



Justice Reinvestment Policy Framework for New Hampshire

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Council of State Governments Justice Center

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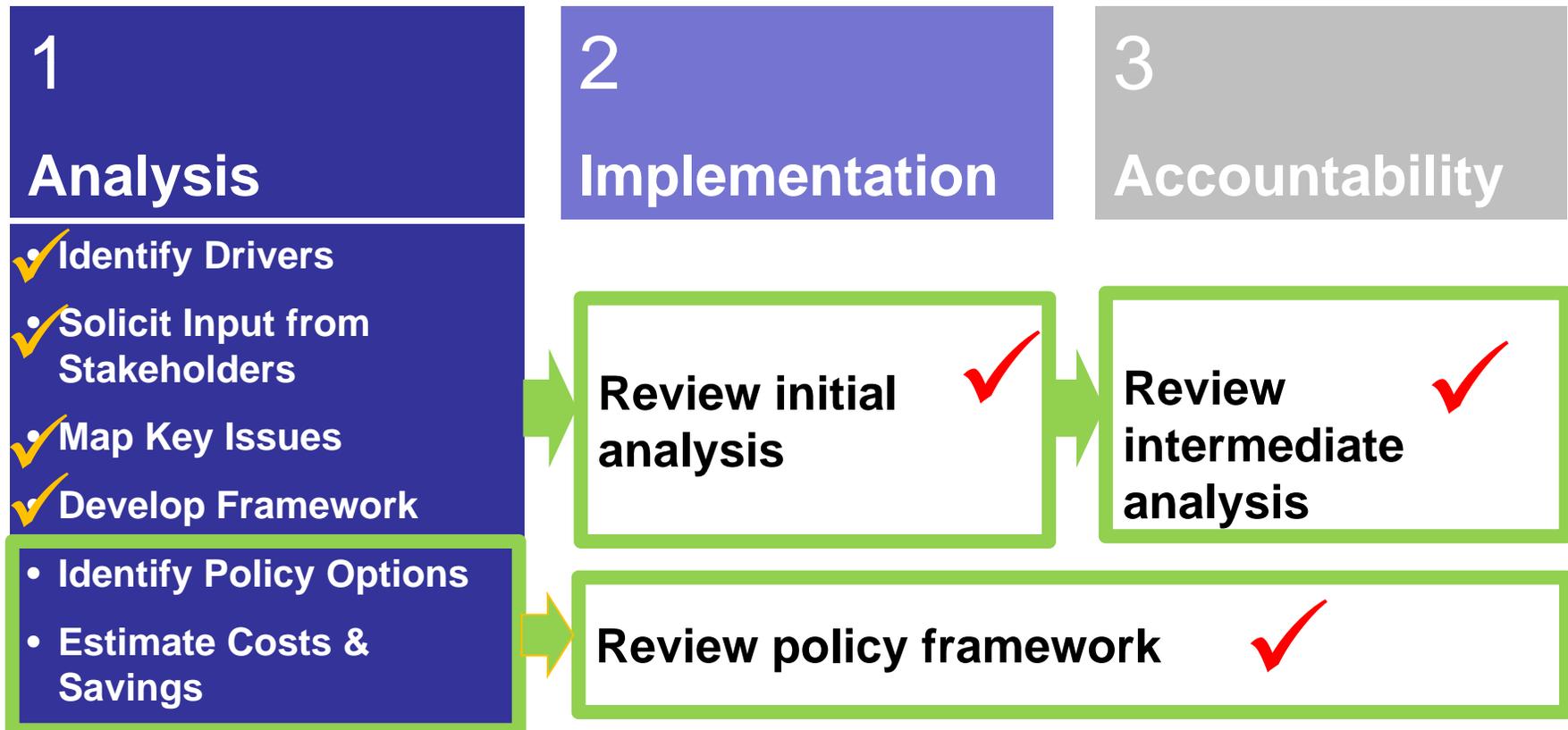
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Justice Reinvestment Process

Bipartisan, inter-branch, bicameral structure



Stakeholder Input

- ✓ Police Chiefs & Sheriffs
- ✓ County Attorneys
- ✓ Defense Bar
- ✓ Superior and District Court Judges
- ✓ County Superintendents
- ✓ Probation and Parole Officers
- ✓ Victim Advocates/Survivors
- ✓ Legislators
- ✓ DOC, BDAS, BBH Staff
- ✓ Behavioral Health Treatment Providers

