

**Criminal Justice Reform Summary Report  
December 12, 2016**

**I. Goal**

On May 11, 2016, in his inaugural State of the City Address, Mayor Joe Hogsett set Indianapolis on a path toward holistic, data-driven criminal justice reform by signing Executive Order No. 4, 2016, launching the Indianapolis Criminal Justice Reform Task Force (the “Task Force”).

*“The Mayor hereby creates and orders his staff to support the Criminal Justice Reform Task Force whose mission shall be to assess, research, examine, and ultimately report recommendations for the systemic reform and optimization of the current county criminal justice system.”*

In a report released on December 12, 2016, the Task Force recommends a series of reforms to the criminal justice system that will improve health and safety in Indianapolis, prevent crime, and redirect offenders back to a successful life in the community at the earliest possible point in time.

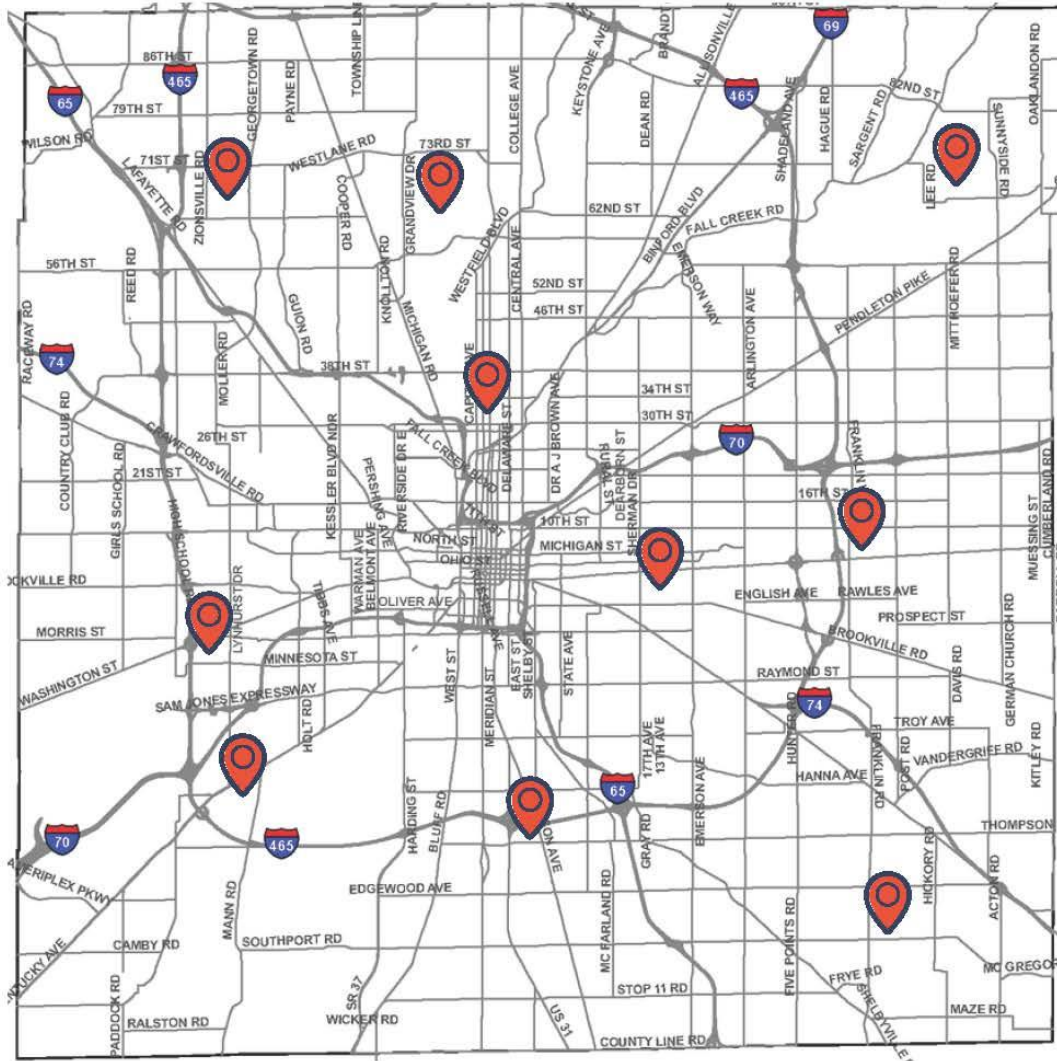
**II. Organization and Community Engagement**

