





Ohio's policy response to addiction:  
**Law enforcement and the criminal justice system**  
**HPIO Webinar**

April 14, 2020



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To influence the improvement of health and well-being for all Ohioans.

# Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.

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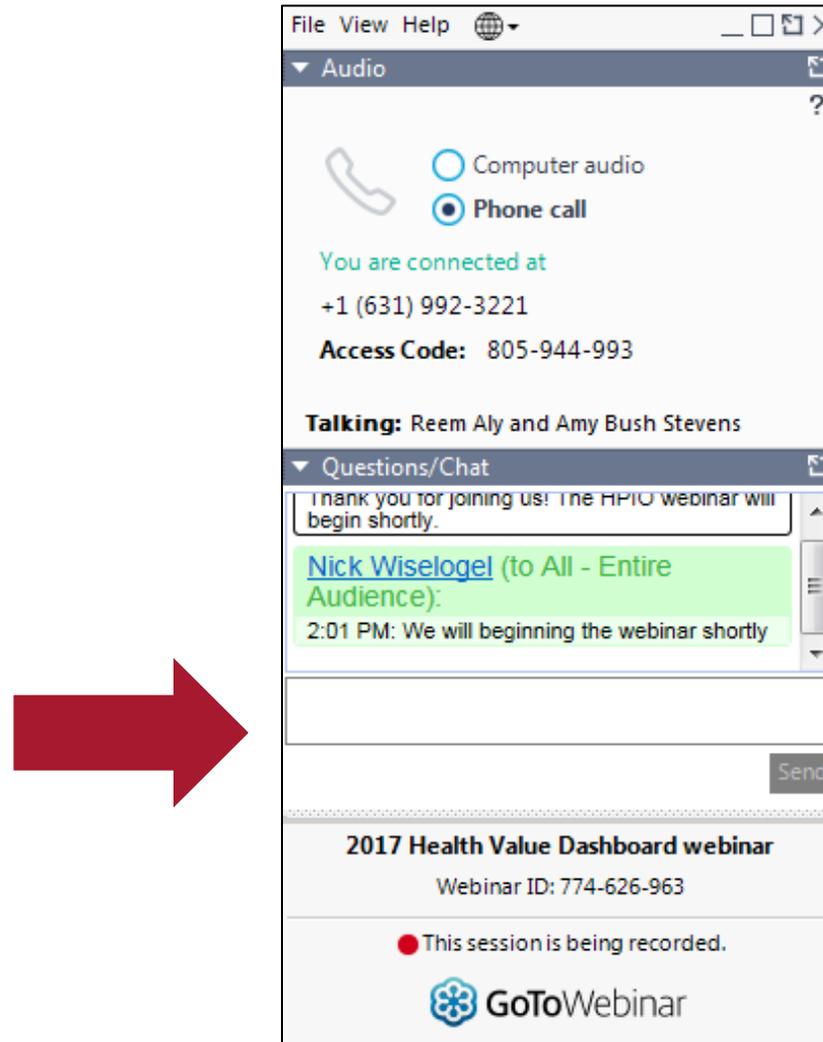
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The screenshot displays a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'. The 'Audio' section includes a telephone icon, radio buttons for 'Computer audio' and 'Phone call' (which is selected), and connection details: 'You are connected at +1 (631) 992-3221' and 'Access Code: 805-944-993'. Below this, it says 'Talking: Reem Aly and Amy Bush Stevens'. The 'Questions/Chat' section shows a message: 'Thank you for joining us! The HPIO webinar will begin shortly.' followed by a message from 'Nick Wiseloge (to All - Entire Audience): 2:01 PM: We will beginning the webinar shortly'. Below the chat messages is an empty text input field with a 'Send' button to its right. A large red arrow points to this input field. At the bottom of the interface, it says '2017 Health Value Dashboard webinar', 'Webinar ID: 774-626-963', and 'This session is being recorded.' with the GoToWebinar logo.

# Poll question



## Amy Bush Stevens

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@AmyStevensHPIO



## Hailey Akah

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@HaileyAkahHPIO



Share your thoughts on twitter throughout the presentation

@HealthPolicyOH

# Today

- Context, purpose and process
- Key findings
- Impact of COVID-19
- Guest speaker: Senator John Eklund

What is the purpose of  
**law enforcement and  
the criminal justice  
system?**

What is the purpose of  
**the behavioral health  
system?**

What happens when  
**these two worlds  
collide?**

# Behavioral health system

- Prevent addiction and promote mental health
- Treat addiction and mental illness
- Support ongoing recovery

# Law enforcement and the criminal justice system

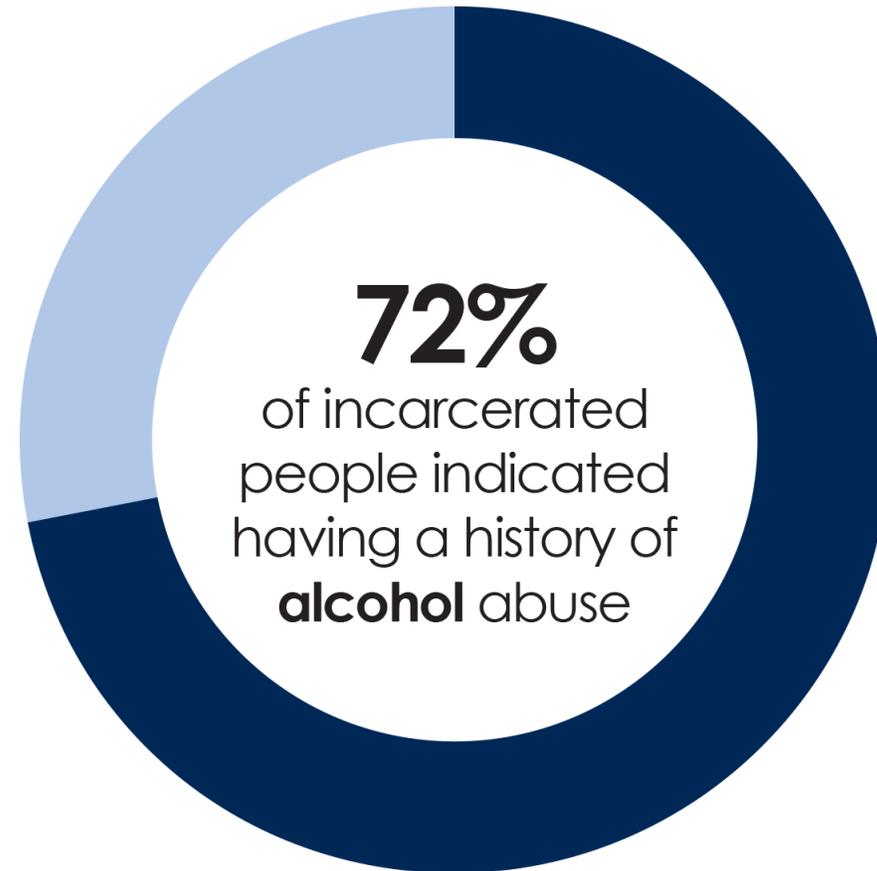
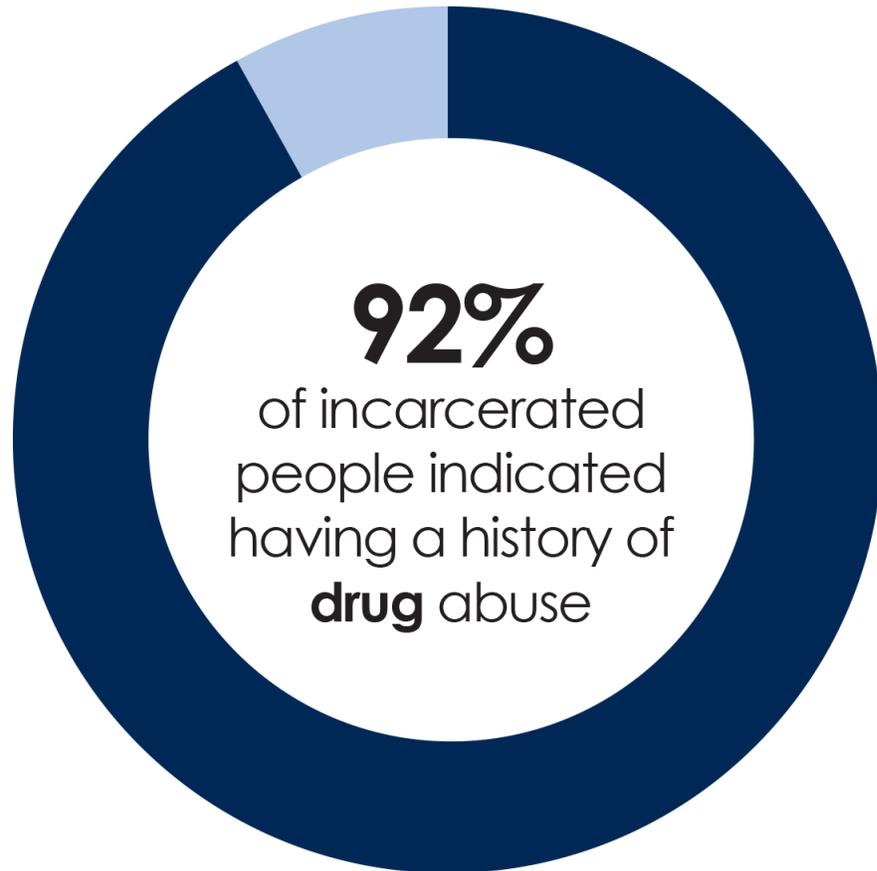
- Protect public safety and deter crime
- Reduce drug supply
- Reduce recidivism
- Provide justice for victims
- *Punish lawbreakers*
- *Rehabilitate offenders*

- 
- **Protect public safety and deter crime**
  - **Reduce drug supply**
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  - **Provide justice for victims**
  - *Punish lawbreakers*
  - *Rehabilitate offenders*

- **Prevent addiction and promote mental health**
- **Treat addiction and mental illness**
- **Support ongoing recovery**

