

Hancock County Reentry Five-Year Strategic Plan

Approved by the Community Corrections Board March 2018

CY 2018 – 2023

Introduction and Background

The Hancock County Reentry Committee was established in January of 2010 by the Hancock County Community Corrections Board as a result of a local Criminal Justice Summit, which was held in October 2009. The purpose of the Committee was to develop a five-year strategic plan for the successful reentry of offenders from our local jail; and offenders returning to the community from prison. Once completed, the plan was submitted to Community Corrections Board for consideration and approval and determination as to how to move the agreed upon body of work forward. The Committee was comprised of representatives from: law enforcement; courts; behavioral health, health and human services; education; housing; employment; legal; the faith-based community; offenders and family members.

The Committee acknowledged that much could be done to improve services to offenders, as they often lack the support needed to reintegrate themselves into our community and lead productive, law-abiding lives. They face an abundance of social, legal, and economic challenges. These challenges are often complicated with significant physical, mental health and substance abuse problems. The Committee further acknowledged that successful reentry efforts cannot be born solely by probation officers, the courts, law enforcement, and the behavioral health community. In order to achieve positive results, interventions must be broad based, coordinated and inclusive of all aspects of the community – including offenders and their families.

The overall goal of the contents of the Plan was to reduce recidivism in Hancock County, by 50% within a five-year period. The definition of recidivism for the purposes of this Plan is no new convictions or return to prison or jail within a two-year period. The Plan addressed six focus areas. Goals were established for each area of focus. Emphasis was placed on the most significant life domains, which can positively impact and change an offender's life. It was noted that focusing on a single part of the plan would not ensure success, as it is the combination of services and interventions that would increase the likelihood of success.

The Plan was adopted and over the past six years many of the recommendations have been implemented. In order to update the plan, the following approach was employed:

- a. A review of progress on the existing plan was completed, identifying areas where there had been no progress; and/or briefly indicating the work that had been done. (See Attachment A.)
- b. From this an electronic survey was developed, requesting that individuals identify if something had not been completed if should remain on the new plan or be deleted. In

addition, individuals were asked to identify any new priorities that should be included. (See attachment B.)

Parallel to this work, several key community initiatives were identified as having significant impact.

- a. In May of 2010 a local Opiate Task Force was established to monitor the use of opiates in the community and work to ensure adequate prevention, intervention, treatment and recovery supports are developed to meet the needs of individuals impacted by the epidemic.
- b. In August 2014, the Trauma Informed Learning Community began educating 21 local organizations on the importance of recognizing the widespread impact of trauma and understanding potential paths for recovery; recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responding by fully integrating knowledge about trauma into policies, procedures, and practices; and seeking to actively resist re-traumatization.
- c. FY'17 the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services was awarded \$50,000 to assist with the implementation of the community Reentry Plan. A survey was done to prioritize where the money should be spent. (See Attachment C.) Based on the results, \$20,000 was used to provide financial assistance to individuals involved with the criminal justice system who were also in need of substance abuse residential treatment and/or withdrawal management services. \$30,000 was awarded to Focus on Friends to establish a fund to provide financial assistance to individuals involved with the criminal justice system and in need of recovery housing but unable to fully pay the associated program fees. The funds are distributed on a case-by-case basis.
- d. In August of 2016, the Hancock County Commissioners passed a resolution making Hancock County part of the national Stepping-Up Initiative. The goal of the initiative is to reduce the number of individuals incarcerated who have a mental illness.
- e. In March of 2017, Hancock County completed a process known as Sequential Mapping. From that process, four priority areas were identified. These priorities have been added to this plan.
- f. Established an intensive outpatient program within the criminal justice division at Century Health.

Guiding Principles

The following guiding principles were adopted during the original planning process. After review, they were found to be applicable to the new plan. The guiding principles provide an overarching framework for the specific recommendations under each focus area of the Plan.

1. In order to be successful, the Hancock County community will need to adopt a philosophy of “redemption”; a belief in the value of each of our residents, without exception. This does not mean that the behavior which resulted in incarceration is excused; however, this plan is focused on the success of each individual following completion of their incarceration. Wherever there are underlying issues of mental illness and/or substance abuse, the focus should be on the movement from illness to wellness. If the underlying issue is behavior, the

focus should be on the concept of movement from poor behavior to good behavior as opposed to movement from a bad person to a good person.

