Implementing a Risk/Need/Responsivity Framework into an Offender Management System

Joanna Champney, M.A.  Samantha Zulkowski, M.S.
Chief, Planning & Research  Planner & Researcher

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Overview

• Impetus for Implementing the RNR Framework
• Overview of the Risk, Needs, Responsivity Principles
• George Mason University’s RNR Tool
  • Assess an Individual
  • Program Tool for Adults
  • Assess Jurisdiction’s Capacity
• Moving Forward

Special Thanks to:
Impetus for Implementing RNR Framework

- Justice Reinvestment Task Force
  - Reduce crime and recidivism
  - Protect and support victims
  - Hold offenders accountable
  - Focus efforts on offenders who present the greatest threat
- SB 226
  - Pretrial Risk Assessment
  - Risk and Needs Information at Sentencing
  - Program Completion and Earned Compliance Credits
  - Case Planning
  - Assessment of Community-Based Services
  - Recidivism Study.
Risk/Needs/Responsivity

- **Risk Principle**
  - Intensity of treatment services should be matched to the risk level of the offender

- **Need Principle**
  - Two types of offender needs: criminogenic and non-criminogenic

- **Responsivity**
  - Programming outcomes are maximized when treatments and controls are responsive to the risk and needs of individual offenders
George Mason University’s RNR Tool
RNR Tool Has 3 Primary Modules

Assess An Individual
Assess offenders or estimate the reduction in recidivism by matching individuals to treatment programs.

The RNR Program Tool For Adults
Assess your current programs based on treatment offered, content, quality, and other factors.

Assess Jurisdiction's Capacity
Use client population data & current programming to identify programs that meet your population's needs.
ASSESS AN INDIVIDUAL

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Prior Process for Assessing Inmate Needs for Programming

• Three pathways to programming prior to the RNR:
  • Court order may require specific programming
  • A DOC classification decision, based upon either an offender interview, assessment result (LSI-R), or case review
  • Offender requests specific program/service
• Level of Service Inventory-Revised (LSI-R) is utilized to assess DOC probationers and inmates
  • Level 1 Probation- no LSI-R (unless recommended by PO)
  • Level 2 & 3 Probation (since 2003)
  • Level 4 Community Corrections Centers if serving 6+ months (since December 2012)
  • Level 5 if serving 1 year or more (since June 2013)
    • Note: currently not assessing detentioners
LSI-R Assessment at DEDOC

- LSI-R is a quantitative survey made up of 54 items broken down into 10 distinct domains.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Max Points</th>
<th>Risk Level</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Behavior</td>
<td>10</td>
<td>High</td>
<td>25 to 54</td>
</tr>
<tr>
<td>Education/Employment</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Marital</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td>3</td>
<td>Moderate</td>
<td>14 to 24</td>
</tr>
<tr>
<td>Leisure Recreation</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Companions</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/Personal</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude/Orientation</td>
<td>4</td>
<td>Low</td>
<td>0 to 13</td>
</tr>
</tbody>
</table>
## Dynamic Needs of Incarcerated Offenders

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent of Sample</th>
<th>Rearrest</th>
<th>Reincarcerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or more dynamic needs</td>
<td>87.5%</td>
<td>29.3%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Criminal peers</td>
<td>82.8%</td>
<td>28.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Financial</td>
<td>79.3%</td>
<td>29.4%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Education/Employment</td>
<td>56.3%</td>
<td>30.5%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Emotional/Personal</td>
<td>52.0%</td>
<td>31.0%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Accommodations</td>
<td>50.8%</td>
<td>32.1%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>49.7%</td>
<td>32.7%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Leisure/Recreation</td>
<td>46.8%</td>
<td>30.5%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Family/Marital</td>
<td>44.3%</td>
<td>30.9%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Attitudes/Orientations</td>
<td>31.0%</td>
<td>28.8%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
GMU’s Assess an Individual

- Tool that makes programming recommendations based on risk and criminogenic need
- Estimates a percent reduction in recidivism
- Identifies Stabilizers and Destabilizers

<table>
<thead>
<tr>
<th>Stabilizers</th>
<th>Destabilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>Lack of Family Support</td>
</tr>
<tr>
<td>Education/Job Training</td>
<td>Little Education/Job Training</td>
</tr>
<tr>
<td>Employment</td>
<td>No Employment</td>
</tr>
<tr>
<td>Peers</td>
<td>Criminal Peers</td>
</tr>
<tr>
<td>Housing Stability</td>
<td>Housing Instability</td>
</tr>
</tbody>
</table>
GMU’s Assess an Individual

