

# **INDIANAPOLIS CRIMINAL JUSTICE REFORM TASKFORCE**

## **RECOMMENDATIONS**



**MAYOR JOSEPH H. HOGSETT  
DECEMBER 2016**



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# EXECUTIVE SUMMARY

The criminal justice system in Marion County is over-burdened and beset by underlying challenges that run back generations. Despite that, every single day, those working in the criminal justice system wake up and work tirelessly to make Marion County's streets safer. Over the last six months, leaders from across the criminal justice system came together to address challenges decades in the making and forge a new way forward. Every agency, despite the barriers that face all who seek to change the status quo, came forward ready to work collaboratively. The fundamental objective of these recommendations is to, in the long-term, work together to change the culture of the Marion County criminal justice system:

- from process driven to people driven;
- from processors to problem-solvers;
- from outdated policies and procedures to modern, cutting-edge evidence-based best practices;
- from inefficient and costly to outcome-driven and lean;
- from the ten-year cycle of “emergency, reform, stagnation, deterioration, emergency” to constant and continual innovation; and
- from an opaque and confusing system to one that is internally accountable and externally transparent.

How do we do that? By forging an identifiable, systemic approach to address the root causes of individuals' interactions with the criminal justice system.

The approach we recommend is threefold:

- (1) create the prerequisites for constant, data-driven innovation;
- (2) embrace and implement policies that promote accountability and transparency; and
- (3) divert, when appropriate, residents suffering from mental illness and/or addiction from the criminal justice system and into evidence-based treatment.



# CHAPTER 1

## INTRODUCTION

On May 11, 2016, in his inaugural State of the City Address, Mayor Joe Hogsett set Indianapolis on a path of holistic, data-driven criminal justice reform<sup>1</sup>. Consistent with that commitment, Mayor Hogsett signed Executive Order No. 4, 2016 the very same day, which launched the Indianapolis Criminal Justice Reform Task Force (the “Task Force”) as the vehicle for such change in Indianapolis<sup>2</sup>.

Executive Order No. 4 set forth three specific directives<sup>3</sup>:

- (1) 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, and – based on those recommendations – identify requirements for the location, construction, and/or renovation of county criminal justice facilities.*
- (2) The Mayor shall appoint members of the Criminal Justice Reform Task Force from the three branches of City-County government and pertinent City-County agencies represented in the Criminal Justice Planning Council, as well as subject matter experts and members of the community at his discretion.*
- (3) The Criminal Justice Reform Task Force shall finalize its work and report its findings and recommendations to the Criminal Justice Planning Council at the CJPC’s regularly scheduled meeting in December of 2016.*

This report represents the culmination of the work set out by Mayor Hogsett for the Criminal Justice Reform Task Force and marks the fulfillment of the three directives set forth in Executive Order No. 4, 2016.

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<sup>1</sup> See Appendix A – Mayor Joseph. H Hogsett, State of the City Address, May 11 2016.

<sup>2</sup> See Appendix B – Mayor Joseph H. Hogsett, Executive Order No. 4, 2016.

<sup>3</sup> See Appendix B – Mayor Joseph H. Hogsett, Executive Order No. 4, 2016.



## CHAPTER 2

# TASK FORCE ORGANIZATION

At the direction of Mayor Hogsett, the Task Force was put together with transparency at the very heart of its organizational design. The Task Force consists of four key groups:

- (1) **Community and Issue Stakeholders**: The Marion County criminal justice system impacts every part of Indianapolis and transcends the traditional lines drawn between government, non-profits, and neighborhoods. As a result, from the very beginning, the Task Force included non-governmental members of the community with a particular perspective, interest, or role in the Marion County criminal justice system. For example, the Task Force gained invaluable advice and cutting edge ideas from the following:

ACLU of Indiana  
Central Indiana Community Foundation  
EmployIndy  
Greater Indianapolis NAACP  
Greater Indianapolis Progress Committee  
Health Foundation  
Indiana Department of Corrections  
Indiana University Health

Indianapolis Bar Association  
Indy Chamber  
Indy Chamber Workforce Policy Council  
IndyCAN  
Marion County Reentry Coalition  
Mental Health America of Indiana  
Recycle Force  
The Richard M. Fairbanks Foundation

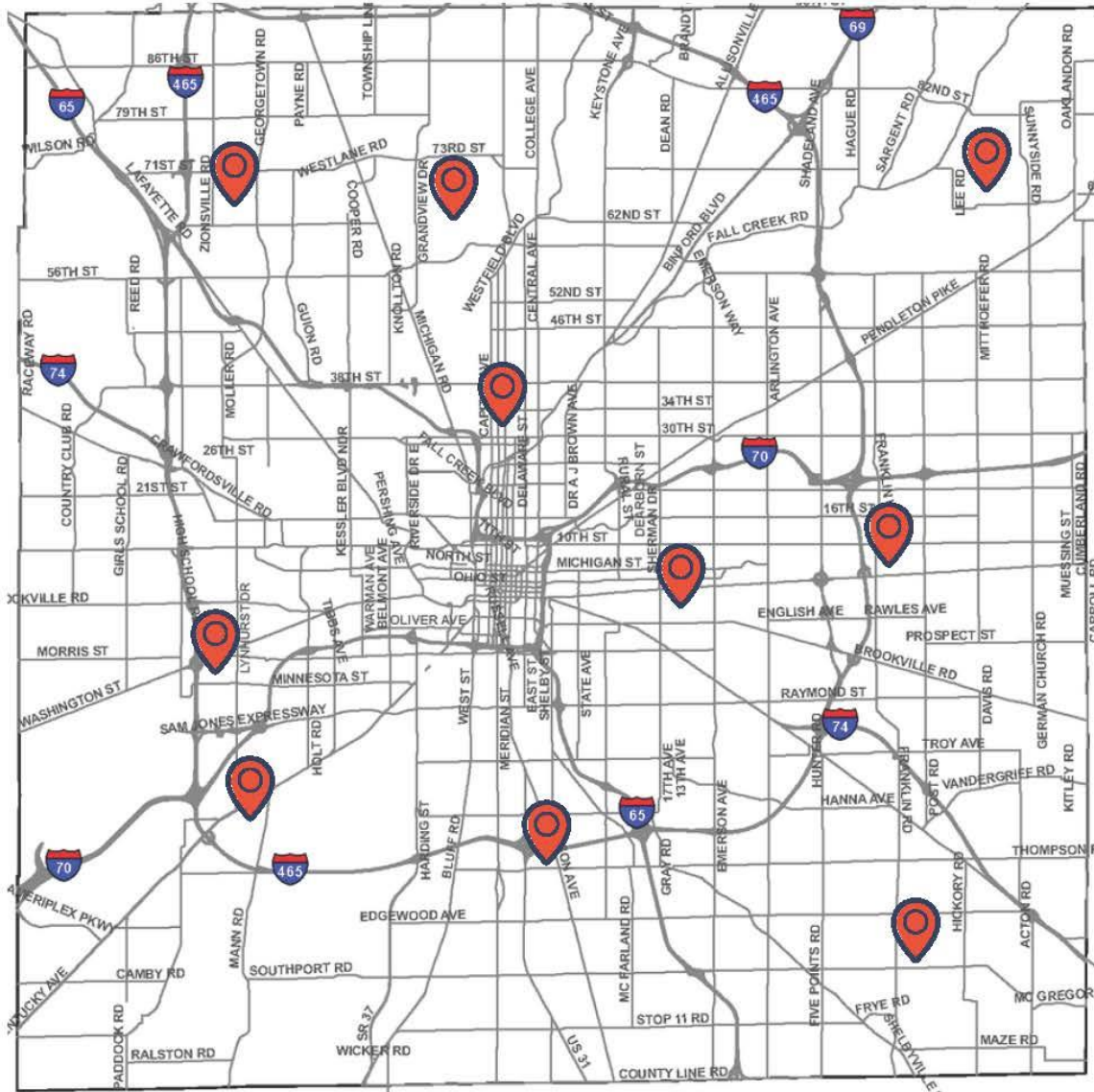
In addition to collaboration and discussions with these and other community and non-profit based organizations, the Task Force convened ten neighborhood-based forums throughout Indianapolis. Receiving ideas and feedback in all parts of the city, these forums and the conversations that they fostered underlie the recommendations set forth in this report.



*Clockwise top left: South District Meeting (MNA Allie Kast); Lawrence Township Meeting (MNA Rosie Stockdale); Wayne Township Meeting (MNA Jordan Rodríguez); NE and NW Center Township Meeting (MNA Betty Smith and MNA Greg Garrett)*



# 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

(2) **Indianapolis-Marion County City-County Council:** The Task Force includes all twenty-five members of the City-County Council and the Chief Financial Officer of the Council. A bipartisan group of councilors from across the city engaged in various parts of the Task Force’s work, including internal discussions with government stakeholders, community conversations at ten different neighborhood-based forums, and various meetings with community and issue stakeholders.

(3) **Enterprise Stakeholders:** The Task Force includes internal government stakeholders who work every day in the Marion County criminal justice system. The following offices and agencies are represented on the Task Force:

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

(4) **Hogsett Administration:** The Task Force includes various members of the Hogsett Administration. This group was sub-divided into five lines of inquiry that drove the Criminal Justice Reform Task Force’s analysis.

**Community Outreach and Engagement Team**

- **Dr. David Hampton**, *Deputy Mayor of Neighborhood Engagement;*
- **Lena Hackett**, *Executive Director - Marion County Re-Entry Coalition*

### **Finance Team**

- **Bart Brown**, *Chief Financial Officer - City-County Council*
- **Fady Qaddoura**, *City Controller*
- **Sarah Riordan**, *Executive Director and General Counsel, Indianapolis Local Public Improvement Bond Bank*

### **Operational Team**

- **Camille Blunt**, *Legislative Director | Inter-Governmental Relations*
- **A. Scott Chinn**, *Partner - Faegre Baker Daniels LLP | General Counsel*
- **Krystal Hill**, *National Urban Fellow | Education and Workforce Training*
- **Andrew J. Mallon**, *Corporation Counsel | Facilities Team*
- **Timothy J. Moriarty**, *Special Counsel to the Mayor | Chair*
- **André Zhang Sonera**, *Peterson Fellow | Operations Director*

### **Process Mapping Team**

- **Paul Babcock**, *Director – Office of Public Health & Safety*
- **Scott Hohl**, *Project Manager – Information Services Agency*

### **System Design Team**

- **Former Lt. Governor Kathy Davis**, *City Systems Engineer*
- **Hope Tribble**, *Director, Office of Audit and Performance*

# CHAPTER 3

## TASK FORCE TIMELINE AND ENGAGEMENT

The Criminal Justice Reform Task Force’s work was divided into three distinct phases.

### **(1) Phase One - Discovery**

- June – August 2016
  - One-on-one sessions
  - Data-gathering
  - Current criminal justice system process map
  - Exemplary systems (“best practices”) review

### **(2) Phase Two - Analysis**

- September – October 2016
  - Departmental review
  - New criminal justice system process map
  - Determine new facility needs
  - Rank scenarios

### **(3) Phase Three - Master Plan**

- November – December 2016
  - Determine top 2-3 scenarios
  - Neighborhood-based, community forums
  - Vet scenarios
  - Complete final recommendations



## CHAPTER 4

# THE STATUS QUO IN OUR CRIMINAL JUSTICE SYSTEM

The Marion County criminal justice system is exhausted and without an identifiable, systemic approach to many of the underlying causes of crime in Indianapolis. This impairs the system's ability to promote both safety and justice. Understanding the way forward requires a clear-eyed assessment of the past.

### A. **The Apparent Problem: An Overcrowded and Antiquated Jail System**

Every morning, city and county leaders receive a report from the Marion County Sheriff's Office providing the county's current Jail population. Every morning, the report shows a population approaching or exceeding 2507 (the capacity of Marion County's jails). As of December 2, 2016, Marion County's jail population was three over its limit. Every morning, the Marion County criminal justice system teeters on the edge of its capacity.

Indianapolis is not unique in the fact that it is facing an overcrowded local jail. For decades, United States jail and prison populations grew as arrest rates climbed.<sup>4</sup> In recent years, the trend has gone in the opposite direction, as the number of individuals ending up in prison or jail after the disposition of their case has started to decline.<sup>5</sup> However, such a decline has not been true of those who are detained in local jails *pre-disposition*.<sup>6</sup> In fact, the percentage of pre-disposition detainees

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<sup>4</sup> Revicki, Jesse et al. *Local Justice Reinvestment: Targeting Reforms at The Front End of the Criminal Justice System*. The Crime and Justice Institute, October 2015.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

“has increased from 52 percent of the US jail population in 1990 to 63 percent in 2014.”<sup>7</sup> Since 2000, the pre-disposition population in the United States “has accounted for 95 percent of the nation’s jail population growth.”<sup>8</sup> Consistent with this growth, a 2014 study found that 84% of detainees in Marion County’s jails were pre-disposition.<sup>9</sup> Grappling with exploding jail populations, jurisdictions all over the country are in search of answers.

Though part of what is a national trend, jail overcrowding is not something new to Indianapolis. As recently as 2006 and 2007, criminal justice leaders were grappling with many of the same issues as today, including a jail overcrowding crisis. At the time, Mayor Bart Peterson, Sheriff Frank Anderson, and judicial leaders came together to address the issue in the short term. And they were successful in abating the crisis. However, over the succeeding ten years, the momentum created by that period of consensus was lost, as contentious debates increasingly focused on new facilities took hold, and any discussion of holistic reform died.

In 2013, with the passage of House Enrolled Act 1006 (“HEA 1006”), the State of Indiana made clear its intent to push a significant number of inmates out of the Indiana Department of Corrections and into local jails. As of January 1, 2016, with those changes in effect, the Marion County criminal justice system has accumulated more and more inmates that, in the past, would have gone to state prison. On April 26th, 2016, with Marion County Jail I and Jail II straining at full capacity, Sheriff John Layton declared a jail emergency. To abate the crisis, Sheriff Layton was forced to move so-called “1006” inmates to other jails throughout Indiana at great expense. Given its only recent implementation, the full effect of HEA 1006 on Marion County jails remains to be

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<sup>7</sup> Revicki, Jesse et al. *Local Justice Reinvestment: Targeting Reforms at The Front End of the Criminal Justice System*. The Crime and Justice Institute, October 2015.

<sup>8</sup> Ibid.

<sup>9</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016.

seen. In fact, an analysis conducted by an outside consultant (Huron) estimated that HEA 1006's full impact could bring an additional 109 to 468 detainees to Marion County's jails. Yet again, the system confronts a jail overcrowding crisis.

In looking back at Marion County's various struggles with its jail population, a pattern or cycle has clearly developed. It starts with some sort of emergency (typically an overcrowded jail). The emergency drives a series of patchwork reforms and temporary fixes. The resulting changes keep the system operational and semi-functional (for a time). Ultimately, stagnation and then decline prevail. Another emergency or crisis ensues and overcrowding comes back into public light.

This cycle is inherently self-defeating and it continues for three reasons. First, the cycle is reinforced by the fact that success or failure in the criminal justice system has been too closely tied to the jail population's proximity to its capacity. If there are beds open, things are going "well." If the population is at capacity, things are not going "well." Second, with this focus on the jail population, many critical aspects of the criminal justice system have been oriented (from organizational structure to policies and procedures) around the overcrowding issue. And third, as a result, given this profound focus on capacity and remediating the issue that is front and center (overcrowding), the system has been unable to adequately analyze, identify, and remediate the issues actually driving the crisis. Jail overcrowding itself is *not* the fundamental problem the Marion County criminal justice system must address. The fact that many vital parts of the Marion County criminal justice system have, over the last two decades, been oriented completely around the overcrowding issue is the fundamental problem that must be addressed. And to look forward, city and county leaders must look back.

## B. The Beginning: A “War on Drugs”

On June 17, 1971, at a press conference announcing the formation of the Special Action Office for Drug Abuse Prevention, President Richard M. Nixon told the American people that “public enemy number one in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage a new, all-out offensive” – and so began America’s “War on Drugs.”<sup>10</sup> In the years that followed President Nixon’s pronouncement, federal, state, and local governments initiated a series of new policies and spent over \$1 trillion attempting to win the “war.”<sup>11</sup> Taken as a whole, their strategies have not achieved their stated goals. A report by the *British Medical Journal* concluded that in the United States “the average inflation-adjusted and purity-adjusted prices of heroin, cocaine and cannabis decreased by 81%, 80% and 86%, respectively, between 1990 and 2007, whereas average purity increased by 60%, 11% and 161%, respectively.”<sup>12</sup> In addition, between 1980 and 2009, the number of those incarcerated in the United States climbed from 500,000 to 2.3 million.<sup>13</sup> A large part of that exponential rise came in the form of drug arrests, as “[s]ince the 1980s, the number of drug offenders in state and federal prisons has increased more than 10-fold.”<sup>14</sup>

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<sup>10</sup> See Appendix D – President Richard M. Nixon, Remarks About an Intensified Program for Drug Abuse Prevention and Control, June 17, 1971. It is worth noting that, in his accompanying message to Congress, President Nixon said the following (See <http://www.presidency.ucsb.edu/ws/?pid=3048>):

While experience thus far indicates that the enforcement provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970 are effective, they are not sufficient in themselves to eliminate drug abuse. Enforcement must be coupled with a rational approach to the reclamation of the drug user himself. The laws of supply and demand function in the illegal drug business as in any other. We are taking steps under the Comprehensive Drug Act to deal with the supply side of the equation and I am recommending additional steps to be taken now. But we must also deal with demand. We must rehabilitate the drug user if we are to eliminate drug abuse and all the antisocial activities that flow from drug abuse.

<sup>11</sup> Associated Press, “AP IMPACT: After 40 years, \$1 trillion, US War on Drugs has failed to meet any of its goals,” *Fox News*, May 13, 2010. (See also <http://www.foxnews.com/world/2010/05/13/ap-impact-years-trillion-war-drugs-failed-meet-goals.html>).

<sup>12</sup> Werb, Dan et. Al. “The Temporal Relationship Between Drug Supply Indicators: An Audit Of International Government Surveillance Systems”. *BMJ Open*, vol 3, no. 9, 2013, p. e003077. *BMJ*, doi:10.1136/bmjopen-2013-003077

<sup>13</sup> Li, Hao, “The War on Drugs a ‘Total Failure’ and Statistics Prove It”. *International Business Times*, June 6, 2011.

<sup>14</sup> Ray, B. et al. “Access to Recovery and Recidivism Among Former Prison Inmates”. *International Journal of Offender Therapy and Comparative Criminology*, 2015, SAGE Publications, doi:10.1177/0306624x15606688.

### **C. The Underlying Issue, Part I: The Crack Cocaine Epidemic**

In the 1980s, crack cocaine proliferated in American cities – including Indianapolis. Crack’s invention “represented a technological innovation that dramatically widened the availability and use of cocaine in inner cities.”<sup>15</sup> Things moved fast, “[v]irtually unheard of prior to the mid-1980s, crack spread quickly across the country, particularly within Black and Hispanic communities.”<sup>16</sup> Distributed in small amounts, “in relatively anonymous street markets, crack provided a lucrative market for drug sellers and street gangs.”<sup>17</sup> And related violence followed, “[b]etween 1984 and 1994, the homicide rate for Black males aged 14-17 more than doubled and homicide rates for Black males aged 18-24 increased almost as much.”<sup>18</sup> As the nation moved through the 1990s, the crack cocaine epidemic subsided and homicides declined across American cities – except in Indianapolis.<sup>19</sup> Indianapolis stayed among a very small group of cities “where crack use and homicide rates . . . [rose] sharply in the 1990's, an exception to the national declines.”<sup>20</sup> And then, seemingly without pause, one drug crisis was succeeded by another.

### **D. The Underlying Issue, Part II: The Opioid Epidemic**

Over the course of the past ten years, an opioid epidemic has invaded and seized control of the streets of American cities, and suburbs, and small towns, and rural communities. In 1995, the United States Food and Drug Administration “approved a controlled-release pain pill called *OxyContin* in response to complaints that patients with cancer and other chronic diseases were not getting the pain relief they needed.”<sup>21</sup> And its use exploded, as “*OxyContin* . . . [became] the most

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<sup>15</sup> Fryer, Roland et al. “Measuring Crack Cocaine and Its Impact”. 2006.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Butterfield, Fox, “Drop in Homicide Rate Linked to Crack’s Decline,” *The New York Times*, Oct. 27, 1997.

<sup>20</sup> Ibid.

