

# Justice Reinvestment in Arkansas

Sixth Presentation to the Legislative Criminal Justice Oversight Task Force

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# The Council of State Governments Justice Center

Corrections



Justice Reinvestment



Mental Health



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# What is Justice Reinvestment?



## JUSTICE REINVESTMENT

**A data-driven approach to reduce corrections spending and reinvest savings in strategies that can decrease recidivism and increase public safety**

The Justice Reinvestment Initiative is supported by funding from the U.S. Department of Justice's **Bureau of Justice Assistance (BJA)** and **The Pew Charitable Trusts**.

# Since the launch of the justice reinvestment project, a number of key themes have emerged from the data and stakeholder engagement

**Arkansas's prison population is growing.** The state has two choices: pay for additional capacity at huge cost, or find a more cost-effective path forward.

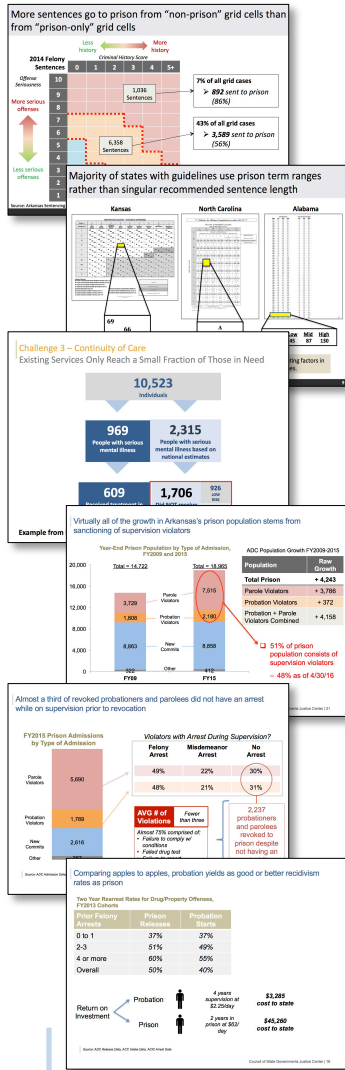
- Crime in Arkansas is down, but not as much as in surrounding states.
- Arkansas's prison population rose faster than any other state in the country (22 percent from 2012–14) due to two factors: an increase in people sentenced to prison and a rising number of people returned to prison from parole.
- Arkansas now spends half a billion on state corrections annually, up 68 percent from 2004.
- Unless the state changes course, the prison population will continue growing by 25 percent by 2026. To build enough prison space to house that many people would cost the state hundreds of millions of dollars.

**More people are being sentenced to prison, particularly for drug and property offenses.**

- Arkansas's sentencing standards were adopted in 1993 with the stated goal that prison space “should be reserved” for the most serious offenses and individuals.
- But, for 43% of all felony sentences to which standards apply, there is no guidance whether to use probation or prison.
- Nearly 1 in 6 people convicted of felony offenses for which the standards recommend a non-prison sentence were sentenced to prison nonetheless.
- 78 percent of people sentenced to prison were convicted of property, drug, or other offenses.

**71 percent of people admitted to prison are people who violated conditions of supervision.**

- Excluding absconders, almost 1,700 people were admitted to prison on technical violations, costing the state of Arkansas more than \$18 million per year.
- Those revoked to prison on technical violations averaged fewer than three violations.
- Data shows that technical violators spend around one year in prison.



# Overview

1 Parole and Reentry

2 Overcrowded Jails

3 Behavioral Health for Criminal  
Justice Involved Populations

4 Victim Issues

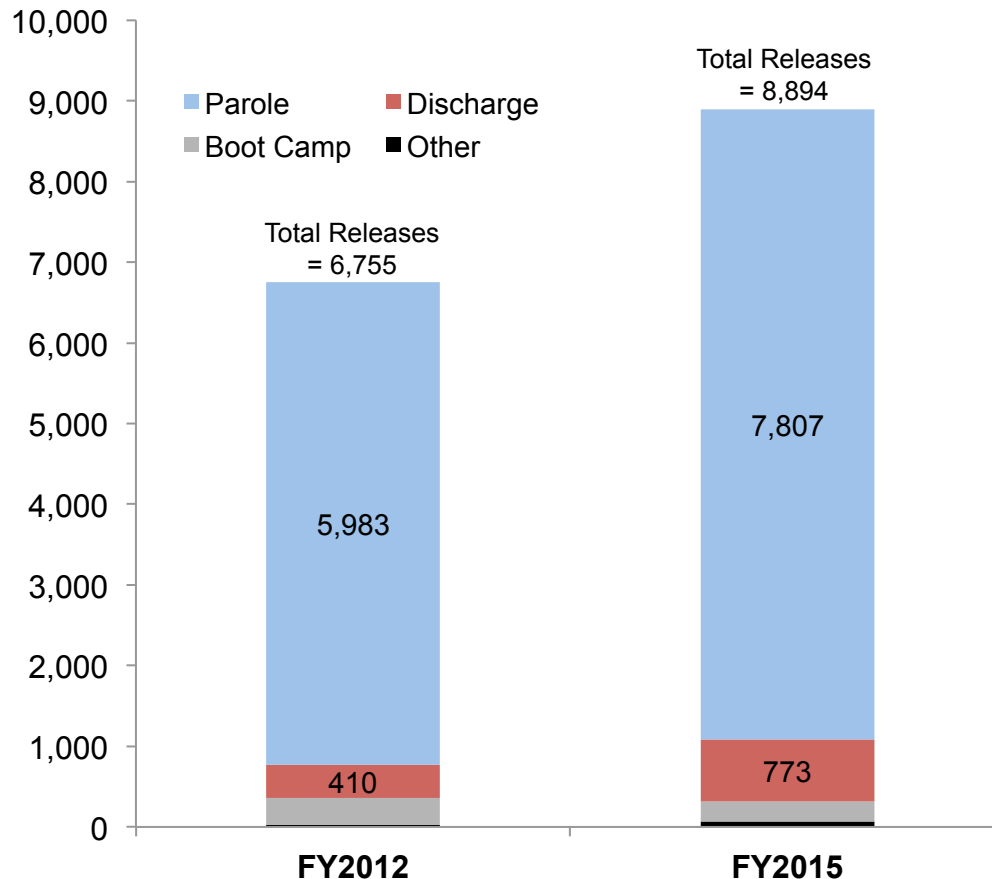
5 Next Steps





# Nearly 9 out of every 10 releases from ADC are to parole supervision

## Releases from ADC, FY2009 and FY2015



## Share of total prison releases to parole supervision:

- FY2012 = 89%
- FY2015 = 88%

## Who is discharged from prison in Arkansas?

Discharges from prison increased 73% between FY2009 and FY2015.

In FY2009, people discharged from prison were primarily those who had come to prison as new commitments. By FY2015, more than 2/3 of those discharged had entered prison for a parole revocation.

# Release to supervision after period of incarceration is better for public safety

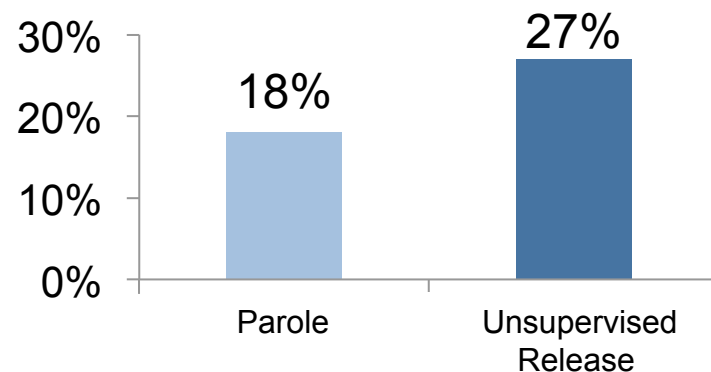
Research shows that **recidivism outcomes are better for those released to supervision** compared to those who completed their sentence behind bars (so-called “max outs”) or were released without supervision.

People who max out are...

1. Not required to meet any special conditions for behavior
2. Not monitored by supervision officers
3. Unlikely to receive the kind of assistance that can help them with successful reintegration to society following release

New Jersey (2008 Release Cohort, 3 year recidivism)		
Recidivism Type	Released to parole supervision	Completed sentence in prison
Rearrested	51%	65%
Reconvicted	38%	55%
Returned to Prison	25%	41%

**Three-Year Reconviction Rates for Alabama DOC Parole and End-of-Sentence Releases, FY2010 Releases**



# Length of incarceration has limited impact on public safety returns

*There is little to no evidence to support the assertion that longer prison sentences have an enhanced deterrent effect. Rather, it is the **certainty of punishment, not severity...***

*A 1999 study that included data for more than 300,000 offenders of various offenses and criminal histories dating back to 1958 found that:*

- *Longer prison sentences were associated with a 3-percent increase in recidivism.*
- *Offenders who spent an average of 30 months in prison had a recidivism rate of 29%, compared to a 26% rate among prisoners serving an average sentence of 12.9 months.*
- *Being incarcerated versus remaining in the community was associated with a 7-percent increase in recidivism.*

***...and limiting time spent incarcerated is even more important for low-risk offenders...***

The same study found that among low-risk offenders, those who spent less time in prison were 4% less likely to recidivate than low-risk offenders who served longer sentences.



Low-risk offenders who serve short prison sentences are more likely to maintain ties to **family, employers, and the community**, thus lowering their likelihood of recidivism.



Longer sentences increase the likelihood that people **become institutionalized, lose pro-social contacts in the community, and become removed from legitimate opportunities**, all of which promote recidivism.



## Length of incarceration has limited impact on public safety returns

[illegible]

## Benefit to Cost Ratio

Benefits per dollar  
of cost.



## Deter crime

Increase law enforcement's ability to use hot spot strategies and deploy additional officers to increase the perceived certainty of apprehension.

