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VIOLENCE REDUCTION USING THE PRINCIPLES OF RISK-NEED-RESPONSIVITY

FAYE S. TAXMAN*

Violence presents unique challenges to individuals, communities, and the justice system. The Risk-Need-Responsivity (RNR) model is framed as addressing how to respond to individuals with various forms of violent or violent-related behaviors. The emphasis is on linking individuals to appropriate services and using services and programs that can assist the individuals with learning to manage their aggressive behaviors. Much of the techniques involve addressing situational responses that occur in natural community environments; the models for delivering services and facilitating change tend to be limited to group-based therapy sessions that are not necessarily adaptable to these environmental cues (where emotions and situations are deemed to be high). Some progress has been made in adaptive therapies that extend past group sessions using interrupters, navigators, or others. But, given the complexities of community environments, there is a need for a systemic RNR framework that looks at the issues related to community capacity and relationship factors that affect the ability of the community to be responsive. This Article will describe the systemic RNR framework and use an example from St. Louis, Missouri, in terms of the implications for improving outcomes on how best to reduce violence.

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I. INTRODUCTION

Reducing violence requires multi-prong approaches that target the community, businesses, schools, criminal justice, social services, and the individual. Successful initiatives at each level emphasize the predisposition and situational factors that affect violence, whether it be violence as a result of aggression, use of weapons, or power differential issues. In the field of criminology, the Risk-Need-Responsivity (RNR) theory is applicable to violence reduction strategies. RNR is primarily an individual approach that assesses static, historical risk factors that predispose a person to engage in

violent behaviors and then examines dynamic need factors that are linked to contemporary situations and factors that affect involvement in violent behavior. The static and dynamic risk factors prioritize the individuals who are more susceptible to being involved in violent behavior, either as a perpetrator or as a victim. The third R in RNR is responsivity or tailoring responses to the unique features of individuals in certain communities. While RNR is typically applied at the individual level, it is equally applicable at a systems level—jurisdiction, community, organization, or agency—to ensure that the responses are suitable to attend to the static risk and dynamic need factors that can affect violence, crime, and drug-use behaviors.

This Article describes why the RNR framework is needed at the systems level to examine the capacity of jurisdictions to address violence and crime (and substance abuse). Violence is a prevalent problem in the U.S. which has a violent crime rate of 369 per 100,000 individuals.¹ In 2018, 1.21 million violent crimes occurred, including murder, manslaughter, homicide, rape, sexual assault, robbery, aggravated assault, and mass shootings.² This figure does not include other forms of violence, such as intimate partner violence or assaults. The estimate is that one in four women and one in nine men experience some type of intimate partner violence in their lifetime, but this varies by different types of partner violence.³ In addition, there were 14,123 homicide victims in 2018.⁴

Both individuals and communities are affected by violence. Many approaches are aimed at individuals, but the impact of violence at the community level cannot be ignored. Unless there is a combined individual-system impact, sustained change is not likely to occur. In this Article, I will examine effectiveness of existing approaches, examine the systemic issues related to RNR delivery through a case study, and highlight steps forward to address individual-community efforts to reduce violence and crime.

1. FED. BUREAU OF INVESTIGATION, CRIME IN THE UNITED STATES, 2018: VIOLENT CRIME 1 (2019), <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/topic-pages/violent-crime.pdf> [<https://perma.cc/UFG9-5VHA>].

2. *Id.*

3. Sharon G. Smith, Jieru Chen, Kathleen C. Basile, Leah K. Gilbert, Melissa T. Merrick, Nimesh Patel, Margie Walling, & Anurag Jain, Nat'l CTR. for Injury Prevention and Control, Ctrs for Disease, Control, and Prevention, The National Intimate Partner and Sexual Violence Survey: 2010-2012 State Report 2 (2017), <https://www.cdc.gov/violenceprevention/pdf/nisvs-staterereportbook.pdf> [<https://perma.cc/7YJJ-FMER>].

4. Unif. Crime Reporting Program, *Expanded Homicide Data Table 8: Murder Victims by Weapon, 2014–2018*, FED. BUREAU INVESTIGATION, <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/tables/expanded-homicide-data-table-8.xls> [<https://perma.cc/H2VM-Y2FT>].

II. EXISTING APPROACHES

A robust literature exists on individual and communities that are effective at reducing criminal behavior, including violence. The literature is primarily focused at the individual levels in terms of effective prevention, enforcement, and treatment efforts. But a blossoming effort is occurring at the community levels to address geographical areas where criminal behavior is problematic, including responses by varied actors (businesses, places with liquor licenses, etc.). The following is a short summary of the literature with references to more complete sources given the extensiveness of the literature. An important resource is the National Institute of Justice's Crime Solutions database which maintains information on various initiatives and whether they are considered to be effective, promising (some literature supports this initiative and some does not), and ineffective (does not reduce crime based on available studies).⁵ The designation of a program or practice is based on an accumulation of knowledge based on a body of literature, which therefore ensures that studies have been replicated using a similar protocol, and therefore, there is a consistent message about the findings.⁶ The synthesis measures the size of the effect, which is the degree to which the program or practice will have an impact on recidivism.

A. *Individual Treatment Approaches*

The programs and practices that are considered "effective" include cognitive behavioral programs aimed at building skills; therapeutic communities, with stronger effects for programs that have a continuum of care; and cognitive processing, which is focused on decision-making skills.⁷ Effective practices are problem solving courts, RNR-based supervision, contingency management, and medication assisted treatments.⁸ These effective practices are aimed at facilitating change at the individual level with an

5. See CRIMESOLUTIONS.GOV, <https://www.crimesolutions.gov/> [<https://perma.cc/4DSG-BJNW>].

6. Systematic reviews have emerged as a method to use different research designs, varying sample sizes, different types of populations, varied measures of recidivism, and different statistical techniques.

7. STEVE AOS, MARNA MILLER & ELIZABETH DRAKE, WASH. STATE INST. FOR PUB. POLICY, EVIDENCE-BASED ADULT CORRECTIONS PROGRAMS: WHAT WORKS AND WHAT DOES NOT 4-5 (2006).

8. *Id.* at 3-5; Francis T. Cullen, Cheryl Lero Jonson & Daniel P. Mears, *Reinventing Community Corrections*, 46 CRIME & JUST. 27, 78 (2017); Nancy M. Petry, *Contingency Management: What It Is and Why Psychiatrists Should Want to Use It*, 35 PSYCHIATRIST 161, 161 (2011); *Medication and Counseling Treatment*, SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, <https://www.samhsa.gov/medication-assisted-treatment/treatment> [<https://perma.cc/MNB7-TJA3>] [hereinafter SAMHSA Medication and Counseling Treatment].

emphasis on improving one's ability to make decisions, reducing impulses, addressing drivers of criminal behavior, and learning to manage one's behavior.⁹ Problem solving courts and RNR-based supervision provide a framework by which justice actors work with individuals to provide treatment appropriate to their needs and respond appropriately to compliance issues. Contingency management (i.e., the use of incentives to change behaviors) focuses on a behavioral economic approach, whereas medication-assisted treatment is the use of medications for opioid and alcohol disorders to reduce use of drugs and alcohol.¹⁰

Some examples of effective programs are:

- **Multisystemic Therapy (MST):** MST is an approach that uses a family and community-based treatment program to target environmental factors that may facilitate a youth to engage in violence. In a recent study, four years after juvenile delinquents were treated with MST, they had significantly lower rates of aggressive criminal activity (.15 vs. .57 for those that received traditional services of individual therapy or traditional group therapy).¹¹
- **Cognitive Self-Change:** The Cognitive Self-Change program (CSC) was created for males who had a history of interpersonal aggression. The purpose of the program was to realize their distortions and the impact their distortions have on criminal behavior. The program offered training to help program participants develop methods to combat their criminogenic thought patterns. In two years, fourteen of the twenty-eight (50%) CSC program participants recidivated, compared to sixty-eight of the ninety-six participants (70.8%).¹²

9. See LAWRENCE W. SHERMAN, DENISE C. GOTTFREDSON, DORIS L. MACKENZIE, JOHN ECK, PETER REUTER, & SHAWN D. BUSHWAY, U.S. DEP'T OF JUSTICE, PREVENTING CRIME: WHAT WORKS, WHAT DOESN'T, WHAT'S PROMISING 6–8 (1998), <https://www.ncjrs.gov/pdffiles/171676.pdf> [<https://perma.cc/A4Y7-W5TC>].