Overview

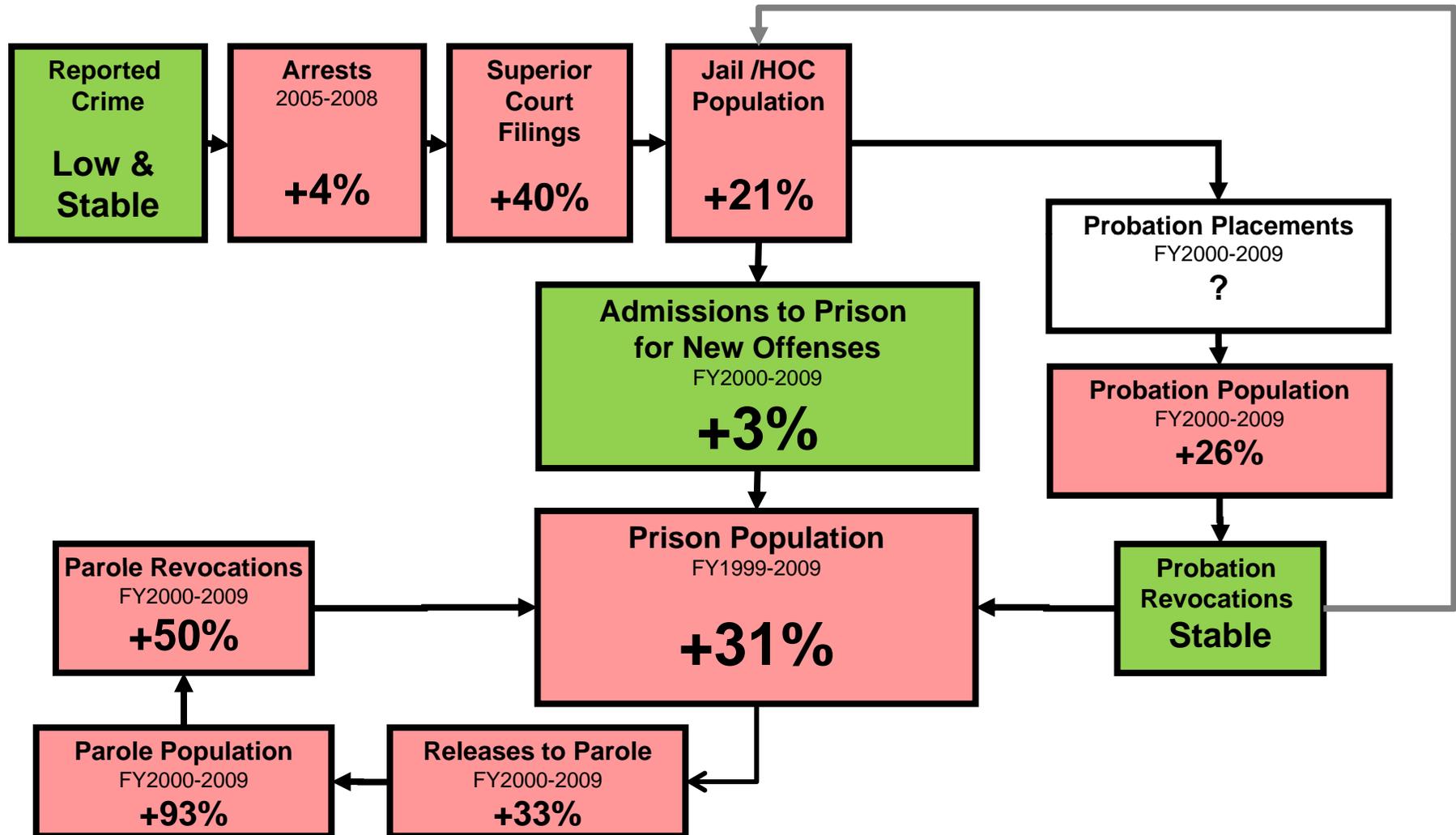
1. Final Analysis of Criminal Justice Trends

