JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Risk-Need-Responsivity 101: A Primer for SCA and JMHCP Grant Recipients

March 31, 2015

David D'Amora, M.S., LPC, CFC
Director, National Initiatives
Council of State Governments Justice Center

Council of State Governments Justice Center

- National non-profit, non-partisan membership association of state government officials
- Engages members of all three branches of state government
- Justice Center provides practical, nonpartisan advice informed by the best available evidence

The National Reentry Resource Center

- The NRRC is a project of the CSG Justice Center and is supported by the Bureau of Justice Assistance.
- NRRC staff have worked with over 600 SCA grantees, including 40 state corrections agencies.
- The NRRC provides individualized, intensive, and targeted technical assistance training and distance learning to support SCA grantees.

http://csgjusticecenter.org/nrrc/

the NATIONAL REENTRY RESOURCE CENTER
A project of the CSG Justice Center

✓ Please register for the monthly NRRC newsletter at: http://csgjusticecenter.org/subscribe/

✓ Please share this link with others in your networks that are interested in reentry!

Technical assistance to JMHCP grantees

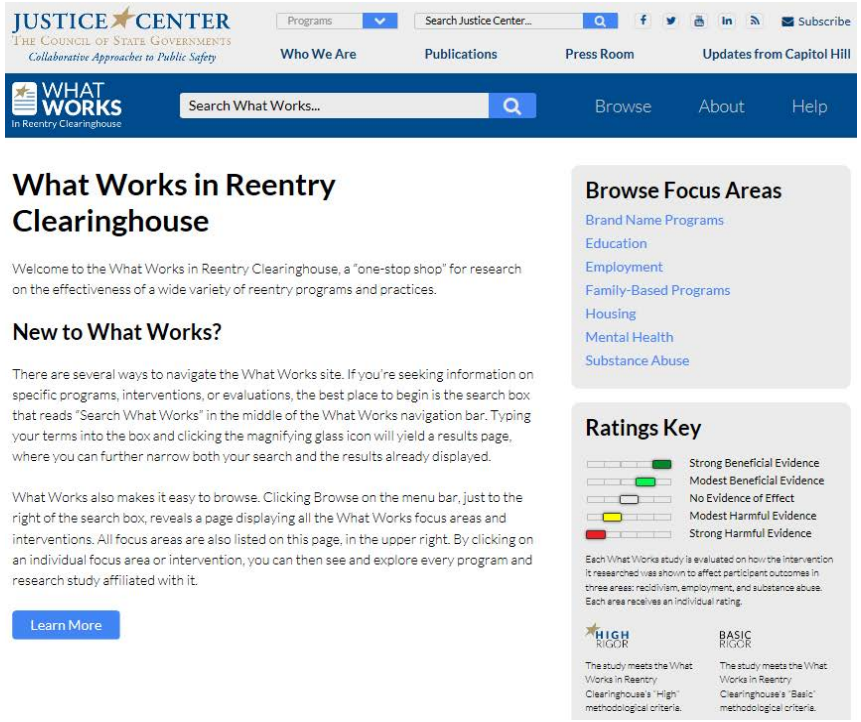
- Since release of the Consensus Project Report in 2002, the CSG Justice Center has provided technical assistance to states and localities, working to ensure better public health and public safety outcomes for people with mental illnesses in contact with the criminal justice system.
- In 2004, Congress authorized the Justice and Mental Health Collaboration Program (JMHCP) through the Mentally Inn Offender Treatment and Crime Reduction At (MIOTCRA).
- Staff have worked with over 320 JMHCP grantees since the grants inception in 2006.
- Programs funded are diverse and include: law enforcement initiatives, alternatives to incarceration and specialized court and community based reentry programs among others.

✓ Please register for the monthly Criminal Justice/Behavioral Health newsletter at: http://csgjusticecenter.org/subscribe/

✓ Please share this link with others in your networks that are interested!

What Works in Reentry Clearinghouse

- "One-stop shop" for research on the effectiveness of a wide variety of reentry programs and practices
- Developed by the NRRC and the Urban Institute, with funding provided by BJA



http://whatworks.csgjusticecenter.org

Key Features

- "Rigor" or reliability ratings
- "Outcome" of effectiveness ratings
- Key findings/takeaways
- Practitioner-oriented
- Recommendations for practice
- Recommendations for future research

The Experts

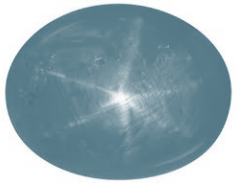
Presenter

David D'Amora, M.S., LPC, CFC
Director, National Initiatives

Moderator

Angela Tolosa,
Deputy Program Director, Reentry, National Initiatives

Presentation Overview:



Reform system-wide policies to ensure your resources are spent in a targeted, impactful way

Implement evidence-based interventions effectively

Integrate treatment and services: Behavioral Health and Criminogenic Risk

Reform system-wide policies to ensure your resources are spent in a targeted, impactful way

Why does it matter?

- All offenders do not pose the same risks.
- Limited resources require us to make choices about how we spend our supervision and case management time.
- Activities which focus on reducing the risks posed by higher risk offenders is the best use of staff time (and may yield the greatest results in reducing recidivism and future victimization).
- Focusing on low-risk individuals can have perverse effects.

Reform system-wide policies to ensure your resources are spent in a targeted, impactful way

What does it entail?

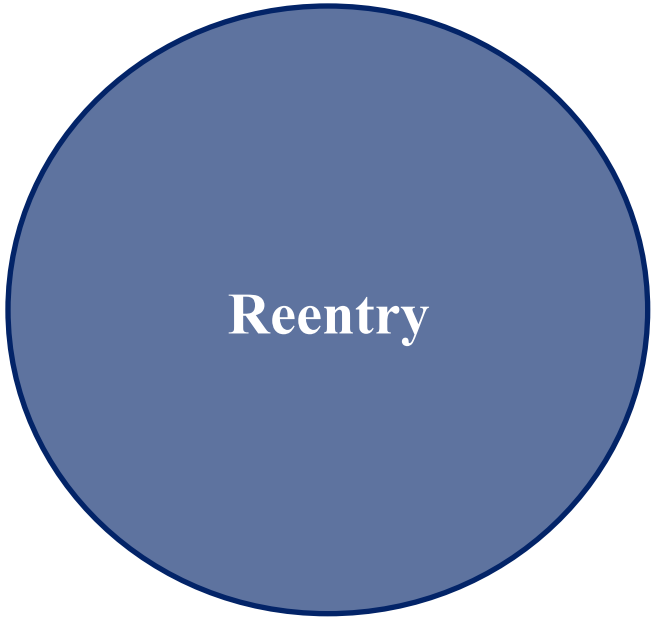
- ✓ Use a validated risk/need instrument
- ✓ Use risk levels to drive the allocation of resources and direct program selection
- ✓ Develop statewide policies that support the implementation of the risk / need principle

What Works in Reducing Recidivism

RISK PRINCIPLE: Match the intensity of individual's intervention to their risk of reoffending

