Justice Reinvestment in Missouri

Policy Framework

MAY 2018

Overview

Missouri faces a number of significant criminal justice challenges. Violent crime in the state has risen in recent years, while arrests for these crimes have declined. Yet Missouri's prison population continues to swell, driven mostly by admissions for supervision violations, many of which are technical violations, and admissions for prison-based behavioral health treatment, which research shows is less effective than community-based treatment.[1] If the current rate of growth in Missouri's prison population is not slowed, the state will need to build two new prison facilities by FY2021, which will cost nearly half a billion dollars in combined construction and operating costs.[2]

Missouri Justice Reinvestment Task Force

In May 2017, Missouri Governor Eric Greitens, then Chief Justice Patricia Breckenridge, Senate President Pro Tempore Ron Richard, and House Speaker Todd Richardson requested support from the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts (Pew) to explore a data-driven justice reinvestment approach to address these challenges. As public-private partners in the federal Justice Reinvestment Initiative (JRI), BJA and Pew approved Missouri's request and asked The Council of State Governments (CSG) Justice Center to help collect and analyze data and partner with state leaders to develop appropriate policy options to help contain corrections spending and reinvest in strategies that can reduce recidivism and increase public safety.

Executive Order 17-17, signed by Governor Greitens in June 2017, established the Missouri State Justice Reinvestment Task Force to study the state's criminal justice system. The 22-member task force, which includes state lawmakers, judiciary members, corrections officials, defense and prosecuting attorneys, and local law enforcement executives, met five times between July and December 2017 to review analyses and discuss policy options.

Task Force Members

Chairperson
Anne Precythe, Director, Department of Corrections

Members
Will Scharf, Policy Director, Governor's Office
Kenny Jones, Chairman, Board of Probation & Parole
Drew Juden, Director, Department of Public Safety
Mark Stringer, Director, Department of Mental Health
Judge Patricia Breckenridge, Supreme Court
Judge Alan Blankenship, 39th Circuit Court
Judge David Byrne, 16th Circuit Court
Caleb Rowden, State Senator
Kiki Curls, State Senator
Dan Brown, State Senator
Shamed Dogan, State Representative
Gail McCann-Beatty, State Representative
Scott Fitzpatrick, State Representative
Steve Hobbs, Missouri Association of Counties
Jason Lamb, Executive Director, Prosecuting Attorneys
Michael Barrett, Director, Public Defenders Office
Wes Blair, Missouri Police Chiefs Association
Sheriff John Wheeler, Missouri Sheriffs Association
Lisa Saylor, Victim Services Organization Representative
Stacey Lannert, Person Who Was Formerly Incarcerated
Sam Richardson, Member of the Public

Data Collection

Extensive data was provided to the CSG Justice Center by the Missouri Department of Corrections (MDOC), the Office of the State Courts Administrator (OSCA), and the Missouri State Highway Patrol. In total, more than 15 million individual data records spanning over 10 years were analyzed across these databases, including supervision and prison populations; length of time served in prison and on supervision; parole board decision making; risk and behavioral health assessments; community- and institutional-based programming participation; court case filing and sentencing; and statewide arrest activity. An analysis on this scale, in terms of breadth and depth, has not previously been undertaken in Missouri and was critical to the CSG Justice Center's ability to deliver comprehensive, systemic analysis of adult criminal justice processes to the Missouri State Justice Reinvestment Task Force.

Additional context and information was provided by more than 100 in-person meetings and conference calls with judges; prosecuting attorneys; public defenders; law enforcement officials; probation and parole officers; behavioral health service providers; victims and their advocates; people in the criminal justice system, as well as their families and advocates; county officials; and others.

Summary of Challenges and Findings

Although increasing violent crime in Missouri presents a significant challenge for law enforcement and other criminal justice stakeholders, they struggle to address it fully because much of their time and energy is spent serving people who have mental illnesses or substance addictions who do not have access to sufficient behavioral health treatment resources in the community. Through its comprehensive review of state data, the Missouri Justice Reinvestment Task Force identified the following key challenges and related findings.

KEY CHALLENGES

1. **Increases in violent crime.** Missouri's violent crime rate rose 13 percent between 2010 and 2016, mostly as a result of sharp increases in 2015 and 2016.[3] More than half of Missouri's counties experienced an increase in violent crime between 2010 and 2016.[4] Further, many law enforcement agencies lack the capacity to collect, analyze, and utilize data to inform strategies to deter and respond to violent crime, and the state's infrastructure for serving victims of crime is also in need of improvement.

2. **Insufficient behavioral health treatment.** The majority of people entering prison in Missouri or starting supervision in FY2016 were assessed as needing treatment for addiction or mental illnesses.[5] However, a lack of community-based behavioral health treatment capacity in the state means that people on supervision have few, if any, treatment options, and people who receive institutional treatment are not connected to necessary treatment and services upon release.

3. **High recidivism.** More than half of people admitted to Missouri state prisons in FY2016 were admitted due to revocations from probation or parole supervision.[6] Of those people, more than half were admitted due to a technical violation of supervision conditions.[7] Changes are needed to better assess, treat, and supervise people on probation and on parole while still holding them accountable.

KEY FINDINGS

Missouri has experienced divergent trends in violent crime and associated arrests in recent years; violent crime has increased in the state while arrests have fallen.

- **Violent crime has increased in Missouri in recent years.** From 2010 to 2016, reported rapes and aggravated assaults in Missouri increased more than 10 percent, and the number of reported murders increased 28 percent.[8]

- **Increases in violent crime have affected both urban and rural areas.** While St. Louis and Kansas City ranked number 1 and 13, respectively, on a nationwide list of major cities with the highest homicide rates in 2016,[9] the recent increase in violent crime is not just a problem in big cities. From 2010 to 2016, 68 of the state's 114 counties (and the City of St. Louis) experienced an increase in violent crime.[10]

- **The number of arrests for violent crimes has not kept pace with the increase in reported violent offenses in Missouri.** The number of reported violent crimes increased 15 percent in Missouri from 2010 to 2016, but arrests for violent crimes decreased 4 percent in the same period.[11]

- **Arrests of females are outpacing arrests of males.** From 2010 to 2016, the number of arrests of males for robbery and burglary decreased 4 percent and 39 percent, respectively, while arrests of females increased 14 percent for robbery and 12 percent for burglary. During the same period, the number of arrests for drug offenses increased for both males and females, but the increase in arrests of females was five times higher than the increase in arrests of males (49 percent and 10 percent, respectively).[12]

Missouri's current policies and procedures related to victims of crime are in need of improvement.

- **Missouri lacks statutory guidance on how long evidence is held and stored after it is collected through Sexual Assault Forensic Exams (SAFE).**[13] Stakeholder engagement through the justice reinvestment process showed inconsistency among law enforcement agencies and health care providers across the state in how these kits are collected, tracked, transferred, and stored, which can result in costly inefficiencies or delays in case processing, confusion between agencies or the courts, or even the loss of critical evidence for sex offenses.[14]

- **Only a small fraction of people who report being a victim of a violent crime apply for compensation through the state's Crime Victim Compensation Program (CVC), and many of the claims are denied.** In 2014, 26,913 violent crimes were reported in Missouri, but only 1,354 applications for compensation were submitted. An analysis of individual claims for reimbursement submitted to the CVC program showed that only 60 percent of claims were approved.[15] Of the claims that were denied, 65 percent were denied due to "failure to supply information."[16]

At the county level, a number of factors are putting pressure on jails, jeopardizing public safety.

- **The number of people in county jails in Missouri has increased in recent years due to longer lengths of stay.** While the number of people admitted to jails in Missouri between 2010 and 2015 decreased 8 percent, Missouri's jail populations increased 7 percent during the same period. This growth can be attributed to increases in the length of time that people stay in jail.[17]

- **Case processing times have grown in recent years.** The average time it takes for felony cases to be disposed in state courts increased 8 percent between FY2010 and FY2016, and 29 counties and the City of St. Louis had felony case processing times that averaged six months or longer in FY2016.[18]

- **Missouri's county jail reimbursement program does not incentivize counties to implement pretrial diversion or release programs that improve public safety at the local level.** The state spends more than $40 million annually to reimburse counties for the cost of confining people in jails. In FY2017, 111 of the state's 114 counties, and the City of St. Louis, submitted reimbursement requests for more than 1.8 million total days in jail statewide.[19] The program reimburses counties for the cost of housing people who are sentenced to prison or who have the execution of their sentence suspended, but does not provide flexibility for counties that wish to use funding to implement proven practices in detention or diversion to increase public safety.