From the outset, the Task Force was dedicated to a culture of inclusion that would build consensus and credibility among community and neighborhood groups. To assist in that effort, ten community engagement events were held across the city over the last few months to provide all citizens an opportunity to have their voices heard. In addition, invaluable input was gathered from the following stakeholder organizations:

- |   |                                       |
|---|---------------------------------------|
| ACLU of Indiana                         | Indy Chamber                          |
| Central Indiana Community Foundation    | Indy Chamber Workforce Policy Council |
| EmployIndy                              | IndyCAN                               |
| Greater Indianapolis NAACP              | Marion County Reentry Coalition       |
| Greater Indianapolis Progress Committee | Mental Health America of Indiana      |
| Health Foundation                       | Recycle Force                         |
| Indiana Department of Corrections       | The Richard M. Fairbanks Foundation   |
| Indiana University Health               | Indianapolis Bar Association          |



# COMMUNITY FORUMS ON CRIMINAL JUSTICE REFORM



- 5401 W Washington St
- 501 N Post Rd
- 3935 W Mooresville Rd
- 6501 Sunnyside Rd
- 9010 E Southport Rd
- 4107 E Washington St
- 4925 Shelby St
- 5353 W 71st St
- 6701 Hoover Rd
- 3243 N Meridian St

Additionally, the Task Force includes bipartisan representation from all twenty-five members of the City-County Council and the Chief Financial Officer of the Council.

Finally, and most importantly, the Task Force includes internal government stakeholders who work every day in the Marion County criminal justice system. These individuals participated in dozens of work sessions over the past six months. The following offices and agencies are represented on the Task Force:

Health & Hospital Corporation of Marion County	Marion County Community Corrections
Indianapolis Metropolitan Police Department	Marion County Coroner's Office
Indianapolis Office of Public Health & Safety	Marion County Forensic Service Agency
Indy EMS	Marion County Prosecutor's Office
Marion County Circuit Court	Marion County Public Defender Agency
Marion County Clerk's Office	Marion County Sheriff's Department
	Marion County Superior Court

### **III. Findings**

#### **A. Condition of Facilities**

The need for new facilities to improve the safety, security and basic operations of the Marion County justice system is well established and has been studied extensively over the past 30 years. Criminal Justice stakeholders currently operate in a variety of buildings in multiple locations around the county.

The Marion County Superior and Circuit Courts have operations at four separate sites, including the City-County Building, Juvenile Detention Center, Traffic Court and the Arrestee Processing Center (APC). The Sheriff detains and houses incarcerated offenders at four separate facilities, including the Arrestee Processing Center, Jail I, Jail 2, and Hope Hall in the City-County Building. The aggregate capacity of detention space is 2,300 inmates, after making allowances for the need to certain segments (e.g., gender, juvenile offenders, gang members) of the population for security reasons.

Marion County Community Corrections (MCCC) operates four (4) residential facilities, comprised of 597 beds, for offenders sentenced to work release, transition, mental illness treatment, re-entry programming and related programming. MCCC also provides substance abuse treatment, drug and alcohol testing services, electronic monitoring and case management services.

The Marion County Forensic Services Lab, IMPD Property Room and Marion County Coroner's Office have intertwining operations that are carried out in multiple spaces, including Jail I, the City-County Building and the Coroner's Office. All three are housed in spaces that are insufficient for space needs, inefficient for technical needs, or hamper operations.

