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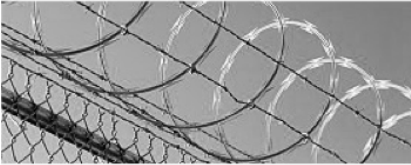
CSG JUSTICE CENTER—MASSACHUSETTS CRIMINAL JUSTICE REVIEW

Working Group Meeting 6 Interim Report, December 21, 2016

The Council of State Governments Justice Center

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Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



National nonprofit, nonpartisan membership association of state government officials that engage members of **all three branches** of state government.

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



JUSTICE REINVESTMENT

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

The Justice Reinvestment Initiative is supported by funding from the U.S. Department of Justice's **Bureau of Justice Assistance (BJA)** and **The Pew Charitable Trusts**

GOALS OF TODAY'S MEETING

- 1 Review scope of the project
- 2 Review key findings of justice reinvestment analysis
- 3 Discuss possible policy options to address challenges uncovered in data analysis

CAVEATS TO DISCUSSION

- 1** Policy ideas included in this presentation are not formal recommendations. These ideas have emerged through analysis and conversations with stakeholders as potentially impactful solutions to specific challenges in the Massachusetts criminal justice system.
- 2** Some policy ideas enjoy broad consensus, while others are more tentative in their development. Not all will proceed to the final policy package and new ideas may emerge for inclusion.

Overview

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Introduction

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Policy Idea Set #1 –
Programs, Incentives, and Supports

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Policy Idea Set #2 –
Strengthen Supervision

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Massachusetts sought to use the justice reinvestment process to address these core questions about recidivism reduction:

- How are terms and length of post-release supervision being set by judges and the parole board?
- Are there steps that can be taken to better tailor supervision to the needs of the offender population?
- Would additional mental health services, programming and/or post-release support help to reduce recidivism rates?
- Would additional substance abuse services, programming and/or post-release support help to reduce recidivism rates?
- Does our existing pre-release programming adequately address the needs of re-entry adjustment for inmates?
- Which specific programs are most effective at enabling offenders to successfully reintegrate into the civilian workforce?
- Can we, consistent with ensuring appropriate punishment and preserving public safety, make further progress in reducing our rate of incarceration through early release programs? Do early release programs reduce the rate of recidivism?

Based on initial findings, a three-part scope of work for the project was discussed at the first working group meeting

INITIAL FINDINGS



Incarceration

Massachusetts's incarcerated populations are divided in half between county and state facilities

HOC populations have driven overall decline in incarceration

Trends in jail populations differ across counties



Recidivism

Few recidivism measures are routinely calculated and reported in MA

Recidivism for prison releases has remained at around 40%

Use of risk and needs assessments are fundamental to effective recidivism reduction strategies



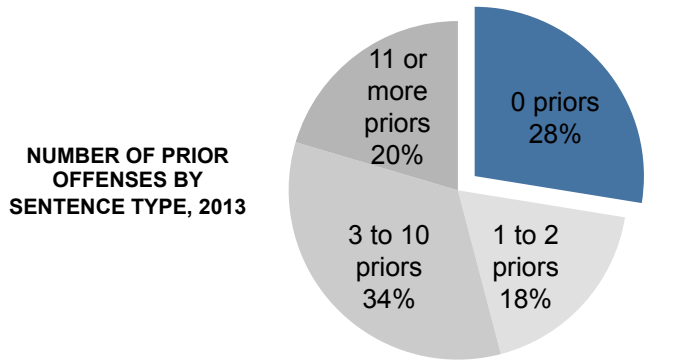
Supervision

Community supervision serves approximately 3/4 of the criminal justice population in MA

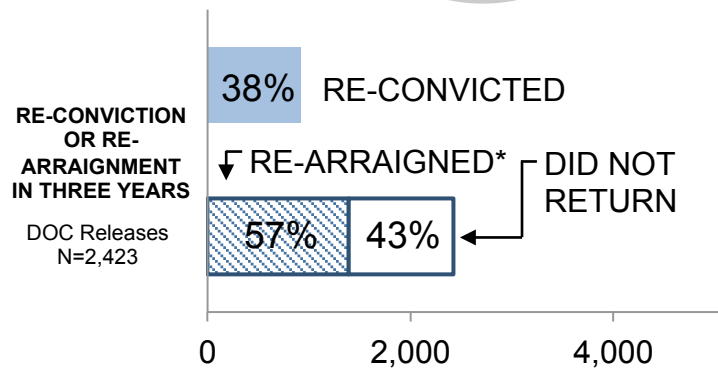
Probation has consistently been relied upon for post-release supervision from incarceration

