and Substance Use Disorders**

Law enforcement interventions with individuals with mental illness and substance use disorders have long-lasting and serious negative effects on the affected individuals, their families, their communities, and law enforcement and jails. When a significant public safety need is not present, law enforcement interactions, arrests, and incarceration of individuals with mental illness and substance use disorders should be avoided in favor of alternatives.

The use of law enforcement personnel to respond to individuals with mental illness and

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<sup>38</sup> Bloomington First Responders Dashboard, available at <https://www.bloomingtonrevealed.com/first-responders>.

<sup>39</sup> <https://www.in.gov/isdh/27393.htm>.

<sup>40</sup> Charette, *Police Encounters Involving Citizens with Mental Illness: Use of Resources and Outcomes*, supra note 11, at 514.

<sup>41</sup> Monroe County Comprehensive Community Plan, 2019 Update at 16. This represents over 18 per 100,000 people.



substance use disorders can have deleterious effects on law enforcement and criminal justice personnel and resources. Police do not want to kill or harm people with mental illness, people in crisis, or people experiencing drug addiction. It is often devastating to the officers who do so. Police are rightly dedicated to, and necessary for, protecting the safety of their communities. Similarly, corrections, prosecutors, and court staff do their best to respond to the needs of inmates with these conditions. They are hampered by the fact that law enforcement and corrections systems and facilities were not designed or funded to provide intensive mental health and substance use treatment. It is now clear that, in order to be most effective, treatments need to be provided in communities, not in institutions. Monroe County has an opportunity to consider how this can be done at the local level, using the local control, discretion, authority and funds that are available. There are executive and fiscal decisions that could be made by Monroe County, if the will exists, to re-shape how people are being treated and dollars are being spent.

### *1. Effects on Law Enforcement and Jails*

The 2006 Canadian study discussed above found that law enforcement officers were disproportionately called to respond to non-criminal incidents involving people with mental illness, thus diverting them from responding to criminal activity. The study also found that police responses to people with mental illness took much more time than responses to people without mental illness. The study found that interventions involving individuals with a mental illness represented 4.4% of all police interventions, but they took twice as much police time as interventions involving a control sample.

After controlling for the occurrence of arrest and the severity of the intervention, the analysis showed that an intervention involving an individual with a mental illness still used nearly 90% more resources than interventions involving the control sample.<sup>42</sup>

**An intervention involving an individual with a mental illness used nearly 90% more resources than interventions involving the control sample.**

Police interactions with individuals with substance use disorders are more likely to result in arrests than similar interactions with individuals with mental illness, because the fact of possession of an illegal substance is, itself, a crime, regardless of whether any other crime is being committed. In addition, law enforcement often responds to overdose calls that are unlikely to result in arrest.<sup>43</sup>

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<sup>42</sup> Id. at 515.

<sup>43</sup> In Indiana, the drug overdose death rate in 2018 was 25.6 out of 100,000, 18<sup>th</sup> worst in the nation (2018 data showed a decrease from 2017, but 2020 provisional data shows an increase). Centers for Disease Control and Prevention, National Center for Health Statistics, Key Health Indicators, available at <https://www.cdc.gov/nchs/pressroom/states/indiana/in.htm> (2020); CDC, NCHS, Vital Statistics Rapid Release: Provision Drug Overdose Death Counts, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (2020). Monroe County's overdose death rate was 16.9 out of 100,000. Drug Overdose

These interactions take law enforcement away from mission-critical efforts to prevent and respond to violent and property crime and create additional stresses on law enforcement officers. According to a convening by the National Institute of Justice, the RAND Corporation, and the Police Executive Research Forum, “[b]ecause of their role in responding to the opioid crisis, law enforcement officers experience additional physical dangers, mental trauma, and stressors.”<sup>44</sup>

Arrests of people with mental illness, substance use disorders, and alcoholism also increase burdens on corrections systems, including MCCC, prosecutors and public defenders, courts, and probation offices. These individuals have unique needs and jail facilities and staff, including those at MCCC, do not have adequate facilities, skills or treatment resources to address them.

In addition, these impacts on the justice system do not end when a person leaves (or avoids) jail. Monroe County’s 2018 annual Probation Report shows that 700 people were under supervision for drug offenses (328 for felonies and 372 for misdemeanors). It is not clear how many of these probationers were under pre-conviction supervision. Based on Probation budget figures for 2018, Monroe County’s cost of probation supervision averages \$1,118 per individual, per year or, in total, \$782,794 annually for supervised probation of individuals awaiting conviction or convicted of drug and alcohol offenses. In addition, when an individual does not succeed on probation, the burden on both the individual and the criminal justice system increases further.

## *2. Effects on Individuals, Families, and Communities*

Involvement in the criminal justice system causes lasting harm to individuals, their families, and their communities. Even relatively short pretrial detention has been shown to have significant negative effects on people’s ability to leave the criminal justice system, resulting in more convictions and guilty pleas, longer sentences, higher fees, and even more likely future criminal justice involvement.<sup>45</sup> Detention also has a devastating effect on individuals’ ability to succeed, and therefore remain, outside the criminal justice system. Research into the National Longitudinal Survey of Youth in 2010 showed that serving time in prison was associated with a

**Recent homelessness was 7.5 to 11.3 times more common among jail inmates than in the general population.**

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Epidemic in Indiana: Behind the Numbers, at 5, available at [https://www.in.gov/isdh/files/85\\_Drug%20Overdose%20Data%20Brief\\_2019.pdf](https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf) (2019)

<sup>44</sup> Priority Criminal Justice Needs Initiative, *Law Enforcement Efforts to Fight the Opioid Crisis*, at 2, available at [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR3000/RR3064/RAND\\_RR3064.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR3000/RR3064/RAND_RR3064.pdf) (2019).

<sup>45</sup> Vera Institute, *Justice Denied: The Harmful and Lasting Effects of Pretrial Detention*, available at <https://www.vera.org/downloads/publications/Justice-Denied-Evidence-Brief.pdf> (April 2019); Heaton, Mayson & Stevenson, *The Downstream Consequences of Misdemeanor Pretrial Detention*, 69 Stanford Law Review 711, available at <https://perma.cc/8BB3-8BPY> (March 2017).

40% reduction in earnings, as well as reduced job tenure, reduced wages, and higher unemployment.<sup>46</sup> Approximately 27% of formerly incarcerated people are unemployed.<sup>47</sup> Even short-term detention can harm economic outcomes, as not showing up for work even for a few days is likely to result in termination and loss of positive references and other benefits, all of which have domino effects on other areas of life, such as access to credit, housing, transportation, and healthcare. Homelessness and incarceration increase the risk of each other exponentially and in a vicious cycle, particularly for those with mental illness or SUD.<sup>48</sup>

These impacts do not end with the incarcerated person. Partners and children of incarcerated

**Children of incarcerated parents are, on average, six times more likely to become incarcerated themselves.**

people lose the economic contributions of their family members, leading to eviction and housing instability, greater reliance on public benefits, crushing debt, and other long-term consequences. Partners, children, and extended family members also must often interrupt their own employment and education to address their family

members' incarceration (e.g., arranging bail, attending court, testifying, visiting during established hours) and to make up for their family members' contributions of time for non-employment matters, such as child care.<sup>49</sup>

In addition, “[h]aving a parent incarcerated is a stressful, traumatic experience of the same magnitude as abuse, domestic violence and divorce, with a potentially lasting negative impact on a child’s well-being.”<sup>50</sup> Based on 2011–2012 data, these effects are being felt by at least 11% (177,000) of Indiana children, the second highest percentage in the country, after Kentucky.<sup>51</sup>

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<sup>46</sup> Western & Pettit, *Incarceration & Social Inequality*, Daedalus Journal of the Academy of Arts & Sciences, at 13, available at [https://www.amacad.org/sites/default/files/daedalus/downloads/Su2010\\_On-Mass-Incarceration.pdf](https://www.amacad.org/sites/default/files/daedalus/downloads/Su2010_On-Mass-Incarceration.pdf) (Summer 2010). See also Brennan Center for Justice, *Conviction, Imprisonment, and Lost Earnings*, at 2, available at <https://www.brennancenter.org/sites/default/files/2020-09/EconomicImpactReport.pdf.pdf> (Sept. 2020) (2017 data showing average earnings loss of 16% for a misdemeanor conviction, 21.7% for a felony conviction without imprisonment, and 51.7% for imprisonment). Explanations for this employment effect include the negative attitudes of employers about criminal records, incarceration’s interruption of work experience, and negative habits and behaviors that are needed in prison but poorly suited to the workplace.

<sup>47</sup> Couloute & Kopf, *Out of Prison & Out of Work: Unemployment among formerly incarcerated people*, Prison Policy Initiative, available at <https://www.prisonpolicy.org/reports/outofwork.html> (July 2018).

<sup>48</sup> Greenberg, et al., *Jail Incarceration, Homelessness, and Mental Health: A National Study*, 59 Psychiatric Services 2, at 175, available at <https://homelesshub.ca/sites/default/files/Greenberg.pdf> (Feb. 2008); Bailey et al., *No Access to Justice: Breaking the Cycle of Homelessness and Jail*, Vera Institute of Justice Evidence Brief, available at <https://www.safetyandjusticechallenge.org/wp-content/uploads/2020/08/homelessness-brief-web.pdf> (August 2020).

<sup>49</sup> Annie E. Casey Fdn., *A Shared Sentence: the devastating toll of parental incarceration on kids, families, and communities* at 4, available at <https://www.aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf#page=5> (April 2016).

<sup>50</sup> Id.

<sup>51</sup> Id. at 5. Notably, this percentage counts only children whose incarcerated parent lived with them at some point.

Children of incarcerated parents may be, on average, six times more likely to become incarcerated themselves and are more likely than their peers to experience reactive attachment disorder, academic setbacks, antisocial behaviors, and intergenerational incarceration.<sup>52</sup> Research indicates these effects are greatest among children whose mothers are incarcerated,<sup>53</sup> a great concern in light of the fact that 70% of women in prison are mothers. In addition, research suggests that parental incarceration significantly increases children's risk of developing mental illness in early adulthood.<sup>54</sup> Notably, Monroe County's CHINS cases have increased in recent years, possibly as a result of increase parental incarceration. These intergenerational effects of incarceration increase the long-term burdens on Monroe County's budgets and on the health and success of its children and its community.

Finally, incarceration harms communities. "In areas where a sizable portion of residents are behind bars, the effect is cumulative: The sheer number of absent people depletes available workers and providers while constraining the entire community's access to opportunity – including individuals who have never been incarcerated."<sup>55</sup> Formerly incarcerated individuals face severe employment barriers, particularly when their convictions involve substance use disorders or mental illness, thus depriving their families and communities of needed income.

#### **E. Substance Use and Mental Health Treatment Needs in Monroe County**

The high rates of arrests for drug- and alcohol-related offenses and mental-illness-related offenses in Monroe County should come as no surprise. The resources needed to prevent those diseases from leading to criminal justice involvement are lacking in the community. The 2018 IU University Health Bloomington Hospital Community Health Needs Assessment ("Assessment")<sup>56</sup> of Monroe, Lawrence, and Owen Counties identified drug and substance abuse and mental health treatment as some of the most significant needs in the communities. Monroe County was in the bottom quartile of Indiana Counties on several health indicators, including poor mental health days (#83 out of 94 counties), excessive drinking (#92 out of 94), percent uninsured (#72), and severe housing problems (#92), and in the bottom half on several others,

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<sup>52</sup> Bailey & Wakefield, Emotional, Psychological, and Behavioral Challenges of Children with Incarcerated Parents, available at [https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1052&context=mcnair\\_posters](https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1052&context=mcnair_posters) (2013); Martin, Hidden Consequences: The Impact of Incarceration on Dependent Children, National Institute of Justice Issue 278, at 2-4, available at <https://www.ncjrs.gov/pdffiles1/nij/250349.pdf> (May 2017).

<sup>53</sup> Hidden Consequences, at 2.

<sup>54</sup> Garris, et. al, Association of Childhood History of Parental Incarceration and Juvenile Justice Involvement with Mental Health in Early Adulthood, Journal of the American Medical Association, available at [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2749232?utm\\_campaign=articlePDF&utm\\_medium=articlePDFlink&utm\\_source=articlePDF&utm\\_content=jamanetworkopen.2019.10465](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2749232?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2019.10465) (2019).

<sup>55</sup> Id. at 4.

<sup>56</sup> IU Health Bloomington Hospital, Community Health Needs Assessment, available at [https://cdn.iuhealth.org/resources/Bloomington-Hospital-CHNA\\_2018-compressed.pdf?mtime=20181219131956](https://cdn.iuhealth.org/resources/Bloomington-Hospital-CHNA_2018-compressed.pdf?mtime=20181219131956) (November 26, 2018).

such as unemployment (#57).<sup>57</sup> Suicide mortality rates were higher than average in Monroe County.<sup>58</sup> Survey participants reported on average 4.4 mentally unhealthy days reported in the past 30 days in Monroe County, higher than the state average and considerably higher than the national average. Nearly 21% of participants reported excessive drinking, exceeding state and national averages.<sup>59</sup>

A recent Community Need Index calculation based on barriers to health care access identified Monroe ZIP code 47404 as a “highest need” area, with 47403, 47406, and 47408 ranking as “high need.”<sup>60</sup> In the face of these high needs, Monroe County was designated as a medically underserved area and a Health Professional Shortage Area for Mental Health.<sup>61</sup>

A significant number of Monroe County residents do not have access to the resources they need. Monroe County’s poverty rate, at 25%, is above both the Indiana and U.S. averages. Poverty rates for residents of color is higher than the average for white residents. Monroe’s unemployment rate is above the state average. This has a significant impact on access to healthcare, because most people receive health insurance benefits through their employers. The greatest uninsured rate in the county occurs in ZIP code 47403 and is above the state average.<sup>62</sup> Monroe County’s uninsured rate is over 12% among individuals under age 65.<sup>63</sup>

#### 2018 IU University Health Bloomington Hospital Community Health Needs Assessment

Although Monroe County has an abundance of resources, it is often difficult to get economically disadvantaged populations to affordable providers.

- There is a need for more mental health providers, particularly those that use medication-assisted treatment.
- Navigating the healthcare system in Monroe County is very difficult for many residents, especially those on fixed incomes or in high economic need.<sup>1</sup>

Monroe County’s significant homeless population is both a result and an epicenter of these unmet needs. According to the annual Point In Time homelessness count, Monroe County homelessness has remained high in recent years and increased to 380 people in 2019.<sup>64</sup>

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<sup>57</sup> Id. Ex. 23.

<sup>58</sup> Id. at 7-9.

<sup>59</sup> Id. Ex. 24. Monroe County residents also reported exceedingly high rates of death from chronic liver disease and cirrhosis. Id. Ex. 26.

<sup>60</sup> Id. App. 34.

<sup>61</sup> Id. at 9.

<sup>62</sup> Id. at 24.

<sup>63</sup> Id. App. 24.

<sup>64</sup> Indiana 2019 Region 10 Point In Time Homeless Count 1/23/19, on file with authors; Homelessness: Unpacking the Point in Time Count, available at <https://www.monroeunitedway.org/WakeUp->

Chronically homeless individuals – defined as those with disabilities experiencing long-term homelessness – in Monroe County rose from 31 in 2018 to 46 in 2019, after dropping from 63 in 2017 when supported housing apartments became available.<sup>65</sup> According to self-reports, about 27% of homeless people have serious mental illness and 19% have a substance use disorder.<sup>66</sup>

**Of persons who used meth, 57.7% reported mental illness, and 25% reported serious mental illness in the past year.**

Arrest and bookings data, as well as reports from providers, indicates that

major SUD issues

in Monroe County are marijuana, alcohol and methamphetamine.<sup>67</sup> This is not to say that opioids and marijuana use are not contributing to incarceration and treatment needs. They are, but alcohol and methamphetamine appear to be the addictive drugs contributing to the greatest number of encounters between individuals and law enforcement, as well as the largest contributors to homelessness and other crises.

Mental illness is common among methamphetamine users, with 57.7% of persons who used methamphetamine reporting any mental illness and 25% reporting serious mental illness during the past year.<sup>68</sup> These are likely underestimates, as the research did not include unsheltered homeless people, incarcerated people, or people in hospitals or institutions. Methamphetamine

**ADHD is about 2–6 times more common in methamphetamine users than non-users.**

may also contribute causally to mental illness. As a result, combinations of SUD and mental health treatment for co-occurring disorders is key to recovery. A gap in such treatment exists in many communities, including Monroe

## METHAMPHETAMINE & ADHD

Alcohol and methamphetamine addiction should challenge our traditional assumptions about addicts and effective responses to addiction. While traditional beliefs about people with SUD are incorrect for nearly every substance, the view that SUD is caused by character flaws or lifestyle choices is particularly erroneous in regard to alcohol and meth. People addicted to alcohol are introduced to it because it is inescapably available, legal, and perceived as harmless. People who become addicted to alcohol, thus, come from every walk of life.

While methamphetamine is not legal, it is closely related to legal drugs for attention-deficit hyperactivity disorder (“ADHD”). Approximately 23% of people with SUD meet the diagnostic criteria for ADHD,<sup>1</sup> compared to only 5% of the general population.<sup>1</sup> This suggests that individuals may be using meth as self-medication.

[PointInTimeCount](https://www.monroeunitedway.org/sites/monroeunitedway.org/files/uw_files/untitled%20folder4/Wake%20Up!%20Point%20in%20Time%20Count/PIT%20Trends%20in%20Homelessness%20-%20National%2C%20State%2C%20and%20Local.pdf);

[https://www.monroeunitedway.org/sites/monroeunitedway.org/files/uw\\_files/untitled%20folder4/Wake%20Up!%20Point%20in%20Time%20Count/PIT%20Trends%20in%20Homelessness%20-%20National%2C%20State%2C%20and%20Local.pdf](https://www.monroeunitedway.org/sites/monroeunitedway.org/files/uw_files/untitled%20folder4/Wake%20Up!%20Point%20in%20Time%20Count/PIT%20Trends%20in%20Homelessness%20-%20National%2C%20State%2C%20and%20Local.pdf).

<sup>65</sup> Indiana 2019 Region 10 Point In Time Homeless Count 1/23/19, on file with authors.

<sup>66</sup> Bloomington Social Services Dashboard, available at <https://www.bloomingtonrevealed.com/social-services>.

<sup>67</sup> Centerstone 2020 CMHC Report – Top 5 Substances Served – Marijuana/Hashish- 986; Alcohol – 931; Methamphetamine – 537; Opiates – 328; Heroin – 283.

<sup>68</sup> Jones, et al., Patterns and Characteristics of Methamphetamine Use Among Adults – United States, 2015-18, CDC Morbidity and Mortality Weekly Report, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7725509/>, (March 27, 2020).



County. The overlaps of mental illness and ADHD with SUD, and particularly with methamphetamine use, council for an increased focus on diagnosis and treatment, rather than punishment, for these individuals.

## **F. Funding Resources**

Law enforcement, corrections, and criminal justice expenses are borne by the Monroe County budget. For 2021, expenses (not including special purpose and public safety funds), are expected to be approximately:

Jail	\$6.7 million
Courts	\$3.8 million
Probation	\$4.8 million
Prosecutor	\$3.7 million
Public Defender	\$2.4 million
Sheriff	\$6.4 million
<b>Total</b>	<b>\$27.8 million</b>

Thus, it costs nearly \$28 million, or over \$5,700 a person, to primarily “serve” the 4,869 people booked into the MCCC.<sup>69</sup> Even excluding the costs of the Sheriff’s office, the per inmate cost is approximately \$4,400. By contrast, applying that amount to treatment and services could pay the Medicaid monthly payments plus one third to half of the average rent for two people to live in a two-bedroom apartment for a year.<sup>70</sup> This is consistent with research in Maryland showing that incarceration of a drug offender cost \$20,000 while treatment cost \$4,000. The Maryland data also showed that \$1 of in-prison treatment yields a benefit of \$1.91–\$2.69 compared to failure to treat in prison. However, community treatment outside of prison yields \$3.30 for every dollar spent, and drug courts yield \$2.83 per dollar spent.<sup>71</sup> Thus, an investment of \$4,000 for community-based mental health treatment could generate \$13,200 in benefits and savings, while an investment of \$4,000 in drug treatment could generate \$11,320, compared to the same \$4,000 in in-prison treatment generating \$7,640–\$10,760.

Moreover, mental health and substance use treatment services are covered by federal, state, and private funds. For individuals not eligible for Medicaid or Medicare, those services can be funded by private insurance. Treatment for Medicaid-eligible individuals is covered by state and federal Medicaid funding. The federal government reimburses nearly 66% of Indiana’s Medicaid

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<sup>69</sup> Some of these expenses are reimbursed by the state.

<sup>70</sup> Based on average rent Bloomington-wide of \$1075 per month for a two-bedroom apartment and average rent of \$650 for a two-bedroom apartment in particular areas of Bloomington.

<https://www.zumper.com/rent-research/bloomington-in>.

