

Justice Reinvestment in Arkansas

Policy Options and Proposed Reinvestments for the
Behavioral Health Treatment Access Task Force

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Council of State Governments Justice Center

Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



National non-profit, non-partisan membership association of state government officials that engage members of **all three branches** of state government.

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

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**.

The policy options presented today are the result of intensive data analysis and stakeholder engagement

Data Analysis

More than 3 million individual records have been collected and analyzed from the following agencies:

- Arkansas Department of Correction (ADC)
- Arkansas Community Correction (ACC)
- Arkansas Parole Board (APB)
- Arkansas Sentencing Commission (ASC)
- Arkansas Crime Information Center (ACIC)
- Administrative Office of the Courts (AOC)
- Pulaski, Washington, Union, and Sebastian Counties

Stakeholder Engagement

More than 100 meetings and calls have been conducted with Arkansas stakeholders, including:

- Legislative Criminal Justice Oversight Task Force and Behavioral Health Treatment Access Task Force
- Membership and staff of the Arkansas General Assembly
- Corrections and field staff and administrators from ADC, ACC, and APB
- Arkansas Judicial Council and Administrative Office of the Courts
- Arkansas Prosecuting Attorneys Association
- Association of Arkansas Counties and Arkansas Sheriffs' Association
- Behavioral health practitioners, funders, and administrators

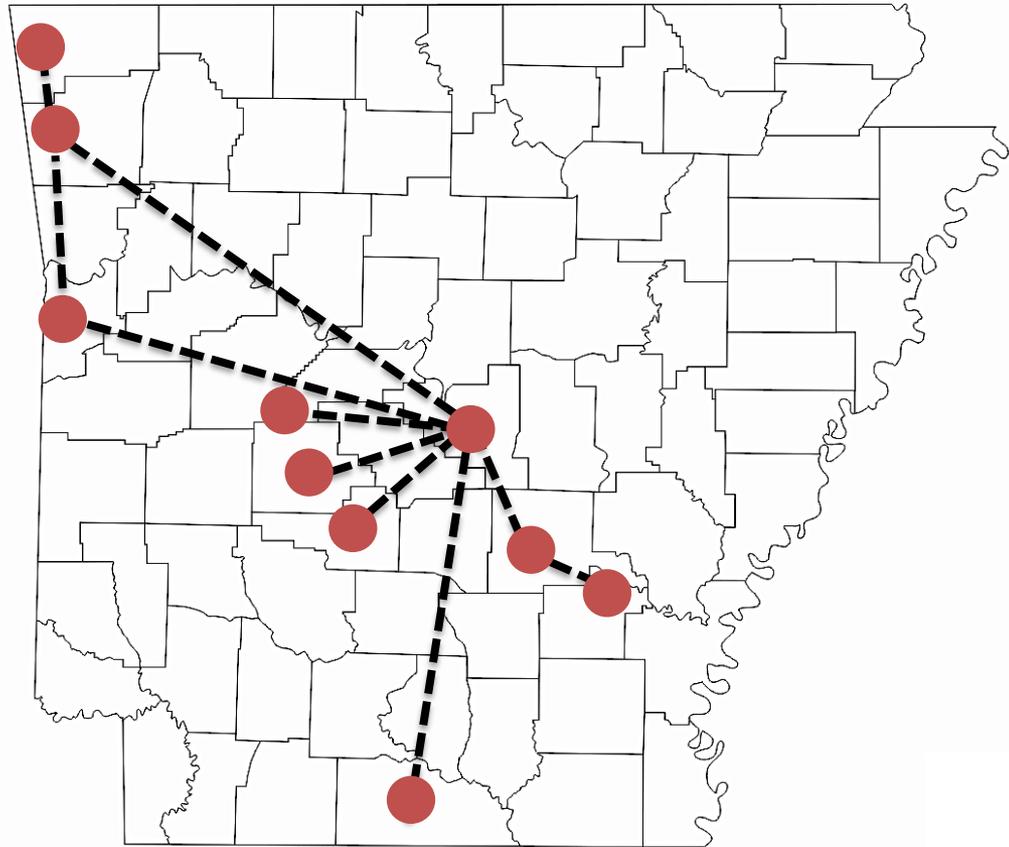
CSG Justice Center staff are pursuing regional perspectives in stakeholder engagement, reflecting the state's size and diversity