Two out of five prison releases are released to no supervision

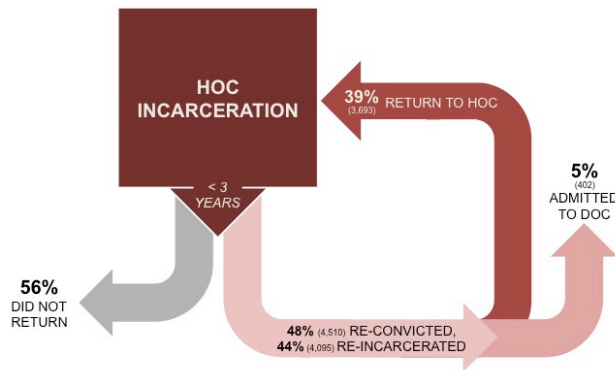
Analysis throughout the scope of work showed that recidivism drives a significant portion of criminal justice system activity



People with previous convictions are responsible for three quarters of new sentences



Within three years of release, two thirds of individuals leaving HOCs and over half of those leaving DOCs had new criminal justice system involvement



43 percent of individuals sentenced to HOC in 2013 had a prior HOC sentence within the last three years

CSG Justice Center has identified potential policy approaches that can reduce recidivism in Massachusetts

POLICY IDEA SETS FOR DISCUSSION

1

Expand capacity to **address criminogenic needs** during incarceration and provide **oversight and support** during reentry to the community.

2

Strengthen **community supervision**.

3

Improve **access to behavioral health supports** and services for people who have been assessed as having a high risk of reoffending and demonstrated behavioral health needs.

4

Expand **data-system capacity** across the criminal justice system.

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1 Expand capacity to address criminogenic needs during incarceration and provide oversight and support during reentry to the community.

POLICY IDEAS FOR DISCUSSION

A Expand capacity of **recidivism-reduction programs** and services in DOC facilities.

B Create **meaningful incentives** for people to successfully complete recidivism reduction programs during incarceration in DOC

C Ensure equitable **ability to accrue earned time** credit and completion incentives across risk level, classification level, and gender within DOC.

D **Improve coordination** between DOC and the parole board to expedite the communication of programming requirements to prevent delays in release to parole.

E Eliminate the prohibition against **suspended sentences in state prison** so that a Superior Court judge may impose a split sentence for a single criminal offense.

F Expand capacity of evidenced-based **cognitive behavioral** programming in HOC facilities.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 1

A sizable portion of people never had access to recommended programming prior to their release due to either long wait lists for program access or a lack of program offerings in the facility in which they were housed. In 2015, 17 percent of people evaluated to need a substance use treatment program and 41 percent of people identified to need criminal thinking did not participate in the recommended programming or treatment prior to release either because they were not in a facility where the program was available or they were not accepted off a waitlist before their sentence expired.

Less than half of people released from DOC completed the recommended programs necessary to reduce their risk of recidivism. In 2015, only 45 percent of people identified as having substance use needs completed recommended programming prior to release from DOC. In the same year, only 27 percent of people completed necessary programs to reduce criminal thinking.

Incentives for participation in recidivism-reduction programming are focused on monthly participation, rather than the successful completion of programs. Currently, people can accrue up to 5 days of incremental earned time credit per program per month, up to a maximum of 10 days a month for active participation in programming. But completing a program is only incentivized with a total of an additional 10 days of earned time credit for programs that have a duration of more than six months.

One out of every three people leaving prison is released without supervision. More than 30 percent of people who leave DOC do not receive community supervision, and people assessed as being at a high risk of reoffending are most likely to be released without supervision.

DOC and the parole board develop separate case plans to prepare someone for release from prison. Currently, DOC and the parole board use different risk and needs assessment instruments and develop separate case plans at different times to prepare someone for release from prison. It is common for someone to be assigned additional programming requirements at their initial parole hearing, delaying the possibility of their parole.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 1, CONTINUED

People remain incarcerated in DOC for long periods of time after parole eligibility or a positive parole vote. In 2015, on average, people in DOC who received a positive parole vote were released to parole 206 days after the vote, a total of 297 days after their parole eligibility date. 18 percent of people granted a positive parole vote were not released to parole supervision before their sentence expired.

