



County Administration Parole and Probation Division

Lane County Goal:

Research, design, and implement evidence-based and programmatically sustainable practices to reduce recidivism, divert entry and manage programs in the adult corrections and parole/probation systems.

Together... Improving the quality of life.

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Lane County



Parole and Probation

Lane County Parole & Probation

Vision

Building a better community.

Mission

To improve the quality of life in Lane County by effectively responding to risk, need and promoting positive change.

Values Statement

Integrity, Knowledge, Professionalism, Collaboration, Responsibility, & Justice.

We believe **integrity** is the key to both our reputation and the pursuit of our vision. We adhere to the law enforcement code of ethics and the highest moral standards. We acknowledge that we must be a learning organization, and obtaining **knowledge** is paramount to our continual improvement. We will utilize the highest degree of **professionalism** in our interactions with clients, partners and community. We also recognize that succeeding in our mission is dependent upon successful **collaboration** with our partners and community stakeholders. We have a **responsibility** to exceed set expectations, exercise self-restraint and be fair and equitable in the application of **justice** within our community.

Expectations

Community Safety

Above all, we will uphold the safety of our community. We shall provide swift, certain, fair and individualized responses to violations of supervision conditions.

Change & Rehabilitation

Through a balanced approach of accountability and rehabilitation, we will strive to achieve lasting community safety. We will recognize people as individuals. Working with individuals, we will assess and prioritize risk, needs and barriers. We will work collaboratively with our clientele to develop a strength based plan that aims to navigate pro-social change. We will work in tandem with our community partners to achieve the dosage required to promote optimal change in the lives of those we work with.

Professional & Collaborative Alliances

We will represent our profession with the highest standards and treat all people with dignity, respect, courtesy, fairness and understanding. As part of the Lane County System, we will work in tandem to address risk, need and barriers. We will work to make Lane County accessible and responsive to a wide range of needs and interests. We will promote flexible, creative, solution-oriented approaches to resolve problems and meet needs.

Restoration

We will strive to restore those impacted by crime and encourage clientele to take responsibility for the harm they cause. We will be responsive to victims and restitution.

Resources

We are committed to prioritizing our resources to the highest risk population. We recognize that it is our responsibility to manage our time and resources to maximize services provided to the public.

Continuous Quality Control

We will continually measure, evaluate and improve our practices to ensure that we are effective and responsive to the needs of victims, clientele and the community. We will always strive to do better.

Work Environment

Staff is our greatest resource in accomplishing our mission and vision. We will foster a safe and positive work environment where employees are valued, supported, well-trained and professional.



Together... Improving the quality of life in Lane County.



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Introduction

As it specifically pertains to Goal 1(d)(1): Research, design, and implement evidence-based and programmatically sustainable practices to reduce recidivism, divert entry, and manage programs in the adult corrections and parole/probation systems. Our Parole and Probation Division is eager and excited to assist. Over the past (5) five years, our Lane County Team has worked extremely hard to embrace and implement proven practices that reduce risk and maximize our ability to improve the quality of life. As a result, our Parole and Probation (P&P) Team has assisted our Lane County System in drastically reducing recidivism. As of 05/01/16, we produced one of the lowest recidivism rates since 2008. Once at 36.7% overall, we reduced this to 21.4% with our parole population and 17.2% with our probation population. Both are among the lowest of our comparators and well below the statewide average. The research based strategies contained within this document have guided our practices and contributed to our overall success. These best practices will continue to guide P&P in the future. P&P is committed to staying astute to the research.

Understanding Core Principles

Risk Principle

Subscribing to the *Risk Principle*, we prioritize our limited resources to those who present a higher probability of recidivism. As such, we provide most intensive services to our higher (Medium and High) risk client populations. We know that providing intensive supervision services to low risk clientele may increase recidivism. It is essential that priority be given to completing and updating validated risk/need assessments.

Responsivity Principle

To increase the success of our treatment resources and our skill building efforts, we have subscribed to the *Responsivity Principle*. We recognize that there are certain barriers that limit our ability to navigate towards pro-social change. These barriers include but are not limited to motivation, trauma, mental health, chemical dependency, housing and etc. We have developed resources and contracts with highly qualified providers to assist us in addressing barriers to increase our effectiveness in reducing risk and need. We have worked with our community partners to establish screening standards that are used early in the supervision process. We will always seek to improve and expand these efforts.

Need Principle

In trusting and embracing our validated risk/need assessments, we have subscribed to the *Need Principle*. We have trained staff to implement case plans with our target population (moderate to high risk). Working directly with the client, officers have been trained to identify, prioritize and develop action steps to best address needs that drive criminal behavior. Our case plans aim to be strength based and individualized. For too long, Parole/Probation has taken a broker role in working with our client population. With the latest research in dosage, we can no longer afford missed opportunities to navigate pro-social change and provide evidence based interventions that contribute to reducing risk. Capitalizing on our professional alliance, we have incorporated skill building with our client population. This consists of cognitive and behavioral based interventions that include teaching, demonstrating, modeling and skills practice. The goal is to equip our clientele with skills that will support pro-social behavior and healthy outcomes.

Professional Alliance (Rapport)

Professional alliance is the ability of an officer to develop an effective working relationship with a client. It is an important factor in promoting behavioral change. Professional alliance is characterized by genuine concern, trust, fairness, and respect.

Professional Alliance (Rapport) Goals:

- Reduce recidivism.
- Reduce harm to the individual and the community.

- Enhance public safety.
- Build on client’s strengths and achievements.
- Enhance client’s intrinsic motivation to change.
- Increase client’s compliance with treatment programming.
- Reduce client’s violations of conditions of supervision.
- Promote greater job satisfaction for P&P Officers.

