



The RNR Simulation Tool: Knowledge Translation for Health Services Criminology

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The Risk Need Responsivity (RNR) Model

The Risk-Need-Responsivity framework suggests that improved offender outcomes will result when justice-involved individuals are linked to programming based on their static criminal justice risk and dynamic treatment needs (e.g. substance use disorders, antisocial cognitions, mental health disorders).

• Three core RNR principles:

- **Risk** – match level of service to offender’s risk to reoffend
- **Need** – target key behaviors we know will have an impact via specific responses (evidence-based practices)
- **Responsivity** – treatment effects are maximized when interventions are cognitive-based and tailored to offender’s risk, needs, & strengths

The Goal of the RNR Simulation Tool

The goal of the RNR Simulation Tool is to assist justice agencies in determining what forms of programming will be most effective in reducing recidivism and improving offender outcomes within their population. The tool is also designed to guide resource allocation and help criminal justice agencies identify service provision gaps. The proper utilization of these knowledge translation tools can have a significant impact on recidivism at a system level.



The RNR Simulation Tool

- Three web-based portals housed on the CJ-TRAK website:
 - **Assess an Individual** – makes programming recommendations for individual offenders based on inputted information about their risk, criminogenic needs, and other clinically relevant factors; estimates a percent reduction in recidivism that may be expected if the offender is matched to the level of programming that is consistent with their needs.
 - **The RNR Program Tool** – classifies programs into one of six categories based on treatments offered, program content, quality, dosage, and other factors; provides recommendations for how the program can be refined to better achieve responsivity.
 - **Assess Jurisdiction's Capacity** – uses population-level data to assess a jurisdiction's capacity to provide responsivity; based on inputted data about the prevalence of risk and needs and the programming that is available within each jurisdiction, this portal identifies system-level service provision gaps.

Validation Findings

- The RNR Simulation Tool relies on a nationally representative synthetic database which was created using parameters from three Bureau of Justice Statistics datasets.
- The synthetic database can be reweighted to match the distribution of key profile elements within a specific jurisdiction.
- The reweighting process and key model assumptions were validated using empirical data from four criminal justice agencies and two substance abuse treatment referral agencies.
- **Validation Highlights:**
 - Treatment matching/responsivity strategies rare in CJ settings; one size fits all approach; surpluses and gaps in programming capacity.
 - Static criminal history risk consistently strongest predictor of recidivism; severity of SUDs predicted treatment completion in substance abuse treatment sites.
 - Weak associations between most dynamic needs and recidivism.
 - Insufficient measurement of substance use and mental health disorders.
 - Third generation risk assessment instruments predict recidivism but have limited utility for guiding responsivity/treatment matching strategies
 - Behavioral health disorders poorly operationalized.
 - Treatment matching based on risk and needs shows promise for improving offender outcomes.

Knowledge translation is a term increasingly used in health-care fields to represent the process of moving what we have learned through research into practice.

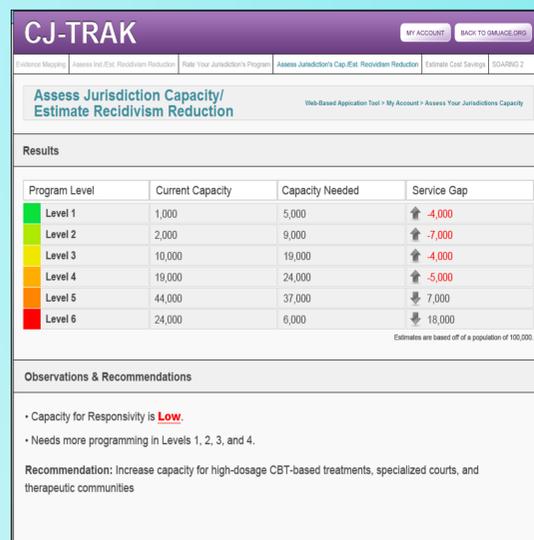
Need for Knowledge Translation

• **The Issues:**

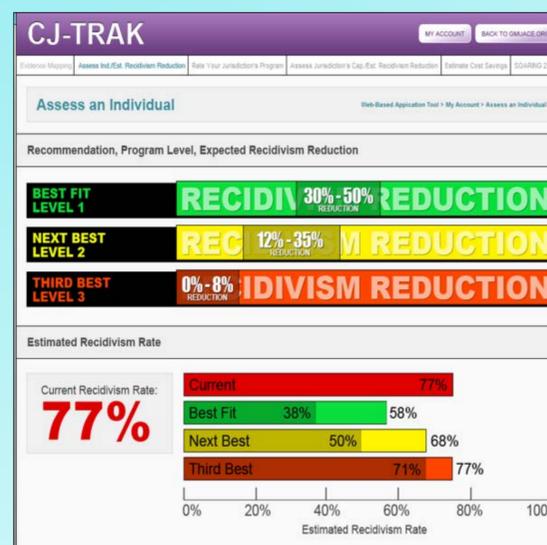
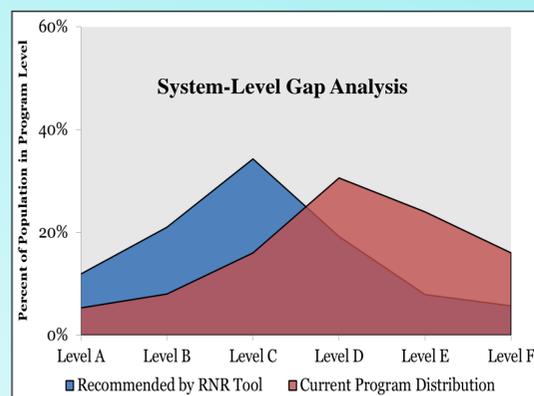
- Despite the high prevalence of substance use, mental health, and co-occurring disorders in the justice system, few justice-involved individual's are exposed to evidence-based programs or services. When they do have access to programs, these programs are not well matched to their individual treatment needs.
- Correctional practices do not reflect the existing evidence base.
- Insufficient planning tools to determine what type of programs and services are needed at a system level.
- Criminal justice culture is not supportive of treatment.

• **Purpose:**

- Provide knowledge translation tools for the field at the individual, program, and system level.
- Improve justice system capacity to identify and provide programming that will address the health needs of the offender population.
- Reduce recidivism, improve cost-effectiveness, and increase public health impact.

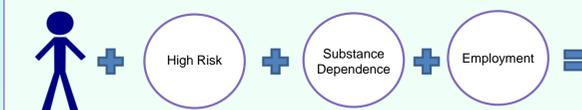


Essential Feature	Points Possible	Points Earned
Risk Principle	15	15
Needs Principle	15	15
Responsivity Principle	15	13
Program Implementation	25	21
Dosage	20	18
Additional Features	10	5
Total Score	100	87



Guiding Responsivity

- **Individual client profiles**
 - Recommendation based on risk level, primary need(s), and stabilizers/destabilizers
 - Problem severity considered for SUDs
- **Program profiles**
 - Appropriateness, content, dosage, implementation fidelity



RNR Program Level A:
 Treatment focuses on cognitive restructuring techniques; Interventions may include residential drug treatment, therapeutic communities, specialty courts, or intensive outpatient treatment; dosage of approximately 300 clinical hours is recommended for this program level.



For More Information:

Contact mcaudy@gmu.edu or visit www.gmuace.org.