<sup>71</sup> McVay et al., Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment, Justice Policy Institute available at <http://www.justicepolicy.org/research/2023> (2004).

costs.<sup>72</sup> Because of Monroe County’s relatively high poverty rate (20.8% overall in 2019;<sup>73</sup> nearly twice that rate for Black residents and over twice that rate for Asian and Latino residents<sup>74</sup>) many residents are likely eligible for Medicaid. At the same time, Monroe’s high (12.3%) uninsured rate among working age adults<sup>75</sup> indicates that individuals are not enrolling in Medicaid.<sup>76</sup>

IU’s uninsured student population may be playing a role in these figures as well. While young, otherwise-healthy students often believe insurance to be unnecessary, the prevalence of arrests by IUPD for liquor law, drug abuse, and driving under the influence violations suggests access to treatment services is a need for this population. In addition, the extremely high uninsured rates for Asian and Latino residents indicates immigration status may be a barrier to some Monroe County residents, as undocumented immigrants are ineligible for federal and Indiana Medicaid, Medicare, the Children’s Health Insurance Program, or the Affordable Care Act marketplaces. Most lawfully present noncitizen immigrants, such as Legal Permanent Residents and “green card” holders, must wait five years before enrolling in Medicaid.

In Indiana, individuals are eligible for Medicaid if they meet income limits (up to \$17,829 annual income for an individual; up to \$36,590 for a family of four). Generally, Indiana Medicaid requires members to contribute financially upon enrollment (\$10) and monthly (up to 3% of income).<sup>77</sup> Employers and providers can make these contributions on individuals’ behalf.

Indiana Medicaid’s covered substance use disorder treatments include early intervention, outpatient, intensive outpatient, partial hospitalization, residential and inpatient treatment, withdrawal management, opioid treatment (including methadone, buprenorphine, naloxone, naltrexone), and addiction recovery management (including peer recovery coach) services.

In addition, Indiana’s Adult Mental Health Habilitation program, under Social Security Act

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<sup>72</sup> Congressional Research Service, Medicaid’s Federal Medical Assistance Percentage, available at <https://fas.org/sgp/crs/misc/R43847.pdf> (July 29, 2020). In addition, during the COVID19 pandemic, federal matching rates have been temporarily increased by 6.2%.

<sup>73</sup> StatsIndiana, Monroe County, available at [https://www.stats.indiana.edu/profiles/profiles.asp?scope\\_choice=a&county\\_changer=18105](https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105).

<sup>74</sup> IU Health Bloomington Hospital, Community Health Needs Assessment at 22-23.

<sup>75</sup> Id. at Ex. 24.

<sup>76</sup> At the same time, Monroe County’s unemployment rate is lower than the rest of the state, Bureau of Labor Statistics, Bloomington, IN Economy at a Glance, available at [https://www.bls.gov/regions/midwest/in\\_bloomington\\_msa.htm](https://www.bls.gov/regions/midwest/in_bloomington_msa.htm). This suggests many low-income, uninsured individuals are working, which can pose a barrier, in terms of reduced available time and energy, to seeking public services, such as Medicaid coverage. IU’s student population, who are not included in the unemployment rate, may also contribute to the high uninsured rate.

<sup>77</sup> Indiana also charges people who use tobacco products an increased contribution amount as a tobacco surcharge. Given that nearly 20% of Monroe County residents smoke, IU Health Bloomington Hospital, Community Health Needs Assessment at Ex. 24, this may discourage Medicaid enrollment.



section 1915(i) and a section 1115 demonstration project, funds intensive home and community-based services for adults with serious mental illness and serious emotional disturbance, with or without co-occurring substance use disorders.<sup>78</sup> These services include crisis intervention, therapy and behavioral support services, addiction counseling, care coordination, and medication support.

Indiana’s Medicaid system has expanded coverage of telemedicine services for most healthcare services during the pandemic, including for medication assisted treatment prescriptions to treat opioid dependence and mental health services covered by the Home and Community-Based Services Waiver.<sup>79</sup> This program has been highly successful, and Indiana may consider continuing telemedicine coverage after the pandemic.

Medicaid reimbursement is not available to otherwise-eligible individuals who are incarcerated.<sup>80</sup> Therefore, treatment services provided in jail are not reimbursable by Medicaid. In fact, Medicaid is suspended for individuals on Medicaid who are incarcerated longer than 30 days. Jails are required to assist inmates who are incarcerated for more than 30 days to apply for or reinstate Medicaid and are allowed to act as the inmate’s authorized representative for the application.<sup>81</sup> Upon release, the inmate must activate their enrollment or reinstatement. It is essential to begin the application/reinstatement process early, as processing can take 45–90 days.

## **H. Legal Requirements Affecting Public Health and Incarceration**

The Americans with Disabilities Act (“ADA”)<sup>82</sup> protects those with mental illness and substance use disorders from discrimination.<sup>83</sup> Criminal justice activities, as well as healthcare systems, are covered by the ADA and the Department of Justice (“DOJ”) has issued guidance explaining the ADA’s requirements and providing examples and resources to support compliance.<sup>84</sup>

### *1. Criminal Justice Interactions*

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<sup>78</sup> Division of Mental Health and Addiction, Adult Mental Health Habilitation Services, available at <https://y-tac.org/wp-content/uploads/2020/12/Essential-Guide-to-School-Transition-YTAC.pdf>.

<sup>79</sup> <http://provider.indianamedicaid.com/ihcp/Bulletins/BT202022.pdf>.

<sup>80</sup> Presumptive Eligibility can be used for hospital inpatient treatment while incarcerated.

<sup>81</sup> Frequently Asked Questions Regarding Medicaid and Inmates, available at <https://www.in.gov/medicaid/files/medicaid%20for%20inmates%20faqs.pdf>.

<sup>82</sup> 42 U.S.C. 12132-34; 28 C.F.R. Part 35.

<sup>83</sup> 28 C.F.R. § 35.108(b).

<sup>84</sup> Examples and Resources to Support Criminal Justice Entities in Compliance with Title II of the ADA, available at <https://www.ada.gov/cjta.pdf> (DOJ Examples & Resources); Bazelon Center for Mental Health Law, “Diversion, Not Discrimination: How Implementing the Americans with Disabilities Act Can Help Reduce the Number of People with Mental Illness in Jails, available at <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2018/07/MacArthur-White-Paper-re-Diversion-and-ADA.pdf> (2017).

#### a. Arrests

Title II of the ADA prohibits state and local governments, including their law enforcement agencies, from discriminating against individuals with disabilities and requires them to reasonably modify their policies, practices, and procedures to accommodate disabilities.<sup>85</sup> The reasonable modification obligation applies whenever an agency's employee knows or reasonably should know that a person has a disability and needs a modification, even if the individual has not requested a modification, such as during a crisis, when the disability may interfere with the person's ability to articulate a request.<sup>86</sup>

When a law enforcement officer responds to a mental health crisis or overdose and fails to de-escalate the situation or insists on compliance with law enforcement demands, a danger of legal liability arises for unreasonable use of force and for violation of the ADA's requirement to reasonably modify policies and practices. DOJ's Examples & Resources guidance provides examples of how local law enforcement, corrections, and justice system leaders have facilitated compliance with this obligation, including:

- Training law enforcement officers that, when responding to a person in a mental health crisis who does not pose a significant safety threat, they should consider providing time and space to calm the situation.
- Training officers that, if available and appropriate, they should dispatch a crisis intervention team or officers trained in de-escalation techniques to the scene or involve mental health professionals.
- Requiring court staff to explore reasonable modifications to allow qualified individuals with these disabilities to participate in diversion and probation programs and specialty courts.
- Implementing policies that, in situations where a prisoner with these disabilities exhibits negative or disruptive behavior that does not pose a significant safety threat, encourage staff to seek assistance from prison-based crisis intervention teams and mental health professionals, involve officers trained in the use of de-escalation techniques, or forego discipline and provide treatment where it is apparent that a prisoner's behavior was related to a disability.<sup>87</sup>
- Training personnel on:
  - How non-medically trained criminal justice personnel can recognize common characteristics and behaviors associated with mental health disabilities or I/DD;
  - How to interact with people with these disabilities and when and how to make reasonable modifications for people with these disabilities;
  - What people with these disabilities may experience and how that may affect their interactions with others (*e.g.*, hearing voices);
  - How to take appropriate steps to ensure effective communication with people with mental health disabilities;

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<sup>85</sup> 28 C.F.R. § 35.130(b)(7).

<sup>86</sup> DOJ Examples & Resources at 3.

<sup>87</sup> *Id.*

- How to avoid escalating interactions with people with these disabilities and how to use de-escalation or other alternative techniques to increase safety and avoid using force unnecessarily;
- What local resources are available to provide treatment, services, or support for individuals with mental health disabilities and when and how to draw upon resources, such as crisis intervention teams, mobile crisis teams, assertive community treatment teams, or mental health providers.<sup>88</sup>
- Training dispatchers on how to recognize and handle calls involving people with mental health disabilities and on:
  - The availability of crisis intervention teams or other resources to respond to calls about individuals with mental health disabilities;
  - When to dispatch crisis intervention teams or officers with training in interacting with people with these disabilities;
  - When to consider dispatching a mental health provider rather than a police officer;
  - Information about, and contact information for, community-based service providers;
  - The importance of communicating information dispatchers receive about individuals' disabilities to responding officers or service providers.<sup>89</sup>
- Reviewing policies and data regarding individuals involved in the criminal justice system and outcomes to determine whether people with disabilities are subjected to bias or discrimination and taking corrective measures.<sup>90</sup>

DOJ found that the Baltimore Police Department was violating the ADA by frequently using force in the course of transporting people with mental illness for mental health evaluations and possible civil commitment.<sup>91</sup> It found that training law enforcement officers on how to interact with individuals with mental health disabilities, de-escalate crises, and involve mental health professionals or specially trained crisis intervention officers is a reasonable modification required by the ADA.<sup>92</sup> Although Baltimore had provided some specialized training to new officers, DOJ found it inadequate because it did not include all officers and Baltimore did not require an officer with the training or a mobile crisis team to be dispatched to crisis calls. As a result, DOJ found that Baltimore officers frequently failed to de-escalate encounters, resulting in handcuffing and detaining those in crisis and subjecting them to force unnecessarily.<sup>93</sup>

The DOJ settlement with Baltimore required the City to assess its behavioral health service system, make recommendations, and implement the recommendations to address gaps in behavioral health services, such as assertive community treatment, permanent supported housing, targeted case management, crisis services, and substance use disorder services, that lead to

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<sup>88</sup> Id. at 5-6.

<sup>89</sup> Id. at 6.

<sup>90</sup> Id.

<sup>91</sup> See DOJ Investigation of the Baltimore Police Department at 80, available at <https://www.justice.gov/crt/file/883296/download> (2016).

<sup>92</sup> Id. at 81.

<sup>93</sup> Id. at 80-85.

## DOJ Baltimore Consent Decree

Required the Police Department to:

- Establish a preference for the least police-involved response possible to respond to crisis calls, including diverting people to mental health service providers rather than jail or emergency rooms;
- Implement a Crisis Intervention Team (CIT) Program;
- Train enough CIT Officers with 40 hours of specialized training to ensure there are enough CIT Officers to cover all shifts and all districts, and ensure that at least one CIT Officer responds to all incidents where it is known or reasonably should be known that an individual with mental illness is involved;
- Provide 8 hours CIT Training to all officers (and 16 hours for new recruits);
- Provide CIT training to all dispatchers and revise its dispatch policies to limit police involvement in crises and, instead, dispatch mobile crisis teams and other services, and to send CIT Officers when police involvement is necessary;
- Designate a Crisis Intervention Coordinator;
- Develop and implement a Crisis Intervention Plan to ensure CIT Officers are available to respond to all incidents involving an individual in crisis;
- Expand its Collaborative Planning and Implementation Committee to identify strategies to reduce unnecessary encounters with police by people with mental illness;
- Collect, analyze, and report data on mental illness or crisis in police calls;
- Ensure its use of force policy prioritizes de-escalation techniques and takes into consideration whether noncompliance may be due to a medical or mental health disability, behavioral health crisis, ... or drug or alcohol use.<sup>1</sup>

preventable criminal justice involvement.<sup>94</sup>

### b. Incarceration

The DOJ Examples and Resources guidance also provides examples of how corrections entities and courts have ensured they do not contribute to the unnecessary incarceration of individuals

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<sup>94</sup> U.S. v. Police Department of Baltimore City, Consent Decree, at 34, available at <https://www.justice.gov/crt/case-document/file/925036/download>.

with disabilities, including:

- Training and supervising staff to conduct screening interviews of all prisoners upon admission to help identify prisoners with mental health disabilities or I/DD.
- Forbidding use of non-essential eligibility criteria in diversion or re-entry programs that courts or corrections operate, mandate, or contract with.<sup>95</sup>

The Constitution imposes requirements for mental health care for jail inmates, including:

- There must be a systematic program for screening and evaluating inmates in order to identify those needing mental health services.
- There must be a mental health treatment program that involves more than segregation and close supervision.
- There must be trained Mental Health Professionals in sufficient numbers to provide the identification and treatment services in an individualized manner to treatable inmates suffering a serious mental disorder.
- There must be maintenance of accurate, complete, confidential records.<sup>96</sup>

Applying both the Civil Rights of Institutionalized Persons Act (“CRIPA”) and the ADA, DOJ has also focused its enforcement on ensuring that jails comply with constitutional standards and prevent unnecessary harm to inmates, including, specifically, inmates with mental illness. Segregation and mental health treatment of inmates with mental illness have been a particular focus of these enforcement efforts. Regarding mental health treatment, DOJ has found jails to be in violation of the constitution and federal law when they:

- Failed to provide constitutionally adequate mental health care to inmates, as evidenced by lack of proper screening for inmates with mental illness, lack of adequate treatment planning, lack of adequate administration of medications and psychotherapy, and inadequate treatment and supervision of suicidal inmates;
- Failed to identify and treat, at intake, inmates withdrawing from drugs or alcohol;
- Prolonged use of restrictive housing on inmates with serious mental illness, as evidenced by large numbers and percentages of inmates with mental illness in segregation, long stays in segregation, high rates of suicide threats and self-inflicted injuries among segregated inmates, and overlap between inmates in restrictive housing and inmates transferred to psychiatric hospitals;
- Placed inmates in restrictive housing because of their mental illnesses, without other disciplinary reason.<sup>97</sup>

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<sup>95</sup> DOJ Examples & Resources at 4-5.

<sup>96</sup> *See, e.g., Ruiz v. Estelle*, 503 F. Supp. 1265 (S.D. Tex. 1980).

<sup>97</sup> Investigation of the Hampton Roads Regional Jail (Portsmouth, Virginia), available at <https://www.justice.gov/crt/case-document/file/1121176/download> (2018); Investigation of the Miami-

To correct such violations, DOJ has demanded jurisdictions:

- Ensure adequate intake screening for mental illness is conducted by staff trained to identify mental health issues and is reviewed by mental health professionals, and that current medications are accurately reported;
- Conduct comprehensive mental health assessments within 14 days of arrival by a psychiatrist or registered nurse (“RN”);
- Ensure timely access to mental health professionals when an inmate is presenting mental illness symptoms;
- Obtain mental health records from prior treatment providers;
- Develop appropriate, detailed treatment plans for inmates with mental health needs;
- Ensure all prisoners with serious mental health needs receive regular, consistent therapy and counseling;
- Increase psychiatry coverage and support staff;
- Ensure timely medication ordering and fulfillment, as well as timely psychiatrist follow-up for new or changed medications;
- Provide discharge planning for inmates needing further treatment upon reentry, including:
  - Arranging appointments with community mental health providers and ensuring inmates meet with the provider prior to, or at the time of, discharge to facilitate a warm hand-off;
  - Providing referrals for ongoing treatment post-release; and
  - Arranging with local pharmacies to have prescriptions renewed to ensure they have sufficient supply through their next appointment.
- Ensure psychiatric assessment and treatment of inmates in restrictive housing who show symptoms of decompensation;
- Prevent inmates with mental illness from being placed in segregation because of their illnesses or because of the lack of services for their illness.

Regarding segregation, DOJ has required jails to

- Presume that segregation is contraindicated for inmates with serious mental illness;
- Ensure mental health professionals conduct mental health rounds at least weekly to assess the effect of segregation on each inmate, *in addition to providing treatment*;
- Include the input of mental health professionals in decision-making when considering placing inmates with mental illness in segregation;
- Screen inmates on the mental health caseload within 24 hours of placement in segregation by a mental health professional;

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Dade County Jail, available at [https://www.justice.gov/sites/default/files/crt/legacy/2011/08/29/Miami-Dade\\_findlet\\_8-24-11.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2011/08/29/Miami-Dade_findlet_8-24-11.pdf) (2011).

- Stop placement in segregation for any inmate determined by a mental health professional to have a serious mental illness or to exhibit acute mental health contraindications, in the absence of documented extraordinary circumstances; and
- Immediately refer any inmate in segregation who shows signs of decompensation or of serious mental illness to a mental health professional.<sup>98</sup>

## 2. *Treatment and Crisis Services*

The ADA also requires state and local governments to administer services in the most integrated setting appropriate to the needs of individuals with disabilities.<sup>99</sup> This requirement has been interpreted by the U.S. Supreme Court to require state and local governments that provide disability-related healthcare and habilitative services to do so in community-based, rather than institutional, settings.<sup>100</sup>

The ADA, as interpreted in the *Olmstead* decision, recognizes that segregation and institutions are not necessary to treat disabilities, but have been used for the convenience of service systems, rather than the needs of persons with disabilities. The *Olmstead* integration mandate requires the provision of community-based services for people with disabilities whenever (a) such services are appropriate; (b) the affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, taking into account the resources available to the entity and the needs of other persons with disabilities. The *Olmstead* requirement to provide community-based services applies both to people who are already in institutions and to people who are at risk of institutionalization.

Following the ADA and the *Olmstead* decision, state and local governments have been required to shift their services from institutions, such as nursing homes, psychiatric hospitals, adult homes, training centers, separate schools, and sheltered workshops, to individual homes, integrated classrooms, and integrated jobs, where persons with disabilities can receive the services they need while interacting regularly with people without disabilities. In addition, jurisdictions have been required to provide transition services to people with disabilities who have been unnecessarily institutionalized to assist them in moving to community settings.

Most relevant to Monroe County's Criminal Justice Project, DOJ has highlighted the connected obligations of healthcare services and criminal justice systems regarding incarceration and the ADA integration mandate. In its Examples and Resources guidance, DOJ provides:

States, counties, and cities, which often administer both criminal justice and disability service systems, have obligations under the ADA to ensure people with mental health

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<sup>98</sup> Settlement Agreement Between the United States of America and Hinds County, Mississippi Regarding the Hinds County Jail, available at <https://www.justice.gov/crt/file/883861/download> (2016).

<sup>99</sup> 28 C.F.R. 35.130(d).

<sup>100</sup> *Olmstead v. L.C.*, 527 U.S. 581 (1999).



disabilities or I/DD receive services in the most integrated setting appropriate to their needs. Services such as scattered-site supported housing, Assertive Community Treatment (ACT), crisis services, intensive case management, respite, personal care services, behavior support, nursing care, peer support, and supported employment services can support a jurisdiction's efforts to divert people with these disabilities from the criminal justice system and serve them in their communities.

State and local governments must prevent unnecessary institutionalization of people with disabilities. Governments have complied with this obligation by using community-based treatment services to keep people with disabilities out of the criminal justice system. These governments have recognized that the responsibility for effectively serving people with mental health disabilities or I/DD cannot fall to law enforcement alone. Therefore, they ensure that their disability service systems offer sufficient community-based services and support criminal justice entities to coordinate with, and divert to, community-based services.

Criminal justice entities have collaborated with their jurisdiction's mental health and disability services programs and with service providers on the following:

- Ensuring that law enforcement officers have contact information for relevant service providers and developing policies for when dispatchers or law enforcement officers should contact mental health service providers rather than engage in arrests.
- Helping individuals with these disabilities access community-based services. Federal resources may be available to help individuals connect with and participate in these services. When release conditions include finding housing and employment, agencies have prepared their staff to facilitate access to community-based supported housing and employment services or have modified such conditions when needed to avoid discrimination.
- Facilitating Medicaid or health insurance enrollment for prisoners with disabilities, identifying community-based service providers, and collaborating with providers to complete intake interviews and schedule initial appointments before release.
- Developing policies, procedures, and training on diversion, de-escalation, release planning, use of force, and discipline.<sup>101</sup>

DOJ has found jurisdictions to be violating the ADA *Olmstead* integration mandate when their community mental health service array did not provide sufficient community-based services to allow people to avoid emergency rooms, psychiatric hospitals, or other mental health institutions. DOJ has found violations when insufficient community-based mental health services, such as ACT, supported housing, mobile crisis, crisis stabilization, peer support services, case management, and supported employment puts people at risk of institutionalization.<sup>102</sup> In New

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<sup>101</sup> DOJ Examples & Resources at 6-7.

<sup>102</sup> See DOJ Letter of Findings to Delaware, available at [https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/DPC\\_findlet\\_11-09-10.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/DPC_findlet_11-09-10.pdf) (2010); DOJ



Hampshire, the Justice Department specifically referenced the fact that a lack of sufficient community-based mental health services “contribute[s] to negative outcomes for persons with mental illness, such as the day-to-day harms associated with improperly treated and/or untreated mental health conditions, needless visits to local hospital emergency departments, needless admissions to institutional settings, ... *and the serious incidents that prompt involvement with law enforcement, the correctional system, and the court system.*” It found that “Community capacity in New Hampshire has declined in recent years and this has led to ... a greater likelihood that some will end up in even less desirable settings not designed to provide mental health care, such as the state corrections system and the county jails.”

