

Wyoming Joint Judiciary Interim Committee September 20–21, 2018

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

Mental Health Reentry Substance Abuse Youth Scientose Law Enforcement Courts





CSG Justice Center 3

Corrections

Presentation Outline



Overview and Introduction

- 2. Achieving improved recidivism reduction among people with nonviolent offenses
- 3. Connecting crime victims to compensation, assistance, and restitution services
- 4. Delivering adequate supervision and programming to people with the highest risk and needs
- 5. Using supervision incentives and sanctions to promote positive behavior change
- 6. Overcoming barriers for people in the criminal justice system who have behavioral health needs



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

Supported by funding from the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts.

Justice Reinvestment includes a two-part process spanning analysis, policy development, and implementation.

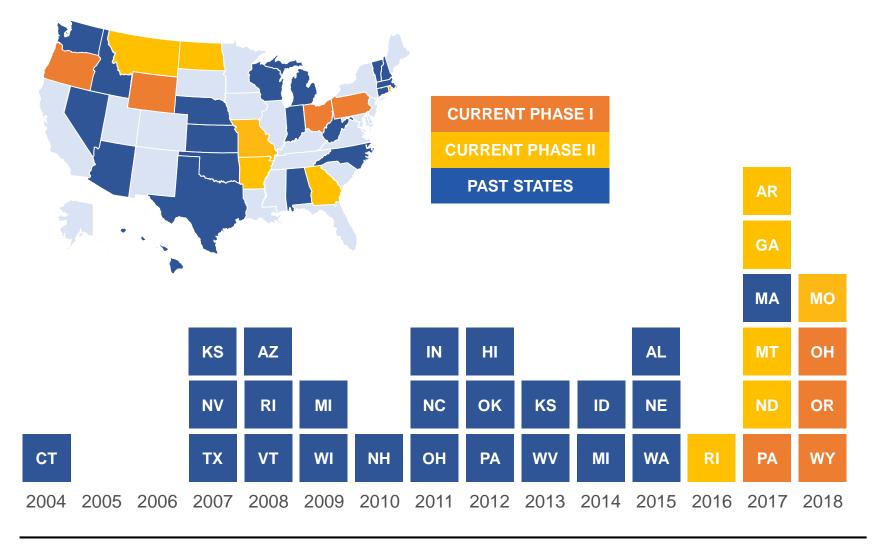
Phase I - Pre-Enactment

1	Bipartisan, Interbranch Working Group	Assemble practitioners and leaders; receive and consider information, reports, and policies		
2	Data Analysis	Analyze data sources from across the criminal justice system for comprehensive perspective		
3	Stakeholder Engagement	Complement data analysis with input from stakeholder groups and interested parties		
4	Policy Option Development	Present a policy framework to reduce corrections costs, increase public safety, and project the impacts		

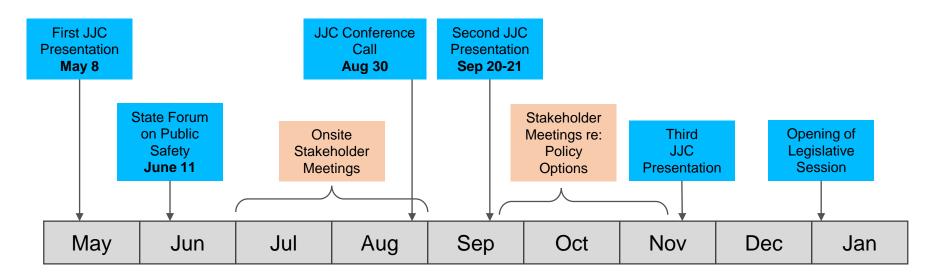
Phase II - Post-Enactment

5	Policy Implementation	Identify needs for implementation and deliver technical assistance for reinvestment strategies
6	Monitor Key Measures	Monitor the impact of enacted policies and programs; adjust implementation plan as needed

CSG has worked with 31 states, some twice, on a Justice Reinvestment approach to address criminal justice challenges.

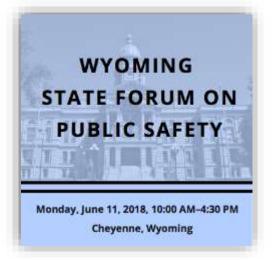


Wyoming Justice Reinvestment Timeline



Initial Analysis	Detailed Data Analysis	Impact Analysis	
1	Stakeholder Engagement	Policy Option Development	

On June 11, more than 100 people attended the Wyoming State Forum on Public Safety in Cheyenne.



The day-long discussion featured several speakers as well as three panels featuring policymakers and criminal justice and behavioral health professionals who reviewed data analysis and provided priorities for increasing public safety.



"You all are there to help in that process—to look at how we as a state respond to mental illness and substance abuse and violent crime to make sure we keep our streets safe and our families safe."



Governor Mead

Sources: Forum photo courtesy of Wyofile - https://www.wyofile.com/psych-drug-treatment-gaps-drive-wyomings-prison-problem/.

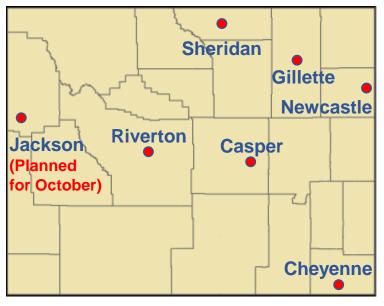
Update on Quantitative Data Gathering

Data Type	Source	Status		
Crime/Arrests	Wyoming Division of Criminal Investigation	Aggregate published data collected		
Jail Statewide data unavailable		BJS jail survey/ census data acquired		
Court Filings	Wyoming Judicial Branch	Received		
Sentencing	Statewide data unavailable	NA		
Probation Supervision	Wyoming Department of Corrections	Received		
Prison	Wyoming Department of Corrections	Received		
Parole Supervision	Wyoming Department of Corrections	Received		
Victim Services	Wyoming Office of the Attorney General, Division of Victim Services	Received		
Behavioral Health	Wyoming Department of Corrections/ Wyoming Department of Health	Received/ In Process		

Over 1.2 million individual case-level records have been shared in addition to a wide range of aggregate reports and data tables.

- Admissions
- Releases
- Population snapshots
- Program assignments
- Sanctions and rewards
- Risk and needs
 assessments
- Offense information
- Treatment completion
- Demographics
- Geographic
 information

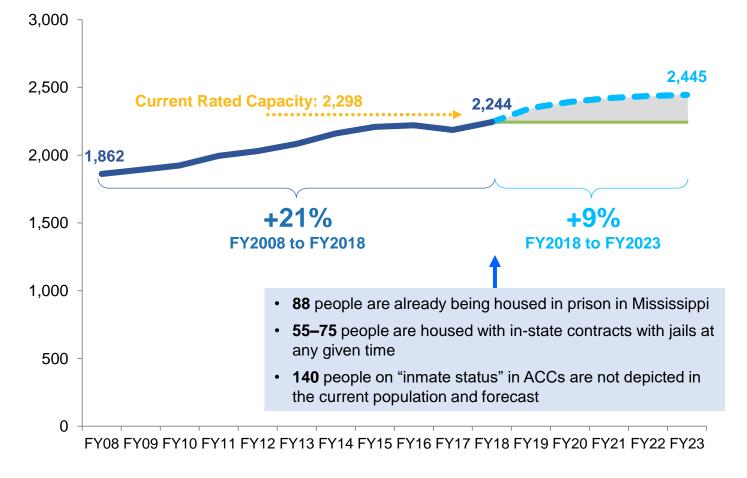
Visits across the state helped increase understanding of Wyoming's criminal justice system and inform analysis.



Onsite and by phone, CSG Justice Center staff have engaged a variety of criminal justice system stakeholders: judges, prosecutors, public defenders, sheriffs, behavioral health treatment providers, probation and parole officers, ACC directors, think tanks, and more. CSG Justice Center visited the denoted jurisdictions to learn directly about Wyoming's criminal justice system. These visits included

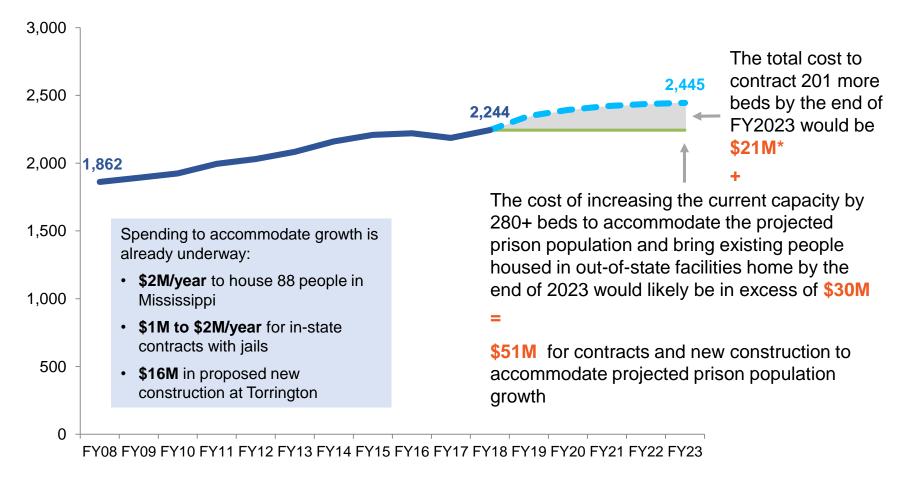
- Observations of supervision contacts between officers and probationers;
- Tours of Adult Community Correction Centers;
- Observations of parole board hearings; and
- Visits to jails of differing sizes and meetings with sheriffs and staff involved in patrol and custody.

Wyoming's prison population has reached capacity and is projected to grow by 200 beds by 2023, pushing the population to 109 percent of capacity.



Sources: WDOC Prison and Supervision Projections, July 2018.

Wyoming taxpayers face a \$50M+ price tag to accommodate projected prison population growth by FY2023.



Sources: WDOC Prison and Supervision Projections, July 2018.

* Based on current contract cost per person per day (\$70).

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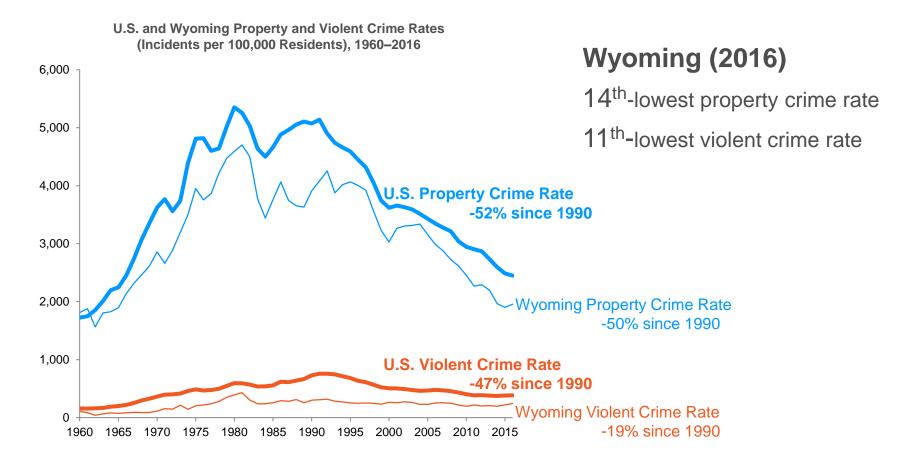
Section Overview

Drug offense arrests, case filings, and prison admissions increased significantly, straining both criminal justice system responses and community behavioral health treatment delivery.

Some violent offense arrests, case filings, and prison admissions, such as aggravated assaults, also increased. Connecting people with substance addiction needs to treatment and supervision would help law enforcement shift resources to violent crime reduction strategies.

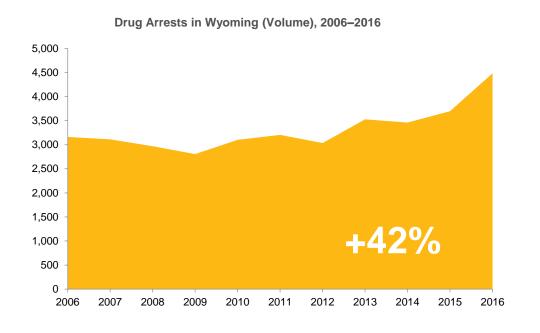
Law enforcement executives stress the need to connect people with substance addictions, as well as those with mental health and co-occurring needs, with community treatment and supervision to lower recidivism.

People sentenced to probation have lower recidivism rates than people sentenced to prison regardless of risk of recidivism. Substance addiction treatment in the community is shown to have a much greater impact on recidivism than treatment delivered in prison. Reminder: Wyoming's violent and property crime rates have been lower than the national total for virtually all of the last 55 years.



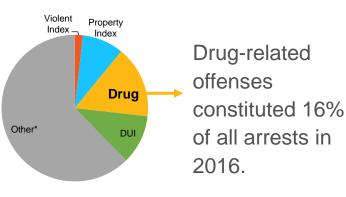
Sources: FBI, Crime in the U.S., 2006-2016.

Reminder: Wyoming's increase in drug arrests was one of the largest in the U.S.



Wyoming's 42-percent increase in the number of drug arrests was the 8th-largest increase in the country.

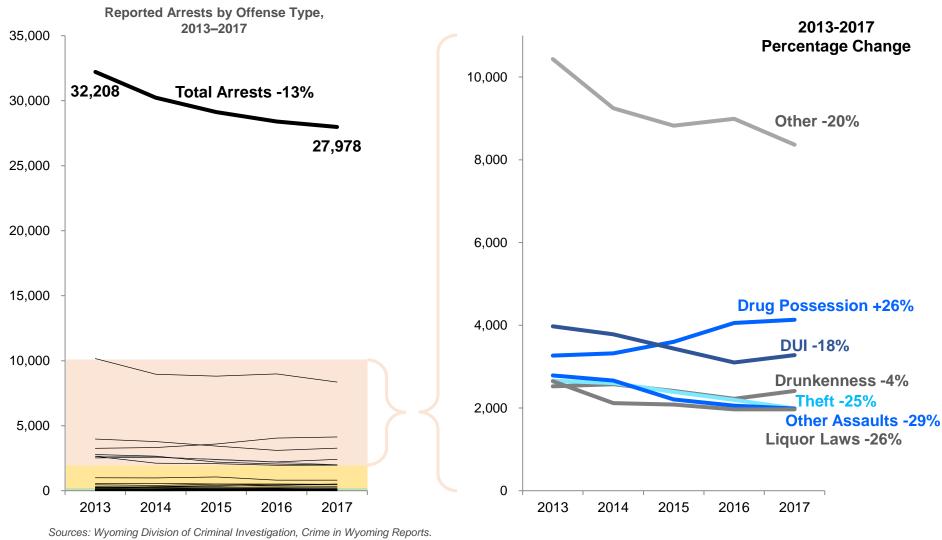
Drug arrests are defined as state and/or local offenses relating to the unlawful possession, sale, use, growing, manufacturing, and making of drugs.