# Drug and alcohol use among incarcerated people in Ohio

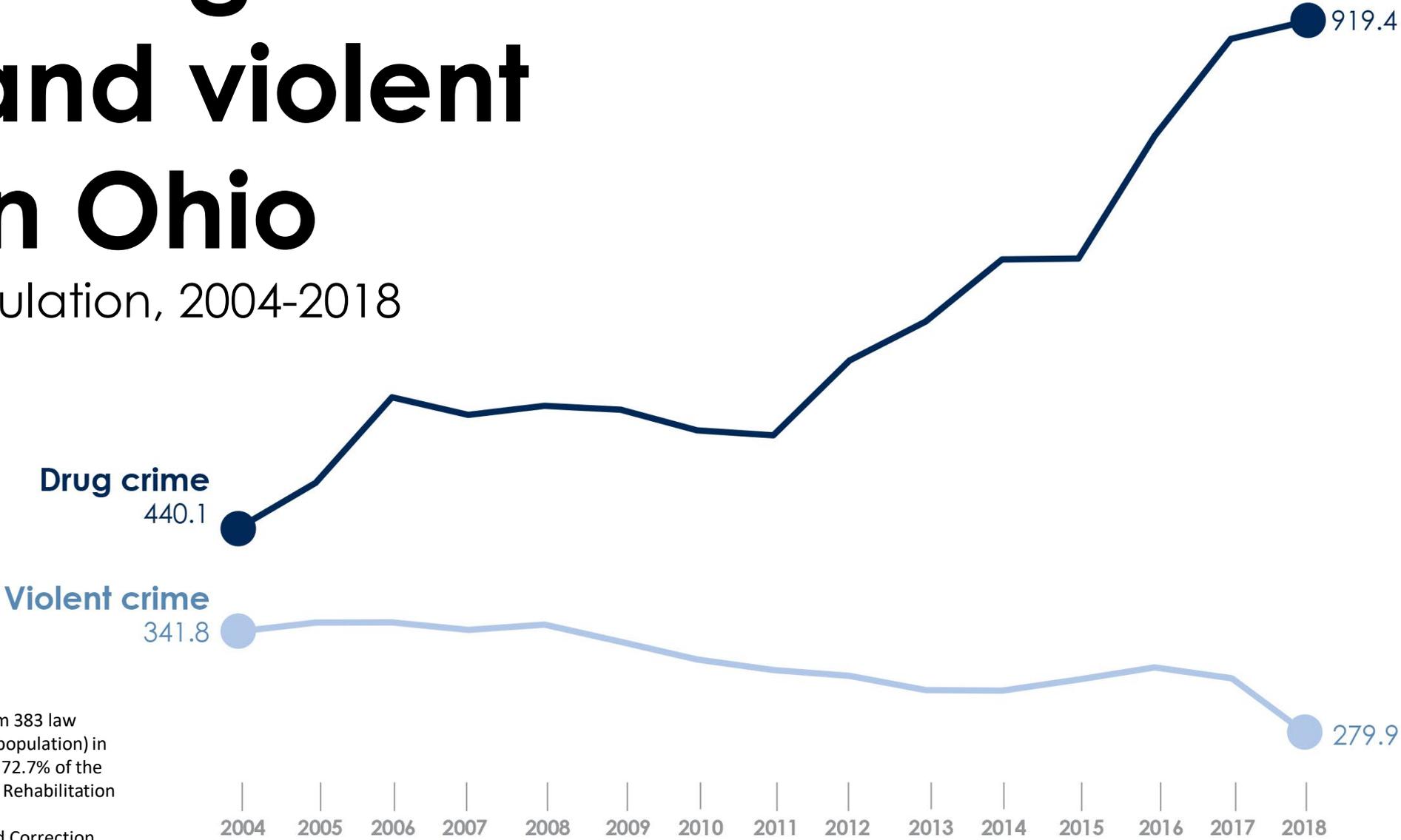
2015



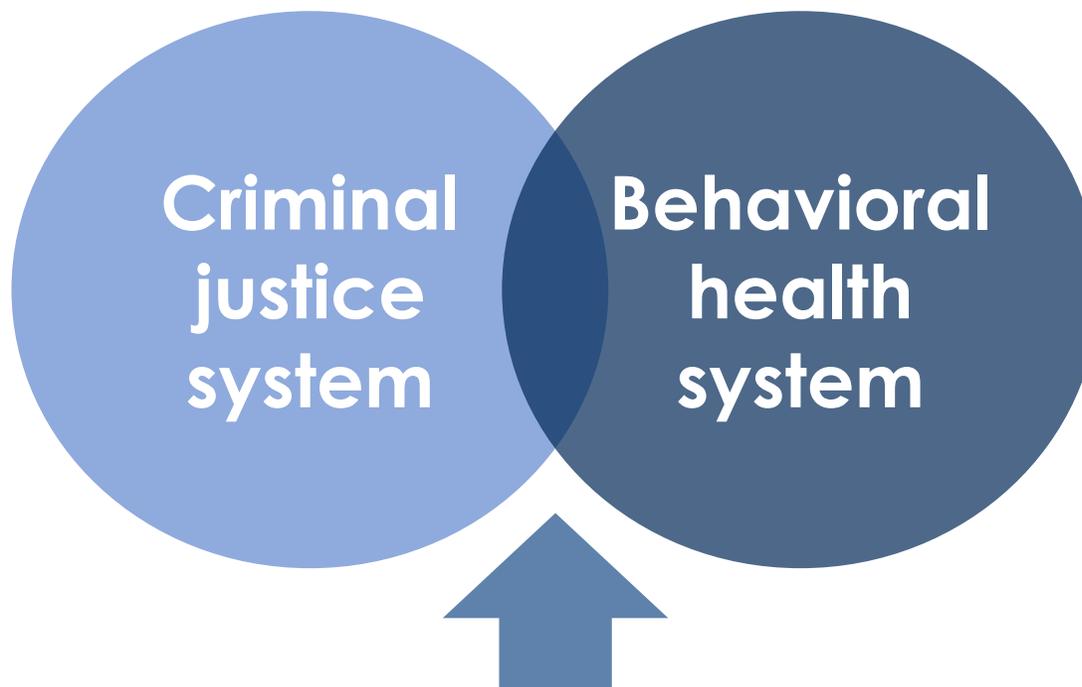
**Source:** 2015 Intake Study, Ohio Department of Rehabilitation and Correction, 2016

# Rate of drug crime and violent crime in Ohio

per 100,000 population, 2004-2018

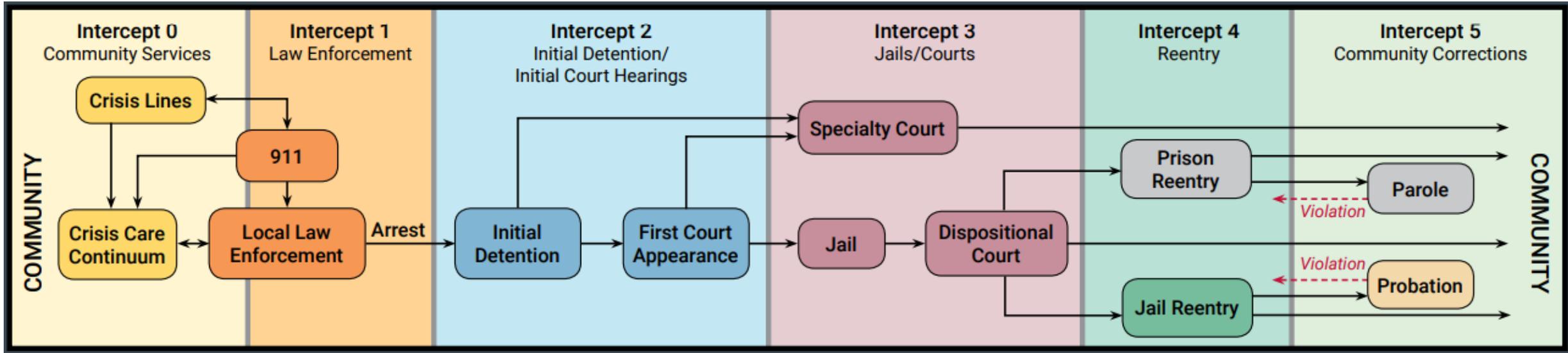


**Note:** Participation in OIBRS has increased from 383 law enforcement agencies (covering 64.7% of the population) in 2004 to 539 agencies (covering approximately 72.7% of the Ohio population) in 2014. Ohio Department of Rehabilitation and Correction, 2016.  
**Source:** Ohio Department of Rehabilitation and Correction, 2019



- Reduce overdose deaths
- De-escalate crises
- Reduce recidivism
- Increase recovery
- Treat substance use disorder in prison, jail and community corrections settings
- *Reduce the number of people with substance use disorder in prison or jail*
- *Punish and deter drug use*

# Sequential Intercept Model



Source: <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

- What is the purpose of law enforcement and the criminal justice system?
- What is the purpose of the behavioral health system?
- What happens when these two worlds collide?

- What is the purpose of law enforcement and the criminal justice system?
- What is the purpose of the behavioral health system?
- What happens when these two worlds collide?
- How can we improve outcomes related to addiction, public safety, criminal justice and equity?

# Policy scorecard overview

- Context
- Purpose and process
- Key findings
- What you can do

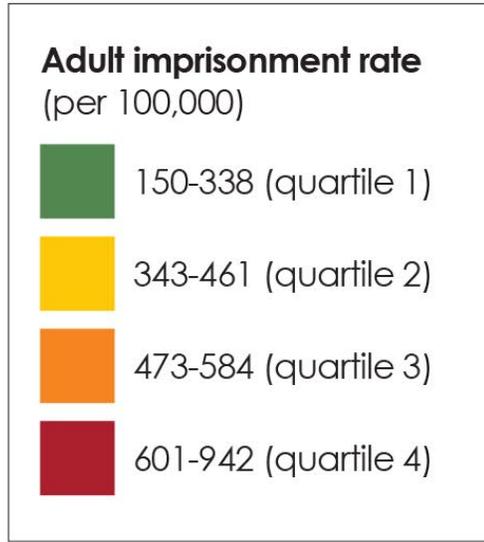
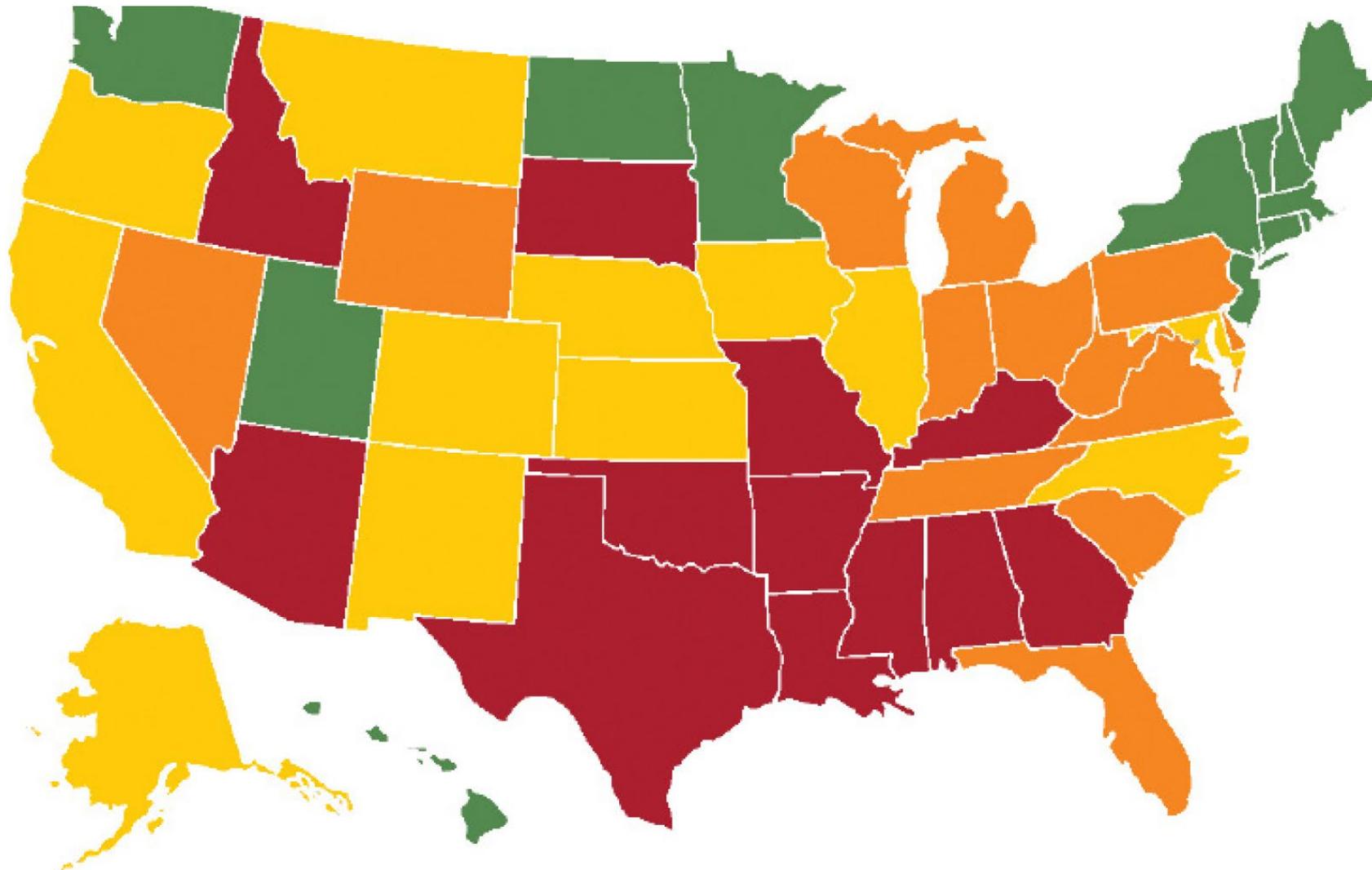
# Context: Ohio policy challenges