100+
CALLS & MEETINGS

17
SITE VISITS

2,400+
MILES DRIVEN

SINCE FALL 2015



Policy Option Discussions

Since early August, CSG Justice Center staff has conducted more than 20 meetings and/or calls with Arkansas stakeholders to discuss the proposed policy options. These discussions yielded helpful feedback that resulted in significant changes to the policy options presented today.

Overview



1

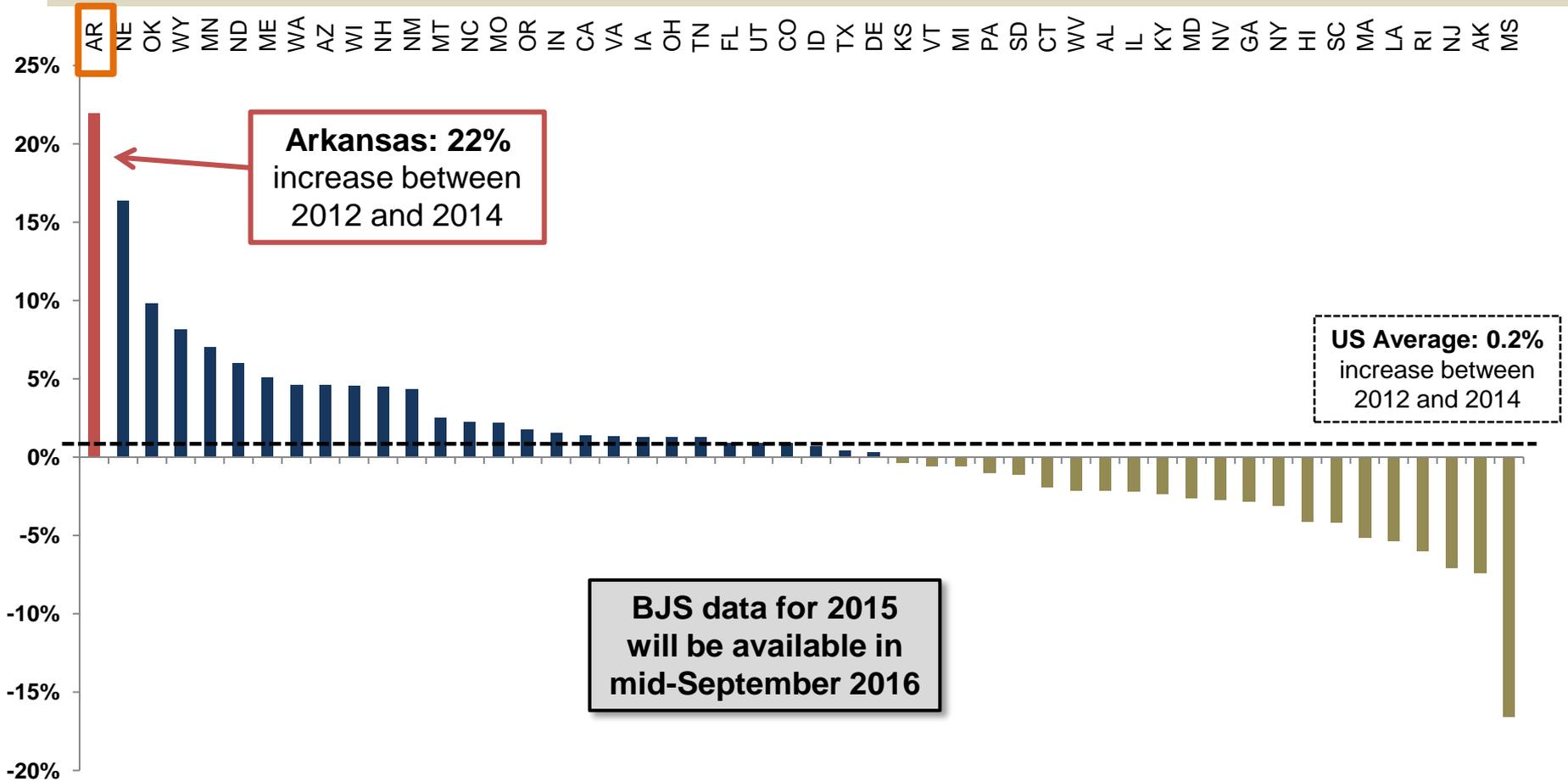
Recap of findings through Justice Reinvestment

