Justice Reinvestment in Missouri

Final presentation to the Missouri State Justice Reinvestment Task Force

December 13, 2017

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The Council of State Governments Justice Center

Corrections

Justice Reinvestment

Mental Health

Reentry

Substance Abuse

Youth

Courts

Law Enforcement

National nonprofit, nonpartisan membership association of state government officials that engage members of **all three branches** of state government.

The Justice Center provides **practical, nonpartisan advice** informed by the best available evidence.

Over the course of this project, CSG Justice Center staff have spoken with a wide array of stakeholders

Meetings and Calls

- **State Agencies:**
  - Missouri Department of Corrections (MDOC) leadership, P&P administrators, and behavioral health treatment practitioners
  - Missouri Department of Mental Health (MDMH) leadership and division administrators

- **Practitioners and stakeholders:**
  - State agency directors and staff
  - Judges
  - Prosecuting attorneys and public defenders
  - County government representatives
  - Legislators
 - Victims representatives
  - Law enforcement representatives

Facility Tours

- Women's Eastern Reception, Diagnostic, and Correctional Center (WERDCC), *Vandalia*
- Center for Women in Transition (CWIT)—Shirmer House residential facility, *St. Louis*

CSG Justice Center staff have gathered regional perspectives in stakeholder engagement that reflect the state's size and diversity

Since April 2017

100+
CALLS & MEETINGS

15
SITE VISITS

4,500+
MILES DRIVEN

Missouri's criminal justice system involves many decision points and actors

Who stays in local jail beyond initial detention?
Judges, prosecutors, defense lawyers, and sheriffs all play roles in determining who remains in jail while cases are pending, as well as ultimate sentences.

Prison

Jail

Criminal activity leads to apprehension by local law enforcement and detention in county jail

Keep in jail or release on bond?

Send to prison or probation?

95% of all who enter prison will exit…are they ready?

Community - *Pretrial*

Community - *Probation*

Community - *Parole*

Recidivism

One of the primary objectives of reentry is to reduce recidivism, or the rate at which people return to criminal behavior patterns.

Key takeaways from November

❖ Local jails are an integral part of a larger criminal justice system and can be partners with the state to effect better public safety strategies.

❖ Despite relatively stable admissions, the population of Missouri's jails has increased 50 percent since 2010. This indicates other factors are slowing the process and driving up jail populations.

❖ Missouri's investment in county jails is substantial compared to other states' reimbursement approaches, but it is all about counting widgets.

❖ Opportunity exists to change current investments so that they are more flexible and impactful resources to aid local communities in improving pretrial and jail resource management practices.

Overview

Overview of Findings

Missouri has made a significant investment in prison-based interventions and treatment for people in the criminal justice system.

✓ Multiple statutes provide for shock incarceration, institutional treatment, sanctions, and post-conviction treatment.

Unfortunately, long-term outcomes for people who receive prison-based treatment are currently no better than for people who do not get treatment.

➢ The most effective interventions for criminal justice populations are community-based, individualized, comprehensive, and include services at varying levels of intensity.

➢ It's critically important to get the "right" people into the "right" treatment. If this does not happen, reoffending rates can increase.

Takeaway: *Missouri needs to move from a prison-focused to a community-focused treatment system that can serve more people and deliver improved outcomes.*

Substance use and mental health are key concerns of Missouri law enforcement officials

**Q: What are most pressing challenges in your jurisdiction?**
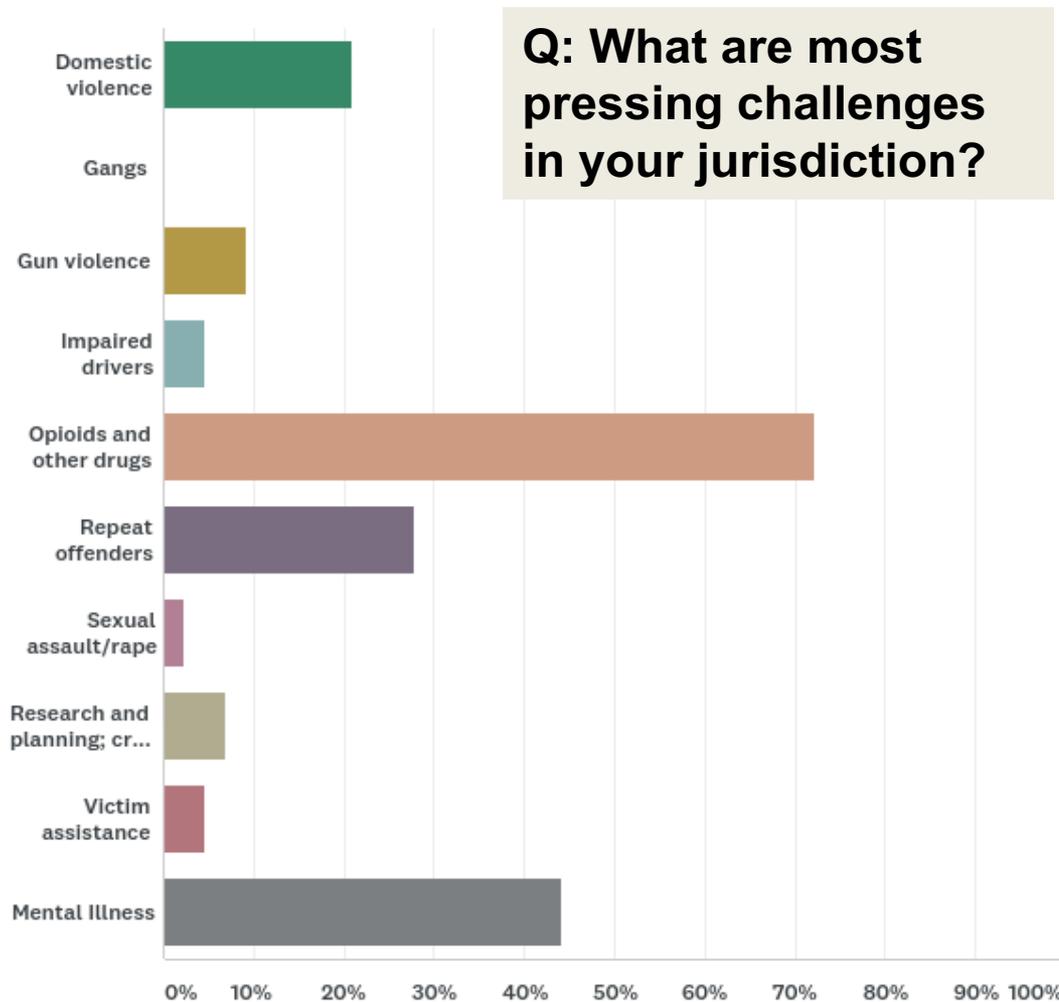
Responses received from 25 sheriffs and 22 chiefs of police.

Top 4 challenges identified by law enforcement:

- 72% - opioids/drugs
- 44% - mental illness
- 28% - repeat offenders
- 21% - domestic violence

Source: Statewide survey administered by CSG to Missouri law enforcement officials.

# Between 2012 and 2016, opioid overdose deaths in Missouri increased 67 percent
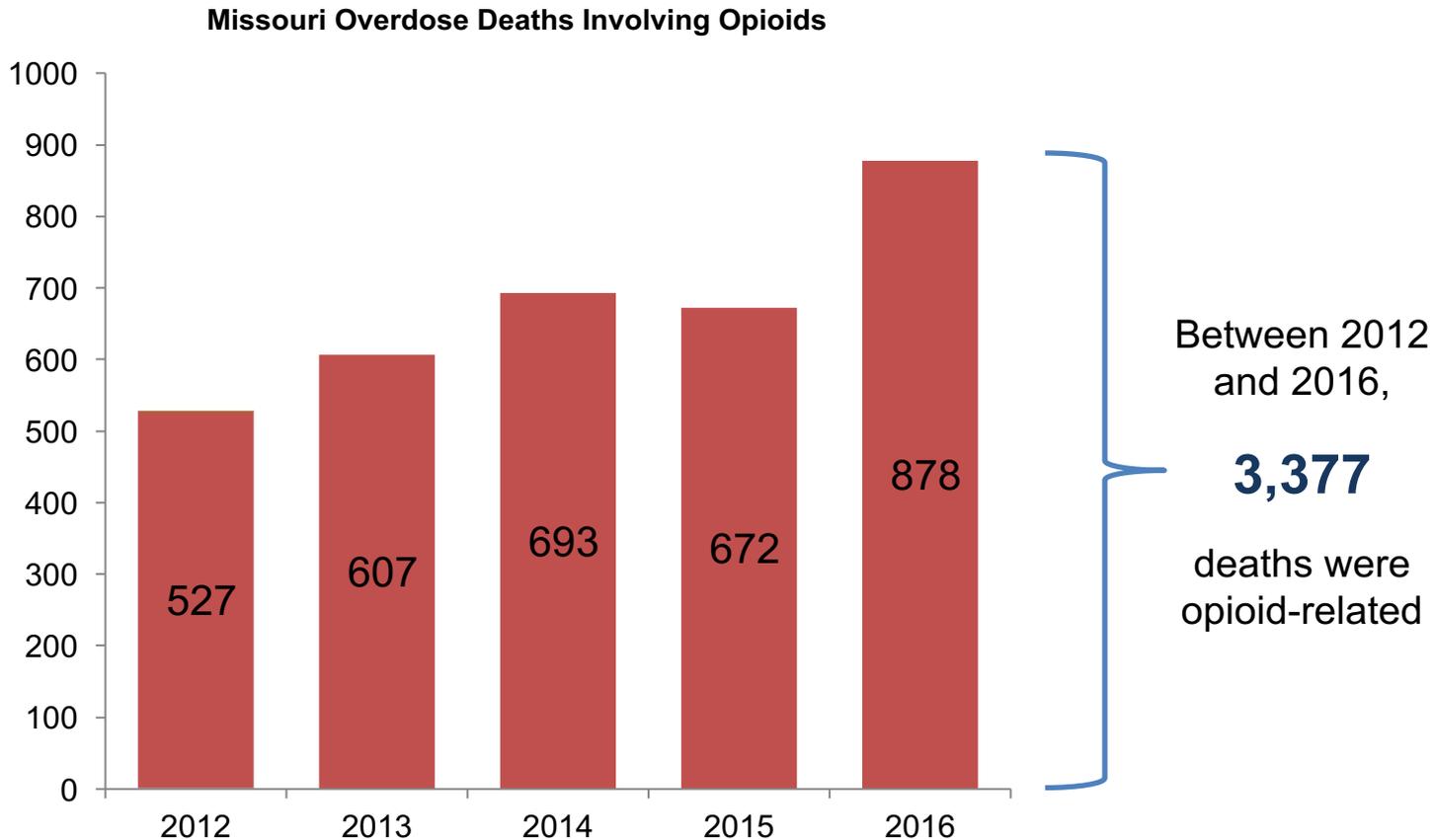
Missouri Overdose Deaths Involving Opioids

Between 2012 and 2016,

3,377

deaths were opioid-related

A third of all people admitted to prison have been sentenced to prison for the purpose of getting treatment

Reason for Admission

Treatment — 6,550

35% of total

Revocation — 9,551

New Prison — 2,771

FY2016
Total Admissions = 18,872

Female Admissions to MDOC:
- 45% were for treatment
- 46% were for revocations
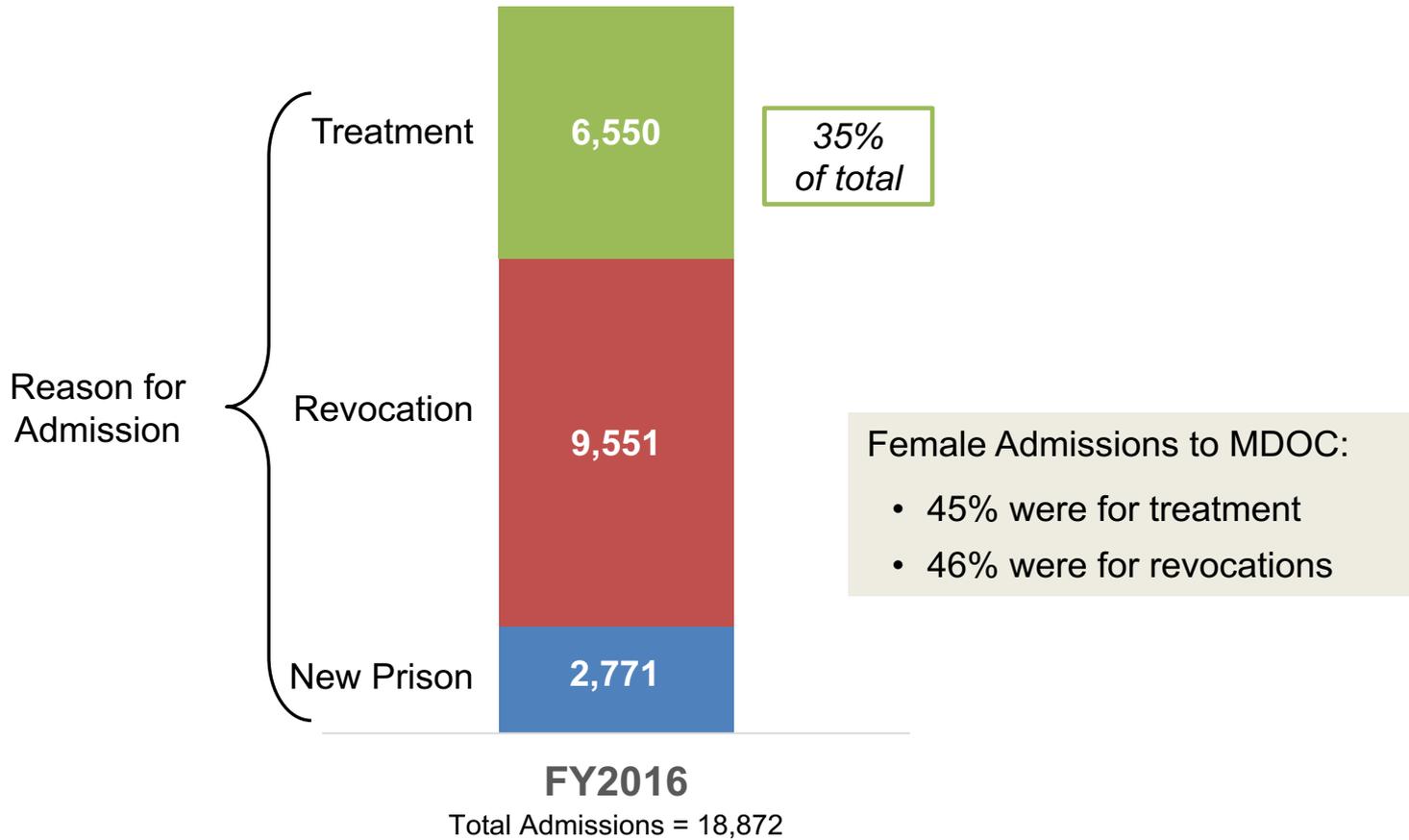
Sentences to treatment for women have risen dramatically and are a primary driver of MDOC's rapidly growing female prison population
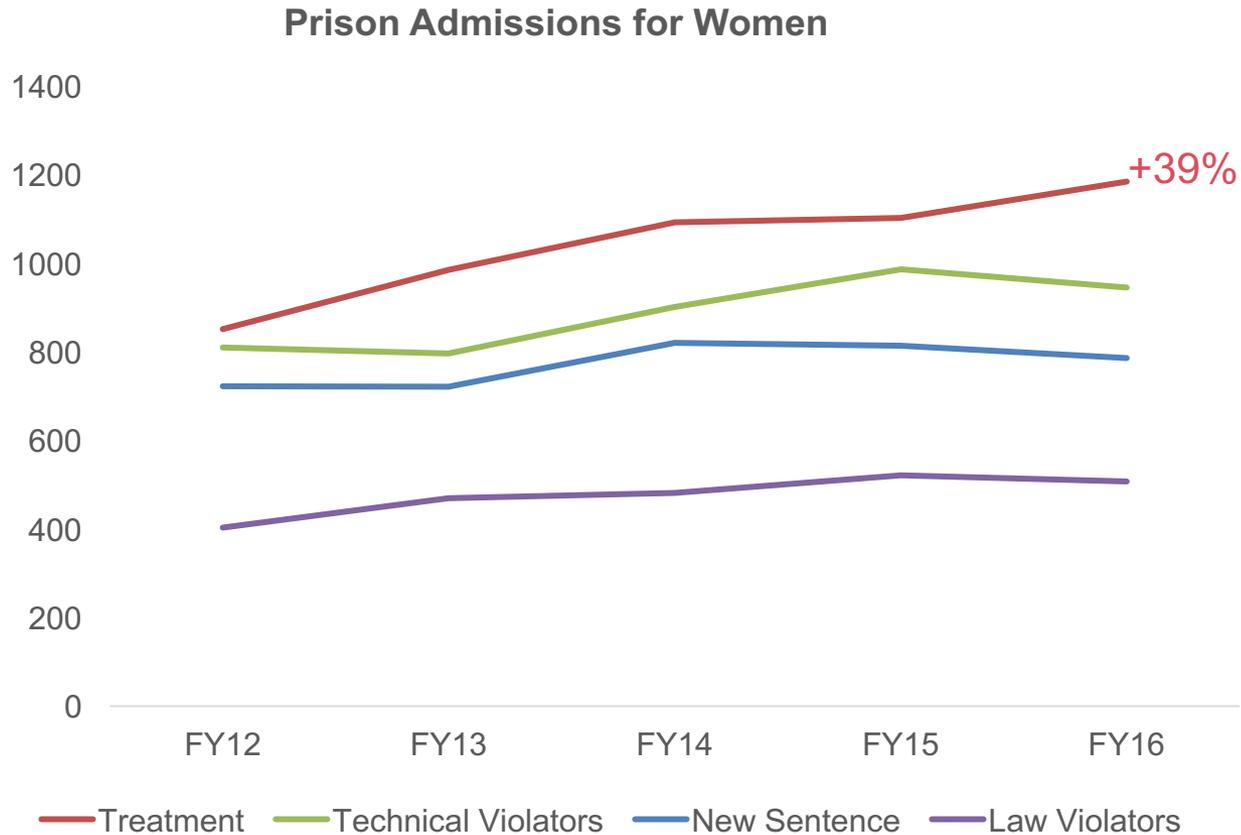
Prison Admissions for Women