The Marion County Prosecutor's Office and the Marion County Public Defender Agency, respectively, are parties to long-term leases in walking distance from the City-County Building that meet the operating

needs of both agencies. The location of the offices in separate buildings secures confidentiality, security and segregation of witnesses, offenders and victims.

Finally, the Reuben Engagement Center, set to open in early 2017, will offer shelter and connection to community services, but will not be equipped with space for medical and behavioral health services envisioned under a reformed criminal justice system.

With the exception of the Prosecutor and Public Defender operations, most current facilities were not originally designed for their current use and significantly hamper the ability of Criminal Justice partners to realize economies of scale, use resources effectively – staff, technology and space – and engage in an integrated flow of work.

A Criminal Justice Campus that accommodates the collective needs of a reformed and modern county justice system would incorporate the use of technology such as e-filing, courtroom video conferencing; appropriate spaces for counsel/client conferences; the provision of medical, mental health and social services for both diversion and in-house cases; house flexible courtroom spaces; allocate appropriate number of beds for inmates, but also for mental health and addiction patients diverted from incarceration; and support the efficient flow of a system that is based upon the reforms recommended in this report.

## **B. Offenders**

Inmates in all three Marion County Jails are classified and housed often in segregated units based a variety of factors including the severity of their crimes, gang affiliations, age, gender, and mental and physical illness. On the average, 30-40% of the inmates are classified as mentally ill. 85% of the inmates have substance abuse problems. More than 37,000 patients are treated for medical services at the Jail Special Care Unit each year.

84% of detainees in Marion County's jails are under custody in pre-disposition, or prior to trial or hearing.

Under the care of our current contracted health care provider, more than 700 prescriptions are distributed to mentally ill inmates every day at a cost of \$650,000 per year. The contractual cost of the care for mentally ill inmates is \$5 million per year and the cost of separate security for mentally ill inmates is \$2.1 million annually. The Sheriff has estimated that the total cost for the care and custody of mentally ill inmates is \$7.7 million. The segregation of mentally ill inmates in separate jail units or isolated in "suicide watch" units further drives personnel costs as a result of the need for increased direct supervision.

### Drugs and Addiction

Over the course of 45 years and after the expense of more than \$1 trillion, the War on Drugs (focused on Crack Cocaine in the 1980s and Opioids more recently) has resulted in a more than 10-fold increase in the number of incarcerated drug offenders in state and federal prisons. These drug epidemics also

impact the families of drug addicts, evidenced as an example, by increased cases of the number of Children in Need of Services (CHINS) – more than a 65% increase in Marion County over five years.

#### Mental Illness

Insufficient points of access, inability to maintain engagement, and inadequate service capacity for poor and homeless with mental illness has made Marion County jails a default provider for mental health and addiction treatment.

#### Mass incarceration

Studies and current data make clear the disparate impact of mass incarceration policies on people. For example: those who are poor and in custody because they cannot afford to pay fees or bail; ethnic and racial misrepresentation; and the question of how to reduce the numbers of arrestees. African Americans comprise 52% of the jail population in Marion County as compared to 28% of the County population. Whites are 46% of the jail population and 65% of the county population.