Missouri needs more, and better, treatment options for people with substance addictions and mental health challenges.

- **Opioid-related deaths have risen sharply.** In 2016, 878 people died of opioid overdoses in Missouri, an increase of 67 percent since 2012.[20]

- **One out of every three people admitted to prison are admitted to receive addiction treatment.** In FY2016, 35 percent of all people admitted to prison in the state were sent to prison specifically to receive addiction treatment.[21] Treatment-driven admissions for women rose 37 percent between FY2010 and FY2016.[22]

- **The majority of people on felony supervision who need community-based behavioral health treatment do not receive it.** In 2016, only about 20 percent of people on felony parole or probation in Missouri who were assessed as needing addiction or mental health treatment received it in the community. People who received fewer than 90 days of community-based treatment reoffended at the same rate as those who did

not receive any treatment. People who received 90 or more days of treatment were less likely to recidivate, but only about half of people who started treatment continued for this long.[23]

- **Missouri lacks a set of statewide operational standards for specialty courts (which include drug, DUI, mental health, and veterans courts).** There are nearly 150 such courts in the state, but no mechanism currently exists to determine whether and to what degree each individual court adheres to nationally-recognized best practices.

Missouri is struggling with a growing prison population fueled by revocations from supervision, a high need for behavioral health treatment among people on supervision, and inefficient practices and tools related to people's release from prison.

- **Missouri's prison population is already over capacity and is projected to continue to grow.** Due to growth in the state prison population in recent years, MDOC prison facilities are operating at 105 percent of capacity. The MDOC long-term prison population forecast shows additional growth of 5 percent by FY2021.[24]

- **MDOC's current risk and needs assessment protocols are inefficient.** Discussions with supervision officers and staff across the state highlighted substantial confusion about how to properly utilize the assessment tools. Further, the department's risk and needs assessment process is not streamlined and the information gained through these assessments does not sufficiently drive subsequent treatment, programming, and supervision strategies.

- **Revocations account for half of prison admissions in Missouri.** From FY2010 to FY2016, supervision revocations accounted for more than 50 percent of all admissions to prison. In FY2016, over half of all revocations to prison were for technical violations of conditions of supervision, at a cost to the state of $75 million annually.[25]

- **A large number of people who are revoked do not receive community-based treatment.** In FY2016, two-thirds of people who were revoked were not connected to any community-based treatment while on supervision[26] even though 80 percent of people who were revoked for technical violations had substance addiction or mental health needs.[27]

- **The majority of women admitted to prison in Missouri are admitted for nonviolent offenses and technical violations of conditions of supervision.** Eighty-nine percent of women newly admitted to prison in FY2016 were admitted for nonviolent offenses, compared to 76 percent of men. In the same year, two-thirds of women admitted to prison for supervision violations were admitted for technical violations, compared to just over half of men.[28]

- **The state's female prison population has increased dramatically and is projected to continue to grow.** Missouri's female prison population grew 36 percent from 2010 to 2016, the second-fastest growth in a state female prison population in the country during this period.[29] The female prison population is projected to grow 22 percent, from 3,436 women in FY2017 to 4,209 in FY2021.[30]

- **The parole process in Missouri does not sufficiently account for factors such as assessed risk and needs of people being considered for release to parole.** The Missouri Board of Probation and Parole's (MBPP) current set of parole guidelines is based on historical board practice across a variety of cases and is not driven by a person's readiness for release as determined by assessed risks and needs, program completion, and other relevant criteria. The MBPP conducts more than 10,000 parole release hearings in Missouri each year, the majority of which are initial parole hearings.[31]

- **MDOC's information technology (IT) systems are outdated, inefficient, and ineffective.** Interviews with MDOC supervision officers and staff across the state demonstrated that these systems, which are central to the operation of the agency, are plagued with technical issues that inhibit the ability of MDOC staff to efficiently and effectively develop and monitor case plans, communicate with treatment providers and agency staff, and provide information to others within the agency to hold people accountable while providing the necessary services.

- **Local and state criminal justice entities lack necessary IT systems that enable data sharing.** Law enforcement agencies, courts, prosecuting attorneys, defense counsel, and other criminal justice entities are unable to effectively share information between existing IT systems. This shortcoming creates inefficiencies, duplication, and potential confusion or loss of important information during the judicial process.

Summary of Policy Options and Impacts

The policy options listed below are designed to achieve the following goals:

- Provide resources to local law enforcement to help reduce violent crime, increase support to victims, and strengthen public safety at the local level.
- Increase the availability and effectiveness of community-based treatment for addiction and mental illnesses for people in the criminal justice system in order to reduce treatment-related admissions to prison 50 to 60 percent by FY2023.
- Reduce recidivism and hold people accountable in order to reduce technical revocations to prison 20 to 30 percent by FY2023.

POLICY OPTIONS

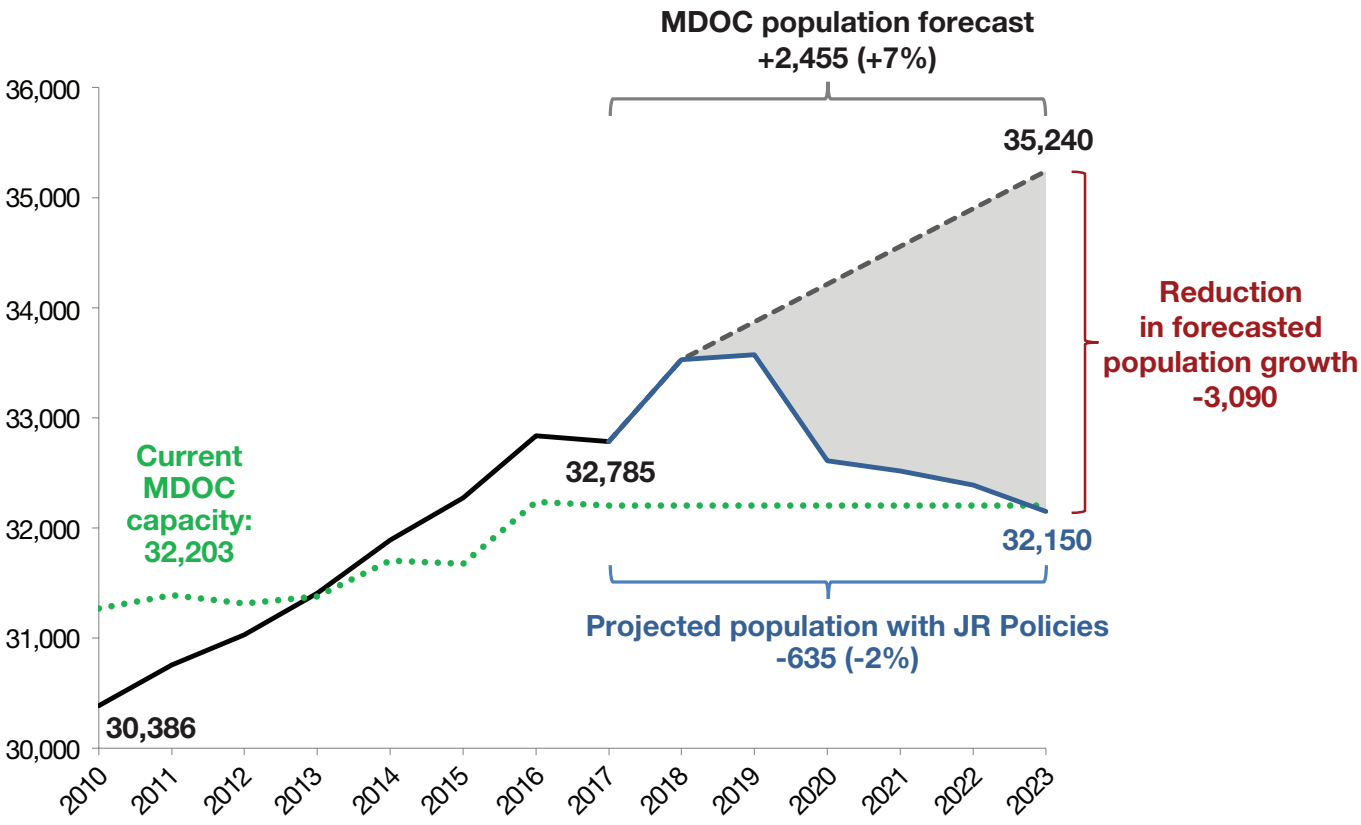
1. Help local law enforcement combat violent crime through the creation of a state-run grant program and provide state-based support through a data-driven crime-reduction implementation team.
2. Improve access to and quality of services available to victims of crime.
3. Revise Missouri's county reimbursement protocol to encourage counties to implement pretrial practices that enhance public safety and make better use of limited local jail space and local criminal justice resources.
4. Amend existing standards related to criminal case processing times in Missouri's courts to address cases at each felony level and reduce average processing time.
5. Increase the effectiveness of prison-based addiction treatment to reduce the number of people returning to prison.
6. Build an effective infrastructure of community-based addiction treatment, housing and transportation services, and related support services to improve access to services as well as treatment and recidivism outcomes for people on probation or parole who have substance use needs.
7. Improve utilization and effectiveness of Community Supervision Centers as a resource for responding to violations of supervision.
8. Expand and train Missouri's behavioral health treatment provider workforce to work more effectively with people in the criminal justice system across the state, especially in rural areas.
9. Support the use of treatment courts in Missouri and create standards to ensure consistency, quality, and adherence to proven models for these courts.
10. Improve supervision policy and practice to reduce reoffending and stem the flow of people who are admitted to prison only to receive treatment or due to revocations.
11. Ensure that staff is sufficiently trained in the implementation of risk and needs assessments and in core correctional practices (CCP) to effectively change behavior for people on probation and parole and improve public safety.
12. Modernize the parole decision-making process and ensure that people are prepared to return to the community after incarceration.
13. Fund updates to MDOC's IT systems to enhance the agency's efficiency and effectiveness.
14. Update applicable IT systems and interagency agreements to improve the sharing of criminal justice data between IT systems used by various criminal justice entities.
15. Monitor supervision outcomes and make necessary adjustments to policy to enhance the effectiveness of crime- and recidivism-reduction efforts.

