Date: September 13, 2019

From: State Administering Agency (SAA) – DFA-Intergovernmental Services

RE: Public Review and Comments: Edward Byrne Memorial Justice Assistance Grant (JAG) Program FY 2019 Statewide Strategic Plan 2020-2025

The Arkansas Edward Byrne Memorial Justice Assistance Grant FY2019 Statewide Strategic Plan 2020-2025 is available on the DFA-IGS website under Announcement & News Releases for public review and comments.

If you have comments or feedback regarding this plan, please submit in writing to igs.jag@dfa.arkansas.gov on or before October 13, 2019. All written comments will be denoted and addressed if deemed necessary before the plan is submitted for final approval.

This five-year strategic plan will be reviewed annually by the Arkansas Alcohol Drug Abuse Coordinating Council, the governing body, and stakeholders. And as a requirement of the JAG federal award special conditions, DFA-IGS (SAA) will provide an Annual Report summarizing updates of the program implementation efforts as detailed in the statewide strategic plan.

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Attachment: 2020-2025 AR JAG Strategic Plan-Draft 9-12-19
State of Arkansas

Edward Byrne Memorial Justice Assistance Grant Program (JAG)

Statewide Strategic Plan
2020 – 2025

Asa Hutchinson, Governor

Arkansas Alcohol & Drug Abuse Coordinating Council
Kirk Lane, Chair/Arkansas State Drug Director

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SECTION 1. EXECUTIVE SUMMARY

In each state, the Governor or other Chief Executive Officer designates a State Administering Agency (SAA) to apply for and administer Justice Assistance Grant funds. The SAA for Arkansas is the Department of Finance and Administration, Office of Intergovernmental Services (DFA-IGS). As the SAA for Arkansas, DFA-IGS is responsible for:

- Preparation and submission of the state JAG application
- Coordination of JAG funds among state and local justice initiatives
- Administration of JAG funds including establishing funding priorities and distribution of funds
- Monitoring subrecipients’ compliance with all JAG special conditions and provisions; and providing ongoing assistance to subrecipients
- Submission of reports, including programmatic, financial and performance measures for subgrantees.

The SAA convenes regularly with the Arkansas Alcohol and Drug Abuse Coordinating Council (The Council) to make recommendations and a plan for strategies and activities directing the use of JAG funds within the State. The Council is responsible for overseeing all planning, budgeting, and implementation of expenditures of state and federal funds allocated for alcohol and drug education, prevention, treatment, and law enforcement. The Council is composed of representatives from a broad spectrum of disciplines, and includes the State Drug Director, private citizens, professionals in law enforcement, prosecution, medical and behavioral health, alcohol and drug abuse treatment, corrections, and education. The representatives’ goal is to spend these funds in a manner that meets the needs of the local communities and the State.

For the strategic planning process, the Arkansas Alcohol and Drug Abuse Coordinating Council Chair established a Strategic Planning Core Team. The team is comprised of representatives from the following: law enforcement, corrections, prevention, treatment, and reentry. The roles and responsibilities of the team are below.

- Work with the Bureau of Justice Assistance Training and Technical Assistance (TTA) Contractor: National Criminal Justice Association (NCJA)
- Participate in committee meetings/focus groups with TTA contractors
- Review and discuss online survey data results/analysis compiled by a TTA contractor
- Establish priorities based on survey results and data analysis
- Assist with the development of goals and objectives, in addition to identifying appropriate strategies
- Approve final strategic plan draft for submission to the Council’s for approval
The SAA in collaboration with the TTA developed and disseminated a stakeholder survey, collecting responses from December 16, 2018 through February 22, 2019. A total of 843 surveys were submitted, with 658 of the comments completed. A survey was considered complete when the user reached the end and clicks the submit button, regardless of if all questions were answered. Only completed surveys were referenced in the summary report provided by NCJA-TTA. Additional supporting data analysis was provided by SEARCH, The National Consortium for Justice Information and Statistics. The SAA also hosted an onsite strategic planning session with the goal of reviewing the survey results and develop priorities for inclusion in the 2019 Byrne JAG Strategic Plan.

Historically, the Council has given funding priority to multi-jurisdictional drug task forces (DTFs) for investigation and prosecution of drug crimes within the State. Arkansas currently has 19 participating DTFs who provide services across the State by assisting local law enforcement in drug trafficking, undercover investigations and other drug eradication operations. These DTFs are a critical component of addressing the State's drug crime problems. As a result of high crime rates and drug arrests, a focus on law enforcement will continue to be the greatest funding need.

The Strategic Planning Core Team and the Council have reviewed and discussed resource gaps and assessed the needs to determine where the JAG funds will have the greatest impact. The State’s strategy is comprised of three priority areas for improving the criminal justice system.

The first priority area is Law Enforcement. They will address illegal drug manufacturing, sales, and use. Due to limited resources for drug enforcement functions, the multi-jurisdictional task force concept will continue to coordinate enforcement efforts at a regional level. The goals and objectives are to focus on DTFs and support capacity to prevent and combat criminal activity; and to continue to support local law enforcement equipment needs and field operations.

The second priority area is Behavioral Health. For this area, the goals and objectives are to focus on improving collaborative efforts with behavioral health and criminal justice stakeholders. This will be achieved through training, awareness and expanding peer recovery initiatives, including crisis intervention efforts.

The third priority area is Prevention and Education. The goals and objectives for this priority area are to focus on prevention and education. This will support crime reduction by using evidence-based and community-based approaches. This will allow criminal justice personnel and law enforcement to address mental health and substance use disorders effectively.

The use of JAG funds will follow the federal allocation required for the pass-through to small jurisdictions that are ineligible for a direct JAG award. The statewide strategic plan for use of JAG funds in Arkansas is as follows:
• Ten percent of the total JAG award is used for the State’s administrative costs related to JAG program;
• Variable pass-through which is 56% of funding is to support JAG purpose areas and selected priorities; and
• The “Less-than $10,000 jurisdictions” that do not meet the criteria for a direct award funds are to support local law enforcement equipment needs.
This plan will meet the requirement for the amendments made in the federal Justice for All Reauthorization Act, passed in December 2016.

SECTION 2. PLANNING PROCESS

The purpose of the strategic planning process is to develop a comprehensive Statewide plan that will be used to improve the State of Arkansas criminal justice system in the areas of Law Enforcement, Behavioral Health and Prevention and Education.

The planning process consisted of collaborating with representatives from local governments and various segments of the criminal justice systems to provide input to the plan. The various sectors included judges, prosecutors, law enforcement personnel, corrections personnel, and provides of indigent defense services, victim services, juvenile justice delinquency prevention programs, community corrections and reentry services.

Below is a summary of the process:
• November 2018, DFA-IGS requested technical assistance for facilitating the JAG 2019 strategic planning process from the National Criminal Justice Association.
• During the month of November 2018, the National Criminal Justice Association TTA created a stakeholder survey to collect feedback from the various criminal justice sectors. The survey was launched from December 2018 to February 2019. DFA-IGS sent numerous emails to the required criminal justice sectors for participation in the survey.
• February 2019, DFA-IGS and the Office of the State Drug Director identified members from the Council to serve and participate on the JAG Strategic Planning Core Team.
• April 2019 and May 2019, the Strategic Planning Core Team met to review and discuss the information received from the survey as well as crime statistics, gaps, barriers and challenges. This process was facilitated by the National Criminal Justice Association. There was one face-to-face meeting with the TTA and additional teleconference calls for planning and assessment. Through the planning and assessing sessions with the TTA, the core team was able to determine and identify priorities, goals and objectives.
• An additional meeting was held on June 20, 2019. DFA-IGS and the Strategic Planning Core Team prioritized the needs, recommended funding priorities, and developed goals and identified achievable objectives.
July 2019 and August 2019, DFA-IGS compiled all information and developed a draft. The draft was submitted to the Strategic Planning Core Team for comments and feedback.

On September 13, 2019, the final draft of the Strategic Plan was submitted to the strategic planning core team and Council for review and was posted for 30-day public comment.

The final Strategic Plan was submitted to the Council for approval on October 17, 2019. Approval TBD

The State of Arkansas allocated the JAG funds according to the discretion of the Governor and according to the priorities and focus areas identified through the planning process. The SAA provided guidance to the core team to ensure a percentage of JAG funds are allocated to selected priorities. During the June 2019 planning meeting, the core team discussed and agreed on the percentage of funds for each priority area identified in the plan.

The process for gathering evidence-based data and in support of funding decisions included a data report from SEARCH and a data analysis of the survey results. Additional data was gathered from the Arkansas Department of Corrections Annual Report, Drug Task Forces Annual Report Summaries, Administrative Court Annual Report, Division of Youth Services Annual Report, and Arkansas Community Corrections’ Annual Report.

There were some barriers identified for accessing data. In collecting data from the survey, there was low participation from courts, defense, and juvenile justice representatives. DFA-IGS sent multiple emails and made phone calls encouraging participation.

Additional data sharing challenges were found for the behavioral health priority as well. These challenges are specific to the Crisis Stabilization Units (CSUs):

- Federal privacy regulations (HIPAA, 42 CFR Part 2, CJIS) limit what data can be shared and with whom (and are subject to different interpretation);
- The jails and CSUs lack staff and resources to improve data collection, share data and answer data questions
- Jail booking data is not easily available from a single source; data needs to be collected from individual jails and those jails do not all use the same software

Currently, there are no barriers towards implementing evidence-based approaches to preventing and reducing crime and recidivism.

The SAA will adhere to the federal requirements of updating the strategic plan every 5 years and submitting an annual progress report. To meet the federal requirement, DFA-IGS will evaluate the plan quarterly, as well as annually, to determine progress, barriers and challenges. As part of monitoring and assessing funds, DFA-IGS will present
financial reports of subawards, obligations, and balances available per priority. This assessment will help to determine if funding should be adjusted.

**SECTION 3. OVERVIEW OF THE CRIMINAL JUSTICE COMPONENTS**

The Arkansas Criminal Justice System is composed of several levels of government maintained by the state, counties, cities and townships. For purposes of illustration, the following is based on major components of the criminal justice system, enforcement, prosecution, adjudication and correction.

**ARKANSAS’ COURT SYSTEM**

The Arkansas Court System structure consists of five levels. The top levels are comprised of the Supreme Court and the Court of Appeals. The lower levels consist of the circuit courts, the district courts, and city tribunals. The federal court system of Arkansas is divided by the United States Eastern Arkansas District Court and the United States Western Arkansas District Court. Also included is the US Bankruptcy Court for the Eastern and Western Districts of Arkansas and the Federal Court of Appeals for the Eighth District.

The Arkansas Supreme Court is comprised of seven Justices, each elected statewide for an eight-year term of office. The Arkansas Court of Appeals consists of one Chief Judge and eleven judges, each elected district-wide for an eight-year term of office.

The Circuit Courts consist of 121 circuit judges, each elected circuit-wide in one of the 28 circuits for a six-year term of office. Their responsibilities are criminal, civil probate, domestic violence and juvenile cases. Circuit Courts handle most civil and criminal matters. The District Court consists of 126 courts with 113 judges, elected to a four-year term of office. Their responsibilities include minor civil and criminal cases and small claims. The city courts consist of 117 courts, with 93 judges. The city courts handle civil matters and hold preliminary hearings in criminal matters and issue of arrest warrants.

During 2017, the total number of cases filed (new or reopened) in the state’s circuit courts totaled 186,602. Criminal and juvenile delinquency cases are counted as a single case regardless of the number of charges filed. The 53,803 criminal cases filed involved 105,234 individual charges. Of those, 91,519 charges were disposed.

The below table is Arkansas’ circuit court caseload summary from January 1, 2017 to December 31, 2017 as denoted in the Annual Report 2018.
ENFORCEMENT

State Enforcement: At the state level, several agencies work toward criminal justice enforcement efforts. The Arkansas State Police provides the following duties: highway safety/patrol, criminal investigation, investigate crimes against children and provide assistance to local law enforcement and state agencies.

The Criminal Investigation Division is responsible for criminal law enforcement, including drug enforcement, internet child exploitation and all other non-traffic enforcement activities of the department. The Division is comprised of six (6) Companies, The Criminal Investigation Division includes several specialized units. The Special Investigations Unit investigates incidents at the direction of the Division Commander or the Director. The Internet Crimes Against Children Section overtly and covertly works with local, state, and federal agencies to prevent and prosecute internet crimes against children. The Arkansas State Fusion Center (ASFC) disseminates criminal information and intelligence. The CID participates in several Federal Task Force programs, which include State Police Special Agents working with the Drug Enforcement Administration, United State Marshal’s Service (USMS) and the Federal Bureau of Investigation Joint Terrorism Task Force.

One of the most important agencies for all law enforcement in the state is the Arkansas State Crime Laboratory. This agency provides forensic science services to the criminal justice system in the areas of pathology and biology, toxicology, criminalistics, raw drug analysis, latent fingerprint identification, questioned document examination, firearm Identification, DNA analysis, assistance with dismantling methamphetamine laboratories, appropriate crime analysis to support criminal investigations, as well as housing the State Medical Examiner’s Office.

Other agencies that support state enforcement efforts include:

- Law Enforcement Training Academy: offers basic and specialty training for state and local personnel
- Law Enforcement Standards: works cooperatively with the State Training Academy in the development and certification of standards for law enforcement
- Criminal Justice Institute (a division of the University of Arkansas): provides management training for both state and local law enforcement
- Arkansas Alcoholic Beverage Control Board: enforces state laws on alcoholic beverage sales

Regional Enforcement: Multijurisdictional Drug Task Forces (DTFs) are associations consisting of a minimum of two (2) law enforcement agencies and one (1) prosecuting attorney acting by agreement to jointly investigate and prosecute drug crimes in a defined geographic area or judicial district. The goal of the state funded DTFs are to significantly reduce drug related crimes throughout the State of Arkansas through aggressive enforcement of state laws that outline the rules and penalties associated with the possession, manufacturing, importation, and distribution of illicit drugs and/or dangerous substances.