Research Evidence Underlying Professional Alliance:

- Corrections professionals who possess effective relationship skills are able to reduce recidivism, increase treatment compliance, reduce violations, and improve outcomes.^{1;2}
- There are 14 professional alliance traits that can help officers develop rapport with the clients with whom they work. They are as follows:

Articulate	Attentive	Authentic	Confident	Empathetic	Empowering	Flexible
Listens Effectively	People-Oriented	Purposeful	Reinforcing	Respectful	Sense of humor	Strength-based

- It is important to be aware of both strengths and weaknesses in terms of professional alliance and to look for opportunities to build skills.³
- Working Alliance is comprised of three factors:⁴
 1. The bond that the P&P officer and the client share with each other.
 2. The degree to which the P&P officer and the client agree on the goals of their time together.
 3. The degree to which the P&P officer and the client agree on the tasks that will be conducted to reach those goals.
- Exit surveys are a tool used to solicit client feedback on officer’s professional alliance skills.
- Staff report improved job satisfaction when they maintain an effective working relationship with the clients with whom they work.
- Probation officers who placed equal emphasis on a working relationship and enforcement were more effective than officers who adopted one role or the other.⁵

Supported Practice:

The division will utilize research based tools and strategies from intake through case closure to assess and improve the working relationship between Officer and Client. A validated working alliance assessment tool, such as the Working Alliance Inventory (WAI-SR), will be utilized for quality control and the professional growth purposes on the part of the Officer.

Supported Procedure:

1. Supervisors and/or other members of the department Leadership Team may facilitate selection of random clients from an officer’s caseload to complete the WAI-SR, or other validated professional alliance assessment tool.
2. The professional alliance assessment tool can be administered at any point during the supervision period, up to and including the point of discharge.
3. The professional alliance assessment tool will not be administered by the supervising officer, in an effort to maintain anonymity on the part of the client providing feedback.

4. The supervising Officer will be provided with the results of any professional alliance assessment administered to a client the officer supervises.

Professional Alliance (Rapport) Research References

¹Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 23–55). Washington, DC: American Psychological Association.

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⁴Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252–260.

⁵Klockars, C. (1972). A theory probation supervision. *Journal of Criminal Law, Criminology, and Police Science*, 63, 550–557. Retrieved from <http://www.jstor.org/pss/1141809>

Assessment

Validated assessment rests at the foundation of evidence based practices. Accurate assessment information is needed for effective risk reduction and to correctly target criminogenic needs. Assessment should always be considered in prioritizing resources and driving case management.

Assessment Goals:

- Reduce recidivism.
- Reduce harm to the individual and the community.
- Enhance public safety.
- Prioritize resources to the highest risk population.
- Maximize services provided to the public.

Research Evidence Underlying Assessment:

- Services should be targeted to those clients who are assessed at medium or high risk to reoffend. Clients who are at low risk to reoffend are unlikely to benefit from a correctional intervention designed to change their behavior.^{1,2,3,4}
- Empirically-based assessment tools provide a more accurate statistical probability of re-offense than professional judgment alone.^{5,6,7}
- Risk/need assessments are often supplemented with other assessments that explore in greater depth specific areas of concern (e.g., substance abuse, mental health).
- Matching the intensity of interventions to the assessed level of risk (i.e., more intensive strategies for higher risk clients) results in better client outcomes.⁸
- Client outcomes are improved when intervention strategies address criminogenic (rather than non-criminogenic) factors.⁹
- Monitor changes in clients and their situations by conducting reassessments of their criminogenic needs.^{10, 11}

Assessment Requirement:

All clients will be assessed to identify risk of reoffending and level of supervision. All clients scoring medium risk or above will also be assessed to identify programming needs and motivation as a

responsivity factor. Assessments will be conducted using evidence-based division approved assessment instruments.

Practices:

New Cases

1. For the purpose of these practices, a new case is defined as any case referred to Parole & Probation following sentencing, release from local or state custody, or transfer from an outside jurisdiction or state. These procedures will apply to both cases processed by the Intake Unit and cases that bypass the Intake Unit prior to the initial meeting with the assigned supervising officer.
2. The Public Safety Checklist (PSC) is a static assessment. This is to be conducted within 7 days of initial contact.
 - a. For those clients with no in-state arrest history or an out-of-state or juvenile criminal history, employees will use the Proxy risk assessment tool.
3. The University of Rhode Island Change Assessment (URICA) will be scored on all clients scoring MED/HI on the PSC/Proxy or referred to active supervision.
 - a. Those clients scoring pre-contemplative or contemplative on URICA will be referred to Motivational Enhancement Therapy (MET) at the time of Intake Unit Orientation. Any MET eligible client who is not referred to orientation as a result of his/her crime of conviction will be referred to MET by their assigned supervising officer.
 - b. Those clients scoring action and maintenance will be referred to programing by the supervising officer.
4. Intake Unit will assign general caseload client to Reduced Supervision Unit (RSU) based on the following:
 - a. PSC or Proxy risk score of Low;
 - b. Exceptions pertaining to risk/need may be approved by a supervisor.
5. Intake Unit will assign clients to general field caseloads based on the following:
 - a. PSC or Proxy score of MED/HI.
 - b. Geographic location.
 - c. Specialization within the general caseloads (i.e. INET, AIP, Gang, Intensive Supervision, 416, etc.).
 - d. All downward departures will remain on active supervision for 1/3 their sentence.
6. Clients shall be assigned to specialty units (i.e. Sex Offenders, Domestic Violence) regardless of risk or as approved by a supervisor.
7. Intake Unit will assign all Sexually Violent Dangerous Offender (SVDO) cases to the sex offender supervision unit. Following assignment, these cases may be staffed with Leadership and screened by the Intensive Supervision Unit.
8. Following the initial meeting with the assigned supervising officer, clients scoring a high or medium risk on the PSC or Proxy, or those low risk cases with an approved override, will be assessed utilizing the Level of Service Case Management Inventory (LS/CMI) risk/needs assessment.
 - a. The LS/CMI is not required on sex offenders who are subject to the Static 99R risk assessment.
 - b. All downward departure cases will receive an LS/CMI.
 - c. LS/CMI's that are due or overdue reflecting a MED/HI risk shall require re-assessment.

- d. The LS/CMI must be completed within 60 days of the client's first meeting with his/her assigned supervising officer.
9. The Texas Christian University Drug Screen (TCUDS) may be used to supplement risk/needs assessments for the purpose of making substance abuse referral decisions during case planning.