PROJECTED IMPACT

As a package, the policies described in this report are projected to avert significant costs and projected growth in Missouri's state prisons between FY2019 and FY2023. The effective implementation of the policy framework will help the state avert $485 million in prison construction and operating costs. While the prison population is currently projected to grow 7 percent, from 32,785 people in FY2017 to 35,240 in FY2023,[32] this policy framework is projected to reduce the forecasted growth by 3,090 people by FY2023 and bring the state prison population below capacity. (See Figure 1)

The CSG Justice Center's impact analysis is based on FY2010–FY2016 MDOC prison population and admission data and MDOC prison population forecasts. The baseline population projection assumes a 1-percent annual rate of growth in prison admissions for supervision revocations and a minimal annual reduction (less than 0.4 percent) in 120-day treatment admissions to prison, based on the observed rate of growth for those admissions in prior years. Averted costs were generated by calculating the construction and operating costs for two new prison facilities that will be required to house Missouri's current forecasted prison population. Construction and operating costs were developed in consultation with MDOC and are based on the actual construction and operating costs of the most recently built prison in the state.[33] By averting the projected prison population growth, MDOC would avoid the costs of these additional facilities.

FIGURE 1. PROJECTED IMPACT OF POLICY OPTIONS ON MDOC PRISON POPULATION



Prison population is based on population counts as of June 30 of each year.

Source: Missouri Department of Corrections Offender Profile, FY2016; Missouri Department of Corrections, August 2017 Population Forecast for historical and baseline projection. CSG modeling for JR scenario forecasts.

REINVESTMENTS

To achieve the projected outcomes, Missouri must reinvest a portion of the averted costs in evidence-based strategies to reduce recidivism. In FY2019, an upfront investment of $31.25 million in community-based addiction treatment and services, law enforcement and community reentry grants, expansion of the victim compensation program, and key information technology upgrades is recommended. Averted costs and proposed levels of reinvestment are based on projected impacts to the prison population as calculated by the CSG Justice Center in comparison to the MDOC population forecast. (See Figure 2)

FIGURE 2: SUMMARY OF JUSTICE REINVESTMENT POLICY FRAMEWORK AVERTED COSTS AND REINVESTMENTS

		FY2019	FY2020	FY2021	FY2022	FY2023	Total
Averted Costs	Prison Construction	$350M			---	---	$350M
	Operating Costs	---	---	$27M	$54M	$54M	$135M
	Total Averted Costs	---	---	---	---	---	**$485M**
Reinvestments	Community-Based Behavioral Health	$9.75M	$20M	$30M	$40M	$41.5M	$141.25M
	Law Enforcement Grants	$5M	$5M	$5M	$5M	$5M	$25M
	Law Enforcement Implementation Team	$500K	$500K	$500K	$500K	$500K	$2.5M
	Victim Compensation	$500K	$500K	$500K	$500K	$500K	$2.5M
	Community Reentry Grants	$500K	$500K	$500K	$500K	$500K	$2.5M
	IT Upgrades	$15M	---	---	---	---	$15M
	Total Reinvestment	**$31.25M**	**$26.5M**	**$36.5M**	**$46.5M**	**$48.0M**	**$188.75M**
	Net Savings						**$296.25 M**

Policy Options

POLICY OPTION 1:

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

Violent crime in Missouri is a serious challenge. While the state's overall crime rate has fallen in the past two decades, it remains well above the national average, and the violent crime rate in the state rose 13 percent between 2010 and 2016, mostly as a result of dramatic increases in 2015 and 2016.[34] More than half of Missouri's counties—both urban and rural—experienced an increase in violent crime between 2010 and 2016.[35]

Many law enforcement agencies lack the capacity to effectively or efficiently collect, analyze, and utilize data to inform strategies to deter and respond to violent crime. For example, Missouri is missing statutory guidance on the collection, storage, and processing of physical evidence obtained through SAFE kits, thousands of which the state pays for on an annual basis.[36] Some states, including Michigan and Ohio, have adopted statutory guidelines that improve consistency in handling SAFE kits across the state and ensure that evidence collected through these kits is not lost.[37]

Local law enforcement agencies in Missouri consistently communicated that they want and need help to effectively combat crime by increasing the likelihood that people who commit crimes are apprehended, working with the communities they serve to build trust and confidence, and leveraging community partnerships and resources to connect people to the right services at the right time.

A. **Establish and fund a grant program through the Missouri Department of Public Safety (MDPS) to help jurisdictions analyze local data to determine the factors that are driving violent crime and develop evidence-based strategies to address those factors.** Grants to assist law enforcement agencies should target three areas: (1) increasing intervention and enforcement through the use of additional staffing resources (which can include overtime) to focus on violent crime; (2) improving community engagement to increase trust in law enforcement and foster cooperation with the community in an effort to reduce crime; and (3) improving data collection and analysis to help agencies work more efficiently and effectively by monitoring crime trends, coordinating with other law enforcement or corrections agencies at the state or local level, and tracking agency performance.

B. **Develop and fund a state-based violent crime reduction implementation team to assist jurisdictions in identifying and analyzing local violent crime challenges and solutions.** This team should be available to assist agencies across the state in assessing given challenges on a departmental/agency level and developing agency-specific plans for addressing those challenges.[38]

C. **Create statutory language to establish model guidelines for local jurisdictions on how to collect, store, and process forensic evidence from SAFE kits**. These guidelines should cover the time frame in which medical providers should give SAFE kits to law enforcement agencies; the time frame in which law enforcement should submit these kits to a crime lab for testing; and how long both unsolved or uncharged and unreported evidence should be stored at either a law enforcement or medical facility.

