DO NO HARM: PROVIDING EFFECTIVE SERVICES TO REENTRY POPULATIONS AT EACH RISK LEVEL

Upcoming webinar
Reframing the Human Services to Gain Public Support for Effective Programs
Register: http://www.performwell.org

Previous webinars
Growing Smart: How an Organization Teach “Heart Smarts” is Scaling Effectively
Archived Recording: http://www.performwell.org/
DO NO HARM: PROVIDING EFFECTIVE SERVICES TO REENTRY POPULATIONS AT EACH RISK LEVEL

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Talbert House

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Operation New Hope
Reducing Recidivism Using the Risk, Need, Responsivity (RNR) Model

Presented by:
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www.uc.edu/criminaljustice
A Large Body of Research Has Indicated….

….that correctional services and interventions can be effective in reducing recidivism for offenders, however, not all programs are equally effective

• The most effective programs are based on some principles of effective interventions

  • Risk (Who)

  • Need (What)

  • Responsivity (How)
Understanding Risk

Risk refers to risk of reoffending and not the seriousness of the offense.
Risk Principle: “Who” to Target with Intensive Programs

- Target those offender with higher probability of recidivism
- Provide most intensive treatment to higher risk offenders
- Intensive treatment for lower risk offender can increase recidivism
Risk Level by Recidivism for a Community Supervision Sample

Percent with New Arrest

- Low Risk: 9.1%
- Medium Risk: 34.3%
- High Risk: 58.9%
- Very High Risk: 69.2%

Low 0-14 | Medium = 15-23 | High = 24-33 | Very High 34+
Intensive Treatment for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts pro-social networks
- Increased reporting/surveillance leads to more violations/revocations
### Study of Intensive Rehabilitation Supervision in Canada

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Non-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>31.6</td>
<td>51.1</td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>32.3</td>
<td>14.5</td>
</tr>
</tbody>
</table>

2002 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

• Largest study of community based correctional treatment facilities ever done up to that time.

• Total of 13,221 offenders – 37 Halfway Houses and 15 Community Based Correctional Facilities (CBCFs) were included in the study.

• Two-year follow-up conducted on all offenders.

• Recidivism measures included new arrests & incarceration in a state penal institution.

Treatment Effects for Low Risk Offenders

Increased Recidivism

Reduced Recidivism

Probability of Recarceration

-40 -30 -20 -10 0 10

-36 -29 -15 -21 -21 -21 -21 -7 -7 -6 -5 -4 -4 -2 -2 -2 -1 0 1 1 2 2 3 3 4 5 6 8 9

Increased Recidivism

Reduced Recidivism

Locations and Facilities

- Cincinnati Community Treatment Center
- Toledo House
- Hamilton House
- Allen County
- Monroe County
- Hamilton House Community Treatment Center
- Alternatives VOICEMC
- McElroy Hall
- Hamilton County
- Miami County
- Nose County
- Delaware County
Treatment Effects For High Risk Offenders

-34
-18
-15
-14
-6
-5
-2
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34

Probability of Reincarceration
2010 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

• Over 20,000 offenders – 44 Halfway Houses and 20 Community Based Correctional Facilities (CBCFs) were included in the study.

• Two-year follow-up conducted on all offenders.

Treatment Effects for Low Risk

% Difference in Rate of New Felony Conviction
Treatment Effects for High Risk
Risk Level by New Commitment or New Adjudication: Results from 20013 Ohio Study of over 10,000 Youth

Recidivism Rates by Total Months in Programs

Chart Title

- Low: 0-3 months - 5.1, 4-12 months - 8.6, 13+ months - 12.5
- Moderate: 0-3 months - 10.3, 4-12 months - 12.5, 13+ months - 19
- High: 0-3 months - 42.2, 4-12 months - 37.6, 13+ months - 34.5
Findings from Ohio Study

- Recidivism rates for low risk youth served in the community were 2 to 4 times lower than those served in Residential or Institutional facilities.

- We also found that placing low risk youth in Substance Abuse programs significantly increased their recidivism rates.

- High risk youth were more successful when they received a higher dosage of treatment (programming for 13 months or more).

- Lower and moderate risk youth did better with lower dosage programs.
The Need Principle: The “What” to Target

• Assess & target criminogenic needs for change

• Criminogenic needs are those risk factors that are correlated with criminal conduct and can change (dynamic)

• Non-Criminogenic needs are those needs that many people have that are not strongly correlated with criminal conduct (although they can be barriers)
Major Set of Risk/Need Factors

1. Antisocial/pro-criminal attitudes, values, beliefs and cognitive emotional states

2. Pro-criminal associates and isolation from anti-criminal others

3. Temperament and anti-social personality patterns conducive to criminal activity including:
   - Weak socialization
   - Impulsivity
   - Adventurous
   - Restless/aggressive
   - Egocentrism
   - A taste for risk
   - Weak problem-solving/self-regulation & coping skills

4. A history of antisocial behavior
5. Familial factors that include criminality and a variety of psychological problems in the family of origin including low levels of affection, caring, and cohesiveness

6. Low levels of personal, educational, vocational, or financial achievement

7. Low levels of involvement in prosocial leisure activities

8. Substance Abuse
Need Principle

Criminogenic
- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior
- Lack of self-control

Non-Criminogenic
- Housing
- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning
Targeting Criminogenic Need: Results from Meta-Analyses

According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

- Family history of heart attacks
- Gender (males)
- Age (over 50)
- Inactive lifestyle
- Over weight
- High blood pressure
- Smoking
- High Cholesterol level
It is also important to remember that there are two types of dynamic risk factors

• **Acute** – Can change quickly

• **Stable** – Take longer to change
The Responsivity Principle: The “How” to Target Behavior

• Specific
  – People learn differently and have certain barriers that should be addressed so that they are more likely to succeed in programs

• General
  – Most offenders respond to programs that are based on behavioral theories: cognitive behavioral/social learning
Specific Responsivity

What gets in the way of offenders benefiting from treatment?

- Must take individual learning styles into account
- Must consider possible barriers to interventions
- Assessment of responsivity is important to maximize benefits of treatment
General Responsivity

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Staff follow “core correctional practices”
Results from Meta Analysis: Behavioral vs. NonBehavioral

Core Correctional Practices

1. Effective Reinforcement
2. Effective Disapproval
3. Effective Use of Authority
4. Quality Interpersonal Relationships
5. Cognitive Restructuring
6. Anti-criminal Modeling
7. Structured Learning/Skill Building
8. Problem Solving Techniques
Most Effective Behavioral Models

• Structured social learning where new skills and behaviors are modeled

• Cognitive behavioral approaches that target criminogenic risk factors
Some Lessons Learned from the Research

- Who you put in a program is important – pay attention to risk
- What you target is important – focus efforts on criminogenic needs
- How you target offender for change is important – address barriers and use behavioral approaches to model and teach new ways to behave in risky situations.
Quantifying and Executing the Risk Principle in Real World Settings

Webinar Presentation
Strategic Solutions
December 11th, 2014

Kimberly Gentry Sperber, PhD
Support for the Risk Principle

- Hundreds of primary studies
- 7 meta-analyses
- Men, women, juveniles, violent offenders, sex offenders
- Programs that target higher risk offenders are more effective
- Reductions in recidivism are greatest for higher risk offenders
- Intensive interventions can harm low risk offenders
Challenges for Practitioners

• We understand more services/supervision for high risk and less services/supervision for low risk

• **Conceptual** understanding of the risk principle versus **operationalization** of the risk principle in real world community settings to achieve maximum outcome

• “Can we **quantify** how much more service to provide high risk offenders?”
Developing Dosage Protocols at Talbert House

• Limited Empirical Guidance:
  – Lipsey (1999)
    • Meta-analysis of 200 studies
    • Serious juvenile offenders
  – Bourgon and Armstrong (2005)
    • Prison study on adult males

• Development of Dosage Research Agenda
  – Partnership with UC School of Criminal Justice
First Talbert House Study

• Methodology:
  – 100-bed CBCF for adult male felons
  – Sample size = 689 clients
  – Clients successfully discharged between 8/30/06 and 8/30/09
  – Excluded sex offenders
  – Dosage defined as number of group hours per client
  – Recidivism defined as new sentence to prison
  – All offenders out of program minimum of 12 months
Recidivism by Risk and Dosage

<table>
<thead>
<tr>
<th></th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>100-199</td>
<td>45</td>
<td>81</td>
</tr>
<tr>
<td>200+</td>
<td>43</td>
<td>57</td>
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</table>

Findings

• We saw large decreases in recidivism when dosage levels went from 100 to 200 hours for high risk offenders---81% to 57%.

• The results are not as strong for moderate risk offenders
Second Talbert House Dosage Study

• We expanded sample (n=903)

• Hours examined by increments of 50

• Looked at low/medium, medium, and medium/high
Methodology

- 100-bed CBCF for adult male felons
- Clients successfully discharged between 8/30/06 and 12/31/10
- Excluded sex offenders
- Dosage defined as number of group hours per client
- Recidivism defined as new sentence to prison
- All offenders out of program minimum of 12 months
Dosage by Risk Level

Findings from Second Study

- Relationship between dosage is not linear and moderated by risk

- Largest changes in recidivism for low-moderate and moderate risk cases occurred when the dosage moved from less than 100 to 100-149, and then back up when dosage increased (over 150 hours for low-moderate, and over 250 for moderate).

- For higher risk offenders largest reduction was when dosage went from 150-199 to 200-249. Reductions continued but at a lower rate.
Unanswered Questions


1. Defining dosage
2. What counts as dosage?
3. Prioritization of criminogenic needs
4. Counting dosage outside of treatment environments
Unanswered Questions

5. Sequence of dosage
6. Cumulative impact of dosage
7. Impact of program setting
8. Low risk but high risk for specific criminogenic need
Unanswered Questions

9. Nature of dosage for special populations
10. Impact of skill acquisition
11. Identifying moderators of risk-dosage relationship
12. Conditions under which dosage produces minimal or no impact
Forthcoming Studies

• Exploring the Risk-Dosage Relationship in High-Anxiety Males
  – Sperber, Makarios, and Latessa

• Exploring the Risk-Dosage Relationship in Female Offenders
  – Spiegel and Sperber

• Examining Role-Play Within the Context of Dosage
  – Sperber and Lowenkamp
So What Do We Know?

- Research clearly demonstrates need to vary services and supervision by risk.
- Currently have general evidence-based guidelines that suggest at least 100 hours for moderate risk and at least 200 hours for high risk.
- Should not misinterpret to imply that 200 hours is required to have any impact on high risk offenders.
- Not likely that there is a one-size-fits-all protocol for administering dosage.
- Practitioners have a responsibility to tailor interventions to individual’s risk/need profile based on best available evidence.
Practitioner Responsibilities for Effective Execution of the Risk Principle

• Process for assessing risk for all clients
• Modified policies and curricula that allow for variation in dosage by risk
  – Assess infrastructure and resources
• Definitions of what counts as dosage and mechanism to measure and track dosage
  – Unit of measurement
  – Quality versus quantity
• Formal CQI mechanism to:
  – Monitor whether clients get appropriate dosage by risk
  – Monitor quality of dosage
  – Monitor outcomes of clients receiving dosage outside of evidence-based guidelines
Conclusions

• Corrections has benefitted from a number of well-established Evidence-Based Guidelines and Evidence-Based Practices

• Next evolution will focus on bringing a more nuanced understanding and application of these EBG’s and EBP’s to the individual client level for Evidence-Based Decision Making

• Practitioner-driven CQI/data needs to intersect with research to drive this process so that we continually move the field forward to maximize public safety outcomes
• Founded in 1999, as a faith-based nonprofit community development corporation

• Dedicated to providing individuals and families with opportunities and tools necessary to rebuild their lives and restore communities through sustainable economic development initiatives

• Two main programs
  • Housing development
  • Prisoner re-entry

• Ready4Work is the most nationally recognized ex-offender reentry program

Ready4Work includes a four-pronged approach:

- Case management
- Life-Coaching
- Career Development and Life Skills
- Job placement assistance

Community partnerships include:

- Faith based organizations
- Local businesses
- Community outlets
- Judicial system

Clients are inmates, offenders, and ex-offenders whose most recent crime is not violent or sexual

TouchPoints used to determine Track Level:

**Risk Assessment** – Dr Michael Hallet, a criminology and criminal justice professor at the University of North Florida, developed the risk assessment. It is designed as an initial assessment completed by the client during the intake process.

**Comprehensive one-on-one** – The case manager will gather more in-depth information about the client’s history during a comprehensive one-on-one session. Risk assessment questions are asked in a different way to ensure that all of the details about the client’s past have been revealed.

**Plan of Care** – Case Managers use the comprehensive one-on-one session to develop the plan of care for each individual client, which determines their track level for the program.
Track Levels based on client’s needs:

**Track Level 1** – Clients have a family support system, a high school or college degree, strong employment history, and stable housing.

**Track Level 2** – Clients have limited family support, a high school degree, limited employment history, but need additional support for basic needs.

**Track Level 3** – Clients have very limited or no family support, did not complete their high school degree, minimal employment history, no stable housing, and either substance abuse addictions or mental health needs.

**Track Level 4** – Clients have no family support system, habitual offenders, little or no employment history, typically between 6th – 8th grade education, no stable housing, substance abuse addictions, and mental health needs.

Tracking clients in ETO

• **Touches**
  - Each direct interaction with the client which can be conducted through face to face, phone, or e-mail contacts.

• **TouchPoints:**
  - Career Development Classes
  - Case Management
  - Life Coach contacts
  - Employment Services
  - Mental Health Services
  - Substance Abuse Classes

Reports – Career Development

Behavior

Rebuilding Lives: Restoring Communities: Renewing Hope.
Reports – Career Development

Dedication

Track Level

Track 1  Track 2  Track 3  Track 4

Dedication:
- Above Average
- Average
- Below Average
- Excellent
- Poor

Reports – Career Development

Participation

Reports – Career Development

Punctuality

Reports – Client’s by Track Level
(2014 Program Year Enrollments)

Percentage of clients by Track Level

- Track 1: 10%
- Track 2: 12%
- Track 3: 23%
- Track 4: 55%

### Recidivism Rates

<table>
<thead>
<tr>
<th>Recidivism rates over the past 3 years</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients who completed R4W</td>
<td>9%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Clients who did not complete R4W</td>
<td>22%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>Across all clients who enrolled in R4W</td>
<td>15%</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Times likely to recidivate for those who did not complete R4W</td>
<td>2.4X</td>
<td>3.3X</td>
<td>6.6X</td>
</tr>
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NEXT WEBINAR

Reframing the Human Services to Gain Public Support for Effective Programs

Guest Speakers: Bridget McCabe and Irv Katz

January 15, 3:00-4:30pm EST
Register at www.performwell.org
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