Risk Assessments

1. Officers will reassess high and medium risk clients using the LS/CMI risk assessment at least once every 12 months. Officers may reassess more frequently when something significant has changed in the client's life that warrants a reassessment. (i.e., obtaining stable employment for a period of time, sobriety for 12 months, change in associates/friends, change in leisure/recreation, etc.).
2. Officers assigned to the Sex Offender Unit will use specialized assessment tools as follows:
 - a. Officers will complete the Static 99R, as well as the Stable and Acute risk assessment tools within the first 90 days of initial assignment.
 - b. Officers will complete the LS/CMI within the first 60 days if ineligible for the Static 99R/Stable/Acute assessment.
 - c. Officers will assess acute risk factors on sex offenders based on established contact standards.
 - d. Officers will reassess sex offenders using the Stable risk assessment once every 12 months, with the exception of sex offenders in the reduced supervision unit.
3. Officers assigned to the Domestic Violence Unit will use specialized assessment tools as follows:
 - a. Officers will complete the Ontario Domestic Assault Risk Assessment (ODARA) on all intimate partner cases within the first 90 days of initial assignment if applicable.
 - b. Officers will conduct LS/CMI reassessment as required as stated above.
4. Officers will re-assess PSC as required by OTTO (R).

Overrides

1. Employees will base all overrides (increases or decreases in the level of supervision) upon static and/or dynamic risk factors identified by one of the following:
 - a. LS/CMI or LSIR:SV
 - b. Stable and Acute
 - c. ODARA
 - d. WRNA
 - e. Policy
 - f. SVDO designation
 - g. Unavailable status, which includes:
 - CMPO – Compacted out of state
 - In custody (90 days or more)
 - Medical (Hospice, State Hospital, etc.)
 - Residential Treatment (90 days or more)
2. Employees will utilize a Policy Override to low when transferring LS/CMI cases scoring 11 and 12 to RSU.
3. Employees requesting supervision level overrides on cases that do not meet the criteria noted in number 1 and 2 above will obtain supervisor approval.

Assessment Research References

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- ²Andrews, D.A., Dowden, C., & Gendreau, P. (1999). *Clinically relevant and psychologically informed approaches to reduced reoffending: A meta-analytic study of human service, risk, need, responsivity, and other concerns in justice contexts*. Unpublished manuscript, Ottawa, Ontario: Carleton University.
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- ¹¹Bonta, J. (1996). Risk-needs assessment and treatment.
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Case Planning

Individualized, research-based, and targeted case plans can improve client outcomes, enhance public safety, and support efficient use of division resources.

Case Planning Goals:

- Increase the likelihood of client success on supervision and in the community.
- Decrease criminal behavior and recidivism.
- Decrease victimization.
- Prioritize supervision and treatment resources on higher-risk offenders.
- Apply responsivity, risk, and need principles, thereby taking a personalized approach to working with each client and matching criminogenic needs with appropriate services
- Build on offenders' strengths and achievements.
- Comply with statutory case plan requirements as defined in Oregon Administrative Rules (OAR) 291-078-0026 and OAR 291-078-0020.

Research Evidence Underlying Case Planning:

- The most effective risk reduction outcomes can be achieved when offenders are supervised with case management strategies that address each of the three principles (risk, need, and responsivity)^{1,2,3} and when referrals to services and programs target offenders' criminogenic needs.⁴
- To reduce recidivism, offenders with different risk levels require different dosages of treatment that is directly related to their criminogenic needs:
 1. Very High-risk offenders with many criminogenic needs should receive 300 hours of cognitive behavioral intervention.
 2. High- and medium-risk offenders with a moderate number of criminogenic needs should receive 200 hours of cognitive behavioral intervention.
 3. Medium-risk offenders with few criminogenic needs should receive 100 hours of cognitive behavioral intervention.⁵
- Applying intensive intervention to low-risk offenders can actually increase their risk of

recidivism.^{6,7,8}

- Engaging the client in his/her own case plan increases motivation and follow through, making it more likely that the client will attend and complete programming.^{9,10}
- The supervision contact is enhanced when the risk/need assessment information is discussed with the offender.^{11,12}
- The more criminogenic needs addressed the greater the impact on reducing future criminal behavior.¹³

Supported Practice:

Comprehensive, well-targeted, individualized case plans are key to achieving recidivism reduction.

Effective Case Plans should:

- Be developed jointly by officers, offenders, and, where appropriate, family members and treatment and other service providers;
- Outline the issues that offenders need to address in order to lead lives free of criminal/delinquent activity;
- Clearly articulate practical and concrete goals toward which offenders can work to address these issues;
- Include achievable short-term behavioral objectives so that offenders can experience early success;
- Include methods to determine offenders' progress toward their goals;
- Suggest ways to overcome barriers that may arise;
- Be referenced frequently and revised as needed.

Key Elements of a Case Plan:

Criminogenic Needs: For moderate and high risk offenders, criminogenic needs – particularly the four most influential – are targeted and matched to evidence-based interventions.

Strengths: Client strengths are assessed and used to develop case plan activities.

Triggers: Circumstances that are likely to precipitate relapse are identified and strategies to manage them are included in the case plan.

Responsivity Factors: Conditions such as gender, developmental age, culture, mental health, motivation, and intellectual functioning are identified and considered in the formulation of case plan goals and activities.

Stabilization Factors: Case plans address stabilization factors, such as housing and medication, regardless of offenders' level of risk.

Key Strategies for Effective Case Planning:

Use Risk/Needs Assessments: Base case plans on risk/needs assessments.

Engage Offenders: Include offenders as active participants in the case planning process.

Plan Dynamically: Review case plans often; update them when progress is made and /or conditions change.

Involve Significant Others: Involve families/significant others in developing and carrying out offenders' case plans, where appropriate.

Strategically Targeting Risk

Any “Big 4” criminogenic needs identified on the LS/CMI with a score of High or Very High should be targeted to be worked on first.