POLICY OPTION 2:

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

The state's infrastructure for serving victims of crime is in need of improvements. The statutes, policies, and procedures that guide the state's CVC program, operated by MDPS, are in need of revision to serve more people more efficiently. Current policy places a substantial burden on the victim in order to receive compensation, including a notary requirement (which costs the victim money), a 30-day time limit for the victim to supply documentation requested by program administrators, a Missouri residency requirement, and a requirement that all claims be filed either in person or via mail.[39] These requirements, among others, effectively restrict access to compensation funding for those who need it most. In FY2014, nearly 27,000 violent crimes were reported in Missouri, but the Missouri CVC program received compensation applications for fewer than 5 percent of these crimes—1,354 applications related to aggravated assaults, homicides, robberies, and sexual assaults combined.[40] Of individual claims for reimbursement (which are submitted once applications are approved) received in 2014, 40 percent—more than 600 claims—were denied payment. Nearly two-thirds of denials were due to an administrative reason: failure to supply information.[41]

Federal Victims of Crime Act (VOCA) formula funds for Missouri more than quadrupled from $8 million in FY2013 to $34 million in FY2017 and can be leveraged to address needs of victims and gaps in services.[42] In FY2018, the Missouri Department of Social Services (MDSS), which administers the VOCA grant monies for the state, distributed more than $77 million (representing multiple years of federal funding) to entities across the state, including nonprofit organizations, prosecutors, law enforcement agencies, and courts, to serve victims of crime.[43] Given that the federal VOCA allocation is expected to increase again in the coming years, MDSS needs to ensure that it is able to effectively and efficiently administer the distribution of this funding to provide needed services to victims of crime across Missouri.

A. **Increase access to the Missouri CVC program.** MDPS should expand eligibility requirements to include more victims of violent crime; enhance existing benefits to meet the growing needs of victims who have already received all other public benefits to which they are entitled; and address barriers to program access, including replacing cumbersome and antiquated application and communication processes with modern technologies, such as allowing electronic submission of applications.

B. **Increase the Missouri Department of Social Services' federal spending authority for the VOCA award** in the state and improve the ability of the department to disburse federal monies to support programming for victims of crime in Missouri.

POLICY OPTION 3:

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

At the local level, the way in which the state reimburses counties for the costs of holding people in jail who are eventually sent to prison (or who receive a "suspended execution" of their sentence—so-called "SES" cases) may have a significant impact on public safety by failing to incentivize counties to implement proven public safety strategies related to pretrial assessment, release, and diversion. While many states provide reimbursement to county jails, Missouri's approach is unusual in that the state provides reimbursement beginning on the day of arrest rather than on the day of conviction and only in cases where the person is ultimately sentenced to prison or receives an SES.

Missouri's current approach to county reimbursement does not allow counties to receive state funding for programs that provide an alternative to pretrial incarceration. For example, modern electronic monitoring technology allows law enforcement to continuously monitor people who are released pretrial, which decreases the jail population and the likelihood that the person will lose his or her job or suffer other negative effects of incarceration (thereby increasing public safety), and costs the county less money. However, Missouri's current county jail reimbursement protocol does not allow states to be reimbursed for such programs, despite their benefits. Adjusting the policy to allow for reimbursement for these types of programs can incentivize counties to implement such measures and realize their positive impacts.

The current reimbursement procedure is also outdated, inefficient, and differs in each county. Each reimbursement request must be approved by a multitude of local stakeholders with little ability to verify the accuracy of the information at the local or state level. Further, reimbursement requests and transfer of funds between counties and the state can currently be done only via mail.

A. **Establish a single, streamlined, electronic process for counties to use when submitting claims for reimbursement to MDOC.** This process should be simplified and standardized across all counties and should pursue all feasible means of making forms electronic to avoid unnecessary duplication of efforts. A dashboard should be developed to inform state and local criminal justice stakeholders of trends at the statewide and county level regarding reimbursement types and amounts, days of detention per claim, number and type of sentences that trigger reimbursements, past due balances, and other pertinent information for the management of the program.

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

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

POLICY OPTION 4:

Amend existing standards related to criminal case processing times in Missouri's courts to address cases at each felony level and reduce average processing time.

Analysis of data provided by Missouri's Office of the State Court Administrator (OSCA) showed that the average time from criminal case filing to sentencing increased 8 percent between FY2010 and FY2016 and now takes nearly 190 days on average in Missouri.[44] Delays in processing criminal cases in the courts are problematic in that they impact the size and makeup of the local jail population, which has substantial public safety ramifications.[45] As cases take longer to process in the courts, people awaiting trial, case disposition, or a supervision revocation hearing remain in jail for longer periods, which increases the jail population. Many jails in Missouri report that their populations have grown significantly in recent years, creating serious operational challenges, increasing costs, and, most importantly, negatively impacting the safety of jail staff, people in custody, and the public. Data on Missouri's statewide jail population and admissions highlight this challenge: between 2010 and 2015, the total number of admissions to jails in the state decreased 8 percent, but the number of people in jail on any given day in Missouri increased 7 percent.[46]

This policy option calls for criminal case processing time standards, while voluntary, to be amended to represent reasonable time frames within which criminal cases of varying offense levels (Class A felony offenses, Class B felony offenses, and so on) should be disposed.[47] Felony criminal case processing times, which are lengthy in many parts of Missouri, have a significant impact on the state's criminal justice system in multiple ways. They affect the size and makeup of jail populations at the county level and require the state to pay counties for holding people in jail who are sentenced to prison (including for pretrial time). Case processing times also impact people in the system who are held in jail awaiting trial, which is linked to a person's ability to maintain employment, family relationships, and other factors that relate to the likelihood of reoffending.

POLICY OPTION 5:

Increase the effectiveness of prison-based addiction treatment to reduce the number of people returning to prison.

In Missouri, as in the rest of the country, behavioral health needs—substance addictions and serious mental illnesses—are far more prevalent among people in jail or prison than among the general population and often contribute to criminal justice system involvement.[48] Data from MDOC shows that 88 percent of people entering prison in Missouri in FY2016 were assessed as needing addiction treatment and 14 percent as needing treatment for mental illnesses.[49]

Historically, Missouri's approach to providing addiction and mental health treatment for people in the criminal justice system has focused on in-prison treatment and programming. While Missouri data shows that people who receive treatment during their prison stay have lower initial recidivism rates, those benefits rapidly fade over time, likely—in part—because insufficient community resources are available to assist them in sustaining their treatment gains after they transition back into their communities.[50] Thus, the state currently spends tens of millions of dollars per year to operate MDOC's nearly 3,000 dedicated prison-based treatment beds, but recent three- and five-year recidivism data shows that people who received prison-based addiction treatment reoffended at nearly the same rate as people who were assessed as needing this treatment but did not receive it.[51]

A. **Conduct a comprehensive review of prison addiction treatment programs to determine the extent to which these programs adhere to best practices and effectively reduce recidivism**. Findings and recommendations based on this evaluation should be reported to the Missouri General Assembly and the governor.

B. **Revise programming and treatment approaches as necessary to better adhere to best practices and improve outcomes.**

POLICY OPTION 6:

Build an effective infrastructure of community-based addiction treatment, housing and transportation services, and related support services to improve access to services as well as treatment and recidivism outcomes for people on probation or parole who have substance use needs.

Joint MDOC and Missouri Department of Mental Health (DMH) data show that only 20 percent of people on probation or parole who need treatment services actually receive them due to insufficient treatment resources.[52] For those who do receive community treatment, outcomes vary based on length of treatment; those who participate in more than 90 days of treatment have the best results. Unfortunately, less than half of community-based treatment participants remain in treatment for at least 90 days.[53]

Research shows that long-term recidivism outcomes are significantly improved when treatment takes place in the community even when controlling for offense, assessed risk, and needs.[54] Many people in Missouri are sentenced to expensive prison-based treatment simply because so few community-based alternatives exist across the state.[55] Insufficient availability of treatment that is properly tailored for people in the criminal justice system contributes to a vicious cycle for many people that begins with a sentence to prison-based treatment, followed by a release to communities with no adequate follow-up services. This can lead to relapse, failure on community supervision, and revocation that results in reincarceration.