<table>
<thead>
<tr>
<th>Recommended RNR Program Group, Estimated Reincarceration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Level:</strong> Moderate</td>
</tr>
<tr>
<td><strong>Dosage Level:</strong> Moderate</td>
</tr>
<tr>
<td><strong>Strengths:</strong> Stable housing, Social supports/relationships, Able to manage finances, Health insurance</td>
</tr>
<tr>
<td><strong>Target Needs:</strong> Critical: Mental health, Co-occurring substance use and mental health issues</td>
</tr>
<tr>
<td><strong>Criminogenic:</strong> Severe substance use disorder, Criminal thinking/lifestyle, Antisocial peers/family</td>
</tr>
<tr>
<td><strong>Additional:</strong> Education, Employment, Family support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Reincarceration Rate: Three Year Reincarceration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT: 47%</td>
</tr>
<tr>
<td>BEST: 39%</td>
</tr>
<tr>
<td>2ND BEST: 42%</td>
</tr>
<tr>
<td>3RD BEST: 46%</td>
</tr>
</tbody>
</table>

**Best Fit Program Group: Interventions Targeting Severe Substance Use Disorders (A)**

**Recommended Dosage Level:** Moderate

Group A programs address severe drug use disorders for drugs such as opioids, opioids, amphetamines, methamphetamine, crack/cocaine, heroin, PCP, benzodiazepines, and barbiturates. Programs use specific modalities designed to address severe addiction, offer a range of dosage levels across a continuum of care, and adhere to an evidence-based treatment manual.

**Example Programs:**
- Residential drug treatment/therapeutic community
- Specialty courts
- Intensive outpatient treatment

**VIEW GROUP A PROGRAMS AVAILABLE IN YOUR JURISDICTION**

**2nd Best Program Group: Criminal Thinking Interventions (B)**

Group B programs primarily target criminal thinking/lifestyle by using cognitive restructuring techniques and interpersonal and social skills development. These programs use cognitive-behavioral or behavioral methods, offer a range of dosage levels across a continuum of care, and use an evidence-based treatment manual.

**Example Programs:**
- Cognitive-based criminal thinking curriculums
- Behavioral interventions
- Intensive supervision with treatment to address criminal thinking

**VIEW GROUP B PROGRAMS AVAILABLE IN YOUR JURISDICTION**

**3rd Best Program Group: Self-Improvement and Management (C)**

Group C programs primarily target self-improvement and management. These programs use an evidence-based curriculum and cognitive restructuring techniques to develop social functioning and self-management skills and reduce criminal activity.

**Example Programs:**
- Manualized drug treatment
- Individual or group counseling to manage triggers
- Outpatient treatment

**VIEW GROUP C PROGRAMS AVAILABLE IN YOUR JURISDICTION**
How will the RNR Tool Work in DACS?

- DACS is the Delaware Automated Correction System
- Some RNR questions have been coded to auto-populate or auto-select based on existing fields in DACS

    *BUT... if no appropriate data source exists in DACS...*

- Staff will need to manually impute/select a response
  - 24 Questions
  - 12 Auto Populated; 12 Manual Response/Select
# Auto-Populated Questions

<table>
<thead>
<tr>
<th>RNR Questions</th>
<th>DACS/LSI-R Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you entering actual data?</td>
<td>Default answer: “Actual Individual”</td>
</tr>
<tr>
<td>Please specify the setting of this individual</td>
<td>Default answer: “Prison”</td>
</tr>
<tr>
<td>This is the individual’s…</td>
<td>Default answer: “Initial Assessment”</td>
</tr>
<tr>
<td>Is the individual reentering the community?</td>
<td>Default answer: “No”</td>
</tr>
<tr>
<td>Identification Number</td>
<td>SBI Number; Pulled from DACS</td>
</tr>
<tr>
<td>First and Last Initials</td>
<td>Pulled from DACS</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Pulled from DACS</td>
</tr>
<tr>
<td>Gender</td>
<td>Pulled from DACS</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Pulled from DACS</td>
</tr>
</tbody>
</table>
## Auto-Populated Questions