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\$

## Reduce recidivism

High-quality supervision (risk, need, responsivity), consistent sanctioning, and high-quality treatment programs tailored to needs

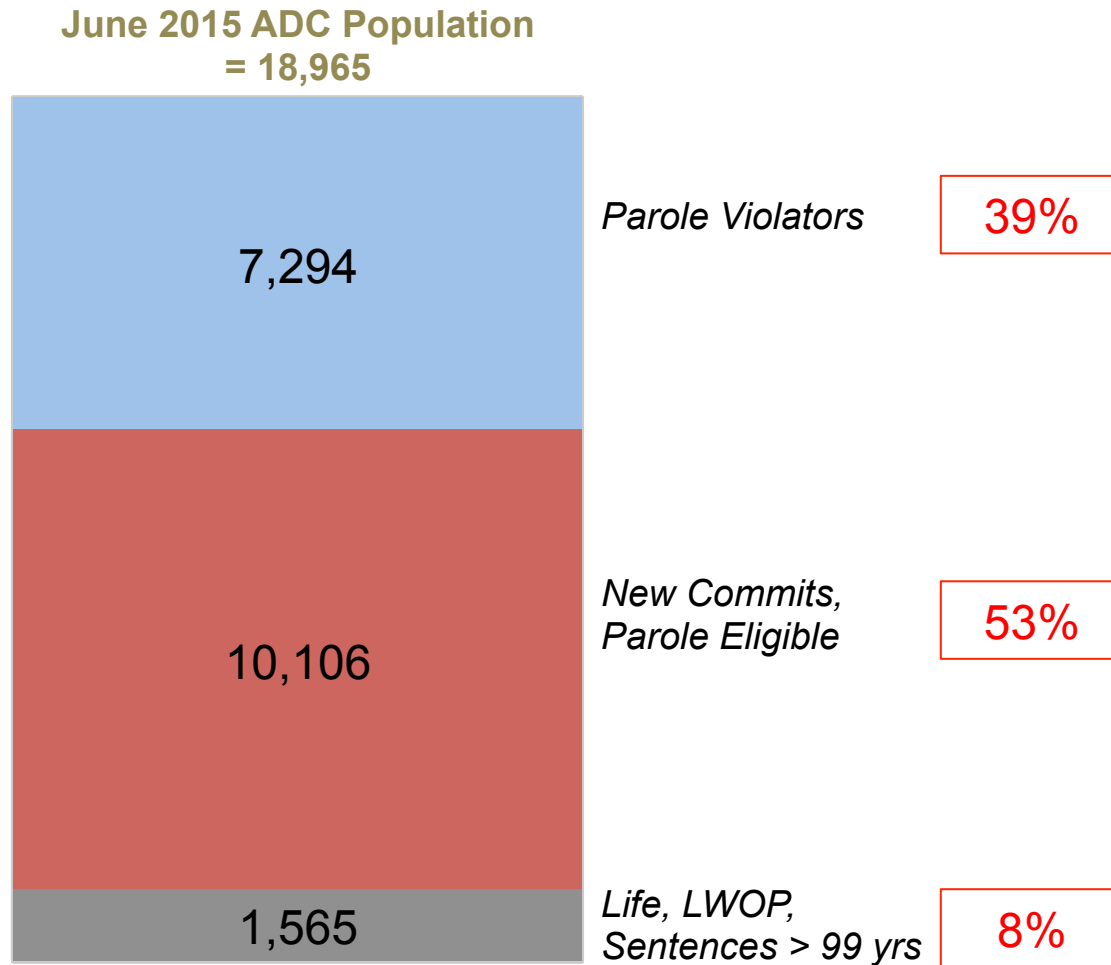
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## Prolong incapacitation

Increase length of stay to hold moderate- to high-risk offenders in prison for an additional 3 months, adding 250 to the prison population.

Source: Aos, S. & Drake, E. (2013). *Prison, police, and programs: Evidence-based options that reduce crime and save money* (Doc. No. 13-11-1901). Olympia: Washington State Institute for Public Policy

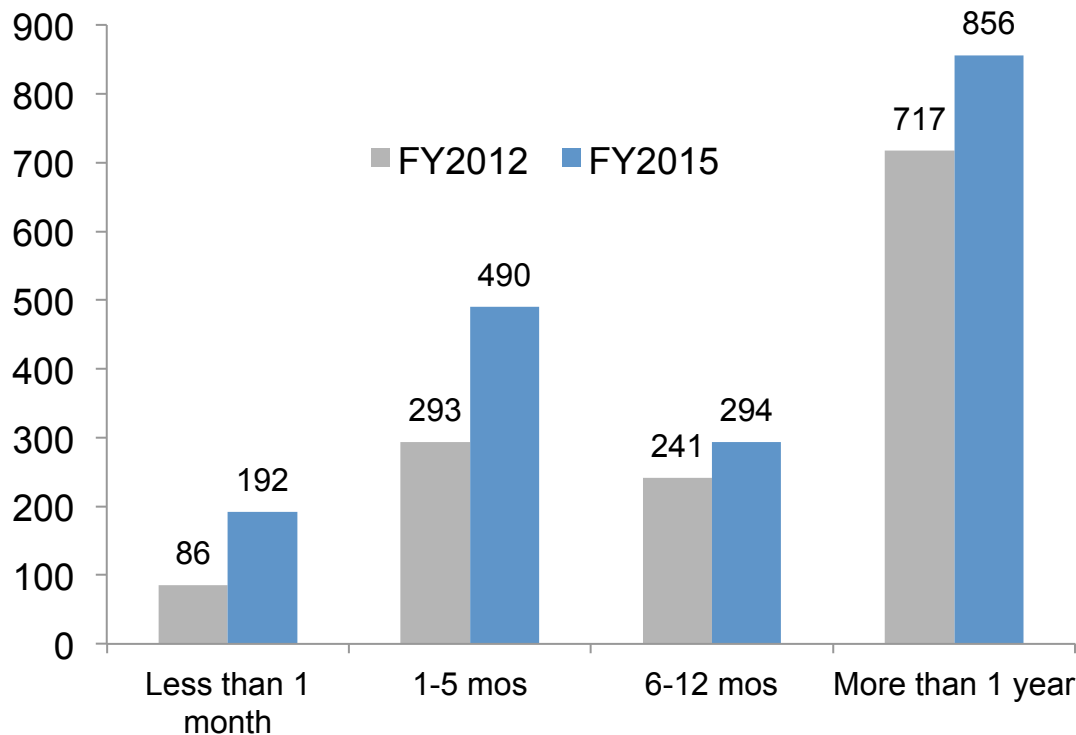
More than half of the prison population are new commitments the parole board will ultimately decide to transfer to parole supervision



Source: ADC Onhand

# Number of new commitments eligible for transfer to parole but still incarcerated in prison grew by 37 percent from FY2012 to FY2015

## Parole Eligibility Status of New Commitments in ADC, FY2012 and FY2015



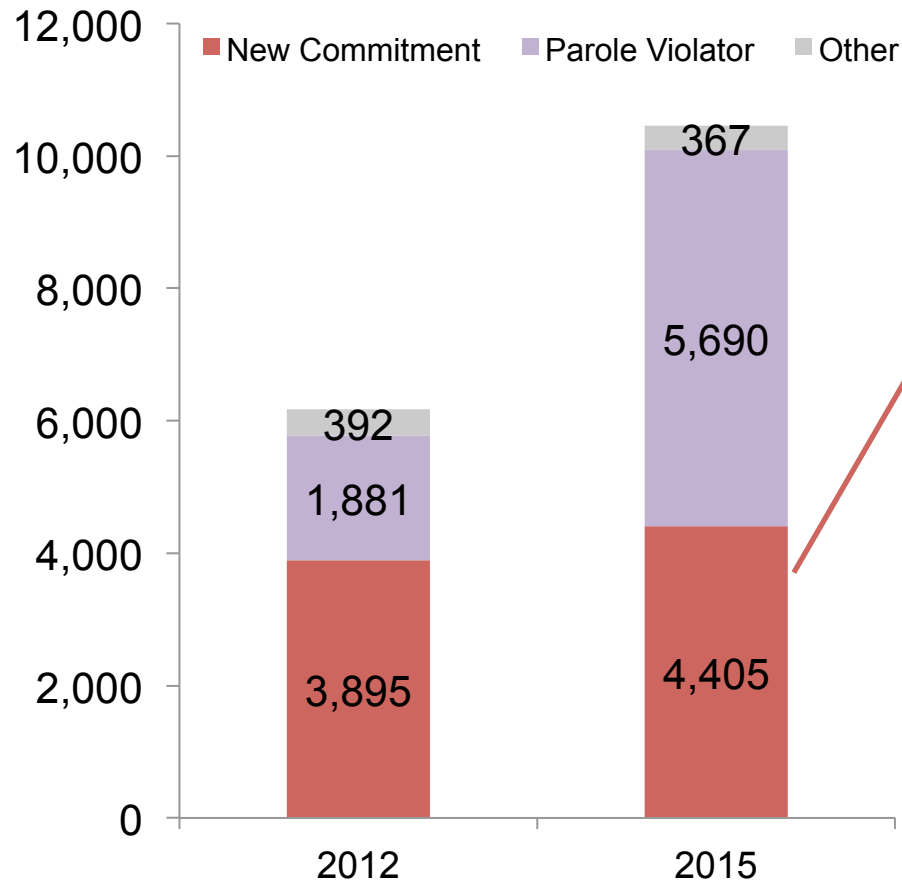
Number of new commitment inmates beyond parole eligibility date:

□ FY2012 = 1,337

□ FY2015 = 1,832

## New commitments to ADC increased 13 percent between FY2012 and FY2015

Admissions to ADC,  
FY2012–FY2015



316 of the additional 510 new commitments in FY2015 came from offense seriousness levels 1–3

### Common offense types:

- Level 1 – Duty to Render Aid
- Level 2 – Theft of Prop. \$1K–\$5K
- Level 3 – POCS < 2g, Sch. I/II

# The Arkansas Parole Board has been affected by a variety of recent changes in law and policy

## Legislation

**Acts 136 and 485 of 2013** expanded offenses over which the Arkansas Parole Board may deny release to parole.

**Act 895 of 2015** significantly expanded the board's authority and discretion by:

1. Expanding the board's role in reentry by participating in the creation of a release plan for every offender at least 120 days prior to leaving ADC;
2. Expanding the board's discretion to "deny parole to any offender if the board determines the offender to be a detriment to society";
3. Allowing the board to deny the release of a parole violator who is returned to incarceration;
4. For non-discretionary offenses, the board may only delay release to community supervision until the offender has completed "a specific course of action";
5. Increasing the grant voting requirement to five affirmative votes.