# Context: Challenges in Ohio's policy landscape

- Incarceration
- Inequity
- Data gaps

# Adult imprisonment rates in state prisons

per 100,000 population, 2017



**Note:** Incarceration rate includes incarceration in state prisons only. Federal prisons and local jails are not included.  
**Source:** National Prisoner Statistics, Bureau of Justice Statistics

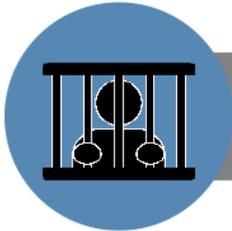
# University and incarceration costs

Ohio, 2019



Average in-state tuition plus room and board at public, four-year Ohio universities

**\$21,118**  
per year



State prison cost for incarceration per inmate (\$75 per day)

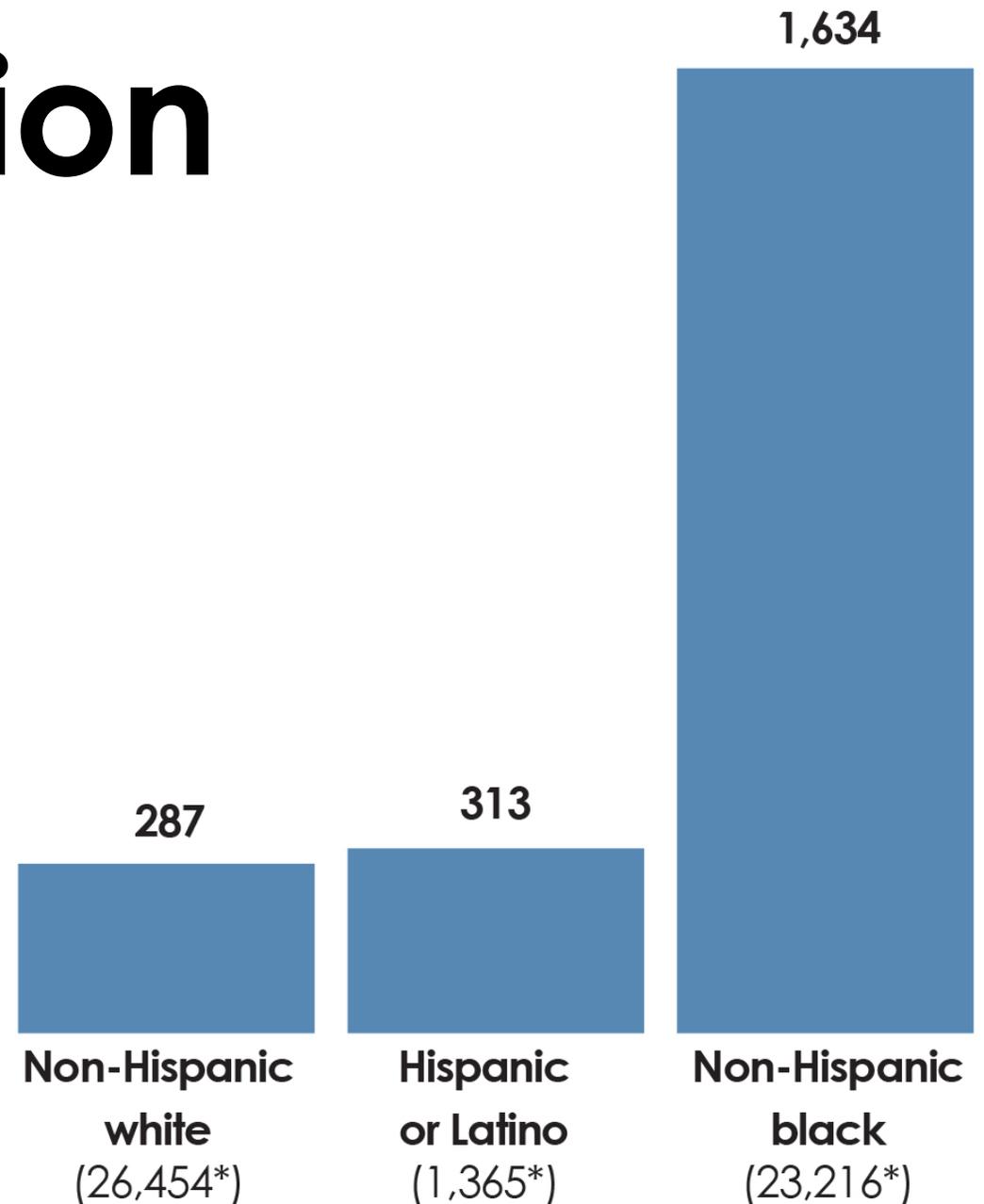
**\$27,375**  
per year

**Incarceration source:** Ohio Department of Rehabilitation and Correction, 2019

**University source:** HPIO analysis of College Tuition Compare, 2019

# Ohio incarceration rate

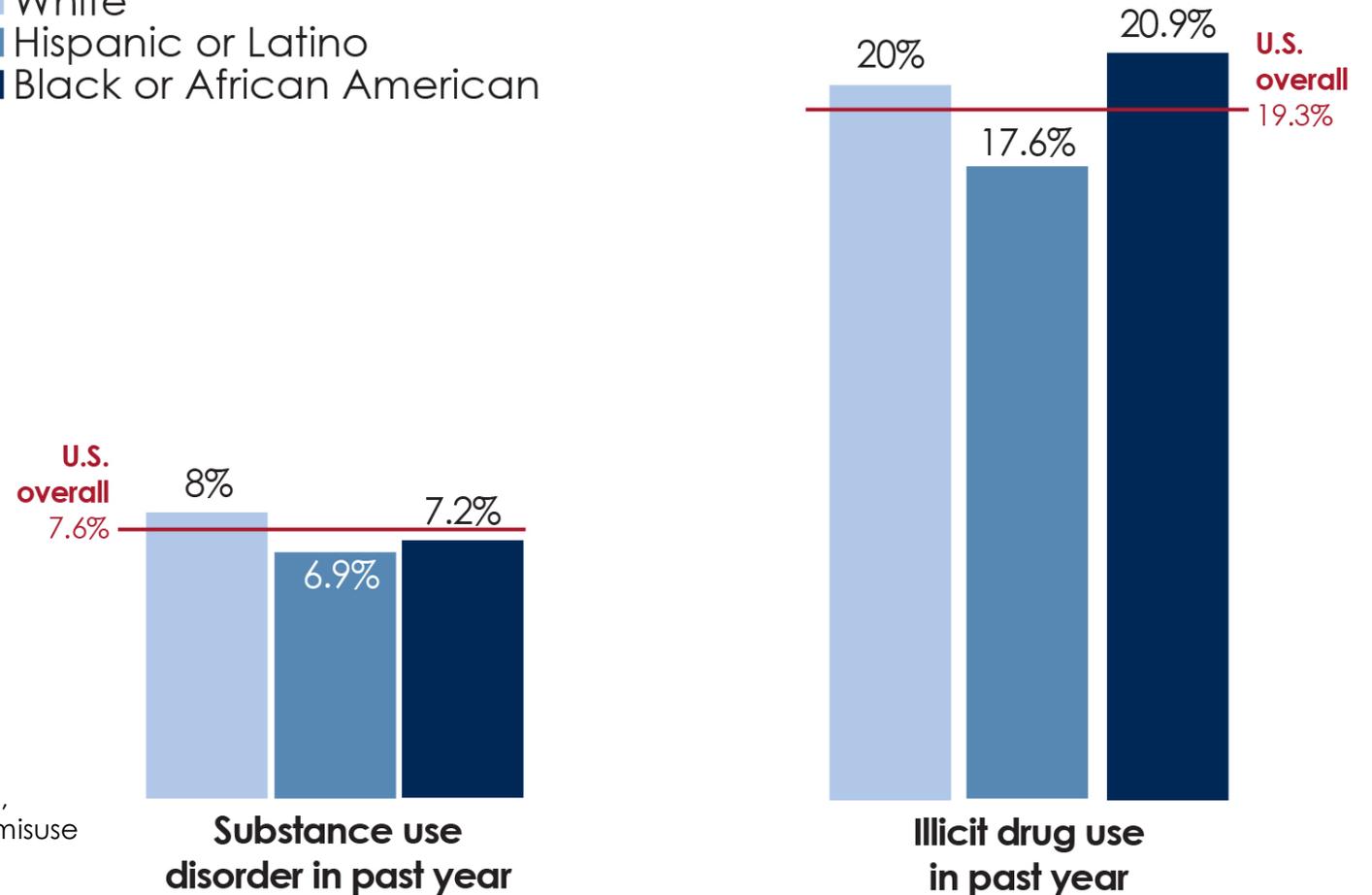
per 100,000 population, by race, 2017



\* Number of people incarcerated  
Source: HPIO analysis of data from the Bureau of Justice Statistics and the U.S. Census Bureau, Population Division