Big 4	1. Antisocial Cognition	2. Antisocial Personality	3. Antisocial Associates	4. Family/Marital
Moderate Set	5. Substance Abuse	6. Employment	7. Education	8. Leisure

1. If there are no “Big 4” Needs identified on the LS/CMI as Very High or High, then target any “Moderate Set” criminogenic needs in the Very High or High columns first.
2. Should there be a ‘tie’ of multiple criminogenic needs that are Very High or High then prioritize by targeting the “Big 4” first, followed by the “Moderate Set”.
3. Three criminogenic needs should be targeted on the initial case plan.
4. Talk with the client to get their buy-in on which needs to target first. They must feel like they have input into their case plan.

Goals

1. Work with the client to set a goal related to the criminogenic need.
 - A. Ask the client for input into how to complete the sentence: “I will know I have accomplished this goal when...”
 - B. It is important that the client knows how and by when the goal is to be accomplished.

Responsivity Concerns

1. Explain to offenders that the more you understand about the conditions under which they learn best, the more you may be able to tailor the way they receive services so that they are meaningful for them.
2. Discuss with the client the conditions under which they learn the best. Help them to reflect on the last time they learned something new.
3. Examples of Responsivity Concerns include:
 - A. Functional ability (attention span, cognitive deficits, emotional age)
 - B. Language
 - C. Learning Style
 - D. Level of Motivation
 - E. Mental Health Condition
 - F. Chemical Dependency
 - G. Cultural Background
 - H. Gender

Strengths/Assets

1. Discuss strengths that will help offenders achieve their goals. These can be personal strengths, such as motivation and persistence, or they could be outside supports, for example, prosocial friends and family members.
2. Discuss assets the client may have that will help them achieve their goals. These are usually related to stability factors such as transportation, stable housing, etc.

Strategies

1. Help the client determine the action steps he/she needs to follow in order to reach their goals. Explain that the action steps should meet the SMART criteria:
 - A. **S**pecific: Each step should clearly state what they want to accomplish. If the steps are too vague, it will be difficult for offenders to know if they have achieved them.
 - B. **M**easurable: Each step should answer questions such as, "How much?" "How many?" or "How often?" This will allow offenders to measure their accomplishments in concrete ways.
 - C. **A**ttainable: The steps should all be reasonable and achievable. If they are not, offenders will set themselves up for failure.
 - D. **R**ealistic: Offenders must have the physical capabilities, skills, motivation, and outside resources needed to accomplish each step.
 - E. **T**ime-bound: The steps should all have specific, realistic, short-term time frames attached to them.
2. If a court, statute, or departmental policy requires a specific intervention for an individual client or specific group of offenders include that as one of the action steps.
3. Action steps should be behavioral in nature.
4. Each goal should have 2 Action Steps.
5. For each Action Step indicate the date it is due to be completed.

Case Planning Research References

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Structuring Client Contact (Contributor of Dosage)

The more time spent working on criminogenic needs during office visits with offenders the greater the potential reduction in recidivism. Utilize a meeting structure with clientele that maximizes our potential to navigate change.

Structured Office Visit Goals

- A balanced approach of accountability and rehabilitation.
- To work collaboratively with offenders to effect lasting change.
- Increase the likelihood of client success on supervision and in the community.
- Decrease criminal behavior and recidivism.
- Build on offenders' strengths and achievements.

Research Evidence Underlying

- Better results are achieved when corrections professionals spend approximately 20 minutes or more using cognitive behavioral interventions.¹
- Focusing on identified criminogenic needs is paramount; focusing on "administrative" concerns such as rules and expectations should not dominate interactions between corrections professionals and offenders.²
- The tone and tenor of the corrections professionals' approach matters. Empathy, trust, and other professional alliance skills work hand-in-hand with holding offenders accountable, and they result in positive client outcomes.³
- P&P Officers should increase dosage (time and intensity) with higher risk offenders, focus their discussions on criminogenic needs, and interact in ways that are consistent with social learning and cognitive behavioral theory.⁴
- Face to face meetings with P&P Officers and offenders should include the following:⁵
 1. Check-in
 2. Review
 3. Intervention
 4. Homework assignment

Supported Practices:

On average, P&P Officer's office visits with offenders will last between twenty to thirty minutes and include check-in, review, intervention, and homework assignment.

Supported Procedures:

Preparation

1. Prior to meeting with each client you should walk through each of the parts of the office visit and have a plan for what to do at each step before interacting with the offender. You should consider the following questions prior to the interaction:
 - What is the purpose or goal of my interaction?
 - What should I target with this offender?
 - What are some behaviors I should look to reinforce?
 - What are some potential behaviors I might need to disapprove of?
 - What are the offender's high-risk situations?
 - What skills have we been working on?
 - What was the client asked to do in terms of homework the last time he/she was here?
2. During the office visit you should try to minimize distractions such as computer interactions, conversations with co-workers and telephone calls.

Check-in

Time: 4 – 5 minutes

Goals:

- Build the relationship
- Prepare for the session by checking for crises.
- Monitor compliance with conditions

Activities:

- Ask what has transpired since the last appointment.
- Ask how the person is doing.
- Ask about progress on supervision conditions.

Review

Time: 4 – 5 minutes

Goals:

- Ensure take-home assignment was completed.
- Check for learning retention.

Activities:

- Review skill worked on in previous visit.
- Review the take-home assignment.

Intervention

Time: 15 to 20 minutes

Goals:

- Teach and demonstrate prosocial skill.

Activities:

- Teach new skill
- Demonstrate new skill
- Practice new skill
- Reinforce new skill

Homework Assignment

Time: 1 minute

Goals:

- Transfer skill to natural environment
- Increase dosage (through repetition) and complexity

Activity:

- Give assignments related to skill practice.

Structuring (Contributor of Dosage) References

¹Bonta, J., Ruggie, T., Scott, T. L., Bourgon, G., & Yessine, A. K. (2008). Exploring the black box of community supervision. *Journal of Offender Rehabilitation, 47*(3), 248-270.

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Teaching and Reinforcing Skills.

Successfully targeting interventions requires identifying criminogenic needs, drivers, and associated skill deficits and replacing those deficits/needs with functional skills.