#### Repeat Offenders

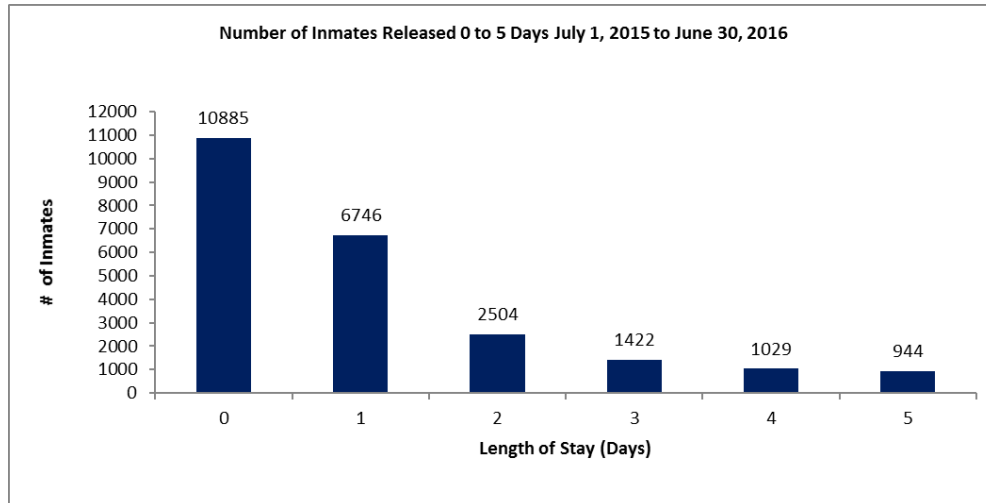
A report by BKD on the Marion County criminal justice system concluded that “a significant number of individuals with multiple arrests can be identified, and these arrestees take up a disproportionate number of criminal justice resources.” These repeat offenders can be described as “super utilizers” or individuals who interact with a particular public safety or public health agency repeatedly at great expense to taxpayers.

### **C. Process Delays**

Marion County criminal justice organizations are many, and they interact deeply with one another in myriad ways. Issuing arrest warrants, transporting, holding, and identifying offenders, assessing risks, deciding and communicating sentences. The number of organizations and interactions makes criminal justice a highly interwoven system of many parts, driven by each stakeholder’s legal duty and influenced by leadership, budgets, structure, process design, and flow of information.

Approximately 50 meetings with the criminal justice stakeholders, including IMPD, the Marion County Sheriff, the Marion County Prosecutor, the Public Defender, the Superior Courts, the Marion County Clerk, Marion County Probation, Marion County Community Corrections, Marion County Forensic Services Agency, and the Marion County Coroner were held to map and analyze current processes. Multiple points of rework and delay were identified for improvement.

The chart below shows the number of offenders who spend 5 or fewer days in jail, only to be released. Unintended delays result in harm to offenders – such as decompensating mental health and loss of employment. Diverting a greater number of offenders from incarceration would reduce the costs to the County. At the taxpayer cost of \$83.17 per day, the cost to jail these 23,530 inmates is estimated at \$2,972,579. Disposition of even half of the cases with a stay of one or less days generates an estimated \$700,000 savings.



#### IV. Recommendations

##### A. Address Root Causes of Crime

In Mayor Hogsett’s Inaugural Address, he outlined three challenges facing the city: a violent crime epidemic, the exponential rise in poverty, and a \$50 million a year structural deficit. The intersection of mental illness, substance abuse, as well as addiction and poverty exacerbates these challenges – overburdening the criminal justice system, creating cycles of recidivism, and contributing to generational poverty.

The Task Force’s recommendations focus on identifying non-violent, low-level offenders suffering from serious mental illnesses and drug addiction and diverting them from the criminal justice system. This begins with providing every officer and E911 operator with crisis intervention training and a mental health assessment tool to aid in identifying underlying conditions. The report also proposes a new system for diverting individuals to treatment before an arrest is even warranted with the creation of Mobile Crisis Units made up of officers, paramedics, and crisis counselors. Lastly, the Task Force recommends the creation of an Assessment and Intervention Center for those suffering from mental illness and addiction.