## Policy

### ***Arkansas Parole Board (APB) Policy***

Recent changes in parole board policy include (A) the ability to delay hearing by two years for those denied parole, (B) a new short-term revocation option for those who waive their revocation hearing and are not serving time for, or currently facing a new charge for, a violent or sexual felony and have an acceptable place to live, and (C) other minor changes.

### ***Arkansas Community Corrections (ACC) Policy***

In 2014, eligibility policy for ACC's Technical Parole Violator (TPV) program was changed. The new policy limited the number of times an offender could be sanctioned to TPV (two times) as well as duration (90 days for the first visit, 120 days for the second) of the sanction. Other relevant policy changes include (A) the adoption of the weighted Offender Violation Guide (OVG) to ensure consistent sanctioning of those on supervision, and (B) a new 90-day short-term revocation for parole violators.

**Risk and Needs Assessment:** APB has traditionally used the Parole Risk Assessment Tool (PRAT), but recently added the ARORA instrument. ACC Institutional Release Officers (IRO) compile information for scoring in both tools.

# Statute and policy limit the board's release discretion for most offenses, but allow broad authority in terms of requiring programming and treatment

**The Arkansas Parole Board (APB) is responsible for transfer decisions for all eligible offenders.** In 2015, the APB conducted either screenings or in-person interviews for more than 14,500 cases.

## *Discretionary and nondiscretionary parole determination*

**Arkansas statute places certain limits on the discretion of the board according to offense(s) of conviction.**

Discretionary offenses are those over which the board has the power to deny release on parole and are primarily violent and sex offenses. Nondiscretionary offenses, over which the board has only limited power to deny parole, are primarily property, drug, and other less serious offenses.

Six months prior to parole eligibility, ACC Institutional Release Officers “screen” out nondiscretionary cases for a file review/approval by APB. Discretionary cases are scheduled for in-person interviews with an APB Commissioner in an institutional setting.

Due to the comparatively high ratio of nondiscretionary cases to discretionary cases, the majority of parole decisions are determined by paper review. In June 2016, 900 of the APB's 1,383 release determinations were a result of file review.

## *Voting process*

Commissioners individually conduct hearings at the facilities and make a recommendation to the remainder of the board. **Five of the seven APB Commissioners must approve each release.** Voting is conducted electronically. The board conducts two deliberation meetings per month to discuss more complex cases prior to making a recommendation for parole approval or denial.

## *Condition setting*

**The APB has statutory authority to set conditions for those released on parole.** The board's policy is to use the risk and needs assessment in an advisory capacity when setting conditions, but there is no formal method to bridge the outcome of the risk and needs assessment's top criminogenic needs to the case-specific condition setting process.

**Special conditions of release:** APB may...

- Impose the supervision level regardless of risk level
- Impose specific treatment and programming; requirements regardless of assessed treatment and programming needs;
- Order the placement of parolees in certain community-based facilities.



# Parole approval rates decreased between FY2012 and FY2015

## Parole Board Approvals and Denials, FY2012–FY2015

Action	FY2012	FY2015
Total Cases	9,754	14,710
Denied	717	2,123
Deferred	567	1,432
Rescinded	383	478
Approved	8,087	10,677
Approval Rate	83%	73%

*Number of cases heard or screened by the parole board increased 51% from FY2009 to FY2015.*

### Approval with Programming Required

- ✓ In FY2012, 19% (1,536) of the 8,087 hearings approved for parole supervision required completion of programming or education for transfer.
- ✓ By FY2015, 23% (2,463) of the 10,677 hearings resulting in parole supervision required the completion of programming or educational requirements for transfer.

# ADC and ACC play a critical role in preparing people and information for parole hearings

## *Docket Preparation and Information Sharing*

In preparation for a parole hearing, information is entered by ADC into the state's common information management system (eOMIS), which can be accessed by APB commissioners, ACC institutional release officers, and others.

Information available to APB commissioners includes:

- Original offense(s) of conviction, including police reports and other relevant documentation
- Programming/treatment assigned and/or completed
- Classes such as anger management, thinking errors, etc.
- Risk assessment score (both ARORA and PRAT)
- ADC disciplinary record and incident reports
- Release plan
- Other relevant information

## **ACC Institutional Release Officers (IRO)**

These ACC officers prepare cases for parole hearings by (A) screening discretionary and non-discretionary cases, (B) completing a parole report, and (C) assisting inmates with reentry planning, among other duties. ACC has 24 IROs for an ADC population of 18,000 with each officer **carrying well into the hundreds of cases at any given time.**

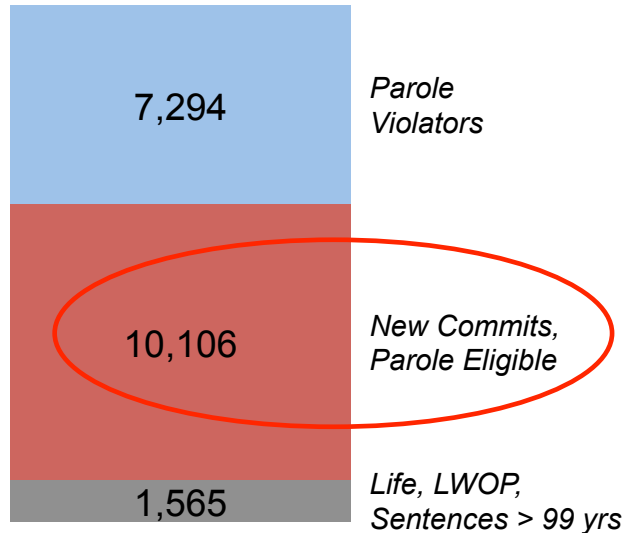
In an interview, IROs reported that the high caseload, combined with the fact that many officers split time between different units (which are sometimes hours apart), results in:

1. A significant number of people coming up for parole with **inadequate reentry plans** by the time of the parole hearing, though they typically have about 6 months from the date of the parole hearing to the parole eligibility date to finalize the plans.
2. **Duplicative entry of information** (such as completion of ARORA for both the parole board and ACC) that limits available time for release planning and information collection.

*Source: Interviews/Observation with APB, ADC, and ACC staff*

# Efforts to prepare people in prison for release are hindered by a shortage of available beds in treatment programs

June 2015 ADC  
Population = 18,965



BH Disorder	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Illness (SMI)	5.4%	16%	17%	7–9%
Substance Use Disorders (Alcohol and Drugs)	16%	53%	68%	35–40%

Arkansas has an estimated:

- ☐ 1,617 prisoners with serious mental illness
- ☐ 5,356 prisoners with substance use disorder

*Note: above estimate excludes parole violators*

ADC currently has:

- 224 Therapeutic community treatment beds
- 563 Substance abuse treatment beds

# ADC treatment and programming services are designed to address core needs and prepare people for release

The Arkansas Department of Corrections (ADC) provides a myriad of treatment and programming to address the needs of people in their custody and prepare people for reentry to society upon transfer to parole supervision or expiration of their sentence. This treatment and programming includes:

## *Treatment Programs*

### **Substance Abuse Treatment**

- Therapeutic Community (TC)
- Substance Abuse Treatment Program (SATP)

### **Sex Offender Treatment**

- Reduction of Sexual Violence Program (RSVP)
- Sex Offender Treatment (SOFT)

## *Mental Health Services*

- Positive Mental Attitude
- Anger Management
- Stress Management
- Interpersonal Relationships
- Communication Skills
- Thinking Errors
- Crisis Prevention/ Intervention
- Management of Suicidal Self-Injurious Behavior

