



WEST VIRGINIA INTEGRATED BEHAVIORAL HEALTH CONFERENCE

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

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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

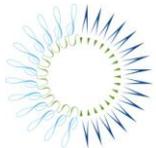
Analyze Data & Develop
Policy Options

2

Adopt New Policies

3

Measure Performance



THE
PEW
CHARITABLE TRUSTS



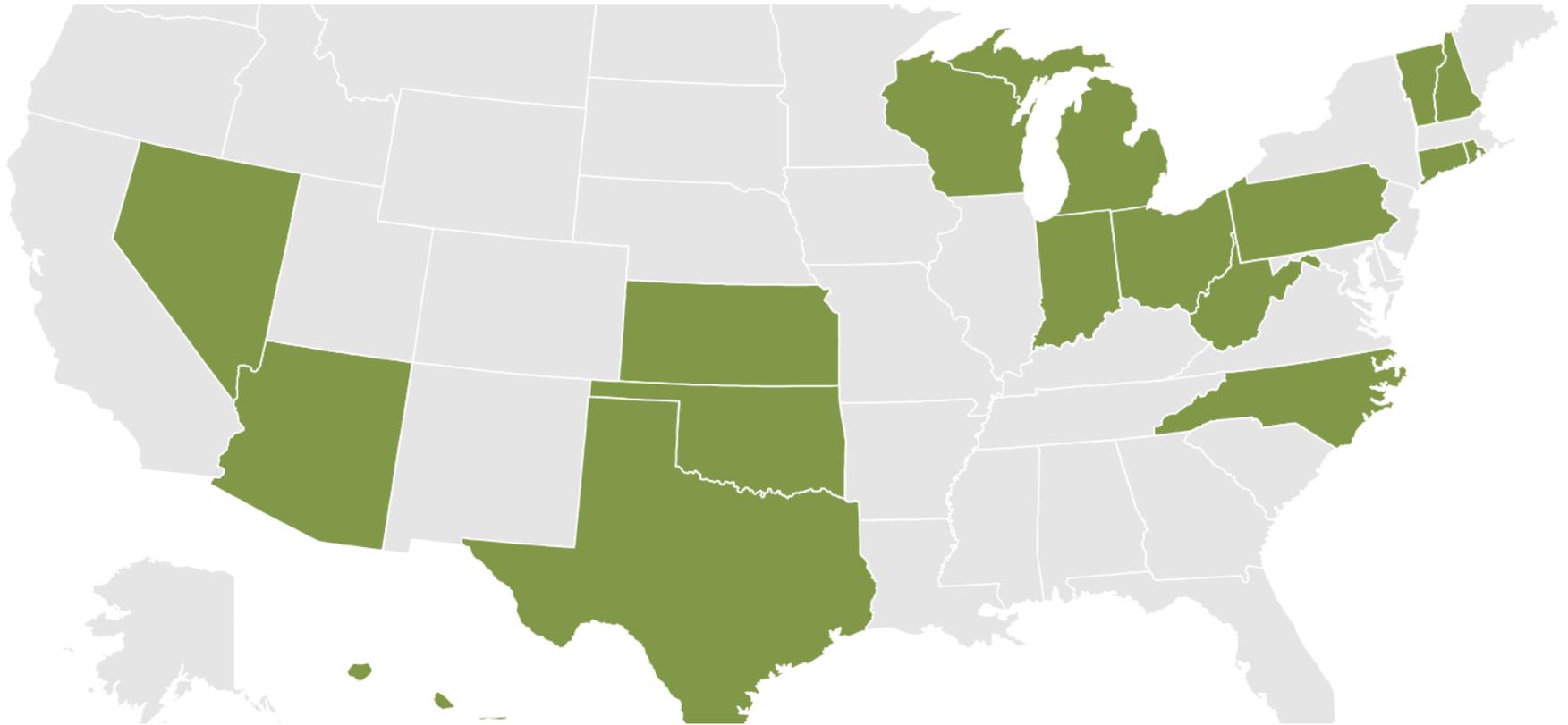
BJA
Bureau of Justice Assistance
U.S. Department of Justice



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Bureau of Justice Assistance
U.S. Department of Justice



