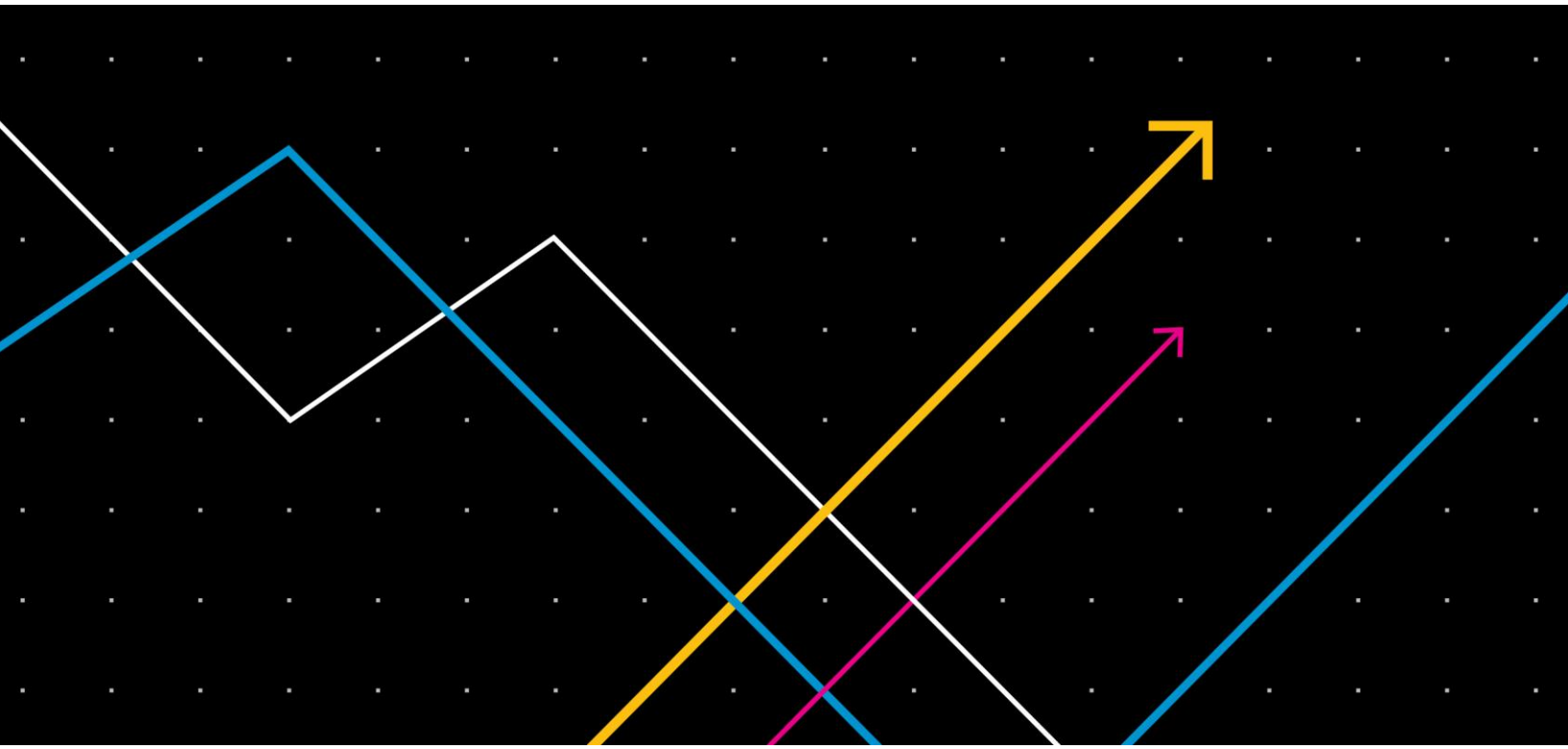

RESEARCH REPORT

# New Programs for and Approaches to Justice System Challenges

## Case Studies of the Justice Reinvestment Initiative in Arkansas, Louisiana, Oregon, and Pennsylvania

*The Urban Institute's Justice Reinvestment Initiative Team*

*July 2022*

URBAN INSTITUTE

Justice Reinvestment Initiative

BJA Bureau of Justice Assistance U.S. Department of Justice


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# Acknowledgments

This report was funded by Grant No. 2019-ZB-BX-K004, awarded by the Bureau of Justice Assistance. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the Urban Institute's Justice Reinvestment Initiative team and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office.

The Urban Institute's Justice Reinvestment Initiative team would like to thank our colleagues, Will Engelhardt, Genevieve Citrin Ray, and Julie Samuels and the technical assistance providers—the Crime and Justice Institute at Community Resources for Justice and the Council of State Governments Justice Center—for their valuable assistance throughout this project.

# New Programs for and Approaches to Justice System Challenges

The Justice Reinvestment Initiative (JRI) is a "data-driven approach to managing criminal justice populations and investing savings in recidivism reduction strategies and improved public safety" (Harvell et al. 2021, iii). The Bureau of Justice Assistance and the Pew Charitable Trusts have funded JRI since its inception in 2010. The 36 states that have participated in JRI have saved or averted more than $1 billion, reinvesting half of that in solutions to justice system challenges (Harvell et al. 2016; Welsh-Loveman and Harvell 2018). Through JRI, states have made a range of changes to their justice systems, and many states have decreased their prison populations or kept them below projected levels (Harvell et al. 2016). Some states have used the JRI process to develop, invest in, and implement new programs for and approaches to solving justice-related challenges.[1] This report discusses four states' programs and approaches that are now critical components of their justice systems and represent the diverse challenges and solutions of states that have participated in JRI. These programs and approaches are

- Arkansas's crisis stabilization units (CSUs) and crisis intervention training;
- Louisiana's gender-responsive approach to women's incarceration and supervision;
- Oregon's Improving People's Access to Community-Based Treatment, Supports, and Services (IMPACTS) program; and
- Pennsylvania's performance-based contracting approach to community corrections.