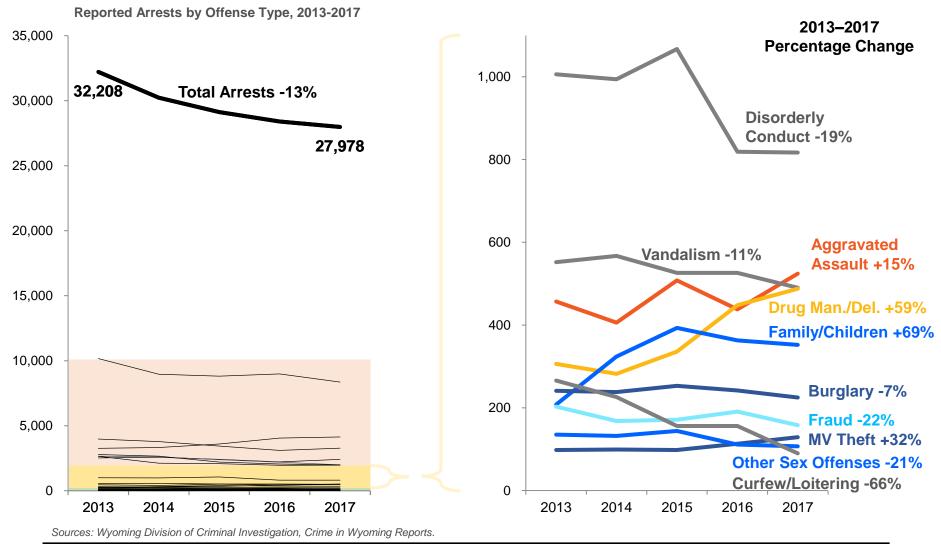
* Other includes non-Index violent and property arrests, public order crime arrests and all other arrests excluding traffic offenses.

Sources: FBI, Crime in the U.S., 2006–2016.

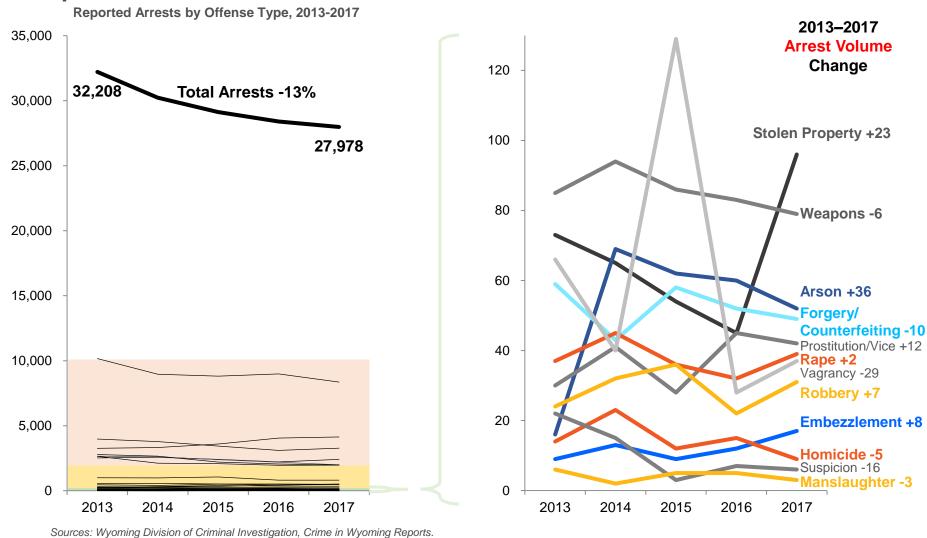
As arrests for other high-volume offenses fell, drug possession arrests increased.



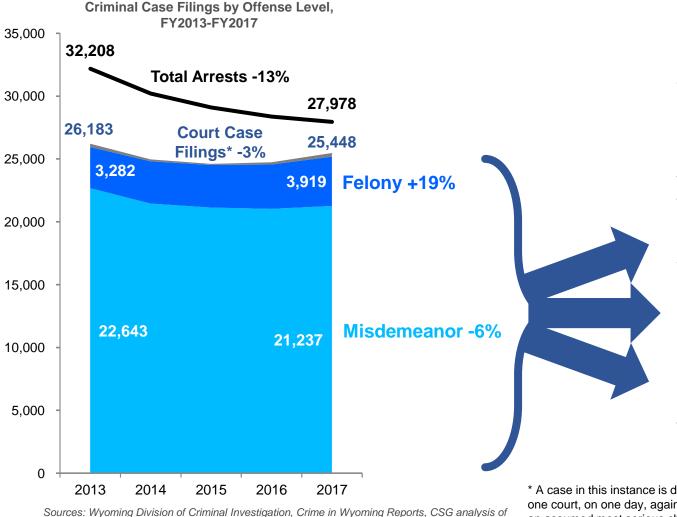
In the middle tier of arrest volume, arrests for many offenses are down, but growth in aggravated assault and drug manufacture/delivery stand out.



The lowest tier of arrest volume, which contains many serious crimes, represents a fraction of total arrests.



Although court case filings are down slightly, felony filings comprise a larger share of the volume.



Wvoming Judicial Branch data.

Wyoming lacks comprehensive sentencing data to fully describe what happens to all of these cases in terms of sentence type and length.

We do know that roughly 500 people arrive at prison each year on new court commitments, and about 2,800 people are given probation sentences (about 50% felony and 50% misdemeanor)

* A case in this instance is defined as a group of charges filed in one court, on one day, against one individual and is categorized by an assumed most serious charge. Excludes traffic offenses.

Over a four-year period, drug-related case filings* increased significantly.

Felony	FY 2013	FY 2017	Percent Change	Trend Line	Misdemeanor	FY 2013	FY 2017	Percent Change	Trend Line
Assault	754	841	+12%	~	Traffic	112,82 9	86,370	-23%	
Drug Manufacture/ Delivery	440	709	+61%	\sim	Drug Possession	4,414	6,214	+41%	_
Drug Possession	259	535	+107%	-	DUI	3,847	3,175	-17%	
Accessory/Obstruction/ Escape Offenses	354	388	+10%	\sim	Assault	3,167	2,855	-10%	\sim
Theft	281	348	+24%	~	Hunting/Fishing Regulations	2,217	1,864	-16%	
Burglary	264	237	-10%		Accessory/Obstruction/ Escape Offenses	2,366	1,674	-29%	\sim
Violent Sexual Offenses	241	200	-17%		Public Order Offenses	1,486	1,313	-12%	
Fraud/Forgery	193	187	-3%	\sim	Liquor Laws	1,805	1,303	-28%	$\overline{}$
DUI	178	123	-31%	~	Theft	1,252	1,247	-0%	\sim

* A case in this instance is defined as a group of charges filed in one court, on one day, against one individual and is categorized by an assumed most serious charge. Sources: CSG analysis of Wyoming Judicial Branch data.

The increase in drug-related case filings* is notable among most southern-tier counties.

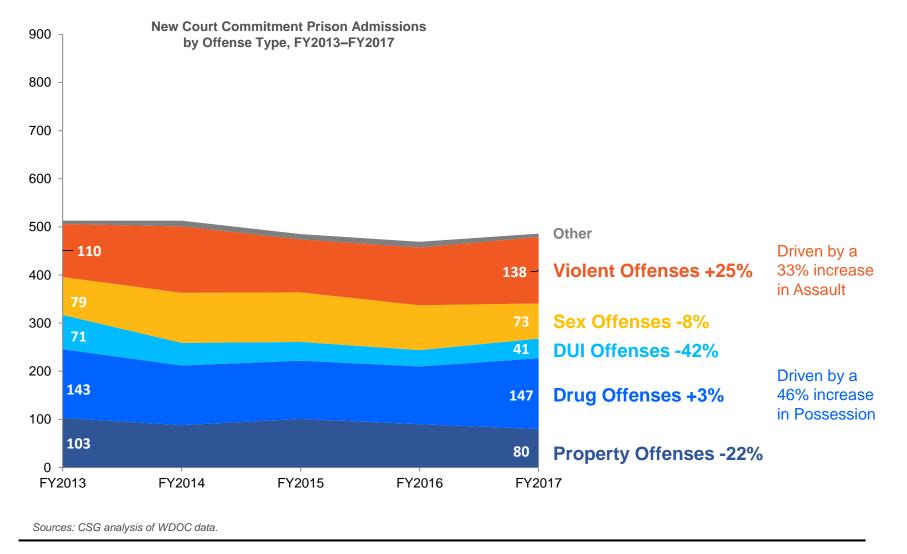
Change in Volume of Drug-Related Criminal Case Filings by County, FY2013-FY2017* Sheridan Crook Big Campbell Park Horn Johnson Washakie Weston **Teton** Hot Springs Niobara Sublette Fremont Natrona Converse Goshen Lincoln **Sweetwater** Carbon Platte Uinta Albany Laramie

	FY2013	FY2017	Volume Change	Percent Change
Albany	362	661	299	83%
Big Horn	44	59	15	34%
Campbell	668	746	78	12%
Carbon	179	475	296	165%
Converse	275	372	97	35%
Crook	21	123	102	486%
Fremont	257	248	-9	-4%
Goshen	33	98	65	197%
Hot Springs	61	52	-9	-15%
Johnson	52	75	23	44%
Laramie	798	1001	203	25%
Lincoln	66	127	61	92%
Natrona	801	924	123	15%
Niobrara	13	16	3	23%
Park	158	363	205	130%
Platte	125	248	123	98%
Sheridan	227	245	18	8%
Sublette	111	109	-2	-2%
Sweetwater	483	833	350	72%
Teton	122	232	110	90%
Uinta	141	212	71	50%
Washakie	125	165	40	32%
Weston	28	103	75	268%
Total	5,150	7,487	2,337	45%

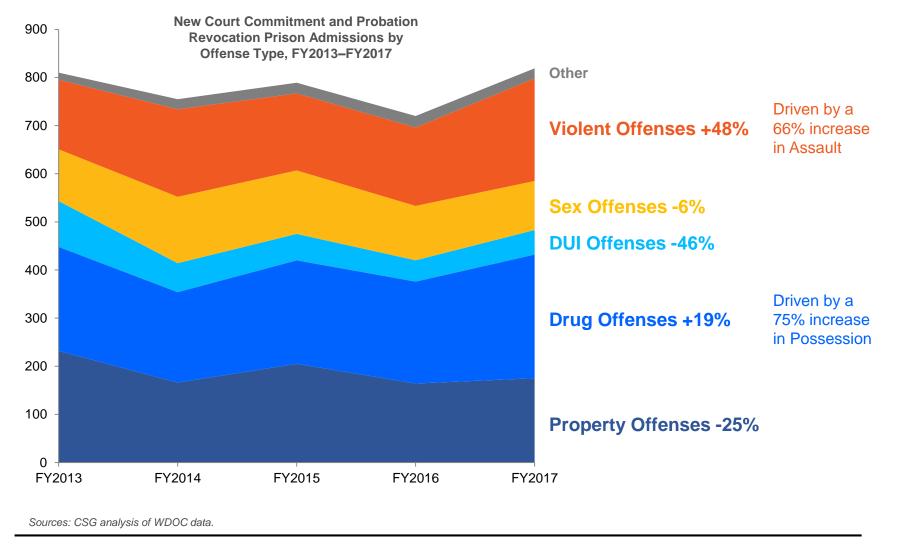
* A case in this instance is defined as a group of charges filed in one court, on one day, against one individual and is categorized by an assumed most serious charge.

Sources: CSG analysis of Wyoming Judicial Branch data.

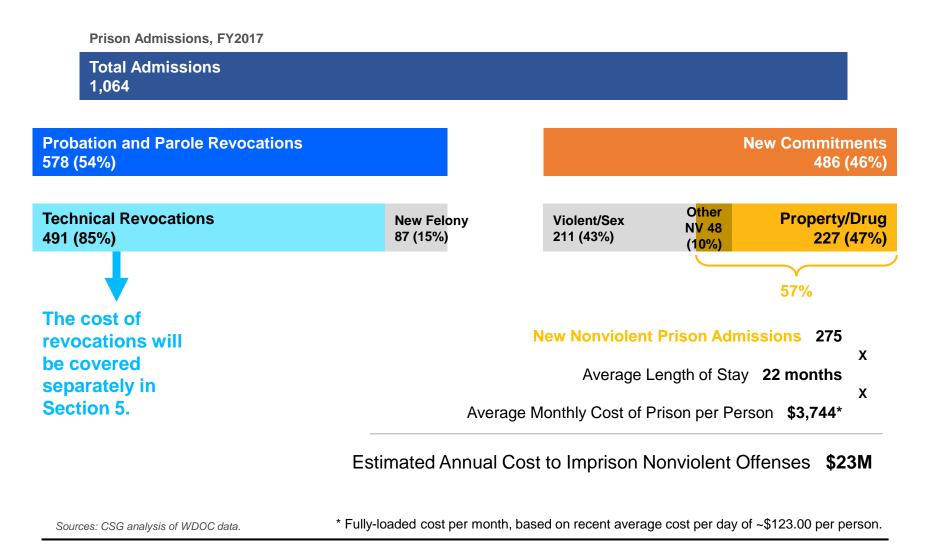
In 2017, over half of Wyoming's prison admissions for new court commitments involved nonviolent offenses.



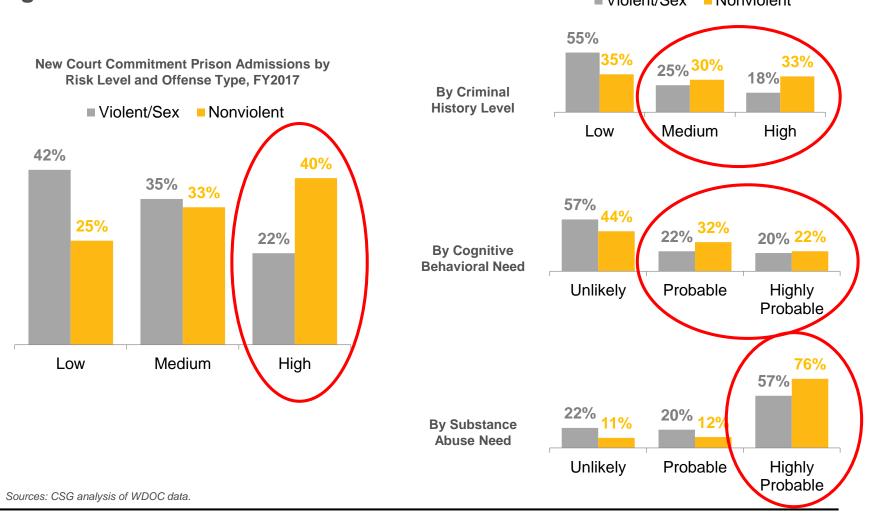
When probation revocations are included with new court commitments, the increase in drug offenses is even more apparent.



