



# Blount County Community Justice Initiative



## Mission Statement

The Community Justice Initiative strives to ensure public safety by effectively addressing criminal behavior and its many underlying causes for the benefit of the citizens of Blount County.



# CJI Objectives

## “Targeting Appropriate Interventions”



- Enhance the quality of life of all Blount County citizens.
  - Help ensure the safety of the public, staff, inmates, and program participants.
    - Minimize victimization and help repair harm caused by crime.
    - Achieve cost efficiencies and effectiveness throughout the system.
  - Provide appropriate facilities and programs based on individual needs and risks.
  - Decrease the rate at which people return to jail for committing new crimes.
    - Provide programs that address factors that contribute to criminality, including substance abuse, addictions, and mental illness.
    - Use innovative and evidence-based programs and design principles.
    - Make time in the justice system effective by fostering accountability and encouraging positive life changes.
      - Maximize staff effectiveness and job satisfaction.
- Accommodate growth and change in populations, programs and operations over time.

# Sad Realities

From the - 2018 ECONOMIC REPORT TO THE GOVERNOR OF TN



Tennessee had the 2<sup>nd</sup> highest opioid prescription rate in the U.S. in 2012

Alabama & Tennessee had +/- 1.43 prescriptions per person

The average opioid prescription contained 60 doses

That's more than 85 doses for every man, woman & child in both AL & TN

1999 - 30 % of U.S. drug overdoses involved prescription opioids  
By 2015, more than double to 63.1 %

# Sad Realities (cont.)

From the - 2018 ECONOMIC REPORT TO THE GOVERNOR OF TN



In 1997 - 670,000 OxyContin prescriptions were dispensed  
5 years later 2002 - 6,200,000

Hospitalization costs due to opioids +/- \$422.6 million per year  
Plus, TennCare hospitalization costs +/- \$76.9 million in 2015

Substance abuse = +/- 1% reduction in people in the workforce  
Resulting in a loss of over \$1.3 BILLION in private sector income  
That leads to the loss of \$239.5 million in sales tax revenue

# Sad Realities

From the CDC



In 2015

Total drug overdose deaths in the U.S. amounted to 144 a day

In 2016

That increased by 21% to 174 a day (63,632 total)  
66% of those (42,249 people) died due to opioid-related  
overdoses

40,200 deaths were attributed to auto accidents in 2016  
**FEWER THAN OPIOIDS**

# Challenges



## Jail Challenges

Our Jail opened in 1999 - Certified for 350 beds  
2017 ADP (Average Daily Population) was 524

A shortage of programs (and facilities) that can  
help people break cycles of recidivism

There are many needed renovations  
Kitchen, Laundry, Medical, HVAC, Intake & Booking, etc.

High incidence of substance abuse and mental health issues

# Challenges



## Workforce Development Challenges

Shortage of quality workers

Housing - Transportation - Education - Money - Health - Drugs - Crime

Each need is impacted by a job...each job is impacted by these needs

The same needs impact (& are impacted by) recidivism

So, what must be done about these challenges?

Who should?

Who can?

Who will?

# Challenges



## Commonality

Both Jail & Workforce challenges are all about PEOPLE

Some people needing help      some people capable of helping

Unique challenges and opportunities surround reentry from jail

Unique challenges and opportunities surround workforce development

We need to change public perception of addiction & mental health  
away from a “shameful secret”

Change mindset - it's not a drug problem, it's a substance abuse problem

Change mindset - it's not a jail problem, it's a criminal behavior problem

# Challenges



To address these issues we must own them & inform ourselves & others about the issues underlying jail overcrowding

We must engage passionate allies and partners for the CJI and develop solutions that address the issues

Some say - just reduce the Jail population by various means

Some suggestions I've heard are impossible to do

Some suggestions are MUCH easier said than done

**NONE** address the underlying issues (addiction & mental health)

**NONE** help the people needing help



# Population Projections

## General Population & Incarcerated Population

General Population			Adult Incarceration		
Year	General Population	Source	Projected ADP	Bed Need Projection	Note
2017	129,929	U. S. Census Est.	See Note ->		524 ADP -Actual from TDOC
2020	139,297	BL&A Estimate *	562	674	
2030	139,297	BL&A Estimate *	713	855	
2040	183,913	BL&A Estimate *	806	967	
2050	208,034	Extend BL&A Est.	912	1094	

\* Prepared by Bernadin, Lochmueller & Associates, Inc. for the Knoxville Regional Transportation Planning Organization, Knoxville Regional Travel Model Update, 2012 Socioeconomic Control Total Report, 2012, pages 17 and 28.

### A Challenging Fact

Projected 2018 ADP is 536 - Daily jail head-count has exceeded that most all of 2018 so far  
 The count was at or near 600 for 2 weeks in June - it was 576 on 7/16 & 580 on 7/17

# Hope for Now and the Future



A Transition Center has great potential to reduce jail overcrowding and address underlying issues we've mentioned

In an environment conducive to improving self discipline and behavior, qualifying offenders could become more responsible citizens by the time they re-enter the community

A Transition Center would expose residents to a variety of programs

The benefits would be to individuals, families, employers and all aspects of the community as a whole



# Hope for Now and the Future (cont.)

**Research has conclusively demonstrated that:**

- **Participation in a variety of programs that teach marketable skills helps to reduce recidivism**
- **Programs that emphasize recovery, personal responsibility, and respect can enhance “jail to community” reentry**

**In 2016, 4500+ people arrested by Blount Co., Maryville & Alcoa alone  
This reflects Blount County’s incarceration “CYCLE”**

**What if half or more could make the transition to a more responsible and productive life?**

# Final Thoughts



## THREE PILLARS TO AGREE ON

- 1) Change our mindset from “good drugs & bad drugs” to “healthy & unhealthy relationships with drugs”
- 2) An unhealthy relationship with drugs often conceals frayed relationships with loved ones, the world around a person, and with the person himself or herself
- 3) The total eradication of all drugs is an impossible goal

If not us, who?

If not now, when?