<sup>21</sup> Disis, Jill, “Indy’s Heroin Epidemic: It’s Cheap, Easy to Get, Deadly,” *The Indianapolis Star*, Mar. 12, 2014.

prescribed brand-name narcotic medication for treating moderate-to-severe pain in the country.”<sup>22</sup> By 2005, “prescription pain medication had become a \$329.2 billion industry, with a record 4.02 billion drug prescriptions filled in 2011.”<sup>23</sup> For many, pill by pill, the treatment of pain turned into the feeding of an addiction. Indeed, in the United States, “overdose deaths from prescription painkillers quadrupled between 1999 and 2011.”<sup>24</sup> As a result, government at all levels cracked down on pharmaceutical companies and how they marketed painkillers, on many doctors who over (or illegally) prescribed, and on street dealers.<sup>25</sup> Pills became harder to get (and therefore cost more).<sup>26</sup> But opioid addiction is an all-consuming affair – for those afflicted ““their whole lives are organized around them getting opioids.””<sup>27</sup> Strung out and desperate, they went in search of something cheaper and easier to come by.<sup>28</sup>

Heroin is prolific in America as Mexican cartels are flooding the United States illegal drug market with it.<sup>29</sup> In fact, “the sticky brown and black ‘tar’ heroin they produce is [being] channeled by traffickers into the U.S. communities hit hardest by prescription painkiller abuse, offering addicts a \$10 alternative to \$80-a-pill oxycodone.”<sup>30</sup> And the collateral effects of the transition are evident: “In 2012, the most recent year for which data are available, nationwide deaths from prescription painkillers dropped 5 percent from 2011, but heroin overdose deaths surged by 35 percent.”<sup>31</sup> But

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<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Khazan, Olga, “The New Heroin Epidemic,” *The Atlantic Monthly*, Oct. 30, 2014.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Volkow, Nora, M.D., “America’s Addiction to Opioids: Heroin and Prescription Drug Abuse,” *National Institute on Drug Abuse: Presentation to Senate Caucus on International Narcotics Control*, May 14, 2014.

(“The emergence of chemical tolerance toward prescribed opioids, perhaps combined in a smaller number of cases with an increasing difficulty in obtaining these medications illegally . . . may in some instances explain the transition to abuse of heroin, which is cheaper and in some communities easier to obtain than prescription opioids.)

<sup>29</sup> Miroff, Nick, “Losing Marijuana Business, Mexican Cartels Push Heroin and Meth,” *The Washington Post*, Jan. 11, 2015.

<sup>30</sup> Ibid.

<sup>31</sup> Khazan, Olga, “The New Heroin Epidemic,” *The Atlantic Monthly*, Oct. 30, 2014.

this transition isn't "apples to apples," it's far more treacherous than that. What makes heroin different, and in many respects profoundly more dangerous, than prescription pain-killers is not only its availability (it's easy to come by in most cities) and its price (it's very cheap) but is its unpredictability: "With heroin, impurities and contamination can make an already dangerous drug even more deadly."<sup>32</sup> In addition, "[h]eroin is one of the most addictive drugs, more habit-forming than cocaine, alcohol, and other common substances."<sup>33</sup> All over the country, heroin's grip has so altered the American public health landscape that law enforcement officials indicate that opioid addiction kills more individuals than violent crime and vehicle accidents.<sup>34</sup> In fact, "[a]mong persons aged 25 to 64 years old in the United States, unintentional drug overdose is now the leading cause of death with prescription and illicit opioids as the most common cause of these fatal overdoses."<sup>35</sup> Indiana, and Indianapolis, are no exception.

Over the past four years, Indiana has been at the epicenter of the nation's heroin epidemic. As the state's largest city, Indianapolis has seen an exponential rise in heroin usage.<sup>36</sup> And the collateral effects have taken hold. This year Indianapolis is on pace to set a record for opioid overdose 911 calls.<sup>37</sup> What's more, while in the past paramedics administered roughly 500-600

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<sup>32</sup> Ibid.

Haberman, Clyde, "Heroin, Survivor of War on Drugs, Returns with New Face," *The New York Times*, Nov. 22, 2015.

("Nearly 44,000 Americans a year — 120 a day — now die of drug overdoses. Neither traffic accidents nor gun violence, each claiming 30,000-plus lives a year, causes so much ruination.")

<sup>33</sup> Khazan, Olga, "The New Heroin Epidemic," *The Atlantic Monthly*, Oct. 30, 2014.

<sup>34</sup> Daniels, Deborah, "Heroin Abuse is a True Public Health Crisis," *Indianapolis Business Journal*, June 11, 2016. ("When I was a prosecutor, I thought the spread of addictive drugs was primarily a law enforcement problem. We had little authority to impact demand, and generally saw that as someone else's problem. Maybe when all you have is a hammer, the world looks like a nail. I now recognize that, while enforcement is critical in getting major dealers off the street, this is in fact a major public health problem.")

<sup>35</sup> Fisher, Rian et al. "Police Officers Can Safely and Effectively Administer Intranasal Naloxone". 2016

<sup>36</sup> Disis, Jill, "Indy's Heroin Epidemic: It's Cheap, Easy to Get, Deadly," *The Indianapolis Star*, Mar. 12, 2014.

<sup>37</sup> Denoon, Leigh, "Illicit Fentanyl is Amplifying Indy's Overdose Epidemic," *WFYI*, Aug. 1, 2016.

dosages of Naloxone<sup>38</sup> a year, 2015 saw that number rise to 1220.<sup>39</sup> In 2016, first responders are on pace to administer over 1,500 dosages in Indianapolis.<sup>40</sup> However, heroin's impact transcends the user.

In case after case, heroin invades and destroys more than a person, it destroys families. From a public health standpoint, overdoses represent only the immediate aspect of heroin's toll, as its "use increases the risk of being exposed to HIV, viral hepatitis, and other infectious agents."<sup>41</sup> For pregnant women, heroin use "during pregnancy can result in neonatal abstinence syndrome (NAS)"<sup>42</sup> – transmitting addiction from mother to fetus.<sup>43</sup> Indeed, the impact of heroin upon children is nothing short of tragic. Since the onset of the epidemic, Indiana has seen a marked rise in the number of CHINS (Child in Need of Services) cases statewide – from over 16,000 in 2014 to over 20,000 in 2015.<sup>44</sup> In Marion County the issue is particularly acute, as it saw a 65% rise in the number of CHINS cases in only five years (from 2,300 in 2010 to 3,800 in 2015).<sup>45</sup>

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<sup>38</sup> See Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>. ("Naloxone is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.")

<sup>39</sup> Denoon, Leigh, "Illicit Fentanyl is Amplifying Indy's Overdose Epidemic," *WFYI*, Aug. 1, 2016.

<sup>40</sup> *Ibid.*

<sup>41</sup> National Institute on Drug Abuse, "Research Report Series: Heroin," U.S. Department of Health and Human Services - National Institutes of Health. See <https://www.drugabuse.gov/sites/default/files/rrheroin-14.pdf>.

<sup>42</sup> *Ibid.* ("NAS occurs when heroin passes through the placenta to the fetus during pregnancy, causing the baby to become dependent along with the mother.") See <https://www.drugabuse.gov/sites/default/files/rrheroin-14.pdf>.

<sup>43</sup> Tully, Matthew, "Tully: Meet Heroin's Tiniest, Youngest Victims," *The Indianapolis Star*, June 1, 2015. ("Morphine raced through the newborn's tiny body. He had been given a dose earlier that morning to fight off his opiate cravings and would soon receive more. Without the drug, nurses told me, the baby's pain would be overwhelming. His body would shake and he would be racked with diarrhea so bad that it could eat at his skin. His loud cries and screams would pierce the halls here at Franciscan St. Francis Health on the city's Southside.")

<sup>44</sup> Haeberle, Bennett, "Child welfare cases soar within Indiana's heroin epidemic," *WISHTV*, Feb. 4, 2016. ("While there is some debate among them about whether there is a single cause linked to these increased caseloads, the consensus remains the same – heroin is part of the equation and the drug's choking grip on Indiana is suffocating a child welfare system already overburdened.")

<sup>45</sup> *Ibid.*



### **E. The Underlying Issue, Part III: Mental Illness and the Criminal Justice System**

For decades, the fundamental approach to mental illness in the United States centered upon the institutionalization of those afflicted. But, in the 1970s and 1980s, a movement rose in support of deinstitutionalization. Ultimately, the movement won out, and proposals became policies.<sup>46</sup> Since then, the results of deinstitutionalization have been the subject of much debate. At various points, experts and commentators have labeled deinstitutionalization alternatively as a “psychiatric *Titanic*,” “one of the great social disasters of recent American history,” a “tragedy,” and “one of the era’s most stunning public policy failures.”<sup>47</sup> Meanwhile, its defenders argue those finding a direct causal relationship between deinstitutionalization and a rise in homelessness draw too simple conclusion.<sup>48</sup> Regardless of these disagreements, there have been some indisputable developments as a result:

*Notwithstanding their broad pronouncements, both supporters and opponents will agree that deinstitutionalization has caused significant positive results for a large number of people who would otherwise have been set apart from their communities and denied the basic interactions of civic life. This includes many people with psychiatric disabilities—as well as people with intellectual and developmental disabilities, whose deinstitutionalization has been far less controversial. But there is also little doubt that, in the wake of deinstitutionalization, a significant number of people with psychiatric disabilities were left to fend for themselves.*<sup>49</sup>

In the end, it is that final point that is particularly relevant. The lack of social service support in conjunction with deinstitutionalization disproportionately failed the poor.

Regardless of the causation question with respect to deinstitutionalization and homelessness, “[e]ven if deinstitutionalization did not cause the problem of homelessness among

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<sup>46</sup> Bagenstos, Samuel R., “The Past and Future of Deinstitutionalization Litigation,” *Cardozo Law Review*, 34:1, at 6-7.

<sup>47</sup> *Ibid* at 3.

<sup>48</sup> *Ibid* at 7-11.

<sup>49</sup> Bagenstos, Samuel R., “The Past and Future of Deinstitutionalization Litigation,” *Cardozo Law Review*, 34:1, at 4.

individuals with psychiatric disabilities, it has not provided adequate services and supports to those individuals to enable them to flourish.”<sup>50</sup> On the backend of deinstitutionalization, there was never an adequate approach towards “promoting investments in the kind of community service infrastructure that enables people with psychiatric disabilities to thrive in the community.”<sup>51</sup> All over the country, and in Indianapolis in particular, many of those who in the past would have been confined to psychiatric hospitals “are now in jails or congregate private institutions like nursing homes and adult-care homes.”<sup>52</sup>

The criminal justice system in Indianapolis, and Marion County’s jails, have become the default “provider” for many of those suffering from mental illness. Indeed, the mentally ill “are disproportionately represented in jail and prison, both nationally and in Central Indiana.”<sup>53</sup> At the national level, the number of mentally ill in jail is ten times higher than those receiving treatment in psychiatric hospitals.<sup>54</sup> And the detention is more expensive, as detaining those with mental illness costs 20%-60% more than other detainees.<sup>55</sup> According to the Marion County Sheriff’s Office, over 900 detainees in Marion County’s jails at any one time suffer from some form of mental illness and “the additional health care and services required to address the needs of mentally ill prisoners, (including medication, doctors, security, etc.) costs an estimated \$8 million per year.”<sup>56</sup> And these numbers are growing. The prevalence of those suffering from mental illness in the public health

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<sup>50</sup> Ibid at 11.

<sup>51</sup> Ibid at 12.

<sup>52</sup> Bagenstos, Samuel R., “The Past and Future of Deinstitutionalization Litigation,” *Cardozo Law Review*, 34:1, at 12.

See also, E. Fuller Torrey, Editorial, *Jails and Prisons—America’s New Mental Hospitals*, 85 *AM. J. PUB. HEALTH* 1611 (1995). (“Quietly but steadily, jails and prisons are replacing public mental hospitals as the primary purveyors of public psychiatric services for individuals with serious mental illnesses in the United States.”).

<sup>53</sup> Ray, Brad et al. *Addressing Mental Illness in The Central Indiana Criminal Justice System*. 1st ed., Indiana University Public Policy Institute, 2016, [https://policyinstitute.iu.edu/Uploads/PublicationFiles/MentalHealthBrief\\_Final20031516.pdf](https://policyinstitute.iu.edu/Uploads/PublicationFiles/MentalHealthBrief_Final20031516.pdf).

<sup>54</sup> Wiseman, Jane and Stephen Goldsmith. “Why We Need to Move Away from Jailing the Mentally Ill”. *Governing Magazine*, 2016, <http://www.governing.com/blogs/bfc/col-savings-diverting-mentally-ill-jail.html>.

<sup>55</sup> Ibid.

<sup>56</sup> Ray, Brad et al. Ibid.

and criminal justice systems increases each year. Between 2010 and 2013, the number of Indianapolis EMS patients/incidents that involved mental illness as a primary factor went from just over 3300 to well over 4800 – a 45% increase in just four years.<sup>57</sup>

**F. The Fundamental Challenge: An Exhausted System with No Identifiable Systemic Approach to Underlying Causes**

Marion County taxpayers see more of their dollars spent in the criminal justice system than in any other part of local government. Taken together, IMPD, the Marion County Sheriff's Office, the Marion County Prosecutor's Office, the Marion County Public Defender Agency, and the Marion County Superior Courts cost taxpayers over \$440,000,000 a year. The question is whether that money is spent appropriately, effectively, and whether overburdened stakeholders have a system that is worthy of their strenuous daily efforts to keep Indianapolis safe. To answer such a question, it is necessary to make a determination of what "success" in the criminal justice system means. If "success" is a jail kept (however tenuously) below its capacity and tens of thousands of arrests and cases adequately processed, then taxpayers are getting a good return on their investment. However, if "success" in the criminal justice system means discernibly safer neighborhoods, then the system is falling short of public expectations. If "success" is preventing those suffering from mental illness and/or addiction from taking the next step on the trajectory of a criminal career by assessing and treating them, then the system is falling short of public expectations. If "success" is preventing offenders from reoffending over and over and over again, then the system is falling short of public expectations.

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<sup>57</sup> See Appendix E – Indianapolis EMS, *Mental Health Report 2014*.

In Indianapolis, the opioid epidemic and under-served residents suffering from mental illness are consuming government assets and resources at an ever-increasing rate. From 911 calls, EMS responses, and ER visits to arrests, arrestee processing, plea agreements, jury trials, and jail beds, these two challenges have stressed already overburdened public health and criminal justice systems. However, currently, Marion County's criminal justice systems lack a cohesive strategy for addressing these underlying challenges. For example, while proactive enforcement efforts by the Marion County Prosecutor's Office and IMPD have been successful in targeting the *supply* of heroin in Indianapolis, there is no co-equal (and aligned) approach to addressing the *demand* for heroin in Indianapolis. And while entities like the Marion County Re-Entry Coalition (MCRC) and the Coalition for Homelessness Intervention and Prevention (CHIP) work to bring all the relevant government, non-profit, and community actors together with respect to a particular issue (be it re-entry or homelessness), no such centralized effort exists with respect to mental illness and addiction. As a result, current efforts aimed at treatment and service provision are not systematic, integrated, or appropriately scaled.

Without a cohesive approach, the criminal justice system assets and infrastructure that *are* in place will not adequately and systematically assess individuals to determine what issues are underlying their behavior. And without effective assessment in terms of addiction, mental illness, housing, et cetera, it is impossible to effectively channel individuals to the treatment and services that are available. As a result, so-called "super utilizers" cycle again and again through the public health and criminal justice systems. It is costly, inefficient, inhumane, and unjust.

# CHAPTER 5

## THE THREE AVENUES OF SYSTEMIC REFORM

Criminal justice reform in Indianapolis, if distilled to its essence, means this: moving from processing to problem-solving. Here's how it can be done.

### A. The Pre-Requisites of Constant Innovation

To effectively and meaningfully move from processing to problem-solving, city and county leaders must confront the cycle of “emergency, reform, stagnation, decline, emergency” that has emerged over the past decade. Like any successful organization, new ideas must be considered, implemented, and evaluated constantly. The following recommendations lay the groundwork to make such change possible.

#### RECOMMENDATION A1

#### ***PERPETUAL INNOVATION PARTNERSHIP AND INDIANAPOLIS-MARION COUNTY CRIMINAL JUSTICE EVIDENCE-BASED BEST PRACTICES LIBRARY***

To innovate, criminal justice agencies must have access to best practices that have been attempted elsewhere and worked. The Task Force recommends – and has already taken initial steps towards establishing – a partnership between the City of Indianapolis, Office of Public Health & Safety, and Indiana University-Purdue University at Indianapolis - School of Public and Environmental Affairs Professors Dr. Bradley Ray and Dr. Eric Grommon, and Indiana University – Bloomington School of Public and Environmental Affairs Professor Dr. Deanna Malatesta. Under

the terms of a memorandum of understanding, the Task Force recommends that the partnership include:

- Creation of a comprehensive criminal justice evidence-based best practices library rooted in five points of intervention (See Appendix F)<sup>58</sup>;
- Consistent updates of the library with emerging, validated best-practices;
- Consultation regarding best practice implementation upon request of a criminal justice agency;
- Study and assessment of the results of best practice implementation upon request of a criminal justice agency;
- Joint application for requisite grants to fund partnership.

## **RECOMMENDATION A2**

### ***CREATION OF “ONE INDY” AND IMPLEMENTATION OF “RWISE” PROGRAM***

Traditionally, once an agency selects a new policy or practice it would like to utilize, a pilot project is initiated and after a period of implementation (months, if not years), it is evaluated for effectiveness. A determination is then made as to whether the particular policy or practice should be discarded or expanded. The problem with this approach is it does nothing to address the uncertainty inherent on the front end. Given the plethora of policy options available, it is difficult to determine which may have the greatest impact in a particular city or county. If three different best practices exist with respect to a particular issue, which one does an agency choose? “One Indy” is a City initiative that will utilize a cutting edge tool to provide criminal justice agencies guidance

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<sup>58</sup> See Appendix F – Spencer Lawson, Eric Grommon, Bradley Ray, *Review of Evidence-Based Programs and Practices in the Criminal Justice System*, September 2016.

on precisely this question and bring data-driven change to the Marion County criminal justice system.

In an era of shrinking public resources and complex and persistent policy challenges, “One Indy” will enable the City of Indianapolis to develop and utilize actionable intelligence for community leaders to make data-informed decisions and monitor real-time impacts of policy changes. The actionable intelligence results from integration of longitudinal data with evidence-based models to inform collaborative, data-based analysis, discussions and decision making, followed by intentional action planning, measurable goals, and continuous monitoring of outcomes. “One Indy” will integrate resources throughout Central Indiana to create an interactive model of Indianapolis that will provide a testing environment for collaborative design thinking. The building of the environment has begun with the data necessary to understand the environmental factors, individual experiences, and responses related to crime.

Leveraging leading-edge technology, the city will model the impacts of proposed interventions prior to implementation, develop action plans that align, and collectively track results and indicators to adjust and improve. Indianapolis will:

- Integrate longitudinal citizen, property, neighborhood, and economic data;
- Provide interactive access to data elements;
- Visualize and analyze paths with respect to goals;
- Model best practices;
- Build an agent based model and live, forward-looking view of our situation; and
- Design and track actions.



*Figure 1 - Actionable Information to Meet System Reform Goals*

The opportunity is simple and compelling - police know incidents and responses and crime, service providers know health and basic needs, the city knows property and infrastructure, schools know students and families, universities know communities and economies. The city can bring its information together for a shared view of the landscape, insights into how it can make change, and ongoing accountability for making improvement.

To achieve these objectives, “One Indy” will utilize the Reference World Information System Environment (RWISE). Developed by Purdue University professor Alok Chaturvedi, RWISE is an agent based modeling technology that incorporates Nobel Prize winner Daniel Kahneman’s theories of what drives people to action. The agent-based modeling integrates research findings and multiple sources of longitudinal data to create a virtual world, pointed toward a goal. It describes



people’s pathways toward that goal, and allows users to test ideas and see how people respond before trying changes in real life.

In RWISE, there is a place for all data. Data is drawn mechanically and located in the virtual world to describe people in their environment over time. The whole person, and every person, is depicted on a path with respect to an objective. Agent based modeling will allow the city to bring its information together and create a historic and live computer environment mirroring the real world. Experiences come from the local geography, infrastructure, organizations, other people, and media with whom de-identified computerized people, or agents, interact.