CSG Justice Reinvestment States



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

**Prescription Drug
Overdose Rates**
(2006-2010 Combined)

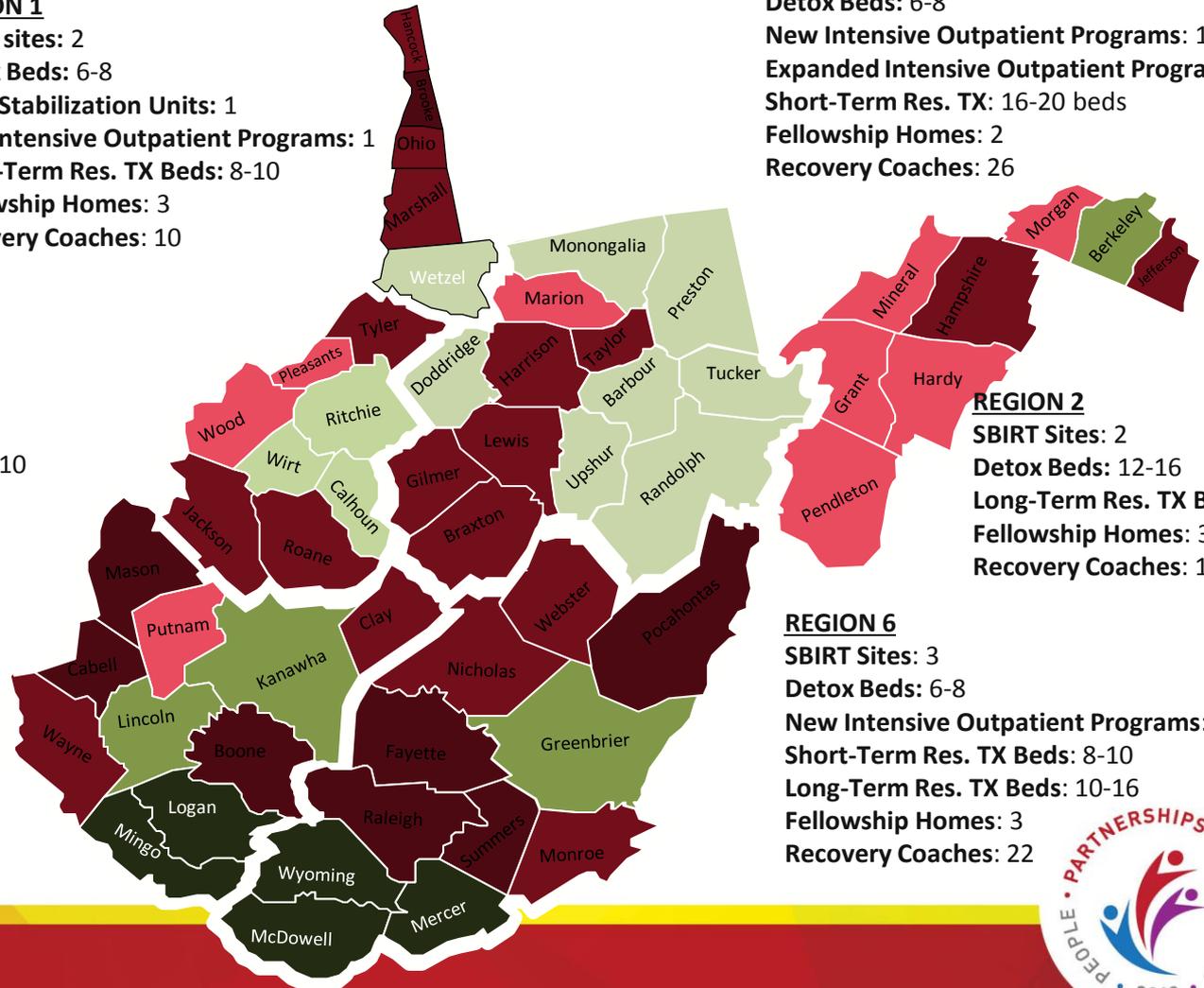


REGION 3

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

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 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 2