## *Other Programs*

### **Boot Camp**

- 120-day intensive program designed to interrupt negative behavior

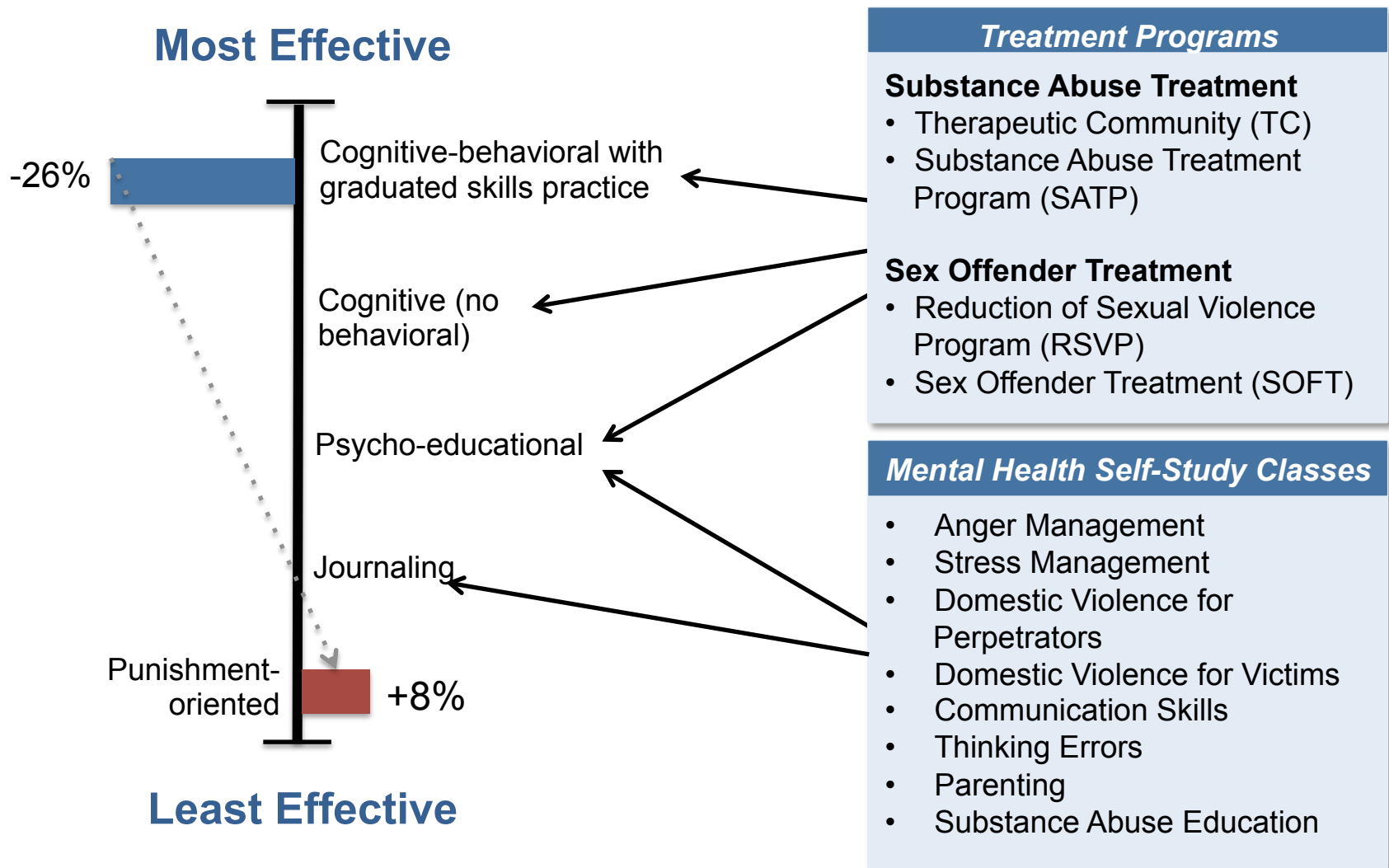
### **Pre-release Program**

- Available at multiple units to ease the transition back into society for those within 120 days of release

**Assessment:** Upon intake, ADC administers the *Social History Assessment*, which guides treatment and programming assignments. Admission to group sessions and classes can also be initiated by the incarcerated person or by correctional staff.

Source: ADC programming data, interviews with ADC staff

# The most effective programs use cognitive-behavioral approaches



Source: Mark Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice*, 4, no. 2 (2009): 124-147.

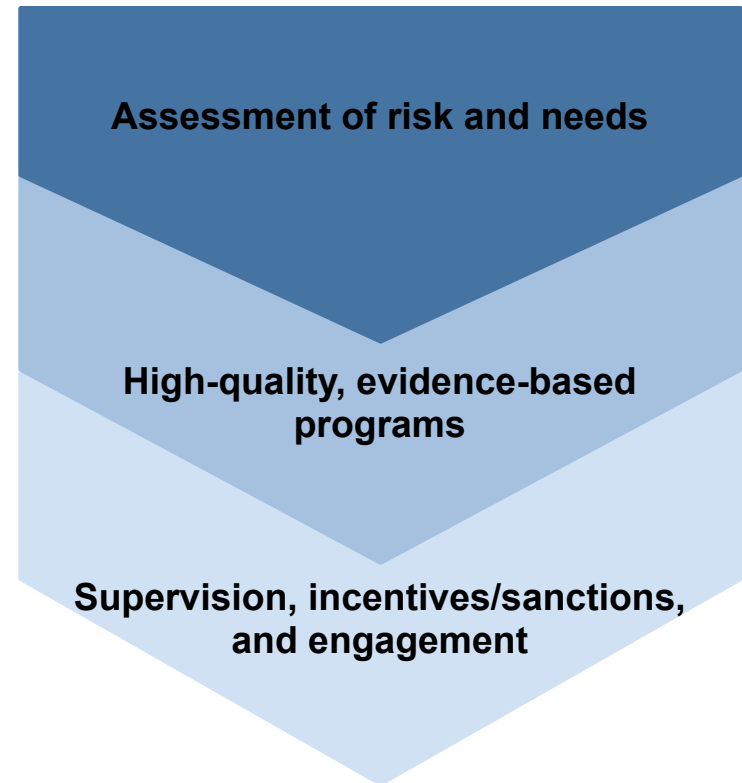
# Changing behavior of those most likely to recidivate is most effective through interventions after release

## EFFECTIVENESS OF PROGRAMMING OFFERED DURING INCARCERATION



**POTENTIAL RECIDIVISM REDUCTION**  
**5–10%**

## EFFECTIVENESS OF PROGRAMMING FOLLOWING RELEASE



**POTENTIAL RECIDIVISM REDUCTION**  
**20–30%**

Source: Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs: What Works and What Does Not*, January 2006; D.A. Andrews and James Bonta, *The Psychology of Criminal Conduct*, 5<sup>th</sup> ed. (New Providence, NJ, Mathew and Bender Company, Inc. 2010)



# Preliminary findings and areas for further research

## *Arkansas Department of Correction*

**Risk Assessment:** ADC's Social History tool is in the process of validation. Upon validation, the tool will be further refined based on those portions which prove most predictive in terms of offender behavior. The creation of a scoring guide may help ensure consistent referral to services based on responses to the social history tool.

**Programming:** Research has shown that the quality, intensity, and dosage of programming is important to post-release success. ADC has some treatment which falls into the highest cognitive behavioral level, but they also rely heavily on psycho-educational groups which have less of an impact. The robust amount of self-study along with boot camps would fall on the lower end of the spectrum in terms of effectiveness.

## *Arkansas Parole Board*

**Risk Assessment:** The board notes the risk assessments scores, but does not have a consistent way to apply the score to decisions, nor are the risk assessment scores consistently embedded in the decisions. The information that the board receives appears to be based on static factors.

**Condition setting:** The board's role as release and revocation decision makers is to assess risk and guide risk management at the point of potential release, not to act in a clinical assessment role of what programming and treatment services may be required. This practice is inconsistent with using appropriate treatment assessment protocols and likely consumes finite parole officer and community-based resources for cases that may not require the level of imposed requirements.

**Release decision making:** Statutory language supports a structured, informed and actuarially based decisional approach and establishes the required decisional factors for release. The board, which uses the required criteria by having each board member individually interpret the meaning and importance of each of the criteria, should further strengthen its decision making. Evidence-based parole decision-making practice requires the policy-driven structured, informed, actuarial decisional model to yield the most accurate decisions for release. Parole guidelines could be used for both the parole-eligible cases and those released by transfer.

## Section Wrap-up

A

### **Parole is key to supporting safe reentry to community**

- In line with best practices, Arkansas uses supervision to assist in return to community from prison
- Post-release supervision yields better outcomes, and longer terms of incarceration have limited returns

B

### **New commitments present growing challenges**

- Volume of court commitments increasing
- Need for BH programming and reentry supports

C

### **Strengthening reentry presents opportunities for Arkansas**

- Opportunities exist for ADC, ACC, and Parole Board to better coordinate around reentry