##### B. Sequential Intercept – The Indianapolis Model

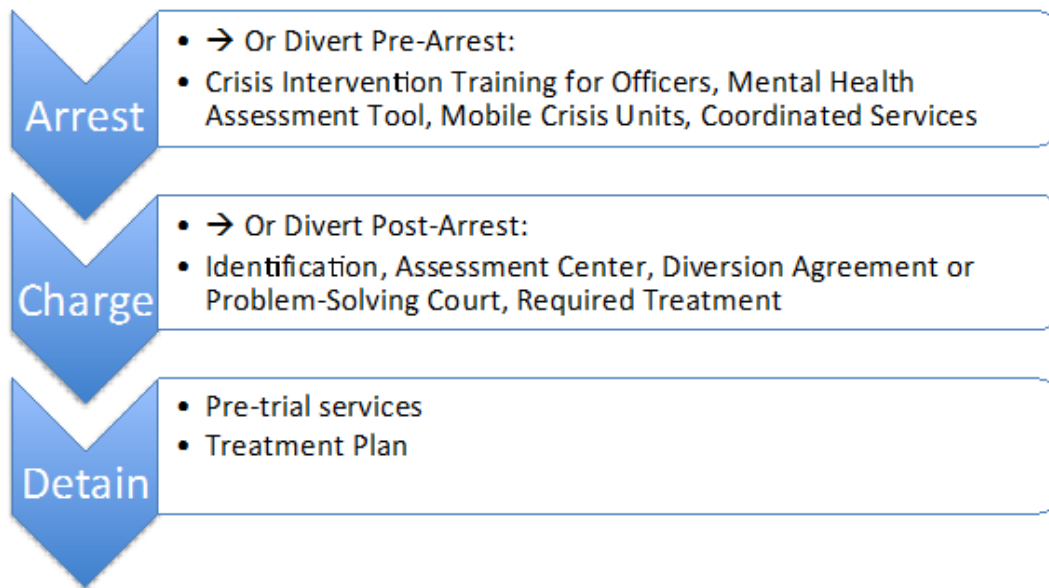
The Sequential Intercept Model (SIM) addresses mental illness and addiction in the criminal justice system. SIM provides a framework for communities to design the interface between the criminal justice, mental health, and social service systems:

SIM defines a series of points of interception, or opportunities for an intervention, to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Those points include: (1) law enforcement and emergency services, (2) initial detention and initial hearings, (3) jail,

courts, forensic evaluations, and forensic commitments, (4) reentry from jails, state prisons, and forensic hospitalization, and (5) community corrections and community support services.

The task force recommends the Indianapolis Model - a pre-arrest, post-arrest, pre-trial services and detention initiative:

## Indianapolis Model



### 1. Pre-Arrest Diversion

#### a) CIT Training

The Task Force recommends that every E911 operator and IMPD officer be fully CIT trained by the conclusion of 2018. CIT training provides E911 operators and police officers the ability to: (1) quickly and effectively identify those suffering from mental illness and/or addiction upon dispatching, or being dispatched to, a particular incident, (2) address the immediate situation, and (3) initiate the appropriate channeling of the individual.

#### b) Mental Health Assessment Tool

Data-driven assessment tools enhance an officer's ability to utilize the CIT training they receive. The city, through the Office of Public Health & Safety, will work with the New York University School of Law to develop a data-driven mental health screening tool specific to Indianapolis.

#### c) Mobile Crisis Units

Mobile Crisis Units consist of a police officer with enhanced CIT training paired with one or more public health professional. IMPD and HHC (via Midtown Mental Health and Indy-EMS) will establish and pilot a collaborative MCU Service Line. The MCU will be comprised of a law enforcement officer (LEO), a social worker, and EMS personnel. The unit will expand today's existing IMPD Behavioral Health Unit to respond to 911 mental/emotional/substance-abuse calls as well as daily referrals and follow up care. At the outset, MCUs will be piloted in one targeted IMPD district to operate twenty-four hours a day, seven days a week. The results of the pilot period will be analyzed to appropriately scale and then implement a city-wide deployment of MCUs.

## **2. Post-Arrest Diversion**

Often, those suffering from mental illness and/or addiction are arrested for low-level, non-violent offenses, and then repeatedly arrested for the same or a similar offense. The more often (and further) an individual enters into the criminal justice system (even if only for a few hours or a few days) the worse the outcome for the individual and the community.