Goals of Teaching and Reinforcing Skills

- A balanced approach of accountability and rehabilitation.
- To work collaboratively with offenders to effect lasting change.
- Increase the likelihood of client success on supervision and in the community.
- Decrease criminal behavior and recidivism.
- Build on offenders' strengths and achievements.
- To be proactive and not reactive. Seize every opportunity to teach or reinforce a skill, even in times of compliance.

Research Evidence Underlying Teaching and Reinforcing Skills

- In order for correctional programming to be effective, addressing criminogenic needs must be the core focus of interventions.¹
- Validated risk/needs assessment tools identify the offender's criminogenic needs. It is up to the corrections professional to identify the "driver", the single most influential criminogenic need.²
- The analysis of risk factors/drivers should drive the specific intervention strategies used during supervision.³
- It's important to choose interventions carefully. Research has shown that even well-intentioned correctional interventions can inadvertently reinforce criminogenic needs, and in turn, offenders' skill deficits.⁴
- During the initial three to nine months of supervision, 40%-70% of offender's free time should be clearly occupied with delineated routine and appropriate services,(e.g., outpatient treatment, employment assistance, education, etc.).⁵
- Dosage is the type and amount of interventions and client should receive.⁶
- Corrections professionals' risk-reducing interventions complement those provided by others (e.g., treatment providers) and, as such, it is reasonable to consider their interventions as contributing to the minimum dosage necessary to reduce recidivism.⁷

Supported Practice

P&P Officers will target interventions by:

- Helping offenders identify their specific skill deficits
- Helping offenders make the link between their skill deficits and the antisocial behavior that leads to negative consequences for them and that, therefore, need to be addressed
- Modeling prosocial attitudes and behaviors in their interactions with offenders and others
- Demonstrating the skills they want offenders to emulate
- Teaching specific skills and offering offenders opportunities for skill practice.
- Referring offenders to appropriate interventions.

Interventions

1. Interventions are programs and services that demonstrate the capacity to effectively address their needs.
2. Interventions may include structured treatment programs or contact with other professionals (including probation and parole officers) that focuses on criminogenic needs.
3. Ensuring the offender's case plan includes the proper dosage.
 - A. Very high-risk offenders with many criminogenic needs should receive 300 hours of dosage.
 - B. High-risk offenders with a moderate number of criminogenic needs should receive 200 hours of dosage.
 - C. Medium-risk offenders with few criminogenic needs should receive 100 hours of dosage.

Dosage and Intensity

As determined by the dosage needed to address the associated risk classification, staff should utilize cognitive behavioral tools that identify goals, deficits, and the teaching of skills that target the individual's top criminogenic driver. These skills and exercises should be done in coordination with identified programming/ treatment. These tools should be cognitive based and proven to build skills that elicit positive change. These tools/ exercises may include, but are not limited to the Carey Guides, Change Journals, EPICS and other curriculum approved by a Supervisor. Approved curriculum constituting dosage will be made available in designated areas around the office. Tools aim to help offenders:

1. Understand the concept of dosage
2. Understand how much they need and how they will get that dosage

The majority of time should focus on identified criminogenic need areas of the offender. Particularly emphasize on antisocial attitudes, values and beliefs. Utilize dosage tracking worksheets and or software as made available to ensure that we are "Getting the Right Amount of Programming", to help offenders:

1. Assist clients in tracking dosage.
2. Allow client to assist in tracking dosage.
3. Coordinate with treatment partners to collect and ensure that identified dosage goals are being fulfilled.

Addressing Skill Deficits through Interventions

Refer offenders to relevant programs and services to provide dosage and address skill deficits. This will also assist in developing strong links to pro-social individuals and communities. P&P Officers must closely collaborate with program providers to which they refer offenders.

Teaching and Reinforcing Skills References

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⁶ Carter, M., Sankovitz, R. J., Ctr for Effective Public Policy, & United States of America. (2014). Dosage probation: Rethinking the structure of probation sentences. *Silver Spring, MD: Center for Effective Public Policy*.

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Behavior Management

Successfully shaping Client behavior requires appropriate responses to both prosocial and noncompliant behavior.

Goals of Behavior Management

- Hold Clients accountable for their behavior by responding to all noncompliant behavior with swiftness, certainty, and consistency.
- Identify and promote Client’s prosocial thinking and behavior patterns.
- Promote Client’s recognition and understanding of the factors that contribute to their rule-breaking and illegal behaviors.
- Increase the likelihood of Client success on supervision and in the community.
- Decrease criminal behavior and recidivism.
- Decrease victimization.

Research Evidence Underlying Behavior Management

- In shaping Client’s behaviors two types of strategies can be used to bring about desired behaviors: reinforcements and punishments.ⁱ
- The use of positive reinforcement and negative reinforcement is more effective in changing behavior than punishment alone.ⁱⁱ
- Positive reinforcement incentivizes and rewards prosocial behavior. Common positive reinforcements include words of affirmation, certificates of achievement, and tangible items such as bus tokens.ⁱⁱⁱ
- Negative reinforcement is the removal of unwanted stimulus. Common negative reinforcements include decreased urinalysis and the withdrawal of some supervision requirements (e.g., submission of verification slips).^{iv}

Key Principles Guiding Positive Reinforcement

- Positive reinforcements should be used at least four times as often as expressions of disapproval in order to enhance individual motivation and encourage the continuation of prosocial behavior.^v
- Responses to prosocial behavior should be customized to take into account that which is meaningful to the individual, rather than using a “one-size-fits-all” approach.^{vi}
- Rewards are more effective when they immediately follow the positive behavior.^{vii}
- The impact of rewards is greatest when they are administered with regularity initially and tapered over time, once the behavior becomes habituated.^{viii}
- Rewards should be deliberately provided in a manner that helps the Client to identify and internalize the short and long term benefits of demonstrating on an ongoing basis the prosocial attitude/behavior.^{ix}

Key Principles Guiding Effective Responses to Noncompliance

- Celerity – respond to the behavior as quickly as possible.^x
- Certainty – respond each time undesirable behavior occurs^{xi}

