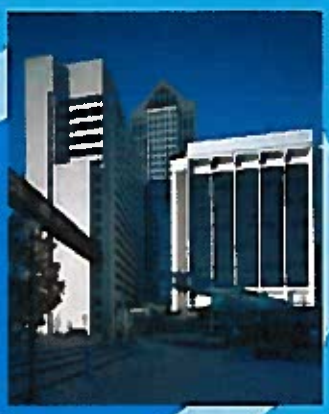
Franklin County
Where Government Works



2016-2020

FRANKLIN COUNTY COMPREHENSIVE STRATEGIC JUSTICE PLAN

The mission of the Franklin County Criminal Justice Planning Board is to provide system-wide comprehensive planning and oversight, to identify training and technical assistance needs and direct the efficient and effective application of State and Federal funds toward developing and sustaining projects and programs that deliver services to the Franklin County community to enhance their safety, health and welfare.

The Franklin County Criminal Justice Planning Board was created in accordance with Ohio Revised Code Chapter 5502 in April 2000 as a required outcome of the election by the City of Columbus and Franklin County to form a Regional Planning Unit for Criminal Justice Services. The Board consists of elected and appointed officials representing the criminal and juvenile justice enterprise appointed by the Franklin County Board of Commissioners by annually, by Resolution. Representation includes law enforcement, courts, probation, victim services, corrections, public defenders, prosecutors, mental health, developmental disabilities, workforce investment, and community.

The Board is responsible for comprehensive regional justice planning and directing the justice mission of the Office of Homeland Security & Justice Programs. Board members review and make non-binding recommendations on criminal justice grant project and program funding plans, identify priority areas for utilization of grant funding, and maintain oversight of funded projects and programs to ensure delivery of contracted services.

The Franklin County Office of Homeland Security & Justice Programs performs the fiscal and programmatic administration of U.S. Department of Justice and U.S. Department of Homeland Security grants; provides training and technical assistance for the justice partners and first responders; and is responsible for the development and evaluation of projects and programs operating in accordance with the Franklin County Comprehensive Strategic Justice Plan and the Homeland Security Strategy.

The Board developed the 2016-2020 Franklin County Comprehensive Strategic Justice Plan to address the priority areas of Reentry, Behavioral Health, and Victim Assistance with goals and implementation strategies necessary to achieve positive impacts and measurable outcomes that will:

1.) Improve successful reentry and reduce recidivism

2.) Provide appropriate diversion of persons with severe mental health issues

3.) Increase services for victims of family/domestic violence

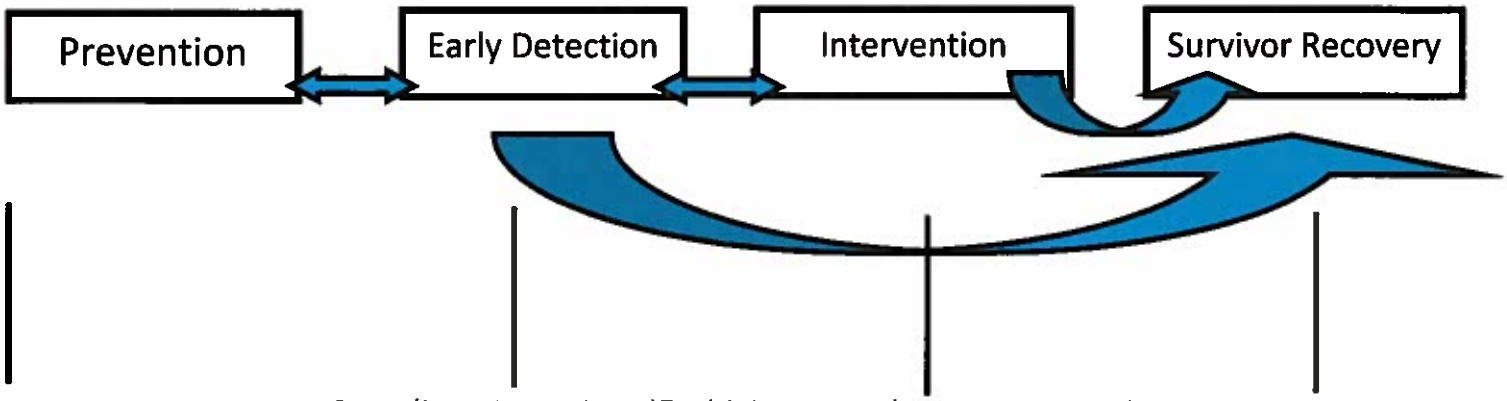
The Franklin County Comprehensive Strategic Justice Plan is a live document that will remain strategic to allow for the implementation of priority projects as trends and conditions emerge and new initiatives are developed to meet the demand for change within the delivery system. The Plan is revised and updated every two years to include impact accomplishments and address emerging trends and conditions that affect Franklin County's justice delivery system.