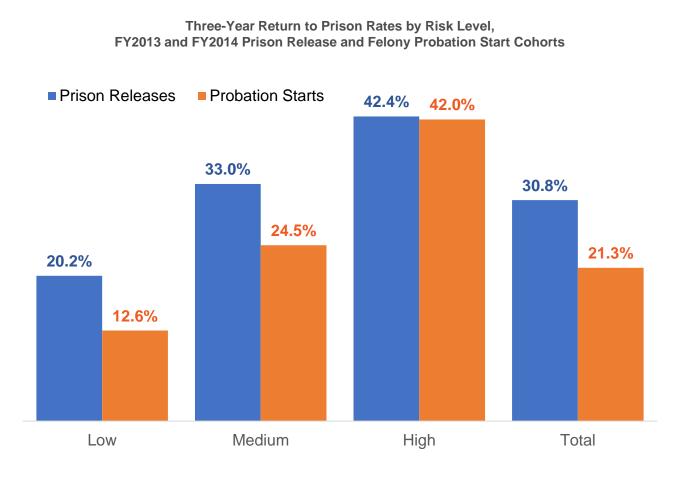
Wyoming spends \$23 million annually incarcerating people with new commitment, nonviolent offenses.



People who have committed nonviolent offenses have a higher risk of reoffending and a larger proportion with substance addiction and cognitive behavioral needs.

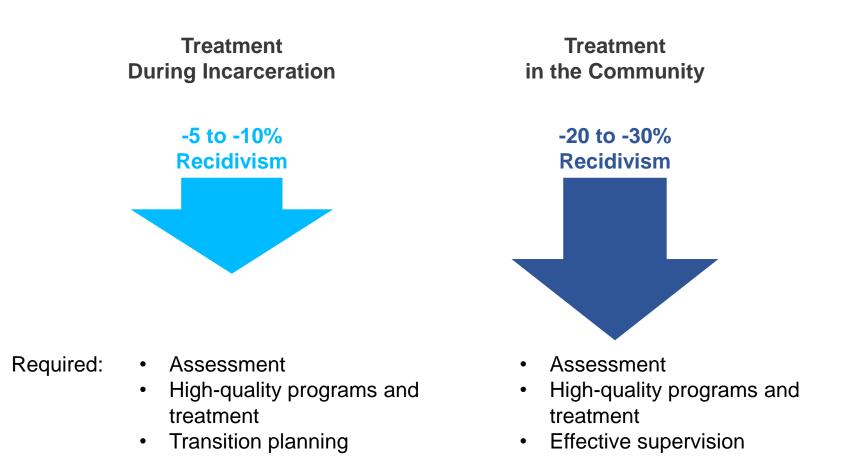


In Wyoming, people on probation have lower recidivism rates than people sentenced to prison regardless of risk level.



Sources: CSG analysis of WDOC data.

Interventions delivered in the community are more effective at changing behavior than those offered in prison.



Sources: 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, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

Wyoming sentencing statutes extend more discretion to courts than states that provide greater predictability and consistency in their statutes.

Some observations of Wyoming sentencing statutes:

- There are no sentencing guidelines advising consistent sentencing practices.
- With some exceptions, offenses are not ranked by severity such as "third degree felony"; each offense penalty is listed individually in statute.
- Statutes generally provide only the maximum prison sentence length for each offense, leaving courts to select a maximum sentence length that is equal to or shorter than the one listed in statute.
- Minimum sentences may be no longer than nine-tenths of the maximum sentence, allowing for a wide range of proportions of minimum to maximum sentences.
- Most people—except for people convicted of crimes punishable by death or life imprisonment—are eligible for a sentence to probation.
- Wyoming lacks a sentencing commission, and statewide sentencing data are not collected, analyzed, or reported.

The "Addicted Offender Accountability Act" creates a statutory framework for the assessment and sentencing of people with substance addictions.

Requires substance addiction assessment at the presentence stage

Creates an adequate treatment alternative

Defines a "qualified offender" population

A rebuttable presumption against eligibility based on certain offenses

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No data is tracked or analyzed on the AOAA's impact on diverting qualified populations from prison to supervision and community treatment.



Anyone convicted of a third DUI misdemeanor or a felony is required to receive a substance addiction assessment.



Sentencing orders contain a treatment plan that the person is required to complete.



A person convicted of a felony whom the court finds has a need for alcohol or other drug treatment.

A rebuttable presumption of denial for people who have been convicted of a violent felony or the delivery or unlawful manufacture of a controlled substance.

Between 2013 and 2017, new court commitments and probation revocations to prison for drug offenses increased 19 percent. Is a smaller proportion of people eligible for AOAA being diverted?

Fifty-five percent of new court commitments to prison are for nonviolent offenses. Could an expansion of the eligible population result in more AOAA prison diversions?

Policy options

Provide judges with recidivism outcome data to inform sentencing options, including probation, ACC, ISP, and prison.

Analyze available sentencing data and routinely report reasons why a person who qualifies for diversion to supervision and community treatment under the Addicted Offender Accountability Act (AOAA) was sentenced to incarceration instead.

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Immediate interventions following a crime or violence can reduce the side effects of trauma and have a positive impact on victims and survivors.

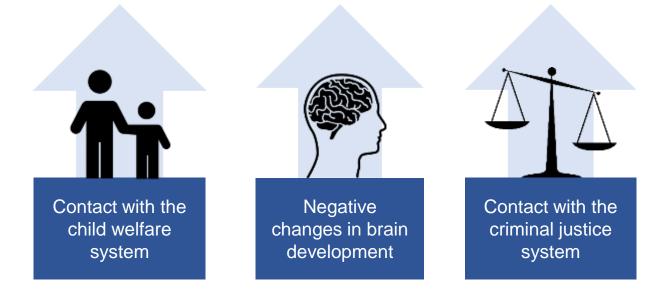
People are accessing the compensation program but may not be getting all of their eligible expenses reimbursed.

Although victims are helped by established providers, the state can grow new programs that reach new victims in rural and frontier areas and address victims' evolving needs.

Restitution processes are explained in law, but data is unavailable to understand how it is ordered, collected, and distributed.

Trauma contributes to cycles of violence.

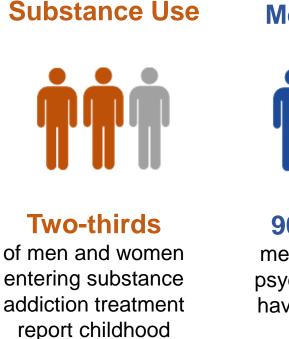
The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for public institutions and service systems.



Preventing exposure to traumatic events and **responding with early interventions** and treatment for people experiencing traumatic stress may improve outcomes for these individuals and prevent prolonged involvement with the justice and child welfare systems.

Sources: SAMHSA, Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014.

Trauma is strongly associated with mental illnesses, substance addictions, and incarceration.



abuse and neglect

Mental Health



90 percent of men and women in psychiatric hospitals have been exposed to trauma Estimates range, but 50%–98% of women who are incarcerated experienced childhood trauma

Women

Men

56% of men who are incarcerated experienced childhood physical abuse

Sources: SAMSA, Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues; Mueser & Rosenberg, Treatment of PTSD in persons with severe mental illness (2001); National Resource Center on Justice Involved Women, Fact sheet on Justice Involved Women in 2016; and Wolff & Shi, Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment (2012).

Crime victim compensation is one of the programs states created to reduce trauma associated with crime and restore the tangible losses of victims.

There is a crime victim compensation program in every state; Washington, DC; and two U.S. territories. The Office for Victims of Crime administers federal formula awards for these compensation programs.

Eligibility requirements vary slightly from program to program, but in all programs victims must report the crime, file a timely claim or application, and cooperate with the investigation and prosecution of the case.

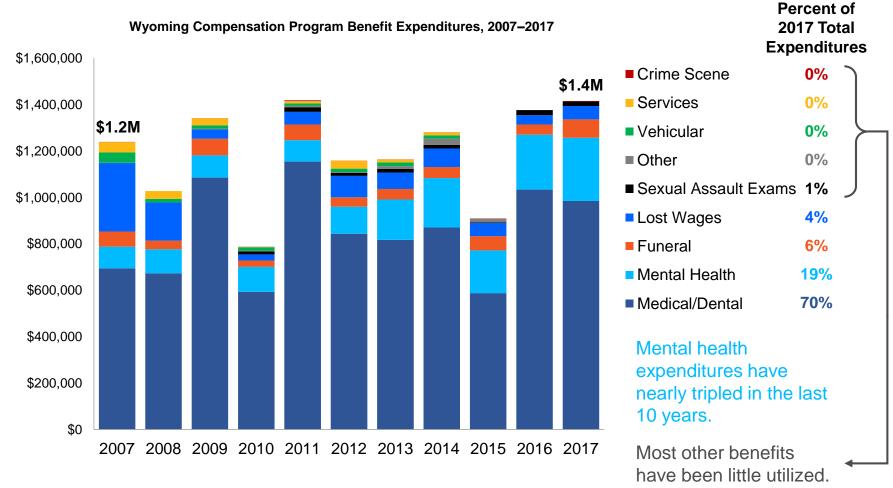
A victim must exhaust collateral sources, such as insurance coverage, before utilizing the compensation program benefits. This program helps those with the most need.

Letter from a crime victim who received victim compensation

"I am writing to express my great gratitude for the victim compensation program. Last year, in hard winter, I had to escape an abusive ex and I honestly do not know how I would have succeeded without help. Knowing there would be financial help specifically gave me the courage to leave. Then the first check arrived on the exact day when I was down to \$7.46 and the rent was due and thought I was going to have to go into credit card debt to make ends meet. Now I am settled in a new state starting to feel normal again."

Sources: Victim's letter to the Iowa Compensation Program, used with permission.

Medical/dental benefits consistently account for about 70 percent of compensation expenditures.



Sources: GMS Annual Performance Reports, 2011-2014.

In 2016, Wyoming had the second-lowest violent crime rate in the region and invested the most in compensation per 100,000 residents.

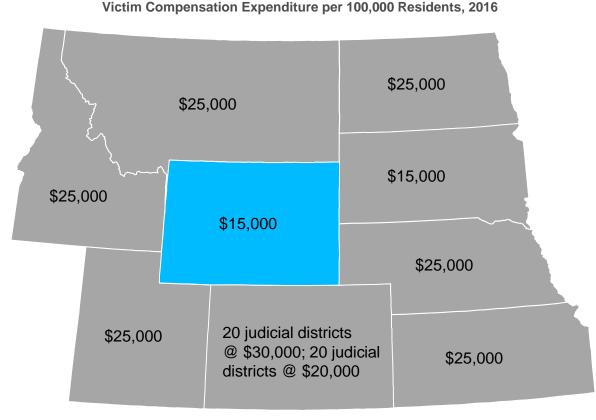
Victim Compensation Expenditure per 100,000 Residents, 2016

	Resident Population	Compensation Expenditure	Violent Crime Rate per 100,000 residents	Compensation Expenditure per 100,000 residents
Colorado	5,540,545	\$6,388,722	343	\$115,309
Idaho	1,683,140	\$1,415,414	230	\$84,094
Kansas Montana Nebraska	2,907,289	\$3,174,500	380	\$109,191
	1,042,520 1,907,116	. ,	368 291	\$45,539 \$16,562
South Dakota	865,454	\$198,371	418	\$22,921
Utah	3,051,217	\$4,618,632	243	\$151,370
Wyoming	585,501	\$913,797	244	\$156,071



Sources: FBI Uniform Crime Report, 2011-2016, US Census 2014, GMS Annual Performance Reports, 2011-2014.

Wyoming and South Dakota's maximum victim compensation benefit level is \$15,000, lower than surrounding states.



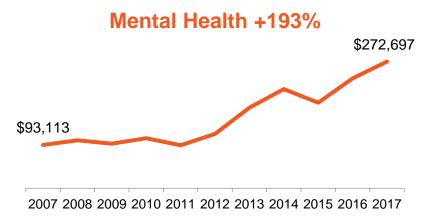
FY2016–FY2018: 56 claims maxed out the \$15,000 benefit; 105 claims exceeded \$10,000 in benefits.

> Wyoming does have a higher maximum benefit level for those who suffer long-term, catastrophic injuries (\$25,000).

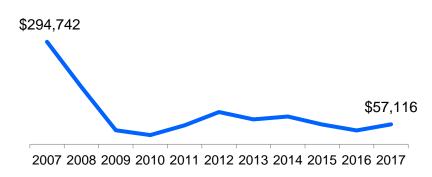
Sources: A Review of Statutes, Regulations, Policies and Procedures of Compensation Programs in States, Territories and the District of Columbia for OVC, 2016.

Between 2007 and 2017, compensation expenditures on mental health almost doubled, while lost wages dropped 81 percent.

Victim Compensation Expenditures for Mental Health and Lost Wages, 2007–2017



Lost Wages -81%



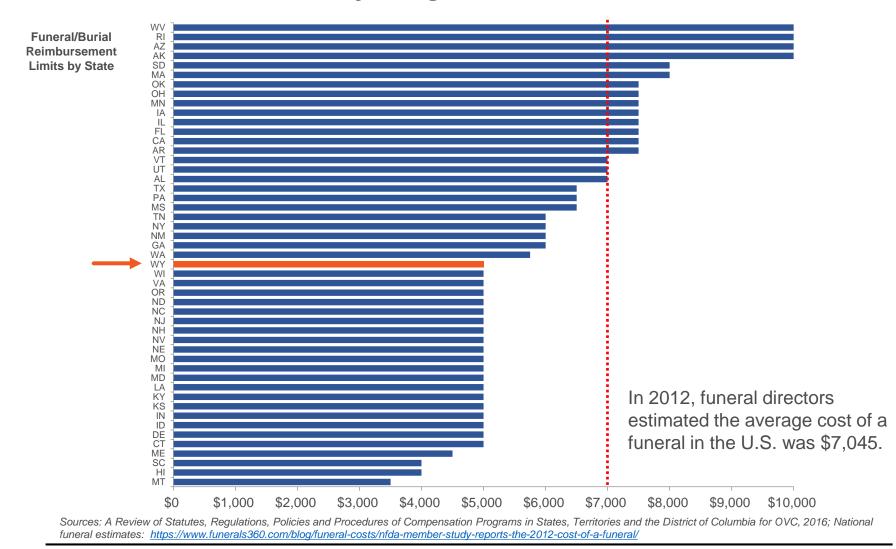
Sources: GMS Annual Performance Reports, 2011-2014.