10. Petry, *supra* note 8, at 161; SAMHSA Medication and Counseling Treatment, *supra* note 8.

11. Scott W. Henggeler, W. Glenn Clingempeel, Michael J. Brondino, & Susan G. Pickrel, *Four-Year Follow-up of Multisystemic Therapy with Substance-Abusing and Substance-Dependent Juvenile Offenders*, 41 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 868, 868 (2002).

12. Kris R. Henning & B. Christopher Frueh, *Cognitive-Behavioral Treatment of Incarcerated Offenders: An Evaluation of the Vermont Department of Corrections' Cognitive Self-Change Program*, 23 CRIM. JUST. & BEHAV. 523, 534 (1996).

- **Violence Prevention Program (VPP):** The goal of VPP was to reduce violence recidivism. Methods included helping participants change their anti-social and pro-violence attitudes, challenge their use of violence, and develop pro-social lifestyles.¹³ Results indicated that in regard to reductions in violent recidivism, there was a significant reduction in the rate of incidents of those who completed the program in comparison to non-program participants.¹⁴
- **RNR Supervision:** Officers focus on (a) risk, using criminal risk level to determine level of programming, (b) need, targeting needs that are directly related to crime and violence, and (c) responsivity, using evidence-based treatment programs and tailor programs to the unique needs of clients. The supervision efforts are designed to be effective in ensuring that higher risk individuals are offered more intensive programs, and the types of programs fall within the effective category.¹⁵

A number of programs are considered promising. These generally have smaller effect sizes. The promising category includes those programs and practices as to which some studies reach positive findings, but others do not; generally, these are due to implementation woes that affect the efficacy of the intervention. Programs falling into this range are prosecution diversion to treatment or prevention, motivational interviewing, moral reasoning, mindfulness, and relapse prevention.¹⁶

Ineffective programs/practices are those as to which studies routinely find no effect on recidivism (generally referred to as a null effect). This category includes case management, incarceration, controlled based-intensive supervision, and a myriad of other programs.¹⁷

13. FRANCA CORTONI, KEVIN NUNES, & MARK LATENDRESSE, AN EXAMINATION OF THE EFFECTIVENESS OF THE VIOLENCE PREVENTION PROGRAM 1 (2006).

14. *Id.* at 26.

15. Faye S. Taxman & Michael S. Caudy, *Risk Tells Us Who, But Not What or How: Empirical Assessment of the Complexity of Criminogenic Needs to Inform Correctional Programming*, 14 CRIMINOLOGY & PUB. POL'Y 71, 72 (2015).

16. See SHERMAN, GOTTFREDSON, MACKENZIE, ECK, REUTER, & BUSHWAY, *supra* note 9, at 6–8, 10.

17. The best resource on these categories are Michael S. Caudy, Liansheng Tang, Stephanie A. Ainsworth, Jennifer Leach & Faye S. Taxman, *Reducing Recidivism Through Correctional*

B. Criminal Justice Strategies

Criminal justice strategies, particularly law enforcement initiatives, are found to impact recidivism. Two favored strategies are focused deterrence and hot spot policing. Focused deterrence is an initiative that brings together law enforcement, prosecutors, social services, and family members to encourage individuals who are active in criminal behavior to desist. Prosecutors and enforcement officers identify high-risk individuals and make offers to them for alternatives to prosecution, which may include services and legal employment. Focused deterrence shows promises, with many studies finding reductions in recidivism.¹⁸ A major issue is the provision of services or alternatives.¹⁹ With respect to community policing, Koper, Woods, and Isom reported findings from an evaluation of a police-led community program aimed at reducing gun violence in St. Louis, Missouri.²⁰ The St. Louis Metropolitan Police Department (SLMPD) implemented the program.²¹ Program components consisted of forming working groups, increased criminal justice initiatives, (e.g., directed patrols, drug enforcement, and investigations) and greater community policing activities (e.g., door-to-door contact with residents).²² The study area was the Wells-Goodfellow (WGF) neighborhood in St. Louis, Missouri.²³ During the nine-month intervention, there was a reduction in weekly counts of violence and gun violence in WGF.²⁴ Hot Spots Policing is

Programming: Using Meta-Analysis to Inform the RNR Simulation Tool, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM 167, 167 (Faye S. Taxman & April Pattavina eds., 2013); AOS, MILLER & DRAKE, *supra* note 7, at 3; STEVE AOS, MARNA MILLER & ELIZABETH DRAKE, WASH. STATE INST. FOR PUB. POLICY, EVIDENCE-BASED PUBLIC POLICY OPTIONS TO REDUCE FUTURE PRISON CONSTRUCTION, CRIMINAL JUSTICE COSTS, AND CRIME RATES 8–10 (2006); SHERMAN, GOTTFREDSON, MACKENZIE, ECK, REUTER, & BUSHWAY, *supra* note 9, at 7; Cullen, Jonson & Mears, *supra* note 8, at 29.

18. Nicholas Corsaro & Robin S. Engel, *Most Challenging of Contexts: Assessing the Impact of Focused Deterrence on Serious Violence in New Orleans*, 14 CRIMINOLOGY & PUB. POL'Y 471, 476 (2015).

19. See Nicholas Corsaro, Eleazer D. Hunt, Natalie Kroovand Hipple, & Edmund F. McGarrell, *The Impact of Drug Market Pulling Levers Policing on Neighborhood Violence: An Evaluation of the High Point Drug Market Intervention*, 11 CRIMINOLOGY & PUB. POL'Y 167, 167–99 (2012); Christopher S. Koper, Daniel J. Woods, & Daniel Isom, *Evaluating a Police-Led Community Initiative to Reduce Gun Violence in St. Louis*, 19 POLICE Q. 115, 116 (2015).

20. Koper, Woods, & Isom, *supra* note 19, at 116.

21. *Id.* at 121–22.

22. *Id.* at 124–27.

23. *Id.* at 122.

24. *Id.* at 130–31.

an effort to concentrate police resources in geographical areas to impact the times and places where crime occurs.²⁵

C. Community Initiatives

Using a hybrid of individual approaches and enforcement approaches, a consensus exists about community efforts that can prevent and address criminal behavior and violence. Essentially, the community efforts focus on targeting individuals with specific needs and geographical areas where criminal behavior festers. Several examples of community initiatives are business improvement districts, alcohol policies, and safe streets/cure violence initiatives.

Business Improvement Districts (BID) are concentrated areas where business owners paying a tax assessment to fund activities such as street cleaning or security patrol. A study of these districts found that they have a collateral impact on violence. In Los Angeles, thirty BIDs were implemented in 179 neighborhoods; this was a longitudinal study of the neighborhoods in Los Angeles and like communities were used as a comparison, but they were not control for socioeconomic differences between the BID and non-BID counties.²⁶ The BID was found to reduce robberies and violent crime in the 179 neighborhoods compared to the 893 non-exposed neighborhoods.²⁷

Alcohol policies focus on the sales and distribution of alcohol. For instance, by limiting sales to single-serve beverages in convenience stores, ambulance pickups for violent injuries among youth aged fifteen to twenty-four years decreased. The study limited the distribution of alcohol.²⁸ Similarly, alcohol policies at bars limit the hours of operation and type of alcohol distributed, which are efforts at reducing alcohol use by curtailing how often people can drink alcohol.

