Reducing Recidivism and Improving Programming in the San Francisco Adult Probation Department

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KEY POINTS

- Research findings that have been translated into evidence-based practices or programs can be easily implemented when agencies have toolkits that focus on their staff learning the principles, applying the principles, and providing feedback information loops to advance their agency’s practice and reduce recidivism.

- Probation and community correctional agencies can advance their practices through the application of evidence-based practices, which will ensure a community corrections system that punishes, deters, and rehabilitates offenders so that they can return to society and build better lives as law-abiding citizens.

- Implementation of effective practices is smoother when agencies have toolkits that focus on using information, not just collecting information.
Message From the Director

The Bureau of Justice Assistance (BJA) is committed to advancing the practices of justice organizations by embracing and implementing evidence-informed practices. Evidence-informed practices use research findings of policies, interventions, treatments, practices, or programs that reduce crime, violence, drug use and/or recidivism. The advantages of using evidence-informed practices are that justice and treatment agencies are more likely to achieve their mission and goals and keep offenders off the streets and our communities safer. Research studies are a vital tool in assisting justice organizations to learn about operations and practices that improve the administration of justice and deliver better outcomes. However, a major challenge that many justice organizations face is distilling the research literature into the key components of operations that can be adjusted to embrace evidence-informed practices, treatments, and/or programs. Translating research into key components where daily work can be aligned with the research findings is challenging.

BJA introduced the Encouraging Innovation: Field-Initiated grant series, which funded both of the toolkits described in this case study. The first toolkit—Skills for Offender Assessment and Responsivity in New Goals (SOARING2)—is designed to both educate and build the skills of line staff in applying research-based principles. The other toolkit—Risk-Need-Responsivity (RNR) Simulation Tool—is designed as a decision support tool to transform the information yielded from risk and need assessment tools to support decisions on the type of treatment programs suitable for a person involved in the justice system, regardless of what phase they are in. This San Francisco Adult Probation Department case study is designed to illustrate how these toolkits can enhance an organization’s decision making and operational processes. It is the first in BJA’s Series of Innovative Case Studies from the Field.

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Contents

Introduction ................................................................................................................. 3
Background .................................................................................................................. 4
The Risk-Need-Responsivity Framework ................................................................. 5
SOARING2 .................................................................................................................... 5
   Modules of SOARING2 ............................................................................................. 6
   Coaching: Building Officer Capacity to Address Needs ........................................... 7
The RNR Simulation Tool ............................................................................................ 7
   The RNR Program Tool for Adults ....................................................................... 7
Assess an Individual .................................................................................................... 10
   Assess Jurisdiction’s Capacity .............................................................................. 10
San Francisco Adult Probation Department ............................................................. 11
   Characteristics of the San Francisco Probationers .................................................. 12
   Assessing the Programming Needs of the Probation Population ....................... 12
   Quality Programming According to the RNR Program Tool for Adults ............ 15
   Assessing the Programming Needs with the Assess Jurisdiction’s Capacity Tool .... 15
Next Steps .................................................................................................................. 19
About the Authors ..................................................................................................... 20
References .................................................................................................................. 21
Introduction

The 2000s saw California begin an era of criminal justice reform. Faced with a burgeoning, massively overcrowded prison system, in 2009, the Department of Corrections and Rehabilitation was ordered to reduce the inmate prison population by 55,000 inmates. The Public Safety Realignment Assembly Bill (AB 109) ordered that individuals serving prison sentences for non-violent, non-serious, non-sex offenses receive community corrections supervision (CDCR, 2013). AB 109 provides new funding to jurisdictions to expand their county probation services to better manage this population.