After briefly describing our methodology (box 1) and technical assistance that states receive through JRI (box 2), we describe each state's JRI legislation and its new program or approach. Then, we outline each program or approach's implementation process, changes, and/or challenges since its inception, and perceived or documented outcomes. Lastly, we discuss key takeaways and lessons learned from each program or approach. The information in this report is descriptive, and the report does not evaluate the programs and approaches highlighted.

BOX 1

**Methodology**

The Urban Institute conducted a document review of policy briefs, presentations, and reports from technical assistance (TA) providers; relevant state and local publications and news articles; and state JRI legislation. Urban also conducted semistructured interviews with two to four stakeholders from each state as well as with TA providers who supported each state's engagement. Data collection activities occurred from January 2020 to August 2020. TA providers also provided substantive feedback throughout the drafting of this report; this included significant input in the sections on Louisiana and Pennsylvania.

BOX 2

**Technical Assistance for Case Study Sites**

Technical assistance (TA) funded through the Justice Reinvestment Initiative is central to the initiative. TA providers are essential to helping states collect and analyze data to understand how their justice systems are working, develop policy and practice changes to improve performance and outcomes, and implement those changes. The Council of State Governments (CSG) Justice Center was the TA provider for Arkansas, Oregon, and Pennsylvania's JRI engagements highlighted in this report. The Crime and Justice Institute (CJI) at Community Resources for Justice was the TA provider for Louisiana's JRI engagement, including its Women's Incarceration Task Force.

# Improving Responses to Behavioral Health Needs: Crisis Stabilization Units and Crisis Intervention Training in Arkansas

At the beginning of Arkansas's JRI engagement in 2015, the state's prison population had increased by 21 percent between FY 2012 and FY 2016 and was projected to increase by another 19 percent between FY 2016 and FY 2023. Drug and property offenses drove the majority of prison and probation sentences. Arkansas residents lacked access to community-based substance use treatment, and according to Barbee, Gonzales, and Shelor (2016), many with mental illnesses were being incarcerated in jails because of a lack of alternatives.

To improve responses to behavioral health needs, Arkansas governor Asa Hutchinson signed the Criminal Justice Efficiency and Safety Act (Act 423) in March 2017. Among other reforms, Act 423 established crisis intervention training requirements for law enforcement agencies and created crisis stabilization units (CSUs) to divert people from county jails and to provide community-based treatment to people with behavioral health needs. In his budget, the governor dedicated $6.4 million to establish and operate four CSUs and provided additional funding for the Arkansas Law Enforcement Training Academy and related agencies to train officers in crisis intervention for people with behavioral health needs.[2]

## History and Goals of CSUs and Crisis Intervention Training

In April 2015, Arkansas created the Legislative Criminal Justice Oversight Task Force to study the state's criminal justice system.[3] This bipartisan 19-member task force consisted of a diverse range of stakeholders, including state policymakers, members of the judiciary, corrections officials, prosecuting and defense attorneys, law enforcement representatives, and behavioral health providers.[4] With TA from the Council of State Governments (CSG) Justice Center, the task force examined corrections data and identified inadequate community-based behavioral health interventions as a driver of high revocation rates and recidivism.[5] Task force members discussed the need for alternatives to incarceration for people with behavioral health needs at the county level and ultimately recommended establishing CSUs and crisis intervention training.[6] Stakeholders then developed an application process for counties that were interested in implementing CSUs. Though they initially planned to create and fund only three CSUs, crisis intervention training was to be established in every county. The governor ended up providing grants to all four counties that applied for CSUs.[7]

Crisis intervention training and CSUs were established to address several goals. At the time, the only options for people experiencing behavioral health crises were jails and emergency rooms, and state stakeholders aimed to close this gap and provide sustainable and cost-effective alternatives.[8] In addition, stakeholders identified improving law enforcement responses to behavioral health crises as a specific goal. They aimed to address a lack of law enforcement training on how to respond to people with behavioral health needs, including de-escalating crisis situations and providing resources to people experiencing behavioral health crises, and they continue to aim for all officers to receive 40 hours of crisis intervention training.[9] The creation of CSUs and of crisis intervention training went hand in hand to provide a community-based alternative to incarceration or emergency room use for people with behavioral health needs.

## Key Components of CSUs and Crisis Intervention Training

**Arkansas's crisis intervention teams** are partnerships between law enforcement, health care providers, and behavioral health practitioners that help communities respond to people who commit nonviolent offenses while experiencing behavioral health crises (Hull and Samuels 2020). State stakeholders had 18 months to comply with Act 423 and implement crisis intervention training, and they worked closely with the Arkansas Law Enforcement Training Academy to secure buy-in from law enforcement and ensure the academy reached counties across the state.[10] Now, every county and local law enforcement agency with at least 10 full-time officers has at least one officer who has received intensive 40-hour crisis intervention training, nearly 1,400 veteran officers have received basic crisis intervention training, and all new recruits receive basic crisis intervention training at the training academy.[11] Having received crisis intervention training enables law enforcement to refer someone to a CSU—officers who have not received the training must connect with a trained officer who has learned how to divert people with behavioral health needs and to ensure they are eligible to be referred to a CSU.[12]

