Council of State Governments Justice Center

- National non-profit, non-partisan membership association of state government officials
- Represents all three branches of state government
- Provides practical, non-partisan advice informed by the best available evidence

Justice and Mental Health Collaboration Program

Reentry Policy Council and National Reentry Resource Center

Justice Reinvestment
Presentation Overview

- The Challenge: Making the Most of Limited Resources
- To what extent are people under community supervision contributing to crime?
- How do we maximize impact of investments in community based treatment?
- Opportunities for San Francisco
San Francisco County Jail Population

Bookings

ADP

Current and Projected San Francisco County Jail Projections
JFA Analysis
Slide 6
Strong Federal Support: Active Reentry-Related Federal Funding

- Community Justice & Alternatives to Incarceration
- Health & Wellbeing of Currently & Formerly Incarcerated People
- Civil Rights & Civic Engagement of Formerly Incarcerated People
- Welfare & Safety of Families, Victims & Communities
- Self-Sufficiency of Currently & Formerly Incarcerated People

17 Active Federal Grants
Initiatives across many decision points

- Training
- Mobile Crisis
- Crisis Center
- Pretrial Diversion Program
- Specialized Defender & Prosecution
- Early Resolution Program
- Collaborative Courts
- Reentry Jail Pod
- Behavioral Health Access Center/Community Assessment and Service Center
- ... And More!
Numerous system-level planning efforts

- Sentencing Commission
- Reentry Council
- Justice Reinvestment Initiative
- Community Corrections Partnership
Opportunities for Sentencing Commission

• Are we maximizing the return on our investment in strategies designed to improve outcomes for people involved in the criminal justice system?
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California anticipates spending $1.5 billion less on prisons.

Percentages reflect change in each state’s total prison population from 2006 to 2012.
Impacts of Recent Policy Changes Raise Questions about Impacts to Public Safety

CA Prison Population Has Declined by ~30,000

Due to shifts in responsibility from State to Local jurisdictions

Parole Population Will Continue to Drop

Probation Populations Will Increase

As more people are supervised by probation, will there be a corresponding increase in crime, as measured by arrest activity?
Chief of Police Asked Justice Center to Study Impact of Parolees and Probationers on Arrests

February 1, 2010

Michael Thompson  
Director  
Council of State Governments Justice Center  
100 Wall Street / 20th Floor  
New York, NY 10005

Dear Mr. Thompson:

As chief law enforcement executives in cities in California, we are writing to request intensive technical assistance from the Council of State Governments Justice Center. We seek assistance in analyzing how people recently released from prison contribute to crime and developing a set of strategies that helps local law enforcement executives better respond to the state’s plan to downsize the prison population.

Nationally, state spending on corrections has risen faster over the past 20 years than spending on nearly any other state budget item, and yet at the same time, reoffense and reincarceration rates among people released from prison and jail remain unacceptably high. State policymakers, looking to cut costs wherever they can, are taking steps to downsize prison populations. This story is no different in California. As California’s budget problems have worsened, crowding in our state prisons has intensified, and the federal courts have ordered the state to reduce the state prison population by 40,000 people.

We, together with our counterparts across the state, recognize that state policymakers must do something to alleviate prison crowding in addition to the new California Department of Correction and Rehabilitation (CDCR) policies. The potential impact of these policies leaves law enforcement officials uncertain about the relevant impact on public safety at the local level.

For these reasons, we would like your assistance collecting and analyzing data that will improve our understanding of how people recently released from prison contribute to crime in our communities. We are interested in answering questions such as these:

1. What subsets of the population of people involved in the criminal justice system (e.g., recently released from prison or jail, under parole supervision, etc.) are most likely to re-offend? What risk factors do these people share in common?

2. What additional research needs to be conducted to inform law enforcement executives about the relationship between crime and people who have been released from prison or who are under community supervision?

We request your assistance in using the results of these analyses to work collectively to identify strategies that law enforcement can employ to better respond to the influx of people returning from prison, who are under community corrections supervision and who return back without any supervision. We also are interested in designing a plan that will ensure the reinvestment of dividends earned through reduced corrections spending in effective strategies to fight crime locally.

We, together with staff we designate from our police departments, commit our cooperation (including access to appropriate information systems) to carry out the data analysis requested above and the development of plan that acts on the results of those analyses. We look forward to hearing back from you in response to this request and to working with the Justice Center in the near future.

Sincerely,

Chief George Gascon, San Francisco PD

Chief Charlie Beck, Los Angeles PD

Chief Jim Bueermann, Redlands PD

Chief Rick Bonzi, Sacramento PD
Funding and Partners

ROSENBERG FOUNDATION

Public Welfare Foundation

Fund For Nonviolence
Aim of Research: Identify Arrests of People on Parole or Probation

Adult Arrests
January 2008 – June 2011
- Los Angeles PD
- Redlands PD
- Sacramento PD
- San Francisco PD

Those not on Parole or Local Probation at Time of Arrest

Those on Local Probation at Time of Arrest
- Fel or misd arrest?
- Violent, drug, etc.?
- Risk level?