2

Policy options for the Behavioral Health Treatment Access Task Force

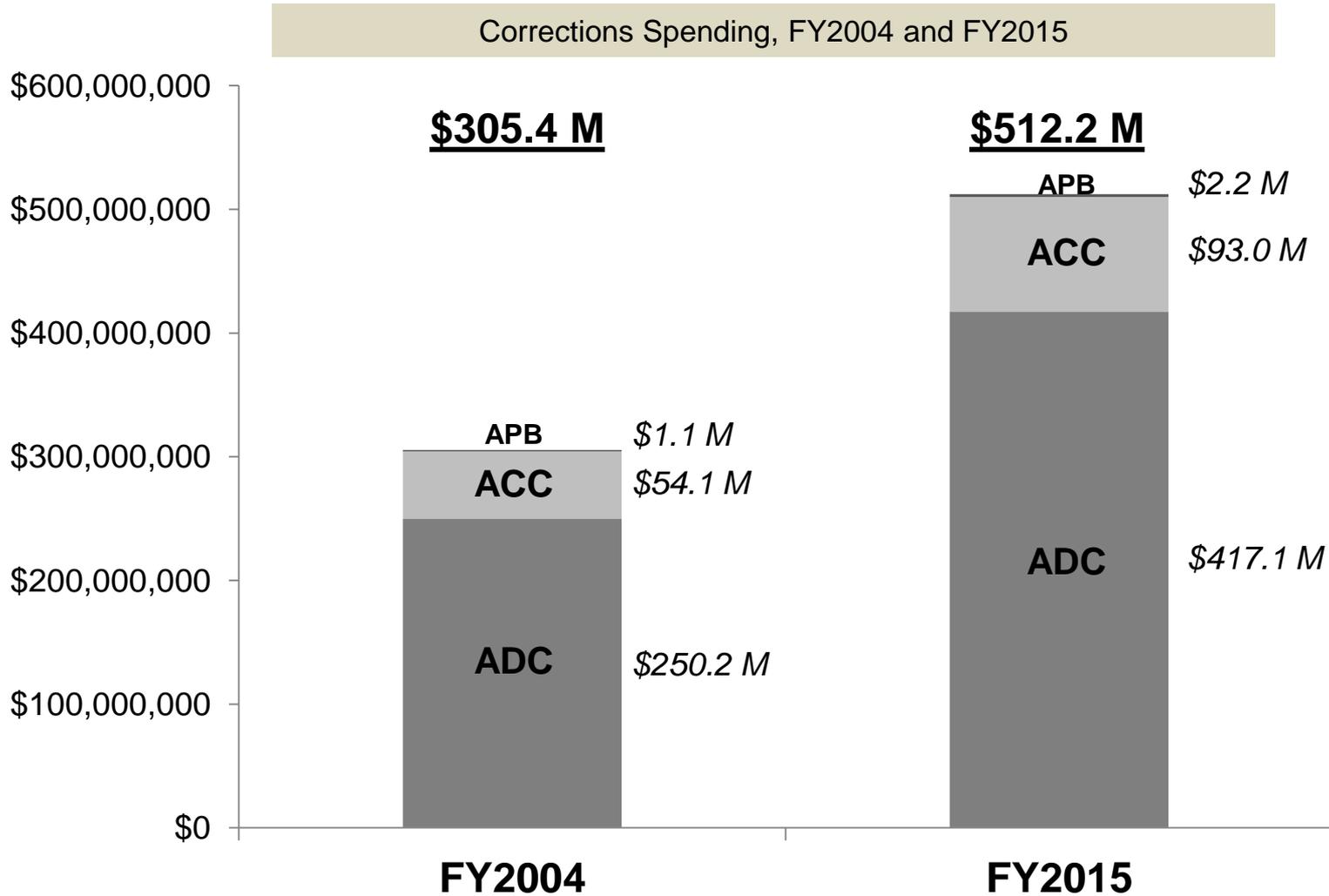
Arkansas's prison population is among the fastest growing in the country