**Crisis stabilization units** are 16-bed facilities and approved acute care units[13] that provide emergency psychiatric and substance use disorder services, including assessment, stabilization, and social service intervention, to people 18 or older. Services are available 24/7 and are provided by multidisciplinary teams of clinical, medical, nursing, social services, and other staff.[14] To plan for Arkansas's CSUs, state stakeholders researched other states' CSUs.[15] They then developed an application process for counties that were interested in implementing CSUs. The CSU openings were staggered: the one in Sebastian County opened in March 2018, the one in Pulaski County opened in August 2018, the one in Washington County opened in June 2019, and the one in Craighead County opened in September 2019.[16]

When a crisis intervention–trained officer encounters someone they think may have behavioral health needs and can be diverted from jail, or when an officer without the training has encountered them and consulted with a trained officer, they call the CSU, describe the situation, and determine eligibility in consultation with CSU staff.[17] At the CSU, staff facilitate a 5-to-10-minute warm handoff between the officer and staff, staff stabilize the person, and the person begins treatment immediately. As soon as the person arrives, CSU staff begin exit planning and facilitating connections to housing, transportation, and other needed supports or services, as the average length of stay is 2.7 days.[18] In addition to serving their respective counties, CSUs have catchment areas (that is, areas including additional counties that they serve) and collaborate with other counties, serving 36 of the state's 75 counties).[19]

## Outcomes of CSUs and Crisis Intervention Training

As a result of this program, law enforcement officers across the state have received and continue to receive crisis intervention training.[20] Additionally, the four CSUs are expected to serve approximately 4,800 people a year.[21] Their referrals and admissions have increased since they opened, and some are considering expanding their service areas.[22] According to a state stakeholder, between March 2018 and fall 2020, law enforcement officers diverted more than 1,520 people from jails and emergency rooms to the CSUs, and the CSUs served more than 4,472 people.[23]

Moreover, CSUs track other referral sources, people's demographic information, their involvement with the health care and legal systems before and after coming to the CSU, and length of stay, among other data.[24] Though there is some variation, all four CSUs use the statewide behavioral health agency database and therefore collect similar data.[25]

## Implementation Changes and Challenges

Funding and costs are key challenges to the implementation and sustainability of CSUs and crisis intervention training. According to state stakeholders, CSUs rely on continued funding from the state, and crisis intervention classes are expensive and difficult for law enforcement departments without the capacity to spare an officer for 40 hours. In addition, opening the CSUs required finding locations and building or redesigning facilities, so some of the counties needed additional time to implement them.[26] The CSU in Washington County was recently temporarily shut down because of reductions in state funding. Though law enforcement agencies in Northwest Arkansas will be allowed to take people to the CSU in Sebastian County, the chief of the Fayetteville Police Department said the CSU is a valuable resource and closing it even temporarily will limit the availability of services for those in need.[27]

When the CSUs were established, law enforcement officers were intended to be the primary referral source; however, CSUs received fewer referrals from law enforcement than expected and expanded to accommodate referrals from family and community members in addition to law enforcement and health professionals.[28] As of March 2020, preliminary monthly data showed that less than 20 percent of referrals to the CSUs had come from law enforcement.[29] According to interviewees and technical assistance providers, the reasons for the lower-than-anticipated referral rate included transportation challenges, law enforcement not taking full advantage of crisis intervention training, and difficulty getting officers to buy in. And the fact that CSUs serve several counties can make transportation difficult for law enforcement officers who are not close to their designated CSU. The CSU in Northeast Arkansas, for example, has a 20-county catchment area.[30] As a result, referral sources

have changed, and state stakeholders have worked to expand referral sources while continuing to encourage officers to refer people to the CSUs.[31]

## Lessons Learned from Arkansas's CSUs and Crisis Intervention Training

State stakeholders identified lessons learned from creating, implementing, and sustaining CSUs and crisis intervention training in Arkansas. Multiple stakeholders expressed the importance of providing crisis intervention training to law enforcement well in advance of opening CSUs to better enable stakeholders to get the CSUs up and running. Some interviewees shared that crisis intervention training began only shortly before CSUs opened, making the transition to and full use of CSUs a challenge. Stakeholders also said making the CSUs self-sustaining was a challenge and that continued funding from the state was therefore needed to help them continue.

Another lesson was the importance of securing buy-in from law enforcement and considering operational logistics. According to state stakeholders, CSUs and crisis intervention training were responsive to law enforcement officers' needs, and officers were helpful proponents during the legislative and implementation processes. Stakeholders and TA providers reported that CSUs received fewer referrals from law enforcement than anticipated given some counties' distances from CSUs, the initial requirement that only officers with the full 40-hour crisis intervention training can make referrals to the CSUs, and some officers' hesitation to take full advantage of the crisis intervention training.

Technical assistance providers reported that successful collaboration between the state, counties, law enforcement, and local stakeholders was a key strength of Arkansas's CSUs and crisis intervention training. As a result of this collaboration and adapting to challenges, CSUs and crisis intervention training have helped divert people from jails and emergency rooms and have served more than 4,000 residents in need of crisis services.

