(Less) "Crime and Punishment": The Revolution in Community Corrections

Presented by:
Angela Hawken, PhD

Antigua, Guatemala
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Background

- More than 7 million adults in the US supervised by correctional authorities
- Probation and parole have poor record of supervising offenders in the community
  - ➔overuse of prison
- More than 2 million incarcerated
- Failure rates have been quite constant in spite of many initiatives targeted to the problem
- First, let's talk about the mess, then we'll move on to room for hope

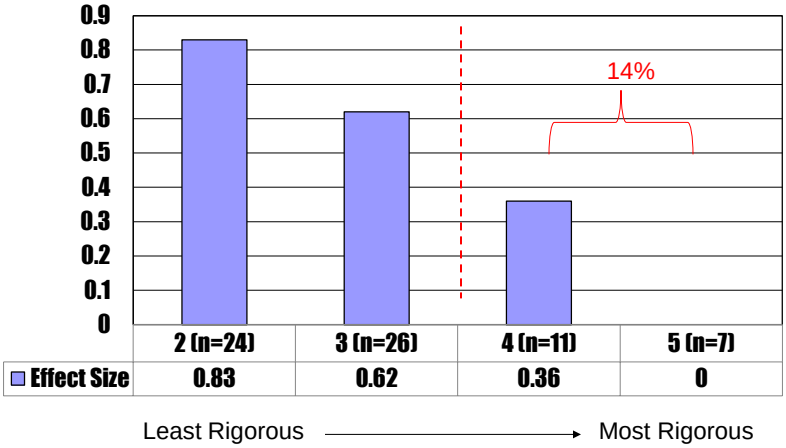
Enter the EBPs

- Many state <u>require</u> the use of EBPs
  - Sounds reasonable. Right?
  - Be careful what you wish for
- Assumes there's a good-quality evidence base
- What Is the Evidence for "Evidence"-Based Programs?

National Registry of Evidence-based Programs and Practices (NREPP)

- Managed and funded by SAMHSA
- Began in 1997
- Purpose: "[T]o assist the public in identifying approaches to preventing and treating mental and/or substance abuse disorders that have been <u>scientifically tested and that can be readily disseminated</u> to the field." (NREPP, 2009)

Study Quality & Effectiveness of Offender Programs (N=68)



Sheldon Zhang et al., 2010

Who Conducts the Research?

- 58% of the criminal justice programs for drug-involved offenders that are called "evidence based" were evaluated by the developer (or proprietor)
- Is there a systematic difference in the results of evaluations conducted by someone who makes money selling the program compared with independent evaluations? Yes, and in the direction you would suspect!

EBPs – a Cautionary Tale…

- There is tremendous variation in the quality of the studies used to support "EBPs"
- Lack of evaluator independence undermines confidence in findings
- One third of "EBPs" have never been replicated
- Many practitioners will lack time or expertise to weigh the details of methods
- You need to do the hard work of figuring out whether what **you** are doing works. That it *feels* good isn't enough

Attempts to Improve the Management of Drug-Involved Offender Population

The Move Towards Treatment Diversion Programs

Characteristics of Diversion Programs

- Mandate treatment for all—even those *without* a diagnosable substance-abuse disorder
- Treatment decisions based on *self-reported behavior*
- Limited use of sanctions

Treatment Diversion

- Most notable example is California's Proposition 36
- Only 25% completed mandated treatment
- Why?
  - Weak enforcement
  - Poorly matched treatment
- The result?
  - Poor compliance
  - Increased arrests (even among those who had finished treatment)

Drug Courts

- The drug-court movement has been very successful (nearly 2,500 courts with over 70,000 participants) and has demonstrated better outcomes
- Resource intensive ➔ problems with scale
  - Role of judge – *regular* status hearings
  - Role of treatment – *everyone* is mandated to care
- And in many jurisdictions the wrong clients are being served
  - Eligibility and prosecutor discretion
  - ➔ Smallest fish get the most resources

A massive number of people in the crime system are drug-involved

Requires a MASSIVE solution and more-strategic approach

BEHAVIORAL TRIAGE

Behavioral-Triage Model

- Not everyone is forced into treatment
- Monitoring and treatment decisions based on *observed behavior,* not self-report
- Allocates treatment resources more efficiently
  - Many drug-involved offenders have no diagnosable substance-abuse disorder, waste scarce treatment resources
  - More resources for those who do need care

Example: Hawaii's HOPE

- Supervision in the community, with conditions that are monitored and actually enforced
- Starts with a formal orientation hearing
- Regular random drug testing (6x/month to start)
- ***Every*** violation is met with an immediate sanction
- But the sanction is ***modest*** (usually only a few days in jail but not always in incarcerating sanction)
- No one mandated to treatment if complying (but provided if asked)
- Three+ violations ➔ mandated treatment

What Happens When a CJ System Becomes Credible?