Safe streets are an initiative designed to use outreach workers to interrupt violence, change the community norms of the acceptance of violence, and create more social unity within neighborhoods. In this study, the communities that had interrupters (outreach workers) were compared to areas without this resource. Findings indicated that in the intervention communities, there was a 56% reduction in homicides and 34% reduction in nonfatal shootings.²⁹

25. See Corsaro, Hunt, Hipple, & McGarrell, *supra* note 19, at 185.

26. Greta M. Massetti & Corinne David-Ferdon, *Preventing Violence Among High-Risk Youth and Communities with Economic, Policy, and Structural Strategies*, 65 MMWR SUPPLEMENT, Feb. 12, 2016, at 57, 58.

27. *Id.* at 58–59.

28. *Id.*

29. *Id.* at 59.

Collectively, these efforts focus on precursors to crime that include historical and static factors that identify the people and places that are likely to be involved in criminal behavior. By contrast, dynamic needs are the changeable factors—for places it can be lighting, traffic, or changes in the geographical features; for individuals, it can be substance abuse, mental health functionality, associates, personal relationships, and so on. Knowing the static and dynamic factors, responses can be more effective by tailoring them to the situation. The tailoring can consist of a cadre of actors and processes, including diversion from prosecution, diversion from prison/incarceration, specialized programming, and other efforts. Tailoring can also include the myriad of prevention and treatment processes that focus on building the cognitive and social skills of the individual. The research literature is rich on the processes and programming features that can be used in combination to improve the outcomes of individuals and the community.

III. ADD RESPONSIVITY: SYSTEMATIC RESPONSIVITY

Taxman referred to systematic responsivity as the justice system's capacity to meet the needs of involved individuals.³⁰ Based on the RNR framework, systematic responsivity refers to whether there is appropriate programming for substance abuse, cognitive decision making, interpersonal and social skills, life skills, housing, food supports, and other services needed as protective factors against recidivism. Major problems are that individuals are often referred to programs or services that are inappropriate (i.e., do not address their risk factors), individuals must be placed on a wait list, and the system lacks sufficient capacity to provide the appropriate services.³¹ Hipp, Petersilia, and Turner found that having services that are within a two-mile radius of a person can serve as a protective factor to reduce recidivism.³² Having the appropriate services in a location convenient to the individual or in targeted communities is a key to reducing recidivism.³³

30. Faye S. Taxman, *Second Generation of RNR: The Importance of Systemic Responsivity in Expanding Core Principles of Responsivity*, FED. PROB., Sept. 2014, at 32, 33.

31. Faye S. Taxman, April Pattavina, & Michael Caudy, *Justice Reinvestment in the US: An Empirical Assessment of the Potential Impact of Increased Correctional Programming on Recidivism*, 9 VICTIMS & OFFENDERS 50, 57–58 (2014).

32. John R. Hipp, Joan Petersilia & Susan Turner, *Parolee Recidivism in California: The Effect of Neighborhood Context and Social Service Agency Characteristics*, 48 CRIMINOLOGY 947, 966 (2010).

33. *Id.*

A. Case Study on Building Community Capacity

St. Louis City has one of the highest rate of homicide in the U.S.³⁴ A community coalition, the St. Louis Area Violence Prevention Collaborative (STLVPC), is responsible for reducing violent crime in the region by coordinating and supporting services and interventions, and serving at risk communities to prevent violent crime.³⁵ The STLVPC used the RNR methodology to assess existing programs' capacities and services to address violence and crime reduction efforts. The goals were to (1) identify programs and services that aim to reduce violence, (2) determine the needs of individuals to reduce violence, and (3) identify gaps in services to allow for a more efficient and effective allocation of resources. The following presents the results of a capacity assessment of the system to reduce recidivism.³⁶

Taxman and her colleagues developed the RNR simulation methodology to provide a method to understand the characteristics of the population and then assess the system's ability to reduce crime and violence.³⁷ This method uses a number of different resources and data elements to target protective factors for violence and/or crime and address risk factors.

B. Methods

The RNR methodology involves examining the needs of the population and the available programming.³⁸ Applied to this case study, data were compiled by: (1) the Missouri Department of Corrections (DOC) for assessment information on risk-needs factors for adults on community supervision in St.

34. *Table 2: Crime in the United States by Community Type, 2011*, FED. BUREAU OF INVESTIGATION, UNIF. CRIME REPORTING PROGRAM, <https://ucr.fbi.gov/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-2> [<https://perma.cc/MJ3L-4JQK>].

35. Julie Hail Flory, *Washington University and United Way Join Forces on Gun Violence Prevention*, SOURCE (Feb. 5, 2016), <https://source.wustl.edu/2016/02/washington-university-and-united-way-join-forces-on-gun-violence-prevention/> [<https://perma.cc/8FXX-AFB8>].

36. For further information on this study, see generally Faye S. Taxman, April Pattavina, Michael S. Caudy, James Byrne, & Joseph Durso, *The Empirical Basis for the RNR Model with an Updated RNR Conceptual Framework*, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM, *supra* note 17, at 73.

37. For more information, see Avinash Bhati, Erin L. Crites, & Faye S. Taxman, *RNR Simulation Tool: A Synthetic Datasets and Its Uses for Policy Simulations*, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM, *supra* note 17, at 197, 197–221; Andrew Greasley, *The Simulation Modelling Process*, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM, *supra* note 17, at 41, 41–70.

38. This process is described in more detail in Taxman, Pattavina, Caudy, Byrne, & Durso, *supra* note 36, at 75.

Louis; (2) secondary data sources to identify the socio-economic factors of the general adult population; and (3) information on programs and services offered to adults in programs offered in the St. Louis area.³⁹ Demographic information on the general public in St. Louis City came from the U.S. Census Bureau (e.g., 2010 Census Data and the American Community Survey). Primary variables gathered were age, race, educational attainment, poverty, and employment.⁴⁰ A variety of questions about Missouri residents' relationship with substances such as alcohol, marijuana, and other illegal drugs, including drug dependence in the last year and alcohol use, were analyzed from the 2014 National Survey on Drug Use and Health (NSDUH).⁴¹ Mental health refers to any mental health issue as used in the NSDUH. Statistics from the Bureau of Justice Statistics (BJS) about the rate of criminal involvement for minorities allowed for an estimated measure for knowing someone who is or was criminally involved.⁴²

Available programs and services were grouped by the type of services available in the community that target different types of behaviors involved in crime, violence, and social disfunction.⁴³ In September 2016, service providers were invited to the campus of Washington University to complete an online survey of their programs (referred to as the RNR Program Tool). Alternatively, they could complete the survey online. The survey was completed by 112 organizations. After service providers completed the Program Tool for Adults, the Missouri DOC identified the programs that were utilized by their clients.

39. ZEPHI FRANCIS, ALEX BRENO, & FAYE S. TAXMAN, ADDRESSING CRIME & VIOLENCE THROUGH THE RISK-NEED-RESPONSIVITY (RNR) FRAMEWORK IN ST. LOUIS CITY: A REPORT TO THE ST. LOUIS AREA VIOLENCE PREVENTION COLLABORATIVE (STLVPC) 1 (2017), https://6b73c301-3542-4bbb-a150-c3866f9908d2.filesusr.com/ugd/afc6b1_1405ecd179d44a57b233cf9ebf259cd7.pdf [<https://perma.cc/64MF-7XPH>].

40. *Id.*

41. *See generally* SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., RESULTS FROM THE 2014 NATIONAL SURVEY ON DRUG USE AND HEALTH: DETAILED TABLES (2015), <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.pdf> [<https://perma.cc/6ASB-S3CP>].