In developing solutions, DOJ’s settlements with Delaware and New Hampshire explicitly targeted “individuals who have had criminal justice involvement as a result of their mental illness” as priorities for community-based services. DOJ thus recognized that criminal justice involvement of individuals with mental illness is evidence of the inadequacy of a mental health services system and that those individuals are at “high risk of unnecessary institutionalization.”

The DOJ settlements in Delaware and New Hampshire laid out the main elements of an *Olmstead*-compliant crisis service system. Such a system should be available 24/7 and provide timely and accessible services and supports to individuals experiencing a crisis at the site of the crisis, stabilize individuals quickly, promptly assess them, and identify and connect them to the services and supports necessary to meet their needs in a timely manner, including;

- 24/7 Crisis Hotlines staffed by licensed clinical professionals to assess crises and provide information about and referrals to available resources;
- 24/7 Mobile Crisis teams able to respond within an hour, composed of clinicians and peer specialists and an on-call psychiatrist, that offer crisis de-escalation at the site of the crisis, as well as via telephone or video, and are able to work with law enforcement;
- 24/7 Crisis Walk-In Centers for psychiatric and counseling services during a crisis;
- Crisis Stabilization Services for short-term acute inpatient care up to 14 days;
- 24/7 Community Crisis Apartments where individuals can receive crisis services for up to 7 days;
- Assertive Community Treatment multi-disciplinary teams (including, at least, a psychiatrist, nurse, clinician, functional support worker, and peer specialist) available 24/7 offering customized individual services, supports, treatment, and rehabilitation including case management, assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and crisis services to up to 10 people at a time;
- Intensive Case Management teams composed of clinical mental health professionals and

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Letter of Findings to New Hampshire, available at [https://www.justice.gov/sites/default/files/crt/legacy/2011/04/13/New\\_Hampshire\\_MH\\_findlet\\_04-07-11.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2011/04/13/New_Hampshire_MH_findlet_04-07-11.pdf) (2011).

case managers, to help people identify and access supports and services and coordinate treatment and support services;

- Case Managers to coordinate treatment and supports for no more than 35 individuals each;
- Supported Housing that is permanent, scattered-site single-occupancy or family housing with tenancy rights that are not conditioned on participation in treatment or program compliance and that provides flexible support services;
- Community Residences serving up to 4 individuals with complex needs by coordinating care, services, and treatment;
- Supported Employment services in accordance with the Dartmouth evidence-based model, providing individualized assistance in identifying, obtaining, and maintaining integrated, paid, competitive employment;
- Rehabilitation Services, including education, substance abuse treatment, volunteer work, and recreational activities to develop and enhance social, functional, and academic skills;
- Family Supports that teach families skills and strategies for supporting their family member's treatment and recovery;
- Peer Support Programs through which peers who have personal experience with mental illness and recovery deliver peer services and supports to help individuals develop skills in managing and coping with symptoms, self-advocacy, and using natural supports;
- Transition Planning services that identify the services and supports each individual needs to live in an integrated community setting, the providers to deliver the services, any barriers to community living and plans to overcome them, and regular monitoring.

### *Hinds County, Mississippi*

DOJ has also required corrections entities to help lead efforts to divert persons with disabilities from criminal justice into treatment, including in Hinds County, Mississippi, where the jail agreed to “work toward the goal of population reduction in a manner that preserves public safety, prioritizes diversion for unnecessary criminal justice involvement, and reduces recidivism,” particularly for individuals with mental health disabilities. Hinds County agreed to establish a criminal justice coordinating committee to enhance coordination between criminal justice and mental health agencies to prevent unnecessary arrest and detention and connect individuals with disabilities to mental health services, to screen inmates for mental illness as part of booking and provide treatment and therapeutic housing, to notify community mental health providers when releasing an inmate with mental illness, to arrange a warm hand-off to a mental health provider upon release, and to provide sufficient medications until the appointment.<sup>1</sup>

## **I. Essential Community Services for Diversion from Criminal Justice**

Inclusivity, along with the Bazelon Center for Mental Health Law, researched the essential community-based services that need to be available in order to successfully divert people with mental illness and SUD from criminal justice involvement to treatment and to help avoid crises and prevent recidivism. In our report, “Diversion to What? Essential Community-Based Services,” we identify the following mental health services as essential:

- Assertive Community Treatment
- Supported Housing
- Mobile Crisis Services
- Supported Employment
- Peer Support Services

We identify the following SUD services as essential:

- Cognitive Behavioral Therapy
- Contingency Management/Motivational Incentives
- Medication-Assisted Treatment

Importantly, jurisdictions that have implemented some or all of these essential services have seen remarkable drops in incarceration and institutionalization of people with mental illness and SUD. For example, in Delaware, according to a monitor overseeing the implementation of crisis services, peer supports, ACT, supported housing, and supported employment, the

reforms to the state’s mental health system have also helped reduce unnecessary arrests and incarceration of people with SPMI. For instance, Delaware created two statewide mobile crisis teams that typically divert 80 to 90 percent of people they encounter from hospitalization and criminal justice interaction. The state’s crisis walk-in center in Sussex County diverts about 70 percent of people from further hospitalization or criminal justice interaction. This walk-in center reports that it takes law enforcement officers less than 10 minutes on average to drop-off an individual in a mental health crisis, which spares police officers an unnecessary and lengthy emergency room admission or jail booking process. Delaware also operates a peer program in the state’s Mental Health Court that serves people with SPMI or co-occurring disorders. Mental Health Court Peers support individuals throughout the process and help defendants access community resources that are necessary to increased stability in the community, including housing and transportation.<sup>103</sup>

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<sup>103</sup> Federal Court Terminates Agreement after Delaware Reforms Service System for People with Mental Illness, available at <https://www.justice.gov/opa/pr/federal-court-terminates-agreement-after-delaware-reforms-service-system-people-mental>.

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## In the first six months of health care professionals replacing police officers, no one they encountered was arrested

DPD Chief Pazen, who is fond of the STAR program, says it frees up officers to do their jobs: fight crime.



Chris Richardson and Carleigh Sailon with the Mental Health Center of Denver (left and right) and Spencer Lee, a Denver Health paramedic, stand in front of the Support Team Assisted Response's new van. June 8, 2020. (Kevin J. Beaty/Denverite)



David Sachs

Feb. 02, 2021, 5:00 a.m

<https://denverite.com/2021/02/02/in-the-first-six-months-of-health-care-professionals-replacing-police-officers-no-one-they-encountered-was-arrested/>

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Monroe County, itself, may have already seen some results of investing in community-based services for people with mental illness and SUD on the criminal justice system. In 2013–2014, when Shalom Center’s first permanent supportive housing project opened, bookings for Public Intoxication dropped substantially. Again in 2016, when Centerstone’s first major permanent supportive housing project opened, bookings for mental-illness- and addiction-related crimes, such as Public Intoxication, fell substantially.<sup>104</sup> Monroe County should watch for a similar drop following the upcoming opening of another supportive housing facility in 2021.

## II. SEQUENTIAL INTERCEPT MODEL

The best practice in identifying key points where SUD and mental illness can be addressed in a

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<sup>104</sup> RJS Consulting, MCCC Public Intoxication Bookings - Gender 2003-2018;

criminal justice system is Sequential Intercept Mapping (SIM). SIM helps communities identify resources and gaps in services at each intercept point and develop strategic action plans to address them.<sup>105</sup> SAMHSA offers mapping workshops through its GAINS Center to help communities plot their Sequential Intercept Maps, introduce best practices, identify available and missing services, build collaborative relationships, and develop shared action plans. An example of a map is below. The intercept points are:

**Intercept 0)** Community/Crisis Services – Opportunities to divert people into local treatment services, whether through 911 or other connections, without arrest or charge, such as mobile crisis and co-responders, emergency room diversion, and police-behavioral health collaborations;

**Intercept 1)** Law Enforcement – Diversion by law enforcement or other emergency service providers to treatment services without arrest or charge, including dispatcher training, specialized police response, affirmative interventions with frequent utilizers, and post-crisis follow up;

**Intercept 2)** Initial Detention/Initial Court Hearings – Diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing, including screening for mental illness and SUD, data-matching between jail and community-based treatment providers, and pretrial diversion and supervision;

**Intercept 3)** Jails/Courts – Diversion to community-based services through jail or court processes and programs after booking, including problem-solving courts, and services that prevent the worsening of a person’s illness during jail stay, such as jail-based programming and health care services;

**Intercept 4)** Reentry – Supported reentry into the community after jail to link people in jail to treatment services and to reduce further justice involvement after release, such as transition planning by reentry coordinators, peer support staff, and/or community in-reach by providers, medication and prescription access upon release, and warm hand-offs from corrections to providers; and

**Intercept 5)** Community Corrections – Specialized community-based criminal justice supervision with added supports for people with mental illness and SUD to prevent violations or offenses.

SAMHSA provides a great deal of information on the SIM model<sup>106</sup> and offers grants,

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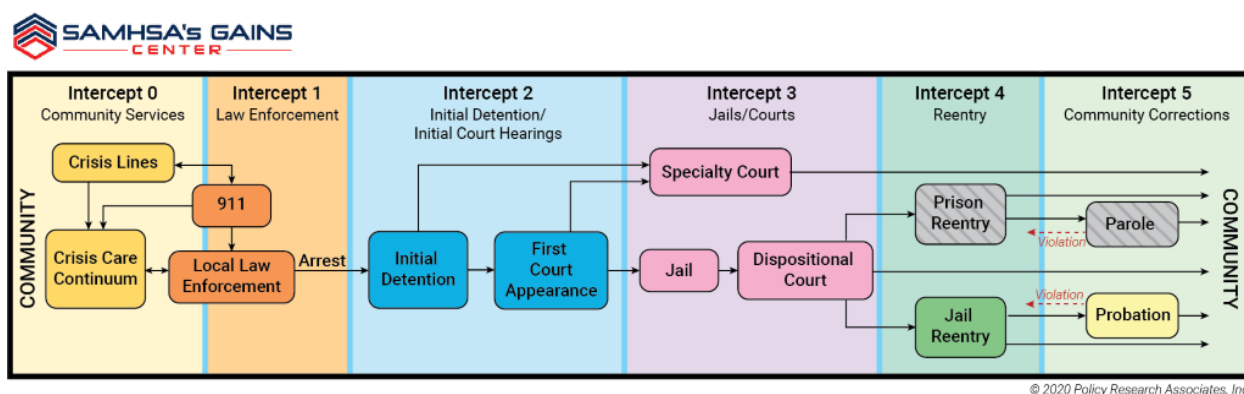
<sup>105</sup> SAMHSA, The Sequential Intercept Model, available at <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>; Council of State Governments Stepping Up Initiative, Conducting a Comprehensive Process Analysis, available at [https://csgjusticecenter.org/wp-content/uploads/2020/02/JC\\_Stepping-Up-In-Focus\\_Conducting-a-Comprehensive-Process-Analysis.pdf](https://csgjusticecenter.org/wp-content/uploads/2020/02/JC_Stepping-Up-In-Focus_Conducting-a-Comprehensive-Process-Analysis.pdf).

<sup>106</sup> [https://www.youtube.com/playlist?list=PLBXgZMI\\_zqfTZLFkwVAUAypnpsWWc\\_G9b](https://www.youtube.com/playlist?list=PLBXgZMI_zqfTZLFkwVAUAypnpsWWc_G9b).



workshops, webinars, virtual learning communities, and communities of practice to state and local governments.<sup>107</sup> Examples of Sequential Intercept Maps are widely available, including those in 31 Ohio counties,<sup>108</sup> Tulsa County, Oklahoma,<sup>109</sup> and Missoula County, Montana.<sup>110</sup>

In the SIM model, the focus should be on increasing effectiveness of services and diversion at Intercept 0, relying on the community services system, rather than the criminal justice system. The County should, therefore, focus on improving services at Intercept 0, while training and requiring stakeholders at Intercepts 1–5 to facilitate diversion of individuals who come into the criminal justice system back to Intercept 0.



This report follows a SIM framework, but expands it to add Intercept 6, addressing community-based SUD and mental illness treatment to prevent crisis and criminal interactions from happening in the first place. Improving these community-based services at Intercept 6 will prevent individuals with these disabilities from encountering the criminal justice system at all, thus reducing costs to the County and trauma and collateral consequences to the individuals. We acknowledge that not all of our recommendations are within the Monroe County government's sole power or authority. Certain recommendations may require involvement, or even leadership, by other entities. Building on this report, a SIM process could help generate the shared vision, goals, and commitment to allow all the needed stakeholders to play their important roles and to prioritize the stakeholders' implementation of this Report's recommendations.

### III. MONROE COUNTY STRENGTHS AND GAPS REGARDING REDUCING INCARCERATION AND INCREASING TREATMENT OF PEOPLE WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS

#### A. Infrastructure - Leadership, Community Support, and Coordination

<sup>107</sup> <https://www.prainc.com/pr-a-authors/samhsas-gains-center/>.

<sup>108</sup> <https://www.neomed.edu/cjccoe/sequential-intercept-mapping/county-reports/>.

<sup>109</sup>

<https://tulsacounty.org/TulsaCounty/SIM/Sequential%20Intercept%20Model%20Mapping%20Report.pdf>

<sup>110</sup> <https://www.missoulacounty.us/home/showdocument?id=72690>.

Key elements of a successful effort to reduce incarceration of people with mental illness and SUD are strong leadership, community support, and coordination across responsible entities.<sup>111</sup> The MacArthur Foundation identified key roles counties play in reducing mental illness in jails:<sup>112</sup>

- Leadership and collaboration (identifying a champion; creating or engaging criminal justice planning groups);
- Resources (developing or identifying pre-arrest and pre-booking diversion alternatives; identifying diverse funding strategies; enrolling individuals into health coverage and connecting them with care);
- Data and information sharing (working with what you have; collecting data on multiple system touch points; agreeing on what can and should be shared).

A successful effort will usually involve a county-wide team, including people responsible for budget, key leaders from the justice system, and key leaders from the service provider system, with a clear mandate and commitment to making needed changes. Other jurisdictions that have undertaken concerted efforts to reduce incarceration of people with mental illness and SUD have identified six “pivotal factors:”

- Centralized Point of Coordination for Planning and Organization
- A Champion/Leader
- Information Sharing
- Cross-System Training
- Defining the Target Group
- Jail In-Reach

#### 1. Strengths:

- a. The State’s Jail Overcrowding Task Force has shown that there is some state-level commitment to addressing jail overcrowding and expanding alternatives.<sup>113</sup>
- b. Indiana law provides for special taxes for corrections and public safety. Monroe County has implemented these and used some of these funds to improve non-carceral efforts, such as electronic monitoring and problem-solving court staff.<sup>114</sup>

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<sup>111</sup> Haneberg, et al., *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*, [https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail\\_Six-Questions.pdf](https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf).

<sup>112</sup> County Roles and Opportunities in Reducing Mental Illness in Jails, available at <https://www.naco.org/sites/default/files/documents/SJC-Mental%20Illness-Final.pdf>.

<sup>113</sup> Indiana Jail Overcrowding Task Force Report, <https://www.in.gov/judiciary/iocs/files/jail-overcrowding-report.pdf> (2019).

<sup>114</sup> [https://www.co.monroe.in.us/egov/documents/1606971557\\_80061.pdf](https://www.co.monroe.in.us/egov/documents/1606971557_80061.pdf).

- c. Monroe County leadership has a strong commitment to criminal justice reform, reducing jail crowding, and ensuring all residents have access to appropriate treatment and services. County leaders have publicly committed to these goals, have invested in identifying means of achieving these goals, and have worked to be responsive to community concerns.
- d. Service providers, nonprofits, employers, housing providers, and community members working on mental health, substance use, and other services and supports that can help reduce incarceration are willing and able to collaborate and work together without unnecessary disputes over turf or funding.

## 2. Gaps:

- a. State law permits counties to assess taxes specifically for corrections, I.C. 6-3.6-6-2.7, and public safety, I.C. 6-3.6-6-8. Monroe County appears to have implemented these taxes and generates \$3.16 million and \$3.6 million in annual revenue respectively. However, under state law, revenue from these taxes is limited to supporting correctional and rehabilitation facilities in the county and only 20% of any revenue can be used for operations. Although the Indiana Jail Overcrowding Task Force has recommended increased flexibility for permissible uses of these funds, such as for alternatives to incarceration, or a greater percentage for operating funds for better reentry and treatment services, the laws have not been amended.
- b. Monroe County has used only a small amount (3%) of its corrections and public safety tax revenues for efforts that explicitly support reductions of jail overcrowding, with the vast majority of revenue going to corrections officers, sheriff's deputies and dispatch interlocal emergency management.
- c. Bloomington City leadership, BPD leadership, IUPD leadership, and IU in general are not fully engaged in, and coordinated with, the County government's efforts. In addition, in the aftermath of recent events and the growing divisions nationally, distrust may be developing among stakeholders in the community, County and local government officials, and law enforcement based on their expressed responses to the events. If stakeholders begin to refuse to work together, communicate, and participate in collaborative efforts, it could make achievement of shared goals much more difficult and waste resources and time that could be more effectively used.
- d. There is no single county-wide cross-stakeholder leadership for coordination of planning and efforts to address the needs of people with mental illness and SUD. Collaboration mechanisms among providers have resulted in a plethora of



coordinating groups regarding various issues related to the incarceration and treatment of people with SUD and mental illness, from the perspectives of homelessness, mental illness, SUD, employment, housing, etc.. Many stakeholders are involved in many groups, which makes participation in all of them burdensome and duplicative. To some extent, different groups were created because traditionally SUD and mental health have been subject to different funding streams and different treatment within the public health systems and because the state provided support for different elements at different times.

- e. Some members of County law enforcement and court leadership are perceived as having concerns about diverting people to certain treatment services, such as Medication Assisted Treatment, and may be hesitant to fully engage in diversion or alternatives to incarceration when a crime has been committed, even if treatment could provide a more effective means of preventing recidivism. In addition, law enforcement, corrections, and court staff may be hesitant to pursue new ways of working because of the risk that they will not have sufficient resources.
- f. Inclusivity researchers had trouble getting data from MCCC and various providers about the numbers of people with mental illness and SUD in their services. For example, one important indicator that a health care system is failing to prevent SUD and mental health crises before they result in incarceration or institutionalization is data on mental illness- and SUD-related visits to emergency departments and psychiatric hospitals. However, neither the researchers nor the County staff were able to obtain that data. Because of the lack of data on frequent users of the criminal justice, emergency and inpatient behavioral health, and homelessness systems, it is currently not possible to identify the community-based service needs of frequent users and target those services to them to prevent crises and criminal justice interactions. This data would help Monroe County prioritize the development of the services recommended in Intercept 6 and target them to frequent users first.

### 3. Recommendations:

- a. **Work with the state legislature to expand flexibility** of the corrections, I.C. 6-3.6-6-2.7, and public safety, I.C. 6-3.6-6-8, tax revenues to support reducing incarceration and implementing other recommendations of the Jail Overcrowding Task Force.
- b. **Work with the state legislature and state Medicaid and mental health agencies** to secure statewide or local authority to pursue American Rescue Plan funding through which the federal government will pay 85% of the cost of mobile crisis teams for three years. **Work with the state Medicaid and mental health agencies** to take

advantage of the enhanced federal match rate for home and community-based mental health services under the American Rescue Plan, to expand capacity for case management, mental health rehabilitative, waiver, and other services.

- c. **Explore the bounds of permissible uses of tax revenues** for corrections, I.C. 6-3.6-6-2.7, and public safety, I.C. 6-3.6-6-8, to support efforts to reduce incarceration by implementing non-law-enforcement crisis interventions, using alternatives to incarceration, and improving treatment and reentry preparation in MCCC.
- d. **Engage leaders among Bloomington City, BPD, IU, and IUPD in the Criminal Justice Project efforts.**
- e. **Convene stakeholders**, including community, provider, law enforcement, university, and local government leadership in a facilitated process to establish shared goals and trust. Work to address resource concerns for stakeholders who will be responsible for carrying out priority activities (*e.g.*, shift resources to new priorities, supplement resources temporarily, seek additional resources). Stakeholders may have different perspectives on the issue of people with mental illness/SUD in jail and at risk of jail, and a shared framework should be developed.
- f. **Engage collaboratively in a Sequential Intercept Mapping process** through a SAMHSA workshop or independently with the Bazelon Center for Mental Health Law, Policy Research Associates, or another qualified facilitator. Beware allowing this process to duplicate the work of this Report by focusing on gathering data about existing resources. Focus, instead, on shared goals, stakeholder leadership and responsibility, and strategies and priorities for addressing the gaps that exist.
- g. **Reduce the number, and increase the efficiency of collaboration efforts** by
  - o Appointing a Coordination Leader to conduct a network analysis of the coordinating groups that exist, identify gaps, overlap, and duplication, identify more efficient means of collaboration, develop the infrastructure for the group(s), and facilitate the group(s) to develop consensus on shared structure, goals, activities, responsibilities, reporting and troubleshooting mechanisms. The Coordination Leader should have access to, and support from, local government decisionmakers and resources, as well as strong connections to community stakeholders.
  - o Combining coordination groups to focus on the targeted group and reduce the number of meetings (especially combining SUD and mental illness groups).

