



Jail Overcrowding Task Force

November 6, 2019

Web site:

<https://www.in.gov/judiciary/iocs/3874.htm>



Substance Use Treatment in Indiana Jails

FSSA – DMHA

BECKY BUHNER

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United States Statistics

2.1 million people in US have Opioid Use Disorder (2017)

68% of overdose deaths involve opioids (2017)

2/3 of incarcerated individuals have SUD

17% of those in jail reported regular use of opioids

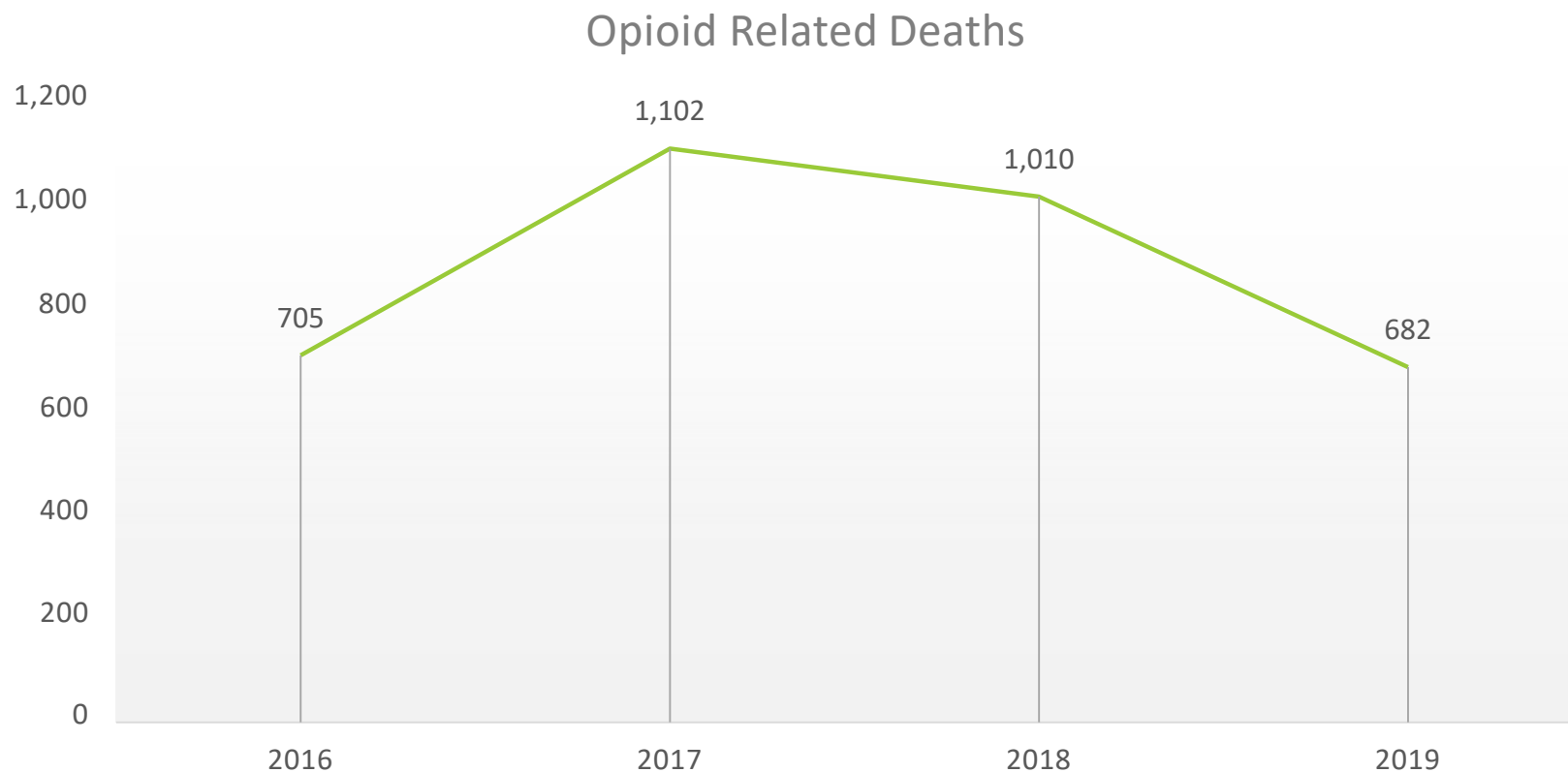
77% of formerly incarcerated individuals with OUD relapse within 3 months of release

INDIANA – Marion County

1/3 of those who die from an accidental drug overdose in Marion County were in the county jail in the year prior to death and most of those died within a week of release



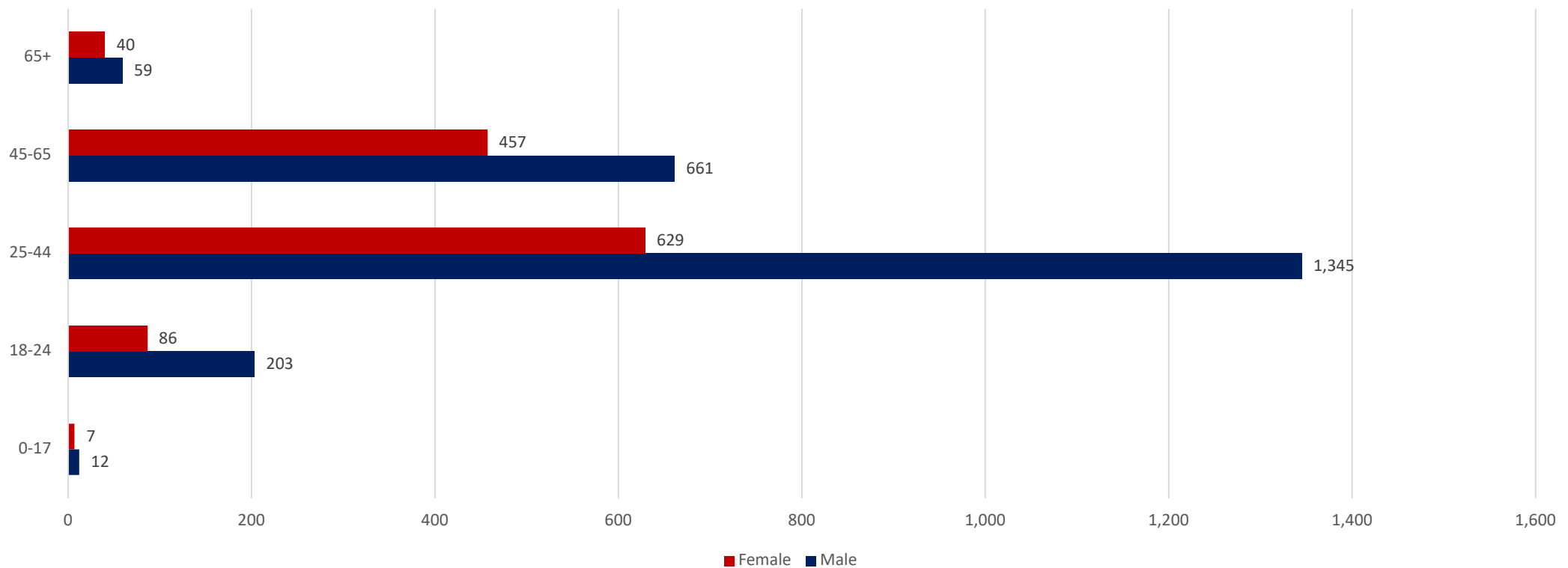
Indiana Data and Facts (2016-2019)