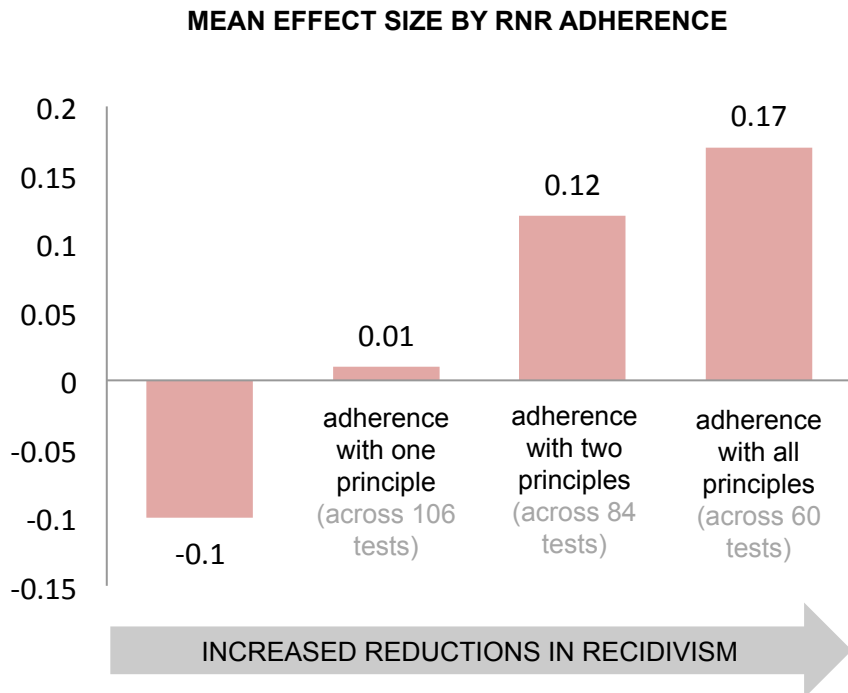
Sentencing has a significant impact on who does and does not receive post release supervision from DOC. Nearly 20% of state prison sentences were ineligible for parole and had no post-release probation. Less than 50 percent of state prison sentences will be reviewed by the parole board to determine eligibility and release to post-release supervision. Nearly half of sentences have guaranteed post-release supervision through “from and after” probation.

The number, type, and capacity of recidivism-reduction programming varies across HOCs. There is currently no designated state funding to support recidivism-reduction programming in HOCs; nor are there statewide standards to guide programming and require performance measures to track outcomes. There is no consistency in what is offered and no core group of program offerings across all 13 HOCs, making it challenging for statewide supervision agencies to coordinate services for people returning to their communities.

While there is a broad range of programs, few focus on cognitive behavioral interventions which are known to be the most predictive of future criminal activity. Sheriffs offer 389 different programs that target a variety of needs and the extent of programming varies by location. Some HOCs offer as few as 10 programs and others offer as many as 70. While studies have found criminal thinking to be among the most predictive of future criminal activity, only 9 percent of reviewed programs were dedicated to cognitive-behavioral interventions to impact criminalized thinking.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 1

Meta analysis studies show that delivering programs that adhere to risk, need, and responsivity (RNR) principles have the greatest impact in reducing recidivism.¹



Controlled studies and real-world state experiences provide strong evidence of the benefits of program completion and completion incentives:

- The completion of cognitive behavioral therapy **reduces an offenders' return-to-custody rate by 11%**, as compared to offenders who did not complete the therapy.²
- In Massachusetts, people who complete DOCs long term substance use program have recidivism rates **9 points lower** than those who participate but do not complete.³
- Kansas experienced a **58 percent increase** in program completion after expanding programs and implementing a 60 day earned time credit for successful completion.⁴
- Rhode Island, **54 percent** of offenders released prior to implementing earned time incentives of 90 days for program completion returned with a new sentence. **49 percent** of offenders released after implementation returned with a new sentence.⁵

¹ D.A. Andrews and J Bonta, *The Psychology of Criminal Conduct*, 5th ed. (New York: New York: Routledge, 2010)

² Richard P. Seiter Karen R. Kadela. *Prisoner Reentry: What Works, What Does Not, and What Is Promising*

³ Massachusetts Department of Correction *Two-Year Recidivism Study: A Descriptive Analysis of the January – July 2011 Releases and Correctional Recovery Academy Participation*