# Incorporating Gender-Responsive Approaches to Women's Incarceration and Supervision: Louisiana's Women's Incarceration Task Force*

At the beginning of Louisiana's JRI engagement in 2016, the state had the highest imprisonment rate in the country—nearly double the national average and significantly higher than the state with the second-highest rate. Though adult corrections constituted Louisiana's third-largest state expenditure, there was not a strong public safety return on investment, with one in three people released from prison returning within three years.[32]

In June 2017, Louisiana governor John Bel Edwards signed a package of 10 bills to reduce sentence lengths and use of prison for people convicted of less serious offenses, strengthen alternatives to incarceration, and address barriers to successful reentry. The year after these bills were enacted, Louisiana's prison population declined by more than 7 percent and generated $12.2 million in savings, double the original projected savings of $6.1 million. Louisiana then reinvested 70 percent of those savings ($8.5 million) in programs to reduce recidivism and support victims of crime.[33]

The Louisiana women's prison population remained a concern, however. The state's women's imprisonment rate (82 women incarcerated in prison per 100,000 women in the state) in 2017 was higher than the US women's imprisonment rate overall (63 women in prison per 100,000 women). In 2018, the Louisiana House of Representatives created the Louisiana Women's Incarceration Task Force through House Concurrent Resolution 27 (H.C.R. 27) to study Louisiana's justice system as it relates to women and to recommend strategic changes to reduce recidivism among women and increase health and public safety.[34]

## History and Goals of Louisiana's Women's Incarceration Task Force

Though members of the Louisiana Justice Reinvestment Task Force and advocates involved in the JRI process focused on women in the justice system and gender-responsive efforts, gender-responsive reforms were not included in the package of JRI bills.[35] Then as state stakeholders were working to implement Louisiana's JRI bills, Operation Restoration, an organization led by women who have

* This section was primarily written by a CJI TA provider who had firsthand knowledge of Louisiana's JRI efforts, including the transformation of services provided to women who are incarcerated.

experienced incarceration,[36] worked with representatives to establish the Louisiana Women's Incarceration Task Force through H.C.R. 27.[37] With this resolution as a guide, the new task force aimed to apply a process similar to that of its JRI engagement to study the state's justice system as it pertains to women and to make recommendations for new practices. The goals were to avoid causing additional trauma, reduce the population of incarcerated women, address the health of women in Louisiana Department of Public Safety and Corrections (DOC) custody, enhance programming and gender-specific resources, and reinvest in strategies to improve women's outcomes.[38] Leaders in the Louisiana DOC were supportive and spearheaded the 11-member task force,[39] which included representation from the DOC, the Louisiana House of Representatives, the courts, and community-based organizations working with women involved in the justice system.[40]

The task force began meeting regularly in September 2018 and sought assistance from CJI to consider data and promising practices, prioritize goals, and develop recommendations.[41] CJI provided TA, helping the task force narrow its focus based on work that had been done in four key areas—trauma, physical and mental health, women's gender-specific experiences during imprisonment, and reentry and transition to the community—and facilitated meetings to discuss each topic, including discussion of best practices, examples from other states, current state policy and practice, and gaps between policy and best practices.[42] The members of the task force, with assistance from CJI, decided on and prioritized goals and recommendations for gender-responsive policy changes.[43]

## Key Components of Louisiana's Women's Incarceration Task Force

**The task force met regularly between September 2018 and December 2019.** It included two members from the DOC, one from the Louisiana House of Representatives, one from the Catholic Charities Archdiocese of New Orleans, three from Operation Restoration, two judges, an attorney from the East Baton Rouge Parish District Attorney's Office, and a community member. Members initially discussed and developed subgroups for issues related to women's incarceration and reentry, including housing, domestic violence, family reunification, correctional programming, physical and mental after care, LGBTQ+ experiences, community supervision, and clemency. The subgroups also visited jails and prisons in the state and invited guest speakers, including currently and formerly incarcerated women.[44] After this subgroup process, with help from CJI, the task force narrowed its focus to four key areas: trauma, physical and mental health, women's gender-specific experiences during imprisonment, and reentry and transition to the community.[45]

**Through a review of research studies, national and state data, and DOC policies and practices, the task force considered 66 possible policy solutions.** Members found that incarcerated women experience higher rates of trauma than incarcerated men and that carceral facilities can be triggering to trauma survivors. In addition, incarcerated women have high rates of behavioral health disorders, incarcerated women have worse health outcomes than nonincarcerated women and incarcerated men, and some incarcerated women have reproductive and geriatric care needs. They also found that women have unique needs and face gender-specific challenges, which prisons and prison programs do not meet because they are typically designed for men. These gender-specific needs and challenges extend to women returning to the community, which can make it challenging for some women on supervision to comply with gender-neutral supervision conditions.

In their final meeting in December 2019, **the task force members prioritized 20 recommendations that address the following goals:**

- Improve the physical spaces where women are incarcerated.
- Expand women's access to physical and behavioral health education and treatment while incarcerated.
- Increase the gender-responsiveness of women's incarceration experience.
- Increase institutional programming options.
- Support gender-responsive reentry planning and release.
- Make community supervision more gender-responsive.[46]

Examples of the recommendations include the following:

- Create a central reception center for women in DOC custody.
- Assess all women for trauma and provide treatment to address it.
- Ensure the DOC's health care policies are gender responsive.
- Train all DOC staff members and volunteers who interact with incarcerated women on gender responsiveness.
- Increase prerelease employment opportunities available to incarcerated women.
- Require recipients of Community Incentive Grants to provide gender-specific programming.[47]

In May 2020, the task force sent its final report, including its findings and recommendations, to the Louisiana state legislature. In the report, it encouraged the legislature to provide the necessary authorization, funding, and resources to ensure the recommendations are effectively implemented.[48]