Victim Services

The Victim Services subcommittee will utilize a Community Coordinated Response (CCR) to Domestic Violence model which brings together key players in law enforcement, criminal justice and other government and community systems (also known as "touch points") to develop strategies and identify critical intercept points in prevention and early detection of interpersonal violence with the intent of disrupting the cycle before it escalates.

Exhibit A:

Continuum of Coordinated Response to Domestic Violence, Sexual Abuse, Stalking and Dating Violence



<u>System /Agency Interruption Touch Points</u>

Educational Systems
Faith Communities
Family
Community Based Agencies
Primary Physician
Media

<u>System /Agency Interruption and Touch Points</u>

911/Dispatch
Lethality Assessment Program
Supervised Visitation/Safe Exchange
Child Support
Job and Family Svcs
Faith Communities
Civil Legal Svcs (including immigration considerations)
CASA
Family
Behavioral Health Providers
Hospitals/Primary Care
Law enforcement
Workplace
Community Based Agencies
Victim Services
Child Protective Services
Educational Systems

<u>System /Agency Interruption and Touch Points</u>

911/Dispatch
Lethality Assessment Program
Supervised Visitation/Safe Exchange
Courts
Centralized Victim Intake Center
Law Enforcement
Crisis Shelter
Child Support
Job and Family Svcs
Civil Legal Svcs (including immigration considerations)
CASA
Family
Behavioral Health Providers
Hospitals/Primary Care
Community Based Agencies
Victim Services
Child Protective Services
Probation/Parole
Batterer's Intervention

<u>System /Agency Touch Points</u>

Transitional and Long Term Housing
Supervised Visitation/Safe Exchange
Workforce
Behavioral Health providers
Family
Civil Legal Svcs (including immigration considerations)
Job and Family Services
Child Support
Educational Systems

Objectives:

1) Reduce by 20% the number of homicides resulting from domestic and interpersonal violence by 2020.

2) Identify systemic, inter-agency changes to improve system response for victims.

3) Decrease by 20% the frequency and severity of repetitive domestic violence, sexual assault, stalking and dating violence by 2020.

4) Increase the number of trauma-informed and evidence based victim service programs in Franklin County.

Sustainment and Expansion of the Lethality Assessment Program (LAP)

Intercept Points: Early Detection and Intervention

Problem: In Franklin County, 3,273 victims sustained an injury or were murdered as a result of domestic violence in 2014. *(Ohio Attorney Generals' Office, 2014.)*

Goal #1: Reduce the average annual number of domestic violence fatalities by 2017.

Goal #2: Reduce the incidence of re-victimization and future abuse by increasing the number of victims accessing services after screening in high danger by 2017.

- Implementation Strategy A: Increase the number of participating agencies in the LAP program to ensure a Countywide standardized and consistent response.
- Implementation Strategy B: Review current staffing of domestic violence hotline and advocacy personnel to ensure response is adequate to meet the needs.
- Implementation Strategy C: Offer regular in-service training to law enforcement jurisdictions to ensure new officers hired are trained to implement the LAP response model.