Probationers as percent of arrests?

Parolees as percent of arrests?

Fel or misd arrest?
- Violent, drug, etc.?

Person identifiers from arrest data shared with CDCR and local county probation departments to obtain matching parole/probation records.
Summary of Key Findings

1. Arrests involved a smaller share of people on parole or probation supervision than expected.

2. Arrests involving those on supervision are driven mostly by drug related offenses, with half as many driven by violent offenses.

3. Risk levels of parolees fit with rates of arrest while on parole. The same can be said for probation in some jurisdictions, but not in others.
What Will the Share of Arrests Attributable to Probationers Look Like Post-Realignment?

- What will volume of total arrests look like?
- Will probationers account for similar share of total arrests compared to pre-realignment?
Effective Probation Supervision
Is Essential to Success

Cycle we want to break...

The tool is quality risk assessment and tailored supervision
Recommendations Moving Forward

1. Employ use of validated risk assessment tools across probation agencies.

2. Target enhanced supervision and treatment resources for those with higher probability for rearrest.

3. Explore ways for law enforcement to work with probation to reduce reoffense rates among people under community supervision.

4. Continue the collection of arrest and supervision data for purposes of tracking share of arrests accounted for by those on supervision.
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According to the SF Department of Public Health:

- An estimated 75 to 80 percent of jail inmates have substance abuse problems.
- An estimated 14 percent of jail inmates have significant mental health problems.
Focus on individuals most likely to reoffend (Ohio)

- Adopted a common set of risk assessment instruments across the state’s criminal justice system.
- Ensured that program placement is driven by risk assessment score.

Average Difference in Recidivism by Risk for Halfway House Offenders

- Low Risk: +3%
- Moderate Risk: -6%
- High Risk: -14%

Source: Presentation by Dr. Ed Latessa, “What Works and What Doesn’t in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry”.
Risk Impacts Program Outcomes

100 people released from prison

30 Low Risk
- 20 percent
- 6 people

40 Moderate Risk
- 40 percent
- 16 people

30 High Risk
- 60 percent
- 18 people

Recidivism rate without intervention:
- 20 percent: 6 people
- 40 percent: 16 people
- 60 percent: 18 people

Recidivism rate with intervention:
- 22 percent: 6-7 people
- 38 percent: 15 people
- 51 percent: 15 people

For every 100 all risk levels served, 3-4 fewer people will be reincarcerated.

3x bigger impact

For every 100 high risk served, 9 fewer people will be reincarcerated.
Not All Mental Illnesses Are Alike

Mental Illnesses In the General Population

- Diagnosable mental disorders: 16%
- Serious mental disorders: 5%
- Severe mental disorders: 2.5%
Not all Substance Use Disorders are Alike

The Substance Abuse Continuum

Abstention - Social Use - Heavy Use - Hazardous Use - Problem Use - Abuse - Dependence
Using assessment to target resources...
ADULTS WITH BEHAVIORAL HEALTH NEEDS UNDER CORRECTIONAL SUPERVISION:

A Shared Framework for Reducing Recidivism and Promoting Recovery
Framework to Address SA and MH Needs of Individuals under CJ Supervision

Low Criminogenic Risk
(low)

Medium to High Criminogenic Risk
(med/high)
Framework to Address SA and MH Needs of Individuals under CJ Supervision

- Low Criminogenic Risk (low)
- Medium to High Criminogenic Risk (med/high)
- Low Severity of Substance Abuse (low)
- Substance Dependence (med/high)
- Low Severity of Substance Abuse (low)
- Substance Dependence (med/high)
Framework to Address SA and MH Needs of Individuals under CJ Supervision
Framework to Address SA and MH Needs of Individuals under CJ Supervision

Group 1
I – L
CR: low
SA: low
MI: low

Group 2
II – L
CR: low
SA: low
MI: med/high

Group 3
III – L
CR: low
SA: med/high
MI: low

Group 4
IV – L
CR: low
SA: med/high
MI: med/high

Group 5
I – H
CR: med/high
SA: low
MI: low

Group 6
II – H
CR: med/high
SA: low
MI: med/high

Group 7
III – H
CR: med/high
SA: med/high
MI: low

Group 8
IV – H
CR: med/high
SA: med/high
MI: med/high
Priority population for corrections staff time and treatment

Intensive supervision and monitoring; use of specialized caseloads when available

Access to effective treatments and supports

Enrollment in interventions targeting criminogenic need including cognitive behavioral therapies
Across many decision points...
Case Study: New York City

Average Daily Jail Population (ADP) and ADP with Mental Health Diagnosis (2005-2011)

With total average population declining (-6%) and the sub-population with mental health diagnoses increasing (+26%), a greater proportion of the average daily jail population has a mental health diagnosis.