- We put this to the test
- Launched a randomized controlled trial of HOPE vs probation as usual
- Hundreds of criminal-justice officials (judges, probation officers, court staff, public defenders, police, wardens) cooperated to make experiment possible
- Replicated in multiple jurisdictions

What Did We Find?

- Credibility wins—BIG
  - Drug use fell
  - Missed appointments fell
  - Arrests fell

AND MOST important from a cost perspective

- Program was relatively inexpensive and incarceration days dropped sharply

The HOPE Experiment

- Eligibility and randomization
  - Probationers were identified as:
    - Drug-involved (mostly methamphetamine)
    - Demonstrated histories of noncompliance
    - Facing high risk of revocation and return to prison
- Focused on their most problematic probationers

Description of Study Participants

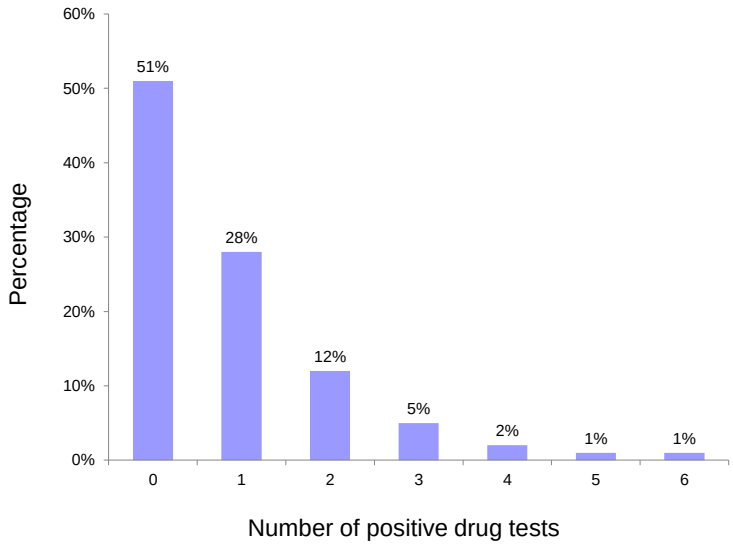
	HOPE	Control
Demographics		
Age	Average = 36.1 (SD = 10.6)	Average = 35.4 (SD = 10.1)
Sex		
Male	75%	71%
Female	25%	29%
Race/ethnicity		
Black	5%	3%
Caucasian	16%	14%
Asian/Polynesian	65%	64%
Portuguese	1%	2%
Puerto Rican	1%	1%
Other/Unknown	11%	14%
Prior Criminal History		
Prior Arrests	Average = 17.0 (SD = 14.2)	Average = 16.4 (SD = 14.4)
Most Serious Prior Charges		
Drug	35%	33%
Property	30%	34%
Violent	22%	22%
Other	14%	11%

Experiment Outcomes

Outcome	**HOPE**	**Control**
No-shows for probation appointments (average of appointments per probationer)	9%	23%
Positive urine tests (average of tests per probationer)	13%	46%
Revocation rate (probationers revoked)	7%	15%
Incarceration (days sentenced)	**138 days**	**267 days**