Most applications to the Crime Victims Compensation Program are submitted through the help of an advocate, who connect victims to mental health services.

Victims seeking mental health services in the larger population centers are better able to access mental health services than those in rural areas. Victims can get reimbursement for travel costs to/from these appointments.

It is unknown why the lost wages benefit has decreased. When someone is approved for the compensation program, they receive a list of eligible benefits.

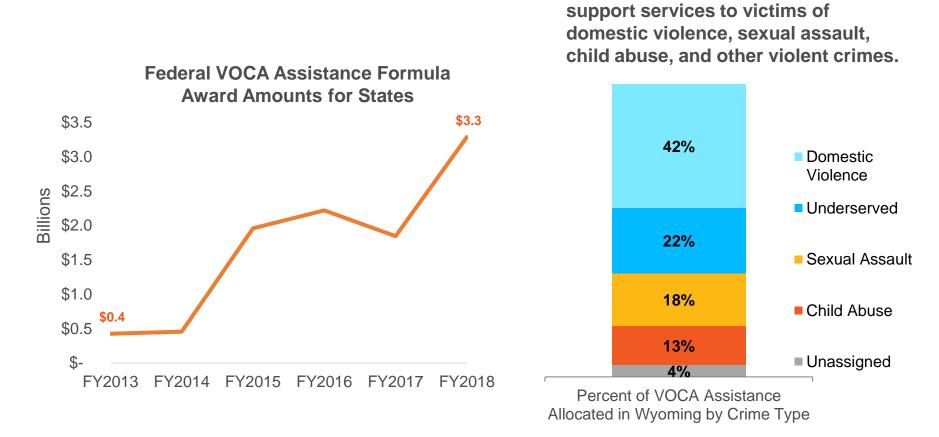
Victims who are eligible for this benefit must be employed at the time the crime occurs. Although 17 state compensation programs reimburse funeral and burial costs at or above \$7,000, Wyoming's benefit is \$5,000.



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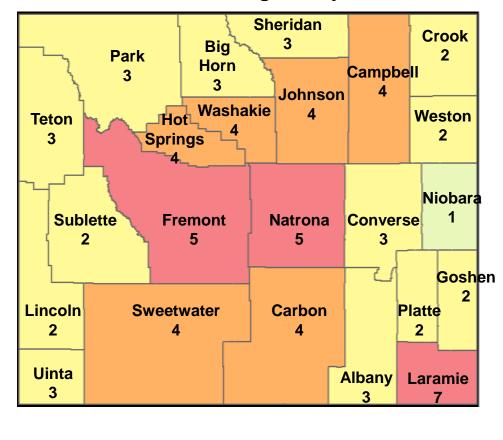
Federal Victims of Crime Act (VOCA) Assistance formula awards to states have increased exponentially since 2015.



Sources: https://ojp.gov/ovc/grants/cvfa2017.html; email communication from National Association of VOCA Assistance Administrators, March 23, 2018.

Wyoming invests these funds to

Almost two-thirds of Wyoming's counties have three or fewer VOCAfunded programs serving victims.

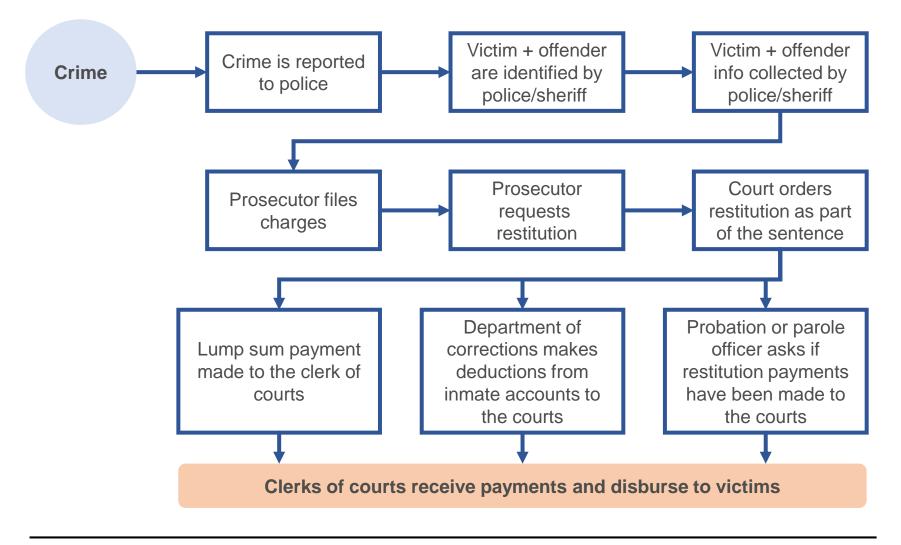


Number of Funded Programs by Service Area

14 of Wyoming's 23 counties have three or fewer VOCA-funded programs.

Along with providing awards to continue or expand existing programs, Wyoming could leverage federal funds to start new programs. This would add capacity within counties to reach new victims.

There are two statewide programs through Equal Justice Wyoming at the Supreme Court Access to Justice project and the Board of Parole. Successful restitution management requires coordination across many criminal justice agencies in Wyoming.



Even without a coordinated effort to share information between the courts and the Crime Victim Compensation program, people who owe restitution are making payments.

Restitution Claims Filed by Wyoming's Crime Victim Compensation Program (FY2016—18)

2,370 restitution claims filed:2,250 had known offenders (95%)120 had unknown offenders (5%)

421 people made 3,484 restitution payments for a total of \$397,000.

	Restitution Collected	# of People Paying Restitution
Albany	\$23,788	23 people
Big Horn	\$15,841	11 people
Campbell	\$74,189	72 people
Carbon	\$11,141	15 people
Converse	\$9,741	14 people
Crook	\$952	1 person
Fremont	\$64,198	51 people
Goshen	\$191	2 people
Hot Springs	\$8,261	8 people
Johnson	\$3,895	3 people
Laramie	\$52,775	64 people
Lincoln	\$207	2 people
Natrona	\$35,322	51 people
Niobrara		
Park	\$17,570	19 people
Platte	\$8,883	11 people
Sheridan	\$4,866	10 people
Sublette	\$4,784	6 people
Sweetwater	\$54,530	41 people
Teton	\$2,259	4 people
Uinta	\$256	3 people
Washakie	\$3,628	9 people
Weston	\$14	1 person
Total	\$397,288	421 people

Policy options

Expand victim compensation benefits to allow the program to establish good cause to extend the time limit for accessing approved benefits, and increase the funeral benefit amount.

Use the needs assessment conducted in partnership with the Office of the Attorney General and the Wyoming Statistical Analysis Center to create funding opportunities to grow new programs and projects for victims in Wyoming.

Create processes and procedures for collecting and sharing information about restitution orders, collections, and disbursements.

Collect and publish information about how often restitution is ordered, collected, and disbursed.

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Section Overview

Over-supervising (both in intensity and duration) people who pose a low risk to reoffend saps time and resources that could be better focused on people likely to benefit from the attention.

The vast majority of people on probation receive referrals to programs without differentiation based on risk, which could increase recidivism among low-risk people and limit capacity for high-risk people in need of intensive programs.

People beginning terms on probation or parole have lower recidivism rates than people who begin those terms in an Adult Community Correction Center (ACC).

Wyoming could achieve better recidivism outcomes with its Intensive Supervision Probation and ACCs if people were prioritized for the programs based on risk of recidivism and were connected to programs that address their risk factors.

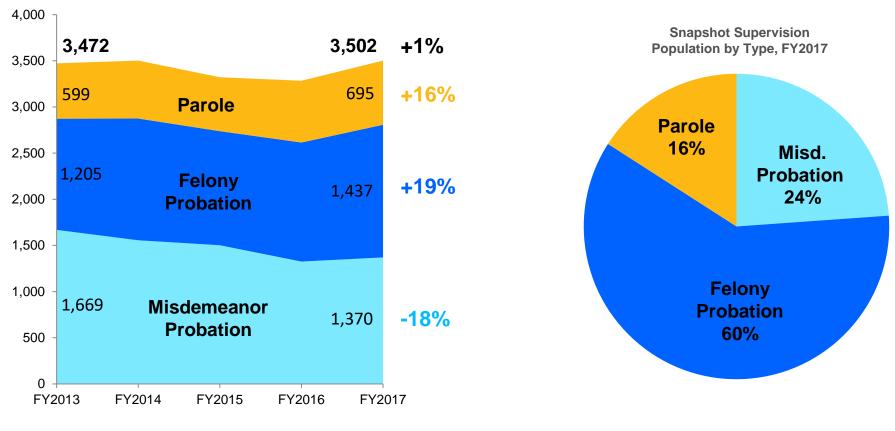
524 more people are projected to be added to Wyoming's supervision population by 2023.

FY2008-FY2023 8,000 7,302 7,118 ____ 6,778 7,000 6,000 **18%** -5% 5,000 from FY2008 from FY2018 to FY2018 to FY2023 4,000 3,000 2,000 1,000 0 FY08 FY09 FY10 FY11 FY12 FY13 FY14 FY15 FY16 FY17 FY18 FY19 FY20 FY21 FY22 FY23

Wyoming Historical and Projected ADP Supervision Population, FY2008–FY2023

Sources: WDOC Prison and Supervision Projections, July 2018.

Although Wyoming's supervision population has increased slightly and the misdemeanor probation proportion has decreased, it still constitutes a quarter of the supervision population.



Supervision Admissions by Type, FY2013–FY2017

Sources: CSG analysis of WDOC data.

System checklist to reduce recidivism

1	Assess risk and need
2	Target the right people
3	Frontload supervision and treatment
4	Ensure adequate linkage to proven programs
5	Use case planning to facilitate behavior change
5 6	Use case planning to facilitate behavior change Respond to both positive and negative behaviors
•	Respond to both positive and negative

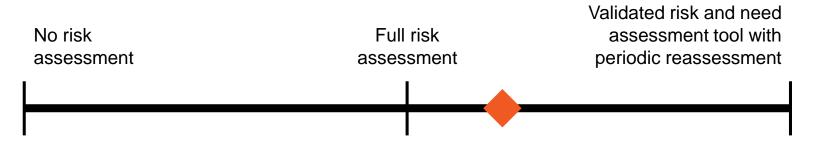
Are the right approaches being taken with the right people?

If not, efforts to change behavior (and reduce recidivism) will be much less effective and sometimes counterproductive.

1. Assess risk and need: Wyoming has a modern risk and need assessment tool but lacks current validation.

Current Practice

WDOC utilizes the COMPAS, which received an initial validation, but has not been validated since 2010. The department has implemented or will be implementing several adjunct assessments for sex offenders, women, DUI, and domestic violence. WDOC lacks a structured quality assurance process and ongoing training opportunities to ensure assessments are completed accurately.



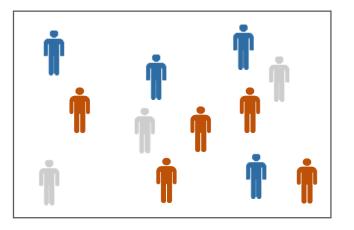
Recommendations

- Limit the ability of agents to override assessments into an acceptable range of 10–15%.
- Implement quality assurance protocols to ensure accuracy of assessments.
- Conduct validation studies every 3–5 years.

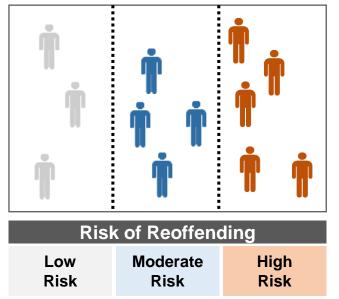
The results of standardized risk assessments are used to group people according to their relative risk of recidivism.

The **Risk Principle**—tells us *who* to target

Without Risk Assessment...



With Risk Assessment...

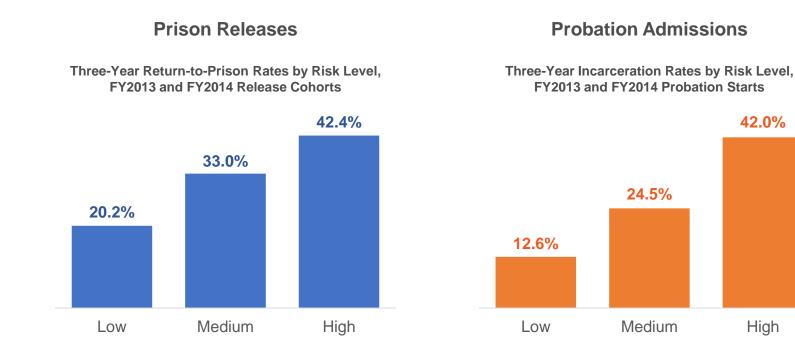


Risk level is not an indicator of:

- ≠ Dangerousness
- ≠ Severity of offense
- ≠ Guarantee of reoffending or non-offending
- ≠ Offense-specific reoffending

Typically 1/3rd of the population falls into each category

Wyoming's COMPAS risk assessment sorts its population into groups that are predictive of risk of recidivism.



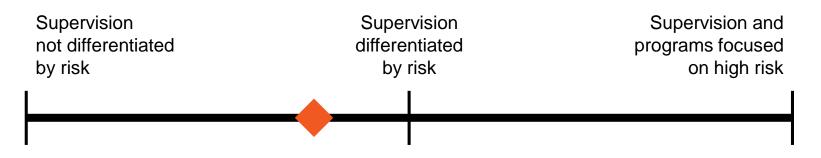
An array of specialized assessments also are used throughout the system.

ΤοοΙ	Outcome	Use in System
COMPAS	Criminogenic risk and need	Core Tool—PSI and supervision Reentry Tool—Prior to release
WRNA—Trailer (Women's Risk Needs Assessment)	Gender-responsive factors to enhance criminogenic risk and need assessment prediction for women	Supervision and prison
Static-99R, STABLE and ACUTE	Sexual recidivism	Supervision and prison
ASI—Addiction Severity Index	Severity of substance use to assist in American Society of Addiction Medicine (ASAM) level of care placement determination	AOAA at PSI Supervision and prison for people with identified substance use need
DUI—Trailer	(Forthcoming)	
Domestic Violence— Trailer	(Forthcoming)	

2. Target the right people

Current Practice

Supervise based on risk level; however, a high level of overrides counteract effectiveness. Programming and resources are not intensified based on risk level. ACC placement is not prioritized based on risk level.



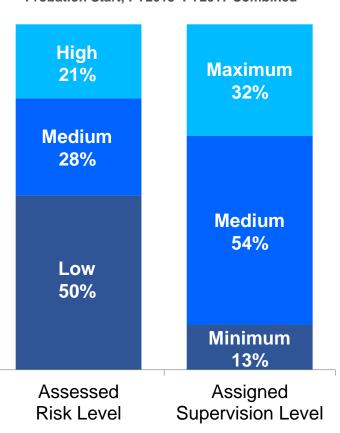
Recommendations

- Put quality controls in place to ensure agents are not over-supervising individuals.
- Prioritize programming and resources for those most likely to reoffend.
- Use risk and needs assessment to drive placement in ACC facilities prior to parole supervision.