2. Behavioral Health Analysis

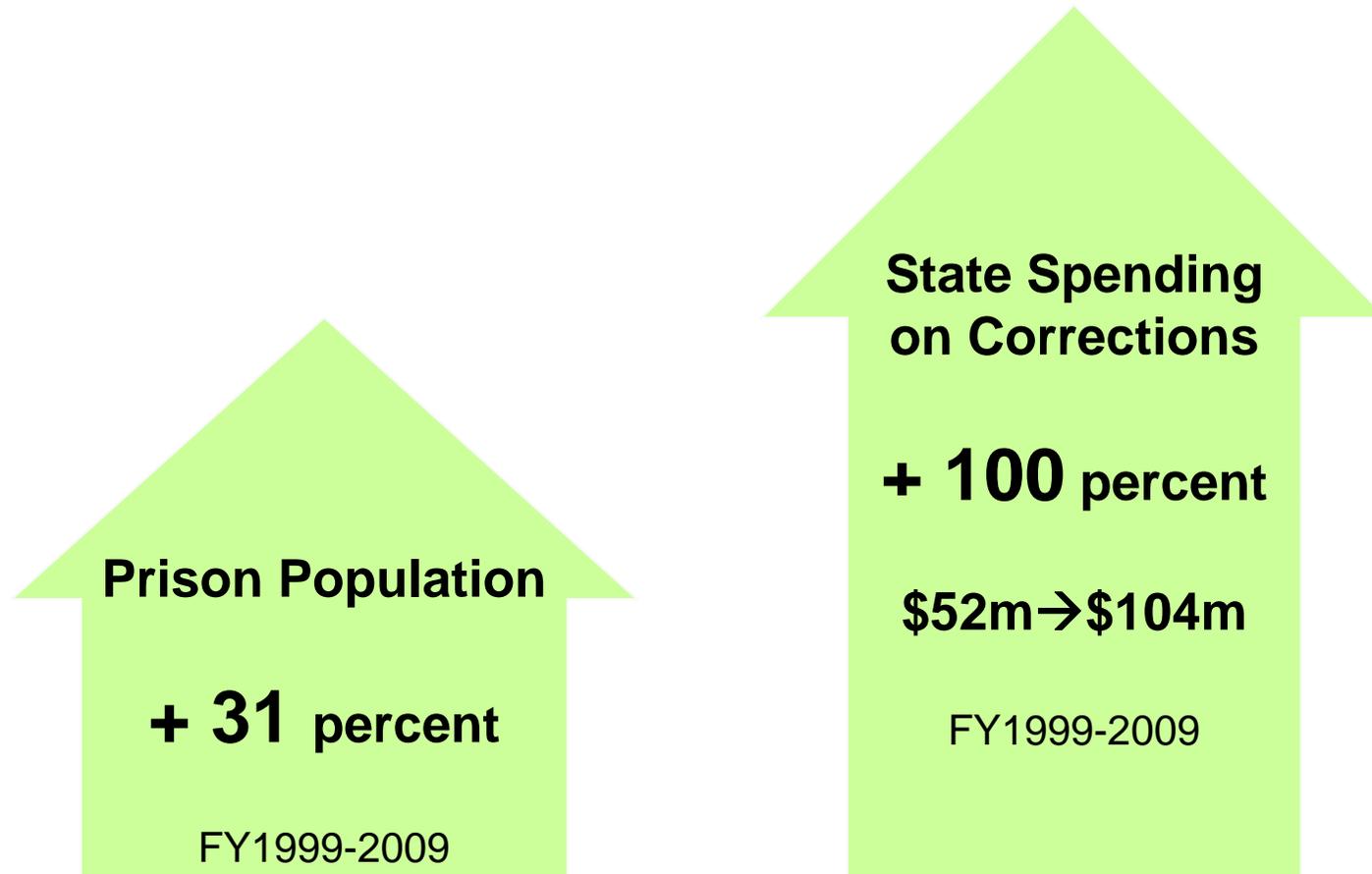
3. Policy Framework

New Hampshire's Criminal Justice System

FY 2000-2008

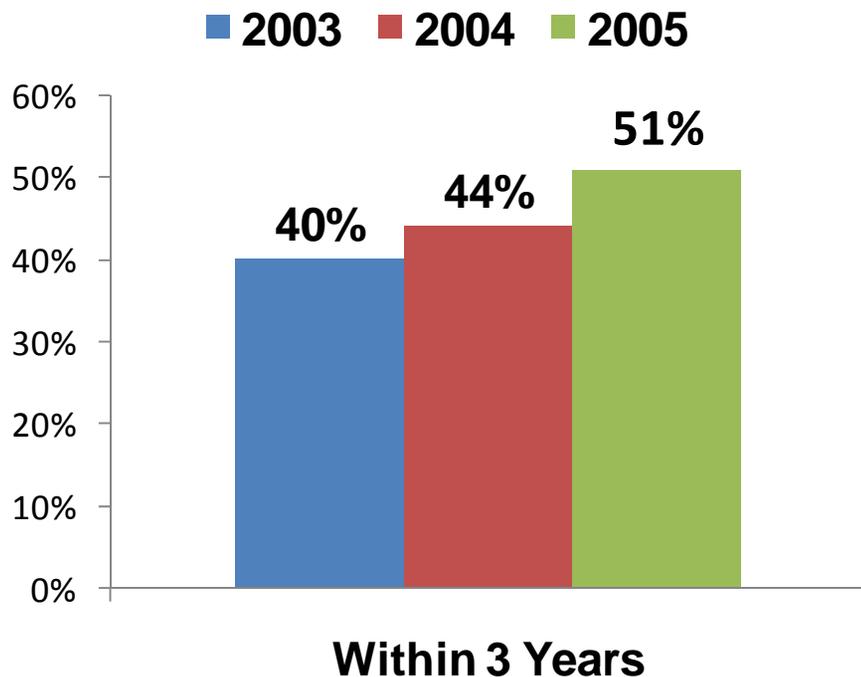


Prison Population & Costs Have Increased



Recidivism Rates Have Increased

Percent Returned to Prison



Recidivism by Age

(2004 Cohort)

17-19	60%
20-25	51%
26-29	42%
30-39	43%
40-49	41%
50-59	29%

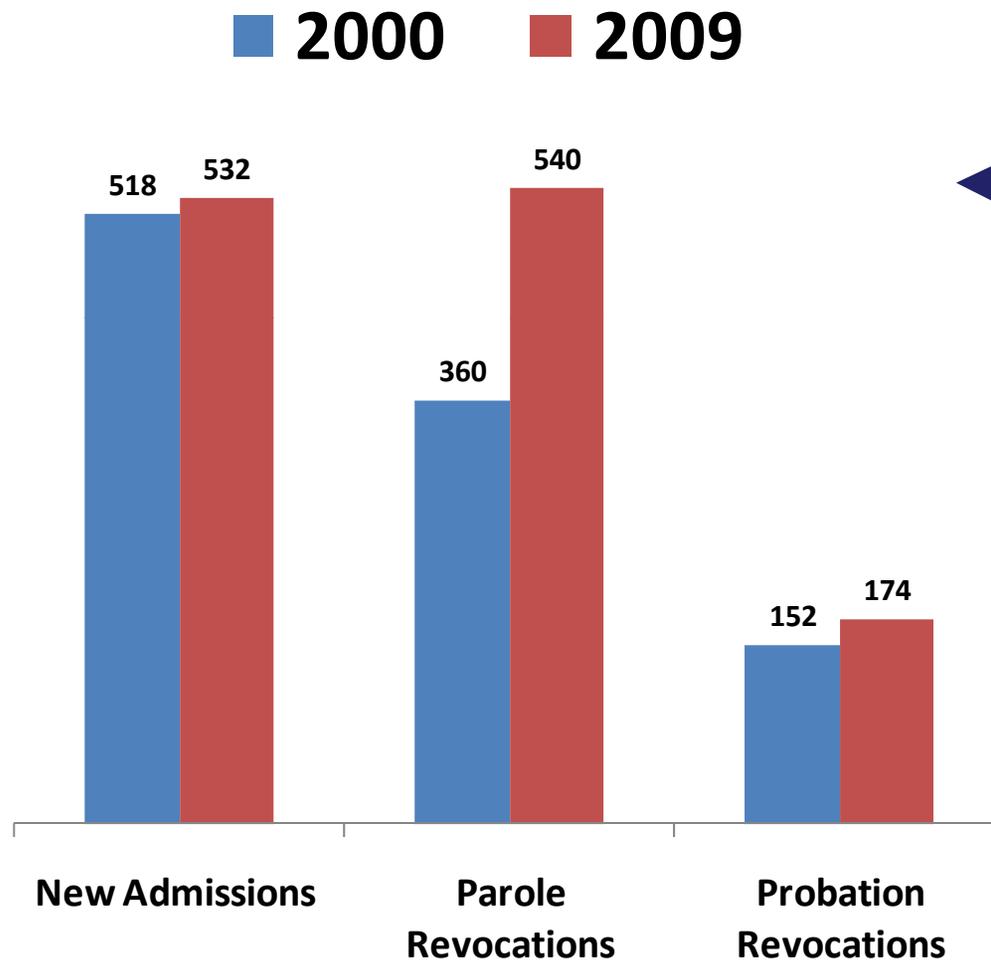
Recidivism by Offense Type

Violent	40.0%
Property	50.0%
Drug	37.0%
Public Order	48.0%
<hr/>	
Burglary	57.8%
Robbery	53.7%
Fraud	53.2%

