JSTEPS:
Advancing Offender Outcomes
Acknowledgements

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Project Team

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The evidence in favor of rehabilitation estimate that the provision of treatment (in sufficient dosages and duration) is cost-effective and results in modest offender change (10% reduction).

The evidence opposed to rehabilitation is found in these same reviews, which found the vast majority of individual research studies do not find statistically significant differences between experimental and control groups in recidivism.
Not a single reviewer of studies of the effects of official punishment (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced recidivism.

At least 40% and up to 60% of the studies of correctional treatment services reported reduced recidivism rates relative to various comparison conditions, in every published review.
Effective Practices

- NIDA 13 Principles of Effective Interventions for CJ Offenders: Contingency Management
- Drug Treatment Courts
- Evidence-based Supervision
- Since 1990’s graduated responses have been recommended, but seldom implemented

The challenge is Implementation
Problems in definition and in administer them
Swiftly with Certainty
Drug courts are about partnerships—sustained criminal justice reform

Pioneer unified message

Few drug courts live up to the expectations

Less involvement in “showing up” or compliance issues

Bottom line is performance

**Results from National Survey on Drug Courts**

<table>
<thead>
<tr>
<th>Drug Court Processes</th>
<th>% Team Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to Drug Courts</td>
<td>59%</td>
</tr>
<tr>
<td>Treatment Related Decisions/Processes</td>
<td>39%</td>
</tr>
<tr>
<td>Supervision Compliance</td>
<td>44%</td>
</tr>
<tr>
<td>Status Hearings</td>
<td>47%</td>
</tr>
</tbody>
</table>
## Practices for Handling Compliance after Initial Entrance into Drug Court

<table>
<thead>
<tr>
<th>Description</th>
<th>% Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>No set policy: Based on performance of client (Event Related such behavior of offender)</td>
<td>77</td>
</tr>
<tr>
<td>Set Policy or Schedule to Reassess</td>
<td>4</td>
</tr>
<tr>
<td>Both Event and Policy Related</td>
<td>18</td>
</tr>
</tbody>
</table>

*1.4% report conducting no reassessments*

- **Most Frequent Monitoring Techniques of Drug Use**
  - Urine Screens: 100%
  - Monitor Treatment Participation: 97%
  - Home Visits: 76%
Contingency Management

- Evidence based treatment
- Shape behaviors through rewards
- Focus on a social contract for behavior
- Technique to replace immediate “drug using” rewards with structured

Adaptation

- Fit to Environment
- Include Sanctions
What works better?

Hammer

Honey

Blending: Behavioral Management Strategies of Accountability + Cognitive & Skills Development
Study Design

- **Learning Sessions**
  - Develop CM model for your jurisdiction
  - Provide feedback on the implementation for refinement

- **Clinical Guidance**

- **Interviews (qualitative) to learn about systems**
  - Pre & Post Interviews
  - Regular updates from each site

- **Surveys (attitude measures) to understand different system actor perspectives**
  - Pre & Post on key outcomes
  - Themes of acceptability, fit, and agreement

- **Offender Outcomes to learn about impact on outcomes**
  - PACT data
  - Adherence to JSTEPS process for each site
  - System Outcomes
Research Based Cooperative Team

- Define core concepts of the evidence-base practice: Contingency Management
- Explore how CM can be implemented by:
  - In the real world
  - Examining system processes and areas of “fit”
  - Altering current practices
  - Developing supporting policies and procedures
- Learn together over 18 months
  - Webinar Sessions
  - Expand agency knowledge of EBPs
  - Develop tools for others
  - Work on transforming systems and processes
  - Work on building support (acceptability) for CM
Quality Improvement Process

- Initiatives that focus on teams, business process, and practices
- Build the individual
- Build the team
- Build the criminal justice policies
- Focus on discrete processes to make long term change; use a test-try-redesign-try formula
- Adapt core concepts to own local scenario
- Recognize that the issue is the process & alignment
System-level improvement requires vision to establish aims, clarity of purpose to prioritize the work, and exceptional execution to make it happen at the front line. And now more than ever, effective leadership requires collaboration. It requires a Community.

http://www.ihi.org/IHI/Programs/IMPACTLeadership/
Who has the greatest influence on the offender?
On changing?
On showing up?
The Challenge

Getting Started

Keeping Going

Keep the momentum

Getting Started
Key Questions

- Does Contingency Management fit within the criminal justice, court, probation process?
- Do criminal justice actors view CM as an appropriate tool?
- How is CM used?
- What are the impacts?
Implementation Concepts