NEED PRINCIPLE: Target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers

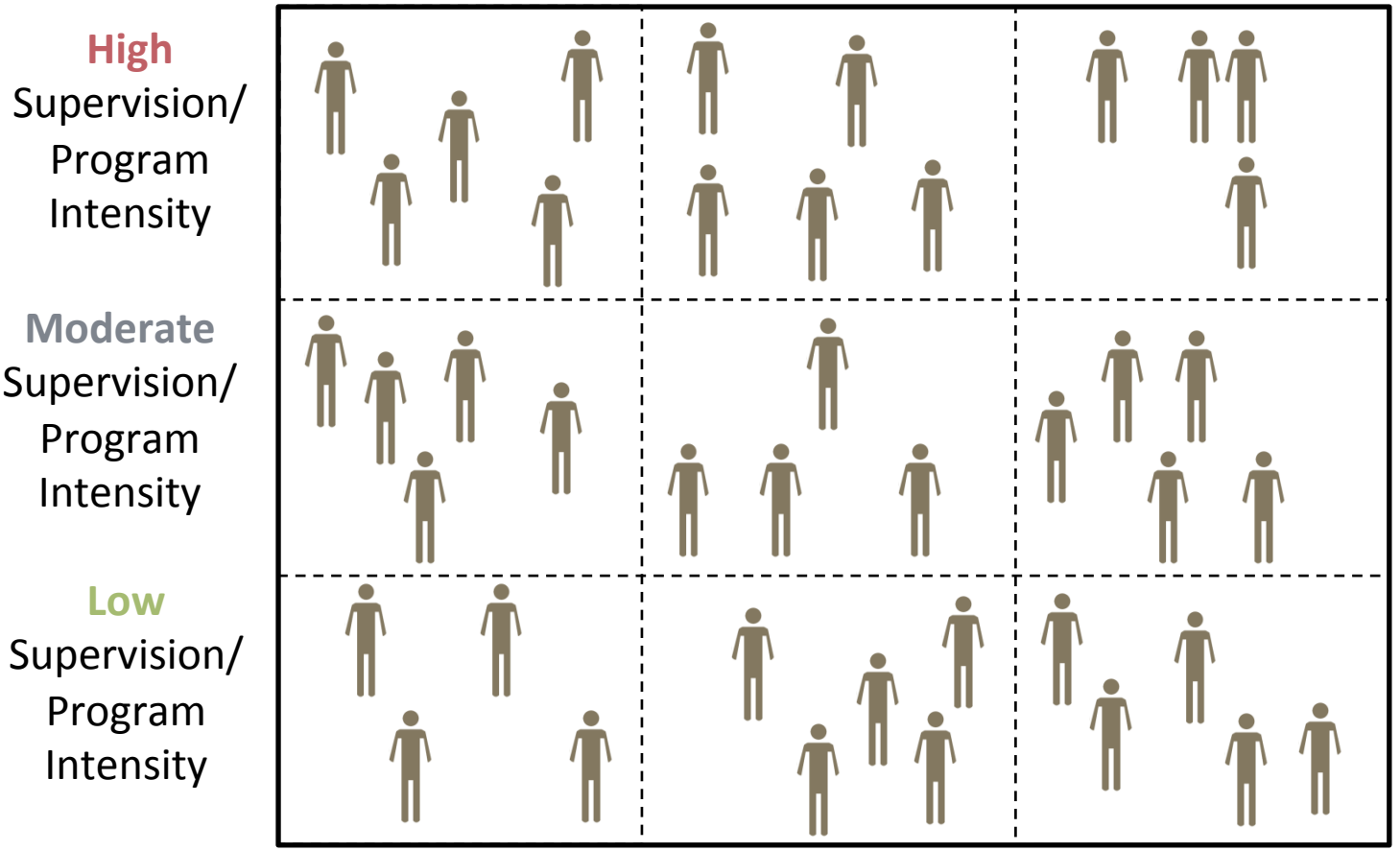
RESPONSIVITY PRINCIPLE: Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Address the issues that affect responsivity (e.g., mental illnesses)



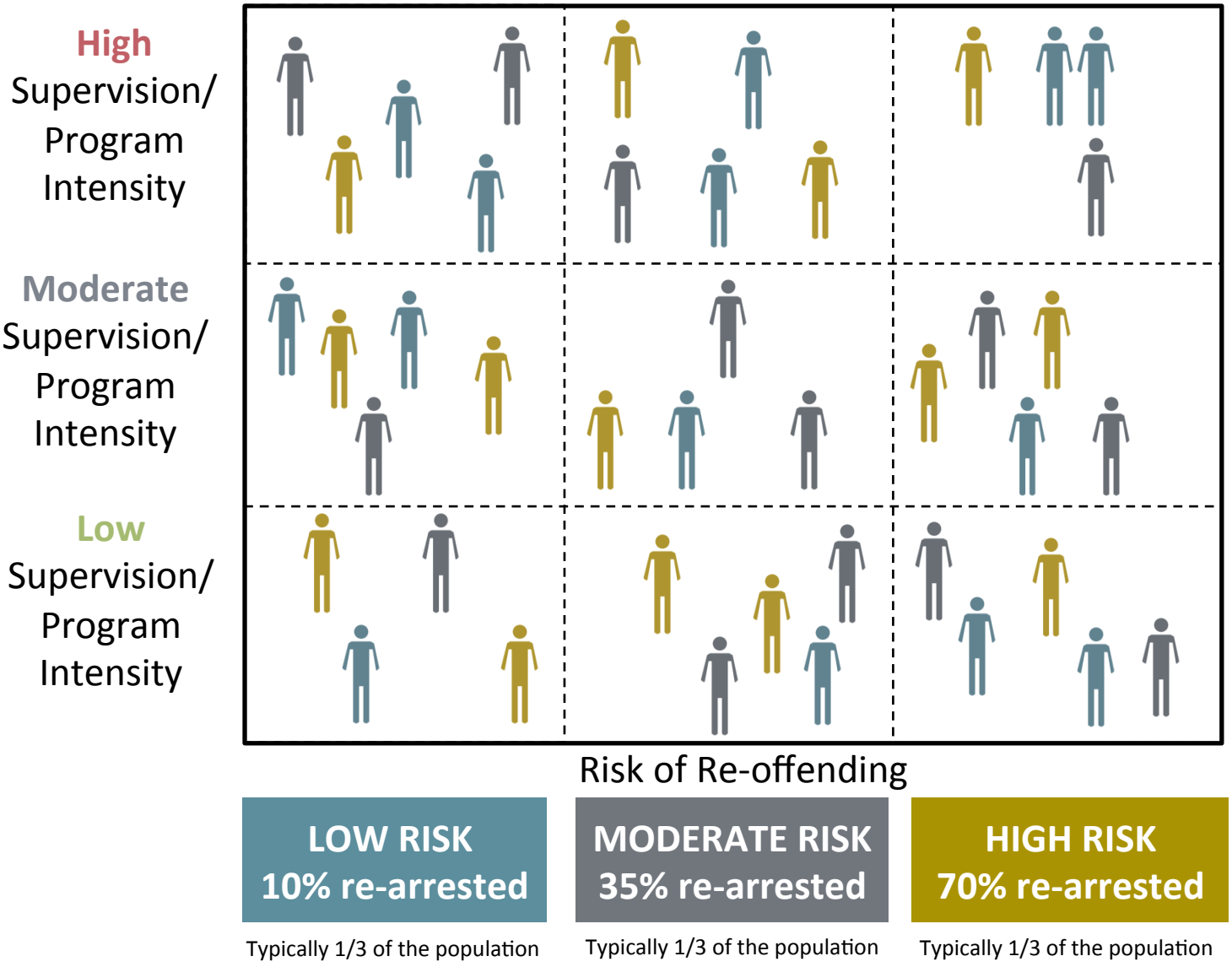
Criminogenic needs (dynamic risk factors)

1. **Antisocial behavior**
2. **Antisocial personality pattern**
3. **Antisocial cognition**
4. **Antisocial attitudes and peers**
5. Family and/or marital discord
6. Poor school and/or work performance
7. Few leisure or recreation activities
8. Substance abuse