The San Francisco Adult Probation Department (APD) implemented a number of reforms to adapt to the new AB 109 clients (this is a specialized group of parolees who are released early from prison) and to implement evidence-based supervision. In 2014, George Mason University’s Center for Advancing Correctional Excellence (ACE!) and APD collaborated to implement the Risk-Need-Responsivity (RNR) Simulation Tool, a decision support tool designed to advance the use of evidence-based practices (EBPs). Evidence-based practices that are designed to reduce recidivism in probation supervision agencies through: (1) use of validated risk and need assessment tools; (2) targeting key risk and need assessment factors in case plans to reduce recidivism; (3) providing

https://www.gmuace.org/tools/
appropriate interventions and programs based on the dynamic risk factors that affect
criminal behavior, and the interventions should use cognitive behavioral approaches to
facilitate change in the behavior of probationers; (4) use of swift and certain responses
to positive behaviors and to address non-compliance behavior; and (5) creating an
environment where the working relationship between the officer and probationer can
facilitate behavioral change. Research that supports these principles can be found
in Taxman, 2009, Crime Solutions (www.crimesolutions.gov) and other resources.
Collectively, these practices can reduce offending and technical violations.

APD participated in the pilot involving Skills for Offender Assessment and Responsivity
in New Goals (SOARING2), ACE!’s eLearning system, and then began adopting the RNR
Simulation Tool.

These translational tools help agencies convert research evidence into operational
practice by supporting everyday decision-making such as case planning, referring
individuals to treatment based on their needs and risk factors and the appropriate
programs, and monitoring supervision. APD used the RNR Simulation Tool for justice and
treatment agencies. The APD-ACE! collaboration sought to answer whether the available
programming matches the needs of the population under supervision.

### Background

Translational tools are designed to transform research into material supporting the
daily decisions of judges, probation officers, case managers, prison officials, treatment
providers, defenders, or other justice/treatment personnel. The tools have three goals:

1) Educate the user about the research pertinent to their job.

2) Guide decisions about referring individuals to appropriate programs and services.

3) Synthesize data, either available through a database or provided by a practitioner, giving
targeted feedback regarding the use of evidence-based practices and/or the features of
the program or system.

Translational tools go beyond educating the population by fostering decision-support
activities designed for key justice and/or treatment decisions. Decision support tools can
transform complicated information into simple information for users.

Figure 1 below shows the ACE! CJ-TRAK Knowledge Translation Tool Suite that users can
access from the link: www.gmuace.org/tools. After registration with ACE!, both SOARING2
and the RNR Simulation Tool can be retrieved and used from this website. To get more
specific information or receive answers to any questions, users can send an email to the ACE! research team at rnrtool@gmu.edu.

The Risk–Need–Responsivity Framework

Both SOARING2 and the RNR Simulation Tool use the Risk-Need-Responsivity (RNR) framework. The updated version incorporates the original RNR framework developed by Andrews and Bonta (2010), along with revised analyses regarding how risk and dynamic need factors are related to outcomes in the justice system (Taxman and Pattavina, 2013). The updated RNR version emphasizes eight criminogenic needs or dynamic risk factors considered relevant to offending behaviors. These eight factors are: antisocial personality, antisocial cognitions, antisocial peers, criminal history, substance abuse, employment/education deficits, family dysfunction, and poor leisure time activities. Other noncriminogenic factors incorporated in the tool that augment risk factors include: mental illness, gender, age, housing stability, and food stability. These factors often affect how a person responds in situations and how they can comply with supervision conditions. Stabilizer factors (such as family support, having a job, etc.) support crime desistance and increase the likelihood of being crime free. Destabilizer factors (i.e., mental illness, lack of housing, and lack of education) make it difficult for individuals to focus and benefit from treatment programming and controls. By successfully identifying the stabilizers and destabilizers, justice actors and treatment providers can properly address the criminogenic needs and reduce risk factors. Both SOARING2 and the RNR Simulation Tool build on the RNR framework and assist officers and practitioners to successfully apply evidence-based practices to key decisions.

SOARING2

SOARING2 is an eLearning system assisting justice professionals in building skills associated with translating evidence-based research into practices to more effectively manage offenders. As an eLearning system, SOARING2 provides online training modules and resources, teaching frontline criminal justice personnel about best practices in
their field, and provides them with the tools needed to apply these lessons to practical situations.