Sustain
Penetrate
Feasible
Acceptance
Appropriate -ness

Uptake
# Working Definitions of Implementation Outcomes

<table>
<thead>
<tr>
<th><strong>ACCEPTABILITY</strong></th>
<th>Perception of the practice as acceptable based on experience with various dimensions of the practices, such as its content, complexity, comfort, comprehension, credibility, and/or delivery of the innovation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPROPRIATENESS</strong></td>
<td>Perceived fit</td>
</tr>
<tr>
<td><strong>FEASIBILITY</strong></td>
<td>The extent to which an innovation can be successfully carried out or is suitable for a given agency or setting</td>
</tr>
<tr>
<td><strong>ADOPTION/UPTAKE</strong></td>
<td>The intention or initial decision of an organization to try an innovation or evidence-based practice.</td>
</tr>
<tr>
<td><strong>PENETRATION</strong></td>
<td>The proportion of users</td>
</tr>
<tr>
<td><strong>SUSTAINABILITY</strong></td>
<td>The extent to which an evidence-based intervention can deliver its intended benefits over an extended period of time after external support ceases</td>
</tr>
<tr>
<td><strong>FIDELITY</strong></td>
<td>The degree to which an intervention was implemented as it was prescribed in the original protocol: (1) adherence to the program protocol, (2) dose or amount of program delivered, (3) quality of program delivery, and (4) participant reaction and acceptance.</td>
</tr>
</tbody>
</table>
Implementation Model of Outcomes

Offender
- Risk
- Criminogenic Needs

CM
- Feasibility
- Fidelity
- Penetration
- Adherence
- Uptake

Proximal Outcomes
- Individual
  - Drug Use
  - Access
- System
  - Utilization
  - Organizational Efficiency
  - Organizational Culture

Distal Outcomes
- Recidivism
- Technical Violations
- Long-Term Abstinence
Study Design

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Hypotheses

- The involvement of interagency team in the design of the CM policies for your agencies, the greater the acceptability and fit

- The involvement of the District Team in the JSTEPS learning teams the greater the adherence to CM site-specific design

- The acceptance by the Probation staff of the behavioral contracts and rewards, the more adherence to the protocol and the better the offender outcomes
Attitudes

• Collaboration on key goals
• Attitude toward CM compliance
• Attitude toward punishment
• Goals of the system (clarity)
### Attitudes

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#### Participation in J-Steps leads to change in attitudes

Some team members’ attitudes will change more than others.

Systemic change is harder to achieve.

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**Attitudes**

- Positive
- Neutral
- Negative

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**Graph**

- Pre J-Steps vs. Post J-Steps
- Positive, Neutral, Negative scales
- Individual, Team, Jurisdiction lines
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Attitudes

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<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre J-Steps</td>
<td>Team</td>
<td>Jurisdiction</td>
</tr>
<tr>
<td>Post J-Steps</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Individual
- Team
- Jurisdiction
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**Individual**

**Team**

**Jurisdiction**
Client Outcomes

Outcomes
- Drug Test Results
- Treatment Participation
- Number of Visits
- Request for Warrant
- Rearrest
<table>
<thead>
<tr>
<th>Tasks</th>
<th>Who?</th>
<th>Timeframe</th>
<th>Products</th>
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</thead>
<tbody>
<tr>
<td>Surveys</td>
<td>All Sites</td>
<td>December-Feb</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
<td>Fall 2009 Summer 2010</td>
<td>Reviews of Sites</td>
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<tr>
<td>Learning Session 1</td>
<td>All Sites</td>
<td>January 2010</td>
<td>Behavioral Contract Process Rewards &amp; Sanction Procedure for each Site</td>
</tr>
<tr>
<td></td>
<td>GMU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin Pilot</td>
<td>All Sites</td>
<td>February-?</td>
<td>Feedback to GMU</td>
</tr>
<tr>
<td>Assess Process</td>
<td>All Sites</td>
<td>April-June 2010</td>
<td>Refine Policies &amp; Procedures</td>
</tr>
<tr>
<td>Implementation Process</td>
<td>GMU</td>
<td>August-Nov 2010</td>
<td>Feedback Charts</td>
</tr>
<tr>
<td>Learning Session 2</td>
<td>All Sites</td>
<td>January 2011</td>
<td>Adherence Reports Revised Behavioral Contracts Rewards &amp; Sanction Protocols</td>
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<tr>
<td></td>
<td>GMU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Webinars</td>
<td>All Sites</td>
<td></td>
<td>List of Frequently Asked Questions</td>
</tr>
<tr>
<td>Clinical Conferencing</td>
<td>All Sites</td>
<td>Feb 2010-May</td>
<td></td>
</tr>
</tbody>
</table>
Key Points to this Study

- **Implementation**
  - Design your own rewards & sanctions
  - Give feedback on behavioral contract ideas
  - Test out the rewards, refine based on test
  - Get reports on adherence to the model
  - Second learning session (next year) to examine acceptability and feasibility

- **Focus on drug-involved offenders**
  - Largest category of offenders (low hanging fruit)
  - Address this population first, and then move on to other categories of offenders