



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Wyoming Joint Judiciary Interim Committee

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Raquel Adu-Num
Policy Analyst

Grace Beil Call
Program Director

David A. D'Amora
Senior Policy Advisor

Jennifer Kisela
Senior Policy Analyst

Marc Pelka
Deputy Director, State Initiatives

Ed Weckerly
Research Manager



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



Presentation Outline

1. Overview and Introduction
2. Updated Behavioral Health Analysis
3. System Challenges
4. Policy Framework
5. Impact Estimates

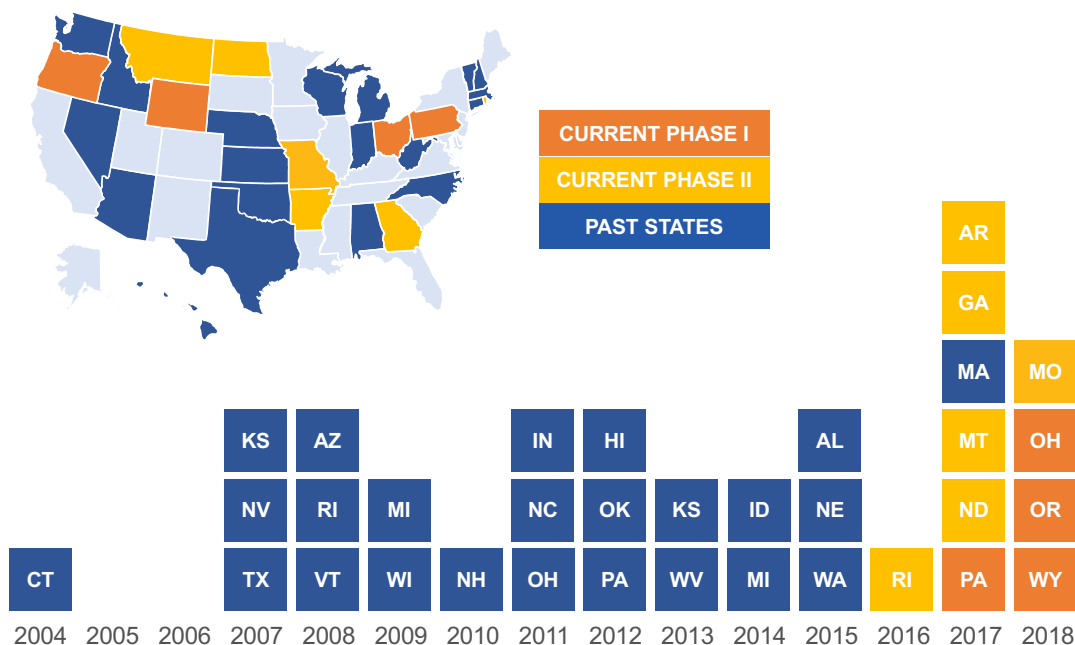


JUSTICE REINVESTMENT

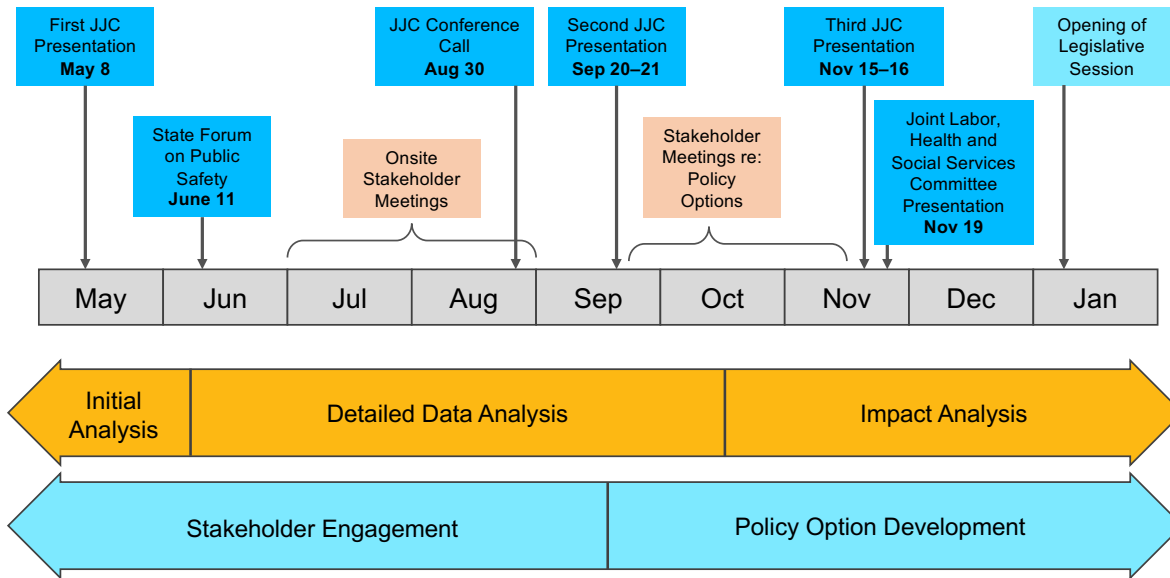
A data-driven approach to reduce corrections spending and reinvest savings in strategies that can decrease recidivism and increase public safety.

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

CSG has worked with 29 states, some twice, on a Justice Reinvestment approach to address criminal justice challenges.



Wyoming Justice Reinvestment Timeline



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	N/A
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

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.



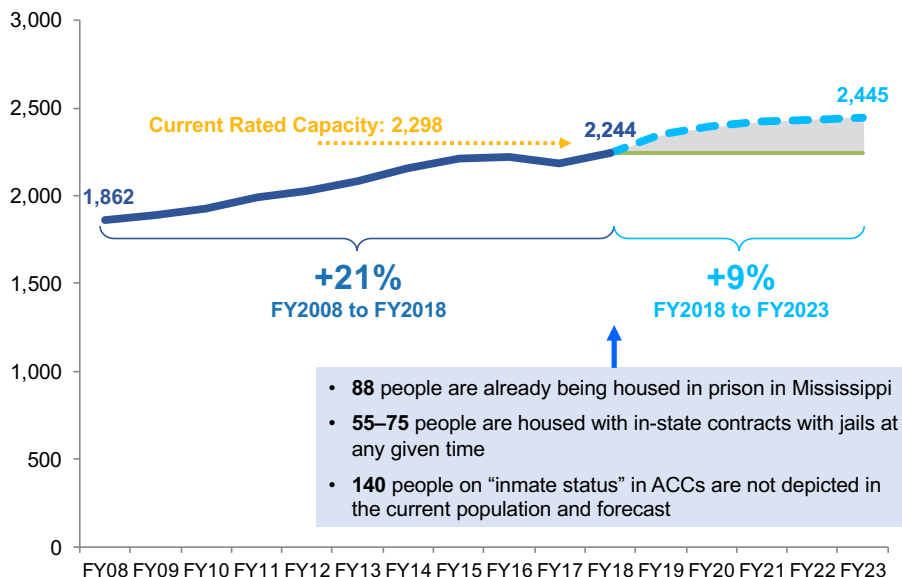
CSG Justice Center staff visited the denoted jurisdictions to learn directly about Wyoming's criminal justice system. These visits included

- 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.

On-site 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.

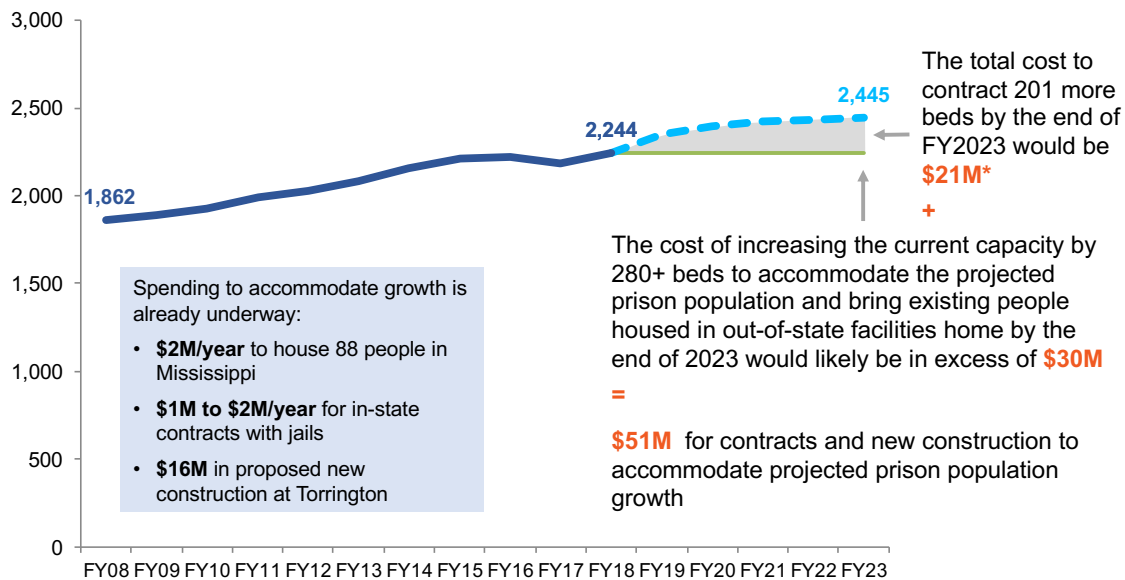
In October, CSG Justice Center staff visited Jackson, focusing on the intersection between the criminal justice and substance addition and mental health systems

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).

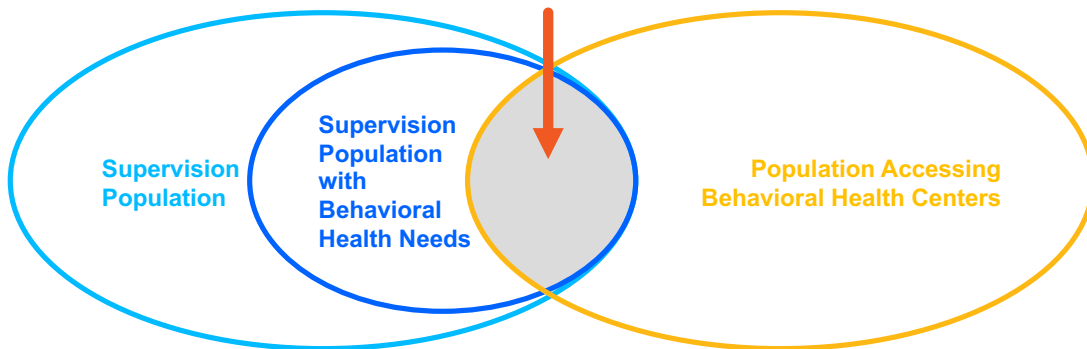
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DOC and the Department of Health collaborated to analyze the overlap between the supervision population and people accessing treatment.