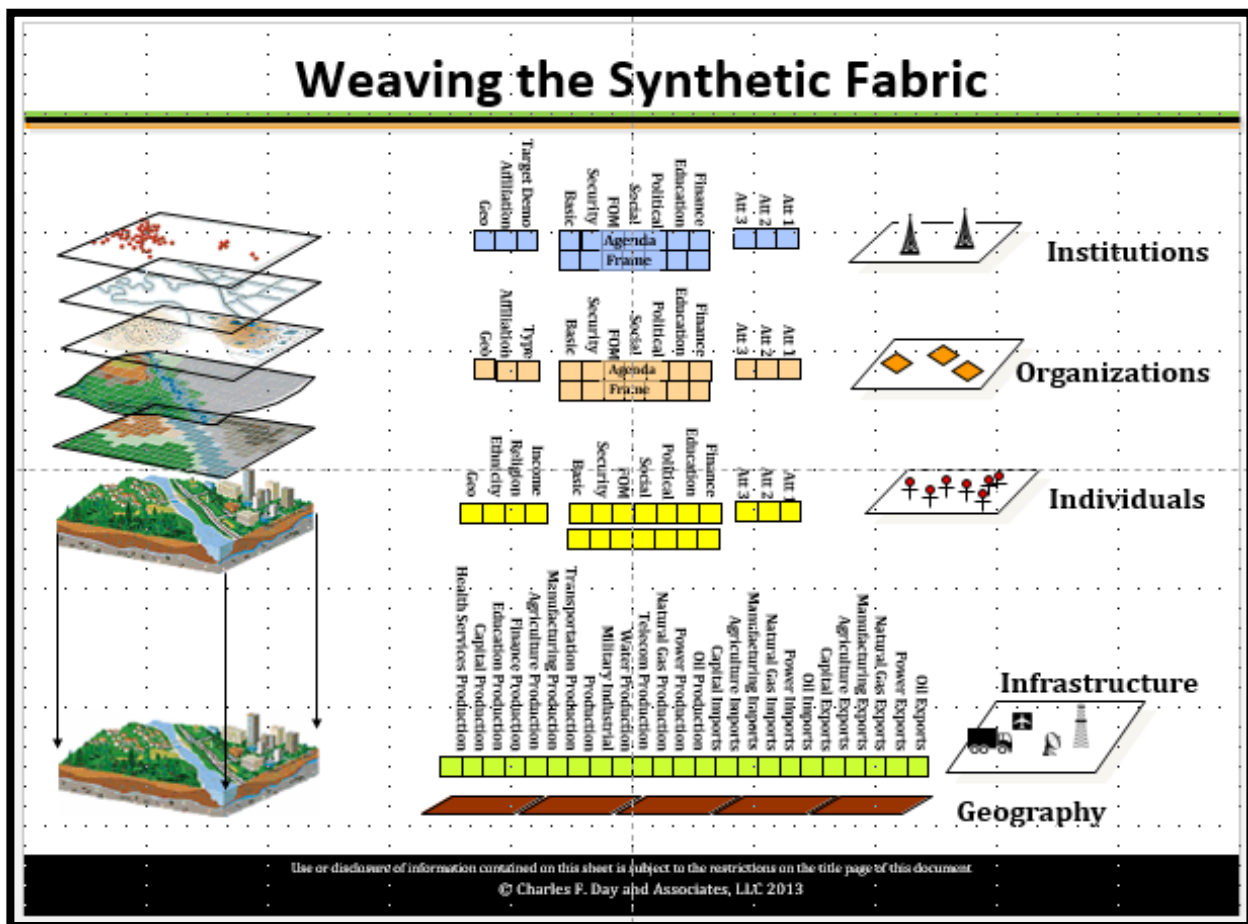


Figure 2 – Building of the Synthetic Environment; Institutions, Organizations, Individuals, Infrastructure, and Geography

People experience wellbeing in several categories. Individuals have common needs for shelter, food, safety, and the ability to get around. Individuals have different priorities for their social, economic, and spiritual well-being. Well-being creates a predictive connection between events in the individual’s environment and individual motivation, decisions, and outcomes.

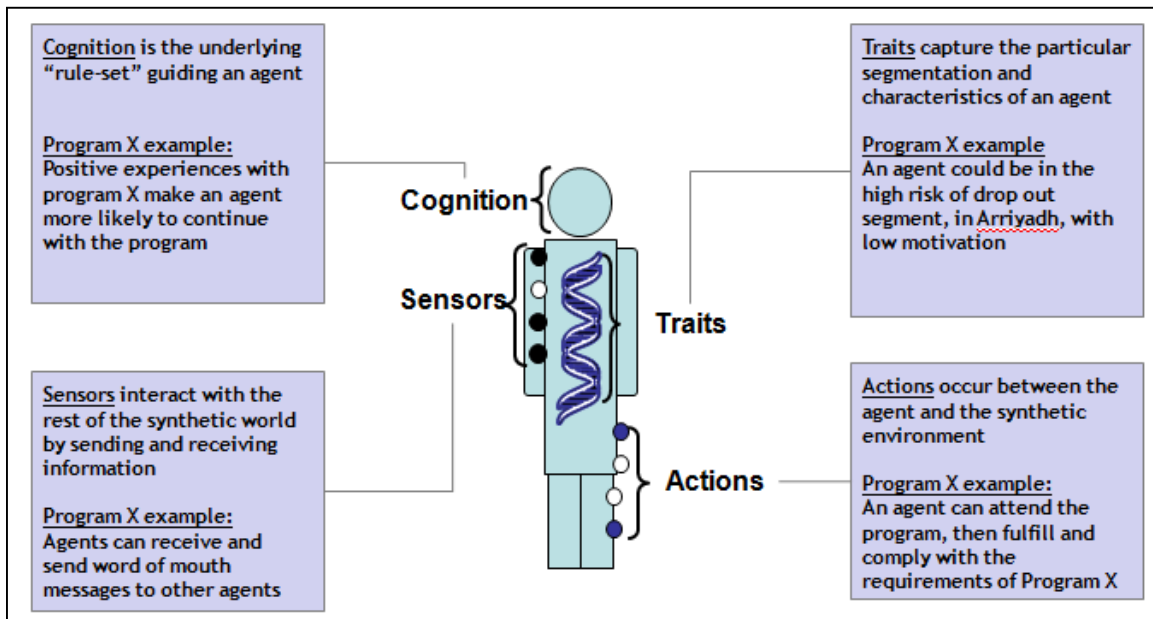


Figure 3 – Fundamental functions within and between agents

The main features of the simulations will be:

- Bringing to life longitudinal data, creating in a computer the pipeline of individual resident demographic representations;
- Modeling the traits, sensors, environment and wellbeing of our citizens;
- Introducing events, real or planned, into the environment. See outcomes through an interactive user interface. Organizations and institutions learn how their contributions are experienced in people’s lives.

- Deriving the individual traits, influences, factors, and decision points that most impact results;
- Seeing how strategies are best customized for groups. Write policy and rules that allow for desirable variation;
- Keeping a real time geographic view, a needs analysis and testing environment for collaborative leaders solving complex problems with limited resources.

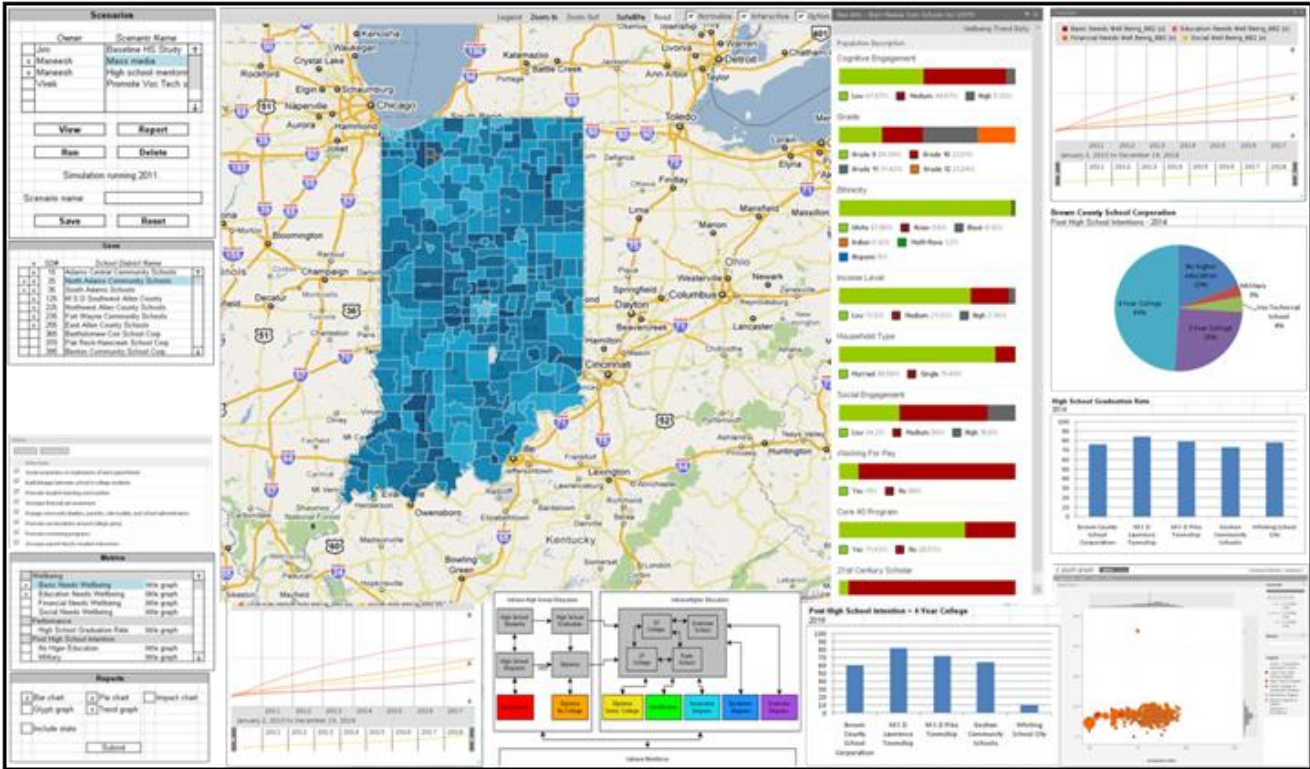


Figure 4 – The environment will have features to run different scenarios, save and compare them, and provide analysis. Users will see how a different mix of policy interventions impact metrics of interest.

Stated simply, One Indy and RWISE will provide the city a picture of its residents and community that is comprehensive enough to target policy interventions to those who need them most, provide what is needed, and measure the results of those efforts.

## **RECOMMENDATION A3**

### ***INDIANAPOLIS SUPER UTILIZERS INITIATIVE***

In April of 2016, the Indianapolis-Marion County City-County passed Proposal 112, Mayor Hogsett’s proposal to reform the governing structure of Indianapolis’ approach to public safety. Fundamentally, Proposal 112 created the Office of Public Health & Safety, which was designed to bring a modern, holistic approach to public safety, crime prevention, and mental health. The office is tasked with coordinating the efforts of local, state, and federal agencies to address the root causes of crime in a comprehensive way across jurisdictional silos. Consistent with that mission, the Office of Public Health & Safety will lead the Indianapolis Super Utilizers Initiative.

A “super utilizer” (or “frequent flyer”) is an individual that interacts with a particular public safety or public health agency repeatedly. 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.”<sup>59</sup> Consuming an out-sized portion of agency assets, many cutting-edge best practices are aimed identifying “super utilizers” and then utilizing preventative approaches.

Nationally, various communities are engaged in such inter-agency “super utilizer” approaches. For example, King County, Washington created the “Familiar Faces Initiative.” The initiative:

[consists of] . . . systems mapping, design, and improvement work centered on creating a system of integrated care for complex health populations that can eventually benefit any user of publicly-funded health services. Familiar Faces are a sentinel population defined as individuals who are frequent utilizers of the King County jail (defined as having been booked four or more times in a

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<sup>59</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 17.

twelve-month period) and who also have a mental health and/or substance use condition.<sup>60</sup>

In their initial analysis across jurisdictional lines, King County was able to draw a variety of insightful conclusions. For instance, “94% of all people with 4 or more jail bookings [had] a behavioral health indicator,” “93% had at least one acute medical condition (average 8.7 conditions),” “51% had at least one chronic health condition (average 1.8 conditions),” and “[m]ore than 50% were homeless.”<sup>61</sup>

All over Indianapolis, hospitals, service providers, first responders, and others are working to identify their respective “super utilizers.” However, they are doing so on an intra-agency basis, maintaining jurisdictional silos. Given the fact that “super utilizers” tend to consume not just one entity’s resources in an out-sized fashion, the Office of Public Health & Safety will convene all of the relevant public health, criminal justice, and public safety entities in Marion County to share the relevant and necessary data, identify inter-agency “super utilizers,” and design a collective, cross-jurisdictional policy of intervention and prevention. A comprehensive, inter-agency approach to “super utilizers” in Marion County will create operational efficiencies for the agencies involved, financial efficiencies for taxpayers, and better outcomes for the target population.

#### **RECOMMENDATION A4**

##### ***ENHANCED COLLABORATION BETWEEN GOVERNMENT AGENCIES AND OTHER ACTORS WITH RESPECT TO MENTAL ILLNESS AND ADDICTION***

Indianapolis has a number of organizations working to address the challenges presented by mental illness and/or addiction. The good work of these non-profit, advocacy, and

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<sup>60</sup> See Appendix G, King County Health and Human Services Transformation, The Familiar Faces Initiative, June 2016, at 1.

<sup>61</sup> Ibid at 3-4.

community-based groups has laid the groundwork for much progress. However, a key finding of the Task Force has been the necessity of establishing better connections between such entities and that of government and quasi-governmental actors. There is simply no place where all of the relevant entities consistently can come together to outline what each is doing and seeing, as well as what can be done better collectively. The Task Force recommends that, consistent with Health and Hospital Corporation of Marion County's ("HHC") role as the lead entity with respect to this report's assessment and treatment related system design, HHC also convene the relevant governmental and non-governmental actors to discuss the appropriate steps for enhanced collaboration.

## **B. Forging Internal Accountability and External Transparency**

Across the country, cities and counties are struggling to ensure that all residents and all parts of the community have faith and trust in the criminal justice system. Indeed, Americans' confidence in the criminal justice system has waned as "[s]ixty-seven percent of the public now think [that] government is doing a fair or poor job with our justice system."<sup>62</sup> Meanwhile, almost seventy percent of Americans believe that the justice system is weighted in favor of the rich, and eighty-three percent believe that "people with money are able to buy their way out of jail, while the poor remain incarcerated."<sup>63</sup> To sustain and build trust, local criminal justice systems must become more transparent about their operations and more open with their data. In addition to enhancing the credibility of the criminal justice system in the broader community, policies aimed at expanding transparency naturally bring with them an enhanced level of internal accountability and, thus, performance. The following recommendations are aimed at bolstering residents' confidence in the

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<sup>62</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 22-23.

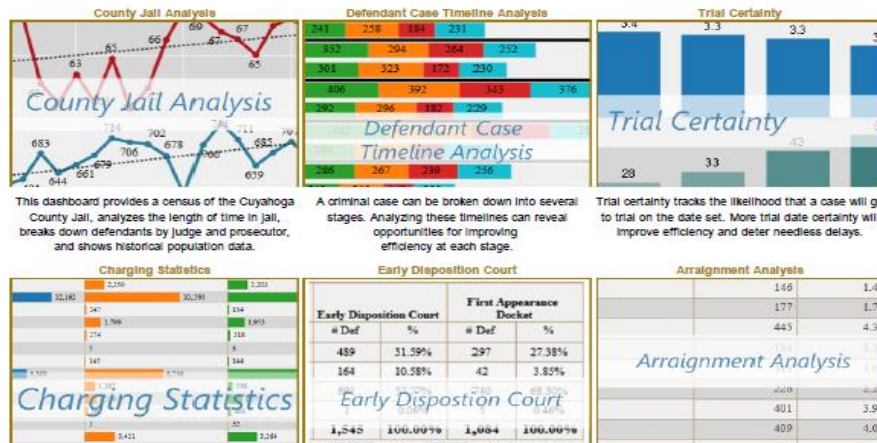
<sup>63</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 23.

Marion County criminal justice system by making the system more efficient with taxpayer dollars, more effective in its business processes, and more accessible and open in evaluating its own performance.

## RECOMMENDATION B1

### **IMPLEMENTATION OF PERFORMANCE METRICS DASHBOARD**

The Marion County criminal justice system currently faces a series of serious challenges when it comes to managing its data. A report by BKD determined that as a result of moving from a “small number of systems (JUSTIS and JIMS) to a greater number of separate software packages for each major stakeholder . . . [,] stakeholders in the state’s largest city have lost the ability to look across the entirety of the criminal justice system . . . .”<sup>64</sup> BKD found that much of the historic, pre-existing data had been corrupted or was “otherwise not easily accessible,” and ultimately concluded that “the ability to extract and analyze data to provide insight on system challenges is limited.”<sup>65</sup> While a core group of stakeholders have made meaningful strides in connecting the relevant software systems, once relevant data does become available it must be utilized in the most effective manner possible. Consistent with the recommendation of BKD, the Task Force recommends implementation of a performance metrics dashboard via utilization of One Indy and RWISE.



*Figure 5 – Cuyahoga County, Ohio Criminal Justice System Performance Metrics Dashboard*

<sup>64</sup> Ibid. at 2

<sup>65</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 2.



Performance metrics dashboards have been utilized in other communities to better evaluate justice system performance and to enhance public access. These tools provide a number of metrics that convey the efficiency and timeliness of key processes and make clear vital system outcomes. For example, Cuyahoga County, Ohio provides residents access to metrics such as a jail population analysis, defendant case timeline analysis, trial certainty, charging statistics, early disposition court data, arraignment analysis, diversion breakdown, active case analysis, and adult dispositions. The information is provided online in a user-friendly format.<sup>66</sup> In Marion County, with technical support from One Indy and RWISE, the Task Force recommends that the Criminal Justice Planning Council (CJPC) determine what performance metrics provide the most insight and implement a performance metrics dashboard accordingly. Once designed and implemented, additional data and indicators can be added based on user feedback, stakeholder interest, and community engagement.

## **RECOMMENDATION B2**

### ***Process Mapping and Business Practice Improvements***

Marion County criminal justice stakeholders interact with one another in myriad of ways, from communicating sentences, issuing arrest warrants, or transporting prisoners. These interactions create an interwoven system defined by each stakeholder's legal duty, budgetary restrictions, and structural composition, which impacts their interaction with one another and shapes the processes they employ to serve the residents of Marion County. Efficient processes provide the backbone for a just and equitable criminal justice system, while inefficient processes

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<sup>66</sup> See illustration on previous page and see: <http://prosecutor.cuyahogacounty.us/en-US/justice-system-performance.aspx>

frustrate residents, slow the system, and hinder civil servants from fulfilling their duties to the citizens of Marion County.

The Taskforce set out to understand the interwoven processes of the Marion County criminal justice system by developing business process maps for critical actions of each agency and meeting with each of the agencies to discuss ways to improve processes. Business process maps detail, document, and clarify individual steps for processes in written and visual form. They allow stakeholders to pinpoint exact bottlenecks and inefficiencies within the flow, and to recommend changes to alleviate the obstacles.

A team of analysts led by Scott Hohl of Marion County Information Services Agency (ISA) met with each stakeholder on behalf of the Taskforce. The team of analysts conducted 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.

The meetings produced the process maps attached and the following recommendations. These recommendations represent potential process improvements to increase efficiencies across the entire City-County government enterprise. The recommendations were gathered from the different stakeholder groups and presented to them for consideration. The increased efficiencies made possible by these changes will improve the functioning of the entire criminal justice system, communication across the stakeholder agencies, and the transparency of the Marion County criminal justice system.

## **PROCESS RECOMMENDATIONS**

### **Give Identification Responsibilities (IDENT) to IMPD to Decrease Duplication**

**CURRENT PROCESS:** IMPD and the Marion County Sheriff both identify arrested individuals. Each agency takes separate booking photos and verifies the individual's identity independently. The Sheriff finger prints the arrestee, and then IMPD verifies the print and maintains Automated Fingerprint Identification System (AFIS).

**PROBLEM:** Multiple agencies responsible for identification creates accountability and efficiency problems by increasing the number of steps in the process and dispersing ultimate responsibility amongst agencies and personnel.

**PROPOSAL:** IMPD IDENT staff should be responsible for the entire identification process. One booking photo should be taken and shared with other agencies, as needed. IDENT staff should print and verify arrests because this would decrease potential for error and increase identification accuracy.

### **Switch Entirely to Electronic Fingerprints to Expedite and Standardize Identification**

**CURRENT PROCESS:** IMPD uses ink and electronic finger prints.

**PROBLEM:** This is duplicative and time consuming because it requires an ink print to be taken, and then a separate electronic print. This duplicity can lead to discrepancies, which can cause delays in identification. Additionally, the electronic print is the official record in AFIS.

**PROPOSAL:** IMPD should transition to electronic prints. E-filing has made the electronic print sufficient and this change will eliminate the need for ink prints.

### **Utilize Odyssey Case and Cause Numbers to Decrease Costs and Improve Charge Filing Times**

**CURRENT PROCESS:** Marion County creates specific case and cause numbers for individuals arrested and charged. This was done to act as a placeholder for issuance of bond and posting of bond when the Courts' Odyssey electronic case management software system was first implemented.

**PROBLEM:** Creation of separate Marion County case and cause numbers leads to confusion because bond is posted on the Marion County case and not recognized on the filed case in Odyssey. This requires the prosecutor to file a request for the Marion County case to be dismissed and then refile the case to reflect the accurate system.

**PROPOSAL:** Marion County case and cause number creation should be discontinued and Odyssey usage should begin from the beginning. This will decrease additional work and cut down on delays.

### **Issue Only FBI Numbers for Everyone Arrested to Improve Information Sharing**

**CURRENT PROCESS:** Marion County issues a unique Gallery Number for every arrestee. This number is in addition to the FBI number each arrested individual gets assigned to them.

**PROBLEM:** Due to identification errors, individuals could have more than one Gallery Number. Plus, Gallery Numbers are unique to Marion County and are not utilized by any other County in Indiana. The FBI number is assigned to every arrestee upon identification, which makes the Gallery Number a duplication.