**Modules of SOARING2**

The SOARING2 eLearning curriculum takes approximately 20 hours to complete and is completed at the user’s pace within a recommended time period of 8 weeks. It currently includes five training modules: RNR Concepts, Case Planning, Problem Solving, Engagement, and Desistance. Each SOARING2 module has three levels of competence: basic, intermediate, and advanced lessons, as shown in figure 2. The basic lesson introduces users to core concepts defined by the research literature. The intermediate lesson uses cases, vignettes, and practice sessions to advance skill development. The advanced level challenges users to demonstrate their understanding of the research literature concepts by explaining the concepts to others.

The **RNR Concepts Module** focuses on taking stock of psychosocial factors common among criminal offenders. Officers learn to prioritize the most severe criminogenic needs that call for specific treatment, services, and controls. The **Case Planning Module** presents a common method for targeting criminogenic needs and working with the offender to select and accomplish goals while involved in the justice system or treatment services. The **Problem Solving Module** focuses on the tools to help offenders recognize their own patterns that contribute to negative behavior(s) and identify alternative prosocial strategies to prevent reoffending. Included in this module are several tools, as well as case studies, that assist the staff in using the job aids and working on problem-solving activities with probationers. The **Engagement Module** emphasizes strategies to develop intrinsic motivation among justice-involved individuals. This module focuses on communication and interaction skills to improve the working relationship with a justice-involved person.
The **Desistance Module** presents recent research on how best to facilitate an early exit from a life of crime. Desistance is based on strength-building efforts to focus more attention on stabilizing the person in the community through building social supports, reducing criminal lifestyles and criminal identities, and improving the ability to be self-sustaining.

### Coaching: Building Officer Capacity to Address Needs

While training imparts knowledge, it does little to ensure that the skills are used in daily operations as part of routine practice. In fact, a fairly common issue related to training is that staff often have a difficult time translating material into their job-related practice. As part of SOARING2, coaches from the agency’s office are trained to coach their staff. To ensure routine use of the new knowledge, coaches or internal staff use a structured rating form assessing officers’ use of evidence-based practices and provide structured feedback to the officers on their use of these practices. Post-training efforts assist staff in integrating newly learned knowledge and skills into their daily work.

### The RNR Simulation Tool

The RNR Simulation Tool provides a toolkit to apply the RNR framework related to recidivism reduction to common decisions and practices. Agencies input information into the tool to customize the results to their own situations. The type of information that can be input into the tool varies and can include offender information, programs available to individuals involved in the justice system, and information from the justice and health systems. The RNR Simulation Tool uses the specific information to help the user assimilate a range of information. The simulation tool uses the individual’s jurisdictional information and has an underlying database of over 20,000 unique offender profiles of various risks, needs, stabilizers/destabilizers, and their associated recidivism rates.

The RNR Simulation Tool has three portals, one for each level: (1) program (the RNR Program Tool for Adults), (2) individual (Assess an Individual), and (3) jurisdiction, referring to the system, agency, or geographical jurisdiction (Assess Jurisdiction’s Capacity).

### The RNR Program Tool for Adults

The RNR Program Tool is a 45-minute online program assessment examining the content, quality, dosage, and other features of available programming (i.e., services, treatments, or controls) for offenders. Jurisdiction administrators or program managers conduct an assessment by completing the online survey about a specific program offered in that jurisdiction. The survey requires information about six domains, including:
**Risk:** use of risk assessment tools to guide programming.

**Needs:** identification of key criminogenic needs.

**Responsivity:** identification of key factors that programs often use to tailor the programming to the individual such as gender responsiveness, age appropriateness, literacy, and cognitive appropriateness (treatment matching).

**Implementation:** implementation features, including staff, quality assurance, evaluation activities, etc.

**Dosage:** dosage (intensity of program/service delivery).

**Restrictiveness:** degree of social controls and liberty restrictions used in the program.

The survey also includes validity checks ensuring consistency in the representation of information. Once the information is entered, the tool calculates a score in each area and provides a cumulative score for the overall program, reflecting the degree to which the program adopts evidence-based practices and management.