Deliverables: LAP training of both LE and victim service personnel, current baseline data, information sharing process between LE, Prosecutor's Offices and victim services agencies, MOU's established between program partners, annual evaluation results.

DASHBOARD METRICS: # of lethality screens administered, # of high danger assessments, % of victims screened as high danger who speak with the dedicated DV hotline advocate, % of victims screened as high danger choosing not to speak with the dedicated DV hotline advocate, *# of victims screened in high danger who access the shelter and/or other advocacy services, # of victims who decline responding to the assessment, # of LE and victim service agency MOUs, # of law enforcement officers and victim service professionals trained in and using LAP protocols, # of law enforcement agencies submitting monthly statistical data, # of DV and Spousal Related Homicides

Sustainment of Supervised Visitation and Safe Exchange (SV/SE) Services
Intercept Points: Prevention, Early Detection, Intervention and Recovery

Problem: Unstable funding to support continued supervised visitation and safe exchange services.

Goal #1: Identify and secure permanent funding stream to support SVE services.

- Implementation Strategy A: Expand current marketing plan to include regular outreach and updates to program stakeholders. Marketing plan to be established by March 31, 2016.
- Implementation Strategy B: NGO partner to host an open house opportunity for elected officials, the business community, public sector CEO's and other non-profit organizations to establish support, create visibility, and demonstrate the value of the supervised visitation and safe exchange services provided. Open house to be scheduled by May 31, 2016.
- Implementation Strategy C: Continue commitment toward program implementation that adheres to the Safe Havens model and principles for effective and safe supervised visitation and safe exchange services. On-going effort.

Goal #2: Diversify current funding support for supervised visitation and safe exchange to include a range of federal, state, and local grant programs, along with local foundations and for-profit activities.

- Implementation Strategy D: Develop a true cost for services measurement to inform planning, strategy development and areas for increasing efficiency of operations, i.e. cost per family, per visitation hour, etc. To be completed by June 30, 2016.
- Implementation Strategy E: Develop a minimum of two financial scenarios to forecast funding outlook for immediate and long term operations. To be completed by June 30, 2016.
- Implementation Strategy F: Develop plans to manage risk in response to financial scenarios developed in Strategy 2. The plan shall drive how resources, inputs and outputs are prioritized under each scenario. Plan to be finalized by December 31, 2016.

Deliverables: Funding applications drafted and submitted, awards issued, services offered, sustainment and marketing strategy, open house.

Metrics: # of families accessing SV/SE services, # of visitations conducted, # of safe exchanges, # of hrs of supervised visitation provided, # families turned away for services, # of court referrals for services, number of applications submitted for funding, amount of funding applied for and awarded; funding agencies solicited.

Centralized Victim Intake Services

Intercept Points: Phase 1 - Early Detection, Intervention
Phase 2 – addition of Recovery

Problem: Victims of crime seeking protection orders against their abusers lack knowledge and guidance regarding which orders are appropriate for their situations. In 2014, approximately 4,545 individuals sought an ex parte or temporary protection order from the Municipal, Common Pleas and/or Domestic Relations Court. Victims who go to the wrong place or lack education about what is available to them feel re-victimized by the process, or worse, may forego potentially life-saving measures

Goal #1: To improve efficiency and response for crime victims seeking protection orders through increased multi-disciplinary collaboration and participation in a Centralized Victim Intake Service program.

- Implementation Strategy A: Convene a working group and follow up focus groups to engage stakeholders in the planning process. Work group re-convened in September 2015. Focus groups completed during 4th qtr. 2015.
- Implementation Strategy B: Develop a business model incorporating focus group recommendations, logistical and staffing considerations, budget and physical infrastructure needs for a Centralized Victim Intake Center. Draft report to be complete by December 31, 2015.
- Implementation Strategy C: Working group will review proposed business model and submit feedback for consideration by March 31, 2016.
- Implementation Strategy D: Final report submitted to BOC and OMB for budget consideration by April 30, 2016.

