

RESEARCH REPORT

# Strengthening Community-Based Service Capacity through the Justice Reinvestment Initiative

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# Strengthening Community-Based Service Capacity through the Justice Reinvestment Initiative

Community organizations and service providers can be key partners for addressing public safety challenges and reducing justice system involvement. Through the Justice Reinvestment Initiative (JRI) process, multiple states have established goals, policy structures, and implementation strategies to provide and enhance community-based services related to safety and well-being, such as behavioral health treatment, violence prevention, victim services, and reentry support. This report focuses on 10 JRI states' strategies to advance public safety goals by collaboratively building community capacity to provide and enhance vital safety and well-being services. We identify common themes among these approaches and explore lessons learned from the successes and challenges of JRI community collaborations that may inform similar efforts in the future. The appendix contains profiles that provide additional details on these states' community capacity-building approaches.

## Introduction

The Justice Reinvestment Initiative is a “data-driven approach to managing criminal justice populations and investing savings in strategies to reduce recidivism and improve public safety” (Harvell et al. 2021, iii). Directing funds to advance public safety goals is a core element of the JRI model. The 36 states that have engaged in JRI have approached reinvestment in a variety of ways.<sup>1</sup> Most states have invested in strategies administered by justice system agencies, including community corrections, in-prison programming, problem-solving courts, and local corrections (Welsh-Loveman and Harvell 2018). However, a subset of states has also made investments to improve community-based capacity to advance prevention and treatment efforts outside of justice system agencies as part of their JRI reform efforts. This report focuses on 10 JRI states' capacity-building strategies to provide and enhance services related to safety and well-being that (1) *are available in the community* (not in a justice system facility or setting) and (2) *operate independently from criminal justice system agencies*.

These investments in community capacity support a holistic approach that recognizes local organizations and service providers as essential partners in addressing safety challenges and reducing justice system involvement. There is a robust body of literature on the public safety benefits of a strong

community service infrastructure (Sakala, Harvell, and Thomson 2018), including evidence of a direct association with reduced violent and property crime rates (Sharkey, Torrats-Espinosa, and Takyar 2017). Simply put, strategies to support communities in meeting their own basic needs can have wide-ranging benefits for public safety and well-being. For example, access to housing supports, employment assistance, substance abuse and mental health treatment, and reentry support are all associated with reduced justice system involvement and improved public safety outcomes.<sup>2</sup> Additionally, incorporating community partners in public safety strategy development and implementation and striving to create responsive funding models can lead to more inclusive public safety strategies that are informed by the experiences of providers and community members on the ground (Sakala and La Vigne 2019).

This report describes how 10 states have strengthened community-based capacity to advance public safety goals as part of their JRI processes. It is not a comprehensive record of all community capacity-building work across states that have engaged in JRI or even of any of the 10 states included in this analysis. Rather, it highlights a range of approaches and synthesizes broad takeaways across states (see box 1 for our methodology). In this report, we describe common themes across the 10 JRI states' policymaking processes and goals, policy structures, and implementation strategies, including how they have evolved or grown. We conclude with lessons learned from the successes and challenges of JRI community collaboration approaches that can inform similar efforts. Stakeholders we interviewed shared multiple takeaways regarding building and sustaining partnerships for community capacity-building efforts:

- **Strong and ongoing communication across partnerships is key** and involves establishing communication channels across partners early and maintaining transparency throughout the policy development and implementation process.
- **Collaborations between government agencies and local organizations can be mutually beneficial but require intentional investment**, including building trust and establishing clear roles and responsibilities.
- **Traditional and innovative partnerships can both be productive**, including by leveraging existing networks and relationships.

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## BOX 1

### Methodology

This report focuses on the JRI approaches of 10 states selected to illustrate a range of community capacity-building and collaboration strategies: Alaska, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, North Dakota, Oregon, South Dakota, and Utah. For each state, the Urban Institute conducted a document review of information from state JRI work to identify approaches implemented to enhance community-based capacity. Materials in this review included reports and publications released by JRI working groups and state agencies, materials from community partner organizations, overview and analysis documents released by JRI technical assistance providers, JRI legislation, and media coverage. We also conducted 34 semistructured interviews between May and July 2021 with a variety of stakeholders across all 10 states who participated in these strategies, including justice system leaders, officials from other collaborating government agencies, and community-based service providers. Finally, we consulted technical assistance providers who participated in JRI efforts across the 10 states to understand implementation processes, challenges, and successes.

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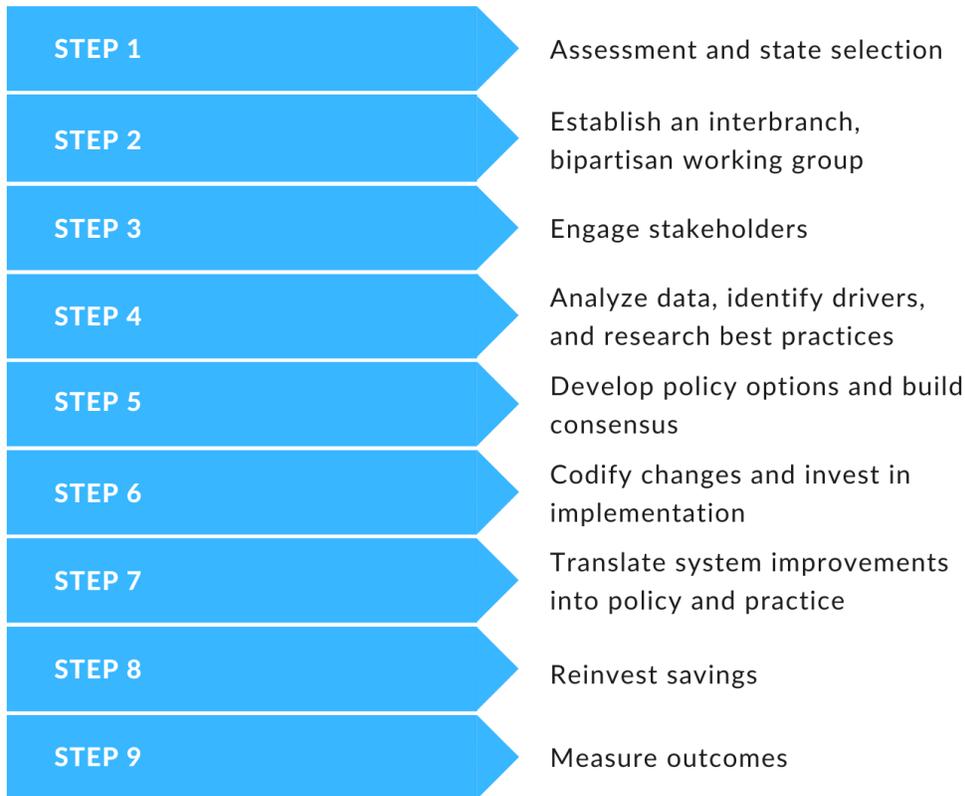
## Identifying and Pursuing JRI Community Capacity-Building Goals through Partnerships

*Collaboration with community partners and partnerships across public agencies as part of the JRI process can inform community capacity-building goals, advance policy development, and facilitate implementation.*

Creating and strengthening connections with community-based stakeholders early on in the JRI process can help shape a state's overall JRI goals, including any objectives related to community capacity-building. The experiences of the 10 states in this report reveal that this is particularly relevant for two early steps of the JRI process: establishing a workgroup to facilitate planning and implementation (step 2), and engaging with stakeholders (step 3) (figure 1).<sup>3</sup> Interviewees reported that making these early connections was helpful for identifying pressing safety needs in communities across their states, understanding providers' perspectives on what would enable them to increase access to services, establishing interagency collaboration to support community capacity building, and building support and buy-in for reform efforts across partners.

FIGURE 1

**The Justice Reinvestment Initiative Process**



**Source:** Content drawn from Samantha Harvell, Colette Marcellin, Andreea Matei, Julie Samuels, and Roderick Taylor, *The Justice Reinvestment Initiative: A Guide for States* (Washington, DC: Bureau of Justice Assistance, 2021).

Some states’ formal JRI workgroup membership included community service providers, representatives from key local demographic constituencies, and/or people who have experienced involvement in the justice system. For example, Oregon’s workgroup included members of federally recognized tribes and Utah’s included community-based behavioral health service providers. This approach enabled these participants to directly speak about their experiences and perspectives, including ways that strengthening community-based service provision can advance JRI goals. Interviewees we spoke with generally expressed confidence that the workgroup membership for their states included the right people and mix of perspectives to engage in the collaborative tasks of assessing data and developing JRI recommendations.

Some states also used a variety of engagement strategies to gather input from a broader range of stakeholders beyond workgroup members. The extent and nature of these strategies varied from state to state and included surveys, community meetings, interviews, and focus groups (Harvell et al. 2021).

Interviewees reported that this information-gathering stage was critical for understanding how public safety capacity and needs vary across different regions of states and ensuring priorities were informed by the perspectives of key community constituencies. For example, a stakeholder in Alaska indicated that as part of the early engagement process there, community members highlighted the acute need for violence prevention services in rural areas that are culturally responsive to local communities. In addition, interviewees shared that engaging with communities early in the JRI process helped them educate local stakeholders about JRI processes and goals and develop buy-in, which was helpful during the implementation phase.

Many states' strategies required agencies and stakeholders to engage in new types of collaboration or new levels of collaboration to support and partner with community-based service providers. Common examples of these collaborations include state departments of correction partnering with departments of health/mental health or victims' services. Interviewees noted that JRI was an opportunity to connect traditional justice system performance metrics (such as recidivism reduction) with broader community safety, health, and well-being goals (such as violence prevention, increased access to behavioral health care, and access to safe and stable housing) to guide strategy development across agencies. States used interagency collaborations to support community capacity-building strategies in several ways, including connecting with provider networks, administering grants, coordinating data collection, and advocating for continued investments and program sustainability. For example, in Missouri, the Department of Corrections and the Department of Mental Health worked together to promote their new behavioral health treatment program conceptualized and implemented through their JRI engagement; this included jointly holding community meetings, training providers, and facilitating collaboration between community-based service providers and supervision officers.