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

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

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

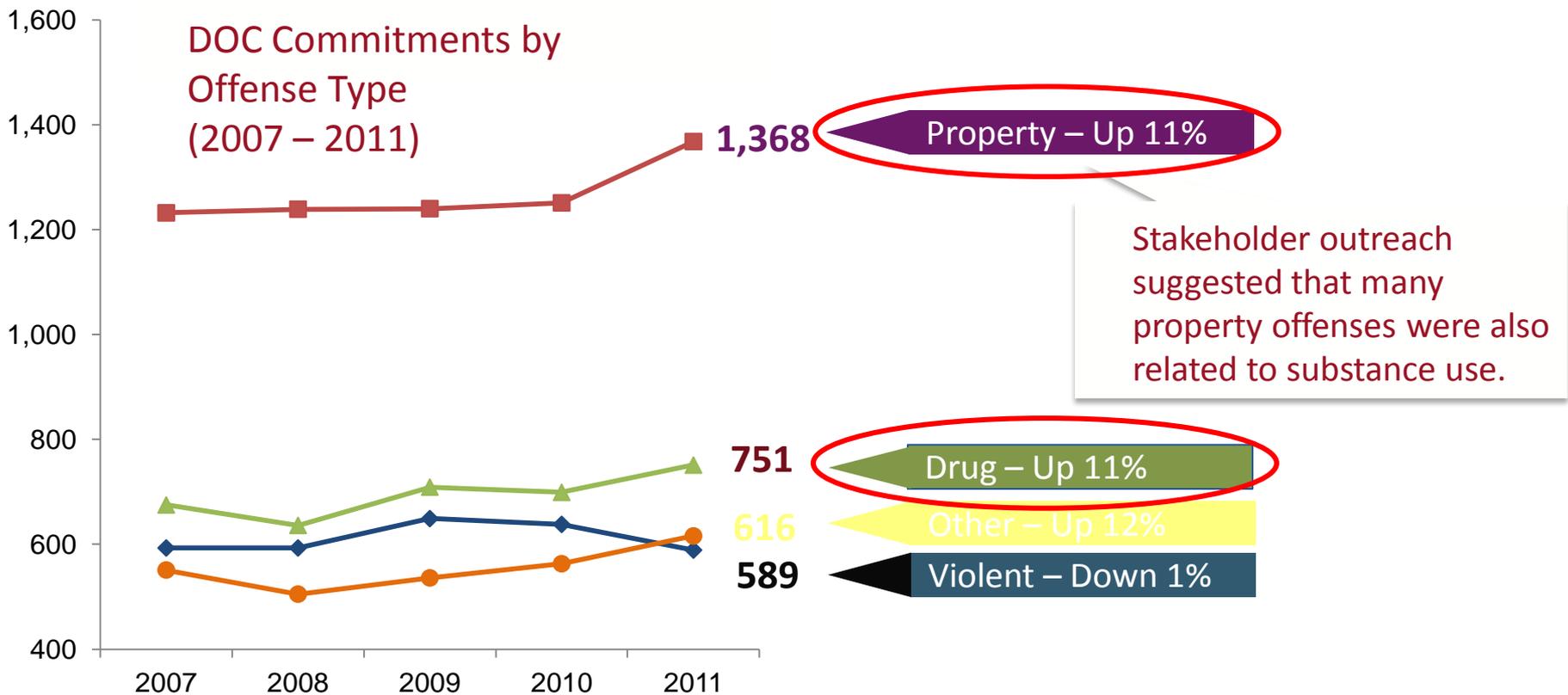


Drug Offenses and Substance Abuse are Contributing to Prison Population Growth

- 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%



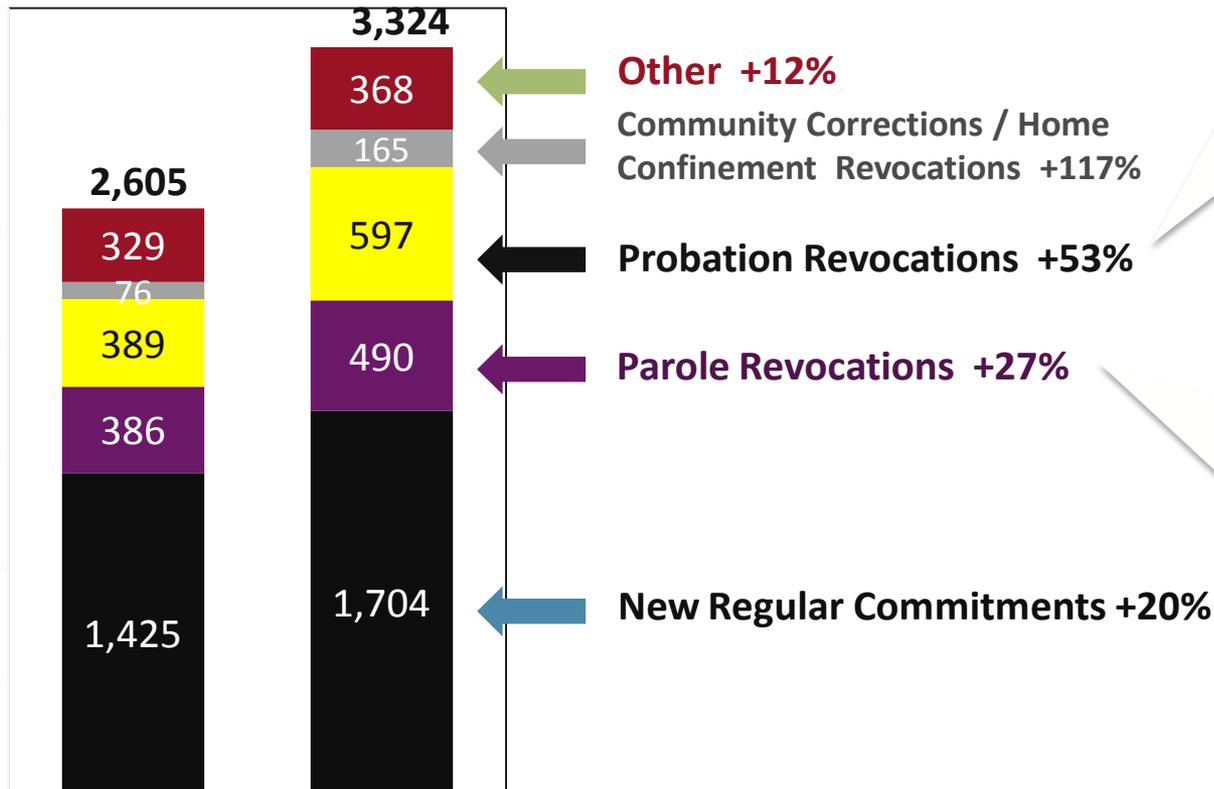
CSG Justice Center Finding: Substance Use is Major Driver for Prison Growth



CSG Justice Center Finding:

Revocations for Substance Use Are Another Significant Driver

Prison Commitments by Type,
2005 and 2011



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?

	Probation	Parole	DRC
Outpatient programs	23%	8%	21%
Intensive outpatient programs	39%	23%	31%
Residential treatment	83%	67%	77%

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

	Probation	Parole	DRC
Outpatient programs	30%	11%	14%
Assertive community treatment/ Intensive case management	36%	21%	15%
Residential treatment	63%	58%	42%



Barriers to Treatment Within Community Supervision Go Beyond Wait Times

What barriers limit client access to substance abuse treatment?

	Probation	Parole	DRC
Transportation	66%	64%	64%
Cost	75%	58%	71%
Services aren't available in community	74%	64%	50%