- Fairness – respond in ways that are perceived to be fair^{xii} and consistently applied to similarly situated individuals.^{xiii}
- Responsivity – respond in ways that take into consideration the characteristics of the individual.^{xiv}
- Proportionality – respond in ways that are no more severe than the behavior warrants.^{xv}
- Parsimony – respond using as few interventions/resources as necessary.^{xvi}

Punishment

Punishments are the consequences of a specific behavior that reduce the likelihood that the behavior will be repeated, or repeated at the same rate in the future.^{xvii}

- Punishments can be both positive and negative.
 - Positive punishment is the presentation of an undesirable stimulus.
 - Negative punishment is the elimination of a desirable stimulus.^{xviii}
- The use of confinement as a punishment for Clients who violate technical conditions of their supervision should be minimized.^{xix}

Mitigating Factors

When responding to Client behaviors it is important to take into consideration as a mitigating factor whether the behavior was a proximal or distal behavioral goal.^{xx}

- Proximal behavioral goals are those that the Client is readily capable of performing.
- Distal behavioral goals are those that are highly challenging for the Client to perform successfully, but that are ultimately desired.
- Responses to Client behaviors should be addressed in the context of Clients' level of risk to reoffend, the severity of the violation behavior, Clients' criminogenic needs, and other significant stabilizing and destabilizing factors such as education, employment, living environment, etc.^{xxi}

Supported Practices

Responses to Client's prosocial and noncompliance behaviors will be developed to both hold them accountable for their actions and achieve long-term behavior change.

Supported Procedures

- Staff should respond to all noncompliant behaviors.
- Staff should respond to and reward prosocial behaviors.
- When responding to noncompliance behaviors staff should use the divisions approved Administrative Sanctions Grid.
- Staff should document all behaviors and responses.
- When responding to and rewarding prosocial behaviors staff should use the divisions approved Incentives Grid (see attached).
- Staff should strive for a ratio of 4:1 affirmations to expressions of disapproval.
- Staff should respond to identified prosocial behavior within three business days.
- Staff should respond to identified noncompliance behavior within three business days.

Behavior Management References

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Responding to Violations

Every effort should be made to help Clients prevent violations, but when they do occur they should be responded to in a way that holds Clients accountable, while protecting public safety, and helping Clients learn from their mistakes.

Goals of Responding to Violations

- To work with Clients to prevent violations.
- To ensure an appropriate and proportionate response to all violations.
- To create transparency in responding to violations by ensuring Clients, department staff, and our justice system partners understand the rationale for violation responses.
- To promote internal consistency in the way violations are handled.
- Increase the likelihood of Client success on supervision and in the community.
- Decrease criminal behavior and recidivism.
- Decrease victimization.

Research Evidence Underlying Responding to Violations

- For responses to violations to be effective they must be more than monitoring, controlling, and sanctioning, they must be an intervention in and of themselves.^{xxi}
- Punishment alone often results in another maladaptive behavior unless the Client is taught an acceptable alternative behavior.^{xxi}
- Responses to violations should be matched to the characteristics of the Client.^{xxi}
- Responses to violations are most effective in controlling unwanted behavior when administered for every infraction.^{xxi}
- The most effective approach is firm but fair. A firm but fair approach entails monitoring for compliance and encouraging Clients to make appropriate and adaptive choices.^{xxi}
- The severity of the response should not rise above that which is warranted for the behavior.^{xxi}
- Effective disapproval helps the Client understand the link between his behaviors and their consequences. It also helps the Client to see that his behaviors are interfering with him having the things that are most important to him.^{xxi}
- Communications with Clients should emphasize that everything is a personal choice and they have complete control over the choices that they make. This emphasis not only gives control back to the Client but also places responsibility and accountability for decisions upon him or her.^{xxi}
- Officers should be clear with Clients about what is expected of them.^{xxi}
- Officers should review in advance the consequences of non-compliance.^{xxi}

Supporting Practices

Officers will work with Clients to help prevent violations. When responding to violations officers will use effective disapproval and effective use of authority. Officers will respond to violations in a manner that promotes behavior change.

Preventing Violations

Officers should work with Clients to prevent violations.

- Ensure that Clients are fully aware of and understand the conditions of their supervision;
- Help Clients assess the likelihood that they will be able to comply with each condition;
- Help Clients anticipate situations that could jeopardize their ability to comply with their conditions of supervision;
- Assist Clients in making concrete and specific plans that would help them avoid actions and circumstances that may result in noncompliance.

Effective Disapproval

Officers should use Effective Disapproval to communicate disapproval for a specific behavior. Whenever possible Effective Disapproval should be the first step in responding to violations. The following are the steps in Effective Disapproval.

1. Identify the inappropriate behavior and tell the Client in an objective manner, that you disapprove of what was said or done.

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2. Ask the Client to explore the short and long term consequences of continuing to engage in that behavior.
 3. Ask the Client to identify and discuss prosocial alternatives that could be used in place of the unacceptable behavior.
 4. Contract with the Client to use the prosocial alternative in the future.
 5. Tell the Client what the consequence will be.
 6. Deliver the consequence.

Effective Use of Authority

Staff should make effective use of their authority by guiding Clients toward compliance, which includes focusing their message on the behavior exhibited, being direct and specific concerning their demands, and specifying the Client's choices and attendant consequences. The following are the steps to Effective Use of Authority.^{xxi}

1. Identify a situation where the Client is in a decision making position.
2. Present the available choices and the attendant consequences of each choice.
3. At the next available opportunity, follow up by determining if objectives were met (which choice did the Client choose?).
4. In general, look for and reward compliance.

Responding to Violations as an Intervention

When a violation has occurred officers should:

- Explore with the Client the events that led to the violation
- Help Clients understand the extent to which these events are reoccurrences of past, problematic behaviors;
- Help Clients make the connection between their current problematic behavior and their assessed criminogenic needs, and Explore alternative actions they could take in similar situations in the future.

Responding to Violation References

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Ancoring Community Support

During the course of supervision, every effort should be made to anchor lasting community support for clientele in the community. In coordination with the client, these supports should prevail long past the client's supervision expiration date and act as a safety net for continuing prosocial support in the community.