Currently in Missouri, community-based behavioral health treatment for people on probation or parole is funded by MDOC through a transfer of monies to MDMH, which then pays community-based treatment providers for their services. As demonstrated by consistently poor recidivism outcomes for the population receiving these services, Missouri is clearly not realizing a suitable return on its current investment through this approach. Providers must be incentivized to improve these outcomes through changes to the contracting process that emphasize recovery and recidivism outcomes over the mere provision of services.

A. **Create and fund an array of statewide services designed to ensure timely access to community behavioral health care that improves public health and safety outcomes.** These services should be designed and implemented to (1) more effectively support people returning to the community after incarceration on community supervision who are at a high risk of reoffending, have substance use needs, and may or may not have behavioral health needs, and (2) effectively provide treatment and support services for people already on community supervision who also meet these criteria. High-quality community-based behavioral health treatment and support services are critical for reducing recidivism for people with such needs. Research shows that community-based treatment has a significant impact on recidivism for people on probation who have substance use needs.[56]

B. **Connect people to community-based services prior to their release from incarceration to help ensure timely access to treatment, supports, and services in the community.** These connections may take the form of so-called "warm hand-offs," in which community treatment providers meet with the person prior to release from incarceration as well as the assigned supervision officer and other staff to establish relationships and work cooperatively to increase the likelihood of success for the person being released. Timely access to treatment and support services is critical to sustaining the recovery gains people make in prison-based treatment once they return to their communities. As part of an integrated community-based services team, specialized staff ("care coordinators") from community treatment providers can work with people prior to release to screen them for eligibility and connect them to community-based programs, enroll them in health care coverage, schedule appointments, and provide post-release case management services.

C. **Establish funding to improve access to recovery housing, transportation, and medication for people who are on probation or parole who are in recovery for a substance addiction.** Many people on supervision, particularly those who leave prison-based treatment programs, need assistance in the form of supportive housing (which includes full-time staff to ensure structure, support, and a drug-free facility); transportation to and from interviews, meetings with supervision officers, treatment, and more; and access to needed medications to facilitate recovery and physical and mental health.

D. **Use the contracting process to incentivize behavioral health treatment providers to improve recovery and/or recidivism outcomes, not just provide services.** State agencies that establish a memorandum of understanding (MOU) with other agencies or contract for service with behavioral health providers should include language in the MOU or contract that provides opportunities for supplemental payments above the base service rate as an incentive for positive outcomes, such as successful recovery and/or lower recidivism among people who receive treatment services.

POLICY OPTION 7:

Improve utilization and effectiveness of Community Supervision Centers as a resource for responding to violations of supervision.

MDOC currently operates six Community Supervision Centers (CSCs) across Missouri that serve primarily as housing for people on probation or parole. These facilities typically contain that district's probation and parole office as well as a semi-secure, dormitory-style residential area with a food service area, programming space, and bedrooms that can accommodate up to 60 residents. As of July 2017, the majority of CSCs were operating at less than 50 percent of capacity.[57] While limited programming is provided to CSC residents, current policy and procedure do not adequately allow these facilities to serve as a resource for responding to behavior that violates a person's conditions of supervision. CSCs can play a critical role in providing targeted, intensive programming for people who are at risk of revocation to prison. Further, given the prevalence of behavioral health needs among the population served by these centers, the programming provided can be enhanced to address these needs and improve supervision and treatment outcomes.

A. **Restructure Missouri's CSCs to serve as a resource for responding to people who violate the conditions of their supervision and who persistently fail to demonstrate desired behavior changes.** This policy option requires MDOC to reorient CSC operations so that these facilities can be used as a final graduated response to technical violations and provide programming and treatment services with the goal of helping people succeed and reduce the need for revocations to prison.

B. **Bolster programming in CSCs to address criminal thinking and history of trauma, and provide substance addiction treatment and programming.** Interventions provided in these facilities should adhere to best practices in correctional programming and be implemented with fidelity to proven programming models to improve outcomes.

POLICY OPTION 8:

Expand and train Missouri's behavioral health treatment provider workforce to work more effectively with people in the criminal justice system across the state, especially in rural areas.

As in many states, the network of organizations providing behavioral health treatment in Missouri and the number of professional staff employed by those organizations is small, especially when compared to the high need for such services in the state. Missouri ranks 35th in the nation in the ratio of mental health professionals to residents, with some 600 residents for every such professional statewide.[58] Attracting and retaining mental health professionals in rural areas is a particular challenge, and people in rural areas who need services must often travel great distances to get them.[59] In addition to expanding the available workforce, behavioral health practitioners will need initial or supplemental training on working specifically with people on probation and parole, including the unique needs of these people and the challenges they face; how best to work with MDOC staff and other criminal justice system stakeholders; and working with women in the criminal justice system.

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

rural areas of Missouri. Development efforts can take the form of scholarships, loan reimbursement, and/or recruitment/retention programs for professional positions with a focus on increasing the quantity and quality of the behavioral health workforce in less populous areas of the state. Workforce development initiatives should also encourage practitioners to continue to hone their skills through routine training and professional development activities.

B. **Require annual training for providers of behavioral health services for people in the criminal justice system.** This training should focus on implementation of evidence-based practices and should be provided by the state both at the start of providers' employment and on a routine basis thereafter.

C. **Require training on gender-responsive interventions for providers working with women in the criminal justice system.** Training should focus on correctional practices that incorporate an understanding and appreciation of the impact of trauma and the challenges and circumstances women face in the criminal justice system.

POLICY OPTION 9:

Support the use of treatment courts in Missouri and create standards to ensure consistency, quality, and adherence to proven models for these courts.

Treatment courts—including drug courts, veterans courts, and DWI courts in Missouri—provide intensive supervision of participants coupled with participation in treatment and direct communication with a judge to ensure accountability. As of December 2017, 147 treatment courts were operational in Missouri, serving more than 4,000 people on a daily basis.[60] While each court operates largely independently and needs a degree of operational flexibility to adapt to the community that it serves, treatment courts must also adhere to proven principles and techniques for behavior change in order to be effective. As such, steps should be taken to ensure adherence to best practices and consistency in the operation of treatment courts in Missouri.

This policy option requires statute to be amended to authorize the Missouri Drug Court Coordinating Commission to establish a comprehensive set of operational standards for treatment courts in the state. Standards should be based on nationally recognized best practices and should be tailored to each of the various iterations of treatment court (drug, veterans, DWI, mental health, etc.). Standards that are adopted should also be sufficiently flexible to allow for the incorporation of practices proven effective through recent research and for courts of varying sizes and resource levels. Further, standards should be used to ensure fidelity to the treatment court best practices, and a compliance review process should be developed for assessing adherence to these best practices. Training and continuing education requirements for treatment court practitioners should be considered in the creation and auditing of the standards.

POLICY OPTION 10:

Improve supervision policy and practice to reduce reoffending and stem the flow of people who are admitted to prison only to receive treatment or due to revocations.

More than half of people admitted to Missouri state prisons in FY2016 were admitted due to revocations from probation or parole—more than the number of people admitted as a result of direct new admission sentences and treatment-related sentences/sanctions combined.[61] Of the more than 9,500 people entering prison due to revocations that year, half were admitted due to a technical violation of supervision conditions (missed appointment(s) with a supervision officer, not attending or participating in treatment, failed drug test, etc.).[62] On average, people admitted for technical violations remain in prison for one year in Missouri, costing the state nearly $75 million annually.[63] Given these factors, the policies and processes that impact how MDOC and the Missouri Board of Probation and Parole (MBPP) prepare people to return to the community upon release; make decisions about who should be released, when, and under what circumstances; and supervise people in the community are of critical importance to public safety in Missouri.