- a. An officer or MCU may, in making an arrest of a low-level, non-violent offender that they believe is suffering from an underlying mental illness and/or addiction, nominate the individual for enhanced assessment upon normal arrestee processing.
- b. Because an enhanced assessment exists outside of typical arrestee processing, candidates for post-arrest intervention and diversion may be provided defense counsel immediately upon arrival and initial processing.
- c. Once normal arrestee processing is complete, and upon advice of defense counsel, a candidate will enter the Assessment & Intervention Center for enhanced assessment by public health professionals of Health and Hospital Corporation of Marion County. Enhanced assessment will include, but not be limited to, physical health, mental health, addiction, housing, family, and veteran status.
- d. Once the arrestee processing process and enhanced assessment are complete, the prosecutor, perhaps in consultation with the candidate's defense counsel, may elect to: (1) offer the candidate a diversion agreement that would encompass a treatment plan developed by a medical professional with other legal requirements, (2) charge the individual, but refer the case to the appropriate problem-solving court, or (3) determine that the case will proceed in the normal course.
- e. A treatment plan is developed.

NOTE: The Task Force recommends implementation of this program as a pilot. Similar to the pre-arrest intervention and diversion pilot, the results of the post-arrest pilot period will be



analyzed to appropriately scale the operations and construction of the proposed Assessment & Intervention Center.

### **3. Pre-Trial Services**

The vast majority of individuals in the Marion County criminal justice system are pre-disposition and most are not detained pretrial. Pre-trial service agencies connect pre-disposition individuals to services targeted at their specific needs and offer a variety of other best practices that promote adherence to the terms of pretrial release and the prevention of recidivism (for example, something as simple as a call or text reminding an individual of a pending court hearing).

The Task Force recommends that the Office of Public Health and Safety work in conjunction with the Marion Superior Court to develop a pilot pretrial services program within the Marion County Probation Department, seek grant funding for the program, implement the services program concepts, and analyze the resulting collaboration for effectiveness (primarily such services effect on recidivism).

### **C. Bail Reform**

Communities and courts all over the country are moving away from the “cash bail” system. Proponents of bail reform argue that cash bail denies freedom to thousands of people who are presumed innocent but can't afford their bond. On September 7, 2016, the Indiana Supreme Court issued an order adopting Criminal Rule 26 that states:

*If an arrestee does not present a substantial risk of flight or danger to themselves or others, the court should release the arrestee without money bail or surety subject to such restrictions and conditions as determined by the court except when:*

*(1) The arrestee is charged with murder or treason.*

*(2) The arrestee is on pre-trial release not related to the incident that is the basis for the present arrest.*

*(3) The arrestee is on probation, parole or other community supervision.*

The Task Force recommends that the Office of Public Health & Safety work in conjunction with the Marion County Superior Court to get Marion County ahead of the curve by seeking grant funding for the study, design, and implementation of a pre-trial risk assessment tool specific to Marion County's needs.

### **D. Process Changes to Reduce Rework and Delay**

The Task Force recommends implementation of the following process changes to improve performance of the current system of criminal justice:

- Identification of offenders – take one photo and use electronic fingerprints
- All agencies use the FBI number
- All agencies use standard sentence codes
- All agencies use the bond module
- Sheriff has defined authority and flexibility of offender placement
- All confiscated drugs are tested
- Use electronic traffic tickets and automatic summons
- Central evidence storage under forensic services

**E. Data Driven Continuous Improvement as One Indy**

The task force is encouraged by the collaboration among highly motivated leaders of Indianapolis health and criminal justice systems. We will continue to support and grow the collaboration. We will glean all we can from our information, provide visual analysis for stakeholders, discuss best methods, test actions, and make decisions. We will continue to track our results and adjust our strategies as indicated by the data.