Before assessing risk of re-offending…

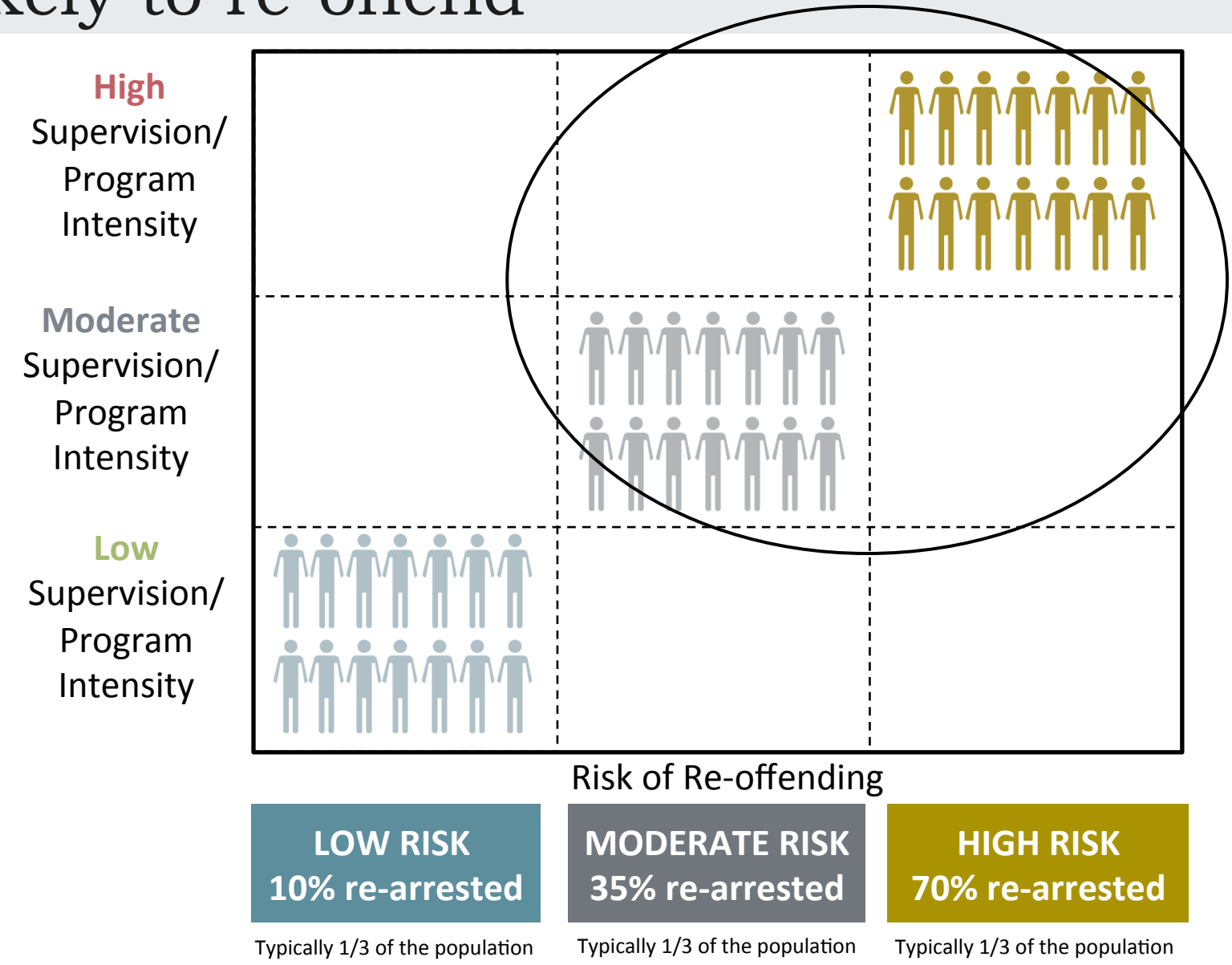


After assessing risk of re-offending…



After applying the risk principle...

Given scarce resources, prioritize people most likely to re-offend



Challenges of using a validated risk/need instrument

- The selected risk assessment tool needs to be theoretically and empirically-based.
- Risk assessments are **the most effectively** predictive when validated and normed for your state population.
- Validation will inform your cut-offs of low, moderate, and high risk individuals.
- In order to retain the predictive validity, your risk assessment needs to be revalidated every several years, more frequently if there is a significant change to the population.
- Risk assessment is only useful if the responses implemented are in accordance with the risk / need principle.
- Overrides should be used rarely, be clearly defined in policy, and require supervisor approval in order to ensure predictive validity.

Unpacking risk assessments

- Assessments should include static and dynamic factors.
- Individuals are assessed for:
  - Recidivism risk
  - Specific criminogenic needs that contribute to recidivism
- Supplemental assessments may be required to inform a comprehensive case plan (i.e., behavioral health, violence, sex offending).

Risk levels drive the allocation of resources and direct program selection

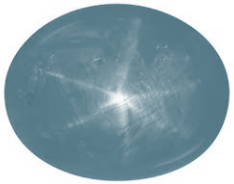
- Departmental staffing reflects population size and risk levels.
- Formalized written polices guide the allocation of resources and procedures.
- Determine caseload size and staffing pattern based on risk levels.
- Match the availability and type of programs to the assessed risk and needs of the population.
- Partner with agencies that adhere to the risk / need principle and offer evidence-based programs for higher risk individuals.

Develop policies that support the implementation of the risk need principle

- Written policy dictates where and how to focus supervision, treatment, and program dollars.
- Develop clear policies and procedures describing which staff perform risk assessments and the appropriate timeframe to complete assessment (and reassessment).
- Policy dictates how risk assessment results inform case planning, program selection, and contact standards.
- Oversight and accountability mechanisms, including personnel evaluations, are in place to ensure those policies and procedures are implemented with fidelity and consistency.
- Assess statewide policies to identify conflicting policies with competing priorities (e.g., good time credit).

Presentation Overview:

Reform system-wide policies to ensure your resources are spent in a targeted, impactful way



Implement evidence-based interventions effectively

Integrate treatment and services: Behavioral Health and Criminogenic Risk

Build your capacity to implement evidence-based interventions effectively

Why does it matter?

- Having a strong policy framework in place is key to recidivism reduction. The next step is to then build your state agencies' capacity to meet the needs of higher-risk individuals to see a real impact.

- All correctional staff from administrators to direct line have the power to drive offender change. Agencies must equip their workforce with the right skills and ensure administrative supports are in place.

- Policies only work if they are adhered to. Investing in quality assurance is key to ensuring your agency is aligned with evidence-based practices.

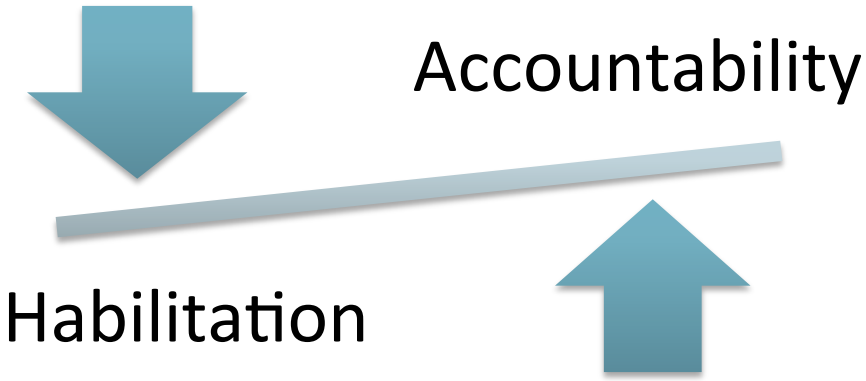
Build your capacity to implement evidence-based interventions effectively

What does it entail?

- ✓ Appropriate staffing structure
- ✓ Continued staff development
- ✓ Ongoing quality assurance
- ✓ Base staff performance evaluations on organization's priorities and statewide recidivism reduction goals