42. The process used to calculate these estimates follows this example: African American adult males: 50,272 (number of adult African American males) • 0.166 (percentage of African American males who have ever been incarcerated) = 8,345 (total number of adult African American men who have been incarcerated at least once). Demographic information on the general public in St. Louis City is derived from the U.S. Census Bureau. *Quick Facts: St. Louis City, Missouri*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/stlouiscitymissouri> [<https://perma.cc/XSC9-SPDD>].

43. Erin L. Crites & Faye S. Taxman, *The Responsivity Principle: Determining the Appropriate Program and Dosage to Match Risk and Needs*, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM, *supra* note 17, at 143, 144, 146–48.

There were forty-one programs that the Missouri DOC did not use (non-DOC programs) and twenty programs that they did use (DOC programs).⁴⁴

Table 1 illustrates how programs were classified in the study. This is consistent with classification scheme based on the purpose of the program.⁴⁵

TABLE 1: OVERVIEW OF DIFFERENT TYPES OF PROGRAMS AND SERVICES AVAILABLE TO ADDRESS CRIME, VIOLENCE, AND BEHAVIORAL ISSUES

Program	Description
Severe Substance Use Disorders (SUD)	Focus on treating severe substance use disorders for drugs such as opiates, opioids, methamphetamine, crack/cocaine, and PCP.
Decision Making	Uses cognitive restructuring techniques to target antisocial attitudes, impulsivity, and antisocial thinking.
Self-Management	Emphasize developing self-improvement and management skills.
Interpersonal Skills and Conflict Management	Focus on building social and interpersonal skills; conflict resolution.
Life Skills, Vocation, Employment	Target life skills such as education, employment, management of financial obligations, etc.
Other, Non-clinical	Provides non-clinical interventions (e.g., supervision only).

1. Description of the General Adult Population.

In St. Louis, 45% of the adults are African American and 51% are Caucasian.⁴⁶ More than half (54%) of the adult population are females and 46% are males.⁴⁷ Nearly half (48%) of residents are 43 and older.⁴⁸ Some potential needs of the population include:

44. Greasley, *supra* note 37, at 41–70. More information on the methods to estimate need can be found in Taxman, Pattavina, Caudy, Byrne & Durso, *supra* note 38, at 41–72.

45. For more information, see Crites & Taxman, *supra* note 43, at 143–166.

46. *Quick Facts: St. Louis City, Missouri*, *supra* note 42.

47. *Id.*

48. *Id.*

- **Involvement in Violence:** Involvement in violence is determined by the percent of individuals in St. Louis City who engage in gun violence.⁴⁹ Around 7% was estimated to engage in violent behavior.⁵⁰
- **Mental Health Issues:** Nearly one in five (19%) individuals had a mental health issue.⁵¹
- **Estimated Involvement with Criminal Associates:** Nearly 8% had a friend or family member who engaged in crime.⁵²
- **Substance Use Dependence:** Using the NSDUH survey for Missouri, 3% of the population used illicit drugs and 8% were dependent on alcohol or illicit drugs.⁵³
- **Poverty or Financial Difficulties:** The poverty measure from the US Census Bureau indicates that 27% of the population lives in poverty in St. Louis City.⁵⁴
- **Unemployment:** Around 8.0% of the adult population was estimated to be unemployed in St. Louis City.⁵⁵
- **Less Than High School Diploma:** Nearly 16.0% of the St. Louis City population dropped out of high school, according to the US Census Bureau.⁵⁶

IV. FINDINGS

The following details the findings from the simulation project. It allows us to assess whether or not the existing programs and services met the needs of the general population and the probation population.

49. Richard Rosenfeld, *Firearm Assault in St. Louis: Preliminary Overview 3* (2016) (unpublished manuscript prepared for the Diagnostic Center, Office of Justice Programs, U.S. Department of Justice).

50. *Id.*

51. RANDALL C. SMITH, CHRISTIE J. LUNDY, & RENEE M. ROTHERMICH, MO. DEP'T OF MENTAL HEALTH, STATUS REPORT ON MISSOURI'S SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS B-32 (2014).

52. Rosenfeld, *supra* note 49, at 5.

53. SMITH, LUNDY, & ROTHERMICH, *supra* note 51, at B-15, B-25.

54. OFFICE OF JUSTICE PROGRAMS DIAGNOSTIC CTR., U.S. DEP'T OF JUSTICE, DIAGNOSTIC ANALYSIS FOR THE CITY OF ST. LOUIS, MISSOURI: OPPORTUNITIES FOR EVIDENCE-BASED TECHNICAL ASSISTANCE 14 (2017).

55. *Id.*

56. *Id.* at 13.

A. Available Programs

Available programs in the community are as follows with the indicated target capacity for number of individuals who could participate in each type of programming. The number of programs available and the estimated population indicate key areas where there is insufficient programming.

TABLE 2: FIFTY-FIVE PROGRAMS AND CAPACITY FOR THE GENERAL POPULATION

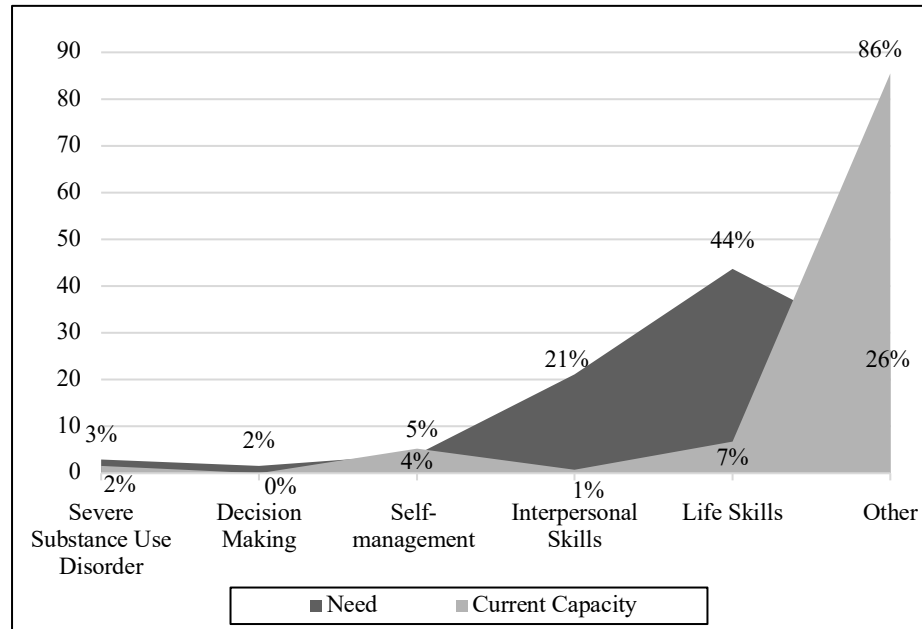
Programs	# Programs serving General Population (Non-DOC)	Estimated Annual Client Capacity
Severe Substance Use Disorders	2	3,134
Decision Making	0	0
Self-Management	16	12,243
Interpersonal Skills	9	2,006
Life Skills	17	15,813
Other (e.g., non-clinical)	11	2,957

Of the fifty-five programs that serve the general population, fourteen also serve probation/parole populations. This reflects the non-justice-involved capacity for these programs.

B. Gaps in Services

Figure 1 displays the capacity of programming in St. Louis. Overall, the general population has access to the services they need except interpersonal skills and life skills. The high unemployment rate and poverty rates show the demand for programming in these areas. Interpersonal skills are needed due to mental health issues, violence, interpersonal violence, and stress management. Essentially the area has a need for programming to address general functionality issues whereas the system is doing well to meet needs for substance use disorders. The area uses a variety of other programming that is not targeted at factors that affect violence or crime.