+39%

Legend: Treatment — Technical Violators — New Sentence — Law Violators

X-axis: FY12, FY13, FY14, FY15, FY16
Y-axis: 0, 200, 400, 600, 800, 1000, 1200, 1400

Women are more likely than men to have multiple mental health, substance use, employment, and family needs

Nearly **4X** more likely to have been victim of physical or sexual abuse in childhood

**20%** more likely to have mental health problems

2X more likely to have co-occurring mental health and substance use disorders

66% are the primary caretakers for minor children

More likely to experience unemployment and poverty

Unfortunately, there is little difference in long-term outcomes for people who complete treatment in prison and those who need treatment but do not enroll

3-Year Reincarceration Rates by SUD Treatment Status
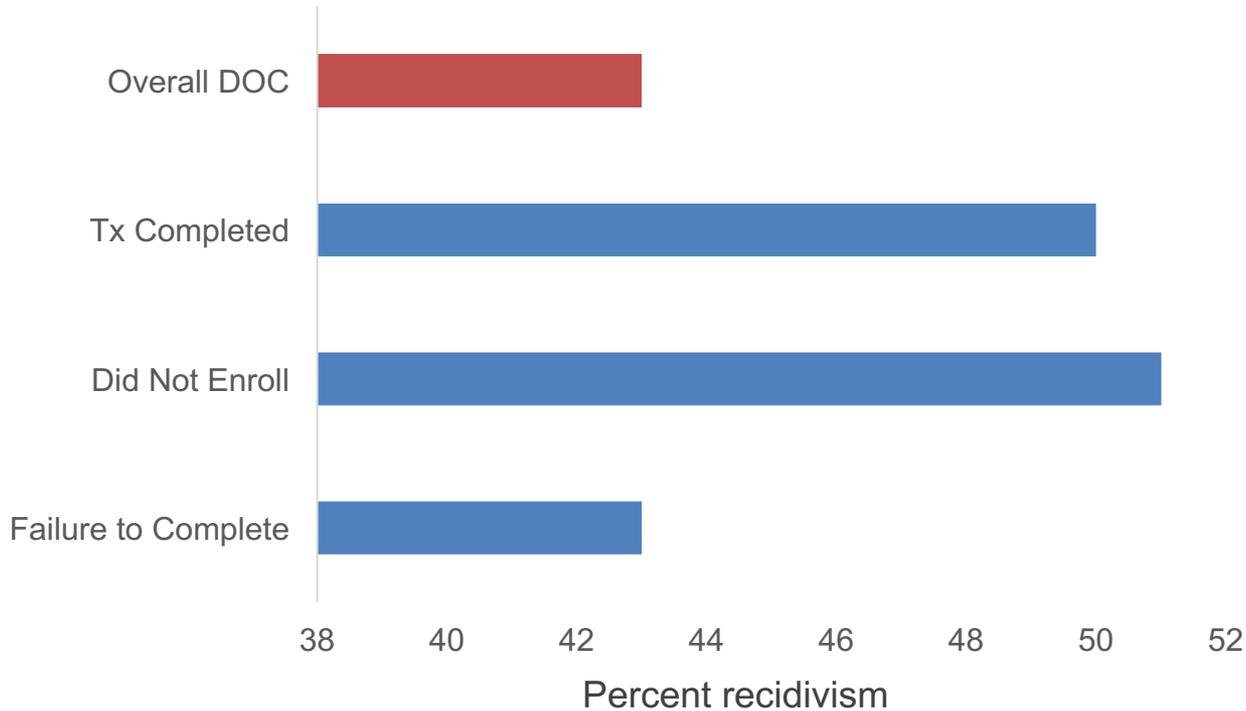
Research has shown that prison treatment can reduce recidivism by 15–17%

Source: MDOC "Recidivism Rages for Court and Board Ordered Institutional Drug Treatment". October 23, 2015

Only about 20 percent of people on supervision who need behavioral health treatment receive it in the community

Substance Use Treatment
(N=39,230)

Need Treatment

20% Received

Mental Health Treatment
(N=16,667)

Need Treatment

18% Received

Source: DOC-DMH Quarterly Outcomes Report September 30, 2016
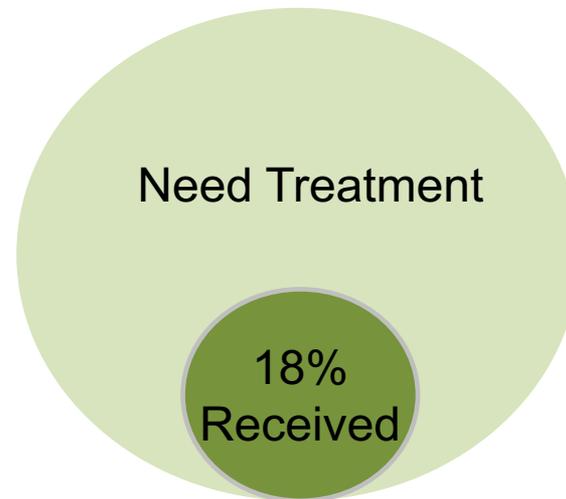
Existing community substance use disorder treatment generates different outcomes for people on community supervision

Selected Outcomes for Offenders Needing Substance Use Treatment

Legend:
- ■ Needed Tx But Did Not Receive
- ■ 90+ Days of Treatment
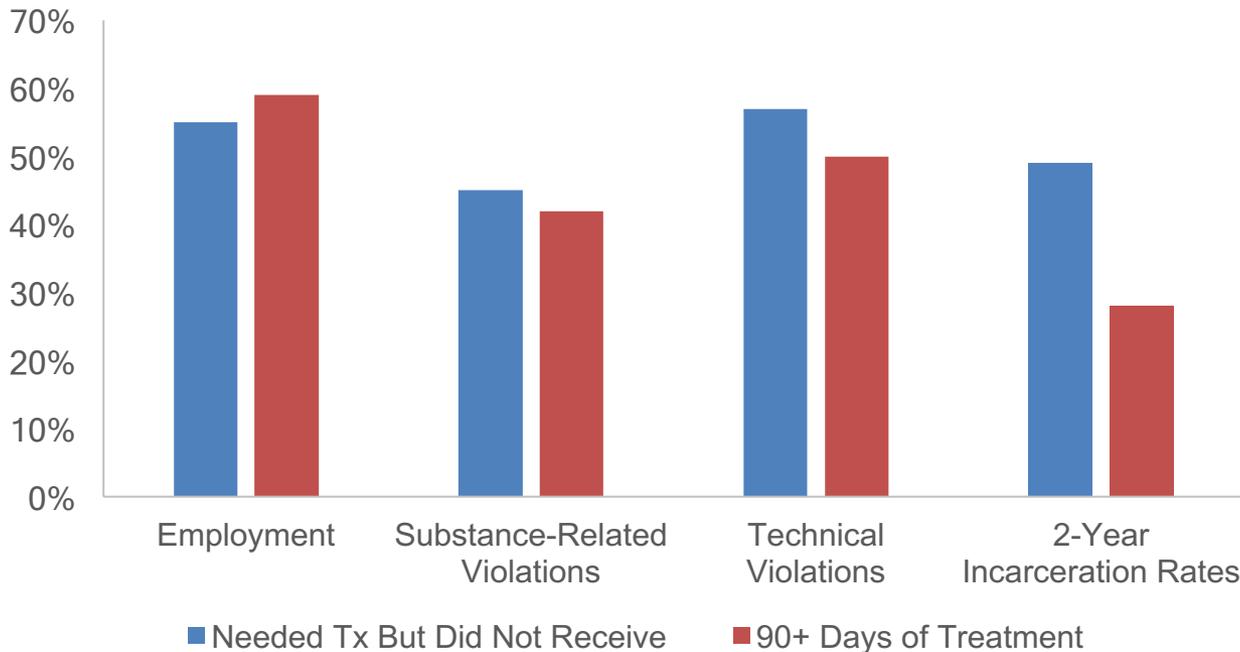
90+ days of treatment is related to modest improvements, but **only about 1/2** of people who start treatment continue for 90+ days.

People who engage in less than 90 days of treatment don't show improvement.

Lack of access to quality community treatment contributes to the high number of people who are revoked to prison who have serious behavioral health conditions

MDOC Admissions in FY2016
N = 18,872

Category	Percentage
Treatment	35%
Revocation	51%
New Prison	15%

- ❑ Nearly half of all revocations were for technical violations
- ❑ For females, 58% were revoked for technical violations
- ❑ Two-thirds of those revoked were not connected to any community-based treatment while on supervision
- ❑ However, of those revoked for technical reasons, **64% had "moderate to severe" substance use issues** and 17% had "mild to serious" mental health problems.

Source: MDOC prison admissions and supervision terminations data.

Missouri has 533 beds statewide that are for community-based services for people on supervision
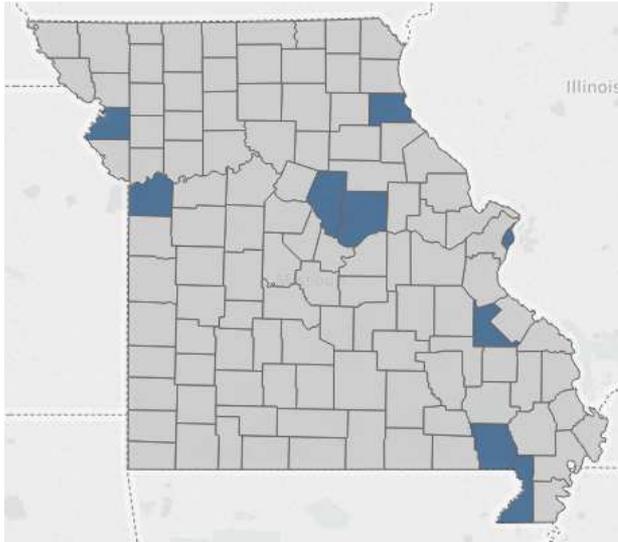
Community Supervision Centers	Contracted Reentry Beds
Statewide Capacity: 360 beds	*Statewide Capacity: 173 beds*
Six 60-bed facilities across the state. Generally co-located with probation and parole offices; provide programming and services.	Facilities for people on supervision operated by agencies contracting with MDOC, mainly in more urban areas.
• Farmington • Kennett • Fulton • Poplar Bluff • Hannibal • St. Joseph	• St. Louis • Columbia • Kansas City

❖ MDOC has inadequate processes for ensuring these 533 beds are actually generating positive impacts for those accessing the services

❖ Centers are not fully utilizing capacity

❖ Centers lack programming and treatment resources

Missouri will obtain the greatest reductions in recidivism by focusing resources on the people with the highest risk and most complex needs.

Snapshot of Missouri's felony probation and parole supervision population

Community supervision 58,000

Active supervision 35,000

Target population 7,000

Moderate to high risk and needs with serious behavioral health conditions
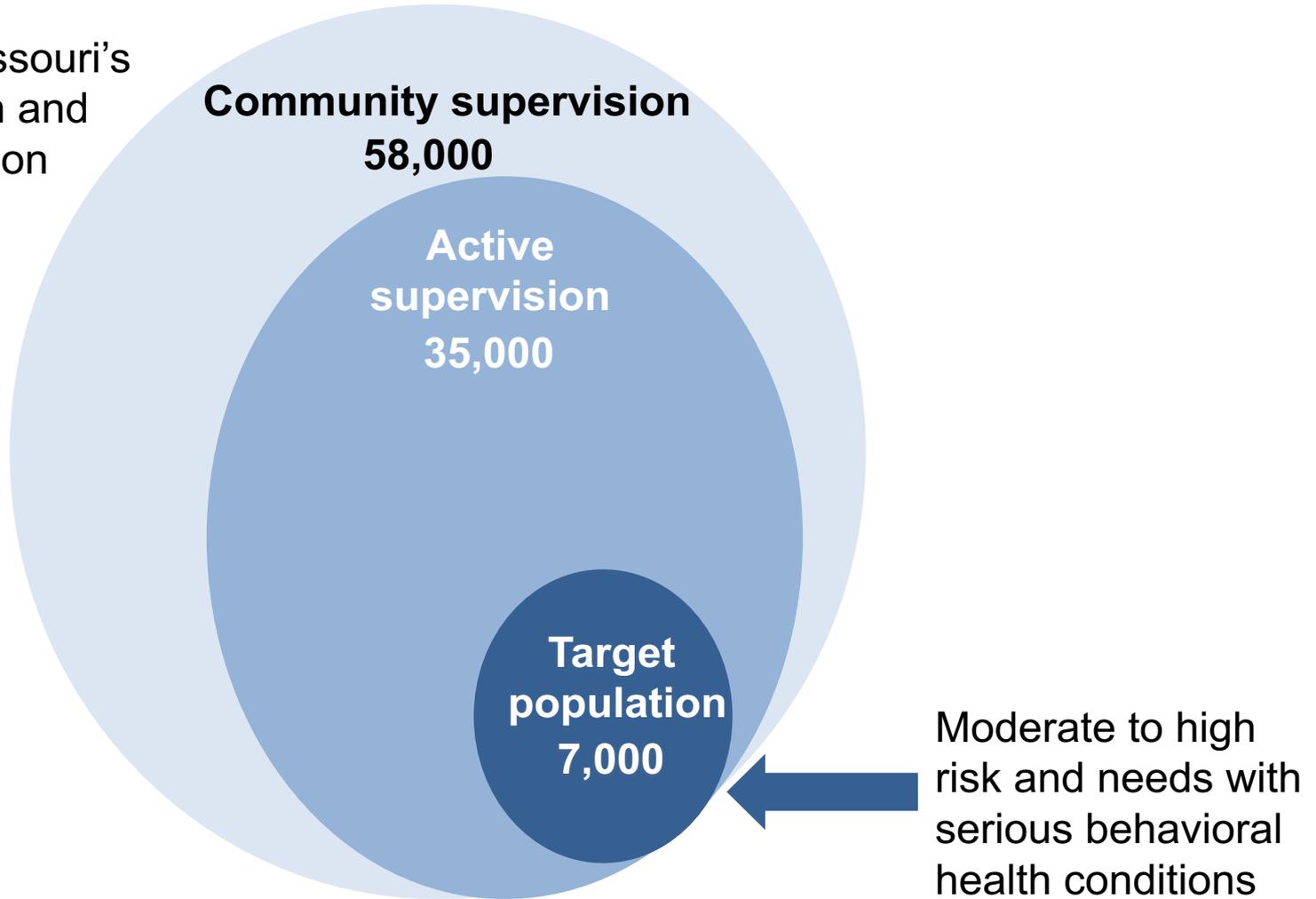
An effective community-based system of services will prioritize people with higher risks and needs and use high-quality approaches that are supported by the research