<table>
<thead>
<tr>
<th>RNR Questions</th>
<th>DACS/LSI-R Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJ Risk Level</td>
<td>Pulled from LSI-R Module in DACS (Low, Moderate, High)</td>
</tr>
<tr>
<td>Does the individual have a substance use disorder?</td>
<td>“Yes” is selected if defendant scored 3 or more total points on LSI-R “Alcohol/Drug” Domain.</td>
</tr>
<tr>
<td>Would you characterize the disorder as severe?</td>
<td>“Yes” is selected if defendant scored 6 or more total points on LSI-R “Alcohol/Drug” Domain.</td>
</tr>
<tr>
<td>Individual displays a pattern of antisocial cognitions/criminal thinking</td>
<td>“Yes” is selected if defendant scored 2 or more points on LSI-R “Attitude/Orientation” Domain.</td>
</tr>
</tbody>
</table>
Intake Timeline

**LSI-R**
- Post-sentencing, pre-classification
- LSI-R’s less than 1 year old can be used for new classifications
- Use enhanced interview guide to collect additional info during LSI-R interview that will be needed for RNR

**RNR**
- Post-LSI-R, pre-classification
- No additional interview needed
- Instructions are embedded in the RNR DACS tab
- Half of fields import from LSI-R and DACS, half are manual responses
- Produces program recommendations; counselor selects/overrides; supervisor approval

**Classification**
- Approved recommendation feeds into classification
- This will be covered in more detail during afternoon session
RNR Module in DACS
Offender Management System

RNR RECOMMENDATIONS

Dosage Level: Moderate
Risk Level: Moderate

Target Needs:
- Housing, Criminal Thinking/Lifestyle
- Mental Health
- Antisocial Peers/Family
- Employment
- Family Support

Strengths:
- Lack of Severe Substance Use Disorder
- Lack of Mild to Moderate Substance Use Disorder
- Social Supports/Relationships
- Education
- Financial
- Lack of co-occurring substance use and mental health issues
- Access to Food, Health insurance

Best Fit Program Group:
- Criminal Thinking (B)

2nd Best Program Group:
- Self Improvement/Management (C)

3rd Best Program Group:
- Social and Interpersonal Skills (D)

View RNR Results PDF
Offender Management System
Offender Management System
Offender Management System
Offender Management System
**Recommended RNR Program Group, Estimated Success Rate**

<table>
<thead>
<tr>
<th>Risk Level: High</th>
<th>Strengths: Lifestyle conducive to pro-social behavior, Social supports/relationships, Family support, Access to food, Health Insurance</th>
</tr>
</thead>
</table>
| Dosage Level: High | **Target Needs:** Housing, Mental health, Co-occurring substance use and mental health issues  
Criminogenic: Severe substance use disorder, Antisocial peers/family  
Additional: Education, Employment |

**Estimated Success Rate:** One Year Remaining: 64%

- **CURRENT:** 64%
- **BEST FIT:** 70%
- **2ND BEST:** 68%
- **3RD BEST:** 65%

**Best Fit Program Group: Interventions Targeting Severe Substance Use Disorders (A)**

Recommended Dosage Level: High

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**PDF Output of AAI Results**

- **Can be downloaded from DACS**
- **Useful for case management**
- **Counselor can use to guide discussions with client**
- **Provides estimated rate of success (not recidivating) if participant completes programming type**
Offender Management System
How Does the AAI Change the Inmate Classification Paradigm?

- Changes inmate classification paradigm away from simply cataloguing the offender’s needs to a triaged assessment of most critical need(s)
- Reduces, but doesn’t eliminate, counselor bias for program assignment
- Reduces opportunity for programs to “cherry pick” participants
THE RNR PROGRAM TOOL FOR ADULTS

Assess An Individual: Assess offenders or estimate the reduction in recidivism by matching individuals to treatment programs.

The RNR Program Tool For Adults: Assess your current programs based on treatment offered, content, quality, and other factors.

Assess Jurisdiction’s Capacity: Use client population data & current programming to identify programs that meet your population’s needs.
GMU’s Program Tool For Adults

• How DOC obtains the information about programs to determine the match between inmate and program

• Program tool is geared toward treatment providers

• Lengthy – takes about 45 minutes to complete

• Tool categorizes programs into 1 of 6 categories and then assesses on the following components:
  • Adherence to the principle of Risk, Need, and Responsivity
  • Implementation
  • Dosage
  • Restrictiveness
<table>
<thead>
<tr>
<th>GROUP</th>
<th>Program Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>Dependence on Hard Drugs</td>
</tr>
<tr>
<td>GROUP B</td>
<td>Criminal Thinking/Cognitive Restructuring</td>
</tr>
<tr>
<td>GROUP C</td>
<td>Substance Abuse and Mental Health</td>
</tr>
<tr>
<td>GROUP D</td>
<td>Self Improvement &amp; Management</td>
</tr>
<tr>
<td>GROUP E</td>
<td>Life Skills (e.g. Education, Employment)</td>
</tr>
<tr>
<td>GROUP F</td>
<td>Punishment (supervision) Only</td>
</tr>
</tbody>
</table>
## Assessment Output