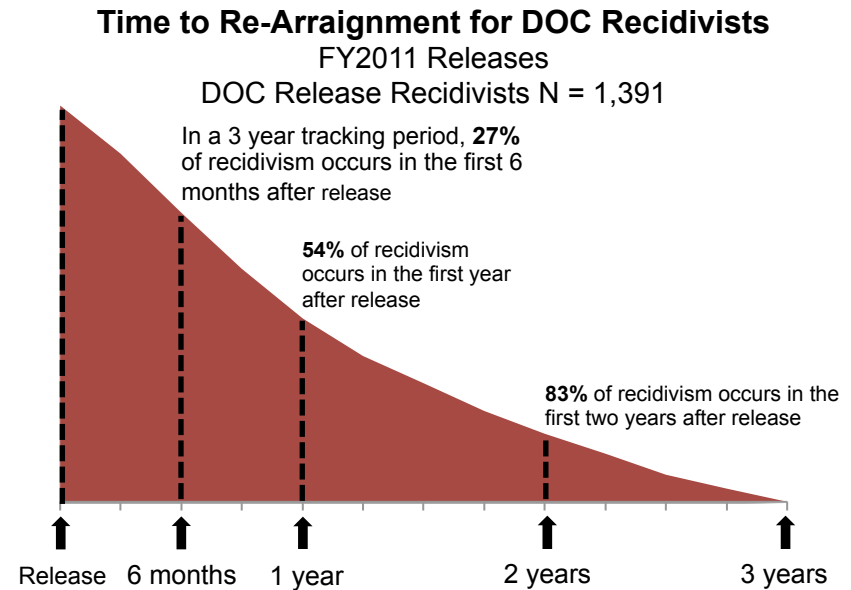
⁴ and ⁵ CSG Justice Center analysis in Kansas and Rhode Island.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 1, CONTINUED

Studies show that parole is a strong incentive for people to comply with case plans, participate in programs, and maintain positive and safe institutional behavior.

An example study in Georgia found:

- Parole can provide allocative-efficiency benefits (costly prison space is allocated to the highest-risk offenders) and **incentive benefits** (people who are parole eligible know they must reduce their recidivism risk to gain an early release, so invest in their own rehabilitation).
- **People who are incarcerated respond to these incentives**; after a reform that eliminated parole for certain offenders, they accumulated a greater number of disciplinary infractions, completed fewer prison rehabilitative programs, and recidivated at higher rates than incarcerated people unaffected by the reform.
- If people who are parole eligible believe that parole boards condition time served on assessed recidivism risk, then they will have a **strong incentive to lower their recidivism risk through approved programs** so as to gain an earlier release.



States have employed a number of approaches to ensure supervision through the period of highest recidivism risk by creating more timely release to parole.

Idaho statute requires the parole board to promulgate rules that establish clear guidelines and procedures that achieve a reduction in the overall average percentage of time spent beyond the fixed term.

POLICY IDEA SET 1 RECAP & DISCUSSION

Expand capacity to address criminogenic needs during incarceration and provide oversight and support during reentry to the community.

- A** Expand capacity of **recidivism-reduction programs** and services in DOC facilities.
- B** Create **meaningful incentives** for people to successfully complete recidivism reduction programs during incarceration in DOC
- C** Ensure equitable **ability to accrue earned time** credit and completion incentives across risk level, classification level, and gender within DOC.

- D** **Improve coordination** between DOC and the parole board to expedite the communication of programming requirements to prevent delays in release to parole.
- E** Eliminate the prohibition against **suspended sentences in state prison** so that a Superior Court judge may impose a split sentence for a single criminal offense.

- F** Expand capacity of evidenced-based **cognitive behavioral** programming in HOC facilities.

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2 Strengthen community supervision.

POLICY IDEAS FOR DISCUSSION

- A** Require the results of risk assessments to **drive the allocation of resources** to high and medium risk probationers and parolees.
 - B** Require adoption and use of a **graduated response policy** that reduces reliance on revocations; eliminate the requirement that the entire term of a suspended sentence must be imposed when probation is revoked.
 - C** Hire additional probation officers to **reduce the number of cases per officer**, and enhance training for probation and parole officers in effective recidivism-reduction strategies to increase the quality of supervision.
 - D** Create an **earned time policy** that allows people who are compliant and successful to complete their term of supervision early.
 - E** Improve interaction and planning between the Probation Service and the Parole Board to **reduce dual supervision**.
-
- F** Require **collaborative reentry planning** between caseworkers in DOC and HOCs and parole and probation officers in the field.
 - G** Expand the available ways for people under correctional control to access the programs and services available at **Community Corrections Centers**.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 2

Probation officers' courtroom and administrative duties prevent them from meeting agency policy contact standards. In a statewide survey of more than 200 probation officers, more than half reported having trouble meeting contact standards for high-risk probationers because of courtroom and administrative obligations.