Possible scores for these six domains can range from 0 percent to 100 percent. In addition to the scoring rubric, the tool provides detailed feedback on the effectiveness of the program and, when applicable, identifies for each domain the three enhancements that could be used to improve the quality of the program. The recommendations are based on the research literature for addressing a particular criminogenic domain. Overall, this tool is intended to assist criminal justice and treatment agencies to better understand how to be evidence-informed and increase the use of matching procedures based on an individual’s risk and needs assessment.

This **RNR Program Tool for Adults** classifies a program into one of six program groups, based on the main target behaviors that the program is designed to address. The classification scheme facilitates treatment matching by emphasizing the criminogenic needs that can be addressed through the program. The classification is designed to distinguish between programs that address different target behaviors and problem severity. Assess an Individual (AAI) recognizes that more intensive programs will address more than one criminogenic need and other destabilizing factors. As shown in figure 3, the following are the primary target behaviors of each group of programs. Based on the research literature, programs included in categories A, B, and C have the most potential for reducing recidivism. The remaining three program categories assist individuals to become more stable in the community by enabling employment, teaching child rearing, and facilitating other civic roles.
As shown in Figure 3, there are six classified programs:

1) Severe Substance Dependence Disorder (Group A): Treatment focuses on cognitive restructuring techniques for substance dependence on opioids, cocaine, amphetamines, and other hard drugs. These programs target offenders who are dependent (addicted) on drugs that tend to lead to criminal behavior. Most of these programs are higher dosage and implemented with a curriculum.

2) Criminal Lifestyle and Cognition (Group B): Treatment focuses on promoting better prosocial decisions through cognitive restructuring techniques, including interpersonal and social skills development. These programs predominantly target high and moderate risk offenders, have a higher dosage of clinical hours, and are implemented with a curriculum.

3) Substance Abuse, Mental Illness, and Adjustment Disorders (Group C): Programs focus on developing self-improvement and management skills, including some cognitive restructuring work to help the individuals learn to self-manage their substance abuse (marijuana or alcohol abuse), mental health issues, or adjustment disorders. These programs predominantly target moderate and lower risk offenders with a few criminogenic needs.

4) Social and Interpersonal Skills (Group D): Programs focus on social skills and interpersonal skills, targeting multiple destabilizing issues. These programs target moderate to lower risk offenders with few criminogenic needs, and should have a lower dosage of clinical hours.
5) Life Skills (Group E): These programs focus on financial management, employability, housing stability, and other factors contributing to stability in the community. Programs in this group predominantly target lower risk individuals with one or less criminogenic needs.

6) No Programming (Group F): Individuals with no criminogenic needs and who are stable in the community are recommended to punishment-only programming. These punishment strategies can vary considerably and include community services, restorative justice, fines and other financial penalties, and other punishment-oriented programming.

Assess an Individual

Designed to be used in screening, assessment, and referral functions, the Assess an Individual portal utilizes data from criminal justice and behavioral health screenings and assessments to determine the most effective type of program (and controls) to reduce individual recidivism. This matching procedure can be used with the risk-need instruments that a jurisdiction/agency uses, by itself (it has a built-in static risk instrument and tools to identify substance use disorder, mental health problems, and criminal thinking) or in combination with other tools. After an assessment is complete, the staff answer 17 questions that reflect on the individual's risk, needs, stabilizer and destabilizer factors, and lifestyle. After answering these questions, the RNR Simulation Tool recommends a type of program that would be most appropriate to address the risk and criminogenic need(s) of the assessed individual.

Using data from national surveys of inmates and/or probationers from various federal, state, and local jurisdictions, the underlying database contains 20,000 individual-level risk and needs profiles. The data identify recidivism rates and then also determine the appropriate programming for the individual based on risk and need factors. Additionally, the reported information includes the estimated percent reduction in recidivism one might expect of the offender if they are matched to programming consistent with their unique needs.

