Evidence Based Corrections

Washington State Department of Corrections

Amy Seidlitz 2012

Washington State Legislators and the WA DOC have had the advantage of research and guidance from the Washington State Institute for Public Policy, when identifying how to create a more efficient and effective system.

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Washington State Institute for Public Policy

The Institute's mission is to carry out practical, non-partisan research – at legislative direction- on issues of importance to Washington State. The Institute conducts research using its own policy analysts and economists, specialists from universities, and consultants. Institute staff work closely with legislators, legislative and state agency staff, and experts in the field to ensure the studies answer relevant policy questions.

http://www.wsipp.wa.gov

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Washington State Institute for Public Policy

At the direction of the Washington Legislature, the Institute has conducted a number of systematic reviews of evaluation research to determine what public policies and programs work, and which ones do not work. One such evidence-based review included a review of effective practices in community supervision.

WSIPP Findings

Supervision for Adult Offenders: Effect on Crime

Supervision Strategy	Number of Studies	Adjusted Effect Size	Standard Error	Percentage Change in Crime.*
Supervision with Risk Need Responsivity Model	6	-.303	.030	16%
Intensive Supervision Probation/Parole (with treatment)	17	-.205	.071	10%
Intensive Supervision Probation/Parole (surveillance only)	14	.004	.065	0%

** The percentage change in crime is dependent on a base recidivism rate, which changes at each year of follow-up. We calculate the percentage change in crime using a long-term follow –up of 15 years.*

Washington State Institute for Public Policy

Has assisted DOC in building its Evidence Based Framework.

The Institute developed a Static Risk Assessment and an Offender Needs Assessment. All offenders have been assessed.

WA DOC has assessed all offenders, in prison and on community supervision with the Static Risk Assessment and the Offender Needs Assessment.

WA DOC has been using the Institute's Cost Benefit Analyses and Recidivism model to guide system changes.

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Monetary Benefits and Costs of Evidence-Based Public Policies

Summary of policy topics assigned to the Washington State Institute for Public Policy by the Washington State Legislature Estimates for Washington State, as of July 2011

Topic Area/Program Benefits and costs are life-cycle present-values per participant, in 2010 dollars. While the programs are listed by major topic area, some programs attain benefits in multiple areas. Also, some programs achieve benefits that we cannot monetize.	Monetary Benefits			Costs	Summary Statistics			
	Total Benefits	Taxpayer	Non-Taxpayer		Benefits Minus Costs (net present value)	Benefit to Cost Ratio	Rate of Return on Investment	Measure of Risk (odds of a positive net present value)
Dangerously Mentally Ill Offenders	$103,596	$24,391	$79,205	($31,626)	$71,969	$3.28	19%	100%
Drug Offender Sentencing Alternative	$28,013	$6,680	$21,333	($1,511)	$26,502	$18.57	n/e	99%
Correctional Education in Prison	$19,923	$4,785	$15,138	($1,102)	$18,821	$18.11	n/e	100%
Electronic Monitoring	$17,068	$4,068	$13,000	$1,044	$18,112	n/e	n/e	100%
Vocational Education in Prison	$19,083	$4,634	$14,449	($1,537)	$17,547	$12.43	n/e	100%
Drug Treatment in the Community	$15,419	$3,671	$11,748	($2,102)	$13,317	$7.35	n/e	76%
Mental Health Court	$14,230	$3,424	$10,806	($2,878)	$11,352	$4.95	44%	100%
CBT (in prison)	$10,741	$2,588	$8,153	($217)	$10,524	$49.55	n/e	99%
Drug Treatment in Prison	**$14,351**	**$3,467**	**$10,883**	**($3,894)**	$10,456	**$3.69**	**25%**	**100%**
Intensive Supervision: with treatment	$17,521	$4,216	$13,305	($7,712)	$9,809	$2.28	11%	96%
Drug Court	$11,750	$2,644	$9,106	($4,099)	$7,651	$2.87	18%	100%
CBT (in the community)	$7,739	$1,848	$5,891	($217)	$7,522	$35.70	n/e	99%
Work Release	$6,466	$1,552	$4,914	($649)	$5,817	$9.97	n/e	97%
Correctional Industries in Prison	$6,398	$1,546	$4,851	($1,387)	$5,011	$4.63	36%	100%
Comm. Employment Trng/ Job Assistance	$4,641	$1,104	$3,537	($132)	$4,509	$35.13	n/e	100%
Intensive Supervision: surveillance only	**($556)**	**($132)**	**($424)**	**($4,050)**	**($4,606)**	**($0.14)**	**n/e**	**10%**
Domestic Violence Perpetrator Treatment	($3,724)	($886)	($2,839)	($1,335)	**($5,059)**	($2.91)	n/e	20%