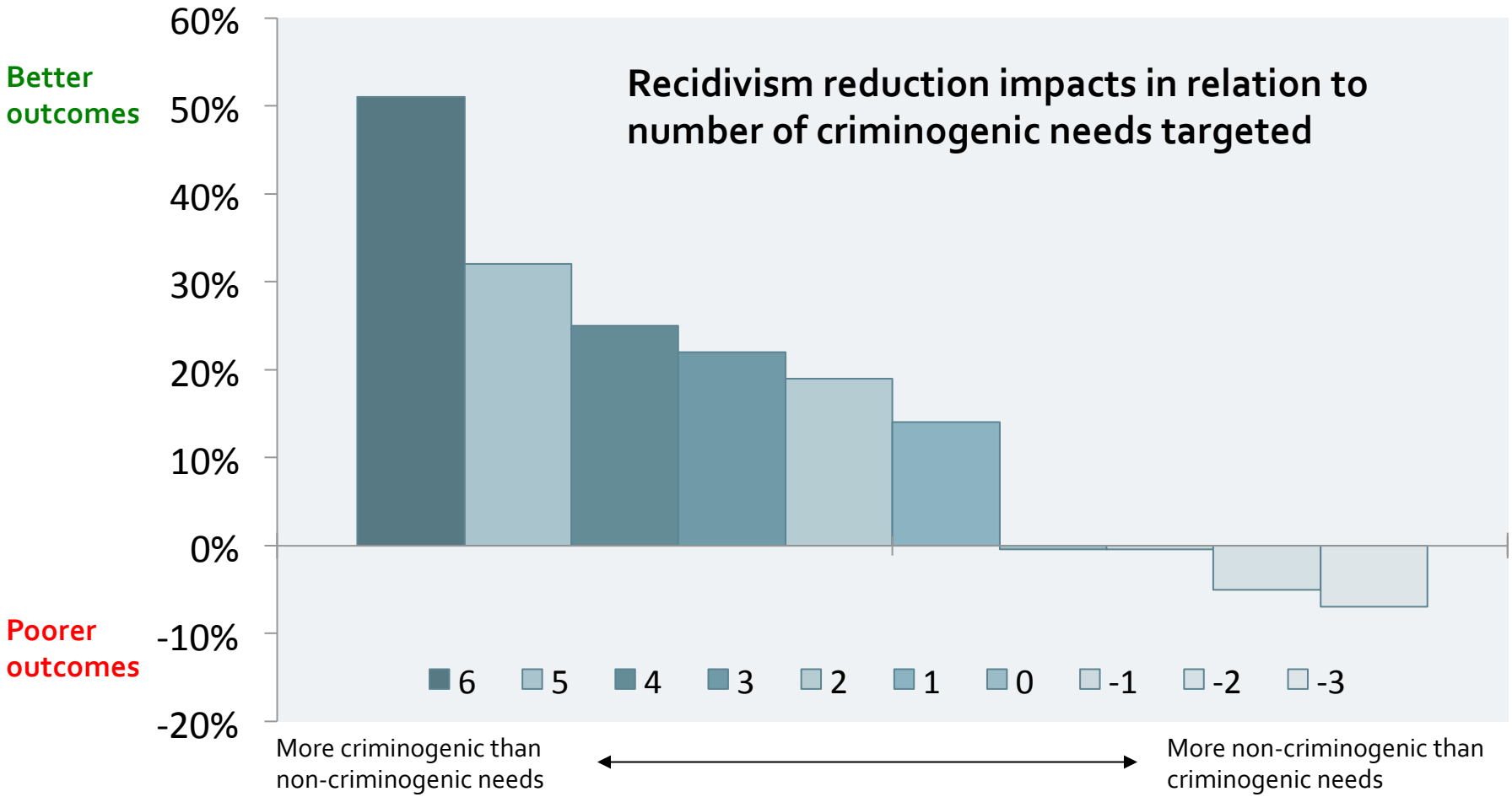
A Balanced Approach

- We strive to hold offenders accountable. Offenders must comply with conditions, and engage in activities that are consistent with our rules, policies and expectations.



- But we also want to promote the type of positive change in offenders that will make them less likely to engage in similar acts in the future – we must be proactive in our efforts.

Recidivism impacts from targeting multiple criminogenic needs



(Andrews, Dowden, & Gendreau, 1999; Dowden, 1998)

Utilize cognitive-behavioral interventions

- The best science we have indicates that we need to focus on changing thinking to reduce recidivism
- Cognitive Restructuring – focus on an offender's beliefs and thinking and model and practice cognitive skills
  - Social skills (active listening, responding to the feelings of others, responding to anger and dealing with an accusation)
  - Problem solving skills (stop and think, describe the problem, get information to set a goal, considering choices and consequences, action planning and evaluation)
- CBT is most impactful in a community setting and works best with higher-risk individuals
- These programs cannot be offered in isolation, e.g., physical locations, supervision styles, and other clinical needs cannot be ignored

Invest in evidence-based programs models

- Examples of evidence-based interventions that target big 4 risk factors:
  - Moral Reconation Therapy (MRT)
  - Reasoning and Rehabilitation
  - Thinking for a Change (T4C)
  - Aggression Replacement Training (ART)
- Example of evidence-based behavioral health interventions:
  - CD: Modified Therapeutic Community (MTC)
  - MH: Assertive Community Treatment (ACT)

Promote responsivity (the "responsivity principle")

- Enhance motivation (motivational interviewing, use of incentives)
- Fine-tune the delivery of interventions to address individuals' specific mental health needs and learning barriers (e.g. modifying a program to account for a cognitive impairment associated with some mental illnesses).
- Account for the individual's strengths, personality, learning style and capacity, motivation, cultural, ethnic, racial, and gender characteristics in the delivery of treatment.

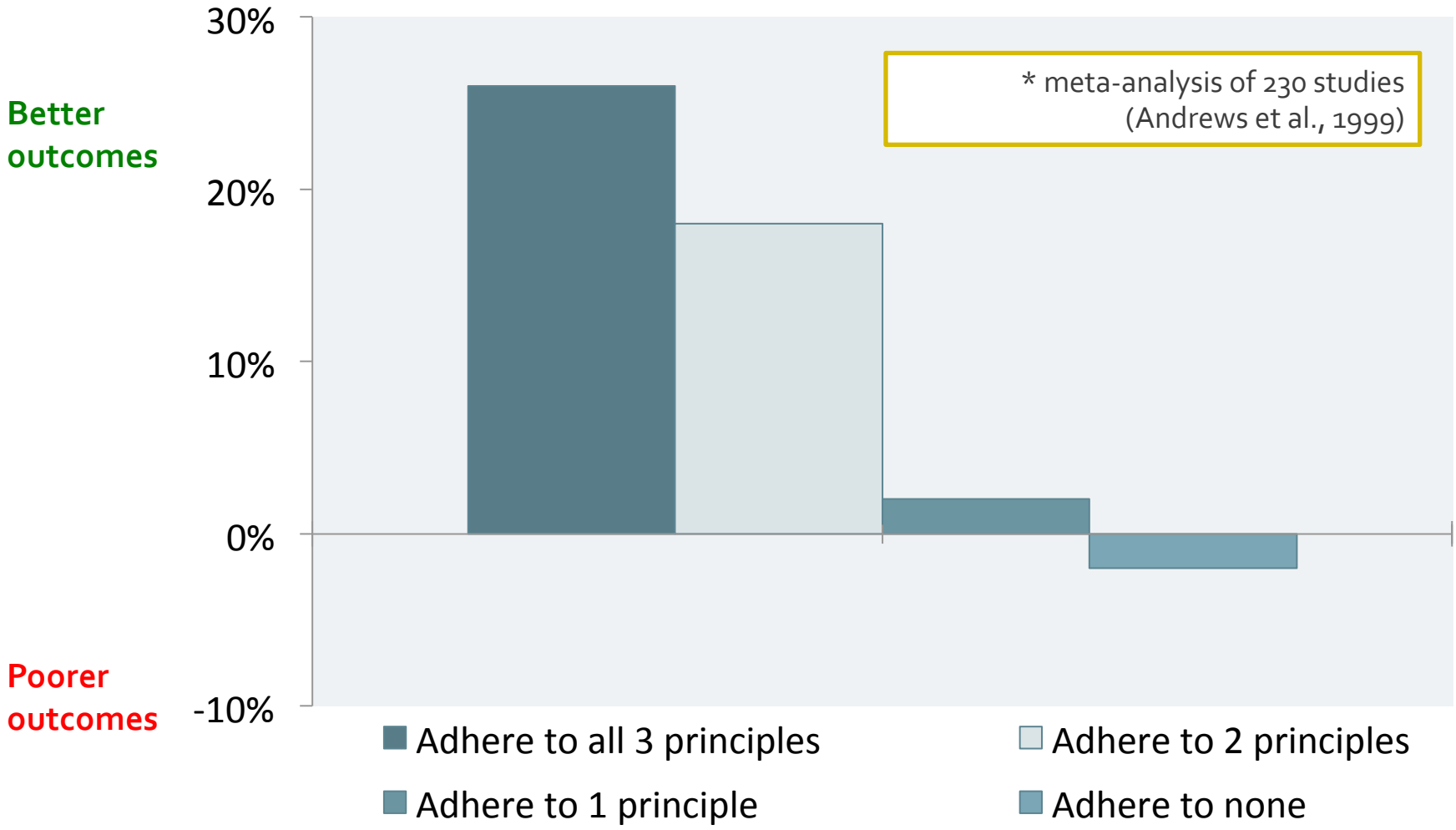
Provide sufficient intensity and dosage

- Higher-risk individuals benefit from significantly more structure and services than lower-risk offenders
  - Higher-risk: 300 hours
  - Moderate-risk: 200 hours

- During the initial three to nine months post-release, 40%-70% of high-risk individuals' free time should be occupied with delineated prosocial routines and *appropriate* services

(Bourgon & Armstrong, 2006; Gendreau & Goggin, 1995; Latessa, 2008)