Probation policies that require supervision levels to be allocated based on a person's risk level only apply to approximately a quarter of the probation population. Judges are not informed of a person's risk level when they determine probationer caseload assignments. In 2015, only 27 percent of people on probation were assigned by the judge to risk/needs probation.

Parole policies require supervision levels to be allocated based on a person's risk level, but these policies are not always followed. Parole policies require risk assessment results to inform all supervision levels, however, very low risk, low risk and medium risk parolees are initially placed on a standard supervision level, and parole officers do not reassess parolees within policy timeframe requirements to determine if the person needs to be assigned to a different supervision level.

Failure on supervision is a significant driver of admissions to both DOC and HOCs. In 2015, twenty-eight percent of people admitted to DOC and 48 percent of those admitted to HOCs were on supervision at the time of their HOC or DOC admission. Reasons for return may include noncriminal revocations or new criminal offenses.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 2, CONTINUED

A large number of people are under jurisdiction of both probation and parole simultaneously. Nearly 13 percent of people released from DOC and 7 percent of people released from HOC are supervised by both probation and parole. People under dual supervision report to two officers and pay two sets of supervision fees.

For people who are released from HOCs and DOC onto probation and parole supervision, there are no consistent policies and practices to coordinate between HOC and DOC caseworkers and supervision officers. Currently, there is no requirement to coordinate transition plans between supervision agencies to ensure the person is connected to the appropriate programming and treatment and assure there are no conflicts in requirements.

Most programs and services funded by the state are offered through Community Corrections Centers, yet a relatively small percentage of people on probation or parole use these centers. The average participation in Community Corrections Centers is less than five percent of the overall population on probation and/or parole. Most often, the centers are used as a sanction or alternative to revocation.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 2

Adherence to RNR principles is important to the effectiveness of community supervision as a recidivism reduction strategy.

Studies have shown that matching the intensity of supervision and supports according to risk level is essential — over supervising a low risk person can increase recidivism; under supervising high risk people will not reduce recidivism.

Arizona implemented earned time on probation in 2009.*

- The number of new felony convictions by probationers declined by 31 percent over the next two years.
- During the same period, the overall number of **probation revocations dropped** by 29 percent - revocations to prison declined 28 percent, jail 39 percent and non-custody 48 percent.
- These sharp declines occurred despite **an increase in the state's overall probation population**, from 82,576 to 85,144 during this period.

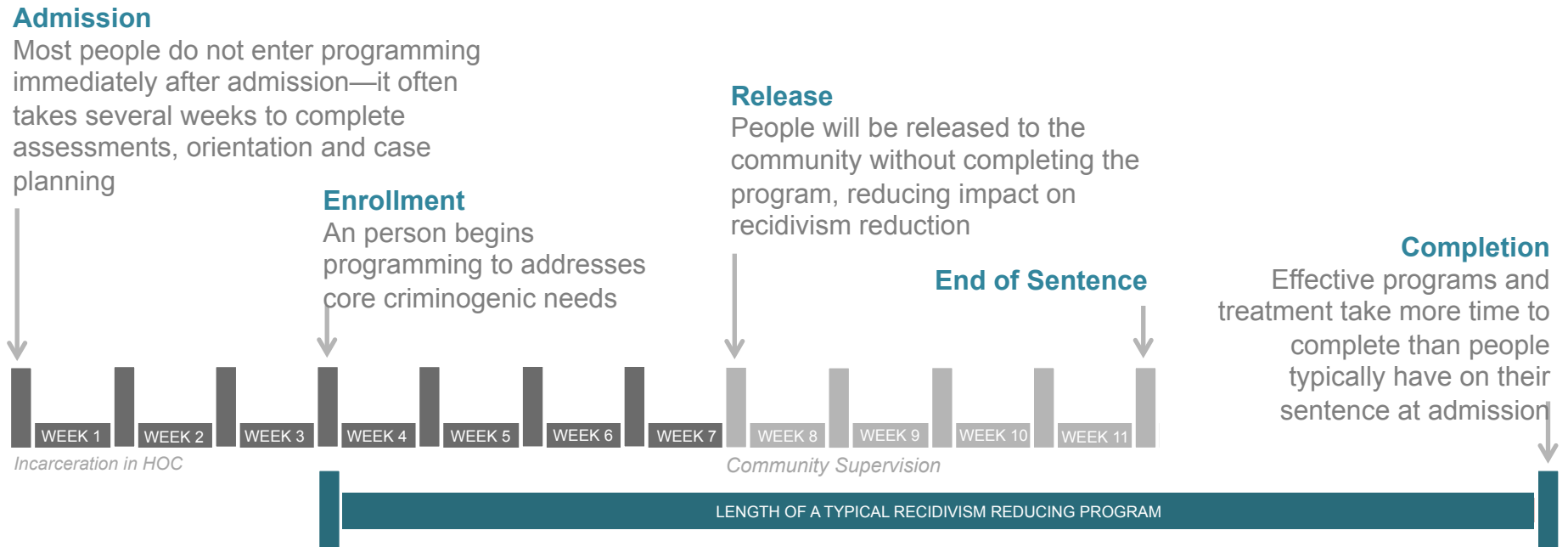
Studies suggest that the combination of reduced caseloads and officers trained in evidence based practices can lead to improved recidivism outcomes. Officers are better able to identify treatment needs and direct resources to those most in need.**