Local Enforcement: Local law enforcement is divided between the counties and municipalities. Each of the state’s 75 counties is required, by law, to have an elected sheriff who serves a two-year term and may be re-elected without limitation. The number of deputies available to the sheriff is determined by each county’s legislative body (Quorum Court). From county to county, the staffing will range from five to 200 personnel. Most counties have less than 10 uniformed officers. Each sheriff has full authority for all law enforcement functions within the boundaries of his county but will concentrate their efforts in the unincorporated areas. Under state law, each municipality may, but is not required to, operate a police department. In the interest of enhanced public safety, almost all cities and towns operate a police department. These agencies will range in size from one (1) person to 450 officers. Municipal law enforcement agencies provide a full range of law enforcement functions within the corporate limits. Authority may be broadened by deputizing or commission by counties, the state or federal agencies. Municipal agencies are generally the exclusive enforcement agency within the city limits. However, many agencies are small and frequently rely on the sheriff and/or State Police for assistance, especially on criminal matters.

Federal Enforcement: Federal investigative and enforcement agencies (i.e. FBI, DEA, Homeland Security, ATF, National Guard Counterdrug Unit) in Arkansas have long recognized that a key to accomplishing their mission is to work hand in hand with state and local agencies.

High Intensity Drug Trafficking Areas (HIDTA) – The HIDTA program helps law enforcement agencies operating in areas determined to be critical drug-trafficking regions. HIDTAs provide an umbrella to coordinate Federal, state, and local drug law enforcement agencies' investigations, and act as neutral centers to manage, de-conflict, analyze, provide intelligence, and execute drug enforcement activities.
PROSECUTION

Prosecution operates as a dual function of the State and the counties within a judicial district. There are 28 judicial districts ranging in size from one county to six counties. The size of the judicial districts is periodically reviewed for equity, but the organization of the judicial districts remain essentially a political decision.

All criminal prosecution is conducted by the prosecuting attorneys and their deputies. The Attorney General is not authorized, by law, to conduct criminal prosecutions. The elected prosecutor is a state constitutional officer and is paid by the state, along with all deputy prosecutors. The State Legislature establishes the number of deputy prosecutors and other support staff by statute. Counties must provide the funding for all operating expenses of the prosecuting attorney’s office.

There is a Prosecutor Coordinator Office (PCO) that operates under the Prosecution Coordination Commission. This is a seven-member board chosen by all elected prosecuting attorneys, that sets the overall policy of the PCO. The mission statement for the PCO is to improve the criminal justice system by promoting professionalism in the offices of Arkansas Prosecuting Attorneys and Victim Service Providers through education, information, liaison, and advocacy. The PCO provides a broad range of technical assistance and support services for prosecuting attorneys, their deputies, and crime victim service providers. The support services include legal research; continuing legal education; lending library; publications; civil commitments; victim/witness support; and computers/case management systems.

Arkansas United States Attorney Office – The United States Attorneys for both the Eastern and Western Districts of Arkansas are permanent advisory members of the Arkansas Alcohol and Drug Abuse Coordinating AADACC. Although they do not participate in subgrant funding decisions, they do have the opportunity for input into the review of materials that lead to funding decisions. The U.S. Attorneys are frequently involved in federal cases generated by task forces. This same cooperative element also applies to the Border Patrol, Bureau of Alcohol, Tobacco and Firearms, and other investigative agencies. The SAA is currently the fiscal agent for the Eastern and Western District of Arkansas United States Attorney’s Project Safe Neighborhood (PSN) funded federal grant program.

CORRECTIONAL FACILITIES AND DETENTION CENTERS

Under the Arkansas Department of Corrections (ADC), there are 19 facilities are operating. In SFY 2018 the correctional facility inmate population admitted 8,503 and released 8,154 with 1,372 sentenced to life. Over the last decade, the ADC females have an average growth rate of 3.3% compared to the males’ growth rate of 2.2%.

Under the Arkansas Community Corrections (ACC), at the end of June 2018, there were 6 facilities operating in the state with a population of 24,565 on parole and 31,376 on probation. ACC’s services that impact the state’s inmates and offenders are:
(1) Probation and Parole Services - ACC has employees at each state prison and residential community correction center to manage the transfer of offenders from incarceration to parole supervision in the community. Parole/probation officers manage the offenders under supervision in the community. Each offender is assigned a supervising parole/probation officer and office location for reporting. These offices are located throughout the state. ACC uses a comprehensive statewide case management system to assist in the supervision of offenders. Offenders are offered a wide variety of programming options to help decrease the likelihood of recidivism. Certified substance abuse program counselors provide treatment to offenders dealing with alcohol, drug, and tobacco use addiction. Offenders may also be referred by parole/probation officers to programs such as financial education, employment skills, anger management, life skills, and general education. Parole and probation community-based supervision provides the opportunity for offenders to live and work in the community while completing the remainder of their sentence. Random drug screening is a general requirement and offenders are required to pay a supervision fee. High priority is placed on victim’s rights and the monitoring of restitution payments by offenders.

(2) Arkansas Specialty Courts - Specialty courts include Drug Courts, Veterans Courts, HOPE and Swift Courts, and Mental Health Courts. They handle probation cases through intense and tailored supervision, monitoring and treatment. Offenders receive outpatient and/or inpatient treatment and counseling and are subject to sanctions, frequent drug testing and court appearances. Successful completion of the program results in dismissal of the charges, reduced or set aside sentences, lesser penalties, or a combination of these. There are 59 specialty courts. The population served through specialty courts at the end of June 2018 was 3,036 participants. The specialty courts mostly utilized are:

a. Adult Drug Court - A specially-designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender’s likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services (Bureau of Justice Assistance, 2005).

b. Juvenile Drug Court - Located within the juvenile or family court system, juvenile drug court is a program to which selected delinquency cases, and in some instances status offenders, are referred for handling. The youths referred to this docket are identified as having problems with alcohol and/or other drugs (Department of Justice/Office of Justice
c. DWI Court - This court is an accountability court dedicated to changing the behavior of the hardcore DWI offenders. The goal of DWI Court or DWI/Drug Court is to protect public safety by using the highly successful Drug Court model that uses accountability and long-term treatment (National Center for DWI Courts).

d. Veterans Treatment Court - This court serves justice-involved veterans and sometimes active duty personnel. Courts link veterans facing mental illness, drug addiction/abuse, and/or reintegration issues to services, intensive treatment, and support while promoting sobriety, recovery and stability. Services may include a coordinated response from traditional partners as well as the Department of Veterans’ Affairs healthcare networks, Veterans Benefits Administration, State Department of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans’ families (justiceforvets.org).

e. Mental Health Court - This court links offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on thorough mental health assessments, individualized treatment plans and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities. These courts vary as to the types of charges and mental illness diagnoses accepted as well as the participants’ demographics and plea requirements, but they are united by the common themes of substituting a problem-solving model for traditional criminal court processing and an emphasis on linking defendants to effective treatment and supports (Center for Court Innovation: www.courtinnovation.org).

f. H.O.P.E. Court - HOPE Courts are based on the Hawaii Opportunity on Probation with Enforcement program model. Pilot HOPE courts exist nationwide, including in Arkansas. The program identifies probationers with a high risk for re-offending, focusing on reducing drug use, new crimes and incarceration. Offenders are deterred from using drugs and committing crimes by frequent and random drug tests, backed by swift and certain jail stays, along with treatment when necessary.

g. Swift Court - Swift courts are pilot program problem solving courts in Arkansas. These courts are like HOPE courts, using similar structure and seek similar positive outcomes. While each program is unique, all place emphasis on the certainty of the sanction and the swiftness with which it is applied, rather than the severity of the sanction. Swift and certain sanctioning increases offender compliance with rules of supervision, improving public safety in the short term and allowing for
more effective case management. The models distinguish between low- and high-level offenders and have coordinated responses.

**h. Alternative Sentencing Court** - These courts are problem-solving courts in Arkansas that use multiple tracks within their programs for offenders based on risk/need assessment levels. Sanction and incentive responses are tailored to offender track and risk levels. Programs include phase advancement and increased supervision and drug testing.

(3) ACC’s Residential Substance Abuse Treatment and Reentry Services - ACC operates community correction treatment centers. Community-based residential settings offering structure, supervision, drug and alcohol treatment, educational and vocational programs, employment counseling, socialization and life skills programs, community work transition and other treatment programs. As of June 30, 2018, the centers population was 1,609.

(4) Reentry is a process that begins when offenders are incarcerated and ends when they are successfully reintegrated into the community as law-abiding citizens. ACC’s Reentry program provides resources and services to help offenders succeed after prison. Using reentry centers, transitional housing, mentors, the Good Grid web portal, community partnerships and evidence programing, offenders have a better chance of not returning to prison. ACC’s goal is to have a continuum of community-based sanctions and services that will hold offenders accountable, reduce barriers to success, improve their ability to become productive and lawful members of the community, reduce recidivism and enhance public safety. Since the entry program began, there have been 1,191 graduates.

**Local Detainment** - Persons convicted of both felonies and misdemeanors may be sentenced to county jails, for a period usually not exceeding one year. In recent years, some county jails have consolidated into multi-county regional jails for the purpose of sharing expenses since jail construction and operating costs have risen dramatically. This trend is likely to continue. County jails also house state prisoners in those cases where penitentiary beds are not available. Prisoners are transferred to a state correctional facility as soon as space is freed up. At any point in time in SFY 2018 there will be over 1,400 state prisoners being maintained in county jails. The average county jail backup for SFY 2018 was 1604 beds. This was a 22% increase from SFY 2017. The State compensates the county for its housing cost when it assumes responsibility for the prisoner. The annual average inmate cost is $22,356.

City jails have largely been consolidated with county or regional jails. In some cases, cities will maintain an overnight or short-term lock-up when a limited holding period is in order, and to ease the pressure on county jail space.
Juvenile Detainment - Juveniles are housed in both state and local facilities, which consist of both short-term (up to 60 days) and long-term facilities. There are fourteen (14) county-operated detention centers. The State contracts with Community Based Providers (CBP) in each judicial district, with one contractor servicing each district. They provide services most beneficial to youth in their individual area. There are thirteen (13) contracted CBPs and eight (8) Specialized Services programs who provide services for the more severe infractions and in those instances where a longer sentence is required. There are seven (7) regional treatment centers and a correctional facility with a 324-bed capacity.

The number of juveniles committed for 2018 was 402 with 55% committed for felony, 14% for violent offenses, 86% non-violent offenses and 73% committed for the first time. During 2018, 27% were recommits. Commitments for FY 2018 (402) are down from 2017 (433) and FY 2016 (467). (DHS-DYS Annual Report, FY 2018) In 2017, the number of admissions for Serious Offender Program was 688. The CBP served 4,903 youth up to the age of 21 who were adjudicated delinquents, members of “families in need of service”, or youth at risk (youth who exhibit behavior that, if continued, would bring them into contact with the juvenile justice system).

SECTION 4. DATA AND ANALYSIS

Arkansas crime data for 2017 was collected via SEARCH and analyzed to determine if the crime statistics support the data from the survey respondents. The chart illustrates that drug abuse violations represent approximately 15% of all offenses. Simple and aggravated assaults combined to encompass 13% of offenses. In addition, 11% of offenses are contributed to larceny, theft, burglary and the buying/selling of stolen property. Drunkenness and driving under the influence equal 10% of all offenses. The remaining nearly 50% of offenses are a total of all other crimes, with the exception of traffic offenses. This data supports the challenges identified in the survey which included drugs, mental disorders and substance abuse.
The table below shows that all drug arrests, without regard to offense or substance type, have increased in the last seven years. The increase has been statistically significant since 2015.

Data indicates that arrest of drug dealers (those arrests for drug sales - of synthetic narcotics, opium/cocaine and other non-narcotic drugs) have declined by appx 24% over the period 2010 to 2017.
The data for arrests for possession during the same period is below.

Data Comparison from 2010 to 2017:

- Arrests for possession of synthetic narcotics have increased by approximately 47%
- Arrests for possession of opium or cocaine have increased by approximately 8%
- Arrests for possession of other dangerous drugs/non-narcotic increased by approximately 72%
- Arrests for possession of marijuana have increased by approximately 42%

The violent crime rate data reflects a sharp increase after a lengthy period of declining numbers. This mirrors the national trend, but the rates for Arkansas continue to be significantly higher than the US overall. Arkansas violent crime rate in 2017 of 554 per 100,000 is the highest recorded for the period and slightly higher than the rate reported in 2007. Violent crime ranked 6th in “Most Challenging Issue” in survey results.

Arkansas homicide rate was significantly higher than the national average and was trending upward at a sharp rate from 2013 to 2017. Arkansas is 8.6 per 100,000, while the national rate was 5.3 per 100,000.

Arkansas rape rates have increased significantly in 2015-16. The legacy definition contained in the NIBRS/UCR data includes ‘forcible’ rape which reflects a sharp increase from 2015-2017. The revised definition of rape from the period 2013 – 2017 shows a slight decline beginning in 2016. Again, the rates in Arkansas follow the rates of the US nationally. Unfortunately, the rates for Arkansas continue to be significantly higher overall.
The Arkansas crime rates per 100,000 of aggravated assault was nearly double the national rate. Arkansas’ was 413 while the US rate was 248. There were 12,425 offenses in 2017, up from 9,796 in 2013. This reflects a 25% increase in 4 years.

Property Crime Rate – There has been a steady decline similar to the national trend since 2007. Property crime ranked 5th in “Most Challenging Issue” in survey results.

**Top 20 County Total Offenses by Volume**

![Total Offenses Bar Chart]

**Top 10 County Drug Offenses by Volume**

![Total Drug Offenses Bar Chart]
GREATEST CHALLENGES/ISSUES

Below are the greatest challenges identified in each JAG purpose area. These challenges are based on the survey results.

1. Drug Enforcement (Law Enforcement 53%)
2. Specialty Courts (Prosecution, Courts, Indigent Defense 43%)
3. Substance abuse prevention (Prevention and Education 79%)
4. Workforce ( Corrections and Community Corrections 46%)
5. Mental illness & other chronic health conditions (Drug Treatment and Enforcement 56%)
6. Automated information sharing (Planning, Evaluation and Technology 54%)
7. Children exposed to violence, abuse, neglect (Crime Victim Witness 50%)
8. Evaluation, assessment of mental disorders (Mental Health 50%)

From the survey, the following criminal justice challenges included opioids, methamphetamines and other drugs; mental health/substance abuse resources; jail/prison overcrowding; housing/employment for offenders; property crime; violent crime; assault/crimes against person; workforce/hiring qualified staff; sexual assault; child abuse/neglect; intimate partner violence; legalized marijuana/alcohol offenses; police/community relations; and human trafficking.