The impact of adhering to RNR principles

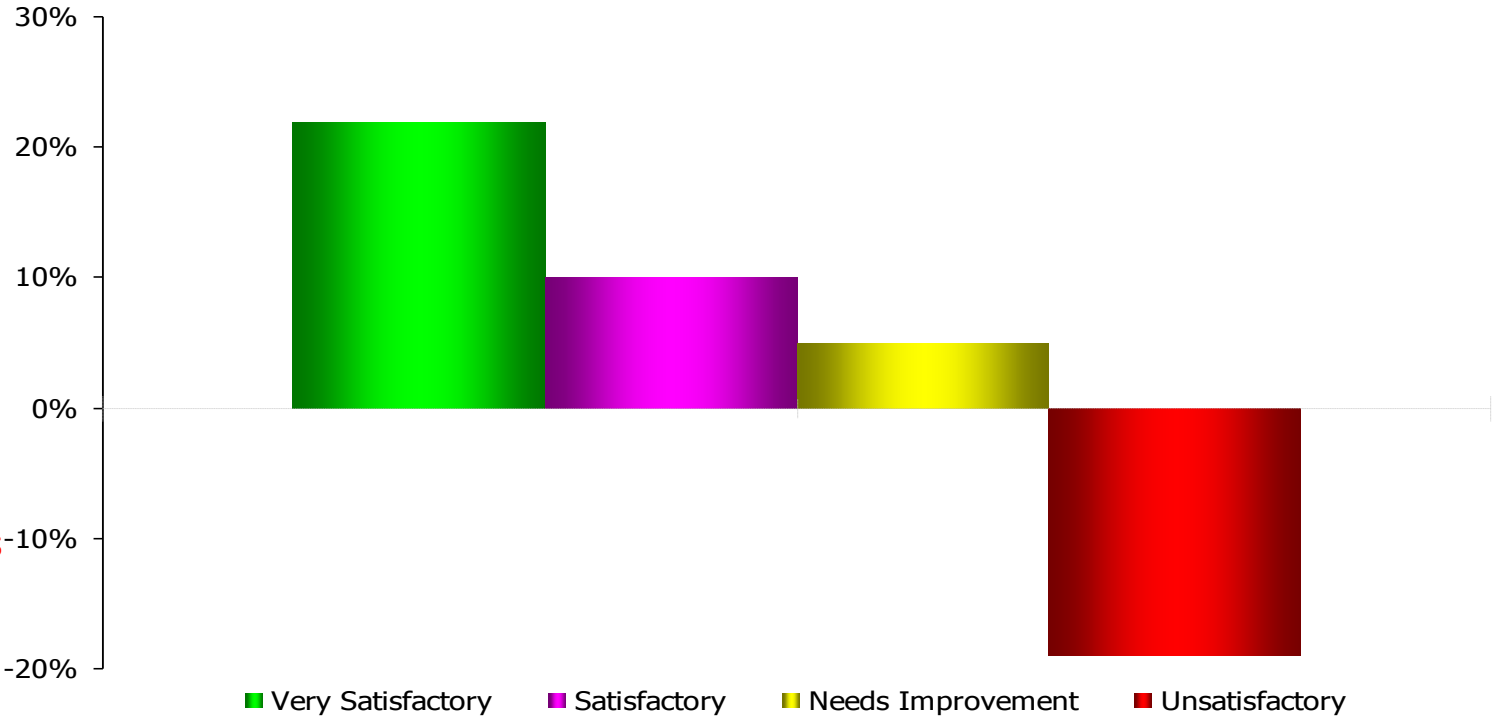


The importance of quality assurance

Efficacy of Halfway Houses as a Function of Adherence to the Principles of Effective Intervention: Overall CPAI Rating – measures program alignment with RNR, staff skills, leadership, evaluation, use of curriculum, etc.*

Better outcomes

Poorer outcomes

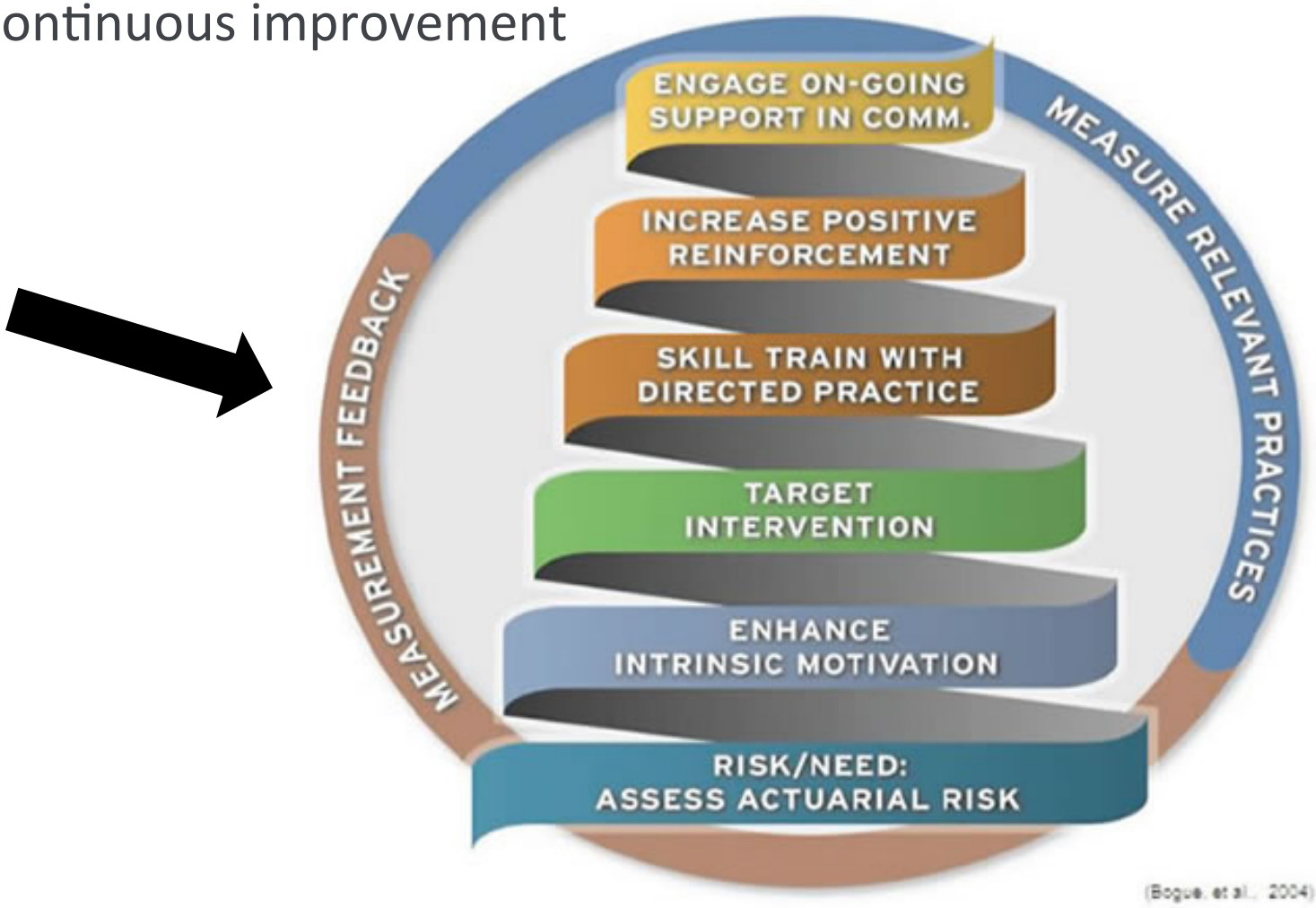


* Approx. 7,300 offenders placed in halfway houses, compared to 5,800 not placed in a halfway house

(Lowenkamp & Latessa, 2005a)

Review progress and set goals for continuous improvement

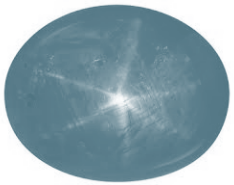
Measurement feedback is critical to maintaining fidelity and continuous improvement



Presentation Overview:

Reform system-wide policies to ensure your resources are spent in a targeted, impactful way