Almost half of people on probation are bumped up to higher supervision levels upon intake, shifting resources from higher- to lower-risk people.

47 percent of the total group appear to be supervised at a level above their initial risk level.

Conversely, only 9 percent started supervision at a level below their risk level.



Risk and Supervision Level at Regular Felony Probation Start, FY2013–FY2017 Combined

> The COMPAS developers indicate that overrides should exceed no more than 15 percent of the assessed population.

Upward Overrides at Regular Felony Probation Start by District, FY2013–FY2017 Combined

District 1	48%
District 2	35%
District 3	44%
District 4	61%
District 5	44%
District 6	57%
District 7	44%
District 8	56%
District 9	37%



Sources: CSG analysis of WDOC data.

Failing to adhere to the risk principle can actually increase recidivism for low-risk individuals.

Average Difference in Recidivism by Risk for Individuals in Ohio Halfway House Increased Recidivism Low Risk +3%Moderate Risk - 6% **Decreased Recidivism** High Risk - 14%

Individuals who are at **low risk** of recidivating

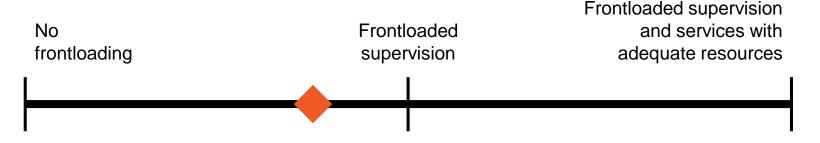
- Do well with minimal intervention;
- Have protective factors which are disrupted with intensive services and supervision; and
- Learn more ingrained criminal behaviors when put with individuals who have higher risk.

Sources: Presentation by Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry". D.A. Andrews and J.Bonta. The Psychology of Criminal Conduct, 5th Ed. (New York, New York: Routledge, 2010.

3. Frontload supervision and treatment

Current Practice

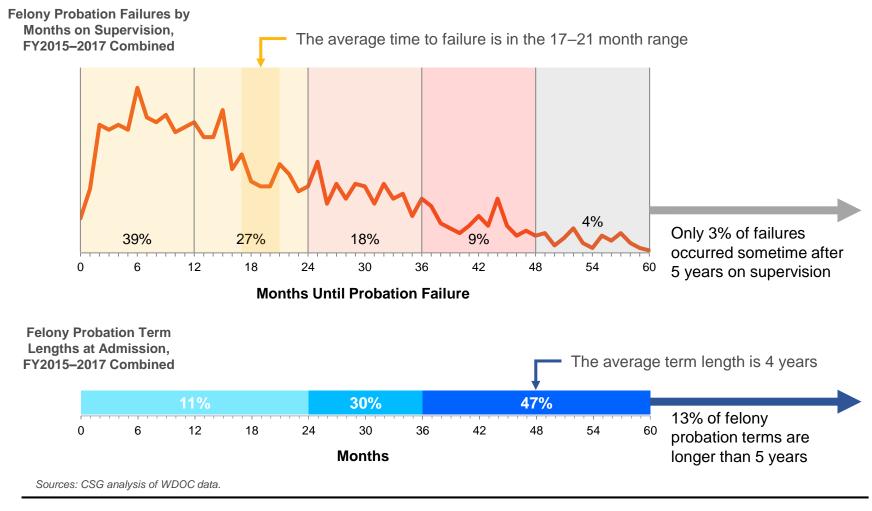
Agents frontload some programs but not by risk level. Long supervision lengths inhibit adequate resource allocation to address the needs of people who are at a high risk of recidivating.



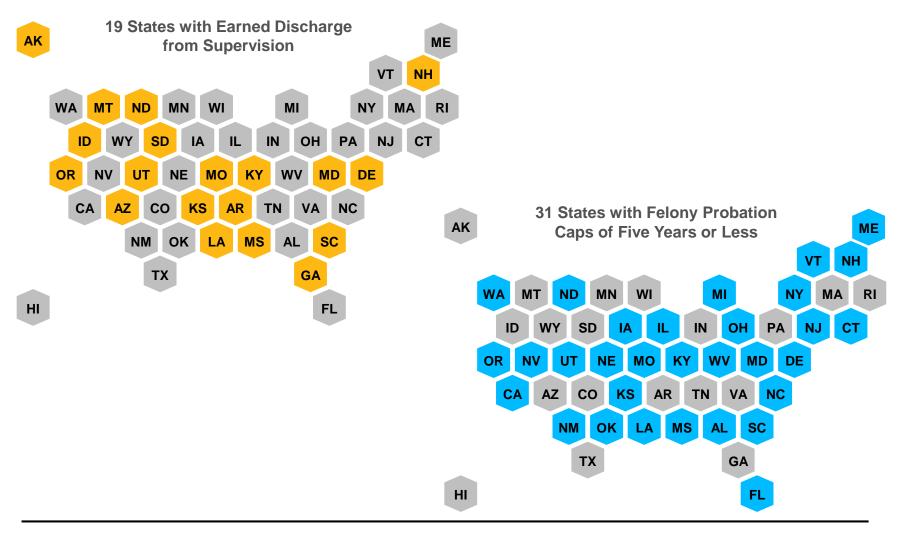
Recommendations

- Ensure services are frontloaded for individuals identified as high risk.
- Place cap on supervision length of 3–5 years.
- Collaborate with judges and county attorneys to strengthen early discharge practice.

The average length of probation terms exceeds the period during which most recidivism occurs, stretching supervision and program resources.



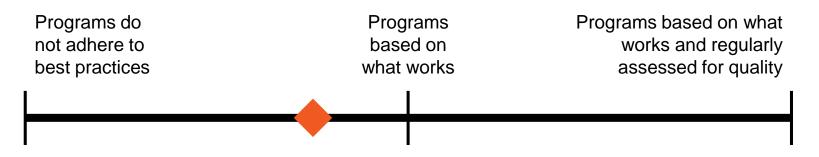
In recent years, 19 states have established or expanded earned discharge from supervision.



4. Ensure adequate linkage to proven programs

Current Practice

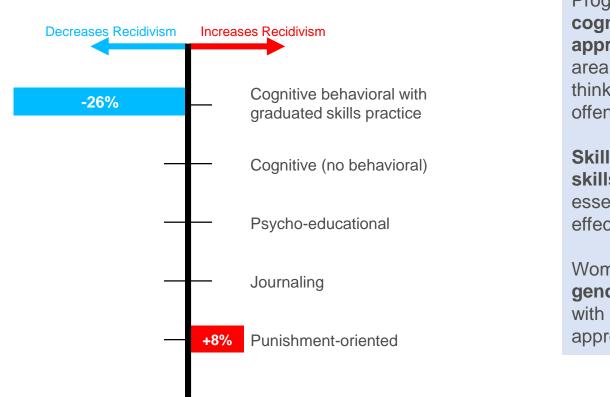
Some but not all programs are based on what works to reduce recidivism. Program referrals are driven by need without consideration of risk and with little to no ongoing quality assurance.



Recommendations

- Enhance or replace current programs that are not cognitive behavioral in nature.
- Ensure programs for women are gender responsive and trauma informed.
- Prioritize programming referrals based on risk level.
- Institute quality assurance protocols to ensure fidelity of programs.

Programs should be proven effective and meet the unique needs of people in the criminal justice system.



Changes in Recidivism by Program Type

Programs should utilize cognitive behavioral approaches regardless of area of focus (e.g., criminal thinking, substance use, sex offender).

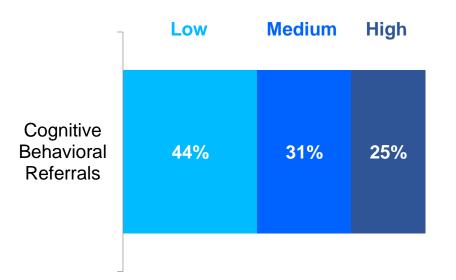
Skill building with structured **skills practice** is an essential component of effective programs.

Women should receive gender-responsive services with a trauma-informed approach.

Sources: 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. D.A. Andrews and J.Bonta. The Psychology of Criminal Conduct, 5th Ed. (New York, New York: Routledge, 2010).

A large portion of people receiving referrals to address criminal thinking are low risk.

Proportion of Program Referrals by Risk Level, FY2017 Snapshot Population



Overriding to higher supervision levels is a likely contributor to program referrals among lower-risk people.

40 percent of those referred for cognitive behavioral programs had no criminal thinking or cognitive behavioral need indicated on the COMPAS.

People assigned to intensive supervision probation (ISP) fail at a significantly higher rate than people on standard supervision

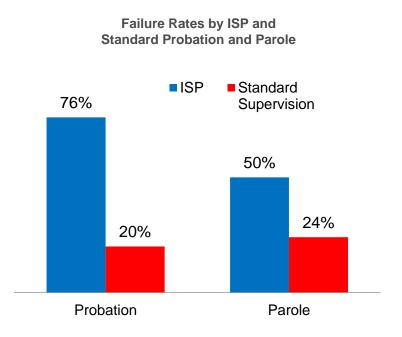
Wyoming's ISP population consists of 343 people, which accounted for about 5 percent of the total supervision population in FY2017.

People may be placed on ISP as a condition of probation or parole or as an alternative to revocation from supervision.

An ISP term is 365 days, consisting of three 120-day supervision levels, each of which involves frequent contact with the supervising officer, drug and alcohol testing, and collateral contacts. After moving through the three levels, the person is eligible for transfer to standard supervision.

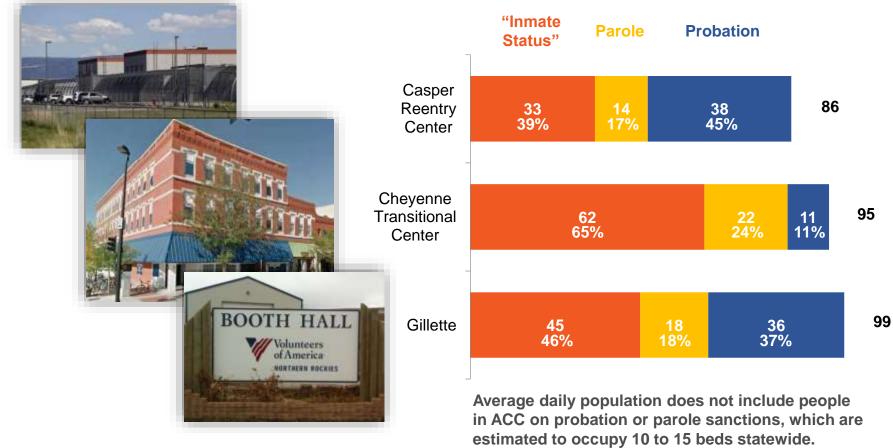
There is no assured programming or treatment to address risk factors except for CBT groups.

Statute permits DOC to decline an ISP placement due to lack of space or funding or because the person lacks a reasonable likelihood of successfully participating.



60 percent of the ISP population is low or moderate risk.

Wyoming's Adult Community Correction Centers are residential programs serving a mix of different populations.



ACC Average Daily Population by Location and Type, FY2018

Sources: ACC Monthly Data Reports to WDOC.

ACCs play an integral role in the criminal justice system but face a number of external factors that reduce their ability to reach full potential.

ACCs play an integral role in Wyoming's criminal justice system by

- Providing residential program capacity in the community for the corrections and supervision population;
- Delivering intermediate sanctions that avoid costly use of jail and prison space; and
- Enabling clients to pay victim restitution while maintaining a job in the community.

External factors reduce successful outcomes because of

- A lack of policy identifying populations that will benefit most from the program and setting a maximum client length of stay;
- A level of state funding that does not enable service delivery; and
- A lack of routine reporting concerning key performance measures and outcomes.

A lack of standardized criteria to prioritize populations that will benefit most from ACCs.

Referrals to the ACCs are not based on standardized assessments showing who will benefit most from the program.

A mix of populations exist within the same ACC.

State-custody clients in ACCs vary considerably by risk level, correctional and supervision status, and gender.

Funding is scarce for service delivery inside ACCs.

ACCs function primarily as work release centers for state-custody clients, who seek services in the community like the general supervision population.

Clients' length of stay in program is not structured according to program completion progress.

Supervision violators serve between 30 and 60 days while people on "inmate status" serve 9.6 months, people on probation serve 7.5 months, and people on parole serve 5.6 months.

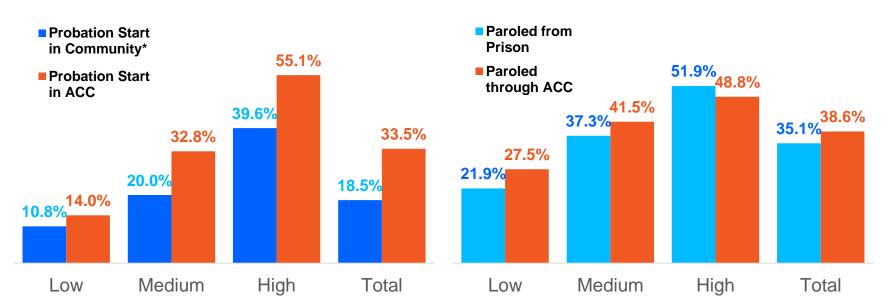
Case planning between supervision and ACCs needs closer coordination to promote positive behavior change among clients.

Opportunities exist to leverage respective roles of ACCs and supervision to promote greater accountability for compliance with conditions.

Sources: CSG analysis of WDOC data.

People who start supervision terms in ACCs have higher recidivism rates than those who start on standard supervision.

Three-Year Return to Prison Rates for Felony Probation by Risk Level and Type, FY2013 and FY2014 Probation Start Cohorts Three-Year Return to Prison Rates for Parole by Risk Level and Type, FY2013 and FY2014 Release Cohorts



* Includes just regular probation starts excluding those on specialty court supervision, ISP, or in residential treatment.

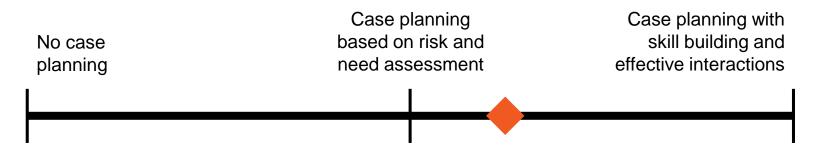
Note that cohort size for those starting probation in the ACC is relatively small, which limits the strength of the results.

Sources: CSG analysis of WDOC data.