2. It is recognized that the experience of reentry is a personal journey. While it is the obligation of the community to ensure adequate resources exist to assist with this journey and to build hope for all, it is up to the individual to engage in the services that are available. In general, rules and structure help with this journey.
3. Success with reentry requires the integration of a variety of services sponsored and supported by various entities within the community. Well-meaning organizations and efforts in the absence of coordination are not as effective and can send mixed messages to individuals trying to succeed on their journey.

A mix of public, private, faith-based, and volunteer services and programs are needed in order to address the various needs of individual offenders. Criteria for acceptance into programming will vary, and consequently a variety of services are needed. No offender should be forced to abide by particular religious practices in exchange for services.

4. In order to make changes that are recommended related to the expansion of existing services and/or the development of new services, additional resources will need to be secured. Changes in service delivery structure; practice policies; eligibility criteria, etc. may be made through the restructuring of existing resources. Wherever available, service and service intervention strategies must be based on best practices in the field.
5. The best reentry Plan is no reentry. That is to say, that prevention of the legal violation is the most cost efficient and of the most benefit to the individual and the community. The earlier the intervention, the more likely the community will be successful with preventing incarceration. The focus of this Plan is on intervention with individuals experiencing reentry from some form of incarceration.
6. The Committee acknowledged that each time a crime is committed some person, business/organization or community becomes a victim. Much value is placed on the need for, and the support of, victim services; however, the contents of this Plan are focused on the successful reentry of offenders. To the extent that an offender does not re-offend, the number of victims is reduced.

Universal Recommendations

In addition to goals established by each focus area, several recommendations from the Committee had universal application. That is to say, when addressing any specific goal or action identified in the Plan, the following recommendations should be taken into account and applied wherever appropriate. After review, it was recommended that the Universal Recommendations remain intact for the updated plan.

1. Whenever possible, tap into existing local resources to achieve the goals. Hancock County has a broad assortment of agencies and services, which can be brought to the table to address

the needs that have been identified. One of the most significant resources available in the community is access to higher education via The University of Findlay and a local branch of Owens State Community College. Both of these institutions have access to students in need of intern placements, research projects, and “hands on experience” from a variety of majors, as well as professors with knowledge, expertise and access to research that can be brought to the table. The potential for the exchange of information and the establishment of an “incubator” approach to learning with offenders is limited only by our own creativity.

2. Many resources in the form of curriculums and programs currently exist to assist with our local efforts and should be accessed when appropriate. In addition, resources available to our community from state and national resources should be incorporated.
3. Programs and services must incorporate trauma informed care practices that are holistic, person-centered approaches to treatment that understands and incorporates the biological, psychological, neurological, and social impact of trauma on an individual.
4. Programs and services must target offenders with the highest probability of recidivism. In order to determine this, use of a uniform risk assessment tool must be in place across all aspects of the criminal justice system.
5. Services targeting the offenders with the highest probability of recidivism must have the highest level of intensity and must focus on criminogenic needs. Criminogenic needs include things such as anti-social attitudes; anti-social friends; substance abuse; lack of empathy; and impulsive behavior. Interventions focused on current factors that influence behavior and are action oriented are the most effective. The goal is to teach new ways to behave and then practice and rehearse the new ways.
6. Often existing programs have exclusionary criteria for participation that include a criminal history and/or a felony conviction. Whenever possible and appropriate, advocating for the removal of exclusions is necessary in order to achieve the stated goals. Information related to community resources should indicate if their criteria exclude offenders.
7. Programming and services for offenders with a history that requires registration as a sex offender may need to be delivered separate and apart from services to offenders without this history. This in no way means that services should not be available for this population, just that the delivery structure may be different.

The focus areas listed are not in any particular order.

Focus Area I: Mental Illness/Substance Abuse Treatment

Many offenders with mental illness and/or substance abuse disorders lack the hope of recovery. Mental illness and developmental disabilities, coupled with the high co-occurrence of criminogenic needs, impedes an offender’s ability to function in society and leads to increased recidivism. Substance abuse, coupled with the high co- occurrence of criminogenic needs, impedes ability to function in society and leads to increased recidivism.