Strategy	Framework	Practices
1	Target the right people based on risk (Who)	✓ Assess risk ✓ Program based on risk ✓ Address multiple needs
2	Rely on effective programs (What)	✓ Use research ✓ Integrate services ✓ Intensity and speed ✓ Offer a continuum
3	Implement with quality and fidelity (How Well)	✓ Implement inconsistently ✓ Ensure fidelity ✓ Evaluate programs ✓ Train staff

Use risk and needs assessments to inform key supervision and programming decisions

Low Risk

Mod/High Risk

Risk Assessment

Treatment Assessment

Low to High Treatment

Low to High Treatment Needs

Standard Supervision	Enhanced Supervision

Standard Treatment	Enhanced Treatment

Interventions
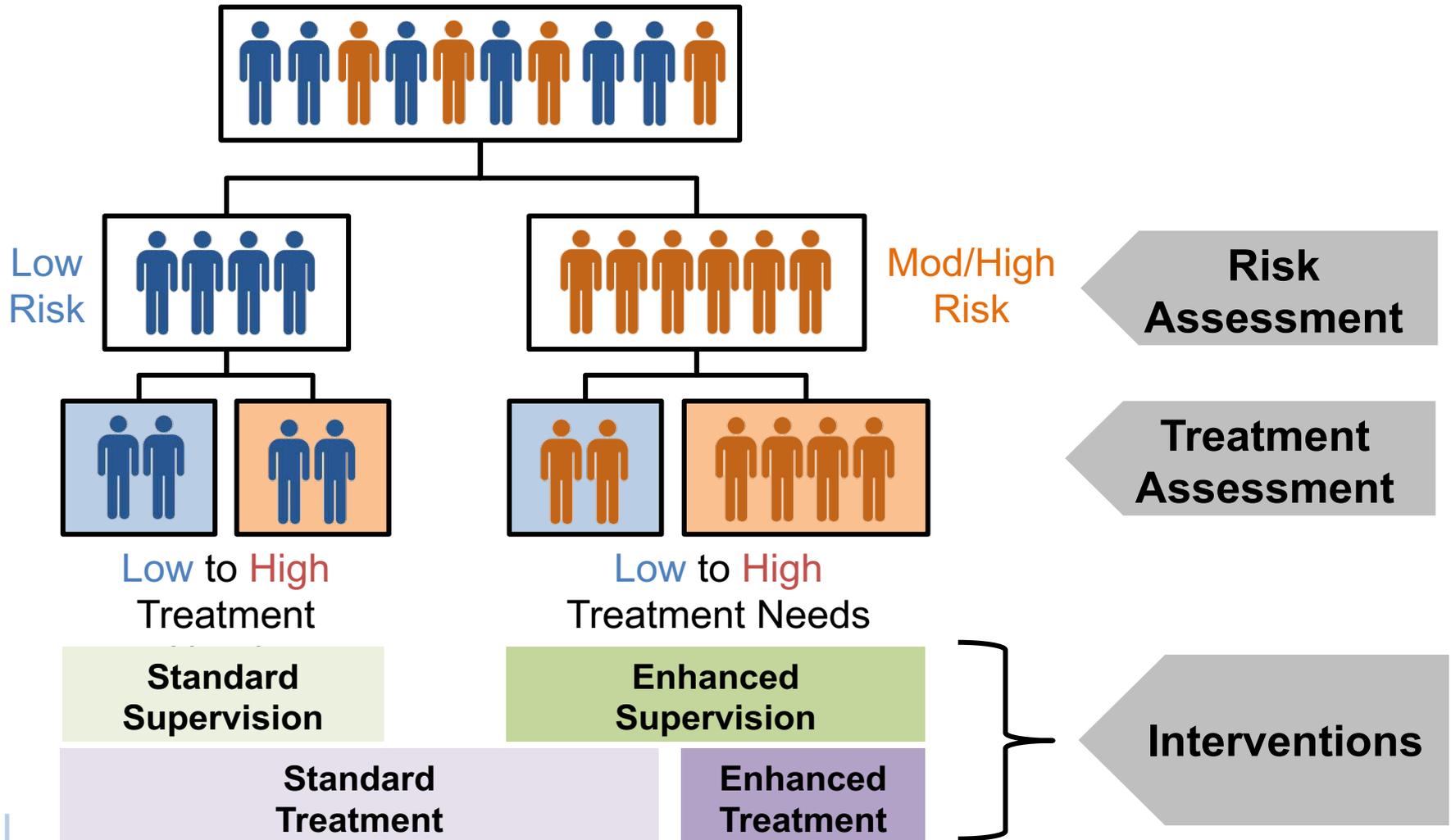
More intensive and comprehensive programs have greater impact with people who have more complex risks and needs

Addressing just one need is insufficient to change behavior

Reductions in Recidivism

| 1–2 Needs Addressed	3+ Needs Addressed
14–19%	22–51%
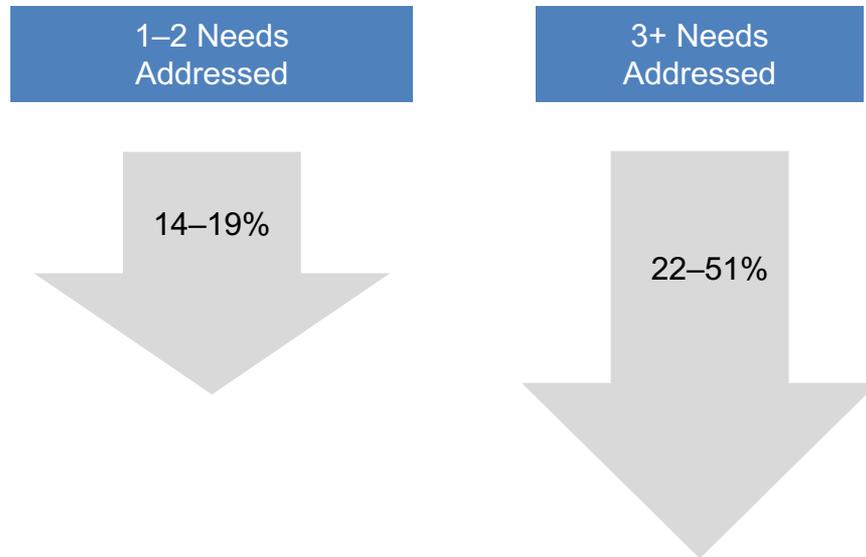
Criminogenic Needs

- Antisocial Personality
- Criminal Thinking
- Criminal Associates
- Substance Use
- Family/Marital
- Employment/School
- Leisure/Recreation

Failure to "match" people to programs at the right intensity level undermines positive outcomes

**Recidivism Rates by Risk Level and Treatment Dosage
for a Supervision Sample**

Low Risk: No Treatment 15%, Treatment 32%. Treatment *increased* risk by 17%

High Risk: No Treatment 51%, Treatment 32%. Treatment decreased risk by 19%

y-axis: Recidivism Rates

Legend: No Treatment, Treatment
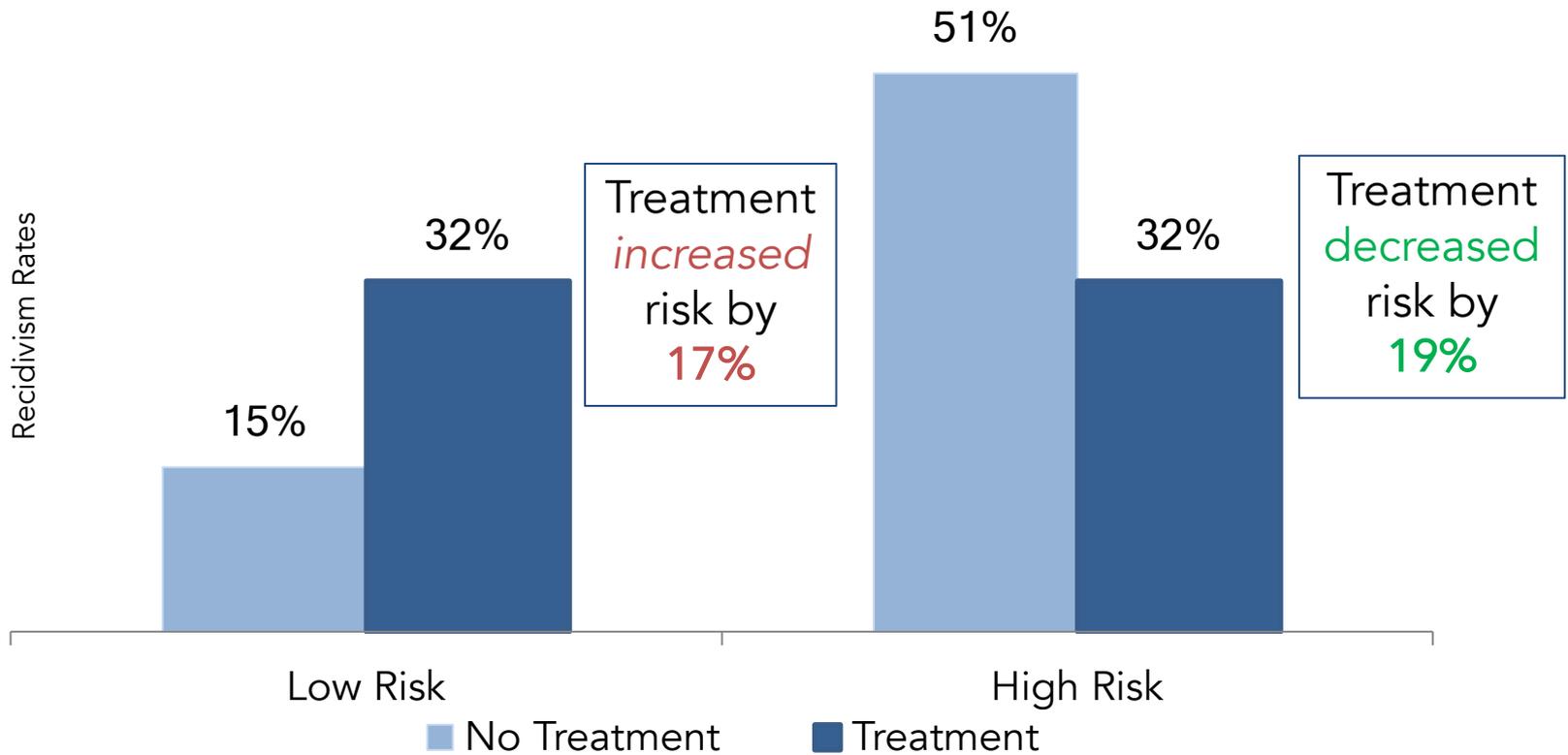
Source: Bonta, J., S. Wallace-Capretta, and J. Rooney. "A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program." Criminal Justice and Behavior 27, no. 3 (2000): 312-29.

Research also shows that people are at the highest risk of recidivism during the period directly following release from incarceration

RECIDIVISM OF PEOPLE RELEASED FROM PRISON IN 30 STATES IN 2005,
BY SEX AND TIME FROM RELEASE TO FIRST ARREST
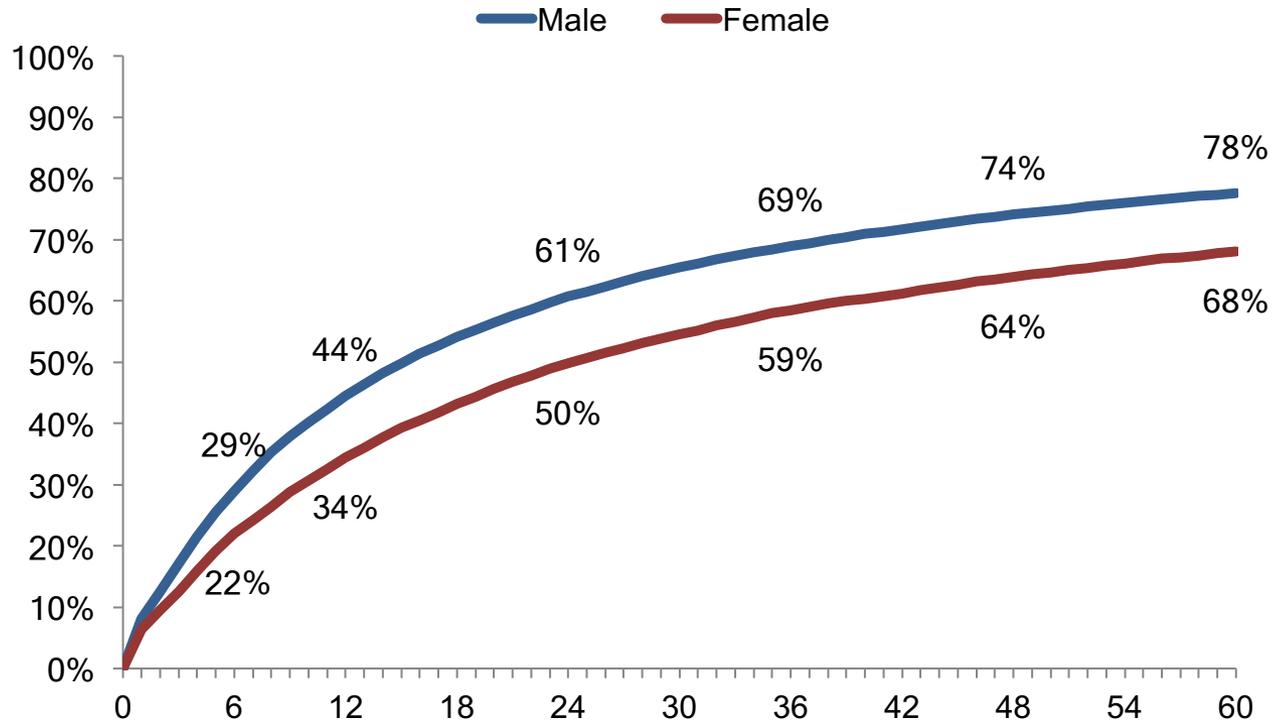
An episode of treatment is not a "cure." Ongoing supports at various levels of intensity are needed to meet people's changing needs over time.