**PROPOSAL:** Utilize FBI numbers instead of Marion County Gallery Numbers to identify arrestees. This would allow for easier sharing of information between agencies and departments in Indiana and the nation. No new technology would be required to make this shift.

### **Conduct Mental Health and Substance Abuse Screenings Prior to Filing Charges to Improve Public Health Impact Outcomes for Arrested Individuals**

**CURRENT PROCESS:** The Arrestee Processing Center (APC) provides processing services for the county after an individual is arrested. Space limitations and building layout hamper the screening capacity of the APC and the services that can be provided to individuals upon arrest.

**PROBLEM:** The APC currently offers limited medical screening, limited mental health and drug/alcohol screening, no risk assessment at screening, and identification completed at the end of the process, which can lead to charges prior to accurate identification.

**PROPOSAL:** Conduct a full mental health screening of individuals brought to APC prior to the prosecutor screening the case for charges. This would include an approved risk and mental health assessment, which would be shared with all parties involved. Identification would also occur prior to prosecutor screening and each person would be assigned a FBI number.

#### **Provide Flexible Placement Language in Orders to MCCC**

**CURRENT PROCESS:** Individuals are ordered to Marion County Community Corrections (MCCC) by courts with orders that rarely provide flexibility in placement and programs. Changes require hearing in front of Judge to adjust order.

**PROBLEM:** This limits MCCC's ability to step-up, or down, an individual's placement and/or programming based on compliance or progress.

**PROPOSAL:** When deemed appropriate by the courts, provide language in MCCC orders to allow MCCC flexibility in placement and/or programming.

#### **Consider Sentence Codes the Official Record for Release to Decrease Sentence Confusion and Increase Release Efficiency**

**CURRENT PROCESS:** Inmate records include the sentence code and comments from Judges and court regarding sentence.

**PROBLEM:** The comments are often contradictory to the sentence code. The discrepancy between the sentence codes and the comments leads to confusion, which can require courts to be contacted to resolve the discrepancy, leading to delays in release and placement.

**PROPOSAL:** Sentence codes should be considered the official record for release, or placement, and overrule any comments.

**Exclusively Utilize the Odyssey System's Bond Module to Decrease Bond Mistakes**

**CURRENT PROCESS:** The court does not enter information into the Bond Module in Odyssey. Instead, bond information is placed into the Case Notes section of Odyssey. This requires the Sheriff's staff to review the notes.

**PROBLEM:** Extra time is required to read Case Notes because no Bond event information is sent to the Sheriff. This increases time required to determine Bond information and potential for errors.

**PROPOSAL:** Courts should utilize the Bond Module in Odyssey to decrease potential mistakes and increase efficiencies.

**Transfer Property and Evidence Room Responsibilities to the Marion County Forensic Services Agency to Minimize Contamination Potential and Decrease Evidence Transportation Costs**

**CURRENT PROCESS:** Evidence is collected by IMPD, or by Crime Lab technicians, and transported to IMPD's property room. If forensic testing is requested, evidence is retrieved from the property room and transported to the crime lab. Multiple testing requests require numerous evidence transports to and from property room and crime lab. Transportation requires handling of evidence by a technician, or staff personnel.

**PROBLEM:** Transportation and handling of evidence from property room to crime lab and back to the property room increases transportation costs, along with the increased potential for contamination of evidence.

**PROPOSAL:** Transfer responsibility for the Evidence Room from IMPD to the Forensic Services Agency (FSA). This will decrease transportation costs and potential for contamination.

**Presumptively Test all Amounts of Drugs Confiscated at Crime Scenes to Unclog Court Dockets**

**CURRENT PROCESS:** Amounts of drugs over 10 grams and under 1 gram are presumptively tested.

**PROBLEM:** Delay in getting information on drug arrests increases pre-trial incarceration and clogs court dockets.

**PROPOSAL:** Presumptively test all amounts of drugs discovered during an arrest.

**Dedicate Investigative Personnel Specifically for Forensic Results to Increase Case Closing**

**CURRENT PROCESS:** Investigative forensic results are sent to multiple points of contact at each IMPD district. There is a 21% hit rate for forensic results tying evidence to known individuals.

**PROBLEM:** There is a lack of follow through on these sent results, leading to delays in resolving cases with unknown suspects.

**PROPOSAL:** Dedicate an investigative detective from IMPD to follow-up on all investigative forensic results, or a deputy prosecutor dedicated by the Marion County Prosecutor's office to follow-up on all results, to increase closed cases with unknown suspects.

**Search Warrants and Grand Jury Cases Remain with Original Judge to Maintain Consistency in Resolution of Amendment and Motions**

**CURRENT PROCESS:** Judicial review of Grand Jury cases and Search Warrants for long-term investigations are done on a rotating basis. Grand Jury cases and Search Warrants for long-term

investigations can last multiple months, and even over a year. Any request for additional items in a Search Warrant, or update in evidence for a Grand Jury case, requires additional judicial review. Updates and/or amendments to Grand Jury cases, or Search Warrants, could be sent to multiple Judges over the duration of the investigation.

**PROBLEM:** The change in Judge for a Grand Jury case, or Search Warrant, often requires extensive explanation, in many cases requiring a complete review of the original Probable Cause, to bring the new Judge “up to speed” on the case. This results in unnecessary administrative time for both the Judge and prosecutor. It can also cause a delay in a time sensitive request regarding a Search Warrant.

**PROPOSAL:** Grand Jury cases and Search Warrants should remain with the original assigned Judge for the duration of the Grand Jury case or Search warrant. This will allow for quicker resolution of amendments and updates, as the Judge will already be familiar with the case and original Probable Cause. This will allow the process for Grand Jury cases and Search Warrants to be more efficient and provide more consistency in the cases.

### **Equip All IMPD Officers with Personnel Identification Devices to Improve Identification of Suspects in the Field**

**CURRENT PROCESS:** Approximately 15 to 20 IMPD officers are equipped with Personal Identification Devices (PID's). These devices allow officers to take an electronic fingerprint in the field. This allows officers to properly identify individuals they encounter. It results in proper results for warrant searches and fewer arrest report mistakes due to false reporting of identity.

**PROBLEM:** The inability to properly identify an individual in the field can lead to two primary problems. The first is related to open warrants. An individual with open warrants could be released from the scene because his identity could not be verified, resulting in a potentially dangerous individual remaining loose. Second, false reporting on an arrest report can result in mistakes and



problems later in the charging and filing process. It is possible for charges to be filed and a case created before proper identification of the arrestee occurs. This results in the original case needing to be dismissed and a new charging decision and case creation occurring. This duplication of effort wastes time and can result in incorrect information on another individual's criminal history.

**PROPOSAL:** Equip all officers in the field with Personal Identification Devices (PIDs). This will allow for more accurate identification of individuals officers encounter. It will result in increased warrant arrests and fewer errors as a result of false reporting. This will create more efficiency and fewer errors in the screening and charging process. This can also work with IMPD's move to electronic Officer Arrest Reports (OAR). The electronic fingerprint from the PID could be added to the electronic OAR.

#### **Utilize One Officer Arrest and Incident Report to Maintain Accuracy of Information**

**CURRENT PROCESS:** IMPD officers complete a paper/carbon copy Officer Arrest Report (OAR) for every arrest. The OAR is sent with the arrestee to the Arrestee Processing Center (APC). At the APC, an ink fingerprint is put on the OAR to positively identify the arrestee. The data from the OAR is manually entered into the Sheriff's case management system. The OAR is used to identify and document the process of arrestees at the APC. The officer in the field must then complete an electronic Incident Report on their case management system.

**PROBLEM:** The information provided on the OAR is nearly identical to that entered into the Incident Report. This results in duplicative work for the officer in the field. This means more time spent completing paperwork and delaying the officer's ability to return to his beat. This also results in the reliance on paperwork for the APC and Inmate Records process. This can lead to delays and/or confusion with lost or misplaced paperwork.

**PROPOSAL:** The OAR and Incident Report should be combined into a single electronic form. There would be no need for duplicate data entry. The document could have an electronic print attached from the PID in the field. The report, with electronic print, could be sent directly to the Sheriff's case management system at the APC. Staff there would be able to identify and process individuals electronically, doing away with paper. This would allow for more efficiency, fewer mistakes and easier tracking of arrestees through the process. This would also be a step towards the Sheriff being able to make the Inmate Records process electronic, instead of relying on paper. The same data could be sent into IMPD's case management system to complete the Incident Report. The increased efficiency would allow officers to spend less time on paperwork, and more time on their beat.

**All Traffic Tickets Should Be Issued Electronically to Improve Revenue Collection and Decrease Failure to Appear (FTAs)**

**CURRENT PROCESS:** Most traffic tickets are issued on paper and handwritten. In addition, to avoid constant re-printing of ticket books, fine amounts, instructions and information on traffic court is not printed on the tickets. The paper traffic tickets are delivered to the Arrestee Processing Center and then transported to traffic court. At traffic court, the tickets are manually entered into Odyssey. A limited number of officers have access to IMPD's electronic ticketing system. These tickets are typed up electronically and printed off for the violator. The tickets automatically download into Odyssey.

**PROBLEM:** Issuing paper tickets creates multiple problems. Manually writing tickets leads to inefficiency. The officer must hand-write the ticket, then the ticket must be manually entered into Odyssey at traffic court. Issues with handwriting can lead to errors, or cause delays while awaiting clarification. Because no fine amounts or instructions are printed on the tickets, violators are expected to call an information line, or go online for fine amounts, payment options or court

instructions. This leads to uncontrollable call volume at traffic court. Violators don't pay tickets in a timely manner or Fail to Appear for scheduled court dates. This affects potential traffic ticket revenue and increases the traffic court docket due to unnecessary hearings and FTA's.

**PROPOSAL:** All traffic tickets should be issued electronically. IMPD should expand its electronic ticketing system to all officers, or should partner with the Indiana State Police and utilize their e-ticketing system. This will allow for quicker and more accurate tickets that can automatically download into Odyssey. This will save time and reduce errors. Instructions and fine amounts should be printed on all tickets. This will greatly reduce confusion for violators and make call volume manageable at traffic court. This can increase payments on traffic tickets, in a timelier manner. It can also result in far fewer instances of Failure to Appear for scheduled hearings and/or fewer suspensions of licenses due to missed hearings and/or non-payment.

**Automatically Generate Summons Upon Ticket Being Issued to Increase Transparency and Access to Courts**

**CURRENT PROCESS:** When paper traffic tickets are entered into Odyssey, a summons should be generated and sent out to the violator informing them of their court date. If an electronic ticket downloads into Odyssey, the summons should be created and sent to the violator.

**PROBLEM:** Summons are not sent on all traffic tickets. The problem is exacerbated by manually entering paper tickets. This results in high Failure to Appear rates for traffic court. FTA's lead to individuals losing their licenses due to missing hearings they were not aware of, and causes additional hearings to be scheduled to resolve a case.

**PROPOSAL:** Summons should be automatically generated with the entry of any traffic ticket into Odyssey. Utilizing only electronic traffic tickets could further automate this process. Upon the tickets being downloaded, the summons could be created and sent. The court date could also be

generated and printed on the electronic ticket at the time of issuance as well. This could lower the FTA rate, thereby reducing the amount of court resources needed for additional hearings. This would also reduce the number of individuals arrested and processed for FTA on traffic cases.

### **Maintain Evidence in a Central Repository to Minimize Transfers Between Agencies**

**CURRENT PROCESS:** Evidence is transferred from one agency to another manually and/or multiple copies of the same item are made.

**PROBLEM:** Duplicate copies results in redundant storage, both electronic and/or paper. The manual transfer of evidence between agencies can cause delays.

**PROPOSAL:** Evidence should be maintained in a central location. A central repository for evidence (documents, audio and video files) could be accessed by all agencies as needed. This would also reduce the need for multiple copies of the same piece of evidence, thereby resulting in savings. One-Drive is a possible solution.

### **Develop Integrated Data Sharing Systems to Increase Communication Between Agencies**

**CURRENT PROCESS:** When the County's prior criminal case management system, JUSTIS, was decommissioned as a court-case management system for Marion County, it resulted in each agency/department in the criminal justice system needing their own case/document management system: IMPD- "Interact," Prosecutor- "INPCMS," Public Defender- "PDIS," Sheriff- "OMS," Probation and Community Corrections- "Informer." The separate "CORE-Dexter" software had to be developed as a means of transferring data between the systems listed. The initial requests for data to be shared was completed successfully.

**PROBLEM:** Subsequent requests for additional data sharing or enhancements to the data sharing have been hindered by delays in updating programming or requirements by partner vendors. This has resulted in some data not being shared, causing delays and/or errors.

**PROPOSAL:** All criminal justice-public safety partners, and their vendors, should cooperate in a timely manner to ensure connections and data sharing between systems is achieved. If data sharing is limited due to system constraints, partner agencies should look to new operating systems which seamlessly integrate with other partner agency systems. No agency or department should operate on a system which is not capable of integrating with other systems. In addition, wherever systems are utilized by multiple agencies for similar processes, every effort should be made to partner to utilize one system as opposed to multiple systems.

**Develop a Chief Data Officer for Marion County Government to Increase Transparency**

**CURRENT PROCESS:** There is no individual responsible for overseeing all systems and/or data in criminal justice-public safety.

**PROBLEM:** This results in no oversight to ensure compatibility between systems within different agencies/departments. There is also no central contact for ensuring system-wide data is shared with the public.

**PROPOSAL:** The role of a Chief Data Officer should be explored. This individual would be responsible for ensuring compatibility, and the efficient and accurate sharing of data, between all systems within criminal justice-public safety. This individual would also lead the effort to make data accessible to the public to increase confidence in the system.

### **C. The Indianapolis Model: Identification, Assessment, Appropriate Diversion, and Treatment for those Suffering from Mental Illness and/or Addiction**

#### *The Challenge*

On average, more than 40,000 arrests are made in Marion County every year.<sup>67</sup> Of those detained in the Marion County Jail, roughly 30-40% of detainees are classified as mentally ill.<sup>68</sup> In addition, roughly 85% are “diagnosed as suffering from substance abuse issues.”<sup>69</sup> However, these numbers vastly underestimate the prevalence of such issues in the overall criminal justice system for three reasons. First, these numbers are based on those arrestees who make it to Marion County Jail I or Jail II. A significant number of low-level offenders are processed at the Arrestee Processing Center (APC) and released pre-disposition – never reaching either jail. Second, the extent of mental health and addiction screening that is done at the APC is minimal. BKD reports that while individuals are assessed for serious mental health conditions at the APC, “nurses are not present at the APC 24 hours per day.”<sup>70</sup> Finally, and perhaps most critically, Marion County has no comprehensive policy with respect to the identification of those who may be suffering from mental illness and/or addiction at any stage of the criminal justice process from pre-arrest to entrance into either Marion County Jail I or Jail II.

Because the Marion County criminal justice system has a “processing” orientation rather than a “problem-solving” orientation, it is impossible to pinpoint and determine the scope of the

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<sup>67</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 10.

<sup>68</sup> Ibid at 34.

<sup>69</sup> Ibid at 3.

<sup>70</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 35.

cohort of super-utilizers with mental illness and/or addiction. The collateral effects of this are profound. Without identification and assessment, comprehensive intervention and treatment is impossible. Without intervention and treatment, super-utilizers suffering from mental illness and/or addiction continue cycling through the criminal justice system. And the more often, and the farther, an individual penetrates the criminal justice system, the worse the outcome gets for both the individual and the community. Put better, if intervention does not occur, it costs taxpayers more (for example, \$82 a day to detain an individual in Jail I) and makes the community less safe (criminal activity may escalate).

### *A Theory of Intervention*

The Sequential Intercept Model (“SIM”) is an approach aimed at addressing mental illness and addiction in the criminal justice system. At its core, SIM “provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness.”<sup>71</sup> The SIM approach is driven in large part as a response to the “observation that people with mental illness often cycle repeatedly between the criminal justice system and community services.”<sup>72</sup> SIM envisions a model that contains “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.”<sup>73</sup> The SIM model details five opportunities for potential interception: (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

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<sup>71</sup> Munetz, Mark R. and Patricia A. Griffin. "Use of The Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness". *Psychiatric Services*, vol 57, no. 4, 2006, at 544

<sup>72</sup> *Ibid* at 545.

<sup>73</sup> *Ibid* at 544

hospitalization, and (5) community corrections and community support services.<sup>74</sup> Ultimately, taking aim at each step in the model, “a community can develop targeted strategies to enhance effectiveness that can evolve overtime.”<sup>75</sup> However, understanding that cities and counties must choose somewhere in the system to start, the best “bang for the buck” lies in those interventions that occur early in the model.<sup>76</sup>

### *Creating the Indianapolis Model*

At the outset of the Task Force’s work, representatives of the Mayor’s Office reached out to the leadership of Health & Hospital Corporation of Marion County (“HHC”). Calling upon HHC’s public health and clinical expertise, the Mayor’s Office asked HHC to join the Task Force as an Enterprise Stakeholder and help design an integrated, evidence-based model of identification, assessment, and treatment to be implemented within the Marion County criminal justice system. HHC agreed and from that collaboration the following model emerged.

The Indianapolis Model starts with four simple tenets:

- (1) If we systematically and effectively *identify* those that may be suffering from mental illness and/or addiction in the first place, we can recommend them for a fulsome assessment;
- (2) If we properly *assess* such individuals, we then can pinpoint and clinically diagnose the underlying mental illness and/or co-occurring addiction that drives their behavior;
- (3) If we effectively *assess and diagnose* the underlying condition, we can appropriately channel the individual to treatment;

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<sup>74</sup> Ibid at 545

<sup>75</sup> Ibid at 548

<sup>76</sup> Ibid.



(4) If we effectively *channel and then treat* the individual, we can break the criminal cycle and reduce the resultant cost to taxpayers.

Importantly, and consistent with lessons from other communities, it is vital that this strategy be implemented as early as possible in the criminal justice process. The Indianapolis Model targets two key stages: pre-arrest intervention and post-arrest intervention. More specifically, to ensure the necessary evolution of services, infrastructure, and culture, the Task Force proposes incremental development toward an overarching architecture and design over three years – culminating in the full vision of a new operational criminal justice center for Marion County. As the medical and mental health contingencies and services are developed and expanded, the Task Force can collectively ensure that all of the identified and required elements for the appropriate routing, utilization, safety, and enforcement are developed and implemented by the appropriate agencies. This way, the collective entities can collaboratively develop best practices across otherwise disparate agencies.

## **RECOMMENDATION C1**

### ***PRE-ARREST INTERVENTION AND DIVERSION***

The best way to prevent crime is to intervene before an officer determines that an arrest is warranted, before an addiction spirals into an offense, or before mental illness leads to illegal behavior. Given this, the first targeted point of intervention will be pre-arrest. Police officers are quite often the first called to address situations involving those suffering from mental illness and/or addiction.<sup>77</sup> In fact, “[l]aw enforcement experts estimate that as many as 7 to 10 percent of patrol

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<sup>77</sup> Munetz, Mark R. and Patricia A. Griffin. "Use of The Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness". *Psychiatric Services*, vol 57, no. 4, 2006, at 546.

officer encounters involve persons with mental disorders.”<sup>78</sup> But, while we often send officers in to address and resolve such situations, we do not sufficiently equip them. They arrive on the scene and have two options: arrest or don’t. If they try to address and calm the situation without an arrest, all too often they are called back hours or days later. If they arrest, then the individual enters the criminal justice system and (as it currently operates) outcomes for both the community and the individual may only get worse. Indeed, arrest is often the last option, “but when officers lack knowledge of alternatives and cannot gain access to them, they may see arrest as the only available disposition for people who clearly cannot be left on the street.”<sup>79</sup> The question is how we can give officers a third or fourth option that effectively identifies those suffering from mental illness and/or addiction and gets them to a comprehensive assessment, opening up channels to treatment. The Task Force recommends a pre-arrest initiative with three interrelated components.

### **COMPONENT ONE: Crisis Intervention Team (“CIT”) Training for Every E911 Operator and IMPD Officer**

If the most critical initial component of the Indianapolis Model is identification, then CIT training is where everything begins. The Task Force recommends that every E911 operator and IMPD officer be fully CIT trained by the conclusion of 2018. First developed in Memphis, Tennessee, the so-called “Memphis Model” of CIT “is an innovative first-responder model of police-based crisis intervention” that “provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness.”<sup>80</sup> In short, CIT training provides E911 operators and police officers the ability to: (1) quickly and effectively identify those suffering from mental illness and/or

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<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>80</sup> See Appendix H, Randolph Dupont, Sam Cochran, and Sarah Pillsbury, “Crisis Intervention Team Core Elements,” September 2007, at 3.

addition upon dispatching, or being dispatched to, a particular incident, (2) address the immediate situation, and (3) initiate the appropriate channeling of the individual. The implementation of CIT in other communities has proven remarkably successful. In Memphis, after CIT was implemented, “officer injuries sustained during responses to ‘mental disturbance’ calls dropped 80%.”<sup>81</sup> In addition, a study of officer perspectives on CIT noted that officers felt that “CIT is better at minimizing the amount of time they spend on mental disturbance calls, more effective at meeting the needs of people with mental illness and better at maintaining community safety.”<sup>82</sup> What’s more, CIT costs taxpayer dollars less money as “[p]re-booking jail diversion programs, including CIT, reduce the number of re-arrests of people with mental illness by a staggering 58%.”<sup>83</sup>

The initiative starts with E911 operators. And that is for good reason, as they are quite often the key catalyst for the success of the overall CIT program. Indeed, “CIT depends on [E911 operators] familiarity with the CIT program, knowledge of how to recognize a CIT call involving a behavioral crisis event, and the appropriate questions to ask in order to ascertain information from the caller that will help the responding CIT Officer.”<sup>84</sup> Training for E911 operators lasts minimally eight to sixteen hours with additional in-service training. Currently, only certain Indianapolis-Marion County E911 operators receive CIT training. The Task Force recommends that every E911 operator be CIT trained by the end of 2018.