Specific offenses with highest recidivism rates

Source: 2003 and 2004 cohort data comes from > New Hampshire Department of Corrections. Joan Schwartz, Ph.D. Recidivism in New Hampshire: A Study of Offenders Returned to Prison within Three Years of Their Release, September 2009, 2005 Cohort data is still preliminary and has not been published or finalized by the NH DOC.

Revocations Driving NH Prison Admissions



Parole revocations increased from 35% to 43% of all prison admissions

In 2009, probation and parole revocations account for 57% of all admissions to prison

Parole Revocation Rates: Wide Variation by County

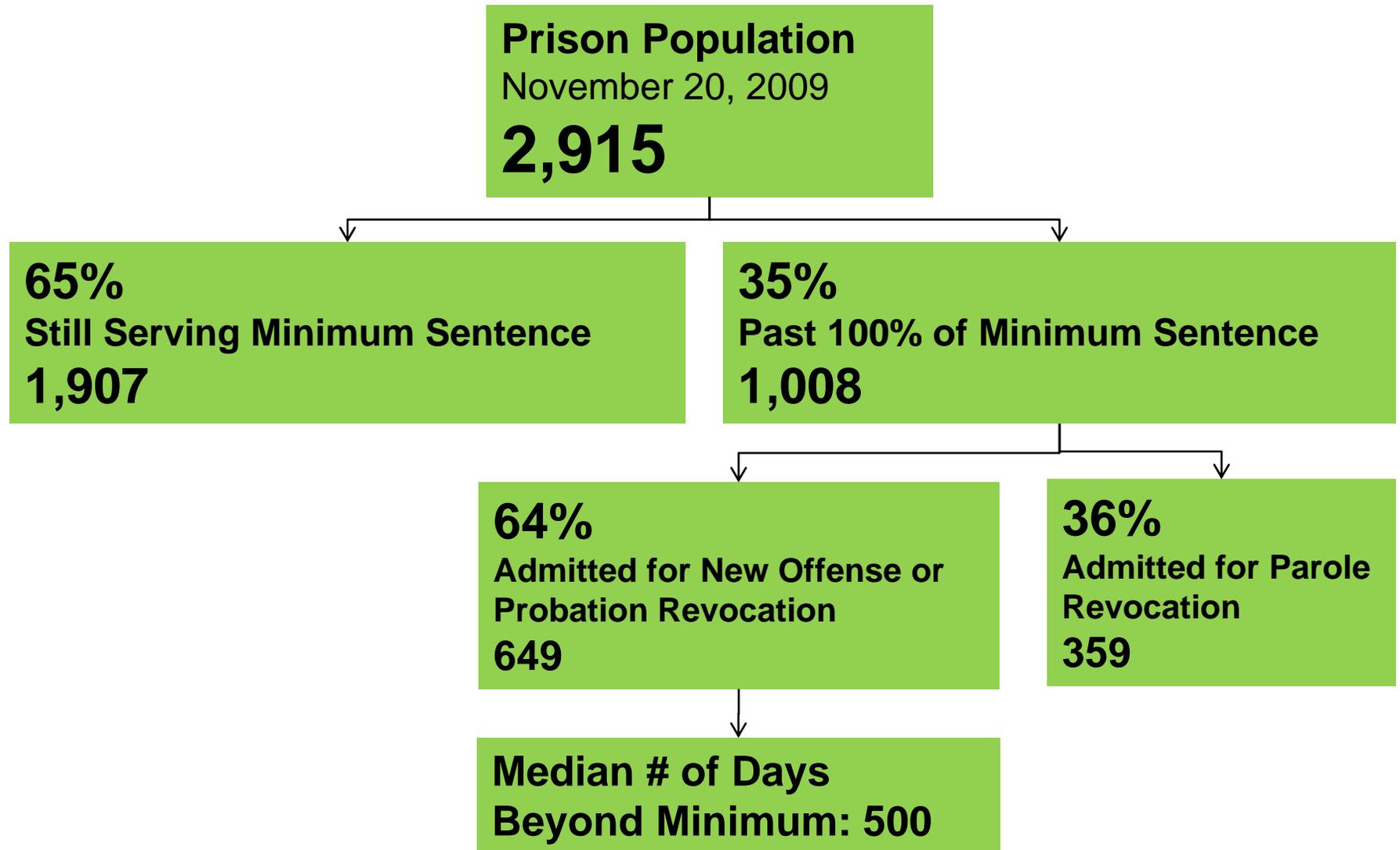
County	Parole Population (9/25/2009)	FY 2009 Parole Revocations to Prison (prison admissions data)	Revocations as Percent of Parole Population
Belknap	78	47	60%
Carroll	38	14	37%
Cheshire	68	29	43%
Coos	40	9	23%
Grafton	81	28	35%
Hillsborough	527	149	28%
Merrimack	274	64	23%
Rockingham	164	71	43%
Strafford	93	53	57%
Sullivan	84	74	88%
Other	373	2	1%
Total	1,820	540	30%

Parole revocations in FY 2009 will cost New Hampshire approximately **\$13.3 million** based on a \$90 per day cost of incarceration.