High Risk, High Need
High Level of Supports

Residential Treatment

Intensive Outpatient

Outpatient

Maintenance & Recovery

Low Risk, Low Need
Low Level of Supports
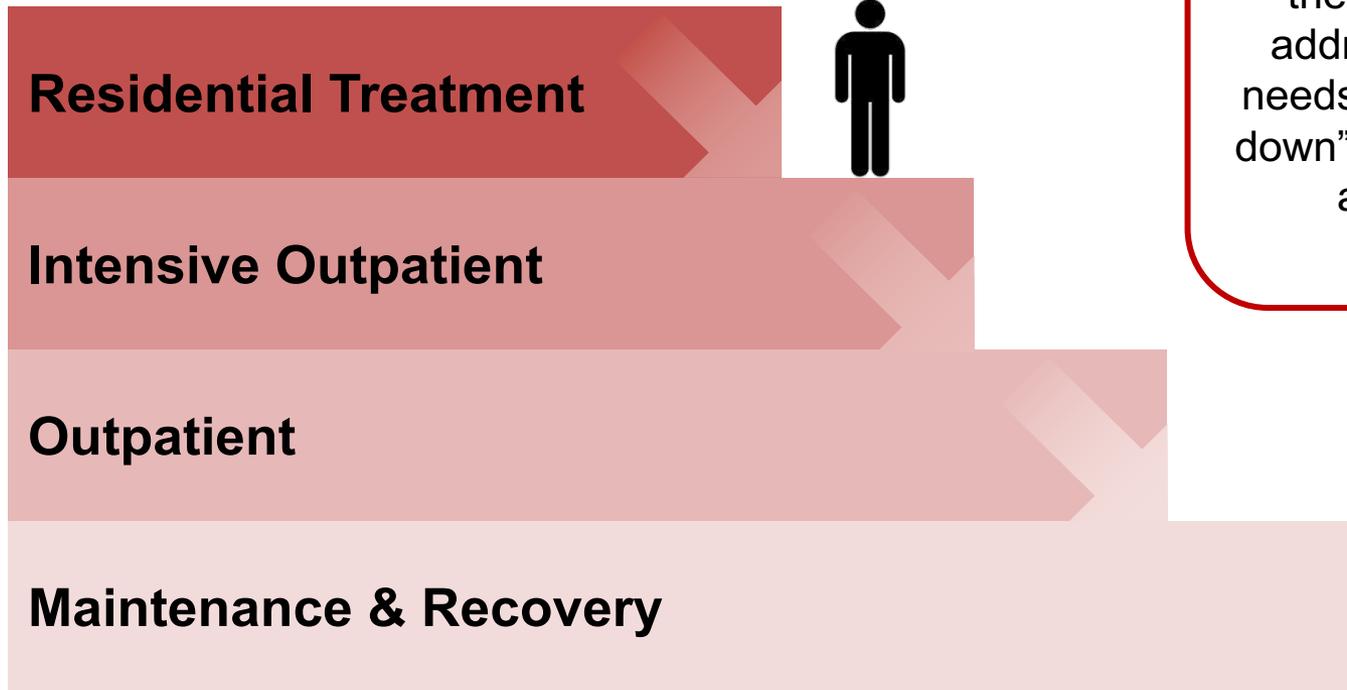
While people should start at the level of supports they initially need to address their risk and needs, they should "step down" into lower intensity and lower cost interventions

Program fidelity is critical to success

Relationship Between Program Integrity Score and Treatment Effect for Community Supervision Programs

Increased recidivism

Reduced recidivism

r value

-0.2
-0.15
-0.1
-0.05
0
0.05
0.1
0.15
0.2

0–19%   -0.15
20–39%   0.02
40–59%   0.12
60+%   0.16
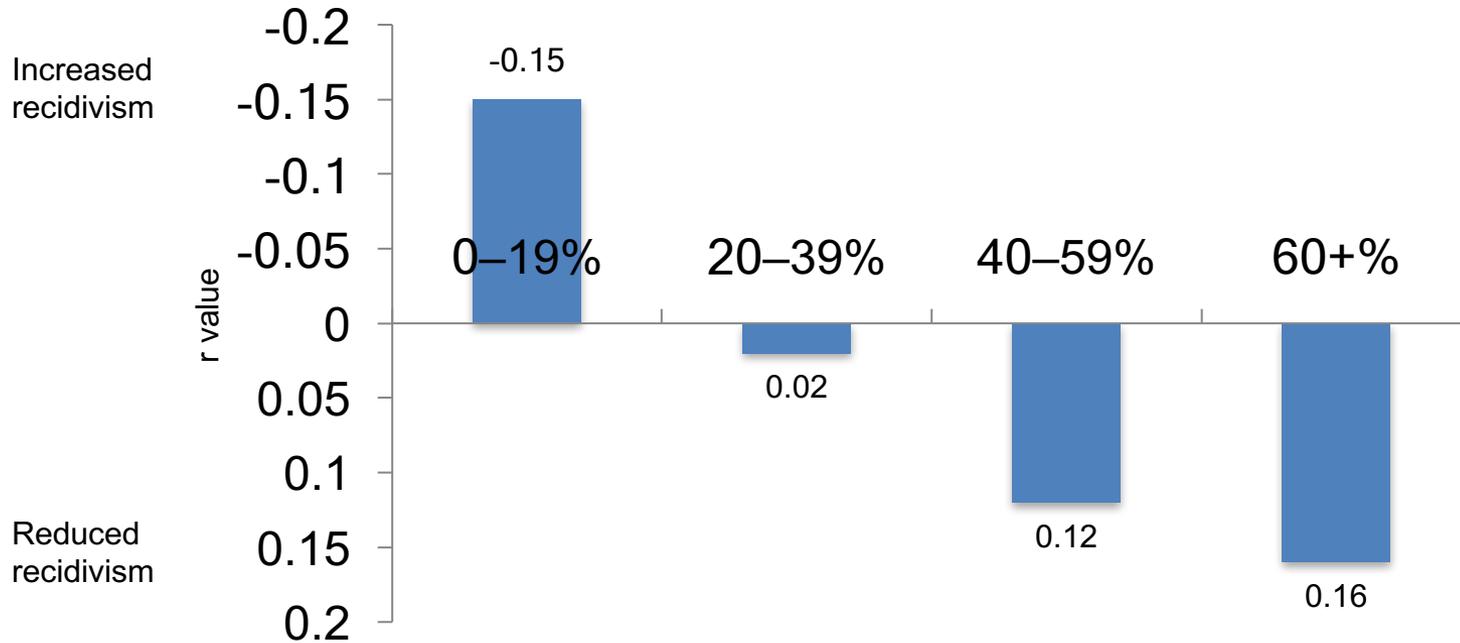
Source: Latessa. What Works and What Doesn't in Reducing Recidivsim: Applying the Principles of Effective Inervention in Ohio.

The most effective programs involve active engagement and cognitive-behavioral approaches
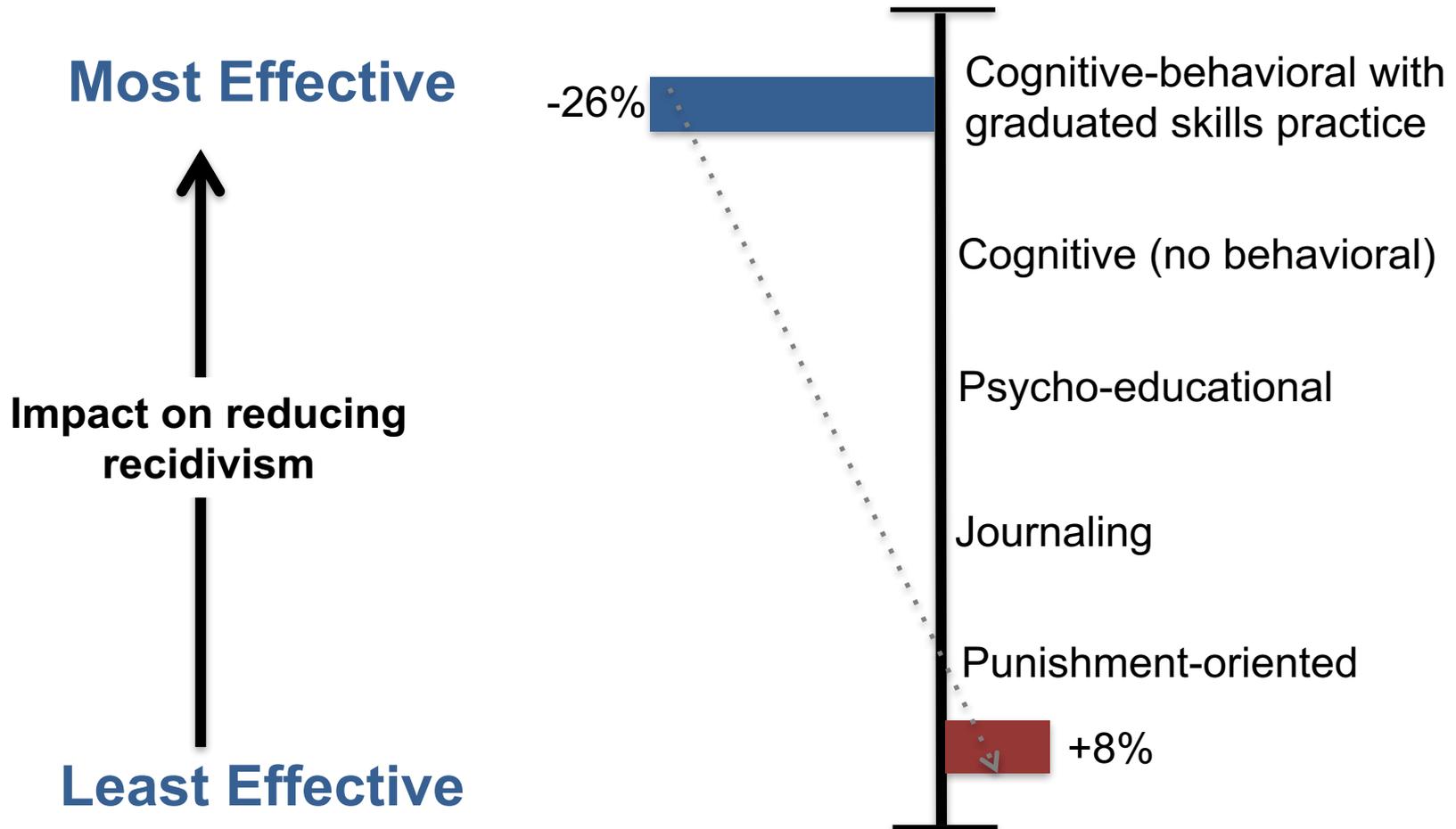
Most Effective

↑

Impact on reducing recidivism

Least Effective

-26% — Cognitive-behavioral with graduated skills practice

Cognitive (no behavioral)

Psycho-educational

Journaling

Punishment-oriented

+8%

Effective community-based services for people with heightened risks and complex needs include comprehensive services options with strong linkages to community supervision

EFFECTIVE ARRAY OF SERVICES
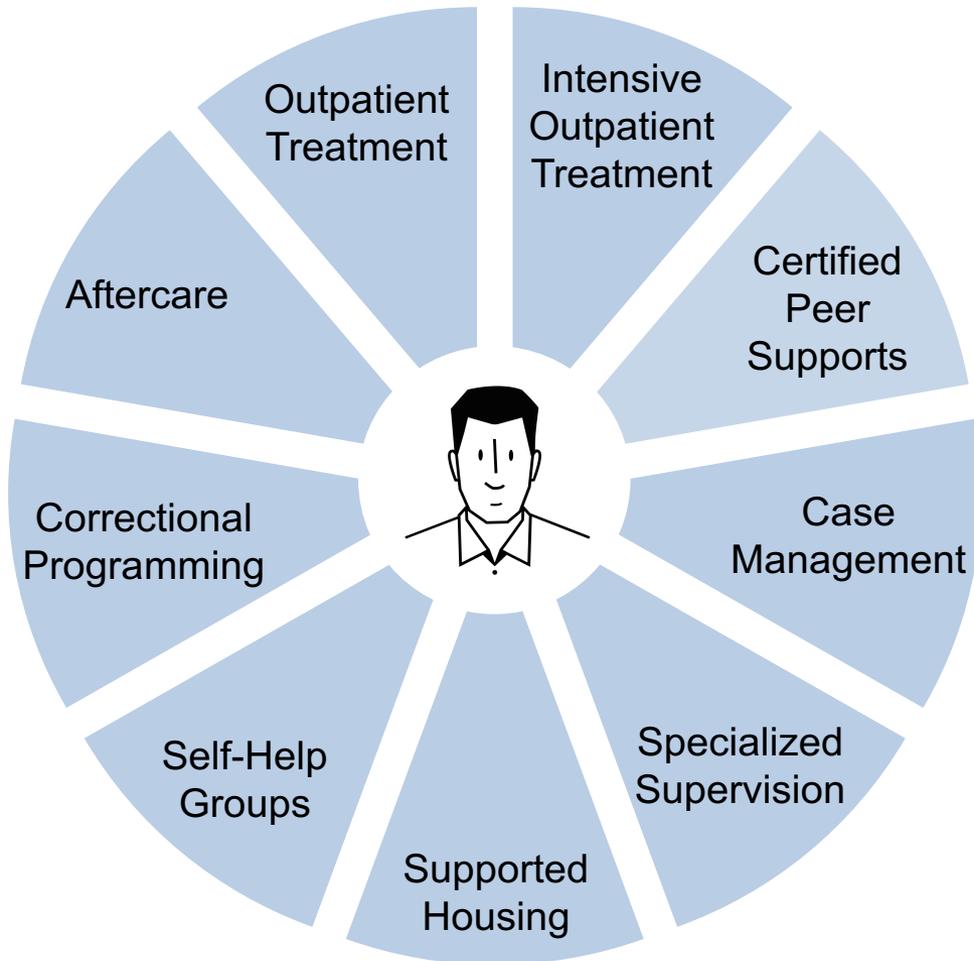
KEY FEATURES

Team-based case planning

Close collaboration

Coordinated services

Efficient information sharing

Proactive engagement

Continuing care strategies

Data-driven shared outcomes

Manage level of care

Agencies select program participants

Providers cannot discharge participants without agency approval

For women, the interventions must also attend to the unique experiences of women in the criminal justice system

1-Year Re-arrest Rates for Women on Probation by Supervision Model
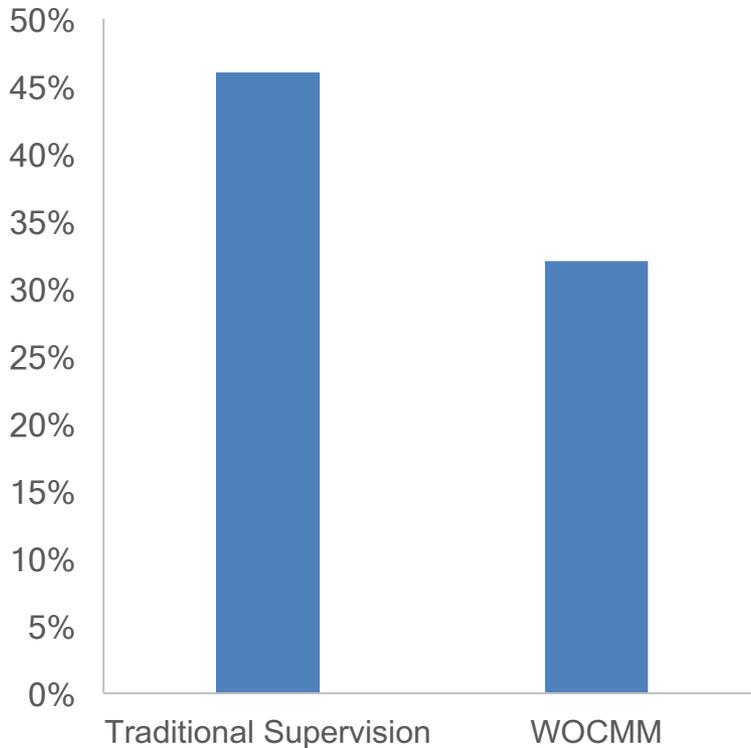
Research has demonstrated that recidivism is further reduced for women when:

- Program models are **gender-responsive**
- Women with a **gendered pathway** to prison received g/r interventions
- When institutional models are paired with **community aftercare**

Source: http://cjinvolvedwomen.org/wp-content/uploads/2015/09/Women-Offender-Case-Management-Model.pdf.
http://www.centerforgenderandjustice.org/assets/files/meta-analyti-review-of-ci-final-criminal-justice-and-behavior-2016-gobeil-301-22.pdf

Increasingly, health care financing utilizes "pay for performance" models to derive improved outcomes and value from health care expenditures

	Traditional Fee For Service	Pay For Performance
Payment	Pay a set amount for service regardless of outcome	Portion of payment linked to demonstration of improved outcomes
Provider Incentive	Providing services	Provide services that improve outcomes
Effectiveness	Rarely measured. Patient satisfaction typical focus.	Active performance measurement
Service Quality	Linked to standards and regulation	Standards and regulations but also outcomes