# Overview

1 Parole and Reentry

2 Overcrowded Jails

3 Behavioral Health for Criminal  
Justice Involved Populations

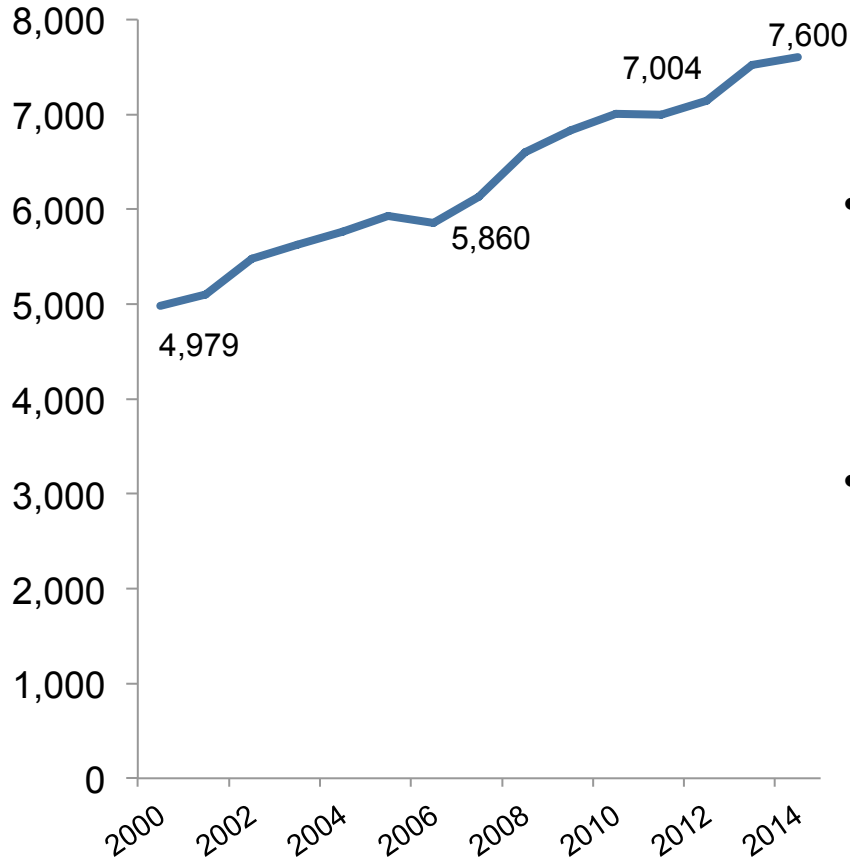
4 Victim Issues

5 Next Steps



## Arkansas's jail population increased 53 percent between 2000 and 2014

Arkansas Jail Population,  
2000–2014

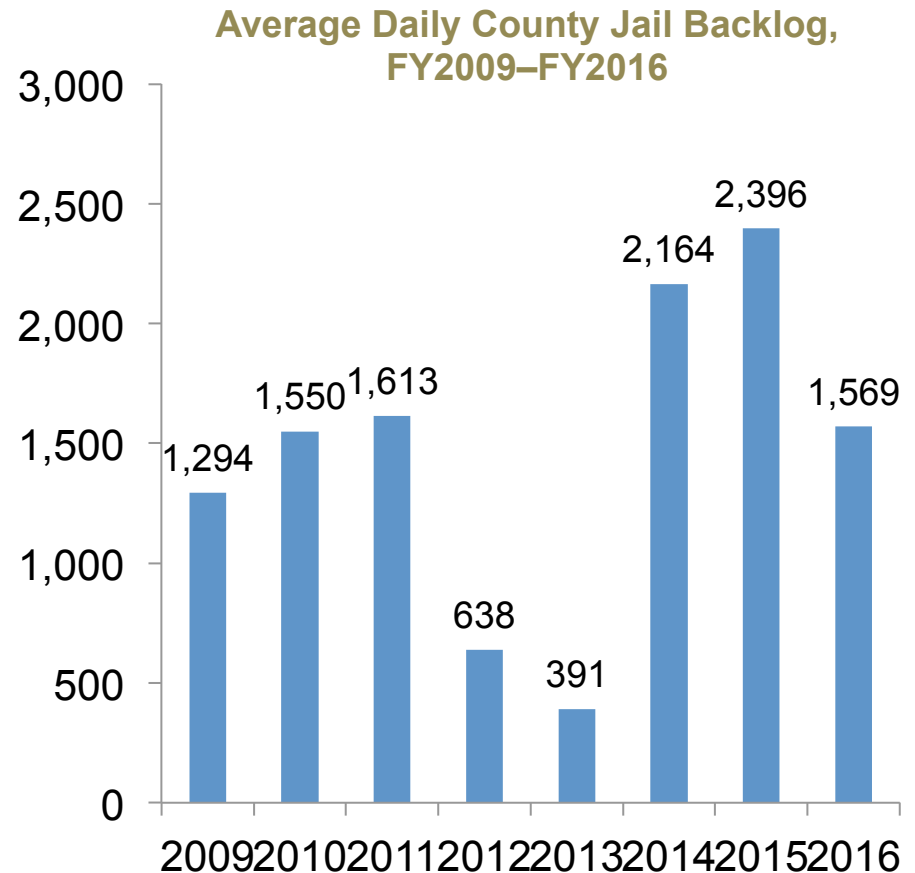


- Arkansas had the **third-highest** increase in jail populations from 2011 to 2013, behind only California (which underwent realignment during this time) and Texas
- Arkansas saw the **second-largest percentage growth** in jail populations from 2006 to 2013

Source: Vera Institute, <http://trends.vera.org/#/incarceration-rates?geography=states>, Bureau of Justice Statistics (BJS); Census of Jails: Population Changes 1999-2013

Between FY2012 and FY2015, the average number of people awaiting transfer to ADC increased 276 percent

*In FY2015, the county jail backlog averaged 2,396 individuals per day. This has declined during FY2016 due to ADC further expanding capacity.*



Source: ADC Statistical Reports 2009-2015, ADC County Jail Backup 2015

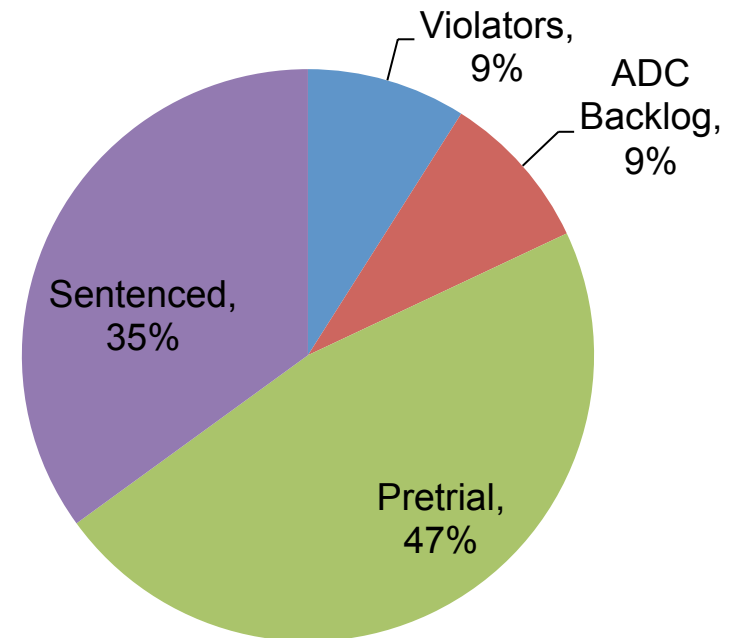
In March 2016, the Arkansas Association of Counties conducted a survey of county jails to learn more about capacity, population, and pressures

Twenty-six counties responded, representing 54% of the Arkansas population.

### Of the 26 responding jails:

- 16 exceeding 80% capacity
- 5 exceeding 100% capacity

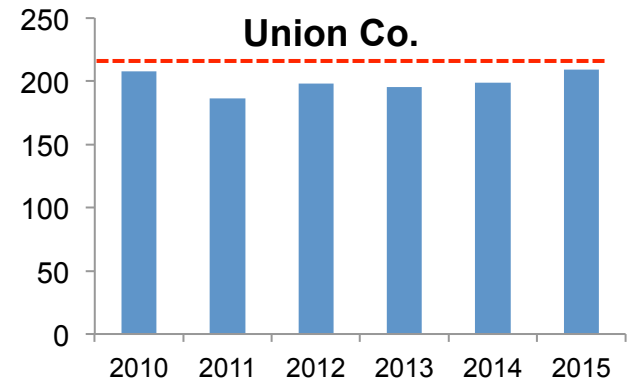
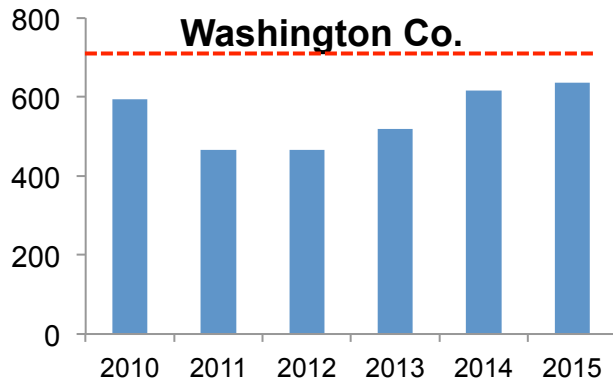
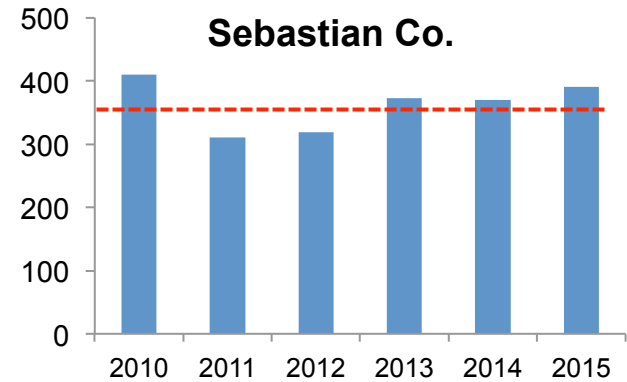
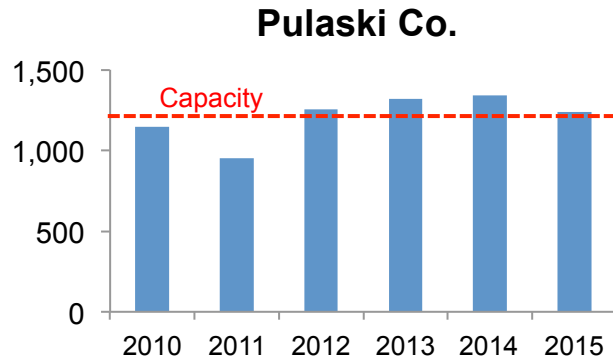
### Composition of Jail Population





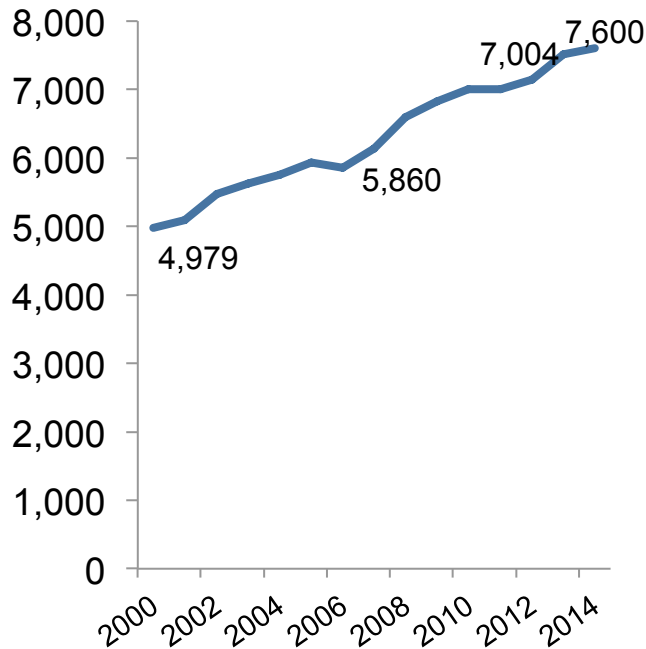
# Many jails are too crowded to enable swift and sure sanctioning at the local level

## On-Hand End-of-Year County Jail Population, FY2010–FY2015



Source: Pulaski County, Sebastian County, Union County, and Washington County jails booking data, 2009-2015

# Arkansas's jails are booking thousands of individuals with mental illness and substance use disorders



BH Disorder	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Illness (SMI)	5.4%	16%	17%	7–9%
Substance Use Disorders (Alcohol and Drugs)	16%	53%	68%	35–40%

- Arkansas has an estimated:
- ❑ 1,292 jail inmates with Serious Mental Illness
  - ❑ 5,168 jail inmates with Substance Use Disorder

Most jails are not equipped to provide treatment and programming directed at behavioral health disorders beyond that required by law.