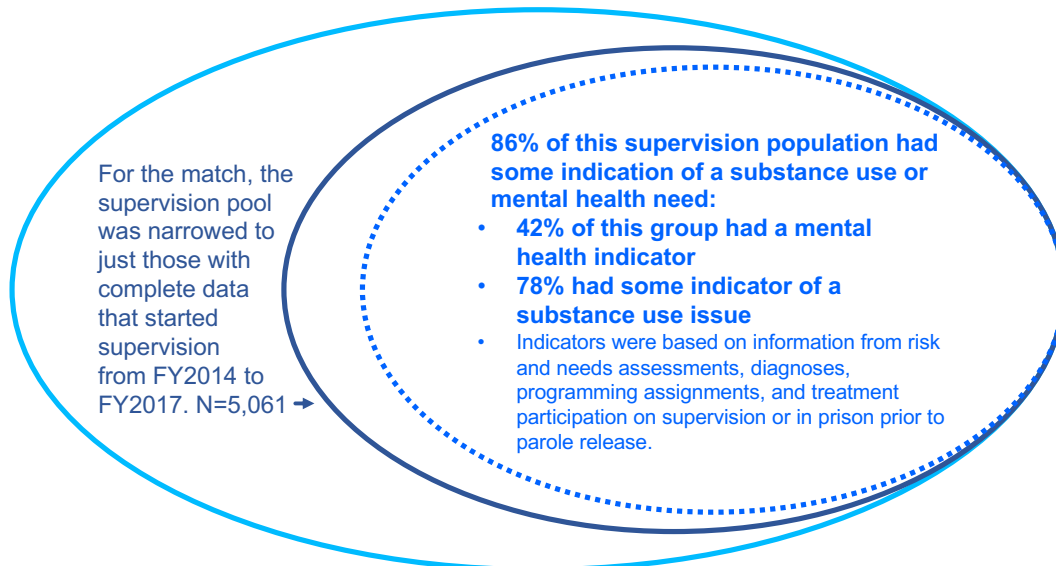
Overview: In Wyoming, people on supervision in the community can access health care services through the state's contracted community-based mental health and substance use centers. By matching supervision data with data on people accessing services through the centers, we sought to explore:

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

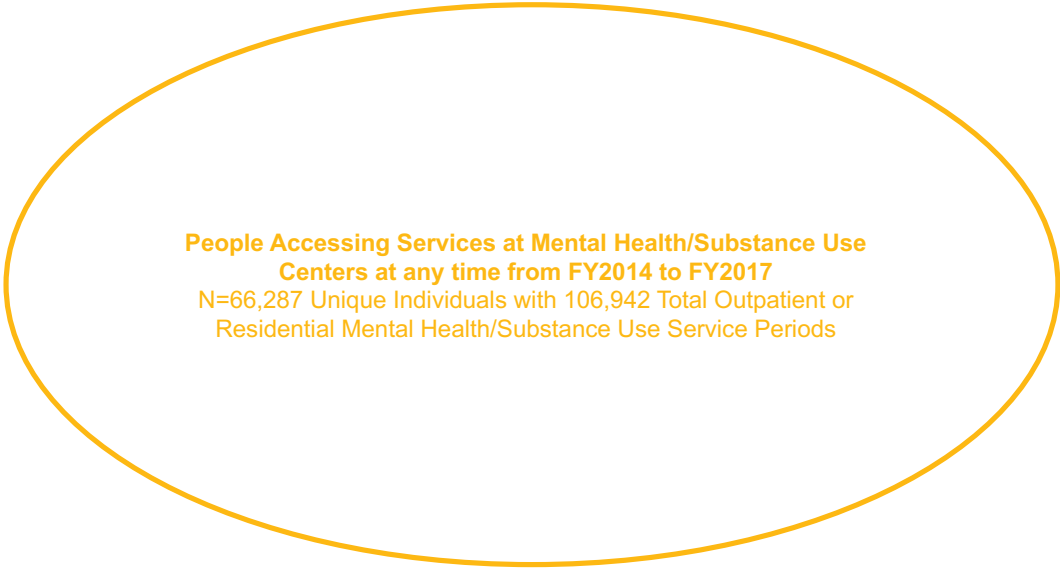


Starting Point: Supervision Data

People on Felony Probation or Parole Supervision at any time from FY2014 to FY2017
N=9,168 Unique Individuals with 10,135 Total Supervision Periods



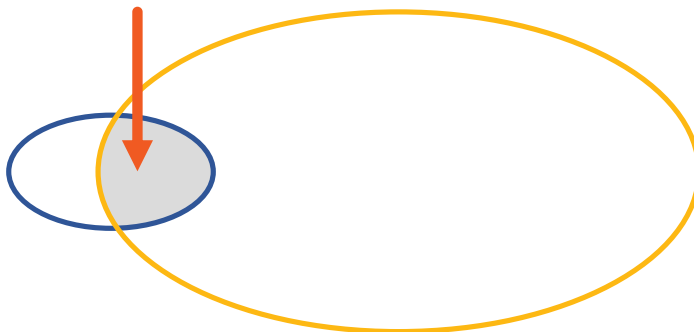
Starting Point: Community-Based Mental Health and Substance Use Center Data



People Accessing Services at Mental Health/Substance Use Centers at any time from FY2014 to FY2017
N=66,287 Unique Individuals with 106,942 Total Outpatient or Residential Mental Health/Substance Use Service Periods

Data from the two sources was matched to determine the overlap.

The match revealed an overlap of 2,639 people or:
52% of the supervision pool and
9% of the clients attending centers



Note that:

- The match only includes those on active parole or felony probation supervision.
- It doesn't include those on active misdemeanor probation or those with a history of incarceration or supervision.
- The match was limited by the availability of good identifying information to match the two data sources.
- We can only account for people accessing treatment services at the contracted substance use and mental health centers. It is possible that some people on supervision with treatment needs could access services with private insurance or through other means.

Recommendations for Further Analysis

The analysis explores the **correlation** between community mental health and substance use service provision and cost of revocation to prison. Because the analysis cannot control for a variety of variables, such as possible unobserved characteristics found in people seeking treatment services or that influence their time in the community on supervision, it cannot explore **causation**.

Further analysis using a randomized control trial to analyze the provision of coordinated community mental health and substance use services to people who are at a high risk to fail on supervision could provide more penetrating analysis and speak to **causation**.

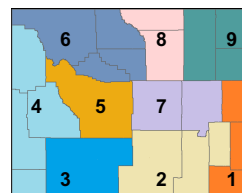
Only slightly more than half of people on supervision with a known need were accessing services at centers, with some small variations by descriptive factors.



A fairly consistent proportion of people without a MH/SA indicator access services as well.

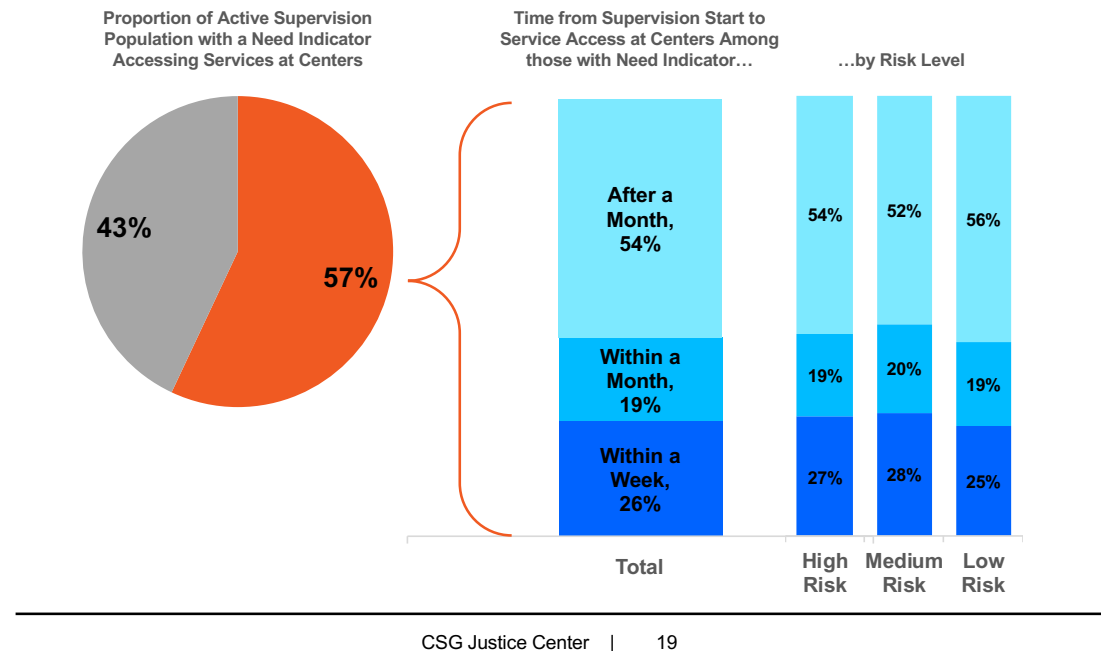
Proportion of active supervision population (n=5,061) accessing services at centers		52%	
Those with a MH or SA indicator (n=4,389)		20%	57%
Those without an indicator (n=672)			
<div> <div>Among those with MH/SA Indicator</div> <div>Among those without MH/SA Indicator</div> </div>			
High criminogenic risk	29%	60%	
Medium risk	23%	57%	
Low risk	17%	54%	
Men	20%	54%	
Women	20%	64%	
Black*	25%	53%	
White	20%	57%	
Hispanic*	20%	62%	
Native American*	13%	48%	

Among those with MH/SA Indicator			
Among those without MH/SA Indicator			
Felony Probation	20%	60%	
Parole	18%	47%	
DUI/Drug Offense	25%	58%	
Property Offense	15%	56%	
Violent Offense	29%	58%	
Sex Offense	20%	50%	
District 1	31%	61%	
District 2	17%	57%	
District 3	16%	80%	
District 4	24%	59%	
District 5	17%	57%	
District 6	25%	56%	
District 7	15%	53%	
District 8	16%	66%	
District 9	13%	38%	