## Advancing JRI Strategies to Enhance Community Capacity

*As part of their JRI processes, some states have advanced collaborative partnerships across agencies and with community organizations to provide a variety of services, including mental and behavioral health care, housing support, employment assistance, and supports for people who have experienced victimization.*

A common thread throughout these 10 states' JRI community capacity-building strategies (see box 2 for a description of each example) is collaborating with local partners to provide non-justice system services that are critical for advancing public safety efforts. In these examples, community partners

contribute to a broad range of strategies designed to prevent and/or address harm and decrease the likelihood of participants' future justice system involvement. Some community capacity-building efforts associated with JRI focus on a range of services that are broadly available to members of the community, such as Maryland's reinvestment grants, which were available to a wide range of nonprofit community service providers, including those that aim to serve people who have experienced victimization, prevent justice system involvement, and reduce recidivism. More often, however, JRI community investment and collaboration strategies across the 10 states have aimed to directly support people who are or have been under justice system control. Eligibility for seeking grant support also varies; some states, such as Louisiana, restrict community funding to nonprofit organizations, while others, such as Maryland, offer community capacity funding to both nonprofits and public agencies.

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## BOX 2

### JRI Community Capacity-Building Strategies in 10 States

The 10 states featured in this report advanced a range of goals through their JRI-related community capacity-building work. The following examples are featured in the appendix:

- **Alaska** strengthened local multiorganization coalitions dedicated to coordinating and advancing violence prevention efforts.
- **Louisiana** invested in community-based prison alternatives and victims' services.
- **Maryland** invested in local community-based recidivism-reduction strategies.
- **Massachusetts** invested in supporting justice system-involved young adults and providing behavioral health services and housing supports.
- **Missouri** created the JRI Treatment Pilot to collaboratively meet the behavioral health needs of people on probation and parole.
- **Nebraska** established the Transitional Living Initiative to provide stable reentry housing.
- **North Dakota** created the Free Through Recovery program to address clinical and nonclinical behavioral health needs.
- **Oregon** established a system to distribute county-level funds to support services to reduce recidivism and meet the needs of people who have experienced victimization.
- **South Dakota** launched a telehealth program to expand access to behavioral health care in rural and frontier counties.
- **Utah** invested in expanding access to community-based mental and behavioral health care.

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Although the specific service types and modalities vary across community partners that receive support through JRI, a common goal is to support individuals' stability and well-being and reduce

involvement in the justice system. Some states have focused on boosting community capacity to address one specific type of service need, such as South Dakota's concentration on behavioral health care continuity and access and Nebraska's efforts related to housing stability. Other states focused on building community capacity in multiple domains in parallel. Louisiana's efforts have included investments in victims' services and reentry supports. Massachusetts has pursued a multipronged strategy that has included reentry services for young adults, behavioral health support, and transitional housing access. Some states also provided specialized peer support services to people enrolled in various community-based programs established through their JRI processes, such as Missouri's JRI Treatment Pilot and North Dakota's Free Through Recovery program. In addition, some states developed ways to prioritize geographies for service provision to match their investment goals. For example, Louisiana targeted initial investments in jurisdictions with the highest incarceration rates, while South Dakota aimed to increase behavioral health care access in rural areas.

In addition to directly funding service providers to advance these strategies, states used several other approaches to build capacity. These include developing new metrics, building shared data collection systems, and providing in-kind support directly to provider organizations. For example, in North Dakota, the Department of Corrections and Rehabilitation and the Department of Human Services partnered to provide community grantees trainings and technical assistance. Some states, including Louisiana and Maryland, have also focused on removing barriers that impeded partnerships. These efforts have included making grant application and reporting processes more flexible to enable smaller organizations with limited infrastructure to more easily apply for and monitor grants.

## Using JRI Funds to Support Community Capacity

*Some JRI states, including the 10 featured in this report, have developed strategies to invest public resources to enhance local service provision capacity. However, the investment mechanisms and recipients vary from state to state. Some states made up-front investments in community capacity as part of their JRI efforts while others waited for JRI savings, or averted costs, to accrue first. Additionally, some implemented grant programs while others used cost reimbursement mechanisms to support community-based providers.*

A core component of community capacity building through JRI is investing public resources in local organizations providing services to advance public safety goals. This investment is consistent with the overall goal of using public safety resources more efficiently to reduce crime and recidivism, and reinvestment is a core part of the JRI process illustrated in figure 1.<sup>4</sup> Many of the states included in this report established their community investment mechanisms early in their implementation processes,

using an up-front investment strategy rather than waiting to realize and reinvest savings and averted corrections costs. Other states, such as Maryland, waited to realize initial savings before beginning their community grant efforts. Some states' JRI legislation spelled out reinvestment proportions for specific safety priorities, such as victims' services or recidivism prevention, while others were less prescriptive.

Additionally, the specific investment and funding mechanisms associated with JRI capacity-building strategies vary widely across states. Some states issue grants directly to community-based providers, either up front or using a reimbursement model based on services provided. Additional payment structures, such as performance incentive payments, have also been used, as in Missouri and North Dakota. Oregon designed a collaborative state and local grant program model in which the state issues funds to local coordinating committees, which then distribute grants to local partners. Grant periods of performance have also varied from state to state; for example, Maryland began by issuing one-year grants while Louisiana issues grants in three-year cycles.

JRI states have taken different approaches to creating their community partner grantee pools, such as by leveraging existing grantee relationships, establishing new pools through competitive request for proposal (RFP) processes, or both. In some states, these funding streams have been channeled through existing provider networks. For example, Missouri's and Utah's initial strategies involved working with behavioral health providers that had already been contracting with state agencies. Other states, including Alaska, North Dakota, and Oregon, issued RFPs to establish new contracts with service providers and grow their networks of grantees.

## Sustaining and Growing Community Capacity-Building Efforts Related to JRI

*The experiences of these 10 states illustrate a variety of strategies for measuring and documenting progress toward capacity-building goals associated with JRI, and expanding and adapting investment resources and approaches.*

Community capacity-building efforts associated with JRI have evolved as stakeholders have adapted to changing circumstances, incorporated lessons learned, and implemented growth and sustainability strategies. Implementation is a particularly important phase for designing and executing community capacity-building efforts. The examples from states show a variety of ways stakeholders have approached implementing the community capacity-building components of JRI legislation to support programs and services on the ground.

States engaging in JRI community capacity-building work can adopt strategies to incorporate lessons learned as the work unfolds. Stakeholders we interviewed from multiple states emphasized the importance of establishing infrastructure to collect data to document and measure progress and successes and identify opportunities for improvement throughout implementation (step 7 in the JRI process; see figure 1). Some states began by piloting new approaches, which provided helpful learning and feedback that informed full implementation. For example, South Dakota initially launched its telehealth program as a pilot and then expanded it after an implementation workgroup addressed challenges such as issues with technology access. Another strategy states have used is conducting reviews and evaluations to assess capacity-building progress. For example, after creating a local grant program through JRI, Oregon passed legislation to develop an advisory committee to evaluate how JRI funds are allocated to marginalized groups and make recommendations for improvement.<sup>5</sup>

States have grown and sustained their community capacity-building efforts in a number of ways. Some have developed ways to incorporate and leverage additional funding sources to support community partnerships developed through JRI. For example, Alaska built on the initial JRI investment in violence prevention coalitions by leveraging state cannabis tax revenue and federal grants, and Nebraska used a JRI Maximizing Grant to supplement its other JRI-related investments in housing supports for people involved in the justice system. Some opportunities have come through significant non-JRI policy developments after JRI legislation passed, which have in turn helped advance JRI goals. For example, Utah's JRI goal to more effectively provide behavioral health services informed its choice to adopt a program called Targeted Adult Medicaid, and service capacity has continued to grow with full Medicaid expansion.

States have also leveraged their JRI-related capacity-building work to understand and meet additional service needs. Through their initial local capacity-building work, states have learned more about other opportunities to fill local service and resource gaps related to safety and well-being, and some have responded by expanding their efforts. One example is Louisiana, which responded to grantees' challenging experiences finding housing for clients by establishing the Emergency Transitional Housing Program for people in the reentry process. Additionally, some states built on their JRI experiences with community capacity building to advance similar work in other areas. For example, after engaging in JRI, South Dakota took on a Juvenile Justice Reinvestment Initiative that included a similar approach to expanding behavioral health treatment in rural parts of the state for youth.

# Lessons Learned and Key Questions

Stakeholders offered a variety of suggestions based on their experiences engaging in community capacity-building work through JRI, focusing on building partnerships and strengthening service provision strategies. This section provides an overview of these suggestions and offers key questions that can guide similar work in other states.

## Takeaways on Community Capacity-Building from JRI Stakeholders

Stakeholders from the 10 states featured in this report had a variety of suggestions for their peers in other states who may want to engage in similar community capacity-building work. These recommendations broadly fell into two categories: (1) building and sustaining partnerships, and (2) developing funding streams to support local partners.

Interviewees shared multiple takeaways regarding building and sustaining partnerships for community capacity-building efforts:

- **Strong and ongoing communication across partnerships is key.** Stakeholders from government agencies in multiple states reported that it was crucial to involve community-based actors early in the JRI engagement process to secure buy-in from different stakeholders and to build consensus on the aims and pace of the reforms. They also highlighted the importance of public agencies being transparent with their community-based partners about how the reform process could be iterative and take time. Other interviewees highlighted that it was important to continue to keep communication channels open as the reform process progressed, including talking to people impacted by the reforms.
- **Collaborations between government agencies and local organizations can be mutually beneficial but require intentional investment.** Specifically, the process of sharing JRI funding could result in heightened credibility for state agencies that were involved and community-based organizations, which enabled state agencies to develop more partnerships and enhanced local organizations' fundraising profiles.
- **Traditional and innovative partnerships can both be productive.** Some stakeholders explained that relying on existing grantee networks carried a variety of benefits, including the ability to launch new initiatives more quickly. On the other hand, forging new partnerships with hyper-local organizations that are deeply embedded in their communities, such as churches, can leverage critical existing relationships and connections to clients.

Interviewees also shared takeaways on funding processes and goals for strengthening community service provision capacity through JRI reforms:

- **Investing in data capacity can help advance goals.** Multiple interviewees associated with state agencies highlighted that it was important to invest in data capacity, select metrics that reflect program goals, measure implementation and outcomes, and ultimately adapt programs based on the data. Related strategies include setting up pilot programs to measure outcomes for clients and a comparison group.
- **Grantmaking infrastructure is needed for funds to be distributed effectively.** Interviewees stressed the importance of investing in regulatory capacity, data sharing infrastructure, and implementation teams in state agencies responsible for channeling public funds to community-based service providers.
- **Providing peer reentry support services can be challenging and resource-intensive yet can be a critical piece of comprehensive public safety strategies.** Interviewees from multiple community-based grant recipient organizations highlighted the benefits of investing in peer support programs for people leaving incarceration.