HOPE as a Behavioral-Triage Model

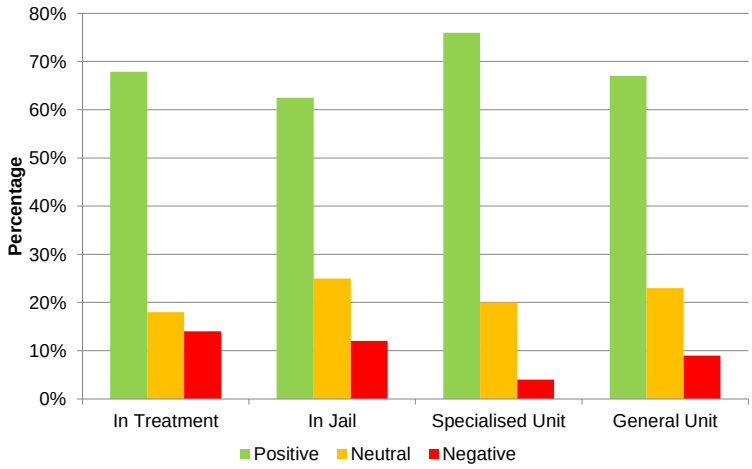
Distribution of Positive Drug Tests



Implications of Behavioral Triage

- The drug-offender population appears to consist of two sub-populations
  - Group 1: Bad drug habit (80-90%)
  - Group 2: True dependency (10-20%)

Probationers' Perceptions (n=211)



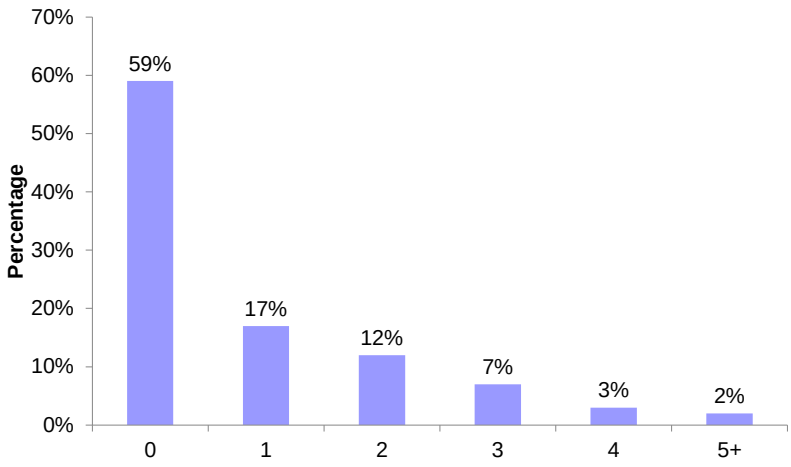
General Observations

- The key is to start small so that threats are credible, and slowly grow the program
- HOPE effects hold across probation offices, probation officers, and judges
- Current study suggests outcome improvements are larger for higher-risk probationers
- Leniency ≠ kindness
- But Hawaii is, well …. Hawaii

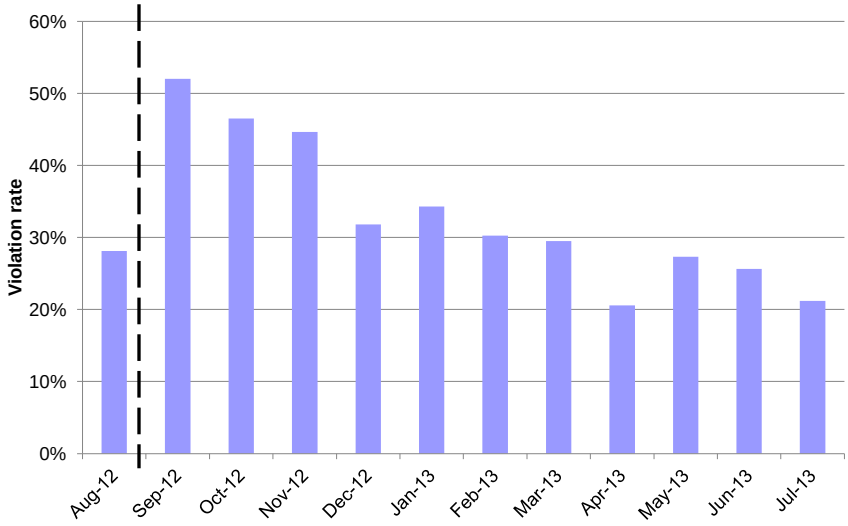
Replication, Replication, Replication!