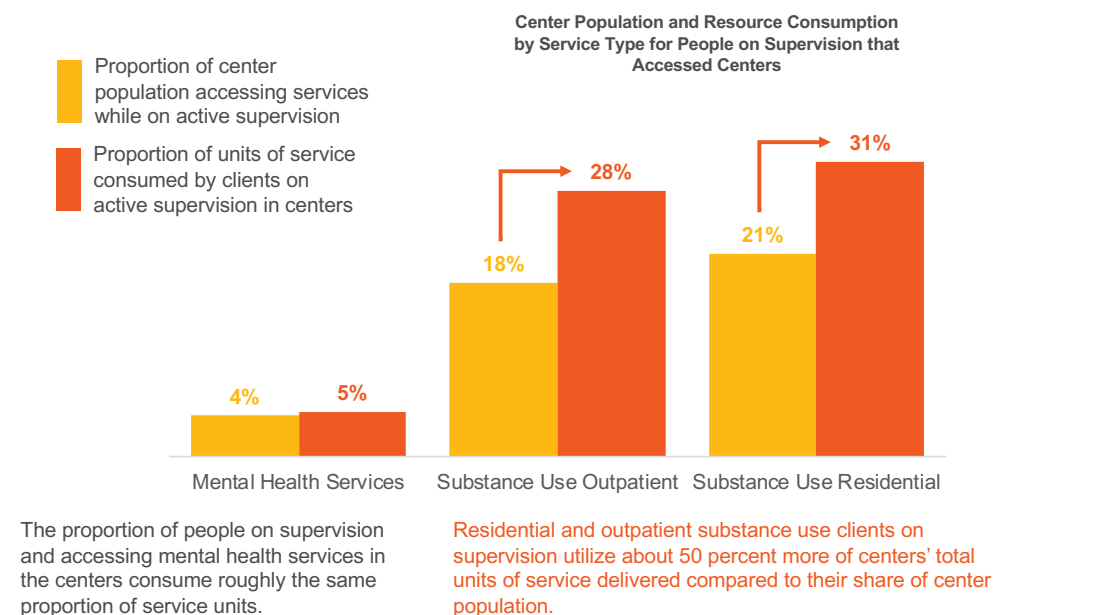


* Relatively small sample size

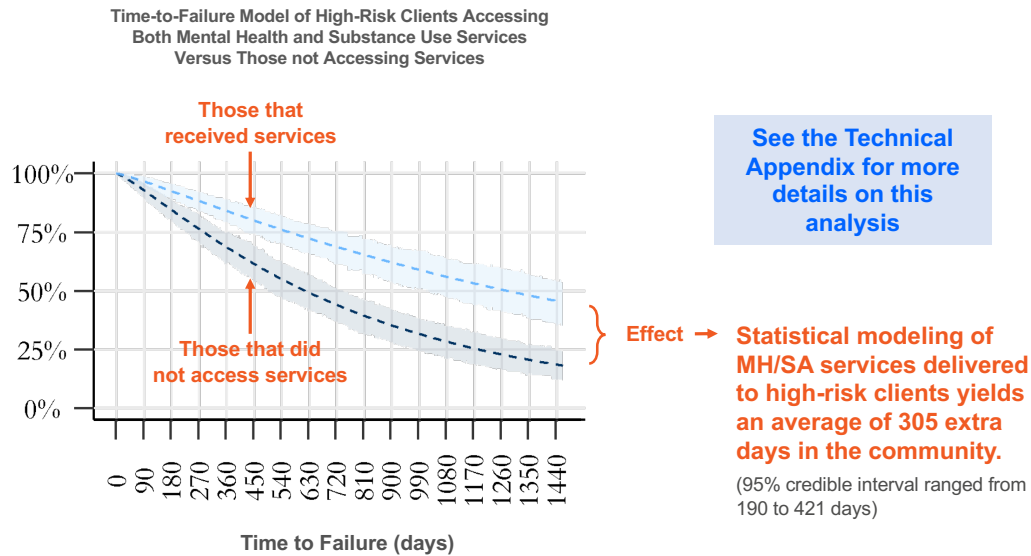
People on supervision with a behavioral health need are not connecting to centers particularly quickly, regardless of risk level.



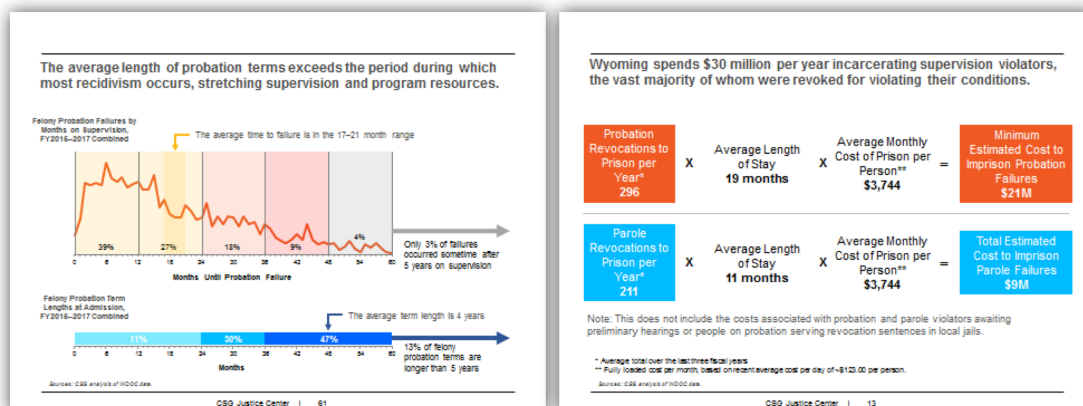
People on supervision consume disproportionate substance use services.



Statistical modeling with matched data shows the benefits in terms of longer stays in the community and cost savings associated with treatment, especially among high-risk people.



Supervision failures most often occur early on, so quickly connecting people with the highest risk and needs with treatment is of utmost importance.



The increased time in the community associated with accessing services means that connecting high-risk and high-needs people with appropriate treatment could lead to delayed or avoided revocations.

Each averted parole or probation revocation to prison could avoid \$20,000–\$40,000 at the current contract bed rate and average length of stay.


Key Takeaways from the Health and Corrections Analysis

- Between FY2014–17, more than half (57 percent) of people on probation and parole supervision with an indicator of need accessed mental health and/or substance addiction treatment in at least one of the community mental health and substance use centers.
- Rates of people on supervision with an indicator of need for treatment that accessed services vary across the state, with a rate as high as 66 and 80 percent in some districts and as low as 38 percent in others.
- Targeting high-risk individuals with treatment services is associated with longer stays on supervision without a revocation and likely positive net savings relative to the cost of days in prison.
- Mental health treatment, which is mostly delivered outpatient, is less expensive than substance addiction treatment, but has a weaker association with longer stays on supervision without a revocation.

Goals for enhancing the impact of treatment for people on supervision with substance addiction or mental health treatment needs

- Connect people on supervision with substance addiction or mental health needs to community treatment more swiftly.
- Prioritize people who are at a high risk to fail on supervision and have a high need for treatment.
- Tailor strategies to local areas to meet the specialized risks and needs of the population and the level of care available in the center.

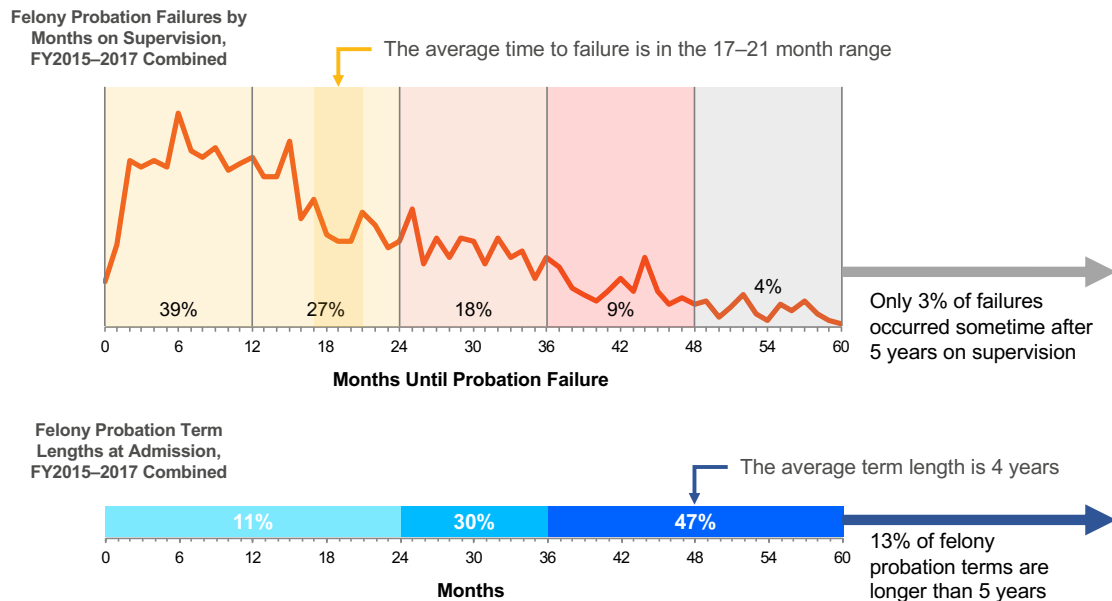
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Summary of criminal justice system challenges from September presentation

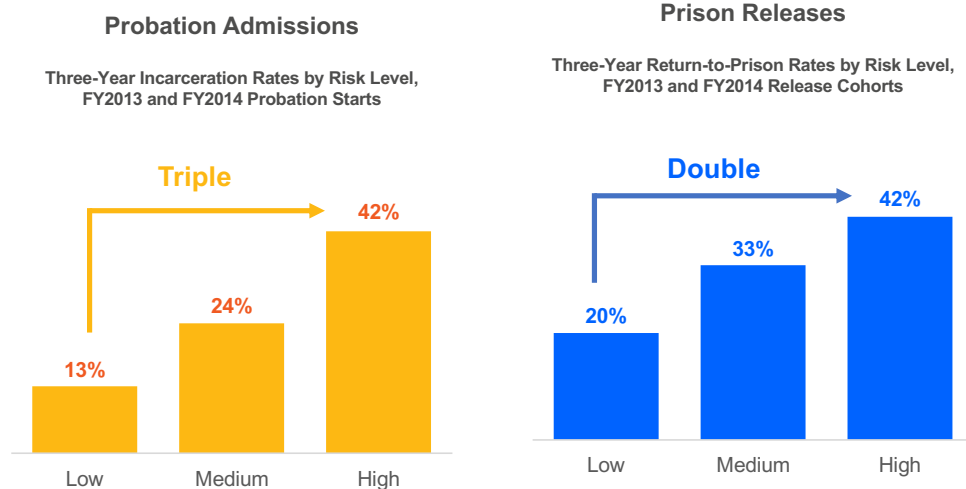
- 1 Insufficient supervision and programs for people who are at the highest risk to fail on probation or parole**
- 2 Ineffective and costly responses to supervision violations
- 3 Barriers to timely, specialized substance addiction and mental health treatment for people on supervision

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



Sources: CSG analysis of WDOC data.