Percent Change in Sentenced Prison Populations, 2012-2014



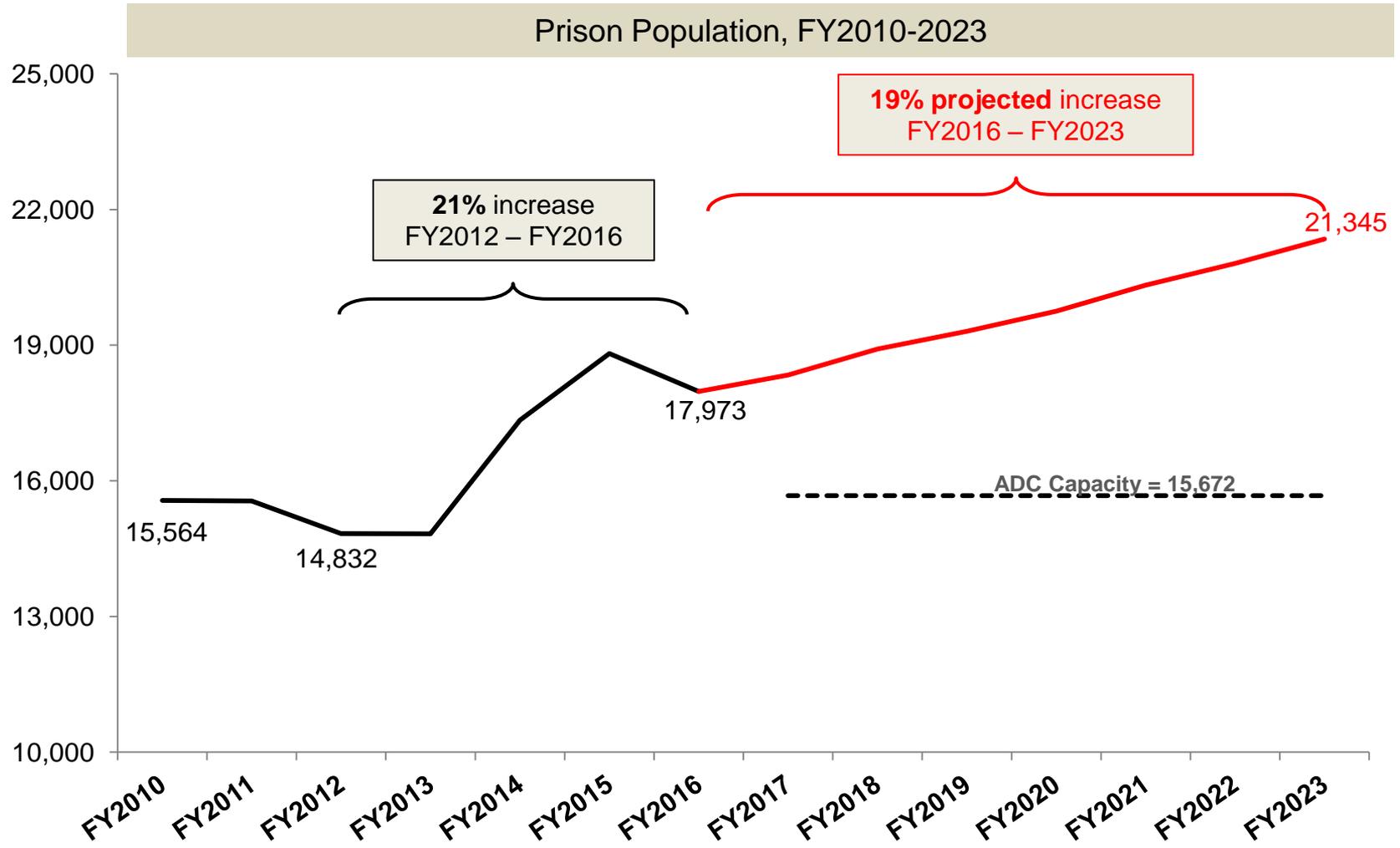
Source: Bureau of Justice Statistics (BJS), Prisoners in the United States