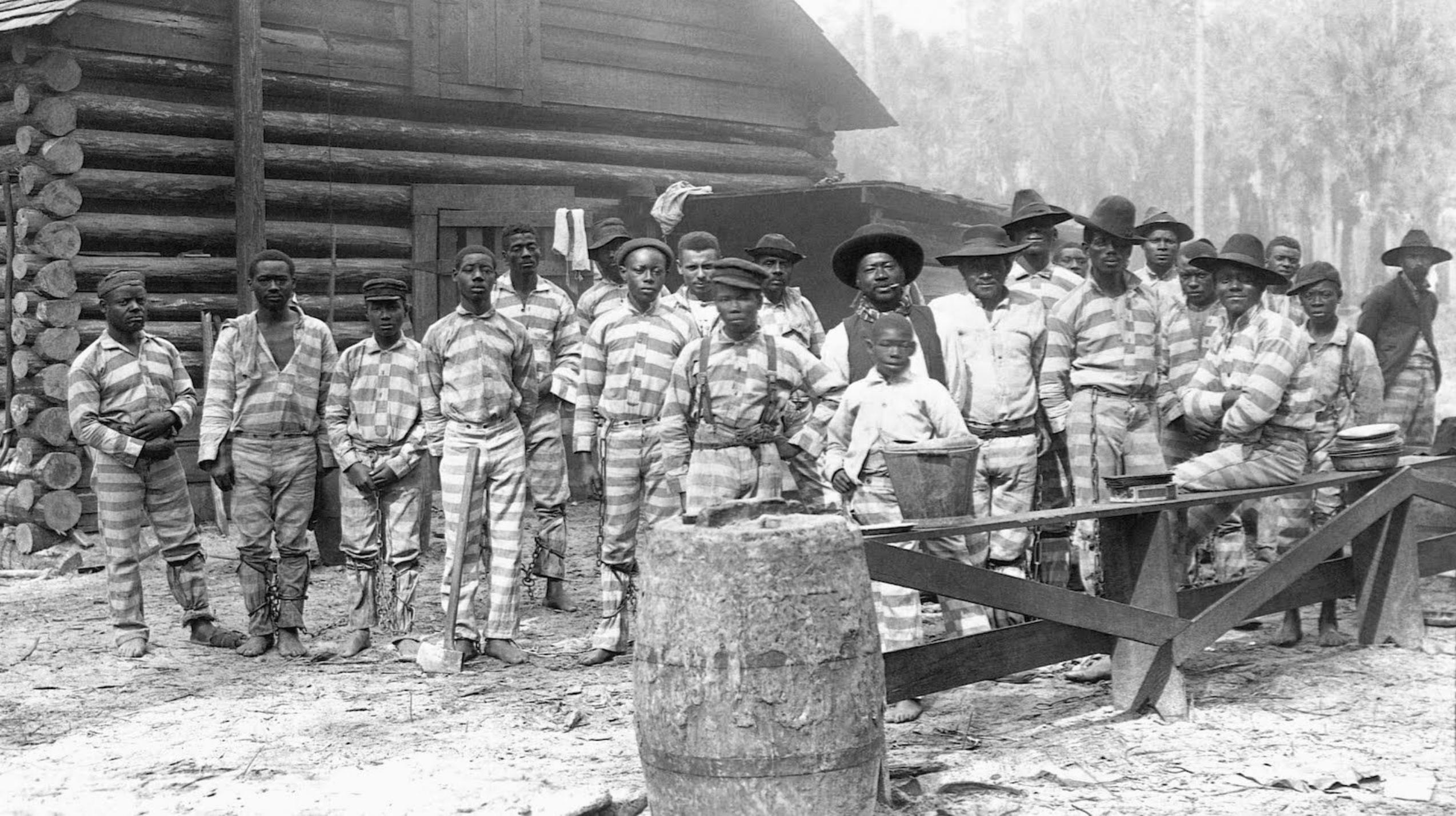
# U.S. substance use disorder and illicit drug use in the past year

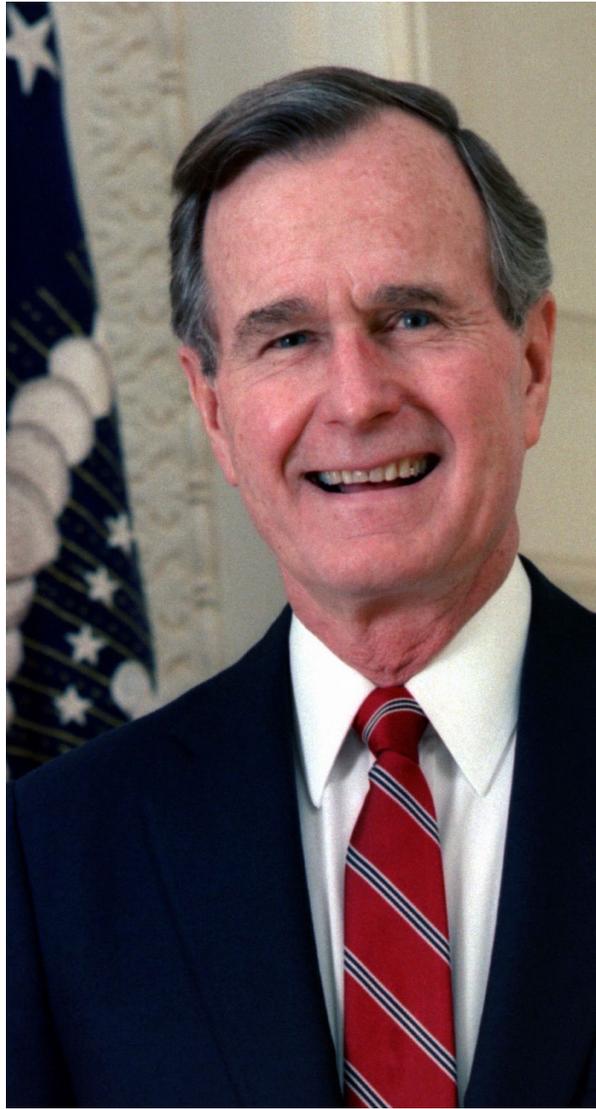
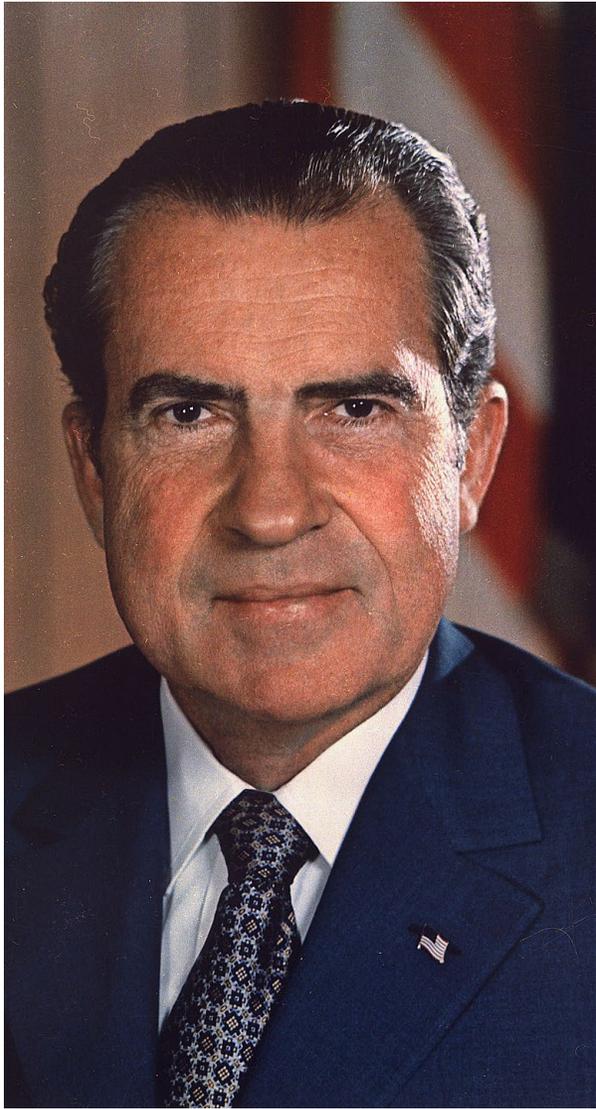
age 18 and older, by race, 2017



**Note:** Illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants and sedatives

**Source:** National Survey on Drug Use and Health, 2017





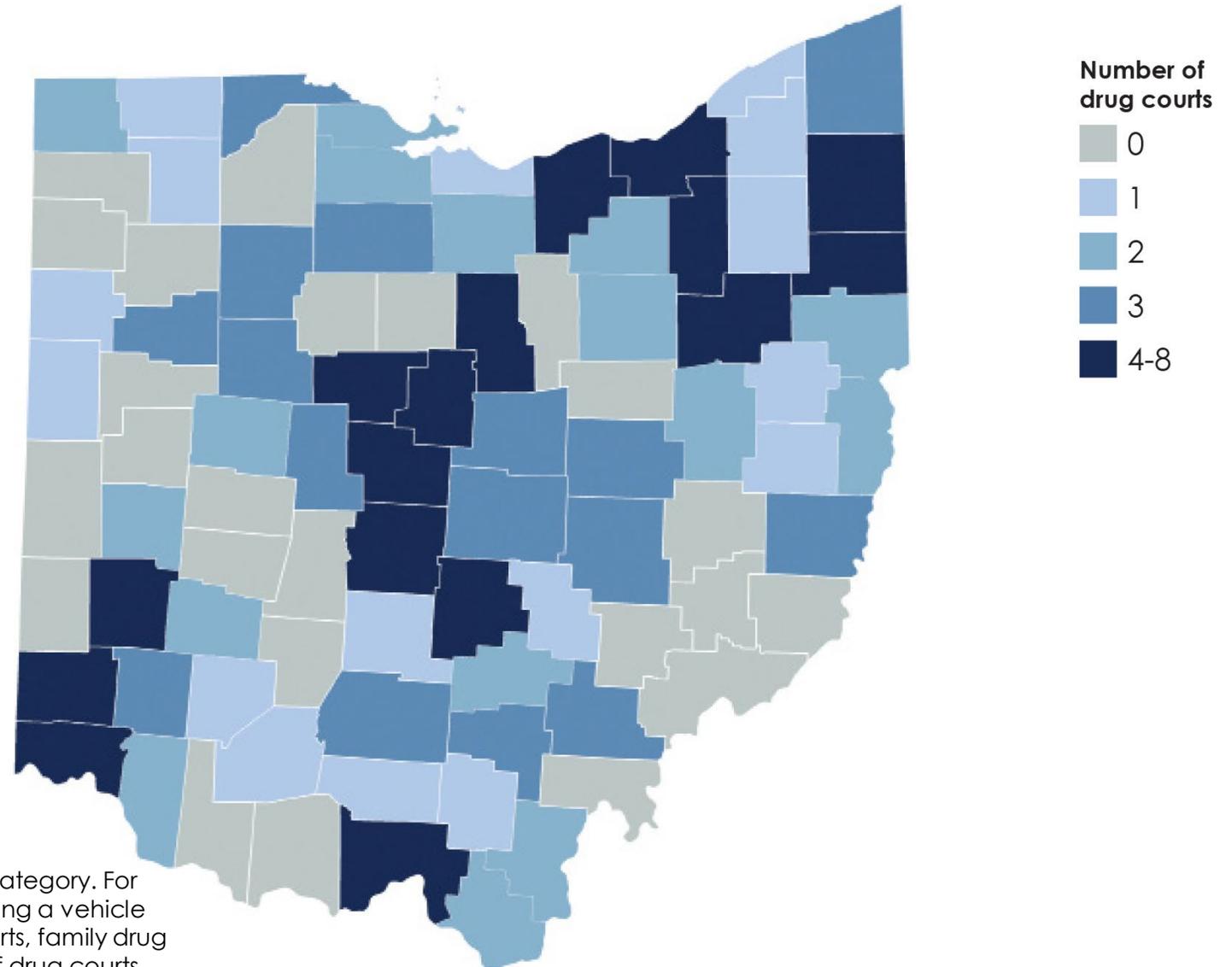
# Data gaps

Lack of:

- Standardized data
- Reporting requirements
- Consistent definitions
- Disaggregated data
- Evaluation or outcome data

# Drug courts<sup>\*</sup> in Ohio

October 2019



\*There are several types of specialized dockets included in the drug court category. For example, adult and juvenile drug courts, human trafficking dockets, operating a vehicle under the influence (OVI) courts, substance abuse mental illness (SAMI) courts, family drug courts, and veteran's treatment courts all fall under the national umbrella of drug courts.

**Source:** Supreme Court of Ohio

# Scorecard purpose and process



# Ohio addiction policy inventory and scorecard

3

Law  
enforcement  
and the  
criminal  
justice system

HPIO  
Addiction  
**Evidence**  
Project

November 2019

# Addiction overview and project description

### Summary

Addiction is a complex problem at the root of many of Ohio's greatest health challenges, including drug overdose deaths. Ohio policymakers have responded to the addiction crisis with many policy changes, primarily focusing on opiate addiction.

HPIO is launching the Addiction Evidence Project to provide policymakers and other stakeholders with information needed to evaluate Ohio's policy response to the opiate crisis, and accelerate and continually improve strategies to address substance use disorders in a comprehensive, effective and efficient way. This policy brief sets the foundation for the project by describing the basics of addiction and a framework for a comprehensive policy response.

HPIO plans to post three types of tools on the HPIO Addiction Evidence Project website:

<b>Evidence resource pages</b> Hubs for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registries	<b>Policy inventories</b> Lists of Ohio legislation, regulations, funding allocation amounts, practice guidelines, state agency initiatives and legislative initiatives	<b>Policy scorecards</b> Analysis of strengths and gaps in Ohio's policy response to addiction
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This project will address addiction in a comprehensive way that takes into consideration policy changes in the following areas (see figure 4):

Prevention	Treatment	Recovery
Harm reduction	Overdose reversal	Surveillance and evaluation
Children services	Law enforcement	Criminal justice reform

### Addiction and health

Addiction, also known as substance use disorder, is a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences. Addiction is influenced by genetic, behavioral and environmental factors, and can negatively affect physical, mental, social and spiritual health and wellbeing.<sup>2</sup>

Addiction often starts with occasional use of substances such as alcohol, tobacco, marijuana or prescription opioids, but then progresses to more problematic and frequent use, including:

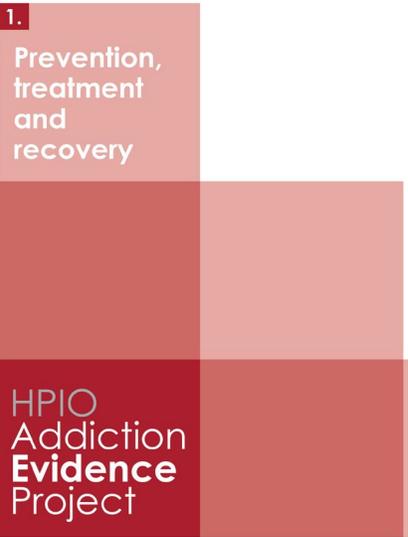
- Craving and frequent drug seeking
- Increasing tolerance (higher dose needed to produce same effect)

- Continuing to use, even when it causes problems with relationships, employment, parenting, etc.
- Wanting to cut down or stop using, but having difficulty or not being able to abstain<sup>3</sup>

Addiction is at the root of many of Ohio's greatest health and healthcare spending challenges. The HPIO 2017 Health Value Dashboard found that Ohio ranked in the bottom quartile of states for drug overdose deaths, adult smoking and children exposed to secondhand smoke. Addictions to opiates (including prescription opioids, heroin and fentanyl) and nicotine are direct contributors to these challenges.



# Ohio addiction policy inventory and scorecard



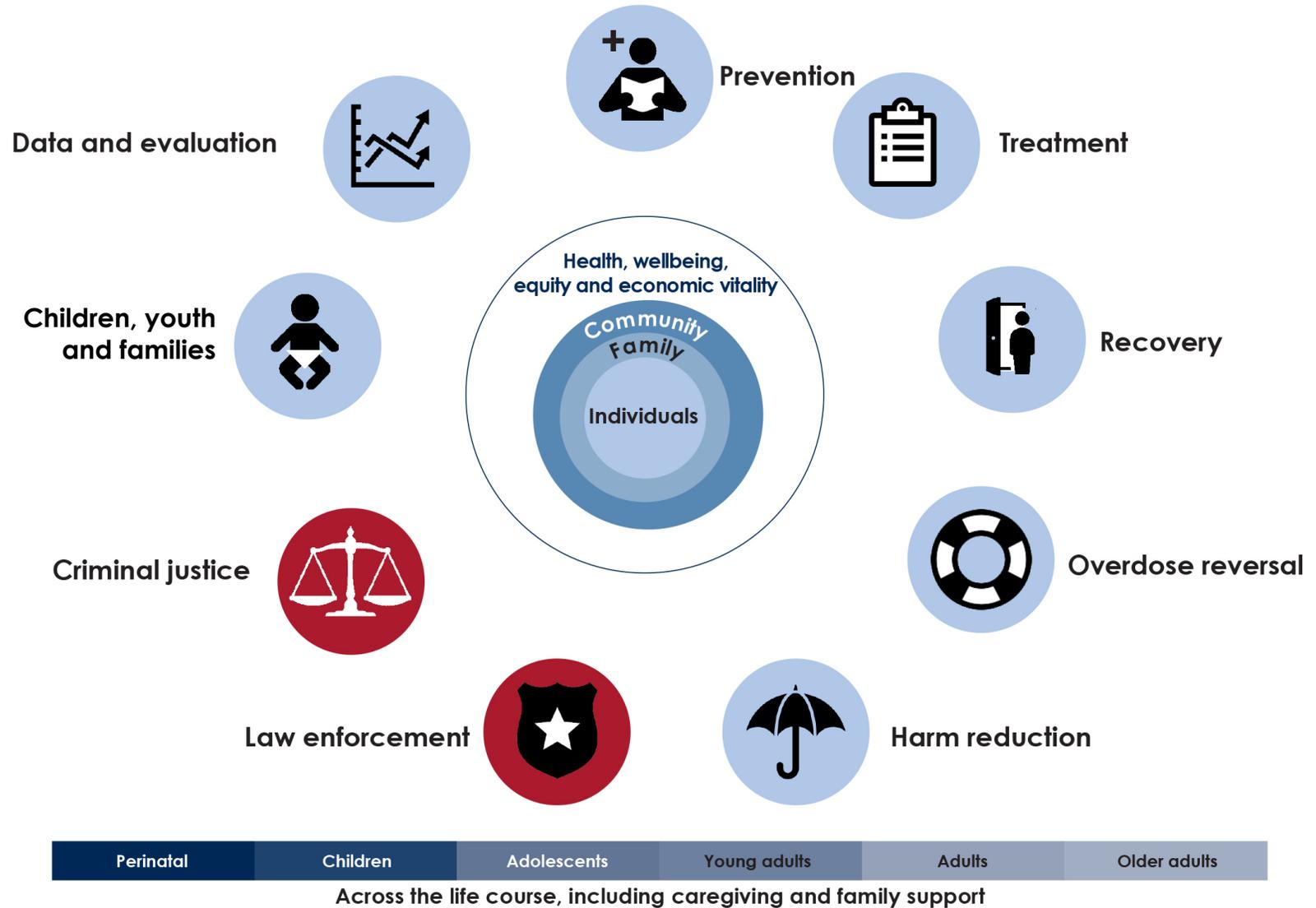
# Ohio addiction policy inventory and scorecard



# Ohio addiction policy inventory and scorecard



# Key elements of a comprehensive policy response to addiction



**Source:** Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017)

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# Evidence resource pages

Hubs for:

- Clinical standards and guidelines
- Expert consensus statements and recommendations
- Model policies
- Evidence registries

# Policy inventories

Lists of Ohio:

- Legislation
- Rules and regulations
- New or expanded state agency initiatives and programs

# Policy scorecards

Analysis of:

- Strengths
- Gaps
- Opportunities for improvement

# Summary scorecard rating

Extent to which Ohio policies and programs align with research evidence and reach Ohioans in need

Topic	Subtopic (SIM intercept)	Rating
Law enforcement	Community services (intercept 0)	Weak
	Law enforcement crisis de-escalation (intercept 1)	Moderate
Criminal justice system	Initial detention and initial court hearings (intercept 2)	Weak
	Courts (intercept 3)	Moderate
	Prisons (intercept 3)	Moderate
	Jails (intercept 3)	Weak
	Reentry (intercept 4)	Strong
	Community corrections (intercept 5)	Weak

**Note:** Rating based on evidence alignment and implementation reach

# Key findings

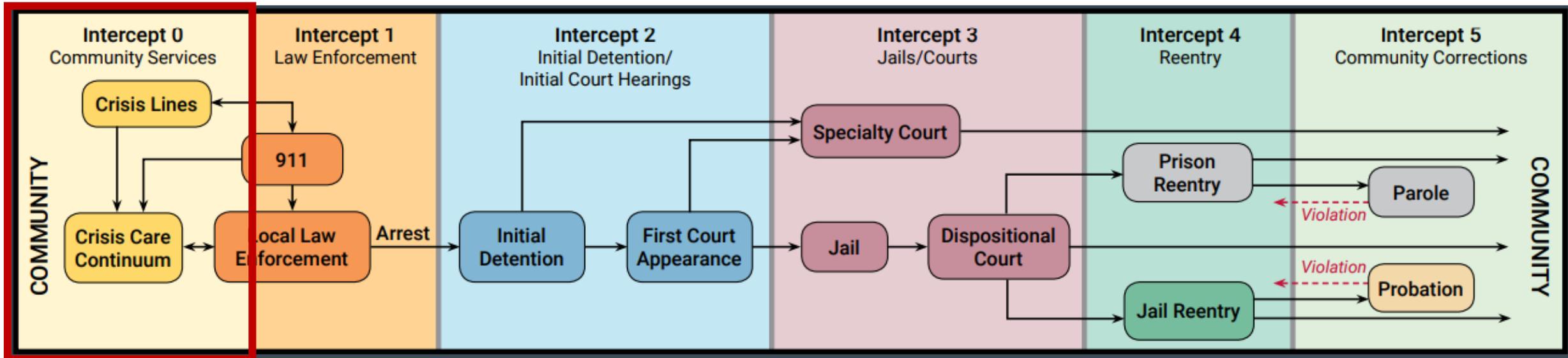
# What can state policymakers do to improve addiction and criminal justice outcomes?