- Focusing the group(s) on systemic changes needed to achieve the overarching goals of reducing incarceration and recidivism, increasing treatment, and preventing crises from SUD and mental illness.
  - Establishing subcommittees within groups to address specific issues (*e.g.*, housing, employment, transportation) and report back to the full group.
  - Ensuring the right people are included and committed to attendance and participation, including relevant County, Bloomington, and IU leadership.
  - Identifying goals, agendas, research, and other activities to be conducted, parties responsible, timelines for completion, and reporting mechanisms.
- h. **Increase education of stakeholders in courts and law enforcement** regarding the evidence base for needed solutions, including MAT and alternatives to incarceration, and regarding the budget and resource benefits of such solutions.
- i. **Engage emergency departments, psychiatric hospitals, MCCC, and local law enforcement** regarding numbers and characteristics of emergency room patients, psychiatric hospital patients, arrestees and inmates, and the community-based services that could prevent such admissions. Implement integrated data systems between criminal justice and public health providers to cross-walk data between the two systems, making it possible to identify the needs of frequent users of public health and criminal justice systems and to target services to meet those needs.<sup>115</sup> This lack of data inhibits any effort to target needed services to frequent users of crisis and law enforcement services. These entities are justifiably concerned about revealing HIPAA-protected information unlawfully. The most effective mechanism for compliance is to seek individuals' consent to sharing their personally identifiable information with agencies they choose. Therefore, Monroe County should develop a consent form that seeks consent to share with identified agencies specific information of most use.<sup>116</sup>

#### 4. Resources

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<sup>115</sup> Vera Institute, Closing the Gap: Using Criminal Justice and Public Health Data to Improve the Identification of Mental Illness, p. 21-24 and 32-35, available at [https://www.vera.org/downloads/Publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness/legacy\\_downloads/closing-the-gap-report.pdf](https://www.vera.org/downloads/Publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness/legacy_downloads/closing-the-gap-report.pdf) (2012).

<sup>116</sup> See <https://www.hhs.gov/hipaa/for-professionals/faq/mental-health/index.html> regarding ability to share information with and from law enforcement.

- a. Council of State Governments Justice Center, Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, available at [https://csgjusticecenter.org/wp-content/uploads/2020/02/9-24-12\\_Behavioral-Health-Framework-final.pdf](https://csgjusticecenter.org/wp-content/uploads/2020/02/9-24-12_Behavioral-Health-Framework-final.pdf).
- b. County Roles and Opportunities in Reducing Mental Illness in Jails, available at <https://www.naco.org/sites/default/files/documents/SJC-Mental%20Illness-Final.pdf>.
- c. Haneberg, et al., *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*, [https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail\\_Six-Questions.pdf](https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf).
- d. SAMHSA, The Sequential Intercept Model, available at <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>.
- e. Council of State Governments Stepping Up Initiative, Conducting a Comprehensive Process Analysis, available at [https://csgjusticecenter.org/wp-content/uploads/2020/02/JC\\_Stepping-Up-In-Focus\\_Conducting-a-Comprehensive-Process-Analysis.pdf](https://csgjusticecenter.org/wp-content/uploads/2020/02/JC_Stepping-Up-In-Focus_Conducting-a-Comprehensive-Process-Analysis.pdf).
- f. Examples of Sequential Intercept Maps
  - Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County, available at <https://www.sdcda.org/Content/Preventing/Blueprint%20for%20Mental%20Health%20Reform.pdf>.
  - Tulsa, OK, Sequential Intercept Model Mapping Report, available at <https://tulsacounty.org/TulsaCounty/SIM/Sequential%20Intercept%20Model%20Mapping%20Report.pdf>
  - Sequential Intercept Model Mapping Report for Missoula County, MT, available at <https://www.missoulacounty.us/home/showdocument?id=72690>
  - Sequential Intercept Mapping Springfield, MA, available at <https://www.mass.gov/doc/sequential-intercept-mapping-report-springfield/download>
  - Sequential Intercept Mapping Report- Milwaukee County, WI, available at <https://www.milwaukee.gov/CJC1/MilwaukeeCountyWISIMReport-FinalwithAppendices.pdf>
- g. Vera Institute, Closing the Gap: Using Criminal Justice and Public Health Data to Improve the Identification of Mental Illness, available at [https://www.vera.org/downloads/Publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness/legacy\\_downloads/closing-the-gap-report.pdf](https://www.vera.org/downloads/Publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness/legacy_downloads/closing-the-gap-report.pdf) (2012).

- h. HHS, Health Information Privacy, <https://www.hhs.gov/hipaa/for-professionals/faq/mental-health/index.html> regarding ability to share information with and from law enforcement.

## **B. Preventing Crisis - Mental Health and SUD Treatment Services**

This intercept is an addition to the traditional Sequential Intercept Model. This recognizes that preventing incarceration and reincarceration of people with mental illness/SUD requires the prevention of crisis. While the criminal justice system is rightly focused on responding to crises, we must look beyond the entry and exit points of the criminal justice system to identify the most effective, and cost-effective, ways of providing treatment and supports before a crisis begins. This intercept, therefore, looks to ways the County can support community-based non-crisis-driven interventions that will avoid interactions between people with mental illness/SUD and the criminal justice system. Not only will focusing on strengthening the community-based mental health/SUD system reduce the burdens on the criminal justice system and avoid collateral harms to individuals from encountering that system, but focusing resources on community-based treatment will help shift costs from Monroe County to the state and federal governments.

### **1. Strengths:**

- a. Most of the types of community-based services Monroe County needs to support people with SUD and mental illness exist in the County. Monroe County providers are experienced, qualified, and deeply committed to serving people with SUD and mental illness and to making Monroe County a safe and healthy community.
- b. Indiana Medicaid and DMHA provide coverage (at state and federal cost) for the vast majority of services needed for SUD and mental illness treatment in Monroe County. Monroe County has a Community Mental Health Center (Centerstone) that can provide the more restricted services, as well as a few providers, including Centerstone and the local hospitals, that can authorize presumptive eligibility to overcome some application delays. Additional providers are working at becoming certified to provide Medicaid services and DMHA SUD services.
- c. In an effort to attract more physicians to accept Medicaid patients, the Affordable Care Act initially mandated a Medicaid reimbursement rate “fee bump” to increase the Medicare-to-Medicaid rate ratios for 2013–2014. The federal government initially paid the entire cost of the increase. The fee bump appears to have had some success, and Indiana has continued the increased rates after federal funding stopped.<sup>117</sup>

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<sup>117</sup> <https://khn.org/news/15-states-extend-health-laws-higher-medicare-payments-to-doctors/>.

- d. Leading employer Peter Yonkman at Cook Medical has become an ambassador for employment of people leaving incarceration, including those with SUD and mental illness, and is helping to lead other employers.

## 2. Gaps:

- a. **Essential treatment services for mental illness and SUD.** A number of essential services for preventing crises and diverting people with SUD and mental illness from criminal justice involvement are not available in sufficient quantity or with sufficient timeliness. Having sufficient, timely, and easy access to services is essential to helping people with SUD and mental illness. The nature of these diseases often interferes with people's ability to seek, and succeed in, treatment. Therefore, availability, timeliness, and ease of access are essential in order to take advantage of people's ability to seek treatment at the time they seek it. Most stakeholders agreed that the following necessary services are unavailable or not available in sufficient quantity to meet the need in Monroe County:
  - **SUD treatment services, in particular Medication Assisted Treatment and residential treatment,** are insufficient to meet the need. CleanSlate and Groups Recover Together offer MAT; Centerstone recently received a grant to begin MAT; Amethyst House offers residential SUD treatment and has a long waitlist for services, indicating that demand substantially exceeds current capacity.
  - **Assertive Community Treatment (ACT)** – Centerstone has one ACT team of 12 staff serving over 80 people. No specialized Forensic Assertive Community Treatment is available in Monroe County.
  - **Peer Support Services** – Centerstone and several SUD service providers provide peer support services. However, paid peer specialists are not available in sufficient numbers at every intercept point. Because of the importance of shared life experience in treating individuals with mental illness and SUD, particularly those with history of incarceration, peer support should be an available element of all service and treatment at all intercept points. Training and work as a peer support provider also provides meaningful employment opportunities to individuals who face a number of employment barriers.<sup>118</sup>

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<sup>118</sup> SAMHSA, Peer Support Roles in Criminal Justice Settings, available at [https://ndcrc.org/wp-content/uploads/2020/08/Peer\\_Support\\_Roles\\_in\\_Criminal\\_Justice\\_Settings.pdf](https://ndcrc.org/wp-content/uploads/2020/08/Peer_Support_Roles_in_Criminal_Justice_Settings.pdf) (August 2017).

- **Permanent supportive housing** using a Housing First model<sup>119</sup> –
  - Stable, affordable housing supported by flexible treatment and other services is often the key to sustained recovery for people with serious mental illness and SUD. Centerstone offers permanent supportive housing to approximately 100 people with mental illness and 20 people with SUD, including some families. Shalom Center offers approximately 100 permanent supportive housing units, including some family units. Indiana Center for Recovery also offers permanent supportive housing to its clients. All the available permanent supportive housing programs in Monroe show tremendous success for those who are able to participate. Estimated need is for 50–100 more PSH units.<sup>120</sup>
  - Most SUD and mental health services and supports in Monroe County are site-based, rather than available in homes in the community or on the streets. Overreliance on site-based treatment services can make it difficult for some people to keep appointments because of transportation, cognitive, technological, and other barriers. Single-site housing and employment also tend to be more expensive,<sup>121</sup> take longer to develop/build than scattered-site services, and often face opposition from neighbors if they are located (as they need to be) in residential neighborhoods. They also may be less effective, at least for people with mental illness, because they tend to segregate individuals from the broader community and to stigmatize receiving services, which discourages individuals from seeking treatment and may hinder successful integration into the community. Finally, overreliance on segregated site-based settings risks violation of the ADA/*Olmstead* integration mandate.<sup>122</sup> As a result, best practices call for scattered-site services, particularly for permanent supportive housing and supported employment, and for mobile service

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<sup>119</sup> <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>; <https://www.prainc.com/gains-survival-recovery-housing-promotes-success/>.

<sup>120</sup> Indiana Housing and Community Development Authority, Supportive Housing Initiative, available at <https://www.in.gov/ihcda/4091.htm>.

<sup>121</sup> National Academies Press, “Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness,” Chapter 5, at 87 (2018) at 87, available at <https://www.nap.edu/read/25133/chapter/7#87> (“With respect to costs, a report by the General Accounting Office (GAO) estimated that the average total 30-year costs for one-bedroom units in the same general location are 8–19 percent higher for programs that produce housing (such as the construction of a single-site supportive housing building) compared to housing vouchers (which are used in scattered-site supportive housing programs) (GAO, 2002)”)

<sup>122</sup> See Settlement Agreement, U.S. v. New York, [https://www.ada.gov/olmstead/olmstead\\_cases\\_list2.htm#ny](https://www.ada.gov/olmstead/olmstead_cases_list2.htm#ny).



availability of crisis services and homeless services. In Monroe County, Centerstone and Shalom provide a limited amount of scattered-site permanent supportive housing, but landlord unwillingness to offer affordable rents or to rent to people with serious mental illness or SUD remains a barrier.

- **Job placement and supported employment** – Jobs are foundational to helping people with SUD and mental illness succeed in recovery and achieve housing, self-sufficiency and stability.<sup>123</sup> In short, for many, jobs are treatment. Yet many employers are reluctant to hire former jail inmates or people with criminal convictions, SUD, or mental illness, especially felons and people on MAT. Goodwill/New Beginnings employs approximately 20 clients per week in its own facility for a 6-month program. Centerstone has hired over 87 homeless residents with SUD and/or mental illness to work seasonally for the Bloomington City Parks Department over the past 5 years and is expanding to serve the Department of Public Works year-round. These workers are supervised and supported by people who are in long term recovery, who provide important peer supports. Made Up Minds offers supported employment by employing 4–8 people at a time and contracting them out to community employers, then helping them move through the ABC (A Job – Better Job – Career) Kickstart model. In part because of employer resistance, too many of these programs are site-based or provider-based, rather than supporting people in regular community employment. As a result of this limitation, and community employer hesitance to hiring these individuals, these programs cannot meet the current demand for their services.
- **Psychiatrist Services**, including individual psychiatry, street psychiatry, and remote (telephone/video) psychiatry services are limited. Many stakeholders noted a lack of psychiatrists available to serve Medicaid patients, uninsured patients, and underinsured patients. It takes 4–5 months to get into mental health treatment and 8–10 months to get a psychiatrist. This is a nationwide problem, as just 62% of psychiatrists nationwide accept any insurance and only 35% will accept new Medicaid patients.<sup>124</sup> The 2019 Indiana Access Monitoring Review Plan confirms this deficit, in the availability of psychiatry services for Medicaid patients with both mental illness and SUD.<sup>125</sup>

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<sup>123</sup> IPS Employment Center, What is IPS?, available at <https://ipsworks.org/index.php/what-is-ips/>; <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/employment>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5846108/>.

<sup>124</sup> Health Payer Intelligence, PCPs, Psychiatrists Much Less Likely to Accept Medicaid (2019), available at <https://healthpayerintelligence.com/news/pcps-psychiatrists-much-less-likely-to-accept-medicaid>.

<sup>125</sup> 2019 Indiana Access Monitoring Review Plan at 44-45, 48-49, 52, available at <https://www.in.gov/fssa/ompp/files/Indiana-Access-Monitoring-Review-Plan-2019-Update.pdf>.



- It is widely believed that state-controlled Medicaid rates are insufficient to encourage psychiatrists to provide services to Monroe’s target population when more lucrative private practices are available. In addition, psychiatrists who do serve these individuals experience high levels of stress, frustration, and income loss due to individuals’ high needs, missed appointments, insurance loss, and failure to follow through on treatment. As a result, many psychiatrists who begin serving this community do not stay long-term.
- A key factor for ensuring an adequate supply of psychiatrists and other medical providers for Medicaid patients is the Medicare-to-Medicaid reimbursement rates ratio. For “other services” (including psychiatry), Indiana’s rate is .75. Indiana states that its ratio for behavioral health services is .8, meaning Medicaid providers receive 80% of what they would receive from Medicare. This is below the national average of .82.
- Telepsychiatry and mobile psychiatry services are effective at reducing transportation and work barriers, delays in care, and stigma, as well as facilitating continuity of care and treatment compliance.<sup>126</sup> Making telepsychiatry more available could increase the numbers of psychiatrists willing to serve target communities and increase the number of high-needs patients willing to engage in treatment. Indiana Medicaid currently covers telepsychiatry services.<sup>127</sup>

b. **Medicaid barriers:** While Indiana Medicaid covers most of the services needed in Monroe County, its coverage is neither generous nor easy to access. It is widely recognized that Medicaid enrollment is a complicated and difficult process, particularly for individuals with mental illness, SUD, homelessness, lack of access to technology, transportation, and other barriers.

- Individuals who are over the federal poverty limit must make regular monthly contributions. If they do not, they are disenrolled and “locked out” of enrollment for six months.<sup>128</sup> Individuals who are below the federal poverty level (up to \$12,760 annual income for an individual; up to \$26,200 for a family of four) and

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<sup>126</sup> American Psychiatric Association, What is Telepsychiatry, available at <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>.

<sup>127</sup> Center for Connected Health Policy, State Telehealth Laws and Reimbursement Policies, [https://www.cchpca.org/sites/default/files/2020-05/CCHP\\_%2050\\_STATE\\_REPORT\\_SPRING\\_2020\\_FINAL.pdf](https://www.cchpca.org/sites/default/files/2020-05/CCHP_%2050_STATE_REPORT_SPRING_2020_FINAL.pdf) (Spring 2020).

<sup>128</sup> Indiana is also authorized to lock out people who do not timely complete enrollment renewals, but is not currently exercising that authority.

do not make a contribution are eligible for a reduced-benefit package subject to copays for services, but only after 60 days.

- As discussed above, enrollment processing takes 45–90 days. While generally Medicaid eligibility is retroactive to three months prior to application, Indiana has eliminated retroactive eligibility. (That elimination has been stayed pending ongoing litigation.) Any denial of retroactivity will create coverage gaps that result in people being unable to access treatment. A few providers (hospitals and CMHCs) can address this to some extent by temporarily approving patients for Medicaid pending a completed application, relying on “presumptive eligibility.”
  - Beginning in 2019, Indiana added a work requirement to its Medicaid program, requiring any member to either 1) work at least 20 hours per week, 2) complete qualified activities, such as job search, education, job training, or volunteer work, for eight out of the 12 calendar months, or 3) be subject to an exemption, such as homelessness, age 60 or older, recently incarcerated or institutionalized, or participating in substance use disorder treatment. The work requirement is currently the subject of ongoing litigation and is not yet being enforced.
  - These current and impending barriers to initial and continued Medicaid coverage contribute to and threaten to further increase Monroe County’s uninsured rate, likely leading more people to forego treatment of mental illness and substance use disorders, with likely further increased criminal justice effects.
  - In addition to the barriers to individual enrollment in Medicaid, providers report that they face difficulty and delays in getting approved to provide Medicaid-funded and DMHA-approved services, and that Medicaid rates are inadequate to recruit and retain staff for some services, *e.g.*, psychiatry.
- c. **Structural Barriers to Treatment:** External barriers interfere with individuals accessing some services before a crisis. Individuals with these disabilities are often experiencing life stressors (parenting, housing instability, work instability, financial difficulties) in addition to and/or as a result of their illnesses. As a result, even seemingly small difficulties or delays in access can defeat people from receiving treatment until a crisis occurs. External barriers to treatment in Monroe County include:
- Public transportation has limited routes, schedules, and hours of operation, with even more limited service on Saturdays and no service on Sundays, which makes getting to appointments difficult, efficiently, logistically, and cognitively.

**Transportation is reported to be the biggest reason people miss appointments**, which has domino effects in terms of providers' ability to get paid for their time and their level of frustration with serving lower-income clients. It also impacts clients' ability to achieve and maintain consistency and stability, to maintain employment, and to comply with diversion, probation/parole, and court requirements. In addition, lack of affordable, readily available transportation likely contributes to the high numbers of **Driving Under the Influence (340 arrests per year) arrests** contributing to MCCC overcrowding.

- **Fair market rents are beyond reach for individuals working minimum wage jobs or on Social Security Income, and affordable housing in Monroe County is very limited.** While more affordable options may be available outside Bloomington, those do not provide the connections to treatment, services, and peer support that people with mental illness and SUD need, may disconnect them from family, and offer little affordable transportation. High rents are also a barrier to scattered-site supportive housing and sober living, resulting in providers of these services having to charge rents or initial fees that are out of reach for individuals who would benefit. Monroe County lacks sufficient affordable housing to support the need for permanent supportive housing. Twenty-four percent of homeowners and 64% of renters (including 47% of non-student households) spend more than 30% of their income on housing.<sup>129</sup> A renter would need to earn \$16.90 per hour to afford a 2-bedroom apartment in the County, yet the mean renter wage is only \$10.86 per hour.<sup>130</sup> Minimum-wage workers can afford only \$377 per month in rent, and individuals relying on Social Security Income can only afford \$235 per month, while fair market rent for a studio apartment is \$646 per month.<sup>131</sup>
- **Public and subsidized housing is limited.** Federal Section 8 vouchers, which pay rent exceeding 30% of a person's income, are in short supply and subject to a long waitlist. Bloomington's Public Housing Authority has approximately 1,300 housing vouchers and a waitlist of 1,000 people who are expected to wait 6–12 months before securing housing. The waitlist is not first-come, first-served, but ranks people based on factors such as whether they are the head of a household, whether any member of the household has a disability, is a victim of domestic violence or is a veteran, and whether the individual is working full or part time.

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<sup>129</sup> Monroe County Affordable Housing Advisory Commission, *Housing is a Human Right*, March 2019.

<sup>130</sup> National Low Income Housing Coalition, *Out of Reach 2020: Indiana*, available at <https://reports.nlihc.org/oor/indiana>.

<sup>131</sup> *Id.*

Individuals seeking public or subsidized housing are often excluded if they have a criminal record.

- **Access to jobs** is often key to recovery, both for SUD and mental illness, and to avoiding criminal justice involvement and homelessness.<sup>132</sup> However, in Monroe County, many employers resist hiring people with known mental illness, drug use, or criminal records (particularly felonies). Employer engagement efforts have been attempted in Monroe County, with some success.

### 3. Recommendations:

- a. Essential Services – A **Frequent Users Program (FUSE)**, if data were available to identify such users (see above), would allow Monroe County to identify those most in need of the recommended service array and roll services out on a pilot basis to frequent users before extending them more broadly.

- **SUD treatment**

- Assist qualified providers to become approved for Medicaid- and/or DMHA-funded MAT and residential SUD treatment.
- Seek (through grants or other funding mechanisms) or provide funding for MAT, residential treatment and detox for uninsured individuals.
- Provide non-jail detox services to those not eligible for hospital detox, perhaps through collaboration with the STRIDE Center.<sup>133</sup>

- **Telepsychiatry**

- Work with the State to ensure continuation and expansion of telepsychiatry reimbursement after the pandemic, ensure telepsychiatry is reimbursed at the same rates as in-person visits, and ensure prescribing can be accomplished via telehealth.
- Work with Centerstone to seek or provide funding for equipment and secure software for video psychiatry and street psychiatry services to make psychiatry services accessible for patient where they live and when they are available, ease overhead burdens on psychiatrists, and reach people who are unhoused.