Examples of shared public safety and public health outcomes:
- *Reduced arrests*
- *Stable housing*
- *Stable employment*
- *Reduced substance use*

Community-based programs paired with high-quality supervision achieve the most substantial outcomes

Impact on Recidivism Rates

Drug Treatment in Prison	Intensive Supervision with Treatment	Drug Treatment in the Community	Supervision with Risk Need Responsivity
- 17%	- 21%	- 24%	- 30%
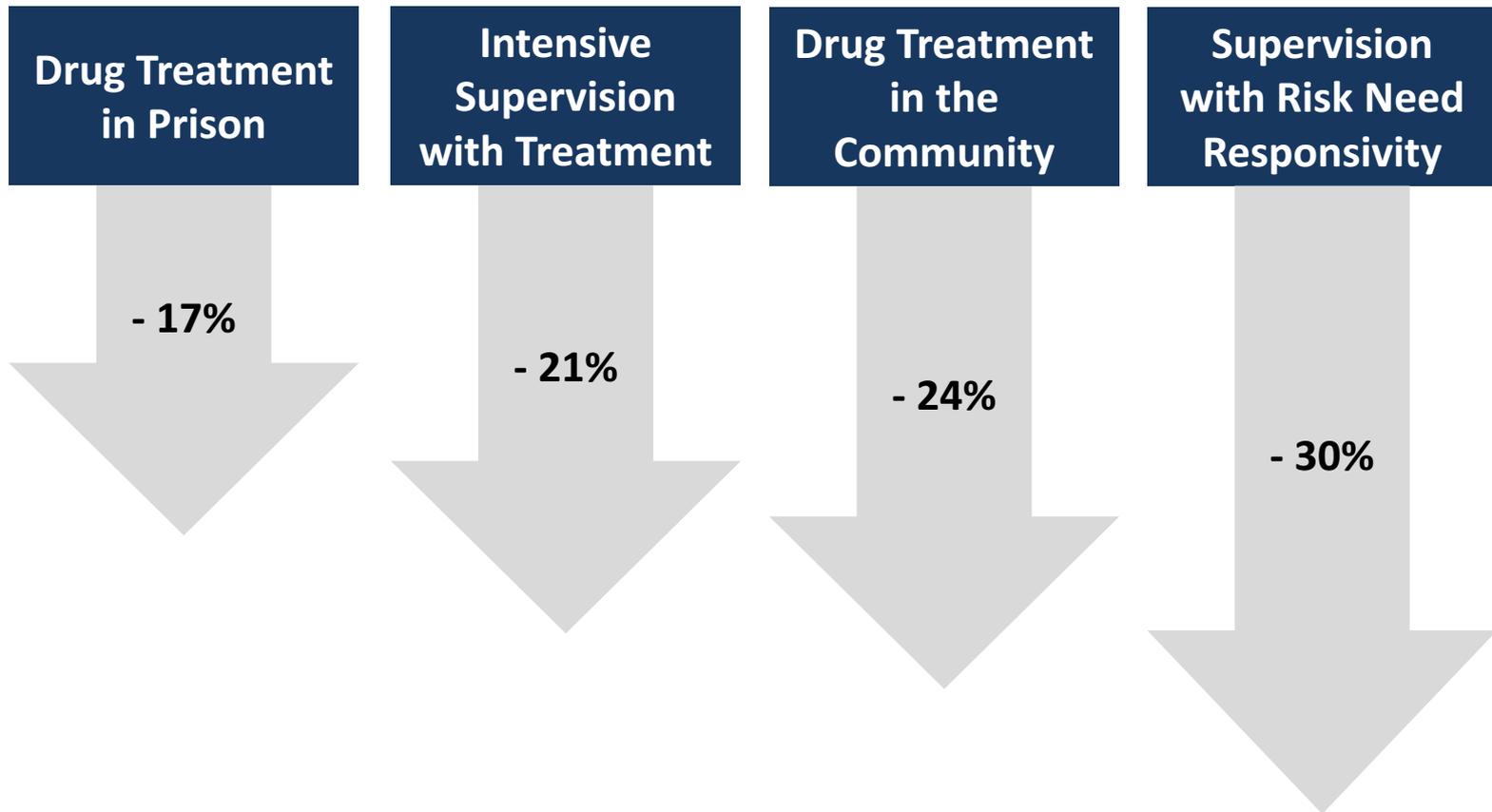
Source: Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., & Anderson, L. (2012). Return on investment: Evidence-based options to improve statewide outcomes, April 2012 (Document No. 12-04-1201). Olympia: Washington State Institute for Public Policy.

Key findings of behavioral health landscape assessment

➢ Untreated and ineffectively treated behavioral health conditions are a significant contributor to pressures on the criminal justice system

➢ Missouri has focused resources on prison-based interventions but these programs aren't currently delivering expected long-term results

➢ The current lack of adequate community treatment services undermines the effectiveness of prison-based treatment

➢ Judges too often sentence people to prison to access services that aren't available in the community

➢ People under community supervision who have behavioral health conditions too often fail and end up incarcerated because they don't get the services they need to succeed.

The vicious cycle

Untreated behavioral health condition

Lack of community treatment

Failure on community supervision

Sentence to prison

Behavioral Health: Section Recap
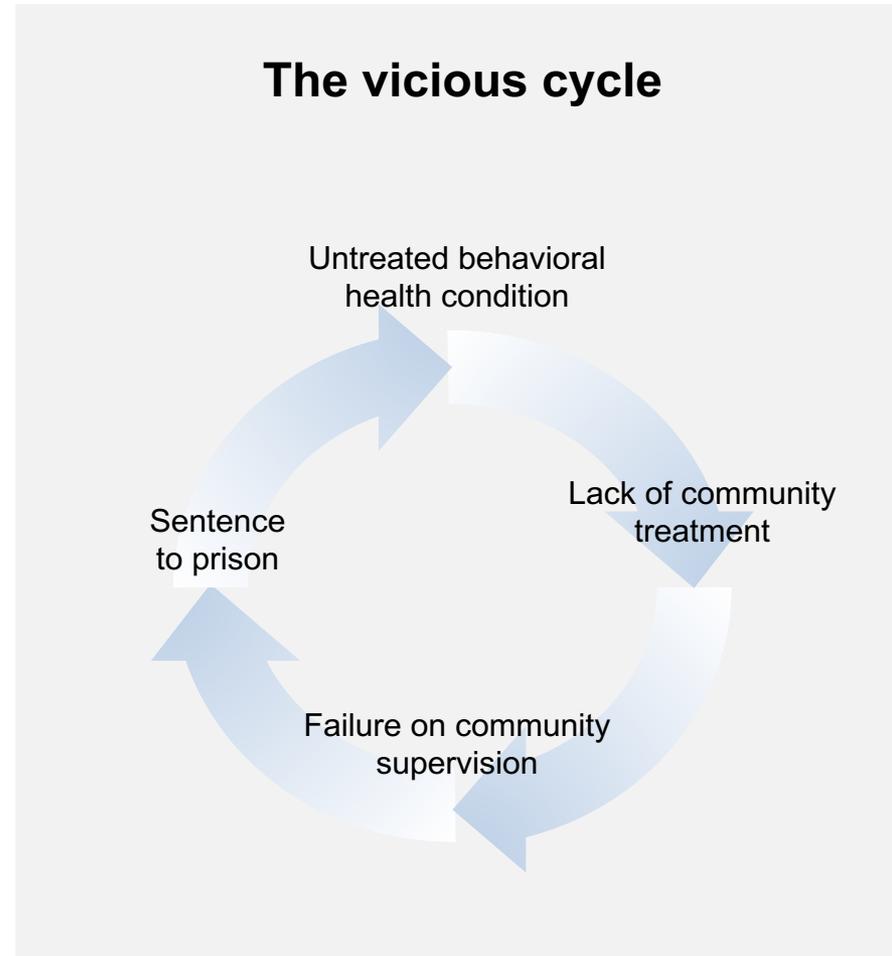
What Can Missouri Do?

- Improve effectiveness of prison-based substance use disorder treatment
- Improve access to and effectiveness of community-based treatment, supports, and services
- Improve utilization and effectiveness of Community Supervision Centers
- Expand and strengthen behavioral health workforce, especially in rural Missouri

Overview

Missouri's criminal justice system faces challenges

#8

Missouri's **incarceration rate is the eighth-highest in the nation,** and the rate has increased 4 percent since 2010, while the national incarceration rate has declined 8 percent.

Missouri has the **fastest-growing female prison population in the United States**. Between 2010 and 2015, Missouri's female prison population increased 33 percent.

#1

20%

Rates of violent and property crime in Missouri are well above the national average. From 2013 to 2016, the state's **violent crime rate increased 20 percent**.

Outcomes in Missouri's probation and parole system are lackluster. Nearly half of admissions to prison are driven by failures on supervision.

49%

Key challenge – violent crime is high and rising in Missouri

- While the state's overall crime rates have fallen in the past two decades, Missouri's crime rate remains well above the national average and violent crime has increased in recent years, rising 20 percent between 2013 and 2016, mostly as a result of sharp increases in 2014 and 2015.

- More than half of Missouri's counties experienced an increase in violent crime between 2013 and 2016.

- Analysis of arrest data reveals that people under felony supervision in the community—either on probation or parole—account for about 1 out of every 5 felony arrests in the state. So while curbing recidivism is an important task for the state, deterring first-time offenders and people not under supervision is critical to tackling Missouri's crime challenges.

- Long court case processing times and insufficient resources for supporting pretrial diversion practices further stress limited jail resources, which only adds to already challenging public safety pressures.

With the exception of robbery, fewer violent crimes are resulting in arrests

Murder – Reported Crimes and Adult Arrests: 2006–2016

557 Reported Crimes	45% increase
400 / **384**	
389 Arrests	3% decline

Rape* – Reported Crimes and Adult Arrests: 2006–2016

The FBI expanded definition of rape in 2013, causing number of reported rapes to increase.

2,556 Reported Crimes / **1,770**	44% increase
650 Arrests / **454**	30% decline
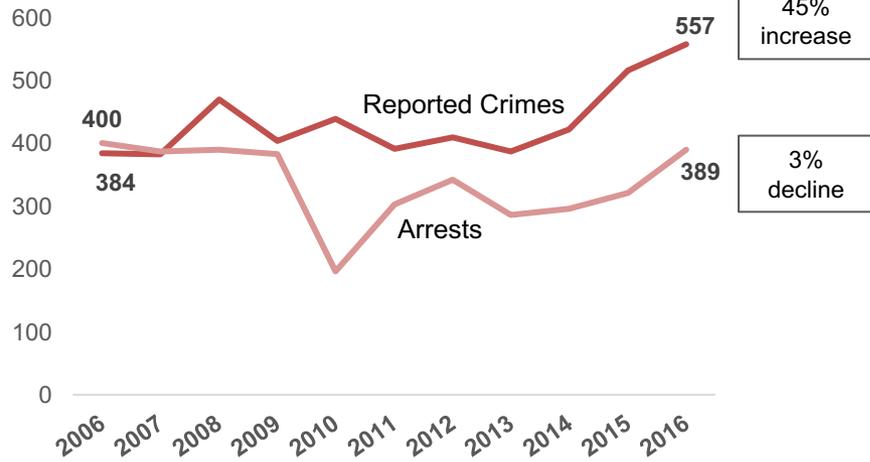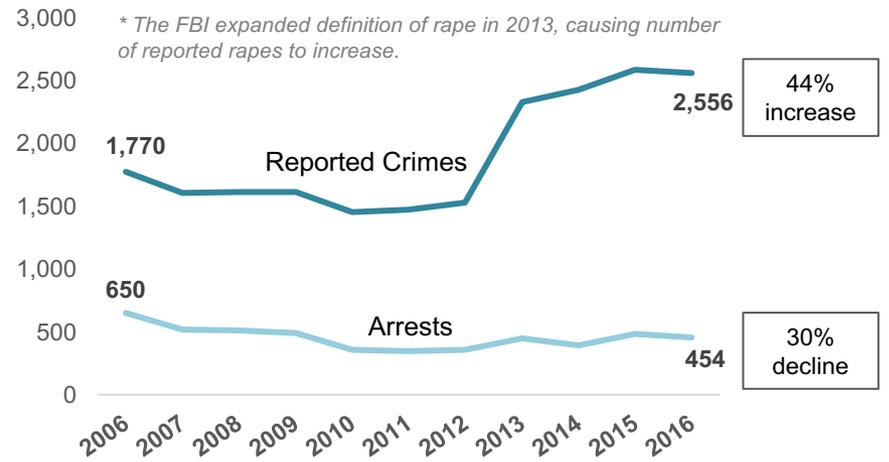
Robbery – Reported Crimes and Adult Arrests: 2006–2016

7,593 Reported Crimes / **6,564**	14% decline
1,843 Arrests / **1,630**	12% decline
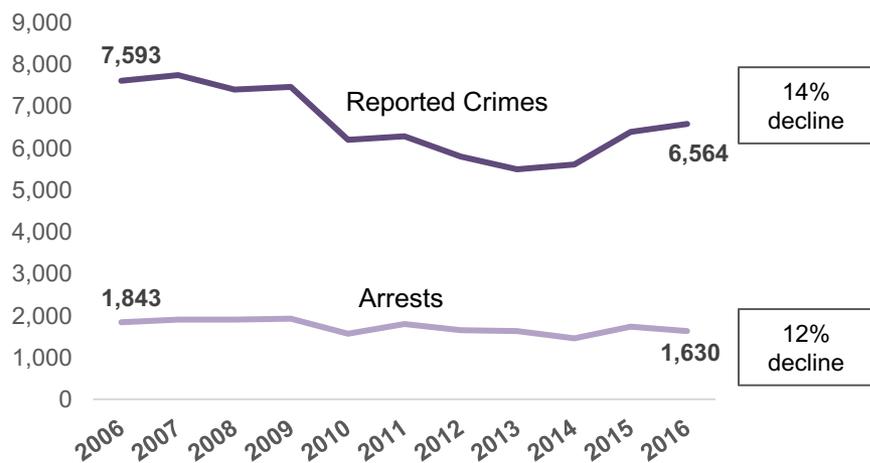
Aggravated Assault – Reported Crimes and Adult Arrests: 2006–2016

22,197 Reported Crimes / **21,906**	1% decline
11,080 Arrests / **7,174**	35% decline
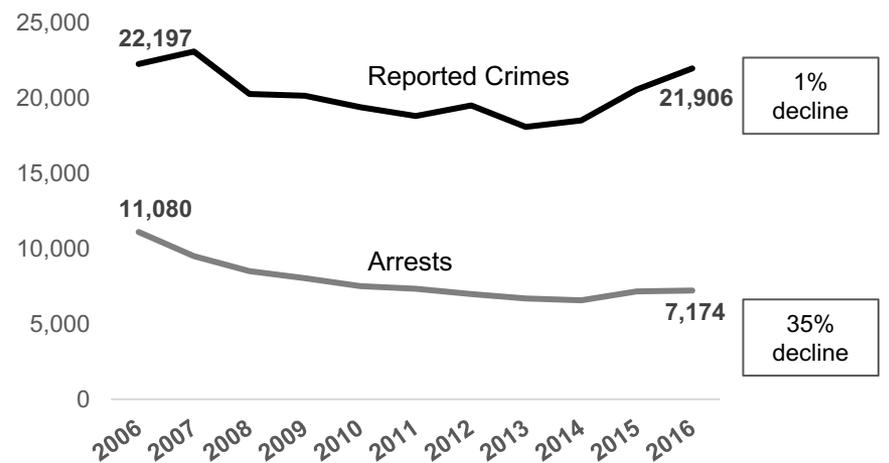
Source: Crime in Missouri, 2006-16, Missouri State Highway Patrol.