Source: ADC Monthly Board Reports FY2009-FY2016

## Section Wrap-up

A

### **Arkansas's jail population**

- Arkansas's jail population is growing at among the fastest rates in the country

B

### **Data from Arkansas counties and challenges faced by local jails**

- Many counties are operating at or above capacity
- Overcrowding creates public safety dilemmas by not being able to detain people convicted of certain types of lower-level offenses and not being able to facilitate swift and sure sanctioning

C

### **Behavioral health pressures in Arkansas's jails**

- Often a last resort due to lack of treatment options in the community, jails in Arkansas are holding literally thousands of individuals with mental health and substance use disorders.

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## Current resources in Arkansas provide opportunities for growth

### **1,209 Community Corrections Center beds in FY2016**

- Therapeutic communities
- 35 designated drug treatment for women
- 50 designated drug treatment for men

### **394 Technical Violator Center beds in FY2016**

- Therapeutic communities

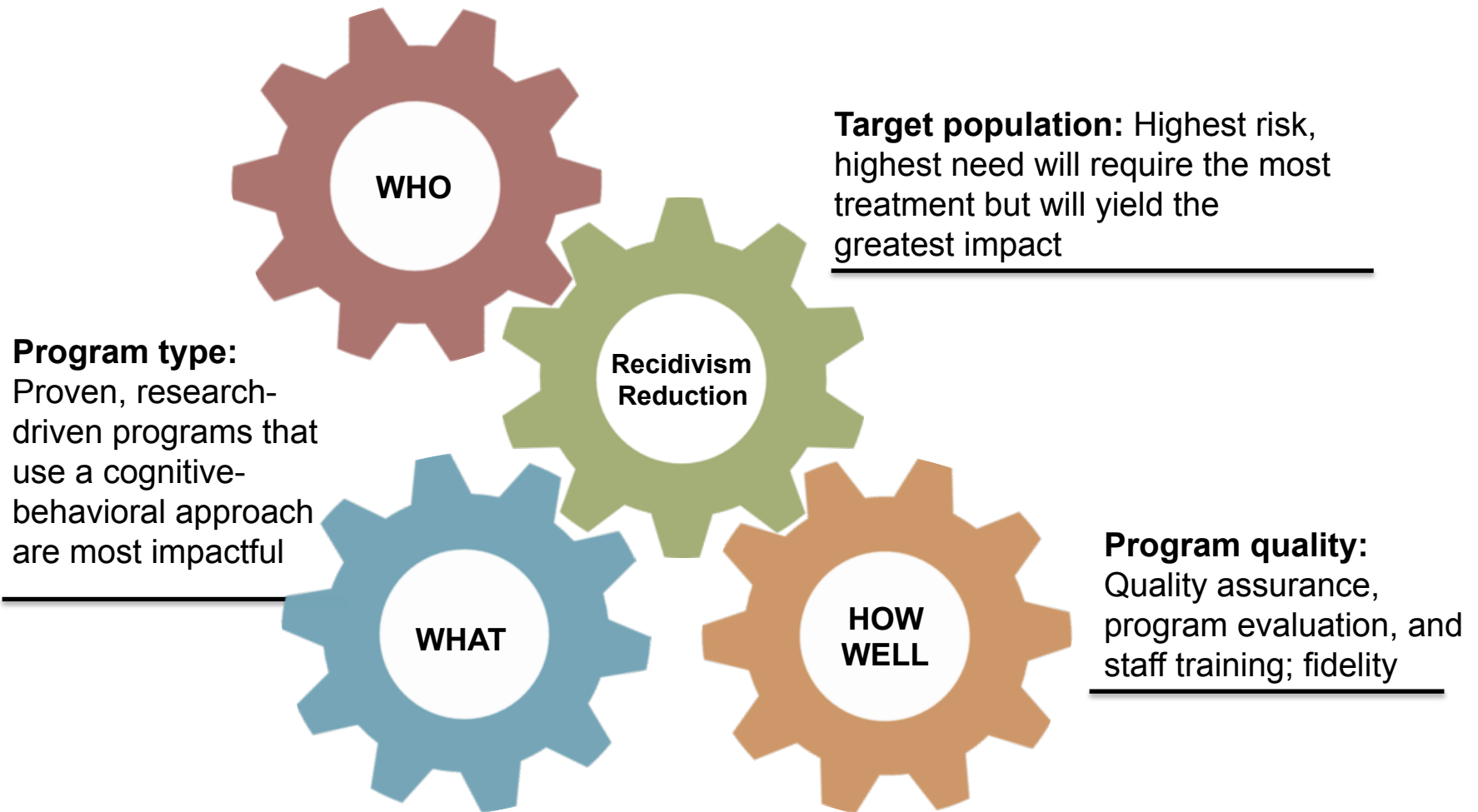
### **Drug Courts in FY2015**

- 42 Adult Drug Courts
- Average caseload: 2,229

### **Mental Health Courts in FY2015**

- 2 Adult Mental Health Courts

## Effective interventions use an integrated approach to reduce recidivism

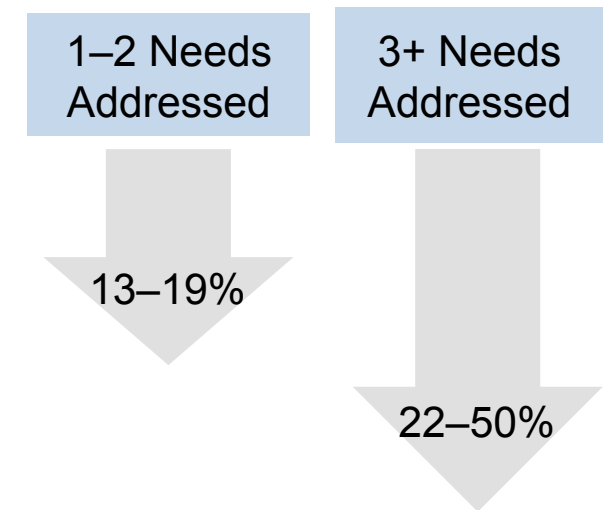




Assessments will show that most people in the justice system have multiple risks and needs that must be addressed to reduce recidivism

Objective	Public Safety	Public Health
Risk	<ul style="list-style-type: none"><li>• Recidivism</li><li>• Violence</li></ul>	<ul style="list-style-type: none"><li>• Relapse</li><li>• Decompensation</li></ul>
Needs	<ul style="list-style-type: none"><li>• <b>Criminal Thinking</b></li><li>• Associates</li><li>• Drugs &amp; Alcohol</li><li>• Family &amp; Relationships</li><li>• Work/School</li><li>• Lifestyle</li></ul>	<ul style="list-style-type: none"><li>• Substance Abuse</li><li>• Mental Illness</li><li>• Co-occurring</li><li>• Physical health</li></ul>

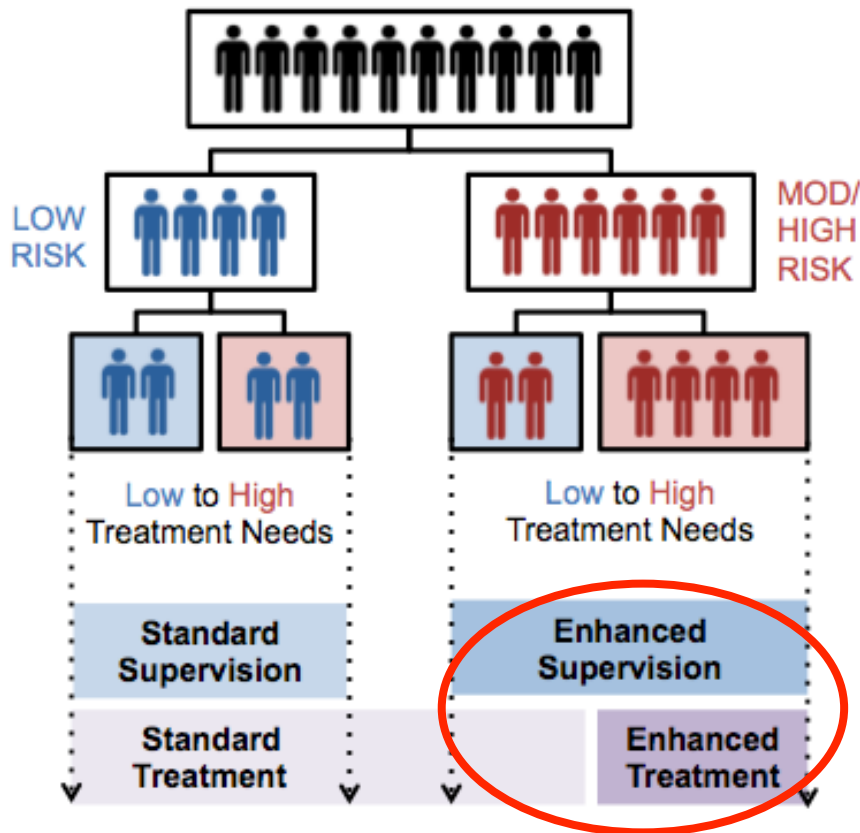
## Reductions in Recidivism



Source: D. A. Andrews and James Bonta, *The Psychology of Criminal Conduct*, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

# Targeting the “right” population, providing evidence-based interventions at the “right” dosage and intensity achieves the highest-impact results

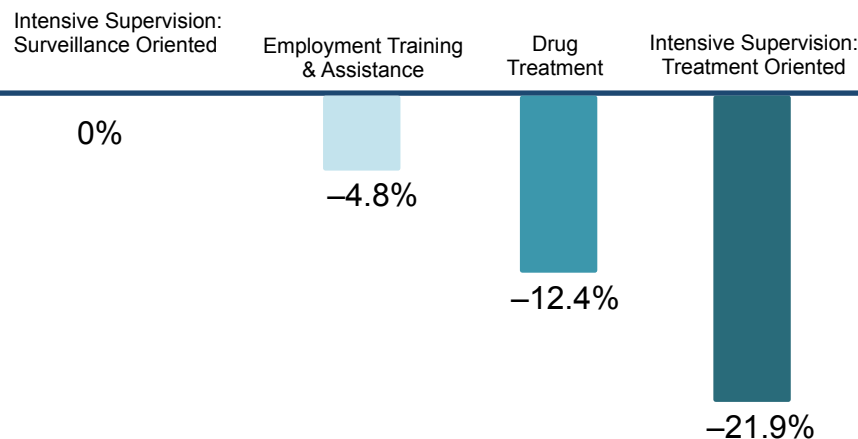
## Risk and Treatment Assessment



## Intervention “dosing:” How much is enough?

- Higher-risk offenders will require much higher dosage of treatment
  - 100 hours for moderate risk
  - 200+ hours for high risk
  - 100 hours for high risk will have little effect
  - Does not include work/school and other activities that are not directly addressing criminogenic risk factors