As the individual charged with addressing the emergency situation and also appropriately identifying whether an underlying condition may exist, the responding officer is the centerpiece of

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<sup>81</sup> See National Alliance on Mental Illness at: <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT#sthash.oMM7slqp.dpuf>

<sup>82</sup> See National Alliance on Mental Illness at: <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT#sthash.oMM7slqp.dpuf>

<sup>83</sup> Ibid.

<sup>84</sup> See Appendix H, Dupont, Randolph et al. "Crisis Intervention Team Core Elements". 2007, <http://cit.memphis.edu/pdf/CoreElements.pdf> at 12.

the CIT effort. In CIT training, police officers receive, at minimum, forty hours of training that “emphasizes mental health-related topics, crisis resolution skills and de-escalation training, and access to community-based services” through “didactics/lectures, on-site visitation and exposure to several mental health facilities, intensive interaction with individuals with a mental illness, and scenario based de-escalation skill training.”<sup>85</sup> In particular, specialized skill courses include:

- Clinical Issues Related to Mental Illnesses
- Medications and Side Effects
- Alcohol and Drug Assessment
- Co-Occurring Disorders
- Developmental Disabilities
- Family/Consumer Perspective
- Suicide Prevention and Practicum Aspects
- Rights/Civil Commitment
- Mental Health Diversity
- Equipment Orientation
- Policies and Procedures
- Personality Disorders
- Post-Traumatic Stress Disorders (PTSD)
- Legal Aspects of Officer Liability
- Community Resources

Currently, roughly half of IMPD officers have received some form of CIT training. This is primarily the result of CIT training being instituted as part of the IMPD training academy curriculum. The Task Force recommends that every IMPD officer be CIT trained by the end of 2018.

### **COMPONENT TWO: Partnership with NYU School of Law to Develop a Mental Health Pre-Arrest Screening Tool**

While CIT training is a significant part of pre-arrest intervention and diversion, additional, data-driven tools are available that enhance an officer’s ability to utilize the CIT training they receive. The city, through the Office of Public Health & Safety, is in the process of entering into a

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<sup>85</sup> Ibid at 14.

memorandum of understanding with the New York University School of Law to collaboratively develop a data-driven mental health screening tool specific to Indianapolis.

### **COMPONENT THREE: Creation, Training, and Deployment of Mobile Crisis Unit (“MCU”) Service Line**

Though CIT training and pre-arrest screening tools provide key assets in the effective identification of those suffering from mental illness and/or addiction, CIT response by officers can take a significant amount of time if the officer must handle the entire situation (from start to finish) by themselves. Given Indianapolis’ movement to beat-based community policing, the potential time commitment CIT related incidents may drive could work at cross purposes with the underlying policing model. However, if the E911 operator and initial responding, CIT trained, beat-based officer can utilize their training to initially identify an individual as suffering from mental illness and/or addiction and then turn the ultimate resolution of the situation and channeling of the individual to another (enhanced) unit, a more efficient outcome would ensue. Given this, the Task Force recommends the creation, training, and deployment of a Mobile Crisis Unit Service Line.

Otherwise known as, or associated with, Enhanced Crisis Intervention Teams (“ECITs”) and/or Behavioral Health Response Teams (“BHRTs”), MCUs consist of a police officer with more robust, enhanced CIT training that is paired with one or more public health professionals. The implementation of ECITs, BHRTs, and/or MCUs has proven markedly successful. The City of Portland, Oregon utilizes an ECIT approach and estimates that the unit’s deployment saved the city \$16 million in jail costs from 2008 to 2010.<sup>86</sup> In fact, over a period of study from May 10, 2014 to

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<sup>86</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 37.

December 2014, the City of Portland had over 609 calls that its ECITs responded to.<sup>87</sup> Of those 609 calls, only forty resulted in an arrest and only one involved the use of force by an officer.<sup>88</sup> Meanwhile, 130 of the 609 calls resulted in an individual being taken to the hospital.<sup>89</sup>

In the Indianapolis Model, 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. The team will offload time-consuming, challenging, and complicated pre-arrest situations to a dedicated, specially-trained team that can better assess, engage, and route individuals to mental health and social services instead of the criminal justice system. This type of dedicated resource will drive culture change, standardize processes and triage, and more quickly educate IMPD officers to route potential offenders to diversion services. What's more, potential offenders will be better routed to appropriate care and neighborhood-based "beat" officers will be back in service to address other crime.

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.

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<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.

## **RECOMMENDATION C2**

### ***POST-ARREST INTERVENTION AND 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 again and again. This cycle continues because the underlying illness goes unaddressed. What's more, 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. This approach costs taxpayers' money, is wasteful, and makes residents less safe. And it is why a growing bipartisan chorus of current and former political and criminal justice system leaders have acknowledged and embraced the significance of effective intervention and treatment.<sup>90</sup> A program of identification, assessment, and diversion to treatment brings with it the prospect of better health outcomes for residents, reduced recidivism in our justice system, a lower long term cost to taxpayers, and safer streets.

Even when an effective system of pre-arrest intervention and diversion are in place, individuals suffering from mental illness and/or addiction will be arrested. While officers may determine that an arrest is necessary, if the officer (utilizing their CIT training) identifies the individual as suffering from some form of mental illness and/or addiction, significantly better outcomes can still result if services are provided as a result. Indeed, post-arrest intervention and diversion programs have proven markedly successful in other cities and counties – shrinking jail

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<sup>90</sup> See, e.g., Daniels, Deborah, "Heroin Abuse is a True Public Health Crisis," *Indianapolis Business Journal*, June 11, 2016. And see, Wiseman, Jane and Stephen Goldsmith. "Why We Need to Move Away from Jailing the Mentally Ill". *Governing Magazine*, 2016, <http://www.governing.com/blogs/bfc/col-savings-diverting-mentally-ill-jail.html>.

populations, saving taxpayer dollars, and reducing recidivism rates.<sup>91</sup> In many respects, Indianapolis is already leading on this issue.

The Marion County Superior Court’s problem-solving courts includes the Drug Treatment Court (“DTC”) and the Re-Entry Court (“REC”) led by Judge Jose Salinas, the PAIR (“Psychiatric Assertive Identification and Referral”) Mental Health Diversion Program led by Judge Amy Jones, the Indianapolis Veterans Court (“IVC”) led by Judge David Certo, and the Behavioral Health Alternative Court (“BHAC”) led by Judge Barbara Crawford. In addition to being key participants in the court programming listed above, the Marion County Prosecutor’s Office has initiated a cutting-edge felony diversion program for certain qualifying offenders. Taken together, these assets provide a remarkable opportunity for post-arrest intervention and diversion in the Marion County criminal justice system. Unfortunately, such programs remain in many respects underutilized because arrestees are not adequately assessed and channeled down these paths. Currently, the primary way an individual gets to one of these problem-solving courts or diversion programs is by happenstance (a public defender or private defense counsel identifies an underlying issue and applies for the individual’s case to be transferred accordingly). Put better, without effective identification and assessment on the front end, the Marion County criminal justice system does not systemically channel qualifying offenders to these programs. The Task Force proposes the following five components to achieve appropriate post-arrest intervention and diversion.

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<sup>91</sup> See Appendix C, BKD Jail Capacity Data Analytics Strategic Plan for the City of Indianapolis – Marion County, October 20, 2016, at 25. (“Those with mental health needs not diverted at the point of arrest may be more appropriately sentenced via specialty mental health courts, which have been shown to significantly reduce recidivism compared to standard court processing.”)



### **COMPONENT ONE: Identification of Candidates**

In the Indianapolis Model of post-arrest diversion, CIT trained officers (or an 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.

### **COMPONENT TWO: Representation of Candidates**

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.

### **COMPONENT THREE: Assessment of Candidates**

Once normal arrestee processing is complete, and upon advice of defense counsel, a candidate will enter the Assessment & Intervention Center (see Facilities chapter of this report) 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.

### **COMPONENT FOUR: Review of Appropriateness and Type of Diversion**

Once the arrestee processing process and enhanced assessment are complete, the prosecutor will make a determination about how the individual will continue to process through the system. In so doing, the prosecutor may elect to consult with the candidate's defense counsel. Fundamentally, the prosecutor 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.

### **COMPONENT FIVE: Treatment Plan and Services**

Once a determination has been made as to the candidate's placement within the criminal justice system, and wherever the individual ends up, the treatment plan developed as a result of the enhanced assessment will prove fruitful.

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.

### **RECOMMENDATION C3**

#### ***BAIL REFORM***

Communities and courts all over the country are moving away from the so-called "cash bail" system. At bottom, proponents of bail reform "argue that cash bail denies freedom to thousands of people who are presumed innocent but can't afford the bond."<sup>92</sup> In Indiana, the Indiana Supreme Court has signaled its intent to move Indiana courts away from the cash bail system. On September 7, 2016, the Supreme Court issued an order adopting Criminal Rule 26. More specifically, Criminal Rule 26 now 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.*

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<sup>92</sup> Schuppe, Jon, "Cash Bail, a Centerpiece of the Justice System, Is Facing Its Undoing," NBC News, Oct. 23, 2016. See: <http://www.nbcnews.com/news/us-news/cash-bail-centerpiece-justice-system-facing-its-undoing-n669206>

*(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.*

...

*In determining whether an arrestee presents a substantial risk of flight or danger to self or other persons or to the public, the court should utilize the results of an evidence-based risk assessment approved by the Indiana Office of Court Services, and such other information as the court finds relevant. The court is not required to administer an assessment prior to releasing an arrestee if administering the assessment will delay the arrestee's release.<sup>93</sup>*

Required by Rule 26 is the use of an evidence-based risk assessment, approved by the Indiana Office of Court Services, to determine whether an arrestee presents a significant risk of flight or danger to self or others. County courts must begin utilization of an evidence-based risk assessment by January 1, 2018. Given this, the Task Force recommends that the Office of Public Health & Safety work in conjunction with the Marion County Superior Court to position 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.

#### **RECOMMENDATION C4**

##### ***PRE-TRIAL SERVICES FUNCTION WITHIN THE MARION COUNTY PROBATION DEPARTMENT***

The vast majority of individuals in the Marion County criminal justice system are currently at a stage in the process prior to case disposition. And given this, most are not detained in jail while awaiting trial but rather released back into the community. Unfortunately, this is when many often violate the terms of their release and/or reoffend. Nationally, a successful model has emerged centered on the concept of pre-trial services. Pre-trial service agencies connect pre-disposition individuals to services targeted at their specific needs and engage in a variety of other best practices

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<sup>93</sup> Order adopting Indiana Criminal Rule 26, available at: <http://www.in.gov/judiciary/files/order-rules-2016-0907-criminal.pdf>

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).

Utilization of an evidence-based risk assessment tool (see Recommendation C3) is only part of the issue surrounding pre-trial populations. The second aspect is the level of supervision for this group. Along these lines, the Task Force recommends that the Office of Public Health & 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).

# CHAPTER 6

## FACILITIES

**A. Introduction and Background: A History of Inadequate Criminal Justice Facilities and Pleas to Replace Them.**

On May 11, 2016 in his State of the City Address, Mayor Hogsett stated in simple terms “while a new jail may be necessary, it is certainly not sufficient.” Over the past three decades, city and county officials have grappled and debated various solutions to our inadequate criminal justice facilities. These deficiencies in our current jails, community corrections facilities, and courthouse are well-documented, and are summarized below. Since the early 1990’s, numerous space studies, task forces, lawsuits, and expert analyses targeting all or parts of our criminal justice facilities have occurred. For over 25 years, all those who have looked at Marion County’s jail and court facilities have unanimously concluded that our existing facilities do not meet the safety, security, or basic operational needs of the county justice system. These studies include the following:

- G. 1972-2007: Jail Overcrowding Class Action Litigation: *Marion County Jail Inmates v. Sheriff Frank Anderson*, 72-0424-C-B/S; Federal District Court of the Southern District of Indiana.
- H. 1991: Marion County Governmental Space Study called for by 1990 City-County Council Special Resolution No. 55.
- I. 1997: Indiana Supreme Court Caseload Study
- J. 1998: CourtWorks Space Study
- K. 1999: Court Needs Assessment
- L. 2002: Justice Center Task Force
- M. 2004: Crim. Justice Planning Strategic Plan Facility Utilization Plan, Marion County Court

N. 2013: Greater Indianapolis Progress Committee (GIPC) Preliminary Study of Need & Development Options for a Comprehensive Criminal Justice Complex

In particular, starting in the fall of 2013, the Mayor's Office, Criminal Courts, Marion County Sheriff's Office, Community Corrections, and City Council earnestly began addressing how the City could develop a new consolidated justice complex in a cost-effective and responsible manner that sought protections for Marion County taxpayers, while also achieving considerable capital investment and addressing the many problems of the existing system and facilities. The GIPC report was one result of the 2013 effort. That report was far-reaching and called for a potential capital investment of well over \$600 million. The GIPC report provides a strong analytical foundation for the CJR Task Force's facilities recommendations.

Another result of these stakeholders' 2013 efforts was Mayor Ballard's proposed Marion County Justice Complex Project. This project began with a December 2013 solicitation of potential bidders and solutions for a Public Private Partnership ("PPP" or "P3") to address many of the facilities needs identified in the GIPC report. The Ballard Administration procurement process was ultimately based on a facilities delivery method by which one private entity or joint venture was intended to design, build, finance, operate, and manage ("DBFOM") all the facilities to be included in the Marion County Justice Complex.

The proposed Marion County Justice Complex included the following facilities:

- Jail: a 3,000 bed detention facility with on-site medical;
- Community Corrections: 960 bed minimum security/transitional community corrections facility;
- Courthouse: 27 courtrooms and 10 hearing rooms and related offices for Criminal Judges and proceedings;

- Offices and facilities for the Marion County Sheriff's Department;
- Parking facilities; and
- Space for a future law office building for the Marion County Prosecutor, Marion County Public Defender Agency, and others with associated structured parking as a separate development.

The Ballard Administration's Justice Complex Project did not fail as a result of significant deficiencies in this facilities plan or design work as proposed. Instead, concerns as to the affordability of the proposed annual payments to the selected vendor, as well as related concerns about the cost-effectiveness of the predetermined delivery method, ultimately led the proposal to stall before the City-County Council.

The Ballard Administration prepared a great deal of valuable design, planning, and pricing work-product to support its proposed Marion County Justice Complex Project. The City maintains ownership of all of the intellectual property and documents prepared for the Justice Complex Project, including the planning and design work of the City's design consultant on the Project HOK (formerly Hellmuth, Obata + Kassabaum), as well as both the site location analyses performed by the City and all the proposals submitted by the selected and non-selected PPP bidders. This documentation and a continued consulting relationship with HOK formed the starting point for the Task Force's analyses, and strongly influenced the Task Force's ultimate recommendations as to facilities.

Notwithstanding the tremendous value provided by the Ballard Administration's work on the Justice Complex, that P3 project was largely and likely necessarily limited to financing, building, and operating new facilities. While the various documents, notes, and proposals identified potential

criminal justice reform opportunities scattered throughout, the primary goals of the Justice Complex Project were limited to a construction project and a building operations contract to address current criminal justice facilities problems.

By contrast and as has already been described in previous chapters of this report, the CJR Task Force has far broader policy and process goals. The Task Force's facilities recommendations derive from those policy and process goals. American architect Louis Sullivan coined the phrase "form (ever) follows function." The "form" of the Ballard Administration's Justice Complex Project was explicitly intended to improve upon how the county's current inadequate facilities serve the *current* justice system. The CJR Task Force, however, endeavored to envision an improved criminal justice system and recommend facilities tailored to *that* system – new form to follow *new* functions.

Recognizing this need on the same day as his May 2016 address, Mayor Hogsett signed an Executive Order creating the Criminal Justice Reform Task Force and gave it the following task:

*Based on recommendations for the systemic reform and optimization of the current county criminal justice system, identify requirements for the location, construction, and/or renovation of county criminal justice facilities.*

The following section of the Task Force Report attempts to accomplish this task by (1) summarizing previous and updated assessments of the county's current criminal justice facilities and (2) describing a new, re-envisioned facilities program built to outperform current facilities and to facilitate the criminal justice system changes recommended in this Report.

The current problems with the county's criminal justice facilities are obvious, immediate, and must be solved in any set of new facilities constructed or renovated to serve the Marion County justice system. Further, the Task Force recognizes that technologies, institutions, and legal requirements are ever-evolving and will necessarily determine future uses of these facilities. The



facilities must be adaptable and expandable. The Task Force stresses that the facilities should be developed in a manner that suits the future criminal justice system that city and county officials, non-governmental stakeholders, and our residents purposefully choose as best for the Indianapolis community. Our community should not allow current or past operational inertia to drive the design of our criminal justice facilities over and above a developing consensus as to the future needs of an optimized justice system.

**B. Assessment of Current Facilities: Where do we stand?**

**i. The Arrestee Processing Center**

The Arrestee Processing Center (APC) is the entry point into the Marion County Criminal Justice System. All of the 52,000 individuals arrested each year in Indianapolis/Marion County are processed into the system through the APC. During the intended average processing time of 9 hours, each arrestee is identified, undergoes a limited background investigation, and receives a limited health screening. The arrestee is then remanded to a deputy prosecutor who decides whether the arrestee is to be charged with a crime and sent to a preliminary hearing in the court located in the APC. If an arrestee is charged by the prosecutor and the judicial officer agrees there is probable cause to support the charges, the judicial officer sets cash bail according to predetermined bail matrix and determines whether the arrestee qualifies for a public defender. If the arrestee, ultimately, (1) is denied bail, (2) chooses not to make bail, or (3) is unable to make bail, the individual is assigned to one of the three Marion County Jails to await further prosecution.

The APC is one of only a few facilities in the country that provides an independent “booking” process of arrestees that is physically separate from and prior to entry of arrestees into the county jail. The original purpose of the APC was to allow assessment of charges, screening, and an initial

hearing before the arrestee goes to jail, thus minimizing the number of “non-threatening” jail inmates.

Numerous stakeholders have agreed that the current APC space is problematic in several ways and does not currently perform as intended. The APC is a converted warehouse customized to a specific booking process in limited space that causes security and safety risks to staff and other arrestees. It does not provide adequate facilities to detain individuals when the screening process and charging determinations take longer than 12 hours, such as sufficient space for sleeping and personal hygiene. The APC does not provide adequate space for individuals to consult counsel prior to initial hearings and/or during initial assessments and screening. Further, the space currently provided is not sufficient for individuals to receive a thorough assessment and/or consult with medical staff, social workers, and other service providers from a variety of agencies. The current APC also has inadequate technology for identifying and tracking detainees throughout the criminal justice system and across facilities and agencies within that system.

Additionally, stakeholders and design consultants have commented that:

- The facility has excessive wear and tear from high-utilization
- The facility has very limited and confined secured space for arrestees during meal times and “lock down” which leads to safety and security risks
- The garage has several columns throughout, limiting the useful space and making it difficult for vehicles to maneuver
- Many vehicles have been damaged in the garage/ sally port
- The space is roughly 1/3 the size necessary to operate efficiently
- There is not adequate separation between men and women in the facility, increasing the risk of sexual harassment

- The size of the facility and the volume of people inside makes the facility loud, which contributes to poor safety
- The APC's remote location from the jail requires more staffing than a collocated booking unit at the jail would require
- Lack of work stations delays processing of arrestees
- Insufficient work space slows pre-screening
- The APC lacks areas of privacy for arrestees to discuss medical and mental health screening issues in a discreet manner meeting HIPA requirements
- Distance from jail medical facilities requires more arrestees to be delivered to public hospital for routine medical issues
- Lack of a sufficient number of restrooms for inmates requires holding cells be used as restrooms
- Finishes are not sufficiently hygienic nor easily cleanable, leaving some areas vulnerable to communicable diseases.

## **ii. Reuben Engagement Center**

Set to open in early 2017, the Reuben Engagement Center will be collocated with the APC and will provide an alternative for intoxicated and homeless individuals in crisis who otherwise would be sent to an emergency room or incarcerated in the Marion County Jail. The Engagement Center is intended to provide a safe place for homeless individuals who are experiencing drug or alcohol intoxication to be diverted from jail or an emergency room while still gaining access to emergency shelter options despite active substance abuse.