- Expand law enforcement community services that address addiction
- Expand pretrial diversion and reform bail
- Increase evidence-based addiction treatment in prisons and jails



**Expand law  
enforcement  
community  
services for people  
with addiction**

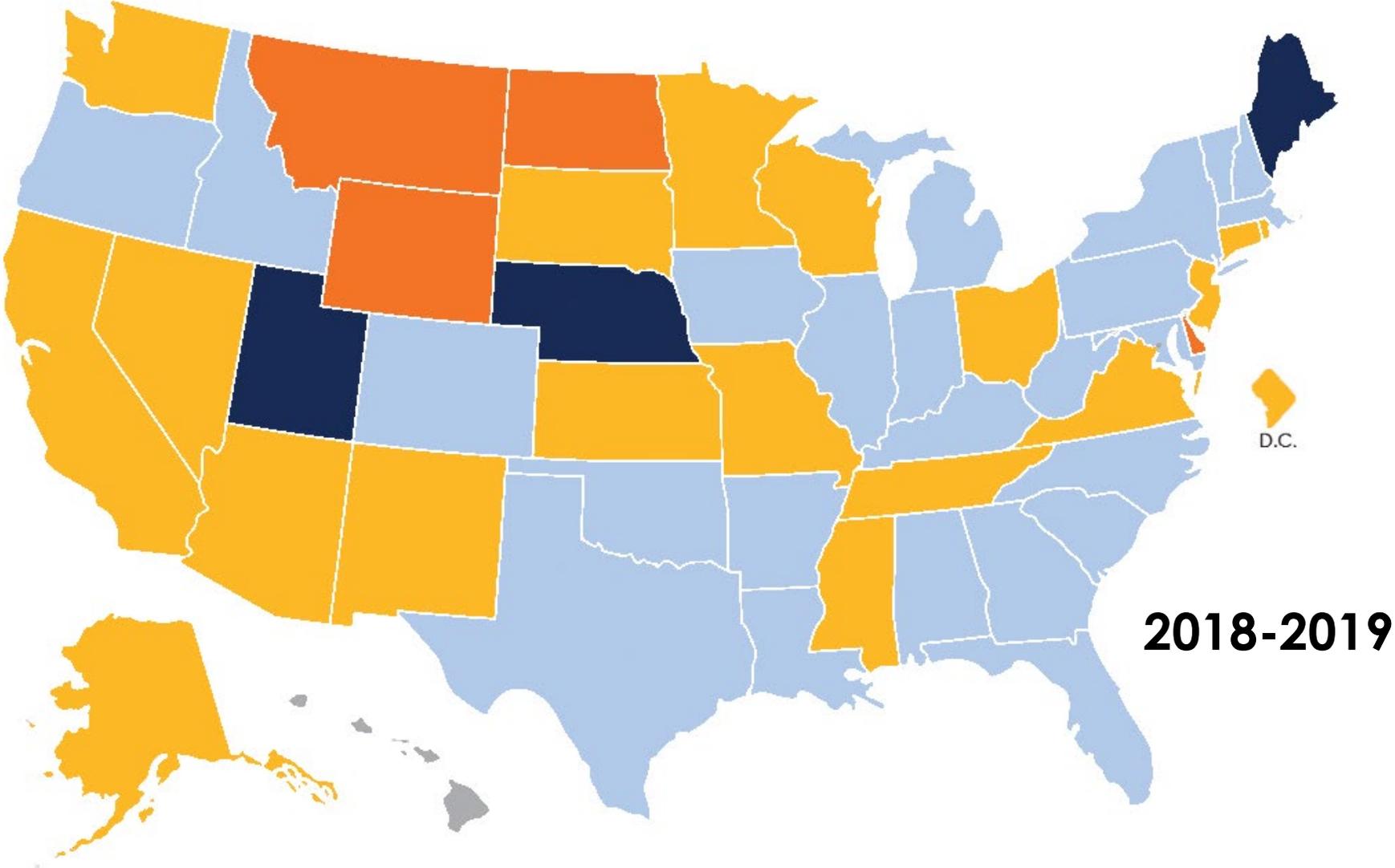
# Sequential Intercept Model



Source: <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

# Percent change in number of drug overdose deaths

12-month period ending in June 2018 to 12-month period ending in June 2019



2018-2019

**Note:** 2018 data is based on provisional counts, which may not include all deaths that occurred during a given time period. Numbers are subject to change.

**Source:** National Center for Health Statistics, Vital Statistics Rapid Release, Provisional Drug Overdose Counts, as of Feb. 19, 2020

# Overdose Detection Mapping Application Program (ODMAP)



# Quick Response Teams (QRTs)/Drug Abuse Response Teams (DARTs)



# Law enforcement community services



## Strengths

- Many counties are using ODMAP to respond to overdose spikes
- Some QRTs/DARTs are established

# Law enforcement community services



## Gaps

- Reach of ODMAP and QRT/DART is unknown
- No required addiction training for officers

# Data gap

# Ohio Incident Based Reporting System



# Opportunities for improvement



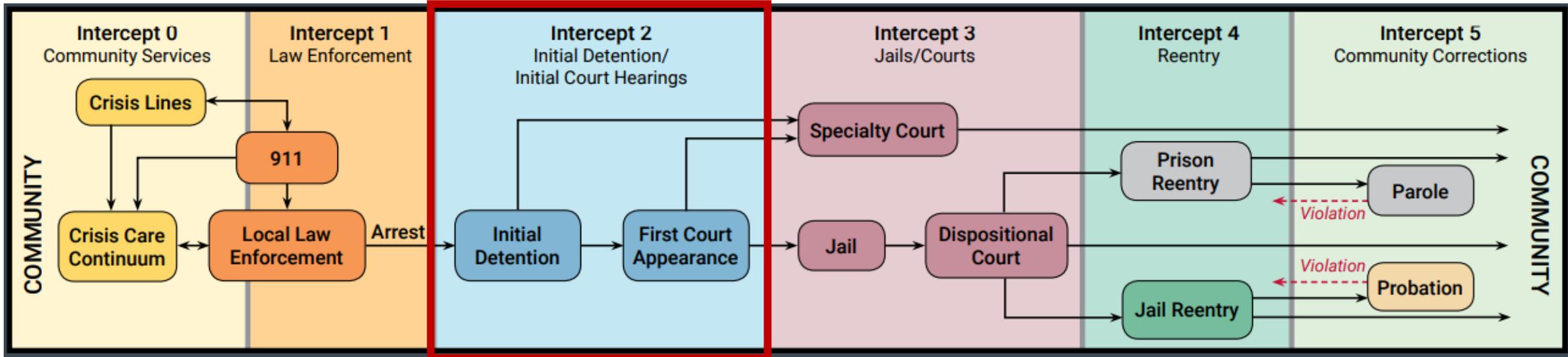
## Law enforcement community services

- 1. Expand ODMAP.** All first responders and public health agencies can utilize ODMAP to mobilize more effective responses to overdose spikes
- 2. Evaluate QRT/DART.** Assess how many teams exist across the state and continually improve the model
- 3. OIBRS reporting.** Require and providing funding for all law enforcement agencies to report crime data to OIBRS.



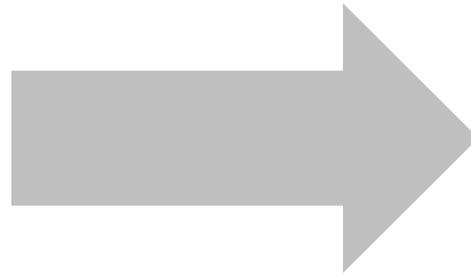
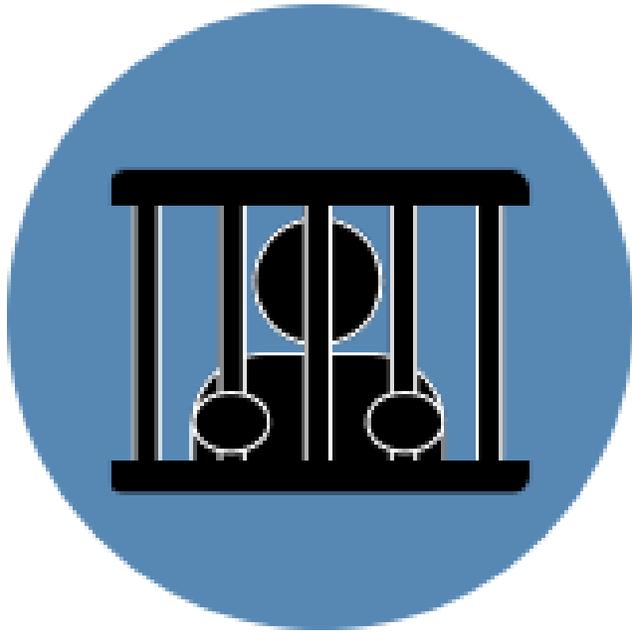
# Expand pretrial diversion and reform the bail system

# Sequential Intercept Model



Source: <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

# Pretrial diversion



Icon made by Freepik from [www.flaticon.com](http://www.flaticon.com)

# Methods of pretrial diversion

- **Pretrial diversion** (administered by prosecutors)
- **Intervention in lieu of conviction** (administered by courts)
- **Targeted Community Alternatives to Prison (T-CAP)** program

Data gap:

# Court data on pretrial diversion



# Ohio's bail system





# Pretrial diversion and bail reform



## Strengths

- Several pretrial diversion methods exist for offenders who commit crimes related to addiction
- Jails are required to screen inmates for “use of alcohol and drugs” upon arrival