Arkansas now spends more than half a billion dollars on corrections, a 68 percent increase since 2004



Source: Arkansas State Budget 2004, 2015

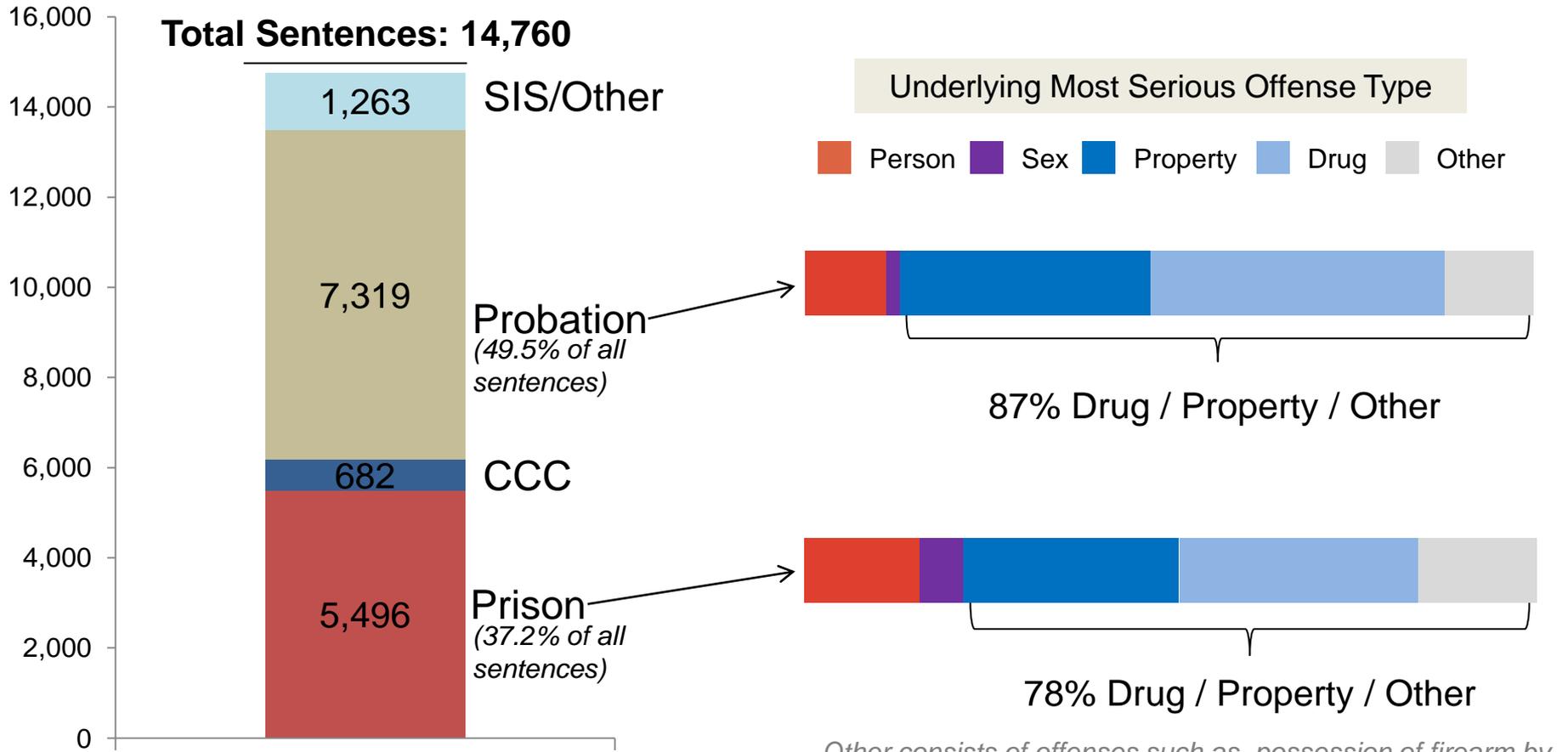
Arkansas's prison population is projected to increase 19 percent by the end of FY2023