Individuals who are homeless and intoxicated will be provided a safe environment during their period of intoxication, have the opportunity for engagement with and connection to services, and be offered a safe place to detox. The Engagement Center will work closely to enhance successful transition of individuals to permanent supportive housing and placement into treatment and long-term rehabilitation depending on each individual's specific circumstances.

The Engagement Center is intended to serve several purposes including:

- Reduction of unnecessary and costly hospitalizations and incarcerations;
- Provision of shelter for individuals who are homeless, intoxicated and on the streets;
- Engagement with treatment providers and other support services; and,
- Linking those who are experiencing chronic homelessness to permanent supportive housing and other housing options.

Unfortunately, the Engagement Center will not be equipped or appropriately staffed to perform several other potentially impactful functions, including:

- The Engagement Center will not include a medical clinic and will only provide very limited access to paramedic-administered medical treatments.
- The Engagement Center will not provide sufficient space for behavioral health clinicians to provide specialized mental health and addiction assessments and treatment planning.

### iii. Marion County Jail Facilities

Arrestees should be detained before trial because they pose either a threat to the safety of our community or because they might flee the county's jurisdiction. The construction of detention facilities to house pretrial arrestees should be guided and limited by the fundamental principle of threat reduction. Accordingly and as stated in prior sections, the modern criminal justice system must successfully differentiate individuals who pose such threats from those who do not. As a corollary, Marion County should not build new detention space for arrestees whose problems may be more appropriately addressed through alternative treatments. And, consequently, Marion County should, if possible, build space to facilitate such alternative treatments, if such space is not currently being adequately supplied by other institutions.

Detention facilities must meet certain standards under the U.S. Constitution. The Eighth Amendment to the United States Constitution states: "Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted." The rights of pre-trial detainees are protected under the Fourteenth Amendment which ensures that pretrial detainees "retain at least those constitutional rights . . . enjoyed by convicted prisoners." *Bell v. Wolfish*, 441 U.S. 520, 545 (1979). Under the Eighth Amendment, prison officials have an affirmative duty to ensure that detainees receive adequate food, clothing, shelter, and medical care. *Farmer v. Brennan*, 511 U.S. 825, 832 (1994). The Eighth Amendment protects prisoners not only from present and continuing harm, but also from future harm. *Helling v. McKinney*, 509 U.S. 25, 33 (1993). Detainees have a constitutional right to adequate medical and mental health care, including psychological and psychiatric services. *Farmer*, 511 U.S. at 832. Detainees' constitutional rights are violated when prison officials exhibit deliberate indifference to their serious medical needs. *See Estelle v. Gamble*,

429 U.S. 97, 102 (1976). Detainee living conditions must be “reasonably sanitary and safe.” *Farmer* 511 U.S. at 832.

The current Marion County detention facilities include approximately 2,500 beds across four (4) sites (including the APC). The Sheriff has indicated that only 2,200-2,300 beds can be filled at any given time as a result of an inefficient design. For example, areas of the building are segmented off for certain populations (e.g., women or juveniles) which must be housed in separate units. Specifically, the four detention facilities are as follows:

- **Jail I (40 S. Alabama Street):** Jail I is a publicly run jail that houses those inmates that are the highest security risk or the least healthy. The Constitutional capacity (commonly referred to as the bed count) of Jail I is 1,135. Violent adult males, high-security females and juveniles remanded to adult court are housed in Jail I. The average stay for Jail I inmates is 88 days, and approximately 200 inmates are serving sentences ranging from just a few days to one year by virtue of HEA 1006. Inmates sentenced to more than one year are sent to a state prison or some other Department of Corrections facility to serve their sentence. The logistics of housing inmates in Jail I are complicated by its demographics. A mixture of adult men, adult women and male and female juveniles are assigned there. Because of the severity of their offenses, the juveniles in Jail I have been remanded to adult status by the court. Since it is the policy of the Marion County Sheriff’s Office to not house women and juveniles in the same cell blocks as the general population, whole special cell blocks are dedicated to segregating relatively small numbers of women and youthful offenders from each other and the adult males.
- **Jail II (730 E. Washington Street):** Marion County Jail II is a publicly owned, but privately run facility. Core Civic (formerly Community Corrections of America (CCA)) has

been under contract with MCSO since 1996 to operate Jail II. Jail II has a capacity of 1,233 beds, but, like Jail I, it routinely operates below that capacity. Jail II houses only adult males and is a medium security facility. Consistent with the contractual agreement with MCSO, Core Civic provides minimum health care for the Jail II inmates. If the illness or injury suffered by the inmate requires care that exceeds 48 hours of hospitalization, then that inmate is transferred to the custody of Jail I.

- **City-County Building- “Hope Hall” (200 E. Washington Street):** There are 139 beds located in the East Wing of the City-County Building on a dedicated floor known as “Hope Hall.” Those arrestees who are remanded to the jail system receive final processing in the City-County Building before they are transported to the other MCSO jails. Since the majority of the Marion County Criminal Courts are located in the City-County Building, Hope Hall also serves as a holding site for inmates transported from the other jails for court appearances. The beds in the City-County Building are otherwise primarily occupied by lower security females and inmate workers.
- **Arrestee Processing Center (752 East Market Street):** (Described above)

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 average, 30-40% of the inmates are classified as mentally ill. 85% have substance abuse problems.

Marion County employs Correct Care Solutions (CCS), a healthcare provider that is currently responsible for the entire detainee healthcare system. Eskenazi Hospital is a subcontractor with CCS. The subcontract calls for Eskenazi to provide off-site inpatient and acute outpatient medical care in a secured environment when such care is warranted. CCS provides medical care that

includes intravenous medication therapy, dialysis, radiology, laboratory draws, infectious disease management, and chronic care clinics (hypertension, asthma management, etc.). There is a Special Care Unit (SCU) in Jail I with a capacity of ten beds. More than 37,000 patients are treated in the SCU each year.

However, patients may still encounter acute medical situations which would require the use of hospital services – situations such as chest pain, diabetic ketoacidosis (DKA), trauma events, delivery of a baby, etc. Acute care patients are transported to Eskenazi Hospital emergency room. In all circumstances, CCS works to keep the care of the patient within the most appropriate medical facility.

A good deal of the hospital care (and cost) is attributed to *arrestee* healthcare (not inmate health care) – i.e. arrestees taken from the point of the arrest to the hospital. 90% of the arrestees taken to Eskenazi are not admitted, suggesting that if more advanced treatment could be provided at the APC or the jail there could be greater potential for reducing hospital visits. While there have been significant recent improvements, Marion County sends a large number of arrestees to the emergency room- largely as a result of physical and operational limitations of the health care facilities within the jail to treat more acute health problems.

Additionally, many inmates also go to the hospital or stay at the hospital from the Jail, again because there are not adequate facilities onsite. Inmates severely injured may have to go to the hospital emergency room, instead of being treated onsite. Also, inmates today must stay at the hospital for post-operative services. The inpatient rooms generally are not collocated within the hospital; so again, the Sheriff's Office loses control of its personnel costs while securing inmates admitted to different areas at the hospital. At the hospital, it often requires one officer for each inmate in a room.



On an average day, approximately one third of the inmates in the Marion County Jails (600-650 individuals) are also classified as mentally ill. Under the care of CCS personnel, more 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 “suicide watch” units further drives personnel costs as a result of the need for increased direct supervision. Beyond the provision of drugs and segregated units, there is little space or opportunity for continual assessment and treatment of inmates with mental illnesses and/or often co-occurring drug and alcohol addictions while incarcerated at the jail.

For these reasons, the current jail facilities and resulting operations are not cost-effective or efficient. The separate locations and essential services (e.g. kitchen, laundry, etc.), lack of coordinated planning and functionality, and deterioration of the facilities are resulting in ever-increasing resources being expended to move detainees, deliver security, provide physical and mental health care, routinely operate the facilities, and undertake necessary capital repairs and maintenance. Millions of dollars are spent on these inefficiencies and will continue to be spent until these problems are solved.

#### **iv. Marion Superior and Circuit Courts**

The Marion County Circuit Court and the large majority of Marion County Superior Courts are located in the City-County Building in Downtown Indianapolis. The Juvenile Division of the Superior Court is located 2451 N. Keystone Avenue (4 miles / 10-minute drive from the City-County

Building). The Traffic Court of is located at 8115 E. Washington Street. In addition, the Arrestee Processing Center houses court facilities for initial hearings and bond settings.

The Circuit Court's jurisdiction is exclusively civil jurisdiction over all Marion County tax collections, name changes, and hardship driver's licenses. It also provides supervision to the Marion County Small Claims Courts. The Circuit Court also has responsibility for Paternity Court, which hears paternity issues and child support collection cases. The Marion Circuit Court and Marion Superior Court exercise concurrent jurisdiction over all other civil issues.

The Marion Superior Court is comprised of 36 elected Judges, 29 commissioners and magistrates and over 750 staff employees. The Court is structured with 4 divisions: Civil, Criminal, Juvenile, and Probate. The Civil Division handles general civil cases, juvenile cases, probate and environmental cases and domestic relations matters. The Juvenile Division has civil jurisdiction over the following cases: acts of delinquency, status offenses, emancipation, and children in need of services (CHINS). The Juvenile Division consists primarily of the Juvenile Court, Juvenile Detention Center, and the Juvenile Probation Department.

The Criminal Division has exclusive jurisdiction over all criminal cases filed in this county. It handles all criminal charges filed by the Prosecutor's Office including Misdemeanors, D Felony, Major Felony, Domestic Violence and Drug cases. Criminal Division Courts are further organized by the types of cases assigned to particular Courts. In a typical year the Superior Court as a whole will resolve nearly 40,000 criminal cases, 200,000 traffic cases and nearly 50,000 civil cases. The Marion Superior Court is one of 92 county court systems in the State, yet accounts for approximately 20% of all cases filed and disposed of the entire State each year.

The courts currently occupy approximately 195,000 net square feet of space over 10 floors within the City-County Building. Original plans for the City-County Building were drawn over 50

years ago with the main focus of the building to be office space. Today there are 36 courtrooms/hearing rooms compressed into an office building originally designed for 16 courts.

According to several elected Judges, one set of drawbacks to both the numerous courthouse facilities and the courts' specialized administrative organization is physical, operational, and jurisdictional "silos" that exist between and among the several types of Marion County Courts. For example, one individual or family could have several cases pending in several different courts before different Judges but perhaps stemming from the same crises or set of circumstances. For example:

1. A domestic violence or major felony criminal case in Superior Court- Criminal Division
2. A divorce and civil protective order in Superior Court- Civil Division
3. A child support case in Circuit Court
4. A CHINS case set in Juvenile Court, and (eventually)
5. A guardianship for the individuals' children in Probate court

It is conceivable that a single event or set of related incidents with the same individual, family, and witnesses could have generated all of these separate cases. Each of these cases hypothetically involving the same people and events have separate Judges with separate jurisdictional powers and limitations, separate caseloads and dockets, separate administrative norms and work rules, separate and distinct access to courtrooms and hearing rooms, and even separate geographical locations to appropriately address and dispose of each separate case. In situations like these, no single Judge assigned to one of these cases is truly able to organize or perhaps even know of all of the legal and social issues facing the particular family, much less direct a comprehensive outcome. Many of these separations derive from rules and norms that Marion County Judges have imposed upon themselves via local rule. Others derive from and are amplified by the physical separation of court facilities.

Some Judges see the “one family, one court” consolidated case assignment concept, in appropriate situations, as potentially able to provide better problem-solving outcomes for families in crisis. The Criminal Division Courts have, in fact, attempted to consolidate criminal cases pending against the same individual. With greater collocation of the criminal, civil (Circuit and Superior), and juvenile divisions, some Judges see the opportunity to further consolidate cases across organizational boundaries to perhaps provide better, more organized resolutions to related cases.

Although the jurisdictional and administrative separations exist, one benefit of the current courthouse facilities is that the vast majority of courts are at least collocated within the City-County Building. The collocation of courts within the same building allows litigants and lawyers to effectively access the Marion County court system for both related and unrelated cases each day and with minimal transportation and other logistical roadblocks. The collocation of courts also facilitates efficient court administration. Court personnel (magistrates, commissioners, translators, etc.) are more easily supervised, evaluated, and redeployed based on the day-to-day operational needs of judiciary. Collocated courts also permit the optimal utilization of courtroom and hearing room space in that Judges are able to share their court space with other Judges when there is a need and when it is not otherwise being used.

The opposite is true, however, with respect to Juvenile Court, which is located four miles from the City-County Building. Granted, Juvenile Division is a highly-specialized Court with very strong policy justifications for maintaining Juvenile Court and detention facilities separate from adult facilities. But because the Juvenile Court is not physically collocated with the other Superior Courts, Juvenile Court is currently not able to easily benefit from additional courtroom and hearing space, personnel, and other resources potentially available at the City-County Building. In fact, many

of the hardships currently suffered by the Juvenile Court derive from the lack of additional court space and personnel to address the current significant spike in CHINS cases.

Notwithstanding the benefits of collocation of most courts within the City-County Building, numerous Judges and other stakeholders agree that the City-County Building is not suitable for housing a modern court system of the number and types of courts that currently exists in Marion County. The Courts have been forced to retrofit and occupy floors and spaces within the City-County Building that were never intended for use as hearing rooms, court rooms, holding cells, or jury deliberation rooms. As a result, much of the court space in the City-County Building woefully lacks adequate security design or features. Potentially violent offenders routinely travel through unsecured areas of the City-County Building, albeit escorted from Jail by at least one and more often several County Sheriff's officers. These in-custody inmates travel through public garages, hallways, and elevators. These inmates travel through court offices within inches of court staff and within feet of Judges' chambers. This lack of secured space greatly amplifies the need to provide additional Sheriff's personnel on each floor, in each court, and with each inmate or group of inmates while in transit. Additional security personnel equally amplify the Sheriff's Office personnel budget.

Even the space originally designed as court space is inadequate for modern legal practices, courtroom operations, and administrative processes. The City-County Building does not include space near courtrooms within which attorneys and clients can consult confidentially. The technology available at the City-County Building, although improving, provides limited speed and bandwidth for current court operations like electronic case filing, much less modernizations like a robust video-conferencing program for each courtroom, hearing room, and Judge's chambers. Courtrooms and hearing rooms also are not large enough and are often laid out too awkwardly to accommodate modern audio-visual equipment for the presentation of evidence.

## v. Community Corrections

Marion County Community Corrections (MCCC) was established by local ordinance in 1983 following the passage of the Community Corrections statute (currently I.C. 11-12-1-1 and 11-12-2-1) and began operating that November. MCCC currently operates four (4) residential facilities:

- **Duvall Residential Center (350 beds):** The primary residential facility for non-violent males who are serving work release sentences with Marion County Community Corrections;
- **Brandon Hall (95 beds):** A residential facility for male offenders split between (1) general work release population, (2) the Community Transition Program that assists felons transition from prison to the community, and (3) the Mental Health Component for qualified convicted felons with serious mental illnesses.
- **Craine House (40 adult beds):** residential work release facility serving non-violent women who are pregnant or mothers with infants to preschool aged children where women may live with their children while serving their community corrections sentence.
- **Theodora House (112 beds):** a residential and non-residential work release and reentry facility for women.

In addition to providing these facilities, MCCC also provides electronic monitoring services including GPS monitoring, home detention, and alcohol monitoring. Further, MCCC provides Addictions Intervention services, which include intensive case management for non-violent offenders with a history of repeated substance abuse, probation violations, or who are awaiting a direct commitment for a bed in a residential facility. Addictions Intervention program participants also receive substance abuse treatment, have frequent contact with their Community Supervision Manager, and submit to frequent drug and alcohol testing.

**vi. Marion County Forensic Services Lab; IMPD Property Room; and Marion County Coroner**

The Indianapolis-Marion County Forensic Services Agency (“Crime Lab”) is an accredited full service forensic laboratory through the American Society of Crime Laboratory Directors (ASCLD/LAB) under the ASCLD/LAB International (ISO 17025) program. Forensic scientists, crime scene specialists, and other forensic support personnel provide forensic processing and testing services to various criminal justice agencies. These services include DNA and serology testing, crime scene investigation and evidence processing, drug chemistry testing and identification, trace chemistry testing, firearms and ballistics testing, forensic evidence collection and documentation, latent print analysis, and handwriting analyses and other “questioned document” evaluations.

The current Crime Lab is located on the premises of Jail I at 40 S. Alabama Street that is too small to accommodate many of the improvements recommended by the agency, as well as those recommended in prior sections of this report. The current Crime Lab facility does not have space available for its Biology/DNA Unit or its Forensic Evidence Technician Unit, both of which are currently located in the Marion County Coroner’s Office (MCCO) facility two miles away. The current severely limited lab space prohibits the Crime Lab from adding additional forensic scientists and lab technicians to process existing backlogs in particular work groups. Space limitations also inhibit the Crime Lab’s ability to process and test vehicles and other similarly large items. The Crime Lab has identified a current need for 75,000 to 90,000 square feet of space to facilitate its desired operational benchmarks.

Additionally, the majority of evidence collected and stored for Marion County Criminal Court proceedings is stored at the IMPD Property Room Annex / evidence storage on the far East side of Indianapolis (9049 E 10th St.) (“the Annex”), as well as the IMPD Property Room in the basement

of the City-County Building. The Annex needs 100,000 to 120,000 square feet of space. Transfer of evidence from the Annex to the Property Room at the City-County Building and then eventually to the Crime Lab occurs daily and requires exceedingly long lead-times for request, retrieval, and delivery of evidence to the Property Room and Crime Lab. IMPD Property Room employees who retrieve evidence for testing from the Annex on behalf of the Crime Lab must travel approximately 17.8 miles per day round trip (89 miles per week) to the IMPD Property Room Annex. In total, an estimated, 1,170 work hours are spent each year in evidence transport and transport preparation by IMPD and Crime Lab employees.

The Crime Lab's Forensic Evidence Technicians assist MCCO pathologists during autopsies and provide photography support in death investigations. But this inter-agency cooperation is operationally inefficient due to the travel of these types of technicians between the Crime Lab and MCCO pathology labs. Presently, 15 FSA employees occupy 5,500 square feet of space at the Coroner's current location to assist the MCCO with examination services for only about twenty-five percent (25%) of the Coroner's autopsies. Additionally, the Crime Lab houses its entire serology and DNA testing units on the second floor of the MCCO. This too is not optimal due to increased transportation times, logistics, and inherent security vulnerabilities, which, in turn, delay and risk endangering Crime Lab test results.

Independent of the limited collocated Crime Lab space, the MCCO needs approximately 22,000 square feet of space to properly function. The current lease for the MCCO facility is expiring, and the building is no longer meeting the MCCO's needs. Consequently, the Coroner has initiated a search to find new space and engaged with a real estate broker and developer to draft a plan for the MCCO to move operations to a location on near eastside of Indianapolis and submit to a 15-year



lease. The Coroner’s Office relocation has stalled as the County Coroner and other criminal justice stakeholders review and pursue alternatives to meet the MCCO’s current space needs.

**vii. Marion County Prosecutor and Marion County Public Defender Agency**

The Marion County Prosecutor’s Office and the Marion County Public Defender Agency, respectively, are parties to long-term leases in privately-owned commercial office buildings in close proximity (i.e. walking distance) from the City-County Building. While both leased spaces could be improved to mitigate normal wear and tear, the spaces are currently meeting the operational needs of both agencies, respectively. One current benefit to both agencies is the physical separation of their offices in different buildings. This separation reduces the risk of attorneys from either office revealing case strategy or accidentally creating a security problem by the inadvertent comingling of victims, alleged offenders, and/or witnesses in elevators or common areas, which could occur if the respective offices were located in the same building.

**C. Justice System Facilities Recommendations: A Modern Marion County Justice Campus**

The Task Force recommends building constructing new facilities to suit the criminal justice design and process changes discussed in preceding chapters of this Report, as well as to improve upon deficiencies in the current facilities summarized above.

**FACILITIES RECOMMENDATION NO. 1**

***CONSTRUCT AN ASSESSMENT AND INTERVENTION CENTER (“AIC”) TO FACILITATE EXPANDED ASSESSMENT AND DIVERSION INITIATIVES***

The CJR Task Force recommends constructing a specialized receiving/diversion center for appropriate arrestees to (1) be assessed for mental health and substance abuse treatment needs,

(2) receive short-term detoxification and crisis behavioral health treatment, (3) engage with clinical social workers, defense counsel and prosecutors, (4) be referred and routed to appropriate long term evaluation and/or treatment services as determined by patient-specific treatment plans prescribed by clinicians and the county prosecutor or courts, and (5) receive a supervised and therapeutic transfer, or “warm hand-off”, from the AIC to treatment/social services to ensure a continuum of care for the individual’s specific treatment plan.