## Questions to Consider When Pursuing Strategies to Enhance Community Capacity

As the examples of these 10 JRI states show, there are a variety of ways to incorporate community capacity building into broader efforts to improve justice policy and make public safety spending more cost-effective. Their experiences suggest several key questions that can guide similar work in other states:

- Which community capacity-building needs are most pressing for the state as a whole? What process or processes will be used to identify them, and who will participate? Do those needs vary across different regions of the state?
- What opportunities exist to explicitly allocate resources to community capacity building in reform legislation? Which allocation guidelines and oversight mechanisms will help channel resources to the intended goal?
- What opportunities exist to build or strengthen partnerships across stakeholder groups for both policy development and implementation?
- What existing infrastructure in the state (grantee networks, funding streams, collaboratives, etcetera) could support additional capacity-building efforts?
- How can state governments make funding accessible to community organizations providing services and ensure that data-reporting requirements are aligned with overarching goals?
- What structures or processes will support creating and maintaining feedback loops throughout implementation to document progress and successes and identify areas for continued growth?

The experiences of these 10 states offer valuable lessons for other states seeking to expand community public safety capacity as part of their criminal justice reform strategies, whether through engaging in the official JRI process or taking on other independent policy or practice change efforts. As the examples in this report illustrate, forging strong partnerships across sectors, sharing both financial and in-kind resources with community partners, and being willing to identify and incorporate lessons learned along the way can lead to new and more holistic ways of building community safety. Creating more opportunities for stakeholders to share their experiences and learn from one another may offer additional pathways to grow and strengthen community capacity-building work in the future.

# Appendix: Profiles of Community Capacity-Building Approaches through JRI in 10 States

The 10 profiles in this appendix provide additional detail on community capacity-building approaches through JRI in Alaska, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, North Dakota, Oregon, South Dakota, and Utah.

## Alaska: Strengthening Community Violence-Prevention Coalitions

The Alaska Criminal Justice Commission, the primary body responsible for developing and overseeing Alaska's JRI work, incorporated community engagement in the planning process, which began in 2015. Strategies included five public hearings in different parts of the state, outreach to rural communities to understand their public safety needs, and two roundtable discussions with victim advocates.<sup>6</sup> The commission also conducted a survey of victim advocates.<sup>7</sup> In 2015, the year prior to JRI passage, \$2.7 million had been cut from violence prevention programming, and there were particular concerns about access to services in Alaska's rural and Bush communities (Pew Charitable Trusts 2016). Improving violence prevention and intervention programs, including restorative justice practices, emerged as a key priority based on stakeholder feedback.<sup>8</sup>

Alaska's JRI engagement led to the passage of **SB 91** in 2016, which included a reinvestment provision to improve community safety and tasked the Council on Domestic Violence and Sexual Assault (CDVSA), part of the Alaska Department of Public Safety, with "creat[ing] or expand[ing] community-based violence prevention programming and services for victims of crime" in the subsequent fiscal year.<sup>9</sup> It was anticipated that the reforms would save a total of \$380 million in a combination of net savings and averted costs over the six years following reform, \$98.8 million of which were to be reinvested, including \$11 million in victims' services and violence prevention efforts (Pew Charitable Trusts 2016). SB 91 also included a provision to invest half of the revenue from the state's marijuana excise tax in a "Recidivism Reduction Fund" that disburses resources to the Department of Public Safety and to the Department of Corrections and the Department of Health and Social Services.<sup>10</sup>

In 2018, an initial \$2 million investment in violence-prevention efforts was granted through JRI to 12 local coalitions of nonprofit member organizations focused on culturally appropriate violence-prevention strategies in different parts of the state. The CDVSA issues and oversees two types of Community Violence Prevention grants, which are distributed to coalitions on a multiyear funding cycle via a competitive grant process: a community readiness and capacity grant designed to build coalition infrastructure in new communities, and a community-based primary prevention grant designed to support coalitions that are already engaging in service provision.<sup>11</sup> Within each coalition, some funds are retained by a primary grantee organization that serves as the anchor organization for the coalition and the rest of the funds are delivered to other community partners via subawards. A stakeholder reported that this structure allows smaller community organizations that may not have sufficient infrastructure to directly administer a grant to access resources and participate in the coalitions. Coalition organizations provide a range of violence-prevention services, including fostering positive youth development and engagement in schools, providing bystander intervention training, supporting parents, offering prevention programming for men, and leading community education strategies (Burkhart n.d.).

While many of the provisions of SB 91 were repealed in 2019,<sup>12</sup> annual funding of \$2 million for the CDVSA's prevention coordination and grant work has continued.<sup>13</sup> A stakeholder explained that the investment of JRI funds in prevention efforts led to new collaboration across service providers, including more formal assessment of community readiness, peer learning opportunities, and trust-building across partners. An initial external evaluation of the grant program, including a review of grantees' quarterly reports, found positive results for improving violence-prevention capacity and strategies in Alaska, including increased coordination and collaboration among grantees and with other community partners.<sup>14</sup>

## Louisiana: Investing in Community-Based Prison Alternatives and Victims' Services

In an attempt to lower its incarcerated population and to build upon progress from its 2011 JRI reforms package, the state of Louisiana—which has had persistently high incarceration rates, including the highest incarceration rate nationwide in 2017—reengaged in the JRI process and implemented another set of JRI reform bills (Taylor and Harvell 2020). The 2017 reforms were based on recommendations from the Louisiana Justice Reinvestment Task Force, which was formed in 2015 and included two representatives from community-based organizations in addition to a range of justice system

stakeholders.<sup>15</sup> The reforms were projected to reduce the prison population by 10 percent and save the state \$262 million over the next decade.<sup>16</sup> Among a host of measures aimed at using justice resources more efficiently and improving safety outcomes, the legislative package aimed to reinvest a substantial portion—70 percent—of the savings generated from these reforms into community-based prison alternatives and programs supporting victims of crime.<sup>17</sup>

The JRI legislation stipulated that 14 percent of the savings were to be invested in grants for victims' services. These investments were to be overseen by the Louisiana Commission on Law Enforcement and the Administration of Criminal Justice. Part of these funds, which totaled \$1.7 million in the first year after reform passage (CJI 2019), were invested in setting up the Capital Area Family Justice Center in East Baton Rouge to provide a host of services to survivors of domestic violence. This center, which opened in late 2020, is a partnership between various law enforcement agencies and community-based organizations, including advocacy services, children and youth services, and counselling services.<sup>18</sup>

The JRI legislation also stipulated that another 21 percent—\$2.53 million for the first three years after JRI reform passage—of the JRI savings be invested in community-based prison alternatives.<sup>19</sup> To distribute these funds, the Department of Public Safety and Corrections (DPS&C) set up the Community Incentive Grant (CIG) program in 2018 and initially targeted grants in five large parishes in the state that accounted for 40 percent of the state's incarcerated population, referred to as "Tier 1" parishes.<sup>20</sup> DPS&C issued a traditional RFP to solicit grant applications related to prison alternatives, programs that focused on reducing recidivism, and those improving reentry resource coordination. For the first round of funding, CIG program grants were available to nonprofit organizations serving system-involved clients who (1) were scheduled for release from incarceration in the next year, had been released from incarceration in the past six months, or had begun a probation term in the past six months; (2) had been assessed as moderate or high risk; and (3) were living in one of the targeted parishes.

During the first year of the grant program, DPS&C awarded grants to 11 nonprofits operating in Tier 1 parishes. This first set of CIG awards included three-year grants of up to \$377,000 and focused mostly on programs related to life skills, peer support, wraparound services, reentry programs, job training, behavioral health support, and legal services (CJI 2019).<sup>21</sup> A stakeholder reported that some of the grant recipients operated in multiple Tier 1 parishes and some partnered with other community-based organizations to apply for the grants.

The CIG program has evolved since it was first established. For the second round of grant solicitations, DPS&C moved away from the RFP approach (which was similar to its other procurement procedures) and instead invited community-based organizations via a Notice of Funding Opportunity, a flexible call for funding where applicants could propose programs they considered most needed by the community. A stakeholder shared that this was in line with the department's understanding that local organizations had a unique perspective on local needs. During this round of awards, DPS&C also expanded the eligibility criteria to include community-based organizations operating in Tier 2 parishes,<sup>22</sup> though a stakeholder said that organizations that had experience working with justice-involved people were still prioritized for funding. DPS&C, with technical assistance support from technical assistance providers, also set up a grant monitoring system.<sup>23</sup> Additionally, a stakeholder explained that DPS&C has now shifted to transferring funds electronically to streamline reimbursement to grantee organizations.

Another key way that DPS&C adapted its use of JRI savings was by responding to challenges faced by CIG grantee organizations in securing housing for people being released from incarceration. In response, the department set up a program called Emergency Transitional Housing (ETH) in late 2019 with \$150,000 of JRI savings in tandem with the CIG grant program. The ETH program was designed to immediately provide housing for up to six months to people who would otherwise experience homelessness upon release from incarceration and who were under the supervision of probation and parole. In the pilot phase, the program operated only in Tier 1 and 2 parishes. Initially, only 10 providers applied to become part of a list of sanctioned housing providers that DPS&C prepared in collaboration with P&P. Subsequently, DPS&C raised the per diem reimbursement rates for housing providers based on feedback from providers that the rate was too low, which resulted in the network of housing providers expanding to 28 providers across 13 parishes by spring 2021 (DPS&C 2021).<sup>24</sup> A stakeholder shared that DPS&C plans to increase funding for the ETH program in the future, possibly also contributing part of its departmental budget to support the program.

By 2021, DPS&C had awarded CIG grants totaling \$13 million to 17 organizations, while 322 people had received ETH support by spring 2021 with the program funding just over 27,000 bed days of housing support (DPS&C 2021).<sup>25</sup> One important benefit of the grant program that stakeholders highlighted was that it has fostered collaboration between DPS&C, probation and parole, and a wide variety of community-based organizations and has also strengthened connections across community-based organizations. Some respondents from grantee organizations told us that DPS&C had reached out to them to apply for the grants, and multiple interviewees informed us that they collaborated regularly with DPS&C to do reentry planning for people nearing release from incarceration. One

stakeholder also shared that JRI funding not only enabled their organization to increase its capacity but also lent credibility that was helpful for pursuing other funding sources.

## Maryland: Investing in Local Recidivism-Reduction Strategies

Though incarceration rates in Maryland decreased between 2006 and 2016, its corrections costs increased 10 percent. In response, the state passed its JRI legislation, [SB 1005](#), in 2016 to use corrections resources more efficiently and improve returns on corrections investments (Matei and Harvell 2020). The state's SB 1005 JRI package was expected to generate \$80 million in savings and averted costs over 10 years by reducing the prison population by about 1,200 people (6 percent) relative to the status quo (Justice Policy Institute 2018). After delays pushed reform implementation to 2017,<sup>26</sup> the state used most of the \$3.8 million in JRI savings from the first year of implementation to set up the Performance Incentive Grant Program in 2019 and reinvest in local recidivism reduction strategies (Matei and Harvell 2020).