5. Use case planning to facilitate behavior change

Current Practice

WDOC creates case plans based on the risk and need assessment and utilizes motivational interviewing. Skills practice is limited and duplicative case plans are created with ACC's, institutions, and providers.



Recommendations

- Implement more structured supervision practices and skills training to promote behavior change.
- Streamline case planning to reduce redundancies through the use of comprehensive collaborative case plans.

Policy options

Focus supervision resources during the initial years of a person's probation or parole term, when risk of recidivism is highest.

Use risk assessment results to guide decision making on supervision levels, case planning, and programming and allow overrides only when appropriate due to extenuating factors.

Prioritize admissions to ACC and ISP for people on supervision who violate their conditions or who are assessed as being at a high risk of recidivism at the start of their supervision term.

Ensure that programs and treatment address the assessed risks and needs of people placed in ISP and ACCs.

Require that risk and needs assessments be routinely revalidated for quality assurance.

Presentation Outline

- 1. Overview and Introduction
- 2. Achieving improved recidivism reduction among people with nonviolent offenses
- 3. Connecting crime victims to compensation, assistance, and restitution services
- 4. Delivering adequate supervision and programming to people with the highest risk and needs
- 5.
- Using supervision incentives and sanctions to promote positive behavior change
- 6. Overcoming barriers for people in the criminal justice system who have behavioral health needs

Section Overview

Between 2013 and 2017, the number of people admitted to prison for supervision revocations spiked 27 percent, an increase of 123 people.

On any given day, 30 percent of people in prison are incarcerated due to a supervision revocation, and Wyoming spends \$30 million per year incarcerating people with supervision violations.

The vast majority of revocations are due to violations of supervision conditions without a new felony conviction, many involving drug use.

Wyoming could avert its projected prison population growth and eliminate contract beds by reducing supervision revocation volume or revocation length of stay.

Increasing access to community treatment and improving the swiftness and certainty of sanctions would help strengthen supervision and provide more cost-effective responses to violations.

System checklist to reduce recidivism

1	Assess risk and need	
2	Target the right people	l
3	Frontload supervision and treatment	
4	Ensure adequate linkage to proven programs	(
5	Use case planning to facilitate behavior change	
6	Respond to both positive and negative behaviors	
7	Hold individuals accountable	
8	Measure and incentivize outcomes	

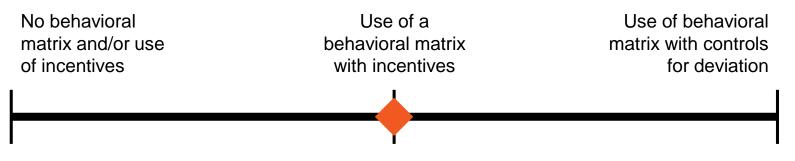
Are the right approaches being taken with the right people?

If not, efforts at changing behavior (and reducing recidivism) will be much less effective and sometimes counterproductive.

6. Respond to both positive and negative behaviors

Current Practice

WDOC utilizes the Positive Rewards Incentives Sanction Matrix (PRISM) for incentives and sanctions but the ACC facilities lack the use of a structured behavior management system that includes incentives. WDOC's PRISM lacks structured controls to limit deviations and ensure that high-level responses are not used for low-level behaviors.



Recommendations

- Monitor the use of graduated sanctions prior to the use of custodial responses.
- Create controls so that high-level responses are not available for low-level behaviors.
- Limit the use of aggravating and mitigating circumstances to no more than 10 percent to ensure structure and consistency.
- Create a behavior management system within ACC facilities that includes the use of incentives.

Wyoming has a structured matrix called the PRISM.

		USM centives Sanction Matrix	
CONDITION/CASE PLAN	VIOLATION BEHAVIOR	SANCTION CONSIDERATIONS	FOR PERSISTENT and/or HIGH LEVE
LAWFUL S COMPLIANCE	Pakare to comply with Proflation Officer directives Providing false information: Provide to day official false information Provide to day official false Provide the output PO about police contact Provide the output PO about police Official false to report to count Provide the output PO about police New Officer, Felore, Mouldemanners or infraction Provide for one-finantm weapon Prostession of Inearm Prossession of Inearm Prossession of Inearm Prossession of Inearm restinguing carments, video game sector.et/	Verbal: Reportand Wittlen Reportand Latter of Apology/Reponsibility Increased Reporting Additional Consultations for SO and ISP Adjustments Reporting Community service Wittlen Relaxional report Loss of approved technology privileges (M previously approved) Return unapprivated item or donate it to charty Robyraph	VIOLATION
CONDITION/CASE PLAN AREA	VIOLATION BEHAVIOR	SANCTION CONSIDERATIONS	FOR PERSISTENT and/or HIGH LEVE WOLATION
TREATMENT & PROGRAMS	Palare to initiale treatment/olitian evaluation Palare to comply or compete insattent/outpalent treatment Palare to comply other mental health services Palare to comply/complete Anger Management Program Palare to comply/complete community Service program Palare to comply/complete community Service program Falare to comply/complete services Palare to comply/complete community Service program Palare to comply/complete services Palare to comply/complete services Palare to comply/complete manual valare to comply or complete parents Underson Program AMOL from treatment AMOL from treatment AMOL from tooth fieldese program radium to comply or complete with alteriative costody is: Jail, EM, Work Program, DRC Falare to participate in education program (CIT, GED, Cognitive closes)	Wittles Behavioral Report/Assignment Practice with Agent (& Carey Uade - MRT - 14C) Call to Tr Courselor or Program Inductor to re-anges Promoel Reporting COMMON Re-Class Meeting with Manager & Agent Correspondence with granting Addisonal Considerations for S0 and S2*: Abternative Ivide antioners program Addisonal Considerations for S0 and S2*: Abternative Ivide surfacements Bobend Carrent Seet Meeting with Manager & S0 Correspondence Seet Addisonal Considerations for S0 and S2*: Abternative Ivide surfacements Bobend Carrent Seet Meeting with S0 threspite & Agent GPS or EM (with Manager & S0 Correspondence) Loss of failed permissions (DOC and/or DOS)	Enhansmoort to 20 Ant Sourchan ACC Sourchan Hease Arrest Responsion

PRISM

- \checkmark Incentives and sanctions
- ✓ Incentives to sanction ratio tracked
 - Graduated responses
- K Graduated responses monitored and enforced

Ability to utilize aggravating

- ✓ and mitigating circumstances when appropriate
- X Ensures deviations are within acceptable levels

PRISM divides violations into two categories granting certain sanctions.

Standards Violations

- · Failure to report change of address
- Changes residence and does not notify agent within 24 hours
- · Changes residence without prior approval
- Deny access to residence and searches
- Refusal of a compliance inspection
- Absconding

Available Responses

- Verbal reprimand
- Written reprimand
- Letter of apology/responsibility
- Increased reporting

Challenges

- Violation behaviors are not differentiated by severity with an appropriate range of responses based on severity of the violation.
- Graduated responses are encouraged but not monitored or required prior to the use of higher-level responses.
- The use of cognitive behavioral interventions is not required to be utilized in conjunction with responses.
- High level sanctions include increased surveillance but lack assured programs or treatment addressing the factors contributing to the violation behavior. Unless these risk factors are addressed, punishment or surveillance alone is unlikely to result in positive behavior change.

Persistent and/or High-Level Violations

Examples or number of violations qualifying for this category are left undefined in the PRISM.

Available Responses

- Enhancement to ISP
- ACC Sanction
- House Arrest
- Jail Sanction
- Revocation

Research highlights the challenge of balancing punishment and behavior change.

Pretrial detention: More than 1 day

Failure-to-appear rates for low-risk individuals

Recidivism for lowand moderate-risk individuals Community-Based Sanctions vs. Jail Sanctions

Both have the same: ✓ Time to next violation

- ✓ # of subsequent violations
- Likelihood of successful completion of supervision

Prison: Not shown to reduce recidivism

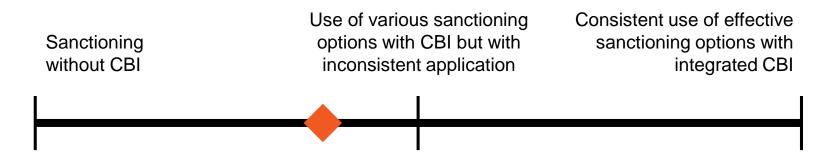
- Increasing severity of punishment does little to deter crime
- Certainty of being caught is more powerful deterrent than punishment
- Prison may exacerbate recidivism

Sources: Christopher T Lowenkamp, Marie VanNostrand, and Alexander Holsinger, The Hidden Costs of Pretrial Detention, Laura and John Arnold Foundation, 2013. E.J. Wodahl et al. (2015). Responding to probation and parole violations: Are jail sanctions more effective than community-based graduated sanctions? Journal of Criminal Justice, 43: 242-250. National Institute of Justice (2016) Five Things about Deterrence. https://www.ncjrs.gov/pdffiles1/nij/247350.pdf

7. Hold individuals accountable

Current Practice

WDOC agents are trained to utilize cognitive behavioral interventions (CBI), however, they are not utilized consistently when violations occur. Sanctions within ACC facilities are delayed.



Recommendations

- Develop more robust CBI programming requirements for ISP and ACC facilities.
- Create a behavioral matrix for all ACC populations to ensure swift, certain, and fair incentives and sanctions.
- Develop data monitoring and protocols to ensure consistent and effective use of the PRISM.

Swift, certain, fair punishment coupled with cognitive-behavioral interventions effectively promotes positive behavior change.

Swift

Sanctions are quick. Limit the time between violation and consequence.

Certain

Sanctions are predictable. Consequences are not random. There are set responses for certain violations.

Fair and Appropriate

The severity and duration of a response to a violation is proportionate to the violation.

Punishment Is Not Enough



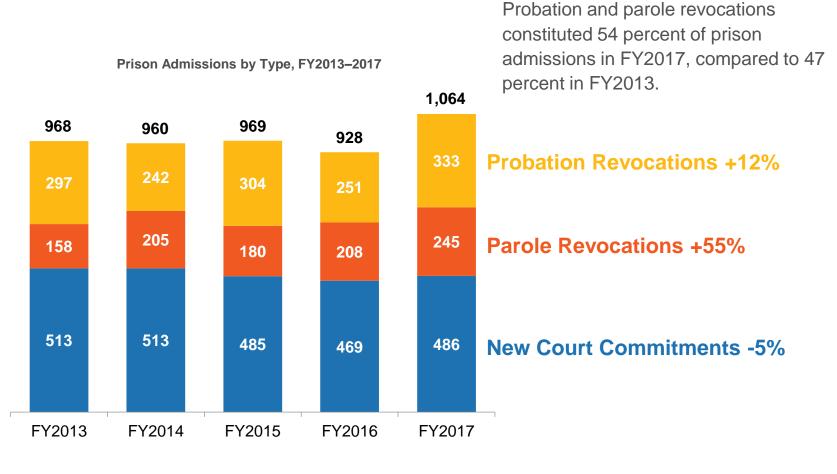
Punishment stops behavior



Use of reinforcement and cognitive behavioral interventions (CBI) teaches new skills and promotes long-term behavior change

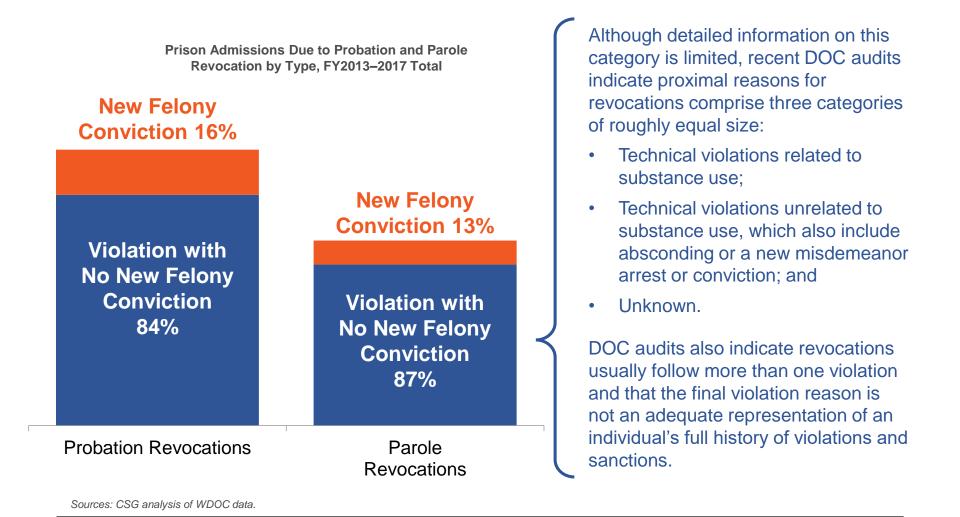
- Case planning
- Homework assignments
- Referral for treatment or programming
- Programming focus at sanction facility

In FY2017, more than half of prison admissions were due to supervision revocations.

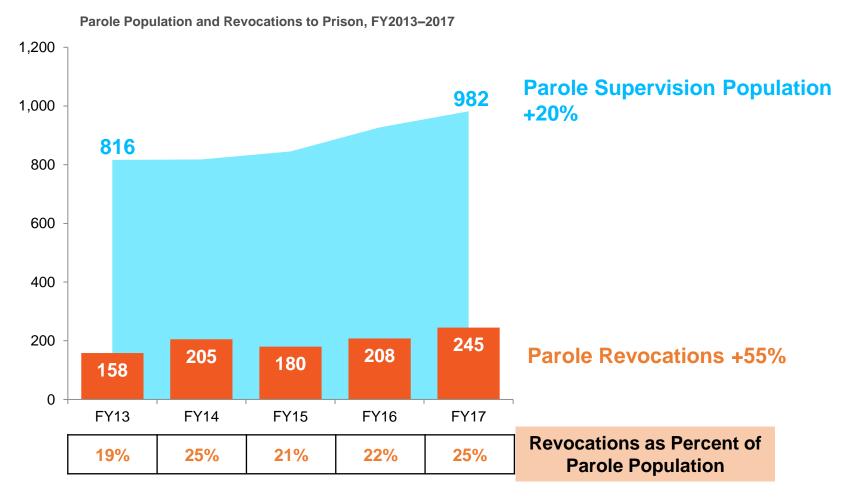


Sources: CSG analysis of WDOC data.

The majority of supervision revocations cite condition violations rather than new felony convictions, but the full story is likely more complicated.