FIGURE 1: GENERAL ADULT POPULATION GAP ANALYSIS



C. Gaps in Quality of Programming

The online survey included items that could be used to calculate the quality of programming based on the research on effective programs.⁵⁷ The Program Tool for Adults rates programs on their adherence to evidence-based practices in the areas of risk, need, responsivity, implementation, dosage, and restrictiveness/structure.

- Risk examines to what extent programs assess for criminal justice risk and how that information is used.
- Need considers if a program specializes in different target behaviors.
- Responsivity examines if a program uses an appropriate modality (e.g., treatment method) and tailors programming to different protective or destabilizing issues.
- Implementation refers to factors that affect how well the program is administered such as the completion criteria of the program, use of a manual, how the staff is coached, technical assistance received, and other

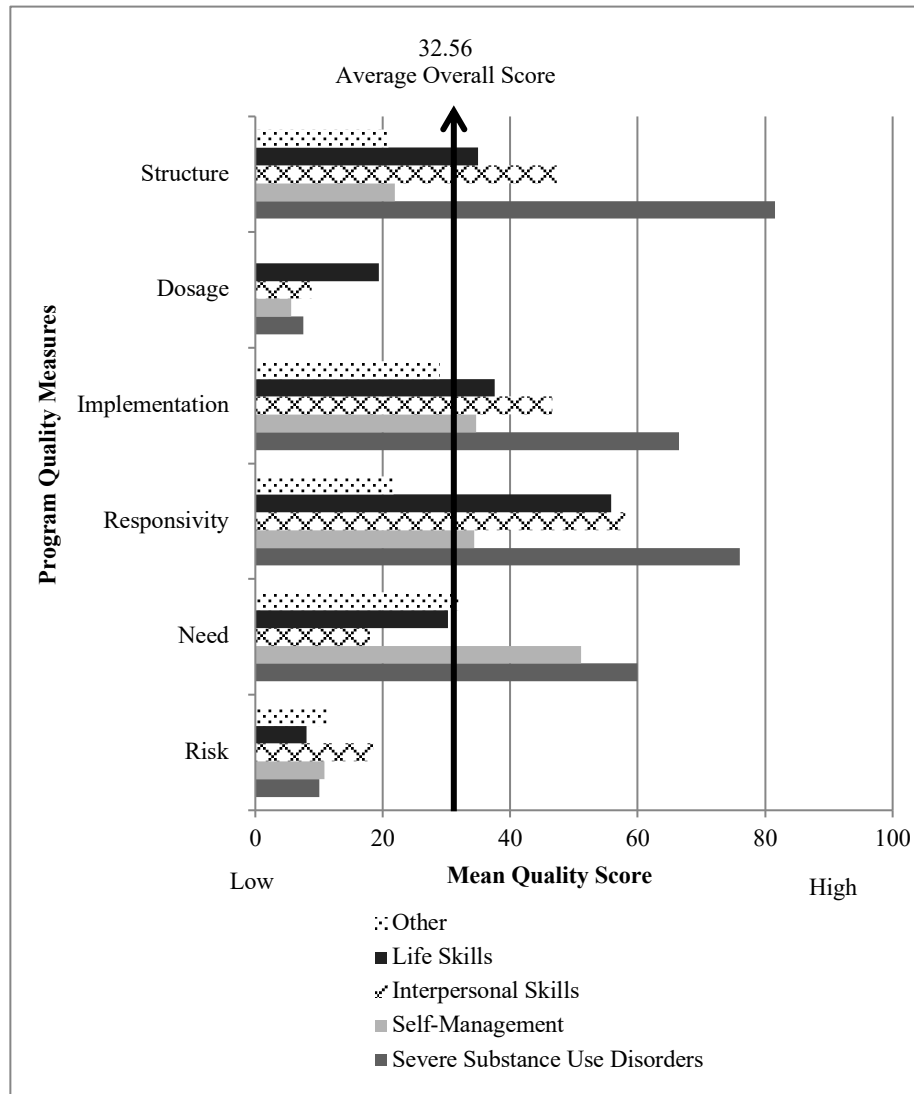
57. See *Welcome to the CJ-TRAK Knowledge Translation Tool Suite*, CTR. FOR ADVANCING CORR. EXCELLENCE, www.gmuace.org/tools [https://perma.cc/KK98-7GFN].

related factors.

- Dosage is the number of hours of the program. It includes all relevant information based on clinical hours regardless of the duration of the program, phases, aftercare, and frequency of activities.
- Structure/restrictiveness considers any structural restrictions such as drug testing, house arrest, curfews, etc. that a program may use.

Figure 2 illustrates the program scores for each domain. Overall the programs offered do not embrace the evidence based practices literature on effective programs to address crime and/or violence or to adequately address substance use needs. The average program scores 32.56 (out of 100), which indicates a low quality score. Substance use disorder programs, however, tend to be more likely to follow the evidence based practices research foundation—they tend to have higher scores (in the fifty to sixty range) except for dosage and risk assessment. The SUD programs are of insufficient length and do not offer enough clinical hours. Also, they do not screen on risk for criminal justice involvement. But their curriculum, implementation, and tailoring to needs is relatively strong compared to other programs in the system.

FIGURE 2: DOMAIN SCORES BY PROGRAM TYPE THAT SERVE GENERAL ADULT POPULATION



D. Community Supervision Population

Of those on probation or parole, more than eighty percent (82%) are men, two-thirds (66.0%) are African American, and close to thirty percent (29%) are between the ages of sixteen to twenty-seven years old.⁵⁸

58. See *infra* Table 4.

1. Demographics of Probationers/parolees

Probationers/parolees with violent offenses on community supervision are mostly forty-three years of age and older (34%), and the second-most common age category is sixteen to twenty-seven (30%). A vast majority are African American (76.0%) and male (88%).

TABLE 3: DEMOGRAPHICS OF ADULT COMMUNITY SUPERVISION POPULATION

Variables	Probation N (%)	Parole N (%)	Violent N (%)	Total N (%)
Age				
16–27	2,595 (35%)	655 (18%)	608 (30%)	3,250 (29%)
28–35	1,859 (25%)	970 (26%)	459 (22%)	2,829 (26%)
36–42	1,201 (16%)	732 (20%)	303 (15%)	1,933 (17%)
43+	1,721 (23%)	1,357 (37%)	689 (34%)	3,078 (28%)
Race				
African American	4,699 (64%)	2,635 (70%)	1,571 (76%)	7,334 (66%)
Caucasian	2,643 (36%)	1,062 (30%)	481 (24%)	3,705 (34%)
Gender				
Male	5,699 (77%)	3,336 (90%)	1,803 (88%)	9,035 (82%)
Female	1,677 (23%)	378 (10%)	256 (12%)	2,055 (19%)

As Table 4 shows, the needs of the justice-involved population overall are as follows:

- **Unemployment:** More than forty percent (41%) were unemployed.
- **Marijuana/Alcohol Use:** Over eighty percent (82%) used marijuana/alcohol in the past six months.
- **Opiate/Stimulant Use:** Around 16% used opiates/stimulants in the past six months which is significantly greater than the general population (which is less than 2%).

- **Criminal Lifestyle:** Approximately one-fourth (24.0%) were estimated to have a criminal lifestyle due to a pattern of legal issues including prior histories of arrest and convictions.
- **Mental Health Issue:** The estimate for mental health condition based on information on the risk assessment tool indicates that 38% of this population has a mental health issue.
- **Financial Difficulty:** Nearly 37% of the population did not have a job *and* had a need for social services to support them financially. The individuals were identified to have a need in the financial area.