<table>
<thead>
<tr>
<th>Program Group: Interventions Targeting Severe Substance Use Disorders (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk</strong> 57%</td>
</tr>
<tr>
<td><strong>Need</strong> 87%</td>
</tr>
<tr>
<td><strong>Responsivity</strong> 53%</td>
</tr>
<tr>
<td><strong>Implementation</strong> 25%</td>
</tr>
<tr>
<td><strong>Dosage</strong> 45%</td>
</tr>
<tr>
<td><strong>Restrictiveness</strong> 50%</td>
</tr>
<tr>
<td><strong>Overall Score</strong> 49%</td>
</tr>
</tbody>
</table>
Do You Really Add ALL of the Prison Programs?!

- Assemble all programs/activities/services available in Level V (prison) facilities
- Determine criteria for a “program”

<table>
<thead>
<tr>
<th>Program</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizes a curriculum</td>
<td>While objectives may be established, the activity is more for leisure purposes</td>
</tr>
<tr>
<td>Establishes individualized goals (i.e. drug treatment, mental health treatment, behavioral intervention)</td>
<td>A target date of completion is not established, as the activity or service can be continued or discontinued at any time</td>
</tr>
<tr>
<td>Completion/graduation of the program will aid daily function (i.e. financial management, life skills, education/job training)</td>
<td>There are no negative life consequences for failure to engage or complete an activity/service</td>
</tr>
<tr>
<td>Failure to engage/complete will result in negative life consequences (i.e. inability to obtain/maintain a job, inability to stabilize mental health)</td>
<td>Less structured (i.e., can attend just once or twice and receive social/recreational benefits). Examples: support group, book club, family bonding programs that don’t include structured components</td>
</tr>
<tr>
<td>Offenders must meet specific requirements in order to complete/graduate</td>
<td></td>
</tr>
</tbody>
</table>
ASSESS JURISDICTION’S CAPACITY

Assess An Individual
Assess offenders or estimate the reduction in recidivism by matching individuals to treatment programs.

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Assess your current programs based on treatment offered, content, quality, and other factors.

Assess Jurisdiction’s Capacity
Use client population data & current programming to identify programs that meet your population's needs.
GMU’s Assess Jurisdiction’s Capacity

• Assess Jurisdiction’s Capacity Tool is meant to compare the primary programming needs of a jurisdiction with program availability

• Core Principles of Responsivity:
  • Individual
    • Match programming and controls to risk and need
    • Focus on motivation to change
    • Provide feedback reports on progress
  • System
    • Focus on correctional culture to increase receptiveness to treatment
    • Measure client outcomes to gauge performance
    • Increase communication and build systems of care
Gap Analysis of DE Prison Programming
Common Barriers to Addressing Programming Capacity

• Criminal Justice Agencies often lack programming types that are appropriate in dosage for the appropriate risk levels of offenders

• Lack of information within correctional agencies about the specific nature and availability of programs

• Lack of quality decision-support tools to help them assess both individual-level and system capacity issues
Moving Forward: Use of RNR Principles at Sentencing???

- New Castle County Superior Court Pilot
- Exploring the utility of knowing offender’s risk level and criminogenic needs PRIOR to sentencing
- Approximately 20 defendants referred, to date
  - Defendants and their attorneys agree to participate
  - Guilty plea → Assessment (LSI-R → RNR) → Results Shared with Court
  - Defendant’s risk level, criminogenic needs, and program recommendations inform the sentencing decision
  - Availability of programming at Level V and in the community taken into consideration
Moving Forward: Expanding the RNR Tool into the Community Corrections Environment

• Expanding RNR process throughout DE’s correctional continuum
  • Catalogue available programing
    • Program administrators complete Program Tool for Adults
• Make use available in DACS
• Programming for Level IV and P&P will include community-based programs
  • More difficult to catalogue
QUESTIONS?

To test drive GMU’s RNR Tool, please visit: https://www.gmuace.org/tools/