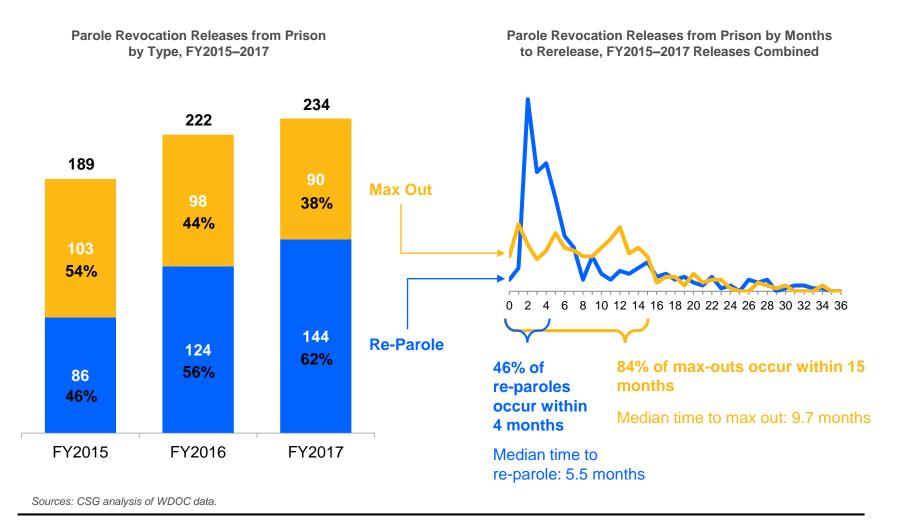


As Wyoming's parole population has grown, so has the number of people returning to prison and the percentage of the population being revoked.



Sources: CSG analysis of WDOC data.

A sizable proportion of parole violators return to the community, and another portion receive less than six months of supervision.

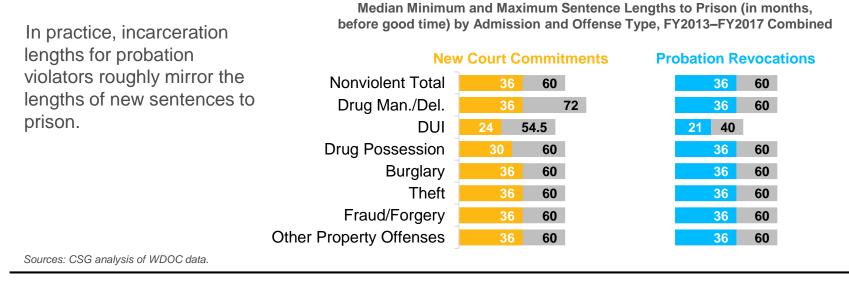


Wyoming statutes predispose courts and the parole board to impose lengthy periods of incarceration following supervision revocations.

In Wyoming, probation is a "suspended sentence": the suspension of a criminal sentence and placement of the defendant on supervision. The amount of incarceration the person would have served potentially predetermines the length of incarceration the person will serve if revoked. (§7-13-302)

At a probation revocation hearing, statutes predispose courts to approach sentencing as if the sentence had never been suspended:

"the court may proceed to deal with the case as if no suspension of sentence or probation had been ordered." (§7-13-305)



Wyoming statutes also predispose the parole board to impose lengthy periods of incarceration following parole violations.

Wyoming statutes indicate that "unless otherwise ordered by the [parole] board, a parole violator shall be returned to the custody of the department to serve the remainder of the original sentence." (§7-13-403)

From 2015 to 2017, in 38 percent of cases, parole violators served the remainder of their sentence, either due to the length of incarceration period imposed or because the balance of time left on the sentence was short.

Absent from the statutes are options to impose shorter, more cost-effective incarceration sanctions that are followed in most cases by a return to supervision.

The Model Penal code recommends imposing "the least severe consequence needed to address the violation and the risks posed by the offender in the community, keeping in mind the purpose for which the [probation] sentence was originally imposed."

Similarly, a recent report, *Modernizing Parole Statutes*, indicates that most people should not be revoked for the remainder of their sentences in most instances. States should "preserve a period of continued supervision, as well as the credible threat of reincarceration for new criminal behavior or violations, while rewarding prosocial behavior with time credits and other incentives."

Sources: Model Penal Code: Sentencing (April 2017) and Modernizing Parole Statutes: Guidance from Evidence-based Practices

Wyoming spends \$30 million per year incarcerating supervision violators, the vast majority of whom were revoked for violating their conditions.

Probation Revocations to Prison per Year* 296	x	Average Length of Stay 19 months	X	Average Monthly Cost of Prison per Person** \$3,744	=	Minimum Estimated Cost to Imprison Probation Failures \$21M
Parole Revocations to Prison per Year* 211	x	Average Length of Stay 11 months	X	Average Monthly Cost of Prison per Person** \$3,744	=	Total Estimated Cost to Imprison Parole Failures \$9M

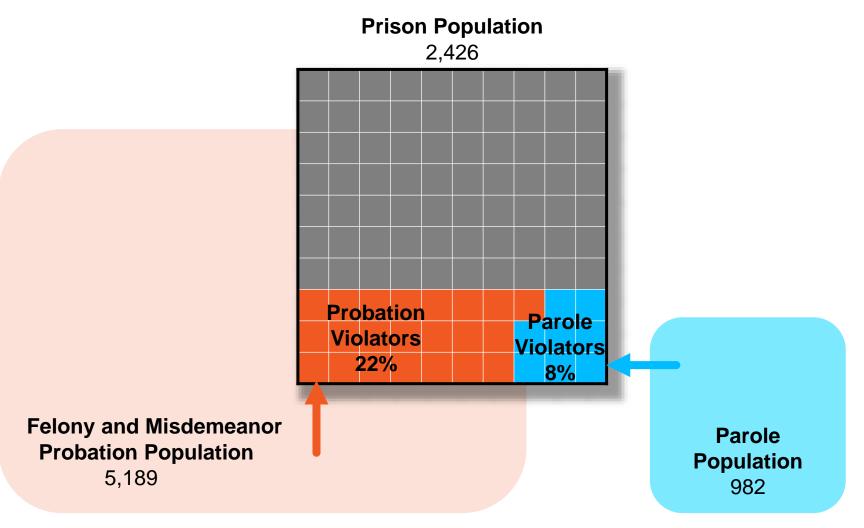
Note: This does not include the costs associated with probation and parole violators awaiting preliminary hearings or people on probation serving revocation sentences in local jails.

 ** Fully loaded cost per month, based on recent average cost per day of ~\$123.00 per person.

Sources: CSG analysis of WDOC data.

^{*} Average total over the last three fiscal years

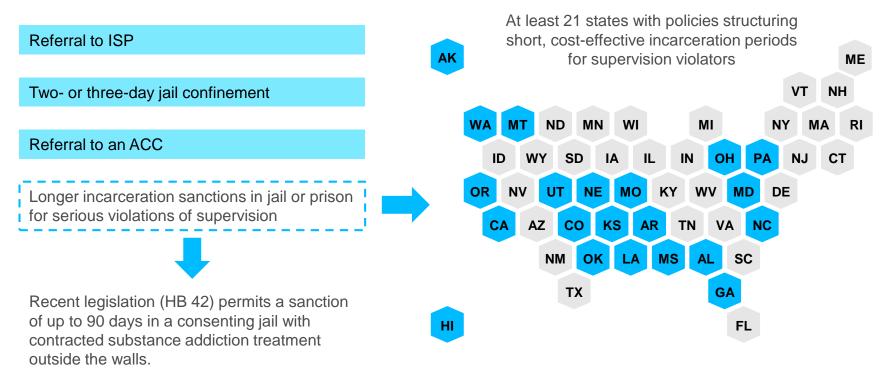
Revocations constitute 30 percent of the prison population.



Sources: CSG analysis of WDOC data.

Wyoming can reduce the high cost of a revocation by expanding the sanctions continuum with shorter, cost-effective incarceration periods.

Along with an array of standard violations, Wyoming's PRISM has more intensive, including custodial, sanctions that are used to respond to persistent, high-level violations.



The cost per intermediate sanction is significantly less than a revocation to prison.

Sanction or Revocation	Average Cost Per Person
Standard violation sanctions (e.g., curfew, community service)	\$0
Two- or three-day jail confinement	\$165
Sanction and placement in ACC	\$2,014
ISP	\$5,658
Probation revocation and sentence to prison	\$71,136
Parole revocation and reincarceration	\$41,184

The cost of delivering sanctioning in the community is significantly lower than a revocation. The lower cost enables the supervision officer to apply numerous swift and certain sanctions, with varying levels of intensity, as needed.

Delivering sanctions proportional to the violation enables supervision officers to respond swiftly and with certainty to every violation without exhausting resources and capacity.

What would it take to reduce revocations enough to eliminate contract beds and expected growth by 2023?



88 people already being housed in prison in Mississippi

55–75 people housed with in-state contracts with jails at any given time

-

200 additional people expected by FY2023

=

~350 needed in population reduction

To reduce the need for 350 beds:

- reduce probation and parole revocation volume by just over 50 percent, or
- reduce probation and parole revocation length of stay by just over 50 percent, or
- some combination of smaller reductions in both volume and length of stay.

System checklist to reduce recidivism

1	Assess risk and need
2	Target the right people
3	Frontload supervision and treatment
4	Ensure adequate linkage to proven programs
5	Use case planning to facilitate behavior change
6	Respond to both positive and negative behaviors
7	Hold individuals accountable
8	Measure and incentivize outcomes

Policy options

Revise Wyoming's sanctions and incentives matrix to increase the certainty, predictability, and proportionality of responses applied to people on probation and parole.

Ensure that high-level community sanctions have been used before a person on probation or parole is recommended for revocation from supervision for violating conditions.

Impose short periods of incarceration—that include programs addressing assessed risk and needs—for people who commit persistent and high-level violations and have exhausted appropriate community-level sanctions.

Reinvest in evidence-based community programs to reduce recidivism that prioritize people on probation and parole who will benefit most from the intervention.

Presentation Outline

- 1. Overview and Introduction
- 2. Achieving improved recidivism reduction among people with nonviolent offenses
- 3. Connecting crime victims to compensation, assistance, and restitution services
- 4. Delivering adequate supervision and programming to people with the highest risk and needs
- 5. Using supervision incentives and sanctions to promote positive behavior change



Overcoming barriers for people in the criminal justice system who have behavioral health needs

Section Overview

In the current biennium, Wyoming appropriated \$8 million for substance addiction treatment in prison but does not have a system in place to assure timely access to treatment in the community for the general supervision population, especially for those at a high risk of recidivating.

Increasing the timeliness of treatment access, providing a greater continuity of care between prison and the community, and improving care coordination between treatment and supervision are all elements of an effective community treatment strategy.

Data and information gleaned from interviews indicate significant barriers for people on supervision in leveraging community substance addiction treatment, which accounts for three-quarters of referrals made by supervision officers.

Neighboring states invest millions of dollars in community behavioral health treatment that prioritizes people on supervision to lower recidivism and avoid costly supervision revocations.

One woman's path through the criminal justice system highlights the need for community behavioral health treatment for people in the criminal justice system.

Criminal History

- First arrest at age 16
- 21 total arrests over 20 years including such charges as:
 - Minor in possession of alcohol
 - Interference with peace officer
 - Disorderly conduct
 - Marijuana possession
 - DUI
 - Breach of peace
 - Public intoxication
 - Criminal trespass
 - Shoplifting
 - Battery
 - Unlawful contact
 - Violating protection order
 - Failure to appear
 - Possession of controlled substance
- All but her last two arrests for drug possession were misdemeanors



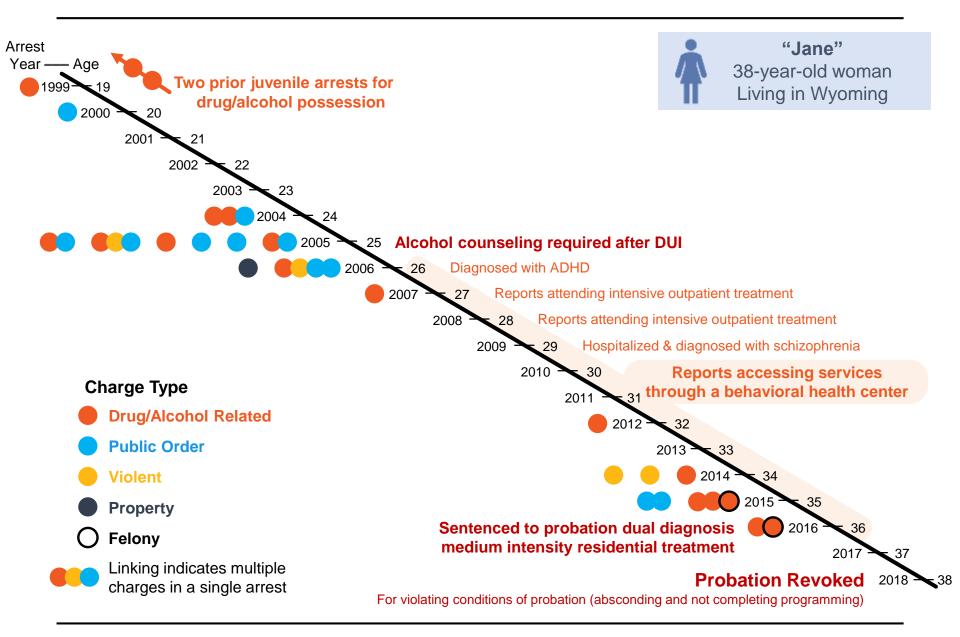
Social History

- High school graduate
- Unemployed since 2014
- Victim of sexual abuse as a minor
- Witness to domestic abuse as a child
- Multiple siblings with criminal histories
- Perpetrator of domestic abuse that resulted in restraining order
- Diagnosed with ADHD, schizophrenia, anxiety, and depression
- History of substance use:
 Alcohol, first use at age 15
 Methamphetamine, first use at age 16
- Received behavioral health services in 2007 and 2008, and off and on from 2011 to 2016

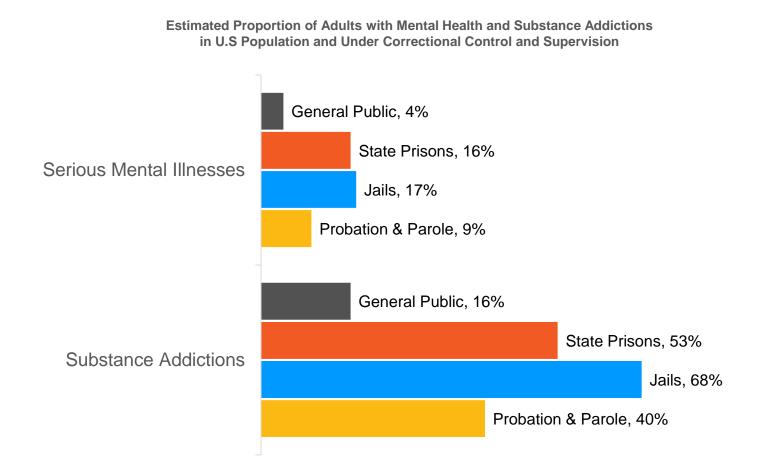
Current Status

2016: Found guilty of possession of methamphetamine (third or subsequent offense); placed on probation for 4 years; ordered to complete Level III Medium Intensity Residential Treatment program

2018: probation revoked for violation of supervision conditions; sentenced to incarceration for 2 to 3.5 years

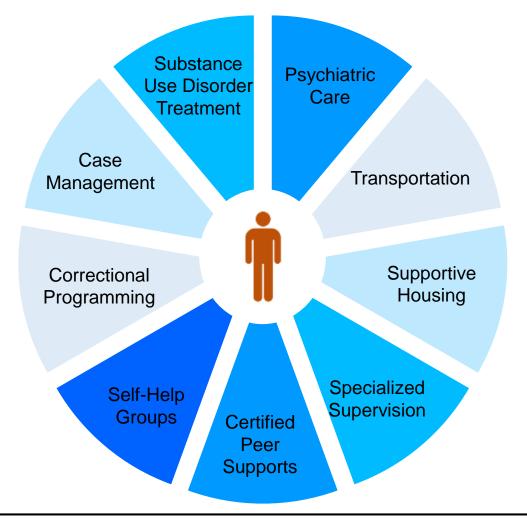


Nationally, a large number of people who enter the criminal justice system have behavioral health needs.