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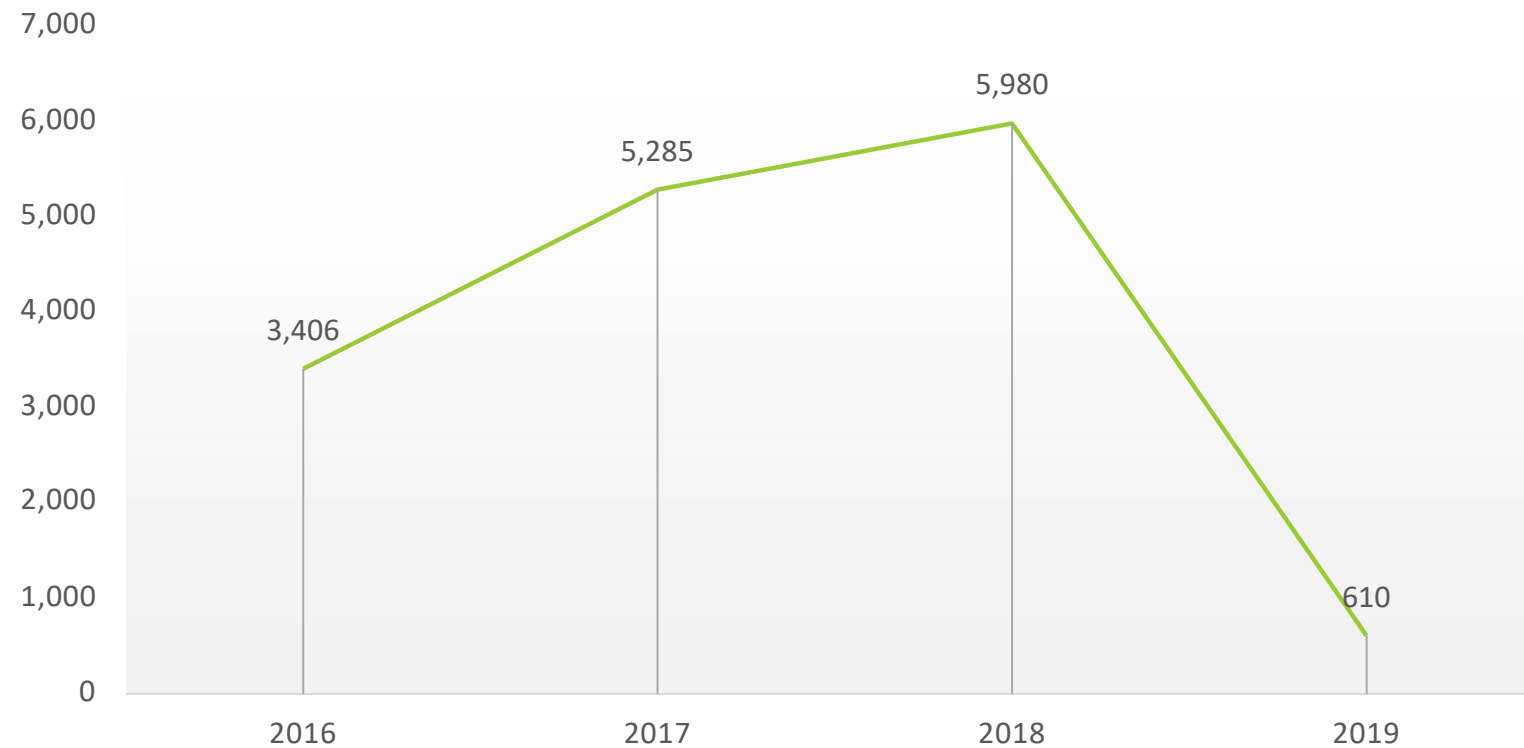
Opioid Related Deaths by Age & Gender





Indiana Data and Facts (2016-2019)

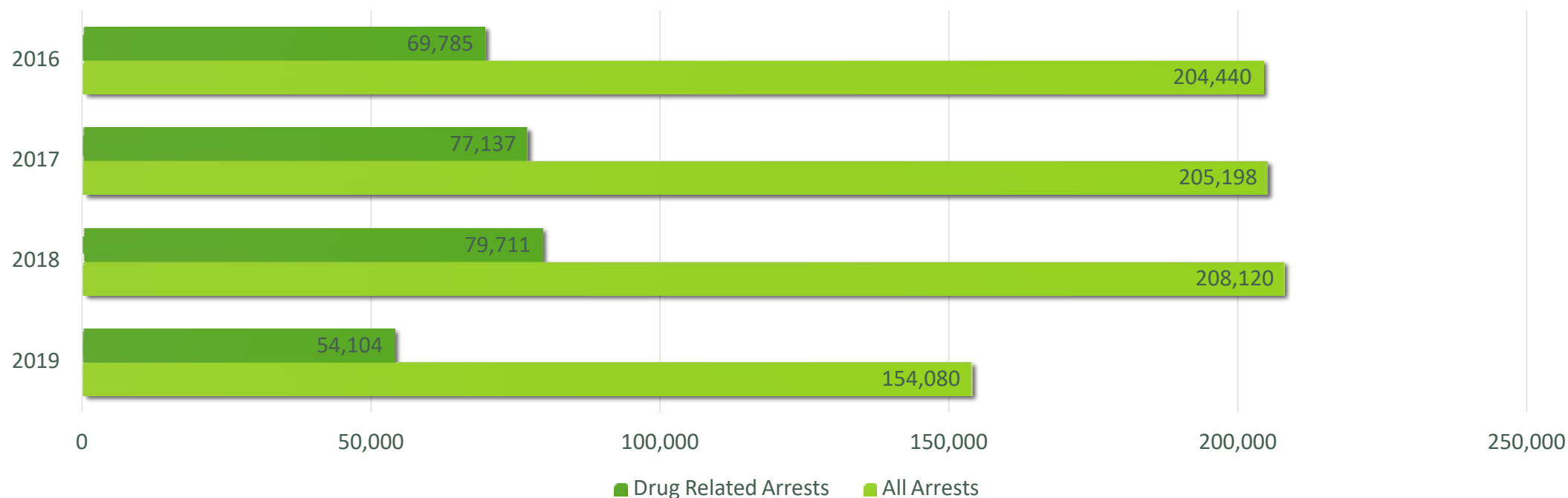
Opioid Overdose Related ED Visits





Indiana Data and Facts (2016-2019)

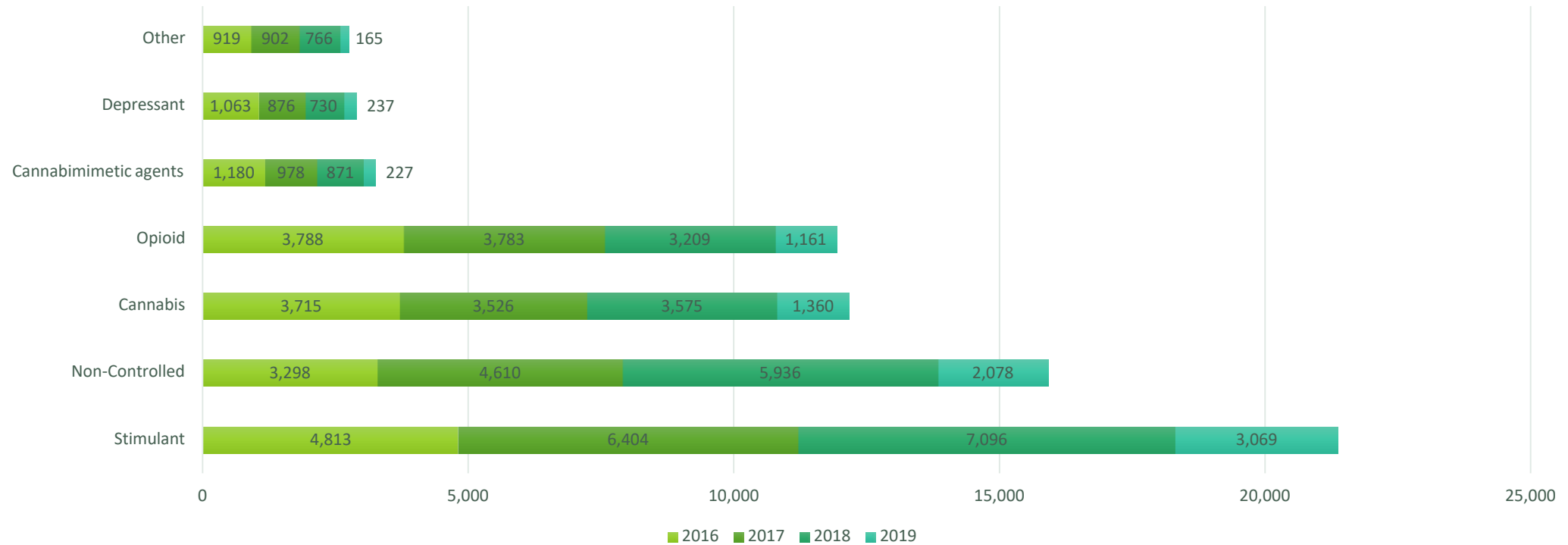
Number of Arrests





Indiana Data and Facts (2016-2019)