Changes to Missouri's approach to supervision can contribute to lower recidivism and a subsequent reduction in the number of supervision violations that result in revocations to prison. Research has shown that adherence to the principles of effective community supervision, such as risk-need-responsivity (RNR), can improve behaviors and compliance with supervision and reduce recidivism among people on probation and parole, resulting in fewer arrests for new offenses and a decrease in the number of revocations to prison.[64] The RNR approach involves concentrating supervision and treatment resources on people who are assessed as having the greatest needs and highest risk of reoffending by directly addressing a person's individual criminogenic needs to achieve behavior change and reduce recidivism.[65] Although research shows that adherence to the principles of RNR can increase the effectiveness of recidivism-reduction programming in prison, RNR-oriented programming delivered in the community produces the greatest impact on recidivism.[66]

When an RNR approach is implemented in combination with other core principles of supervision, such as proactive case management, cognitive behavioral interventions that include skills practice, the structured use of proportional sanctions for supervision violations, and the use of limited terms of incarceration in response to technical violations (the legal authority for which already exists in Missouri), community supervision agencies can reduce recidivism further.[67] For people on supervision who have behavioral health needs, research shows that supervision combined with treatment more effectively reduces recidivism than supervision without a treatment component.[68] In combination with other policies endorsed by the Task Force, including increasing access to community-based behavioral health resources for people on probation and parole, MDOC can positively impact recidivism among people on supervision and, in turn, effectively reduce the number of people who are revoked to prison for supervision violations.

In order to adhere to core principles of supervision, such as RNR, MDOC must revise its risk and needs assessment protocols. The department currently uses one risk and needs assessment instrument for males, the Field Risk Reduction Instrument (FRRI), and a different one for females, the Gender Responsive Assessment (GRA). There is substantial confusion and disagreement among field supervision officers about how to appropriately use the information obtained through these assessments. The risk and needs assessment process is not streamlined, and the information gained through these assessments does not sufficiently drive subsequent processes, including treatment and programming referral and development of individualized supervision strategies.

Programming provided to people on probation or parole is also in need of improvement; current programs, such as "Pathways to Change," do not sufficiently address criminal thinking or adhere strictly to best practices. Similarly, MDOC's policy that guides how probation and parole officers (PPOs) respond to behavior that violates a person's supervision conditions should be updated to incorporate appropriate incentives and sanctions, prioritizing the most intensive and costly responses for people at the highest risk of reoffending. Admission to MDOC's programs is not sufficiently driven or determined by a person's risk; rather it is used as a sanction for noncompliant behavior. Ensuring that people who are assessed as being at a high risk of reoffending have access to the right programming is an important step toward effective recidivism reduction in Missouri.

MDOC policy, procedure, and training should also take into account gender responsivity, or the degree to which correctional practices are tailored to account for different experiences and challenges that females face in prison or under supervision, as well as trauma-informed strategies. MDOC offers no trauma-related training and only one basic training course on gender responsivity, but staff reported that this training was generic and not particularly helpful. As such, some staff have sought external training on the topic to supplement the training that MDOC offers. Some supervision officers have women-only caseloads, but most of these officers were arbitrarily assigned this caseload and may or may not have any specific interest in gender-responsive work.

Finally, the statutes, policies, and practices related to the implementation of Earned Compliance Credits (ECC), which are designed as an incentive for legal, compliant behavior while on supervision, need to be adjusted to (1) ensure that credit is being awarded only when a person is meeting their obligations while being supervised in the community, and (2) ensure that a person can continue on supervision (rather than face release or revocation) if their legal financial obligations remain unmet, even when they have sufficient credits for release from supervision.

A. **Require MDOC to adopt research-based risk and needs assessment tools,** validate these tools on Missouri's supervision population (when sufficient data on this population is available), and provide in-depth training for staff on how and when to use these tools as well as how to incorporate the assessment results into supervision strategies.

B. **Adopt evidence-based cognitive behavioral programs to address criminal thinking and create corresponding policy for staff training that ensures that the program is implemented with fidelity.** Adoption of, and close adherence to, the core principles of a cognitive behavioral program curriculum in Missouri are likely to improve outcomes for program participants.

C. **Require admission to programs and treatment to be based on risk and needs assessment results to prioritize these programs for high-risk, high-needs people for whom treatment and programming has the greatest impact.** MDOC policy should include specific criteria for admission to programs and treatment in the community and should clearly articulate that the limited number of treatment and/or programming slots should be prioritized for these people.[69]

D. **Revise MDOC's behavior response policy to better incorporate sanctions and incentives and require supervisory approval for more serious sanctions, such as jail time or petitions for revocation.** This policy will guide supervision officers quickly and effectively in how to respond to positive or negative behaviors of people on supervision.

E. **Deploy gender-responsive and trauma-informed strategies in supervision and programming.** Develop gender-responsive supervision approaches to reduce technical violations for women.

F. **Amend the ECC statute and corresponding MDOC policy** to (1) prohibit supervision revocation due to failure to meet legal financial obligations prior to supervision status eligibility date and (2) award credit for early discharge from supervision only while a person is satisfying conditions of supervision in the community rather than while incarcerated (for example, while serving a short-term prison-based treatment sentence with release to probation, or while serving a short-term sanction in county jail).

POLICY OPTION 11:

Ensure that staff is sufficiently trained in the implementation of risk and needs assessments and in core correctional practices (CCP) to effectively change behavior for people on probation and parole and improve public safety.

Meetings and focus groups with and observation of MDOC staff revealed that there is substantial confusion among PPOs and other staff as to how to properly interpret the results of risk and needs assessments and how best to use those results to inform case plans, treatment or programming referrals, and/or supervision level and techniques. While PPOs and other staff receive initial training provided by the department, much of the training currently offered to MDOC supervision staff is not pertinent to the most important or commonly-used skills. Training is key to ensuring that risk and need principles are implemented with fidelity in Missouri.

A. **Train staff on the proper way to conduct and utilize the results of risk and needs assessments.** All staff charged with administering risk and needs assessments should receive initial and recurring training on how to do so properly. This training should also seek to improve staff's understanding of how risk and needs should factor into decisions about how people should best be served through supervision and available programming.

B. **Require training in CCP to be integrated into basic training and annual follow-up training for all MDOC staff, as well as IPOs and their supervisors, who routinely interact with people in prison or on probation or parole supervision.** Training on CCP should include a gender-responsive component focused on the needs of women in the criminal justice system.

POLICY OPTION 12:

Modernize the parole decision-making process and ensure that people are prepared to return to the community after incarceration.

Missouri faces a number of challenges related to how information is collected and prepared for the MBPP, how hearings are conducted, how parole guidelines are utilized, and how the department and state help people with the difficult transition to life in the community after incarceration.

Current processes for the collection and assembly of information prior to a parole hearing are inefficient and cumbersome. Institutional parole officers (IPOs), who are charged with creating a Parole Hearing Report for each person who is being considered for parole release, must access numerous databases to obtain information for these reports. Parole Hearing Reports routinely exceed 20 pages in length, and members and staff[70] of the MBPP who are conducting the hearing have only a few minutes to review this information prior to each hearing.

Missouri's parole guidelines are also in need of revision. Current MPBB guidelines are overly complicated and are based on the board's historical treatment of cases as informed by offense severity and criminal history rather than the current assessed risks and needs of people being considered for parole. Ideally, parole guidelines should steer parole board members and staff to make decisions on a person's readiness for release based on factors such as assessed risk and needs, in-prison programming, home plans and available services in the community, and related factors.

MBPP members and staff should also be trained in effectively communicating with people being considered for release to parole and how to determine which programs or treatment added as a condition of supervision or release would be most helpful for people with certain risks and needs.

Finally, Missouri faces serious challenges related to helping people who are released from prison reintegrate into their community. Moving from a highly structured prison environment to life in the community can be difficult, especially for people who have behavioral health needs. Overcoming barriers to reentry, such as housing, transportation, employment, and family relationships, is critical for people being released from prison and is an important step in reducing recidivism in Missouri. The state can take steps to assist people with this transition by improving coordination between

MDOC, state agencies, and community organizations to ensure that people leaving prison do so with the necessary identification, medication, and other basic requirements to facilitate effective reentry into society.