Sources: Council of State Governments Justice Center, "Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison," (New York: Council of State Governments Justice Center, 2013). <u>https://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf</u>.

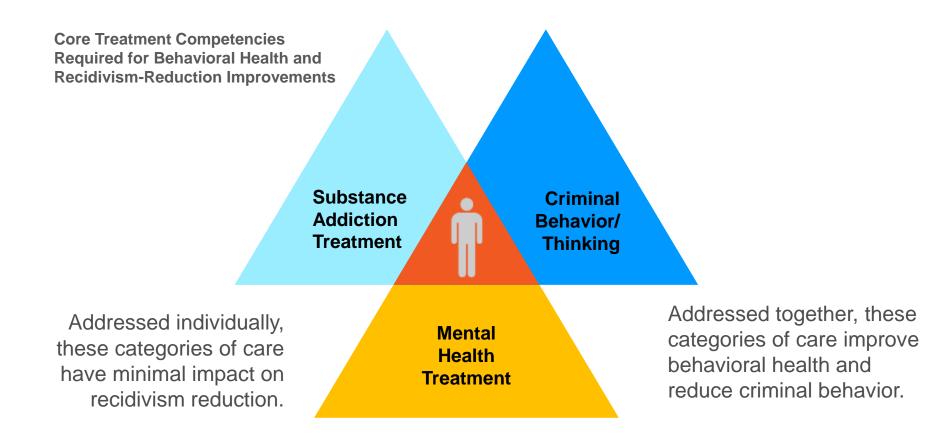
Addressing the complicated and numerous needs of people who have behavioral health issues can be challenging for many reasons.



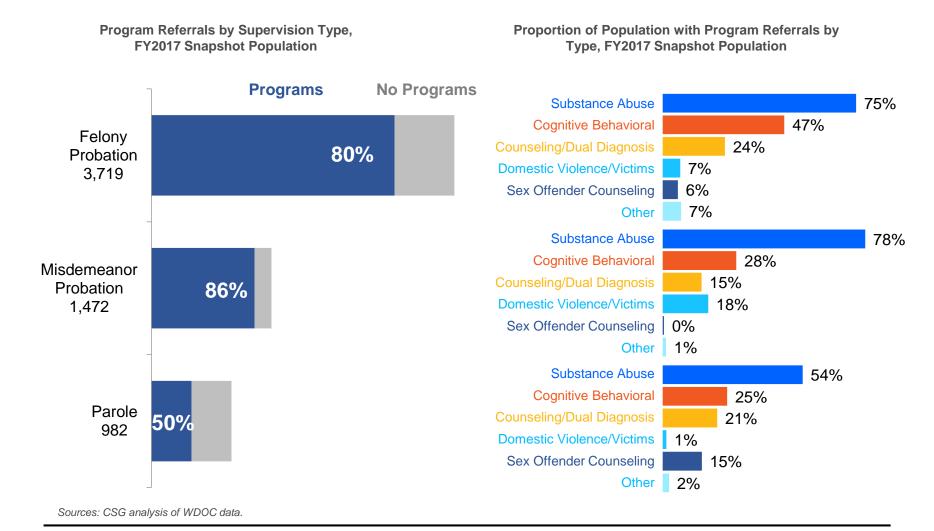
Common Access Challenges:

- Funding limitations
- Practical barriers (transportation, child care)
- Workforce and capacity shortages

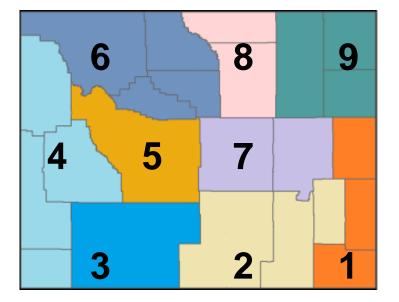
Effective treatment for people in the criminal justice system who have behavioral health needs addresses both criminogenic and health needs.



Substance addiction referrals are the more common program referrals for people on supervision.

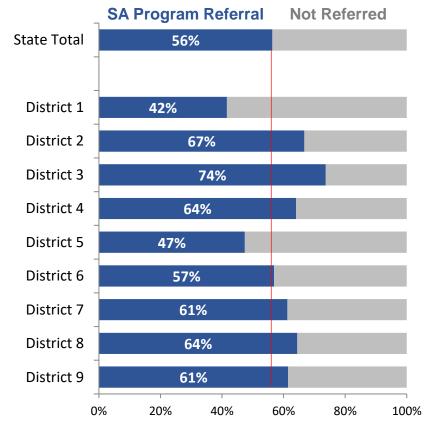


Across all supervision field offices, the majority of referrals are for substance addiction treatment.



Probation and Parole Supervision Districts

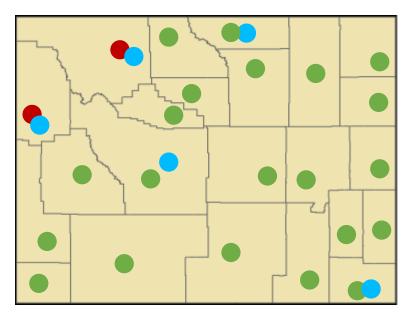
Snapshot Supervision Population with Substance Addiction Program Referrals by Supervision Office, FY2017



Sources: CSG analysis of WDOC data.

People with behavioral health needs access treatment through community mental health and substance use centers.

Community Mental Health and Substance Use Center Coverage Across Wyoming



- Mental Health and Substance Use
- Substance Use Only
- Mental Health Only

Wyoming contracts with 18 private, nonprofit community behavioral health providers that deliver outpatient and/or residential behavioral health treatment in every county in Wyoming.

In recent years, while funding in some centers has been flat because of programs for specific populations, others have had sizeable reductions. In both instances, the amount of funding available for those under community supervision has decreased.

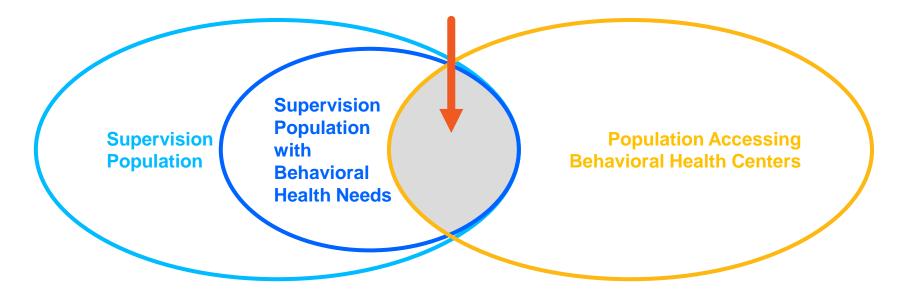
It is estimated that 50 to 70 percent of people accessing substance addiction treatment in the centers are in the criminal justice system.

Characteristics of the population seeking treatment, as well as their assessed needs and appropriate level of care, vary across the state.

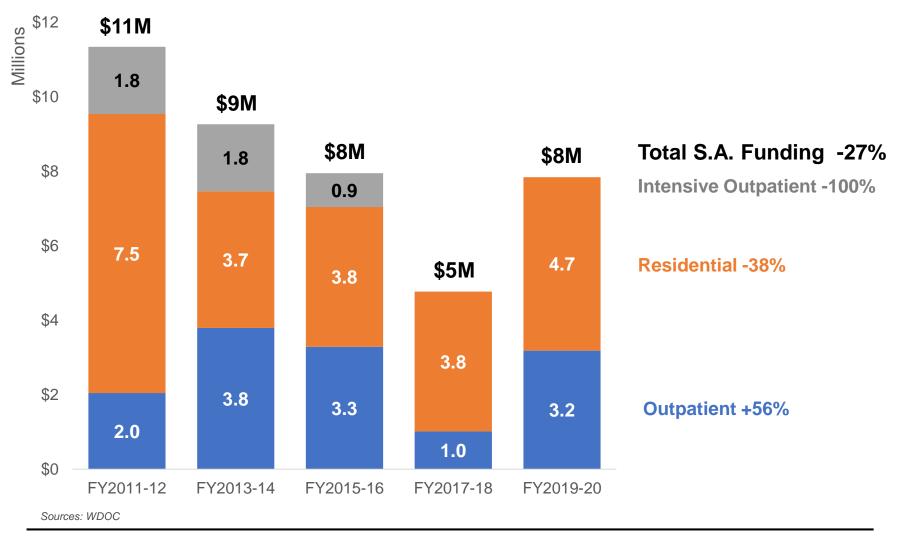
DOC and the Department of Health are collaborating to analyze the overlap between behavioral health centers and the supervision population.

Overview: In Wyoming, people on supervision in the community have access to health care services through the state's contracted community-based mental health and substance addiction centers. By matching supervision data with people accessing services through the centers, we will begin to explore:

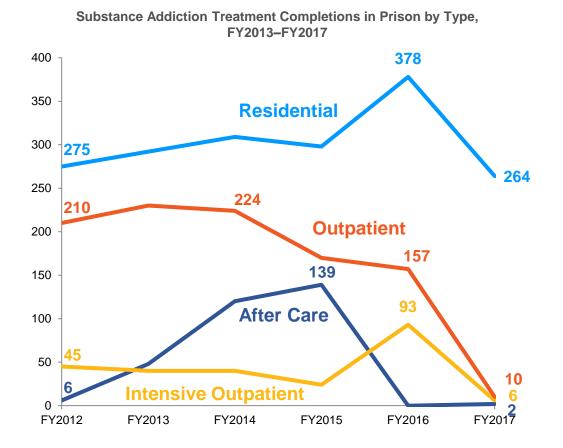
- The proportion of people accessing centers in Wyoming who are on supervision.
- The proportion of people with known behavioral health needs from the perspective of the criminal justice system that access services through the centers.
- The difference in cost or volume of services between people who are and aren't on supervision.



Over 10 years, state funding for DOC substance addiction treatment dropped by a quarter, and intensive outpatient treatment was eliminated.



As a result of funding cuts, substance addiction treatment completions in prison fell in 2017.



Residential and outpatient completions should increase again as some funding was recently restored.

Sources: CSG analysis of WDOC data.

Parole violations occur within the first year of supervision on average, raising the importance of providing a continuity of care in the community.



Neighboring states provide community behavioral health treatment targeting the probation and parole population.



\$8.3M for Substance Use Disorder (SUD) services for drug treatment serving approximately 4,500 people on supervision annually (FY2017)





\$7.5M in community treatment facilities primarily for people on supervision (FY2017)

Utah \$5M to expand community treatment access for people in the justice system and established standards based on evidence-based practices (2015)

Colorado

\$9M in correctional treatment cash fund for the community supervision and other populations to offset treatment costs (FY2019)

Wyoming and other states do fund court-supervised treatment (e.g., drug courts).

Sources: <u>https://www.idoc.idaho.gov/content/document/2018_jri_impact_report</u>, <u>http://cor.mt.gov/Portals/104/Resources/Reports/2017BiennialReport.pdf</u>, <u>https://www.courts.state.co.us/userfiles/file/Administration/Probation/CTB/FY19fundingplanFINAL.pdf</u>, <u>https://justice.utah.gov/JRI/Documents/Justice%20Reinvestment%20Initiative/JRI%202017%20Annual%20Report.pdf</u>,

Nebraska restricts community treatment referrals to providers who receive training and meet minimum standards of care.



In 2006, Nebraska began helping lower financial barriers for people on supervision in need of community behavioral health treatment. The program serves as the funder of last resort.

Treatment addresses mental illnesses, substance addiction, and co-occurring disorders spanning various levels of care. **\$6M investment in the Financial Assistance Program** community health treatment from certified providers. (FY2016–17)

Registered Service Providers

Referrals may only be made to registered service providers who

- Have undergone training in working with people in the criminal justice system;
- Carry out standardized risk and behavioral health assessment information; and
- Submit case-level information to the court.

Registered providers are listed online by county.

Sources: https://supremecourt.nebraska.gov/sites/default/files/2016-17_Annual_Report_on_Adult_Probation_Programs_and_Services - Final.pdf

North Dakota's behavioral health strategy fosters a partnership between corrections and health care to prioritize the high-risk, high-need population.



\$7M to improve health care outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. (FY2019–20)

Establish Behavioral Health Teams



Parole Coordination Agency Supervision Service Coordination Connection to Resources Recovery Support Services

Improve Quality of Services



Create a service delivery partnership between private health care providers and the Department of Human Services (DHS) to ensure that people in the criminal justice system have access to a full continuum of support services. To encourage quality of care, private health care providers will have an opportunity to earn additional compensation for exceeding key outcomes set by DHS.

Expand Provider Workforce



Increase utilization of key paraprofessionals, specifically peer support specialists and case management services.



Require the development of a statewide strategic plan for increasing the number of community-based behavioral health care providers who are qualified to work effectively with criminal justice populations.



Provide sufficient funding to implement the workforce strategic plan.

Policy options

Expand the availability of timely, evidence-based treatment for people on probation and parole who have substance addictions and/or mental illnesses across Wyoming.

Provide the necessary intensity of specialized evidence-based community substance addiction and/or mental health treatment for people on probation and parole across Wyoming.

Develop care coordination, peer supports, and transportation plans to facilitate treatment that are tailored to different regional needs across the state.

Create a more seamless continuity of care for people transitioning from incarceration to the community.

Improve coordination between probation and parole field offices and community mental health and substance use centers by instituting coordinated, collaborative case plans focused on pro-social behavioral change.

Thank You

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