Assess Jurisdiction’s Capacity

The Assess Jurisdiction’s Capacity portal aggregates information from the database on individuals in the justice system as well as programs available (using the RNR Program Tool described above). The information is presented to assess the degree of the risk and need characteristics of the offenders, which can be addressed by the types of programs available. It can be used at an agency, system, or jurisdictional level to learn about services. This portal identifies the system-level gaps in the programming offered in the jurisdiction. The Assess Jurisdiction’s Capacity portal recommends levels of
programming that are worth extending within the jurisdiction in order to better respond to its population’s needs. As shown in figure 4, the area in purple represents the needs of the offenders in the system, whereas the area in green (grey-blue) represents the programs available in the jurisdiction for these individuals. As shown here, there is a greater need for programming in categories A through C than are available in the jurisdiction.

**San Francisco Adult Probation Department**

APD supervises over 6,000 probationers in San Francisco, California. Retired APD Chief Wendy Still implemented system reforms intended to make APD programming and services more responsive to the criminal justice population. Collaborating with the then Director of the Reentry Division, Jennifer Scaife, and then Research Director of Reentry, Leah Rothstein, the RNR Simulation Tool was used in strategic planning efforts to assess the adequacy of the current set of programs and services to reduce recidivism. The existing programs were contrasted to the characteristics of the individuals who are in the justice system. A special emphasis was placed on determining whether the existing programs and services are suitable for the general population as well as key
subpopulations, including women, AB 109 clients, domestic violence offenders, clients with mental health diagnoses, clients who are homeless, and clients age 25 and younger. In this case study, we are going to report on these findings.

**Characteristics of the San Francisco Probationers**

APD provided ACE! data from the following sources: the COMPAS risk and needs assessment instrument, APD’s case management system, the San Francisco Court Management System, and arrest data. Recidivism is defined as a new conviction in San Francisco, California. ACE! analyzed the data to determine where the areas of greatest need lie. For this, APD provided ACE! a sample of general probationers and AB 109 client data.

Figure 5 illustrates the results from analyzing data from APD’s sample of nearly 4,475 general probation clients and 690 AB 109 clients. AB 109 clients tend to be older and higher risk with higher rates of recidivism. Using a standardized risk and need assessment tool, APD categorizes probationers into three levels, based on the likelihood of recidivating: high risk, medium risk, and low risk. This is the advantage of using a standardized tool since these decisions can be grounded in the criminal history, dynamic needs (i.e., substance abuse, cognitions, employability, educational deficits, antisocial peers, antisocial values), and destabilizers such as serious mental illness, housing stability, and literacy levels. The highest risk populations are found among those who have a mental health disorder, are age 18–25 (young adults), AB 109 offenders, and the general population. The lowest risk populations tend to be in the categories of domestic violence conviction, are females, and are in the general population. The variation in risk levels among different subpopulations illustrates some of the challenges that APD confronts.

APD implemented the RNR Simulation Tool in 2014 to understand the programming available in its jurisdiction and the unmet programming needs. APD initiated the process by delving into the RNR Program Tool for Adults and using the Assess Jurisdiction’s Capacity tools.

**Assessing the Programming Needs of the Probation Population**

Using the data from the risk and need assessment tool, COMPAS was analyzed to determine the prevalence of various criminogenic needs among APD clients. The most common areas of need were employment, family environment, finances, and housing. APD decided to prioritize addressing drug dependence and criminal thinking since these are strongly correlated with repeat criminal behavior. A focus on stability issues, such as housing and mental health services, is needed to engage clients in treatment and to be
successful with supervision. Figure 6 illustrates percentages of probationers with various needs.

The various subpopulations have different needs. Young adults (ages 18–25) have lower rates of substance dependence, but higher rates of criminal thinking. As shown in figure 7, it is vital to consider differences in subpopulations to ensure that the programs are suitable for the unique needs of the subpopulation. In response to the responsivity principle that programs should tailor their services to the needs of the clients such as adjusting to various learning styles, be gender responsive, address mental illness, adapt to various literacy rates, and address other factors that affect positive outcomes.