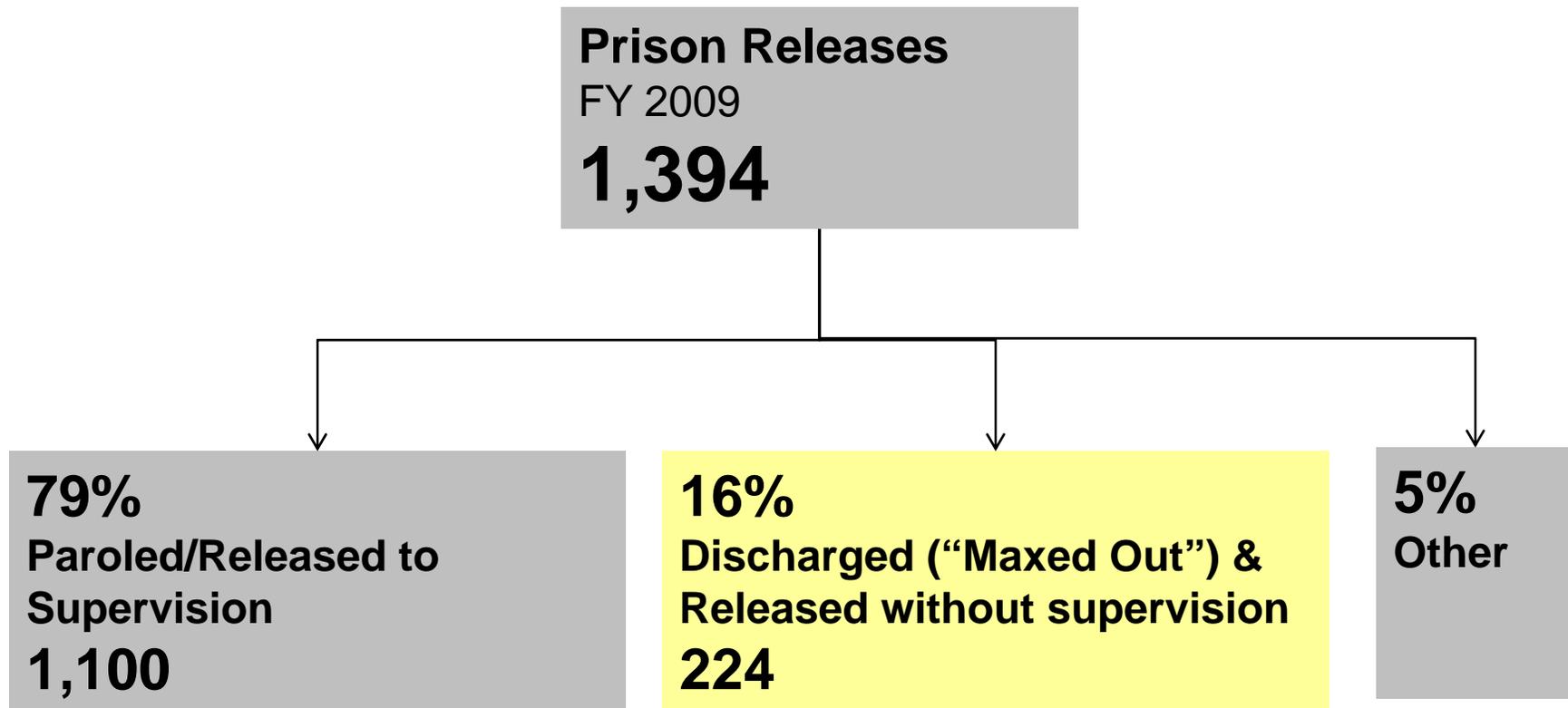
Case Review of 90 Parole Revocation Hearing Files

- **59% of parole revocations to prison did not involve any new offense convictions or allegations, and of these:**
 - ✓ **75% involved drugs**
 - ✓ **41% involved program failure**
 - ✓ **25% involved absconding**
 - ✓ **19% indicated prior violations**
- **86% of revocations will be eligible for parole again**

Prison Population Past Minimum Parole Eligibility



People Released From Prison Without Supervision



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Principles of Treatment for Justice-Involved Persons with Behavioral Health Disorders

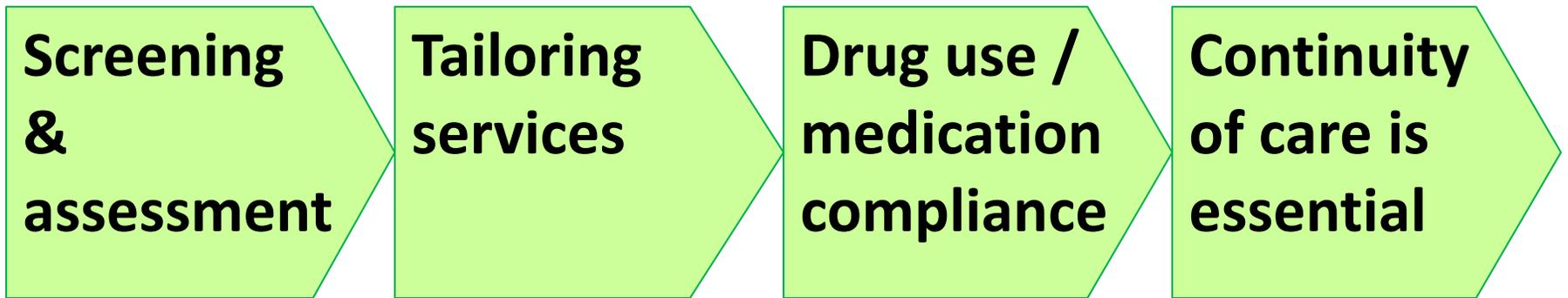
High rates of behavioral disorders among criminal justice populations