Source: ADC Population Data; JFA Associates, 2016 Arkansas Prison Projections and Historical Corrections Trends, June 2016

Sentences to both prison and probation are driven primarily by property and drug offenses

Felony Sentences by Disposition Type, 2014



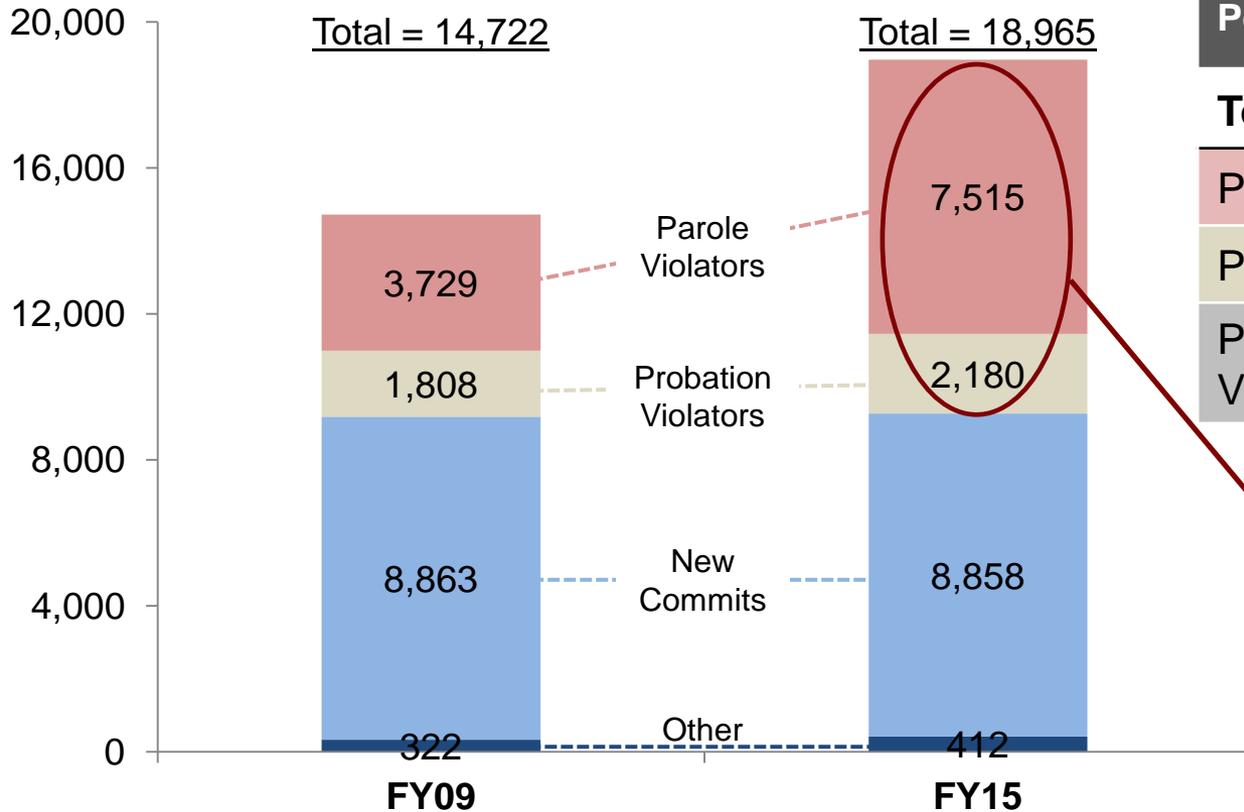
2014

Other consists of offenses such as possession of firearm by certain persons, failure to appear (FTA on a felony) furnishing prohibited articles, fleeing, and non support.