20 percent of 2016 adult arrests for felony offenses were attributable to people on probation or parole supervision

Sample extracted by DPS for matching to MDOC data

85,912 arrest events

Felony Arrests	Misdemeanor Arrests	Local Ord. Arrests
40,385	22,233	23,294

Arrests involving people on MDOC supervision

(8,240)	(2,591)	(2,157)
20%	**12%**	**9%**
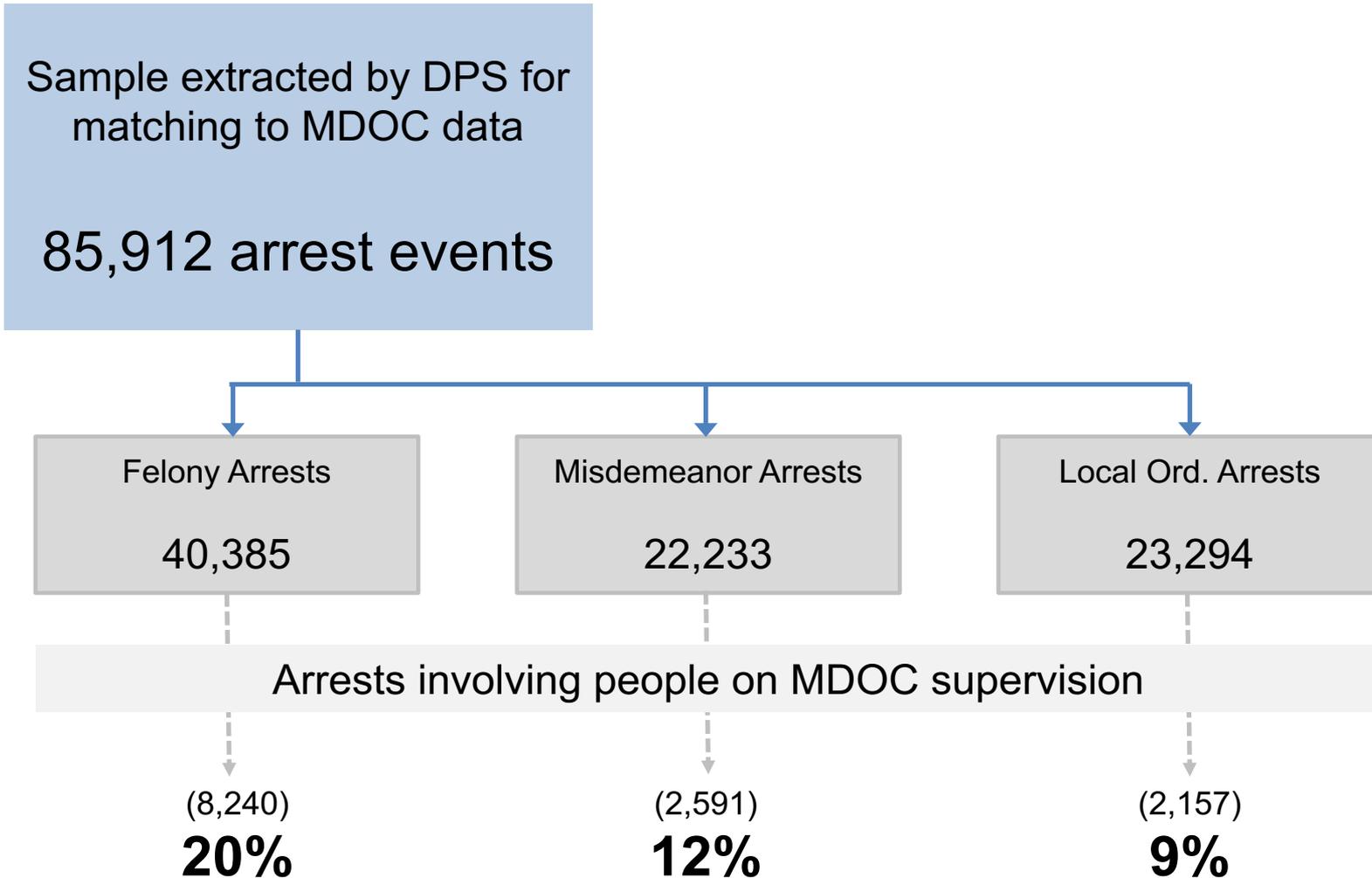
Source: CSG analysis of MDOC and MSHP data.

The time it takes for people to be convicted and sentenced for felonies has increased 10 percent since FY2010

Average Days from Case Filing to Initial Sentence, All Felony Sentences FY2010–17

173 — FY2010
192 — FY2015
191 — FY2017

↑ 10%
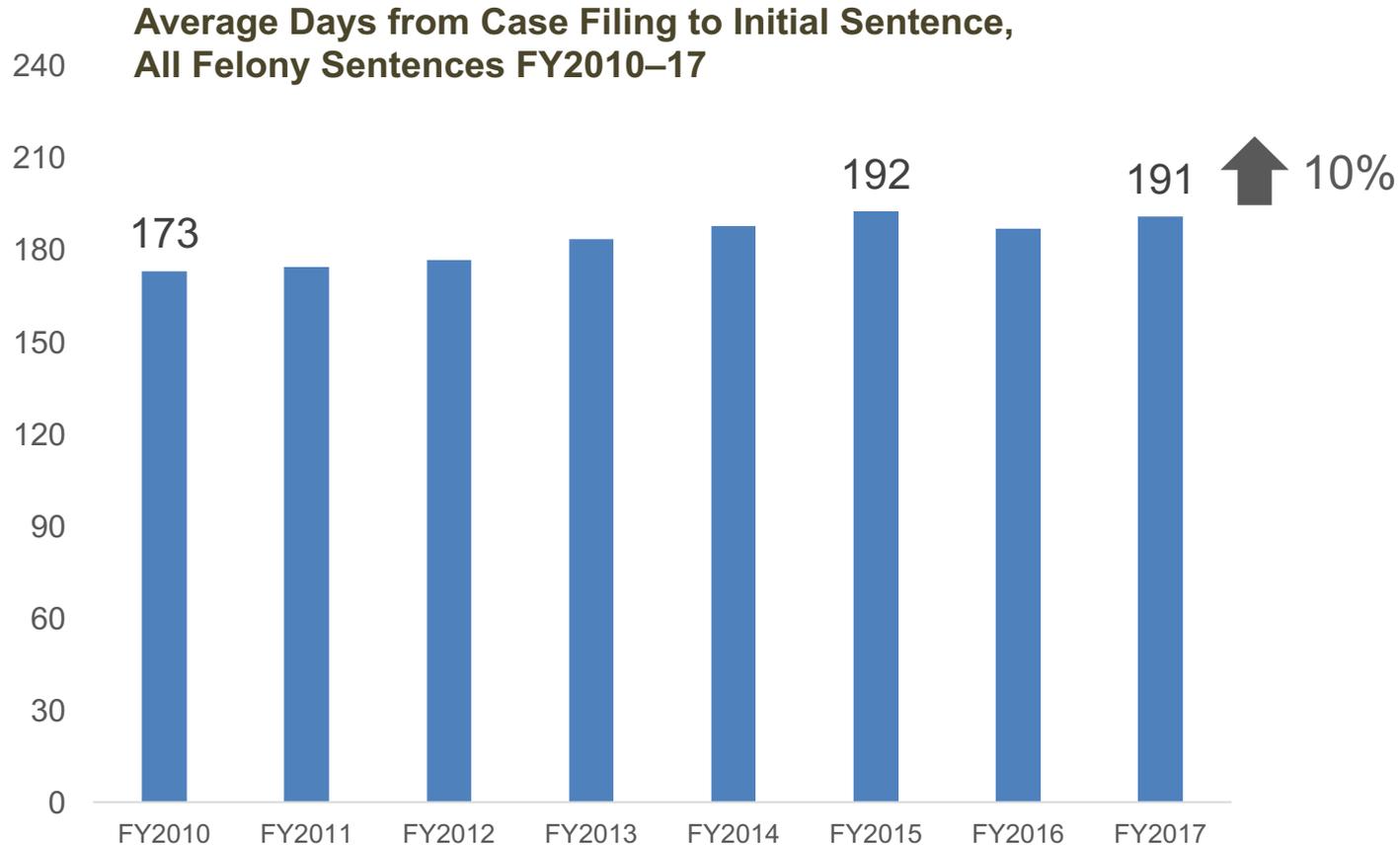
Not all potential uses of a jail bed are equal

Criminal activity leads to apprehension by local law enforcement and detention in county jail

Jail

Prison

Keep in jail or release on bond?

Send to prison or probation?

Community - Pretrial
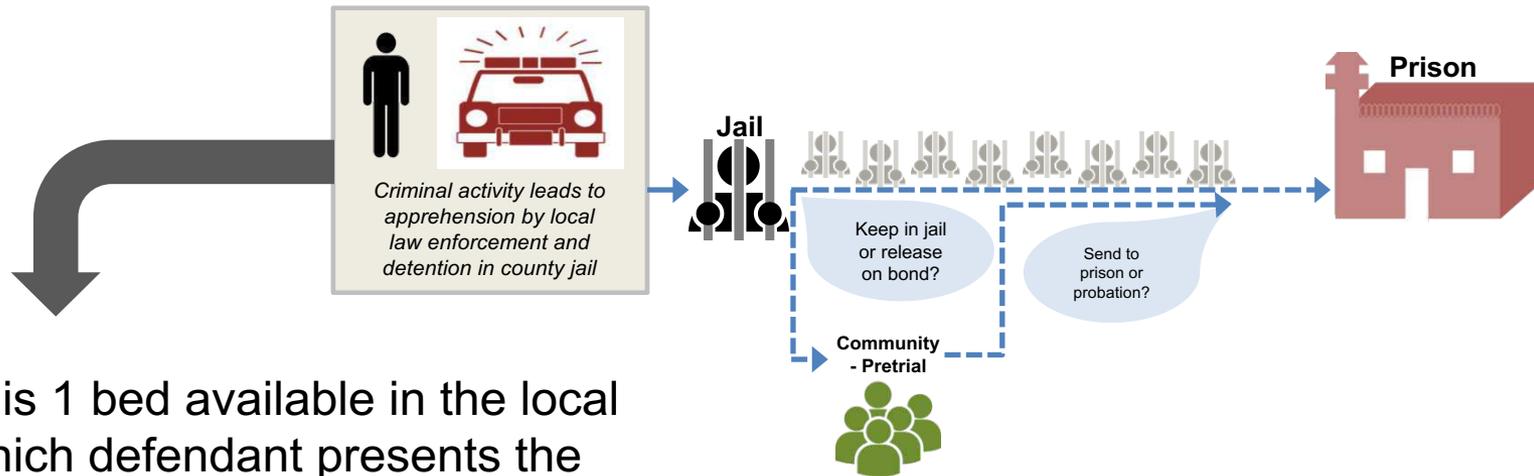
Assume there is 1 bed available in the local 10-bed jail. Which defendant presents the best case for the bed's use?

Scenario A Defendant

Felony possession of methamphetamine
- – 1 prior arrest for similar offense

Scenario B Defendant

Misdemeanor assault - domestic
- – 1 prior conviction for misd. assault

A hard and fast rule like "felony to be treated more severely than misdemeanor" wouldn't always be in the best interest of public safety when presented with the scenario to the left.

Key challenge – insufficient community behavioral health treatment resources exacerbate pressures on the criminal justice system

- 88 percent of people entering prison are assessed as needing substance use treatment and 14 percent as needing treatment for mental illnesses.

- Missouri data shows that people who received prison-based substance use treatment reoffend at nearly the same rate as people assessed as needing this treatment but not receiving it.

- 83 percent of parolees and 70 percent of probationers are assessed as having moderate or severe substance use needs.

- Less than 20 percent of those on probation or parole who need this treatment actually receive it.

- There are varied outcomes from this investment with the strongest results for those who participate in over 90 days of treatment. Unfortunately, for those on supervision who receive treatment, fewer than half of community treatment participants remain in treatment for 90 days or more.

Lack of access to quality community treatment contributes to the high number of people revoked to prison who have serious behavioral health conditions

MDOC Admissions in FY2016
N = 18,872

Treatment
35%

Revocation
51%

New Prison
15%

- ❑ Nearly half of all revocations were for technical violations
- ❑ For females, 58% were revoked for technical violations
- ❑ Two-thirds of those revoked were not connected to any community-based treatment while on supervision
- ❑ However, of those revoked for technical reasons, **64% had "moderate to severe" substance use issues** and 17% had "mild to serious" mental health problems.

Source: MDOC prison admissions and supervision terminations data.

The number of admissions to prison for treatment has increased 17 times faster for females than males

Admissions to Prison for Treatment

Females

+69%

Males

+4%
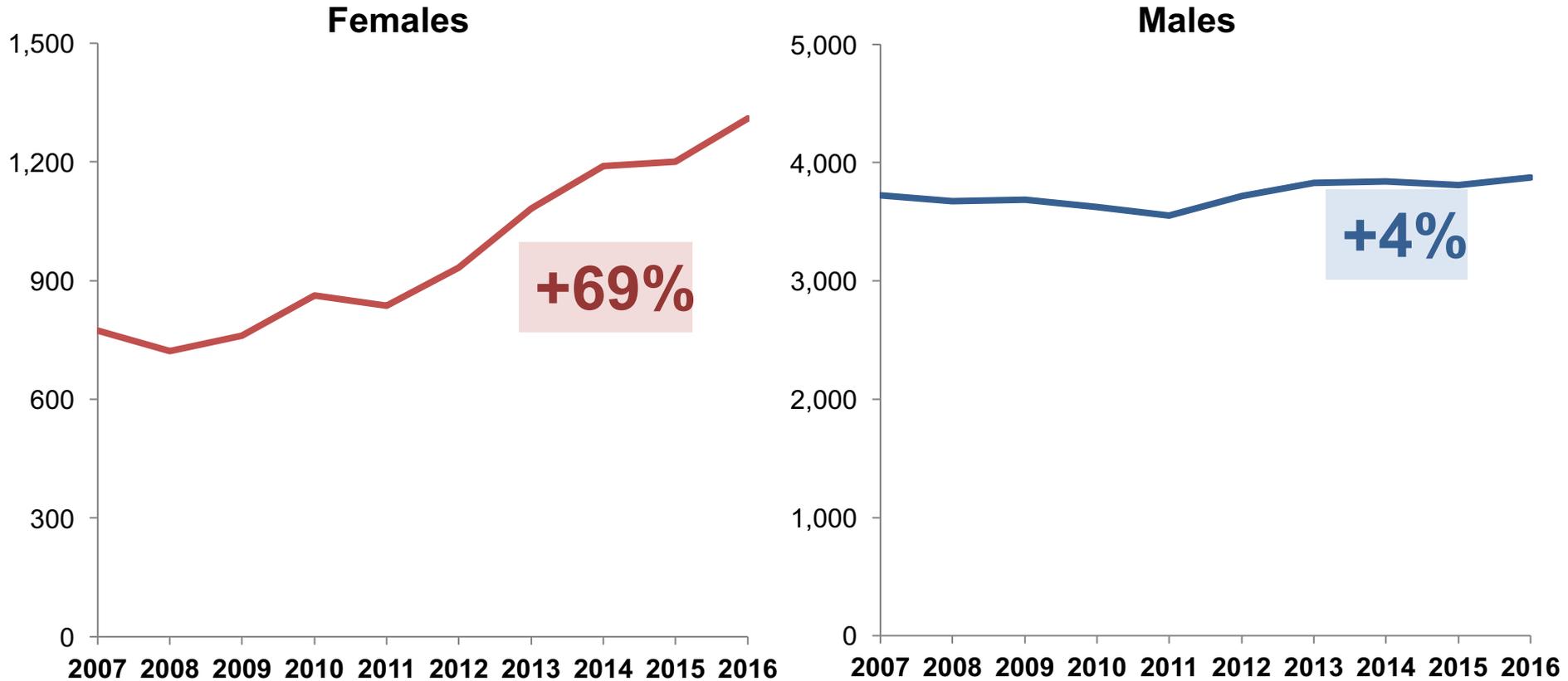
Source: CSG analysis of MDOC prison admission data

Key challenge – recidivism is largest contributor to pressure on Missouri's prison population

- Nearly two out of every three people under MDOC control—some 58,000 people—are under supervision on either probation or parole.