## Changes in Recidivism Rates for Adult Offenders



Source: Steve Aos, Marna Miller, and Elizabeth Drake (2006). *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy

# A continuum of services must be able to provide the right services at the right time

**High Risk, High Need  
High Level of Supports**

**Residential Treatment**



**Intensive Outpatient**

**Outpatient**

**Maintenance & Recovery**

**Low Risk, Low Need  
Low Level of Supports**

While people should start at the level of support they initially need to address their risk and needs, they should “step down” into lower-intensity and lower-cost interventions

# Systems of Care

Most  
Intensive/  
Most  
Expensive



Least  
Intensive/  
Least  
Expensive

	Health care	Corrections
Institutional	Hospital	Incarceration
Residential	Residential Programs	Half-way House, Community Corrections Centers
Community—Intensive	ACT/FACT Supported Housing Day Treatment	Intensive Supervision + Programming + Treatment
Community—Moderate	Intensive Outpatient	Intensive Supervision
Community—Standard	Outpatient	Supervision
Community—Low	Aftercare—peer supports	Administrative Probation

# Health care funding includes multiple streams with state, federal, and private revenues

## State:

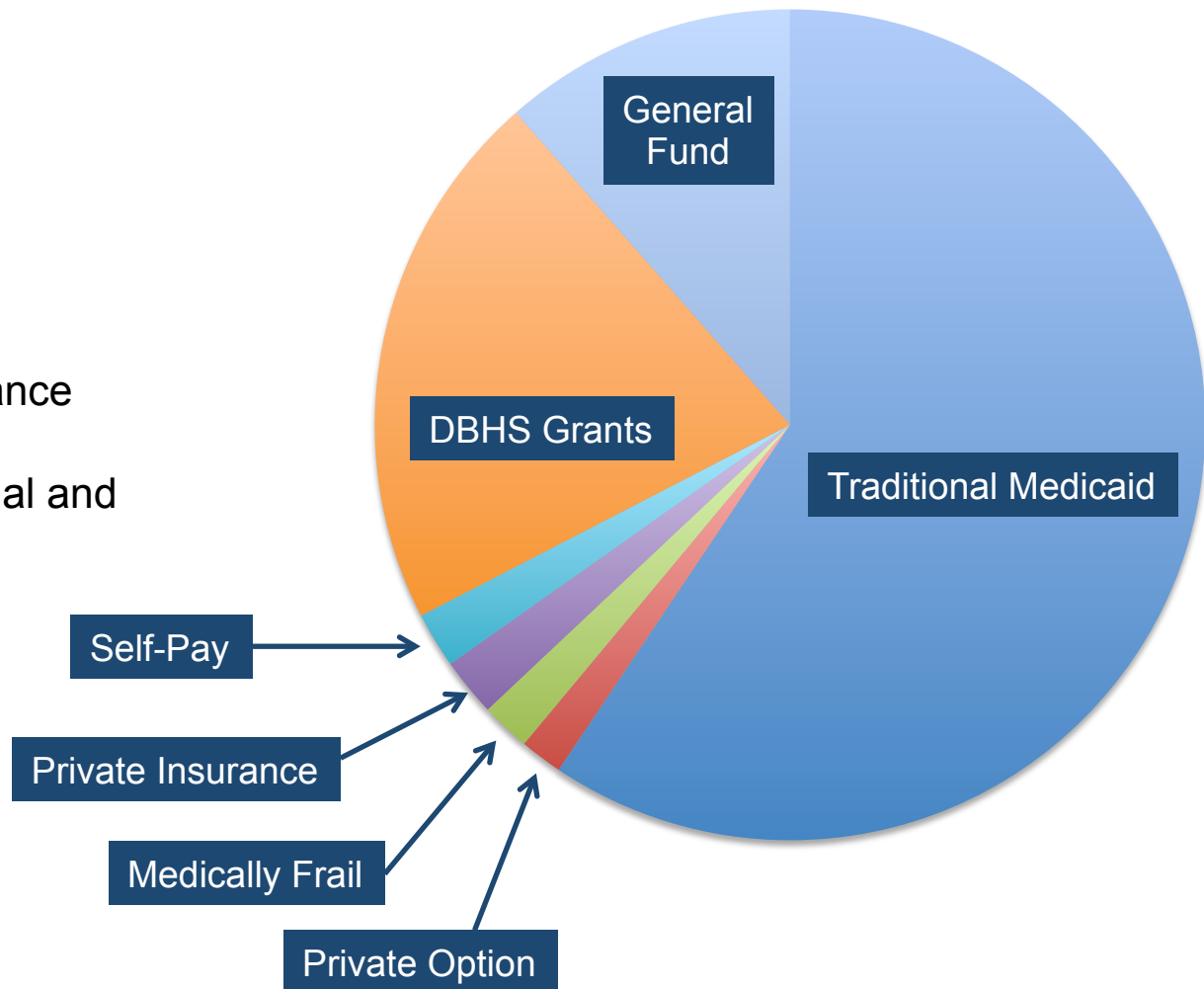
- Grant Funding
  - LAC
  - Per-capita
- State share of Medicaid
- Maintenance of Effort

## Federal

- Mental health and substance abuse block grants
- Federal share of traditional and expansion Medicaid

## Individual

- Self-pay
- Co-payments

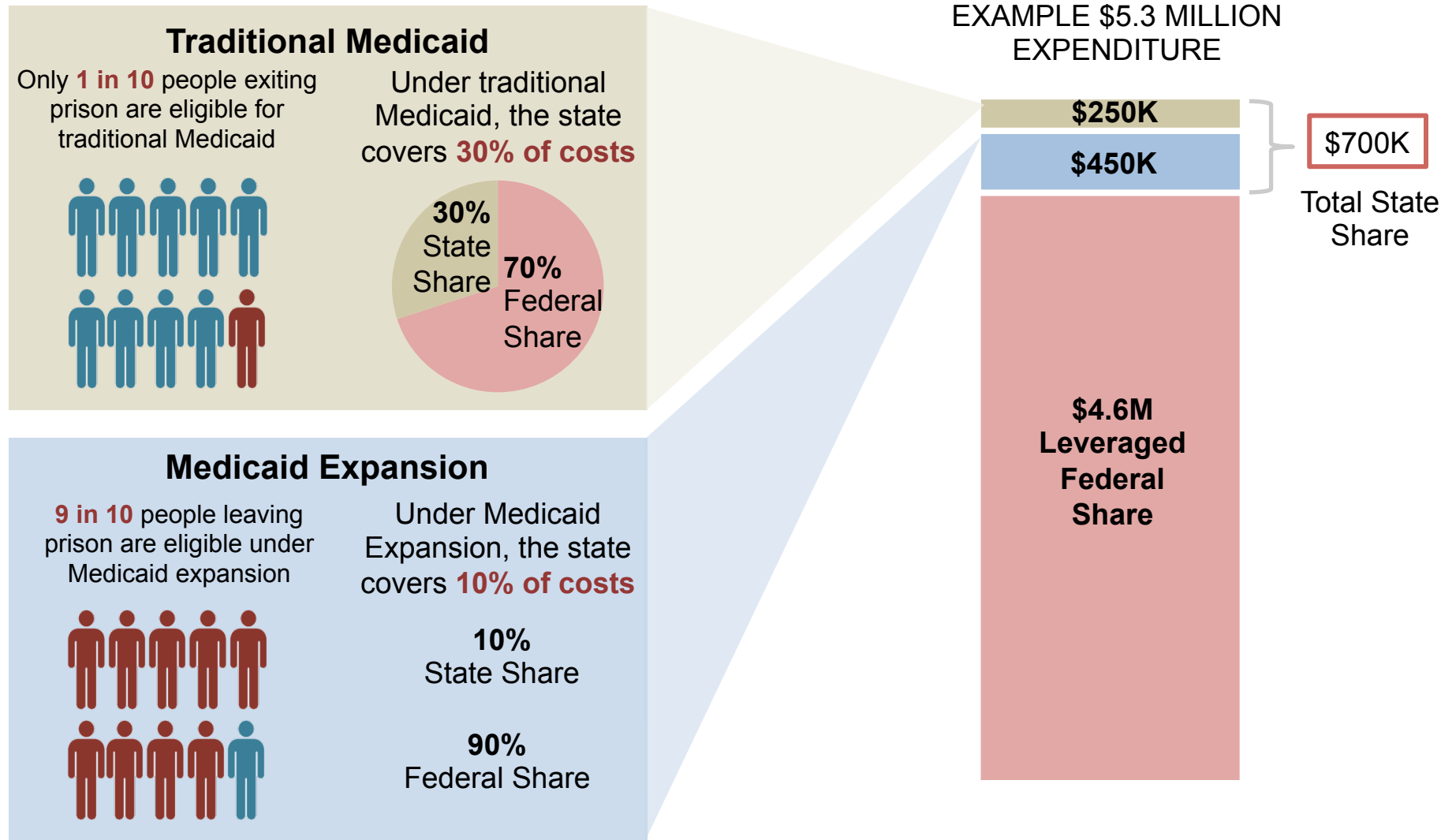


# Behavioral health funding sources

				Health Care Independence Act			
	General Fund	Federal Block Grants	Traditional Medicaid	Medically Frail	Private Option	Private Insurance	Self-Pay
Annual Amount	\$22.8M	\$23.8M	\$118.1M	\$3.8M	\$3.3M	\$4.5M	\$4.3M
State share	100%	MOE	30%	10%	10%	0%	0%
Pros	Flexible	Federal dollars somewhat flexible	High Federal Share Services for clinically complex populations	High Federal Share Services for clinically complex	High Federal Share	No state dollars	No state dollars
Cons	All state dollars	Capped amount federal approved plan	10–15% of target population. Limited payments for substance abuse	10% target population	Excludes high-risk (high-cost) individual	Limited range of specialty services	Limited scope

Source: Annual resource summary report, Mental Health Centers and Clinics in Arkansas SFY2016 (7/1/15-6/30/16), Division of Behavioral Health Services, February 2016

# Medicaid expansion enhances coverage for more people and can leverage 90 federal dollars for every 1 dollar spent



# Fund increased community behavioral health capacity by leveraging *Arkansas Works*

## **Reminder:**

- Medicaid expansion provides an opportunity to leverage substantial federal match to expand treatment access.
- Increased availability of appropriate community-based treatment services can help sustain gains from residential treatment and provide additional options for diversions.