The Performance Incentive Grant Program was designed to competitively award one-year grants to state or local agencies or nonprofit organizations addressing one of five priorities: reentry programs, evidence-based practices and policies, pretrial risk assessments, specialty courts, and victims' services and rights. In the initial year (FY2020), grants of up to \$250,000 were available to support local county-level programs and up to \$500,000 was available for state-level programs.<sup>27</sup> The priority populations for the local programs—identified by the Local Government Justice Reinvestment Commission, which set performance measures for the program<sup>28</sup>—were incarcerated women, justice-involved individuals in need of mental health services, incarcerated parents, and victims of crime (Justice Reinvestment Oversight Board 2019). After 5 percent of the funding was set aside for victims' services, the remaining funds were split in roughly equal shares between statewide and local programs. For the local awards, the only criterion was that organizations were nonprofit organizations or local government agencies. The Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) has primary oversight of the program, and a subgroup of the state's Justice Reinvestment Oversight Board supports the review of applications to determine which ones receive funding.

The first round of grants were awarded in January 2020: all three statewide grants were awarded to state-level agencies; out of a total of eight grants awarded for local programs, each focusing on a different jurisdiction, six went to community-based nonprofits.<sup>29</sup> Though 23 applications were received

for the local awards, none were received for the victims' services grants and thus no grants were made for victims' services in the first round. The local grants went to organizations providing services such as job skills training, domestic violence prevention, and other recidivism reduction programs,<sup>30</sup> including to some organizations that were already working with justice system-involved people. The grants are reimbursable quarterly. Representatives from some nonprofit grant recipients told us that, within the ambit of recidivism-reduction services, GOCPYVS provided flexibility in terms of providing services that would not only reduce recidivism but also reduce justice system involvement in the first place.

With the first round of grants awarded, a stakeholder explained the state is now engaging in targeted outreach to make grants more accessible to smaller nonprofits that might struggle to put together robust proposals by providing training and technical assistance and conducting targeted outreach. GOCPYVS is working to allow for flexibility as grantees respond to changing external circumstances.<sup>31</sup> Stakeholders from some grantee organizations emphasized the importance of program revenue to their work, particularly during the economic uncertainty of the COVID-19 pandemic, explaining that having reliable support even enabled program expansion in some cases. Interviewees receiving grants also shared that the delay in reimbursements could pose a challenge and that they were unsure about the sustainability of funding in the future. The request for applications for the second round of grant funding was posted in October 2021.<sup>32</sup>

## Massachusetts: Investing in Supporting Justice-Involved Young Adults and Providing Behavioral Health and Housing Services

In 2015, Massachusetts engaged in the JRI reform process to address justice system challenges including high recidivism rates for people released from incarceration and high revocation rates for people serving community supervision terms. The state legislature passed two bills in 2018 to reduce recidivism and avert almost \$10 million in corrections costs by 2023 (CSG Justice Center 2018a). Before the legislation was passed, state leaders invested \$3 million in various JRI-related initiatives. This initial JRI-related investment included funding for behavioral health programs and transitional youth probation strategies in which state agencies partnered closely with community-based service providers (CSG Justice Center 2018a).

In FY2018, the state invested \$637,500 of the JRI funding package to pilot a transitional youth probation strategy to address high recidivism rates among 18-to-24-year-olds released from

incarceration facilities. An interviewee explained that the Massachusetts Probation Service (MPS) and the courts collaboratively designed and launched the Transitional Youth Early Intervention Probation Pilot in 2018. Stakeholders shared that the pilot was designed to be a learning laboratory to identify the types of programming that would be most effective in reducing recidivism and leading to positive life outcomes for this age cohort, with the overall goal being to generalize these probation practices and programming to apply in probation jurisdictions across the commonwealth. According to one stakeholder, at the program's outset, participants received specialized recidivism-reduction programming as well as education and employment services. Participation in the pilot program could occur as a court-ordered condition of probation, an intermediate sanction prior to incarceration, or a voluntary referral for services by a probation officer (CSG Justice Center 2017a).

The MPS, which was monitoring the pilot, awarded a contract to UTEC—a community-based provider based in Lowell, Massachusetts, that serves young adults (ages 17 to 25) assessed as high risk who are transitioning back to their communities after incarceration—to initially partner with two jurisdictions: Lawrence and Lowell. UTEC provides programming such as mental health and substance use counselling, job opportunities (at social enterprises run by UTEC) and free child care, and education and employment skills training to young adults at the highest risk of future offending to reduce their likelihood of recidivating.<sup>33</sup> The agreement also resulted in a dedicated young adult probation caseload for one officer, who acted as a liaison with UTEC staff to coordinate efforts and ensure ongoing communication (Emerging Adult Justice Project 2021). Additionally, the partnership resulted in a data-sharing agreement in which both probation and UTEC aligned and shared a validated risk-needs-responsivity scoring metric (the Ohio Risk Assessment System) to develop a shared understanding of young adult eligibility, since only young adults assessed as being at highest risk were eligible.<sup>34</sup> A stakeholder explained that as the monitoring agency, MPS tracks referrals, engagement, and recidivism data for the pilot program.

Additionally, to increase the number of treatment options in the community and support probation officers with coordinating treatment resources for their caseloads, the state invested \$1,075,000 of JRI funds in a behavioral health pilot program to improve access and coordination. The Behavioral Health for Justice Involved Individuals Pilot was launched in 2019 in two counties, Middlesex and Worcester, as a public-private health care provider pilot program to expand access to specialized community-based behavioral health services for justice system-involved people who had serious behavioral health needs and who were assessed as being at high risk of reoffending. The goal was to expand the program statewide by 2021.<sup>35</sup> The pilot was a collaboration among the MPS, MassHealth (the state's Medicaid provider), the Executive Office of Health and Human Services, University of Massachusetts Medical

School, the judiciary, the Department of Corrections, and law enforcement agencies. In this program, reentry navigators work with eligible individuals about to be released from incarceration and refer them to one of two community-based providers: Advocates, Inc. of Framingham and Open Sky Community Services of Worcester. Individuals are considered eligible if they are justice involved, have been diagnosed as having mental health or substance use issue, are deemed to be at high risk of recidivating, are at high risk of being admitted to an inpatient psychiatric hospital, and are returning to live in either Middlesex or Worcester counties.<sup>36</sup>

The state has continued to build on these pilot programs and has increased JRI investment in community capacity. In FY2019, the MPS provided additional funding to UTEC to provide services in Haverhill, which is adjacent to the first two pilot jurisdictions. In the FY2020 budget, Massachusetts doubled its first-year funding to \$1.2 million for the transitional youth probation program with UTEC and raised the funding for the behavioral health pilot program to \$3.1 million to double the number of people served by the program (reserving half the slots for people on community supervision). Since the program's inception, 1,953 referrals have been made, resulting in 1,247 voluntary enrollments.<sup>37</sup> Moreover, for FY2022, the state has allocated \$5.2 million for the Behavioral Health Initiative for Justice Involved Individuals to complete the statewide expansion of the behavioral health pilot aiming to have a dedicated behavioral health provider for justice system-involved people to supplement current community-based capacity across all counties statewide.<sup>38</sup>

The state also supplemented these JRI programs by establishing a grant program in 2019 called the Transitional Residential Reentry Program that funded 124 community-based transitional housing beds, medication-assisted treatment, cognitive behavioral therapy, substance use treatment, and workforce development programming.<sup>39</sup> One stakeholder reported that the MPS, which manages the program, collaborated with community-based providers such as Community Resources for Justice as well as the state's Department of Corrections, parole agency, and Houses of Correction on this program. The state diverted an additional \$2.5 million into this program through the FY2020 budget.<sup>40</sup> During 2020, 320 people were referred to and received transitional housing and case management support as part of the program, despite pandemic-induced periods of admission freezes.<sup>41</sup> Facilities at four locations had been set up as part of this program as of 2021, with a capacity of up to 158 transitional housing slots.<sup>42</sup> The state's projected spending for this program for FY2022 is \$8.8 million.<sup>43</sup>

A recent report published by the Task Force on Emerging Adults in the Criminal Justice System highlights the Transitional Youth Early Intervention Probation Pilot and notes the positive outcomes associated with UTEC program participation. The report states that 97 percent of the people enrolled in UTEC's programming in FY2018 had no new convictions and 88 percent had no new arrests while they

were enrolled in the program. In addition, although 52 percent of young adults in Massachusetts are rearraigned within a year of release, only 12 percent of UTEC participants are rearraigned during that same period. Additionally, 63 percent of participants are gaining industry-recognized certifications (Creem and Tucker 2020). A stakeholder indicated that UTEC's partnerships with state agencies have been strengthened by this work, as well. For example, UTEC was engaged by the state government in additional projects with other state agencies, including providing technical assistance to other community-based organizations and providing services to young adults who are incarcerated in a county correctional facility. They also observed that being able to rely on consistent funding for this work was crucial to achieving the desired outcomes. Interviewees highlighted that connecting young people with UTEC, an engagement that routinely lasts for nearly two years—often beyond their probation terms—contributed to positive, long-term outcomes for these individuals.

## Missouri: Creating the Justice Reinvestment Initiative Treatment Pilot

In 2016, Missouri's prison population exceeded its capacity, and the state was projected to build two more prison facilities by 2021, costing almost half a billion dollars. At that time, access to community-based treatment was limited statewide, leading to a large number of people sentenced to state prison to access institutional treatment services. In 2016, 35 percent of those admitted to prison were sent to receive addiction treatment, while only 20 percent of those on felony supervision who were assessed as needing addiction or mental health treatment received any treatment in the community (CSG Justice Center 2018b).

In response, Missouri engaged in the JRI process and [HB 1355](#) was enacted into law in 2018. HB 1355 initially allocated \$5 million to create the Justice Reinvestment Initiative Treatment Pilot (JRITP), which expanded community-based treatment for people assessed as moderate to high risk and who needed substance use or mental health treatment while on probation or parole in three pilot counties (Boone, Buchanan, and Butler) (CSG Justice Center 2018c).<sup>44</sup> Stakeholders reported that to accomplish this goal, the Department of Corrections (DOC) and the Department of Mental Health (DMH) collaborated in new ways. The DOC worked with DMH to identify existing behavioral health providers in DMH's network. Several stakeholders explained that this collaboration involved navigating different philosophical approaches towards treatment, developing mutually agreed-upon definitions and structures by which to measure success, and remaining transparent and keeping lines of communication open. Stakeholders also stressed the fact that community buy-in has been crucial to the program's

success. At the beginning of the JRITP rollout, leaders from both agencies held community meetings where they introduced the combined DOC/DMH team, promoted the program, and fielded questions. Interviewees shared that these meetings helped establish more connections in the community, such as those with advocacy groups that could provide transportation and other resources.

According to stakeholders, once the JRITP was launched, DMH and DOC offered trainings to enhance the collaboration between behavioral health providers and DOC. DMH and DOC created a program where they convened providers along with probation and parole officers to improve the relationship and strengthen collaborative efforts. Weekly meetings are conducted to ensure behavioral health providers and probation and parole officers receive support, and DMH/DOC hold quarterly steering-committee meetings to discuss challenges and progress and share data reports on performance and outcomes.<sup>45</sup> Part of the unique aspects of this program include providing participants with an array of wraparound services, additional supports, and incentives for progress. Interviewees reported that the JRITP includes funding for wraparound services that are not typically available in other programs, including child care, housing, food, assistance with securing employment, care coordination, peer specialists, and dental/medical care, which provides more flexibility to support participants' full range of needs.

The JRITP uses a hybrid pay-for-performance model that includes a base rate and incentive payments based on treatment provided, absences of revocations or violations, housing stability, and employment stability metrics. Metrics are obtained through a report called the Progress Assessment Report initiated by the probation and parole officers biweekly; the report is reviewed and approved by the behavioral health provider and entered in the DOC database, and DOC shares the data with DMH, which then sends the incentive payment to the behavioral health provider.<sup>46</sup>

According to stakeholders, the Progress Assessment Report provides additional outcome measures to capture a more nuanced picture of clients' progress; for instance, the program measures stability goals outside of treatment, such as securing stable housing and gaining employment. According to DOC data, in 2020, 63 percent of participants met the housing stability goal and 34 percent of participants met the employment goal (Hayes, Edwards, and Mackenzie 2021). Stakeholders explained that although individuals cannot continue in the program after their period of supervision ends, program staff make an effort to connect clients to other recovery support services to ensure they have community support after completion. Clients can access peer support specialists for up to six months after the program to receive recovery management check-ups, which are designed to continue engagement, mentoring, and support to maximize the clients' health and quality of life (Hayes, Edwards, and Mackenzie 2021).<sup>47</sup>

By 2021, the JRITP expanded from three counties to 12 and its name was changed to Improving Community Treatment Success. The program received over 900 enrollments between September 2018 and January 2021 (Hayes, Edwards, and Mackenzie 2021). Since the initial \$5 million allocated in the first year of JRI reform passage, the program has been sustained by a \$6 million yearly appropriation from the Missouri General Assembly, and the program continues to be promoted on social media, including through a [promotional video](#) featuring a client and the governor.<sup>48</sup>

## Nebraska: Strengthening Housing Support for Justice System–Involved People

In 2014, Nebraska’s prison population was at nearly 160 percent capacity, and state stakeholders were concerned that people leaving prison had insufficient reentry support, including access to secure housing. The state passed JRI legislation, [LB 605](#), in 2015, aiming to expand the use of community supervision and provide services to people released from incarceration. The reforms were expected to save the state \$306 million over five years (CSG Justice Center 2015). Some JRI funds were invested in community-based mental health treatment and statewide reporting centers (which were set up to ease reporting for people serving supervision sentences), and others were used to establish the Transitional Living Initiative. This initiative was created to address the dearth of housing support options for justice system–involved people in the state. It provided short-term, safe and sober housing for individuals determined to be at high risk of reoffending, particularly those on postrelease supervision,<sup>49</sup> a population stakeholders noted need considerable reentry support.

To establish the program, the state criminal justice agencies sought partnerships with housing providers for three tiers of service provision: tier one provides safe and sober housing, tier two provides housing and additional services (such as help with job searching and financial management training), and tier three provides intensive support to people with substance use or mental health issues. State agencies pay a daily rate of between \$20 to \$90 for each person receiving housing support, depending on the service tier. According to stakeholders, eligibility for receiving housing support is primarily determined by supervision officers and “navigators,” specialists who work closely with people serving incarceration sentences as they near release to determine their needs and case plans postrelease.

Stakeholders we interviewed said that since its initial phases, the housing support program has evolved in two major ways. First, state agencies are now more stringent in terms of qualification standards for service providers, requiring housing-support providers to hire full-time property

managers, for instance. Second, the reimbursement model for housing providers has become more efficient. Initially, service providers working with probation and parole agencies had to submit invoices for reimbursements monthly. In November 2019, Nebraska Probation replaced this mechanism with one that was integrated into the existing information management system for officials to track individuals' progress and facilitate payments to providers. Shifting to this system not only streamlined payments to providers but also helped the agency track the needs of people receiving housing support and any programming they were receiving.

Additionally, after JRI passage, the state applied for a three-year JRI Maximizing Grant in March 2016 to set up Project Integrate (PI) to complement the JRI funding for the Transitional Living Initiative.<sup>50</sup> PI is a partnership between the Nebraska Department of Corrections, Douglas County Corrections, and the Administrative Office of Parole. PI focused on Douglas County (the state's most populous county) and provided similar housing support to people being released from incarceration who had a housing need and were diagnosed with mental health and/or substance use disorders. At first, 12 housing providers were listed under this program in the Omaha area.<sup>51</sup> Stakeholders reported that in addition to providing housing support, the state used the grant funding to set up a database that could be accessed by multiple state agencies and establish a program to provide basic necessities to people being released from incarceration.

Multiple interviewees from different state agencies and community-based housing providers attested to JRI's contribution toward increasing housing service provision across the state. The state's supervision agencies reported that the network of housing providers grew from an initial group of 10 providers to more than 50 community-based housing providers offering varying types of wraparound services by November 2020.<sup>52</sup> Placements in the PI grant program began in May 2018, and 313 individuals had been served through the grant funds by August 2020.<sup>53</sup> Stakeholders reported that now that the PI grant has ended, the state is spending around \$3 million annually from its probation budget general fund to continue providing housing support to people on probation.

## North Dakota: Collaborating to Bolster Behavioral Health Services

In 2014, North Dakota's behavioral health system was considered to be in a state of crisis due in large part to service shortages (Schulte Consulting 2014). Stakeholders shared that the launch of the state's engagement in the JRI process in 2015 provided a platform for the Department of Corrections and

Rehabilitation (DOCR) and the Department of Human Services, Behavioral Health Division (DHS) to strategically coordinate efforts to build a community-based continuum of care to support people with behavioral health needs involved in the legal system.

In 2017, North Dakota policymakers enacted two pieces of JRI legislation, [HB 1041](#) and [SB 2015](#). The latter bill, in particular, sought to address the unmet behavioral health needs of people on community supervision (CSG Justice Center 2017c). It was anticipated that these reforms would save a total of \$63.8 million in averted costs in the five years following reform, \$34 million of which was to be reinvested, including \$29 million in behavioral health services over five years (CSG Justice Center 2017c).

SB 2015 included an appropriation of \$7 million to implement a community behavioral health program and an additional \$500,000 to increase the number of service providers for the 2017–2019 biennium (CSG Justice Center 2017c).<sup>54</sup> To understand the gaps in current service provision, agency interviewees described spending six months meeting with government stakeholders and community providers, after which they realized that current service provision was fragmented, and there was limited coordination between clinical and nonclinical services. According to stakeholders, the DOCR and DHS responded by creating the Free Through Recovery (FTR) program in an effort to create a continuum that connects clinical and nonclinical services to holistically address recovery needs for people on community supervision.

Stakeholders said that in addition to the clinical treatment provider, FTR recruited and engaged nonclinical organizations, such as faith-based organizations and tribal community organizations, to provide clients ongoing connection to services such as employment assistance, housing support, and health care access during their recovery. Engagement in the FTR program is voluntary, and the model includes care coordinators and peer support specialists. Care coordinators provide ongoing support and connection to treatment and recovery services. Peer support specialists are credible messengers with life experiences similar to clients' who provide mentorship throughout the recovery process. The DOCR/DHS team supports community organizations, care coordinators, and peer support specialists with frequent trainings and technical assistance.<sup>55</sup>

To incentivize positive outcomes, FTR uses a pay-for-performance approach. Providers receive a base monthly rate per client and additional compensation for positive client outcomes in the domains of housing, employment, recovery, and criminal legal activity.<sup>56</sup> Stakeholders explained that the state also created a tiered funding option with a maintenance rate to allow service providers to maintain contact with clients and provide them services even after they exit supervision. The FTR approach has

generated momentum at the local level, growing from 11 providers in 2018 to 48 in 2020. Over 600 peer support specialists have been trained through a formal certification process; the Peer Support Specialists program was codified into North Dakota's Administrative Code in July 2020.<sup>57</sup>

The FTR program has expanded in key ways since its inception. Stakeholders shared that DOCR and DHS were able to secure additional funding from the state's general fund during the first biennium to expand the number of individuals that could be served and to eliminate a waiting list for the program. Further, SB 2012 (passed in 2019) appropriated an additional \$7 million to DHS for the continuation of FTR through the 2019–2021 biennium.<sup>58</sup> Between March 2018 and March 2020, 68 percent of clients achieved success in three of four domains, and providers earned performance pay for these participants.<sup>59</sup> The success of the FTR model inspired expansion beyond justice system-involved individuals. SB 2012 also appropriated funding to create a parallel program called Community Connect, which serves all people in the community experiencing a behavioral health need. The 2021–2023 biennium budget is \$11.3 million for the FTR program and \$8 million for the Community Connect program.<sup>60</sup>

## Oregon: Distributing Funds at the County Level to Strengthen Community Services

Between 2000 and 2010, Oregon's incarceration rate increased by nearly 50 percent and the state's total biennial corrections budget grew to over \$1.6 billion.<sup>61</sup> To use resources more efficiently and improve public safety outcomes, Oregon passed the Justice Reinvestment Act ([HB 3194](#)) in 2013. The reform package included the creation of the JRI Grant Program to invest a portion of avoided prison operation costs in efforts to improve safety. These funds were allocated to justice system agencies and to community partners. Grantees provided services such as housing and reentry services, employment and education supports, behavioral health treatment, and community-based victim services.<sup>62</sup> As of 2020 projections, JRI was expected to result in more than \$560 million in avoided costs by the end of the 2021–2023 biennium.<sup>63</sup> Investment through the JRI Grant Program has grown rapidly: the Oregon legislature appropriated \$15 million of JRI cost savings during the first grant cycle in 2013–2015 and invested \$48.9 million in the most recent 2019–2021 grant cycle.<sup>64</sup> As of 2021, nearly \$150 million had been invested in the JRI Grant Program.<sup>65</sup>

An interviewee reported that biennial funding for the grant program is determined by the legislature, which appropriates money from the general fund into the JRI account. JRI Grant program

funds support two categories of JRI grants, formula and supplemental, which are used to support community-based and justice-system capacities.<sup>66</sup> Formula grants are distributed to all qualifying and eligible Oregon counties based on a formula that determines the award amounts.<sup>67</sup> The goals of the formula grants are to support programming designed to reduce recidivism, reduce the use of imprisonment for specific felonies as well as overall prison use, increase public safety, and hold people convicted of crimes accountable.<sup>68</sup> Supplemental grants were established in 2017 through HB 3078 as competitive grants to supplement the formula grant program.<sup>69</sup> These funds support dedicated prison diversion programs and associated personnel and training costs.<sup>70</sup> Through the JRI Grant Program, Oregon focused on invigorating victim services programming by requiring that at least 10 percent of JRI grant funds (formula and supplemental) awarded to each county be allocated to nonprofit providers to support community-based victim services.<sup>71</sup>

The JRI Grant Program supports a range of different community-based services, such as crime survivor programs, addiction treatment, mental health services, housing, education, and employment. For example, in 2019–21, the formula grant allocated \$2 million toward education and employment services in 10 counties. That same year, \$4.4 million (10.9 percent of formula grants) went to victim services in all 36 counties.<sup>72</sup>

Oregon's JRI community investment takes a localized approach in which counties apply for funds and determine how best to use them, including subgranting to community partners. For counties to receive funding, Local Public Safety Coordinating Councils (LPSCCs) submit applications to the Criminal Justice Commission and the Justice Reinvestment Grant Review committee.<sup>73</sup> Since 1995, every county has been required to have an LPSCC to coordinate local criminal justice policy and planning and make recommendations to the county board of commissioners regarding community supervision resources. Since 2014, LPSCCs have consisted of a range of local partners including law enforcement, a city councilor or mayor, legal actors, a citizen, a health director, and a member of a community-based nonprofit.<sup>74</sup> A stakeholder shared that JRI has helped reinvigorate LPSCCs and strengthen collaboration.

Stakeholders explained that when funding is awarded, counties become the fiscal agents to redistribute funds to the appropriate entities. Counties that receive funding report on expenditures and program metrics to state-level JRI grant managers. Funding for formula and supplemental grants is granted in two-year cycles and funds are disbursed semiannually.

Though all state grant applications require the inclusion of a Racial and Ethnic Impact Statement,<sup>75</sup> there have been recent efforts to increase equity in the JRI Grant Program, including in grantmaking to

community partners. In 2019, Oregon lawmakers took a uniquely in-depth approach by passing [HB 3064](#) to establish a deeper focus on equity within the JRI Grant Program. HB 3064 created an advisory committee to evaluate how JRI grant funds are distributed to marginalized groups and make recommendations for legislative changes and increased equity in fund allocation. The legislature defined marginalized groups as (1) racial and ethnic minorities, (2) women, (3) LGBTQ communities, and (4) other historically underserved communities. An equity report published in September 2020 found that cultural competency and the prevalence of culturally responsive services varied across counties, and that the use of culturally specific providers within the JRI Grant Program was rare. However, all county representatives interviewed for the equity report were receptive to resources and support for the development of cultural competency and culturally responsive services.<sup>76</sup> One stakeholder noted that when the grant application was revised to focus on equity, there was increased opportunity for community input and attention to accessibility. This interviewee also shared that some counties had existing infrastructure to increase equity without explicitly naming it as such, and that the equity report provided avenues to define equitable practices in their programming.

The JRI Grant Program also informed some aspects of Oregon's most recent JRI-related legislation. In 2019, SB 973 was signed into law, creating a grant program called Improving People's Access to Community-Based Treatment, Supports, and Services (IMPACTS). Through grants distributed to applying counties and Oregon's federally recognized tribes, the state seeks to address the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders and reduce the use of hospitalization and imprisonment for people with these conditions.<sup>77</sup> A stakeholder reported that the JRI Grant Program laid some of the groundwork for IMPACTS by demonstrating the benefits of reinvestment and observed that whereas the JRI Grant Program is focused on people who are already involved in the justice system, IMPACTS takes a more front-end and preventative approach. In FY2020–2021, IMPACTS awarded approximately \$9.8 million grant funds to six counties and five of Oregon's federally recognized tribes to establish evidence-based programs to provide supports and services that help reduce reliance on jails and emergency services.<sup>78</sup> IMPACTS supports programs in a variety of ways, including by increasing access to community-based supports and services, expanding the behavioral health service provider workforce, and providing permanent, supportive housing for people affected by behavioral health disorders (Hull and Harvell 2020).

## South Dakota: Using Telehealth to Bring Behavioral Health Services to Rural Areas

In 2013, South Dakota engaged in the JRI process and enacted the Public Safety Improvement Act (SB 70) to curb corrections spending and improve public safety by investing in strategies to reduce recidivism.<sup>79</sup> Preliminary analyses conducted for the Criminal Justice Initiative Work Group found that nearly one in three people in prison were convicted of a drug or alcohol offense, and drug possession was the most common reason for incarceration in South Dakota prisons.<sup>80</sup> Further, a growing number of people were being incarcerated because of revocations from community supervision for violations such as consuming alcohol or other substances or failing to go to treatment.<sup>81</sup> This was attributed in part to the lack of community-based treatment services; recognizing that treatment may not be available outside of prison in rural and frontier communities, some judges reportedly sentenced people to prison instead of probation to ensure they received drug and alcohol treatment. In response, the Public Safety Improvement Act made probation the default penalty for the least serious felonies, including some related to drug use and addiction, and expanded substance abuse treatment and community-based alternatives to incarceration.<sup>82</sup> It was anticipated that SB 70 would save a total of \$212 million in averted costs over 10 years.<sup>83</sup>

One of the primary challenges to behavioral health treatment access in South Dakota was connecting people in rural communities with treatment services. To address this, South Dakota's JRI oversight council invested \$13,500 in FY2014 for curriculum development and startup costs to develop a rural telehealth substance use disorder pilot program for up to 100 individuals on probation or parole living in rural parts of the state (Hull and Samuels 2020).<sup>84</sup> The Department of Social Services (DSS) decided to use an existing curriculum, the University of Cincinnati's Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), and deliver it to rural clients through telehealth technology. Initially, no providers responded to the DSS's RFP to administer the pilot program, so DSS contracted with technical assistance providers to conduct a training on telehealth technologies with potential service providers. Subsequently, two service providers responded when the second RFP was issued and have been providing telehealth services to justice-involved individuals since 2015.<sup>85</sup>

During the pilot, barriers included challenges with connecting clients with technology and insufficient broadband to support telehealth services. As an interim step, the implementation team set up several technology "hubs" where clients could access necessary technology for their sessions.<sup>86</sup> But a stakeholder said that even with this more localized model, transportation remained a barrier for many people, so service providers then sought private grants to buy tablets and hotspots to send to clients to

further reduce barriers to service. The state is currently working on a rate structure to reimburse these costs moving forward.

South Dakota's JRI reforms are funded through general funds. The service providers in the telehealth program were initially provided up-front funding to support capacity growth. A stakeholder indicated that the program now uses a fee-for-service model with the hope of building in performance payments based on outcomes. On June 1, 2016, DSS transitioned the pilot into a permanent service for all eligible people on probation or parole and began offering Moral Reconciliation Therapy (MRT) via videoconferencing (Shames and Subramanian 2016). DSS's budget for administering CBI-SA and telehealth has more than doubled from \$3.2 million to over \$7 million in FY2022.<sup>87</sup>

To facilitate implementation of the pilot, the state convened an implementation workgroup quarterly in which treatment providers, the Unified Judicial System Court Services, DSS, and DOC met to facilitate communication and set expectations. According to interviewees, they now have an annual sustainability workgroup made up of the same stakeholders, and these workgroups have enabled stakeholders to consistently convene and troubleshoot challenges as they have arisen. In FY2021, 3,122 justice-involved clients received in-person CBI-SA and MRT and 336 received telehealth CBI-SA and MRT services, up from 211 in FY2014.<sup>88</sup> Acknowledging that recovery is a lifelong process that continues beyond the period of someone's supervision, interviewees explained that service provision can continue postsupervision by leveraging other funding sources. Stakeholders also noted that this early investment in telehealth prepared the state well for continuing services when the COVID-19 pandemic hit.

## Utah: Expanding Access to Mental and Behavioral Health Care

During the JRI planning process in Utah, the Commission on Criminal and Juvenile Justice (CCJJ) identified improving the state's response to behavioral health needs as a primary public safety goal. As part of the strategy to advance that goal, the CCJJ recommended that the state fully expand Medicaid to support healthcare access.<sup>89</sup> The CCJJ included members of both public and private community-based mental and behavioral health agencies, and meetings incorporated input from the broader treatment community. A stakeholder shared that although there had been previous history of collaboration in Utah between the Department of Corrections, the Department of Health and Human

Services, and community-based providers, the JRI process inspired more intentional collaboration to reduce justice system involvement for people with behavioral and mental health challenges.