In short, the Assessment and Intervention Center will serve as the bridging space between various potential “off ramps” from the criminal justice system and the expanded diversion plans and behavioral health treatment providers as described in Chapter 5, Recommendations C1 and C2. As such, the Assessment and Intervention Center could also serve as a destination and support facility for individuals intercepted at points further down the criminal justice system spectrum, including Community Corrections services, Probation services, diversions from “Problem-Solving Courts”, and perhaps most importantly, Re-entry Services (i.e. immediate diversion prior to any opportunity for recidivism).

Individuals generally would come to the Assessment and Intervention Center following contact with law enforcement which results in involuntary, in-custody arrest and transport to the processing unit of the Marion County Jail. Individuals not in custody may also potentially self-report through the front door of the AIC or may be referred by a ECIT or MHU street/outreach team.

Most AIC clients will be processed through ordinary identification procedures at the processing unit (as they come to the processing unit via a typical arrest). The identification process will help confirm their eligibility for AIC services and determine if the client has open warrants, and ICE hold, or other out-of-county holds. The identification process will include a check of any protective orders to ensure than no client will encounter a person covered by a non-contact order.

Males and females will be separated. Clients will be searched for weapons and contraband. The AIC will include a security area with camera monitoring. Clients will be subject to eligibility protocols and determinations established by the Marion County Prosecutor's Office in consultation with defense counsel provided during intake procedures at the Jail Intake Unit. Such protocols and determinations will be informed by the enhanced initial assessment tools described in Chapter 5.

Timelines will vary based on individual needs, with a focus on recovery readiness support and stages of change engagement. It will be necessary to (1) assess the individuals, (2) stabilize them and/or initiate the detox process, (3) obtain clinical sobriety, and (4) then engage them with participating health professionals for inpatient and outpatient care referrals and follow-up care. Referrals to non-medical service providers/programs for housing, job training/placement, family services, etc. are also often vital to successful outcomes and will be available at the AIC. Stays may be as short as 4-12 hours (4-hour minimum to provide safe shelter, reduce intoxication, provide initial link with a resource coordinator to offer services) and as long as two weeks.

## **FACILITIES RECOMMENDATION NO. 2**

### ***CONSTRUCT A NEW CONSOLIDATED MARION COUNTY JAIL***

The Task Force recommends constructing a new, consolidated Marion County Jail to replace the current detention facilities. Detainees and prisoners currently occupy over 2,600 beds among all current Marion County funded detention facilities, including some beds in the Elkhart County, Indiana jail. In 2015, the Ballard Administration proposed constructing an Adult Detention Center providing 3,000 beds. The CJTF recommends a facility with general population beds within a similar range of 2,600 to 3,000 beds to safely and humanely accommodate the current detention facility occupancy levels. While site planning for build out to accommodate potential long-term needs

should be an important design consideration, the CJTF does not recommend constructing detention center space beyond the capacity needs that Marion County is currently experiencing.

The Task Force further recommends that the new Marion County Jail include many of the design elements from the Ballard Administration’s 2015 proposed Justice Complex Project. The Jail, for example, should facilitate a cost-effective hybrid of direct and indirect supervision methods for inmate management as determined in consultation with the Marion County Sheriff’s Office. As proposed in the Marion County Justice Complex Project, the hybrid approach has been found to be very staff efficient in other detention facilities throughout the country, many of which HOK has programmed and designed. For instance, previous Justice Complex Project detention center proposed hybrid supervision program, which included the manning of an elevated post that can observe four housing units at once, 256 inmates, at all times. This post could monitor all activity, with the help of cameras and control doors and other mechanical aspects of the unit.



This type of post could be supplemented by two fulltime officers for the four units, plus other rovers for inmate movement. This staffing method places pod officers in the units at all times, with a remote supervisor present as well. At night, when inmate activity is at a low level, these posts can

be collapsed to one per floor in the elevated post vs. three during the day. Floor officers may be able to be reduced as well. That approach results in a great deal of cost savings for the sheriff's department.

Units within the Jail should be self-sufficient and include cells that house varying numbers of beds each, video visitation booths, private court hearing video booths, inmate phones, dining, activities, pill call and exam, multi-purpose rooms for programs, and outdoor recreation space that is open in good weather and can be enclosed in poor weather. Units and/or floors within the Jail should include adjacent contact visitation rooms for attorney visits and significant space for additional programming to offer education, substance abuse counseling, and other programs aimed at problem-solving and thus reducing recidivism.

Housing units should be designed for maximum viewing into the units for officers on rounds. Unlike the current facility, units that are not required due to reduced bed needs should be capable of being completely shut down, and redeployed. Housing units, as well as the entire Jail should be designed to maximize access for all inmates, meeting all Americans with Disability Acts (ADA) requirements. In addition, this facility should meet all American Correctional Association (ACA) and Prison Rape Elimination Act (PREA) requirements.

One key to the increased safety and effectiveness of a new Jail facility is the potential for the sheriff's department to better classify and house inmates. Purpose-built units should be constructed to facilitate the management of inmates and lend itself to better outcomes for inmates and for the staff that has to manage them. To optimize and reduce the sheriff's staffing needs, virtually all inmate activities should take place in the inmate's housing unit to reduce movement and thus supervisory needs for inmates. By contrast, currently, most of inmate activities take place out of housing pods today – resulting in a great deal of inmate movement in the current facility,

which requires increased direct supervision and escorts. In the new facility, eating, video visitation, outdoor recreation, medical pill pass, routine exams, and inmate programs should take place in the unit, with no inmate movement required. The only times inmates should need to leave their assigned unit within the Jail, would be to go to court, transfer out, or go to the clinic if they are very sick.

Again, the size of the new, consolidated Jail should be based on current occupancy needs. To the extent “new beds” and new spaces are to be built, their purposes should be tied to providing both efficiencies and better long term outcomes for individuals in criminal justice system. Accordingly, any potential additional spaces or “new beds” should largely be limited to space for a larger intake or booking unit, acute health care unit, and mental health unit as follows:

*a. Admissions and Evaluation “Booking” Unit*

The new Marion County Jail should include sufficient purpose-built space to facilitate a more robust identification, initial assessment and screening of arrestees to replace the current Arrestee Processing Center (APC) and the Intake Center at the City County Building. This will allow the sheriff’s department to reduce staffing from the current level required at the APC due to its remoteness by over 50%.

The intake/processing center should include a dignified, professional, and welcoming entry way and reception area to promote respectful behavior and minimize decompensation of mentally ill individuals in custody. It should also include a large vehicle sally port that can park numerous vans and two buses inside, and accommodate numbers as much as three times more than the current overcrowded APC. Another departure from the current APC includes dedicated space for medical screening and mental health interviews to quickly assess and determine the needs each new arrestee. The intake area should include a pre-booking area where arrestees determined to

have a medical need can be taken immediately to the Jail clinic's triage and emergency care center, thus dramatically reducing the need for arrestees to be taken to the hospital for similar care.

The unit should include dedicated space for more robust initial transfer, release, classification, physical health, and behavioral health assessments. There, pretrial specialists could interview defendants who are being booked to learn information related to the defendants' residence, family, employment, and community ties. In this space specialists would also do identification and access local and national criminal justice databases to compile criminal history information. This space should also provide consultation rooms and interview space, as well as be outfitted for appropriate technology to facilitate communication of assessment information across criminal justice agencies.

As a result of better, more spacious initial assessment during "booking," Sheriff's Office personnel will be better equipped to understand the needs of inmates to provide better, more proactive medical, mental health, and substance abuse treatment during and inmates stay, as well as better informed and more targeted re-entry services and referrals upon release. Additional consultation space for defense and prosecuting attorneys could lead to better communication, negotiation, and problem-solving cooperation between opposing attorneys, thus leading to quicker case dispositions and creative diversion and other problem-solving results for arrestees.

Waived youth would be designed and staffed like the other special needs Jail units, but should be completely isolated from the adults in the Jail.

*b. Acute Health Care and Mental Health Units*

The new ADC should include new state-of-the-art special needs beds to facilitate better treatment and outcomes at the new Jail than are possible in today's under-resourced Jail health facilities. The current facility only includes 10 medical beds and some units that are classified for

mental health treatment that are not purpose-built for these types of beds. Like the previously proposed Justice Complex Project, the new Jail facility could include up to 170 mental health beds and 140 medical beds, as well as a new 30 bed infirmary and clinic. The offices of all medical professionals should be located within close proximity of all of these beds.

Specifically, the mental health beds must include segregated single bunk cells for acute treatment and suicide watch, but also dormitories for stepped-down regulated mental health. The Detention Center should include enough separate units that some may be designated for further step down, less acute mental health and classification, where inmates can be assessed and live in a simulated general population unit that can acclimate them to a more regular type of setting. In this way, the new facility would be able to deal with a wide variety of inmates and provide a continuum of care for all persons that pass through the facility.

The majority of medical beds should be assigned as low acuity beds for geriatric and chronic care inmates, but still also include a substantial number of acute care beds in the infirmary, including negative pressure beds to combat communicable disease in the Jail facility. The Acute Health Care Unit for inmates and arrestees also provides an opportunity for significant health care cost savings for the Marion County Sheriff's Office. The unit should be purpose built to provide suitable health care treatment for larger and more acute health issues within the Jail to reduce arrestee and inmate offsite care at Eskenazi Hospital. The future facility should allow for pre-operative and post-operative care to take place on-site at the Jail, resulting in a potential 50% reduction in inmate offsite care costs, by some estimates.

The new consolidated Marion County Jail should also include sufficient space to accommodate the Marion County Sheriff's administrative offices.



### **FACILITIES RECOMMENDATION NO. 3**

#### ***CONSTRUCT A NEW CONSOLIDATED MARION COUNTY COURTHOUSE THAT INCLUDES THOSE COURTS AND DESIGN PARAMETERS AS DETERMINED BY THE JUDICIARY ITSELF***

Based on feedback from all stakeholders – but most importantly the Circuit and Superior Court Judges themselves – the CJR Task Force recommends collocating Criminal Courts, Juvenile Division (including detention center if economically feasible), Circuit Court, and Civil Superior Courts on the same campus as the new Jail and Assessment Center. Ultimately, however, the determination of which courts and design programming to include in a new consolidated courthouse should come from the Marion County Judiciary itself - not the political branches of government.

Collocated and consolidated Marion County Court facilities with Jail facilities and the Assessment and Intervention Center will provide significant benefits and efficiencies that would be squandered if appropriate courts – most significantly the criminal courts – were left dislocated. These benefits and efficiencies include, but are not limited to the following:

- In-custody defendants delivered more quickly, cost-effectively and safely to court and staged within a Jail transfer unit
- Eliminates the need for central holding within the courthouse
- Enhances user/public experience and convenience of use for visitors and staff in a consolidated facility
- Provides a safe and secure environment for visitors, jurors and Judges
- Designed to accommodate future evolution of the criminal justice system needs with collaboration between all “on-campus” agencies

- Optimizes the total amount of parking required reduced by scheduling shift changes between courts and Jail
- Provides combined support services for central plant and maintenance

Importantly, Judges and Court Administration staff have identified numerous system improvements and operational benefits to be gained from consolidating all, or a specific subset of civil courts in Marion County (including the Juvenile Division), such as:

- Co-location of some civil courts will be helpful for case consolidation and problem solving with existing criminal cases for same defendants and/or families- i.e. “one family, one court.”
- A large number of lawyers do both criminal and civil case work with a large volume of associated court appearances – often on the same days. Making them travel between Court locations will be burdensome that segment of the bar and will in all likelihood require more continuances in both civil and criminal cases.
- Co-location presents an opportunity to “right-size” the civil courts and provides economy of scale as determined by each Judge’s docket’s space requirements. For example, not every civil court requires an attached jury-ready courtroom for daily use, where a state-of-the-art hearing room and/or video-conferencing would suffice for the vast majority of daily civil court proceedings.
- Co-location of civil and criminal courts avoids costs associated with splitting and duplicating civil and criminal court support services (i.e. two clerk’s offices, two jury pools, court personnel, double security, etc.)
- Co-location of civil and criminal courts on-campus, increases the number of higher income civil servants and visitors (i.e. lawyers, business clients, expert witnesses, etc.)

on the campus, which consequently increases the economic development prospects for the property and surrounding neighborhoods.

- Failure to collocate will be highly disruptive to the assignment and supervision of court magistrates, commissioners, translators, and court administrators who are jointly responsible for criminal and civil proceedings, and administrative matters writ large.
- Most (but admittedly not all) of the Judges (among both Criminal and Civil Divisions) want the continued collocation of civil and criminal Courts to continue benefiting from collegial and often mentoring relationships among their fellow Judges.

From previous iterations of this project, significant work has been completed and programed for the collocation of the criminal courts with the Jail. However, insufficient work has been done to adequately envision and plan for relocating the Circuit Court, Civil Division, and/or Juvenile Division. That said, enough programing and cost estimating has been done to reasonably conclude that the mere replication and improvement of the current courthouse facilities program at a new site is not financially achievable with available funds. Based on our numerous meetings with individual and groups of Judges, an exact replication of the current courthouse program does NOT appear to be the judiciary's goal. Instead, numerous Judges have suggested that the prospect of constructing a new courthouse facility creates the opportunity to re-envision, optimize, and modernize how Marion County courts utilize technology and built space to provide better and more efficient access to justice for the citizens of Indianapolis. Specifically, it appears that the will and technology are now available to drive efficiencies in the areas of:

1. Hearing room and courtroom scheduling and utilization based on the space needs of specific proceedings
2. Video conferencing for non-evidentiary court proceedings

### 3. Electronic case filing and document management

Such opportunities could influence the design of a new courthouse to reduce physical space needs enough to potentially make a new, more comprehensive courthouse affordable with available funds. However, such programmatic and administrative changes and potential efficiencies must be driven by the Marion County judiciary itself – not imposed by fiat of the executive or legislative branches of government.

It is also important to point out that the Judiciary’s planning should not take place in a vacuum, as its space and operational decisions will affect the operations of law firms and other businesses, as well as several City and County agencies- most directly, for example, the Marion County Circuit Court Clerk.

For these reasons, the CJR Task Force recommends that the Circuit and Superior Courts convene a planning group to develop and provide a final proposed courthouse program to the Marion Superior Court general term for approval or disapproval by May 1, 2017. The CJR Task Force’s current design professionals are available to consult with the planning group as needed. The group will be responsible for developing a final courthouse program, including all courts the Judiciary determine should be relocated to the new consolidated campus, as well as specific design parameters intended to ensure construction costs remain within the scope of available funding for the project. We recommend that the planning group include:

1. 3-5 representative Judges approved by the Superior Court Executive Committee and Judge of the Circuit Court
2. The Circuit Court Clerk
3. Representative(s) the bar practicing and whose principal place of business within Indianapolis

4. Representatives designated by the Mayor for ease of communication
5. Representatives designated by the City-County Council for ease of communication

***An Important Contingency: The Relocation of the Marion County Prosecutor's Office and Marion County Public Defender Agency***

As previously stated, the MCPO and MCPD attorney offices are currently housed in separate privately-owned facilities pursuant to respective long-term leases. One unfortunate but unavoidable drawback to recommending that the Judiciary continue the courthouse design programming work beyond the date of this Report is the ambiguity as to the office space needs of prosecutors and public defenders. These attorneys greatly benefit from their offices being located in close proximity to the criminal courts. If the Judiciary ultimately chooses to relocate the criminal courts to the new Justice Campus, the office space for the MCPO and MCPD should presumably follow suit.

The Ballard Administration's proposed solution to this contingency was to eventually offer the existing leases of these agencies as "anchor" tenants for a potential privately-owned building built to suit these sets of attorneys. This solution still has merit, but is complicated by the existence and potential extension of their respective long-term leases. If the relocation of criminal courts is part of the final project design, the Office of Finance and Management, Office of Corporation Counsel, and these agencies would have to explore options for managing the currently ongoing MCPO and MCPD leases by sublease, early termination, or other potential solutions. Further and depending on the ultimate design program chosen by the Judiciary, it could be possible to include office space for the MCPO and MCPD within the new consolidated courthouse, or elsewhere on the campus.

## **FACILITIES RECOMMENDATION NO. 4**

### ***RENOVATE THE CURRENT CITY-OWNED JAIL II REAL ESTATE TO ADD AND/OR CONSOLIDATE MARION COUNTY COMMUNITY CORRECTIONS RESIDENTIAL FACILITIES***

The Ballard Administration's Marion County Justice Complex Project included the construction of an on-campus, 960 bed Marion County Community Corrections residential, programming, and electronic monitoring facility. A new consolidated Community Corrections facility does two key things:

- (1) A new consolidated facility allows MCCC to have far more usable beds than they have today. The system could support more beds now, but because of overcrowding at the Jail and at Community Corrections, people eligible for using these beds cannot get access to them when they are scheduled (some wait months), and cannot serve their time in this less expensive and more program-oriented facility. Further, a new MCCC facility would provide greatly need space for expansion and improvement of mental health, substance abuse, job training, educational, and life skills programming that underpins all public policies supporting the existence of local community corrections agencies statewide.
- (2) A larger, more secured MCCC residential facility in a more conspicuous location will likely enhance the visibility and credibility of MCCC residential programming and build confidence in the MCCC among criminal justice system stakeholders. Enhances resident's interface with the outside world. Residents of the facility will be processed at a much larger facility that can effectively handle much larger numbers.

The Ballard Administration Justice Complex Project proposed to construct the new MCCC facility within the Justice Complex at the former GM Stamping Plant at a cost of over \$60,000,000. Ultimately, the Justice Complex Project stalled due to concerns over the affordability of the P3

contract. Further, while it might prove marginally more operationally efficient to collocate MCCC facilities near the Courthouse for ease of post-sentencing transfers, collocation of MCCC facilities with the Jail and Courthouse does not appear to create discernible development/construction cost savings or overall budget efficiencies.

Considering continuing cost and affordability concerns, the CJR Task Force recommends that the county forego the additional costs of developing and constructing a *new* Community Corrections facility to provide those benefits identified above and, instead, renovate and retrofit the city-owned real estate currently occupied by Jail II to suit MCCC's residential facility needs. The Jail II building currently has capacity for over 1,200 medium security beds. At the current capacity and with minimal renovation work to suit MCCC's programming needs, the Jail II building would provide 30% more work-release housing space than even the Ballard Administration's Justice Complex Project proposed to provide. Granted, there are currently only enough MCCC work-release residents to fill just over half of that bed space. But this provides much-needed space for growth of both Community Corrections residential space and programming space between now and the ribbon-cutting on criminal justice facilities recommended in this Report.

#### **FACILITIES RECOMMENDATION NO. 5**

***RENOVATE THE CURRENT CITY-OWNED PROPERTIES TO CO-LOCATE: (1) MARION COUNTY FORENSIC SERVICES AGENCY (CRIME LAB); (2) IMPD PROPERTY ROOM/EVIDENCE ANNEX; AND (3) MARION COUNTY CORONER'S OFFICE FACILITIES***

As identified above, there exist numerous operational efficiencies to be gained by expanding collocating the Crime Lab facilities with the IMPD Property and Evidence Annex and the Marion County Coroner's office:

- Collocation will greatly improve the Crime Lab’s access to the evidence it is obligated to process and test by controlling security and chain of custody concerns and greatly reducing transportation time and costs.
- Collocation will provide the Crime Lab and Coroner’s office with larger and more technologically advanced facilities to improve timeliness and accuracy of their respective work tasks.
- Collocation of the Crime Lab and Coroner’s Office facilities, which respectively require similar and expensive building mechanical systems and designed space (e.g. specialized HVAC systems, electrical and lighting systems, etc.), will reduce overall renovation/construction costs by permitting two separate work groups to benefit from shared use of the same specialized building systems.

The Task Force recommends assessing the costs and design layouts of city-owned properties that will be vacated as a result of the construction of new the proposed new justice facilities, namely the current Arrestee Processing Center; the current Jail II property; and the City-County Building space potentially vacated by the Courts. Renovating existing city-owned built space would likely reduce overall construction costs by avoiding the design and construction of new buildings from the ground up and maintain the productive use of publicly-owned property.

**D. LOCATION OF CONSOLIDATED JUSTICE CAMPUS: A Welcome and Accessible Community Investment**

The CJR Task Force further recommends that the new facilities be located within in a campus setting that is accessible, well-planned, and enhances the aesthetics and economic and community development prospects of surrounding neighborhoods. The location of the proposed new Criminal



Justice campus has not been determined. Preliminary work has begun. The final site selection recommendation from the CJR Task Force will occur on or before January 31, 2017.