## Outcomes of Louisiana's Women's Incarceration Task Force

Louisiana is among the first states to formally study the experiences and needs of justice-involved women using the JRI process and to submit recommendations to its legislature. That effort culminated in the 2021 session when the Louisiana legislature passed House Bill 271, which was signed into law as Act 304 by the governor. This legislation codifies the task force's recommendation to invest in housing options in the community for women by authorizing and establishing a transitional residential pilot program to assist women in DOC custody with reintegration.[49]

In addition, the task force's recommendations were integrated into the physical design of the soon-to-be-rebuilt Louisiana Correctional Institute for Women, Louisiana's only state-operated prison for women.[50] A 2016 flood led to the displacement and decentralization of incarcerated women, limiting their access to programming and inhibiting any efforts to begin to adopt gender-specific services and approaches.[51] This new women's facility is scheduled to break ground in fall 2021. The plans for the new facility, consistent with the task force's recommendations, include improved programming space, space that can be used for a nursing mothers' ward, and space that can be used to develop a transitional living area. Importantly, it will house a central reception area so all women coming into DOC custody receive consistent intakes and assessments.

Lastly, the DOC committed to developing a strategic plan and implementing the task force's recommendations it has the authority to implement. Not waiting until the new facility is built to begin enhancing gender-specific approaches, the department is in the process of improving reintegration for women and developing a gender-specific DOC rules and sanctions book.[52]

## Implementation Changes and Challenges

This work did not begin in earnest until spring 2021, because of the COVID-19 pandemic, when CJI worked with DOC leadership to establish a strategic planning working group and to select its members. The development of the strategic plan for the transformation of women's services and implementation of gender-specific approaches across the department began in June 2021 and was completed in September 2021.

## Lessons Learned from Louisiana's Women's Incarceration Task Force

A key lesson learned from the task force process was the importance of strong relationships with and support from the implementing agency, in this case, the DOC. State leaders were reportedly fully on

board and committed to implementing new approaches to improve the lives of justice-involved women, which appeared to positively affect task force members' motivation and confidence that recommendations would be implemented. In addition, existing relationships between the DOC and task force members were important to the progress of the group. Since state stakeholders and CJI were already working with the DOC and one another on Louisiana's JRI reforms, task force members were able to effectively work together to develop recommendations to which the DOC was receptive.

Technical assistance providers for Louisiana also reported that "a significant element of the success of the task force was hearing and incorporating (1) the voices and lived experiences of women who had experienced incarceration and supervision alongside correctional administrators, and (2) national and local data and promising practices from other states to inform this approach in Louisiana. This process often involved difficult conversations about perceptions of DOC operations and about realistic changes given state resources."

Another takeaway identified by the task force was the importance of setting realistic, policy-level expectations early on and using research to guide policy development. The task force used research findings to translate its priorities into actionable policy recommendations.

## Addressing the Needs of Justice-Involved People with Behavioral Health Disorders: IMPACTS in Oregon

In 2019, Oregon passed S.B. 973 after engaging in JRI for a second time. Oregon's first engagement in 2011, with TA provided by CJI, focused on its rising prison population, which had increased by 50 percent between 2000 and 2011.[53] Since passing its first JRI legislation, H.B. 3194, Oregon had reduced its prison population and avoided opening another prison (CSG Justice Center 2018).

Oregon's criminal justice system continued to face other issues, so Oregon reengaged in JRI to address the growing population of people with behavioral health needs.[54] This time TA was provided by the CSG Justice Center and focused on helping people who had frequent contact with the justice system and often relied on high-cost emergency room stays to address behavioral health crises. Through data analysis, state stakeholders found that people frequently involved with law enforcement were 650 percent more likely to have a substance use disorder and 150 percent more likely to have been to the emergency department than other adults in Oregon (Allen and Warney 2018). Furthermore, there were gaps in continuity of care for people with behavioral health needs, a lack of

local alternatives to jail, and limited information sharing across health and law enforcement agencies (CSG Justice Center 2020).

Under S.B. 973, the state created the IMPACTS program, which stands for Improving People's Access to Community-Based Treatment, Supports, and Services (CSG Justice Center 2020). IMPACTS is a grant program for which counties and tribal nations apply to receive state funding for local supports and services for people with behavioral health needs who have frequent contact with the justice system.

## History and Goals of IMPACTS

Oregon's JRI task force quickly realized that the state's approach to serving people with behavioral health needs who were having frequent contact with the justice system was not working.[55] Oregon had one of the highest rates of people with mental illness and substance use disorder in the country, and a small number of people with behavioral health disorders made up a significant number of jail and hospital bookings in the state (CSG Justice Center 2020). There were some limited efforts to address behavioral health needs, but they were limited, and there were gaps in continuity of care.[56]

During the problem analysis step of JRI, representatives from Oregon's counties and tribal nations identified three key behavioral health and criminal justice system issues: gaps in continuity of care, particularly regarding supportive housing; difficulties developing local alternatives to jail; and inconsistent information sharing across agencies (Hull and Samuels 2020).

Oregon passed S.B. 973 to address these issues and established the IMPACTS program to expand access to community-based service providers and supportive housing for justice-involved people with behavioral health disorders.[57] With assistance from the CSG Justice Center, IMPACTS was created with the involvement of a grant review committee comprising experts in the behavioral health field, practitioners who provide treatment to people with behavioral health needs, tribal representatives, and people with lived experience similar to the target population.