Other (Lack of space, wait time, no insurance, lack of desire to attend)	22%	25%	29%

What barriers limit client access to mental health treatment?

	Probation	Parole	DRC
Transportation	64%	56%	64%
Cost	84%	69%	71%
Services aren't available in community	62%	53%	64%



Few Substance Abuse Services are Provided for Those on Community Supervision

	DRC	Probation	Drug Court	DOC	Parole
Funding for services	\$986,088	\$0	\$1,137,838	\$872,000	\$0
Capacity to provide services	Unknown	None	430	ALADRUE: 944 RSAT: 427	None
Estimated demand for services – Total	108	1,449	263	2,431	492
Outpatient	43	580	105	973	197
Intensive Outpatient	43	580	105	973	197
Residential with step down	22	290	53	486	98



Source: D.A. Andrews & James Bonta, "ColorPIpt Profile Form for Men," *The Level of Service Inventory - Revised: U.S. Norms*, 2003

Steven Belenko & Jordon Peugh "Estimating Drug Treatment Needs Among State Prison Inmates." *Drug and Alcohol Dependence* 77, no. 3 (2005): 269–281.

Conversation with Alexa Eggleston and Fred Osher, November, 2012

Justice Reinvestment Policy Framework

JUSTICE REINVESTMENT IN WEST VIRGINIA



Objectives of the Justice Reinvestment Policy Framework

Challenge

Substance use 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.

