Risk Need Responsivity: Who, What, How of Offending Behavior

Jennifer Pealer, Ph.D.
Presentation Overview

• Justice Reinvestment in West Virginia
  – What is Justice Reinvestment?
  – Findings from Justice Reinvestment analysis
  – Justice Reinvestment Policy Framework

• Risk, Need, Responsivity
  – Relevance to Justice Reinvestment Framework
What is Justice Reinvestment?

JUSTICE REINVESTMENT IN WEST VIRGINIA
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 Two Phases of Justice Reinvestment

**Justice Reinvestment**

*a data-driven approach to reduce corrections spending and reinvest savings in strategies that can decrease recidivism and increase public safety.*

Bipartisan, inter-branch, bicameral structure

1. Analyze Data & Develop Policy Options
2. Adopt New Policies
3. Measure Performance
Governor Tomblin Signs SB 371
Findings from Justice Reinvestment Analysis

JUSTICE REINVESTMENT IN WEST VIRGINIA
Behavioral Health Statistics in West Virginia

- Number of overdose deaths increased 5.5 times (largest increase of any state) between 1999 and 2004

- Leads the nation in methadone-related deaths per capita and has the fastest growing rate of methadone overdoses in the nation

- West Virginians are more likely to die from drug overdoses than residents of any other state

- 152,000 West Virginians over the age of eighteen have a substance use problem ~ which is 1 in 10 adults

Source:
- http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Pages/SBIRT.aspx
- West Virginia Chamber of Commerce, Drug-free Workplace Act, 2011
- West Virginia Department of Health & Human Resources, Comprehensive Substance Abuse Strategic Plan, 2011
Unique Challenges for West Virginia

**Treatment challenges:** behavioral health, particularly community-based substance use treatment, disconnected from criminal justice

**Convoluted terrain** causing a dispersed population and huge transportation challenges

**Structural challenges:** five state criminal justice agencies and four local programs, with two layers of judicial authority affecting CJ resources, and connected only between circuit courts and probation
GACSA Regional Task Force Needs Assessments Show Demand for Levels of Service by Region

Region 1
- SBIRT Sites: 2
- Detox Beds: 6-8
- Crisis Stabilization Units: 1
- New Intensive Outpatient Programs: 1
- Short-Term Res. TX Beds: 8-10
- Fellowship Homes: 3
- Recovery Coaches: 10

Region 2
- SBIRT Sites: 2
- Detox Beds: 12-16
- Long-Term Res. TX Beds: 16-20
- Fellowship Homes: 3
- Recovery Coaches: 16

Region 3
- SBIRT Sites: 2
- Detox Beds: 6-8
- Short-Term Res. TX Beds: 8-10
- Fellowship Homes: 2
- Recovery Coaches: 16

Region 4
- SBIRT Sites: 3
- Detox Beds: 6-8
- New Intensive Outpatient Programs: 1
- Expanded Intensive Outpatient Programs: 1
- Short-Term Res. TX: 16-20 beds
- Fellowship Homes: 2
- Recovery Coaches: 26

Region 5
- SBIRT Sites: 2
- Detox Beds: 12-16
- Expanded Intensive Outpatient Programs: 1
- Short-Term Res. TX Beds: 8-10
- Fellowship Homes: 3
- Recovery Coaches: 20

Region 6
- SBIRT Sites: 3
- Detox Beds: 6-8
- New Intensive Outpatient Programs: 2
- Short-Term Res. TX Beds: 8-10
- Long-Term Res. TX Beds: 10-16
- Fellowship Homes: 3
- Recovery Coaches: 22

Source: [http://wvsubstancefree.org/resources.php](http://wvsubstancefree.org/resources.php) (Region Profiles 1-6)
Drug Offenses and Substance Abuse are Contributing to Prison Population Growth

• 22% of new commitments are for drug offenses

• 62% of probation revocations to prison had a substance score indicating abuse or addiction

• Prison stock population drug offenders up 32%

• Alcohol and drug use cited in 78% of technical parole revocations and 65% of revocations for new crimes

• Arrests for drug offenses are up 6%

Source: WV DOC commitments and stock population datasets, WV parole revocations dataset, WVSP arrest data
CSG Justice Center Finding: Substance Use is Major Driver for Prison Growth

DOC Commitments by Offense Type (2007 – 2011)

- **Property**: Up 11%
- **Drug**: Up 11%
- **Other**: Up 12%
- **Violent**: Down 1%

Stakeholder outreach suggested that many property offenses were also related to substance use.

Source: WV DOC commitments dataset
CSG Justice Center Finding:
Revocations for Substance Use Are Another Significant Driver

Prison Commitments by Type, 2005 and 2011

- New Regular Commitments: +20%
- Parole Revocations: +27%
- Probation Revocations: +53%
- Community Corrections / Home Confinement Revocations: +117%
- Other: +12%

62% of probation revocations to had a substance use score indicating abuse or addiction.