Drug Seizures by DEA Drug Grouping





Medication-Assisted Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines Medication-Assisted Treatment (MAT) as:

“Use of medications, in combination with counseling and behavioral therapies”, to provide a ‘whole-patient’ approach to the treatment of substance use disorder.”

The FDA has approved three forms of medication for treating opioid use disorder:

1. Buprenorphine (partial agonist/antagonist)
2. Methadone (full agonist)
3. Naltrexone (full antagonist)

Citation: Food and Drug Administration (2019) *Medication-Assisted Treatment (MAT)*.



Pew-MacArthur Results First Initiative

Partnered with Indiana Sheriff's Association to survey county jails in Indiana on MAT

- **56.5% Response Rate with 59 out of 92 counties responding**
- **39/59 offer at least one form of medication for opioid use disorder**
 - 18 Methadone
 - 19 Naltrexone
 - 11 Buprenorphine
- **55/59 use Naloxone/Narcan**
- **Two jails offer all three forms of medication for opioid use disorder**
- **All jails offering at least one form of medication have a counseling or therapy program**



Definition of 'Access' Differs:

Methadone:

- 75% women that are pregnant
- 10% all incarcerated individuals
- Others on Methadone prior to incarceration

Buprenorphine:

- 53.85% women that are pregnant
- 23% all incarcerated individuals;
- Others were treatment as a condition of release

Naltrexone:

- 46.88% offered upon release;
- 18.75% all incarcerated individuals;
- 34.38% treatment as condition of release



Survey Limitations

Response rate 56.5%; only 13.5% responded to follow up interviews

Findings are not generalizable – respondents might not represent the whole due to sampling bias as participation was voluntary

Found discrepancies in responses from initial survey to follow up interviews



What does the survey tell us?

- 83% willing to participate in learning opportunities
- Identified barriers to implementing treatment
 - Concerns of diversion
 - Lack of funding
 - No standards for screening individuals
 - Inability to ensure access upon release



Recommendations:

Recovery Works – ensure availability of funding to bridge the gap between an individual's release and access to insurance

Stakeholder Education – ensure consistency of message around definition of treatment and help to reduce stigma associated with addiction

Maximize MAT offerings – expand treatment to ensure individuals have access to all three forms of FDA approved medications

Best Practices in MAT Delivery – ensure consistency with screening of individuals for opioid use disorder

Care Coordination - enhance coordination between jails and prisons and community providers to address continuity of treatment

Collaborative Efforts



National Governor's Association – Expanding Access to Opioid Use Disorder Treatment for Justice-Involved Populations

Partners:

- Doug Huntsinger and Sam Hyer, Governor Holcomb's Office
- Melody Tuner and Dr. Kristin Dauss, Indiana Department of Corrections
- Steve Luce, Indiana Sheriff's Association
- Becky Buhner, FSSA/Division of Mental Health and Addiction



Goals Established at NGA

Immediate:

1. Expand Access to Evidence-based Practices in Jails
2. Expand Access to Medication Assisted Treatment in Jails

Long Term:

3. Create a technical assistance center to guide evidence based practice implementation



Continuation of Work through NGA

FSSA/DMHA and IDOC have partnered to ensure consistency with protocols and programming for treatment of individuals with mental health and addiction needs involved with the criminal justice system.

Goal: Unified approach for addressing mental health and addiction needs regardless of the environment or funding source.

Rhode Island Department of Corrections



Educated all staff on OUD and MAT

Screens and assesses all incoming inmates for MAT

Provides all 3 medications

- Methadone or Buprenorphine depending on individual needs
- Naltrexone upon release if desired

Outcomes – reduced post-release deaths by 60% and all opioid-related deaths in the state by more than 12%



Massachusetts - MATADOR

Medication-Assisted Treatment and Directed Opioid Recovery (MATADOR) program

Buy-in from ALL stakeholders - partnered with 35 community treatment providers who accepted and continued MAT for individuals released from jail

Only provides Naltrexone injectable prior to release

Incorporates peer navigators who schedules follow-up appointments post-release

Outcomes – of the 370 participants, **81% had not been rearrested** for new crimes as of Jan. 2018



Continuation of Work through NGA

FSSA/DMHA partnership with Indiana Sheriff's Association to fund evidence based practices for substance use treatment in jails

- Treatment for all substances

State Opioid Response (SOR) Grant

- \$1.5 million for October 1, 2019 – Sept. 29, 2020

MOU Governor's Office

- \$3 million from October 1, 2019 – June 30, 2021



Project ECHO - FREE

Goal: to provide case-based education and mentorship regarding intervention, diagnosing, and treatment of those with OUD

Current Series – TeleECHO Clinic for Treatment of Opioid Use Disorder for Prescribers and Dispensers

- *Every Wednesday* from 12-1:30pm EST on Zoom
- Curriculum and Panel: <https://oudecho.iu.edu/tracks/prescribers/>
- Register: <https://oudecho.iu.edu/get-involved/>

Upcoming Series – MAT in Jails

- Aiming for fall/winter start date



Technical Assistance

Opioid Response Network (ORN)

- Submit TA request - <https://opioidresponsenetwork.org/>

Connecting and establishing relationships between jails and treatment providers/OTPs

Educating on successes within local programs

- Share protocols



Sources

<https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf>

<https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>

www.rsat-tta.com/Files/PPG_JailMAT_SheriffsDraft_4-25-18

<http://www.aatod.org/wp-content/uploads/2017/10/AATOD-MAT-Fact-Sheet-wl.pdf>

https://lac.org/wp-content/uploads/2014/12/MAT_Report_FINAL_12-1-2011.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3154701/>



JRAC Update – September 2019

September Events

- Criminal Justice Partner Trainings
 - Conducted four trainings to criminal justice partners in St. Joseph, Marion, Elkhart and Vanderburgh counties regarding RW policies, procedures, and referral expectations
- Recovery Works Designated Service Provider Trainings
 - Provided four trainings to service providers in Indianapolis, Bloomington, Richmond, and South Bend regarding upcoming changes
- Updated policy and procedures manual released

Quality Improvement – Audits:

- **Total SFY20:** Twelve audits conducted with two (2) of them completed in September
- **Most Common Trends:** 1. Lack of connection to insurance 2. Work release facilities unaware of ability to apply for Medicaid

Looking at Numbers

Clients Enrolled		Dollars Spent	
SFY 2016	3,153	SFY 2016	\$963,931
SFY 2017	11,723	SFY 2017	\$12,266,607
SFY 2018	16,189	SFY 2018	\$26,863,701
SFY 2019	13,492	SFY 2019	\$19,777,789
SFY 2020	3,090	SFY 2020	\$3,376,424
TOTAL	48,763	TOTAL	\$63,912,892