The top three challenges were opioids/methamphetamines/other drugs; mental health/substance abuse resources; jail/prison and overcrowding. The percentage represents the response from the survey regarding the greatest challenges.

1. Opioids, methamphetamines and Other Drugs (70%). In addition to the survey responses, the Arkansas crime data for 2017 supports the survey respondents.

2. Mental Health/Substance Misuse Resources (55%). There were different types of mental health challenges identified for Arkansas. These include crisis intervention, mental health and suicide prevention, substance abuse prevention and treatment etc.

3. Jail and Prison Overcrowding (36%). This was ranked as a high priority by respondents. Within the corrections & community corrections responses, the ability to hire and retain qualified staff ranked as the number one concern. This was followed by diversion and alternatives to incarceration, re-entry, and smart probation/parole programs.
Below are the overall challenging issues compiled from the survey results.

Law Enforcement
- Drug enforcement 53%
- Workforce/hiring and retaining qualified staff 37%
- Crisis intervention/mental health/suicide prevention 36%
- Training 32%
- Equipment 28%
- Violent crime reduction 27%
- School/youth related programs 2%

Violent Crime
- Domestic violence 63%
- Jail/prison overcrowding 44%
- Child abuse/neglect 31%
- Aggravated assault 29%
- Gun violence 28%
- Police/community relations 21%

Prosecution, Court & Indigent Defense
- Specialty courts 43%
- Forensic social workers, mental health liaisons 26%
- Training 24%
- Court technology 22%
- Gun/violent crime/gang prosecution 21%
- Civil/involuntary commitment 16%

Prevention & Education
- Substance abuse prevention 79%
- Juvenile delinquency/at-risk youth prevention 56%
- Youth mentoring 38%
- Gang prevention 22%
- Suicide prevention 22%

Juvenile Offenses
- Substance use and prevention 43%
- Delinquency prevention 29%
- Mental health/suicide prevention 27%
- Misuse of medications/access to prescribers 13%

Corrections/Community Corrections
- Workforce/hire and retain qualified staff 46%
- Diversion/alternatives to incarceration 39%
- Reentry 38%
- Smart probation/parole 38%
- Assessment, evaluation, benefit eligibility/enrollment 25%
- Special population programming 19%
- Addressing historical trauma in the offender population 17%

Recidivism & Re-entry
- Reducing adult offender recidivism 47%
- Employment 42%
- Access to treatment programs 30%
- Improving reentry efforts for adults 26%
- Housing 25%
- Community supervision of offenders 22%
- Mental health/suicide prevention and intervention 21%
- Transitional living 18%
- Misuse of meds/access to prescribers 11%
- Chronic health conditions/access to healthcare 5%
- Benefit enrollment 4%

Drug Treatment & Enforcement
- Co-occurring mental illness or other chronic health conditions 56%
- Secure/corrections-based treatment 45%
- Sober housing 43%
- Workforce/hire and retain qualified staff 37%
- Multi-jurisdictional drug enforcement partnerships 32%
- Drug-addicted mothers/pregnant mothers 22%

Drug Threats & Drug Related Crime
- Opioids/methamphetamines/other drug use 72%
- Reducing drug-related crime 53%
- Substance abuse prevention and education 48%
- Reducing drug threats 35%
- Drugs in school 20%
- Alcohol offenses 13%
- Legalized marijuana 13%

Planning, Evaluation & Technology
- Automated information sharing – justice system partners 54%
- Strategic planning/determining priorities 50%
- Automated information sharing – community services 47%
- Criminal records improvement 39%
- Developing outcome measures/program evaluation and research 35%
- Forensic science crime labs 29%
Crime Victim & Witness
- Children exposed to violence, physical abuse or neglect 50%
- Drug-endangered child abuse/neglect services 39%
- Family violence/interpersonal violence advocacy 30%
- Sexual assault/child victims 26%
- Sexual assault/adult victims 17%
- Court-based victim advocates 17%
- Witness intimidation/harassment 13%
- Family justice centers 12%
- Population-specific services 11%
- Restorative justice initiatives 10%
- Human trafficking victim services 7%

Mental Health
- Evaluation/assessment of mental disorders, substance abuse disorders and co-occurring disorders 50%
- Residential inpatient behavioral health treatment programs 47%
- Outpatient/community-based behavioral health programs 35%
- Crisis Intervention Team (CIT) training and support 29%
- Training 24%
- Secure/corrections-based behavioral health programs 23%
- Workforce/hire and retain qualified staff 20%
- Suicide risk assessment, response and protocols 17%
- Housing 16%
- Benefit enrollment and eligibility determination 6%
- Language Access 4%

SECTION 5: JAG SELECTED PRIORITIES: GOALS AND OBJECTIVES

Arkansas’ Strategic Planning Core Team reviewed and discussed the results of the survey as well as the available resources to address the challenging issues. The Core Team decided the strategic plan would focus on the JAG purpose areas of Law Enforcement, Prevention and Education, and Behavioral Health.

PROIRITY ONE: LAW ENFORCEMENT

To focus on Multijurisdictional Drug Task Forces (DTFs) and support capacity to prevent and combat criminal activity; to continue to support local law enforcement equipment needs/field operations

As a primarily rural state, Arkansas experiences a difference in the financial resources available to urban areas versus rural communities. Higher population concentrations result in a higher tax base which gives urban areas more funds for combating drugs and violent crime. Urban areas are better able to cover the cost for
their own law enforcement needs. Rural areas, on the other hand, must rely on collaborative efforts and cooperation, pooled resources and external support to meet most requirements beyond their basic needs. Grant funds available through JAG have focused on such endeavors as providing support for rural narcotic/drug enforcement and crime control.

The responsibility for eradicating the drug and violent crime problem rests with the law enforcement component of the criminal justice system. It has been the practice of the Arkansas Alcohol and Drug Abuse Coordinating Council (the Council) to utilize JAG funds in its long-term strategy to support law enforcement with their drug and violent crime efforts. This effort has been focused on rural areas of the State.

Arkansas has chosen to utilize the concept of multi-jurisdictional task forces, as the most effective means of increasing an area’s capability of dealing with drug and violent crime issues. Most law enforcement agencies are very small in terms of manpower, and cannot devote a significant effort toward specialty enforcement, such as narcotic offense. Consequently, the State will continue to focus its use of JAG funds to support regional narcotics enforcement, utilizing the Multi-jurisdictional Task Force approach. Their goals will be to reduce the availability of illicit drugs; to disrupt and dismantle to defeat drug traffickers through attacking their supply chain, production, infrastructure and financial activities.

Some minimal law enforcement needs continue to be met using local law enforcement grant funds (“less-than-$10,000” jurisdiction). The state-administered funds are directed solely to agencies that do not receive direct funding from the Department of Justice. These funds are used to enhance the ability of rural local police agencies to purchase small amounts of enforcement needs and safety equipment. Approximately 200 local law enforcement agencies are provided grant funds every other year through this program.

GOALS AND OBJECTIVES: LAW ENFORCEMENT

Goal Statement: To build capacity and provide resources to enforce state and local laws while strengthening collaborative involvement of criminal justice agencies and personnel to reduce all types of crime and to reduce the illicit drug supply and demand

Objective #1: To support the nineteen (19) multi-jurisdictional task force state funded programs that integrate federal, state and/or local drug law enforcement agencies and prosecutors for enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations

Objective #2: To support the “less-than-$10,000 jurisdiction” approximately 200 through subgrants to support law enforcement training, supplies, and equipment needs
PRIORITY TWO: BEHAVIORAL HEALTH

To focus on improving collaborative efforts with behavioral health and the criminal justice stakeholders, through training/education/awareness and expanding peer recovery initiatives and crisis intervention efforts.

Co-occurring disorder diagnosis, including substance use disorders, continue to increase. The community faces daily challenges with addressing the distinction between cognitive, behavioral, and physiological issues, especially in the criminal justice arena. According to National Survey on Drug Use and Health, an estimated 20.7 million Americans need treatment services, with most not seeking treatment. There is a need to improve the availability and quality of treatment. Additional needs include diversion programs in lieu of arrests and the expansion of peer recovery support services for providing a bridge between formal systems and services.

In the Department of Corrections, the inmate disciplinary data reported for fiscal year 2018 that 1.85% of the inmates were charged with use of drugs, alcohol, chemical substances. 75% of inmates charged refused to participate in a treatment program. Of the total Arkansas inmate population, there were approximately 2,000 inmates within 18 months of being released on the waiting list for treatment services. In the seven correctional facilities, there were 603 slots for substance abuse treatment program and 87% of those were occupied. In Arkansas Community Corrections (ACC), there were six community correction centers for residential treatment services. The six units combined had a total capacity of 1,629 beds. At the end of State Fiscal Year 2017, occupancy rate was at 99%. For State fiscal year end 2018 53% of ACC’s population were due to drug possession, delivery, and manufacture of controlled substances and/or related offenses.

Since a significant portion of persons entering the state’s prison system are drug users and abusers, the State has operated a program for many years that provides basic drug treatment to inmates who are determined to have treatment needs. This program uses a basic 30-day treatment approach. However, research has shown that short-term treatment programs have low success rates. The ACC is utilizing grant funds provided through the Residential Substance Abuse Treatment (RSAT) for State Prisoners program to provide a nine-month treatment program for inmates prior to their release. These inmates are screened to determine if they are likely to benefit from the treatment program. For those that remain under state supervision after their release (parole), the program provides for extended aftercare services. A jail-based RSAT program has been successful and provides substance abuse treatment services for 3-months to inmates.

GOALS AND OBJECTIVES: BEHAVIORAL/MENTAL HEALTH

Goal Statement: Improve crisis intervention across the state through collaborative efforts of stakeholders from the mental health, substance abuse and criminal justice
partners to address the appropriate services and course of action for persons in the criminal justice system identified with behavioral health co-occurring/disorders.

Objective #1: Increase the total number of persons trained by 5% from the previous year by supporting at least one initiative that provides mental health/behavioral health trainings (in-person and online). These will be designed to educate law enforcement and criminal justice personnel statewide on appropriate referrals and course of action by September 2025.

Objective #2: Increase the utilization rate by 10% from the previous year through coordination of criminal justice personnel and law enforcement, by supporting initiatives that will enhance the capacity of the four funded crisis stabilization units by September 2025.

Objective #3: Increase methods of communication by 100% among treatment providers and criminal justice partners by establishing a mechanism to effectively communicate and build relationships among local treatment providers and law enforcement/criminal justice personnel through collaborative efforts and information sharing between agencies by September 2025.

Objective #4: Increase the number of individuals and/or family members who access peer recovery by 90% from the previous year by supporting at least one project that enhances peer recovery (specialists) activities throughout the State. The project will support collaborative efforts that embed social services with law enforcement to rapidly connect individuals at risk and/or survivors and their families with substance abuse and behavioral health treatment providers by September 2025.

Objective #5: Improve criminal detention centers capacity by supporting at least one treatment program that is designed to meet the needs of adult and juvenile drug-dependent and alcohol-dependent offenders by September 2025.

Objective #6: Improve criminal justice agencies capacity to provide behavioral health services to offenders detained by law enforcement by supporting at least one program designed to identify treatment resources and provide services for offenders.

**PROIRITY THREE: PREVENTION AND EDUCATION**

*To focus on increasing prevention and education programming that supports crime reduction or additional criminal activity including evidence-based/community approaches. This will allow criminal justice personnel and law enforcement to address mental health and substance use disorders effectively.*

Preventing drug use before it starts is a fundamental belief of a comprehensive approach to drug control. Prevention works when implemented through evidenced-based programs that are focused on specific audiences. Arkansas seeks early
intervention through media campaigns and projects that increase protective factors and reduces risk factors. As outlined in the 2019 National Drug Policy statement, there is a need to combine two or more evidence-based elements to be more effective in reducing treatment and criminal justice costs. This plan will allow the continuation of addressing universal interventions that reduce specific behavioral health problems; selective interventions that are delivered to specific communities due to exposure to certain environments; and other appropriate interventions that are directed to those already involved in risky behaviors or developing/illustrating problem behaviors.

Since its creation in 1989, the Council has considered prevention and education as a vital component in the overall strategy for addressing substance/drug and crime control. Substance misuse prevention was identified as one of the top three greatest challenges.

Direct activities to support prevention and education occur at the school district and community levels. In Arkansas, this means collaborating and partnering with more than 250 school districts and over 350 incorporated towns and cities. However, it is recognized that there is a need for additional resources to support prevention and education activities as it relates to law enforcement/community policing and the criminal justice system.

This plan will address certain problems rather than attempt to spread a limited amount of funds across the State. One focus area will be on high crime areas and statewide programs operated through a state agency that can implement programs throughout the state (i.e. evidence-based programs).

There is a need to support juvenile community service programs that divert first time offenders from an extended pattern of crime through community service, restitution and education activities. Program statistics indicate that diversion programs have been highly effective in preventing recidivism by program participants. The plan will continue to support projects of this nature as a crime prevention measure in areas that experience high levels of juvenile crime and drug use.

The plan will support design and implementation of programs that interact with law enforcement or the criminal justice system that can be operated statewide. Such programs that consist of going into the classroom and instruct juveniles on the law as it applies to them, and to have an adult official advise them of the legal consequences of violating the law.

GOALS AND OBJECTIVES: PREVENTION AND EDUCATION

Goal Statement: By September 2025, improve substance misuse prevention education and crime prevention by increasing the total number of evidence-based strategies and diversion programs implemented that focus on non-violent or drug related offenders
Objective #1: Support at least one (1) program or project to divert juveniles who are first-time offenders from further acts of criminal behavior by September 2025.

Objective #2: Support at least one (1) program or project that increase the number of evidence-based re-entry programs or projects that addresses the recidivism rate as well as sustain recovery for individuals with mental health/co-occurring disorders by September 2025.

Objective #3: Support projects that increase the participation of law enforcement and criminal justice personnel to support military efforts of implementing demand-reduction education and community programs or similar projects such as socio-economic and collaborative leadership models.