Washington State has enacted laws in recent years that significantly reduced the number of offenders under community supervision, mostly those with a low or moderate risk to reoffend.

- In 2003, the Legislature passed a law that ended community supervision for certain low-risk offenders, offenders released from jail, as well as those offenders with only monetary obligations which resulted in a caseload reduction from more than 65,000 to fewer than 30,000 offenders.

- In 2009, a law went into effect that ended community supervision for nearly 10,000 low- and moderate-risk offenders, dropping the caseload below 20,000.

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In the 2012 Legislative Session, DOC requested enabling legislation to continue the shift from our current supervision model toward a more evidence based integrated offender change and supervision model.

Essential components of the legislation include:

- Intensive supervision (with treatment). Matches the level of supervision to the offender's risk of reoffending. High risk offenders receive more intensive supervision.
- Evidence based treatment. Targets treatment dollars to offenders that are high risk to re-offend and have high assessed needs.
- Swift and Certain behavioral interventions. Provides modest, but swift and certain, jail sanctions for violations of conditions of supervision.

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Swift and Certain

- In 2011, the City of Seattle collaborated with the Department of Corrections to conduct a one year pilot program called the Washington Intensive Supervision Program (WISP). This program was modeled using the principles of the successful Hawaii Opportunity Probation with Enforcement (HOPE) program.

- Although WISP was a modified version of HOPE, it shared each of the research based tenets of the original HOPE program to reduce drug use, new crimes, and incarceration. The HOPE program relies on swift and certain but modest sanctions in response to every violation of any term of supervision, including failure to appear for an appointment and positive tests for illicit drugs.

- The WISP pilot concluded in February 2012. Early outcomes are extremely promising but conclusions are limited by the small sample size. Key findings included: reduced drug use, reduced incarcerations, and reduced criminal activity. Future research of this study will be needed.

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Reinvestment from Savings

- Cognitive Behavioral Treatment for higher risk offenders
- Mental Health Treatment Services
- Chemical Dependency Treatment –
  - Residential and Outpatient

Using WSIPP's Recidivism model, we anticipate a significant reduction in recidivism

Furthering our efforts toward Evidence Based Corrections

- Administer Cognitive Behavioral Interventions, to high risk offenders
- Identify and address barriers to involvement in risk reduction activities
- Connect offenders to services and positive social networks in the community
- Improve offender motivation through a combination of external incentives and sanctions, while building intrinsic motivation
- Ensure all aspects of our model are administered with fidelity

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Barriers to addressing re-offense behaviors

- ✓Homelessness
- ✓Mental illness
- ✓Medical problems/Medication Needs
- ✓Addiction
- ✓Lack of employment

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TABLE 1B: MARCH ACTIVE FIELD POP - PERCENTAGE DISTRIBUTION OF NEEDS SCORES BY RISK CLASSIFICATION