Source: Arkansas Sentencing Commission Data, 2014

Virtually all of the growth in Arkansas's prison population stems from sanctioning of supervision violators

Year-End Prison Population by Type of Admission, FY2009 and 2015



ADC Population Growth FY2009-2015

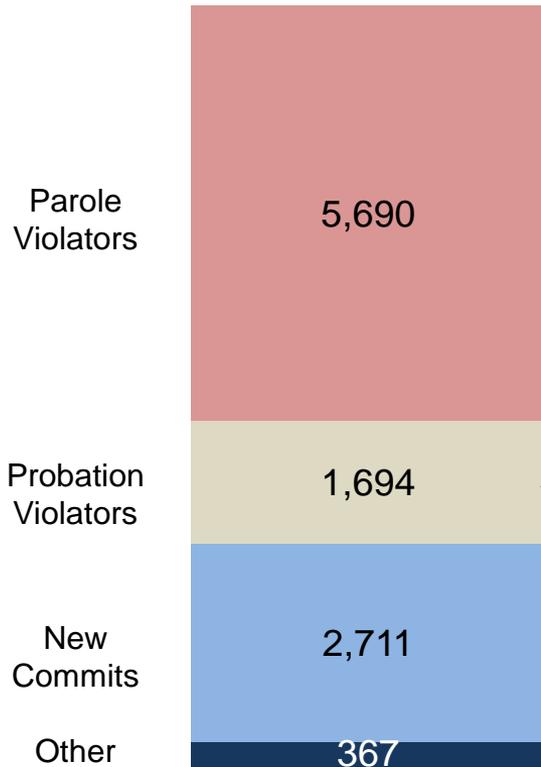
Population	Raw Growth
Total Prison	+ 4,243
Parole Violators	+ 3,786
Probation Violators	+ 372
Probation + Parole Violators Combined	+ 4,158

51% of prison population consists of supervision violators
 – 48% as of 4/30/16

Source: ADC Snapshot Data, 2009 – April 2016

Almost a third of revoked probationers and parolees did not have an arrest while on supervision prior to revocation

FY2015 Prison Admissions by Type of Admission



Violators with Arrest During Supervision?

	Felony Arrest	Misdemeanor Arrest	No Arrest
Parole Violators	53%	19%	28%
Probation Violators	65%	14%	21%

AVG # of Violations

Fewer than three

Almost 75% comprised of:

- *Failure to comply w/ conditions*
- *Failed drug test*
- *Failure to report*
- *Failure to pay*

1,912 probationers and parolees revoked to prison despite not having an arrest while on supervision

Source: ADC Admission Data, ACC Termination Data

Overview



1 Recap of findings through Justice Reinvestment

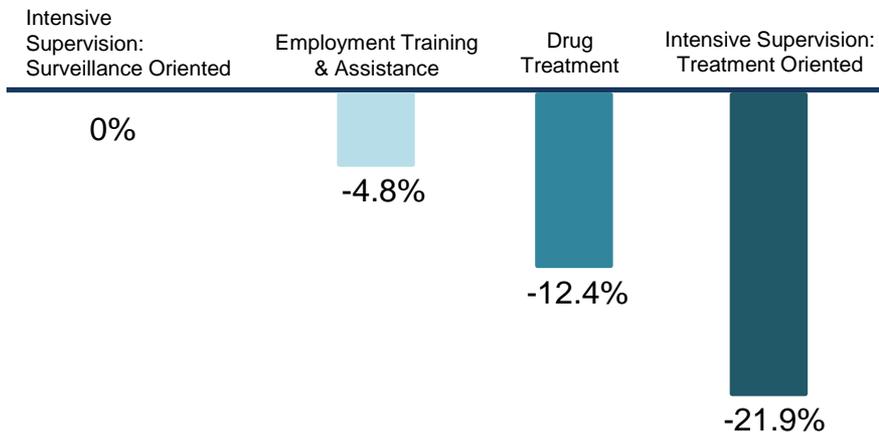
2 Policy options for the Behavioral Health Treatment Access Task Force