Deliverables: Services offered, working group meeting minutes, focus groups, build out of physical space, co-location of staff, business model, budget to support operation.

Metrics: # of MOUs established; Completion of business model including budget projections; # of co-located staff positioned in the Centralized Victim Intake Service Center; # of planning meetings held; amount of funding secured and donated to set up and maintain center; random surveying of victims seeking services; semi-annual surveying of participating core partners; # of policy and procedures drafted and approved by core partners; # of victims served; Amount of funding applied for and resources secured to support operations; # of cross system trainings offered; # of agencies and staff co-located in the Centralized Victim Intake Service program

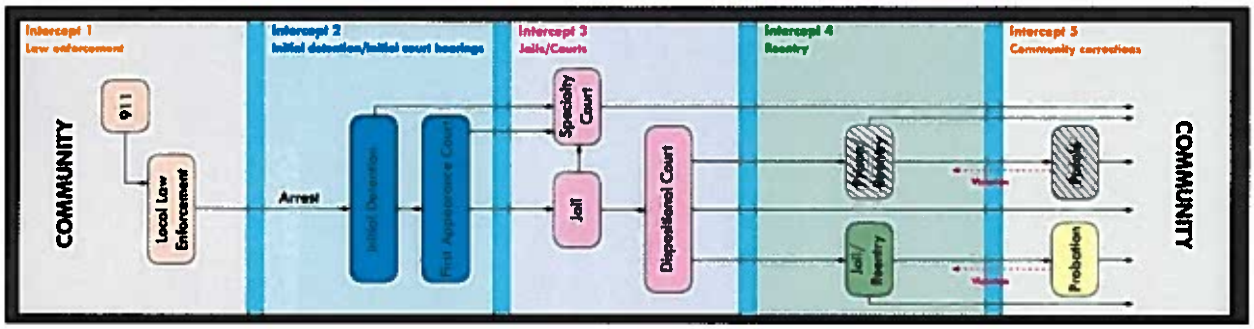
REENTRY

AND

BEHAVIORAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM

STEPPING UP AND RECIDIVISM REDUCTION

The Stepping Up and Recidivism Reduction subcommittee will utilize the following Sequential Intercept Model framework for planning and implementation of policies, strategies and non-binding funding recommendations:



Objectives:

1.) Reduce the average daily Franklin County jail population by 30% by 2020.

2.) Reduce the length of stay disparity between detainees/inmates with and without mental health issues by 50% by 2020.

DIVERSION, ALTERNATIVES TO ARREST

SIM INTERCEPT POINTS 1 **

Problem: Some clients are arrested and booked into jail for minor infractions, payable warrants, and incidents caused by mental health and/or AOD incidents.

Goal #1: Reduce by 30% the number of arrests for non-violent misdemeanor offenses by 2020.

Goal #2: Reduce by 50% the number of persons with severe mental illness arrested by 2020.

- Implementation Strategy A*: Increase Crisis Intervention Team (CIT) training for patrol officers to 25% of all patrol officers by 2018 and 50% of all patrol officers by 2020. Train 50%% of patrol dispatchers in CIT or Mental Health First Aid (MHFA) by 2018 and 100% by 2020. Train 50% of first-responders/EMTs in MHFA by 2020. (CPD, FCSO patrol, HSJP, FCEM&HS, OAG, ADAMH).

- Implementation Strategy B*: Increase Crisis Services and Capacity by implementing plans of the Psychiatric Crisis and Emergency System (PCES) Task Force for a continuum of crisis care. This plan should encourage partnership development between crisis service providers and local hospitals to ensure availability of beds when treatment is necessary.
- Implementation Strategy C*: Give law enforcement more latitude to divert people in crisis away from the criminal justice system when appropriate, reducing arrests for non-violent infractions by 30% by 2020. (Columbus City Council, City Attorney, Prosecutor, CPD, FCSO patrol)
- Implementation Strategy D: Allow those arrested easier access to Municipal Clerk to pay warrants and obtain quick release. (FCSO corrections, Municipal Clerk)
- Implementation Strategy E*: Provide community (family members, faith community, social service organizations, Hands On, 911) with information and resources for mental health and substance abuse situations in order to reduce crisis calls for service to law enforcement. (Reentry Coalition, ADAMH)

* denotes strategy recommended in CSG study and Stepping Up Initiative guidelines.
** strategies consistent with Sequential Intercept Model and standardized intercept points

DELIVERABLES: CIT training strategy, PCES report and implementation plan, MH/BH resource guide (print and online), current baseline data, information sharing process between MH/BH and law enforcement, critical incident review process.