PERCENTAGE DISTRIBUTION		RISK LEVEL CLASSIFICATION					
DOMAIN	**NEED**	**HV**	**HNV**	**MOD**	**LOW**	**Unclassified**	**Total**
AGGRESSION	HIGH	12%	3%	2%	1%	0%	18%
	MOD	22%	13%	8%	7%	0%	49%
	LOW	4%	13%	8%	7%	0%	32%
ALCOHOL / DRUG USE	HIGH	9%	7%	2%	1%	0%	18%
	MOD	20%	16%	7%	4%	0%	47%
	LOW	9%	6%	8%	11%	0%	35%
ATTITUDES / BEHAVIORS	HIGH	3%	1%	0%	0%	0%	4%
	MOD	15%	9%	3%	2%	0%	30%
	LOW	20%	19%	14%	13%	0%	66%
COMMUNITY EMPLOYMENT	HIGH	7%	4%	1%	0%	0%	13%
	MOD	21%	17%	8%	6%	0%	52%
	LOW	10%	8%	8%	9%	0%	35%
COPING SKILLS	HIGH	6%	3%	1%	1%	0%	12%
	MOD	9%	5%	2%	2%	0%	17%
	LOW	23%	21%	14%	13%	0%	71%
EDUCATION	HIGH	0%	0%	0%	0%	0%	1%
	MOD	13%	10%	4%	2%	0%	29%
	LOW	24%	20%	13%	13%	0%	70%
FAMILY	HIGH	0%	0%	0%	0%	0%	0%
	MOD	2%	1%	0%	0%	0%	3%
	LOW	36%	29%	17%	15%	0%	97%
FRIENDS	HIGH	5%	3%	1%	0%	0%	9%
	MOD	15%	12%	4%	1%	0%	33%
	LOW	18%	14%	13%	14%	0%	58%
MENTAL HEALTH	HIGH	6%	3%	2%	2%	0%	12%
	MOD	3%	2%	1%	1%	0%	7%
	LOW	30%	24%	14%	12%	0%	81%
RESIDENTIAL	HIGH	14%	9%	4%	3%	0%	29%
	MOD	3%	2%	1%	0%	0%	6%
	LOW	21%	18%	13%	13%	0%	65%
SEXUAL DEVIANCY	HIGH	7%	4%	6%	9%	0%	26%
	LOW	31%	25%	12%	6%	0%	74%
NO ONA	N/A	1%	2%	2%	1%	1%	7%
Total Assessments							**14,590**

TABLE 2B: MARCH ACTIVE PRISON POP - PERCENTAGE DISTRIBUTION OF NEEDS SCORES BY RISK CLASSIFICATION

PERCENTAGE DISTRIBUTION		RISK LEVEL CLASSIFICATION					
DOMAIN	**NEED**	**HV**	**HNV**	**MOD**	**LOW**	**Unclassified**	**Total**
AGGRESSION	HIGH	17%	3%	5%	4%	0%	30%
	MOD	22%	8%	8%	11%	0%	49%
	LOW	5%	8%	3%	4%	0%	21%
ALCOHOL / DRUG USE	HIGH	14%	5%	4%	2%	0%	26%
	MOD	22%	10%	7%	5%	0%	44%
	LOW	8%	4%	6%	11%	0%	30%
ATTITUDES / BEHAVIORS	HIGH	3%	1%	1%	1%	0%	5%
	MOD	19%	6%	5%	4%	0%	35%
	LOW	22%	13%	11%	14%	0%	60%
COMMUNITY EMPLOYMENT	HIGH	13%	5%	3%	1%	0%	21%
	MOD	21%	9%	7%	5%	0%	43%
	LOW	11%	6%	7%	12%	0%	36%
COPING SKILLS	HIGH	6%	2%	1%	1%	0%	11%
	MOD	9%	3%	3%	3%	0%	18%
	LOW	29%	14%	13%	15%	0%	71%
EDUCATION	HIGH	0%	0%	0%	1%	0%	1%
	MOD	13%	6%	5%	3%	0%	26%
	LOW	32%	14%	12%	15%	0%	73%
FAMILY	HIGH	0%	0%	0%	0%	0%	0%
	MOD	1%	0%	0%	0%	0%	2%
	LOW	43%	19%	17%	18%	0%	98%
FRIENDS	HIGH	9%	3%	2%	1%	0%	14%
	MOD	20%	9%	7%	3%	0%	39%
	LOW	16%	7%	9%	14%	0%	46%
MENTAL HEALTH	HIGH	5%	2%	1%	2%	0%	11%
	MOD	3%	1%	1%	2%	0%	8%
	LOW	36%	16%	14%	15%	0%	82%
RESIDENTIAL	HIGH	16%	5%	4%	4%	0%	29%
	MOD	6%	2%	1%	1%	0%	10%
	LOW	23%	12%	12%	14%	0%	61%
SEXUAL DEVIANCY	HIGH	9%	3%	6%	11%	0%	29%
	LOW	36%	16%	11%	7%	0%	71%
NO ONA	N/A	1%	1%	1%	1%	1%	5%
Total Assessments							**16,181**