The goal of IMPACTS is to offer grant funding to counties and tribal nations to provide a range of services to people who are high utilizers of behavioral health services and who have frequent contact with the justice system. Health care and law enforcement professionals in funded areas aimed to promote local interventions that were underused yet sustainable. IMPACTS helps to develop and support creative approaches to help people with behavioral health disorders improve their lives and reduce their contact with law enforcement (Allen, Warney, and Barbee 2018).[58]

Through IMPACTS, in July 2020, the Oregon Health Authority and Oregon Criminal Justice Commission announced awards totaling $9.7 million to six counties and five tribal governments.[59] According to the state, Oregon is the first state to focus its JRI effort entirely on the intersection of the behavioral health and criminal justice systems.[60]

## Key Components of IMPACTS

**Oregon awarded $9.7 million in competitive grants to support local services, including crisis support, care coordination and treatment, and supportive housing.**[61] JRI legislation also required that at least one award go to a tribal government; five tribal governments ended up receiving grants. The target population for IMPACTS services is people who have one or more behavioral health disorders *and* are booked into a jail an average of four or more times a year or are high utilizers of criminal justice resources, hospitals or urgent health care resources, or institutional placements.[62] Though stakeholders perceived the population as "ripe" (as one put it) for intervention, it proved difficult to intervene in, so the state asked counties to develop ideas. This population was transient and often left treatment before completion, making long-term treatment unsustainable. Furthermore, the population underused treatment in the community and instead relied on emergency department stays.

To determine who was cycling through the health and justice systems, stakeholders analyzed county jail and community corrections data and linked it with Medicaid and hospital data to find the group of people who fit the three criteria (CSG Justice Center 2018). To define people who had high justice involvement, stakeholders relied on data analysis, which showed there was a statistically significant difference in costs between people booked into jail four or more times a year and people booked three times or fewer.[63] As such, four or more jail bookings a year became the primary criterion for high justice involvement.

**To be granted funding under IMPACTS, awardees must**

- have multiagency support from courts, law enforcement, sheriff departments, local hospitals, and other agencies;
- provide an assessment of staff availability and workforce shortages;
- be able and willing to share data with jails, hospitals, and coordinated care organizations;
- have local support for services for the IMPACTS population; and
- agree to screen and assess people for eligibility (CSG Justice Center 2020).

## Outcomes of IMPACTS

Since IMPACTS was fully implemented, the program has evolved, particularly as a result of the COVID-19 pandemic. As such, results are preliminary, and state stakeholders are collaborating to collect information from state-level data systems to inform IMPACTS program outcomes.[64] The key metrics grantees track to examine their impact on the target population include daily usage of the program, jail usage, emergency room bed usage, and state hospital usage.[65] Some programs, however, are not developed in a way to yield quantifiable outcomes and therefore have more process-based results.[66]

Though some counties have only recently received their funding, there are some projected outcomes. Communities that receive IMPACTS grants are expected to reduce jail bookings and emergency department visits by at least 20 percent by FY 2025 (CSG Justice Center 2020). Furthermore, investments started at $10.6 million and are estimated to increase to about $53.7 million by FY 2025 as a result of projected savings in jail bookings and emergency department visits (CSG Justice Center 2020).

## Implementation Changes and Challenges

IMPACTS awardees faced some challenges early in implementation. Even with increased funding for services, access to housing, transportation, and treatment was difficult in especially underresourced areas (CSG Justice Center 2018). This limited the target population's ability to engage in services because aspects of their situations were unstable and unsupported. Furthermore, the requirement for awardees to share data and case files with behavioral health and criminal justice agencies was a challenge, and the capacity to track outcomes was inconsistent among agencies. Lastly, workforce recruitment, training, and retention remained a challenge in many areas.

Another change to IMPACTS occurred soon after its creation. Stakeholders initially planned to offer two separate requests for proposals, one for counties and one for tribes. But the grant review committee decided to combine the two applications into one and worked with tribal representatives to modify the county application so tribal nations would be able to better respond to the request for proposals.[67] A tribal member we interviewed said there had been limited input from tribal representatives and the initial thinking for the proposal imposed requirements that were difficult for tribal nations to achieve. The interviewee and a TA provider shared that courses were corrected to be more inclusive of tribal communities. One TA provider shared that the grant review committee conducted a multimonth consultation process with the state's nine federally recognized tribes and ended up developing a request for proposals that was more accessible to tribal nations. For example,

the requirement to work with and track data from police and sheriffs' departments, local jails, and other justice system agencies was not feasible for half of the tribal nations, which did not have these agencies. To be flexible, tribal nations grantees were allowed to work toward providing data, receive TA to assist with collaboration and data collection challenges, and use the funds from IMPACTS to create some of the infrastructure needed to meet the requirements.

IMPACTS also faced delays as a result of the COVID-19 pandemic, and the program and its awardees were forced to adapt. During the pandemic, it was difficult to access the already transient target population.[68] It was often necessary to be in the field to find clients, but as a result of the pandemic, the ability to work in the field was limited. Before the pandemic, IMPACTS had expanded the target population criteria to include not only those with four or more jail bookings in a year, but also people who are high utilizers of behavioral health programming, which increased accessibility to services and enabled more people to be served during the health crisis.[69]

Lastly, one challenge intensified as a result of the pandemic: staffing in the behavioral health provision field.[70] The existing workforce crisis in that field worsened as hospitals hired more behavioral health staff after they began offering more competitive wages for those willing to assist in their management of COVID-19.

## Lessons Learned from IMPACTS in Oregon

Through interviews with stakeholders involved in IMPACTS, we learned that one of the largest facilitators of success was TA providers' help developing the request for proposals, adapting it for tribal nations, and assisting awardees with meeting requirements while offering flexibility to tailor approaches to their communities' needs. Furthermore, the TA providers understood when to rely on local expertise in the development and implementation of IMPACTS.

A related lesson was the importance of creating a diverse steering committee that collaboratively provided goals and guidelines for grantees.[71] The steering committee that developed the request for proposals included academic experts in the behavioral health field, practitioners, tribal nations representatives, law enforcement representatives, and several people with lived experience similar to the target population of IMPACTS. In particular, interviewees highlighted the importance of strong involvement from the tribal nations, particularly obtaining tribal members' input early in the process and having their help crafting a realistic request for proposals for tribes.

One strength of IMPACTS noted by another stakeholder is that grantees are dedicated to providing data that demonstrate the efficacy of their programming.[72] Grantees want to help justice-involved people with behavioral health disorders, which advances program implementation and data tracking.

A critical takeaway from stakeholders who helped develop and implement IMPACTS is the importance of reconsidering interventions that do not work and promoting ones that improve health and justice outcomes.[73] IMPACTS challenged Oregon not to settle for the status quo and to invest in programs that can prove their effectiveness.

## Increasing Accountability of Community Corrections Centers: Performance-Based Contracting in Pennsylvania†

Between 2002 and 2010, Pennsylvania increased its investment in community-based residential programs that provide services for people on postprison supervision by 37 percent (CSG Justice Center 2012) after the Pennsylvania Department of Corrections discovered that people who transitioned through community contract facilities (CCFs) or community corrections centers (CCCs) after release from prison had higher success rates than those who returned directly home in 2005 and 2006 (Bell et al. 2013).[74] The CCFs are run by privately approved contractors and provide treatment and supervision similar to the CCCs. But because the CCFs are run by private entities, the government does not directly oversee service provision and has therefore faced difficulties controlling the quality of their performance. In 2012, Pennsylvania engaged in JRI for the first time and passed Act 122 and Act 196 to implement a new performance-based model that tied CCF contracts to public safety results.[75] Pennsylvania has 14 state-run residential CCCs and 38 privately run CCFs that collectively serve about 4,000 people a day who have violated supervision or transitioned from prison; CCFs are subject to the performance-based contracting approach that resulted from Pennsylvania's first JRI engagement.[76]

† This section relied heavily on input from TA providers, as stakeholder interviews and data reviews yielded little detailed information.

## History and Goals of Pennsylvania's Performance-Based Contracting Approach

As part of Pennsylvania's first JRI engagement in 2012, with TA from the CSG Justice Center, a task force with several criminal justice experts and state policymakers was created to improve services for people who were rearrested while on community supervision. One thing the task force sought to ensure was that the state's investment in CCFs correlated with reduced supervision violations (i.e., reduced recidivism).

Despite the approximately $89 million in funding the state had provided CCF programs,[77] a 2013 Pennsylvania Department of Corrections study concluded that people on parole who transitioned through CCFs had higher recidivism rates than those who returned directly to the community (Bell et al. 2013). Given this disparity, task force members developing JRI legislation aimed to determine whether state contractors were producing public safety results.

In an effort to improve accountability and address troubling recidivism trends, Pennsylvania recompeted all CCF contracts in 2013 and paid private contractors based on their centers' performance in reducing recidivism (Reynolds et al. 2016). Furthermore, it began prioritizing CCF placement for people with higher needs and risk rather than those with low needs and risk, who had been overrepresented in CCFs.[78] The goal of this new contracting model was to reward service providers that helped the Department of Corrections achieve its goals of reducing recidivism, retaining clients, and increasing program completion rates.[79]

## Key Components of Pennsylvania's Performance-Based Contracting

**In this new performance-based contracting approach, contractors were scored based on absconder and recidivism rates and on a series of audits, including audits of security, operations, and treatment.**[80] The target audit rates were developed carefully and intentionally to create accountability in a fair, achievable, and nonarbitrary way. In addition, this approach provided an opportunity to collect data on service providers and track performance.

Furthermore, **stakeholders aimed to ensure the performance-based approach was not punitive, but rather was based on incentives to the greatest extent possible.**[81] Contractors who saw increased recidivism in two consecutive years faced cancellation, and those who overperformed in reducing recidivism received a bonus.[82] Based on their score for various metrics, vendors were eligible for an increase in their contracted per diem rate for the following year.

## Outcomes of Performance-Based Contracting

Before the pay-for-performance contracts were adopted as part of Pennsylvania's first JRI engagement in 2012, 60 percent of people in CCFs were rearrested; after two years, that rate decreased by about half.[83] By 2016, only two centers received warnings for increased recidivism above the baseline (Reynolds et al. 2016). Recidivism across all CCFs decreased by 11 percent (Sakala and Harvell 2020) and was estimated to have prevented victimization of 122 people in 2014 and 2015 alone.[84]

The model has made an impact on the standard operations of the Department of Corrections; the department has adopted this performance-based contracting approach of tying contracts to results to reduce recidivism as a new way of doing business.[85] Furthermore, in Pennsylvania's second JRI engagement in 2016, stakeholders made recommendations to expand performance-based contracts for nonresidential community corrections programs.

## Implementation Changes and Challenges

When the Department of Corrections first implemented this new approach, some vendors were skeptical of performance-based contracting.[86] Their clients only received their services for a brief period, and there were several external factors beyond the vendors' control that could impact recidivism. Vendors were therefore wary of metrics that would evaluate their performance. Though some factors were outside of vendors' control, the performance-based approach aimed to examine whether there were unrealized factors that impacted client participation and behavior change. This new approach provided an opportunity for vendors to identify which factors caused people to leave the CCFs and to address the problem.

The performance-based contracting approach has changed in a few ways since its inception, including increasing the incentive percentage from 1 to 3 percent.[87] Furthermore, the COVID-19 pandemic required some CCFs to reduce their housing numbers, because some vendors went out of business because of pandemic-related challenges.

## Lessons Learned from Pennsylvania's Performance-Based Contracting Approach

One lesson learned from Pennsylvania's performance-based contracting approach is that rather than defaulting to current practice, it is critical for criminal justice agencies to analyze whether their standard practice needs to be improved to make them more accountable.[88] This approach involves moving beyond the status quo by evaluating current trends, incentivizing improvements, and

addressing factors that contribute to high recidivism rates among people in CCFs. The approach is a new way of doing business and creates accountability for providers' results.

In addition, this new approach underscored the need for a comprehensive data system to track performance. Data collection is segmented and nonautomated, and with more than 80 providers, these data collection issues make it difficult to conduct data analysis.[89] Data managers at the Department of Corrections have to individually reach out to providers and program managers to collect their data, and this time-intensive process requires a significant amount of follow-up. A more comprehensive data system would help automate this process and make results available more quickly and with more reliability.

## Lessons Learned from Arkansas's, Louisiana's, Oregon's, and Pennsylvania's Programs and Approaches

As part of the JRI process, these four states developed, invested in, and implemented new programs and approaches that serve as critical components of and new ways of managing their justice systems. These programs and approaches are examples of the many creative ways the JRI process has helped states address justice system challenges.

Stakeholders across the four states identified several common lessons. Stakeholders in Arkansas, Louisiana, and Oregon all shared **the importance of building new relationships and leveraging existing ones with other key stakeholders.** Stakeholders secured buy-in from law enforcement in Arkansas, built on relationships between the DOC and other key stakeholders in Louisiana, and created a diverse steering committee in Oregon and adjusted initial plans to ensure tribal nations were appropriately represented. Stakeholders in Oregon and Pennsylvania underscored **the need to collect comprehensive data** to conduct data analysis, determine outcomes, and demonstrate program efficacy. Stakeholders highlighted the **critical role of JRI TA providers,** both early in the research and policy development processes and in the program implementation process. Lastly, stakeholders emphasized **the importance of promoting new programs and approaches rather than settling for the status quo.** If current practice is not working, state stakeholders recommended developing, investing in, and implementing new, data-driven practices that address root causes of the problem. All four states' programs and approaches represent just that: a breaking from the status quo to invest in new ways to solve state justice system challenges. These programs and approaches show the versatility and lasting

impacts of the JRI process, and can serve as examples for states interested in addressing issues related to behavioral health, women's incarceration, and community corrections.

## Case Study Limitations

There are a few limitations to this report. As described in box 1, Urban conducted a document review of information from state JRI engagements and conducted brief, semistructured interviews with two to four stakeholders for each state. Though we examined a range of sources as part of our document review, we primarily relied on publicly available documents and were not able to review every source of information. Where information was especially limited, as was the case for our case studies of Louisiana and Pennsylvania, we relied more heavily on TA providers' input. In addition, we conducted relatively few stakeholder interviews for each state and therefore were not able to include the voices of all relevant stakeholders. Also, we were unable to contact some of the stakeholders involved in the development and early implementation of some of the programs and approaches. As a result, though we aimed to provide a comprehensive description of each program and approach, we were not able to collect and include all relevant information.

# Notes

[1] With the help of a technical assistance provider, each state that participates in JRI convenes an interbranch workgroup, analyzes criminal justice data, and uses findings to develop a tailored policy package to reduce recidivism and improve public safety.

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[7] Stakeholder interview.

[8] Stakeholder interview.

[9] Stakeholder interviews.

[10] Stakeholder interview.

[11] CSG Justice Center Staff, "Spotlight: How Justice Reinvestment Helps Law Enforcement in Arkansas," Council of State Governments Justice Center, October 4, 2019, https://csgjusticecenter.org/2019/10/04/spotlight-how-justice-reinvestment-helps-law-enforcement-in-arkansas/.

[12] Stakeholder interview.

[13] Stakeholder interview.

[14] Information shared by state stakeholders in April 2021.

[15] Stakeholder interview.

[16] Information shared by the Council of State Governments Justice Center in March 2021; Tom Sissom, "Washington County Opens Crisis Unit," *Arkansas Democrat Gazette*, June 15, 2019, https://www.arkansasonline.com/news/2019/jun/15/washington-county-opens-crisis-unit-201/.; "Now Open: All 4 Arkansas CSUs," Arkansas Governor Asa Hutchinson, September 13, 2019, https://governor.arkansas.gov/news-media/weekly-address/now-open-all-4-arkansas-csus.

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[40] "Louisiana Women's Incarceration Task Force: Final Report and Recommendations."

[41] "Louisiana Women's Incarceration Task Force: Final Report and Recommendations"; stakeholder interview.

[42] Stakeholder interview.

[43] "Louisiana Women's Incarceration Task Force: Final Report and Recommendations."

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[61] "OHA, CJC announce nearly $10 million in funds to improve criminal justice, behavioral health outcomes," Oregon Health Authority.

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[63] Stakeholder interview.

[64] Stakeholder interviews.

[65] Stakeholder interview.

[66] Stakeholder interview.

[67] Stakeholder interview.

[68] Stakeholder interview.

[69] Stakeholder interview.

[70] Stakeholder interview.

[71] Stakeholder interviews.

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