DASHBOARD METRICS: # of arrests for non-violent offenses, # of arrests with MH issue, % patrol officers trained in CIT, % dispatchers trained in MHFA, % EMTs trained in MHFA, # beds full for MH/BH treatment (by type), length of MH/BH bed waitlist (if any), ratio of arrests to civil citations for eligible misdemeanor offenses, # of dispatched runs with MH flag.

PRE-ARRAIGNMENT SCREENS & PRE-TRIAL ALTERNATIVES TO INCARCERATION
SIM INTERCEPT POINT 2 **

Problem: Some detainees spend disproportionate time in jail pre-trial lacking options such as treatment, bail, or electronic monitoring alternatives. Detainees with mental health issues have average length of stay 60% higher than those without mental health issues (32d v 20d).

Goal #3: Implement 100% pre-arraignment mental health screening and risk assessment by 2020.

Goal #4: Reduce the number of incarcerated pre-trial non-violent offenders by 30% by 2020.

Goal #5: Reduce the number of incarcerated pre-trial offenders with identified mental illness by 50% by 2020.

Goal #6: Reduce disparity of average pre-trial lengths of stay for MH vs non-MH offenders by 50% by 2020.

- Implementation Strategy F*: Implement pre-arraignment brief mental health screening and risk assessment so that judges have more information to make alternative to incarceration decisions at arraignment. (Municipal Court, Municipal Probation, FCSO corrections, Public Defender)
- Implementation Strategy G*: Implement alternatives to incarceration such as recognizance bonds with stipulations for treatment, and electronic monitoring through Probation for low risk, non-violent offenders. (Municipal Court, Municipal Probation, Prosecutor, City Attorney, Public Defender)
- Implementation Strategy H: Install court-based ADAMH and FCDJFS liaisons for immediate connection to service for those offered alternatives to incarceration. (Municipal Court, ADAMH, FCDJFS)
- Implementation Strategy I: Implement innovative application of bail for low risk, non-violent offenders that reflects individual's ability to pay. (Municipal Court, Prosecutor, City Attorney, Public Defender)
- Implementation Strategy J*: Enhance usage and efficiency of Municipal Court specialty dockets. (Municipal Court, City Attorney, Public Defender)

* denotes strategy recommended in CSG study and Stepping Up Initiative guidelines.
** strategies consistent with Sequential Intercept Model and standardized intercept points

DELIVERABLES: Pre-arraignment screening and assessment pilot program, court guidelines and judicial resources for alternatives to incarceration and probation, ADAMH and FCDJFS agreement and process with arraignment court, court guidelines and judicial resources for bail guidelines, ongoing evaluation of specialty docket efficiency and efficacy, current baseline data

DASHBOARD METRICS: % detainees screened pre-arraignment, # non-violent offenders awaiting trial, # awaiting trial with MH issues, ALOS for MH offenders, ALOS for non-MH offenders, # offenders in specialty dockets, specialty docket strategic plans and metrics, % offenders able to make bail, % offenders given alternatives to bail or incarceration

REHABILITATION AND RESTORATION SERVICES WHILE INCARCERATED

SIM INTERCEPT POINT 3 **

Problem: Most (74%) Inmates are not connected to services while incarcerated, or are connected to services that terminate upon release. Inmates most often leave incarceration with no enhanced skills, resources, or community connections.

Goal #7: Implement pre-release skills and needs assessment, provide social service linkage and reentry planning for 100% of inmates by 2020.