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COMMUNITY CORRECTIONS - OFFENDER NEEDS DECEMBER 31, 2011

Distribution of Needs Across Counties

HOW TO READ THE LABELS:

CBT / CD / MH

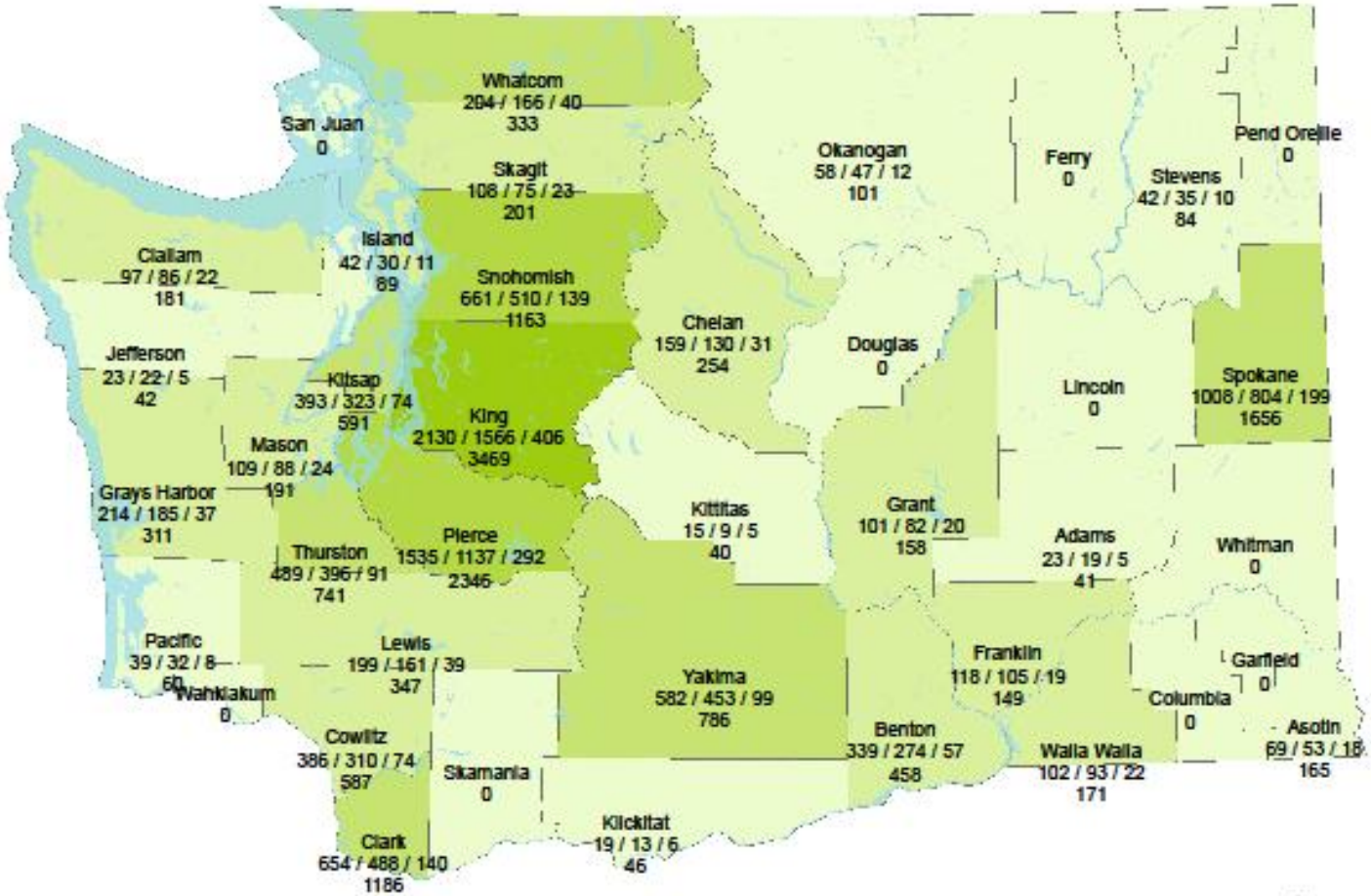
TOTAL SUPERVISED POPULATION

State Totals:
9,918 / 7,692 / 1,928
15,947

WA Counties

2010 Population

- 2,266 - 50,000
- 50,001 - 200,000
- 200,001 - 500,000
- 500,001 - 800,000
- 800,001 - 2,000,000



Map Design:
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Prison Demographics

Our overall Seriously Mentally Ill population averages between 13 and 18.7% of our Average Daily Population.

The prevalence rate of SMI among our female population is nearly double what it is for men.

- 33.6% of our women are assessed as SMI

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Residential Options

Men:

574 mental health Residential Treatment Unit beds

Women:

33 mental health Residential Treatment Unit beds

These totals do not include Close Observation Area beds that we use for short term crisis stabilization.

We also have 50 Work Release beds that are reserved for SMI offenders of both genders.

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Service Gaps

- In an effort to reduce costs, internal MH resources have focused on the Seriously Mentally Ill.
- Those who do not meet that thresh hold can receive crisis stabilization services, but are not currently eligible for residential mental health services in prison.
- In addition, those with mental health issues who are not Medicaid eligible have challenges connecting with local mental health services in the community.
- Staff lack knowledge of how to recognize offenders with mental health service needs and how to connect them to services
- There are very few available residential services for mentally ill offenders in the community.
- Most drug treatment services were focused on DOSA offenders.

Building a Behavioral Health Infrastructure

- DOC partnered with the local mental health crisis teams to deliver training to all Community Corrections Officers on when and how to access mental health crisis services.
- DOC sponsored a Corrections and Mental Health track at the statewide Behavioral Healthcare Conference in 2010, 2011 and will be sponsoring one in 2012. Each year we sponsor 42 cross divisional conference registrations.

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Building a Behavioral Health Infrastructure – Work in Progress