# Pretrial diversion and bail reform



## Gaps

- Pretrial diversion is not available to all Ohioans who would benefit from it
- Ohio utilizes a money bail system, which is not an evidence-based tool for pretrial release and detainment decisions

# Opportunities for improvement



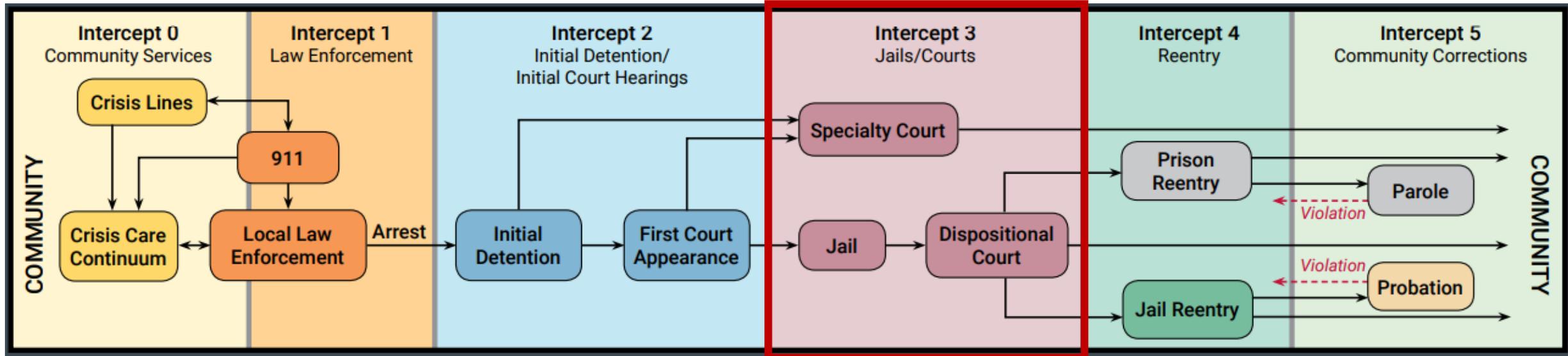
## Law enforcement community services

- 1. Expand T-CAP.** Encourage all counties to participate in the program and reduce the number of conditions that make offenders ineligible
- 2. Collect pretrial diversion data.** Implement a statewide data system that tracks how often pretrial diversion and intervention in lieu of conviction are used
- 3. Reform the money bail system** and implement a culturally competent risk assessment tool for pretrial release and detainment decisions



# Improve addiction treatment in prisons and jails

# Sequential Intercept Model



Source: <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

# Addiction treatment and the criminal justice system



# Ohio state prisons



# Prisons

## Overdose reversal

All employees receive naloxone training



## Screening

Screening is included in addiction treatment regimen



## Treatment

A variety of treatment services are available, including Medication Assisted Treatment



# Local jails in Ohio



# Jails

## Overdose reversal

There is no requirement for jail employees to be trained on naloxone



## Withdrawal

Full-service jails must develop policies to address symptoms of detoxification



## Treatment

Jail standards do not require evidence-based addiction treatment



# Minimum jail standards

All full-service jails must **screen** inmates for physical and mental health conditions upon arrival, including for

**“use of alcohol and drugs”**

Minimum Standards for Jails  
Ohio Administrative Code 5120:1-8-09

Data gap  
**Standardized  
data  
collection  
from local  
jails**



# Addiction treatment in prisons and jails



## Strengths

- Naloxone is available in all Ohio state prisons
- Prisons offer SUD treatment services to inmates

# Addiction treatment in prisons and jails



## Gaps

- No state-level information on addiction screening, treatment and withdrawal management services in jails
- The *Minimum Standards for Jails in Ohio* are insufficient

# Opportunities for improvement



## Law enforcement community services

- 1. Minimum standards for jails.** Update the standards to require evidence-based overdose reversal, addiction screening and treatment
- 2. Jail data collection.** Institute a standard data collection system across Ohio jails
- 3. Addiction training.** Increase training requirements for corrections professionals on addiction, treatment, stigma and implicit bias

# Key takeaways



- 1. Progress toward evidence-informed policies.** Ohio is beginning to move in the right direction.
- 2. Systemic issues in the criminal justice system.** More can be done to reduce the number of people with substance use disorder in the criminal justice system.
- 3. Gaps in data and information.** Policymakers do not have the information they need to comprehensively address addiction and inequities in the criminal justice system.

# Current efforts and potential changes

**Senate Bill 3  
House Bill 1**

**RecoveryOhio and  
state agency  
initiatives**

**Supreme Court of  
Ohio Bail System  
Task Force**

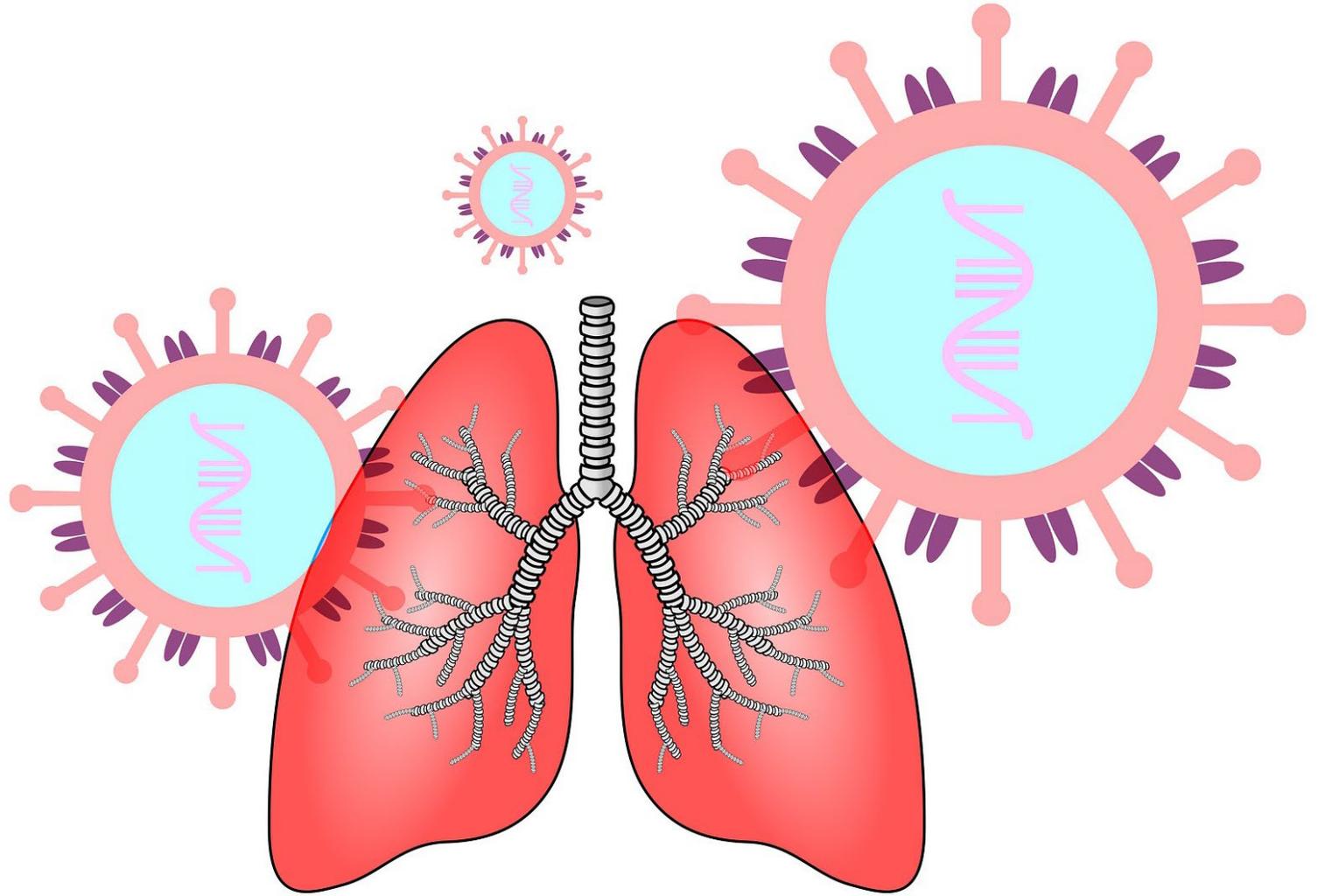
**Senate Bill 270  
Senate Bill 271**

# Questions?

# Impact of COVID-19 on prisons and jails

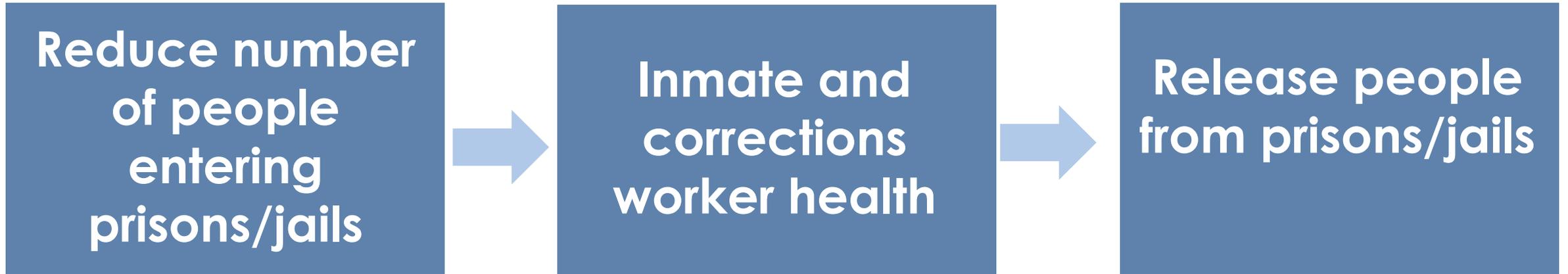
# COVID-19 comorbidities

- Hypertension
- Cardiovascular disease
- Diabetes
- Asthma
- Cancer





# Approaches to preventing COVID-19 in prisons/jails



# Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Schools, Workplaces & Community Locations > Correctional and Detention Facilities



-  Coronavirus Disease 2019 (COVID-19)
- Symptoms & Testing +
- Prevent Getting Sick +
- Daily Life & Coping +
- If You Are Sick +
- People Who Need Extra Precautions +
- Frequently Asked Questions
- Travel +

## Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

[Other Languages ▾](#)

[Printer friendly version](#) 

[PowerPoint Presentation: Managing COVID-19 in Correctional and Detention Facilities](#)  [25 pages, 1 MB]

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of the date of posting, March 23, 2020.

### On This Page

- [Who is the intended audience for this guidance?](#)
- [Why is this guidance being issued?](#)
- [What topics does this guidance include?](#)



[← back to all blog posts](#)

# COVID-19 (Coronavirus): What You Need to Know in Corrections

From *February 28, 2020* in [Health Care](#), [Public Health](#)

Updated: March 23, 2020

NCCHC is available to serve you during this challenging time. Our experts are here to assist with your COVID-19 questions and concerns.