78% of revocations for technical revocations & 65% of revocations for new crimes involved possession or use of drugs/alcohol.
Long Wait Times Affect Many with All Levels of Substance Abuse or Mental Health Need

What percentage of clients with needs experience wait times of more than a month for the following substance abuse services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Probation</th>
<th>Parole</th>
<th>DRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient programs</td>
<td>23%</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>Intensive outpatient programs</td>
<td>39%</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>83%</td>
<td>67%</td>
<td>77%</td>
</tr>
</tbody>
</table>

What percentage of clients with needs experience wait times of more than a month for the following mental health services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Probation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Outpatient programs</td>
<td>30%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Assertive community treatment/Intensive case management</td>
<td>36%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>63%</td>
<td>58%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: CSG Justice Center qualitative field research
# Barriers to Treatment Within Community Supervision Go Beyond Wait Times

What barriers limit client access to substance abuse treatment?

<table>
<thead>
<tr>
<th></th>
<th>Probation</th>
<th>Parole</th>
<th>DRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>66%</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Cost</td>
<td>75%</td>
<td>58%</td>
<td>71%</td>
</tr>
<tr>
<td>Services aren’t available in community</td>
<td>74%</td>
<td>64%</td>
<td>50%</td>
</tr>
<tr>
<td>Other (Lack of space, wait time, no insurance, lack of desire to attend)</td>
<td>22%</td>
<td>25%</td>
<td>29%</td>
</tr>
</tbody>
</table>

What barriers limit client access to mental health treatment?

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</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>64%</td>
<td>56%</td>
<td>64%</td>
</tr>
<tr>
<td>Cost</td>
<td>84%</td>
<td>69%</td>
<td>71%</td>
</tr>
<tr>
<td>Services aren’t available in community</td>
<td>62%</td>
<td>53%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Source: CSG Justice Center qualitative field research
Few Substance Abuse Services are Provided for Those on Community Supervision

<table>
<thead>
<tr>
<th></th>
<th>DRC</th>
<th>Probation</th>
<th>Drug Court</th>
<th>DOC</th>
<th>Parole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding for services</td>
<td>$986,088</td>
<td>$0</td>
<td>$1,137,838</td>
<td>$872,000</td>
<td>$0</td>
</tr>
<tr>
<td>Capacity to provide services</td>
<td>Unknown</td>
<td>None</td>
<td>430</td>
<td>ALADRUE: 944 RSAT: 427</td>
<td>None</td>
</tr>
<tr>
<td>Estimated demand for services – Total</td>
<td>108</td>
<td>1,449</td>
<td>263</td>
<td>2,431</td>
<td>492</td>
</tr>
</tbody>
</table>

Outpatient: 43, 580, 105, 973, 197
Intensive Outpatient: 43, 580, 105, 973, 197
Residential with step down: 22, 290, 53, 486, 98

Conversation with Alexa Eggleston and Fred Osher, November, 2012
Justice Reinvestment Policy Framework

JUSTICE REINVESTMENT IN WEST VIRGINIA
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance use</strong> is pervasive and contributes to the growing prison population. Additionally, treatment resources are not targeted where they could have the biggest impact – in the community.</td>
<td><strong>Reduce Substance Use:</strong></td>
</tr>
<tr>
<td></td>
<td>• Invest in community-based treatment for people on supervision with substance use needs</td>
</tr>
<tr>
<td></td>
<td>• Establish partnerships and resources across systems</td>
</tr>
<tr>
<td></td>
<td>• Ensure effective substance use treatment within DOC</td>
</tr>
<tr>
<td><strong>Max outs have increased</strong> because of sentencing and parole inefficiencies. Additionally, many people who are revoked from community supervision spend long periods in prison, at a great cost to taxpayers.</td>
<td><strong>Improve Accountability:</strong></td>
</tr>
<tr>
<td></td>
<td>• Ensure that releases from prison are supervised</td>
</tr>
<tr>
<td></td>
<td>• Respond to violations with swift, certain, and cost-effective sanctions</td>
</tr>
<tr>
<td></td>
<td>• Streamline correctional system processes to reduce delays in parole eligibility and other inefficiencies</td>
</tr>
<tr>
<td><strong>Revocations have increased</strong> because community supervision agencies have not incorporated the principles of the Risk-Needs-Responsivity model.</td>
<td><strong>Strengthen Community Supervision:</strong></td>
</tr>
<tr>
<td></td>
<td>• Adopt a statewide risk/needs assessment and focus supervision resources on high risk offenders</td>
</tr>
<tr>
<td></td>
<td>• Maximize potential of DRCs to reduce recidivism</td>
</tr>
<tr>
<td></td>
<td>• Ensure implementation of evidence-based practices</td>
</tr>
</tbody>
</table>
### Reduce Substance Use By Reinvesting in Community-based Treatment