*The Pew Center on the States, Public Safety Performance Project. *The Impact of Arizona's Probation Reforms*. March 2011.

**S. Jalbert; W. et. al. *A Multi-Site Evaluation of Reduced Probation Caseload Size in an Evidence-Based Practice Setting*

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 2, CONTINUED

TYPICAL HOC SENTENCE COMPARED TO TYPICAL PROGRAM LENGTH



States that have invested in cross-agency case planning have seen reductions in recidivism

The Michigan Prisoner Reentry Initiative trained parole agents, corrections officers and others as case managers, and focused on matching programming with the needs of the person. In 2006, one in two parolees returned to prison within three years. That improved to one in three in 2010.

During justice reinvestment, North Carolina restructured total funding for treating people under supervision, with 80 percent of funding now allocated for cognitive behavioral services in community-based programming. Between 2011 and 2013, the state saw a 14 percent drop in returns to prison.

Examples of typical recidivism-reduction programs include Thinking for a Change (T4C), which is offered in some HOCs and can range from 12 to 25 weeks, and the University of Cincinnati Cognitive Behavioral Interventions–Substance Abuse program that is 13 to 19 weeks long. High-risk people often require multiple programming tracks that might not be able to be taken concurrently.

M.W. Lipsey, N.A. Landenberger, and S.J. Wilson, "Effects of Cognitive-Behavioral Programs for Criminal Offenders," The Campbell Collaboration. 6 (2007).

POLICY IDEA SET 2 RECAP & DISCUSSION

Strengthen community supervision.

- A** Require the results of risk assessments to **drive the allocation of resources** to high and medium risk probationers and parolees.
 - B** Require adoption and use of a **graduated response policy** that reduces reliance on revocations; eliminate the requirement that the entire term of a suspended sentence must be imposed when probation is revoked.
 - C** Hire additional probation officers to **reduce the number of cases per officer**, and enhance training for probation and parole officers in effective recidivism-reduction strategies to increase the quality of supervision.
 - D** Create an **earned time policy** that allows people who are compliant and successful to complete their term of supervision early.
 - E** Improve interaction and planning between the Probation Service and the Parole Board to **reduce dual supervision**.
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- F** Require **collaborative reentry planning** between caseworkers in DOC and HOCs and parole and probation officers in the field.
 - G** Expand the available ways for people under correctional control to access the programs and services available at **Community Corrections Centers**.

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IDEA
SET

3 Improve access to behavioral health supports and services for people who have been assessed as having a high risk of reoffending or overdose.

POLICY IDEAS FOR DISCUSSION

- A** Create specialized requirements and enhanced reimbursements for behavioral health services to **improve treatment quality** and **timely access** for high-risk people who have severe behavioral health needs.
- B** **Fund recommended treatment services.**
- C** Enhance **cross agency communication** and effective **case collaboration** for people who are at high risk of recidivating and have severe behavioral health conditions.
- D** **Use Community Correction Centers** to help provide comprehensive behavioral health services to people who are in the criminal justice system
- E** Create statewide capability to **track utilization of health care services and outcomes** for people in the criminal justice system.
-
- F** Establish a pilot **Transitional Youth Early Intervention Probation Program** that targets moderate and high risk 18-25 year olds.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 3

More than half of people on probation and two thirds on parole have histories of mental illness, substance abuse or both and people with behavioral health disorders are more than twice as likely to be assessed as high risk.

There are significant gaps in needed behavioral health services for criminal justice populations. A state-wide survey of over 200 Massachusetts probation officers reflected a consensus of other stakeholder feedback: only 42 percent of POs reported that community substance abuse treatment was “readily available and accessible”, and access to mental health treatment was even lower at 30 percent.