## **Current practices:**

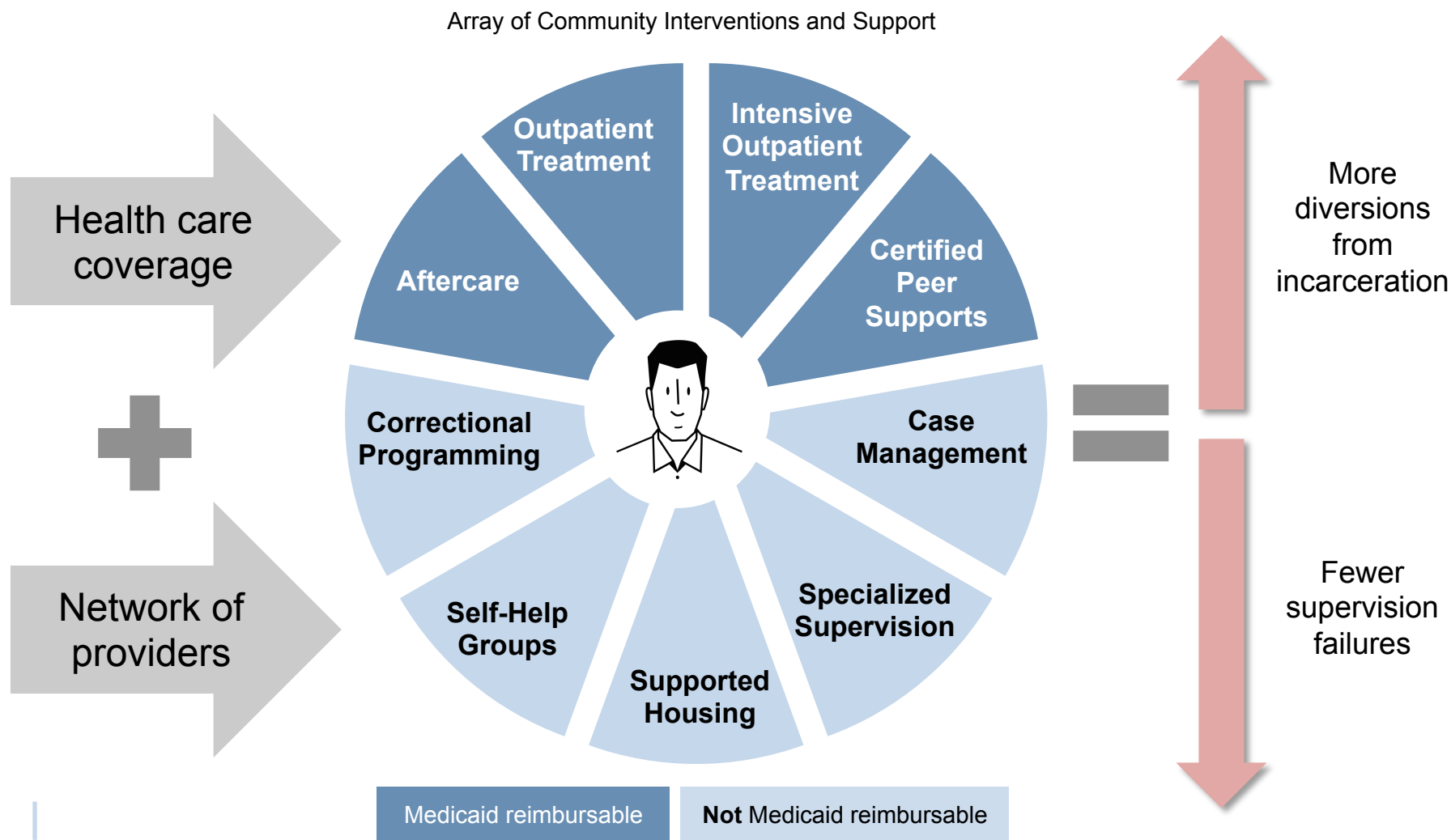
- There are insufficient community-based treatment resources, especially substance abuse treatment and services tailored to be effective with higher-risk and needs individuals.

## **Recommendations:**

- Develop standards for a continuum of community-based behavioral health treatment interventions for high- to moderate-risk and needs individuals.
- Work with state agencies to create enhanced reimbursement rates linked to enhanced interventions to adequately compensate providers for the added costs required to effectively treat these populations.



# Health care funding can be leveraged to create a robust array of integrated community-based services and supports for people with behavioral health disorders



## Policy areas explored by other states: increase behavioral health treatment capacity

### West Virginia

Allocated \$9 million between FY2014 and FY2016 to **expand access to substance use treatment** for people on supervision, with **county-level grants** awarded for treatment services and more.

### Alabama

\$6 million over two years for **behavioral health treatment** for people on supervision.

### Kansas

\$5 million added over two years for **behavioral health treatment** for people on supervision.

### Wisconsin

\$10 million over two years to expand **community-based recidivism-reduction programs** including mental health services, substance use treatment, and employment services

## Section Wrap-up

A

### **BH treatment is a necessary component of criminal justice**

- The most effective treatment interventions use risk/need assessment and evidence-based practices to target the right population at the right time to reduce recidivism

B

### **Effective systems maintain a range of interventions**

- Effective recidivism reduction requires a continuum of treatment services both behind the walls and in the community

C

### **Medicaid expansion and leveraging AR Works to facilitate community-based treatment**

- Opportunities exist to make better use of scarce Arkansas resources

# Overview

- 
- 1 Parole and Reentry
  - 2 Overcrowded Jails
  - 3 Behavioral Health for Criminal Justice Involved Populations
  - 4 Victim Issues
  - 5 Next Steps

Victim advocates and agencies who work with victims are participating in the justice reinvestment process

## **ORGANIZATIONS:**

- Arkansas Coalition Against Sexual Assault
- Arkansas Coalition Against Domestic Violence
- Mothers Against Drunk Driving
- Parents of Murdered Children
- Office of the Attorney Generals, Crime Victim Reparations Program
- Victim Justice Assistance, Department of Finance and Administration

## Victim advocates want and deserve transparency and accountability

### Transparency

Victims are getting lost in the process from reporting to release. Victims should be **engaged and informed from arrest to release**.

Victims and victim advocates should **understand how key decisions are made** and what information guides these decisions.

### Accountability

Victims want reassurance that people are **held accountable** for the crimes committed.  
All terms of the sentence must be met.

Victims and victim advocates want people who commit harm to **stop the behavior** that creates victims.

## Victim advocates have identified key aspects of improving safety


### Safety

**Strengthen programming, supervision, and pretrial decision making** by including assessments that measure risk, dangerousness, and/or lethality.

**Expand sexual assault orders of protection** to include offenders not residing in the same household as the victim.

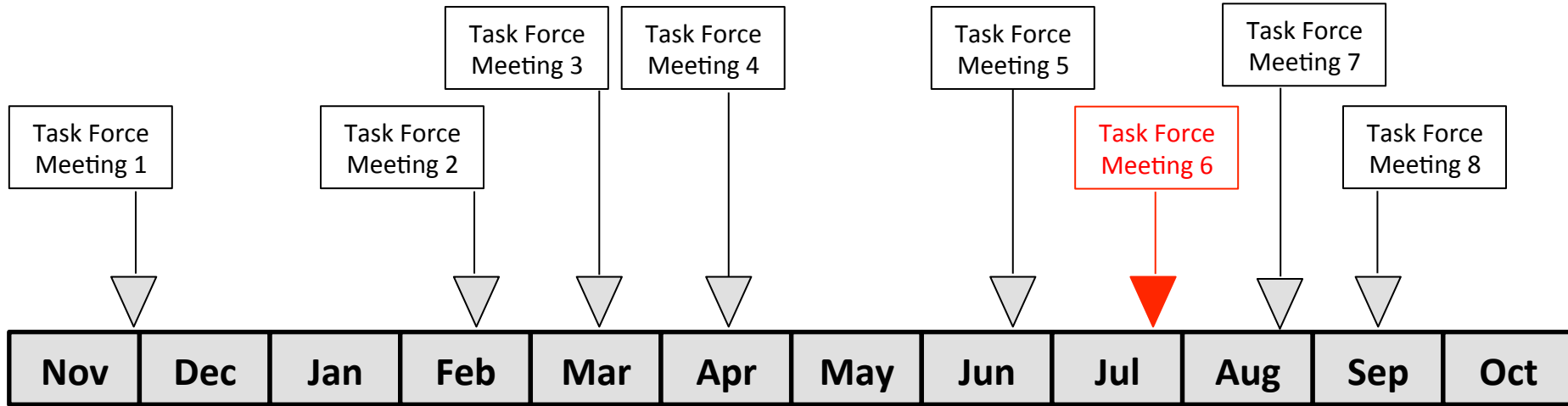
**Enhance crime victims reparations** to meet additional safety needs of victims. Leverage these state resources for additional federal money available to the state.

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# Project timeline



## Data Analysis

Initial Analysis

Detailed Data Analysis

Impact Analysis

## Policymaker and Stakeholder Engagement

Stakeholder Engagement and Policymaker Briefings

Policy Option Development

# Thank You

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