- **ACT Services**

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<sup>132</sup> <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/employment>.

<sup>133</sup> Harris County, TX Sobering Center, <https://houstonrecoverycenter.org/harris-county-substance-abuse-sobering-center-tours/>.

- Evaluate the Centerstone ACT team to ensure it is serving everyone who would benefit (the .06% of adult population figure is based on cost-effectiveness of ACT versus hospitalization, not on everyone who would benefit from ACT). Consider expanding ACT to those with fewer hospitalizations (especially if they also have incarceration(s)) as appropriate.
  - Because of the importance of employment to recovery, support increased capacity of the ACT team to provide supported employment services in community employment.
  - Work with Centerstone to develop a Forensic ACT Team to serve individuals with mental illness and history of incarceration.
- **Peer Support Services** – Provide training toward any necessary certifications for Peer Support Specialists with lived experience of mental illness, SUD, and incarceration. Hire qualified Peer Support Specialists to provide services at all intercept points, including crisis diversion, jail programming, court diversion, reentry, and community-based services. There are a few peer-run organizations among Monroe County’s recovery community organizations who can assist in identifying existing peer support services. In addition
    - Identify desired practice standards and core competencies, and develop training, certification, and continuing education opportunities, and job qualifications;
    - Provide training, certification, and continuing education opportunities at low or no cost;
    - Prioritize lived experience, including experience in incarceration, and address how to overcome hiring barriers based on criminal background checks;
    - Ensure compensation and reimbursement rates for peer staff are adequate and reflects the value of their contribution.
- **Scattered Site Permanent Supportive Housing (PSH)**<sup>134</sup> – Estimated need for permanent supportive housing is approximately an additional 50–100 scattered-site units, including units for reentering citizens and homeless individuals with mental illness and/or SUD. Supportive housing treatment services are reimbursable by Medicaid, but room and board supports must be covered through separate funding. Monroe County’s high market rents make providing scattered-site permanent supportive housing challenging.
    - Partner with housing developers, the Housing Authority, and community service providers to set aside a percentage of new and existing housing to be designated as scattered-site PSH. Indianapolis launched an Integrated

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<sup>134</sup> SAMHSA, Permanent Supportive Housing: Building Your Program, available at <https://www.nccch.org/media/files/files/3f79fb85/samhsa-key-elements-of-psh.pdf>.

Supportive Housing Initiative in 2017 to create approximately 500 rental units, 25% of which would be designated as PSH. Use low-income housing tax credits, community-based development organization funds, and bonds to assist with financing and Section 8 housing vouchers to subsidize rent payments.<sup>135</sup>

- Lease or sell County-owned property to developers at reduced cost on the condition that it provide a mix of affordable and PSH housing.
- Explore purchasing scattered-site condominium units or houses to lease as PSH to low-income residents.
- Encourage landlords to rent to residents participating in PSH (and relax their screening criteria regarding credit, past evictions, and criminal justice involvement) by
  - Educating landlords about the need and benefits and challenging their assumptions about risk.<sup>136</sup>
  - Connecting landlords with County or service provider teams that will provide services and supports and respond quickly to concerns.<sup>137</sup>
  - Creating a Risk Reduction Fund for landlords who participate in PSH. This is a pooled fund participating landlords can access to cover damage, nonpayment/ abandonment, disruption, and eviction.<sup>138</sup>
  - Loaning PSH participants security deposits, allowing repayment in monthly installments with low interest, or paying for security deposit insurance for participating landlords and/or tenants.<sup>139</sup> Cincinnati recently passed a law requiring landlords to accept security deposit insurance, monthly installments, or capped up-front deposits (no more than ½ of a month's rent).<sup>140</sup>
  - Subsidizing rent (short-term or long-term) for targeted individuals in scattered-site PSH, using state and/or County funds.

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<sup>135</sup> IHCD Request for Qualifications for Development Teams, available at

[https://www.in.gov/ihcda/files/IISHI-%20RFQ%20for%20Developers%20\(00028682-2xD2C80\).pdf](https://www.in.gov/ihcda/files/IISHI-%20RFQ%20for%20Developers%20(00028682-2xD2C80).pdf).

<sup>136</sup> Rural Supportive Housing Initiative, Engaging Landlords to Serve Vulnerable Populations, available at [https://www.cibhs.org/sites/main/files/file-attachments/ca\\_1le\\_ppt\\_9.24.18.pdf?1538760945](https://www.cibhs.org/sites/main/files/file-attachments/ca_1le_ppt_9.24.18.pdf?1538760945); U.S.

Interagency Council on Homelessness, Landlord Engagement, available at <https://www.usich.gov/solutions/housing/landlord-engagement/>.

<sup>137</sup> See Arlington County, VA Landlord Partnership, available at <https://publicassistance.arlingtonva.us/arlington-landlord-partnership/>.

<sup>138</sup> Descriptions and information about such funds in Denver, Orlando, Portland, and Seattle are available at <https://www.usich.gov/tools-for-action/engaging-landlords-risk-mitigation-funds-community-profiles/>. See also District of Columbia program, <https://dhs.dc.gov/release/mayor-bowser-announces-landlord-partnership-fund>.

<sup>139</sup> <https://www.localhousingsolutions.org/act/housing-policy-library/security-deposit-and-or-first-and-last-months-rent-assistance-overview/security-deposit-and-or-first-and-last-months-rent-assistance/>.

<sup>140</sup> [https://www.washingtonpost.com/realestate/clearing-a-housing-access-hurdle-options-for-a-security-deposit/2020/05/20/4508d4e6-5263-11ea-b119-4faabac6674f\\_story.html](https://www.washingtonpost.com/realestate/clearing-a-housing-access-hurdle-options-for-a-security-deposit/2020/05/20/4508d4e6-5263-11ea-b119-4faabac6674f_story.html).

- **Supported Employment (aka Individual Placement and Support)**<sup>141</sup> – Supported community engagement services, such as supported employment, are reimbursable for recipients of Adult Mental Health Habilitation services through Community Mental Health Centers such as Centerstone and through Vocational Rehabilitation. The biggest obstacle to supported employment of individuals with mental illness/SUD is employer reluctance to hiring.
  - Working with community-based employment services providers serving those with mental illness/SUD, those who are homeless, and those returning after incarceration (e.g., MUM ABC Kickstart program and HIRE), develop a robust supported employment program for the target population, without relying on facility-based or provider-based employment. Fully utilize all available reimbursement systems for services for those eligible and identify any needed unreimbursed services or ineligible members of the target populations and identify funds to cover those services and target groups.<sup>142</sup>
  - Appoint or fund centralized staff responsible for developing and supporting supported employment services, including educating employers
  - Work with Vocational Rehabilitation and supported employment providers to engage employers to hire individuals participating in supported employment services.
    - Employer engagement programs are available through Dave’s Killer Bread Foundation (they also make great everything bagels);<sup>143</sup> the U.S. Department of Labor Office of Disability Employment Policy;<sup>144</sup> and DisabilityIN,<sup>145</sup> among others.
    - Explore employer incentives, such as subsidized paid apprenticeships or internships guaranteeing successful apprentices/interns will retain permanent employment, providing insurance against problems/absences, and County procurement preferences for employers who participate in supported employment programs.

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<sup>141</sup> Bazelon Center for Mental Health Law, Getting to Work: Promoting Employment of People with Mental Illness, available at <http://www.bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf>; Bazelon Center for Mental Health Law, Advances in Employment Policy for Individuals with Serious Mental Illness, available at [http://www.bazelon.org/wp-content/uploads/2018/10/Supported-Employment-Report\\_Oct-2018.pdf](http://www.bazelon.org/wp-content/uploads/2018/10/Supported-Employment-Report_Oct-2018.pdf) (describing successful initiatives in Delaware, Illinois, and New Jersey).

<sup>142</sup> SAMHSA, Supported Employment: Building Your Program, available at [file:///C:/Users/Eve/AppData/Local/Temp/buildingyourprogram-se\\_0-1.pdf](file:///C:/Users/Eve/AppData/Local/Temp/buildingyourprogram-se_0-1.pdf).

<sup>143</sup> <https://dkbfoundation.org/>

<sup>144</sup> <https://www.dol.gov/agencies/odep/program-areas/mental-health>

<sup>145</sup> <https://diabilityin.org/resources/>



- b. **Make the practice of psychiatry for the most at-risk members of the community more attractive.**
- Work with the state to increase Medicaid rates for psychiatry services.
  - In the meantime, subsidize Medicaid rates and provide other supports to psychiatrists.
  - Work with IU School of Medicine to explore offering a psychiatry residency program at IU Bloomington. Currently IU psychiatry residencies are offered only in Indianapolis. Such residency programs could include a public service component and/or scholarships that require or incentivize remaining in Monroe County and serving uninsured and Medicaid-eligible communities.
  - Explore paid community service fellowships, full- or part-time, for qualified psychiatrists willing to serve uninsured and Medicaid-eligible Monroe County residents.
  - Psychiatry practice for people with high needs who miss appointments is frustrating to providers, who already struggle with low reimbursement rates and have higher-paying private practice options. Consider combatting these frustrations by subsidizing reminders and transportation for clients (particularly those leaving incarceration and those at high risk of incarceration) and/or guaranteeing payment for missed appointments for high-risk individuals.
- c. **Subsidize nonemergency medical transportation** for target populations. Currently, limited Medicaid coverage means people can only access health providers who are located on the limited bus route. This limits availability of providers and makes it very hard to schedule an appointment during off-work hours and make it to the appointment on time on the bus. Explore partnering with insurance companies/Medicaid MCOs to cover some of the cost of transportation to treatment.<sup>146</sup>
- Subsidize on-demand (e.g., Uber/Lyft) or volunteer transportation for targeted individuals employed in shift work or weekend work or at sites not on public transportation routes, as well as for court appearances, supervision, etc. Both Uber (Uber Central and Uber Health) and Lyft offer the option of an entity (business or health care) creating a restricted account for the use of

<sup>146</sup> [https://www.cnn.com/2018/03/14/blue-cross-lyft-walgreens-and-cvs-partner-to-help-patients-get-their-scripts.html?keyword=uber%20employee&matchtype=b&network=g&device=c&adgroup=uber-employee&gclid=CjwKCAiAu8SABhAxEiwAsodSZJZg0KPjAanfOsntFsaxKm8IFdrFDSWusi6-6tPrb20p8iareMUk2xoCtfAQAvD\\_BwE&utm\\_source=google&utm\\_medium=cpc&utm\\_content=SS&utm\\_campaign=Search-Prospecting-Competitor-Uber-Broad;](https://www.cnn.com/2018/03/14/blue-cross-lyft-walgreens-and-cvs-partner-to-help-patients-get-their-scripts.html?keyword=uber%20employee&matchtype=b&network=g&device=c&adgroup=uber-employee&gclid=CjwKCAiAu8SABhAxEiwAsodSZJZg0KPjAanfOsntFsaxKm8IFdrFDSWusi6-6tPrb20p8iareMUk2xoCtfAQAvD_BwE&utm_source=google&utm_medium=cpc&utm_content=SS&utm_campaign=Search-Prospecting-Competitor-Uber-Broad;)  
[https://money.cnn.com/2018/03/05/technology/lyft-concierge-health-care/index.html?keyword=uber%20employee&matchtype=b&network=g&device=c&adgroup=uber-employee&gclid=CjwKCAiAu8SABhAxEiwAsodSZJZg0KPjAanfOsntFsaxKm8IFdrFDSWusi6-6tPrb20p8iareMUk2xoCtfAQAvD\\_BwE&utm\\_source=google&utm\\_medium=cpc&utm\\_content=SS&utm\\_campaign=Search-Prospecting-Competitor-Uber-Broad.](https://money.cnn.com/2018/03/05/technology/lyft-concierge-health-care/index.html?keyword=uber%20employee&matchtype=b&network=g&device=c&adgroup=uber-employee&gclid=CjwKCAiAu8SABhAxEiwAsodSZJZg0KPjAanfOsntFsaxKm8IFdrFDSWusi6-6tPrb20p8iareMUk2xoCtfAQAvD_BwE&utm_source=google&utm_medium=cpc&utm_content=SS&utm_campaign=Search-Prospecting-Competitor-Uber-Broad.)



employees/patients/customers that is direct-billed to the entity.<sup>147</sup> These entities have also partnered with insurance companies and governments.

d. **Increase Medicaid enrollment/insurance coverage and fill Medicaid gaps.**

- Fund monthly Medicaid contributions and copays to prevent targeted individuals from being disenrolled and locked out for 6 months.
- When targeted individuals are disenrolled and locked out, subsidize continued treatment.
- If/when the state eliminates retroactive Medicaid coverage, subsidize providers for part of what Medicaid would have paid for that period for targeted individuals, particularly if it affects services needed during the 60-day wait period for HIP Basic.
- Partner with IU to ensure students have coverage for mental health and SUD treatment (through IU insurance, campus mental health providers, and/or partnerships with community providers).
- Educate mixed-immigration-status families about their eligibility for Medicaid and about clinical programs that serve undocumented immigrants.
- Prepare for implementation of the Medicaid employment requirement by implementing a robust employment services program, including employer engagement, to prevent individuals from losing Medicaid coverage.

e. **Address Structural Barriers to Treatment.**

- Limited public Transportation is a barrier to treatment, as discussed above, as well as a barrier to employment and a contributor to criminal justice involvement of people with SUD. While driving while intoxicated is inexcusable, providing targeted populations relatively easy options to avoid the need to drive could substantially limit arrests and incarceration, as well as better serve individuals in reentry or recovery attempting to succeed in treatment and employment while restricted in driving.
  - Explore expanded late-night and weekend access to public transportation (for shift work and avoiding intoxicated driving). Smaller buses are an option for this.
  - Explore alternative transportation programs for people who are intoxicated to call on demand (especially Friday/Saturday night).<sup>148</sup>
- Limited affordable housing not only makes it more difficult to succeed in reentry or treatment after a crisis but contributes to crises, homelessness, and

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<sup>147</sup> See <https://help.uber.com/business/article/accessing-uber-health-or-uber-central?nodeId=07f4a003-346a-478a-91eb-692bd6443a42>.

<sup>148</sup> See <https://www.ems.gov/pdf/811188.pdf>.

incarceration. Expand on the landlord engagement programs discussed above to increase affordable housing.

#### 4. Resources

- a. Detox – Harris County has a new model program for detox, description and tour information available at <https://houstonrecoverycenter.org/harris-county-substance-abuse-sobering-center-tours/>.
- b. Corporation for Supportive Housing, FUSE Introduction, Resources, and Tutorial, available at <https://www.csh.org/fuse/>; National Association of Counties, Supportive Housing for Justice-Involved Frequent Users of County Public Systems, available at [https://www.naco.org/sites/default/files/documents/Supportive\\_Housing\\_2013.pdf](https://www.naco.org/sites/default/files/documents/Supportive_Housing_2013.pdf); Urban Institute, Frequent Users of Jail and Shelter Systems in the District of Columbia, available at <https://www.urban.org/sites/default/files/publication/25101/412504-frequent-users-of-jail-and-shelter-systems-in-the-district-of-columbia-an-overview-of-the-potential-for-supportive-housing.pdf>; FUSE: Frequent User Systems Engagement, Lane County, OR, available at <https://www.sheltercare.org/fuse-frequent-user-systems-engagement/>;
- c. Indiana Continuum of Care Permanent Supportive Housing Administration Manual, available at <https://www.in.gov/ihcda/files/CoC%20PSH%20Administration%20Manual.pdf>; SAMHSA, Permanent Supportive Housing: Building Your Program, available at <https://www.nceh.org/media/files/files/3f79fb85/samhsa-key-elements-of-psh.pdf>.
- d. Rural Supportive Housing Initiative, Engaging Landlords to Serve Vulnerable Populations, available at [https://www.cibhs.org/sites/main/files/file-attachments/ca\\_1le\\_ppt\\_9.24.18.pdf?1538760945](https://www.cibhs.org/sites/main/files/file-attachments/ca_1le_ppt_9.24.18.pdf?1538760945); U.S. Interagency Council on Homelessness, Landlord Engagement, available at <https://www.usich.gov/solutions/housing/landlord-engagement/>; Arlington County, VA Landlord Partnership, available at <https://publicassistance.arlingtonva.us/arlington-landlord-partnership/>.
- e. Descriptions of Risk Reduction Funds are available at <https://www.usich.gov/tools-for-action/engaging-landlords-risk-mitigation-funds-community-profiles/>. See also District of Columbia program, <https://dhs.dc.gov/release/mayor-bowser-announces-landlord-partnership-fund>.
- f. Bazelon Center for Mental Health Law, Getting to Work: Promoting Employment of People with Mental Illness, available at <http://www.bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf>; Bazelon Center for Mental Health Law, Advances in Employment Policy for Individuals with Serious Mental Illness, available at [57](http://www.bazelon.org/wp-content/uploads/2018/10/Supported-</a></li></ol></div><div data-bbox=)

[Employment-Report\\_Oct-2018.pdf](#) (describing successful initiatives in Delaware, Illinois, and New Jersey).

- g. SAMHSA, Supported Employment: Building Your Program, available at [file:///C:/Users/Eve/AppData/Local/Temp/buildingyourprogram-se\\_0-1.pdf](file:///C:/Users/Eve/AppData/Local/Temp/buildingyourprogram-se_0-1.pdf).

### C. Intercept 0 – Community Crisis Services

Intercept 0 focuses on opportunities to divert people into local treatment services without arrest or charge, such as mobile crisis and co-responders, emergency room diversion, and police-behavioral health. **The goal of law enforcement, prosecutors, jails, and courts at Intercepts 1–5 should be to divert individuals with mental illness and SUD to Intercept 0.** Such diversion can reduce the need for, and cost of, every other intercept point. Because those intercept points are much more costly per offender for counties than community crisis services, the leveraging effect of such diversions can help “right-size” county criminal justice budgets.

#### 1. [Strengths](#)

- a. Service providers in Monroe County understand and are capable of serving people in crisis. Many of the crisis response services needed in Monroe County exist in some respect, including Centerstone’s Telephone Crisis Line, Wheeler Mission’s (140 low-barrier beds), and Shalom Center’s (40 safe and sober beds) emergency shelters.
- b. Monroe County service providers have made efforts to develop and maintain coordinated service information through Findhelp.org (formerly Aunt Bertha).
- c. The new STRIDE Center is an excellent addition to Monroe County’s crisis service array and is already achieving success in diverting individuals with mental illness and SUD from jail to treatment. STRIDE is a 24/7, low-barrier, voluntary crisis diversion center providing individualized trauma-informed approaches, service referrals and coordination, and laundry and shower facilities. STRIDE offers professional therapist, peer recovery specialist, recovery coaching, and LPN services. Guests are allowed to stay up to 23 hours and may make return visits. In what could be a model for further activities to reduce incarceration of this population, STRIDE is supported by the City of Bloomington, Monroe County, the Cook Group, Bloomington Health, the Community Foundation of Bloomington and Monroe County, IU Health, and the Division of Mental Health and Addiction (“DMHA”), as well as providers Centerstone, Amethyst House, IU Bloomington Hospital, Meadows Hospital, Wheeler Mission, Friend’s Place, and Shalom Community Center, and both BPD and the Monroe County Sheriff.

Since opening on August 24, 2020, through December 11, 2020, STRIDE served 142 unique individuals (averaging just over 5 new visitors per week), many of whom returned for additional services, for 520 total visits (nearly 19 per week). By far the most referrals have been from BPD. STRIDE has largely met its goal of getting law enforcement officers in and out in less than 5 minutes. While many people arrive at STRIDE because law enforcement brings them, many return subsequently without law enforcement.

## 2. Gaps

- a. Some crisis services are unavailable or too limited, such as crisis phone lines, mobile crisis services, detox, Overdose Rapid Response teams, residential addiction treatment, intensive case management, and non-religious, low-barrier emergency shelter.
  - **Non-law-enforcement options to seek help** in a crisis are essential to avoiding law enforcement involvement in non-criminal incidents. A non-law-enforcement crisis phone line is theoretically available through Centerstone, but it is not well known (most community members were not aware of its existence). More work clearly is necessary to ensure non-law-enforcement options are really available and known, both without calling 911 and when 911 makes decisions about dispatch.
  - **Mobile crisis services**, which meet a person in crisis where they are, are also essential for helping people avoid law enforcement as the default response to crisis.<sup>149</sup> Particularly in an area such as Monroe County, where public transportation resources are limited, requiring individuals in crisis to go to a particular location for services is likely to be unsuccessful. Although Centerstone offered mobile crisis service for a limited time under a DMHA grant, there is currently no mobile crisis service in Monroe County. Because dispatch generally sent law enforcement to respond to calls, law enforcement was reportedly resistant to calling mobile crisis services because officers had to wait for crisis services to arrive. This could be addressed by dispatching mobile crisis instead of, or at the same time as, law enforcement.
  - **The lack of residential SUD treatment and detox** has been well documented by the Monroe County CARES Board in the County's Comprehensive Community Plan for the Governor's Commission for a Drug Free Indiana since at least 2015<sup>150</sup> and is confirmed by the high, and rising, number of people detoxing in

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<sup>149</sup> *In the first six months of health care professionals replacing police officers, no one they encountered was arrested*, <https://denverite.com/2021/02/02/in-the-first-six-months-of-health-care-professionals-replacing-police-officers-no-one-they-encountered-was-arrested/>.