<table>
<thead>
<tr>
<th>Policy Option</th>
<th>DRC</th>
<th>Probation</th>
<th>Drug Court</th>
<th>DOC</th>
<th>Parole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Funding for treatment</td>
<td>$986,088</td>
<td>$0</td>
<td>$1,137,838</td>
<td>$872,000</td>
<td>$0</td>
</tr>
<tr>
<td>Treatment Capacity</td>
<td>Unknown</td>
<td>None</td>
<td>430</td>
<td>ALADRUE: 944 RSAT: 427</td>
<td>None</td>
</tr>
<tr>
<td>3(A): Invest in community-based treatment for people with substance use needs</td>
<td>Prioritize treatment for high risk &amp; need</td>
<td>Invest in treatment for high risk &amp; need</td>
<td>Prioritize treatment for high risk &amp; need</td>
<td>Prioritize treatment for high risk &amp; need</td>
<td>Invest in treatment for high risk &amp; need</td>
</tr>
</tbody>
</table>

- **Create a treatment supervision** sentencing option for judges to impose supervised probation with dedicated state treatment resources to people convicted of felony offenses who have a high likelihood of reoffending and who have moderate to high substance use treatment needs.
- **Reinvest funding** for people serving on probation and parole, who have a moderate to high likelihood of reoffending and a moderate to high need for substance use treatment in the community. Require these entities to partner with behavioral health providers to provide services.
- **Support training, data collection**, and other investments in the state treatment infrastructure to ensure treatment is delivered according to research-based approaches for providing substance use treatment to people under community-based supervision.
Reduce Substance Use
By Connecting Community Corrections and Behavioral Health

3(B): Establish effective partnerships and resources across systems

• Require behavioral health providers to participate in community corrections boards.
• Require DJCS to review the membership of all community corrections committees to close gaps in the network of service providers. In addition, require DJCS to review the range of available services, sanctions, and programs that address criminogenic needs and develop programming beyond DRCs.
Key Provisions of Justice Reinvestment Framework

• New treatment supervision sentencing option
  – Substance abuse treatment and supervision in lieu of incarceration
  – Can be imposed as condition of drug court, or a term or modification of probation

• Expands drug courts statewide by 2016

• Increases collaboration between criminal justice agencies and behavioral health agencies

• $3M in FY 2014 for community-based substance abuse treatment for criminal-justice involved population
For more information on Justice Reinvestment in West Virginia

- Contact: Sarina Rosenberg, Program Associate, srosenberg@csg.org
- Visit: csgjusticecenter.org
RISK, NEED, AND RESPONSIVITY
Principles of Effective Classification

**RISK**

**WHO**
Deliver more intense intervention to higher risk offenders

**NEED**

**WHAT**
Target criminogenic needs to reduce risk for recidivism

**RESPONSIVITY**

**HOW**
Use CBT approaches
Match mode/style of service to offender
Risk Principle: Identify Major Risk Factors

- Criminal thinking
- Delinquent peers
- Antisocial personality
- Family criminality & psychological problems in the family origin
- Low levels of academic & vocational achievement
- Substance abuse
- Lack of participation in prosocial leisure activities
Risk Principle: Differentiate Placement by Risk Level

- Focus on the offenders most likely to re-offend
- Match services and supervision by risk level
The Risk Principle in Action

Do not mix low and high risk offenders together in facilities or groups

Avoid placing lower risk offenders in more intensive (restrictive) services

- Disrupt protective factors
- Exposure to higher risk offenders
Risk Principle: A Word on Dosage

- **Low**
  - Less than 100 hours

- **Moderate**
  - 100 to 200 hours

- **High**
  - More than 200 hours
Principles of Effective Intervention

**RISK**

**WHO**
Deliver more intense intervention to higher risk offenders

**NEED**

**WHAT**
Target criminogenic needs to reduce risk for recidivism

**RESPONSIVITY**

**HOW**
Use CBT approaches
Match mode/style of service to offender
Need Principle: What To Target

• Assess and target the needs/problems related to criminal behavior that can change
  – Antisocial attitudes, personality, peers
  – Substance abuse
  – Low academic/vocational achievement
  – Family

• Criminogenic needs = dynamic risk factors
Incorporating the Need Principle

• Community/Probation
  – Make referrals to programs that target *criminogenic* needs using effective techniques
  – Referrals should address the major criminogenic needs and not just employment, housing or mental health issues
Principles of Effective Intervention

**RISK**

**WHO**
Deliver more intense intervention to higher risk offenders

**NEED**

**WHAT**
Target criminogenic needs to reduce risk for recidivism

**RESPONSIVITY**

**HOW**
Use CBT approaches
Match mode/style of service to offender
Responsivity Principle

General

- Use of cognitive-behavioral strategies to decrease antisocial behavior and increase prosocial behaviors

Specific

- Refers to the learning/interaction styles of offenders which can affect their engagement in programming
Responsivity Factors

• External Factors
  – Program Characteristics
  – Facilitator Characteristics
  – Program Setting

• Internal Factors
  – Motivation
  – Mental health
  – Maturity
  – Transportation
  – Cognitive deficiencies
  – Demographics
Summary:

Who
- Risk Principle
- Target higher risk offenders

What
- Need Principle
- Target criminogenic needs

How
- Responsivity Principle
- Match style to offender
Contact Information

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