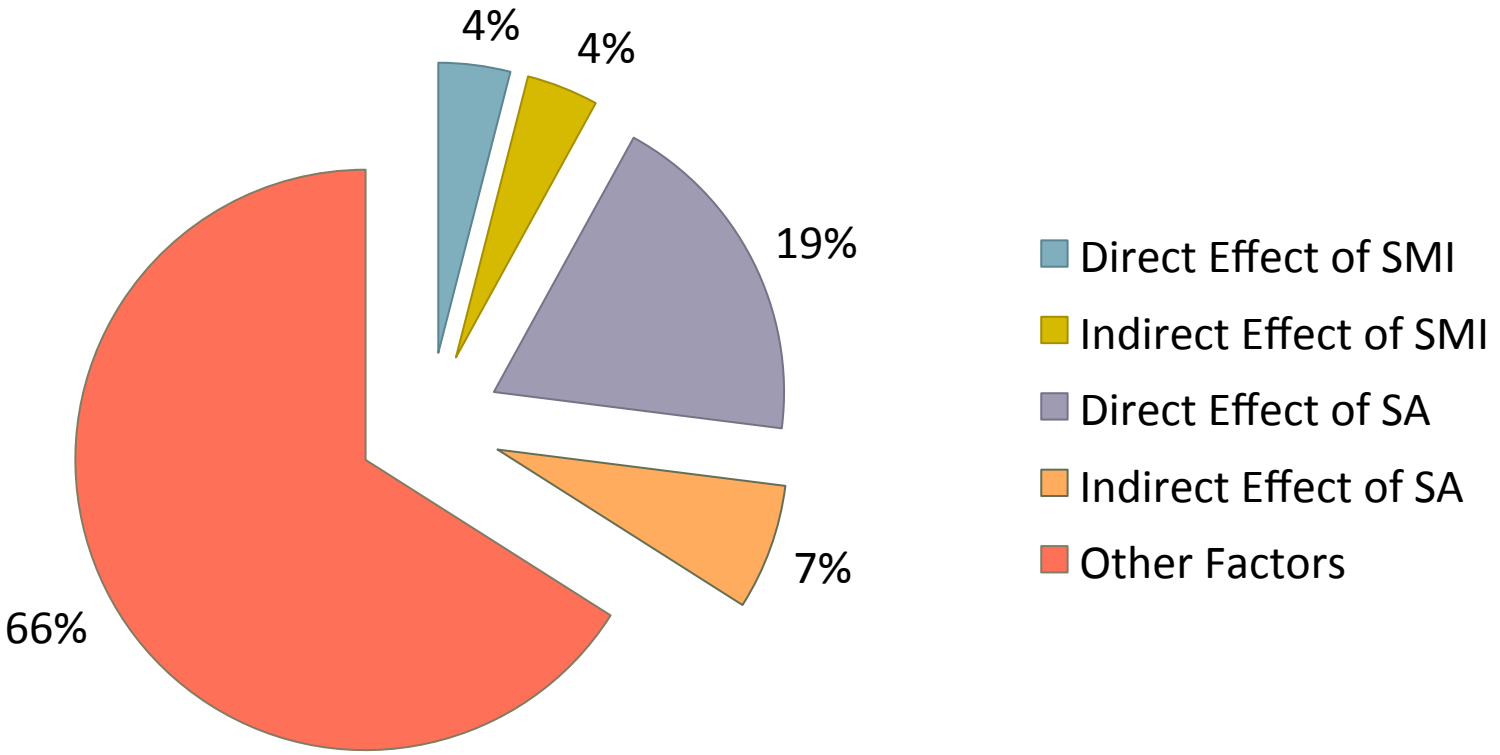
Implement evidence-based interventions effectively



Integrate treatment and services: Behavioral Health and Criminogenic Risk

Incarceration is not always a direct product of mental illness

Raters code 113 post-booking jail diversion cases: How likely is it that the inmates' offenses were a result of serious mental illness (SMI) or substance abuse (SA)?



Source: Junginger, Claypoole, Laygo, & Cristina (2006); Slide developed by Dr. Jennifer Skeem, University of California-Irvine

The Behavioral Health – Criminal Justice Problem in Summary

- We arrest them more often . . .
- We stress them while they're incarcerated . . .
- We keep them incarcerated longer . . .
- They don't get access to adequate mental health care . . .
- They are more likely to "fail" community supervision . . .

What can you do to help support criminal justice and behavioral health staff, providers, and administrators address this problem?

Through grantee TA?

Through in-depth TA?

Through developing resources & training?

Through other mechanisms ?

How has behavioral health addressed dynamic risk factors?

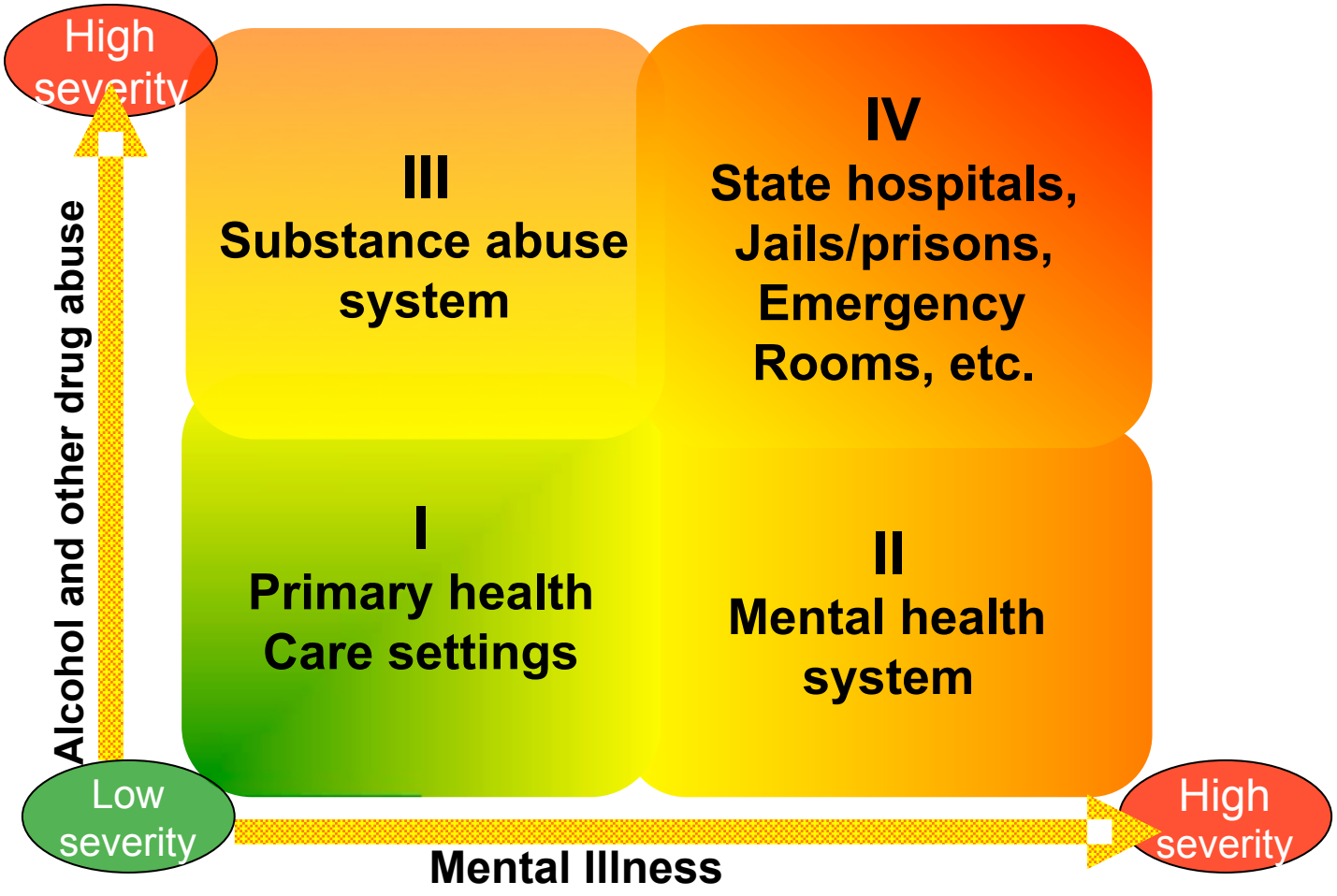
Static Risk Factors

- Criminal history
  - number of arrests
  - number of convictions
  - type of offenses
- Current charges
- Age at first arrest
- Current age
- Gender