Table 4 outlines the different dynamic need factors for the probation/parole population. This is important because it provides an overview of the degree to which the population needs specific services—other than control factors—to address their needs. In particular, individuals convicted of violent offenses have higher rates of substance abuse and various criminogenic needs which means that there is a greater need to identify appropriate services to mitigate these risk factors.

TABLE 4: ADULT COMMUNITY SUPERVISION POPULATION NEED ISSUES

Variables	Probation N (%)	Parole N (%)	Violent N (%)	Total N (%)
Marijuana/Alcohol Use	5,963 (81%)	3,122 (84%)	1,703 (83%)	9,085 (82%)
Opiate/Stimulant Use	1,096 (15%)	600 (16%)	191 (9%)	1,696 (15%)
Criminal Lifestyle	1,723 (23%)	942 (25%)	392 (19%)	2,665 (24%)
Mental Health Issue	2,969 (40%)	1,294 (35%)	806 (39%)	4,263 (38%)
Financial Difficulty	2,481 (34%)	1,477 (40%)	638 (31%)	3,958 (37%)
Unemployed	2,891 (39%)	1,699 (46%)	753 (37%)	4,590 (41%)

Table 5 illustrates the capacity of the current system to provide programming for individuals on probation or parole who have needs for specific services to be successful in avoiding crime and violence.

TABLE 5: 20 PROGRAMS AND ESTIMATED ANNUAL CAPACITY FOR PROGRAMS
SERVING COMMUNITY SUPERVISION POPULATION

Programs	Number of Programs	Est. Annual Client Capacity
Severe Substance Use Disorders	22	1,503
Decision Making	0	0
Self-Management	6	3,134
Interpersonal Skills	2	280
Life Skills	7	1,033
Other (e.g., non-clinicals)	3	233

2. Adult Community Supervision Population Gap Analysis

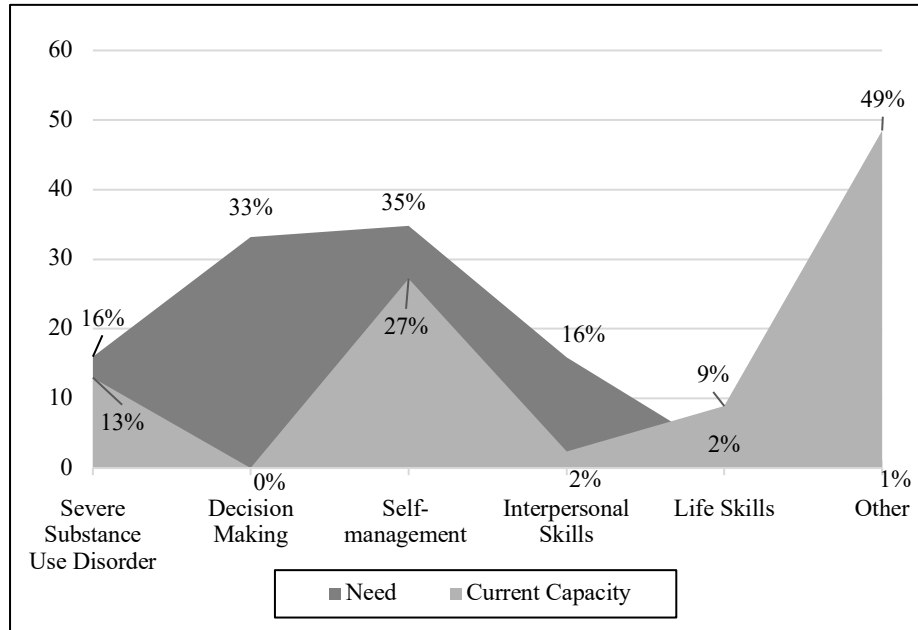
Using the RNR methodology, it is apparent that there is a pressing need for Self-Management services (35%), where programs use counseling to manage mental health issues and treat substance abuse and other risky behaviors, and Decision Making programs (33%) to achieve cognitive restructuring and change maladaptive thinking patterns supportive of criminal activity.⁵⁹ The system currently has no designated Decision-Making programs to address violence-proneness.⁶⁰

Areas where there are needs are shown in Figure 3: Severe Substance Use Disorders (16.0% of the population needs this kind of programming but the current capacity only allows for 13.0%); Self-Management (35% of the population needs this kind of programming but the current capacity only allows for 27%); and Interpersonal Skills (16% of the population needs this kind of programming but the current capacity only allows for 2%). On the other hand, the system appears to have sufficient capacity for Life Skills, where the current capacity allows for 9% of the population when they only need 2%. More of the programming and services available are not intensive programming and considered low level (as found in Group F) (e.g., restorative justice or efforts focused on repaying society), where the need is 1% and the current capacity is 49%.

59. See *infra* Figure 3.

60. See *infra* Table 6.

FIGURE 3: ADULT COMMUNITY SUPERVISION POPULATION GAP ANALYSIS



3. Sub-analysis of Special Populations

Table 6 below identifies the primary needs of various subpopulations on supervision. For violent probationers or parolees, over one-third (34%) have a primary need for Self-Management programming and another one-third (34%) need Decision Making skill-building. Women have a 19% need for Severe Substance Use Disorders, whereas men only have a 15% primary need in this area. Yet, 37% of men have a need for Decision Making programming compared to 19% of the women. Parolees have a 43% need for decision making programming, compared to 29% of the probationers. Nearly 40% of the emerging adults would benefit from programming designated to address decision making skills. As shown above, these types of programs do not exist.

TABLE 6: PRIMARY NEEDS OF ADULT COMMUNITY SUPERVISION
SUBPOPULATIONS

Programs	Total Pop-ulation	Probation-ers	Paroles	Emerging Adults	Violence	Men	Women
Severe SUD	16%	15%	16%	12%	10%	15%	19%
Decision Making	33%	29%	43%	40%	34%	37%	19%
Self-Management	30%	32%	27%	30%	34%	30%	31%
Inter-Personal Skills	17%	19%	13%	15%	19%	15%	24%
Life Skills	2%	3%	1%	2%	3%	2%	5%
Other	1%	2%	1%	1%	1%	1%	3%

E. Programming for Youth and Youth in the Juvenile Justice System

Similar analyses were conducted of youth in the community and in the justice/child welfare system. The analyses find significant gaps in services. The subpopulations were identified as delinquency, welfare, and the general youth (adjusted without delinquency or welfare). For the general population, the highest need identified was Life Skills (46% as compared to the 5% availability). Life Skills programs provide education services, employment/job training skills, and deal with financial management. This is to address the low high school graduation rate for youth overall. Interpersonal Skills was also a need for 42% of the youth (compared to the 4% availability). Interpersonal Skills programs use counseling and modeling of behavior to reduce interpersonal conflict and develop more positive social interactions. More of the programming and services available are low level (e.g., drug prevention, restorative justice or efforts focused on repaying society, Group F) where the need is 29% and current capacity is 67%.

The most common needs identified for delinquency youth were: Severe Substance Use Disorders at 31% and Interpersonal Skills at 31%. For welfare youth, there was a high need of Interpersonal Skills at 54%.

V. PROGRAMMING CRISIS: ENSURING THAT THE PROGRAMS EXIST AND ARE AVAILABLE

Programming and services are designed to assist individuals to obtain needed skills, address problem behaviors and thoughts that affect functionality in the community, prevent negative behavior that has an impact on the community, and overall improve the social capital of individuals and communities. Insufficient capacity and poorly implemented programs are a threat to the public safety and public health. And, in the areas of crime prevention and violence, poor quality means that individuals have the added negative impact of criminal justice (or juvenile justice) involvement. The stakes are high because program failures can carry grave collateral consequences such as incarceration. Furthermore, an individual's failures can contribute to negative self-perceptions, which can affect the individual's willingness, desire, or motivation to participate in programs. The potential for programming that does not serve the greater good exists, and it is the reason that there is a growing need to address quality gaps.