<sup>150</sup> Monroe County Comprehensive Community Plan, 2019 Update.

jail. **Jail-based detox with current medical staffing, particularly on weekends when the need is greatest, is dangerous and a potential liability risk for MCCC.** Bloomington Meadows offers some detox beds for complex detox, but many sources report these are difficult to access. Indiana Center for Recovery is planning to offer detox and residential treatment.

- **Overdose Rapid Response Teams** are being rolled out across the country to respond to overdoses in a way that helps overdose victims get into immediate treatment. Rapid (or “Quick”) Response Teams are teams of law enforcement, emergency services, and treatment professionals that follow up with overdose victims within 24–72 hours of overdose to connect people with treatment options.<sup>151</sup> Emergency Response (“CERT”) is available in Southeastern Indiana through Choices,<sup>152</sup> but it is not currently in place in Monroe County.
- **Limited availability of urgent walk-in services and peer supports.** Walk-in clinics able to serve individuals in mental health crises without involving an emergency room or psychiatric hospital are essential to encourage people to seek treatment without the stigma often associated with mental illness. In addition, ensuring trained (and paid) Peer Specialists with lived experience with mental illness/SUD are available at walk-in clinics further reduces stigma and encourages engagement in treatment. Centerstone offers one walk-in clinic at its main office, but its hours are Monday to Friday 8:00 AM to 5:00 PM. The STRIDE Center is currently not open to self-referrals who have not previously been referred by law enforcement. The only 24/7 option is the emergency department.

- b. **Gaps Exist in the Continuum of Housing Options.** One result of SUD and mental illness is often homelessness, especially in areas such as Monroe County, where affordable housing is limited. Homelessness, particularly when combined with illegal drug use or mental illness, is also a substantial contributor to interactions with law enforcement, as homeless people often have no acceptable place to be during the day (leading to trespassing), have no access to toilet and bathing facilities (leading to indecent exposure), and have no resources for food or other necessities (leading to panhandling and petty theft).<sup>153</sup> The United Way of Monroe County and Monroe

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<sup>151</sup> See, e.g., Maine, <https://www.ems1.com/opioids/articles/maine-to-launch-rapid-response-team-to-combat-opioid-crisis-GCKL21q7qrlPTHu7/>; Huntington, WV, [https://www.opioidlibrary.org/wp-content/uploads/2019/08/QRT\\_Brochure.pdf](https://www.opioidlibrary.org/wp-content/uploads/2019/08/QRT_Brochure.pdf); Kentucky and Ohio, <https://www.interactforhealth.org/qrt-directory/>.

<sup>152</sup> [https://www.choicesccs.org/uploads/articles/Choices\\_CERT\\_Brochure\\_PRINT.pdf](https://www.choicesccs.org/uploads/articles/Choices_CERT_Brochure_PRINT.pdf).

<sup>153</sup> Bailey, et al., *No Access to Justice, Breaking the Cycle of Homelessness and Jail*, Vera Institute Evidence Brief, at 4 (August 2020); Greenberg, et al., *Jail Incarceration, Homelessness, and Mental Health: A National Study*, 59 *Psychiatric Services* 2, at 175-76, available at <https://homelesshub.ca/sites/default/files/Greenberg.pdf> (Feb. 2008). Metraux, et al., *Incarceration and Homelessness, 2007 National Symposium on Homelessness Research*, Chapter 9 at 6-8 and 11, available at <https://aspe.hhs.gov/system/files/pdf/174201/report.pdf#page=337> (2007).

County Community Foundation are leading a multi-stakeholder effort to coordinate effective anti-homelessness strategies and may provide key partnerships or models for efforts in this area. A range of long-term affordable and supportive housing options (Intercept 6) is, of course, the answer to avoiding criminal implications of such “survival behaviors.” However, short-term housing options can reduce incarceration of people with SUD and mental illness who are homeless at Intercept 0. In Monroe County, there are short-term housing options, but they are primarily either faith-based (Wheeler Mission) and, therefore, of limited use to those who are unwilling or unable to participate in the religious faith, or require sobriety (Shalom Center’s Friend’s Place) before eligibility, which poses a barrier to those unable or unwilling to get sober immediately. In addition, the limited hours (nights only) of emergency shelters in Monroe County leave homeless individuals nowhere to legitimately be during the day and make employment difficult, particularly for people who do shift work and need to sleep during the day.

- c. **Shared up-to-date real-time data** about available services, slots, beds, and providers, as well as up-to-date eligibility, contact, and payment information, is important for crisis avoidance and response, case management, service coordination, diversion, and reentry. Government, community, and service provider stakeholders need just-in-time, up-to-date access to available human services information, particularly when seeking services for someone in crisis. Such shared data can break down silos, avoid over-stressing some providers when others have available capacity, increase the efficiency of service referrals for law enforcement, crisis responders, social workers, and case managers, among others, identify gaps in service availability, and track progress. The community’s providers are currently using the national online tool, Findhelp.org (formerly Aunt Bertha), as a means of publishing information about available services, locations, and hours. However, this relies on individual providers to regularly update information, does not provide precise information about service slots currently available (*e.g.*, providers report all the services that they provide and then indicate whether services are “available” without indicating which services have slots available and which have waitlists), and does not allow other providers to know whether a client they are serving is also receiving services from another provider.
- d. Use of the **STRIDE Center** has been lower than expected, resulting in only approximately 5 new entries per week. STRIDE Center only has three years of funding.

### 3. [Recommendations](#)

- a. Expand non-law-enforcement crisis options.
  - Work with Centerstone to **enhance the crisis telephone line** and increase community knowledge of the line and the services it can access.
  - Work with Centerstone and the IU School of Social Work to **offer mobile crisis services** and increase community knowledge of the availability of, and eligibility for, the services. Social work students at IU are in need of practical experience and could support and learn from licensed providers in this practice. Particularly since the COVID-19 pandemic, video-based mental health services are more and more an option, which could supplement and improve the reach of non-law-enforcement mobile crisis services.
  - **Train 911 dispatchers** about the crisis telephone line and mobile crisis services for response to non-criminal and non-dangerous service calls and train them to ask about mental illness and SUD history before making dispatch decisions. Train and require 911 dispatchers and law enforcement to call mobile crisis services in appropriate cases. **Facilitate direct connection** from 911 to crisis line so callers do not have to re-dial and law-enforcement dispatch as back-up when 911 refers to mobile crisis services.
  - Work with SUD service providers, medical detox providers, and Indiana Medicaid, DMHA, and insurance providers to **establish Medicaid, insurance, and other funding for a detox service** to manage and minimize the physical harm of detoxification, acute intoxication, and withdrawal symptoms, and that includes evaluation, stabilization, and facilitating readiness for, and entry into, treatment.<sup>154</sup> Detox should include SUD counseling and other non-medical services, should be evaluated, in part, by how successfully it prepares people for, and encourages them to enter, treatment, and should be bundled, for payment purposes, with SUD treatment when appropriate.<sup>155</sup> The detox service should offer warm, direct hand-offs to a range of SUD and mental health treatment and wrap-around services, but not require the patient to commit to becoming an ongoing client of the detox provider.<sup>156</sup> While some facility- or hospital-based detox may be necessary for individuals with complex medical needs or those who are homeless, services need to be provided in the settings that least interfere with

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<sup>154</sup> According to SAMHSA, only about 1/5 of people discharged from acute care hospitals for detoxification receive SUD treatment during the hospitalization, and only 15% of those admitted through an emergency room for detox receive SUD treatment after discharge. Detoxification and Substance Abuse Treatment, A Treatment Improvement Protocol (TIP 45), at 8, available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4131.pdf>.

<sup>155</sup> Id. at 8-9.

<sup>156</sup> Id. at 41-45.



their civil rights and community integration. Therefore, detox services should be offered in a variety of settings, including all five levels of Adult Detoxification levels of care (outpatient without extended onsite monitoring, outpatient with extended onsite monitoring, clinically managed residential, medically managed inpatient, and medically managed intensive inpatient).<sup>157</sup>

- **Implement an Overdose Rapid Response Team**, through a partnership among law enforcement, emergency responders, and treatment providers to follow up with individuals experiencing overdose quickly and facilitate entry into treatment, rather than criminal justice engagement. While law enforcement will be involved, to maintain the option of criminal involvement and allow investigation of crimes related to the overdose, the goal of the Team should be to help the individual access treatment quickly at a crucial time when they may be particularly ready to seek it. This will require agreements among the agencies to share information as appropriate and permitted by law, to train personnel, and to make team members available in a timely manner.
- b. **Expand emergency housing options.** Support the availability (through providing space and/or funding) of increased emergency shelter options for those who need low-barrier shelter but cannot access the Wheeler Mission because of its religious principles (e.g., non-Christian individuals and LGBTQ+ individuals).
- c. **Improve sharing of up-to-date information among providers** about what's available, where, and to whom, and facilitate rapid direct warm referrals to reduce bureaucratic hurdles. In addition, improve data-sharing regarding clients served by multiple agencies to allow providers to identify overlap, inconsistency, and gaps without relying on repeated self-reporting by clients. Other more customizable tools are available, such as
  - Benetech's Service Net system, <https://benetech.org/about/resources/benetech-service-net/>; <https://openreferral.org/release-announcement-benetech-service-net-upgrade/>, as well as tools that allow providers to know when clients are getting services from other providers, in order to facilitate collaboration.
  - My Resource Connection, which is hosted by counties and can collaborate with their local 211, United Way, and community providers. See [https://www.naco.org/sites/default/files/documents/SAMHSA%20Case%20Study%20-%20Johnson%20County%20Kan\\_FINAL.pdf](https://www.naco.org/sites/default/files/documents/SAMHSA%20Case%20Study%20-%20Johnson%20County%20Kan_FINAL.pdf).
- d. In addition to increasing law enforcement's use of the STRIDE Center (see below), it is important to **expand availability of STRIDE Center services** to individuals

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<sup>157</sup> Id. at 13.



referred by local hospital emergency departments and psychiatric units, detox providers, homeless shelters, and other providers who encounter crises. Such expansion was not planned to take place until after the first year after opening, but the STRIDE Center is a key resource for responding to crises and should be used to its fullest. The STRIDE Center is already reaching out to hospitals to educate them about the services the Center offers. **Secure the STRIDE Center's long-term stability** beyond the initial three-year funding period. Working with Medicaid managed care organizations, insurance providers, and DMHA to make STRIDE services a billable service may be an option for sustainable funding. In addition, cost savings to the County from getting people to treatment services (paid for by insurance and the state and federal governments) instead of incarceration (paid for by the County General Fund) may justify increased County funding of the STRIDE Center.

- e. **Support opening of 24/7 walk-in crisis centers in locations beyond Centerstone's main office** that do not require law enforcement or hospital referral. Monroe needs crisis walk-in centers where individuals or their families can seek crisis services without the fear of incarceration or hospitalization outside of normal business hours.

#### 4. Resources

- a. Police Mental Health Collaboration Toolkit, Delivering Behavioral Health (discussing mental health guidance for 911 dispatchers, co-location of mental health professionals in 911 dispatch centers, and behavioral health hotlines), available at <https://bja.ojp.gov/program/pmhc/behavioral-health#gco4e> ; <https://bja.ojp.gov/program/pmhc/learning/essential-elements-pmhc-programs/4-call-taker-and-dispatcher-protocols>.

### **D. Intercept 1 – Law Enforcement**

Intercept 1 focuses on diversion by law enforcement or other emergency service providers to treatment services without arrest or charge, including through dispatch, specialized police response, affirmative interventions with frequent utilizers, and post-crisis follow up.

#### 1. Strengths

- a. The new STRIDE Center is an excellent addition to Monroe County's crisis service array and is a tremendous resource for law enforcement to divert individuals with mental illness and SUD from jail to treatment.
- b. Bloomington Police Department has shown a strong commitment to addressing community concerns about the need for diversion, but other law enforcement officers have not been as receptive so far. BPD provides six specially trained Downtown Resource Officers ("DROs") engaging in diversion efforts among homeless

communities, as well as a Police Social Worker to address root causes of police involvement and two non-sworn Neighborhood Resource Specialists to assist with welfare checks and dispute resolution. DROs responded to over 3,734 calls for service in 2017 and made referrals to social services, medical care, mental health treatment, and housing services.

- c. BPD has engaged in Crisis Intervention (“CIT”), de-escalation skills, and Mental Health First Aid training for officers and has joined the One Mind Challenge led by the International Association of Chiefs of Police to respond to people with mental illness. It has committed to 20% of officers being certified in CIT and 100% of officers and dispatchers are trained in Mental Health First Aid.
- d. BPD has experience with diversion programs, including the special diversion program used for the IU Little 500 Bicycle Race.

## 2. Gaps

- a. Law enforcement use of the STRIDE Center has been less than should be expected. BPD’s DROs use the Center, although they were limited during the pandemic by restrictions on transporting people. The Monroe County Sheriff and IUPD have barely used the Center at all. Based on the numbers of annual arrests per year for drug/alcohol/mental illness-related offenses, law enforcement are using STRIDE in only about 6% to 16% of drug/alcohol/mental illness-related incidents. IUPD, whose uniquely high numbers of arrests for alcohol offenses are burdening the MCCC, is barely using the STRIDE Center at all. Given the extraordinarily high percentage of inmates in MCCC estimated to have mental illness and the nearly 5,700 annual BPD calls for service for welfare checks, drugs, alcohol, and mental health, law enforcement use of this resource is strikingly low.

<b>Entity</b>	<b>Annual Drug/ Alcohol/MI Arrests</b>	<b>Avg. Arrests per Month</b>	<b>Avg. Referrals to STRIDE per Month (Aug–Dec 2020)</b>
Sheriff (2018)	288	24	4 (16%)
BPD (2019)	1,230	103	15 (15%)
IUPD (2019)	379	32	2 (6%)

BPD DROs are the primary users of the STRIDE Center, which makes sense. However, the lack of use by other law enforcement officers, as well as the anecdotal stories of individuals who have been brought to the Center, suggest that law enforcement is using the Center primarily to respond to their social work calls – for individuals who are not perceived as having committed any crime at all but simply needing social services help. In order for a diversion program to work effectively, it

must be available both for individuals in crisis who are not accused of a crime and for those who are accused of a crime but where discretion is available to use alternatives to arrest.

In Monroe County, disorderly conduct, public intoxication/drunkenness, underage liquor possession, and minor drug possession offenses account for large numbers of arrests, many of which should be directed to the STRIDE Center. Even referring just 20% of such arrests to the STRIDE Center has the potential to cut some 4,000 jail bed days from MCCC.

- b. BPD's DROs are a model program and, by all accounts, effective. However, their geographic reach is limited. The Monroe County Sheriff and IUPD, as well as other BPD officers, could benefit from learning from, and collaborating with, the DROs, so that their skills and resources can benefit individuals throughout the community.
- c. While BPD has implemented CIT training and Mental Health First Aid, it is unclear that either the Sheriff's office or IUPD has done the same. In addition, it is not clear whether 20% of BPD officers receiving the training is sufficient to ensure CIT officers are available to meet the need for all shifts. It is also not clear whether they receive the full 40-hour CIT training.
- d. It is unclear whether 911 dispatchers have been fully trained on alternatives to police responses to crises, whether they have been trained on the STRIDE Center or how and when to dispatch CIT-trained officers, the BPD DROs and social worker, or when to connect callers to non-law-enforcement crisis services. Monroe County should make sure that this becomes a priority for their combined dispatch center.

### 3. Recommendations

- a. Increase appropriate use of diversion options by law enforcement officers, including:
  - o **Train IUPD on STRIDE** and encourage IUPD leadership to use it (as well as its own code of conduct for student-involved incidents) in all appropriate cases. Make clear the wide range of appropriate cases for which STRIDE is an appropriate alternative, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others in which arrest and booking is also an available option. Consider entering into or updating an MOU with IUPD regarding County expectations that IUPD will explore alternatives to incarceration prior to bringing people to MCCC.

- **Train Monroe County Sheriff's Officers on STRIDE** and require its use in all appropriate cases, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others when arrest and booking is also an available option.
  - **Increase BPD use of STRIDE** by emphasizing the broad range of calls for which STRIDE Center is an appropriate alternative, including disorderly conduct, public intoxication/drunkenness, underage liquor possession, minor drug possession offenses, and others in which arrest and booking is also an available option.
  - **Expand diversion techniques** used for the Little 500 to other events and types of offenses. Reduce the fees charged to alleged offenders for participation in the diversion program.
- b. **Implement DRO cross-training of Sheriff's officers and IUPD** officers (as well as BPD officers) on the skills, resources, and activities of BPD DROs and its social worker. Provide mechanisms (such as DRO and social worker contact information) for other officers to seek recommendations from DROs when encountering individuals who can be assisted to avoid incarceration.
  - c. **Provide 40-hour CIT training** to Sheriff's officers and IUPD officers (and BPD officers if not already trained) sufficient to ensure CIT officers are available to meet the need 24/7 for all shifts and geographic areas.<sup>158</sup> In addition, provide Mental Health First Aid training to all Sheriff's officers and IUPD officers.
  - d. **Train 911 dispatchers in CIT and Mental Health First Aid** and to recognize service calls that may be appropriate for non-law-enforcement response or responses in which mobile crisis or other treatment provider is primary responder and law enforcement is backup. Again, because this is a combined dispatch center, Monroe County should insist this training becomes a priority.

#### 4. Resources

- a. Police-Mental Health Collaboration Programs: Checklist for Law Enforcement Leaders, available at [https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/Checklist\\_LawEnforcementLeaders\\_final.pdf](https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/Checklist_LawEnforcementLeaders_final.pdf).

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<sup>158</sup> The Major County Sheriffs of America recommends all sheriff's deputies receive CIT training. *Sheriffs Addressing the Mental Health Crisis in the Community and in the Jails* at 56, available at <https://cops.usdoj.gov/RIC/Publications/cops-w0869-pub.pdf>.

- b. Training for Police-Mental Health Collaboration Programs, available at <https://bja.ojp.gov/program/pmhc/training>.
- c. Managing Police-Mental Health Collaborations, available at <https://bja.ojp.gov/program/pmhc/managing>.
- d. Council of State Governments Justice Center, Police-Mental Health Collaboration (providing checklists, self assessment tools, resources, and models), available at <https://csgjusticecenter.org/projects/police-mental-health-collaboration-pmh/>.
- e. CIT Training – CIT International, <https://www.citinternational.org/Learn-About-CIT>; SolutionPoint+, <https://solutionpointplus.com/>.
- f. Council of State Governments Justice Center, Conducting Follow-up After a Crisis Encounter (providing information on information-sharing models and post-crisis response), available at <https://csgjusticecenter.org/projects/police-mental-health-collaboration-pmh/sharing-behavioral-health-information/developing-policies-and-procedures-to-guide-information-sharing/>.

#### **E. Intercept 2) - Initial Detention/Initial Court Hearings**

Intercept 2 focuses on situations in which arrest has occurred but opportunities exist for diversion to community-based treatment by jail or court officials during jail intake, booking, or initial hearing, including screening for mental illness and SUD, data-matching between jail and community-based treatment providers, and pretrial diversion and supervision;

##### **1. Strengths**

- a. An initial mental health/behavioral health screening is done by deputies at intake. If the inmate reports he or she is on a prescription, the record is placed in a box for the medical team to address, typically the same or next day. Deputies are trained to call medical if a special need is detected.
- b. MCCC has a full-time Licensed Clinical Social Worker and an experienced Psychiatric Nurse Practitioner who can prescribe psychiatric medications and is on-site 1 day per week and on-call by telephone 24/7. Both these mental health professionals appear well qualified, experienced, and committed to doing their best for their patients. The jail is in the process of hiring a part-time (20 hours/week) social worker. The jail also has medical nurses in service 7 days a week, for 12 hours per day, but they do not appear to focus on mental health and SUD treatment.
- c. MCCC houses up to 7 inmates accepted into the problem-solving courts in a separate (K) block that provides them greater access to tools to assist with transition to the community.

## 2. Gaps

- a. **MCCC does not use a validated mental health or SUD screening tool** for its initial screenings and does not use qualified staff to administer its screenings. Initial screening for mental illness is essential to an effective diversion program.<sup>159</sup> The DOJ has found other jails to be unconstitutionally placing inmates with mental illness at substantial risk of harm because their screening tools relied on self-reporting by inmates, were administered by deputies, or even by a nurse, without training in identifying symptoms of mental illness, and were not systematically reviewed by supervisors for accuracy. As a result, individuals with mental illness were under-identified and denied care or delayed in receiving care they needed.<sup>160</sup> Yet, MCCC relies on uniformed officers to conduct screening. It is not clear to what extent those officers are trained or supervised for accuracy.

Perhaps as a result of this gap, when RJS Consulting conducted a site visit, the inmate count was 227 and 193 inmates were under medical care. However, only 35 were receiving mental health prescriptions. This is a red flag, considering that this represents only 15.4% of the population. By contrast, national studies indicate 30-60% of a jail's population are diagnosed or diagnosable with a mental health disorder and staff believe it is more likely that 75–80% of MCCC's population has a mental health condition and/or SUD. It is likely that inmates are reluctant to share mental health and substance use information at booking to a uniformed deputy, in a non-private setting, and in response to a self-designed screening tool.