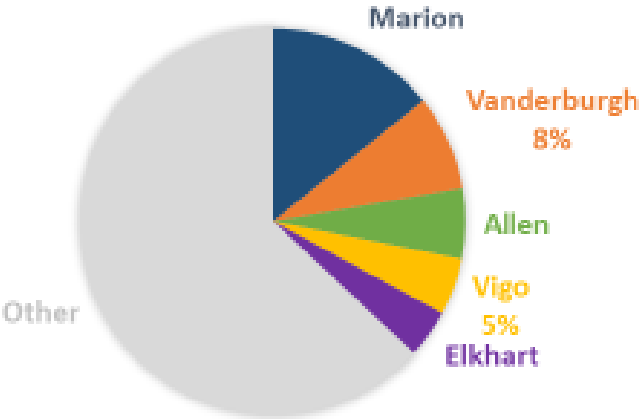
**data is as of 10.28.2019

Top 5 Services

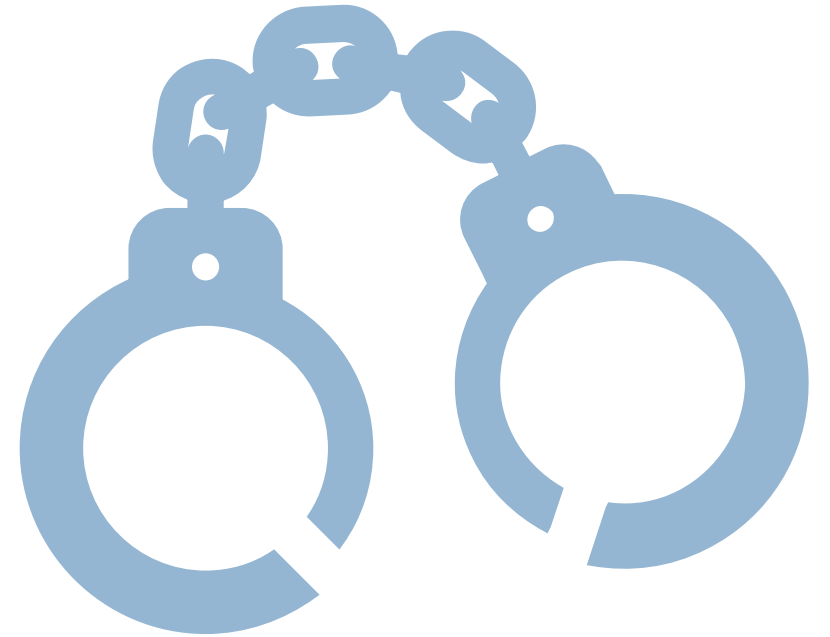
	SFY 2020	Total
Recovery Residency	\$793,465	\$10,561,397
Skills Training – Individual	\$365,384	\$9,431,602
Substance Use – Group	\$232,979	\$5,215,271
Mental Health – Individual	Not in top 5 SFY2020	\$4,988,985
Skills Training – Group	\$197,471	\$4,220,120
Intensive Outpatient Treatment	\$399,083	Not in top 5 overall

Top 5 Counties

CLIENTS ENROLLED



Law Enforcement



Jail Overcrowding Task Force Criminal Filing Trends

David N. Powell
Senior Counsel

Indiana Prosecuting Attorneys Council



Criminal Filings, 2015-2019

	2015	2016	2017	2018	2019 (Jan-June)
Murder	232	243	223	261	167
F1	421	487	471	503	403
F2	1,261	1,467	1,716	1,848	1,485
F3	2,152	2,374	2,512	2,483	1,832
F4	3,162	3,592	3,555	3,521	2,542
F5	9,966	10,679	11,238	11,222	8,155
F6	43,868	50,581	56,511	57,942	43,687
Post Conviction	1,035	1,068	1,000	961	688
A-D Felonies	2,520	1,192	780	469	197
Misdemeanors	140,161	144,136	148,641	144,831	106,584
Totals	204,778	215,819	226,647	224,041	165,740

Source: Indiana Supreme Court



Top Ten Felony Filings, 2015-2019

	2015	2016	2017	2018	2019 (Jan 1- Oct 25)
1	Theft with Prior 5,010	Syringe Possession 7,079	Possession of Meth 9,510	Possession of Meth 11,606	Possession of Meth 11,329
2	Possession of Meth 4,194	Possession of Meth 6,304	Syringe Possession 8,791	Syringe Possession 8,763	Syringe Possession 7,366
3	Theft, \$750-\$50k 3,933	Theft with Prior 5,292	Theft with Prior 5,247	Theft with Prior 5,211	Theft with Prior 4,500
4	Domestic Battery 3,394	Narcotics Possession 4,518	Common Nuisance 5,184	Narcotics Possession 4,641	Narcotics Possession 3,856
5	Narcotics Possession 3,374	Theft, \$750-\$50k 3,802	Narcotics Possession 4,817	Domestic Battery 4,435	Domestic Battery 3,813
6	Strangulation 2,488	Auto Theft 2,572	Dom. Battery, Child 3,847	Common Nuisance 4,174	Theft 3,129
7	Common Nuisance 2,275	Strangulation 2,454	Theft, \$750-\$50k 3,719	Theft, \$750-\$50k 3,787	Strangulation 2,401
8	Syringe Possession 2,250	Residential Entry 2,081	Auto Theft 2,743	Strangulation 2,842	Common Nuisance 2,230
9	Auto Theft 1,985	Common Nuisance 2,015	Resisting LE with Vehicle 2,117	Resisting LE with Vehicle 2,437	Auto Theft 2,208
10	Residential Entry 1,978	Resisting LE with Vehicle 1,924	Residential Entry 2,095	Residential Entry 2,119	Residential Entry 1,807

Source: IN Prosecutor Case Management System

Indiana Prosecuting Attorneys Council



Top Ten Misdemeanor Filings, 2015-2019

	2015	2016	2017	2018	2019 (Jan 1-July 31)
1	Driving, Suspended 19,196	Driving, Suspended 20,637	Driving, Suspended 22,822	Driving, Suspended 22,758	Driving, Suspended 22,716
2	OWI-Endangerment 13,948	Marijuana Possession 14,944	Marijuana Possession 18,675	Marijuana Possession 20,695	Marijuana Possession 17,617
3	Theft 13,438	OWI-Endangerment 14,402	Paraphernalia 16,557	Paraphernalia 17,758	Paraphernalia 14,809
4	Marijuana Possession 11,142	Paraphernalia 13,296	OWI-Endangerment 15,369	OWI-Endangerment 15,231	OWI-Endangerment 13,734
5	Driving, Never Licensed 7,209	Theft 12,798	Driving, Never Licensed 11,837	Theft 11,843	Driving, Never Licensed 11,841
6	Battery, Bodily Injury 8,473	Driving, Never Licensed 10,841	Theft 11,735	Driving, Never Licensed 11,814	Theft 10,681
7	OWI .15 or More 7,209	OWI .15 or More 7,393	OWI .15 or More 7,630	Domestic Battery 7,987	OWI 7,936
8	OWI .08 or More 5,784	OWI 5,976	OWI 7,197	OWI 7,825	Domestic Battery 7,124
9	Domestic Battery 5,782	OWI .08 or More 5,743	Domestic Battery 6,824	OWI .15 or More 7,481	OWI .15 or More 6,291
10	OWI 5,701	Resisting LE 4,917	Battery, Bodily Injury 6,435	Battery, Bodily Injury 6,066	OWI .08 or More 5,362

Source: IN Prosecutor Case Management System

Indiana Prosecuting Attorneys Council



Criminal Filings, 2015-2019

- **All top ten offenses since 2015 have been Level 6 felonies**
- **4 of the top ten felony filings are consistently substance abuse related**
 - Theft and domestic battery also often involve substance abuse
- **5 of the top ten misdemeanor offenses are substance abuse related**
 - In 2019, 6 of the top ten misdemeanor offenses are substance abuse related
 - Substance abuse is just as much of a problem at the misdemeanor level as it is at the felony level
- **No state resources are available for misdemeanants**
- **Misdemeanants are a local responsibility and the burden is increasing**
- **The increases in misdemeanants and low-level felons all appear to be related to substance abuse**



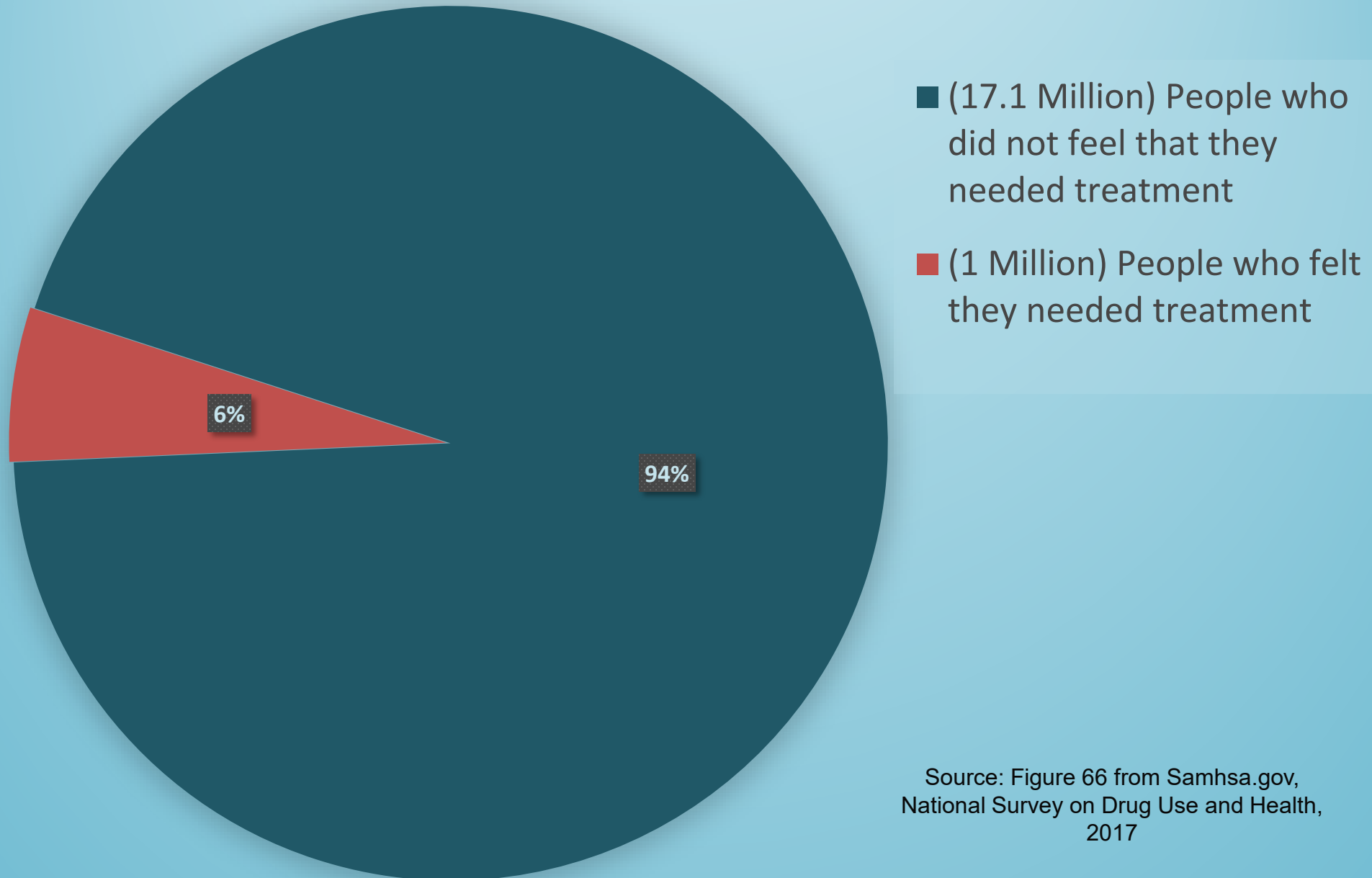
Meth-Related Filings, 2016-2019

- Dealing charges are up 197% since 2016.
- Possession charges are up 88%.
- There have been more charges filed for possession in the first 9 months of 2019 than in all of 2016.
- Syringe possession is up 24%.
- Possession of paraphernalia is up 34%.

Source: IN Prosecutor Case Management System



Perceived need for substance use treatment among people aged 12 and older who needed but did not receive treatment



Source: Figure 66 from Samhsa.gov, National Survey on Drug Use and Health, 2017



County Jail Projects

- **6 counties currently building or built new jails in the last year**
 - Decatur
 - **\$25 million, 247 new beds**
 - Fountain (completed August 2019)
 - **\$16 million, 112 new beds**
 - Greene County (completed 2019)
 - **\$18 million, 200 new beds**
 - Hamilton
 - **\$13.5 million, 120 new beds**
 - Marion
 - **\$570 million, 3,000 new beds**
 - Vigo
 - **\$60 million, 527 new beds**

Source: Various local media outlets



County Jail Projects

- **7 counties proposing plans to build new jails**
 - Delaware
 - 750 new beds, \$45 million projection
 - Vanderburgh
 - 600 new beds, \$40 million projection
 - Tipton
 - 70 new beds, \$16 million projection
 - Jefferson
 - 150 new beds, \$26 million projection
 - Sullivan
 - 100 new beds, \$17 million projection
 - Hancock
 - 350 new beds, \$55 million projection
 - Dubois
 - 225 beds, \$43 million projection

2,245 new beds, \$242 million local dollars (largely from income tax hikes)

Source: Various local media outlets



County Jail Projects

- 5 counties “exploring” plans to build new jails
 - Carroll, Floyd, Henry, Johnson, Tippecanoe
- 5 counties have new jails built in last 5 years
 - Posey (\$16M), Washington (\$10M), Scott (\$11.5M), Dearborn (\$11.5M), Starke (\$14M)
- 6,451 new beds in the 13 counties currently building or with a proposed plan in place
- Overall, \$1 Billion local dollars in expenditures in 18 counties over the past 5 years
- Public safety cost shifted from state to locals
- Counties being sued over overcrowded conditions

Source: Various local media outlets



Prosecutor Diversion

- **Indiana code 33-39-1-8 provides authority**
- **Misdemeanor**
 - Vast majority of cases
 - Simple rules
 - Little or no supervision
 - FY19 13,024 misdemeanors diverted
 - 123,250 misdemeanors opened in PCMS
 - 10.5% diversion rate in FY 19



Prosecutor Diversion

- **Felony**
- **Complicated**
 - IPAC Guidelines
 - IPAC Standing Committee
 - Pilot Sites
 - **Expectations document**
 - **Develop a screening tool**
 - **EBDM collaborative framework**



Indiana Demographic Trends

- Major shifts in age and population by 2050
- 70% increase in people over 65
- 10 county Indy-Carmel Metro area will account for 70% of population growth and will account for 33% of State's Population by 2050
- Source - Indiana Business Review



Indiana Demographic Trends

- 4 corners of the State will see 20-35% population growth by 2050
- 60 of 92 counties will shrink
- By 2035 the average age of a Hoosier will be 39.1 years
- Crime rates should fall overall especially in rural counties
- Source: IU Kelley School of Business



Solutions

1. Support legislation creating a collaborative EBDM infrastructure focused upon public safety and public health solutions
2. Reliable Statewide data analysis
3. Reduce illicit drug demand
4. Support capacity building in every community to treat mental health and substance abuse disorders.



Questions?

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IPDC-Jail Overcrowding Task Force

INDIANA PUBLIC DEFENDER COUNCIL

JAIL OVERCROWDING TASK FORCE

NOVEMBER 6, 2019



Indiana Public Defender Council

IPDC's Concern – Perceived Causes of Jail Overcrowding

Causes must be identified before an effective solution can be crafted.

Unfortunately, there are many perceptions that may or may not be borne out.

Public perception and stakeholder testimony have attributed jail overcrowding to 2014's criminal code reform and the implementation of HEA 1006.



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Not a new problem

Efforts to reform Indiana's sentencing laws began in 2009, when incarceration rates were so high that the state nearly needed a new prison. Five years later, the legislature passed House Enrolled Act 1006, which requires low-level and nonviolent offenders to serve their sentences in local communities.

While there's general consensus that HEA 1006 is contributing to an increase in jail populations, some say overcrowding is not a new problem caused by the reform. Almost a third of Indiana county jails had capacity issues before the reform took effect, Falk said.

Source: <https://www.indystar.com/story/news/crime/2016/07/10/can-indiana-trade-overcrowded-jails-treatment-reform/85307540/>



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Jail Overcrowding – A Continuing Problem



Jails throughout Indiana have been subject to lawsuits for overcrowded conditions, prior to 2014:

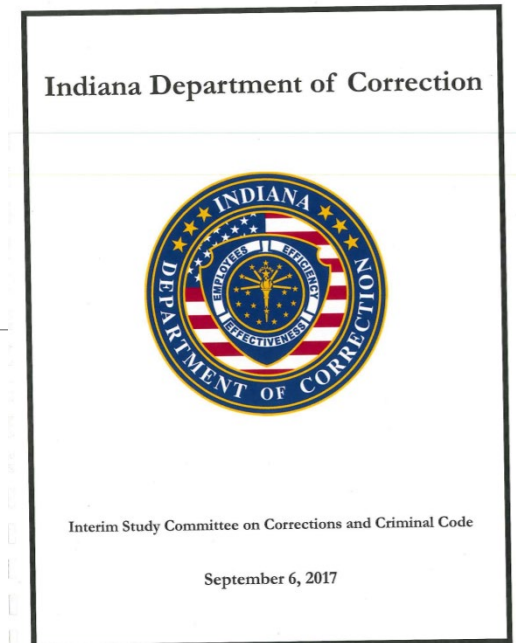
- Brown County
- Johnson County
- Knox County
- Marion County
- Monroe County
- Vanderburgh County
- Vigo County



IDOC Report – 2017 Interim

2017 IDOC Survey of Indiana Jails:

- 56% of jail populations were pretrial detainees
- 45% of jail beds filled with Level 6 inmates, but
- Only 10% were sentenced
- 40 jails were over capacity
- If EVERY sentenced Level 6 inmate was sent to DOC, 31 jails would STILL be over capacity



Source: IDOC Report, <http://iga.in.gov/documents/7e931f7f>

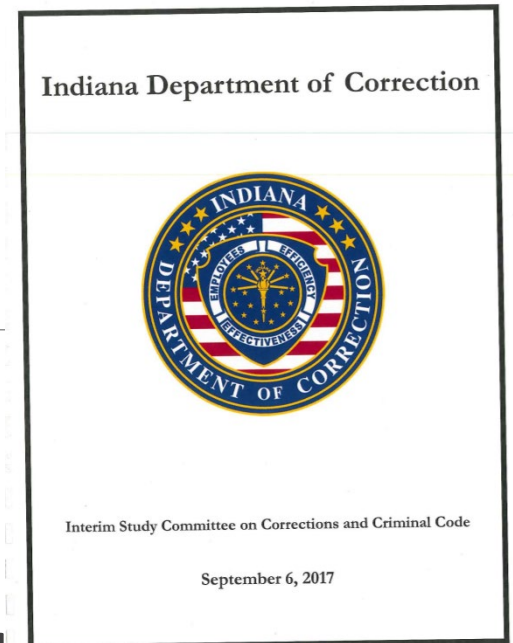


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IDOC Report – 2017 Interim (continued)

2017 IDOC Survey of Indiana Jails:

- 40 Jails over capacity, but:
- If one-half of the pretrial population were released to supervision only 12 jails would be over capacity
- Porter County, for example, serves as an example that HEA 1006 reforms do not cause jail overcrowding



Overcrowding-Contributing Factors

- Pretrial detention
- Use of jail detention for those with mental illness and/or drug addiction
- Criminalizing behaviors that should be addressed with a needs-based response
- Serving sentences of incarceration when community alternatives would be as or more effective

Source:



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Solutions: Public Defense

- Fund Public Defender Commission to reimburse for misdemeanor cases
- Require public defenders appointed to indigent arrestees at the beginning of the initial hearing

Source:



Indiana Public Defender Council

Solutions: Bail Practices

- Develop a state bail schedule, and terminate the use of local bail schedules
- Require the release of low-risk offenders AND discourage the use of release conditions when they are not appropriate
 - Baseless use of conditions can result in yet another financial burden on indigent accused
 - Unnecessary conditions may result in violation of terms and additional arrests or detentions

Source:



Indiana Public Defender Council

Solutions: Community Solutions for Mental Health and Drug Treatment

- Build treatment systems separate from the Criminal Justice System
- Use of Criminal Justice System compromises high standards of probable cause, etc.
- Causes standards to give way for considerations of the individual's well being, and NOT criminal culpability
- Instead, invest in access to mental health care and drug treatment in communities, completely separate from the Criminal Justice System.

Source:



Indiana Public Defender Council

Solutions: Approaches to Illness and Addiction Caused Behaviors

- Divert user addiction offenses from the criminal justice system into a treatment model
 - Examples:
 - Possession of paraphernalia
 - Public intoxication
 - User amounts of drugs
- Divert non-violent offenses with victims into a restorative justice model



Solutions: Implementation of a HEA 1006 version 2.0

- As suggested during prior presentations to this committee
- Further the implementation of the policy framework of HEA 1006, completing the vision and desired outcomes of 2014's criminal code reform
- Additional provisions would address some of the implementation failures attributed to jail overcrowding



Justice Reinvestment Strategy

Bipartisan, inter-branch, bicameral structure

1	2	3
Analyze Data & Develop Policy Options	Adopt New Policies	Measure Performance
<ul style="list-style-type: none">Analyze data to look at crime, court, corrections, and supervision trendsSolicit input from stakeholdersMap allocation of resourcesDevelop policy options & estimate cost savings	<ul style="list-style-type: none">Identify assistance needed to implement policies effectivelyDeploy targeted reinvestment strategies to increase public safetyReview implementation progress	<ul style="list-style-type: none">Track the impact of enacted policies/programsMonitor recidivism rates & other key measures

3



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Data Collection

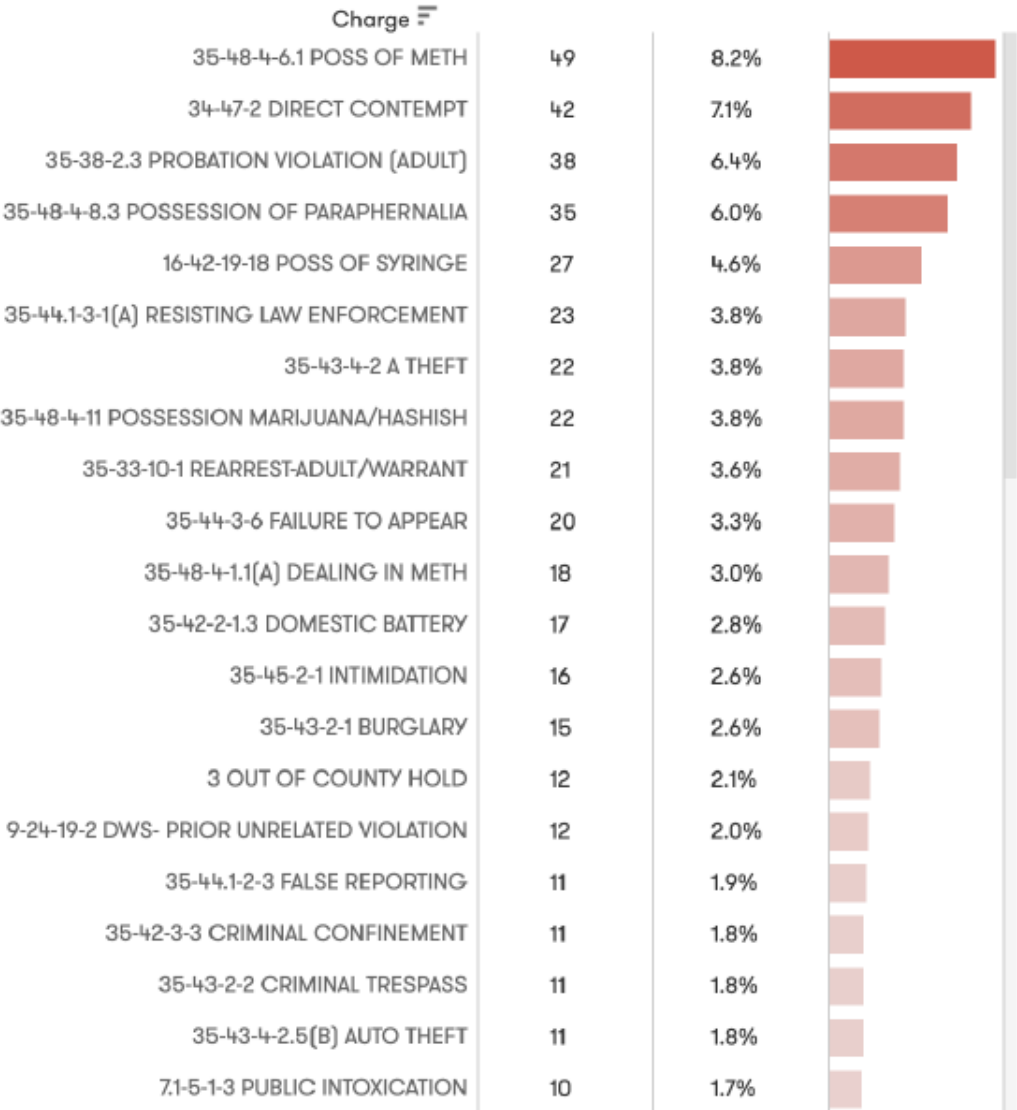
Example from a Vera Institute report on Jackson County:

Population Distribution by Bond Amount
from July 1, 2019 to September 25, 2019
Jackson County, IN



Average Daily Population by Specific Charges from July 1, 2019 to September 25, 2019

Jackson County, IN



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Solutions: Judicial Alternatives to Incarceration

- Require courts, when provided with a mitigation report indicating a treatment alternative instead of jail, to prefer the treatment over incarceration.
- If treatment is indicated and the trial court sentences to incarceration instead of treatment, the judge should indicate the reasons for incarceration over treatment in the record at sentencing.



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Community Supervision Efforts to Reduce Jail Overcrowding

**Probation Officers Professional Association of Indiana
(POPAI)**

**Indiana Association of Community Corrections Act Counties
(IACCAC)**

November 6, 2019

COMMUNITY SUPERVISION

- Probation
- Community Corrections
- Work Release
- Electronic Monitoring
- Home Detention
- Problem Solving Courts (Drug Court, Veterans Court, Mental Health Court, Reentry Court, Family Recovery Court)
- Court-administered Alcohol and Drug Programs
- Diversion Programs
- Pre-Trial Services

COMMUNITY SUPERVISION

Community supervision agencies contribute to jail populations in two significant ways:

- **RECIDIVISM (long term impact)**
- **VIOLATIONS (short term impact)**

RECIDIVISM

Recidivism: Indiana Department of Correction (IDOC)

- Return to IDOC within three (3) years of the offender's date of release from IDOC
- Includes probation/Community Corrections/Parole violations (new offenses & technical violations)
- 2018 recidivism rate = **33.78%**

National Institute of Justice: Recidivism means criminal acts that result in rearrest, reconviction or return to prison within 3 years of the offender's date of prison release.

- Bureau of Justice Statistics estimated **68%** of released prisoners were arrested within 3 years
- Source: Bureau of Justice Statistics, Recidivism of State Prisoners Released in 2005 data collection, 2005–2014.

EVIDENCE BASED PRACTICES (EBP)

Risk-Need-Responsivity (RNR)

- **Risk Principle (Who)** - Prioritize **supervision** and **treatment** resources for **moderate** and **high**-risk offenders
 - Assess risk to re-offend using validated Indian Risk Assessment System (IRAS)
- **Need Principle (What)**-Target the highest criminogenic needs (Anti-social cognition, Anti-social personality, Peers and Family/Social Support)
 - Criminogenic risks/needs (those that are driving the person to commit crimes)
- **Responsivity Principle (How)**-Tailor treatment and intervention to each client's learning style, temperament, motivation, culture and gender
 - Focus case plans on highest criminogenic needs

HOW TO IMPLEMENT EVIDENCE BASED PRACTICES

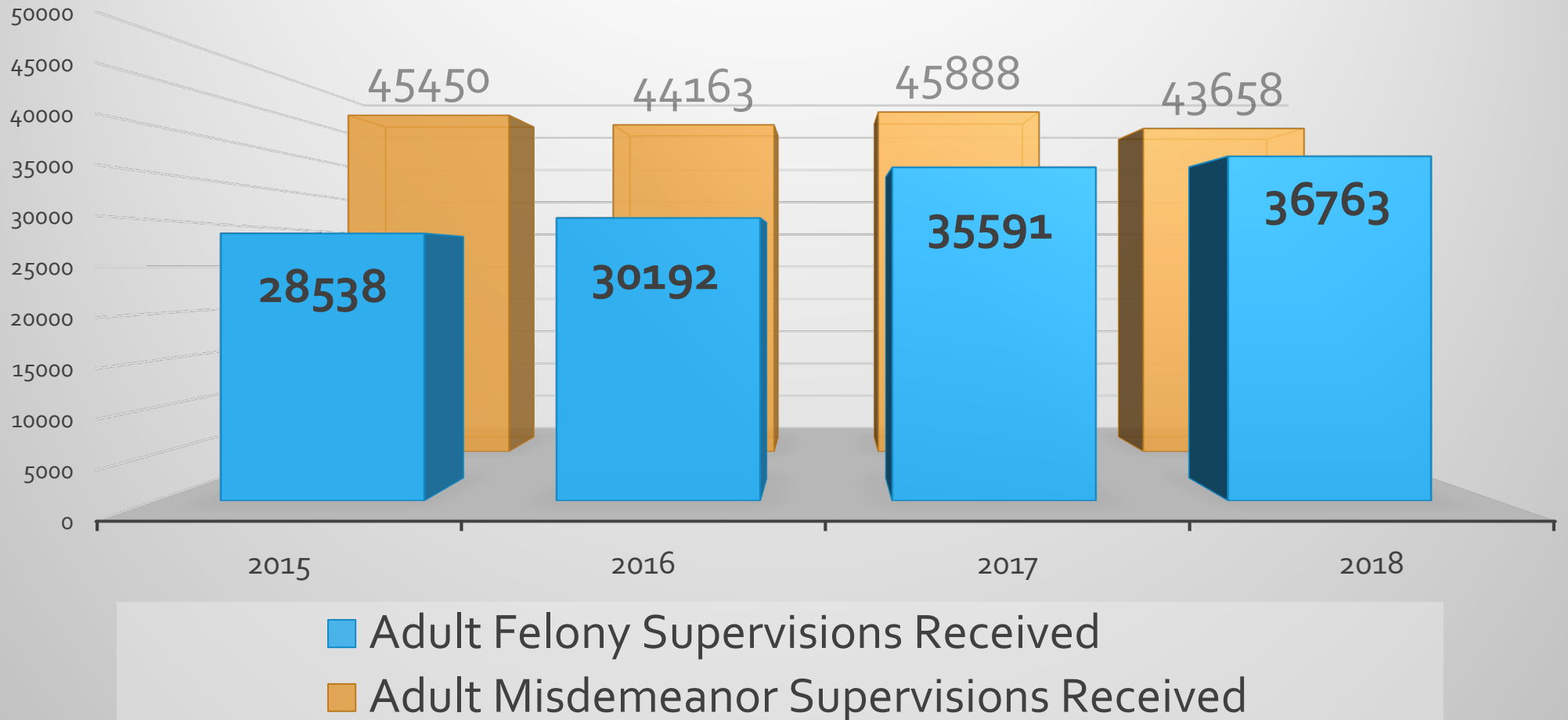
Probation officers and Community Corrections professional staff are trained in EPB.

- We know what works (proven by research)
- We are fully trained

BARRIERS to implementation:

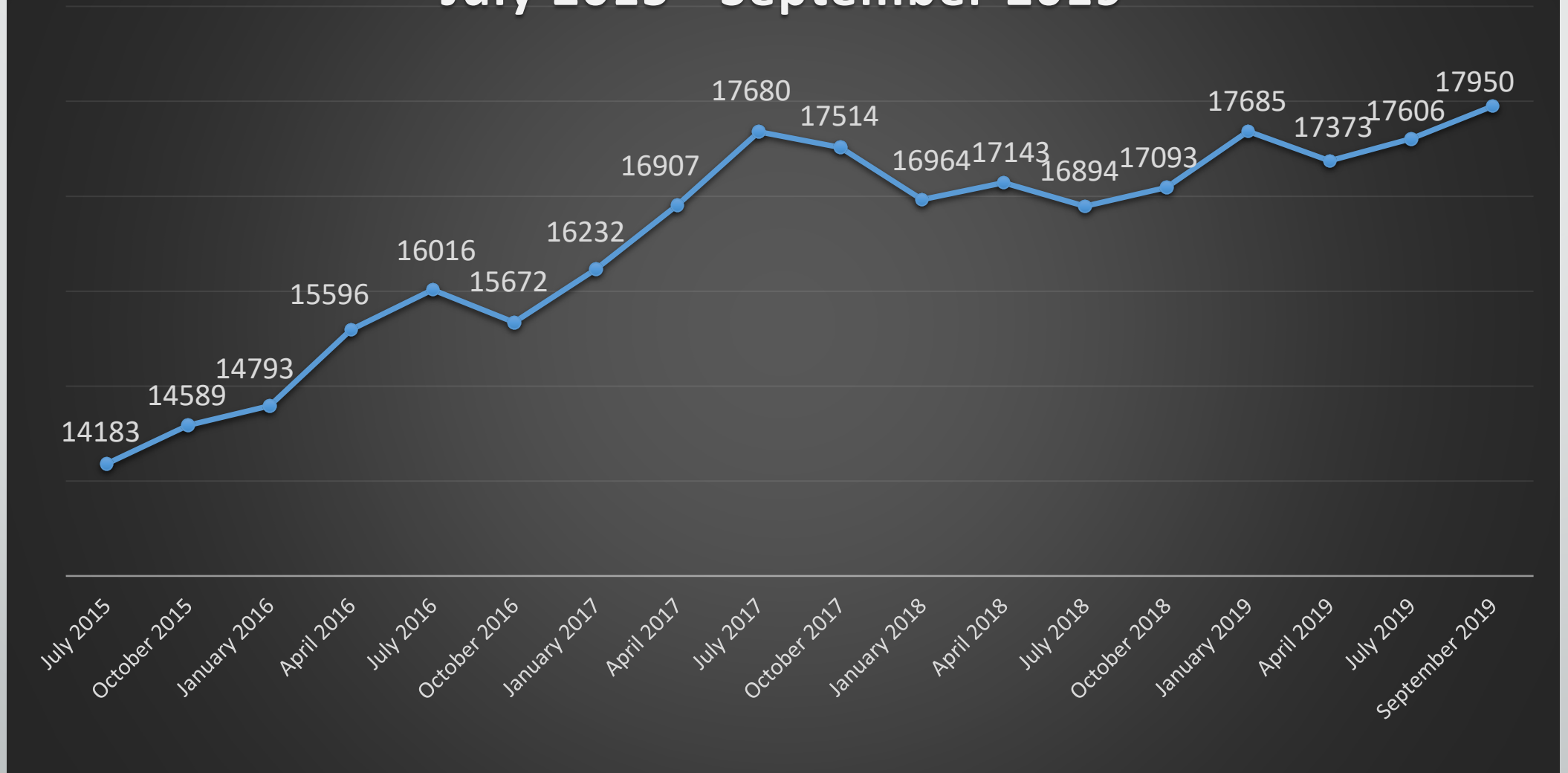
- Caseloads are too high
- Not enough staff to provide effective community supervision
- Need caseload sizes that have been proven by research to reduce recidivism

Adult Probation Supervisions Received, 2015-2018



Source - Indiana Office of Court Services (in.gov/judiciary/iocs/3298.htm) Accessed September 9, 2019

Community Corrections Snapshot Population, July 2015 - September 2019



Source - IDOC Population Reports Prepared for the Justice Reinvestment Advisory Council and State Budget Committee

COMMUNITY SUPERVISION CASELOADS

POPAl contacted probation departments to obtain probation caseload data for “snapshot “ in 2017:

- **LAKE** County - had one of the highest average caseloads per probation officer (PO) **225/PO**
- **ST. JOSEPH** County = **200/PO**
- **VANDERBURGH** County = **180/PO**

➤ **Probation caseloads of 200+ are not uncommon in Indiana**

RECOMMENDED CASELOADS

Risk and Need Level	Recommended Caseload
High Risk and High Need	20:1
High Risk	50:1
Moderate Risk	50:1
Low Risk	200:1

Journal of Crime and Justice research study found that **reduced caseloads improve probation outcomes**. Specifically caseloads of **54** medium to high risk offenders reduced recidivism by roughly **30%**.

Source - American Probation and Parole Association (APPA) Adult Drug Court Best Practice Standard, Volume II, National Association of Drug Court Professionals, Alexandria, Virginia (2015)

COMMUNITY SUPERVISION SURVEY

Some probation and community corrections departments utilize the evidence-based practice of utilizing graduated sanctions to respond to offender behavior.

Incentives and Sanctions – formal process that allows community supervision professionals to administratively address behavior without court intervention

72% of the agencies responding to the POPAI/IACCAC survey have a formal process.

- Allen County Community Corrections - average four (4) incentives for every (1) sanction; individuals average 3.8 administrative sanctions before filing a violation with the court
- Gibson County Probation - typically apply up to three (3) administrative sanctions for substance using offenders to direct them into treatment before filing a violation with the court
- Monroe County Probation - average 4.2 incentives for every (1) sanction; individuals average three (3) sanctions before a violation is filed with the court
- Porter County Adult Probation - in 2018, 59% had no subsequent violations after having received an administrative sanction
- Wabash County Court Services - average 9.4 incentives for every (1) sanction; individuals average five (5) sanctions before a violation is filed with the court

FINAL THOUGHTS

Probation and Community Corrections need additional resources to fully implement the evidence based practices they are trained to deliver.

- Need caseloads that are closer to the levels recommended by research (APPA, National Association of Drug Court Professionals)
- Need resources (training and adequate staff) to fully implement graduated sanctions across Indiana (incentives and sanctions)
- Need more resources for repeat technical violators such as:
 - Problem Solving Court track specific to repeat technical violators
 - Allow Level 6 felons to be sentenced to the IDOC if they fail to comply with a problem-solving court
 - State-level state-funded technical rule violation facility that would provide substance abuse treatment, mental health treatment and cognitive behavioral therapy

A "Total Cure" is not realistic, but incremental behavior change is achievable with adequate resources.



Jail Overcrowding Task Force

November 6, 2019

Web site:

<https://www.in.gov/judiciary/iocs/3874.htm>