## F. Facilities

The Task Force recommends constructing new facilities to suit the criminal justice design and process changes discussed in this report. The following are included in the recommended features and design:

1. **Assessment and Intervention Center** where arrestees are assessed for mental health and substance abuse treatment needs, receive short-term detoxification and behavioral health treatment, have access to social services, defense counsel and prosecutor staff, receive referrals to longer-term treatment plans and engagement with the wraparound care services based on individual treatment plans.
2. **A 2,600 - 3,000 bed jail to replace current detention facilities**, with design elements that increase safety for jail staff and inmates by facilitating improved admission and inmate management
3. **Acute health care and mental health units** that accommodate state-of-the-art care including suicide watch, geriatric and chronic disease care.
4. **A consolidated Civil and Criminal Courthouse** that incorporates the design elements defined by a Courts Planning Group and collocated with the AIC and new Jail. The final determination of design and courts included will be made by the Marion County Judiciary.
5. **Contingent relocation of the Marion County Prosecutor's Office and Marion County Public Defender Agency** if the Criminal Courts are relocated to the new Justice Complex.
6. **Renovate and reuse the APC, Jail II facilities and space in the City-County Building** if vacated by the courts, for Community Corrections and collocation of the IMPD Property Room, Crime Lab and Marion County Coroner's Office.

### Parameters for site selection

The CJR Task Force further recommends that the new facilities be located in a campus setting that is accessible and enhances the aesthetics and economic and community development prospects of surrounding neighborhoods. Additional considerations in site selection include:

- Public Safety, taking into account and minimizing adjacent uses such as residential areas, churches and schools.
- Ability to accommodate all facilities, as a combined, efficient facility is the best option for cost, efficiency and public safety.
- Cost structure
- Proximity and Access to Constituent Groups a, central location, and access to public transportation

## V. Finance

The proposed reforms to our local criminal justice system will be a costly undertaking and an important investment in our city's future. The financing of the project begins by determining what the City can afford without a tax increase.

So far, the Task Force Finance Team has identified an annual \$35 million from current resources that can be reallocated to fund costs of construction, operating expenses and programming of a reformed criminal justice system.

AGENCY	Personnel Savings	Rent & Upkeep	Contractual Services	Revenue	Total Available per Year
Sheriff	\$5,200,000	\$4,020,737	\$16,500,000	\$1,900,000	\$27,620,737
Courts		\$4,625,000			\$4,625,000
APC		\$401,000			\$401,000
Community Corrections		\$1,546,000			\$1,546,000
Coroner		\$462,000			\$462,000
Crime Lab		\$193,000			\$193,000
Property Room		\$238,000			\$238,000
<b>TOTAL AVAILABLE</b>					<b>\$35,085,737</b>

### Notes:

- Sheriff personnel savings from reduction in transportation expenses and overtime
- Core Civic contract estimated savings at \$14 million. Additional \$2.5 million in savings from Medicaid reimbursements
- Revenue from HB1006 inmates at \$35 per day estimating 150 inmates
- Additional funding for this project could result from efforts to repurpose sites that will be vacated by criminal justice agencies.
- We recommend utilizing existing revenues that may become available as a result of actions of other taxing authorities

### Project Delivery Methods

The following project delivery models are authorized by statute and will be evaluated for the best fit with the criminal justice reform project:

- a) Design-Build-Bid (DBB)
- b) Design-Build (DB)
- c) Construction Management At-Risk (CMAR):

d) Public/Private Partnership (P3)

These models are discussed in greater length within the full Task Force report.

The following factors will be considered in the selection of a project delivery method:

- Budget
- Design
- Project Schedule/Timeline
- Risk Assessment

## **VI. Timeline**

December 12, 2016: Presentation of report to county's Criminal Justice Planning Council

January 31, 2017: Criminal Justice Reform Task Force makes justice complex location recommendation

February 28, 2017: Task Force completes cost estimate

March 31, 2017: Announce finance and construction plan

May 1, 2017: Judiciary announces courts plan

July 1, 2017: Release of bids for justice campus project

November 1, 2017: Bid responses due back to city

January 1, 2018: Bid selected and proposal to Council