The findings from the above case study are not unique. Low quality programming for justice involved populations are documented in the literature.⁶¹ Deficiencies in programming are well-known, which has contributed to the rise of the use of research to define programs and services as well as identify evidence-based practices. Concerns about deficiencies have also given rise to accreditation or standards that can be used to specify how programs and services should be structured to achieve the greatest gain. An example is the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria (PPC) which provides a matrix of recommended placement based on an individual's severity of substance use disorder.⁶² ASAM started in the 1980s to guide placement into levels of care for substance use disorder treatment.⁶³ The ASAM's six dimensions are: (1) acute intoxication, (2) biomedical condition, (3) emotional and behavioral complications, (4)

61. See, e.g., Faye S. Taxman, Michael S. Caudy, & April Pattavina, *Risk-Need-Responsivity (RNR): Leading Towards Another Generation of the Model*, in SIMULATION STRATEGIES TO REDUCE RECIDIVISM: RISK NEED RESPONSIVITY (RNR) MODELING FOR THE CRIMINAL JUSTICE SYSTEM, *supra* note 17, at 285, 295–96; Nana A. Landenberger & Mark W. Lipsey, *The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated With Effective Treatment*, 1 J. EXPERIMENTAL CRIMINOLOGY 451, 463 (2005); Christopher T. Lowenkamp, Edward J. Latessa, & Paula Smith, *Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention*, 5 CRIMINOLOGY & PUB. POL'Y 575, 587 (2006).

62. About the ASAM Criteria, AM. SOC'Y ADDICTION MED. <https://www.asam.org/resources/the-asam-criteria/about> [<https://perma.cc/JJ7L-FB6B>].

63. *Id.*

readiness to change, (5) relapse or continued use, and (6) recovery environment.⁶⁴ Thirty states now require the use of ASAM in their substance abuse treatment system, and these guidelines have improved treatment outcomes.⁶⁵ Similarly, the National Association of Drug Court Professionals developed a two-part series on drug court standards which explains the ten key components and provides the research foundation for each component.⁶⁶ Both recognize that it is important to ensure that programs and services address the needs of clients to ensure positive outcomes.

An emphasis on programming should also acknowledge some of the barriers that affect program participation, including the social determinants of health, socio-economic status, and behavioral health factors. For the most part, programming does not recognize these issues, and even the curriculums tend to reflect a more Caucasian focus and do not recognize the communities or lives that the actual clients confront. This results in alienation from the program due to the presentation of the “ideal self” or “reformed citizen” as being from another racial or economic status. That is, given the over-representation of individuals of lower economic needs in the justice system, the social determinants of health have an impact on the behavior of individuals and communities. More emphasis needs to be placed on coping, survival, and stress management instead of the traditional RNR framework’s emphasis on criminogenic needs or the drivers of human behavior. The issues that affect human frailty (i.e., food deprivation, housing instability, economic pressures, etc.) influence how culpable a person is in the decisions that are made, behaviors engaged in for survival purposes, or problems with participation in programming. Given the prevalence of the conditions of human frailty, these conditions are important to consider in determining which programs and

64. *Id.*

65. *Id.*; Estee Sharon, Chris Krebs, Winston Turner, Nitigna Desai, Gregory Binus, Walter Penk, & David R. Gastfriend, *Predictive Validity of the ASAM Patient Placement Criteria for Hospital Utilization*, in ADDICTION TREATMENT MATCHING: RESEARCH FOUNDATIONS OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA 79, 80 (David R. Gastfriend ed., 2003); Stephen Magura, Graham Staines, Nicole Kosanke, Andrew Rosenblum, Jeffrey Foote, Alexander DeLuca, & Priti Bali, *Predictive Validity of the ASAM Patient Placement Criteria for Naturalistically Matched vs. Mismatched Alcoholism Patients*, 12 AM. J. ON ADDICTIONS 386, 396 (2003).

66. 1 NAT’L ASS’N OF DRUG COURT PROF’LS, ADULT DRUG COURT BEST PRACTICE STANDARDS 5, 11, 20, 26, 38 (2018), <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf> [https://perma.cc/HNN2-P9Q6]; 2 NAT’L ASS’N OF DRUG COURT PROF’LS, ADULT DRUG COURT BEST PRACTICE STANDARDS 5, 26, 38, 51, 59 (2018), <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf> [https://perma.cc/NS8R-5PTE].

services to offer to different individuals based on their configuration of individual risks, needs, and stability (or destability) factors. This means that programming content needs to address the real work situations of individuals.

The rationale for including human frailty is based on recent evidence about how much housing, social support, food security, and mental health individually play a role in recidivism. While earlier research focused on single traits of individuals, the studies did not fully investigate complex needs or traits.⁶⁷ Bruce Western followed nearly 100 individuals after their release from prison for one year and found that poverty, homelessness, lack of employment, inadequate social connections, and being preyed upon led to poorer outcomes—effective programs should attend to these issues if they desire to have an impact on client outcomes.⁶⁸ In Massachusetts, it is reported that nearly 10% of reentering prisoners do not have a place to live, and those with mental illness have a greater risk of having housing stability problems.⁶⁹ Housing instability is common, and it is exacerbated by different types of criminal justice controls.⁷⁰ The Housing First experiments found that providing transitional housing to those with drinking disorders, instead of requiring sobriety before providing housing, led to reduced consequences from drinking including jail days, emergency room visits, and less drinking to intoxication.⁷¹ Wang, Zhu, Evans, Carroll-Scott, Desai, and Fiellin found that 91% of the individuals in the study were food insecure, and 37% reported that they did not eat for an entire day in the past month. Those that did not eat for an entire day were more likely to engage in risky behaviors such as having unprotected sex after substance use. The increase in risk behaviors is notable and illustrates the relationship between food insecurity and HIV risk behaviors.⁷² Social supports continue to be noted as important, including the value of having visitors during periods of incarceration and having supports in the community to assist with normal, daily

67. Note, this is a brief overview of the issues given the extensive literature.

68. BRUCE WESTERN, *HOMEWARD: LIFE IN THE YEAR AFTER PRISON* 5–7 (2018).

69. *Id.* at 38.

70. Claire W. Herbert, Jeffrey D. Morenoff, & David J. Harding, *Homelessness and Housing Insecurity Among Former Prisoners*, RUSSELL SAGE FOUND. J. SOC. SCI., Nov. 2015, at 44, 45.

71. Susan E. Collins, Daniel K. Malone, & Seema L. Clifasefi, *Housing Retention in Single-Site Housing First for Chronically Homeless Individuals with Severe Alcohol Problems*, 103 AM. J. PUB. HEALTH S269, S271–72 (2013).

72. Emily A. Wang, Gefei A. Zhu, Linda Evans, Amy Carroll-Scott, Rani Desai, & Lynn E. Fiellin, *A Pilot Study Examining Food Insecurity and HIV Risk Behaviors Among Individuals Recently Released from Prison*, 25 AIDS EDUC. & PREVENTION 112, 118 (2013).

stressors as protectors against recidivism.⁷³ These factors need to be integrated into the programming as prevention and intervention efforts for long-term success of individuals.

Finally, a dearth of programming means that programs cannot be a protective factor in a community. Examining the number of programs and the capacity of the programming illustrates that if an individual has a need for a program, it is unlikely that the service will be available—and it is even more unlikely that an appropriate service will be available. Taxman, Pattavina, and Perdoni documented the gaps in service for substance abuse treatment and found that when services were available, they were typically of the lowest dosage and level of care.⁷⁴ Few services exist that are intensive or of the high level of care. Moreover, the programs many not be in the communities that are accessible to individuals who need the programs. Distance to program has been found to be important for positive outcomes.⁷⁵

VI. POLICY RECOMMENDATIONS TO IMPROVE PROGRAMMING

The crisis in programming translates into an urgent need to ensure that the programs are available and of sufficient quality to achieve desired outcomes. An important component is to have culturally sensitive programs that address cognitive and decision making skills to manage risky situations and people, and address violence. The lack of effective programs and services, coupled with the failure to embrace the evidence-informed treatment approaches, means that the current array of services is not better serving the efforts to reduce violence and address the problems that affect violent behaviors.