Co-occurring mental and addictive disorders are common and require integrated treatment approaches

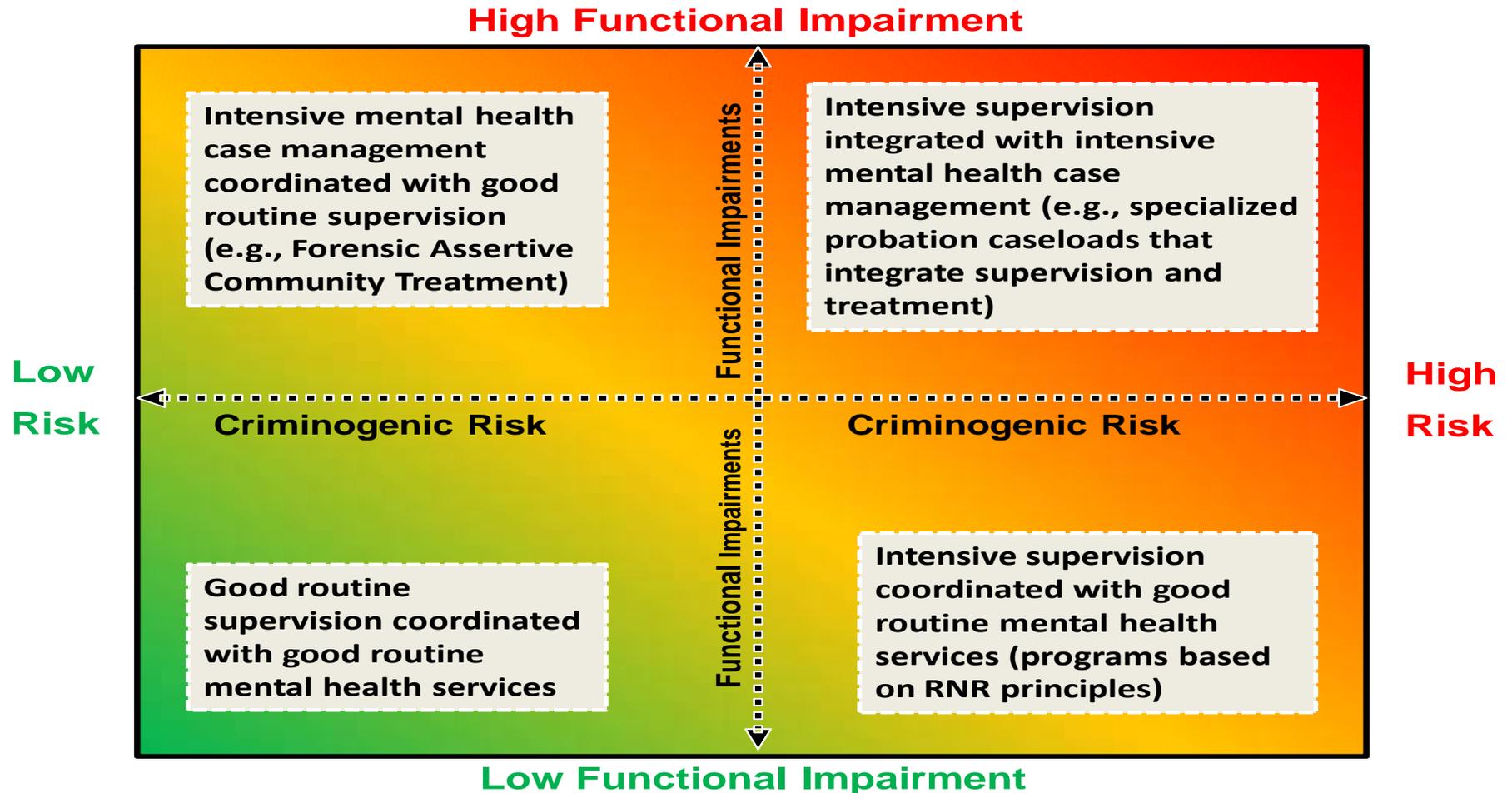
Drug addiction and mental illnesses are brain diseases that affect behavior and decision-making

Recovery from these disorders requires effective treatment over sufficient length of time

Principles of Treatment for Justice-Involved Persons with Behavioral Health Disorders



Tailor Supervision & Treatment to Level of Risk and Functional Impairment



New Justice Center guide, *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice* available at www.consensusproject.org

Community-Based Programs Produce the Biggest Reductions in Recidivism

Change in Recidivism Rates

Drug Treatment in Jail

- 6%

Drug Treatment in the Community

- 12%

† Suggested citation: Steve Aos, Marna Miller, and Elizabeth Drake. (2006). *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy.

Challenges in New Hampshire

- **Underfunded public treatment system**
- **Addiction and mental health disorders are significant drivers of revocation rates**
- **No DOC-funded treatment and supervision programs for the high-risk and high-need populations. County funding is variable.**

DOC Funded Programs for Probation/Parole

State	State DOC Funding for Community Based Programs for:	
	Probation	Parole
New Hampshire	\$0	\$0
Michigan	\$30 million	\$50 million
Ohio	\$120 million	
Wisconsin	\$30 million	
Texas	~\$60 million	~\$17 million

Drug Testing of Parole and Probationers in New Hampshire

No rapid drug testing; tests are sent to state lab and take 3-4 weeks

No drug testing protocol for probationers and parolees

Goal: Identify, monitor, and treat high risk/high need

- 1. Develop organizational capacity**
- 2. Expand access to treatment with focus on:**
 - ✓ Targeting the right individuals
 - ✓ Effective treatment
 - ✓ Integrated treatment
 - ✓ Rapid drug testing
- 3. Develop a community supervision approach that incorporates treatment**