Relatedly, **MCCC did not provide data on mental illness and SUD among the inmate population.** Data collection on these populations is important to ensure staffing and services are available to meet their needs, to assess the success of interventions and programs designed to provide treatment and reduce their incarceration and recidivism, and to help identify gaps in community-based services

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<sup>159</sup> Council of State Governments Stepping Up Initiative, Implementing Mental Health Screening and Assessment, available at <https://stepuptogether.org/wp-content/uploads/In-Focus-MH-Screening-Assessment-7.31.18-FINAL.pdf>; Council of State Governments Justice Center, Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison, available at <https://csgjusticecenter.org/wp-content/uploads/2020/02/Guidelines-for-successful-transition-summary.pdf>; Validation of the Brief Jail Mental Health Screen, available at <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.56.7.816>.

<sup>160</sup> Investigation of Mobile, AL County Metro Jail, at 18, available at [https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ\\_findlet\\_01-15-09.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ_findlet_01-15-09.pdf) (2009); Investigation of Cook County Jail, at 60-61, available at [https://www.justice.gov/sites/default/files/crt/legacy/2011/04/13/CookCountyJail\\_findingsletter\\_7-11-08.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2011/04/13/CookCountyJail_findingsletter_7-11-08.pdf) (2008); Investigation of the Hampton Roads Regional Jail (Portsmouth, Virginia), available at <https://www.justice.gov/crt/case-document/file/1121176/download> (2018).

that are leading to their incarceration. It is not clear whether MCCC has any data on the numbers, criminal offenses, diagnoses, treatment, and outcomes for these populations. DOJ has identified such data gaps as relevant to violations of federal law.<sup>161</sup>

- b. With some 250–320 inmates on any given day, and 75–80% of those having some form of mental illness and/or SUD, **MCCC is understaffed with mental health professionals**. As cited by DOJ, the American Psychiatric Association recommends one FTE psychiatrist for every 75–100 inmates with serious mental illness.<sup>162</sup> The limited mental health staff available are forced to focus on addressing crises rather than diagnosis and treatment. This may contribute to the delays in identifying inmates as candidates for the mental health and drug courts, referrals to which, as noted in JCI’s report, are taking over 30 days. Currently, there is no availability of video-based treatment. Mental health consultations must happen either in-person or by phone. Telephone interactions obviously limit a treating professional’s ability to assess a patient’s body language and affect and even to interact with the patient directly (as most calls are placed by an on-site nurse). Relying exclusively on in-person consultation results in limited availability of staff, limited hours, and logistical difficulties.

**Lack of mental health staffing on weekends**, when arrests related to SUD and mental illness are highest, delays diagnosis and treatment for those who do not have pre-existing diagnoses and disrupts treatment for those who already have diagnoses and treatment regimens. We encountered an inmate who was arrested on a Friday, reported their mental health diagnosis and their regular psychiatric medication, and did not receive the medication until Tuesday, when they appeared in court. A three-day break in medication may not only cause mental health symptoms to return, but may create additional, often severe, symptoms from withdrawal and can seriously set back individuals undergoing treatment. Mental health staff also reported delays in filling prescriptions after they are ordered, even during weekdays, suggesting a break in the fulfillment chain. These delays can cause devastating problems, not only for the individual inmates in terms of symptoms, but also inhibiting their ability to follow jail rules, avoid segregation, and demonstrate behavior appropriate for diversion or reduced sentences. For the corrections and court systems, these delays in treatment can lead to delays due to loss of, and restoration to, competency, or inability to appear at court, and miscarriages of justice when inmates are unable to demonstrate their true

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<sup>161</sup> Investigation of Mobile, AL County Metro Jail, at 19, available at [https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ\\_findlet\\_01-15-09.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ_findlet_01-15-09.pdf) (2009)

<sup>162</sup> Investigation of the Hampton Roads Regional Jail (Portsmouth, Virginia), available at <https://www.justice.gov/crt/case-document/file/1121176/download> (2018).



character and eligibility for diversion. The DOJ has found other jails to be in violation of the Constitution and federal law for similar delays in providing medication to inmates with mental illness and for similarly limited hours of mental health staff.<sup>163</sup>

- c. **Lack of veteran-specific mental health and SUD interventions.** Staff report that many veterans are being seen in MCCC. Many veterans are reluctant to admit to trauma, mental illness, or SUD and require targeted approaches to diagnosis and treatment. Many jails nationwide have developed veteran-specific housing pods, allowing veteran inmates access to targeted services, veteran-specific benefits (such as connections to VA health and housing assistance upon reentry) and, importantly, peer supports.<sup>164</sup> These programs have had significant success in reducing recidivism.<sup>165</sup>

### 3. Recommendations

- a. **Adopt validated screening tools**, such as the Brief Jail Mental Health Screen and Texas Christian University Drug Screen-V.<sup>166</sup> When these tools identify mental health, SUD, or co-occurring disorders, follow up with timely comprehensive assessment and diagnosis by mental health professionals. When screening reveals prior mental health or SUD treatment, MCCC should have processes to timely seek a release from the inmate and request records from prior providers. **Utilize the results of the screening tools to track** numbers, criminal offenses, diagnoses, treatment, and outcomes for these populations in order to inform decisions about staffing and programming capacity, gaps within MCCC and in the community, and successful interventions.

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<sup>163</sup> Id (citing psychotropic medication delays as violations; citing mental health staffing of over 7 FTE mental health staff, with no mental health professional present on weekends, as inadequate for 500 prisoners with mental illness); Update to Letter of Findings, US' Civil Rights Investigation of the Orleans Parish Prison System, at 13-16, available at

[https://www.justice.gov/sites/default/files/crt/legacy/2012/04/23/parish\\_update\\_4-23-12.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2012/04/23/parish_update_4-23-12.pdf);

Investigation of Mobile, AL County Metro Jail, at 21-23 and 26, available at

[https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ\\_findlet\\_01-15-09.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/MCMJ_findlet_01-15-09.pdf) (2009).

<sup>164</sup> U.S. Dept. of Justice Nat'l. Inst. of Corrections, Barracks Behind Bars: In Veteran-Specific Housing Units, Veterans Help Veterans Help Themselves, available at

<https://info.nicic.gov/jiv/sites/info.nicic.gov/jiv/files/Barracks-Behind-Bars-508.pdf> (2018).

<sup>165</sup> Legal Help for Veterans, Jail Programs Help Veteran Inmates Work Through Problems and Reintegrate Into Society, available at <https://www.legalhelpforveterans.com/2018/02/28/jail-programs-help-veteran-inmates-work-through-problems-and-reintegrate-into-society/> (reporting that an Albany, NY jail veterans pod program reduced recidivism to 6%, compared to 40% of the general population); <https://wesoldieron.org/albany-county-house-corrections/>; <https://veterans.ny.gov/content/incarcerated-veterans-program>.

<sup>166</sup> SAMHSA, Screening and Assessment of Co-Occurring Disorders in the Justice System, Fig. 8 and p. 58-61, available at <file:///C:/Users/Eve/AppData/Local/Temp/pep19-screen-codjs.pdf> (2019).



- b. **Increase the number and hours of qualified mental health staff** at MCCC to ensure adequate coverage on weekends and nights and to ensure staffing is adequate to make timely assessments, diagnoses, and treatment plans. APA recommended ratios would suggest, conservatively, 2.5–3.5 FTE mental health professionals are needed for MCCC’s population. Explore using video consultations to allow psychiatrists and other treatment professionals more flexibility to consult with patients in a timely and regular manner. **Speed up diagnosis, prescription fulfillment, and referral to problem solving courts, as well as assignment to K block or the mental health unit** for those believed to be eligible (see below).
- c. **Adopt a veteran-specific program** in jail, including a veteran housing pod and peer-to-peer services, which would support and complement the County’s Veterans’ Court.

## 5. Resources

- a. Mental Health Screening - Policy Research Associates, Brief Jail Mental Health Screen, available at <https://www.prainc.com/?product=brief-jail-mental-health-screen>. SAMHSA, Screening and Assessment of Co-Occurring Disorders in the Justice System, Fig. 8 and p. 58-61 (2019), available at <file:///C:/Users/Eve/AppData/Local/Temp/pep19-screen-codjs.pdf>; Council of State Governments Stepping Up Initiative, Implementing Mental Health Screening and Assessment, available at <https://stepuptogether.org/wp-content/uploads/In-Focus-MH-Screening-Assessment-7.31.18-FINAL.pdf>; The Brief Jail Mental Health Screen, available at <https://dbhds.virginia.gov/library/forensics/of0%20-%20brief%20jail%20mental%20health%20screen%20part%203.pdf>;
- b. Council of State Governments Justice Center, Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison, available at <https://csgjusticecenter.org/wp-content/uploads/2020/02/Guidelines-for-successful-transition-summary.pdf>.
- c. U.S. Dept. of Justice Nat’l. Inst. of Corrections, Barracks Behind Bars: In Veteran-Specific Housing Units, Veterans Help Veterans Help Themselves, available at <https://info.nicic.gov/jiv/sites/info.nicic.gov/jiv/files/Barracks-Behind-Bars-508.pdf> (2018).

## F. Intercept 3) - Jails/Courts

Intercept 3 focuses on diversion to community-based services through jail or court processes and programs after booking, including problem-solving courts, and services that prevent the worsening of a person’s illness during jail stay, such as jail-based programming and health care services.

Jails have constitutional and legal mandates to provide adequate mental health and SUD treatment. They should not, however, be considered part of the treatment continuum of care. People with these illnesses should be diverted from jail to treatment and community whenever possible. Jails should play a role, along with courts, in ensuring that diversion happens. In order to play that role, jail mental health systems must:<sup>167</sup>

- Identify people with mental illness entering the criminal justice system: An effective system utilizes evidence-based mechanisms to identify, manage, and divert people to treatment as quickly as possible. Training of corrections staff on the signs and symptoms of mental illness and SUD is an important supplement to professional mental health staff in this effort. Coordination with prior treatment providers is also important to inform jail treatment.
- Stabilize and treat mental illness and SUD in ways that avoid harm and prepare inmates for diversion or reentry: An adequate mental health system includes licensed and unlicensed care providers, support staff, and custody staff. Staffing levels should be determined by levels of need and required care activities (intake, assessment and diagnosis, treatment and discharge planning, treatment, medication management, and records keeping). In addition, inmates must have ready access to care, including individualized treatment plans, specialized interventions when needed, and care outside of normal business hours. While medication is important, it should not be the primary method of care, when individual and group therapy may be more effective, less expensive, and cause fewer side effects. Beyond treatment, programming to help inmates maintain stability, engage in activities of daily living, and care for themselves is important.
- Provide adequate physical resources: A jail system must provide adequate housing and treatment capacity for this population. Areas for individual and group treatment should exist and allow for adequate levels of privacy and confidentiality. Housing options should allow for different levels of care and security based on needs and risk.
- Maintain adequate health records: Good health records are the cornerstone to effective care and to the legal requirement of continuity of care. They are instrumental in evidencing care quality of assurance and to ensuring continuity of treatment upon reentry. Records must be complete, thorough, and accurately represent care activities. Electronic health records and management information systems are important tools in this effort, as they support continuous quality improvement, tracking, and coordination with post-incarceration treatment providers.
- Engage in continuous quality assurance and analysis of data and outcomes: An ongoing internal survey, evaluation, and feed-back system accompanied by a statutory, evidentiary privilege to safeguard such studies from disruptive discovery demands should be part of any system. Along with such feedback mechanisms, data

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<sup>167</sup> National Commission of Correctional Health Care, Jail Health Care Policies and Procedures.

tracking and analysis by multidisciplinary teams will enable adoption of or changes to policies, procedures, programs, and services to continuously improve outcomes.

- Discharge planning: Structures and processes should exist to prepare inmates with mental illness/SUD for release. This should include assisting them to reactivate financial and community resources to meet basic needs and treatment needs. All inmates with a serious mental illness should be released with a complete and clear release plan that is shared among appropriate criminal justice components, community, and personal supports.

## 1. Strengths

- a. As discussed above, in recent years, MCCC has expanded mental health staff and started a new K block for inmates considered eligible for the problem-solving courts.
- b. Monroe County has implemented four problem-solving courts: Mental Health Court, Drug Court, Veterans Court, and Reentry Court to handle felony charges of eligible individuals. Such courts can, if well executed and utilized, help to break the cycle of mental illness and criminal behavior that stems from failures of community mental health systems and may be aggravated by inadequate jail treatment systems, and provide effective treatment options rather than the usual criminal sanctions for offenders with mental illness.<sup>168</sup> In 2019, the Drug Court reduced average number of days in jail to 49 per participant, compared to a comparison group serving 69 days per participant on average.<sup>169</sup>
- c. The Monroe County Prosecutor offers a Mental Health Review Team diversion program for misdemeanor charges against individuals with diagnosed mental illness. The Mental Health Review Team is a multi-disciplinary team of representatives of the Prosecutor, Public Defender, Probation Department, Jail Diversion Coordinator, and Centerstone. This program relies on the Prosecutor's discretion to dismiss charges if an offender agrees to, and does, comply with a written diversion agreement. In the case of a breach of the agreement, the court may sanction the breach or reactivate the original charge. Alternatively, the terms of a diversion agreement may be incorporated into a plea agreement and failure to comply will be treated as a probation violation.

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<sup>168</sup> Bazelon Center for Mental Health Law, "The Role of Mental Health Courts in System Reform," available at <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2018/03/Role-of-Mental-Health-Courts.pdf>.

<sup>169</sup> IU School of Social Work, Program Evaluation of the Monroe County (Indiana) Drug Court, available at [https://www.co.monroe.in.us/egov/documents/1554129975\\_86798.pdf](https://www.co.monroe.in.us/egov/documents/1554129975_86798.pdf).

- d. Since 2017, MCCC has partnered with New Beginnings to offer programming to inmates preparing for reentry, including a Vivitrol injection within one week of release. Although the number of inmates who have been able to participate is not clear from MCCC reports, participants have been successful, with a nearly 70% no-recidivism rate over 3 years and reduced anxiety, depression, and criminal thinking among participants. In 2019, the DMHA reduced the program from 15 hours of programming per week to 8 hours and from 90 days of jail programming plus 90 days of community programming to 60 days of jail programming and 120 days of community programming. MCCC is working to increase the programming hours and duration of the program and seeks funding to do so. New Leaf New Life has also offered some programming at MCCC, including support groups, re-entry workshops, writing workshops, meditation and recreational programs, but it is not clear to what extent these programs have continued during the pandemic.
- e. MCCC partnered with ASPIN Health Navigators to begin the Medicaid enrollment process for specified inmates. This partnership continued in 2019 with 500 inmates given the opportunity to begin the enrollment process to obtain healthcare.<sup>170</sup>

## 2. Gaps

- a. **Mental health staffing and housing are insufficient** to meet the need. As a result, individual treatment plans are lacking. **The new K block is too small** (7 beds) to meet the need. Most inmates with mental illness and SUD are in general population, except when they are in segregation for a crisis. Being in general population makes it harder for inmates to focus on treatment, exposes them to abuse and extortion (for their medications), and makes them less likely to demonstrate the behaviors necessary to make them appear to be good candidates for shorter sentences, community supervision, or early release. The DOJ has found jails to be in violation of the law for failing to have adequate capacity in its mental health units. In addition, lack of adequate **screening, medical records, data collection, and tracking** makes visibility into the outcomes and quality improvement difficult.
- b. **Delays in treatment for inmates with mental illness result in vicious cycles** where inmates become incompetent and wait for months, reportedly, for admission to inpatient treatment, which delays court processes until competency is restored. But once an inmate is restored and returns to jail, court processes do not timely resume. Without access to robust treatment in the jail, the inmate decompensates, and the cycle begins again.

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<sup>170</sup> 2019 Monroe County Correctional Center Annual Jail Report at 9.

- c. **MCCC offers very little programming** to assist inmates with mental illness and SUD to engage in recovery or prepare for reentry. The New Beginnings reentry program, while apparently successful, is small and is not targeted to inmates with these diseases. In addition, recent changes in that program threaten its efficacy.
- d. **Inmates with serious mental illness are often kept in segregation cells.** Because of the limited number of beds and services for inmates with mental illness and/or SUD, individuals with these conditions are too often in crisis and in segregation units, which are not therapeutic, are resource-draining for MCCC, and, in a vicious cycle, require mental health staff to run from crisis to crisis, rather than addressing root causes. Segregation is presumptively contraindicated for, and dangerous to, inmates with serious mental illness, and if inmates with mental illness are being placed in segregation because of their illnesses and the lack of safe housing for them, that is discriminatory in violation of the ADA. Segregation is well documented to be counterproductive to most mental health treatment, both because it exacerbates symptoms and because it limits availability of treatment.<sup>171</sup> Mental health staff at MCCC make segregation rounds once a week, limiting their ability to provide treatment to those most in need. It is not clear whether MCCC screens inmates for mental health conditions that would contraindicate segregation before placing inmates in segregation.<sup>172</sup> **Segregation of inmates with mental illness raises potential serious constitutional and legal liability concerns.**
- e. **MCCC's medical provider charges copays** for mental health and addiction treatment. Staff report that some inmates refuse treatment and medication because of cost. For inmates, who lose both their employment and their benefits while incarcerated, any financial barrier to health care, even if it appears small, likely significantly discourages them from seeking treatment.
- f. It is unclear whether MCCC's **Medicaid enrollment effort** is sufficiently staffed to meet the need. In 2019, MCCC reports it offered the opportunity to 500 inmates (10%) out of the nearly 5,000 bookings that year. It is also not clear how successful

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<sup>171</sup> National Commission on Correctional Health Care, Position Statement on Solitary Confinement (Isolation), available at <https://www.ncchc.org/solitary-confinement> (2016) (“Juveniles, mentally ill individuals, and pregnant women should be excluded from solitary confinement of any duration.”); Andrade, Mental Health Units as Alternatives to Segregation: It Can Be Done, Vera Institute Think Justice Blog/Addressing the Overuse of Segregation in U.S. Prisons and Jails, available at <https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/mental-health-units-as-alternatives-to-segregation-it-can-be-done> (2020).

<sup>172</sup> Kapoor, et al., Mental Health Effects of Restrictive Housing, in U.S. Dept. of Justice Nat'l. Inst. of Justice, Restrictive Housing in the U.S.: Issues, Challenges, and Future Directions, Ch. 6, at 218-20, available at <https://www.ncjrs.gov/pdffiles1/nij/250321.pdf> (2016).

the program is. Because of the 45- to 90-day processing time, it is crucial to start the enrollment process early. For example, according to recent research,

New Mexico initiates enrollment efforts when individuals first enter incarceration, which helps the state connect with individuals even if they have short stays. The other states begin their enrollment efforts about 90–120 days prior to release. . . . The states educate individuals about Medicaid coverage and assist in completing and submitting an application as well as selecting a Managed Care Organization (MCO). Individuals either leave with their Medicaid card or it is mailed to their home. These efforts are primarily conducted by corrections staff who are trained as presumptive eligibility determiners; Ohio also has trained some inmates to serve as peer navigators.<sup>173</sup>

- g. **Problem-solving courts in Monroe County appear to be underutilized.** Despite the high numbers of drug-, alcohol-, and mental illness-related arrests, in 2017, the Drug Court supervised only 77 people and the Mental Health Court supervised only 9.<sup>174</sup> Similarly, as of May 2019, the Drug Court had 71 people under supervision and the Mental Health Court had only 9. It was estimated that the Drug Court could handle 49 more offenders and the Mental Health Court could handle 11 more offenders, with current staffing.

Several barriers-to-entry seem to be limiting the role of the problem-solving courts. As discussed in JCI’s report, inmates often wait over 30 days to reach the problem-solving courts. A 2019 evaluation of the Drug Court found participants waited an average of 48 days for admission to drug court. This is a significant barrier for all courts, as any inmate who has served 30 days already is likely to prefer to take the chance of a guilty plea in hopes of receiving time served, probation, or minimal additional time, rather than engage in the problem-solving court, which requires him/her to acknowledge a mental illness or addiction, enter a guilty plea, pay a participation fee, a monthly fee (\$25), drug testing fees (\$10–\$25 per test), and treatment fees, and subject himself/herself to supervision, random drug tests, weekly court appointments, and an employment requirement. Moreover, his/her conviction will only be eliminated if he/she succeeds in the entire program for two years. The prospect of possibly, in two years, having the conviction withdrawn, is unlikely a sufficient “carrot” at this point in the process, particularly when balanced against the possibility of failing in the program while having given up the right to a trial.

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<sup>173</sup> Wachino, et al., How Connecting Justice-Involved Individuals to Medicaid Can Help Address the Opioid Epidemic, Kaiser Family Foundation Issue Brief, at 4, available at <https://www.kff.org/medicaid/issue-brief/how-connecting-justice-involved-individuals-to-medicaid-can-help-address-the-opioid-epidemic/> (June 2019).

<sup>174</sup> Monroe County Courts & Related Offices Data Response (May 6, 2019).

Delays are particularly problematic for Mental Health and Drug Courts, as mental health and addiction symptoms and needs will have changed significantly over the course of 30 days since the incident leading to arrest. The individual's crisis occurred at the time of arrest and their openness to treatment may also be heightened at that time. Because of the inadequate mental health screening done upon booking, Prosecutors and Public Defenders often do not have sufficient information early enough to identify appropriate candidates for Mental Health or Drug Court and must invest additional time and resources in investigating offenders' mental health and drug history. Offenders' defense attorneys may delay referrals to problem-solving courts in order to get offenders treatment in jail because an offender with less mental illness or addiction symptoms may be a better candidate for a reduced or dropped charge or reduced or suspended sentence. Such a result counts as a success based on traditional criminal justice measures but does not necessarily help offenders connect successfully to community-based treatment the way a problem-solving court could. As discussed above, because participation in problem-solving courts requires a guilty plea, there is little incentive for defense attorneys or their clients to choose those courts.

