

To: Hamilton County Corrections Review Task Force  
Re: Treatment Services Recommendation  
Date: June 25, 2006

The Treatment Services subcommittee has met several times in the past few weeks. We have reviewed the Voorhis Associates jail study, presentations from Vera Institute of Justice professionals, and other materials provided by County staff and other interested parties. While the Costing and Facility subcommittee is looking at construction and operations costs as well as jail and alternative facility options, we have confined our considerations to the kinds of services that would produce tangible, measurable results which in the long run would reduce costs for the system. Our review has included services housed in the jail as well as those located elsewhere in the community.

We feel that the treatment of inmates and offenders is of utmost importance to our community in terms reducing crime and recidivism and should be an integral component of the recommendation from our Task Force related to the Hamilton County Correctional and Rehabilitation Center.

We have assumed and acknowledge that there is a need for increased jail beds in Hamilton County to provide for an adequate level of community safety. Hamilton County has an array of services for inmates which have been developed over many years (see attached). However, we are concerned about a lack of coordination of services in the entire system. There is a continuum of service, components of which are walled off from other parts of the system. And there are concerns that there may be some services that could be very effective which are not included in the service mix and existing services which may not be monitored for effectiveness.

No local entity currently oversees or seeks to plan services for the entire spectrum of needs required to return inmates to productivity which is a challenge that must gain the steady and studied and continuous attention of the entire community. There are groups that work to coordinate activities of police, courts and jail authorities. Collaborations of existing professionals work together on addiction and mental health issues. The same can be said for other segments of the system that will have influence on the capacity of inmates to avoid re-incarceration: education, health, employers, etc. None is focused on the entire system which longs for coordination.

It is our recommendation that the Board of County Commissioners (“BOCC”) appoints and empowers a Criminal Justice Coordination Commission (“CJCC”) to oversee the entire panoply of services, in the jail and elsewhere in the community, needed to assure inmates and offenders maximize their chances of remaining out of the criminal justice system. The CJCC would be a standing entity that will over time gather data about

effective approaches to successful interventions for offenders and with the BOCC secure commitments from various parts of the system for improvements.

There will need to be a broad spectrum of community leaders engaged for service on the CJCC. Top decision makers need to be recruited. It is important to have members on the CJCC who can make commitments for their organization. Community influences that need to be represented at a minimum include business, faith-based, adult and child schools, representatives of all aspects of the court, jail and law enforcement authorities, behavioral and physical health experts, family services experts, the United Way and others. Collectively they will identify a plan for the implementation of promising services.

The CJCC will study best practices from across the country that are tested by disciplined research and that are thought to have local application. It will identify a plan for the implementation of promising services and expansion of existing proven effective approaches. It will identify where each service would be most appropriately located as well as where there are gaps in service. It will maintain an up to date description of a continuum of inmate services. It will assure that custodial services are reserved for the most in need. It will determine what programs should be developed or expanded for which classifications of inmate, or other persons who enter the criminal justice system but are not incarcerated. Perhaps most importantly it will recommend to the BOCC funding priorities related to appropriate service mix that reduces public safety risks in the most economical way.

Data will drive its deliberations. Results will orient its focus. Overarching results will include at a minimum reduced crime rates and reduced recidivism. Other indicators for each service can be developed and measured as an effectiveness strategy. For instance, have the released individuals been arrested again within 6 months? 12 months? 18 months? How many are employed? At what level are they paying taxes? Specialized services would have their own measurements. Are there recurring DUIs? Are child support payments being made?

The CJCC should recommend that the County provide incentives that will drive an outcomes agenda. While an incentive payment system could take many forms (e.g. provider payments for months or years an inmate has not been re-incarcerated), our subcommittee believes it to be a feature that assure stakeholders manage to the CJCC's intended outcomes. Specific goals along with accountability measurements should be established.

Finally, the subcommittee recommends that the CJCC be provided sufficient funds to engage the services of professional staff in the pursuit of their agenda.

## Continuum of Treatment/Programming Options

<b>Community</b>	<b>Supervised Community</b>	<b>Monitored Community</b>	<b>Community Residential</b>	<b>Custodial</b>
Diversion and mediation programs – done by Pretrial Services and the Courts based on statutory and court rules	Community Control (Probation) – includes MH and Drug Court	Community Control (Probation) – includes MH and Drug Court	Drug Court/ADAPT for men and women (inpatient)	Justice Center (HCJC)
Community Mental Health Board – multiple community services for various MH diagnoses	Community Service	Electronic Monitoring Unit (sanction used pre- and post-sentence)	Halfway Houses operated by Talbert House and VOA for men/women (Pathways)	Queensgate (owned by CCA – operated by the County)
Non-residential (outpatient) treatment programs	Ignition Interlock Program	Day Reporting (used by Community Corrections)	Driver Intervention Program (DIP) – 3-day statutory program	Reading Road (owned & run by Talbert House – funded by County)
Mental Health Assertive Care Teams (ACT)	Mentally Disoriented Offender Unit (MDO)	Mental Health Court - Case Mgmt - Day Reporting - Residential	Crossroads – units for MH (utilized by MH Court) and lifeskills training for men and women	Turning Point (owned & run by Talbert House – funded by County)
Mental Health Access Point – MHAP	Alternative Intervention for Women (AIW)	Aftercare programs	Comprehensive Community Alcohol Treatment – Detox (run by Alcoholism Council)	River City (state funded facility under Common Pleas Court)
Court Clinic – forensic MH, case management	Drug Court/ADAPT for men and women (outpatient)	Crossroads – units for MH (utilized by MH Court) and lifeskills training for men and women	First Step Home – gender responsive program for women (residential – allows them to live with their children)	
TASC (Adult & Juvenile run by Central Clinic & RHAC now)	Aftercare programs	Pretrial release	Prospect House – program for substance abusing males with mentoring emphasis	
Aftercare programs	Electronic Monitoring Unit (sanction used pre- and post-sentence)		Respite facility for eligible MR/DD offenders	
Fines	Day Reporting (used by Community Corrections)		Off the Streets – for recovering female prostitutes	
Restitution			Chaney Allen – for severely troubled women who may be pregnant	
Pretrial release			Veteran's Hospital	
Various psychiatrists, psychologists, therapists			Tender Mercies – residential housing for severely mentally ill men & women	