![Chart showing Average Daily Jail Population (ADP) for 2005 and 2011.](chart)

- **2005**:
  - Total ADP: 13,576
  - M Group: 3,319 (24%)
  - Non-M Group: 10,257 (76%)

- **2011**:
  - Total ADP: 12,790
  - M Group: 4,179 (33%)
  - Non-M Group: 8,611 (67%)

Source: The City of New York Department of Correction
Who are “individuals with mental illnesses” in NYC DOC?

Diverse mental health needs within the 21% of admissions with the M Indicator

* M indicator at discharge. 34% ADP.

**SPMI based on New York Office of Mental Health definition of serious and persistent mental illness. Individuals with an SPMI have functional impairments due to their mental illness that can be expected to continue over an extended period of time. Individuals with an SPMI have a high level of need for treatment and supports. An SPMI diagnosis is required for entry into many adult public mental health treatment programs.
Average Length of Stay by Mental Health Status

- **No M Group**
  - N = 37,283
  - Days = 61

- **M Group (overall)**
  - N = 10,213
  - Days = 112

- **M Group - non SMI**
  - N = 5,843
  - Days = 128

- **M Group & SMI**
  - N = 4,370
  - Days = 91

Source: The City of New York Department of Correction & New York City Department of Health and Mental Hygiene
2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
How does the population with mental illness differ from the general population?

... Increased lengths of stay persist across different dimensions:

- Age
- Gender
- Charge
- Borough

The difference in LOS holds across charges

The LOS differences between M and no M are seen in all boroughs
What’s driving significant pretrial differences?

Ms and No Ms have similar bail amounts set

BUT Ms are less likely to make bail, particularly those with SPMI

AND when they do, it’s taking 5 times longer
Conclusions from Focus Group Findings and Stakeholder Feedback

At each stage of the criminal justice system, things “slow down” for individuals with mental illnesses for the following reasons:

- The needs/risks of this population are often unknown and sometimes assumed.
- Decision-makers have insufficient information about the needs/risks and insufficient community-based options for safe release.
- Time is spent identifying and brokering deals for community-based treatment and supervision.
- These individuals challenge traditional management approaches.
- Community treatment and supports are frequently lacking.
Using the Risks and Needs of this Diverse Population.

Misdemeanor

FTA RISK ASSESSMENT

Low  Med  High  Low  Med  High

CRIMINOGENIC RISK ASSESSMENT

Low  Med  High  Low  Med  High

BEHAVIORAL HEALTH ASSESSMENT

Non-SPMI  SPMI  Non-SPMI  SPMI

Substance Use/Abuse/Dependence  Substance Use/Abuse/Dependence
Pretrial:
Group A: Those who can be safely supervised and provided treatment in the community based on assessed risks and needs

Post-adjudication:
Group B: Those who are appropriate for expedited disposition to community-based supervision and treatment based on assessed risks and needs

Post-adjudication:
Group C: Those who are appropriate for incarceration followed by post-release supervision and treatment in the community based on assessed risks and needs
Coordinate Assessments

FTA Score

Crim. Risk Score

Mental Health & Substance Use Assessment

Coordinated Assessment Scores

FTA  CR  BH  Charge
Possible Systemic Approach

**Booking**
- FTA Score

**Detention**
- Crim. Risk Score
- Mental Health + Substance Use Assessment (for Groups B & C)

**Post-Arraignment Hearing**
- Pretrial supervision and linkages to community-based treatment

**Disposition/Sentencing**
- Expedited disposition to community-based supervision and mandated treatment

**Reentry**
- DOHMH treatment and discharge planning while incarcerated
- DOHMH, DOP, and Borough Unit coordination of discharge to supervision

**Borough-Specific Resource Hub**
- Centralized Coordination
- FTA
- CR
- BH
- Charge

**Group A**
- Pretrial supervision and linkages to community-based treatment

**Group B**
- Expedited disposition to community-based supervision and mandated treatment

**Group C**
- DOHMH treatment and discharge planning while incarcerated
- DOHMH, DOP, and Borough Unit coordination of discharge to supervision
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- What can the Sentencing Commission do?
Challenges Cited in JRI Application

High Rates of Recidivism
- 78% in comparison to a statewide average of 67.5%

Disproportionate Incarceration of African Americans
- 59.8% compared to 6.8% of the general population

Significant Proportion of Non-Violent, Non-Serious Offenders in State Prison
- Non-violent, non-serious offenders represent 65% of San Francisco’s prison commitments

Source: Crime and Justice Institute. “Justice Reinvestment At The Local Level City and County of San Francisco, California.” July 2012.
Sentencing Commission:
Use Data to Drive Decision Making

• Use data from arrest study (and continue data collection post realignment) to learn who under community supervision is driving arrest activity

• Analyze who (based on their risk and needs) is being assigned to what form of supervision and services, determine what difference those allocation of resources is making, and redesign system accordingly

• Identify what gaps in data exist that limit such an analysis and develop a plan to fill those gaps
Thank you!
For additional information, please contact:

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