- People revoked from probation or parole account for more than half of Missouri's 18,000+ admissions to prison.

- Of the more than 9,500 people who entered prison due to revocation in FY16, half were admitted for a technical violation of supervision conditions.

- Analysis of case-level MDOC and MDPS data shows that only around one-quarter of people revoked to prison for technical violations had a felony arrest while on supervision.

- Data also shows that technical violators remain in prison for an average of one year in Missouri, costing the state nearly $75 million annually.

Over the last decade, half of all admissions to prison were due to revocations of supervision

Admissions to Prison, by Reason: FY2007–2016
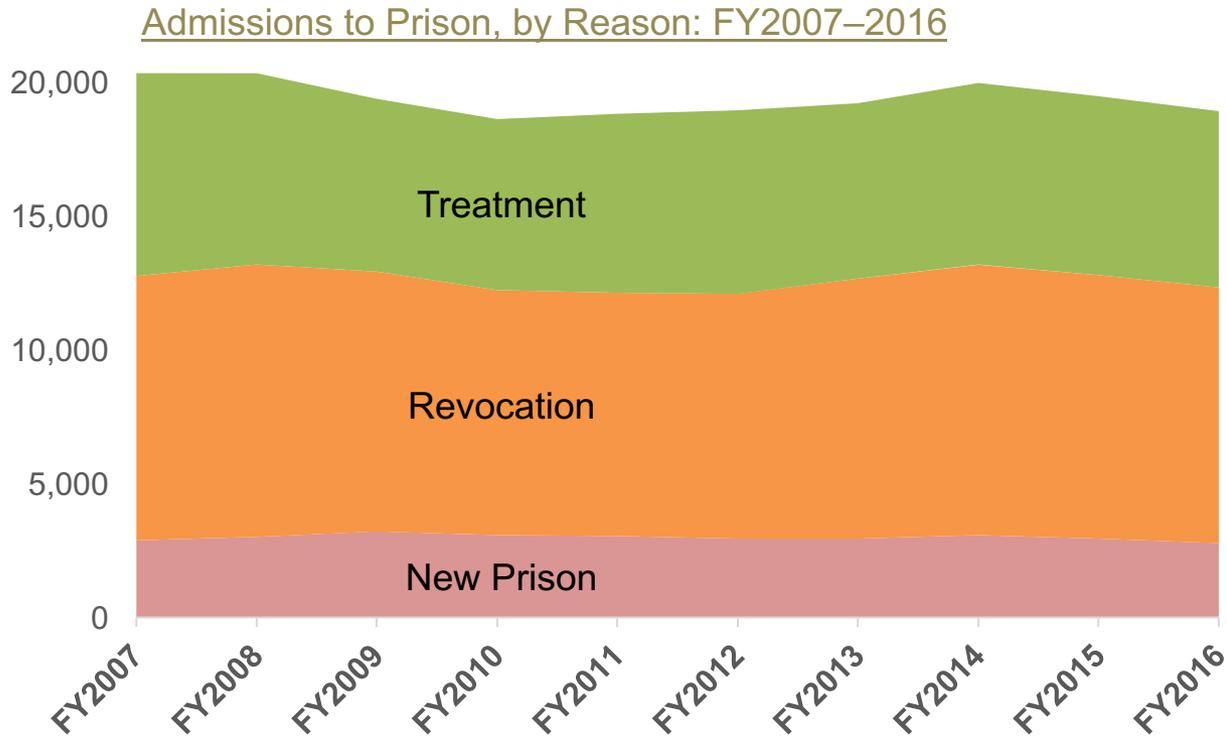
Ironically, new prison sentences account for the least amount of admissions to prison in Missouri.

- *Fewer than 15% of admissions in FY2016 were for new prison sentences*

Source: MDOC prison admissions data.

Two-thirds of women admitted to prison for supervision violations are admitted for technical violations, compared to just over half of men

Prison Admissions for Returns from Supervision by Reason and Gender, FY2016

■ Law Violations ■ Technical Violations

Category	Law Violations	Technical Violations
Total Returns from Supervision	45%	55%
Males	47%	53%
Females	35%	65%

Figures represent admissions for supervision violations only
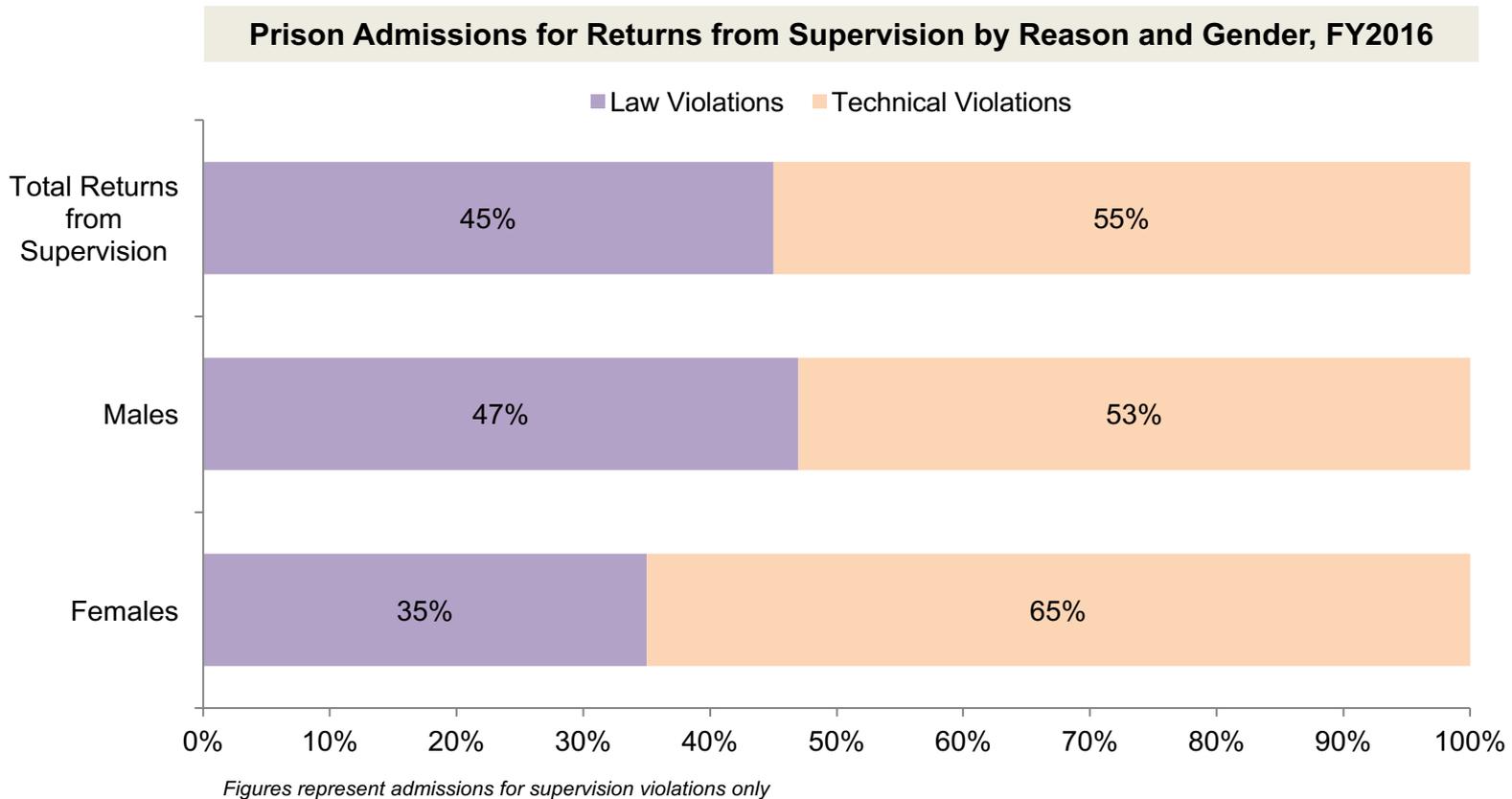
Current cost to Missouri for imprisoning technical probation and parole violators is almost $75 million annually

Technical Violators Revoked to Prison in FY2016

3,477   Excludes absconders

Average length of stay in prison of 12 months

Requires 3,477 prison beds on a daily basis

Cost per day of $58.85

$74.7 Million Annually
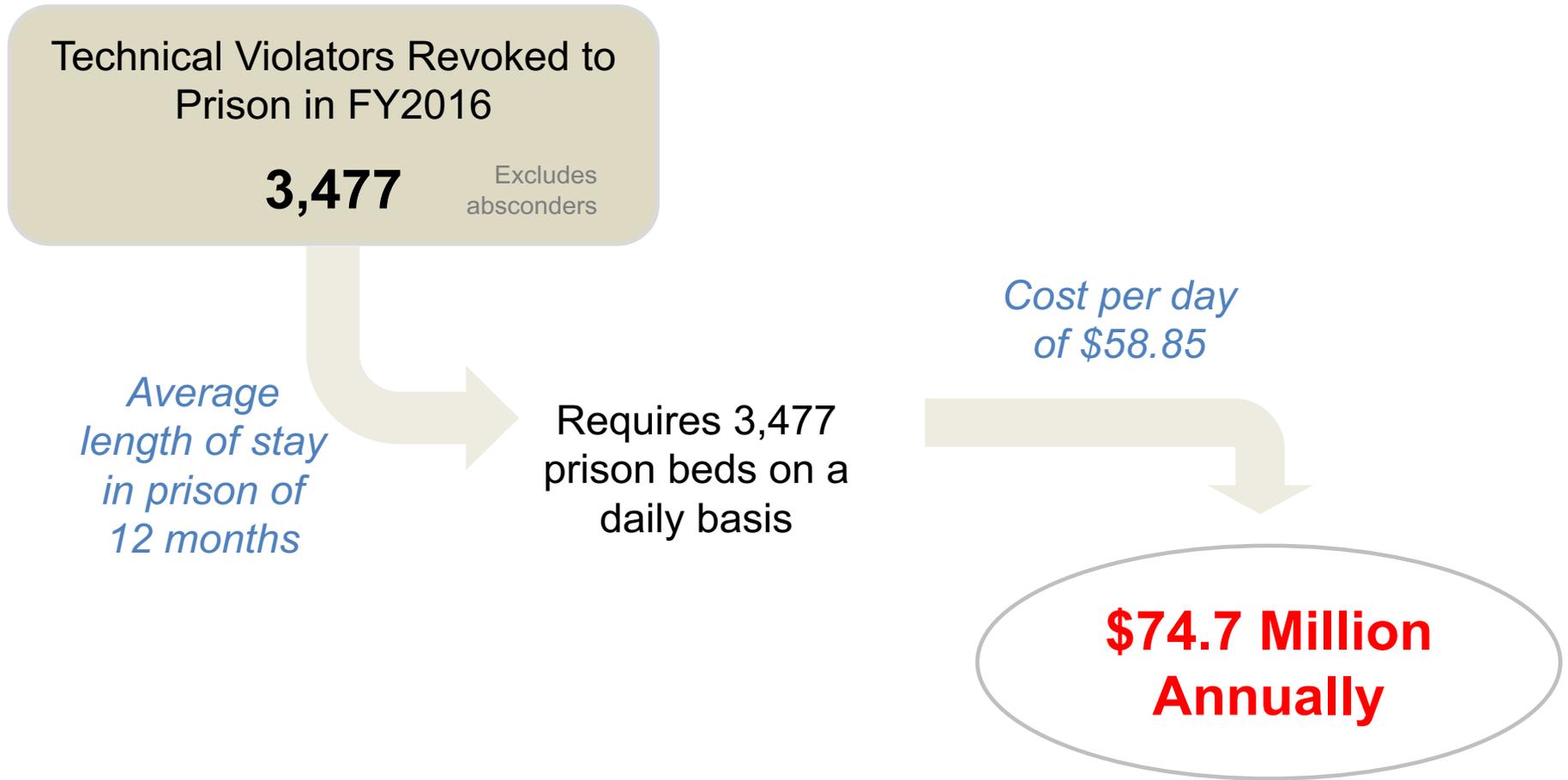
The three most common categories of arrests involving people on supervision were for drugs, obstruction, and theft offenses

Sample extracted by DPS for matching to MDOC data

85,912 arrest events

Felony Arrests

40,385

(8,240)

20%

10 most common offense types for those on supervision getting arrested

Offense Types for Arrests Involving Those on Supervision

Offense Type	#	% of Total Arrests
All Arrests Involving MDOC Prob./Par.	8,240	100%
Dangerous Drugs	2,639	32%
Obstruct. Judic., Congress, Legis., or a Commission	1,080	13%
Larceny	639	8%
Assault	588	7%
Burglary	562	7%
Traffic Offenses	486	6%
Damage Property	343	4%
Weapon Offenses	272	3%
Family Offenses	217	3%
Forgery	217	3%

Source: CSG analysis of MDOC and MSHP data.

Missouri's current prison population growth will require spending hundreds of millions in construction and operating costs

Missouri Prison Population and Projected Growth, FY2010–2020

34,554

32,837

30,386

Capacity: 32,203

Actual population is based on population counts as of June 30 of each year.
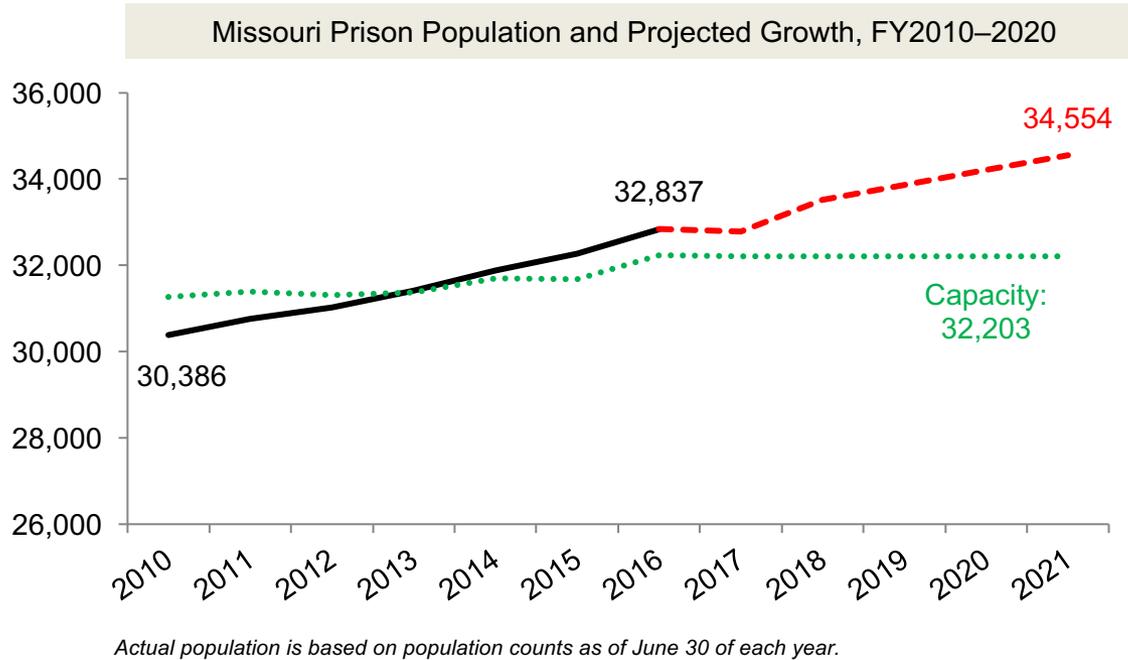
Note: Above projection is best-case scenario of MDOC's projections. Furthermore, rate of growth in female prison population may necessitate construction on a greater scale, and sooner.

If current trends continue, MDOC will be 2,351 prison beds short of needed capacity by the end of FY2021.

➢ The cost of constructing a new 1,636-bed facility (e.g., Chillicothe women's facility) is about $175 million.

➢ Operating costs would approach $27 million annually.

Overview

Goals of Justice Reinvestment in Missouri

Reduce violent crime, support victims, and strengthen local public safety systems.