Max outs have increased 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.

Revocations have increased because community supervision agencies have not incorporated the principles of the Risk-Needs-Responsivity model.

Objective

Reduce Substance Use:

- Invest in community-based treatment for people on supervision with substance use needs
- Establish partnerships and resources across systems
- Ensure effective substance use treatment within DOC

Improve Accountability:

- Ensure that releases from prison are supervised
- Respond to violations with swift, certain, and cost-effective sanctions
- Streamline correctional system processes to reduce delays in parole eligibility and other inefficiencies

Strengthen Community Supervision:

- Adopt a statewide risk/needs assessment and focus supervision resources on high risk offenders
- Maximize potential of DRCs to reduce recidivism
- Ensure implementation of evidence-based practices

Reduce Substance Use By Reinvesting in Community-based Treatment

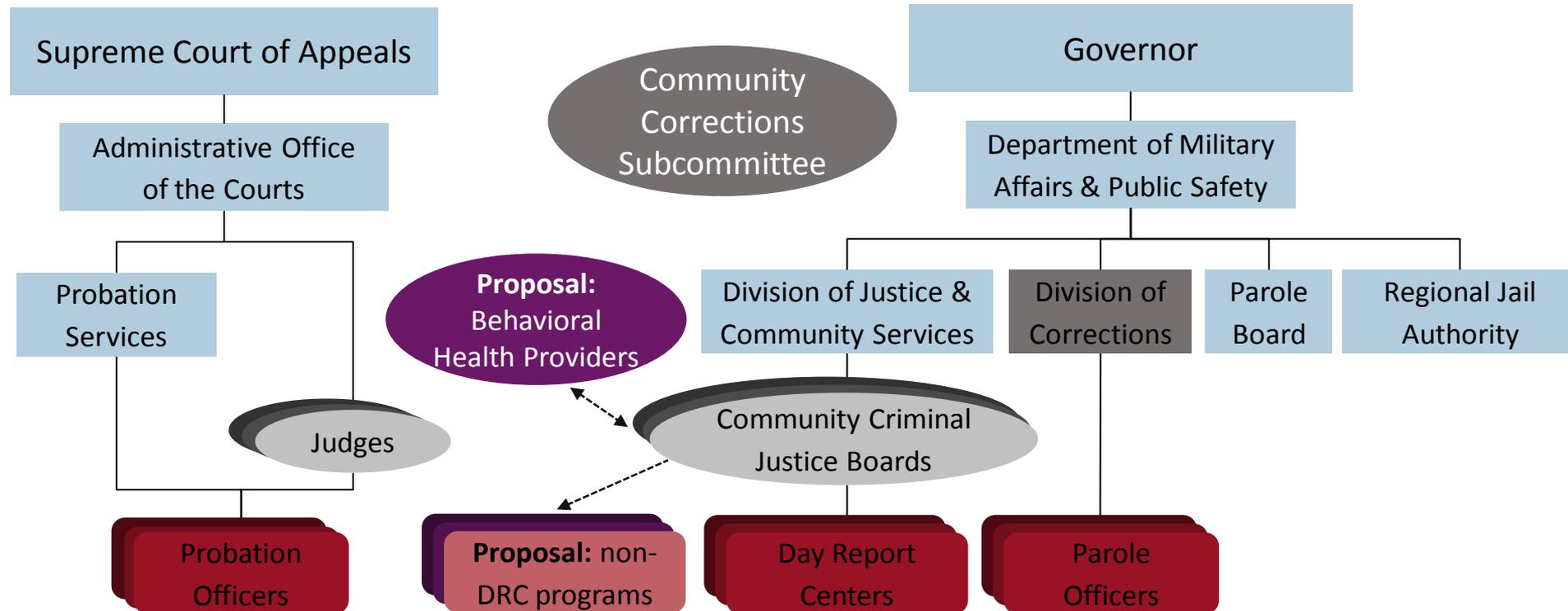
	DRC	Probation	Drug Court	DOC	Parole
Current Funding for treatment	\$986,088	\$0	\$1,137,838	\$872,000	\$0
Treatment Capacity	Unknown	None	430	ALADRUE: 944 RSAT: 427	None
Policy Option	Prioritize treatment for high risk & need	Invest in treatment for high risk & need	Prioritize treatment for high risk & need	Prioritize treatment for high risk & need	Invest in treatment for high risk & need