A. **Require MBPP to streamline processes related to the collection, assembly, and reporting of information for board members and staff conducting parole hearings.** The Parole Hearing Report format should be revised to focus primarily on assessing a person's current risk and readiness for release to parole supervision while reducing unnecessary information. A number of existing IT systems should be updated and/or altered to effectively streamline this process.

B. **Adopt revised parole guidelines that account for key factors that determine a person's release readiness.** Such factors include the person's assessed risk and needs, criminal history, treatment or programming completed in prison, in-prison behavior, and home plans. Using these guidelines, board members can use professional judgment when making release decisions.

C. **Provide training to parole board members and parole analysts on best practices in parole decision making,** including the role and use of risk assessment and recidivism-reduction strategies, interviewing techniques, condition setting, communication skills, and more.

D. **Offer grants for community-based organizations to assist people with reentry.** This policy option increases structured reentry services for people returning to the community. Assistance from nongovernmental organizations can reduce barriers and address challenges such as meeting supervision requirements, obtaining necessary treatment and programming, creating parenting plans, and finding and maintaining stable housing and work to reduce the likelihood of recidivism.

E. **Improve coordination between MDOC, state agencies, and community agencies** to increase the likelihood that people leaving MDOC facilities have identification, a driver's license (where applicable), medication, and other reentry-related tools.

POLICY OPTION 13:

Fund updates to MDOC's IT systems to enhance the agency's efficiency and effectiveness.

MDOC maintains a number of IT systems, including several database systems that hold vast amounts of important information about people under the department's jurisdiction. These systems are accessed by MDOC staff as well as other criminal justice system stakeholders for a variety of purposes, including ensuring the continuity of medical and behavioral health care, recording a person's compliance with conditions of supervision and the corresponding actions of supervision officers, and compiling information on a person ahead of a parole hearing—all tasks critical to ensuring the safety of the people under the department's care and supervision, its staff, and the public.

However, MDOC's IT systems are outdated, inefficient, and ineffective. Officers and other staff report nearly constant challenges with these systems, including loss of information, involuntary log-outs due to inactivity (even when an officer is simply using another program at the time), and failure to connect with other systems, requiring duplicate entry of information. When interviewed, officers and MDOC staff across Missouri cited IT issues as one of their most common problems. Officers spend substantially more time addressing challenges caused by outdated IT systems than working directly with people under their supervision or care to change behavior or hold them accountable.

This policy option requires funding the completion of updates to MDOC's IT systems that are used by supervision officers and MDOC staff to track risk and needs information, create and monitor case plans, coordinate the provision of services, and more. Updates to these systems are currently in progress but are significantly delayed. The ability of Missouri's supervision officers and correctional staff to effectively change behavior is hampered by a lack of consistency, streamlining, and capacity in existing IT systems.

POLICY OPTION 14:

Update applicable IT systems and interagency agreements to improve the sharing of criminal justice data between IT systems used by various criminal justice entities.

IT systems currently in operation in MDOC and MDPS are in need of significant updating and streamlining. Information collected by law enforcement, courts, and other entities that is helpful for prosecutors or defense counsel is sometimes lost (or duplicated) because information management systems at various levels of government lack the ability to share necessary and/or helpful information with one another.

This policy option requires updates and improvements to Missouri's criminal justice-related IT systems to allow data to be efficiently and effectively shared between local law enforcement agencies, courts, prosecuting attorneys, public defenders, and state criminal justice agencies. This data may pertain to people being released from prison, home plans, assessed risk and needs, criminal records, arrest activity, court dates, and more. Automating the state's system for coordinating with law enforcement can also facilitate mandatory notification to victims about parole hearings, custodial release, and other changes in supervision or custody status. Applicable interagency agreements pertaining to data sharing will also need to be updated as part of this process.[71]

POLICY OPTION 15:

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

Missouri currently measures recidivism in three ways: (1) incarceration (the number of people who start probation and are subsequently sent to prison within a given period), (2) reincarceration (the number of people who are released from prison and return to prison within a given period), and (3) reconviction (the number of people who start probation or are released from prison, reoffend, and receive a finding of guilt or deferred sentence for the new offense).[72] To more effectively measure the success (or lack thereof) of correctional intervention, more nuanced measures are needed, including an analysis of the number of people who are released from prison or discharged from supervision and rearrested within a given period. Such an analysis is possible since data on arrests statewide are available to MDOC researchers through MDPS. Analysis of this data will enable a more detailed assessment of the impact of agency policy and procedure (as well as that of other criminal justice agencies) and, subsequently, allow adjustments to be made to improve outcomes.