Objective #4: By September 2025, support at least three (3) projects that increase the number of alternative programs that prevent detention, jail, and prison for persons with prior criminal history who pose no danger to the community.

Objective #5: By September 2025, support at least one (1) project that would increase the capacity to conduct various prevention screenings of offenders and assist courts in making appropriate referrals to prevention and educational programs.

SECTION 6: ALLOCATION OF FUNDING: JAG PURPOSE AREAS

The State of Arkansas has three priorities that are included in the 2020-2025 Strategic Plan. The State is currently funding the law enforcement priority. During year one, 100% of pass-through funds will support the Multi-jurisdictional task forces operations which is Priority One-Law Enforcement. Year 2 through Year 5, five percent (5%) of the JAG pass-through funds will be allocated to support Priority Two-Mental/Behavioral Health projects and initiatives. For Priority Three-Prevention and Education, funds will be allocated for Year 3 through Year 5 at five percent (5%). See table below for an illustration of the proposed funding allocation for the next five years.

<table>
<thead>
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<th>FUNDING ALLOCATIONS</th>
<th>Year 1</th>
<th>Year 2</th>
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<tr>
<td>Percent of VPT (JAG)</td>
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<td>Prevention/Education</td>
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<td>Percent of VPT (JAG)</td>
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</table>
The Arkansas Alcohol and Drug Abuse Coordinating Council (AADACC) was established by Act 855 of 1989 and Act 551 of 1995. The Council is composed of twenty-seven (27) members, thirteen (13) of whom are administrative officers or their designees, confirmed by gubernatorial appointments, including the Drug Director, the Director of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) of the Department of Human Services, the Director of the Arkansas State Police, the Commissioner of Education, the Director of the Arkansas Department of Transportation, the Director of the Department of Correction, the Director of the Department of Finance and Administration, the Adjutant General of the Arkansas National Guard, the Attorney General, the Director of the State Crime Laboratory, the Director of the Office of Alcohol Testing of the Department of Health, the Director of the Administrative Office of the Courts, the Director of the Department of Community Correction, the Department of Correction, the Commissioner of Agriculture, the Adjutant General of the Arkansas National Guard, the Attorney General, the Director of the State Crime Laboratory, the Director of the Office of Alcohol Testing of the Department of Health, the Director of the Administrative Office of the Courts, the Director of the Department of Community Correction, and the Director of the Administrative Office of the Courts.

Other members, appointed by the Governor for three-year terms and who will not serve more than two consecutive terms in the same position, include:
- one (1) police chief
- one (1) county sheriff
- one (1) drug court judge
- one (1) prosecuting attorney
- a private citizen not employed by the state or federal government
- a director of a publicly funded alcohol and drug abuse treatment program

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- one (1) drug court judge
- one (1) prosecuting attorney
- a private citizen not employed by the state or federal government
- a director of a publicly funded alcohol and drug abuse treatment program
a school drug counselor
a director of a drug abuse prevention program
a director of a driving while intoxicated program
a health professional
four (4) members from the state at large who have demonstrated knowledge of, or an interest in, alcohol and drug abuse prevention at least two (2) of which shall be recovering persons.
the United States Attorney for Arkansas or his or her designee shall serve on the council in an advisory capacity. (Ark. Code Ann. §20-64-1002).

The Law Enforcement Committee of the Council. The primary responsibilities of the Law Enforcement Committee are developing funding strategies and overseeing awards of the Edward J. Byrne Memorial Justice Assistance Grant (JAG) Program from the U.S. Department of Justice, the State Drug Crime Enforcement and Prosecution Grant Fund, and the Special State Asset Forfeiture Funds. In addition, the committee reviews requests from units of state and local government including cities, counties, state agencies, prosecuting attorneys, circuit judges, and various law enforcement agencies, municipalities, and drug task forces for funding from recovered grant funds administered by the Council. The Law Enforcement Committee is also responsible for providing recommendations to the Council for the awarding of state and federal funds for drug interdiction, eradication, education, rehabilitation, and drug courts.

The Arkansas statutes that created the Arkansas Alcohol and Drug Abuse Coordinating Council gave final authority for making decisions regarding grant funding. This authority for making funding decisions extends to grants for enforcement, treatment and education/prevention.
Arkansas Department of Finance and Administration
Intergovernmental Services
State Administering Agency (SAA)
1515 West 7th Street
Little Rock, Arkansas 72203
AR JAG Data Analysis
AR rate = 3078 in 2017, highest in 2007 = 3955
US rate = 2362 in 2017, highest in 2007 = 3276
Steady decline, similar to national trend
Ranked 5th in ‘Most Challenging Issue’ in survey results (30%)

US rate = 394 lowest = 361 in ’14, highest 471 in 07.

Similar trend nationally, but clearly much higher rate than national average.

Rate = # of offenses/population*100K

Ranked 6th ‘Most Challenging Issue’ in Survey results (28%)
AR rate significantly higher than national average, trending upward. AR = 8.6, US = 5.3
Rape rates have increased significantly in ‘15-16. Legacy definition includes ‘forcible’, revised does not.
AR legacy 2016 = 72, US = 30
AR continues to be well below national average, following national trend.
Yikes. AR rate = 413, US = 248. 12425 in ‘17, up from 9796 in ‘13. over 25% increase in 4 years.
2017 Top Ten Offenses

- All Other Offenses (Except Traffic) - 47%
- Drug Abuse Violations - Grand Total - 15%
- Stolen Property: Buying, Receiving, Possessing - 10%
- Simple Assault - 5%
- Disorderly Conduct - 5%
- Drunkenness - 3%
- Larceny - Theft - 5%
- Driving Under the Influence - 5%
- Aggravated Assault - 2%
- Burglary - 2%
Of the identified crime types, drug violations account for nearly 10% of all crimes, followed closely by theft. Simple Assault is 8.6%, Aggravated assault is 2.5%.
Person Crime Arrests

- Simple Assault
- Aggravated Assault
- Robbery
- Rape
- Sex Offenses (Except Rape, and Prostitution and Commercialized Vice)
- Murder and Nonnegligent Manslaughter
- Manslaughter by Negligence
Combined drug arrests for all offense and substance types in the last seven years
Top 20 City Drug Offenses

Top 22 – Mountain Home had 614, next city (Beebe) had 488. Again, this is the total drug offenses in cities – another look at the volume of arrest activity.
Attempted to identify which jurisdictions had the highest rate of drug offenses comparatively. All drug related offenses, violations, equipment / all offenses...controlled for a minimum of 50 offenses. Will need to clarify with AR stakeholders, but assume that a single incident includes multiple offenses – hence the numbers over 100%
Controlled for >50 offenses. All drug offenses / population.
Top 20 counties by all offenses. Unfortunately, population isn’t readily available and rates aren’t possible. White, Independence, and Baxter are considered ‘Non-metropolitan’ counties...
Another look at total drug offenses, violations by county. Again, rates aren’t available – so this is volume.
State of Arkansas

JAG 2019 Strategic Planning Core Team

Focus Group Call Summary

The Arkansas State Administering Agency (SAA) has requested training and technical assistance from the National Criminal Justice Association (NCJA) to assist them in the development of their 2019 Byrne JAG Strategic Plan. This plan is a new requirement for the FFY19 Byrne JAG solicitation and is in response to amendments made in the federal Justice for All Reauthorization Act, passed in December 2016.

The Arkansas SAA developed and disseminated a stakeholder survey, collecting responses from December 16, 2018 through February 22, 2019. A total of 843 surveys were submitted, with 658 of the comments completed. (A survey is considered complete when the user clicks through to the end of the survey and clicks the submit button, regardless of whether they answer all questions in the survey.) Only completed surveys were referenced in the summary report provided by NCJA to the SAA in April 2019. Additional supporting data analysis was provided by SEARCH, a partner in this technical assistance program. Both reports are incorporated by reference.

Following review of the reports, the Arkansas SAA hosted an onsite strategic planning session. The goals for that meeting were to review the survey results and narrow priorities for inclusion in the 2019 Byrne JAG Strategic Plan.

Participants are noted here with the justice system program they are representing: George Weaver (Treatment); Janet Hawley (Administrative Office of the Courts); Joe Martin (Health and Human Services); Christopher White (Prevention); Hayes Minor (Law Enforcement); Ben Udochi (Corrections); Paul Stevens (Reentry); Matt Burks; Sharron Mims; Kenya Buffington; Autumn Hemphill; Kirk Lane and Amanda Coscia, NCJA.

The group spent the morning session discussing the greatest challenges facing their segments of the justice system. These are noted below. Behavioral health (mental health & substance abuse); workforce challenges and the need for increased collaboration were heard throughout this discussion.

**Greatest Challenges Discussion:**

- Accessibility to illicit substances
- Gap between law enforcement/prosecution/courts/treatment when it comes to reentry/recidivism
- Mental Health Accessibility – lack of access to crisis intervention/treatment resources
- Specialty Courts Division – understaffing and lack of training for community corrections officers on how to run treatment court programs
• Challenges with Youth substance abuse – need for additional prevention
• Years spent criminalizing addiction
• Collaboration between ADC and ACC
• Post release challenges – offender relapse/housing/employment
• Collaboration between agencies working with justice involved families and those working with adult offenders is lacking
• Need for additional staff in DTFs to follow up with individual after an overdose
• Larger drug courts significantly understaffed – unable to handle caseload
• Jail Overcrowding
• Domestic Violence leads in crimes against persons each month
• Workforce development/hiring is a serious problem
• Meth still number one drug threat but lacking resources to deal with it properly
• Lack of residential substance abuse treatment programs
  ▪ Lack of MAT and staff with credentials to delivers MAT
  ▪ Have 75 counties but only 37 have ability to deliver MAT to patients
• HHS often has issues collaborating with Law Enforcement – have looked into CIT training for officers statewide but cost is too high
• Need for more input from public defenders regarding diversion programming

This group spoke favorably about the CIT Steering Committee and said that positive results were being realized after only 6 months. Specialty and treatment courts are also showing some success but are often understaffed or resourced which limits their impact. The Peer Specialist program is going well, and the group identified opportunities for expansion of this program through pilot projects in re-entry; jail diversion; emergency rooms and inmate programs.

The group then spent the afternoon setting priorities for this Byrne JAG strategic planning effort. These are detailed below.

1.) Law Enforcement: focus will be on DTFs and how we can help to re-educate/improve training and collaboration
   o Provide training for officers on how to handle situations where there are mental health/substance abuse issues
   o Leverage Health Dept. dollars to help DTFs?
   o CIT certification/collaboration?
2.) Prevention/Education:
   o Funding for a diversion program that addresses mental health/substance use disorder
3.) Behavioral Health: Focus on training/collaboration, treatment courts/peer specialists
   o Combining peer specialists and drug courts/mental health courts
Three priority purpose areas were determined to be of greatest need including Law Enforcement; Behavioral Health; and Prevention/Education. Additional stakeholder engagement was developed to further define the scope of work and desired outcomes. Three workgroups were established to review the purpose area priorities, identify existing resources, explain possible barriers or challenges, and begin to outline goals and objectives within each purpose area.

A worksheet was developed and distributed to all workgroup members and a summary of each purpose area was provided to NCJA as the technical assistance provider. NCJA then reviewed these notes and scheduled a series of three conference calls with the workgroup members to further define desired outcomes and goals.

**Workgroup 1 – Law Enforcement Priority**

*Call participants included:* Chief Hayes Minor, Nathan Smith, Autumn Hemphill, Kenya Buffington, Mo West (SEARCH) and Deb Matteucci (NCJA).

*Other workgroup members* who submitted comments but were unable to join the call included: Director Kirk Lane, Joe Martin, Judge Steve Tabor, Lt. Col. Chuck Vereen & Janet Hawley

*Existing resources* to address this Law Enforcement Priority were identified as Byrne JAG (the funding source that is the center of this planning effort); SSAF and DCAF. No barriers or challenges were identified.

**Goals & Objectives:**

The four goal statements were reviewed with the group and the following recommendations were determined:

1. Continue the funding of drug task force operations with mandatory reporting requirements to address desired outcomes. These may include an increase in the number of drug seizures; and increase in the number of drug trafficking organizations that are disrupted or dismantled, an increase in the number of DTF officers who receive specific training on behavioral health issues and system resources; and an increase in the number of community engagement events.

2. Consider use of the recently approved Uniform Program Operations guide to determine funding distribution levels for the various drug task forces in the state.

3. Partner with the Arkansas Dept of Health to leverage funding for additional Narcan, education or training & prevention efforts. Possible sources identified include the COAP grant, Prescription Drug Monitoring program funds; and state block grant dollars.

4. Crisis Intervention Team training is now mandated for a minimum of 10% of the officers within each law enforcement agency. Consider a partnership with the CLEST to determine the baseline of number/percentage of officers trained and then offer training events to address shortages and increase the percentage of officers trained.
5. Discussion of the development of the Mental Health 1st Aid (MHFA) curriculum as a baseline of training for all new law enforcement officers through the state academy and as an outreach program to bring mental health training and awareness to officers, with special emphasis towards DTF officers.

6. Discussion of grant funds awarded to those agencies with less than $10,000 awards. Possible options include use of a waiver, enabling the SAA to roll less than $10K funds into a larger pool of funds for statewide projects; bulk buy for equipment needs to garner discounts where available; and conducting a needs assessment of these agencies to better determine need.

Ultimately, the workgroup determined that they would like to see the funding for Law Enforcement Purpose Area be directed to multi-jurisdictional drug task forces but with expanded scope and outcome measures to be applied to this funding. Specifically, outcome measures related to reductions in drug crime or an increase in seizures/dismantling of DTOs was desired.

Workgroup 2 – Behavioral Health

Call participants included: George Weaver, Paul Stevens, Ben Udochi, Autumn Hemphill, Kenya Buffington, Sharron Mims, Mo West (SEARCH) and Deb Matteucci (NCJA).

Other workgroup members who submitted comments but were unable to join the call included: Janet Hawley, Judge Tabor, Nathan Smith.

Existing resources to address this Behavioral Health Priority were identified as state contracts with 8 service providers; statewide medication assisted treatment program; statewide naloxone program; DAABHS Partnership with Community Corrections; Crisis Intervention Centers; Specialty/Treatment Court Program; Peer Recover Specialist Program and Grant Opportunities.