The Department is developing a sustainable system that revolves around a community network of services for females who meet the following:

- Have a mental illness or co-occurring mental health/substance abuse disorder,
- Are not eligible for Medicaid, and
- Convicted of a non-violent offense

Community providers work with program participants during incarceration to:

- Review Medicaid eligibility to determine eligibility for the program;
- Assist offenders in applying for Medicaid, Social Security, and DSHS services;
- Address needs regarding family services, medicine management, mental health needs (PTSD, trauma, depression, etc.), education, and employment
- Develop a reentry plan for each participant;
- Develop a resource directory for the geographical area that the provider covers
- Connect each participant to services in the community upon release;
- Train Community Corrections Officers to work with the population and refer for services as needed.
- Provision of CD treatment pre and post incarceration.

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Work in Progress

Evaluate the current RISK and NEEDS Assessments to determine if they:

- Assess the risks of female offenders
- Identify the appropriate service needs for our female population
- Adequately inform our case management practices
- Measure the right changes over time

Train staff who work with the eligible female offenders in:

- MOTIVATIONAL INTERVIEWING
- Effective Practices In Community Supervision (EPICS)
- CORE CORRECTIONAL PRACTICES

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Quality Assurance

This Fiscal Year DOC added a cross-divisional Quality Assurance Unit.

This team is supervised from HQ, but staff are housed in various prisons, community corrections offices and criminal justice centers.

They are trained to competency in all new interventions and are coached and mentored by subject matter experts in QA activities.

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DOC's plan to ensure Quality Assurance is a sustainable practice

- Dedicated Quality Assurance Specialists
- Supervisors, Managers and other agency staff trained in QA activities.
- They will be coached and mentored by QA staff to conduct on-going QA activities.
- Dedicated QA staff will continue to perform QA activities and will participate in statewide QA related process improvements.
- QA activities are built in to position descriptions at all levels

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