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

Endnotes

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2. MDOC August 2017 population projection memo shared with CSG Justice Center, September 12, 2017; CSG Justice Center, "Justice Reinvestment in Missouri, Second Presentation" (PowerPoint presentation, Missouri State Justice Reinvestment Task Force, Jefferson City, MO, September 20, 2017), https://csgjusticecenter.org/jr/missouri/publications/justice-reinvestment-in-missouri-second-presentation/.
3. Federal Bureau of Investigation, *Crime in the United States, 2010* (Washington, DC: United States Department of Justice, 2011), https://ucr.fbi.gov/crime-in-the-u.s/2010/crime-in-the-u.s.-2010; Federal Bureau of Investigation, *Crime in the United States, 2016* (Washington, DC: United States Department of Justice, 2017), https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016. All years in this report are calendar years unless otherwise noted. Those dates or timespans pertaining to fiscal years are denoted with "FY."
4. Missouri State Highway Patrol (MSHP) Statistical Analysis Center (SAC), *Crime in Missouri 2010* (Jefferson City, MO: MDPS, 2011), http://www.mshp.dps.missouri.gov/MSHPWeb/SAC/pdf/2010CrimeInMO.pdf; MSHP SAC, *Crime in Missouri 2016* (Jefferson City, MO: MDPS, 2017), http://www.mshp.dps.missouri.gov/MSHPWeb/SAC/CIM/CrimeInMissouri.html.
5. CSG Justice Center analysis of MDOC prison and supervision data, July 2017 and October 2017.
6. CSG Justice Center analysis of MDOC prison admission data, August 2017.
7. MDOC, *2016 Profile of the Institutional and Supervised Offender Population* (Jefferson City, MO: MDOC, 2017), https://doc.mo.gov/Documents/publications/Offender%20Profile%20FY16.pdf.
8. Federal Bureau of Investigation, *Crime in the United States, 2010*; Federal Bureau of Investigation, *Crime in the United States, 2016*.
9. Federal Bureau of Investigation, *Crime in the United States, 2016*. "Major" cities are those with a population of more than 100,000 people.
10. MSHP SAC, *Crime in Missouri 2010*; MSHP SAC, *Crime in Missouri 2016*.
11. Ibid.
12. Ibid.
13. MDPS "Sexual Assault Forensic Exam (SAFE) Program," https://dps.mo.gov/dir/programs/safe/.
14. CSG Justice Center engagements with criminal justice stakeholders in Missouri through the justice reinvestment project. Meetings and discussions were held with victim advocate groups, law enforcement officials, and community groups.
15. Email correspondence between CSG Justice Center and MDPS, October 17, 2017. The number of applications submitted to the Missouri Crime Victim Compensation (CVC) program represents each initial application filed in 2014 by a person who was the victim of a crime. The number of claims represents individual expenses that were submitted for reimbursement through the CVC program, such as bills for medical treatment or counseling.
16. Ibid.
17. "Incarceration Trends: Missouri," Vera Institute of Justice, accessed November 27, 2017, http://trends.vera.org/rates/missouri?incarcerationData=all. The most recent available year of jail data was 2015.
18. CSG Justice Center analysis of OSCA sentencing data, November 2017. CSG Justice Center's number of days from filing to sentence was calculated as the number of days from date of initial filing to date of first sentence for a case. This method differs from OSCA's reported "case age" in two key ways: (1) OSCA "case age" is based on disposition date, and (2) CSG Justice Center did not exclude days in those cases where a defendant had an outstanding warrant. As such, the average number of days reported here may be higher than the OSCA case age.
19. CSG Justice Center analysis of MDOC county jail reimbursement data, November 2017.
20. Division of Behavioral Health, *Preventing Overdose Deaths with Naloxone* (Jefferson City, MO: DMH, 2017), https://dmh.mo.gov/docs/ada/researchbulletin201706.pdf.
21. CSG Justice Center analysis of MDOC prison admission data, August 2017. In Missouri, treatment-related admissions result from court-ordered prison sentences or responses to violations of supervision—either a full revocation of supervision or a sanction for particular behaviors while on supervision.
22. Ibid.
23. MDOC and DMH, *Quarterly Outcomes Report, September 30, 2016* (Jefferson City, MO: Department of Corrections – Department of Mental Health Oversight Team, 2017).
24. MDOC August 2017 population projection memo shared with CSG Justice Center, September 12, 2017.
25. CSG Justice Center analysis of MDOC prison admission data, August 2017; email correspondence between CSG Justice Center and MDOC staff, September 20, 2017. "Technical violations" are defined as violations of the terms of probation or parole supervision that do not involve new criminal charges. Excludes people on supervision who were admitted to prison for treatment purposes only.
26. CSG Justice Center analysis of MDOC prison admissions data, August 2017.
27. CSG Justice Center analysis of MDOC supervision terminations data, August 2017.
28. MDOC, *2016 Profile of the Institutional and Supervised Offender Population*.
29. Guerino, Harrison, and Sabol, *Prisoners in 2010 (Revised)*; Carson, *Prisoners in 2016*.
30. MDOC August 2017 population projection memo shared with CSG Justice Center, September 12, 2017.
31. CSG Justice Center analysis of MBPP hearings data, September 2017.
32. MDOC August 2017 population projection memo shared with CSG Justice Center, September 12, 2017.
33. Email correspondence between CSG Justice Center and MDOC, September 19, 2017. The prison built most recently in the state was Chillicothe Correctional Center in 2008.
34. Federal Bureau of Investigation, *Crime in the United States, 2010*; Federal Bureau of Investigation, *Crime in the United States, 2016*.
35. MSHP SAC, *Crime in Missouri 2010*; MSHP SAC, *Crime in Missouri 2016*.
36. MDPS "Sexual Assault Forensic Exam (SAFE) Program" https://dps.mo.gov/dir/programs/safe/.
37. CSG Justice Center review of Minnesota, Missouri, and Ohio statutes regarding evidence collection and storage, October 2017; End the Backlog "Missouri Backlog Snapshot" http://www.endthebacklog.org/missouri.
38. Local law enforcement agencies wishing to access grant funding as outlined in Policy Option 1A are not required to make use of the violent crime reduction implementation team as outlined in Policy Option 1B.
39. For additional information on statutory requirements to receive money from the CVC program, see Missouri Revised Statutes § 595.010-075: http://revisor.mo.gov/main/OneChapter.aspx?chapter=595.
40. Email correspondence between CSG Justice Center and MDPS, October 17, 2017.
41. Ibid.
42. Office for Victims of Crime "2017 Crime Victims Fund Compensation and Assistance Allocations," https://ojp.gov/ovc/grants/cvfa2017.html; email correspondence between CSG Justice Center and National Association of VOCA Assistance Administrators, August 3, 2017.
43. Email correspondence between CSG Justice Center and MDPS, October 10, 2017.
44. CSG Justice Center analysis of OCSA sentencing data, November 2017.
45. Studies on the impact of pretrial diversion programs have shown that such programs can have a substantial public safety impact. A 2016 study showed that, controlling for such factors as criminal history and offense severity, people who are detained in jail before trial are 13 percent more likely to be convicted, 21 percent more likely to plead guilty, have higher average court costs, and receive incarceration sentences that average 4.6 months longer than people who are released pretrial. Similarly, a 2013 study showed that, among people who are assessed as low risk, those who were detained for two to three days were 40 percent more likely to commit a new crime before trial than people who were held for one day or less, and that people who were held between 8 and 14 days were 51 percent more likely to commit a new crime in the following two years than people held for one day or less. For additional information, see "Distortion of Justice: How the Inability to Pay Bail Affects Case Outcomes" (Megan Stevenson, Laura and John Arnold Foundation, May 2016. http://www.arnoldfoundation.org/initiative/criminal-justice/crime-prevention/performing-foundational-research/) and *"The Hidden Costs of Pretrial Detention" (Lowenkamp, et. Al. Laura and John Arnold Foundation,* http://www.arnoldfoundation.org/wp-content/uploads/2014/02/LJAF_Report_hidden-costs_FNL.pdf*)*
46. "Incarceration Trends: Missouri," Vera Institute of Justice, accessed November 27, 2017, http://trends.vera.org/rates/missouri?incarcerationData=all.
47. OSCA publishes Court Operating Rules for the state. For more information on time standards, see Court Operating Rule 17: https://www.courts.mo.gov/page.jsp?id=1038.
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49. MDOC, *2016 Profile of the Institutional and Supervised Offender Population.*
50. MDOC internal report "Recidivism Rates for Court and Board Ordered Institutional Drug Treatment, October 23, 2015" shared with CSG Justice Center, November 15, 2017. Recidivism analysis in this report compared outcomes for people released from prison between July 1, 2008 and June 30, 2015 who were assessed as needing treatment for severe addictions and (1) completed treatment, (2) failed treatment, or (3) did not receive treatment.
51. Ibid.

52. MDOC and DMH, *Quarterly Outcomes Report, September 30, 2016.*

53. Ibid.

54. MDOC internal report "Recidivism Rates for Court and Board Ordered Institutional Drug Treatment, October 23, 2015" shared with CSG Justice Center, November 15, 2017; Stephanie Lee, Steve Aos, Elizabeth Drake, Annie Pennucci, Marna Miller, and Laurie Anderson, *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, April 2012 Update* (Olympia, WA: Washington State Institute for Public Policy, 2012), http://www.wsipp.wa.gov/Reports/12-04-1201.

55. CSG Justice Center engagements with criminal justice stakeholders in Missouri through the Justice Reinvestment project. Meetings and discussions were held with judges, prosecuting attorneys, public defenders, local law enforcement leaders, and others.

56. Lee et al., *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, April 2012 Update.*

57. Email correspondence between CSG Justice Center and MDOC, September 27, 2017.

58. Theresa Nguyen and Kelly Davis, *The State of Mental Health in America 2017* (Alexandria, VA: Mental Health America, 2016), 33. http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf. The term "mental health professional" includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care.

59. CSG Justice Center interviews and focus groups with MDOC and DMH staff through the Justice Reinvestment project.

60. Drug Courts Coordinating Commission, *Treatment Court Facts* (Jefferson City, MO: OSCA, 2018), https://www.courts.mo.gov/file.jsp?id=6148; email correspondence between CSG Justice Center and Judge Alan Blankenship, December 7, 2017.

61. CSG Justice Center analysis of MDOC prison admission data, August 2017.

62. Ibid. Excludes people on supervision who were admitted to prison for treatment purposes only.

63. CSG Justice Center analysis of MDOC prison release data, September 2017; CSG Justice Center email correspondence with MDOC, September 20, 2017.

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69. James Bonta, Suzanne Wallace-Capretta, and Jennifer Rooney, "A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program," *Criminal Justice and Behavior* 27, no. 3 (2000): 312-29.

70. In-person parole hearings in Missouri are conducted by a "panel," which is made up of three people: one member of the MBPP and two agency staff. This panel renders most parole decisions, but policy dictates that in cases involving certain violent offenses, parole decisions must be made by the seven-member MBPP.

71. While this recommendation does not specifically address the issue of funding, it is possible efforts to facilitate information sharing may require changes to IT systems used by various stakeholders that incur costs.

72. MDOC, *2016 Profile of the Institutional and Supervised Offender Population.*

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CSG Justice Center
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