Research Evidence Underlying Anchoring Community Support

- In addition to addressing risk, need and responsivity, an overarching approach must be made in client rehabilitation.¹
- Clientele, like all human beings, seek to attain important goals in life (termed *primary human goods* or *primary goods*), as part of an overall good lives plan or roadmap to achieving a fulfilling and well-balanced life.¹
- Identified pro-social supports in the community should embody empathy, trust, and other professional alliance skills work hand-in-hand with holding offenders accountable, and they result in positive client outcomes.³
- Positive social support is highly predictive of long-term abstinence rates across several additive behaviors.
- Social network size and the perceived quality of social support have also been shown to predict relapse.² (McMahon, 2001)
- In addition to networking, prosocial organized activities are beneficial to coping with stress, it sharpens the mind, increases creativity and concentration.⁴

Goals to Anchoring Community Support

- Reduce long term recidivism.
- Decrease victimization.
- Reduce long term harm to the individual and the community.
- Enhance public safety.
- Increase the long term likelihood of client success in the community.
- Contributing member of our community and organized activities in the community.
- Decrease criminal behavior and recidivism.
- A valued friend, parent or family member in the community.
- The client achieving a fulfilling and well-balanced life in the community.

Supporting Practices

- While on community supervision, the Supervising Officer should collaboratively work with the client to build and identify four prosocial supports in the community.
- Through the course of supervision the Officer should encourage communication and engagement with the identified prosocial supports.
- While on community supervision, the Supervising Officer should collaboratively work with the client to assess interests and identify three organized leisure/ recreation activities.

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- Through the course of supervision, the Supervising Officer should encourage participation in identified leisure and recreational organized activities.

Anchoring Community Support References

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Continuous Quality Improvement

The Division is expected to continually measure, evaluate and improve practices. Continuous Quality Improvement (CQI) is the process in which determines the quality of its practices and services and improve the delivery of those practices and services.

CQI Process

The Division's CQI process primarily focuses on four key areas: Assessments, Case Management, Core Correctional Practices and Motivational Interviewing.

Assessment:

Purpose: Ensure that empirically-based assessment instruments (LS/CMI, WRNA, STATIC 99, STABLE/ACUE, ODARA, and PSC) are properly administered; consistently applied across assessors; and used in the manner for which they are intended. Ensure that clients are assessed and re-assessed in the proper time frames and overrides are properly used. This is in addition to the Inter-Rater Reliability Certification process.

Case Management:

Purpose: Ensure that Case Plans are directly linked to assessment findings; match length, dosage, and intensity of intervention to risk level; address three or more of the most significant criminogenic needs; account for individual offenders' unique responsivity factors; build on offenders' strengths; identify and address triggers; and reflect ongoing review and modification based upon changes in risk/need and offenders' progress towards meeting stated goals and objectives.

Core Correctional Practices:

Purpose: Ensure that staff role model and reinforce prosocial behavior; effectively address anti-social attitudes and behavior; teach concrete problem-solving skills; use practice sessions; effectively use incentives and sanctions; deflect power struggles; and advocate on offenders' behalf when appropriate.

Motivational Interviewing:

Purpose: Ensure that staff interacts with offenders in ways that increase motivation; effectively use open-ended questions, affirmations, reflective listening, summarizing; effectively elicit change talk.

Continuous Quality Improvement Support References

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Embracing Evidence Based Practices Within Programs

In as much as P&P is taking measures to incorporate best practices and dosage where possible, it is widely known that the bulk of required cognitive and behavioral interventions (dosage) will come from Lane County Treatment Providers. Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for clients are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). To maximize our ability to improve the overall quality of life and build a better community, it is imperative that our Lane County Treatment Providers adhere to the most effective and proven strategies possible. Lane County P&P is expected to continually measure, evaluate and improve practices to ensure that we are effective and responsive to the needs of victims, clients and the community. As identified within Parole and Probation’s Strategic Plan, programs will be observed, reviewed, evaluated and provided with meaningful feedback for improvement to ensure the highest quality of services for our community. Unfortunately, no treatment is sometimes better than bad treatment.

Program Evaluation- Correctional Program Checklist

Introduction

Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices. In fact, Oregon’s Community Corrections Act

(CCA) funding requires a successful CPC score to maintain funding for services. In both adhering to this requirement and always striving to do better, the Division embraces the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of program practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the program are offered.

Background and Process

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI) for assessing correctional intervention programs. The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. The CPC is divided into two basic areas which include content and capacity.

The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for clientele. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Client Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely Risk, Need and Responsivity (barriers). Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., client files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

Evidence Based Contracts

Based on the content elements of the Correctional Program Checklist (CPC) and the Community Corrections Act requirements, the Division has established contract language to assist providers in adhering to CPC standards and evidence based practices. The following contractual terms have been incorporated into our Lane County Treatment Provider Contracts to assist in this endeavor:

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- A. The contract providers will consider responsivity (barriers) in programming. If responsivity factors exist, please document within the treatment plan and collaborate with the assigned Lane County P&P Officer to address these barriers. These barriers may include but are not limited to: mental health, chemical dependency, victimization, trauma, motivation and etc.

If an individual's lack of motivation presents as a barrier, exhibiting pre-contemplative or contemplative stages of change, the treatment plan may require the utilization of an evidence based curriculum, operating with fidelity to the model, to bring about treatment readiness. The Contractor may refer pre-contemplative and contemplative individuals to Motivational Enhancement Therapy (MET). Following the completion of MET, motivation will be assessed. Depending on the referred clients stage of change, those assessing preparation and above will be referred back to programming. Those continuing to assess as pre-contemplative or contemplative will be referred to one of two validated and contracted Cognitive Behavioral Treatment Programs. Those clients completing one of two CBT programs will be reassessed. Depending on the referred clients stage of change, those assessing preparation and above will be referred back to programming. Those continuing to assess as pre-contemplative or contemplative will be referred to the second Cognitive Behavioral Treatment Program. Those continuing to assess as pre-contemplative or contemplative will be referred to additional assessment. The above mentioned MET programs aim to achieve the following:

Motivational Enhancement Therapy (MET) helps individuals overcome their ambivalence or resistance to behavior change. MET focuses on increasing intrinsic motivation by raising awareness of a problem, adjusting any self-defeating thoughts regarding the problem, and increasing confidence in one's ability to change. Instead of identifying a problem and telling a person in therapy what to do about it, the therapist encourages a person in therapy to make self-motivating statements that display a clear understanding of the problem and a resolve to change.