*Note: CSG is developed a total of eight policy options relating to the research of the past year. **Two of the eight policy options are being presented to the Behavioral Health Treatment Access Task Force**, and the remaining six will be presented to the Criminal Justice Oversight Task Force.*

Arkansas needs more community-based supports for connecting those on supervision to needed substance abuse treatment

Challenge: For higher-risk probationers and parolees with substance abuse disorders, they can typically access treatment only if they have adequate insurance or can cover costs out-of-pocket

Changes in Recidivism Rates for Adult Offenders



Lack of access to treatment in the community hinders efforts to reduce recidivism

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

Arkansas's status as a Medicaid Expansion state presents opportunities to leverage funding for addressing unmet substance abuse needs

14,000 higher-risk probation/parole starts annually

- 5,936 estimated to have Substance Use Disorder (serious addiction)
 - *36% of 14K with SUD*
 - *6.4% of 14K with SUD and SMI (co-occurring)*
- Total cost of treatment = \$32,054,400
 - *Per person estimated cost of \$5,400*

Medicaid expansion states that have put forward new resources to address treatment gaps among criminal justice-involved populations are able to leverage up to 85% of the costs of care through federal match.

Option 2 (of 8): Increase the intensity and effectiveness of behavioral health services available in the community for people who need treatment for substance abuse.

- A. Fund a system of community-based programming treatment intervention services that address substance abuse needs among higher-risk populations, specifically those on community supervision.
- B. These services will be reimbursable through enhanced rates funded by leveraging Medicaid. This option would also amend Arkansas's traditional Medicaid plan to include coverage for people whose primary diagnosis is a substance use disorder.

Arkansas should consider providing crisis stabilization beds for diverting people with mental illness away from jails

Challenge: Numerous individuals booked into county jails due to lack of better alternative for those with serious mental illness and relatively minor offenses

Individual in state of mental health crisis commits low-level crime and is engaged by local law enforcement

Status Quo



Booked into county jail

Jails not equipped to provide treatment and interventions necessary for reducing the “revolving door” meaning many of these individuals cycle in and out of the jails repeatedly

- Upon release from jail, these individuals typically not connected to any community-based supports

Alternative



Residential capacity designed to address mental health crises in a clinical setting with trained staff, and connect individuals to services in the community upon discharge

- Much of the cost associated with these stabilization centers can be offset with Medicaid.

Crisis stabilization centers can be designed according to Arkansas's needs

16 Beds



Medically monitored residential services

- 24 hour nursing coverage
- Staffing complement designed to accept complex admissions
- Linkages to continuum of care

Advantages over smaller configurations

- Broader clinical capacity for complex cases
- Leverages maximum reimbursable bed capacity through Medicaid
- Economy of scale

Estimated annual operational cost per 16-bed unit is between \$2 – \$3 million

- ✓ Opportunities to offset costs to Arkansas by leveraging Medicaid
-

4 Beds



High intensity community-based services

- 24 hour access to medical consultation
- 24 hour staffing
- Linkages to continuum of care

Advantages over larger configurations

- Less expensive
- Viable option in smaller communities
- Adds placement capacity options to existing infrastructure

Estimated annual operational cost per 4-bed unit is between \$400 – \$600 thousand

- ✓ Opportunities to offset costs to Arkansas by leveraging Medicaid

Option 8 (of 8): Develop and fund strategies to reduce pressures on county jails, including specialized law enforcement training, screening and assessment tools, and diversion for people with mental illness.

- A. Create a fund to reimburse Arkansas's local law enforcement agencies for expenses associated with training officers/deputies in crisis intervention/specialized response for people with mental illness.
- B. Develop options for diverting people with mental illness from jails, including funding to support crisis stabilization units as well as necessary programming and treatment for successful reintegration into the community.
- C. Assist the Association of Arkansas Counties and Arkansas Sheriffs' Association in the development of screening and assessment tools for use by local jails. Use of such tools by local jails will be voluntary.
- D. Develop a secure statewide database for maintaining information on jail intake screenings/assessments to enable this information to be readily accessible to jails in Arkansas.
- E. Create county/regional councils to coordinate administration of criminal justice at local level.

Thank You

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