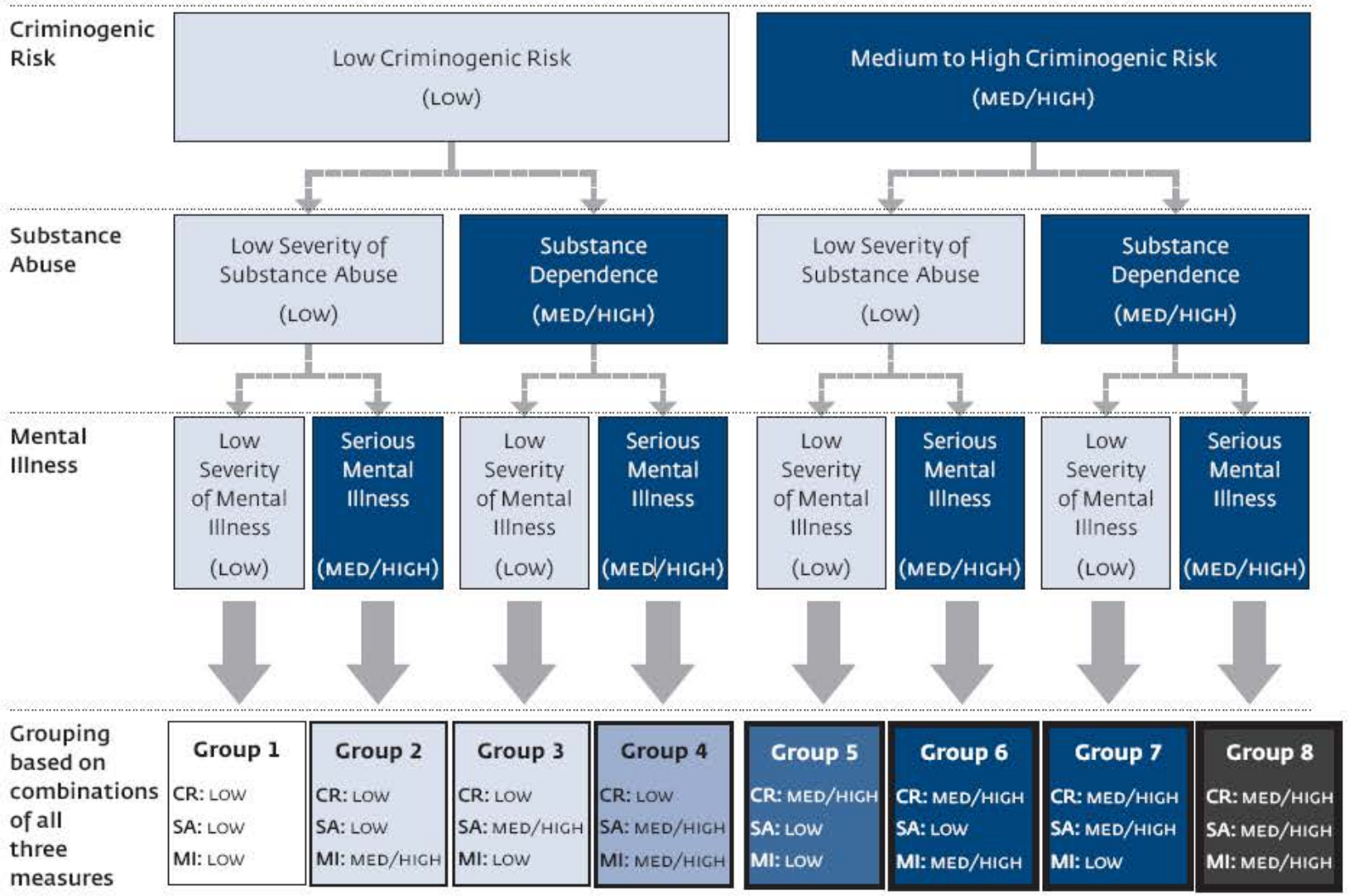
Dynamic Risk Factors

- Anti-social attitudes
- Anti-social friends and peers
- Anti-social personality pattern
- Substance abuse
- Family and/or marital factors
- Lack of education
- Poor employment history
- Lack of pro-social leisure activities

Heterogeneity of the population with co-occurring disorders



For individuals with behavioral health needs additional assessment is needed



Integrated Treatment

- Traditional models of treatment for homeless persons with dual disorders results in poor outcomes
- Integrated treatment associated with better outcomes
- Supported by integrated systems of care
- Need to bring in housing, health, and other service arenas
- Integrated Dual Disorders Treatment to be discussed as an evidence based practice

Integrated Treatment (cont.)

- Traditional models of treatment for dual disorders results in poor outcomes
  - **No treatment** – high utilization of E.R., jails, hospitals
  - **Sequential treatment**
  - **Parallel treatment** – burden of integration on individual
  - **Fragmentation**
- Integrated treatment associated with better outcomes in SMI and non-SMI

Integration at three levels

- **System Integration** The process by which individual systems or collaborating systems organize themselves to implement services integration to clients with COD and their families.

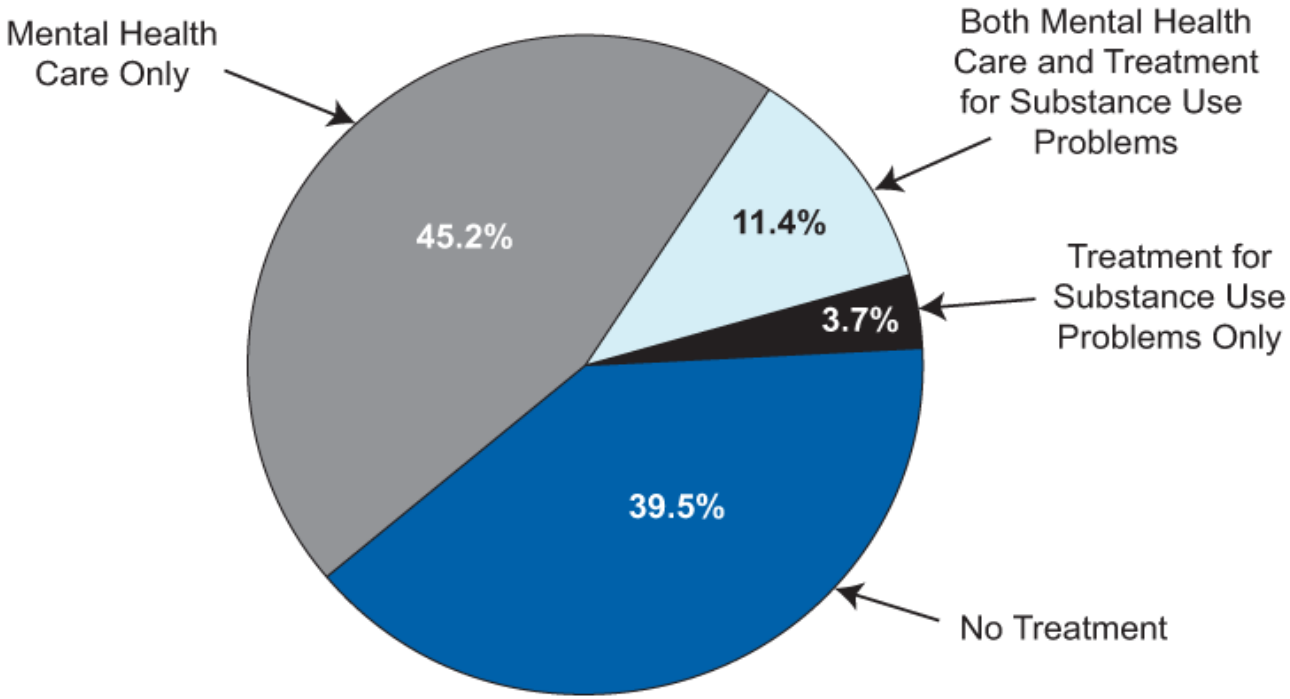
- **Services integration** The participation of providers trained in both substance abuse and mental health services to develop a single treatment plan addressing both sets of conditions and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client.

- **Integrated interventions** are specific treatment strategies or techniques in which interventions for all COD diagnoses or symptoms are combined in a single contact or series of contacts over time.

(COCE, 2005)

What accounts for the problem?
Low utilization of evidence-based practices

Past Year Mental Health Care and Treatment for Adults 18 or Older with Both SMI and Substance Use Disorder



Source: NSDUH (2008)

2.5 Million Adults with Co-Occurring SMI and Substance Use Disorder

Behavioral health treatment

- Treatment “works”
- Medications, therapies, and support enable people to manage their psychiatric symptoms effectively and many with SMI to lead successful and productive lives
- Research indicates that mental disorders can be managed at levels of effectiveness comparable or superior to the treatment of physical illnesses