Assumptions

- **60 percent of individuals within prison have a diagnosable addiction disorder and 17 percent have a serious mental illness.**
- **Individuals with severe mental illnesses and co-occurring addiction disorders will be served in mental health system, not the substance use treatment system.**
- **BDAS indicates that 15 percent of individuals in the NH public system in 2008 were under parole or probation supervision.**
- **National estimates of treatment need for high risk community corrections populations were used to develop NH estimates.**

Estimated Addiction Treatment Costs

Level of Care	1206 Medium/High Risk Parolees & Felony Probationers
Substance Use Disorders (SUD)	724
SUD minus Co-Occurring MH/ SUD and Existing Capacity*	485
Residential Treatment: **\$6,286	(49) \$308,000
Intensive Outpatient: \$2,186	(194) \$424,000
Outpatient: \$878	(122) \$108,000
Recovery Support and Case Management	(120) \$107,000
Total for Treatment Continuum	\$947,000

Estimated Mental Health Treatment Costs

Level of Care	All Medium and High Risk Parole and Felony Probation (1206)
SPMI, including co-occurring disorders*	204
Assertive Community Treatment (ACT) Teams**	(11) \$175,000
Non-Medicaid eligible ***	(98) \$828,000
Medicaid eligible ****	(98) \$414,000
Total	\$1,417,000

Annual Treatment Costs

	Phase I: Medium/High Risk Parolees & High Risk Probationers	Phase II: Phase I + Medium Risk Probationers
Number Served	386	689
Substance Use Disorders	\$535,000	\$947,000
Mental Health and Co-occurring	\$792,000	\$1,417,000
TOTALS	\$1,327,000	\$2,364,000
Drug Testing	\$50,000	\$100,000

Current & Additional Treatment Capacity

Level of Care	Current State Funding Level	Additional Capacity Proposed for Phase II
Clinically-Managed Residential Treatment	97 adult beds: <i>Manchester (8 Co-occurring Disorders), Bethlehem, Keene, Dover, and Dublin</i>	25 beds
Intensive Outpatient	Approximately 300 slots: <i>Concord, Manchester, Nashua, Lebanon, Dover</i>	50 slots
Outpatient	23.25 FTE Staff	FTE capacity to serve 122
Recovery Support and Case Management	0	FTE Capacity to serve 120

Additional Recommendations

- **Implementation Workgroup**
- **Probation/parole service coordinator**
- **Invest in New Hampshire Center of Excellence and BDAS Training Institute for criminal justice specific technical assistance and training**

Summary Points

- 1. Develop organizational capacity to support accountability, collaboration and communication across DOC, DCC, BDAS, BBH and Governor's Commission**
- 2. Expand access to treatment for target population with focus on:**
 - ✓ Matching individuals to the right level of care using valid AOD/MH screen and assessment
 - ✓ Effective treatment that can reduce re-arrests and re-incarcerations and support recovery
 - ✓ Integrated treatment approaches
 - ✓ Implementation of rapid drug testing
- 3. Develop collaborative supervision approach that incorporates treatment and emphasizes behavioral health management**

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Summary

Although New Hampshire's crime rate has been low and stable for the past ten years, the prison population has increased 31 percent – and spending on corrections has nearly doubled – over the same time period.

Three key factors contribute to the increasing size of New Hampshire's prison population:

1. Rising recidivism rates

The number of parolees who fail on supervision and are revoked to state prison has increased 50 percent since 2000.

2. Few resources to sanction and to treat people under community supervision

Resources to provide substance use treatment and to sanction are extremely scarce.

3. Inefficiencies in parole processes

People are held in prison beyond 100 percent of their minimum sentence, costing taxpayers an estimated \$20 million a year.

Policy Framework

**Goal 1:
Reduce spending on
corrections.**

**Goal 2:
Reinvest in
treatment and
sanction programs.**

**Goal 3:
Increase public safety
by reducing
recidivism.**

**A.
Focus supervision on high risk offenders.**

**B.
Use short, swift and certain jail sanctions.**

**C.
Establish intermediate sanction program &
designated parole revocation facility.**

**D.
Reinvest in treatment for high-risk, high-
need probationers and parolees.**

**E.
Ensure everyone leaving prison receives at
least nine months of supervision.**

**F.
Require nonviolent offenders to serve
100-120% of their minimum sentence.**

A

Focus community-based supervision resources on high risk offenders.

- **Direct, by statute, probation and parole officers (PPOs) to actively supervise low and medium risk offenders on misdemeanor probation for no more than nine months, felony probation for 12 months and parolees for 18 months.**
- **Direct further, by statute, that the PPO place people who complete this supervision period successfully -- and for whom additional active supervision is unnecessary -- on administrative supervision.**

B Use short, swift and certain sanctions, including jail time, to reduce crime and revocation rates among people sentenced to felony probation.

- **Enable judges to establish a sanction period of up to five days in jail, which would allow PPOs to respond to probation violations without a court hearing, unless requested by the probationer.**
- **Limit the use of this jail sanction by statutory policy to a maximum of five days for each felony probation sentence.**



Establish an intermediate sanction program and a designated parole revocation facility to respond more effectively to parole violations.

Part I – Intermediate Sanction Program

- **Establish an intermediate sanction program, to be used in lieu of revocation, for parole violators. Use 20 C1 (halfway house) beds to create the one week residential sanction, which would create the capacity to serve up to 973 parolees annually.**

Part II – Parole Revocation Facility

- **Designate a secure housing unit as a parole revocation facility for all parolees revoked to prison. Deliver focused evidence-based programming aimed at reengaging parolees in their supervision plan. Modify the revocation process to require a standardized three-month revocation period in the parole revocation facility.**

D

Ensure that high-risk probationers and parolees with serious addiction and/or mental health disorders are monitored with rapid drug tests and have access to treatment programs.