People assessed as being at a high risk to fail on supervision fail at triple and double the rate of low-risk people on probation and parole.

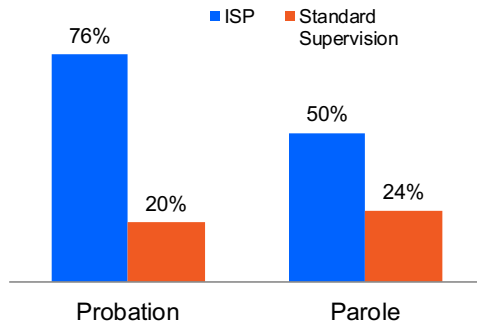


Focusing supervision and programming on people who are at a high risk to fail on supervision is associated with greater recidivism reduction.

Sources: CSG analysis of WDOC data.

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

Failure Rates by ISP and Standard Probation and Parole



Challenges limiting ISP effectiveness

60 percent of the ISP population is low or moderate risk. There is no prioritization in statute of appropriate populations, such as people who are at risk of failure on supervision or have a need for treatment.

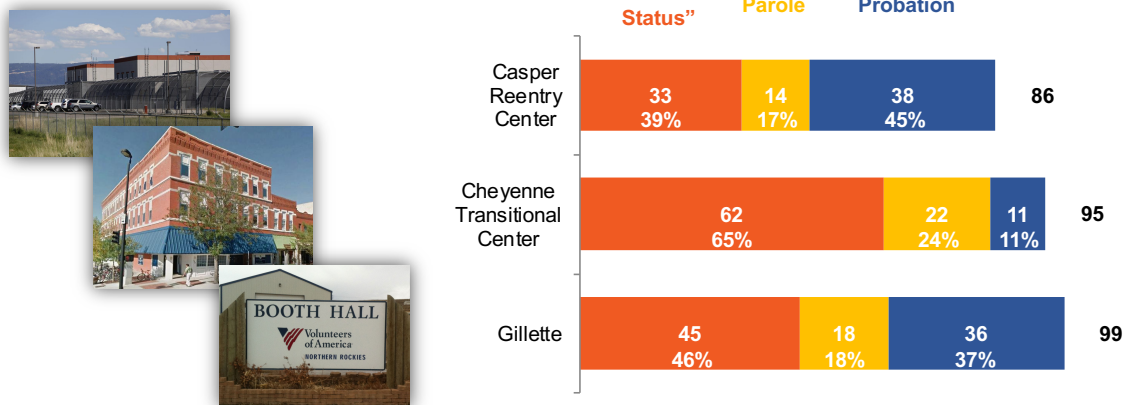
ISP involves frequent contacts with supervising officer, drug and alcohol testing, and collateral contacts, which increase potential exposure to higher-risk people, detachment from pro-social supports, and likelihood of condition violations.

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

Sources: CSG analysis of WDOC data.

Only approximately 5 percent of ACC beds statewide were used to respond to recidivism.

ACC Average Daily Population by Location and Type, FY2018

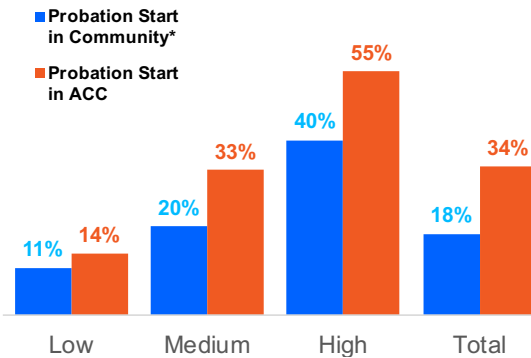


Average daily population does not include people in ACC on probation or parole sanctions, which are estimated to occupy 10 to 15 beds (5% of the ACC population) statewide at any given time.

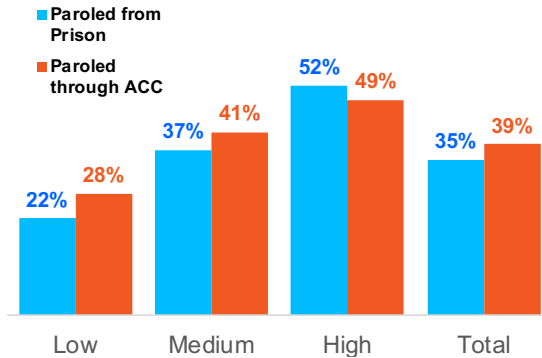
Sources: ACC Monthly Data Reports to WDOC.

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.

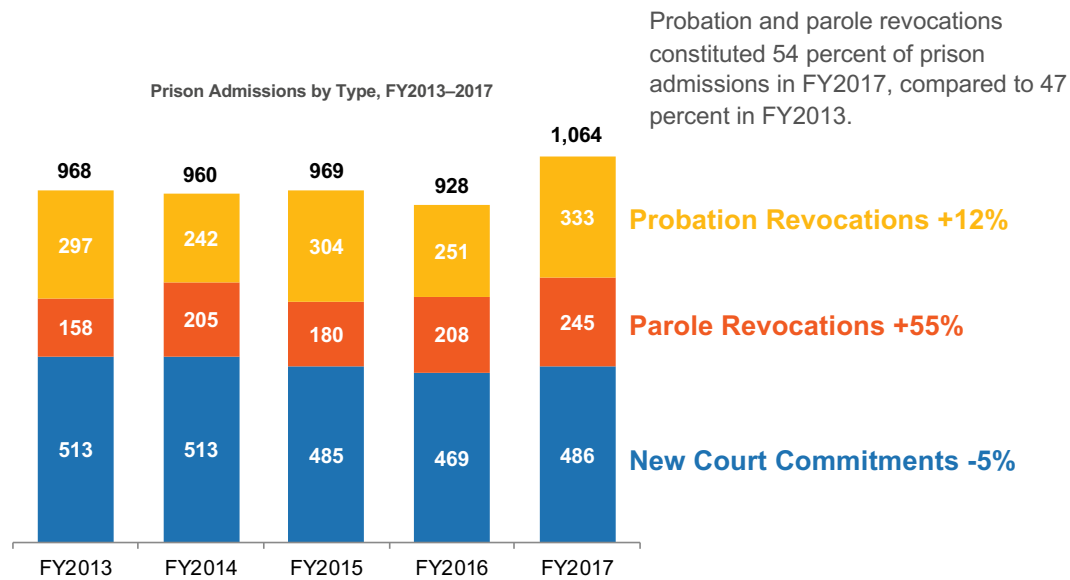
Note that cohort size for those starting probation in the ACC is relatively small, which limits the strength of the results.

Sources: CSG analysis of WDOC data.

Summary of criminal justice system challenges from September presentation

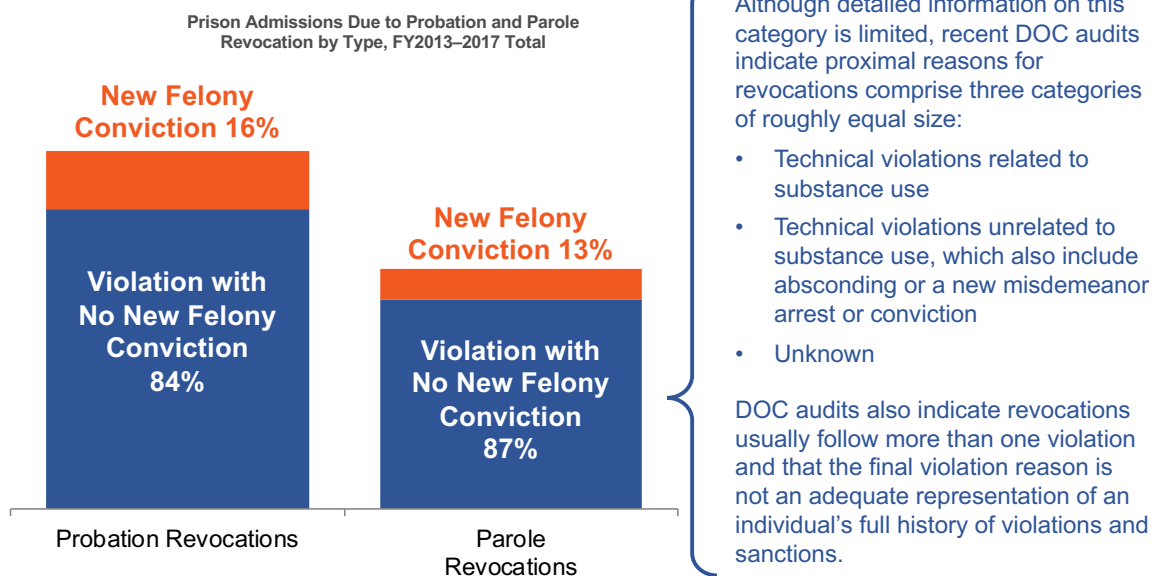
- 1 Insufficient supervision and programs for people who are at the highest risk to fail on probation or parole
- 2 Ineffective and costly responses to supervision violations
- 3 Barriers to timely, specialized substance addiction and mental health treatment for people on supervision

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.



Sources: CSG analysis of WDOC data.

Wyoming spends \$30 million per year incarcerating supervision violators, the vast majority of whom are 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
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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
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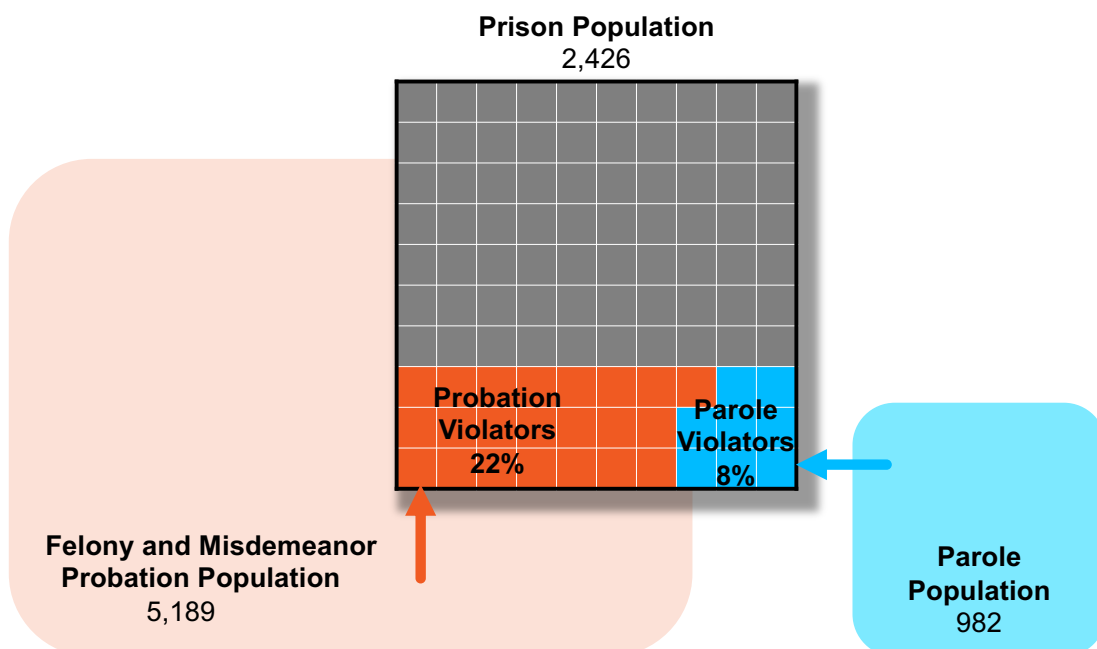
Note: This does not include the costs associated with probation and parole violators awaiting preliminary hearings or people on probation serving revocation sentences in local jails.

* Average total over the last three fiscal years

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

Sources: CSG analysis of WDOC data.

Revocations constitute 30 percent of the prison population.



Sources: CSG analysis of WDOC data.

Summary of criminal justice system challenges from September presentation

- 1 Insufficient supervision and programs for people who are at the highest risk to fail on probation or parole
- 2 Ineffective and costly responses to supervision violations
- 3 **Barriers to timely, specialized substance addiction and mental health treatment for people on supervision**

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



"Jane"

38-year-old woman
Living in Wyoming

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

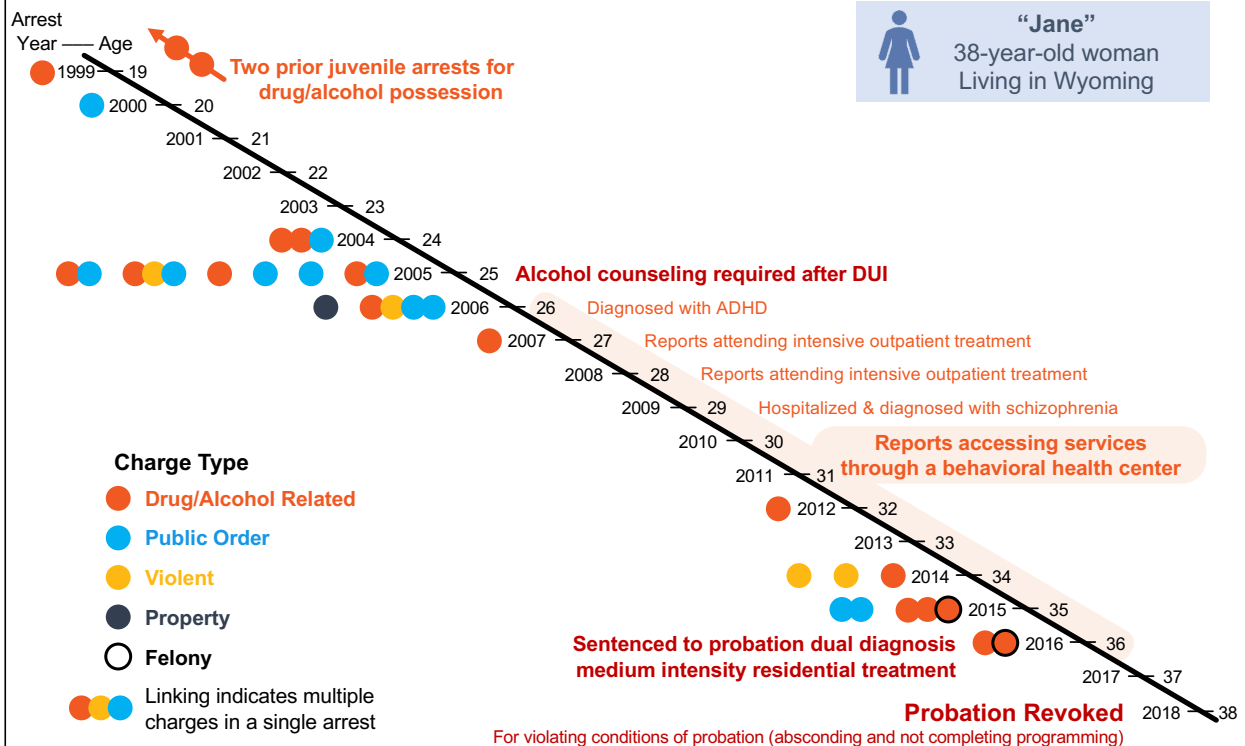
Social History

- 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

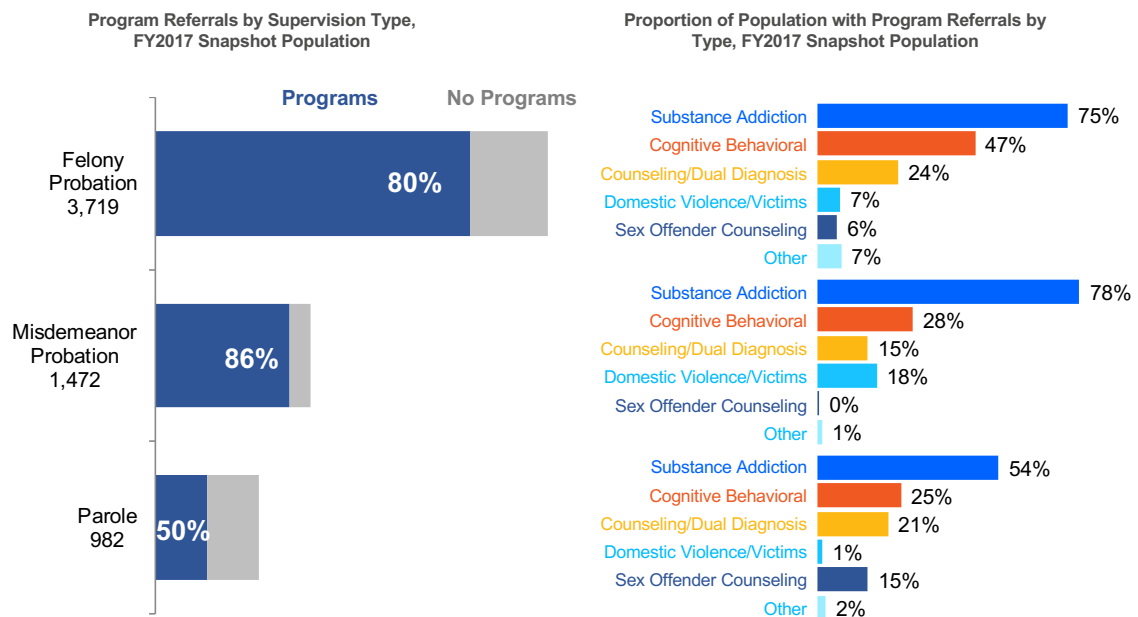
Current Status

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



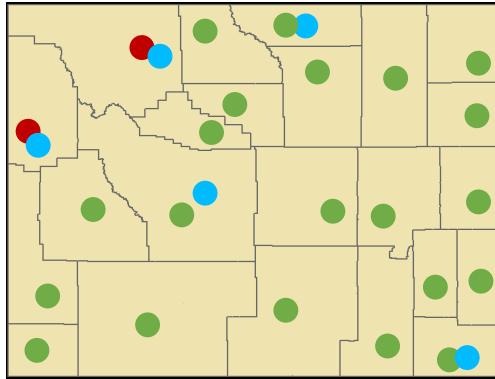
Substance addiction referrals are the more common program referrals for people on supervision.



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 providers that deliver outpatient and/or residential behavioral health treatment in every county in the state.

Even with the open-access system and sliding-fee scale payment structure, there are barriers to getting to needed treatment, including:

A seamless continuum of care from prison to the community, insufficient levels of treatment in some areas, lack of peer supports, transportation difficulties, and inconsistent integration of supervision and treatment.


Overcoming these challenges would help assure best practice in the availability and provision of substance addiction and mental health treatment to people on probation or parole

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At the September JJC meeting, the committee voted to authorize five bill drafts.

- 1** Focus probation and parole resources and programming on people who are at the greatest risk of failing on supervision.  **Bill Drafts 217, 227, and 231**
- 2** Hold people on supervision accountable with swift, certain, and proportional sanctions.  **Bill Draft 230**
- 3** Help victims receive coverage for expenses resulting from mental health services.  **Bill Draft 221**

-
- 1** Focus probation and parole resources and programming on people who are at the greatest risk of failing on supervision  **Bill Draft 227**

- Revising statutes concerning minimum and maximum sentences
- In states across the country, including Wyoming, parole revocations are more likely to occur in the first two years of a person's supervision period. In Wyoming, 62 percent of parole revocations occur in the first year of supervision, and 89 percent occur within the first two years.
- Setting maximum lengths of parole supervision would help focus supervision and program resources during the early part of the supervision period, when people on parole are most likely to recidivate. At the September 20–21 Joint Judiciary Committee meeting, discussion focused on policy options to establish a maximum length of parole supervision, similar to the discussion that led to Bill Drafts 231 and 217 regarding probation term lengths.
- **This bill draft's approach of restructuring minimum and maximum sentence lengths to accomplish the objective of the policy is likely to have adverse effects on sentencing policy in Wyoming that outweigh any benefits of achieving the policy objective.**
- In light of these likely adverse effects, alternative approaches of focusing supervision resources early in the parole period should be pursued within Department of Corrections administrative policy and parole supervision practices.

1

Focus probation and parole resources and programming on people who are at the greatest risk of failing on supervision



Bill Draft 231

- Cap the maximum length of probation terms at 42 months (3.5 years).
- Apply the cap to probation imposed without a conviction.
- In states across the country, including Wyoming, probation revocations are more likely to occur in the first two years of a person's supervision term. In Wyoming, two-thirds of revocations occur in the first two years of supervision, and 85 percent of revocations occur within the first three years.
- However, 59 percent of Wyoming probation terms are longer than three years which stretches supervision resources and programming over a longer period of time, rather than being focused on the early part of supervision terms, when people are most likely to recidivate.
- Thirty-one states have enacted statutes that define the maximum length of felony probation term lengths. In recent years, 19 states have enacted earned discharge policies, which take a variety of forms (earned compliance credits, for example). Twelve states have statutes both defining maximum felony probation term lengths and enabling earned discharge. Neither of these policies are found in Wyoming statutes.
- Probation and parole agents can recommend people who have complied with their conditions of supervision and not committed major violations for early discharge from probation. There is no guidance on when in the supervision period such recommendations shall or may be made, however, nor is there a formalized process for courts to review the cases.

1

Focus probation and parole resources and programming on people who are at the greatest risk of failing on supervision



Bill Draft 217

- Allow courts to sentence people to unsupervised probation
- Allow courts to reduce terms of probation
- List eight criteria that courts may consider when determining the period of probation or a modification of a term:
 - Stable employment
 - Positive community support
 - Positive familial support
 - Reasonable attendance to spousal and parental responsibilities
 - Affirmative progress in addressing alcohol or substance addiction issues
 - Nature and seriousness of the underlying crime
 - Risk posed by the defendant to the community
 - Risk of reoffense as determined by a validated risk and need assessment

2

Hold people on supervision accountable with swift, certain, and proportional sanctions



Bill Draft 230

- Require the DOC to revise its incentives and sanctions system, provide training to supervision staff and information to stakeholders, collect data on placements, and submit reports annually to the Joint Judiciary Committee.
- Allow jail sanctions of up to 15 consecutive days for more serious supervision violations warranting longer stays in jail.
- Allow an incarceration sanction of up to 90 days—which may be served in a consenting jail, an adult community correction (ACC) program, or prison—for supervision violations recommended for review by the sentencing court or the Board of Parole.
- Prioritize admission into the Intensive Supervision Program (ISP) for people beginning supervision terms who have been assessed as having a high risk of failing on supervision, thereby creating additional space in ISP to be used as a sanction following a supervision violation.
- Although this bill draft doesn't contain the language, this policy option intended to apply the policy immediately above to ACC program admissions, thereby creating additional program space to be used for the 90-day sanctions

Bill Draft 230 (continued)

- The bill draft defines the process for considering custodial sanctions for a person after an alleged supervision violation. An informal hearing would take place before a designated hearing officer, who may not be the supervising officer who is making the allegation.
- The hearing officer, based on a preponderance of the evidence, would utilize the incentive and sanction system to determine the appropriate response. The person facing the alleged violation would be presented, in writing, with the alleged violation and the proposed sanction, and permitted to request a formal hearing.
- Exceptions to the policy include violations involving a new felony conviction or absconding, which would be subject to traditional revocation.
- These sanctions are designed to be swift, certain, proportional, and cost-effective.

Bill Draft 230 (continued)

- This bill draft extends the continuum of sanctions available before a revocation from supervision occurs in order to hold people accountable in the community while reducing supervision failures and avoiding cost. Legislation (HB 42) enacted earlier this year in Wyoming—which allows people with repeated substance use violations to be held in a consenting jail for up to 90 days while receiving state-funded community treatment—laid the groundwork for this approach. The bill draft enables the 90-day incarceration sanction concept to be applied to people with a wider array of condition violations than just repeated substance use violations; expands the locations where the sanction can take place from jail to an ACC program or prison; and reserves the sanction for supervision violations that have been recommended for review by the sentencing court or the Board of Parole.
- The bill draft prioritizes admissions to ISP — and the intention was to apply the policy also to ACC programs — for people who will benefit most from the intensive programming based on their risk of failing on supervision or who have violated their supervision conditions. Prioritizing a greater proportion of ISP — and ACC program — capacity for people who have violated their supervision conditions enables the programs to be used for responding to recidivism.
- States pursuing similar outcomes as those sought in the bill draft have tailored the policy concepts to fit their statutes. For example, Kansas, Montana, Nebraska, and North Carolina expanded administrative response policies to enable longer periods of incarceration, albeit short of a full revocation, for violations of supervision. Also, Colorado and Utah established maximum limits on the length of incarceration that can be applied to violations of supervision.

3

Help victims receive coverage for expenses resulting from mental health services



Bill Draft 221

- Mental health services can be beneficial for a victim's recovery from crime and violence. Records from hundreds of adult and juvenile victims in Washington State suggest that when financial resources for mental health services are available, and when victims are aware of these resources, they have a high level of interest in receiving them.
- In Wyoming, WCVCP enables eligible crime victims to receive reimbursement for their expenses resulting from mental health services. Extending the eligibility period for mental health benefits from 24 to 36 months from the date of injury or discovery of the crime will help increase the number of victims accessing mental health services.
- By extending the eligibility period, the bill draft helps crime victims utilize the entire \$15,000-per-person, per-crime, financial award under WCVCP. The longer timeline helps Wyoming keep pace with policies in the neighboring states of Utah and Idaho, where all compensation benefits are extended to victims until the maximum benefit cap of \$25,000 is reached in each state.

Enhance access to timely, specialized community treatment for people on supervision with substance addiction or mental health needs



Reinvestment Priority

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

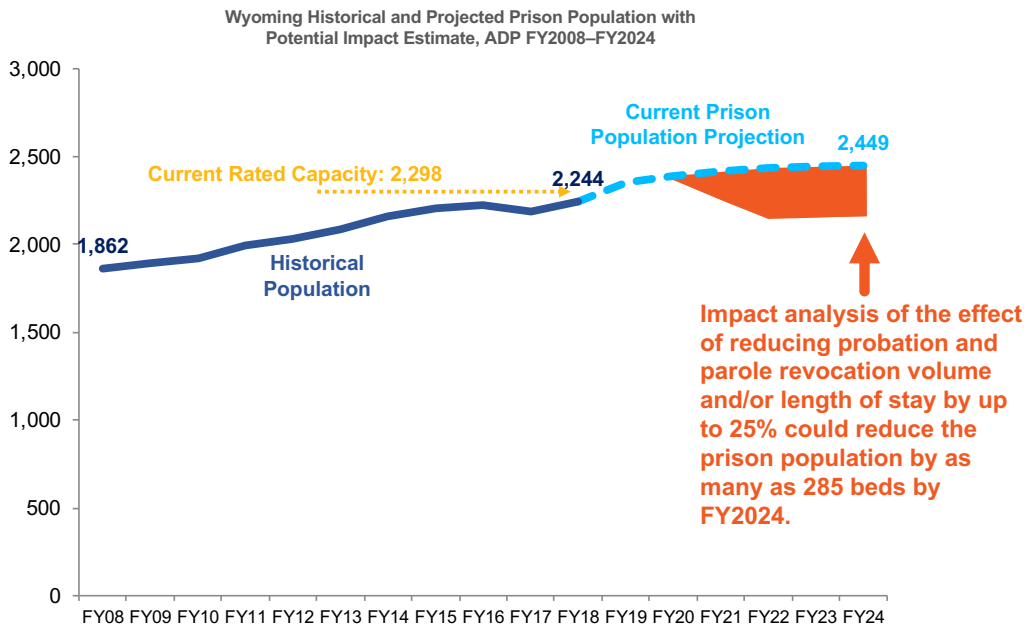
Presentation Outline

1. Overview and Introduction
2. Updated Behavioral Health Analysis
3. System Challenges
4. Policy Framework

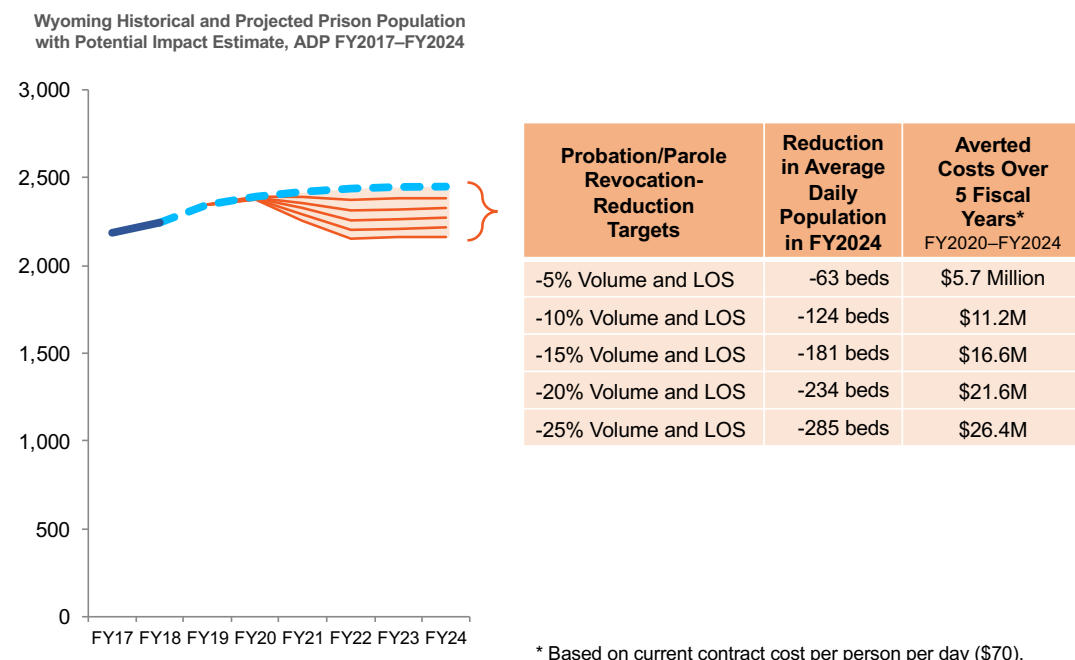


5. Impact Estimates

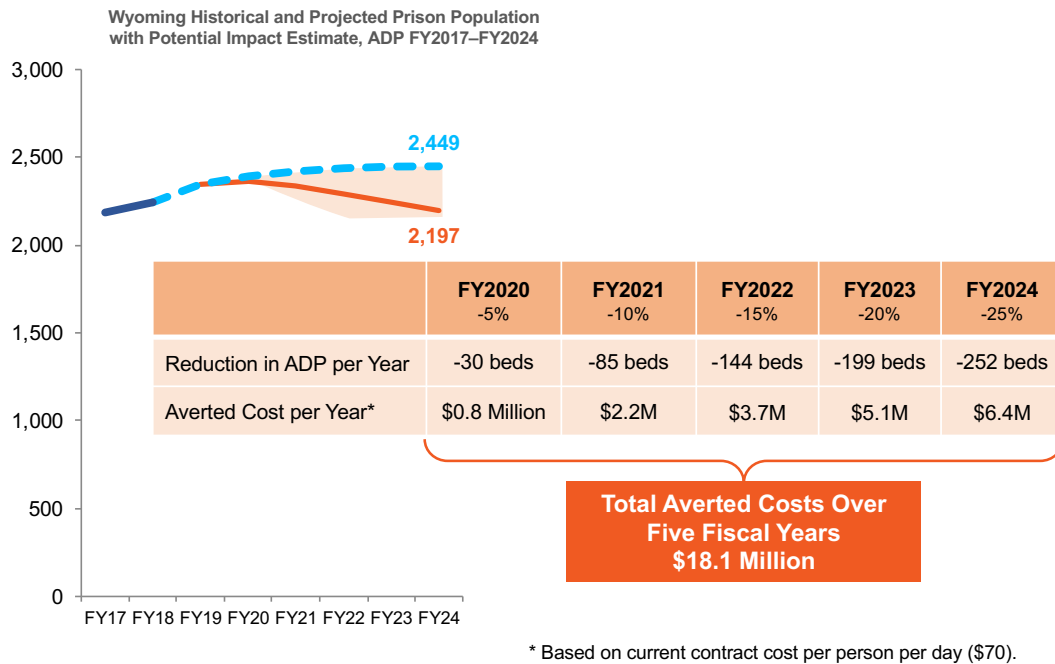
Reducing recidivism would bend the curve on Wyoming's projected prison population growth, avoiding contracting and construction costs.



Reducing recidivism would produce increasing levels of cost and population impact depending on how bold the goal is.



An incremental goal of 5-percent reduction per year would generate \$18.1 million in averted contract bed costs.



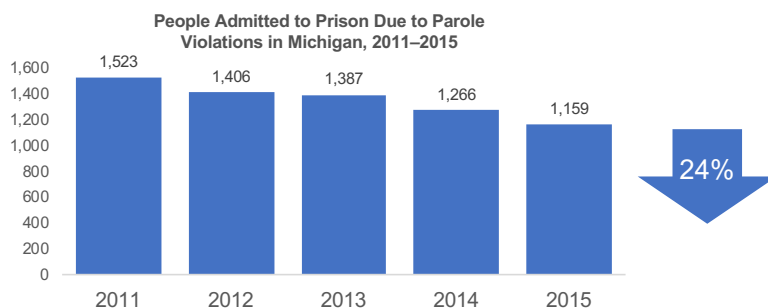
Avoiding costs by achieving the recidivism reduction goal would enable reinvestment in strategies to increase public safety.

	FY2020	FY2021	FY2022	FY2023	FY2024	FY2020-2024 Total
Potential Averted Cost per Year	\$0.8 Million	\$2.2M	\$3.7M	\$5.1M	\$6.4M	\$18.1M
Reinvestment (Option A ~75%)	\$0.8M	\$1.7M	\$2.7M	\$3.7M	\$4.7M	\$13.6M
Net Savings (Option A)	--	\$0.5M	\$1.0M	\$1.4M	\$1.7M	\$4.5M
Reinvestment (Option B ~50%)	\$0.8M	\$1.0M	\$1.8M	\$2.5M	\$3.0M	\$9.1M
Net Savings (Option B)	--	\$1.2M	\$1.9M	\$2.6M	\$3.4M	\$9.0M

Priority Reinvestment Areas:

- Increase admission of people on probation and parole to timely, specialized community mental health or substance addiction treatment.
- Improve recidivism outcomes for people in ISP or ACCs by reinvestment in cognitive behavioral therapy and other evidence-based programming.

Michigan's parole revocations to prison dropped 24 percent while rearrest for people on parole and violent crime also declined.



20-percent decline in rearrest rate for people on parole

The proportion of all parolees rearrested within one year of their release from prison fell from 30 percent in 2008 to 24 percent in 2011.

26-percent decline in violent crime rate

Between 2006 and 2015, the number of violent crimes reported per 100,000 residents declined 26 percent from 564 to 416.4

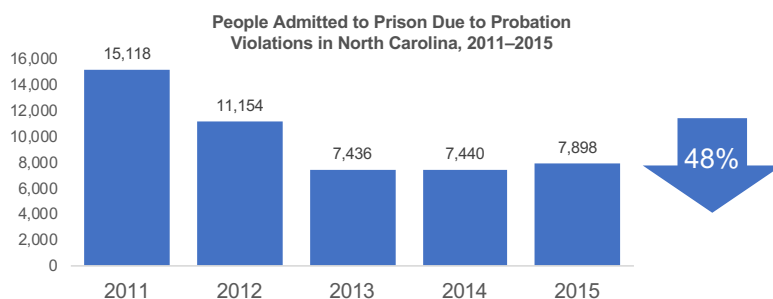
Key element of Michigan's success

In 2005, the Michigan Department of Corrections implemented the Prisoner Reentry Initiative, which created a number of policies that required

- Forming a Transition Accountability Plan to assess a person's risks, needs, and strengths to identify ways to reduce risk, address needs, and build upon strengths for sustained success;
- Using an integrated, interdisciplinary approach to reentry across health care, behavioral health, employment, education, and family support agencies; and
- Creating partnerships across corrections, probation, and parole departments to improve continuity of services after release.

Sources: CSG Justice Center, *Reducing Recidivism: States Deliver Results*, June 2017

North Carolina's probation revocations to prison dropped 48 percent, while new prison release recidivism and violent crime also fell.



7-percent decline in two-year reincarceration rate

Between 2003 and 2012, the number of people released from prison who returned within two years decreased slightly from 23 percent to 21 percent.

26 percent decline in violent crime rate

Between 2006 and 2015, the number of violent crimes reported per 100,000 residents declined 26 percent from 475 to 347

Key element of North Carolina's success

In 2011, the state enacted criminal justice system policy changes that

- Provided substance addiction treatment, cognitive behavioral programs, and other evidence-based programming to people on supervision who have the greatest need for treatment and are at the highest risk of reoffending;
- Empowered probation officers to use swift and certain jail sanctions in lieu of full revocation to hold people on probation accountable in response to violations of conditions of supervision; and
- Required mandatory supervision for everyone convicted of felonies upon release from prison to help reduce recidivism.

Sources: CSG Justice Center, *Reducing Recidivism: States Deliver Results*, June 2017

Thank You

Raquel Adu-Num, Policy Analyst
radunum@csg.org

Marc Pelka, Deputy Director of State Initiatives
mpelka@csg.org

Ed Weckerly, Research Manager
eweckerly@csg.org

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Technical Appendix

Data Analysis Approach

Why Model?

- Models can help **isolate** and **quantify** an observed relationship between a variable of interest (receipt of MH/SA services in community) and an outcome (time in the community).
- Can statistically “control” for the influence of other variables that could confound other analysis (covariates).
- Since data is observational, analysis can only point toward relationships (correlations) not direct causes.

Model Used: Time-to-failure

- Similar to survival analysis
- Outcome variable is days in community (e.g., time on supervision before revoking to prison)
- Goals
 - Build a statistical model that generates data similar to the observed data.
 - Use the model to simulate probable outcomes under different scenarios.

Examples of Covariates Used in the Model:

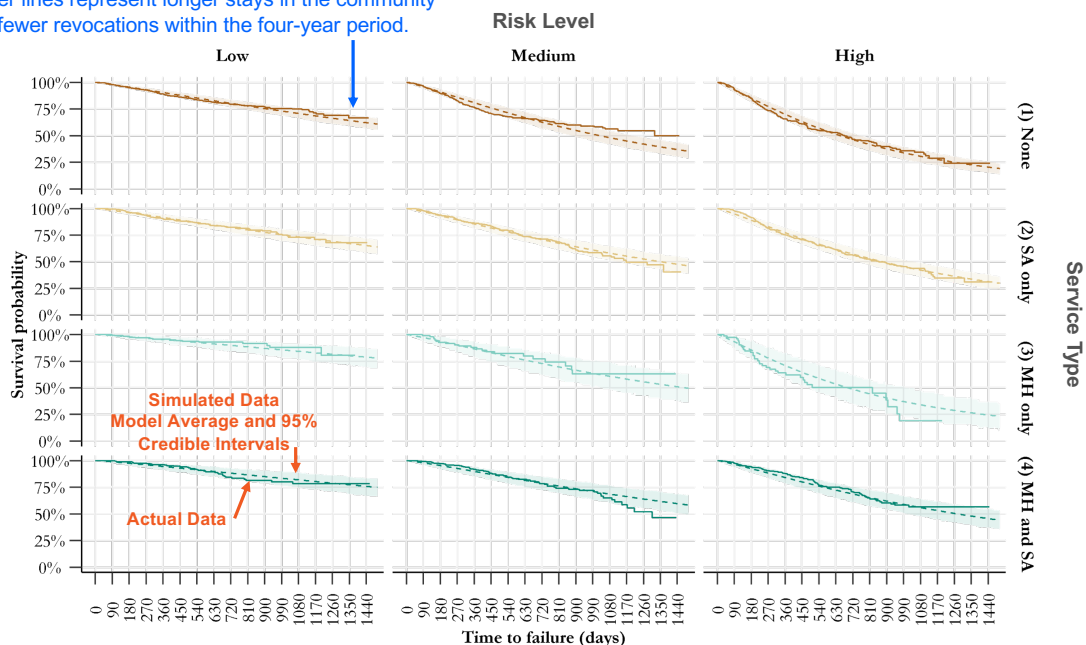
Age
Race
Sex
Offense Type
Criminogenic Risk
Needs Scores
Supervision District
Service Type
Delay in Accessing Services

Technical Notes:

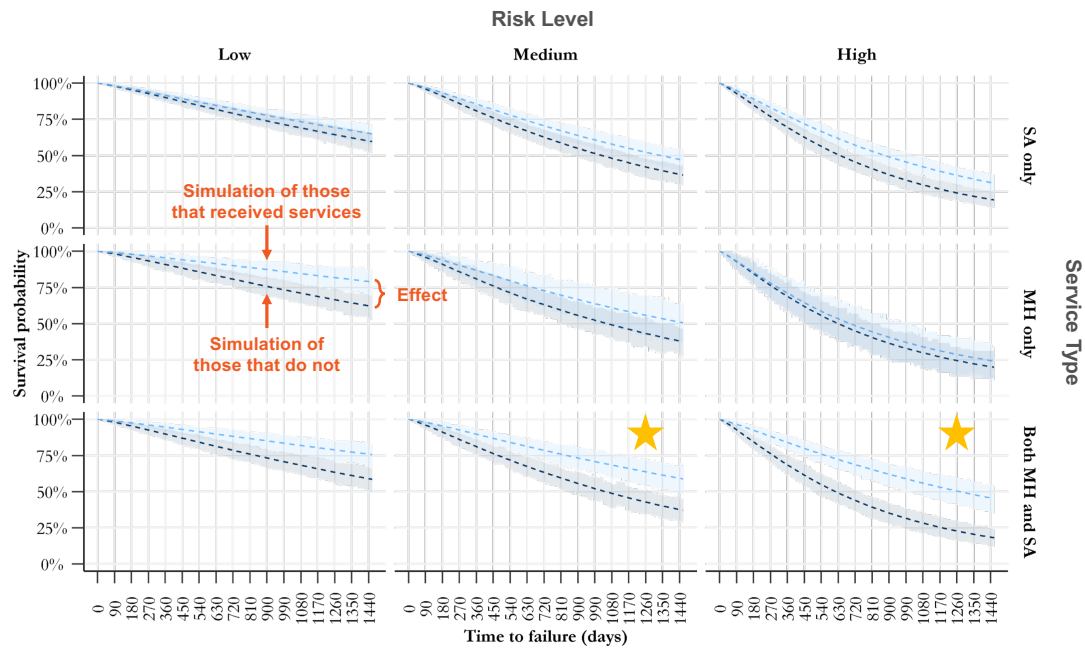
- Parametric model with Weibull likelihood.
- Fit using Hamiltonian Monte Carlo “No-U-Turn” sampler in Stan to obtain full Bayesian estimates of the posterior distribution.
- Censoring based on successful completion of probation/parole periods or incomplete periods in data

Assessing model fit: Time to failure by risk level and treatment group in the statistical model match actual performance very closely.

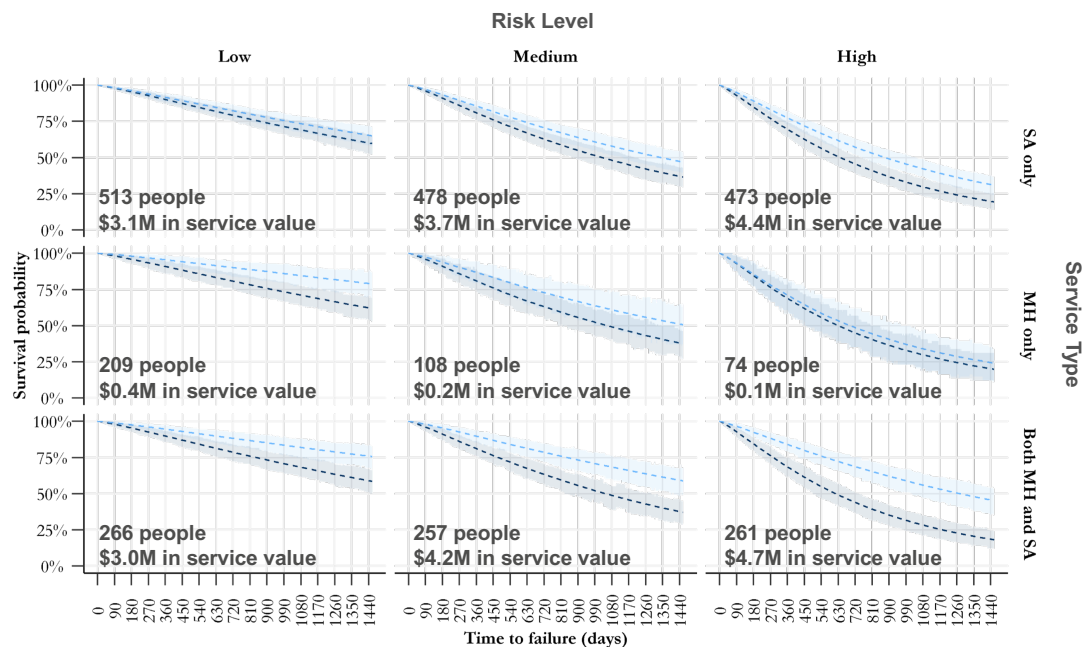
Flatter lines represent longer stays in the community and fewer revocations within the four-year period.



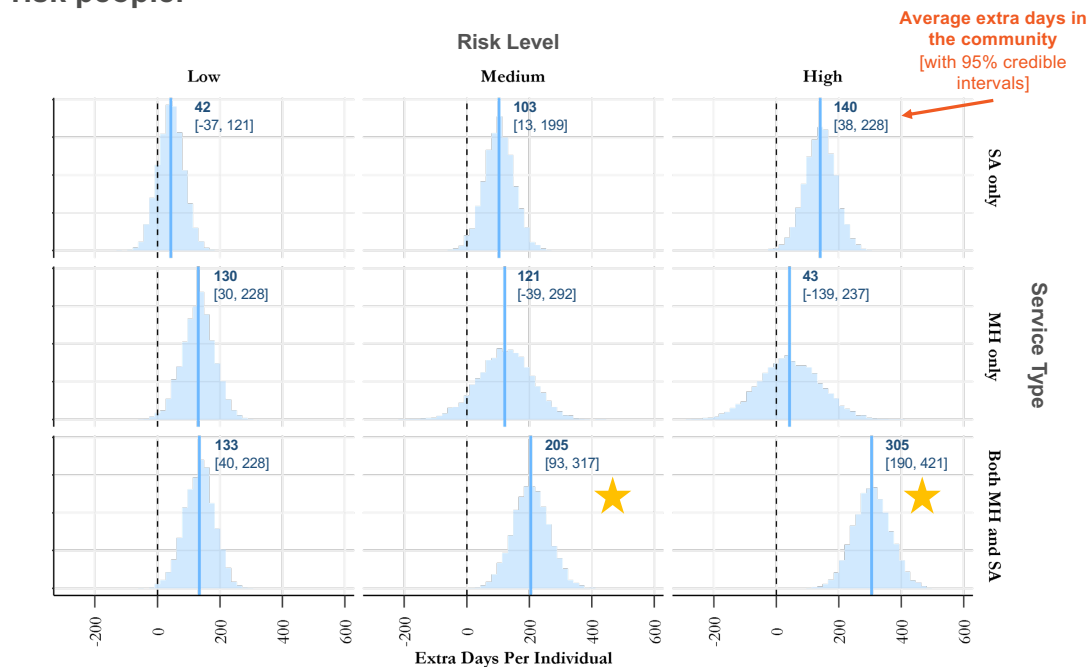
Using the model to simulate time in the community for people accessing services versus those who do not shows the largest effect for medium- and high-risk people getting MH and SA services.



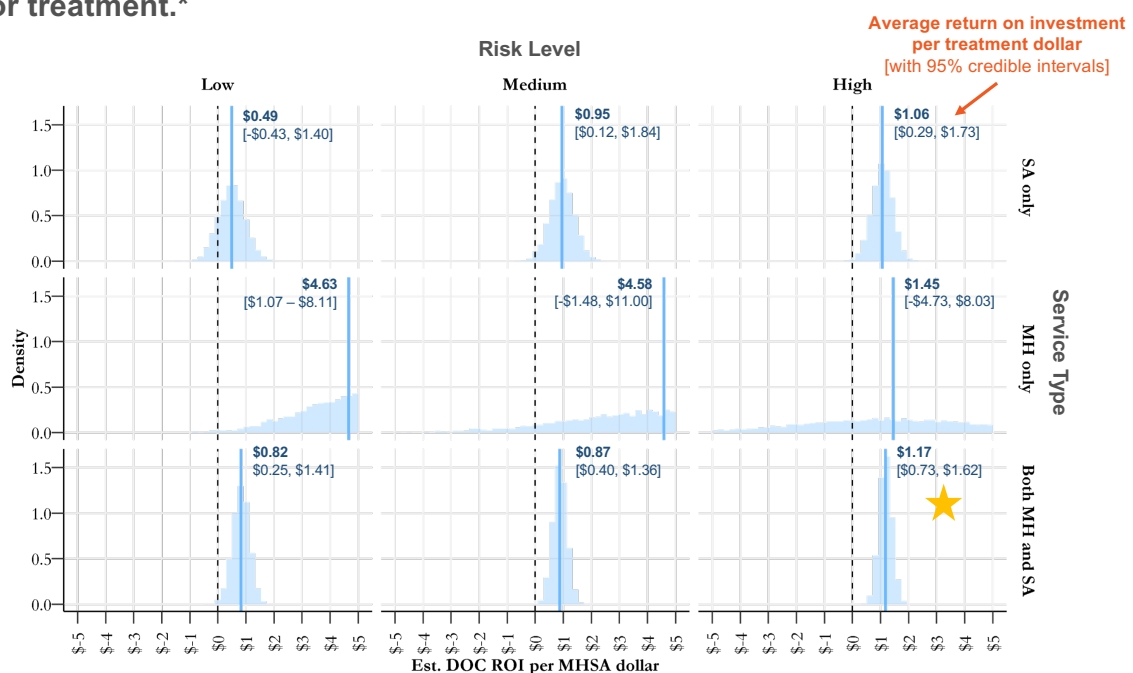
Relative volume of people and total value of MHSa services accessed (~\$24M total) by risk level and service type



Increased time in the community is associated with each risk/treatment group but is longest and most statistically sure among medium- and high-risk people.



By comparing cost avoidance from delayed revocations to the average cost of treatment, we can begin to illustrate potential return on investment for treatment.*



* Cost per day of prison avoided was based on the current contract cost per person per day of \$70.