Expand access and improve effectiveness of treatment for substance use and mental illness for people involved in the criminal justice system to reduce treatment-related admissions to prison by 50 percent by FY2023.
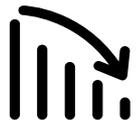
Reduce recidivism and hold people accountable with the aim of reducing technical revocations to prison by 20 to 30 percent by FY2023.

Summary: Five policy options

Reinvestment: $6 million annually starting in FY2019

1.1: Help law enforcement combat violent crime through the creation of a grant program and provide state-based assistance and support through a data-driven crime-reduction implementation team.

Summary

a. Establish a grant program at the Missouri Department of Public Safety (MDPS) to help jurisdictions analyze local data to determine what is driving violent crime and deploy evidence-based strategies to address identified challenges.

b. Develop and fund a state-based violent crime reduction implementation team to assist jurisdictions in identifying and analyzing local violent crime challenges and solutions.

c. Create statutes to define guidelines for collecting, storing, and processing forensic evidence that is collected through Sexual Assault Forensic Exams.

Reinvestment: $5.5 million annually starting in FY2019

1.2: Improve access to and quality of services available to victims of crime.

Summary

a. To increase access to the Missouri Crime Victims' Compensation program, MDPS should expand eligibility requirements to include more victims of violent crime; enhance existing benefits to meet the growing needs of victims who have already received all other public benefits to which they are entitled; and replace cumbersome and antiquated application and communications processes with modern technologies, such as electronically submitted applications.

a. Increase the Missouri Department of Social Services' federal spending authority for the Victims of Crime Act (VOCA) Assistance Award to the state and improve the ability of the department to disburse federal monies to support programming for victims of crime in Missouri.

Reinvestment: $500,000 annually starting in FY2019

1.3: Update applicable information technology (IT) systems and interagency agreements to improve the sharing of criminal justice data and interoperability between IT systems used by various criminal justice entities.

Summary

Fund vital updates and improvements to Missouri's criminal justice-related IT systems to allow data to be efficiently and effectively shared between local law enforcement agencies, courts, prosecuting attorneys, public defenders, and state criminal justice agencies. This data may pertain to releases from prison, home plans, assessed risk and needs, criminal records, arrest activity, court dates, and more. IT systems currently in operation in MDOC and MDPS are in need of significant updating and/or streamlining. Other systems in operation with the courts, prosecuting attorneys, public defenders, and others lack interoperability and information is sometimes lost or duplicated as a result. Automating the state's system for coordinating with law enforcement can also help with mandatory notification to victims about parole hearings, custodial release, and other changes in supervision or custody status. Applicable interagency agreements pertaining to data sharing will also need to be updated as part of this process.

Reinvestment: (Addressed in Policy Option 3.5)

1.4: Revise Missouri's county reimbursement protocol to encourage counties to implement pretrial practices that enhance public safety and make better use of limited local jail space and local criminal justice resources.

Summary

a. Streamline process for counties to use in submitting reimbursement claims to MDOC. This effort should aim to simplify and make consistent across all counties the process and forms to be used for submitting claims; pursue all feasible means of making forms electronic such that unnecessary duplication of effort can be avoided; and develop a dashboard to show trends at the statewide and county level regarding reimbursement amounts, days of detention per claim, sentence type triggering reimbursements, past due balances, and other pertinent information for the management of the program.

b. Allow counties, in cooperation with leadership from their judicial circuit, to apply to the state to receive county jail reimbursement funds to facilitate the development of local-level practices aimed at better utilizing jail resources and promoting public safety, such as use of pretrial risk assessment to facilitate release and/or diversion programs. Applications to receive funding for these practices must be submitted with the understanding and acknowledgement that the FY2019 reimbursement level for those counties may not exceed that of FY2018.

c. Establish an implementation work group focused on supporting and promoting evidence-based pretrial practices and strategies for obtaining and analyzing data on jail admissions and releases to improve the management of jail resources in Missouri.

Reinvestment: None

1.5: Amend existing standards related to criminal case processing times in Missouri's courts so that they address cases at each felony level.

Summary

These standards, while aspirational, should represent reasonable time frames within which criminal cases of varying offense levels should be disposed.

Reinvestment: None

Source: Court Operating Rule 17 covers time standards. https://www.courts.mo.gov/page.jsp?id=1038

Summary: Four policy options

Reinvestment: $9.75 million starting in FY2019 and increasing to $41.5 million in FY2023

2.1: Increase the effectiveness of prison-based substance use treatment to reduce the number of people returning to prison.

Summary

a. Conduct a comprehensive review of prison substance use disorder treatment programs to determine how they adhere to best practices.

b. Revise programming and treatment approaches as necessary, reporting results and recommendations to the executive branch and legislature.

Reinvestment: $250,000 in FY2019 (one time)

2.2: Improve access and effectiveness of community-based behavioral health treatment, supports, and services.

Summary

a. Create and fund an array of statewide services designed to ensure timely access to community behavioral health care that improves both public health and public safety outcomes.

b. Provide linkages to community-based services prior to release from incarceration to help ensure timely access to community treatment, supports, and services.

c. Establish funding to help eliminate barriers to success, including access to recovery housing, transportation, medications, etc.

d. Leverage the contracting process to incentivize providers to improve outcomes, not just provide services.

Reinvestment: $8 million in FY2019
$18.5 million in FY2020
$28.5 million in FY2021
$38.5 million in FY2022
$40 million in FY2023

2.3: Strengthen utilization of and outcomes for Community Supervision Centers (CSCs).

Summary

a. Restructure Missouri's six CSCs to serve as a resource for responding to behavior of people who violate the conditions of their supervision (technical violators) and who persistently fail to demonstrate desired behavioral changes.

b. Bolster programming in CSCs to address criminal thinking, substance use disorders, and histories of trauma.

Reinvestment: $1 million annually starting in FY2019

2.4: Expand and strengthen behavioral health workforce, especially in rural Missouri.

Summary

a. Fund workforce development initiatives focused on the recruitment and retention of behavioral health practitioners as part of the state's effort to expand access to behavioral health services, especially in rural areas of Missouri.

b. Require annual training for providers of behavioral health services for people in the criminal justice system focusing on implementation of evidence-based practices.

c. Require training for providers working with females in the criminal justice system on on gender-responsive interventions.

Reinvestment: $500,000 annually starting in FY2019

Policy options: Group 3 – Curb recidivism

Summary: Six policy options

Reinvestment: $15.5 million in FY2019 and $500K thereafter

3.1: Improve supervision policy and practice to stem the flow of people admitted to prison for revocations and treatment.

Summary

a. Adopt a streamlined set of screening and assessment tools.

b. Adopt evidence-based cognitive behavioral programs to address criminal thinking that are implemented with fidelity.

c. Require admission to programs and treatment to be based on risk and needs assessment results to prioritize limited programming and treatment space.

d. Revise MDOC's behavior response policy to better incorporate sanctions and incentives.

e. Deploy gender-responsive and trauma-informed strategies in supervision and programming to reduce technical violations for women.

f. Amend the Earned Compliance Credit (ECC) statute.

Reinvestment: None

3.2: Modernize parole decision-making processes and prepare people to return to the community after incarceration.

Summary

a. Streamline and modernize information assembly relating to case planning and parole release readiness.

b. Develop and adopt parole guidelines that account for key factors to determine a person's release readiness.

c. Provide training to board members and analysts on core correctional practices.

d. Offer grants for community-based organizations to reduce barriers for people with criminal backgrounds to find housing and work. This policy option creates a community-based structured reentry program to provide case management, employment support, and/or housing placement. Case managers can help people being released from prison address challenges such as meeting supervision requirements, obtaining necessary treatment and programming, creating parenting plans, and finding and maintaining stable housing to reduce the likelihood of recidivism.

e. Improve the likelihood that people leaving MDOC facilities have a driver's license, medication, and other reentry tools.

Reinvestment: $500,000 annually starting in FY2019

3.3: Ensure that staff are sufficiently trained in the implementation of risk assessment and in core correctional practices.

Summary

a. Train staff on proper use of risk and needs assessments. All staff charged with administering risk assessment should receive initial and recurring training on how to properly complete it. This training should also seek to improve staff's understanding of how risk should factor into operational decision making.

b. Require training in core correctional practices to be integrated into basic training and annual follow-up training for all MDOC and MBPP staff that routinely interact with people in prison or under probation or parole supervision. Training on CCPs should include a gender-responsive component focused on dealing with women in the criminal justice system.

Reinvestment: None

3.4: Continue to support the use of treatment courts in Missouri and allow for the creation of standards to ensure consistency, quality, and adherence to proven models.

Summary

Amend statute to authorize the Missouri Drug Court Coordinating Commission to establish a comprehensive set of best practice standards for treatment courts in the state. Standards should be adopted for the various iterations of treatment court (Drug, Veterans, DWI, Mental Health, etc.) and should be sufficiently flexible to allow for the incorporation of practices proven effective through recent research and for courts of varying sizes and resource levels. Standards should be used to ensure fidelity to the treatment court best practices and a compliance review process should be developed for assessing adherence to these best practices. Training and continuing education requirements for treatment court practitioners should be considered in the creation and auditing of the standards.

Reinvestment: None

3.5: Fund updates to MDOC's information technology (IT) systems to enhance efficiency and effectiveness of staff

Summary

Fund the completion of updates to MDOC's IT systems that are currently in progress but significantly delayed. The ability of Missouri's supervision officers and correctional staff to effectively change behavior is hampered by a lack of consistency, streamlining, and capacity in existing IT systems. Officers spend substantially more time addressing challenges created by poor IT systems than working directly with people under their supervision or care to change behavior or hold them accountable.

Reinvestment: $15 million in FY2019 (one time)

3.6: Monitor system outcomes and make necessary adjustments to policy to enhance the effectiveness of crime- and recidivism-reduction efforts.

Summary

Implement measures within MDOC and other agencies to continuously collect, record, analyze, and publish information on recidivism rates for those leaving prison or being discharged from supervision. Recidivism analyses should include any instances of re-arrest in addition to reconviction and incarceration. Data collection and monitoring should also include, where possible, measures related to a person's risk of reoffending (e.g., employment status, housing status, healthy systems of support) or efforts to be a successful, law-abiding member of the community. Recidivism and recovery data should also be collected on people involved in Missouri's criminal justice system who receive behavioral health services through a contracted provider. Recidivism and other behavioral health-related information should be distributed via performance dashboards that are available to all MDOC staff and that reflect system outcomes.

Reinvestment: None

Summary of reinvestments

Targeted Reinvestment		FY2019	FY2020	FY2021	FY2022	FY2023	5-Year Total
Community Behavioral Health Treatment	Review in-house	$250K	---	---	---	---	$250K
	Recovery supports	$8M	$18.5M	$28.5M	$38.5M	$40M	$133.5M
	CSC repurposing	$1M	$1M	$1M	$1M	$1M	$5M
	Training	$500K	$500K	$500K	$500K	$500K	$2.5M
LE Grants		$5M	$5M	$5M	$5M	$5M	$25M
LE Strike Team		$500K	$500K	$500K	$500K	$500K	$2.5M
Victim Compensation		$500K	$500K	$500K	$500K	$500K	$2.5M
Community Reentry Grants		$500K	$500K	$500K	$500K	$500K	$2.5M
IT Upgrades		$15M	---	---	---	---	$15M
Total Reinvestment		**$31.25M**	**$26.5M**	**$36.5M**	**$46.5M**	**$48M**	**$188.75M**

Overview

Prison bed impact of adoption and implementation of proposed policy options

Missouri Prison Population and Projected Growth, FY2010–2023

Baseline MDOC Forecast

32,837

JR Package – 20% reduction in tech. revs.

JR Package – 30% reduction in tech. revs.

Capac…

30,386
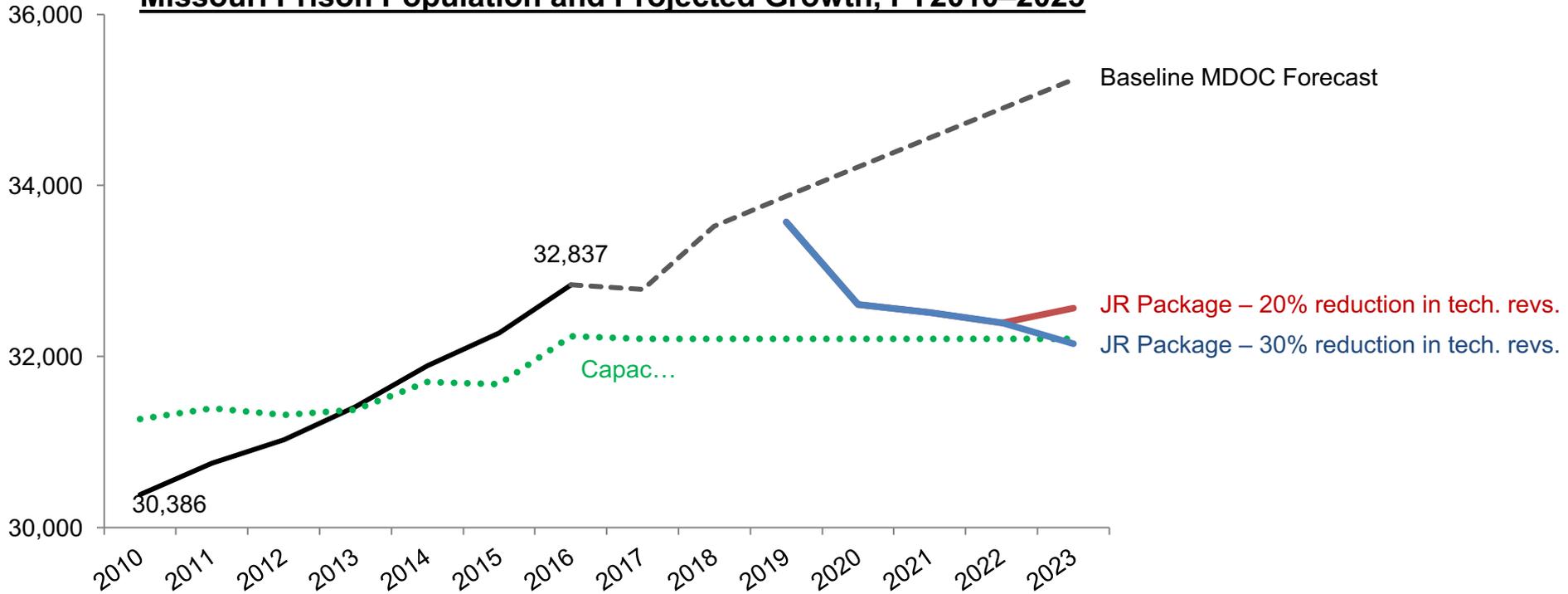
Actual population is based on population counts as of June 30 of each year.

Note: Each of the above JR Packages assumes a 56% reduction in admissions to MDOC for treatment-related sentences and sanctions. Where the packages differ is on the assumed reductions in technical revocations of probation and parole (20–30%).

Cost avoidance savings to Missouri through implementation of proposed justice reinvestment package

Costs to Missouri	FY2019	FY2020	FY2021	FY2022	FY2023	5 Year Total
Total Proposed Reinvestment	$31.25M	$26.5M	$36.5M	$46.5M	$48M	$188.75M

Status Quo

	FY2019	FY2020	FY2021	FY2022	FY2023	5 Year Total
New Prisons Construction		$350M		---	---	$350M
New Prisons Operational	---	---	$27M	$54M	$ 54M	$135M
Total Status Quo Costs --→						**$485M**

Total 5-year cost avoidance ---→	**$296.25M**

Updated timeline for justice reinvestment in Missouri

Launch Presentation July 11

2nd Presentation
September 20

3rd Presentation
October 24

4th Presentation
November 28

Final Presentation
December 13

Briefings for Legislators and other Stakeholders *(as necessary/requested)*

July	August	September	October	November	December	January	February	March

Pre-filing Opens

Task Force Report Delivered
December 31

Data Analysis

Initial Analysis	Detailed Data Analysis	Impact Analysis

Stakeholder Engagement

Stakeholder Engagement and Task Force Presentations	Policy Option Development

Thank You

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