The Utah legislature passed [HB 348](#) in 2015, which included measures to establish standards and performance goals for mental and behavioral health treatment, strengthen how treatment needs are assessed as part of case planning, and expand the use of treatment rather than incarceration. This reform also led to an initial investment of \$4.5 million per year (which increased to \$11 million per year in 2017) to expand access to community behavioral health treatment. Concurrent with Utah's JRI passage, however, a bill that was introduced to expand Medicaid that was expected to increase access to mental and behavioral health care, including among justice-involved populations, did not pass.<sup>90</sup>

The Department of Health and Human Services Division of Substance Abuse and Mental Health administers the JRI grant money, and providers are required to meet specified treatment standards aligned with evidence-based practices to be certified to receive funds.<sup>91</sup> This division provided trainings to both public and private providers on the certification process. JRI funds were available to Utah's 13 local area authority providers in the public treatment system and to private providers that met the certification requirements. An initial analysis in 2017 found geographic variation in treatment capacity across the state, noting challenges such as a workforce shortage of trained providers and the rising cost of treatment as potentially limiting factors.<sup>92</sup>

Although the initial JRI investment in expanding treatment access enabled the state to add some capacity to Utah's county-based provider system, a significant treatment gap remained and stakeholders noted that the funding associated with JRI was not enough to meet the need. As an interim solution in 2016, the legislature passed legislation that created a program called Targeted Adult Medicaid to provide Medicaid coverage beginning in 2017 to eligible people who experienced chronic homelessness, were justice system-involved, and needed substance abuse or mental health treatment.<sup>93</sup> This new eligibility criterion was estimated to result in an eligible population of up to 6,000 people,<sup>94</sup> and it built on JRI efforts to further expand treatment capacity for justice-involved individuals. Through Targeted Adult Medicaid, any enrolled Medicaid provider was eligible for reimbursement regardless of whether they had a contract with the local substance abuse authorities.<sup>95</sup>

While the use of multiple provider systems complicated data tracking and sharing, available metrics show expanded access to mental and behavioral health care among justice system-involved people in Utah. Overall, the number of justice system-involved clients served for mental health and substance use disorders statewide, as reported to Department of Health and Human Services, increased by 32 percent between FY2015 and FY2019.<sup>96</sup> Furthermore, as of FY 2020, there were 36,427 justice-

involved clients enrolled in Targeted Adult Medicaid.<sup>97</sup> Subsequent policy developments are expected to continue to expand access. For example, in 2019 Utah expanded Medicaid statewide, which increased eligibility for comprehensive health care and care coordination.<sup>98</sup>

# Notes

- <sup>1</sup> See a 2018 Urban Institute data snapshot of JRI reinvestment strategies at [https://www.urban.org/sites/default/files/publication/98361/justice\\_reinvestment\\_initiative\\_data\\_snapshot\\_0.pdf](https://www.urban.org/sites/default/files/publication/98361/justice_reinvestment_initiative_data_snapshot_0.pdf).
- <sup>2</sup> See, for example, DeMatteo et al. (2013), Fontaine et al. 2012, Green (2019), Jacobs and Gottlieb (2020), Travis, Western, and Redburn (2014), and Zarkin et al. (2015).
- <sup>3</sup> These steps are described in *The Justice Reinvestment Initiative: A Guide for States*, available at <https://bja.ojp.gov/library/publications/justice-reinvestment-initiative-guide-states>.
- <sup>4</sup> See Urban's JRI data snapshot at <https://www.urban.org/research/publication/justice-reinvestment-initiative-data-snapshot>.
- <sup>5</sup> See the Oregon Criminal Justice Commission's *House Bill 3064 (2019) Report* at <https://www.oregon.gov/cjc/CJC%20Document%20Library/HB3064ReportSept2020.pdf>.
- <sup>6</sup> Alaska Criminal Justice Commission, "Justice Reinvestment Report," December 2015, [http://www.ajc.state.ak.us/acjc/docs/resources/reinvestment/ak\\_jri\\_report\\_final12-15.pdf](http://www.ajc.state.ak.us/acjc/docs/resources/reinvestment/ak_jri_report_final12-15.pdf).
- <sup>7</sup> Per a stakeholder interview. See also the Alaska Criminal Justice Commission's 2016 annual report to the state legislature at <http://www.ajc.state.ak.us/acjc/docs/ar/2015.pdf>.
- <sup>8</sup> Stakeholder interview. See also a 2015 correspondence from National Crime Victim Advocate Anne Seymour and the Pew Charitable Trusts to the Alaska Criminal Justice Commission at [http://www.ajc.state.ak.us/acjc/docs/resources/reinvestment/alaska\\_victim\\_survivor\\_advocate\\_roundtables\\_report\\_priorities\\_oct\\_2015.pdf](http://www.ajc.state.ak.us/acjc/docs/resources/reinvestment/alaska_victim_survivor_advocate_roundtables_report_priorities_oct_2015.pdf).
- <sup>9</sup> SB 91 Section 181 (see [http://www.ajc.state.ak.us/acjc/docs/resources/new/sb91\\_enrolled\\_version\\_sent\\_to\\_governor.pdf](http://www.ajc.state.ak.us/acjc/docs/resources/new/sb91_enrolled_version_sent_to_governor.pdf)).
- <sup>10</sup> SB 91 legislative bill review, available at [http://law.alaska.gov/pdf/bill-review/2016/002\\_JU2016200423.pdf](http://law.alaska.gov/pdf/bill-review/2016/002_JU2016200423.pdf).
- <sup>11</sup> "Community Prevention Grantees," Alaska Department of Public Safety, accessed April 8, 2022, <https://dps.alaska.gov/CDVSA/Prevention/Community-Prevention-Grantees>.
- <sup>12</sup> James Brooks, "Alaska Senate Votes to Repeal and Replace Most of SB 91, Sending Crime Bill to Governor's Desk," *Anchorage Daily News*, last updated May 29, 2019, <https://www.adn.com/politics/alaska-legislature/2019/05/29/alaska-senate-votes-to-repeal-and-replace-most-of-sb-91-sending-crime-bill-to-governors-desk/>.
- <sup>13</sup> Internal correspondence with state stakeholders.
- <sup>14</sup> Alaska's Council on Domestic Violence and Sexual Assault and Strategic Prevention Solutions, "Community Based Primary Prevention Programs and Community Readiness Grantees: Year 3 Evaluation Report," <https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=125474>.
- <sup>15</sup> Leadership from the Foundation for Louisiana and Louisiana Family Forum were represented on the Louisiana Justice Reinvestment Task Force. More details about the task force membership can be found here: <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/louisianas-2017-criminal-justice-reforms>.
- <sup>16</sup> "Louisiana's Justice Reinvestment Reforms 2019 Annual Performance Report," Louisiana Department of Public Safety and Corrections and Louisiana Commission on Law Enforcement, 2019, [https://s32082.pcdn.co/wp-content/uploads/2019/08/la\\_final.package.summary\\_2017-6-7\\_final.pdf](https://s32082.pcdn.co/wp-content/uploads/2019/08/la_final.package.summary_2017-6-7_final.pdf).
- <sup>17</sup> Louisiana Justice Reinvestment Package, available at [http://gov.louisiana.gov/assets/docs/LA\\_Final\\_PackageSummary\\_2017-6-7\\_FINAL.pdf](http://gov.louisiana.gov/assets/docs/LA_Final_PackageSummary_2017-6-7_FINAL.pdf).

- <sup>18</sup> Jacqueline Derobertis, “Family Justice Center opens to provide domestic violence victims with resources under one roof,” *The Advocate*, October 28, 2020, [https://www.theadvocate.com/baton\\_rouge/news/crime\\_police/article\\_3cf57ed6-1878-11eb-83c1-f723f77068ae.html](https://www.theadvocate.com/baton_rouge/news/crime_police/article_3cf57ed6-1878-11eb-83c1-f723f77068ae.html); <https://www.cafjc.org/>.
- <sup>19</sup> “Louisiana’s Justice Reinvestment Reforms 2019 Annual Performance Report,” Louisiana Department of Public Safety and Corrections and Louisiana Commission on Law Enforcement,
- <sup>20</sup> Tier 1 parishes included East Baton Rouge, Caddo, St. Tammany, Jefferson, and Orleans.
- <sup>21</sup> Details on the grantees and their activities can be found in appendix C of the 2019 annual report on the performance of Louisiana’s justice reinvestment reforms, available at <https://gov.louisiana.gov/assets/docs/CJR/2019-JRI-Performance-Annual-Report-Final.pdf>.
- <sup>22</sup> These include seven parishes that are next-most-populous in terms of incarcerated population after the five Tier 1 parishes (Bossier, Calcasieu, Lafayette, Lafourche, Ouachita, Rapides, and Terrebonne).
- <sup>23</sup> The purpose of setting up this grant monitoring system was to determine the effectiveness of the programs, track the activity of grant recipients, and report data on program outcomes. See CJI’s “Investing in Louisiana Communities through JRI,” available at <https://bja.ojp.gov/library/publications/investing-louisiana-communities-through-justice-reinvestment-initiative-jri>.
- <sup>24</sup> Stakeholder interview.
- <sup>25</sup> “Investing in Communities,” Louisiana Department of Public Safety and Corrections, accessed April 21, 2022, <https://doc.louisiana.gov/about-the-dpsc/justice-reform/criminal-justice-reform-initiative-jri-community-investments/>.
- <sup>26</sup> Stakeholder interview.
- <sup>27</sup> “FY 2020 Performance Incentive Grant Fund (PIGF) Program: Notice of Funding Availability Application Guidance Kit,” Governor’s Office of Crime Control and Prevention.
- <sup>28</sup> “Performance Incentive Grant Fund (PIGF),” Maryland Governor’s Office of Crime Prevention, Youth, and Victim Services, accessed April 21, 2022, <http://goccp.maryland.gov/grants/programs/pigf/>.
- <sup>29</sup> Justice Reinvestment Performance Incentive Grant Fund Proposed State Awards, accessed April 21, 2022, available at <http://goccp.maryland.gov/wp-content/uploads/Justice-Reinvestment-State-Awards.pdf>.
- <sup>30</sup> Maryland Justice Reinvestment Oversight Board meeting minutes, January 14, 2020, <http://goccp.maryland.gov/wp-content/uploads/1.14.2020-Oversight-Board-Minutes.pdf>.
- <sup>31</sup> Maryland Justice Reinvestment Oversight Board meeting minutes, January 14, 2020, <http://goccp.maryland.gov/wp-content/uploads/justice-reinvestment-oversight-20210422-minutes.pdf>; stakeholder interview.
- <sup>32</sup> Maryland Governor’s Office of Crime Prevention, Youth, and Victim Services, FY 2022 Performance Incentive Grant Fund (PIGF) Program notice of funding availability, not available online.
- <sup>33</sup> Stakeholder interview; Sheridan Watson, “Investments to Reduce Recidivism Help Young Adults in Massachusetts,” CSG Justice Center, April 27, 2021, <https://csgjusticecenter.org/2021/04/27/investments-to-reduce-recidivism-help-young-adults-in-massachusetts/>.
- <sup>34</sup> UTEC Transition Youth Program summary, accessed May 6, 2022, available at <https://www.aypf.org/wp-content/uploads/2019/08/UTEC-Transition-Youth-Program-Summary.pdf>.
- <sup>35</sup> “Behavioral Health Initiative Enhances Connection to Community-Based Supports for Individuals Involved with the Criminal Justice System,” Commonwealth of Massachusetts, press release, July 15, 2019,

<https://www.mass.gov/news/behavioral-health-initiative-enhances-connection-to-community-based-supports-for-individuals>.

