

Racial Disproportionality in the Justice System: What We Can Do

President's Corner

Pamela F. Rodriguez
TASC President



Consider these facts:

- As of 2005, African Americans represented 12 percent of the total population of drug users, but 34 percent of those arrested for drug offenses, and 45 percent of those in state prison for a drug offense. (Sentencing Project)
- In 2005, African Americans in Illinois were 9.1 times more likely than whites to be jailed or imprisoned, ranking Illinois fourteenth worst in the nation in terms of racial disproportionality in incarceration. (Sentencing Project)
- From 1990 to 2000, the number of African Americans admitted to prison in Illinois for drug offenses grew six-fold, from 1,421 to 9,088. In contrast, the number of whites admitted to prison for drug offenses remained relatively stable. (Lurigio)

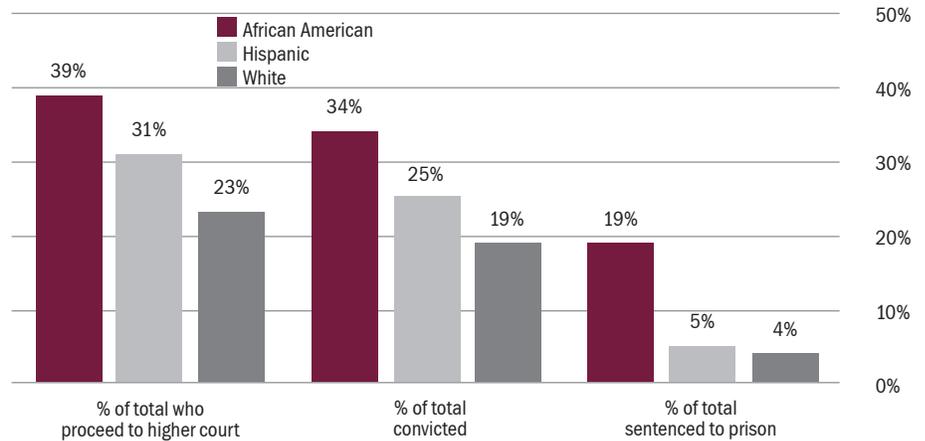
Statistics such as these are not new, but we cannot allow them to be numbing. They represent an uneven administration of justice, millions of tax dollars spent on incarceration when better alternatives exist, and too many children of incarcerated parents growing up without the hope that their own lives can be different.

We know that the percentages of minority groups who come into contact with the criminal and juvenile justice

systems at various points (e.g., arrest, jail, prosecution, sentencing, prison) are disproportionately greater than their representation in the general population. Contributing factors likely include, but are not limited, to: institutional and cultural bias, poverty, absence of or barriers to community resources, differential offending patterns, different decision-making criteria within both the criminal justice system and among service providers, legislation and policies, and accumulated disadvantage.

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Criminal Justice System Process Penetration Among Class 4 Drug Possession Defendants, Cook County Sample 2005, by Race



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TASC, Inc. (Treatment Alternatives for Safe Communities) is an independent, statewide, nonprofit agency that advocates for people in need of health and other rehabilitative services. We work in partnership with Illinois courts, prisons, child welfare programs, and community-based service providers to help adults and youth get the help they need to rebuild their lives. Please visit us online at www.tasc.org.

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Health Care Reform: What Does It Mean for Justice Populations?

The nonprofit group Community Oriented Correctional Health Services (COCHS), which is supported by a grant from the Robert Wood Johnson Foundation, recently invited TASC to author a paper on the implications of health care reform for jail populations.

TASC's paper was presented at COCHS's national conference, "Health Care Reform and Criminal Justice: Rethinking the Connection between Jails and Community Health."

It discusses the opportunities and implications of health care reform for county jails, including the cost savings yielded when low-risk defendants with chronic health conditions are directed to services rather than incarceration.

Maureen McDonnell, TASC's director for health care strategy development and lead author of TASC's paper, says that ACA offers unprecedented opportunities for intervening earlier with arrestees who have substance use and mental health disorders. "Across the country each year, millions of people with chronic health problems cycle in and out of jails without having their conditions diagnosed or treated. With greater access to health care, we can interrupt these costly cycles much sooner. The result will be not only a reduction in repeat offenses, but enormous savings in incarceration costs."

The paper discusses the unique opportunities of health care reform for jail administrators, county boards, and service providers, and explains how each of these entities can prepare for reform now.

Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations (Excerpt):

As the front door to the criminal justice system, jails represent one of the largest catchment areas for people with substance use and mental health conditions, infectious diseases, and other chronic health problems. Approximately 9 million adults churn through local jails each year. Compared to the general population, they have disproportionately high rates of chronic medical conditions, substance use disorders, serious mental illness, and co-occurring substance use and mental health disorders. These conditions, which contribute to recurring criminal behavior and affect millions of arrestees, usually are untreated or inadequately treated.

The vast majority of jail detainees have no private or public health insurance, especially in states that exclude childless adults from Medicaid eligibility. Under the Patient Protection and Affordable Care Act (ACA), most of these men and women will become newly eligible for health care coverage in 2014.

The ACA alone will not solve the health care problems of jail populations, but it serves as a launching pad for broad-scale system improvements. It has the potential to produce tremendous financial savings for local jurisdictions by reducing incarceration costs and redirecting eligible people from jail into supervised, community-based health care.

"Big changes are due to take effect in 2014," says McDonnell. "When we're talking about systems change, that's right around the corner. This isn't just an opportunity, it's a responsibility. Every jurisdiction that's been burdened with the effects of substance use and mental health problems among arrestees

now has a chance to do something about it. It's time to start planning."

To download the full paper, please visit TASC's research and policy site, www.centerforhealthandjustice.org. On the left side, please click on "Health Care Reform & Criminal Justice."

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-Maureen McDonnell, Director for Health Care Strategy Development, TASC

TASC receives significant funding from the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA); the Illinois Department of Corrections (DOC); and the Illinois Department of Children and Family Services (DCFS).

TASC is licensed by DASA and DCFS, and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

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