Barriers/Challenges to address Behavioral Health were identified as lack of recognition of state approved behavioral health credentials for service reimbursement by Medicaid and insurance; limited access to services in more remote areas of the state; lack of collaboration between DAABHS, credentialing boards and universities to grow more behavioral health professionals; legalization of medical marijuana; presence of policy that may prevent peer recovery specialists from working with treatment court participants and other probationers and parolees.

Goals & Objectives:

The four goal statements were reviewed with the group. It was determined that many of the recommendations were policy oriented more than program implementation strategies or activities that may be completed using grant funds. That said, the group made several recommendations both inside and outside the scope of the Byrne JAG grant program as follows:
1. Improve statewide access to substance use disorder and mental health treatment by expanding the number of state contracts from eight service providers to twelve by a date certain. Though no additional funding may be available, the group felt that an increase in the number of contracts may increase access to areas of the state not currently served by the 8 providers.

2. Explore the use of telemedicine as an option for expanded access to behavioral health treatment. JAG funds may be a source to purchase equipment where services could be funded within existing Medicaid or private insurance programs. The group recommended research into geographic areas that are successfully using telemed services and perhaps development of a pilot project for expansion into an underserved area.

3. Provide training for treatment court professionals and law enforcement in all counties of the state on the benefits and uses of medication assisted treatment by a date certain.

4. Provide training for treatment court professionals and law enforcement on the benefits and uses of Peer Recovery Specialists as a resource for diversion.

5. Expand the naloxone program to all 75 counties by a date certain to ensure access in all rural areas.

6. Develop a team of stakeholders to address desired policy changes. Grant funds may be used to support the efforts of the workgroup including meeting space, admin support and materials. Policy goals include the following:
   a. Amendment to state approved credentialing program for mental health and substance abuse treatment providers
   b. Form a policy committee representing all applicable agencies that would report to the Drug Director’s Office on topics of concern.
   c. Expand requirements for service providers to include statewide service coverage via physical presence or telemedicine services.
   d. Address DEA requirement challenges that providers have when prescribing some medications for medication assisted treatment.
   e. Consider options to streamline Medicaid billing or create efficiencies for smaller agencies as many do not access this funding source as billing is costly and expensive to implement.

**Workgroup 3 – Prevention/Education Priority**

*Call participants included:* Matt Burks, Joe Martin, Sharron Mims, Paul Stevens, Lt. Col Vereen; Chris White, Autumn Hemphill, Kenya Buffington, Mo West (SEARCH) and Deb Matteucci (NCJA).
Other workgroup members who submitted comments but were unable to join the call included: Janet Hawley, Director Kirk Lane, Tina Radley,

Existing resources to address this Prevention/Education Priority were identified as Current crisis stabilization units (estimate 3); current drug courts and existing curriculum for socioeconomic training

Barriers/Challenges identified include limited funding opportunities; the lengthy contracting process to host training events; siloed funding; and limited buy-in from law enforcement leadership as their limited staffing does not enable them to send officers to existing training

Goals & Objectives:

The eight goal statements were reviewed with the group and the following recommendations were determined:

1. Increase utilization of the Restore Hope diversion program or other successful models through pilot project implementation, development and delivery of training on evidence-based programs, and use of Peer Recovery Specialists where feasible to implement diversion initiatives.
2. Create programs to address the specific educational needs of non-violent drug offenders. This is a large population in need of mental health training, self-care; career planning, etc. Research discussed suggests that community gaps between social classes create opportunities for engagement. Bridges out of Poverty is example of successful curriculum.
3. Expand use of the Socioeconomic training program for law enforcement by developing a train the trainer curriculum and target DTF officers as possible lead trainers. DTF officers are respected and can serve as a convener for these trainings using a community policing model that engages all community partners in training and program development.
4. Create regional collaborative leadership models like the Crisis Intervention Team (CIT) model developed in Memphis, TN. This could be patterned on judicial districts. The teams would be responsible for the development of training curriculum and engagement of community stakeholders. Other partners might include faith-based community, employment, housing, etc. Curriculum would be geared towards a collaboration model.
5. Increase the number of CIT trained officers by providing regional trainings. The northwest portion of the state has well established CIT Programs and may serve as a model for implementation.
This group had a lengthy discussion of prevention and current philosophical approaches to prevention. They desire an ongoing dialogue to identify what does prevention mean, how do we do it, is this the model we want to continue and are there other parenting/child development efforts that could be implemented. Additional prevention efforts were discussed but were determined that they may fall outside the scope of the Byrne JAG program. They are noted here for reference and consideration.

1. Secure funding for prevention efforts through a fee assessed against drug possession, distribution and intoxication related citations.
2. Include substance abuse prevention education in schools and expand the amount of time spent on such training by 50%
3. Make the Arkansas Prevention Needs Assessment Survey a mandatory tool for all schools receiving state tax dollars.
4. Increase taxes on alcohol, tobacco and marijuana to fund prevention, task forces, and other behavioral health and prevention related activities.

Next steps in this planning process were determined to be a presentation of draft recommendations to the Advisory Council on June 20, 2019. The final strategic plan is to be submitted with the Arkansas Byrne JAG application on June 25, 2019.
Arkansas JAG Stakeholder Survey

Data Summary Report

The Arkansas JAG Survey opened on December 16, 2018 and closed on February 22, 2019. A total of 843 surveys were submitted, with 658 of the comments completed. (A survey is considered complete when the user clicks through to the end of the survey and clicks the submit button, regardless of whether or not they answer all questions in the survey). Only completed surveys are used in this analysis.

DATA SUMMARY¹

1) Geographic representation: Respondent agencies primarily serve rural counties (62%). All counties are represented in the survey, either with respondent agencies serving these counties exclusively, or as part of statewide services. The majority of respondents (13%) are employed in agencies that provide services statewide. This is followed by respondents whose agencies exclusively serve Pulaski (9%), Washington (7%), Arkansas (7%), Benton (5%), and Jefferson (5%) counties.

2) Employment sector: the majority of respondents (71%) are employed in state government. Less than a quarter of respondents work in local government (20%) or private sector/nonprofit agencies (9%, and of these, more than 40% provide mental health or substance abuse services). None of the respondents represent tribal agencies.

<table>
<thead>
<tr>
<th>Respondent/Agency Role</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parole/probation/community corrections</td>
<td>37%</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>23%</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>11%</td>
</tr>
<tr>
<td>Corrections</td>
<td>9%</td>
</tr>
<tr>
<td>Prosecution</td>
<td>7%</td>
</tr>
<tr>
<td>Victim services/assistance</td>
<td>5%</td>
</tr>
<tr>
<td>Other specified roles¹</td>
<td>4%</td>
</tr>
<tr>
<td>Courts</td>
<td>2%</td>
</tr>
<tr>
<td>Education/youth programs</td>
<td>1%</td>
</tr>
</tbody>
</table>

¹ View all summary data at: https://www.surveymonkey.com/results/SM-JR8BZC57V/
² Including: drug task force, prevention, administration, advocacy and legal aid, food service, sexual assault coalition, employment and community services; substance abuse counseling; human resources coordinator; technical assistant; elected official and local government; fiscal officer; forensics; and a combination of roles.
3) **Respondent/agency role:** all respondent roles are represented, and no group is significantly over-represented in the data (see above table). The largest respondent group (37%) represents parole/probation/community corrections.

<table>
<thead>
<tr>
<th>Social services</th>
<th>&lt;1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Justice</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Defense</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

4) **Most challenging issues:** “Opioids/meth/other drugs” and “mental health/substance abuse resources” are the most challenging issues (cited by 70% and 55% of respondents, respectively).

<table>
<thead>
<tr>
<th>Most Challenging Issues</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids/meth/other drugs</td>
<td>70%</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse Resources</td>
<td>55%</td>
</tr>
<tr>
<td>Jail/prison overcrowding</td>
<td>36%</td>
</tr>
<tr>
<td>Housing/employment for offenders</td>
<td>30%</td>
</tr>
<tr>
<td>Property Crime</td>
<td>30%</td>
</tr>
<tr>
<td>Violet Crime</td>
<td>28%</td>
</tr>
<tr>
<td>Assault/crimes against persons</td>
<td>25%</td>
</tr>
<tr>
<td>Workforce/hiring qualified staff</td>
<td>22%</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>17%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>15%</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>14%</td>
</tr>
<tr>
<td>Legalized marijuana/alcohol offenses</td>
<td>11%</td>
</tr>
<tr>
<td>Police/community relations</td>
<td>9%</td>
</tr>
<tr>
<td>Human trafficking</td>
<td>4%</td>
</tr>
</tbody>
</table>

5) **Data analysis and information sharing resources:** The majority of respondents (62%) more positively about agency access to resources for storing, managing, accessing and sharing data. It is worth noting that 13% of respondents were not sure how to respond.

About three-quarters of respondents reported that their agencies use an automated data system. Of these respondents, more than half (57%) said it is easy to access information. Again, about 16% of respondents did not know how to respond.

Only 18% of respondents said they do not share information electronically with justice system partners. More than half of respondent agencies share information
electronically with law enforcement (57%), followed by the courts (47%), corrections (45%), prosecution (34%), detention (30%), dispatch (22%), community services (19%), defense (11%) and other specified agency types (7%), including substance abuse providers, probation and parole officers, and shelters.

When asked about data and technology needs, increasing data storage and processing capabilities; upgrading basic technology (servers, computers and internet); and sharing information with other agencies were among the most frequently cited issues.

Open-ended responses are listed below:

- A server with adequate storage capacity
- Ability to evaluate data over the lifecycle of an individual’s time in the system
- Ability to run reports more easily
- Access to data post-disposition
- Access to download pertinent information from AOC
- Access to electronic court records and law enforcement records
- Access to local sheriff's office fine payment status on offenders
- Access to other agencies files and information
- Access to state-wide data to use as a comparison
- Access to timely, accurate public health data
- Access to unencumbered monies
- Accurate death reporting/results on opioid deaths.
- Additional storage
- Adequate equipment
- Affordable software training
- And, then the ability to reaches the data later.
- Awareness challenges that we will face, as we encounter each offender (ex: if they have a mental issue, supervisors need to be made aware of it)
- Awareness of current and local resources
- Bandwidth
- Better IT staff
- Body/in-car camera video and server storage
- Case management system upgrades
- Cell service
- Change email system to be Microsoft-based rather than IBM-based so compatible with our automated case software.
- Cheaper and updated software and wireless access
• Collaboration/coordination with other agencies
• Communication between technology and field officers
• Communication in the field
• Communication with other agencies
• Compatibility with other systems to share data
• Complicated and impossible to use in real time.
• Computer-aided crime solving
• Contexte and is a 25 + year old system
• Courtroom access to files
• Crime Mapping and Evidence Tracking
• Criminals are migratory and law enforcement agencies are still not connected via their reporting software
• Data analysis
• Data entry is inconsistent
• Data sharing among law enforcement and human services agencies
• Database to record previous, current, and future stats
• Difficult to find information because stored in different places
• E Cite, ACIC Terminals
• eCrash/eCite and in-car report capability
• Electronic citations, crash reports, and warnings
• Electronic medical record system
• Eomis
• Faster access
• Faster internet services, update software, newer computers
• Faster Networks and keep newer computers
• Fee notices, employment, mental health resources
• financial to be able to purchase and / or upgrade
• Full access to Court Connect for the state and automated ACIC/NCIC runs for all offenders
• Funding for Technology
• Funding to pay dues to agencies such as ROCIC
• Funding to purchase storage to convert hard copy files into digital files.
• Gather accurate substance abuse data for the state
• Get NIBERS or Crime Star
• Getting information out to the public to view themselves
• Getting technology to our front-line officers, support staff and administration have technology available
• Higher-capacity data server
• Hiring information/housing
• Huge variation among the counties in quality of internet access and data input quality for those agencies who have the technological capabilities
• If higher level administration has the data it is not always making it down to the people actually working the field and behind the bars.
• Implement a case management system
• Improve ability to run full statistical reports from our database per need
• Improve access to complete criminal histories
• Improve access to full ACIC portal
• Improve data/info sharing with other law enforcement agencies
• Improve internal Networking
• Improve officer technology skills
• Improve off-site intranet availability
• Improved access to knowledgeable technology support
• Improved access to law enforcement databases
• Improved network
• Improved RMS software
• Inability to view same data/info as others
• Information shared daily
• Integrated data systems across agencies and reduce barriers to data access
• Integrated systems to reduce multiple technology platforms.
• Lack of a database system
• Lack of enough tech to suit needs
• Laptops for vehicles
• Large amount of data
• Leeds online
• Limited technology
• Low cost digital case management between my two counties.
• Low internet speed, lack of laptops
• MDT in patrol vehicles
• Mental health evaluations from Prison
• Miller County has the automated data system, but Lafayette county has NONE.
• Mobile technology
• Mobility access
• More NCIC
• Move to be fully electronic
• NCIC terminal
• Need a tracking system
• One of the counties is just beginning to scan filings
• Our agency heads use their influence to fudge numbers in their favor. The numbers they produce are false. They are not truthful to the public or legislature.
• Our computers are six to seven years old
• Outcome measures
• Outdated computers and shortage of storage on main server
• outdated computers/ inability to access vmware/hot spots
• Outdated equipment
• Programs Series and Movies for class discussion are outdated
• Radio systems, the newest systems are extremely expensive
• Radios for field officers.
• Real-time case management
• Real-time data from state resources
• Recent Agency Change
• Recognition of and aid provided to University Police Departments
• Records Management System
• Reliable access to the technology. Systems that reflect what the field needs and not what people who don't do the job think we need.
• Report Management System
• Report writing system
• Reporting System to include NIBRS access
• Retaining IT staff becoming cost prohibitive
• risk and needs for individuals that have prior legal issues
• RMS and CAD
• RPS
• Running specific reports on specific populations
• Seems to be internet connectivity issues
• Self-assessing officer profiles
• Share the data
• Shared drive frequently goes down
• Sharing among agencies
• Sharing between agencies is complex and does not flow to the best of its ability
• Sharing information between agencies and pulling information needed on demand-no "dashboard" access
• Sharing information with other agencies
• Sharing information with the courts
• Slow Network and system is too massive. More time is spent entering data than supervising offenders.
• Social media, meeting
• Software systems to record, analyze and publish
• Staff to handle data
• State programs do not interface with each other.
• Statewide incident report system for all agencies to use
• Storage and software
• Storage of data
• Storage of old files
• Storage space
• Surrounding county property crimes
• System is incapable of correctly storing/retaining data
• System locking up or not loading information
• System to allow cross-referencing between providers and law enforcement
• Systems that work and do not need to be rebooted constantly
• Tablets for officers who do not have computer access (we need to know if someone has received a staff booking slip)
• Unable to access files on our own system, such as the S Drive.
• Unified report writing software
• updated computers
• Updated computers and network service
• Updated Computers/Servers/Routers
• updated equipment
• Updated equipment and server space.
• Upgrade CAD and RMS system
• Upgrade case management system
• Upgrade computers and internet connection
• Upgrade hardware and software
• Upgrade internet
• Upgraded technology and equipment is on-going
• User friendly data system and direct access to data needed
• Using real rather than manipulated data a getting real resources to officers in field
• We are in the process of developing a cloud filing to share our files with public defenders and other prosecutors
• We are not financially able to purchase any ADS system that has been pitched to us
We have adequate technology
We need a drive specifically for our department only
We need a program to connect all our data and also electronic signatures/storage for all documentation.
Working jail booking information

6) **Evidence-based practices**: more than two-thirds of respondents (67%) said that their agencies use evidence-based practices and measure the effectiveness of services. Some law enforcement respondents misinterpreted evidence-based to mean evidence used to support investigation. Also, nearly one-quarter of respondents (21%) did not know how to respond.