The Task Force has greatly benefited from and adopts the site location analyses of the 2003 GIPC Study, as well as the two assessment reports prepared for the Ballard Administration's Justice Complex Project. In particular, the GIPC Real Estate subcommittee provided the following excellent analysis:

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*There are a variety of factors that must be considered when selecting a site. Some factors are critical, while others impact design and cost, but are not threshold factors.*

*The threshold factors are as follows:*

- *Public Safety. The highest priority for any criminal justice facility is to add to a system that protects the public and provides justice for its residents. Public safety has to be one of the major factors in selection of a location for the facility. Therefore, adjacent uses, such as residential, churches and schools should be minimized.*
- *A site that accommodates all facilities. The focus of this study and the conclusion of multiple studies from the past 25 years (or more) is that a combined, efficient facility is the best option for cost, efficiency and public safety. A site that cannot accommodate all facilities in one location should not be considered, unless it can be physically tied together with tunnels or bridges. The site can be small and force a vertical design or large and allow for a campus-style horizontal design, but it should all be together. Site size will impact cost and that is a factor to consider (discussed below).*
- *Cost structure. The size of a site will impact cost. A small site will force the facility to be built vertically, compared to a large site that would allow a horizontal, lower cost*

- design. If the facility components are the same, but the costs are higher for a particular site, it may render the option financially non-feasible.*
- *Proximity and Access to Constituent Groups. The primary constituent groups for a new facility are participants in criminal court proceedings, detainees and related family/friends, attorneys, Judges and sheriff's deputies.*
    - *For court proceeding participants, detainees and related family/friends, the facility should not only have public transit access, discussed above, but should be centrally-located within the service area and to the center of population. Given that the facility will serve the entire county, it should be located near the center of the county, or near downtown.*
    - *For attorneys, the facility should be located near their base of activity. Many law offices are located downtown. This allows them access to the Statehouse, other courts, primary office buildings, etc. Having the Marion County Courts and Jail within easy driving or walking distance to these law offices would be beneficial for the attorneys.*
    - *For Sheriff's deputies and related personnel, their primary activities are within the facilities and in conjunction with the IMPD. As such, these constituents have no real estate anchor tying them to a specific location.*
    - *For bail bondsmen and related businesses, these are typically located near the Courts and Jail facilities; and so the only impact would likely be a move to a new location from the existing location, if the facility moved more than a few blocks.*
  - *Proximity and Access to Public Transportation. The Jail and Courts facilities serve many constituencies, including those without any form of private transportation. However,*

*those involved in the criminal justice process are expected to report to Court or Jail at precise times. Without a car or other motorized vehicle, access is limited to public transportation (IndyGo), bicycle or by foot. For any new facility, a centralized, easy-to-access stop on IndyGo routes is critical. This is not to say that a new facility needs to be on existing bus routes, but that if one does not exist where the new facility is located, one should be created.*

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With these concepts as its analytical basis, the Task Force proposes to continue its work and provide a recommendation as to the location of the proposed Consolidated Justice Campus by January 31, 2017.

The CJR Task Force's location evaluation work is well underway and has centered on the prior analyses of the Ballard Administration's preliminary real estate evaluations, which ultimately led to the selection of the GM Stamping Plant. While that location is still part of the CJR Task Force's current "list" of possible locations, circumstances have changed as to the owner's development intentions such that a criminal justice campus is an unlikely fit for that site.

The referenced location analyses from the prior project include:

- a. *CBRE, Inc. Criminal Justice Complex Market Survey, November 2013.* This survey identifies particular locations and broadly describes many important attributes and concerns with respect to the individual locations studied. For each location the report provides information about its size, address, parcel no., zoning district, and ownership, as well as generalizations as to its particular strengths and weaknesses as a potential site.

- b. *Criminal Justice Facility Analysis of Potential Sites, November 2013.* This analysis focuses on the accessibility of potential locations for criminal justice facilities user groups, namely employees, arrested individuals, and county resident's writ large. The document looks at "accessibility" in terms of both proximities to user groups and access to public transportation. One particularly valuable aspect of this analysis is its use of residential density "heat maps" to show proximity of various user groups to identified potential site plotted on the map.

The Task Force will further review and narrow these identified locations, as well as other locations proposed by Enterprise Stakeholders and Community Stakeholders throughout the last six months of the Task Force's work.

In addition to and based on the threshold factors identified in the GIPC Study, the CJR Task Force has identified priorities for its continued site selection work: (1) fully explore a central location to promote access to Courts and services from all parts of county; (2) low/no acquisition cost, as the Task Force prioritizes investments in improved programming and building construction over and above acquiring new tracts of public property; (3) improve and be welcomed by nearby neighborhoods – also, as a corollary, minimize potential harm to existing neighborhood assets and community and economic development initiatives.

# CHAPTER 7

# FINANCE

The proposed reforms to our local criminal justice system will be an important investment in our city's future. Construction of a new criminal justice facility as a key component of the reform will be a costly undertaking, so any solution must be rooted in a detailed analysis of our capacity to pay for it in a way that is in the best interest of the taxpayers. Instead of starting with a preferred location, delivery, and financing model and later figuring out how to pay for it, we must begin by looking closely at what we currently can afford. The financing of this project should not be based on a presumed tax increase. At the same time, paying for this project cannot stretch city/county budgets beyond capacity.

Between the summer of 2013 and fall of 2015, the City of Indianapolis spent a significant amount of money and committed thousands of hours of staff time in hopes of delivering the construction of a new Jail and criminal courthouse. Though in the end the City-County Council did not pass that proposal, the underlying work-product remains useful, and the lessons learned during that process have been invaluable. But more importantly for the finance team, the in-depth research and analysis that produced the affordability studies by both Mayor Ballard's team and the City-County Council's staff provides the basis for this current review. Without this work from the previous project, we would not have the same confidence level in our numbers.

## **A. What Can We Afford?**

The approach to this financial analysis is conservative and is based, to the greatest extent possible, on objective numbers. A conservative approach is necessary in the current environment, where city and county agencies face budget pressures over and above the need to finance a new criminal justice facility. As with any sound financial analysis, this affordability review is based on a number of assumptions about future events and transactions that may not occur as expected, and the resulting difference could be material. Additionally, any financial model selected will require consideration of statutory limitations on issuing debt, impact on credit ratings, and any impact on fund balances and reserves.

The analysis starts with current savings that can be achieved by building a new facility. For example, Marion County Community Corrections (MCCO) pays yearly rent in excess of \$1.5 million. The development of a new facility that would house MCCO eliminates the need for that payment. Therefore, \$1.5 million can be added to the available funds to finance the project, whether in the form of debt service or a lease structure. The financing vehicle has not yet been determined, but could involve issuance of bonds and/or notes, a long-term lease-to-own arrangement, or a combination of those.

In addition to being built on the previous administration's affordability analyses, the current approach is based on input from every criminal justice agency. The previous analysis demonstrated the importance of gathering and documenting actual numbers directly from agencies in an open and transparent fashion, as well as the need to verify those numbers. For this analysis, the finance team, which includes the City Controller and the Council CFO, solicited budget information from each agency in a survey asking for detailed, objective facilities expenditures (rent, utilities, etc.).

Additionally, the Council CFO and Controller met with each agency to confirm these numbers and determine additional savings that could be realized with a new facility. These savings figures were then tested and verified by the Controller’s team.

Based upon the data gathered during the process described above, we have identified the following amounts that we reasonably expect will be available on an annual basis to fund construction and operational expenses as well as new programs developed as part of the overall reform process:

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

Notes:

- Sheriff personnel savings from reduction in transportation expenses and overtime
- CCA contract estimated savings at \$14 million. Additional \$2.5 million in savings from Medicare reimbursements
- Revenue from HB1006 inmates at \$35 per day. Estimating 150 inmates

To summarize, the finance team’s work to date has confidently and conservatively identified just over \$35 million available on an annual basis to fund a new justice facility that would include the components listed above and all related costs. Our work to identify all funds available for this project is ongoing. Continuing communication with internal stakeholders strongly indicates that there will be additional efficiencies identified that will add to the funds available for this project. Additional funding for this project could result from efforts to repurpose sites that will be vacated by criminal justice agencies. We note that time is of the essence in completing these efforts to identify the full and final funding amounts available to take advantage of the current favorable interest rate environment for municipal issuers of debt. While interest rates for tax-exempt municipal debt are expected to rise, the cost of borrowing remains comparatively low for Indianapolis, given its strong credit ratings. Finally, we strongly recommend that decision-makers consider taking advantage of additional revenues that may become available as a result of the actions of other taxing authorities.

**B. Possible Project Delivery Methods**

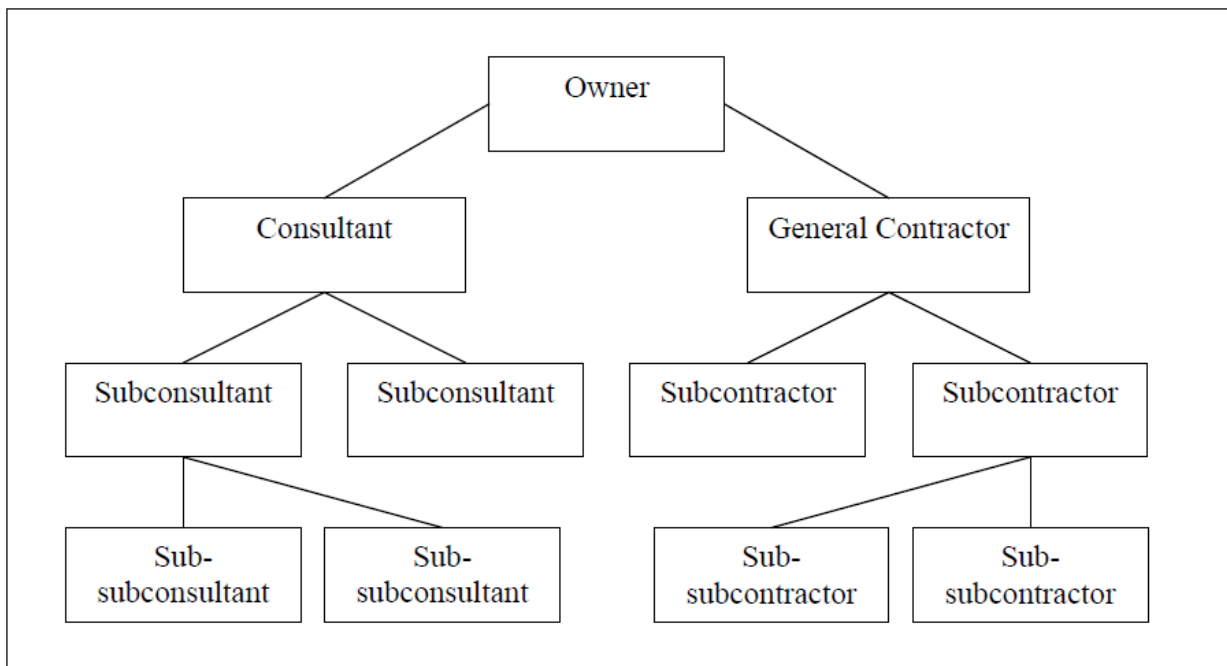
Over the last three years, Marion County has spent considerable time and money reviewing the best delivery model for a project of this magnitude. The City-County Council published a report in March of 2015 that compared two delivery methods – Public/Private Partnership (P3) and Design-Build model. While the conclusion was that a Design-Build model in the long run was a more cost effective way to deliver a new Jail and court house structure, it is in the best interest of all involved to take another look at the various options available to the county.



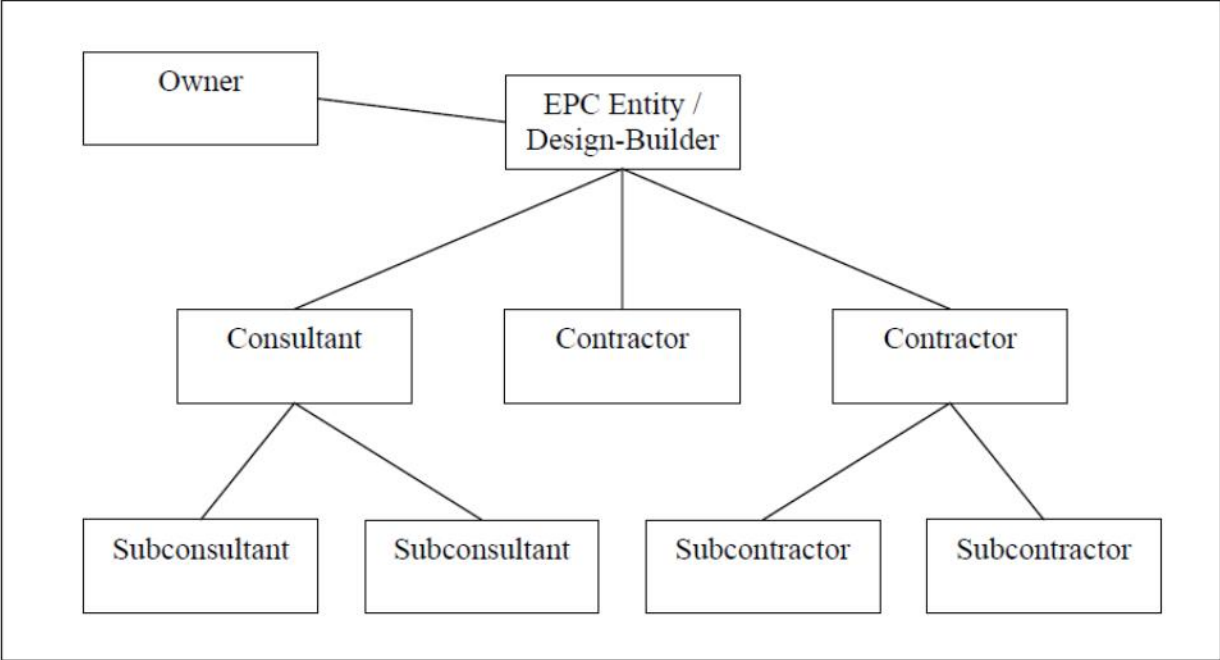
**C. The Models**

From our analysis we have determined there are five delivery models that should be considered and evaluated, all of which are authorized by statute. We list them in no particular order of preference.

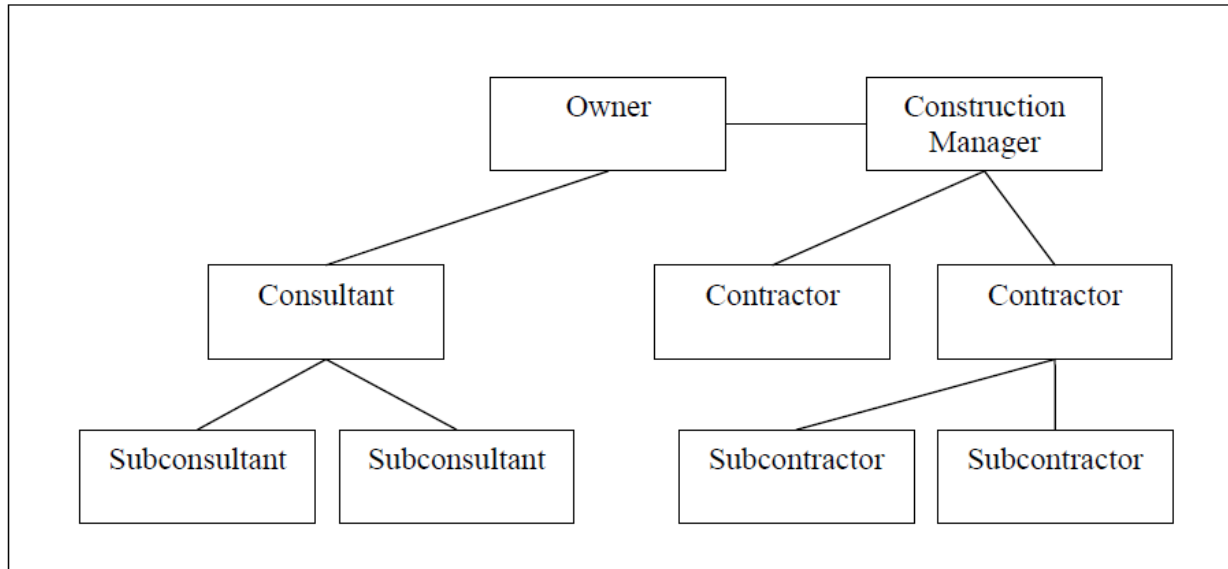
Design-Build-Bid (DBB): The traditional U.S. project delivery method, which customarily involves three sequential project phases: design, procurement, and construction. Financing is typically secured via tax-exempt bond market. Cost guaranteed after project is fully designed and bid. Award usually goes to lowest price bid.



Design-Build (DB): A project delivery method that combines architectural and engineering design services with construction performance under one contract. Guaranteed costs are established early in design. Financing secured via tax-exempt bond market.



Construction Management At-Risk (CMAR): A project delivery method in which the Construction Manager acts as a consultant to the owner in the development and design phases, but assumes the risk for construction performance as the equivalent of a general contractor holding all trade subcontracts during the construction phase. This delivery method is also known as CM/GC.



Public/Private Partnership (P3): Similar to Design-Build except financing is done through private entity. A private entity or consortium of investors provides some or all of the required capital with a commitment to deliver a completed project for a public sector owner in exchange for revenue that the completed facility is anticipated to generate. Cost guaranteed upfront. This method is widely used in U.S. for transportation projects.

**D. Considerations in Selecting a Delivery Method**

City and county leaders have several areas of concern when embarking on a construction program or project. It is necessary to choose an overall project delivery and contracting strategy that effectively and efficiently delivers the project. The following guidelines offered by the Construction Management Association of America (AN OWNER'S GUIDE TO PROJECT DELIVERY METHODS, 2012) are some of the key considerations that will influence the selection of the project delivery method:

- **Budget:** Determining a realistic budget before design to evaluate project feasibility, to secure financing, to evaluate risk, and as a tool to choose from among alternative designs or site locations is a primary need. Once the budget is determined the project must be completed at or below the established budget figure. Decision makers must decide how quickly they need to establish final project costs and with what risk level of exceeding this cost.
- **Design:** Of foremost importance to stakeholders is that the desired facilities function as envisioned while successfully fulfilling the needs of the users. Therefore, the design team should be well qualified in the type of facility being designed. In addition, the team must ensure that the program needs are clearly conveyed to the design team. Since the design of the facilities must be buildable and design intent must be properly communicated, and the design documents are constructible, complete, clear and coordinated. The documents should properly incorporate unique features of the site to include subsurface conditions, interfaces with adjoining properties, access, and other characteristics. Stakeholders must decide how much control they need to have over the design elements of a project.
- **Schedule:** Stakeholders have similar needs in the area of scheduling. The dates of design commencement, construction completion and ultimately the operation of new facilities can be critical, either in terms of generating revenue from the facility, or in terms of providing needed functional space by a particular deadline. Therefore, a realistic assessment of project duration and sequencing needs to be performed early in the planning process. The schedule must then be monitored and updated throughout the design, construction and pre-occupancy phases to achieve the desired goal. An owner must decide how critical it is to minimize schedule duration for a project.

- Risk Assessment: In construction, issues of risk are closely tied to the status of the local construction market, on-site safety, the schedule and the budget. City and county leaders require an understanding of the risks involved in construction, and should make a conscientious decision regarding allocation of these risks among project participants, so that all areas of exposure are properly understood. In considering risk allocation, decision makers should strive to assign risks to those parties that can best exercise control over those aspects. For example, it would typically be problematic to require that the contractor correct problems due to design errors or changes at no extra cost since a contractor generally has little control over the cause or magnitude of such errors or changes. City and county leaders



must decide how much project risk they are comfortable in assuming.

Generally, the level of control provided to the owner of the project correlates with the level of risk, as illustrated in the following chart:

**P3                      Design-Build                      CMAR                      D-B-B**



# CONCLUSION AND RECOMMENDATIONS

During his State of the City Address in May, Mayor Hogsett called upon the Task Force to take a hard look at what real criminal justice reform will require. Over the past seven months, the Task Force has worked with stakeholders across Marion County who have echoed and amplified the Mayor's concerns that simply building a new Marion County Jail may not be sufficient and demonstrated widespread consensus that systemic reforms—not just new buildings—are overdue. The Task Force has built upon the studies, findings and conclusions reached over the past 25 years to recommend workable, dynamic and data-driven changes to our criminal justice processes as well to the facilities where those processes take place.

One component of the Task Force recommendations involves the development of modern, efficient criminal justice facilities on a new government campus. Any such development must be woven into the larger fabric of an optimized system. To achieve that end, the Task Force has recommended development of an Assessment and Intervention Center that is connected to a 2600-3000 bed Adult Detention Center. It has also called for a courthouse facility to house Criminal, Juvenile, Circuit and Superior Civil Courts. In the current budget environment, any such development will require long-term financing.

The findings and analyses of consultants hired in 2013 have been useful in identifying potential delivery and financing models for facilities that support systemic reform. However, the current approach is different in that it first asks, “what can we afford?” as opposed to “what should we build?” The Task Force has taken the first steps toward identifying funding through existing

dollars being used to support the current overburdened system and making new and better use of them to create a system that is fair, effective and responsive to the needs of all stakeholders in the criminal justice system. Our work to date has identified \$35 million available on an annual basis, without additional tax revenue. The affordability analysis is an ongoing process. Additional savings and efficiencies may be identified, and any further recommendations on new facilities must be limited by the amount of funding available. We also must incorporate the savings or additional costs that could result when facilities are vacated by agencies that will relocate to a new Justice Center Complex. Future recommendations by the Task Force and decisions by elected officials on finance and delivery models must be deliberative and informed by budget constraints, a rising interest rate environment and changes in available sources of revenue.