Probationers tend to have a broad spectrum of needs. Overall, 20 percent of APD clients are substance dependent, and, of those, 37 percent have a co-occurring mental health diagnosis. More than half (56 percent) of APD’s clients present with criminal thinking/antisocial cognitions; 53 percent of those with criminal thinking also are substance abusers; and 36 percent have a mental health diagnosis. These co-morbid conditions need to be addressed in the programs to ensure positive outcomes.
FIGURE 6. GENERAL PROBATION POPULATION NEEDS BASED ON COMPAS (N=4,474)

- Criminal Thinking: 56%
- Drug Dependence: 20%
- Mental Health: 36%
- Drug Abuse: 53%
- Housing: 57%
- Criminal Peers: 54%

FIGURE 7. MAJOR FACTORS AFFECTING DIFFERENT SUBPOPULATIONS

- General Population
- AB 109
- Females
- Under 25

- Housing
- Crim. Peers
- Mental Health
- Crim. Thinking
- Drug Dep.
Quality Programming According to the RNR Program Tool for Adults

The RNR Program Tool for Adults portal is designed to estimate how well a program adheres to evidence-based practices as defined by the behavioral health and correctional research literature. The evidence-based programs and intervention research identifies the features of a program that are critical to reduce recidivism. Examples of such evidence-based features are ensuring that the individuals in that program address specific target behaviors, that the programs use social learning or cognitive behavioral therapeutic techniques, that the programs are of sufficient duration to facilitate behavior change (which is generally 100 hours for low risk, 200 hours for medium risk, and 300 hours for high risk individuals), that the programs have staff with sufficient qualifications to deliver the appropriate therapeutic techniques, that the programs create a continuum of care to taper services as the individual progresses, and that quality assurance techniques are used to ensure that the services are well-delivered. These are some key practices, but a further list is available in Crites & Taxman, 2013.

The RNR Program Tool calculates scores based on six domains: risks, needs, responsivity, implementation, dosage, and restrictiveness. Possible scores for these six domains range from 0 percent to 100 percent. APD contracts with and provides services to 18 probationer programs, all of which completed the RNR Program Tool. The average total score for APD programs was 41 percent (out of 100) regardless of the category of programming.

To improve the adoption of evidence-based programming, APD worked closely with the treatment programs to address issues of responsivity and implementation. The proposed improvements are to: (1) prioritize higher risk clients for more intense services (more clinical hours), especially with front-loading services during the first 60 days after release; (2) integrate criminal thinking into a greater range of services; (3) develop integrated care models where probation officers and treatment providers understand common goals; (4) expand substance abuse programming for women and include trauma-informed care; and (5) provide training to probation officers and treatment providers on the use of positive incentives (rewards) to enhance participation in treatment.

Assessing the Programming Needs with the Assess Jurisdiction’s Capacity Tool

The Assess Jurisdiction’s Capacity (AJC) tool uses unique risk-need profiles of the probationers to assess a jurisdiction’s capacity to address criminogenic needs of those under correctional control. The RNR Simulation Tool uses an underlying database, or a jurisdiction can provide its own data. San Francisco provided its own data for this effort.
Figure 8 illustrates the results of the gap analysis. The area in green represents programming that is currently available and how many clients can be served. The greatest capacity in available programming is for substance dependence disorders (18 percent of capacity) followed by self management through substance abuse treatment (10 percent of capacity), criminal thinking (9 percent of capacity), and life skills (7 percent of capacity).

The area in blue represents the capacity needs of the system. The system appears to have sufficient capacity for substance abuse treatment (it needs 2 percent more) and is at overcapacity for life skills (over by 5 percent). In all other areas, there is a need for greater capacity in the available programming. The gap analysis can be useful for strategic planning purposes to guide APD to allocate programming in areas that are meaningful and that address needs that drive offending behavior.

Figure 8 illustrates that the largest gap in treatment program and service capacity is for programs targeting criminal thinking/criminal cognitions (Group B). This gap is even more pronounced when looking at the subpopulations of AB 109 clients and younger clients such as those depicted in Figures 9–11.
Figure 9 illustrates the substance dependence programming capacity needs of the subpopulations. The green bar represents the number of people who can be served by existing programs, and the red bar represents the overall percentage of capacity needed to address different populations. These graphs demonstrate why it is critical to look not only at the needs of the general population at the aggregate but to also examine the needs of subpopulations, especially the vulnerable. Each subpopulation has unique dynamic needs that should be attended to in order to reduce recidivism. For example, the homeless group, women, and those with mental health disorders have a greater need for substance dependence programs than the other subpopulations as shown in figure 9.

Cognitive restructuring that addresses risky decisions that affect criminal behavior are needed for young adults, individuals with mental health disorders, and early releasees from prison (AB 109 clients). Figure 10 illustrates the gap for cognitive restructuring programming by subpopulations. Significant gaps exist in programming for AB 109 clients, individuals with mental health needs, and young adults. This is an area where the system needs more extensive programming. Given the needs of the clients, they would benefit from a more strength-based cognitive restructuring program that focuses on improvements in quality of life and desistance. A strength-based approach will work toward helping individuals see their value and build resilience to the factors that affect involvement in crime.
**FIGURE 10. GAPS IN COGNITIVE RESTRUCTURING PROGRAMMING AMONG SUBPOPULATIONS**

**FIGURE 11. GAPS IN SELF-IMPROVEMENT PROGRAMMING AMONG SUBPOPULATIONS**
As shown in Figure 11, some subpopulations have a greater need for programs that focus on self-improvement, problem-solving skills, impulsivity control, and managing risky situations. These skills can help individuals learn to manage their own behaviors and to resist social pressures that may lead to continued offending behavior (Botvin and Wills, 1984; Botvin, Griffin, and Nichols, 2006). Many of the existing programs in this category only target substance abuse (not serious dependence) and management of risky situations. The greatest gap is for individuals who are supervised by the Domestic Violence Unit.

Next Steps

APD’s work with the RNR Simulation Tool represents one initiative to realign services and build a system of care to address offending risk factors to reduce recidivism and use of incarceration. Some of the primary goals that APD is working to address include: (1) eliminating disproportionate minority contact in San Francisco’s criminal justice system, (2) creating a uniform early termination protocol for probation, and (3) maintaining/expanding pretrial alternatives to detention. While the reconviction rate for APD clients is low (13 percent), the rearrest rate is much higher (42 percent, including technical violations), and this difference is especially pronounced for several subgroups, including African Americans, individuals who are substance dependent, and individuals who are homeless. In order to see the biggest impact, APD should focus on populations that are most at risk for recidivism. Reducing the recidivism of these subpopulations is a priority.

The RNR Simulation Tool gap analysis provides APD with information to guide the selection of programming to develop in its jurisdiction. This has been used to expand programming and meet the clear need for more and better programming that addresses criminal thinking/cognitive restructuring, particularly for the young adult population and the AB 109 population. Stable and affordable housing is a major issue throughout the San Francisco area, and this need is especially pronounced among APD clients. More than half of APD clients report unstable housing, and this group has higher than average rates of rearrest and reconviction (62 percent and 21 percent, respectively).

APD is currently expanding the goals of its day reporting program to serve as a “therapeutic walk-in” center where justice organizations, including the police, can bring individuals for assessment and linkage to care. This is an attempt to expand the use of services to prevent unnecessary arrests and incarceration for those who could benefit from services to reduce recidivism, reduce public disorder behaviors, and reduce the use of arrests and incarceration when behavioral health services, employment, and education services could handle these behaviors. Using the information from the RNR Simulation Tool gap analyses, San Francisco is working to provide services targeted to provide a network of programs and services that can address the issues that affect involvement in the justice system.
The RNR Simulation Tool, especially discussions around increasing the adoption of evidence-based research into programming, spurred an interest in revising and updating data-sharing systems. APD faces challenges with tracking probationers as they progress through treatment. Updating data systems to allow limited access to treatment providers would allow for shorter lags in receiving information about clients and ease the flow of communication between APD and providers, which will help hold programs, officers, and clients accountable. An updated system will also allow the department to improve its system for referrals—e.g., referrals can be based on COMPAS scores, followed by more in-depth assessment for the given need completed by the program using validated tools.

APD intends to use the data from the RNR Simulation Tool to drive future decision-making and has worked to disseminate the findings to community partners such as the Reentry Council and the Community Corrections Partnership.

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For information about BJA technical assistance in this area, contact Dr. Edward Banks at 202–307–3081.