Despite a significant body of research providing guidance on effective practice, **there are no specialized statewide standards for the provision of behavioral health services for justice involved populations to improve outcomes.**

There is no current mechanism to adequately reimburse treatment providers for the increased cost of specialized services or incentive providers to engage people in the justice system and adhere to effective approaches. Stakeholders report that current rates are impacting service availability and quality.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 3, CONTINUED

Recidivism rates for 18- to 24-year-olds released from incarceration are higher than recidivism rates for all other age groups. Of 18- to 24-year-olds released from HOCs in 2011, 55 percent were reconvicted and 52 percent were reincarcerated within three years. People in this age group are the most costly recidivists per capita, spending 10 to 20 percent more time incarcerated at HOCs than people in other age groups. Further, 57 percent of 18- to 24-year olds in HOCs are people of color—a larger proportion than other age groups.

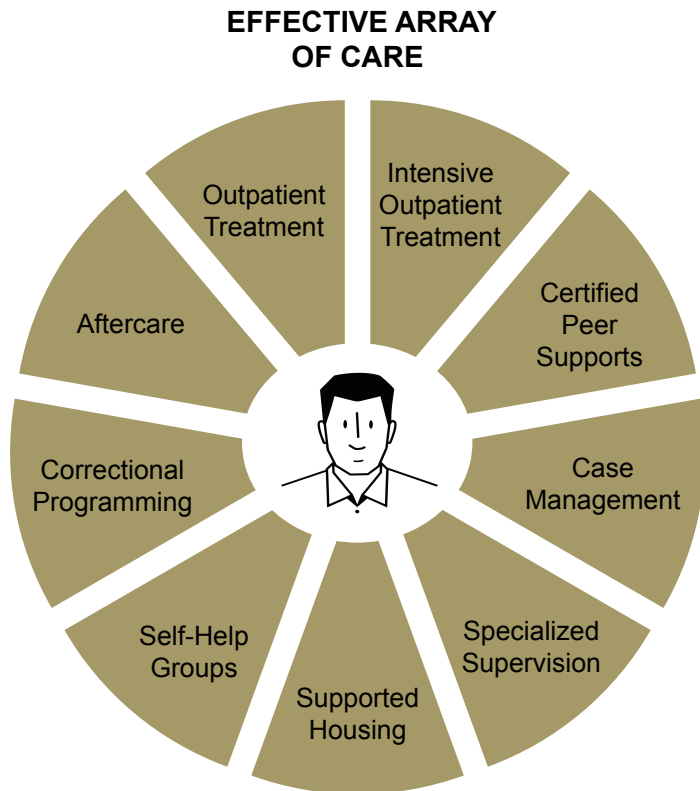
Stakeholders consistently cite lack of timely information sharing as one of the most important barriers to improving outcomes and among the greatest needs for policy change and support. There are numerous barriers challenges including agency policy and practices as well as technology.

There is no current mechanism to track the provision of healthcare services or healthcare outcomes for people involved in the criminal justice system. Without a justice-involved “flag” in healthcare data systems, critical information needed for healthcare planning for this population is not available.

Community Correction Centers already provide some of the recommended services to people who are in the justice system, and centers are geographic dispersed cross the state with 17 locations. Services that are offered at some centers include outpatient substance abuse treatment, and programming to address criminal thinking.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 3

Meta analysis studies show that an array of services and supports are needed to effectively address both behavioral health and criminogenic needs of people in the criminal justice system.



Research shows specialized behavioral health interventions are needed:

- Standard **behavioral health approaches** that are used for the general population are not effective in decreasing the likelihood of new criminal activity for people who have a high risk of reoffending.
- To **improve public health and safety outcomes** for this population, behavioral health interventions must be tailored specifically to also address criminogenic factors, and be delivered in conjunction with supervision strategies.
- To deliver these **specialized interventions**, reimbursement structures and rates must encourage investment and improve broad access to these services.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 3, CONTINUED

Young adulthood is a transitional period that can range from age 18 to 24 and even beyond, during which significant brain development is still occurring and decision-making abilities are not fully mature.

How Young Adults Are Distinct From Youth	How Young Adults Are Distinct from Adults
<ul style="list-style-type: none">■ More cognitively developed⁷■ More vulnerable to peer pressure and other external influences■ More likely to engage in risky behaviors■ Seeking autonomy from families/caregivers	<ul style="list-style-type: none">■ More impulsive■ Less able to control emotions■ Less likely to consider future consequences of their actions

- Although they make up about ten percent of the total population, this age group accounts for over 29 percent of arrests.⁷ And people aged 18-24 were sent to prison for violent and property crimes more often than any other age group.
- Young adults are also disproportionately represented as victims of crime. People aged 18-20 and 21-24 experience rates of violent victimization of 33.9 and 26.9 per 100,000 respectively,⁹ which is much higher than for the total population (14.9 per 100,000)

Evidence based interventions have proved effective in changing behavior and building skills and opportunities.