**Please visit the new COVID Resources section of the NCCHC site for more information.**

Search What's New

Categories

**Accreditation**

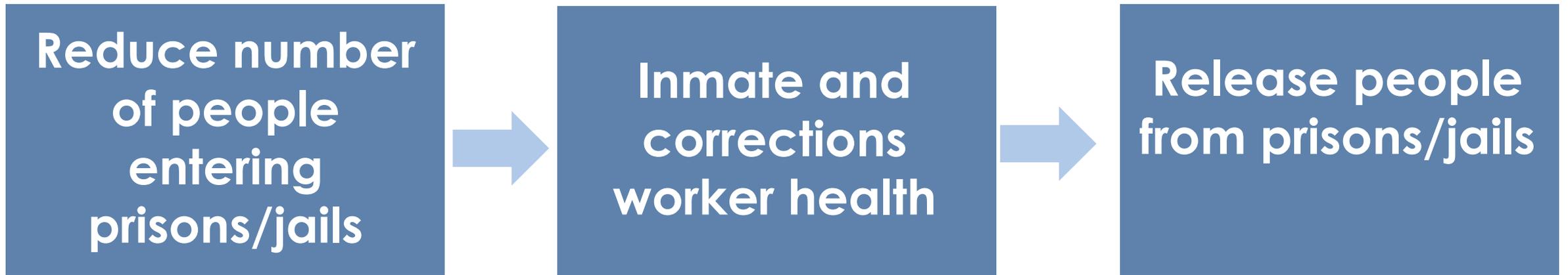
**Certification**

**Education**

# COVID-19 in prisons and jails: Current status and Ohio's response



# Approaches to preventing COVID-19 in prisons/jails





**COVID-19 Inmate Testing | UPDATED: 4/13/2020**

Tested	Pending	Positive	Negative
<b>435</b>	<b>213</b>	<b>146</b>	<b>76</b>

Prisons where people are being tested
<b>Belmont Correctional Institution (BECI) – 1; Corrections Reception Center (CRC) - 48; Dayton Correctional Institution (DCI) – 1; Franklin Medical Center (FMC) - 47; London Correctional Institution (LOCI) – 1; Madison Correctional Institution (MACI) – 1; Mansfield Correctional Institution (MANCI) – 1; Marion Correctional Institution (MCI) – 59; Noble Correctional Institution (NCI) – 1; Pickaway Correctional Institution (PCI) – 53</b>

**COVID-19 Inmate Quarantine and Isolation** | **Quarantine** separates and restricts the movement of people who were exposed, or potentially exposed, to a contagious disease to see if they become sick. **Isolation** separates sick people with a contagious disease from people who are not sick.

Institution	# of Staff who have Reported Positive Tests	# of COVID-19 Related Staff Deaths	Units in Quarantine	# of Inmates in Quarantine	Housing Type (cell, open bay, combo)	# of Inmates in Isolation	# of Inmates who Tested Positive	# of COVID-19 Related Inmate Deaths
Allen Oakwood Correctional Institution	0	0	0	0	0	0	0	0
Belmont Correctional Institution	0	0	0	0	0	1	0	0
Chillicothe Correctional Institution	0	0	0	0	0	0	0	0
Correctional Reception Center	3	0	Full Institution	1536	Combo	16	16	0
Dayton Correctional Institution	1	0	Full Institution	832	Cells	1	0	0
Franklin Medical Center	12	0	Full Institution	485	Combo	12	7	0
Grafton Correctional Institution	0	0	0	0	0	0	0	0
Lake Erie Correctional Institution	0	0	0	0	0	0	0	0
Lebanon Correctional Institution	2	0	Full Institution	1965	Cells	0	0	0



"We're not looking to release every inmate scheduled to be released in the next 90 days, rather we're talking about specific cases that fit **very specific criteria** ... We will not be sending murderers, sex offenders, and the like, home early."

-- Gov. Mike DeWine  
April 7, 2020

# County jails

Total number of Ohio jail inmates who have tested positive for COVID-19: ???

Inmate reductions in response to pandemic, examples based on media reports\*:

- **Cuyahoga:** From 2,000 to 1,021
- **Hamilton:** From 1,600 to 1,000
- **Franklin:** From 1,900 to 1,600
- **Erie:** From 130 to 70

\*Approximate numbers of reductions in March-early April, 2020. Sources: 10TV.com, News 5 Cleveland, Sandusky Register



### DIRECTOR'S ORDER

#### **In Re: Order to Limit Access to Ohio's Jails and Detention Facilities**

I, Amy Acton, MD, MPH, Director of the Ohio Department of Health (ODH), pursuant to the authority granted to me in R.C. §§ 3701.13, to prevent the spread of contagions or infectious diseases, hereby order all jails, community based correctional facilities, halfway houses and detention facilities excluding facilities under the direction or control of the Directors of the Ohio Department of Rehabilitation and Corrections, the Ohio Department of Youth Services and the Ohio Department of Mental Health and Addiction Services:

1. Restrict access to only those personnel who are absolutely necessary for the operation of the facilities. People who are "absolutely necessary for the operations of the facilities" include, but may not be limited to, staff, contracted and emergency healthcare providers, law enforcement, attorneys, clergy, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors. No visitors of any detainee shall be admitted to facility.
2. Those persons who are permitted must be screened for COVID-19 each time they enter the facility. Screening guidance is available from the U.S. Centers for Disease Control and Prevention and from the Ohio Department of Health. These guidelines may be updated and should be regularly consulted. Screening should include questions about exposure to COVID-19 and assessing visitors and personnel for cough, shortness of breath, and body temperatures of 100.4 degrees and higher. This order does not apply in exigent circumstances, to emergency medical services, first responders, law enforcement, and similarly situated individuals.
3. Restrict access to only those persons who produce legal federal- or state-issued identification, other satisfactory identification, or are a known person, and provide the facilities with business telephone numbers and addresses. It is the responsibility of the facilities to log such information, maintaining it for at least six (6) months.
4. Comply with infection control precautions, programs and procedures located in Ohio Administrative Code 5120:1-8-09 (C) and (P); 5120:1-10-09 (C) and (N); and 5120:1-12-09 (B) and (J).
5. This Order sets the minimum requirements and any facility may adopted more stringent requirements as particular situations require. The Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order.



## GUIDANCE TO LOCAL COURTS COVID-19 Public Health Emergency

The COVID-19 pandemic has created unprecedented times for the judiciary and the bar of Ohio. Now, more than ever, it is imperative that the judiciary, the bar, and all justice system partners work together to ensure access to the courts while also minimizing COVID-19 transmission to the public, litigants, bar, and court staff. While there is no one solution that will be appropriate for every court, there are a number of options that should be considered under existing authority.

### EFFORTS TO MINIMIZE PHYSICAL APPEARANCES AT COURT

- Sua sponte granting of continuances for non-essential court appearances (an essential proceeding may be defined as one in which relief is necessary to protect a person's health, safety, housing, or to prevent some other imminent, serious harm that cannot be remedied if allowed to occur); or, in the alternative, rescheduling of non-essential court appearances as phone or video conferences.
- Temporarily continue eviction filings, pending eviction proceedings, scheduled move-outs, and the execution of foreclosure judgements (except in the instances where allegations of domestic violence are involved).
- Temporarily stay the filing and enforcing of any garnishment actions or orders.
- Leverage technology, such as video conferencing, web-based meeting platforms, and telephone, to conduct arraignments, hearings, pre-trials, treatment team meetings, probation meetings, mediations, and to provide interpreter services, etc.
- Waive appearances for pretrial hearings.
- Extend deadlines for court-ordered classes, community service, and community control conditions that require in-person attendance.
- Cancel or postpone probation/community control violation hearings if the alleged violation is not a new criminal offense.

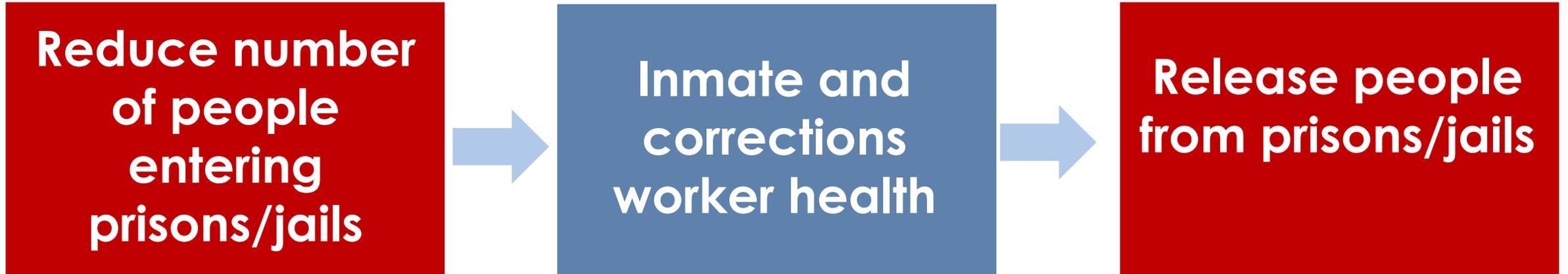
### ACCESS TO THE COURTS

- Encourage courts to avoid assessing fees pursuant to [Civ.R. 3\(D\)\(2\)](#), when an action is filed in an improper venue.
- Clerks of courts should continue to allow in-person filing of emergency or time-sensitive cases, particularly if e-filing is not available.

### BAIL, BONDS, AND WARRANTS

- At bail hearings, issue recognizance bonds, unless there is clear and convincing evidence that recognizance release would present a substantial risk of harm.
- Temporarily refrain from issuing a capias warrant for failure to appear for traffic violations, minor misdemeanor, and non-violent misdemeanor offenses.
- Generally, refrain from issuing capias arrest (bench) warrants and instead reschedule court appearances.
- Impose sentences with a presumption the sentence will be noncustodial, unless there is clear and convincing evidence that release would present a substantial risk of harm.

# Implications for addiction?



# Guest presenter



**Senator John Eklund**  
Ohio Senate District 18

# Questions?

Download all materials from the Addiction Evidence Project at:  
**[www.hpio.net/tools/addiction-evidence-project/](http://www.hpio.net/tools/addiction-evidence-project/)**

# Key takeaways



- 1. Progress toward evidence-informed policies.** Ohio is beginning to move in the right direction.
- 2. Systemic issues in the criminal justice system.** More can be done to reduce the number of people with substance use disorder in the criminal justice system.
- 3. Gaps in data and information.** Policymakers do not have the information they need to comprehensively address addiction and inequities in the criminal justice system.

# What can you do?

- **Disseminate.** Share the scorecard report with your contacts
- **Educate.** Select one or two opportunities for improvement from the report and education policymakers about them
- **Partner.** Build bridges between addiction treatment, harm reduction, law enforcement and the criminal justice system

# Poll question



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