3(A): Invest in community-based treatment for people with substance use needs

- 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

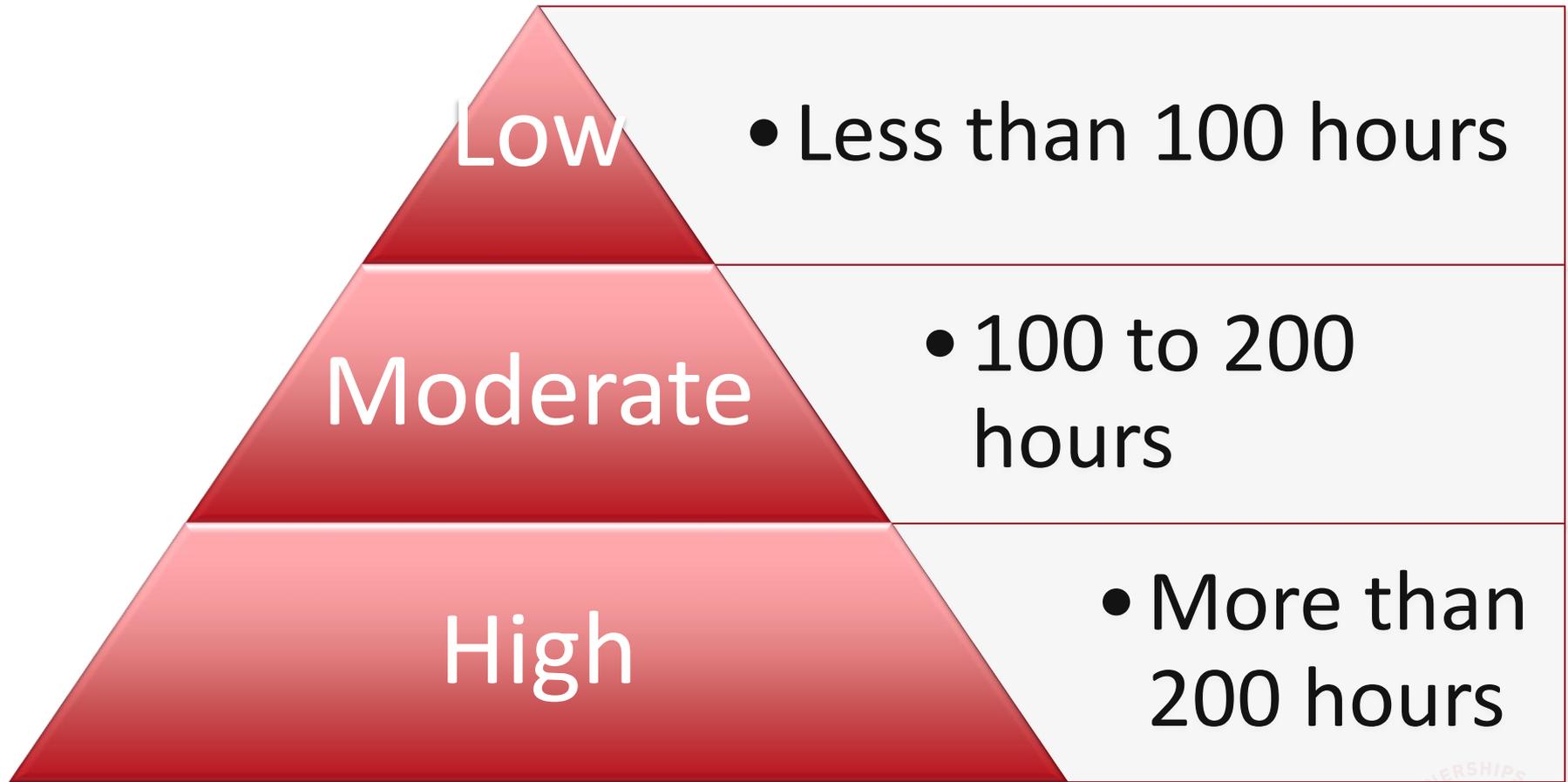
Do not mix low and high risk offenders together in facilities or groups

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

- Disrupt protective factors
- Exposure to higher risk offenders



Risk Principle: A Word on Dosage



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

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intervention to higher
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NEED

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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:



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