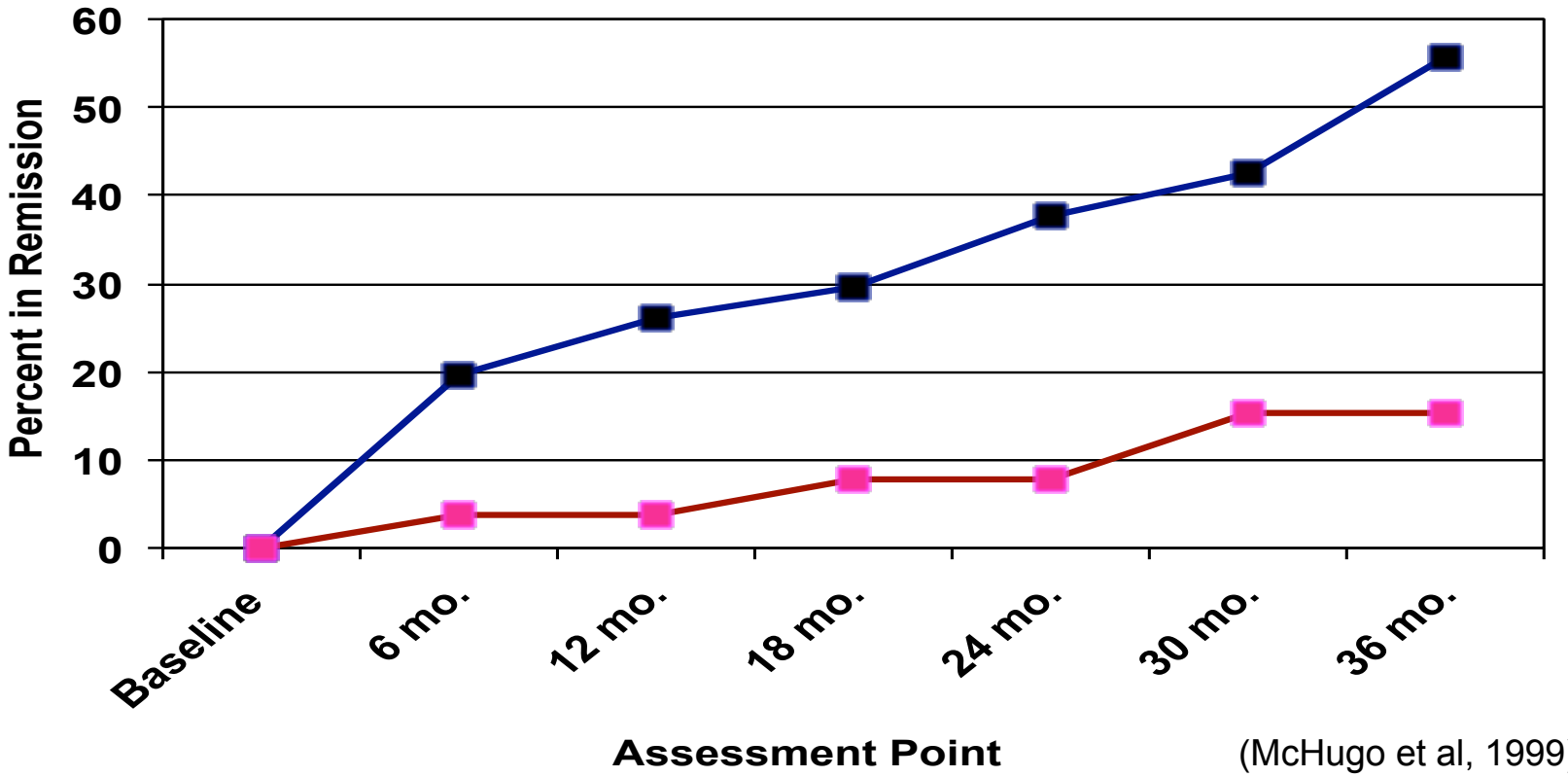
Treatment and expectations

Even in the best-case scenario when an individual is assessed appropriately and linked to high-quality care...

- Recovery can be slow or characterized by relapses
- A cure is rarely possible
- A cure is not necessarily the objective

Even in the best-case … recovery can be slow

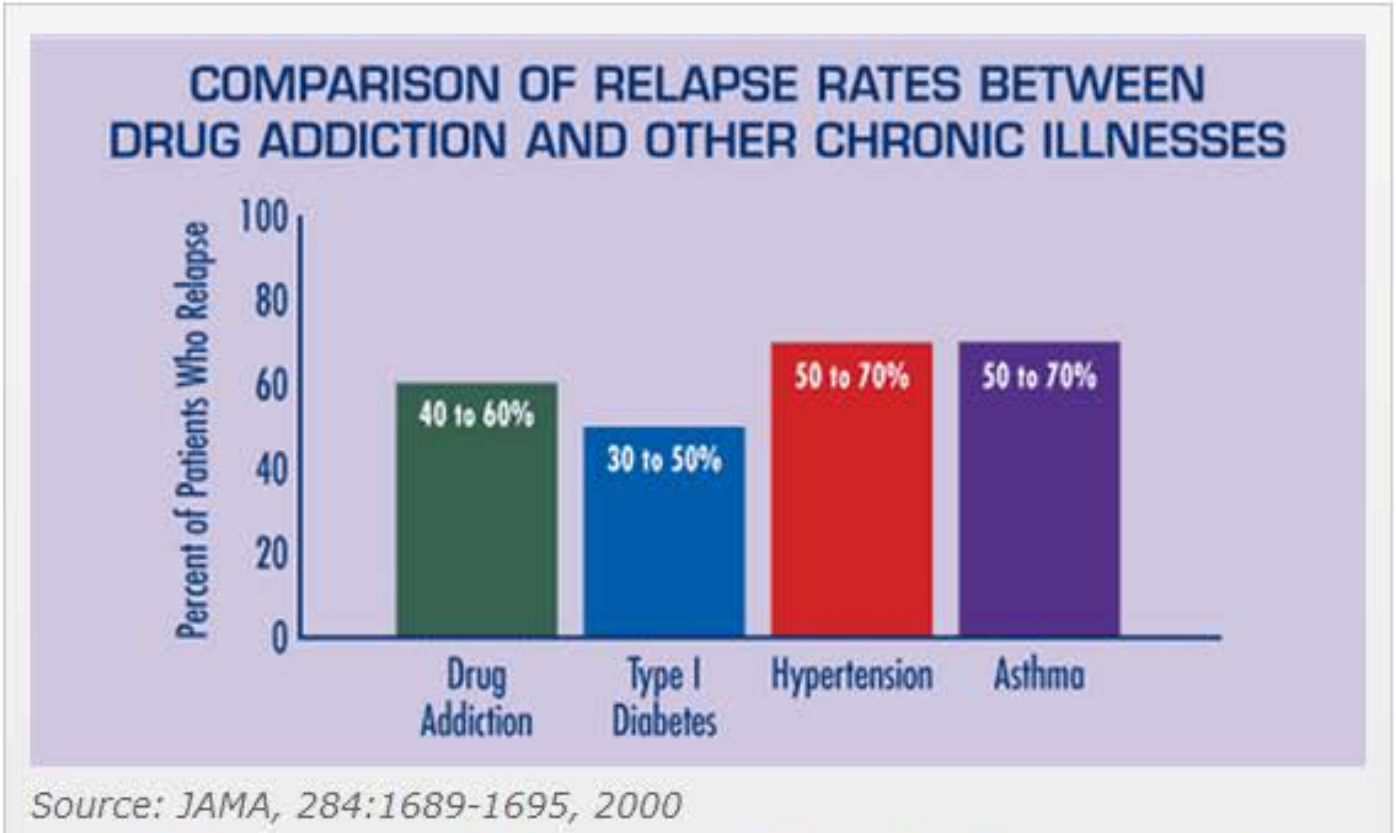
Percent of Participants in Stable Remission for High-fidelity ACT Programs (E: n=61) vs. Low-fidelity ACT Programs (G: n=26)



(McHugo et al, 1999)

Council of State Governments Justice Center

Relapse does not equal treatment failure



http://www.drugabuse.gov/sites/default/files/cjpoftreatment.pdf

Challenges with staff development

What you need:

- Upfront trainings
- Booster trainings
- Observation and feedback
- Ongoing coaching
- Incentives for use of skills

Challenges:

- Resources for continued booster training
- Resources for continued monitoring and coaching
- Staff turnover
- Staff bandwidth to use new skills (case load size)
- Alignment of desired skills with performance evaluations

Quality assurance

What you need:

- Recidivism studies
  - Quality of studies and results
- Internal review of client files, case plans, and interactions with individuals and groups
- Q/A of partnering agencies
- Pre/post-testing

Examples:

- Correctional Program Assessment Inventory (CPAI)
- Evidence Based Correctional Program Checklist (CPC)
- RNR Simulation Tool

Challenges:

- Resources to conduct ongoing evaluations
- Staff capacity to carry out evaluations
- Addressing deficiencies in staff skills and performance
- Consistent reinforcement of positive performance

Revise the personnel evaluation system

- Personnel evaluation system should reinforce individual staff impact on agency-wide recidivism-reduction efforts.
- Recruit and hire staff based on skills that align with core correctional practices.
- Train up existing staff on core correctional practices and adherence to the risk principle.
- Evaluate officers based on
    - Balance of treatment and accountability
    - Management of case plan
    - Fostering and maintaining relationships between the department and the community

Questions and Answers

Thank You!

This material was developed by the presenters for this webinar. Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.

To receive newsletters and other announcements, please visit our website:

www.csgjusticecenter.org/subscribe

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety