



SUPERVISION



VIVITROL® (naltrexone for extended-release injectable suspension) is a non-narcotic, non-addictive, once-monthly medication indicated for¹:

- Prevention of relapse to opioid dependence, following opioid detoxification.
- Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to the initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration.
- VIVITROL should be part of a comprehensive management program that includes psychosocial support.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent pages.



# Important Safety Information Contraindications

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence
- In acute opioid withdrawal
- Who have failed the naloxone challenge test or have a positive urine screen for opioids
- Who have exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

Prior to the initiation of VIVITROL, patients should be opioid-free for a minimum of 7-10 days to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.



(naltrexone for extended-release injectable suspension)

VIVITROL® (naltrexone for extended-release injectable suspension) Intramuscular

BRIEF SUMMARY See package insert for full prescribing information (rev. Dec. 2015).

**INDICATIONS AND USAGE:** VIVITROL is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration. In addition, VIVITROL is indicated for the prevention of relapse to opioid dependence, following opioid detoxification. VIVITROL should be part of a comprehensive management program that includes psychosocial support.

CONTRAINDICATIONS: VIVITROL is contraindicated in: patients receiving opioid analgesics, patients with current physiologic opioid dependence, patients in acute opioid withdrawal, any individual who has failed the naloxone challenge test or has a positive urine screen for opioids, and patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent.

WARNINGS AND PRECAUTIONS: Vulnerability to Opioid Overdose: After opioid detoxification, patients are likely to have reduced tolerance to opioids. VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration. However, as the blockade wanes and eventually dissipates completely, patients who have been treated with VIVITROL may respond to lower doses of opioids than previously used, just as they would have shortly after completing detoxification. This could result in potentially life threatening opioid intoxication (respiratory compromise or arrest, circulatory collapse, etc.) if the patient uses previously tolerated doses of opioids. Cases of opioid overdose with fatal outcomes have been reported in patients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment. Patients should be alerted that they may be more sensitive to opioids, even at lower doses, after VIVITROL treatment is discontinued, especially at the end of a dosing interval (i.e., near the end of the month that VIVITROL was administered), or after a dose of VIVITROL is missed. It is important that patients inform family members and the people closest to the patient of this increased sensitivity to opioids and the risk of overdose. There is also the possibility that a patient who is treated with VIVITROL could overcome the opioid blockade effect of VIVITROL. Although VIVITROL is a potent antagonist with a prolonged pharmacological effect, the blockade produced by VIVITROL is surmountable. The plasma concentration of exogenous opioids attained immediately following their acute administration may be sufficient to overcome the competitive receptor blockade. This poses a potential risk to individuals who attempt, on their own, to overcome the blockade by administering large amounts of exogenous opioids. Any attempt by a patient to overcome the antagonism by taking opioids is especially dangerous and may lead to life-threatening opioid intoxication or fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade. Injection Site Reactions: VIVITROL injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus; however, in some cases injection site reactions may be very severe. In the clinical trials, one patient developed an area of induration that continued to enlarge after 4 weeks, with subsequent development of necrotic tissue that required surgical excision. In the post marketing period, additional cases of injection site reaction with features including induration, cellulitis, hematoma, abscess, sterile abscess, and necrosis, have been reported. Some cases required surgical intervention, including debridement of necrotic tissue. Some cases resulted in significant scarring. The reported cases occurred primarily in female patients. VIVITROL is administered as an intramuscular gluteal injection, and inadvertent subcutaneous injection of VIVITROL may increase the likelihood of severe injection site reactions. The needles provided in the carton are customized needles. VIVITROL must not be injected using any other needle. The needle lengths (either 1 1/2 inches or 2 inches) may not be adequate in every patient because of body habitus. Body habitus should be assessed prior to each injection for each patient to assure that the proper needle is selected and that the needle length is adequate for intramuscular administration. Healthcare professionals should ensure that the VIVITROL injection is given correctly, and should consider alternate treatment for those patients whose body habitus precludes an intramuscular gluteal injection with one of the provided needles. Patients should be informed that any concerning injection site reactions should be brought to the attention of the healthcare professional. Patients exhibiting signs of abscess, cellulitis, necrosis, or extensive swelling should be evaluated by a physician to determine if referral to a surgeon is warranted.

Precipitation of Opioid Withdrawal: The symptoms of spontaneous opioid withdrawal (which are associated with the discontinuation of opioid in a dependent individual) are uncomfortable, but they are not generally believed to be severe or necessitate hospitalization. However, when withdrawal is precipitated abruptly by the administration of an opioid antagonist to an opioid-dependent patient, the resulting withdrawal syndrome can be severe enough to require hospitalization. Review of postmarketing cases of precipitated opioid withdrawal in association with naltrexone treatment has identified cases with symptoms of withdrawal severe enough to require hospital admission, and in some cases, management in the intensive care unit. To prevent occurrence of precipitated withdrawal in patients dependent on opioids, or exacerbation of a pre-existing subclinical withdrawal syndrome, opioiddependent patients, including those being treated for alcohol dependence, should be opioid-free (including tramadol) before starting VIVITROL treatment. An opioidfree interval of a minimum of 7-10 days is recommended for patients previously dependent on short-acting opioids. Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as two weeks. If a more rapid transition from agonist to antagonist therapy is deemed necessary and appropriate by the healthcare provider, monitor the patient closely in an appropriate medical setting where precipitated withdrawal can be managed. In every case, healthcare providers should always be prepared to manage withdrawal symptomatically with non-opioid medications because there is no completely reliable method for determining whether a patient has had an adequate opioid-free period. A naloxone challenge test may be helpful; however, a few case reports have indicated that patients may experience precipitated withdrawal despite having a negative urine toxicology screen or tolerating a naloxone challenge test (usually in the setting of transitioning from buprenorphine treatment). Patients should be made aware of the risks associated with precipitated withdrawal and encouraged to give an accurate account of last opioid use. Patients treated for alcohol dependence with VIVITROL should also be assessed for underlying opioid dependence and for any recent use of opioids prior to initiation of treatment with VIVITROL. Precipitated opioid withdrawal has been observed in alcohol-dependent patients in circumstances where the prescriber had been unaware of the additional use of opioids or co-dependence on opioids. Hepatotoxicity: Cases of hepatitis and clinically significant liver dysfunction were observed in association with VIVITROL exposure during the clinical development program and in the postmarketing period. Transient, asymptomatic hepatic transaminase elevations were also observed in the clinical trials and postmarketing period. Although patients with clinically significant liver disease were not systematically studied, clinical trials did include patients with asymptomatic viral hepatitis infections. When patients presented with elevated transaminases, there were often other potential causative or contributory etiologies identified, including pre-existing alcoholic liver disease, hepatitis B and/or C infection, and concomitant usage of other potentially hepatotoxic drugs. Although clinically significant liver dysfunction is not typically recognized as a manifestation of opioid withdrawal, opioid withdrawal that is precipitated abruptly may lead to systemic sequelae including acute liver injury. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL should be discontinued in the event of symptoms and/or signs of acute hepatitis. Depression and Suicidality: Alcohol- and opioiddependent patients, including those taking VIVITROL, should be monitored for the development of depression or suicidal thinking. Families and caregivers of patients being treated with VIVITROL should be alerted to the need to monitor patients for the emergence of symptoms of depression or suicidality, and to report such symptoms to the patient's healthcare provider. Alcohol Dependence: In controlled clinical trials of VIVITROL administered to adults with alcohol dependence, adverse events of suicidal nature (suicidal ideation, suicide attempts, completed suicides) were infrequent overall, but were more common in patients treated with VIVITROL than in patients treated with placebo (1% vs 0). In some cases, the suicidal thoughts or behavior occurred after study discontinuation, but were in the context of an episode of depression that began while the patient was on study drug. Two completed suicides occurred, both involving patients treated with VIVITROL. Depression-related events associated with premature discontinuation of study drug were also more common in patients treated with VIVITROL (~1%) than in placebo-treated patients (0). In the 24-week, placebo-controlled pivotal trial in 624 alcohol-dependent patients, adverse events involving depressed mood were reported by 10% of patients treated with VIVITROL 380 mg, as compared to 5% of patients treated with placebo injections. Opioid Dependence: In an open-label, long-term safety study conducted in the US, adverse events of a suicidal nature (depressed mood, suicidal ideation, suicide attempt) were reported by 5% of opioid-dependent patients treated



(naltrexone for extended-release injectable suspension)

with VIVITROL 380 mg (n=101) and 10% of opioid-dependent patients treated with oral naltrexone (n=20). In the 24-week, placebo-controlled pivotal trial that was conducted in Russia in 250 opioid-dependent patients, adverse events involving depressed mood or suicidal thinking were not reported by any patient in either treatment group (VIVITROL 380  $\,$ mg or placebo).

When Reversal of VIVITROL Blockade Is Required for Pain Management: In an emergency situation in patients receiving VIVITROL, suggestions for pain management include regional analgesia or use of non-opioid analgesics. If opioid therapy is required as part of anesthesia or analgesia, patients should be continuously monitored in an anesthesia care setting by persons not involved in the conduct of the surgical or diagnostic procedure. The opioid therapy must be provided by individuals specifically trained in the use of anesthetic drugs and the management of the respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation. Irrespective of the drug chosen to reverse VIVITROL blockade, the patient should be monitored closely by appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation. Eosinophilic Pneumonia: In clinical trials with VIVITROL, there was one diagnosed case and one suspected case of eosinophilic pneumonia. Both cases required hospitalization, and resolved after treatment with antibiotics and corticosteroids. Similar cases have been reported in postmarketing use. Should a person receiving VIVITROL develop progressive dyspnea and hypoxemia, the diagnosis of eosinophilic pneumonia should be considered. Patients should be warned of the risk of eosinophilic pneumonia, and advised to seek medical attention should they develop symptoms of pneumonia. Clinicians should consider the possibility of eosinophilic pneumonia in patients who do not respond to antibiotics. Hypersensitivity Reactions Including Anaphylaxis: Cases of urticaria, angioedema, and anaphylaxis have been observed with use of VIVITROL in the clinical trial setting and in postmarketing use. Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis. In the event of a hypersensitivity reaction, patients should be advised to seek immediate medical attention in a healthcare setting prepared to treat anaphylaxis. The patient should not receive any further treatment with VIVITROL. Intramuscular Injections: As with any intramuscular injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder (eg, hemophilia and severe hepatic failure). Alcohol Withdrawal: Use of VIVITROL does not eliminate nor diminish alcohol withdrawal symptoms. Interference with Laboratory Tests: VIVITROL may be cross-reactive with certain immunoassay methods for the detection of drugs of abuse (specifically opioids) in urine. For further information, reference to the specific immunoassay instructions is recommended.

ADVERSE REACTIONS: Serious adverse reactions that may be associated with VIVITROL therapy in clinical use include: severe injection site reactions, eosinophilic pneumonia, serious allergic reactions, unintended precipitation of opioid withdrawal, accidental opioid overdose and depression and suicidality. The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence (ie, those occurring in  $\geq \! 5\%$  and at least twice as frequently with VIVITROL than placebo) include nausea, vomiting, injection site reactions (including induration, pruritus, nodules and swelling), muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders. The adverse events seen most frequently in association with VIVITROL therapy in opioid dependent patients (ie, those occurring in ≥ 2% and at least twice as frequently with VIVITROL than placebo) were hepatic enzyme abnormalities, injection site pain. nasopharyngitis, insomnia, and toothache. Clinical Studies Experience: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In all controlled and uncontrolled trials during the premarketing development of VIVITROL, more than 1100 patients with alcohol and/or opioid dependence have been treated with VIVITROL. Approximately 700 patients have been treated for 6 months or more, and more than 400 for 1 year or longer. Adverse Events Leading to Discontinuation of Treatment: Alcohol Dependence: In controlled trials of 6 months or less in alcoholdependent patients, 9% of alcohol-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 7% of the alcoholdependent patients treated with placebo. Adverse events in the VIVITROL 380-mg group that led to more dropouts than in the placebo-treated group were injection site reactions (3%), nausea (2%), pregnancy (1%), headache (1%), and suicide-related events (0.3%). In the placebo group, 1% of patients withdrew due to injection site reactions, and 0% of patients withdrew due to the other adverse events. Opioid Dependence: In a controlled trial of 6 months, 2% of opioid-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 2% of the opioid-dependent patients treated with placebo.

**DRUG INTERACTIONS:** Patients taking VIVITROL may not benefit from opioid-containing medicines. Naltrexone antagonizes the effects of opioid-containing medicines, such as cough and cold remedies, antidiarrheal preparations and opioid analgesics.

USE IN SPECIFIC POPULATIONS: Pregnancy: There are no adequate and wellcontrolled studies of either naltrexone or VIVITROL in pregnant women. VIVITROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Pregnancy Category C: Reproduction and developmental studies have not been conducted for VIVITROL. Studies with naltrexone administered via the oral route have been conducted in pregnant rats and rabbits. Teratogenic Effects: Naltrexone has been shown to increase the incidence of early fetal loss when given to rats at doses  $\geq$ 30 mg/kg/day (11 times the human exposure based on an AUC(0-28d) comparison) and to rabbits at oral doses ≥60 mg/kg/day (2 times the human exposure based on an AUC(0-28d) comparison). There was no evidence of teratogenicity when naltrexone was administered orally to rats and rabbits during the period of major organogenesis at doses up to 200 mg/kg/day (175- and 14-times the human exposure based on an AUC(0-28d) comparison, respectively). Labor and Delivery: The potential effect of VIVITROL on duration of labor and delivery in humans is unknown. Nursing Mothers: Transfer of naltrexone and 6-naltrexol into human milk has been reported with oral naltrexone. Because of the potential for tumorigenicity shown for naltrexone in animal studies, and because of the potential for serious adverse reactions in nursing infants from VIVITROL, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Pediatric Use: The safety and efficacy of VIVITROL have not been established in the pediatric population. The pharmacokinetics of VIVITROL have not been evaluated in a pediatric population. Geriatric Use: In trials of alcohol-dependent subjects, 2.6% (n=26) of subjects were >65 years of age, and one patient was >75 years of age. Clinical studies of VIVITROL did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. No subjects over age 65 were included in studies of opioid-dependent subjects. The pharmacokinetics of VIVITROL have not been evaluated in the geriatric population. Renal Impairment: Pharmacokinetics of VIVITROL are not altered in subjects with mild renal insufficiency (creatinine clearance of 50-80 mL/min). Dose adjustment is not required in patients with mild renal impairment. VIVITROL pharmacokinetics have not been evaluated in subjects with moderate and severe renal insufficiency. Because naltrexone and its primary metabolite are excreted primarily in the urine, caution is recommended in administering VIVITROL to patients with moderate to severe renal impairment. Hepatic Impairment: The pharmacokinetics of VIVITROL are not altered in subjects with mild to moderate hepatic impairment (Groups A and B of the Child-Pugh classification). Dose adjustment is not required in subjects with mild or moderate hepatic impairment. VIVITROL pharmacokinetics were not evaluated in subjects with severe hepatic impairment.

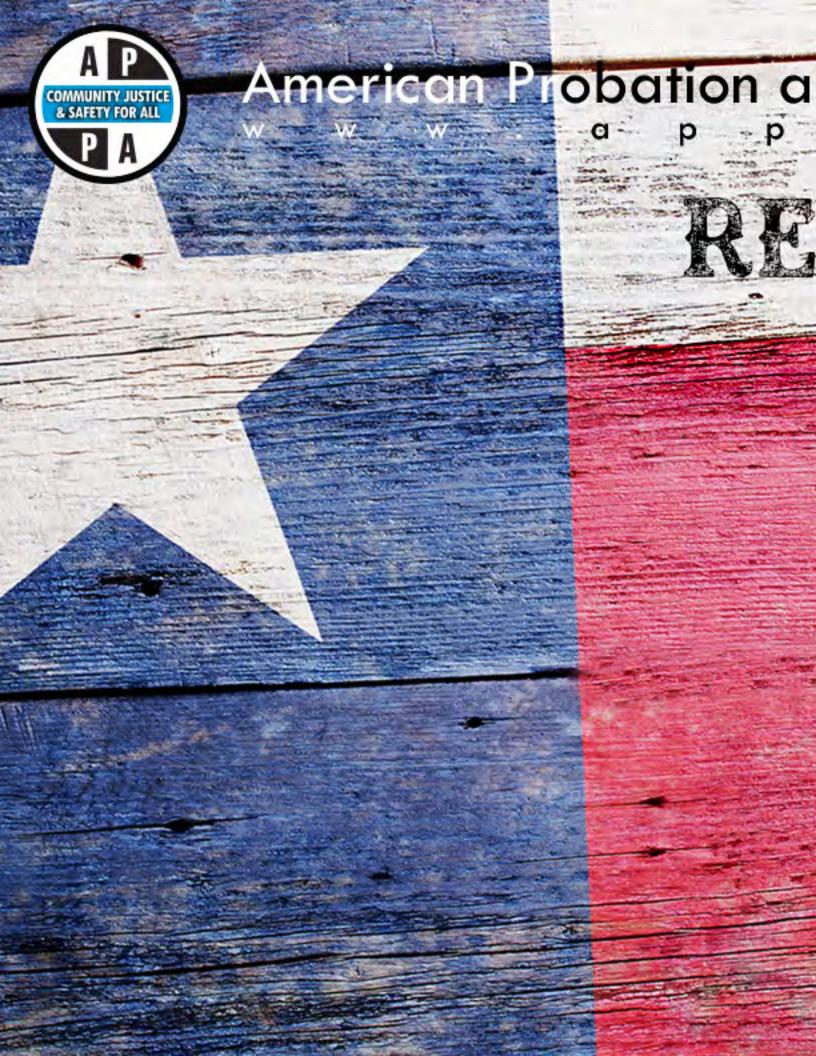
**OVERDOSAGE:** There is limited experience with overdose of VIVITROL. Single doses up to 784 mg were administered to 5 healthy subjects. There were no serious or severe adverse events. The most common effects were injection site reactions, nausea, abdominal pain, somnolence, and dizziness. There were no significant increases in hepatic enzymes. In the event of an overdose, appropriate supportive treatment should be initiated.

This brief summary is based on VIVITROL Full Prescribing Information.



Information (rev. December 2015)
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## president's message

Swift. Certain, and Fair

SUPERVISION



SUSAN BURKE PRESIDENT

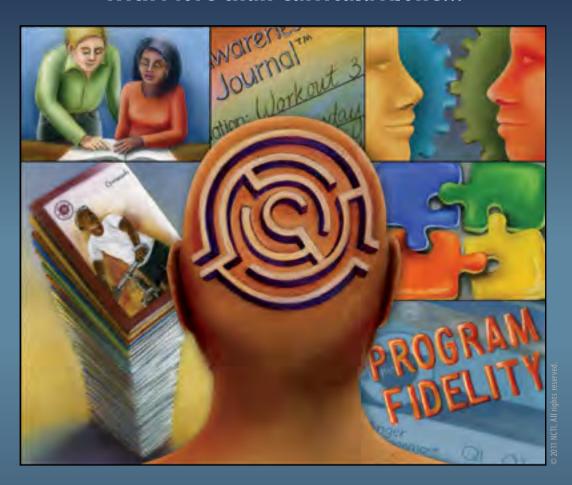
The most powerful way we can influence someone is through experience. The fastest way we can get them there is by offering a helping hand.

In the community corrections field, change is the primary focus of our work. In the past, our profession approached change through conditions and restrictive requirements. The thought was that change could be forced and that a negative consequence was the sole motivation needed to effect change.

Force and coercion may yield temporary compliance, but it does not last.

In this issue of *Perspectives*, the focus on swift, certain, and fair sanctions provides a critical reminder that there are more effective and evidence-based approaches for helping justice-involved individuals live a non-criminal lifestyle. These approaches need not be extreme, but they must be measured and they must be structured fairly. They also should connect to a person's frame of reference. What this means is people who live in a culture of poverty are more likely to succeed when rules and conditions are designed to take into account their beliefs and perspectives—what can be called their construct of living—rather than being designed with a middle-class orientation.

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## president's message

The book Bridges Out of Poverty: Strategies for Professionals and Communities discusses hidden rules operating in the three socioeconomic classes: those who live in poverty, the middle class, and the wealthy. One

The implication of these unspoken rules is that rewards and sanctions, even if applied swiftly and with certainty, may not have the same desired impact with different individuals.

of the hidden rules, for example, is that people living in poverty tend to believe in fate and do not feel there is much that can be done to mitigate chance, while middle class folks believe in choice and the ability to change the future by making wise decisions. People in poverty are driven by survival and relationships, those in the middle class are focused on work and achievement, and the wealthy are concerned about political and social connections.

The implication of these unspoken rules is that rewards and sanctions, even if applied swiftly and with certainty, may not have the same desired impact with different individuals. That's why community corrections professionals are trained on the importance of individualizing approaches and uncovering a person's motivating factors.

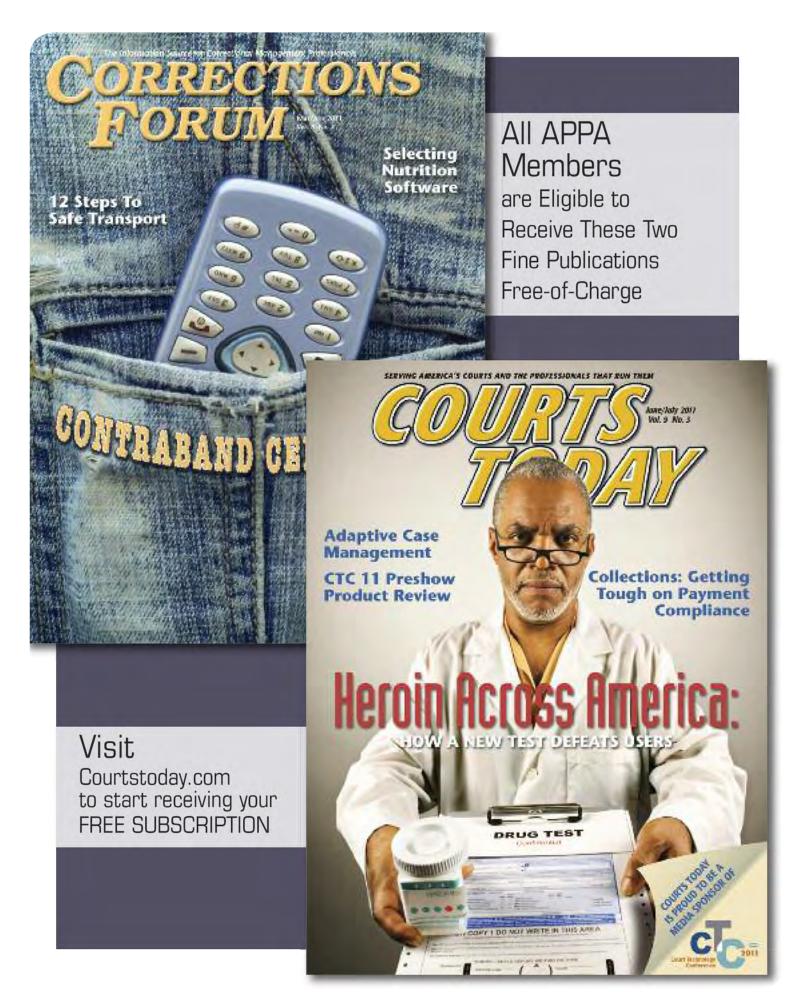
The authors of *Bridges Out of Poverty* assert that the primary motivation for success for individuals who live in a culture of poverty can be found in their relationships. I assert that this holds true for all of us. Through relationships, we can be powerful influencers. We can help shape someone's beliefs and subsequently their behavior.

As I close out my term as your president, I have been honored to support the stewardship of this organization while also contributing to its redesign. Most importantly, I have been honored to have your confidence and support during my tenure.

I, with you, welcome Erika Preuitt as your new president and stand with her in continuing to advance our community corrections profession.

SUMMER 2017

PERSPECTIVES



## editor's notes

Swift. Certain, and Fair

SUPERVISION



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APPA



**FAYE S. TAXMAN**EDITORIAL CO-CHAIR FOR *PERSPECTIVES*APPA

Swift, Certain, and Fair (SCF) presents an approach to supervision, one that is often touted as procedurally just. Based solely on incentivizing or sanctioning behaviors, SCF interventions are designed to empower staff to respond to behavior in a timely fashion with a measured, known response. While SCF approaches do not necessarily incorporate the Risk-Needs-Responsivity (RNR) framework, it is possible for an organization to use SCF and RNR simultaneously. The articles in this issue will provide an overview of the most recent investigations of SCF, thereby advancing the debate on the possible merits and disadvantages of adopting a SCF framework.

To start, we are indebted to Pam Lattimore (RTI, Inc.) for providing an overview of the HOPE Demonstration Field Experiment involving a four-site replication of Hawaii HOPE. Dr. Lattimore describes and evaluates the replication study in detail, including a discussion on implementation and findings. While the four-site study did not reveal any statistically significant reductions of recidivism or revocation outcomes, it did demonstrate that the model is feasible (although some parts are harder to do than others), the model can be costly, and probationers feel the process is fair. In short, SCF has some merits and could be adopted within varied probation and parole settings, but it is not likely to change the outcomes of clients on supervision.

Jonathan Kulick and Angela Hawkins at the Swift Certain Fair Resource Center pen several articles that primarily focus on changing SCF implementation designs so they take into account local needs. While their articles do not provide any process or outcome data, they helpfully illustrate the perspectives of different justice actors on the use of SCF. Each summary adds context to the issues of implementation and detailed information about the choices that program developers routinely make. Their articles include one that contains perspectives from judges, probation chiefs, administrators, and others who are involved in the day-to-day activities of SCF. The discussions of SCF in community supervision settings are complemented by a similar piece on using SCF in prisons to handle administrative segregation issues.

Frank Cullen, Travis Pratt, and Jillian Turanovic present an opposite perspective regarding SCF. They challenge its core principle, making the argument that SCF is taking corrections practitioners down a path already traveled. In their view, by focusing on punishing quicker and smarter, SCF "doubles down" on the failed policies of a

# editorial

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## editor's notes

**They question** why we would expect SCF to have an impact on recidivism, given that it does not embrace the use of standardized risk-and-needs assessment, teach alternative behaviors, or address specific responsivity factors.

get-tough era. They question why we would expect SCF to have an impact on recidivism, given that it does not embrace the use of standardized risk-and-needs assessment, teach alternative behaviors, or address specific responsivity factors. Dr. Cullen and colleagues ask us to consider the underpinnings of SCF and to question why this model would be effective in addressing criminal behavior. Instead, they urge us to stay the course with sensible conditions of supervision, increased human service approach, and implementation of therapeutic interventions.

Collectively these articles advance an appreciation that SCF, like any other framework—even RNR—is not a silver bullet. It requires attention to addressing organizational culture, to ensuring that supervision is responsive to the individuals under supervision, and to providing appropriate services when needed. We hope you find these articles insightful and that they help you better understand what SCF involves and the pros and cons of such an approach.

Faye Taxman

**Brian Lovins** 



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#### instructions to authors

Perspectives disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole, and community corrections agencies throughout the United States and abroad. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation, or research methodology. Perspectives does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to perspectives@csg.org in accordance with the following deadlines:

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SPRING 2018 ISSUE: FEBRUARY 1, 2018
SUMMER 2018 ISSUE: MAY 1, 2018
FALL 2018 ISSUE: AUGUST 1, 2018

Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English and in American Psychological Association (APA) Style. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., to (Mattson, 2015, p. 73). Alphabetize each reference at the end of the text using the following format:

Mattson, B. (2015). Technology supports decision making in health and justice. *Perspectives*, 39(4), 70-79.

Hanser, R. D. (2014). Community corrections (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

While the editors of *Perspectives* reserve the right to suggest modifications to any contribution, all authors will be responsible for, and given credit for, final versions of articles selected for publication. Submissions will not be returned to contributors.

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## SUMMARY FINDINGS FROM THE HONEST OPPORTUNITY PROBATION WITH ENFORCEMENT DEMONSTRATION FIELD EXPERIMENT (HOPE DFE)

BY PAMELA K. LATTIMORE, PH.D.

Demonstration Field Experiment (HOPE DFE) was a four-site, randomized controlled trial to replicate and evaluate a Hawaii probation program widely touted as successful in reducing drug use, violations, and reincarceration (Hawken and Kleiman, 2009; Hawken, et al., 2016; Hamilton, van Wormer, Kigerl, Campbell, and Posey, 2015; also, see Hamilton, Campbell, van Wormer, Kigerl, and Posey, 2016). HOPE is based on "swift, certain, and fair" (SCF) principles—beginning with a warning hearing from a judge and requiring strict adherance to supervision requirements, including random drug testing, with all violations followed by hearings and jail sanctions. Treatment is encouraged for those who repeatedly fail random tests. The HOPE supervision model was developed under Judge Steven Alm in 2004 as the Hawaii Opportunity Probation with Enforcement program. The HOPE model contrasts with Probation as Usual or PAU under which it is assumed that violations are tolerated until "a last straw" results in revocation—often to a lengthy prison term.

n the promise from the original Hawaii HOPE program, multiple jurisdictions have launched HOPE-like programs (e.g., Petranik, 2011; Hawken et al., 2016). Nonetheless, the evidence base for HOPE remains limited (see, for example, Cullen, Pratt, Turanovic, 2016; O'Connell, Brent, and Visher, 2016). The HOPE DFE was initiated by the Bureau of Justice Assistance (BJA), which funded four sites to implement HOPE (Saline County, Arkansas; Essex County, Massachusetts; Clackamas County, Oregon; and Tarrant County, Texas) and training and technical assistance through Pepperdine University, and the National Institute of Justice (NIJ), which funded the evaluation. The HOPE DFE was intended to determine whether HOPE programs could increase adherence to supervision requirements, and reduce drug use, revocations, and recidivism (Lattimore et al., 2016).

#### **METHODS**

The HOPE DFE evaluation included process, outcome, and cost components. After the four DFE sites were selected by BJA, the evaluation team worked with each site to identify the local target population; establish how, when, where, and by whom eligible probationers would be identified; and implement a method for randomizing HOPE-eligible probationers to HOPE or PAU. Eligibility criteria included (1) risk [high risk in all sites; medium risk in two sites; medium-risk cases with a violation (one site)]; and (2) at

least 1 year of probation remaining. Exclusion criteria included (1) juveniles, (2) non-English speakers, (3) transfers and interstate compact, and (4) special caseloads (e.g., drug court, pretrial, sex offenders). The original plan was to randomly assign 400 HOPE-eligible individuals in each site. Study enrollment began in August 2012 and ended in September 2014 with final enrollment of 1504—743 HOPE and 761 PAU.

Implementation and process measures were collected through stakeholder interviews; observation of initial warning hearings and court appearances; and review of court, probation, and HOPE project records. In addition, detailed data were provided to the evaluation team by the Program Coordinators employed by the sites and overseen by the training and technical assistance providers led by Angela Hawken at Pepperdine University.

The outcome study relied on administrative data from local and state agencies that provided information on appointment compliance, drug test results, re-arrests, violations, revocations, and jail and prison days for all HOPE and PAU evaluation participants. Interview data were collected from participants at evaluation enrollment (prior to random assignment) and 6- and 12-months post enrollment. Random oral swab drug tests were collected on a subsample of HOPE and PAU evaluation participants in conjunction with follow-up interviews to provide a common measure of current

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drug use. When permitted, individuals received modest compensation for completing interviews. The cost evaluation combined data from the process and outcome studies and cost estimates from the local sites and the literature. The cost evaluation identified costs and cost savings overall and by jurisdiction and assessed the cost-effectiveness of the HOPE program model.

#### **FINDINGS**

Implementation fidelity was assessed against 11 metrics. Implementation ranged from good to excellent (Exhibit 1). All sites met at least a 60% standard on all metrics except for holding a violation hearing within three days of the violation (more than three-quarters of violators had hearings within a week). Implementation fidelity was promoted by (1) a training and technical assistance provider that gave regular support and guidance to the sites; (2) staff from BJA who monitored program implementation; and (3) the presence of a full-time HOPE project coordinator who assured adherence to HOPE principles.

#### **PROCESS FINDINGS**

Evaluation team interviews with HOPE stakeholders revealed strong buy-in to the HOPE concept. Those implementing the program believed in the model and were optimistic that HOPE would be successful. Implementation was facilitated by existing agency relationships, prior

experience with HOPE-like programs, and organizational links between probation and the court. The local administrative structure of probation was also important to implementation (Zajac, et al., 2015). Challenges included resource constraints—even with grant funding—and conflicts with existing probation culture (e.g., risk-needs-response versus the surveillance required by HOPE).

**HOPE** providers stated that implementing and operating HOPE was not overly burdensome and that any burden was "worth it." Stakeholders also consistently reported that they believed HOPE was helping probationers learn how to better manage their lives through the setting and enforcement of expectations. Probationers, who had positive views of HOPE, also stated that they believed that HOPE had helped them better manage their lives. HOPE team members and probationers noted that the frequent drug testing regimen created conflicts for probationers who lived or worked far away, with some losing jobs because of testing. HOPE team members also expressed concerns that HOPE did not work for lower functioning, mentally ill, or antisocial probationers. Some probationers said they were just going along with HOPE during probation and planned to return to their antisocial lifestyles. Finally, some HOPE probationers came to rely on the testing hotline to

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#### EXHIBIT 1. IMPLEMENTATION FIDELITY ACROSS THE DFE SITES

HOPE Fidelity Item	Saline C ounty, AR	Essex County, MA	Clackamas County, OR	Tarrant County, TX	
1. Leadership identified by HOPE team members?	83% identified a leader, most commonly the HOPE Judge	83% identified a leader, most commonly Superior Court HOPE Judge	92% identified a leader, no singular leader clearly identified	100% identified a leader, most commonly the HOPE Judge with some secondary endorsement of probation management and the HOPE Project Coordinator	
2. Probationers High Risk	24% of HOPE probationers were moderate to high risk	88% of HOPE probationers were moderate to high risk	80% of HOPE probationers were moderate to high risk	91% of HOPE probationers were moderate to high risk	
3. Warning Hearing Compliance with Model Warning Hearing Script	86% of 14 warning hearings complied	95% of 42 warning hearings complied	40% of 5 warning hearings complied	100% of 19 warning hearings complied	
4. Initial Drug Testing Frequency	88% of HOPE probationers had at least 8 tests in first 2 months	91% of all HOPE probationers had at least 8 tests in first 2 months	87% of HOPE probationers had at least 8 tests in first 2 months	90% of HOPE probationers had at least 8 tests in first 2 months	
5. Stepped Down Drug Testing Frequency	82% of HOPE probationers had at least 1 test per month after first 2 months	83% of HOPE probationers had at least 1 test per month after first 2 months	73% of HOPE probationers had at least 1 test per month after first 2 months	81% of HOPE probationers had at least 1 test per month after first 2 months	
6. Exceptions for Missed Drug Tests	98% of 146 cases with a missed drug test received a consequence	89% of 195 cases with a missed drug test received a consequence	99% of 362 cases with a missed drug test received a consequence	100% of 221 cases with a missed drug test received a consequence	
7. Time to Violation Hearing	38% of 639 violations were followed by a violation hearing within 3 days	56% of 736 violations were followed by a violation hearing within 3 days	37% of 1136 violations were followed by a violation hearing within 3 days	66% of 1199 violations were followed by a violation hearing within 3 days	
8. Sanction Type	88% of sanctions were jail	78% of sanctions were jail	92% of sanctions were jail	97% of sanctions were jail	
9. Sanction Dosage: Jail days <= 19 days (Hawaii HOPE mean)	78% of jail sanctions at or below (Mean = 6 days)	85% of jail sanctions at or below (Mean = 4 days)	65% of jail sanctions at or below (Mean = 6 days)	93% of jail sanctions at or below (Mean = 5 days)	
10. Sanction Certainty	97% of violations resulted in a sanction	91% of violations resulted in a sanction	96% of violations resulted in a sanction	>99% of violations resulted in a sanction	
11. Sanction Swiftness	76% of sanctions began within 3 days of the violation hearing	60% of sanctions began within 3 days of the violation hearing	63% of sanctions began within 3 days of the violation hearing	83% of sanctions began within 3 days of the violation hearing	
SUMMARY	60% standard: 9 items 80% standard: 7 items	60% standard: 10 items 80% standard: 8 items	60% standard: 9 items 80% standard: 6 items	60% standard: 11 items 80% standard: 10 items	

Note: Results were similar for the two Massachusetts courts and are combined here.

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maintain their sobriety; a similar finding was reported by Hawken and Kleiman (2009).

#### **OUTCOME FINDINGS**

A total of 1,580 individuals were randomly assigned to HOPE (794) or PAU (786)1 (Exhibit 2). Of these, 76 individuals were determined after random assignment to be study ineligible.2 Most were male (81%), white (69%), and high risk (55%). On average, they were 31 years old at enrollment, with seven prior arrests and 3.5 prior convictions (Exhibit 3). Most were on probation for a drug (31%) or property offense (30%).

Interviews were conducted at baseline and at six and 12 months following baseline. Response bias analyses suggested no differences between those who were interviewed and those who were not. Interview findings showed the following: Probationers on HOPE and PAU reported similar rates of employment and similar wages across the three waves of interviews. HOPE probationers were more likely to have a job with formal pay at the 12-month interview. Both groups reported emotional problems. Overall HOPE probationers reported a lower average mental health symptom level at 12 months. About 40% of both groups reported at all waves that they had accomplished less than they would have liked because of emotional problems. Both groups agreed they needed education and were neutral with respect to job training. Neither group believed that they needed substance abuse or mental health treatment.

Groups did not differ in receipt of education and employment services. HOPE probationers were more likely than PAU probationers to report having received residential substance abuse treatment at the 6- and 12-month interviews. At 12-month interview, HOPE probationers were much less likely than PAU probationers to report that most or all close friends are frequently drunk or high (10% versus 20%) or that most or all close friends have been incarcerated (20% versus 31%).

HOPE was to hold individuals accountable to their supervision conditions, including compliance with intensive random drug testing suggesting that HOPE probationers would have more violations. HOPE probationers were more likely to have a violation (89% versus 82%) and had more violations than PAU probationers (3,770 versus 3,134)—mostly drug-related violations (2,107 versus 915) attributable to testing (26,991 for HOPE versus 4,942 tests for PAU probationers). HOPE probationers were less likely to miss a probation officer visit (30% versus 44%), to fail to pay their fees and fines (11% versus 18%), and

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#### **EXHIBIT 2. HOPE EVALUATION ENROLLMENT**

Site	HOPE	PAU	Total
Arkansas	179	163	342
Massachusetts	189	203	392
Oregon	190	204	394
Texas	185	191	376
Total	743	761	1504

## EXHIBIT 3. CHARACTERISTICS OF SUBJECTS ENROLLED IN THE DFE, OVERALL AND BY SITE

Characteristic	Overall	AR	MA	OR	TX
Age at intake***	31.1 (10.4)	32.3 (10.2)	33.7 (11.1)	30.8 (9.9)	27.5† (9.1)
Male = 1***	0.81 (0.40)	0.73 (0.44)	0.88 (0.32)	0.83 (0.38)	0.77 (0.42)
Race = White***	0.69 (0.46)	0.85 (0.36)	0.68 (0.47)	0.88 (0.33)	0.35 (0.48)
High risk***	0.55 (0.50)	0.03 (0.17)	0.72 (0.45)	0.88† (0.33)	0.52 (0.50)
Age at first arrest***	22.1 (7.78)	27.2 (9.63)	20.0 (6.53)	22.9 (6.17)	19.0 (5.95)
# Prior arrests***	7.30 (8.13)	4.4 (3.38)	13.0 (11.9)	6.0 (6.05)	5.4 (4.70)
Prior person charge***	0.56 (0.50)	0.52 (0.50)	0.86 (0.35)	0.48† (0.50)	0.38† (0.49)
Prior property charge***	0.74 (0.55)	0.69 (0.46)	0.81 (0.39)	0.69 (0.46)	0.77 (0.42)
Prior drug charge***	0.66 (0.48)	0.59 (0.49)	0.57 (0.50)	0.73† (0.44)	0.73 (0.44)
Prior public order/other charge***	0.77 (0.42)	0.74 (0.44)	0.93 (0.26)	0.76† (0.43)	0.65 (0.48)
# Prior convictions***	3.54 (4.42)	1.7 (1.13)	5.8 (6.45)	4.3 (3.91)	2.1 (2.51)
Study Offense					
Person***	0.24† (0.42)	0.23 (0.42)	0.50 (0.50)	0.20 (0.40)	0.01 (0.10)
Property***	0.30 (0.46)	0.37 (0.48)	0.22 (0.42)	0.16 (0.36)	0.48 (0.50)
Drug***	0.31 (0.46)	0.24 (0.43)	0.11 (0.31)	0.44 (0.50)	0.44 (0.50)
Public order/other	0.15† (0.36)	0.16 90.36)	0.17 (0.38)	0.20† (0.40)	0.08 (0.26)
N	1504	342	392	394	376

<sup>\*\*\*</sup>Subject characteristic differs across sites (p < 0.001).

 $<sup>\</sup>dagger$  Subject characteristic differs between HOPE and PAU groups (p < 0.05).

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to be violated for a new charge (22% versus 28%). HOPE probationers were more likely to have a violation for failing to appear for court (18% versus 6%), although this may be because they had more hearings. Most HOPE sanctions were jail (2,920 of 3,550 sanctions). HOPE probationers were more likely to go to jail (82% versus 56%), to go more often (3.8 stays versus 1.4), and to serve more days (47 versus 33 days) with a median stay of four days. HOPE participants were more likely to go to residential treatment (33% versus 11%) and were referred to treatment more quickly (overall and in three sites). Drug tests conducted during follow-up interviews showed fewer positives for HOPE than PAU.

Recidivism outcomes were similar for the HOPE and PAU groups: 40% of HOPE versus 44% of PAU had a new arrest; 25% of HOPE versus 22% of PAU had a revocation: 49% of HOPE versus 50% of PAU had an arrest or revocation; and 28% of HOPE versus 26% of PAU had a new conviction. There was some variation in rates across sites, but the general conclusions of no differences hold with two exceptions: (1) HOPE probationers were more likely to be revoked in two sites (PAU revocation rates in those sites were low—about 10%); and (2) HOPE probationers were more likely to have a new conviction in one site. Lognormal survival models of time to recidivism

events (data not shown) confirm the bivariate findings, but revealed one additional finding. Time to revocation was less for HOPE probationers in Arkansas and Oregon, while HOPE probationers had longer times to revocation in Texas.

#### **COST FINDINGS**

Cost analyses estimated costs of intake, warning hearings, staffing meetings, office visits, drug tests, violation hearnings, arrests, state and county corrections, and residential treatment. Six-month median costs were higher for HOPE than PAU overall in four sites; mean costs were higher overall in three sites (Exhibit 4); 12-month costs were significantly higher overall in three sites; and 24-month median and mean costs were significantly higher overall in one site. For each estimation period, cost differences were driven by treatment and incarceration costs.

#### **CONCLUSIONS**

Four sites that differed in organizational structures and populations successfully implemented HOPE programs. HOPE was effective in increasing compliance with some supervision conditions (e.g., probation officer visits and payment of fees and fines). HOPE probation also appeared to have positive effects on drug use based on oral swab drug tests conducted during interviews six and 12 months after program enrollment.

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## EXHIBIT 4. AVERAGE TOTAL COSTS PER PROBATIONER BY SITE, 6-, 12-, AND 24-MONTH SAMPLES

Site	PAU	PAU			НОРЕ			Median test
	N	Mean	Median	N	Mean	Median		
6-Mor	th Samp	ole						
AR	159	\$892	\$190	179	\$1,893	\$1,038	5.4***	56.5***
MA	199	\$2,128	\$329	188	\$2,223	\$651	0.3	30.7***
OR	203	\$2,836	\$1,162	190	\$3,562	\$1,983	2.0*	3.5
TX	191	\$1,813	\$639	185	\$3,913	\$2,723	7.3***	47.8***
All	752	\$1,978	\$364	742	\$2,908	\$1,698	5.8***	84.8***
12-Mo	nth Sam	ple					Î	
AR	112	\$2,420	\$418	134	\$4,028	\$1,939	3.0***	4.2*
MA	167	\$5,637	\$733	153	\$6,984	\$2,104	1.3	6.6*
OR	203	\$6,333	\$3,826	189	\$8,566	\$5,044	2.9***	3.0
TX	167	\$4,700	\$2,150	166	\$8,386	\$8,718	6.1***	26.0***
All	649	\$5,059	\$1,863	642	\$7,195	\$4,015	5.4***	36.5***
24-Mc	nth Sam	ple						
AR	54	\$6,563	\$2,139	68	\$7,901	\$3,184	0.7	0.1
MA	61	\$13,425	\$2,721	56	\$17,672	\$6,727	1.0	3.8
OR	103	\$14,588	\$9,600	96	\$17,564	\$14,015	1.4	3.1
TX	93	\$9,392	\$5,261	94	\$15,038	\$13,799	4.1***	4.5*
All	311	\$11,413	\$5,797	314	\$14,735	\$10,355	2.7**	7.6**

<sup>\*</sup>p < 0.05; \*\*p < 0.01; \*\*\* p < 0.001

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HOPE probationers were more likely to go to jail (82% versus 56%), to have more jail stays (3.8 versus 1.4), and to spend more days in jail (47 versus 33 days). HOPE probationers were also more likely to be sent to residential treatment (overall and in three sites). Overall, HOPE did not reduce recidivism (arrest, revocation, and new conviction). In two sites, revocations were higher for HOPE and in one site reconvictions were higher. The only signficant positive recidivism finding was a longer time to revocation in one site (although revocation rates were similar). More jail days and residential treatment, and similar (or higher) recidivism resulted in higher costs for HOPE probation.

HOPE probation has been widely promoted and adapted as a means for substantially improving probation outcomes while generating cost savings. The findings of this rigorous four-site randomized controlled trial suggest otherwise. So what is to be made of this? The results do <u>not</u> say that jurisdictions should not implement HOPE or similar programs based on SCF principles. The results do suggest that sites considering HOPE should give consideration to the implications of implementation within the context of existing probation policy and practice. For example, within the DFE: PAU revocation rates were low (9% and 13%) in two sites—suggesting limited ability to reduce revocations. Sites with

low revocation rates should consider procedures to mitigate potential increases in revocations accompanying the increased surveillance of HOPE. In at least two sites, revocation could yield only short prison stays (90 days)—suggesting limited opportunities for "prison bed savings" even if revocations were lower with HOPE and providing a smaller incentive for individuals to comply. PAU was based at least somewhat on Risk-Needs-Response principles in at least two sites—suggesting a consideration with respect to the integration of HOPE with PAU, particularly if HOPE supervision requirements would take resources away from RNR activities. In one site, probation could use short jail stays on their authority (and did for PAU cases)—suggesting that a HOPE judge was not necessary to enforce conditions.

Thus, the similar recidivism outcomes may hinge on the "compared to what" aspect of any evalution: findings suggest that HOPE worked as well as but not better than PAU. However, given the consistency of findings across four sites that differed in the administration of PAU, there is little to suggest that programs like HOPE will produce substantial improvements over PAU when implemented widely. This may be particularly true given the extensive resources that were devoted to facilitating implementation in the DFE resources likely much greater than sites would generally have to implement a new program.



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Additional research is needed to determine whether there may be specific types of probationers who would be more responsive to this type of program. Perhaps there are subpopulations for whom the threat of short jail stays may provide motivation or who need some intervention but are not deeply entrenched in a criminal lifestyle. Anecdotally, HOPE appears to provide a useful "crutch" for those who have decided to leave drugs and a criminal lifestyle behind, as evidenced by HOPE probationers who wanted to remain on random drug testing because it was helping them stay sober.

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<sup>1</sup> Enrollment was August 2012–December 2013 (Oregon), August 2012–September 2014 (Arkansas and Texas), and October 2012–July 2014 (Massachusetts). The delay in start-up in Massachusetts was due to a statewide hiring freeze. Enrollment continued until 400 HOPE-eligible cases were identified and randomly assigned (Massachusetts and Oregon) or until September 2014, somewhat short of 400 cases (Arkansas and Texas).

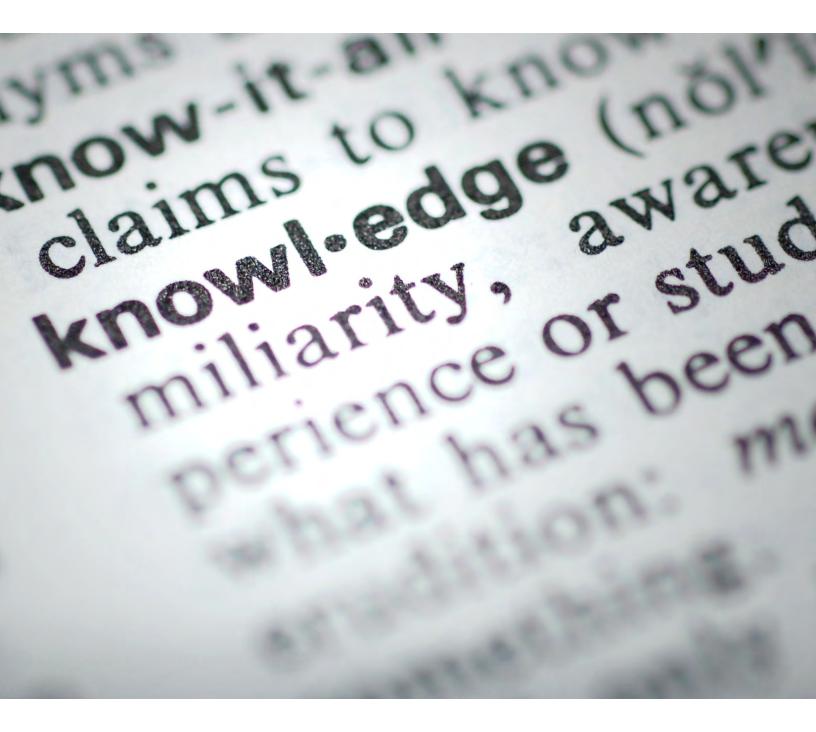
<sup>2</sup> 68 individuals were program ineligible; and 8 were randomized twice and were retained in their original study and program assignment.

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# SWIFT, CERTAIN, AND FAIR: REVIEW OF STATE OF KNOWLEDGE

BY JONATHAN KULICK, PH.D. AND ANGELA HAWKEN, PH.D.



wift, Certain, and Fair (SCF) is an increasingly familiar notion in community corrections, especially since concerns about mass incarceration continue apace, increasing the burdens that pretrial supervision, probation, and parole agencies face in both protecting public safety and reducing flows into correctional facilities. The principles of SCF are now well known, and considerable attention has been paid to several particular implementations and research on their outcomes, as we described in this journal last year (see Hawken & Kulick, 2016, and references therein). Nonetheless, discussions continue regarding what SCF is and whether, how, when, and for whom it works. Recent efforts to answer those questions have yielded valuable lessons for the field, including lessons on the value of data and learning that go beyond SCF. A companion article in this issue relates the experiences of innovative approaches to implementing SCF in probation and parole in Massachusetts, New York, Ohio, and Oregon from the perspectives of different stakeholders (judge, parole director, state administrator, and community corrections chief), and another companion article describes a new direction for SCF—in a prison. As widely as SCF has been adopted and as intensely as it has been studied, little remains settled.

SCF in the community is now being implemented, at various scales, in some 30 states and in Tribal Nations, American

territories, and other countries. We see no letup in the trend for state legislatures to enable or mandate SCF (often with the language of "swift and certain" but sometimes in other terms) or in criminal justice research and policy organizations advocating for it. This activity is in large but not perfect measure informed by the latest research and analysis. Much of the current discussion seems to center around two recent publications that illuminate broader issues of concern and point to a new approach to evidence-based policymaking.

#### HAWAII'S OPPORTUNITY PROBATION WITH ENFORCEMENT (HOPE) FOLLOW-UP

The first publication relevant to this discussion presents research conducted in Hawaii aimed at providing a long-term follow-up to the original HOPE study. It assesses program outcomes as well as an overview of changes in the way HOPE has been implemented over the past decade (Hawken et al., 2016). Participants in the original study were followed for nearly ten years to see whether the remarkable improvements in behavior observed while they were under HOPE supervision persisted. HOPE probationers were found, over the long term, to be less likely to reoffend and become incarcerated than were those supervised under routine probation. This is an encouraging finding. Digging deeper, this difference is due almost entirely to reduced drug use by HOPE probationers, which leads to fewer

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arrests and convictions for drug crimes. Arrests and convictions for property and violent crimes, however, differed little between the HOPE group and those on routine probation.1 Drug use in the HOPE population was carefully monitored, with frequent random drug tests, and was responded to much more aggressively than was done for drug use in the routine probation population, while other criminogenic factors were not given a similarly heightened degree of attention. This is not meant to imply that Hawaiian probation programs fail to address all types of risks and needs; the point is merely that HOPE did not target risks and needs other than drug use differently than done under routine probation. The bottom line is that HOPE's approach, with this focus, did succeed in reducing drug use during the term of supervision, and that effect persisted. SCF is currently being increasingly implemented with subjects who are not necessarily drug users, including those on targeted caseloads such as sex offenders or domestic violence offenders (see Sentencing Advisory Council, 2017) as well as general high-risk caseloads. How to use a SCF approach for monitoring and responding specifically to misbehaviors other than drug use is a challenge to the field in both implementation and evaluation.

The Hawaii HOPE follow-up did find broad support for the principles of

SCF and HOPE practices among both probation officers and probationers. A process analysis, however, found that the "certain" component of SCF for those under HOPE supervision tended to be less than certain, with many technical violations not resulting in significant responses or sanctions. Even so, probationers were motivated to comply because they perceived that the risk of detection and sanctioning if they were to violate was very high. This finding points to the importance of reputation and perceptions of certainty and fairness, which may not correspond to actual measures.

With regard to assessing program changes in the decade since the original HOPE study, it should not be surprising that on follow-up it was determined that some aspects of HOPE design and implementation have evolved. Foremost among these changes is a general ratcheting down of sanction severity. In its original design, HOPE employed escalating sanctions (i.e., the sanction for a second positive drug test was greater than for the first). Given that there is little evidence showing that escalating sanctions are a more effective deterrent than flat sanctions—which is consistent with general findings of rapidly diminishing returns with increased sanction severity—and given that escalating sanctions are more complicated



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to devise and administer, the use of flat sanctions is now deemed more appropriate. Moreover, HOPE now uses some sanctions other than jail for minor violations committed by otherwise compliant probationers. Another development is that HOPE has formalized a policy of early termination for continued good performance on probation (and, per the report, tracking of the first cohort of HOPE probationers who received early termination revealed that none of them had reoffended). Given that the original HOPE evaluation—and its description of HOPE components as implemented at the time—is still widely cited, practitioners looking to it for guidance on their own SCF design should attend to these subsequent alterations.

#### HOPE DEMONSTRATION FIELD EXPERIMENT

The second publication to be discussed is an issue of Criminology & Public Policy (November 2016) that focuses on SCF.<sup>2</sup> This issue includes three research articles on SCF implementations and many associated commentaries. Two of the research articles provide new analysis in regard to previously reported program evaluations — Decide Your Time (DYT) probation in Delaware and Swift and Certain (SAC) community corrections<sup>3</sup> — in Washington State. The third is the initial outcomes analysis of the U.S. Department of Justice (DOJ) HOPE Demonstration Field Experiment (DFE).4 We will not attempt to summarize and respond to an entire academic journal issue in this space, but we will try to put it into context for practitioners.

Given that the original HOPE evaluation—and its description of HOPE components as implemented at the time—is still widely cited, practitioners looking to it for guidance on their own SCF design should attend to these subsequent alterations.

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A one-sentence summary of the research findings, as commonly understood, is: DYT was poorly implemented and didn't work; SAC was adequately implemented and works; and the DFE was well implemented and didn't work. "Works" as used here means "yields better outcomes than supervision as usual." Since this summary necessarily eliminates all the nuance in the reports (where the devil resides), the not uncommon interpretation that "SCF doesn't work" is a reductive conclusion that suffers from three principal flaws.

The DFE results, while still being debated, shed light on how practices come to be regarded as evidence-based or not.

First, it is problematic to over-generalize and/ or misinterpret the DFE results<sup>6</sup> and conclude they categorically mean "HOPE doesn't work." What the DFE research really showed was that taking a program like HOPE—a program developed by practitioners in Hawaii, focused on addressing Hawaii's problems, and designed for implementation in that state—and replicating it in a very different jurisdiction did not yield the benefits found in Hawaii—with the additional consideration that the version being replicated in the DFE was the original design, lacking the more evolved features of later years. Second, one should not conflate SCF and HOPE. HOPE is merely one particular set of policies and practices for implementing SCF principles—principles that admit to a great diversity of implementation designs suited to local circumstances. Third, placing too much weight on one study means ignoring the substantial body of evidence that SCF can work. While the DFE is the largest and most rigorous randomized controlled trial to date, evaluations of organically developed SCF implementations in many states have found positive outcomes (see Bureau of Justice Assistance (2017) for a recent literature review).

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#### IMPLICATIONS FOR IMPLEMENTATION

The DFE is an important effort, both for its specific findings and for what it tells us about policymaking in criminal justice. HOPE in Hawaii, as evaluated in the original study, was a local innovation addressing local concerns. The initial HOPE evaluation showed remarkable results—so much so that they were met by some with celebration, as the solution to high recidivism, and by others with dismissal, as violating an established principle that desistance mandates cannot influence behavior. The DOJ took an appropriate middle ground, deeming SCF a promising—not proven—practice and funding both the HOPE replication experiments (through the Bureau of Justice Assistance (BJA)/National Institute of Justice DFE) and further innovations in SCF implementation (through ongoing BJA awards).

The DFE results, while still being debated, shed light on how practices come to be regarded as evidence-based or not. The process analysis found that, despite some substantial challenges presented by resources, capabilities, and statutes that differ from those in Hawaii, four jurisdictions on the mainland were able to implement SCF with fidelity to the HOPE model. The outcomes analysis found that doing so did not yield the same outcomes as in Hawaii.

This was not a foregone conclusion, but neither is it entirely surprising. The four DFE jurisdictions shared similar broad concerns and goals (or else they would not have sought to participate), but they also started with different underlying problems to solve, means available to address them, and cultures. The DFE was, by design, supposed to test whether a particular program could be replicated and produce the same results, bringing to bear both data and analysis, and the answer was "No, not in this instance." This is as important a finding as the alternative would have been. As is increasingly being acknowledged in many research fields, negative results are often no less valuable than positive results—i.e., knowing what doesn't work is equally as essential as knowing what does. Narrowly, it should caution practitioners or policymakers looking for a quick fix to high recidivism in their communities that this particular program is not an off-the-shelf solution. Policymakers often feel pressured and compelled to act quickly, thinking "We can't just sit here—we must do something. This is something. Let's do it." This urge should be resisted. More broadly, a lesson of the DFE is that criminal justice policymaking can and should be informed by data, and that all stakeholders, individual and institutional, should learn from their own data what works for them, building a homegrown evidence base for their own practices.

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What is more, the DFE has generated an appreciation for building a homegrown evidence base through rigorous experimentation. For the DFE jurisdictions, the research question was, as noted above, whether their replicating an externally developed program would yield results similar to the original. Building on their experience as subjects in a rigorous external evaluation, they are now rigorously testing their own established practices (to see if they are working) and their own innovations (to see if they might work) with low-cost, rapidcycle randomized control trials. Other jurisdictions and agencies, such as those in the companion articles in this edition, that are in the process of developing SCF strategies are including such a try/ test/fix/retest approach from the outset. These trials are not a substitute for largescale experiments such as the DFE, but the latter are by necessity so expensive, prolonged, and rare that most promising practices (not to mention the wild idea that might just work) are never given a chance at evaluation, while established practices are regarded as settled, with little evidence. The problems that SCF is intended to address remain widespread, and the principles are sound. Practitioners nationwide must—and are—figuring out how best to translate those principles into practice for themselves, while at the same time learning from and informing others so that the SCF evidence base reflects

the diversity of corrections in the United States.

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#### **ENDNOTES**

- <sup>1</sup> Hawaii has a very low violent crime rate, so the difference between the two groups is not meaningful.
- <sup>2</sup> This issue was also the basis for a session at the 2016 American Society of Criminology 72nd Annual Meeting.
- <sup>3</sup> Washington does not formally have felony probation and parole (except for legacy cases), but the population supervised by the Washington Department of Corrections in Swift and Certain can be thought of as probationers and parolees.

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- <sup>4</sup> See Hawken & Kulick (2016) for brief discussions of SAC and the DFE. The DFE was a joint effort of the Bureau of Justice Assistance, which funded implementation and technical assistance (provided by the authors), and the National Institute of Justice, which funded the evaluation.
- <sup>5</sup> The outcomes in this initial report are measures of recidivism (new arrests, new charges, and new convictions) and revocations (some associated with new offenses, and some with technical violations).
- <sup>6</sup> We take the DFE outcomes analysis at face value, although others are critical of the methodology and data.

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educing failures on probation and parole supervision is, of course, one of the paramount goals of those in the community supervision field, and we are all challenged to develop strategies to accomplish such positive outcomes while also trying to reduce reliance on incarceration and to ensure that parsimonious punishments are appropriately used. The field has responded with a panoply of complementary approaches to supervision, assessment, placement, treatment/services, and behavior motivation. One such initiative is Swift, Certain, and Fair (SCF). SCF is born out of a long-recognized principle in criminology that, for punishment to be effective in deterring misbehavior, it must be delivered quickly and predictably, and that if this is done, the punishment need not be severe. Indeed, if not swift and certain, then even severe punishment does little to deter. More recent research, both in criminal justice contexts and more generally, suggests that rewards and incentives that are delivered swiftly and certainly can be even more powerful motivators for positive behavior. Moreover, and perhaps most importantly, procedural justice requires that rules, expectations, and responses to associated behaviors must be perceived as fair by all concerned parties if they are to be effective

In applying these principles and findings to their own circumstances, community corrections agencies and their partners are implementing SCF with a variety of policies and practices. While SCF emerged as a coherent approach to supervision in adult probation, it is now being used in the full spectrum of community supervision-in pretrial, diversion, parole, federal probation, and juvenile probation--and a similar approach is being tested in custody, to address misbehaviors and reduce the use of punitive segregation (see the companion article in this edition on SCF in custody).

The authors direct the Swift Certain Fair Resource Center, funded by the U.S. Department of Justice, Bureau of Justice Assistance (BJA), to provide technical assistance to eligible state, local, territorial, and federally recognized tribal governments. The SCF Center promotes innovation and experimentation in community supervision to identify ways to motivate behavior with swift and certain responses that are locally appropriate and procedurally fair. Here we profile four SCF implementations that we have worked with, presented from the perspective of a key stakeholder in each. Each jurisdiction or agency has its own policies and procedures that are fine-tuned to meet local needs—i.e., particular local problems, goals, resources, and constraints. Each stakeholder also has a role in SCF that varies with the design and structure of the program. Their experiences in developing, implementing, and evaluating their SCF strategies illuminate many of the issues that anyone doing or considering instituting SCF will face.

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[Summary provided by Stephanie Starr and Dionne Addison, Grant Administrators, Ohio Department of Rehabilitation and Correction]

In Ohio, the Adult Parole Authority (APA) of the Ohio Department of Rehabilitation and Correction (ODRC) provides courtesy supervision for probation (in Ohio, "community control") under memorandums of understanding with 44 counties. As in many states, ODRC was concerned with high rates of technical violations on probation and the swelling prison population from probation revocations, which produced considerable costs of incarceration during a period of budget crisis. ODRC, accordingly, reinvested in its community partners to prevent nonviolent, low-level offenders from being placed in prison.

The ODRC Director, Gary Mohr, was interested in new, evidence-based approaches to holding probationers accountable and reducing recidivism. Mr. Mohr heard a presentation on HOPE probation at the Ohio Supreme Court by Judge Steven Alm of the O`ahu First Circuit Court in Honolulu. Judge Alm had worked with the probation department to develop HOPE (Hawaii's Opportunity Probation with Enforcement) to address, in particular, one of the root causes of the state's high incarceration rate: widespread methamphetamine use by probationers. This drug use led to multiple technical violations that often were not responded to until they accumulated to the point where a motion to revoke was filed.



HOPE was designed to target probationers at high risk of failing to complete probation successfully. It entailed many policies and practices, consistent with SCF principles.

- Participants were formally oriented to HOPE and informed that all technical violations would be responded to immediately and consistently, with brief jail sanctions.
- Honesty and accountability were rewarded, with greater sanctions for dishonesty and unaccountability. Absconding, in particular, was strongly discouraged.
- Probation officers employed risk-needs-responsivity (RNR) principles and evidence-based practice (EBP) in supervising their clients.
- Participants were randomly tested for drug use on a color-code hotline, with reduced testing frequency for continued desistance.
- Referrals to substance-abuse treatment were based on demonstrated behavior—multiple positive drug tests in the face of certain jail sanctions. Treatment was also provided to any probationer who requested it.
- Continued compliance and progress could earn early termination from probation.

Mr. Mohr was intrigued by SCF and research findings that HOPE had substantially improved compliance and reduced the use of incarceration in Hawaii. He asked his staff to explore options for ODRC to conduct an SCF pilot study. They determined that opportunities were available but would require additional funding to implement with sufficient attention to be useful to the department. In 2014, BJA issued a solicitation for proposals for SCF implementations. For successful applicants, the BJA would support program expenses, reduced caseloads for SCF probation officers (POs), and—critically—a full-time project coordinator to oversee the many elements of a pilot. ODRC submitted a proposal and won an award, followed by a second award in 2015.

ODRC's SCF pilot was informed by HOPE in Hawaii and by Swift and Certain in Washington State, but it was developed organically to respond to the department's and the state's circumstances. Foremost among these considerations was that jails are often unavailable for short-term sanctions for probation violators. Some rural counties have no jail, and transportation to adjacent counties is logistically prohibitive. In other

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counties, the jails were overcrowded or cost prohibitive. This challenge yielded an opportunity: Nationally, there was increasing interest (encouraged by BJA and the SCF Center) in SCF alternatives to jail sanctions, including other modes of detention and non-custodial sanctions. ODRC sought to try out several different sanction responses in different counties, each suited to local circumstances, within a consistent framework of supervision. The goal in each county was to improve compliance and reduce recidivism compared with the conventional practice. An overall goal was to assess the feasibility and effectiveness of various sanction approaches.

Three counties in which ODRC provides courtesy supervision were selected for the 2014 pilot. In Auglaize County, a rural industrial area in western Ohio, Judge Fred Pepple of the Common Pleas Court was already using brief jail sanctions for most technical probation violations, and the Adult Probation Department was ready to formalize an SCF pilot. In Jackson County, in the rural Appalachian foothills of southern Ohio, probation was short on resources and interested in using 24/7 active GPS for electronic home monitoring (EHM) as a sanction. And for neighboring Pike County, a halfway house in adjacent Ross County was being made available for use.

The three-county pilot targeted probationers under Community Control and Judicial Release who scored at moderate or high risk on the Ohio Risk Assessment System (ORAS) or at low risk with a documented substance-abuse need. Arsonists were excluded, because they could not be placed in the Ross County halfway house. The conditions of supervision and orientation into SCF were similar across the counties. In each county, an SCF sanctions grid imposed three days for a positive drug test with admission or for a failure to report followed by voluntary self-report the next day. Up to 14 days were imposed for more serious technical violations. In Ohio, longer-term absconding requires a formal revocation process and takes the probationer out of the SCF framework. If the absconder is later returned to probation, he or she is placed back on SCF supervision. While the sanction durations were uniform across the three counties. the modalities varied: Jail in Auglaize County (at \$88/day), EHM in Jackson County (at \$10/day), and residential placement in Pike County (at \$45/day). In Jackson, EHM allowed probationers, with permission of their POs, to report to work, programming, medical appointments, and other approved activities. In addition to approved itineraries, POs could identify inclusionary and exclusionary zones and receive alerts in real time when a violation occurred. As APA POs do not

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work 24 hours a day, ODRC collaborated with Alvis House, which operates the halfway house in Ross County. Their staff members monitored GPS 24/7. In Pike County, ODRC worked with Alvis House to ensure that probationers' time at the facility was productive and prosocial. Alvis House developed a schedule of structured activities in which probationer participation was mandatory, and each of these individuals received direct interventions with a trained staff member and was given Carey Guide assignments.

To provide for swifter responses to violations than court hearings would allow, Judge Pepple made a journal entry of a 180-day jail sentence that was then suspended, then delegated the authority to POs to parcel out jail sanctions up to the length of the suspended sentence.

APA POs have the authority to impose noncustodial sanctions (in Ohio, other than jail or prison), so no accommodations were needed for administrative sanctions in Jackson and Pike counties. However, APA screened every SCF participant's sentence to ensure that the suspended-sentence journal entry was made.

Southern Ohio has some of the highest rates of opioid use in the United States, and probationers in Jackson and Pike counties have reflected that phenomenon—including the highest incidence of off-prescription

buprenorphine use that the SCF Center has seen. The halfway house in Ross County cannot accept placements when there is a history of recent opioid use, so in Pike County the SCF participants testing positive for opioids were taken to the jail in adjacent Scioto County for a three-day medically supervised detoxification before placement in the halfway house.

Each of the 2014 pilot counties is small, with only one judge. To assess the feasibility of SCF in a larger, urban county, Stark County (Canton) in eastern Ohio was selected for the 2015 pilot. Stark County has five judges, with two APA units in two cities. Stark County is using a day-reporting center as the sanction (typically referred to as "day jail"). Violators are required to spend eight hours in a classroom, working on employment, reflective essays, Carey Guides, or other assigned activities. Whereas the 2014 pilot counties used urinalysis for the instant drug test, PO workload burdens in Stark County necessitate the use of oral swabs, which have a shorter look-back interval.

Outcomes data from the 2014 three-county pilot (concluded in 2016) are currently being analyzed. The larger 2015 Stark County pilot is being conducted as a randomized controlled trial (SCF compared with supervision as usual), looking for an answer to the question, "Does SCF work better than supervision as

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usual?" The findings will inform ODRC's decision-making on employing SCF more broadly throughout the state and on what sanctions modalities will be used, depending on how effective they are shown to be. While we await those formal research findings, we can make some observations on implementation.

Even with ODRC having most of the operational responsibilities (monitoring, sanction, warrant service, etc.) in-house, effective implementation requires a concerted effort at teambuilding and coordination. This entails having all stakeholders agree on the principles to be adhered to, on the particular practices to be followed consistently, and on information sharing to ensure swiftness. Each community has its own standards, judges have their own jurisprudential philosophies, and POs have different views on when and how to respond to their clients' behaviors (and they value their discretion). Furthermore, POs work for the ODRC APA, but provide services to the local court, and so they must be responsive to both—a balancing act. Interestingly, one of the greatest benefits of conducting the SCF pilot has been deeper and more constructive relationships between the APA offices and the courts, not limited to SCF operations.

Despite all these challenges, we have been able to establish and maintain consistency as required across the pilot sites (and across the five SCF judges in Stark County), a goal that was achieved through meetings and consultations early on, and—indispensably—with the efforts of a dedicated project coordinator. The project coordinator collects and monitors implementation-fidelity data, liaises with the technical-assistance provider, and helps solve operational problems (such as, early on, with jail and halfway-house transportation in Pike County and with GPS-unit availability in Jackson County).

Overall, despite concerns about the loss of discretion in SCF, with its prescribed sanctions for every violation, POs think that SCF is an appropriate framework for managing felony probation caseloads. Probation officers think that it is more effective with clients with modest drug-use problems than with the more seriously addicted (for whom there are not necessarily other, better options). SCF does increase POs workloads, with the requirement to administer frequent drug screens and the burdens of acting on every violation (administering sanctions, report writing, and following up).

In Pike County, with the serious opioid problem noted above, several SCF participants have told their POs that SCF "saved my life." In Stark County, while we await the outcomes evaluation to assess whether the day-jail activities are productive, we observe that many probationers strongly dislike the sanction,

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expressing a preference for lockup in the county jail, where they are not required to think about the consequences of their actions. This implies that, depending on the individual probationer, day jail might have either deterrent or rehabilitative value. Probation officers in Jackson County think that Electronic Home Monitoring (EHM) might not be sufficiently restrictive for serious opioid users, who may continue to use while under home confinement, even knowing that they will soon test positive and receive further sanctions. Finally, in general, POs in Jackson County think that EHM sanctions are too short to deter--that is, time spent on EHM is not equivalent to time spent confined in a facility other than home.

A survey of SCF participants found that most perceive SCF, both in principle and as implemented, to be fair. The SCF Resource Center heard similar views from participants they interviewed. Critical to this perception, most felt that their PO and judge wanted them to succeed. They also expected that if they violated the conditions of their supervision, they would be sanctioned, and they knew what the sanction would be. These findings are encouraging; we await the evaluation results to show whether these perceptions of certainty and fairness (swiftness is more readily measurable) are enough to motivate compliance and reduce recidivism.

Ohio has limited inpatient substance-abuse treatment options compared with some other jurisdictions implementing SCF, especially in light of the opioid crisis in some parts of the state. Medication-assisted treatment, including buprenorphine and naltrexone, however, is widely available and accepted for use in SCF. A few SCF participants have been sentenced to a Community-Based Correctional Facility (CBCF), operated by ODRC, which provides structured programming and cognitive-behavioral therapy, but these are not chemical dependency treatment facilities.

As part of its move to evidencebased practices (EBP), since 2011 APA has been employing incentives and rewards, such as bus passes and fee waivers. These are available to SCF POs, as they are for standard supervision officers. The POs may use them at their discretion, but they are not integrated into the SCF behavior-response guide. Making incentives as swift and certain as sanctions, as some other agencies are doing, might enhance the perception of fairness of the SCF approach. The SCF judges have terminated a few probation terms early, for good compliance, on a case-by-case basis. Outstanding financial obligations preclude early termination for SCF participants who are otherwise fully compliant, but those cases can be put on monitored time (i.e., no required reporting).

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[Summary provided by Steve Claudio, Deputy Commissioner, New York State Department of Corrections and Community Supervision]

The New York State Department of Corrections and Community Supervision (DOCCS), led by Acting Commissioner Anthony Annucci, is an innovative organization that was produced by the merger of the Department of Correctional Services and the Division of Parole. In 2013, shortly after the merger, it had a concerted interest in a comprehensive rethinking of parole, focusing supervision efforts on public-safety outcomes such as risk reduction and behavior change instead of process outputs such as the number of PO-client contacts. DOCCS was fortunate in that it faced no budget crisis or staffing problems, so it could proceed deliberately in its efforts to be more progressive.

DOCCS leadership was familiar with the Hawaii HOPE study by Angela Hawken and Mark Kleiman, and they were considering including SCF as a component of parole reforms. After a call with Judge Alm, and Drs. Hawken and Kleiman, DOCCS began to develop its Recidivism Elimination Supervision Enhancement Team (RESET) initiative, which includes individualized case planning, place-based supervision, and SCF responses to behaviors. DOCCS was already using EBPs and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk-and-needs

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assessment instrument. DOCCS was also redoing its core supervision strategies, to align with RNR, and was employing specialized caseloads (sex offenders and mental health). For the general supervision population, DOCCS wanted a more focused approach, with greater (and measurable) efficiency.

A RESET leadership team and several working groups set about to develop a comprehensive strategy and plan. All stakeholders were represented, including the POs' labor union and communitybased organizations. Technical assistance was provided through a BJA National Training and Technical Assistance Center award to Dr. Hawken, who was able to bring in advisors from the Washington State Department of Corrections, which had implemented Swift and Certain in an institutional environment more similar to DOCCS than most court-centered SCF probation implementations. DOCCS received a 2014 award from BJA for SCF implementation, with technical assistance from the SCF Center. Crucial to the development of the RESET strategy and policies has been the involvement from the outset of the DOCCS Office of Program Planning, Research, and Evaluation.

All stakeholders agreed that the principles of SCF were consistent with their concept of parole, but there were many

details to work out in defining RESET. For the SCF component, the principal issue was how to respond to technical violations of conditions of parole. With parole supervision as usual, responding to a violation entailed a warrant and a hearing process (with detention in a local county jail, pending the hearing), which was not swift, and then a return to custody for a long time. Consequently, responses to misbehaviors were not certain. For SCF. RESET would entail a few days of confinement for small missteps. Since POs have the authority to impose a "change of residence" without a hearing, the RESET team decided to use DOCCS residential facilities, rather than county jails, for custodial sanctions. They are not normally used for this purpose.

The RESET team developed a pilot study to be implemented in two parole bureaus, one in New York City and one upstate, to reflect broad downstate/ upstate differences in bureau culture and in relations with local police departments. Bureaus in Harlem and in Rochester were selected primarily for their proximity to DOCCS residential facilities. As it happens, Rochester is an especially apt pilot site as it has had a high rate of parolee-involved violent crime in recent years, with local law-enforcement agencies looking to DOCCS for support. (Indeed, Monroe County, which includes Rochester, is now conducting its own

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SCF probation pilot.) RESET allows POs to intervene early, addressing technical missteps and changing behavior before more serious patterns of misbehavior develop. In the RESET pilot, POs have smaller caseloads than an equivalent risk-level caseload in supervision as usual.

The pilot study entails randomized controlled trials in the two bureaus. RESET participants are male only, because the two residential facilities do not accept women. Parolees on specialized caseloads and those scoring COMPAS level 4, who are low-risk, low-need, and would be harmed by over-supervision are also excluded. Unlike many SCF implementations, RESET is not focused on substance abuse, but is based on risk-needs-responsivity principles.

RESET participants are identified before their release from prison and are oriented to RESET while still in custody, so that they are prepared by the time they begin parole. After many revisions and refinements, the RESET Guide for Responding to Individual Decisions (GRID) specifies SCF responses to both negative and positive behaviors; a slightly modified GRID is provided to parolees participating in RESET. Sanctions for negative behaviors include noncustodial responses as well as brief diversions to residential facilities. The case plan is an individualized supervision process that the parolee and PO review

and complete together; it is unique to each parolee and that individual's criminogenic and stabilization needs, is completed within 10 business days of release to parole, and is updated at least twice yearly.

Process and outcomes evaluations are underway by the DOCCS research office. While conclusions about the effectiveness of RESET compared with supervision as usual await those evaluations, some lessons have emerged from experience to date in the pilot. The greatest challenge to SCF implementation, and the main effort of the RESET project coordinator, has been to maintain consistency. Different resources and logistical constraints between Harlem and Rochester, identified in a pre-pilot period, required some modifications of the RESET guidelines to accommodate both bureaus. A greater challenge has been consistency among POs. POs in standard supervision have considerable discretion, whereas in RESET their responses to parolee behaviors are more prescribed. The "certain" and "fair" elements of SCF, and the strictures of the randomized controlled trials, require that POs adhere closely to the SCF model and to the GRID, even when their experience and instincts would lead them to depart from it. This is entirely understandable; POs are dedicated public servants, and value their discretion and professional judgment. For example, consider if a client

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has an 8:00 p.m. curfew and a home visit at 10:00 p.m. finds him not there. If the client says that he'd just stepped out to the store to buy some milk, in supervision as usual the PO must decide whether to believe the client, hold the matter in abeyance pending an investigation, or file a violation report. In RESET SCF, this is a clear curfew violation, with a required (albeit modest) sanction. The RESET POs have come to appreciate that a consistent, predictable response is essential to changing parolees' mindsets, and that the ultimate goal is to reduce recidivism.

RESET appears to be working well, for both POs and parolees. The elements of RESET—SCF, individualized case planning, and case-based supervision—appear to be mutually reinforcing, rather than merely separate tracks. The SCF Resource Center, in interviews with participants, found that they perceive RESET to be fair, and that they appreciate that their PO is concerned about their succeeding on parole and pays individual attention to them. The RESET policies will be reviewed in light of the forthcoming evaluation, and DOCCS is considering a pilot expansion to include women and the use of EHM as a sanction. Looking further ahead to possible expansion statewide, the pilot has shown the importance of PO engagement and training, and of a dedicated project coordinator, to maintaining consistency to the RESET SCF model.

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#### **MASSACHUSETTS**

Summary provided by the Honorable Robert Brennan, first justice for the Salem District Court in Essex County, Massachusetts, and Regional Administrative Justice for Region 3.

Probation was invented in Massachusetts, and the Commonwealth remains interested in criminal justice reforms, including the adoption of EDPs. Recently, however, it has faced similar problems as in many other states, with probation largely a revolving door through the criminal justice system. I saw this pattern first as a prosecutor and then as a District Court judge. In 2011, the Massachusetts Probation Department was under the cloud of a hiring and promotion investigation and was looking for new approaches to improving supervision and reducing recidivism. The Superior Court Chief Justice, Barbara Rouse, had heard about the Hawaii HOPE research at a conference and thought that an SCF approach might be well suited to Massachusetts. When the USDOJ HOPE Demonstration Field Experiment (DFE) was announced, the Massachusetts Administrative Office of the Courts submitted an application for HOPE/MORR (Massachusetts Offender Recidivism Reduction). Judge Jack Lu of the Salem Superior Court and I were both regional administrative judges and interested in innovation, and the probation departments in Salem had challenging caseloads, so Salem was a good fit as the Massachusetts DFE site.

As a District Court judge, I had been frustrated that there was typically little distinction, except by chance, in how low-risk and high-risk probationers were supervised. In my courtroom, I was already employing the basic principles of SCF to the extent that I could

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(I heard probation violations for high-risk probationers), but HOPE/MORR provided the structure and formality to make SCF more consistent. The DFE required "replicating" HOPE as in Hawaii, to the extent possible. Despite the externally prescribed policies and practices, it was a challenge to put the pieces in place in Salem, as the HOPE/MORR team included many stakeholders: two courts, with different populations, governing statutes, and administrative guidelines; two probation offices (both with overstretched staff due to a statewide hiring freeze in probation); the sheriff's office (which administers the jail); the Salem Police Department and many smaller police department (which served bench warrants); the Public Defender's Office: and the District Attorney's Office--which had strong reservations about participating. Pulling this off required a skilled project coordinator, which we were fortunate to have.

From a judge's perspective, participation in the DFE and being part of a formal randomized controlled trial did not impose a significant burden.

Massachusetts statutes and administrative rules did not allow for a District Court judge to impose a brief jail sanction for a technical violation. The result was that in HOPE/MORR detentions had to be based on probable cause on an allegation of a violation, pending a final hearing at which probation was continued. This solution yielded the functional equivalent of an SCF jail sanction, consistent with due process

protections. Several other minor legal hurdles presented themselves, as they are likely to in any state developing its own SCF probation implementation. However, all were resolved satisfactorily.

The actual conduct of an SCF probation violation hearing does require more effort from a judge than does a conventional violation hearing. My manner was already well suited to SCF, but I have needed to be more consistent from case to case, aware of the sanctions guidelines, and conscious of the importance of consistency to the perception of fairness and procedural justice. It requires a greater emotional investment in the particular person in front of the bench—both with regard to the life circumstances that brought that person there and with regard to the immediate matter at hand. And, although there is a script for the orientation hearing, I cannot deliver it on autopilot and expect it to have the same impact as if I connect with each pobationer entering into SCF.

The process evaluation and initial outcomes evaluation of the DFE are by now well known. The process evaluation was as I expected, showing that we had implemented the model with fidelity, but I was surprised by the outcomes evaluation. My impression is that SCF has been working well in the District Court. Indeed, since the DFE ended, we have continued to supervise HOPE/MORR subjects under SCF, although it has been suspended for new entrants to District Court probation

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in Salem because of ongoing probation staffing constraints. Probationers, for the most part, think that it is fair—even those who have received relatively stiff sanctions, because they know that they were being attended to as individuals, as opposed to being lost in the shuffle in probation as usual. Doing SCF brings a completely different tenor to my interactions with probationers—and I see only those who are violating or who require referrals to treatment assessment.

The DFE required that a certain number of subjects be enrolled within the study period, which somewhat drove eligibility determination. Massachusetts District Court is expanding SCF beyond Salem (a trial in Worcester was recently concluded, and several other sites have begun pilots). We will be interested in further outcomes analysis of the DFE study, as I think that SCF is not equally suited to all probationers on the basis of a risk assessment. The ORAS short form in particular is poorly matched to identifying candidates for SCF, and the long form takes weeks to get results, a disservice to clients who may then be required to switch to a different supervision approach and PO. In particular, SCF is ill suited to those with serious mental illness who are unable to internalize cause and effect. In such instances, it is exhausting to all parties and fails to address the probationer's underlying needs. Unfortunately, these probationers can be difficult to identify; most probationers have some mental

health issues, but most can process cause and effect and are better off for having it reinforced. Another issue is that serious opioid users appear not to respond as well to a desistance mandate as other drug users do, without treatment. But is there a better alternative for opioid abusers on probation? Continuing to work with them, as frustrating as it may be for all concerned, may be the best choice from a menu of poor options.

Despite those caveats, I think that SCF is the best approach for all highrisk probationers. In the District Court expansion, there is some resistance from judges who perceive that SCF removes judicial discretion, akin to mandatory sentencing guidelines. This reservation is understandable, but the benefits of consistent, modest, sanctions outweigh the occasional case where my preferences might be for a different response. Since the DFE ended, we have been increasingly been using non-jail sanctions for minor violations—they might even be more common than jail sanctions. The POs are all for it, based on their interactions with their clients, many of whom prefer jail to sitting in the courtroom or courthouse cellblock all day, with nothing to do. The jail is happy not to have probationers intentionally violating to smuggle in drugs on a short sanction, and the court clerk has fewer forms to process. My impression is that these non-jail sanctions are just as effective as brief jail stays, but we will have to wait for the data to see.

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#### **OREGON**

Summary provided by Chris Hoy, Chief Deputy, Clackamas County Sheriff's Office.

Clackamas County Community Corrections has been employing SCF principles for decades, as Oregon's 1993 structured sanctions program gave probation and parole officers the authority to impose immediate sanctions, including jail time, for probation violations, and the agency already had been doing this for parole, local control, and post-prison supervision (yes, community corrections in Oregon is complicated). We had heard about HOPE in Hawaii, and the DFE was intriguing. Replicating the HOPE program would be consistent with our current practices, and the DFE would be an opportunity to drill down with a rigorous randomized controlled trial. We also had several specific goals we hoped the DFE could help with: reducing our use of jail beds, arresting both widespread methamphetamine use and a then budding (now fullblown) heroin epidemic, and solving transportation problems in a very large county. This third situation adversely affected ability to comply by people in outlying areas, and they too often ended up violating and absconding. The application for the DFE was a local initiative, between the District Attorney's Office and the Sheriff's Office (which Community Corrections is part of), with the Circuit Court brought in to comport with the judge-centered HOPE model, and local police departments engaged to support warrant service. Oregon law requires community corrections agencies to use EBPs, but otherwise there was no pressure from the legislators or the executive branch to change any practices or meet any targets.

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Replicating HOPE, as the DFE required, turned out to be a greater challenge than anticipated. We started with our probation population, individuals who are under the authority of the court. Compared with many other jurisdictions, however, judges in Oregon have very limited means to impose sanctions in probation (a "small hammer"). At the time the DFE began, it was a maximum of 180 days total, and it was later reduced to 60 days (compare with Hawaii, where failing on probation can result in the remainder of a 10-year suspended sentence, often to be served in a prison in Arizona). Therefore, a probationer who was inclined to violate and not especially deterred by jail could "swallow a 60-day pill" and get off HOPE. Or a probationer who was inclined to abscond repeatedly would know that the sanctions would amount to no more than 60 days, and these limitations did not allow a key feature of SCF—a relatively substantial penalty for absconding.

In order to remain in the DFE, we had to get creative. We turned to our local-control/post-prison supervision population (not on probation, as the DFE was intended), who were not subject to any sanctions limits, and we then worked with the court to deliver the sanctions on our recommendation and authority. The judge was fully onboard, but her busy schedule made finding time in her docket for swiftly conducted HOPE violation hearings a challenge. We worked out an accommodation with the judge and thus succeeded in showing a united face to our

clients, which was important to establishing the system's credibility. Unfortunately, the HOPE birthing pangs yielded a high absconding rate, which was then self-reinforcing, as the probation and parole officers (PPOs) spent much of their time serving the many bench warrants, which meant that absconders could expect to remain at large for some time, which in turn encouraged absconding. Over time, through the concerted efforts of our dedicated PPOs, the absconding rate was brought down.

The DFE process evaluation showed that we implemented the model with fidelity. The initial outcomes evaluation showed that recidivism in HOPE was no better than in supervision as usual and that revocations increased in HOPE—which is not surprising given the low baseline revocation rate and the minimal threshold and consequences of probation revocation in Oregon. We are interested in further evaluation of the DFE data on drug use and other technical violations. Despite the DFE findings and the difficult path to successful implementation, it was a valuable experience. And despite the complications of bringing violations into court rather than handling them administratively, the engagement with a multidisciplinary team gave the HOPE PPOs the impetus to dive deep into their caseloads. After all, the PPOs knew they'd be having conversations with the other stakeholders and had to be prepared--and they could be prepared, because they had smaller caseloads than the other PPOs.

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We are continuing to do SCF in community corrections, in an Enhanced Supervision Unit (ESU). Compared with the DFE subjects, the ESU includes only high-risk and very-high-risk subjects, i.e., those who have already failed on probation, are now on local control, and who tend to have more serious drug problems than those on probation. It also includes sex offenders, who were excluded from the DFE. This is their best hope for success (not returning to prison), as they receive extra attention, quick feedback for negative behaviors, and monitored drug testing. The monitoring and sanctions in the ESU are effective at quickly identifying drug addicts (as opposed to recreational users) and getting them into treatment. My strongest advice for other jurisdictions considering doing SCF is to do so only if there are adequate drug-treatment resources to meet the demand—otherwise you are just setting clients up for failure.

Clackamas County Community
Corrections is well situated to do
SCF, because many of the typical SCF
probation coordination problems are not
present. We provide the full continuum
of correctional services, with a residential
drug and alcohol treatment center (CSAP),
a transition center, and work release.
As the Chief Deputy Sheriff, I oversee
community corrections, the jail, and the
civil division. The Undersheriff oversees
the patrol division and supports warrant
service. Following the lessons learned
from the DFE on the issues of transition
and focusing resources, we have former

HOPE Probation and Parole Officers (PPO) embedded in the jail and in CSAP, serving to ease the move of clients into the transition center and to the street. In conclusion, I believe our participation in the DFE randomized controlled trial gave us an appreciation for the value of innovation coupled with rigorous evaluation, which we now integrate into all our operations. The unintended consequences have been even more rewarding than the original evaluation.

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The state of the s SWIFT, CERTAIN, AND FAIR VECTOS (I) BY JONATHAN KULICK, PH.D. AND ANGELA HAWKEN, PH.D.

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he Swift, Certain, and Fair (SCF) approach, widely adopted in community corrections, is now being implemented in correctional facilities. While circumstances in the two environments differ, staff members in both share similar concerns about the need to enforce rules with the least punitive



measures adequate to the task, thereby improving behavior and reducing the harms and costs associated with punishment. Moreover, the shortcomings of conventional approaches in the two settings are similar: Responses to misbehaviors have been typically slow, burdensome, and capricious; misbehaviors are not linked to consequences; and punishments may be excessively harsh, thereby consuming resources, impeding rehabilitation, and engendering disrespect for the disciplinary system. Since there is a continuum of supervision between correctional facilities and the community, experiences with SCF in-custody may be instructive to community corrections professionals. We profile here an innovator in SCF in-custody, the Pennsylvania Department of Corrections State Correctional Institution (SCI)-Somerset, led by Superintendent Trevor Wingard.

In most prisons, low-level rules violations—such as lying to staff, smoking in a no-smoking area, or failing to stand for count—are rampant. What is more, it is often unclear what constitutes a violation, as an "obey all rules" requirement in custody is as problematic as an "obey all laws" condition in community supervision. In SCI-Somerset, which was not atypical in this regard, the longstanding approach to handling such a low-level violation required that an officer write a misconduct report, which would be reviewed by a middle manager in about a week. If that review produced a finding of misconduct, a disciplinary response would be imposed (typically cell restriction for seven days or loss of privileges). In cases where the subject of the report declined to accept the finding, the report would then go to an independent hearing examiner, further delaying resolution. Whatever the disposition, the entire matter would be entered into the subject's permanent record and hence available

for review by the parole board when the subject is up for parole. Needless to say, this process is neither swift nor certain, and it is of questionable fairness.

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He saw an opportunity to change how lowlevel misconduct in housing units was addressed, bringing the authority and responsibility down to the linelevel officer. Not only would doing so allow for swifter resolution with more modest responses. but it might also give line-level staff more ownership of their housing units, improving their relations with residents.

Mr. Wingard was aware of SCF in probation and parole due to a couple of pilot programs in Pennsylvania, and he then became familiar and with small pilot programs applying those principles in different ways in prisons in the states of Washington, Ohio, and Michigan. He saw an opportunity to change how low-level misconduct in housing units was addressed, bringing the authority and responsibility down to the line-level officer. Not only would doing so allow for swifter resolution with more modest responses, but it might also give line-level staff more ownership of their housing units, improving their relations with residents. The overarching goal, of course, was to reduce negative behaviors that lead to high-level misconduct and the resulting punitive segregation. Mr. Wingard did not think that SCF would make a difference to all residents, as some would never get into trouble and wouldn't encounter SCF responses, whereas others would continue to misbehave no matter the response, ultimately ending up in segregation. However, the greater part of the prison population is in the persuadable middle, comprised of individuals who can be led astray by impulse or peer pressure or can be guided to good behavior with the proper motivation.

Mr. Wingard started with one housing unit it was already constituted, with no special selection of staff or residents. A list of targeted low-level misconducts was drawn up that included those that occurred frequently, that tended to lead to higher-level violations, or that caused tension between staff and unit residents. A sanctions schedule was developed, with stipulated responses ranging from a reprimand and warning up to 14 days of cell restriction. Residents and staff were oriented into SCF, with the message repeated at every

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opportunity. Implementation followed. Under the new system, whenever a targeted rule violation occurs, an officer immediately acknowledges the behavior, documents the violation, and then reports it to the unit supervisor. The unit supervisor meets with the subject, discusses the violation, and administers the sanction. The matter is not entered into the subject's permanent record. If the subject does not agree to the violation, he is free to request a conventional misconduct process, with the usual delays.

After joint discussions between staff and residents, the top response was changed to loss of privileges for 14 days, as cell restriction would unduly hinder program attendance and thereby undermine broader efforts to improve behavior. Furthermore, experiences in other prisons, discussions with persons in custody, and behavioral research on loss aversion suggested that withdrawal of earned privileges may be a more salient sanction than confinement. For example, loss of dayroom use may mean that a resident effectively loses access to phone, television, and microwave privileges.

From one SCI-Somerset housing unit, SCF has now expanded throughout the facility, except for a few special-population units. A formal randomized controlled trial is still underway, but preliminary indications are that SCF significantly reduces both low-level misconduct and the use of cell restrictions, and staff and residents report feeling less stressed. Anecdotally, SCF is meeting some of its major goals and has had significant impacts on some participants. One resident told an officer that he perceived SCF as fair, bringing up a case where the officer had imposed a cell restriction on a fellow inmate who had been considered a "teacher's pet," defying expectations that he'd be given special consideration. A unit manager told Mr. Wingard that he had several residents who would not have made parole but for SCF and would otherwise have been warehoused, resulting in an unnecessary drain on Commonwealth funds. Mr. Wingard has also heard of residents requesting to be transferred to SCF housing units because they recognize that they have trouble following rules and need to be kept in check with small nudges for their own good.

Officer workload, unfortunately, increased initially after SCF implementation, as residents were continuing to misbehave as much as they had habitually done, and officers had to document every instance of misconduct. With time, however, behavior improved and officers learned how to streamline their responses, resulting in a reduced discipline-related workload. The SCF Resource Center has observed a similar

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pattern in many community supervision SCF implementations.

A dozen or so other Pennsylvania DOC facilities have started or will be starting SCF pilots. Mr. Wingard notes that the particular implementation at SCI-Somerset was developed with and by its stakeholders, and an equally effective implementation at another of the state's DOC facilities might be quite different in its details, depending on the population, institutional culture, or facility design.

This principle of adapting SCF implementation to local needs applies in even greater measure in the context of different states' correctional systems. Peer-to-peer exchanges with other corrections departments facing similar problems and with similar goals (as assessed in accordance with the American Correctional Association's standards on discipline and the use of segregated housing) have shown that resources and capabilities can vary considerably. In one state that Mr. Wingard visited, for example, there are no corrections officers on housing units, as they are staffed by caseworkers in street clothes. Clearly, in that system, the SCF discipline process would have to be tailored to caseworkers. Mr. Wingard also notes that not all staff are necessarily positively disposed to carrying out SCF practices. This has not been an issue at SCI-Somerset, and, in

any case, if faced with such a situation he would have been able to reassign the staff member if deemed necessary. However, housing unit positions in some systems are bid jobs, and the superintendent cannot remove an officer who does not abide by an SCF approach.

SCF in-custody is still nascent. As it becomes more established, it will interact with SCF in the community. A person may well be on SCF pretrial supervision until sentencing, then on SCF while in custody, and then on SCF in supervised release. While the particulars of each implementation will necessarily vary, a consistent application of principles across the continuum of supervision will serve all parties well.

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#### THE FAILURE OF SWIFT, CERTAIN, AND FAIR SUPERVISION: CHOOSING A MORE HOPEFUL FUTURE

BY FRANCIS T. CULLEN, PH.D., TRAVIS C. PRATT, PH.D., AND JILLIAN J. TURANOVIC, PH.D.



The United States is just emerging from a policy era nourished by the widespread belief that if we just watched, threatened, or punished offenders enough, they would not recidivate. During this time, one punitively oriented intervention after another boldly promised to decrease reoffending: scared straight, intensive supervision, boot camps, even painful incarceration. One by one, the claim that "punishment works" has been falsified by the evidence from evaluation studies (see Cullen, Blevins, Trager, & Gendreau, 2005; Cullen, Jonson, & Nagin, 2011; Lipsey & Cullen, 2007; Maahs & Pratt, in press; MacKenzie, 2006; Petersilia & Turner, 1993). Thus, assessing 100 metaanalyses or systematic reviews, McGuire (2013, p. 30) concluded that "the only recurrently negative mean effect sizes reported to date are those obtained from criminal sanctions or deterrence-based methods. Punitive sanctions repeatedly emerge as a failed strategy for altering offenders' behaviour." MacKenzie and Farrington (2015, p. 565) echo this point: "Interventions based on surveillance, control, deterrence, or discipline are ineffective."

Despite this sobering empirical reality, punitive correctional programs continue to be created, the latest incarnation being "swift, certain, and fair" (SCF) offender supervision.

Advocates of this approach are betting that the dismal performance of prior punitive approaches is due not to the limits inherent in punishment but to past failures to calibrate the punishment appropriately. Thus, they propose that if agencies make punishment just swift enough and just certain enough, offenders will learn that bad behavior has consequences and will refrain from further wayward conduct. After all, nobody touches a hot stove more than once: The pain is immediate and certain. It is simply common sense that when punishment is unavoidable, people will obey the rules. Unfortunately, in this case, common sense is largely incorrect.

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In this regard, high-quality evaluations have now been undertaken of the shining example of swift and certain supervision: Hawaii's Opportunity Probation with Enforcement program, now commonly known as Project HOPE. Invented in Hawaii by Judge Steven Alm in 2004, HOPE required that violations of supervision conditions be punished as soon as possible (achieving swiftness) and without exception (achieving certainty). Notably, a subsequent evaluation initially reported strong results (Hawken & Kleiman, 2009). Since that time, Project HOPE and versions of the swift-andcertain model have spread to least 40 jurisdictions (Pearsall, 2014). However, with empirical data limited to a single location, it was risky to assume that SCF was a new and improved correctional product (Cullen, Manchak, & Duriez, 2014).

Single studies often do not replicate because their success may be due to random statistical error or due to factors unique to the context in which they were first attempted (loannidis, 2005; Lehrer, 2010). Unlike the pharmaceutical industry, corrections has no protocols or standards—such as multiple experimental trials—that must be met before informing policymakers and practitioners that a new intervention is safe to use. Most often, "word" spreads that an intuitively appealing program "works," and some

agencies rush to impose this modality on offenders. As noted, it is a sad fact that virtually every punishment-oriented intervention has exerted a weak, or even a criminogenic, impact on recidivism and, taken together, they comprise prime candidates to be labeled correctional quackery (see Latessa, Cullen, & Gendreau, 2002).

This essay has three purposes. First, the emergent evaluation literature on Project HOPE, which served to popularize the SCF model, will be reviewed. The results suggest that the swift- and-certain model has weak to null effects on recidivism. Second, we discuss why punishment-oriented programs, including SCF, tend to fail. And third, we make a case that a more hopeful future for probation and parole supervision lies not in a regimen of zero-tolerance supervision but in a commitment to a human service-rehabilitation approach.

#### BAD NEWS FOR SWIFT-AND-CERTAIN SUPERVISION

Project HOPE has spread from Hawaii to mainland United States, with the "H" in HOPE being changed to "Honest." In this section, we focus on the key outcome of any correctional intervention: recidivism rates. To claim that an initiative "works," it is necessary to demonstrate that it consistently reduces reoffending by a substantively meaningful amount. If not, it

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makes more sense to consider alternative correctional strategies.

When an intervention only weakly affects recidivism, advocates are likely to point to other collateral benefits. With Project HOPE, for example, it is possible to note that offenders in the HOPE group tend to have fewer revocations than those in the control group. Although others are free to embrace this logic, we reject it for two reasons. First, to implement an intervention based on collateral benefits forecloses implementing alternative correctional programs that might lower recidivism—the key concern for public safety. Second, the model being proposed might not be the best way to achieve the collateral benefit. For example, Project HOPE and the SCF model require probation and parole agencies and courts to restructure their operations so as to ensure that there is zero-tolerance for any technical violation. This supervision regimen may dissuade offenders from violating supervision conditions and thus avoid revocation. But a simpler way to lower revocation—as some states have considered (Klingele, 2015)—is to forbid agencies from revoking offenders who do not commit new criminal acts (see also Corbett, 2015)

#### **NEWS FROM HAWAII**

As noted, high-quality evaluation studies are now available assessing the

Project HOPE/SCF model. The initial evaluation of Project HOPE presented positive data from two studies: a small pilot study using a quasi-experimental design and a larger study using random assignment to a HOPE group (n = 330) versus a probation-as-usual group (n = 163). The second study—called an RCT or a randomized controlled trial—is the gold standard of evaluation methods because the "treatment" cannot be contaminated by any factor unique to the groups being compared. These results were strongly positive for Project HOPE, creating a buzz in the correctional community that an innovative supervision model was at hand (Hawken & Kleiman, 2009).

Led by one of the original evaluators, Angela Hawken, a team of researchers conducted a 76-month longitudinal study of the participants in the earlier RCT experiment called Hope II (Hawken et al., 2016). Although some positive findings were reported, the overall impact of Project Hope on recidivism—as measured by criminal charges—was weak to null. One worry about swift-and-certain supervision is that its effects would wear off once offenders were no longer under the watchful eye of probation officers. This may have occurred, but regardless of the reason, the effects of Project HOPE decayed over the 76-month follow-up period.

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The good news for Project HOPE is that offenders in the control group were more likely to have new charges and multiple charges. However, when the data are unpacked further, bad news is unavoidable because the differences between the HOPE and probation-asusual groups proved to be negligible (Hawken et al., 2016, p. 50). First, the mean number of charges per offender for those in the control group was only slightly higher—1.12 charges versus 0.91 for the HOPE group. Thus, over 76 months, offenders in the two groups differed, on average, by one-fifth of a single charge (or an average of 1/35<sup>th</sup> of a crime charge per year). Second, when offense type was examined, there were no statistically significant differences between the groups for property, violent, or social disorder offenses. Substantively, the mean number of charges for each offense category was meaningless: property—0.36 for the controls versus 0.34 for the HOPE group: violent—0.20 for the controls versus 0.17 for the HOPE group; social disorder—each group 0.26.

Third, for drug offenses, different results appeared. As Hawken et al. (2016, p. 50) note, "the difference in recidivism between HOPE and control subjects is primarily due to new drug charges." Even here, the absolute numbers are not grounds for celebration. The mean number of drug charges per

offender was 0.27 for the control group and 0.12 for the HOPE group. The authors report that the "% difference" is "-55%" (Hawken et al., 2016, p. 50— Table 3). Alas, computing percentages on low base-rates of crime risks portraying small absolute differences as large. So let's put this finding in perspective: After more than six years, the drug charges figure for the HOPE group was on average only a fraction of a single offense lower (0.15 of an offense difference).

The results from Project HOPE are fairly clear. The difference in recidivism between the HOPE and control (or probation-as-usual) groups is often not statistically significant and, even when it is, the size of the effect is substantively small. A case might be made that HOPE was more effective for drug offenders—a finding that might be expected because offender drug tests allowed for certainty of punishment and drug offenders were a prime target of the initial program. But as we have seen, even here, the absolute group differences were limited.

#### **NEWS FROM THE MAINLAND**

Recent evaluations from the mainland range from positive (one) to null effects (five). We will not discuss these studies in great detail because they are available in published articles (see Hamilton, Campbell, van Wormer, Kigerl, & Posey, 2016; Lattimore, MacKenzie, et al.,

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2016; O'Connell, Brent, & Visher, 2016). Nonetheless, we will summarize the key findings and then take stock of the empirical status of the SCF model.

The most positive news comes from the state of Washington where the Department of Corrections transformed its community supervision of offenders (parolees and felony probationers) into SCF supervision (see Hamilton et al., 2016). A randomized control trial (RCT) was not possible because the entire system was changed and no offenders remained to serve as a control group. To overcome this limitation, the researchers used a sophisticated statistical procedure ("propensity score modeling") to match SCF supervisees with those who were supervised in the previous system (a "historical" control group). The study involved nearly 10,000 offenders who were followed for a 12-month period. Measuring recidivism through reconvictions, a consistent pattern of reduced crime was found for the SCF supervisees. On closer inspection, however, the differences between the SCF group and the supervision-as-usual control group were small. The largest gap was for "any reconviction," where SCF offenders had 6.1% fewer reconvictions. The differences in reconvictions between the groups declined thereafter: 2.4% for any felony, 2.1% for violent felony, 1.2% for property felony, and 0.7% for

drug felony (Hamilton et al., 2016, Table 3). Further, the SCF group received not only a new form of supervision but also more cognitive behavioral therapy. It is possible that some of the differences in reconvictions could be attributed to a treatment effect rather than to a punitive-based deterrent effect.

Apart from Washington, the evaluations reported only bad news for the Project HOPE/SCF model. In Delaware, researchers assessed the "Decide Your Time" (DYT) program on 400 high-risk, drug-using offenders (O'Connell et al., 2016). Using an RCT design, 200 offenders were assigned to the DYT group and 200 offenders were assigned to the group receiving "standard probation"; they were followed for 6, 12, and 18 months. Negative results were found. As O'Connell et al. (2016, p. 27) conclude, "Probationary and drug use outcomes were in the opposite direction from that hypothesized and none of the five measures of recidivism demonstrated a significant effect of DYT." One other finding should be mentioned: Offenders receiving treatment had "lower odds of a new crime at each time point" (2016, p. 25).

The most discouraging news comes from a high-quality RCT evaluation of four different HOPE programs implemented in counties located in

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Arkansas, Massachusetts, Oregon, and Texas (Lattimore, MacKenzie, et al., 2016; see also Lattimore, Dawes, et al., 2016). The study involved more than 1,500 probationers followed for an average of 648 days. To avoid attributing the evaluation results to a failure to follow the HOPE model closely enough, implementation fidelity was studied and found to be within an acceptable range. As Lattimore, MacKenzie, et al. (2016, p. 2) note, the outcomes were "consistent with findings from the Delaware Decide Your Time (DYT) RCT." Specifically, "recidivism results suggest that HOPE/SCF [Swift, Certain, and Fair] supervision was not associated with significant reductions in arrests over probation as usual with the exception of a reduction in drug-related arrests in one site" (2016, p. 2).

#### TAKING STOCK

Taken together, the results of the evaluation studies indicate that SCF punishment and Project HOPE are not an effective supervision strategy (see also Cullen, Pratt, & Turanovic, 2016). The evaluations showed that Project HOPE/SCF was successful in two sites (Hawaii and Washington) but unsuccessful in five sites (Arkansas, Delaware, Massachusetts, Oregon, and Tennessee). Because the programs were implemented with fidelity, these failures cannot be attributed to poor program implementation. Further, the positive results achieved in Hawaii

and Washington were relatively small, especially for offenders charged with or convicted of property and violent crimes. Finally, most worrisome for the SCF model, the initial positive findings for the HOPE program in Hawaii decayed over time. We have no assurances that this will not occur elsewhere, with any crime reductions diminishing as offenders are released from SCF supervision and must negotiate their lives independently. The policy implications of these findings are clear: At this time, there is insufficient empirical support to transform the operations of probation and parole agencies to subject offenders to SCF supervision (see Cullen et al., 2014).

Briefly, one rebuttal can be anticipated: The claim that the HOPE/SCF model can achieve other collateral benefits (e.g., lower revocation rates, cost savings) without jeopardizing public safety since the intervention does no worse in reducing recidivism than supervision as usual. We can give three responses. First, the collateral benefits from HOPE/SCF are not found in every location (compare Hamilton et al., 2016 with Lattimore et al., 2016). Second, as noted, it is not clear that the same benefits cannot be attained through measures that do not require transforming probation and parole agencies into instruments of offender punishment. And third, few jurisdictions would implement swift-and-certain

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supervision if the model was marketed up front as an intervention that "will save some money but not any crime."

### WHY PUNITIVE SUPERVISION DOES NOT WORK

A danger of any punishment program is that its true nature will be softened by attaching a label "HOPE" or "Swift, Certain, and Fair." These names are seductive because taking the opposite position would make someone be against "hope" or in favor of "delayed-and-uncertain" supervision. But such cosmetics should not hide what punitive corrections wishes to accomplish: use the threat or application of punitive sanctions to coerce offender compliance. In this regard, we prefer to call the SCF model what it actually is: zero-tolerance supervision.

There are three core reasons why the HOPE/SCF model is unlikely to achieve more than limited success, even when compared with supervision-as-usual control groups who may be receiving flawed interventions (see also Duriez, Cullen, & Manchak, 2014). First, calling something swift and certain does not make it so. The punishment of offenders may be swifter and more certain than is normally the case, but this does not mean that the punishment will be swift enough and certain enough to achieve long-term behavioral change among offenders. Advocates of the SCF model

rarely cite the extensive experimental studies in psychology laboratories on swiftness or celerity of punishment. This research shows that unless punishment is administered literally seconds after an unwanted act, its effect on that behavior will wear off substantially as time passes (Pratt & Turanovic, in press). Further, SCF advocates do not reveal which violations of conditions are amenable to certain sanction and which are not. Certain sanctioning is possible when offenders fail drug tests or do not show up for meetings because the violation is always detectable. But there is no urine test for associating with known felons, carrying a gun, or burglarizing a house. In such cases, certainty of punishment is near zero and thus a core principle of the SCF model is violated.

Second, there is no persuasive body of evidence that complying with supervision conditions is associated with lower recidivism rates. In fact, one study of intensive supervision programs found no association between technical violations and reoffending (Petersilia & Turner, 1993).

Third, and perhaps most important, the SCF model misdiagnoses the sources of offender recidivism. Consistent with the model, perceived certainty of punishment is a predictor of crime and thus increasing it could have some deterrent effect. But

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advocates of SCF do not reveal that in multivariate models, perceived certainty is only a modest to weak predictor of offending (Pratt, Cullen, Blevins, Daigle, & Madensen, 2006). By contrast, based on meta-analyses, Andrews and Bonta (2010, pp. 58-59) have identified the major "dynamic" predictors of recidivism that is, risk factors that are strongly related to reoffending and amenable to change. They call these the "Big Four" and the "Central Eight." These include, for example, antisocial personality patterns (e.g., low self-control), antisocial cognitions and associates, and poor family relationships. Sending an offender to jail for missing an office visit or two is not the right medicine for changing these criminogenic factors. This is why Andrews and Bonta (2010) would recommend giving offenders a treatment modality, such as cognitive behavioral therapy, that is responsive to these offender needs. To be clear, SCF punishment does nothing to help offenders address these challenges.

### CONCLUSION: CHOOSING A MORE HOPEFUL FUTURE

A fundamental historical challenge to American corrections is how to balance the goals of punishment and rehabilitation. In a very real way, the emerging popularity of the Project HOPE/ SCF model places probation and parole agencies at a clear fork in the road. As we have indicated, we believe it would be a grievous error for agencies to choose the punishment path without truly knowing what this would entail (see also Cullen et al., 2016; Duriez et al., 2014). On a technical level, the existing evaluation research cautions against seeing SCF (or zero-tolerance) supervision as a panacea that will achieve remarkable reductions in offender recidivism. But it also is wise to keep in mind the historical record of punishment-oriented corrections where it is difficult to find a single accomplishment that would make us proud today. Indeed, we are just emerging from a mean season in corrections that academics and elected officials of all political leanings admit was a policy disaster. The SCF/zero-tolerance punitive model is simply more of the same. Here, the priority of probation and parole will not be helping and "correcting" offenders but monitoring them efficiently and cheaply.

In reading the writings on the Project HOPE and SCF model, we are struck by their almost antiseptic tone. Offenders are scrubbed clean of their criminogenic needs, their mental health status, their poverty, and their race. They are transformed into objects to be sanctioned efficiently so the state can reap cost savings. Individual differences in the propensity to offend seem to vanish. At most, offenders are portrayed as bothersome for failing so many drug tests. After all, the goal is to economize

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on treatment. Advocates do promise one humane outcome: By subjecting offenders to swift-and-certain punishments, they will be dissuaded from piling up technical violations that will send them, ultimately, back to prison for longer periods. Again, advocates do not consider that there may be other, less punitive ways to achieve this goal.

Little mention is made, for example, of the call to move toward not zerotolerance supervision but zero-conditions supervision (Corbett, 2015; Klingele, 2013). One way to reduce violations of supervision conditions is not to have any—well, at least not many—of them. If compliance with the standard boilerplate list of conditions is unrelated to recidivism. then what conceivable rationale is there for retaining them (Doherty, 2016)? The SCF model never questions whether it is a good idea to have these conditions in the first place, let alone send people to jail repeatedly or to prison eventually for violating them.

Arguably, it makes more sense to start with zero conditions and then, in an individualized plan developed for each offender, add in those conditions that are related to their risk of recidivating (e.g., drug testing for drug offenders, not going to locations where past crimes were committed) (Corbett, 2015; see also Schaefer, Cullen, & Eck, 2016). It

also makes more sense to start with the premise that no supervisee should be revoked and incarcerated for anything other than a new criminal offense. Once this limit is instituted, probation and parole officers can develop new strategies to motivate offenders to comply with the limited number of conditions placed on them. As a way of fostering compliance, graduated sanctions might make sense, but only if they do not involve jail time and only if they are balanced by a set of graduated rewards. What needs to be forfeited is the core assumption of the SCF model that the best way to secure obedience to rules is to threaten and punish offenders with time behind bars.

In the end, we believe that a more hopeful future for American corrections lies in taking the other path in the fork in the road—the human service/ offender treatment road. Many of those in corrections are familiar with the "RNR model" of Andrews and Bonta (2010) and their Canadian colleagues such as Paul Gendreau. Their guidelines for effective intervention include, of course, the risk (R), need (N), and responsivity (R) principles. What is perhaps less known is that the principle listed just before the RNR principles is the admonition to "Introduce Human Service" (2010, p. 46). Read their description of this principle carefully: "Introduce human service into the justice context. Do not rely on the sanction to

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bring about reduced offending. Do not rely on deterrence, restoration, and or other principles of justice" (p. 46; emphasis added).

Again, the empirical evidence firmly supports following this advice. To cite just one more example, Lipsey (2009) conducted a meta-analysis of 548 independent study samples. He found that beyond focusing on high-risk samples and quality program implementation, the only correctional factor that had a large impact on recidivism was if the intervention had a "therapeutic philosophy." Programs, such "as counseling or skill training, were more effective than those based on strategies of control or coercion—surveillance, deterrence, and discipline" (2009, p. 143).

As Corbett (2012, p. 74; emphasis in original) reminds us, "the vital differences in succeeding with our cases...is not what we do but how we are with those in our caseloads." The risk of the Project HOPE/SCF model is that it will reduce supervising officers to punishment accountants who tally failed drug tests and missed office visits and dole out prescribed jail time irrespective of offender needs or strengths. This approach not only is unlikely to work but also will rob supervision of its humanistic quality. A more hopeful future lies in officers building quality relationships with offenders and in

using evidence-based human service interventions that treat supervisees as individuals worthy of our care and concern (Corbett, 2012).

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# THIS CITY NEVER SLEEPS. NEITHER DO WE.



### **RELIAS TRAINING**

- Interactive evidence-based training
- Standardized training plans
- Mental health and de-escalation training
- Motivational interviewing
- Treating the opioid epidemic

### **RELIAS LMS**

- Schedule and track live and online courses
- Assess skills and training retention
- Train anytime, anywhere by computer or mobile device
- Manage policies
- Mitigate risk



RELIAS LEARNING



ommunity supervision agencies have been using automated reporting kiosks since the mid-1990s, but little research has been conducted on the implementation of this technology. A recent study prepared by Westat, with funding from the National Institute of Justice, sought to provide agencies with a framework to help them determine whether kiosks could effectively support the management of low-risk offenders. The report on this study, *Kiosk Supervision: A Guidebook for Community Corrections Professionals*, presents information gathered from multiple jurisdictions in a format useful for administrators considering the use of this technology.

Kiosks have provided an attractive option to agencies for more than two decades because they offer a relatively low-cost method of supervision of low risk offenders, an important factor when workloads are increasing and resources are stagnant. Further, as officer time is tremendously limited, kiosks allow officers to spend more time addressing

the needs of higher risk offenders, which is in line with evidence-based principles.

Westat researchers conducted indepth interviews with multiple agencies falling into three categories: current users, previous users, and those who seriously considered the use of kiosks but ultimately decided not to move forward. These interviews formed the basis of the guidebook, which outlines the policy and implementation issues an agency must consider when deploying this technology, including start-up and ongoing maintenance costs.

Among the key factors that emerged were the need to properly align the assignment of probationers to kiosk reporting with risk level; the need to address logistics, including the physical location of the kiosk and operating hours; and the need to integrate the kiosk with the agency's case management system for seamless data flow. Throughout the report, practitioners identify the benefits of an automated reporting system, but they also present lessons learned about implementation and critiques of the technology used in call-out-boxes—useful information that they label "advice from the field." A helpful checklist for agencies considering deploying kiosks and a list of current kiosk vendors is also presented.

Researchers also examined recidivism data as part of an outcome evaluation and concluded that probationers assigned to kiosk reporting were no more likely to be rearrested than similar probationers

assigned to traditional supervision.
These results are consistent with previous studies conducted in New York City and Maryland, which suggests that automated reporting can allow an agency to better allocate its scarce resources without sacrificing public safety.

All in all, Kiosk Supervision: A
Guidebook for Community Corrections
Professionals is a valuable resource for
community supervision administrators
considering the use of this technology. To
view and download this report please visit:
https://www.nij.gov/topics/corrections/
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### Health and Safety Committee Report

The Health and Safety Committee has been working on a number of important issues over the past several months. Most of the work has been on finalizing a draft of the survey on searches in probation practice. The survey is currently in draft form and will be finalized by end of the year.

Next, the APPA Board approved the suggestion by the Committee to approach the National Law Enforcement Officers Memorial Museum to determine if a display is possible for the pretrial/ probation/parole/community corrections officers killed in the line of duty. The museum agreed to have a display in the Hall of Remembrance. The Committee now needs to provide the museum with modern and historic objects and stories about the community corrections field. This is a timely opportunity to convey information to members of APPA and provide the objects and information being sought by the museum.

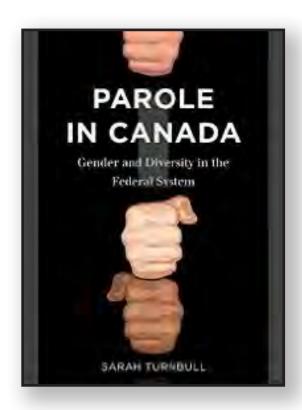
The use of body cameras by probation and parole officers has been examined by the Committee as a topic, along with the Technology Committee. The Technology Committee will take the lead on developing a survey to examine the use of body camera technology by probation

and parole officers. Generally, the survey may cover the major issues administrators should consider when deciding whether to pursue the use of body cameras, specific applications of the technology, costs and benefits, unintended consequences, labor issues, and other related issues.

The Committee is also examining the elements of the Law Enforcement Officers Safety Act that impact employed and retired officers. This examination will focus on certification requirements, special deputy or reserve deputy status, and identification of programs currently in place throughout the United States. Additional discussion and information will be presented at the Annual Training Institute in New York.

Finally, the Committee is in the process of gathering information on officers being issued and trained in the administration of Naloxone and Narcan to individuals under supervision who experience an opioid overdose.

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### PAROLE IN CANADA: GENDER AND DIVERSITY IN THE FEDERAL SYSTEM

SARAH TURNBULL

VANCOUVER: UNIVERSITY OF BRITISH COLUMBIA PRESS (2016). HBK. 235 PAGES

Commencing in the 1970s, criminal justice organizations have faced enormous changes in the landscape of **penality**. Sentence reforms have been an ongoing activity as governments respond to various challenges in the justice system. A considerable body of academic and iournalistic literature has documented these changes and their intended as well as unintended consequences, such as mass incarceration, overrepresentation of minorities, growth in women's imprisonment, and the expansion of other forms of sanctions that have increased the carceral net. Addressing these challenging issues also requires policy and practice adaptations to changes in the correctional populations, especially in the arenas of diversity, race, and gender. Some have found that various changes in penality have been accompanied by a reluctance on the part of government institutions to be completely open to research on the impact of such changes--denying or restricting academic researchers who are seeking access to information and, in terms of qualitative research, seeking access to staff or inmates. This trend has impeded the production of knowledge and at the same time has compelled researchers to be more imaginative and innovative in finding the data and information they need to understand actions of the correctional system and their outcomes.

One of the values of Parole in Canada: Gender and Diversity in the Federal System is how the author has This is one of the first books to take a serious look at concerns related to aboriginality, gender. how the multicultural ideal of diversity has been interpreted, and how these interpretations have affected Canadian parole policy and practice.

found ways to access information pertinent to her thesis, thus showing an approach that may contribute to the work of future researchers who are finding difficulty in gaining direct access to the subjects and data they wish to investigate. That author, Sarah Turnbull, earned her Ph.D. in Criminology and Sociolegal Studies and the Collaborative Program in Woman and Gender Studies from the University of Toronto, and Parole in Canada is based on her doctoral research. She is currently a Lecturer in Criminology at the School of Law, Birkbeck, University of London. Prior to joining the Birkbeck faculty, she was a postdoctoral research fellow at the Centre for Criminology, University of Oxford, where she assisted in creating and co-directing an international network, Border Criminologies, that deals with issues related to migration, immigration, and refugees. Turnbull's current research focuses on examining immigration detention and deportation in the United Kingdom.

In Parole in Canada, Turnbull notes that just as the characteristics of Canada's overall population have changed in the last 40 years, so too has the prison population, and the rising diversity of the inmates in turn raises critical questions about how the state punishes those who offend. This is one of the first books to take a serious look at concerns related to aboriginality, gender, how the multicultural ideal of diversity has been interpreted, and how these interpretations have affected Canadian parole policy and practice. By focusing in particular on the Parole Board of Canada and its policies and actions, the author clarifies how some efforts have been made (for example, decisions regarding conditional release may now take into account certain selected aspects of offender differences), but not enough steps have been taken to make the needed alterations in longstanding institutional structures and practices or to produce real systemic change in overall power arrangements.

The book begins with an introduction that outlines the purpose and background of this exploration of gender and diversity in Canada's parole system. It also discusses penal reform and the turn towards diversity, providing a basic historical grounding and context pertinent to the study. In that introduction Turnbull suggests:

...there is a possibility that recent initiatives to make incarceration and parole more sensitive and responsive to notions of gender, race, ethnicity and/or culture will reaffirm these structures as necessary or suitable for managing deviance, thereby strengthening the "carceral pull" of these institutions particularly as they appear responsive to various groups of offenders and their needs.

Turnbull also notes that "diversity" is not formally defined by the government, so she has defined that term in this book as "a construct that includes racialized and/or cultured differences, as constituted in relations to white Anglo- and Franco-Canadian norms that remain dominant in the white settler nation-state known as Canada." The focus of her analysis is the "institutional representations, narratives, and discourses within institutionally produced documents that speak to notions of gender and diversity."

The author has organized her material into six chapters, each exploring different aspects of her topic. In the

opening chapter, "Putting Gender, Race and Culture on the Penal Agenda," she notes the lack of readily available documentation of historical moments related to gender and diversity from the 1970s onward, and she goes on to use this chapter to trace the results of her collecting and documenting a coherent picture of the changes in conditional release over the past four decades. The next chapter is more specifically focused on the Parole Board of Canada and its approaches to diversity and gender. Here again she demonstrates her use of a multi-method approach to analysis by using literatures from anti-racist, feminist, sociology of organizations, and management studies perspectives to position the parole board's diversity work in a larger context. The third chapter explores the development of racialized and gender knowledge through diversity training, the interpretation of a court ruling dealing with a wide range of issues related to aboriginal offenders, and various efforts to 'Indigenize' risk.

Picking up on some of the themes explored in chapter three, Turnbull uses the next chapter to more closely scrutinize the parole board's diversity work in relation to the aboriginal offenders. She discusses two developments—"elderassisted hearings" and "community-assisted hearings"—used in making release decisions. Turnbull argues that these processes have the effect of confining the aboriginal offenders to the realm of culture and that such elder-

and community-assisted hearings are peripheral and exceptional to conditional release activity. The fifth chapter looks at diversity work in relation to offenders defined as ethnocultural, making the argument that organizational responses to these offenders leads to maintaining institutional whiteness and masculinity by this attribution of non-whiteness. The final chapter focuses on responses to woman offenders. It details organizational efforts to develop a corporate strategy for managing the female offender.

Parole in Canada is thought-provoking and genuinely informative regarding issues that have been challenging correctional administrators in many jurisdictions. It should assist anyone interested in critically examining and improving correctional policies and practices regarding diversity and gender. In addition, the author's innovative and imaginative use of multi-method analysis in her research can serve as a model and inspiration for future researchers. In summary, Turnbull has made an excellent contribution to law and justice studies here, producing a readable and accessible study on an important topic. This book is well worth taking the time to read.

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