An example program evaluation in FY2014 found that 92 percent of young adult participants in a 24 month intensive support program had no new arrests, 98 percent had no new technical violations, and 89 percent had retained employment for 3 months or more.

POLICY IDEA SET 3 RECAP & DISCUSSION

Improve access to behavioral health supports and services for people who have been assessed as having a high risk of reoffending or overdose.

- A** Create specialized requirements and enhanced reimbursements for behavioral health services to **improve treatment quality** and **timely access** for high-risk people who have severe behavioral health needs.
 - B** **Fund recommended treatment services.**
 - C** Enhance **cross agency communication** and effective **case collaboration** for people who are at high risk of recidivating and have severe behavioral health conditions.
 - D** **Use Community Correction Centers** to help provide comprehensive behavioral health services to people who are in the criminal justice system
 - E** Create statewide capability to **track utilization of health care services and outcomes** for people in the criminal justice system.
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Expand data-system capacity across the criminal justice system

POLICY IDEAS FOR DISCUSSION

A

Establish **cross-system data reporting** to monitor implementation and ensure the effectiveness of justice reinvestment strategies.

B

Improve **data collection and reporting on race** across the criminal justice system to facilitate better assessment of the overrepresentation of certain racial and ethnic groups.

C

Expand capacity of **probation case management and data systems** to monitor supervision activities and measure outcomes.

D

Improve coordination of **victim notification** across agencies and enhance victim advocates and services to ensure that crime victims are supported.

KEY FINDINGS TO SUPPORT POLICY IDEA SET 4

In Massachusetts, few recidivism measures are routinely calculated and reported.

Currently, only the Department of Correction and the Parole Board report annual recidivism figures in a published report. Some individual Houses of Correction track and report recidivism, but this is not done regularly at the statewide level.

There is inconsistency in how county jails and other agencies' data systems capture information on race and ethnicity. Currently, data analysis of statewide crime and arrest trends is severely limited, and county jail data systems show inconsistency in the capture of information on race.

Key metrics of probation, such as primary offense of probationers, length of probation terms, conditions of probation, number of people starting supervision, and violation of probation proceedings, cannot be analyzed at the statewide level due to inconsistencies in reporting and lack of data entry standards and regular monitoring.

Victim notification is not centralized, but spread across multiple, separate agencies. Not all criminal justice agencies have victim advocates on staff. Agencies that do not have dedicated and identified victim service workers do not have the benefit of a committed professional seeking to meet the needs of crime victims.

RESEARCH AND PRACTICAL SUPPORT FOR POLICY IDEA SET 4

“We think one of the most important parts of [our state’s reforms] is the data collection and evidence-based practices, essentially making sure we’re spending money where results are predictable and the best results will be achieved.”

- Georgia Governor Nathan Deal



Georgia required the Department of Corrections to collect, analyze, and report on the performance outcomes related to the treatment programs for people in prison and on probation supervision.



West Virginia’s state agencies are in the process of upgrading case management software and databases to monitor important trends resulting from the state’s justice reinvestment legislation.



Pennsylvania built an interactive web-based dashboard to enable public reporting of the latest data on key metrics of the justice reinvestment legislation.



North Carolina designed a database that reports on roughly 100 metrics related to a broad range of justice reinvestment policies, including the number of people receiving supervision after release from prison and the number served by the state’s treatment program for people on supervision.

POLICY IDEA SET 4 RECAP & DISCUSSION

Expand data-system capacity across the criminal justice system

- A** Establish **cross-system data reporting** to monitor implementation and ensure the effectiveness of justice reinvestment strategies.
- B** Improve **data collection and reporting on race** across the criminal justice system to facilitate better assessment of the overrepresentation of certain racial and ethnic groups.
- C** Expand capacity of **probation case management and data systems** to monitor supervision activities and measure outcomes.
- D** Improve coordination of **victim notification** across agencies and enhance victim advocates and services to ensure that crime victims are supported.

Thank You

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To receive monthly updates about all states engaged with justice reinvestment initiatives as well as other CSG Justice Center programs, sign up at: csgjusticecenter.org/subscribe

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