Strategic Goal: Ensure that those persons who are released from prison, the county jail, or a Community Based Corrections Facility with mental health and/or substance abuse needs are linked with the community behavioral health system and someone with a developmental disability will be referred The Hancock County Board of Developmental Disabilities along with being linked to the community behavioral system.

Objectives:

1. Access risk assessment results from the criminal justice system and develop corresponding treatment interventions at the appropriate level of intensity. Maintain communications with the criminal justice system as to treatment progress. When present, treat mental health and substance abuse issues simultaneously.
2. Ensure an adequate supply of medication upon discharge from jail or prison into the community. This could be up to three months, depending on the availability of an appointment to see a local psychiatrist to order medications.
3. Assess the need for, and the feasibility of, establishing a Forensic Assertive Community Treatment Team to deal with high risk offenders. If determined feasible, develop corresponding business plan for development and implementation.
4. Establish a Drug Court at Findlay Municipal Court.
5. Establish a partial hospitalization program in conjunction with medication assisted treatment.
6. In collaboration with Blanchard Valley Hospital, determine the feasibility of establishing a crisis stabilization/local detox and/or inpatient rehabilitation program for individuals suffering from substance abuse addiction in need of such services. If determined feasible, develop corresponding business plan for development and implementation. (This recommendation is also listed under health care.)
7. Provide access to depression screening and substance abuse screening tools in order to ensure linkage to appropriate services in an effort to prevent suicide.
8. Strengthen the Dual Disorder Integrated Team for mental health, substance use disorder and developmental disorder and identify ways that that they can effectively deal with high risk offenders.

Focus Area II: Housing

Securing safe, decent, affordable housing is a major challenge for people exiting jail or prison, particularly for offenders with mental illness, convictions for sex offenses, and other chronic health conditions. While Hancock County has a variety of housing programs, there is limited

capacity to adequately serve this population. There is currently no housing program that accepts offenders with a history of sex offense convictions.

Our local Housing Consortium maintains the “Continuum of Care for the Homeless”. This document reflects current availability of housing units in the areas of emergency shelter; congregate transitional housing; transitional housing rental assistance; housing with support services; housing without services; and low-income home ownership.

Through the United Way and The Community Foundation, the community has engaged in a Collective Impact Model approach for addressing needs. Housing was identified as a top need area and as a result a local Community Impact Committee on Housing has been established.

Strategic Goal: Reduce the number of offenders released without viable and safe housing.

Objectives:

1. Explore the feasibility of establishing a half-way house in Hancock County. The feasibility study should determine the type of house needed: one associated with the criminal justice system; a stand-alone program; or a hybrid. In addition, the specific population to be served (i.e. men, women, individuals with history of sex offense convictions, etc.) must be determined. Whichever model is selected, programming and expectations related to employment, transportation and participation in treatment must also be determined. Assuming feasibility is established, a plan to fund, develop, implement and sustain such housing must follow.
2. Support the local Hancock Metropolitan Housing Authority in their efforts to apply for grants to increase the number of Section 8 vouchers available for qualifying individuals. Currently there are 400 individuals on the waiting list.
3. Make available housing options known to offenders upon release into Hancock County by creating a reentry housing pamphlet that lists housing opportunities for offenders and information on how to access them.
4. Create additional housing alternatives for offenders upon release. In order to do this, information from the criminal justice system regarding the housing needs for those persons soon to be released must be communicated to the Housing Consortium and the Collective Impact Committee on Housing. Housing designed to meet identified gaps (i.e.; single units, sober housing, supportive housing, transitional housing, etc.) must be explored and funding opportunities pursued to implement housing design.
5. Ensure all housing resources promote the dignity of the individual.

Focus Area III: Family, Peer, and Pro-Social Support

Families are the heart of every community and will play a key role in our re-entry efforts.

Strategic Goal: Develop pro-social support for offenders in an effort to enhance the opportunity for successful reentry.