Success in the problem-solving courts is not guaranteed. A 2019 evaluation found the drug court achieved a 66% graduation rate and an 18% recidivism rate.<sup>175</sup> One requirement of the courts (and an important element of success for participants)<sup>176</sup> is employment. However, participation in Drug or Mental Health Court requires the person to plead guilty to a felony and admit to a mental illness or SUD. Employers are reluctant to employ people with mental illness or SUD and are particularly concerned about (and in some cases prohibited from) employing felons. Thus, each participant begins with a strike against success. In addition, the participant must take time off work for weekly court appearances (Drug Court is at 7:30AM Wednesdays, and Mental Health Court is a 1:00PM on Tuesdays), probation officer meetings, site visits, and random drug tests 2–3 days/week (announced by phone at 6AM the day of the test). The average user fees and drug-test costs are estimated to be \$150/month for over a year of the Drug Court program.<sup>177</sup> A survey of participants in the Drug Court noted that the frequent and random drug testing system was too expensive and time-consuming and kept them from graduating from the program and attaining the benefit

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<sup>175</sup> IU School of Social Work, Program Evaluation of the Monroe County (Indiana) Drug Court, available at [https://www.co.monroe.in.us/egov/documents/1554129975\\_86798.pdf](https://www.co.monroe.in.us/egov/documents/1554129975_86798.pdf).

<sup>176</sup> Id.

<sup>177</sup> Monroe County Drug Treatment Court Program Participant Handbook and Program Information, available at [https://www.co.monroe.in.us/egov/documents/1580306758\\_38504.pdf](https://www.co.monroe.in.us/egov/documents/1580306758_38504.pdf) (2020); Monroe County Mental Health Court Program Participant Handbook and Program Information, available at [https://www.co.monroe.in.us/egov/documents/1580333164\\_78068.pdf](https://www.co.monroe.in.us/egov/documents/1580333164_78068.pdf) (2020).



of having their plea withdrawn. The evaluators recommended providing financial and other alternative incentives for abstinence.

### 3. Recommendations

- a. It is essential to use MCCC as a mechanism for diverting individuals to other services as quickly as possible. MCCC should **speed up diagnosis, prescription fulfillment, and referral to diversion and problem-solving courts, as well as assignment to K block or the mental health unit** for those believed to be eligible. Speed up admissions to inpatient treatment for those deemed incompetent, and, when individuals are restored to competency, ensure their court date is soon after their return to jail.
- b. **Maximize use, and timeliness, of the Prosecutor's Mental Health Review Team and reduce barriers to participation in and graduation from problem-solving Courts.**
  - Ensure the Mental Health Review Team, together with defense attorneys, has early access to individuals in MCCC and the resources to make timely decisions about diversion and to provide access to community-based treatment and services for individuals identified as eligible for diversion.
  - Indiana law requires participants in problem-solving courts to plead guilty to the offenses with which they are charged. Particularly for mental health courts, this is not a best practice, as it requires the individual to give up their constitutional right to a trial in which their mental health – the very reason they are eligible for the court – may be a defense.<sup>178</sup> This requirement is likely a disincentive to eligible individuals participating and to their attorneys recommending participation. This requirement is likely a disincentive to eligible individuals participating and to their attorneys recommending participation, as well as making it more difficult for them to achieve housing and employment, both of which are required for problem-solving court graduation. **Work with the Indiana legislature to implement flexibility for the Mental Health and Drug Courts to accept individuals into the program without an up-front guilty plea.**
  - Indiana law also requires drug testing to participate in the problem-solving courts. However, the law does not specify the frequency of drug testing or require problem-solving courts to charge participants for drug testing. Nor does Indiana

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<sup>178</sup> Bazelon Center for Mental Health Law, Mental Health Courts, <http://www.bazelon.org/our-work/criminal-justice-2/mental-health-courts/>.



law require the assessment of a participation fee. Given the cost savings of community-based treatment versus incarceration and recidivism, Monroe County should share the goal of participation, success, and graduation with participants. We agree with the IU evaluators of the Drug Court in 2019 that frequent random drug testing is likely most effective in the early phases of the program and less necessary as the program progresses. **We would propose focusing drug testing in the first few weeks after release and not assessing fees for drug tests that are negative. As the participant progresses, drug tests can be less frequent and, again, without cost when tests negative.** At the end of a successful program, therefore, a participant could graduate without debt to the County. Similarly, **participation fees should be eliminated or restructured** to avoid disincentivizing participation. If any participation fees are charged, they should be charged only upon a violation of the Drug/Mental Health Court agreement, thus disincentivizing *violations*, rather than *participation*.

- While participants in Drug Court found their interactions with program staff and judges very helpful, the frequency and timing of those requirements interfere with a central requirement of the program – employment. The need to comply with drug testing, court appearances, and supervision visits makes it even more difficult for participants to obtain meaningful employment (which is already limited by mental illness/SUD diagnosis, criminal record, and treatment needs). While the Drug Court endeavors to hold court hearings in the early morning, the Mental Health Court is currently scheduled in the middle of a weekday. Monroe County should **explore evening hours for Mental Health Court and evening and weekend hours for regular supervision meetings and even drug testing.**
- c. While the best way to prevent individuals with mental illness and SUD from receiving inadequate care while incarcerated is to prevent and divert from incarceration as early and as often as possible, to the extent that is not accomplished immediately, Monroe County should **increase mental health staffing at MCCC** to ensure adequate coverage on weekends and nights and to ensure staffing is adequate to make timely assessments, diagnoses, and treatment plans. APA recommended ratios would suggest, conservatively, 2.5–3.5 FTE mental health professionals are needed for MCCC’s population. Explore using video consultations to allow psychiatrists and other treatment professionals more flexibility to consult with patients in a timely and regular manner. When screening identifies mental health, SUD, or co-occurring disorders, follow up with timely comprehensive assessment and diagnosis by mental health professionals. Use screening data and medical records to evaluate outcomes and engage in continuous quality improvement.

- d. Again, jail is never going to be an effective mental health treatment provider and should not be relied upon as such. However, to the extent individuals with mental illness remain at MCCC, Monroe County should **expand the K block and create a mental health unit** (and/or behavior management unit)<sup>179</sup> to protect inmates with mental illness/SUD from potential predators and provide them greater structure and programming to prepare them for early diversion and problem-solving courts, as well as to allow professional staff to provide better treatment interventions and oversight to prevent abuse. Mental health unit beds, along with substantial treatment and programming, should be available for every inmate with a serious mental illness.
- e. **Increase mental health and SUD programming** and treatment options at MCCC. The current New Beginnings program at MCCC is effective but is available to far too few inmates to meet the need. As a result, many inmates who could benefit from its therapeutic programming, Vivitrol treatment, and coordination with Centerstone are not able to participate.
- f. **Stop the use of segregation/solitary confinement for inmates with mental illness** and focus on providing therapeutic interventions, preventing crises, and facilitating diversion to treatment. Unless and until adequate mental health staffing and programming are provided in MCCC, segregation of inmates with known mental illnesses should be strictly avoided. Screening of inmates should be conducted before putting them in segregation to identify any indications of serious mental illness that would contraindicate segregation. In addition, mental health staff should be consulted before placement of any inmate that might have mental illness in segregation. When an inmate is in segregation, mental health professionals should regularly screen for new or exacerbated mental health symptoms.
- g. To encourage inmates with mental illness/SUD to access treatment, **waive or subsidize mental health/SUD treatments and medications**. While co-pays may seem a small inconvenience, if, as is reported, they are inhibiting individuals with mental illness/SUD from seeking treatment, they should be reduced or eliminated. The jail has an important role to play in getting inmates with these illnesses stabilized, connected to community treatment, and able to avoid recidivism. It cannot

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<sup>179</sup> A mental health unit serves those with “traditional” mental illnesses (*e.g.*, schizophrenia, bipolar disorder, etc.), while a behavior management unit is for those with psychopathy or severe personality disorder. Each offers different interventions, including therapy, medication and insight in the mental health unit, and behavior management, incentives and consequences in the behavior management unit. Andrade, Mental Health Units as Alternatives to Segregation: It Can Be Done, Vera Institute Think Justice Blog/Addressing the Overuse of Segregation in U.S. Prisons and Jails, available at <https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/mental-health-units-as-alternatives-to-segregation-it-can-be-done> (2020).

do so effectively if people with mental illness/SUD face barriers to participation. In addition, inmates foregoing treatment because of financial concerns likely increases crises in jail, leading to greater security needs.

- h. MCCC should **screen all inmates for Medicaid eligibility soon after booking and begin the Medicaid enrollment process as early as possible (shortly after booking or at least 120 days before release)**, recognizing the 45–90 day processing time for the state and the need to gather the necessary documents to complete the application. If additional benefits navigators are needed, this is a worthwhile investment to improve treatment compliance upon reentry and reduce recidivism.

#### 4. Resources

- a. Wachino, et al., How Connecting Justice-Involved Individuals to Medicaid Can Help Address the Opioid Epidemic, Kaiser Family Foundation Issue Brief, at 4, available at <https://www.kff.org/medicaid/issue-brief/how-connecting-justice-involved-individuals-to-medicaid-can-help-address-the-opioid-epidemic/> (June 2019).
- b. SAMHSA, Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings, available at <https://store.samhsa.gov/product/Use-of-Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Criminal-Justice-Settings/PEP19-MATUSECJS>.

### G. Intercept 4) - Reentry

This intercept point addresses supported reentry into the community after jail to link people in jail to treatment services and to reduce further justice involvement after release. It includes transition planning by reentry coordinators, peer support staff, and/or community in-reach by providers, medication and prescription access upon release, and warm hand-offs from corrections to providers.

#### 1. Strengths

- a. Some community-based service providers specifically serve individuals reentering the community after incarceration. Most others are willing, and do, serve such individuals, although they are not their primary client targets.
- b. MCCC offers the reduced New Beginnings program to approximately 17 inmates in a special dorm. The New Beginnings program has a strong success rate measured in terms of recidivism, as well as reducing anxiety, depression, and criminal thinking.<sup>180</sup>

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<sup>180</sup> MCCC 2019 Annual Report.

- c. New Leaf New Life offers some programming in the jail, including reentry workshops.<sup>181</sup>

## 2. Gaps

- a. Insufficient reentry planning, case management, and programming is available in MCCC to meet the need.
- b. Very little opportunity is available in MCCC for inmates to connect with community-based mental health/SUD treatment and service providers while still in jail. As a result, individuals with mental illness/SUD leave jail having received some treatment, but without connections to community-based treatment and services. This leads to a cycle of relapse and recidivism.
- c. Complex disparate funding mechanisms for MCCC versus community-based treatment make transition from one system to the other difficult.
- d. Lack of family engagement in preparation for reentry of individuals with mental illness and SUD. Families can provide important supportive roles during reentry. However, families are also stressed by the reentry of a formerly incarcerated person and often do not have the tools they need to provide support in preventing recidivism.<sup>182</sup>
- e. Monroe County lacks adequate housing to help returning individuals with mental illness and SUD reestablish themselves in the community while avoiding triggers of the behavior that led to incarceration.
- f. Finding and keeping employment is a major element of success upon reentry, particularly for those with mental illness and SUD, but remains particularly difficult.
- g. Although Centerstone offers an Assertive Community Treatment team of 12 staff serving approximately 83 people, Monroe County does not have an ACT team focusing on individuals with severe mental illness who have been incarcerated (commonly referred to as Forensic Assertive Community Treatment or “FACT”). ACT and FACT teams use similar approaches, but whereas ACT is focused on preventing hospitalization, FACT is focused on preventing reincarceration.

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<sup>181</sup> Id.

<sup>182</sup> Engaging Offenders’ Families in Reentry, Coaching Packet, available at <https://cepp.com/wp-content/uploads/2015/12/Engaging-Offenders-Families-in-Reentry.pdf>.

### 3. Recommendations

- a. Recognizing that virtually every inmate will leave the jail and reenter the community, the Council of State Governments (“CSG”) Justice Center recommends that transition planning begin at the same time as treatment planning for individuals with mental illness/SUD.<sup>183</sup> CSG recommends jails develop collaborative responses between behavioral health and criminal justice systems and arrange for appropriate interventions to be available immediately upon release. **MCCC should include reentry planning, case management, and reentry programming in its treatment plans for inmates with mental illness/SUD and engage community service providers in both in-jail treatment and transition planning.**<sup>184</sup>
- b. Warm hand-offs to, and coordination with, treatment and services providers upon reentry are essential to avoid gaps in care that lead to relapse and recidivism for individuals with mental illness and/or SUD.<sup>185</sup> **Monroe County should invest in case management at the jail to work with jail and community treatment providers, with supervision providers, and with inmates preparing for reentry to** 1) assess each individual’s needs upon reentry, 2) identify appropriate treatment and service providers, 3) introduce individuals to those treatment providers and establish eligibility and other requirements for services upon reentry, and 4) share jail assessment and treatment information with community treatment providers to ensure smooth transition.<sup>186</sup> A method of doing this is via the Assess, Plan, Identify, and Coordinate (“APIC”) Model,<sup>187</sup> which calls for jails to conduct transition planning that addresses short- and long-term needs (*e.g.*, family, housing, treatment, services, income, and transportation), identify and contract with specific community providers

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<sup>183</sup> Council of State Governments Justice Center, Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison, Guideline 3, available at <https://csgjusticecenter.org/wp-content/uploads/2020/02/Guidelines-for-successful-transition-summary.pdf>; SAMHSA, Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide, available at <https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998>; The Assess, Plan, Identify, and Coordinate (APIC) Model, at 4 (recommending assessment and planning begin within 48 hours of booking), available at [https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum\\_March2014.pdf](https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum_March2014.pdf).

<sup>184</sup> The Assess, Plan, Identify, and Coordinate (APIC) Model, available at [https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum\\_March2014.pdf](https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum_March2014.pdf).

<sup>185</sup> *Id.*, Guideline 6.

<sup>186</sup> *Id.*, Guidelines 4-8.

<sup>187</sup> Osher, et al., A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model, available at <https://www.addictioncounselor.com/articles/101286/apic.pdf> (2002).

that can meet those needs, provide a complete discharge summary to community providers upon release, and provide case management to facilitate transition and avoid gaps in care (including in-reach by community providers, introductions of inmates to service providers prior to release, and tracking of missed appointments after release).<sup>188</sup>

- c. **Engage and support families** and peers in preparing for inmates' reentry, including by offering training on coping mechanisms and supporting inmates to prevent relapse and recidivism.
- d. Housing stability is instrumental in helping released individuals achieve positive outcomes, such as maintaining employment and avoiding future incarceration.<sup>189</sup>

**Released prisoners who do not have stable housing arrangements are more likely to return to prison, suggesting that the obstacles to securing both temporary and permanent housing warrant**

Securing housing is perhaps the most immediate challenge facing prisoners upon their release. While many returning prisoners have plans to stay with family, those who do not confront limited housing options. The process of obtaining housing is often complicated by a host of factors: the scarcity of affordable and available housing, legal barriers and regulations, prejudices that

restrict tenancy for this population, and strict eligibility requirements for federally subsidized housing.<sup>190</sup> **Permanent Supportive Housing** – stable, affordable housing supported by flexible treatment and other services – is often the key to sustained recovery for people with serious mental illness and SUD. As discussed below, Monroe County needs additional permanent supportive housing, some of which should be dedicated to returning citizens with mental illness/SUD.

- e. As discussed below, Monroe County needs additional **supported employment services** for people with mental illness/SUD, some of which should be dedicated to returning citizens.
- f. **Implement a Forensic Assertive Community Treatment team.** While we did not receive data on the numbers of people with severe mental illness in MCCC or the

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<sup>188</sup> Id at 8-16.

<sup>189</sup> Bradley, K. H., R. B. Oliver, N. C. Richardson, and E.M. Slayter. (2001). No Place Like Home: Housing and the Ex-Prisoner. Issue brief. Boston, MA: Community Resources for Justice. Graffam, J., A. Shinkfield, and W. McPherson. (2004). Variables Affecting Successful Reintegration as Perceived by Offenders and Professionals. Journal of Offender Rehabilitation 40: 147–71.

<sup>190</sup> Urban Institute, Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio, at 8, available at <https://www.urban.org/sites/default/files/publication/42981/411289-Understanding-the-Challenges-of-Prisoner-Reentry.PDF> (2006).

number of those incarcerated more than twice in a year, a rule of thumb is that FACT services should be sufficient to serve approximately .05% of a community's adult population.<sup>191</sup> Applied to Monroe County, that would call for at least one FACT team able to serve approximately 63 people.<sup>192</sup>

#### 4. Resources

- a. Council of State Governments Justice Center, Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison, Guideline 3, available at <https://csgjusticecenter.org/wp-content/uploads/2020/02/Guidelines-for-successful-transition-summary.pdf>.
- b. SAMHSA, Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide, available at <https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998>.
- c. The Assess, Plan, Identify, and Coordinate (APIC) Model, at 4 (recommending assessment and planning begin within 48 hours of booking), available at [https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum\\_March2014.pdf](https://www.eenet.ca/sites/default/files/wp-content/uploads/2014/04/APIC-summary-addendum_March2014.pdf).
- d. Vera Institute, Bridging the Gap: Improving the Health of Justice-Involved People through Information Technology, available at <https://www.vera.org/publications/bridging-the-gap-improving-the-health-of-justice-involved-people-through-information-technology>.
- e. Osher, et al., A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model, available at <https://www.addictioncounselor.com/articles/101286/apic.pdf> (2002).
- f. Engaging Offenders' Families in Reentry (provides tools and examples for involving families in assessment, planning, and implementation of reentry), available at <https://cepp.com/wp-content/uploads/2015/12/Engaging-Offenders-Families-in-Reentry.pdf>.
- g. Vera Institute, The Front Line: Building Programs that Recognize Families' Role in Reentry, available at [https://www.prisonpolicy.org/scans/vera/249\\_476.pdf](https://www.prisonpolicy.org/scans/vera/249_476.pdf).

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<sup>191</sup> Cuddeback, et al., How Many Forensic Assertive Community Treatment Teams Do We Need?, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2712922/> (2008).

<sup>192</sup> Note that this rule of thumb is based on cost-effectiveness of FACT versus jail, rather than treatment effectiveness or need for assertive treatment. Therefore, it focuses only individuals with severe mental illness experiencing incarceration more than two times in a year. Once a FACT team is in place, that team should work closely with local hospitals and MCCC to identify individuals who experience combinations of hospitalization and incarceration more than two times per year, whether FACT (or ACT) services are needed for individuals with two or fewer hospitalizations/incarcerations in a year, and whether FACT (or ACT) services are needed for individuals with less severe mental illness.



- h. Forensic Assertive Community Treatment (FACT): A Service Delivery Model for Individuals With Serious Mental Illness Involved With the Criminal Justice System, available at <https://store.samhsa.gov/product/Forensic-Assertive-Community-Treatment-FACT-A-Service-Delivery-Model-for-Individuals-With-Serious-Mental-Illness-Involved-With-the-Criminal-Justice-System/PEP19-FACT-BR>.
- i. Rochester Forensic Assertive Community Treatment model, available at <https://www.blueprintsprograms.org/programs/1452999999/rochester-forensic-assertive-community-treatment-r-fact/print/>.
- j. Bazelon Center for Mental Health Law, Building Bridges: An Act to Reduce Recidivism by Improving Access to Benefits for Individuals with Psychiatric Disabilities upon Release from Incarceration, available at <http://www.pacenterofexcellence.pitt.edu/documents/BuildingBridges.pdf>.

## **H. Intercept 5) - Community Corrections**

This intercept focuses on specialized community-based criminal justice supervision with added supports for people with mental illness and SUD to prevent violations or offenses. CJJ reviewed Monroe County's probation services. They are therefore beyond the scope of this Report. However, the number of bookings to MCCC for probation violations (4<sup>th</sup> largest category in 2019) suggests work could be done here to tailor probation requirements to behaviors associated with the offense at issue and to expand use of alternatives to arrest for probation violations. IU and the Monroe County Probation department joined the Reducing Revocations Challenge to better understand the drivers behind probation revocations and the report on that Challenge is expected in March, 2021.

Prior assessment of the Justice Center considered whether MCCC should build a new work-release center. Monroe County has long been without a work-release center. Other counties that have built work-release facilities have not been able to fully utilize them. While such a facility may be an alternative to building a completely new jail, it would likely do little to reduce incarceration and recidivism of individuals with mental illness/SUD. While these individuals may benefit from meaningful work preparation and experiences to the extent they must remain in jail, they are more likely to benefit from treatment, support services, and employment experiences in the community.

## **Appendices**

- A. Monroe County Preliminary Demographic Research
- B. Diversion to What? Essential Community-Based Services
- C. Indiana Jail Overcrowding Task Force 2019 Report
- D. Bazelon Center, An Alternative to the Police: New Funding is Available for Mental Health Mobile Crisis Teams
- E. Bazelon Center, New Funding is Available for Community-Based Mental Health Services