Respondents who answered in the affirmative were asked to identify the types of EBPs used. Responses are summarized below.

- 570
- 7 strategies for community level change
- AA
- Act 423
- Act 570
- ACT 895
- Adult GED program for offenders
- Advocacy
- All services are evidence-based
- All substance use treatment material
- All training and policies are evidence-based
- Alternative Sanctions and Reentry programs
- American Correction Association
- Anger Management
- Anger Management
- Arkansas Drug Court Best Practices
- Arkansas Offender Risk Assessment
- ARORA
- ASI
- Assessments, treatment curriculum are evidence-based
- behavior modification
- Behavioral-Health Related EBPs
- Best practices
- Case Management protocol
- Case statistics
- ChildFirst
- Citizen Surveys
- Classroom curriculum
- Client evaluations
- Client exit surveys
- Cognitive Behavior Education
- Cognitive Behavior Therapy
- Cognitive Behavioral Education
- cognitive intervention
- collection
- community involvement
- Community policing
- Community programs to assist with jail overcrowding
- comparison and review of results obtained in closed cases
- Conscious Discipline methodology
- Cooperation with many law enforcement agencies
- Correctional Program Checklist
- Counseling
- counseling services
- court system is very much evidence-based
- Crime Gun Initiative
- CSAP strategies
- Curriculum
- daily policy
- Data-driven focused enforcement on drug trafficking and property crimes in neighborhoods
- data-driven resource allocation to target specific crime
- DBT
- Dialectical-Behavioral Therapy
- DK
- DLA-20
- Drug and Alcohol and Mental Health Assessments
- drug class cognitive behavior class
- Drug Court
• drug rehab programs
• Drug Screens
• Drug testing
• Duluth Domestic Violence
• EBD pertaining to supervision of parolees and probationers
• Effective Graduated Sanctions
• EMDR
• Employee evaluations
• employment programs
• Empowerment advocacy
• empowerment model for service delivery with robust client led supportive services
• Evidence-based treatment techniques
• EXIT evaluations upon resident’s departure
• exit surveys
• Expansion of our Community Policing efforts through social media (over 13,000 citizens currently engaged
• Focusing attention on drug users to deter property crimes
• Follow-up through the transition period
• Forensic Interviewing
• forensic medical exams
• future crisis calls
• Graduated sanctions program
• Groups such as Girls' Circle, Boys' Council
• Hazelden
• High-risk high need for drug court
• Holding offenders accountable while providing them with opportunities to become productive citizens
• Hot spot policing
• Illness Management and Recovery
• implementing incentives and sanctions to either reward or correct offender behavior
• increases in knowledge
• individual case evaluation
• Interdisciplinary Approach
• Keep a clear mind
• Lead & Seed Training
• Lead & Seed Youth Program
• Let’s Talk: Runaway Prevention Program
• Life Skills
• Lowering recidivism
• MAT programs
• Medically Assisted Treatment
• Mental Health
• Mental Health First Aid
• mental health models
• mental health treatments and forensic interviewing and medical protocols
• Modified therapeutic community
• Moral Recognition Therapy
• Motivational Interviewing
• MTC
• New Found Freedom
• New Freedom
• None that appear to be working
• Offender risk assessment tool
• Offender Violation Guide
• OMS data collection
• On an annual-basis, we review recorded client information in relation to our projected goals and determine effectiveness, success and failures
• Opioid overdose rescue program, integration of substance abuse treatment into pre-/post incarceration programs, community prevention programs
• Our agency says they use evidence-based practices whenever they come up with a new change which is sometimes on a weekly basis. We look to other states that use evidence-based practices and say we are developing the same practice. Often the other states have more resources and money so our practices are usually in name only. We say we are reducing recidivism by following best-practices but in reality recidivism is reduced because no real action is taken even with multiple offender violations.
• Outcomes
• OVG point system
• PCIT
• Policy is based around evidence-based practices.
• Positive Action
• Positive Reinforcement,
• Practices we learn at training and continuing education such as pretrial release decisions, sentencing, criminal procedure and admissible evidence
• Prevention Education - Safe Dates curriculum
- Prevention Plus Wellness, Mental Health First Aid, Lead & Seed
- probation/parole practices
- Program referrals (i.e. treatment, classes, etc.)
- programing
- Programing and supervision
- programs for drug addiction
- Progressive Sanctioning
- Project Catalyst Curriculum from Futures Without Violence
- proper collection, preservation and storage of evidence
- Prosecution best practices
- Prosecutions for domestic violence
- Providing Re-entry services for inmates re-entering society in order to reduce recidivism and also support parolees in being a productive part of society.
- Psycho-Social Screenings and Assessments
- Reasonable Suspicion
- REBT
- Reentry
- Relapse Prevention Therapy and Matrix
- Relationships
- Religious Practice
- results
- Revocations
- Risk & Protective Factors
- Risk/Needs Assessment
- Safety First
- SAMHSA guidelines
- SAMHSA’s Strategic Prevention Framework
- Sanction Incentivization
- Sanction Policy is a tool that is effective in assisting in steering offenders into compliance with conditions of supervision.
- sanctions, treatments, SAPL
- SANE exams
- SAPST Training
- Seeking Safety
- Sexual Assault Exams
- Shared information
- SOMS
• Specialized courts
• SPF
• SPORTS Prevention Plus Wellness
• SSP
• State-funded prevention and treatment programs
• Stewards of Children
• Strengthening Families
• Substance Abuse
  • substance abuse / mental health
  • Substance abuse and alcohol abuse programs
  • substance abuse counseling
  • substance abuse counseling and residential facilities.
• Substance abuse prevention programs
• Substance abuse treatment
• Supervision
• TCU-5 all interactions and applications are applied using an evidenced based modality through training
• TCUDS-V
• TCU's Small group CBT instruction/processing
• TF-CBT
  • The ones that provide the outcome they want and not necessarily what's needed
• Therapeutic Community Model
• Therapy/treatment practices
• Thinking Errors
• Through our providers who use evidence-based practices
• Tiger
  • tracking caseloads, outcomes, services provided
  • tracking client destination
  • Tracking of court ordered services from beginning of the case until case closure.
    Collection of educational and medical stats at the beginning of a case until closed.
• Tracking of referral sources to measure the effective of community training on our services
• Training evaluations
• Transitional Housing
• Trauma-focused cognitive behavioral therapy
• Trauma-focused therapy model
• Trauma-informed care
• Treatment Referrals
• Treatment Services Materials are all evidence based
• Treatment/correctional programs (Therapeutic Community, Sanction/Incentive Guide, Parenting, etc.)
• treatment/employment
• Treatment-based EBPs
• We implement a number of checks and balances to ensure that our programs are working. When they are not, we re-evaluate. Monitoring includes in person, electronic, and tracking measures.
• We maintain running totals of the volume of drugs confiscated, persons arrested, and prosecution outcomes. We also maintain records of the dollar value of drugs confiscated by county and participation with other law enforcement agencies. Records are also maintained on all cash and other items seized as a result of illegal drug activity.
• We measure outcomes of the cases we are assigned to by monitoring the children's and family's progress throughout the course of the case.
• We record and track outcomes of civil legal interventions for dv victims
• We teach classes on Cognitive Behavior, Socialization skills, Substance Abuse, Thinking Errors, Life Skills, Re-Entry and Job Readiness. We meet with each resident and help them to develop their Master Treatment Plans. They identify problem areas, such as substance abuse, thinking errors and failure to comply with parole plans. They then have a series of assignments to complete. We also offer a structured environment for the residents. We are a Modified Therapeutic Community. The goal of the MTC is to facilitate development of permanent lifestyle changes so residents will be successful, contributing, law-abiding citizens while in the center and upon return to society.
• We track interactions, services and outcomes. We maintain and report that information.
• we track our service recipients for up to two years to measure the need and success of our programs, we track local statistics to measure our education and prevention programs
• We tried DDACTS, but were not able to measure outcomes
• We use ARORA which is not currently assessing the CURRENT needs/problems going on with offenders. It does not do the job it is intended for. Reentry has only given us numbers on those who have completed the program. What are the numbers once they are on supervision??? Did it work or are they still breaking the law or violating parole? The sanctions in place (OVG) do not work and place the public at risk to be victimized over and over again. We are dealing with the criminal element of our
society and treating them like children. Safety is at risk due to current policies/procedures as parolees are allowed to commit multiple felonies with little to no repercussion. Our agency is placing false hope into evidence-based practices placing the public at risk. It is time for things to change as parolees run a muck in our society knowing they can commit felonies as long as they can make bond. These are INMATES serving time on the outside. They are not free.

- We use data to determine recidivism.
- We use New Freedom material
- We utilize surveys that we send to our criminal justice partners to gauge our services.
- We will engage in using products or processes on a limited basis and then review the productiveness before fully employment of those products or processes.
- We work in changing clients’ values to better help them readjust in the community and aid them in getting a job and bettering his education. This will also help him in their social skills to improve and teach them to change their people, places and things.
- Weekly review sheets of arrests made, cases filed, and prosecutions completed are reviewed on a weekly basis and adjustments made where needed. Also, we have merit-based raises.
- Working with law enforcement, employment agencies, re-entry
- yearly evaluation of traffic control and accidents and theft recovery/crime analysis
- Youth Mental Health First Aid

7) **Priority Initiatives by Purpose Area:**

<table>
<thead>
<tr>
<th>Law Enforcement Initiatives</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug enforcement</td>
<td>53%</td>
</tr>
<tr>
<td>Workforce/hiring and retaining qualified staff</td>
<td>37%</td>
</tr>
<tr>
<td>Crisis intervention/mental health/suicide prevention</td>
<td>36%</td>
</tr>
<tr>
<td>Training</td>
<td>32%</td>
</tr>
<tr>
<td>Equipment</td>
<td>28%</td>
</tr>
<tr>
<td>Violent crime reduction</td>
<td>27%</td>
</tr>
<tr>
<td>School/youth-related programs</td>
<td>22%</td>
</tr>
<tr>
<td>Multijurisdictional crime solving partnerships</td>
<td>18%</td>
</tr>
<tr>
<td>Interoperable communication (enhanced information sharing)</td>
<td>17%</td>
</tr>
<tr>
<td>Gang enforcement</td>
<td>11%</td>
</tr>
<tr>
<td>Gun enforcement</td>
<td>11%</td>
</tr>
</tbody>
</table>
a. **Law Enforcement:** Other than “drug enforcement,” selected by 53% of respondents, no particular law enforcement initiative significantly stood out. Rated initiatives are listed above.

In addition, respondents were asked to identify law enforcement equipment needs. The top three answers were:

- Radios, accessories, repeaters/antennas (49%)
- In-car/body-worn cameras (46%)
- Mobile data terminals and accessories (39%)

b. **Violent Crime:** A significant majority of respondents (63%) identified domestic violence as a major issue within the violent crime category. Other than “jail/prison overcrowding,” selected by 44% of respondents, no other issues particularly stood out.
### Prosecution, Court, Defense and Indigent Defense Initiatives

<table>
<thead>
<tr>
<th>Specialty courts</th>
<th>43%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic social workers, mental health liaisons</td>
<td>26%</td>
</tr>
<tr>
<td>Training – courts, prosecution, defense</td>
<td>24%</td>
</tr>
<tr>
<td>N/A-not applicable to my agency</td>
<td>22%</td>
</tr>
<tr>
<td>Court technology</td>
<td>22%</td>
</tr>
<tr>
<td>Gun/violent crime/gang prosecution</td>
<td>21%</td>
</tr>
<tr>
<td>Civil/involuntary commitment</td>
<td>16%</td>
</tr>
<tr>
<td>Court security</td>
<td>13%</td>
</tr>
<tr>
<td>Pretrial risk assessment/monitoring</td>
<td>12%</td>
</tr>
<tr>
<td>Indigent defense</td>
<td>9%</td>
</tr>
<tr>
<td>Language access</td>
<td>9%</td>
</tr>
<tr>
<td>Specialized prosecution</td>
<td>8%</td>
</tr>
<tr>
<td>Property and white collar crime prosecution</td>
<td>6%</td>
</tr>
<tr>
<td>Capital prosecution</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

#### c. Prosecution, Court, Defense and Indigent Defense Initiatives: the majority of respondents (43%) selected “specialty courts” as the greatest area of need within Purpose Area 2. Again, no other initiative particularly stood out.

### Greatest Challenge in Indigent Defense

| Adequate staffing | 30% |
| Behavioral health services/linkages | 23% |
| Access to community services | 15% |
| Other | 11% |
| Information sharing | 9% |
| Forensic/criminal case with significant mental health challenges | 9% |
| Civil/involuntary commitment | 4% |

#### d. Indigent Defense: respondents were asked to identify the greatest challenges when delivering indigent defense need. Given the focus on a particular specialty, only about 40% of respondents answered this question.