- <sup>36</sup> “Behavioral Health Initiative Enhances Connection to Community-Based Supports for Individuals Involved with the Criminal Justice System,” Commonwealth of Massachusetts.
- <sup>37</sup> Stakeholder interview.
- <sup>38</sup> Stakeholder interview.
- <sup>39</sup> CSG Justice Center Staff, “Massachusetts Expands Investments to Reduce Recidivism,” CSG Justice Center, September 25, 2019, <https://csgjusticecenter.org/2019/09/25/massachusetts-expands-investments-to-reduce-recidivism/>.
- <sup>40</sup> CSG Justice Center Staff, “Massachusetts Expands Investments to Reduce Recidivism.”
- <sup>41</sup> Stakeholder interview.
- <sup>42</sup> Stakeholder interview; the four locations for the housing facilities are Western MA Reentry Center in Springfield, McGrath and Brook House in Boston, and There-Is-A- Solution (TIAS) in New Bedford.
- <sup>43</sup> Stakeholder interview.
- <sup>44</sup> [Per the Missouri Department of Corrections](#), counties were chosen based on factors such as crime rates, sentencing trends, and existing corrections and behavioral health resources.
- <sup>45</sup> Stakeholder interviews.
- <sup>46</sup> Stakeholder interviews.
- <sup>47</sup> Stakeholder interview.
- <sup>48</sup> Stakeholder interviews.
- <sup>49</sup> Postrelease supervision was a new category comprising people who, once released from incarceration, were required to serve a supervision term under the purview of the state’s probation agency. The category was formed as part of the state’s JRI reforms.
- <sup>50</sup> [Per the Bureau of Justice Assistance](#), JRI Maximizing Grants were designed to “strengthen states’ JRI reform efforts by bolstering their investment and commitment to data-driven and evidence-based decision-making.” This grant program focused on the implementation of specific initiatives unlike other state JRI efforts which were focused on broad system reform, often through legislation.
- <sup>51</sup> “Justice Reinvestment Initiative: Maximizing State Reforms Report,” Bureau of Justice Assistance, 2021, <https://bja.ojp.gov/news/justice-reinvestment-initiative-maximizing-state-reforms-report-now-available>.
- <sup>52</sup> “Program and Project Quick Look,” State of Nebraska Judicial Branch, accessed April 21, 2022, <https://supremecourt.nebraska.gov/quick-look-ne-probation-transitional-living-initiative-1>.
- <sup>53</sup> Project Integrate’s implementation was delayed due to an inaccurately assigned Office of Justice Programs vendor number which took over a year to correct (BJA 2021).
- <sup>54</sup> Senate Bill No. 2015, 65th Legislative Assembly of North Dakota (2017).
- <sup>55</sup> Stakeholder interview and North Dakota Department of Human Services Behavioral Health Division, “Free Through Recovery,” <https://www.behavioralhealth.nd.gov/sites/www/files/documents/FTR.pdf>.
- <sup>56</sup> Stakeholder interview and North Dakota Department of Human Services Behavioral Health Division, “Free Through Recovery.”
- <sup>57</sup> [Chapter 43, Article 3, Title 75](#), North Dakota Administrative Code; stakeholder interview.

- <sup>58</sup> North Dakota Department of Human Services Behavioral Health Division, “Free Through Recovery.”
- <sup>59</sup> North Dakota Department of Human Services Behavioral Health Division, “Free Through Recovery.”
- <sup>60</sup> Stakeholder interview.
- <sup>61</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements,” n.d., [https://www.oregon.gov/cjc/CJC%20Document%20Library/21-23\\_JRI\\_RFP.pdf](https://www.oregon.gov/cjc/CJC%20Document%20Library/21-23_JRI_RFP.pdf).
- <sup>62</sup> “Justice Reinvestment County Programs,” Oregon Criminal Justice Commission Research Department, accessed April 21, 2022, <https://www.oregon.gov/CJC/SAC/Pages/jri.aspx>.
- <sup>63</sup> Oregon Criminal Justice Commission, “House Bill 3064 (2019) Report,” September 15, 2020, <https://www.oregon.gov/cjc/CJC%20Document%20Library/HB3064ReportSept2020.pdf>.
- <sup>64</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements.”
- <sup>65</sup> Oregon Criminal Justice Commission, “Cost Avoidance Report: Per House Bill 3194 (2013),” January 1, 2021, <https://www.oregon.gov/cjc/CJC%20Document%20Library/HB3194CostAvoidanceReportJan2021.pdf>.
- <sup>66</sup> Although this report focuses on community-based investments, it is important to note that the JRI Grant program funds a wide range of programming, services, and personnel within the criminal legal system such as community corrections programs, jail sanction beds, courts and law enforcement, and training, program management, and administration. See the Oregon Criminal Justice Commission’s [JRI GRANT DASHBOARD](#) for more information.
- <sup>67</sup> Oregon has 36 counties in total. In the 2019–2021 grant cycle all 36 counties received JRI formula grant funding and 15 received JRI supplemental grant funding; see Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements.”
- <sup>68</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements,” pages 16–17.
- <sup>69</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements,” pages 5–6.
- <sup>70</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements,” page 10.
- <sup>71</sup> Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements,” page 12.
- <sup>72</sup> “Justice Reinvestment County Programs,” Oregon Criminal Justice Commission Research Department.
- <sup>73</sup> The [Oregon Criminal Justice Commission](#) consists of nine members, seven of whom are voting members appointed by the governor. The remaining two members are nonvoting members appointed by the president of the senate and the speaker of the house. The impetus of the commission is to use research to improve justice reinvestment and increase the legitimacy and effectiveness of Oregon’s criminal justice systems. The JRI Grant Review Committee is composed of five members appointed by the governor (a district attorney, county sheriff, chief of police, county commissioner, community corrections director who is not a sheriff), two nonvoting state Senate representatives appointed by the president of the senate, and two nonvoting members of the state house of representatives appointed by the speaker of the house. These parameters were defined in 2013 under Oregon’s laws in Section 53, Chapter 649 ([https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2013orLaw0649.pdf](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013orLaw0649.pdf)). Note: LPSCCs are also able to collaborate by submitting a multi-county JRI grant application representing a consortium of both government and non-government agencies to design and implement strategies in line with the goals of the grant. For these regional initiatives, one county is designated as the

primary applicant for administrative purposes of grant agreement and managing sub-agreements. To date, no counties have used this approach. See “Oregon Criminal Justice Commission, “2021–2023 Request for Grant Proposals (RFGP): Application Instructions and Requirements.”

- <sup>74</sup> “Local Public Safety Coordinating Councils,” Oregon Criminal Justice Commission, accessed April 21, 2022, <https://www.oregon.gov/cjc/jri/Pages/LPSCC.aspx>.
- <sup>75</sup> 20 Section 4, Chapter 600, Oregon Laws 2013 at §4(1)(a)-(c) (emphasis added).
- <sup>76</sup> Oregon Criminal Justice Commission, “House Bill 3064 (2019) Report.”
- <sup>77</sup> “IMPACTS Grant Program Overview,” Oregon Criminal Justice Commission, accessed April 21, 2022, [https://www.oregon.gov/cjc/impacts/Documents/2020\\_IMPACTSOnePager.pdf](https://www.oregon.gov/cjc/impacts/Documents/2020_IMPACTSOnePager.pdf).
- <sup>78</sup> Stakeholder interview and Oregon Criminal Justice Commission, “The Improving People’s Access to Community-Based Treatment, Supports, and Services (IMPACTS) Grant,” January 1, 2021, [https://www.oregonlegislature.gov/citizen\\_engagement/Reports/IMPACTS%20Grant%20January%202021.pdf](https://www.oregonlegislature.gov/citizen_engagement/Reports/IMPACTS%20Grant%20January%202021.pdf).
- <sup>79</sup> “Criminal Justice Initiative Work Plan,” South Dakota Criminal Justice Initiative Work Group, <https://doc.sd.gov/documents/about/CriminalJusticeInitiativeWorkPlan.pdf>.
- <sup>80</sup> South Dakota Criminal Justice Initiative Work Group, “Final Report,” November 2012, <https://doc.sd.gov/documents/about/CJIReportDraftNov2012FINAL11272012.pdf>.
- <sup>81</sup> South Dakota Criminal Justice Initiative Work Group, “Final Report.”
- <sup>82</sup> Jim Seward, “South Dakota Sentencing and Corrections Reforms,” South Dakota Governor’s Office, accessed April 21, 2022, <http://psia.sd.gov/PDFs/South%20Dakota%20Presentation%20Dec%202013.pdf>.
- <sup>83</sup> South Dakota Criminal Justice Initiative Work Group, “Final Report.”
- <sup>84</sup> Senate Bill 141, 96th Legislative Session, 2021 South Dakota Legislature.
- <sup>85</sup> Shames and Subramanian (2016) and stakeholder interview.
- <sup>86</sup> Stakeholder interview and Shames and Subramanian (2016).
- <sup>87</sup> Stakeholder interview.
- <sup>88</sup> South Dakota Department of Social Services, Division of Behavioral Health, “2021 Annual Report: Behavioral Health Treatment Services State Profile,” accessed April 21, 2022, [https://dss.sd.gov/docs/behavioralhealth/reports\\_and\\_data/FY21\\_State\\_Profile.pdf](https://dss.sd.gov/docs/behavioralhealth/reports_and_data/FY21_State_Profile.pdf); Greg Sattizahn, Kristi Bunkers, and Tiffany Wolfgang, “Criminal Justice Update,” accessed April 21, 2022, <https://mylrc.sdlegislature.gov/api/Documents/119369.pdf>.
- <sup>89</sup> State of Utah Office of the Legislative Auditor General, “A Performance Audit of the Justice Reinvestment Initiative,” October 2020, Report to the Utah Legislature no. 2020–08, [https://olag.utah.gov/olag-doc/2020-08\\_RPT.pdf](https://olag.utah.gov/olag-doc/2020-08_RPT.pdf).
- <sup>90</sup> Utah Commission on Criminal and Juvenile Justice, “Justice Reinvestment Initiative (JRI) Update,” annual report to the legislature, November 2020, <http://justice.utah.gov/wp-content/uploads/JRI-2020-Annual-Update-for-Legislature-Condensed-Summary-with-Supplemental-Pages-Final.pdf>.
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- <sup>93</sup> “Targeted Adult Medicaid Program,” Utah Department of Health, accessed April 21, 2022, <https://medicaid.utah.gov/targeted-adult-medicaid-program/>.

- <sup>94</sup> “Targeted Adult Medicaid Program,” Utah Department of Health.
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- <sup>97</sup> Utah Commission on Criminal and Juvenile Justice, “Justice Reinvestment Initiative (JRI) Update,” annual report to the legislature, November 2020, <http://justice.utah.gov/wp-content/uploads/JRI-2020-Annual-Update-for-Legislature-Condensed-Summary-with-Supplemental-Pages-Final.pdf>. This figure reflects enrollment in TAM, and does not necessarily reflect service access through TAM.
- <sup>98</sup> “Medicaid Expansion,” Utah Department of Health, accessed April 2022, <https://medicaid.utah.gov/expansion/>.

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