- B. Prior to beginning treatment, the Contractor will incorporate a current and validated criminogenic risk/ needs assessment and if applicable a specialized (WRNA, ODARA, Static and Stable) assessment into the client's treatment plan. Collaborate with the assigned Lane County Parole/ Probation Officer to ensure that the top two criminogenic risk/need factors are aligned and addressed.

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- C. Treatment intensity or “dosage” should be clearly matched to the clients’ level of risk as measured by the validated risk/needs assessment. Higher risk clientele should receive more intense levels of treatment. For example, in addition to varying degrees of substance abuse, clientele will have varying degrees of other risk factors (i.e. antisocial attitudes, family problems and Etc.) that also should be considered when determining the intensity and duration of the program.
 - D. The Contracted provider will utilize an evidence based and proven curriculum that embraces a cognitive behavioral approach to target anti-social thoughts and skill deficits. The Contractor will maintain fidelity to the chosen curriculum.
 - E. The Contractor will utilize behavioral strategies to assist clientele in developing pro-social skills. The basic approach to teaching skills includes: (1) defining the skills to be learned; (2) modeling the skill for the client; (3) rehearsing (or role playing) the skill; (4) practicing the skill in increasingly difficult situations; and (5) providing constructive feedback. The identification of high risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. During the cycle of a group, 40% of the total number of hours of group treatment should be allocated to practice and skill building activities.
 - F. The Contractor will develop and incorporate incentives. Incentives should be individualized and used to reward pro-social behavior and program progress. Affirmations should be used at a ratio of 8 positive to every one negative. Incentives may include but are not limited to verbal praise, written praise, gift certificates and gift cards.
 - G. The Contractor’s treatment group to facilitator ratio should target 8:1 and will not exceed 12:1. Depending on risk related dosage and intensity; individual meetings should be made available and/or required to meet set bench marks in dosage.
 - H. The Contractor will maintain treatment file records and provide monthly progress reports.
 - I. The Contractor will consult with Agency regarding client compliance, attend staff meetings as requested and provide regular progress reports to assigned officers. The Contractor will adhere to the following information sharing guidelines:

Response Time	Response Means	Response Issue

Immediately	Telephone: Assigned Officer Duty Officer Supervisor Police	Community safety. Reports of eminent danger. Contact with restricted persons. (Minors and Victims)
24 to 48 Hours (ASAP)	E-Mail: Assigned Officer	Positive Urinalysis Substance Abuse Unexcused Absence Disclosed Violations (Not of eminent danger) Treatment/ Program Termination Abrupt Change in Community Stability. (e.g., Change of Address or Loss of Job)
Weeks' Notice	E-Mail: Assigned Officer	All other non-emergency business. Excused Absence
Months' Notice	Mail/ E-Mail: Monthly Progress Report	Treatment Graduation

- J. The Contractor will submit and cooperate with the Correctional Program Checklist (CPC) process or other program evaluation process. Contractor will further work with Agency and program assessment personnel to implement recommended CPC changes.
- K. Following the initial program assessment and recommendations, Contractor will meet a minimal score of satisfactory on the CPC.
- L. In an effort to support wrap around services and continuing programming, the Contractor will work with other providers to assist in treatment transition that supports the overall case/ treatment plan.
- M. Groups will be gender specific.
- N. The Contractor will prioritize services to the identified 416 Candidates. Upon referral, assessment will be conducted within 48 hours and entry to programming (participation) within 72 hours.
- O. As determined by the Contractor, County staff will be afforded the opportunity to observe and participate in programming.
- P. The Contractor will set clear parameters as to when the program terminates for each client. Termination should be defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program. The use of a proper assessment instrument and completion of a detailed treatment plan developed at the beginning of the program is essential.

Improving Treatment Practices and Outcomes

Among our contacted providers, we have developed the above listed contract language that supports effective and proven treatment services. Our contracted providers only represent a small fraction of the various treatment services offered in Lane County. Given the lack of review and evaluation, it is undetermined how many of Lane County's providers are adhering to evidence based practices within their programs.

Per P&P's strategic plan, the Division aims to evaluate all providers. In preparing for this endeavor, Lane County has already trained employees to perform the CPC evaluation. With the assumption that our current providers already possess the capacity, our local focus will be on program content. Through site visits, observation and interviews, trained staff will work to measure and evaluate the programs adherence to assessment, treatment characteristics and the extent to which the program meets certain principles of effective intervention, namely RNR. Following this review, the provider will receive meaningful feedback to improve practices where necessary. Programs found to be adhering to best practices in content will be reviewed every three years or as needed. Programs found to be deficient in adhering to best practices in the area of content will receive meaningful feedback and coaching. Deficient programs should be re-evaluated within one year of coaching. If program continues to be deficient after one year, a full comprehensive CPC evaluation will be requested of the Department of Corrections (DOC). The DOC will perform a CPC evaluation, review results and provide a script for adherence to evidence based practices. Programs who fail to meet standards with DOC's full CPC evaluation will be rescheduled for a second full CPC evaluation within one years' time. Those programs continuing to adhere to best practices will not receive treatment referrals from Lane County Parole and Probation.

It is Parole and Probations goal to give providers every opportunity to adhere to evidence based practices. However, this should not come at the expense of community safety or improving the quality of life. As the primary driver in dosage, providers must produce quality services that are proven to be effective.

What does this all mean?

In conclusion, there is no one magic bullet for reducing recidivism or to improve the quality of life. Evidence based practices is a collection of proven efforts coming together to maximize our potential to reduce individual risk and overall recidivism. This requires an all hands on deck approach to meet needed benchmarks in dosage. In order to be effective, our dosage benchmarks must be met with quality and proven interventions. The supervision and treatment hub working together is the most effective means to drive prosocial change and lasting community safety.