Essentially, the recommendations are to build a resilient service delivery system that can be useful to reduce the high rates of violence and to prevent crime. That is, to build a service delivery system that has a clear mission that includes addressing the social determinants that affect the health and well-being of citizens and improves the quality of life in higher risk communities. It is beyond the scope of this Article to address some of the institutionalized social justice issues (e.g., racism, trauma, gender disparities). In an effort to expand the efforts to develop and implement a health and well-being initiative, it is imperative to examine these issues as part of a long-term strategy to reduce the demand on using the justice system for community related problems. It is also

73. See Faye S. Taxman, *Are You Asking Me to Change My Friends?*, 16 CRIMINOLOGY & PUB. POL'Y 773, 776 (2017).

74. Faye S. Taxman, Matthew L. Perdoni, & Michael Caudy, *The Plight of Providing Appropriate Substance Abuse Treatment Services to Offenders: Modeling the Gaps in Service Delivery*, 8 VICTIMS & OFFENDERS 70, 82 (2013).

75. Hipp, Petersilia, & Turner, *supra* note 32, at 966.

important to consider how trauma-informed care can be systematically integrated into services to address institutional social justice issues that have emerged from the era of mass incarceration.

A. Social Determinants RNR Framework

The RNR-Revised framework should be modified to adjust the two levels of primary needs (focused on criminogenic traits) and secondary needs (focused on substance abuse, employment, education, and leisure) since needs are not really single domains neatly organized into categories. In addition, these domains do not represent the role that race and socioeconomic status play in criminal conduct or justice involvement, the overrepresentation of substance abusers and mental illness among the justice population, or the problems associated with poverty such as housing or food stability. There is also a need to address the institutional social justice issues that affect individuals that have had prior experience with the justice system. Individuals exposed to continuous violence suffer from PTSD, and the community suffers because of the violence. Strategies to target these specific needs of the community and individual will help them learn to manage their traumatic events as part of an effort to improve outcomes. The original Andrews-Bonta RNR framework is based on the individual level traits, but these traits cannot be disentangled from social structural factors that affect individuals, including why individuals make the decisions that they do. A revised RNR framework needs to integrate human condition besides merely “criminogenic needs.” The framework needs to ensure that the social determinants of health and racial-justice issues are part of the curriculum or intervention, instead of being a sideline issue.

B. Expand Targeted Programming and Services that Can Address Violence and Crime Factors

The research literature supports the need for specific programming to improve outcomes—cognitive and cognitive processing combined with life skills. The RNR Simulation methodology examined the first priority programming to address crime and violence, but there is a recognition that many individuals need programs that sequence—an individual can begin in one service/program and transition to another as positive outcomes occur. This will facilitate the individual’s development of more skills, and the later programming can be used to reinforce the skills acquired during the primary programming. Few systems have sufficient programming, and even fewer offer sequencing programming or additional phases that can be used to reinforce skills acquired earlier.

In our case study, we found that nearly 44% of the population needs Life Skills programming but only seventeen Life Skills programs are funded and

they can treat only 7% of the population, as shown in Table 2.⁷⁶ Decision making skills are needed by 33% of the probation/parole population but there are no specific programs to work on cognition and/or managing risky situations when making decisions.⁷⁷ As discussed above, for juvenile justice/child welfare youth, 42% would benefit from Interpersonal Skills programming, but there is only one program to treat 4% of the population.⁷⁸ Programming cannot address the issues of the population and/or community if getting into a program is like finding a needle in a haystack.

C. Focus on Violent Offenders or Those Who Are Involved with Probation, Parole, or Other Concentrated Populations

It is important to target known violent offenders, their families and social network systems, and formerly involved justice-involved individuals who were violent offenders. One of the key themes in effective programming (and policy) is to identify populations or needs that have high concentration within select populations. Focusing on target populations with sufficient numbers can build the efficacy of the interventions by providing resources to address the problem. Using peer navigators and violence interrupters in high violence communities to augment individual level services will allow for greater attention to the issues. It ensures that the programming or services are geared to common issues, therefore penetrating more into the norms and values of a community.

D. Improving Quality of the Existing Programs and Services

While cognitive behavioral programming (CBT) is acknowledged, it is not well-practiced. More attention needs to be given to the skills of those who are responsible for delivering the services. In our case study, the total scores for programs and services were relatively low, which indicated a need for more attention to content and implementation. Studies have found that programs overall encounter implementation issues, including failure to follow program protocols and use clinical skills.⁷⁹ There is a need for systematic assistance. It would behoove a foundation or government agency to develop and implement an academy to assist providers to improve the quality of their services and to advance treatment outcomes. The curriculum should include how best to do evidence-based programming, training staff, and tailoring services to the unique needs of clients.

76. See *supra* Figure 1 and Table 2.

77. See *supra* Table 5.

78. See *supra* Section IV.E.

79. Cullen, Jonson, & Mears, *supra* note 8, at 66.

A common issue is the low dosage of programs. That is, the programs tend to be short (under ninety days) involving a few program hours (less than 100 hours). Dosage refers to how many weeks clients attend programming, how many hours per week clients are expected to attend the program, if the program has phases, and if aftercare is provided. It is important for programs to offer enough treatment hours to make an impact on clients. Individuals with more serious disorders need more intensive programming and services—preferably over a longer period of time. Programs overall scored low in the area of dosage.

E. Need for Better Data Measures and Data Quality Practices

To better understand the capacity of systems and the quality of programming, there is a need for good epidemiological data. This was challenging in our case study, but the situation was not unlike that in other communities where data is commonly not available. Typically, there is a need for individual level data regarding involvement in the justice system including prior periods of incarceration, protective factors, mental health functionality, intergenerational justice and drug use issues, housing stability, or financial needs. Also, the instruments and data by the specific justice agencies—juvenile or adult—need to be reviewed regarding the validity of the scales used to identify individual level needs. The tools may be good at predicting static risk, but the definition and measurement of the need levels should be reviewed in terms of the ability to target specific needs that will prevent violence and crime behavior.

F. Create a Mission for a Collaboration Organization to Oversee and Empower Violence Reduction Efforts

Good policy needs organizations and communities committed to the common mission of reducing crime and violence. This will facilitate the collaboration of the community, service providers, government agencies, and others. This can be best accomplished through addressing social justice and institutionalized bias issues. Other efforts can include:

- Keeping a database of service providers in different areas and covering different content areas.
- Trying to engage the non-responding programs in the Program Tool to be included in the process of using services to prevent and respond to violence-producing environmental and individual factors.
- Fostering interagency collaboration and coordination to create a service network. This includes inviting programs and services to work together to develop strategies to improve outcomes and better serve the

population. For example, a program may have clients who have severe substance use disorders, but lack the staff to target this behavior. Such a program should be made aware of other programs that are better able to treat severe substance use disorders, so they will be able to refer their clients to the appropriate treatment.

- Working to obtain resources for service providers to expand programming in the areas of Decision Making, Life Skills, and Self-Management.
- Expanding family services to address individuals and their children/support systems.

Reducing violence and preventing crime requires directed actions including appropriate programs and services to meet the needs of the general and justice-involved population. Both prevention and treatment efforts are needed, both for the general population and the justice population. Expanding the service network in a community will reduce the demand on the justice system to address issues of social disorder. Most of these services and programs should incorporate trauma-informed care to better meet the needs of the individuals being served.