- **Reinvest correctional savings to expand availability of effective addiction and mental health treatment programs.**
- **Use rapid drug screening technology to enable probation and parole officers to conduct random drug use tests.**
- **The allocation of these dedicated and targeted behavioral health treatment resources, along with rapid drug screening and freeing up PPOs time to focus on high risk offenders (Option A) will reduce parole revocations by an additional 10 percent (beyond the 10 percent reduction estimated due to the Division of Community Corrections), and will reduce probation revocations by 20 percent.**

E

Ensure everyone leaving prison receives at least nine months of post-release, community-based supervision.

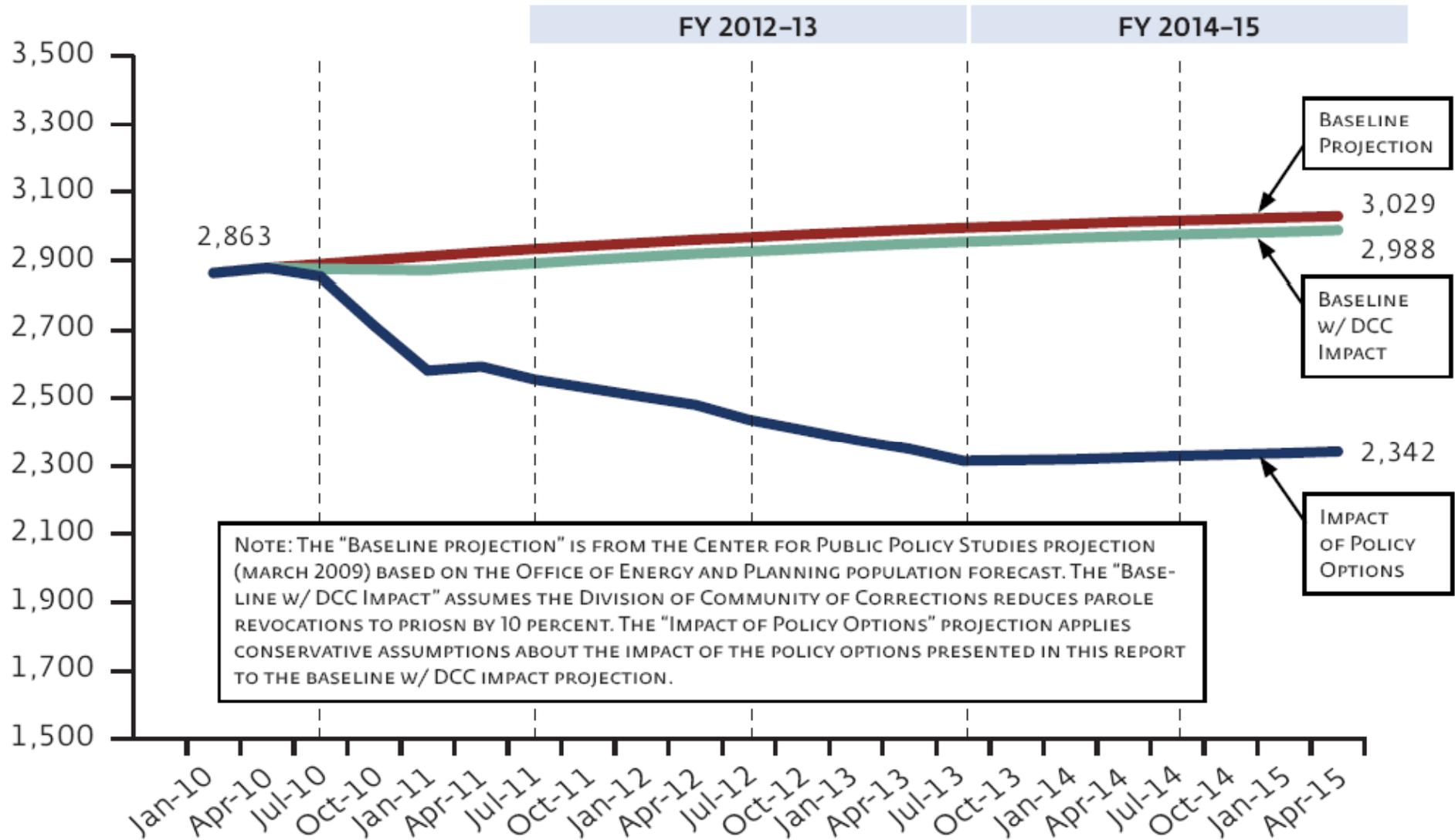
- **Require people in prison to be released to parole supervision at least 9 months prior to reaching the end of their maximum sentence.**
- **Apply this policy to those individuals with, at the time of enactment, 12 months or more remaining until the end of their maximum sentence.**
- **Provide victim advocates with the opportunity to work closely with crime victims and survivors to assist them through the prisoner's release period; identify and assess the crime victim's most important needs related to information, notification, protection/safety, restitution and other issues and concerns; and develop a case plan to address their most important needs, and link them with appropriate support and services.**

F

Reinforce truth-in-sentencing by requiring nonviolent, property, and drug offenders to serve 100 to 120 percent of their minimum sentence

- **Revise the existing disciplinary credit policy to incentivize good conduct as well as participation in recommended (and available) programs.**
- **Establish that nonviolent, property, or drug offenders sentenced on or after a future date serve no less than 100 percent and no more than 120 percent of their minimum sentence. The revised disciplinary credit policy should determine when the DOC or parole board shall place the offender on parole supervision.**

Impact of Policy Framework



Outcomes

1. Reduce prison population by 646 from baseline projection by FY2015
2. Reinvest 50% of savings in treatment & supervision
3. Reduce revocations from parole by 40% & probation by 20% by FY2015

Thank You



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