- Replicated in multiple mainland departments and is now statewide in 2 states
- We are now testing the model on different CJ populations
  - High-risk juveniles
    - E.g., Two counties in Arizona (JUST)
- Now in over 40 jurisdictions in 20 states
- DOJ DFE

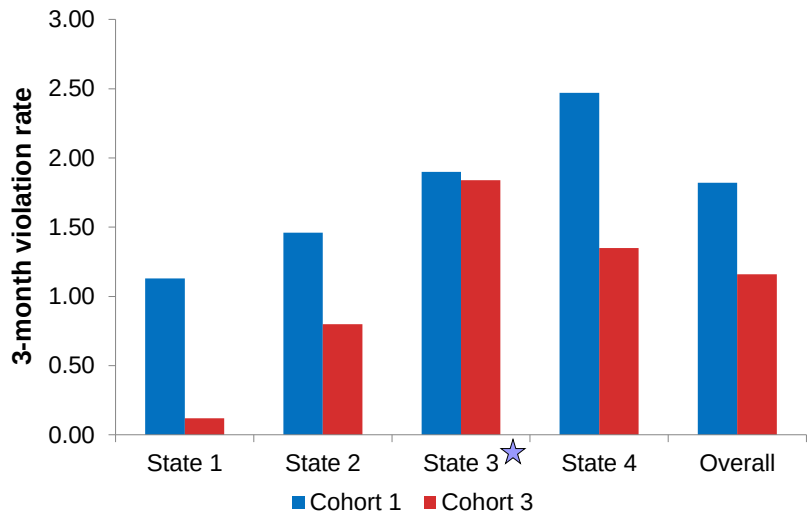
Positive Drug Tests (DFE)



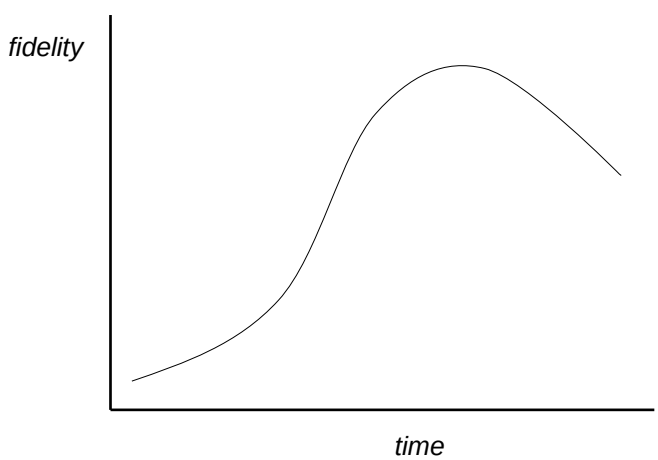
Violation rate over time



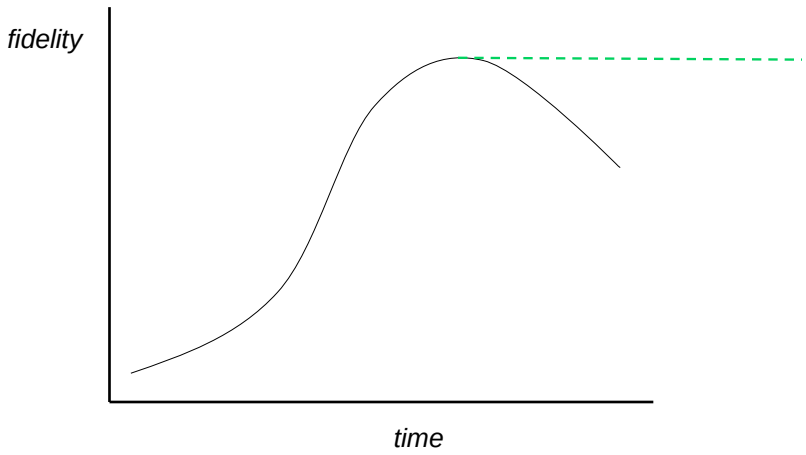
DFE—Reputation Effect



Fidelity—The "Cartier" Curve



Fidelity Monitoring—the Goal



The Important Unknowns

- What are the essential elements and what is the <u>optimal</u> sanction?
  - Our goal is to find the smallest dose of punishment that brings about desired behavior change
  - Our research and research from others suggests that swift/certain much more important than severe
  - Can use small doses (even non-incarcerating)
  - The test now is “how low can we go?”

Contact Information

- Please address questions or comments to Angela Hawken at

ahawken@pepperdine.edu