### Prevention and Education

| Response |
e. **Prevention and Education Programs**: substance abuse prevention is the most significant issue within Purpose Area 3, selected by nearly 80% of respondents. More than half of respondents also identified “juvenile delinquency/at-risk youth prevention” as a major priority in prevention and education programming.

<table>
<thead>
<tr>
<th>Prevention and Education Programs</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse prevention</td>
<td>79%</td>
</tr>
<tr>
<td>Juvenile delinquency/at-risk youth prevention</td>
<td>56%</td>
</tr>
<tr>
<td>Youth mentoring</td>
<td>38%</td>
</tr>
<tr>
<td>Gang prevention</td>
<td>22%</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>22%</td>
</tr>
<tr>
<td>Teen dating/intimate partner violence prevention</td>
<td>15%</td>
</tr>
<tr>
<td>Building strong brains/addressing ACE</td>
<td>14%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

f. **Juvenile Offenses**: Again, respondents identified substance use and prevention as a major issue, selected by 43% of respondents. It is worth noting that more than a third of respondents said that issues related to juvenile offenses were not applicable to them or their agency.

<table>
<thead>
<tr>
<th>Juvenile Offenses Issues</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use and prevention</td>
<td>43%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>38%</td>
</tr>
<tr>
<td>Delinquency prevention</td>
<td>29%</td>
</tr>
<tr>
<td>Mental health/suicide prevention</td>
<td>27%</td>
</tr>
<tr>
<td>Reducing juvenile offenses utilizing a coordinated response</td>
<td>19%</td>
</tr>
<tr>
<td>Sexual offenses/sexually inappropriate behavior</td>
<td>16%</td>
</tr>
<tr>
<td>Misuse of medications/access to prescribers</td>
<td>13%</td>
</tr>
<tr>
<td>Police/communications relations</td>
<td>12%</td>
</tr>
<tr>
<td>Secure detention and reentry</td>
<td>10%</td>
</tr>
<tr>
<td>Stats offenses</td>
<td>6%</td>
</tr>
<tr>
<td>Human trafficking/minors</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Chronic health conditions/outside medical</td>
<td>1%</td>
</tr>
</tbody>
</table>
### Corrections/Community Corrections Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce/hire and retain qualified staff</td>
<td>46%</td>
</tr>
<tr>
<td>Diversion/alternatives to incarceration</td>
<td>39%</td>
</tr>
<tr>
<td>Reentry</td>
<td>38%</td>
</tr>
<tr>
<td>Smart probation/parole</td>
<td>38%</td>
</tr>
<tr>
<td>Assessment, evaluation, benefit eligibility/enrollment</td>
<td>25%</td>
</tr>
<tr>
<td>Special population programming</td>
<td>19%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>17%</td>
</tr>
<tr>
<td>Addressing historical trauma in the offender population</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

**g. Corrections/Community Corrections:** workforce/staffing issues are a top concern within Purpose Area 4, selected by 46%.

### Recidivism and Reentry Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing adult offender recidivism</td>
<td>47%</td>
</tr>
<tr>
<td>Employment</td>
<td>42%</td>
</tr>
<tr>
<td>Access to treatment programs</td>
<td>30%</td>
</tr>
<tr>
<td>Improving reentry efforts for adults</td>
<td>26%</td>
</tr>
<tr>
<td>Housing</td>
<td>25%</td>
</tr>
<tr>
<td>Community supervision of offenders</td>
<td>22%</td>
</tr>
<tr>
<td>Mental health/suicide prevention and intervention</td>
<td>21%</td>
</tr>
<tr>
<td>Transitional living</td>
<td>18%</td>
</tr>
<tr>
<td>Reducing juvenile offender recidivism</td>
<td>15%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>14%</td>
</tr>
<tr>
<td>Misuse of meds/access to prescribers</td>
<td>11%</td>
</tr>
<tr>
<td>Chronic health conditions/access to healthcare</td>
<td>5%</td>
</tr>
<tr>
<td>Benefit enrollment</td>
<td>4%</td>
</tr>
<tr>
<td>Improving reentry efforts for juveniles</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

**h. Recidivism and Reentry Initiatives:** Reducing adult offender recidivism was a major issue within Purpose Area 5, selected by slightly less than half of respondents (47%). Employment was a close second (42%).
i. **Drug Treatment and Enforcement**: Drug treatment and enforcement initiatives related to co-occurring mental illness or other chronic conditions is a top issue, selected by more than half of respondents (56%). Secure/corrections-based treatment and sober housing were also significant issues, selected by 45% and 43% of respondents, respectively.

<table>
<thead>
<tr>
<th>Drug Treatment and Enforcement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-occurring mental illness or other chronic health conditions</td>
<td>56%</td>
</tr>
<tr>
<td>Secure/corrections-based treatment</td>
<td>45%</td>
</tr>
<tr>
<td>Sober housing</td>
<td>43%</td>
</tr>
<tr>
<td>Workforce/hire and retain qualified staff</td>
<td>37%</td>
</tr>
<tr>
<td>Multi-jurisdictional drug enforcement partnerships</td>
<td>32%</td>
</tr>
<tr>
<td>Drug-addicted mothers/pregnant mothers</td>
<td>22%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

j. **Drug Threats and Drug-Related Crime**: Drug use is a major issue within this topic area, according to more than three-quarters of respondents. A significant number of respondents also said the same of “reducing drug-related crime” (53%) and “substance abuse prevention and education” (48%).

<table>
<thead>
<tr>
<th>Drug Threats and Drug-Related Crime</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids/meth/other drug use</td>
<td>72%</td>
</tr>
<tr>
<td>Reducing drug-related crime</td>
<td>53%</td>
</tr>
<tr>
<td>Substance abuse prevention and education</td>
<td>48%</td>
</tr>
<tr>
<td>Reducing drug threats</td>
<td>35%</td>
</tr>
<tr>
<td>Drugs in school</td>
<td>20%</td>
</tr>
<tr>
<td>Alcohol offenses</td>
<td>13%</td>
</tr>
<tr>
<td>Legalized marijuana</td>
<td>13%</td>
</tr>
<tr>
<td>Police-community relations</td>
<td>10%</td>
</tr>
<tr>
<td>Forensic capabilities/wait times</td>
<td>9%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>
k. **Planning, Evaluation and Technology:** Automated information sharing with both justice system partners and community services were among the top three areas of need within this Purpose Area, along with strategic planning and determining priorities. While respondents tended to skew more positively with regards to access to resources for working with data and justice information, these responses may reflect a general belief about the importance of justice information in general.

<table>
<thead>
<tr>
<th>Planning, Evaluation and Technology</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated info sharing – justice system partners</td>
<td>54%</td>
</tr>
<tr>
<td>Strategic planning/determining priorities</td>
<td>50%</td>
</tr>
<tr>
<td>Automated info sharing – community services</td>
<td>47%</td>
</tr>
<tr>
<td>Criminal records improvement</td>
<td>39%</td>
</tr>
<tr>
<td>Developing outcome measures/program evaluation and research</td>
<td>35%</td>
</tr>
<tr>
<td>Forensic science crime labs</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

l. **Technological Improvement:** training and technical assistance for improving technology was a major issue within this category, selected by 56% of respondents. A slightly smaller percentage of respondents said the same of information sharing, personnel, and records management. Again, these responses echo comments respondents provided when ask about data/technology needs.

<table>
<thead>
<tr>
<th>Technological Improvement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and technical assistance</td>
<td>56%</td>
</tr>
<tr>
<td>Improving integrated justice information sharing</td>
<td>52%</td>
</tr>
<tr>
<td>Workforce/hiring qualified staff</td>
<td>47%</td>
</tr>
<tr>
<td>Improving records management</td>
<td>44%</td>
</tr>
<tr>
<td>Improving forensics</td>
<td>24%</td>
</tr>
<tr>
<td>Accessing/sharing health care information</td>
<td>23%</td>
</tr>
<tr>
<td>NIBRS Implementation</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>
**Crime Victim and Witness**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children exposed to violence, physical abuse or neglect</td>
<td>50%</td>
</tr>
<tr>
<td>Drug-endangered child abuse/neglect services</td>
<td>39%</td>
</tr>
<tr>
<td>Family violence/interpersonal violence advocacy</td>
<td>30%</td>
</tr>
<tr>
<td>Sexual assault/child victims</td>
<td>26%</td>
</tr>
<tr>
<td>N/A-not applicable</td>
<td>20%</td>
</tr>
<tr>
<td>Sexual assault/adult victims</td>
<td>17%</td>
</tr>
<tr>
<td>Court-based victim advocates</td>
<td>17%</td>
</tr>
<tr>
<td>Witness intimidation/harassment</td>
<td>13%</td>
</tr>
<tr>
<td>Family justice centers</td>
<td>12%</td>
</tr>
<tr>
<td>Population-specific services</td>
<td>11%</td>
</tr>
<tr>
<td>Restorative justice initiatives</td>
<td>10%</td>
</tr>
<tr>
<td>Human trafficking victim services</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Mental Health**

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation/assessment of mental disorders, substance abuse disorders and co-occurring disorders</td>
<td>50%</td>
</tr>
<tr>
<td>Residential inpatient behavioral health treatment programs</td>
<td>47%</td>
</tr>
<tr>
<td>Outpatient/community-based behavioral health programs</td>
<td>35%</td>
</tr>
<tr>
<td>Crisis Intervention Team (CIT) training and support</td>
<td>29%</td>
</tr>
<tr>
<td>Training</td>
<td>24%</td>
</tr>
<tr>
<td>Secure/corrections-based behavioral health programs</td>
<td>23%</td>
</tr>
<tr>
<td>Workforce/hire and retain qualified staff</td>
<td>20%</td>
</tr>
<tr>
<td>Suicide risk assessment, response and protocols</td>
<td>17%</td>
</tr>
<tr>
<td>Housing</td>
<td>16%</td>
</tr>
<tr>
<td>N/A - Not applicable</td>
<td>13%</td>
</tr>
<tr>
<td>Benefit enrollment and eligibility determination</td>
<td>6%</td>
</tr>
<tr>
<td>Language Access</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

m. **Child Victim and Witness**: Respondents rated issues related to child and family victims as most significant within this Purpose Area. “Children exposed to violence, physical abuse, or neglect” is a top issue, selected by half of the respondents.
n. **Mental Health:** evaluation and assessment, and treatment programs (resident and outpatient) were the most pressing issues within Purpose Area 8.

<table>
<thead>
<tr>
<th>Language Access</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving language access within the criminal justice system – adults</td>
<td>77%</td>
</tr>
<tr>
<td>Improving language access within the criminal justice system – victims</td>
<td>58%</td>
</tr>
<tr>
<td>Police/community relations</td>
<td>53%</td>
</tr>
<tr>
<td>Improving language access within the juvenile justice system – juveniles</td>
<td>36%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

o. **Language Access:** Language access overall seemed to be a major concern for respondents, with “improving language access for adults within the criminal justice system” being the most significant issue.

<table>
<thead>
<tr>
<th>Property Crime</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burglary/theft</td>
<td>76%</td>
</tr>
<tr>
<td>Reducing property crime</td>
<td>64%</td>
</tr>
<tr>
<td>Jail/prison overcrowding</td>
<td>51%</td>
</tr>
<tr>
<td>Vandalism</td>
<td>26%</td>
</tr>
<tr>
<td>Police/community relations</td>
<td>21%</td>
</tr>
<tr>
<td>Forensic capabilities/wait times</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Crimes against tourists</td>
<td>1%</td>
</tr>
</tbody>
</table>

p. **Property Crime:** “Burglary/theft,” “reducing property crime, and “jail/prison overcrowding were the top three concerns within this category of crime.

q. **Additional areas to consider:** Respondents were asked to identify other areas not covered in the previous questions. These responses are pasted below:

- Additional pay for 1st responders, officers, and court personnel.
- Affordable mental health for child abuse victims and their family members, if they aren't able to return to a CAC therapist. Bilingual therapist!!!
• Agency should consider salary to assist with retention of employees.
• Allowing indirect costs associated with grants, more grant administrators assigned to fewer grantees for better guidance
• alternative sanctions
• An even balance between public safety and prison population control. We currently work harder on keeping offenders out of prison at the expense of public safety. We need to implement programs that actually work at reducing recidivism. If our current programs worked, we would not have to reduce recidivism by allowing offenders to commit multiple violations, including new felony charges, and not even sending them to a parole hearing. Current policy says a violation report is submitted to the Parole Board when an offender reaches 40 points. It is difficult to get to 40 points and numerous alternative sanctions are use before it is reached. Once an offender reaches 40 points we submit a violation report, however, the Parole Board defers the majority of the case leaving them on the street and not even allowing the case to go to a hearing. Currently some offenders are at 100+ points and have had three to four violation reports deferred by the Board.
• Area 10
• Batterer Intervention Programs
• Benefits for families of law enforcement
• better pay
• Better pay to retain good staff
• Better staffing/staff training
• Build more prisons and we can all do our jobs better.
• Chemical dependency reduction
• Communication between agencies.
• Communication training for Managers
• Community Corrections needs communication equipment and better advocacy toward multi-agency cooperation.
• community mentoring programs
• Consider increasing the number of staff to offenders. The Unit that I have the opportunity to work for faces short staffed situations daily. It is difficult to retain staff when other do not want to be overworked.
• Counties do not adequately fund support staff and office expenses of prosecutors.
• crimes against persons, assaults
• dating violence / healthy relationships
• deputy prosecutor salaries
• DTF funding would be beneficial to my community
• DTF needs more funding
• Eastern Arkansas and rural areas of Arkansas do not have enough victim services.
• Education with community in regard to addiction
• Every county should have one public (government funded) health professional for every 5,000 people
• Expand substance abuse treatment add all drug related, add diversionary programs
• expand multijurisdictional law enforcement
• Faith based support groups
• Families of incarcerated
• Forensic equipment
• free training for those working in our jails
• Funding
• Funding for vehicles
• General information sharing among law enforcement and human services providers. DHS cases and law enforcement cases many times overlap, and we need a more efficient way of sharing the information gathered in these contexts.
• Getting radios for the Probation/Parole officers in all areas because that's a very big safety issue. If we need help maybe our cell does not have service or its been shot during a gun fight. I get very nervous going on home visits without a radio and hoping nothing happens.
• HAZARD DUTY PAY
• Higher pay for probation and parole
• Hiring additional Probation/ Parole officers
• Hiring more staff or seeking alternatives to probation. When an offender is on probation or parole and receive new charges, a new probation case is not an appropriate sentence.
• Housing
• HOUSING! HOUSING! HOUSING! Is the #1 challenge for offenders when they are trying to transition back into society.
• I would love to see an increased help in our communication systems. Portable radios and in car radios that work everywhere within the county at a price that we are able to afford.
• If you want prevention specialist to answer this survey please include questions pertinent to the field. In addition, do not force answers to questions that are outside areas of expertise. If you are using this data to inform policy or decision making, your decisions will be incorrect because you have forced people to answer questions they have no basis to answer.
• Immediate response to victims of crime and enhanced advocates in the criminal justice system
• Implement Sequential Intercept Model
• In our area foster care is need related to drug abuse.
• increase employment parole/probation to lower caseloads for individual officers to improve quality and detail in supervision.
• Increase funding
• increased focus on mental health and child advocacy
• increased pay for parole/probation officers especially ones that have been with the agency for several years
• Increasing the amount awarded in the Byrne JAG Grant. The funding keeps going down each year.
• Interagency cooperatives
• Internet based financial and identity crimes with overseas offenders.
• Interpreters for the Spanish speaking victims.
• It is extremely difficult to reincarcerate parole offenders who repeatedly commit major violations of their parole. This may be due to prison overcrowding or it may be due to inaction on the part of the Parole Board.
• Jail and Prison Space and people employed to actually work there. Also increased salaries for probation/parole officers.
• jail overcrowding
• k 9 Dogs
• Lack of available services for victims who do not have insurance, are not citizens, do not have transportation. Also, lack of education/training required for providers who work with and provide services to victims.
• Length of prison sentences for violent offenses before parole eligibility
• Livable Law Enforcement wages
• Louisiana
• Management Training
• mental and behavioral health, long term substance abuse facility or services
• Mental Health Counseling
  Mental health court support with use of Assertive Community treatment and Crisis stabilization for purpose of jail diversion, sobering center
• Mental health funding
  Mental health needs to be added as well as possibly a specialized position for bilingual employees with a pay increase.
• Mental health programs & transitional housing
• Mental Health Treatment - Both outpatient and inpatient, specifically focusing on co-occurring disorders.
• Mental health, housing, employment
• Moe money to keep staff motivated and not to leave for better paying jobs. More money will keep Officers long-term and this will help out the community as well.
• Moral building for staff members is a need.
• More Community corrections center training hands on
• More Cross Law Enforcement Agencies Interactions/Meetings
• More funding for Drug Enforcement and Regional Drug Treatment Centers. Most people don’t seek treatment until they have been arrested. Having funding for Regional Centers so first offenders can get court ordered treatment.
• More mental health options for people ordered not fit to proceed. They need more beds at the State Hospital instead of the people languishing in jail. There also needs to be more resources for the involuntary commitments and placement for those people.
• more money
• More money
• more money for salaries
• more PDO projects.
• more reentry officers
• More speed on computers
• Most of our crimes are drug related
• Need for coordinated planning strategies at the State level and with legislators with no political agenda.
• Need more employees to effectively complete the tasks assigned
• Need to mandate judicial training in interpersonal violence cases
• Officer burnout and how to reduce it
• officer safety
• Online Training
- our agency is down to 1 full time officer in a town of approx. 2500 with a traffic flow of 45,000
- Our Pretrial system including Pretrial detention and money bail really need to be addresses
- Our SA statistical information in Ar. is inadequate and inaccurate. We need a more comprehensive system that will allow us to really know what is actually happening as far as rape and SA in Ar.
- Parole and Probation officers available on nights and weekends.
- Police office salaries
- Purchasing more vehicles for employees who drive long distances to get to work.
- Re-entry programs (transitional housing, workforce)
- Relations between Community Corrections and Jails
- resources for public defenders is shameful
- Role of your position in the company
- salaries for police officers.
- salary
- Salary raises, more parole officers to bring caseload numbers down
- Sharing of information between States i.e. arrest and Incarceration
- Since any opportunity to comment in this format cannot be foreseen, entering these comments here (as a professional researcher): Consider more carefully designing future surveys such that response choices are structured differently (either non-overlapping as in the items involving "recidivism prevention" and "improving release", or allow larger number of responses) and PLEASE don't use undefined acronyms and assume all respondents have equal knowledge!
- Specialty Court Systems
- Specialty Courts
- Stop knee-jerk reactions. Get mad at the employee who won't follow the rule and not everyone, as in emails we read. Remember that the longer you are away from doing the job of the officer, the less in touch you are with what the officer needs and does. Provide a forum for suggestions: Surveys only get the answers to the questions you ask which are not always pertinent.
- Stop treating parolees like children. They are criminals and are treated like children. Parolees run amuck in our communities causing victims. Things are worse now than they have ever been.
• Stricter rules and penalties for supervisor power abuse against subordinates, for example the behavior of the Area 9 management.
• Substance Abuse Prevention
• Substance abuse rehabilitation/transitional living
• Substance abuse treatment
• Substance abuse, mental health, med management
• Supervision of the mentally ill after release from criminal justice system
• Technical programs in prison/re entry
• The agency has covered a lot.
• The Criminal Justice System is overloaded with defendants with no personnel and space to address the cases.
• The higher ups need to take the field officers information and suggestions into account
• There are plenty of resources for offenders who want them. Perhaps we should consider addressing the state poverty rates, and our terrible education system, rather than putting a band aid on a bullet wound worrying about only dealing with our prison population by reducing time spent in prison. We are ignoring the greater factors that lead to criminality and allowing known criminals to continue victimizing our communities, all to save a few dollars.
• There is no deterrent to crime within our system. Criminals do not fear going to prison for a few months before making parole. They repeat offenses because of low-risk of incarceration.
• too tired from working uncompensated overtime to think of any
• training of officers
• transitional housing for low risk offenders
• Transitional living for released parolees
• Transportation for Offenders to office visits
• Transportation, Childcare, Dental Care, and Legal Aid
• Victim sensitivity training for law enforcement.
• We need anything and everything regarding accessing, treatment, housing for individuals dealing with mental health issues. Extremely lacking in our area of the nation.
• We need stricter punishment for those that violate the terms and conditions of their supervision. It's very disheartening seeing offenders get away with most of the things that they do. If we didn't have to worry about prison or jail overcrowding. No more early release or anything. If
they violated their terms and conditions then they need to do their full time.

- We need videos for substance abuse classes: marijuana, opioids
- Worker Training, Workforce counseling
- You do not take drugs seriously enough. Nearly all crimes stem from the use of Drugs.

<table>
<thead>
<tr>
<th>Purpose Area</th>
<th>Level of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement</td>
<td>Highest 76%</td>
</tr>
<tr>
<td>Mental health programs</td>
<td>High 17%</td>
</tr>
<tr>
<td>Drug treatment and enforcement</td>
<td>Low 6%</td>
</tr>
<tr>
<td>Prevention and education</td>
<td>Lowest 2%</td>
</tr>
<tr>
<td>Corrections and community corrections</td>
<td></td>
</tr>
<tr>
<td>Prosecution, courts, defense and indigent defense</td>
<td>Highest 62%</td>
</tr>
<tr>
<td>Crime victim and witness (other than compensation)</td>
<td>High 22%</td>
</tr>
<tr>
<td>Planning, evaluation and technology improvement</td>
<td>Low 9%</td>
</tr>
<tr>
<td></td>
<td>Lowest 7%</td>
</tr>
</tbody>
</table>

r. **Ranking Purpose Areas:** respondents were asked to rank the eight federal JAG Purpose Areas on an 8-point scale, from least to most important. This scale was collapsed to a 4-point scale (see above).

Law enforcement was the top-rated Purpose Area, with 76% of respondents viewing it as the most important This is followed by Mental Health (69%), Drug Treatment and Enforcement (66%), Prevention and Education (61%), Corrections and Community Corrections (62%), and the Prosecution, Courts, Defense and Indigent Defense Purpose Areas. These were all regarded by a significant majority of respondents as very important. About 40% said the same about Crime Victim and Witness (42%), and Planning, Evaluation and Technology (42%).
### Allocating Byrne JAG Funds by Purpose Area

Respondents proposed how Byrne JAG funds should be allocated across Purpose Areas. They indicted this by assigning a certain percentage to each Purpose Area, totaling 100%.

Respondents proposed a fairly equitable distribution of fund across most Purpose Areas, with the largest share (about a quarter) going to Law Enforcement. This proposed distribution mirrors responses to the previous question, where respondents ranked Purpose Areas.

### Additional Comments

Respondents had an opportunity to leave comments at the end of the survey. Salaries/training and personnel issues are frequently cited. These comments are pasted below.

- Additional funding for qualified staff
- Additional hiring Probation/parole Officers to improve quality supervision
- Assistance with establishment of MH court and community therapeutic Behavioral health services and training
- Better communication with all parties involved in the criminal justice system with regard to your policies. Specifically, when they change.
- Better computers and software, access to better supplies
- Better employee compensation
- Better incentives based on years of service.
- Better survey planning and development
- Can’t think of anything.
• Chaplaincy within Corrections
• Community Corrections (Parole/Probation)
• Community Corrections needs better communication equipment (radios, etc.) and advocacy for better multi-agency cooperation.
• comparable positions and pay for indigent defense
• Do more in-depth monitoring and evaluating of the unfairness in terms of the ethnic group that are advancing into the higher paid positions or moved into higher paying positions.
• Do not know
• Do ride-a-ongs.
• Drug prosecution
• Employee compensation; employee encouragement; have inmates be accountable for their actions/behavior; employee training; have good leadership
• Enhanced coordination at the State level and with elected officials
• Equipment: Surveillance and office
• expand funding for multi-jurisdictional drug task force
• Felony friendly employers that are willing to hire convicted felons and give them a second chance.
• Funding for CIT transport of individuals
• Funding for more Parole/Probation Officers and Counselors. Because we are data-driven, I recommend hiring data entry specialists to free up more time for Officers to properly supervise offenders.
• Getting more money and funding for Police Officer hiring like the COPS grant
• Hand Guns and Long Guns
• Housing, transitional living, employment
• I am a prosecutor turned PD. You must get public defenders more funds.
• I have a master’s degree -- because of the state's pay scale, my job pays me the same as it would someone in the same position with an Associate's. This is something to consider when looking at employee retention rates. There is no incentive for someone with a higher level of education (and there is no monetary benefit to increase my level of education, since I'd make the same with a PhD as someone with an Associate's).
• I think funding should be based on results. Over 80% of all crime is drug related. Over 90% of the people on drugs don’t get treatment until they have been court ordered to do so after they have been arrested. I think
the focus should be on Drug Enforcement and more access to court ordered Regional Drug Treatment Centers for first offenders.

- I would strongly urge DFA-IGS to consider mental health services as most important. The majority of those in the Criminal Justice System have a need for mental health services.
- Improve employee retention/training in all areas.
- Improving courtrooms
- Increase Salary for Officers
- increased pay for probation parole officers
- increasing Salaries for state employees
- Increasing the budgets for manpower of Drug Task Forces in our area. Decrease the hoop-jumping and restrictions of the Drug Task Forces in our area. Increase funding for all areas regarding mental health.
- Involve field staff before you change policy
- Laws that the courts are unwilling to enforce need to be removed.
- Members of the Drug Task Force need raises. It has been years since we have been allowed to give them raises. More funding is needed from JAG.
- Mental health
- MENTAL HEALTH
- mental health
- money for radios and communication systems in the police vehicles for smaller agencies. For the safety and security of the officers.
- more correctional facilities for high risk
- More funding for salaries for PPO Officers
- More mental health resources for law enforcement across the State. The CSUs are a good first step but many, many more resources are needed to be effective.
- More money for employees
- More pay for DPA's. More money and resources for ASH and commitments. Also, more corrections solutions so people are not getting out as quickly.
- more training (free) for those who work in jails.
- Need more drug programs.
- Not OTHER, but TECHNOLOGY - that area is the hardest to secure funding for from local sources
- Nothing that I can think of at the moment.
- Please consider the needs of the state employees who must work through understaffed conditions. These employees are encouraged to
skip breaks in order to complete all assigned duties. There are tasks that seem to go incomplete due to oversight. Hire more staff and have more rewards in place to improve job satisfaction.

- Please note some areas are not answered b/c I did not feel qualified to respond as my role is that of a behavioral health provider, not law enforcement. I so appreciate law enforcement and their commitment to our communities.
- Public Safety needs to be more important. We need truth in sentencing and prison space.
- Raises for employees
- Regional jail facilities several county jails refuse to hold offenders that commit New felony charges
- salaries.
- Salary
- Salary raises and more positions for officers
- School Resource partnerships with Local Law Enforcement to mentor youth and create programs for our young kids through our officers
- School/ Law Enforcement relation
- Substance Abuse Prevention
- The salaries of the employees in the area. They are not much about poverty level if you do not have an education.
- To provide funding for expansion of domestic violence shelters so that we can adequately serve our community. Increased shelter capacity may drastically reduce the number incidents of abused suffered by women and children who remain with their abusers due to the local shelter being at capacity.
- train and retain qualified personal the state waist a lot of money training personal just to have them to go to work for a privet sector. in corrections it takes a special type of person to do this type of work do to the stress that is involved I have been in law enforcement and corrections for 30 T years and it has been a very rewarding career.
- Transitional Housing, Employment at sustainable wage for post-release felons
- Transitional Living Centers in Major Population Areas That are staffed with Qualified Staff to assist in transition and administered by the Board of Corrections
- Transportation, Childcare, Dental Care, and Legal Aid
• Truth in sentencing would help. 1/6 of their time in prison is a joke and the offender know it. Build more prisons.
• Up to date computer system - to slow to do job correctly.
• Vehicles
• Victims with Physical Disabilities.
• Videos and workbooks for substance abuse classes
• We run an in-house Substance Abuse Program for inmates
• Wi-Fi for patrol vehicles