Objectives:

1. Link offenders with a local “Benefit Bank” provider in order to ensure they are referred to all eligible services.
2. Develop a pamphlet of available services and increase the awareness of the “211” system for offenders and their families.
3. Provide guidance as to what offenders can expect from family, friends, employers, etc. upon release from jail and/or prison.
4. Encourage all individuals and/or organizations to participate in a Bridges out of Poverty training to gain a better understanding of the impact of poverty on the offenders and their families.
5. Encourage individuals in poverty to participate in the “Getting Ahead” curriculum program.
6. Develop support groups outside of AA community to deal with “community living” issues.
7. Increase access to adult mentors that will serve an offender and take time to listen as well as being a “community connector”. Establish training and position descriptions for mentors in order to create consistency in services provided.
8. Design procedures to notify community of reentry candidates from prison 30 days in advance. Develop individual Release/Reentry Plan jointly with Department of Rehab and Corrections staff, community, and offender.
9. Determine the circumstances under which it may be appropriate for offenders to have contact with one another. (i.e. in treatment groups and other positive peer interventions).

Focus Area IV: Physical Health

Strategic Goal: Secure access to needed health care services for offenders and their families.

Objectives:

1. Establish Caughman Clinic as an option for offenders and their families to receive needed health care, or link offenders and their families to other primary care providers.

2. Make families aware of the ability to extend health insurance to dependent children up to age 26 as a result of the Affordable Care Act.
3. Educate the medical community and solicit their support in reducing the amount of prescription drug abuse in our community. This includes educating the medical community, including veterinarians on current medications being abused.
4. In collaboration with Blanchard Valley Hospital, determine the feasibility of establishing a crisis stabilization/local detox and/or inpatient rehabilitation program for individuals suffering from substance abuse addiction in need of such services. If determined feasible, develop corresponding business plan for development and implementation. (This recommendation is also listed under substance abuse/mental health treatment.)
5. Provide access to depression screening and substance abuse screening tools in order to ensure linkage to appropriate services in an effort to prevent suicide.

Focus Area V: Employment/Education Services

The lack of adequate educational career development and transitional vocational programs contribute to high recidivism rates. Education, employment readiness, workforce development, and vocational opportunities during incarceration serve too few offenders. Once released, various legal obstacles to employment need to be addressed. Employment serves as an important factor in reducing recidivism.

Strategic Goal: Ensure offenders have opportunities for employment resulting in increased likelihood of independence. Provide guidance on education barriers and disqualifiers, and emphasize certificates, degrees, and licensures that are attainable and will increase access to employment.

Objectives:

1. Explore feasibility of implementing a driver's license reinstatement program. The purpose of the program is to assist offenders to regain their driver's license so they can get to work and care for their families. Assist the offender in determining what they need to do in order to regain or obtain a valid driver's license.
2. Link offenders to Job Solutions, ABLÉ Program or Read for Life in order to identify those requiring General Education Development (GED) as a part of a job search package. Identify funding sources to help cover GED expenses (e.g. gas and childcare), tests, and certifications for offenders.

3. Work with the Workforce Development Coalition to increase opportunities with local employers for training and job placement. Determine those employers willing to hire offenders. Develop programming focused on employment retention and support. Advertise programming that is available.
4. Work with the Transportation Coalition to address the barrier of transportation.

Focus Area VI: Community Communication and Engagement

While individual organizations and service providers can deliver services to assist with successful reentry, the more the community is engaged in the issue, the more likely offenders are to be successful with their reentry.

Strategic Goal: Actively engage all sectors of the community in the reentry initiative.

Objectives:

1. Individuals, organizations, and service providers delivering care to offenders must establish “universal messaging” to the general community in order to ensure consistent and accurate information related to the issue of reentry and the importance of success to the overall health of the community. Such messaging should be incorporated into any program development/implementation, and should target all segments of the community.
2. Build a business case for reentry and engage Chamber of Commerce and local business leaders in this process.
3. Develop a communication strategy to bring the community on board and gain public support for any plan that is approved; creating a sense of urgency to serve this population. Allowing the creation of a community environment “where it is safe to share one’s story” and community members are willing to assist with positive reentry efforts.
4. Promote and sustain programs that promote tolerance and appreciation for diversity in order to reduce the stigma associated with offenders reentering into the community.