Goal #8: Reduce disparity between average length of sentence for MH vs non-MH arrestees by 50% by 2020

- Implementation Strategy K*: Implement pre-release needs assessment and create inmate housing units conducive to targeted group programming delivery. (FCSO corrections, HSJP, Reentry Coalition and partners)
- Implementation Strategy L: Ensure that every inmate is provided a reentry plan and initial service meetings/appointments scheduled pre-release.
- Implementation Strategy M*: Train 50% of FCSO corrections personnel in CIT for corrections by 2020. (FCSO corrections, NIC, ADAMH)
- Implementation Strategy N*: Ensure a comprehensive medical and mental health care continuum, including formulary for inmates on sensitive medications, housed in Franklin County correctional facilities. (FCSO corrections)
- Implementation Strategy O*: Explore alternative models for outpatient competency and restoration processes.

* denotes strategy recommended in CSG study and Stepping Up Initiative guidelines.
** strategies consistent with Sequential Intercept Model and standardized intercept points

DELIVERABLES: Pre-release skills and needs assessment forms/process, staffing plan for in-jail service delivery (current facilities and new facility), current baseline data

DASHBOARD METRICS: % arrestees screened pre-release, ALOS for MH offenders, ALOS for non-MH offenders, % FCSO corrections deputies trained in CIT for corrections, % of released detainees/inmates who leave with 10 or more days of medication, % of released detainees/inmates who leave jail with follow-up medical/mental health appointment(s) scheduled

REENTRY

POST-RELEASE SUPERVISION (PROBATION) AND SUCCESSFUL COMMUNITY INTEGRATION
SIM INTERCEPT POINTS 4 & 5**

Problem: Franklin County inmates are at risk of recidivating due to a lack of connection to critical resources needed to support successful reentry and community reintegration.

Goal #9: Implement reentry planning for 100% of participating inmates pre-release by 2020.

Goal #10: Reduce recidivism rate in Franklin County jails by 50% by 2020.

- Implementation Strategy P: Train 100% of probation officers in Mental Health First Aid by 2018. (Municipal Court probation, Common Pleas probation)
- Implementation Strategy Q*: Embed FCDJFS "reentry unit" case managers in probation to provide comprehensive benefits signups in 2016. (FCDJFS, Municipal Court probation, Common Pleas probation)
- Implementation Strategy R: Implement public awareness campaign to reduce ex-offender stigma and provide resource support. (Reentry Coalition)
- Implementation Strategy S: Implement public awareness campaign to reduce stigma of mental illness and encourage seeking assistance. (ADAMH, Reentry Coalition)
- Implementation Strategy T: Implement public awareness campaign to encourage employers to ban the box and hire former offenders. (Reentry Coalition and partners)
- Implementation Strategy U: Provide follow-up/outreach and connectivity to case management to persons returning from jail or prison and reentering Franklin County within 72 hours of return. (Reentry Coalition)
- Implementation Strategy V*: Within available subsidized housing voucher capacity, strive for 15% set-aside for housing units for residents with previous convictions or justice involvement. (ADAMH, CHN, CMHA)
- Implementation Strategy W: Secure commitment and funding for reentry/reintegration One-Stop facility by 2019; begin construction/renovation by 2020; open facility by 2022. (BOC)

* denotes strategy recommended in CSG study and Stepping Up Initiative guidelines.
** strategies consistent with Sequential Intercept Model and standardized intercept points

DELIVERABLES: Coordinated reentry planning (FCDJFS, HSJP reentry unit) Coordinated service delivery w/appropriate office space located in correctional facilities, public awareness campaigns (3), direct outreach strategy/workflow/staffing plan, current baseline data, overall project manager, data collection and reporting

DASHBOARD METRICS: # probation officers trained in MHFA, % available housing units open to justice-involved applicants, # direct contacts upon reentry (72 hrs), # jail population (aggregate and separate, gender, race, ORC charge, MH) , jail recidivism rate (aggregate and separate gender, race, ORC charge, MH)