The RNR Simulation Tool: 
*Putting RNR to Work to Improve Client Outcomes*

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- Public Welfare Foundation
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  - Ken Robertson
Why Treat CJ Clients?

- Disproportionate rate of SUDs and MH problems

- Public health and public safety benefits
  - Decreased drug use
  - Decreased drug-related crime
  - Reduction in costs related to
    - Future CJ involvement
    - Chronic disease and health problems
  - Improved relationships and employment prospects

- Treatment is effective
  - Much more effective than sanctions alone
The RNR Framework

• Three core principles
  ▫ **Risk** – match level of service to individual’s risk to reoffend
  ▫ **Need** – target key behaviors we know will have an impact via evidence-based responses
  ▫ **Responsivity** – impact maximized when intervention is evidence-based and tailored to offender’s unique learning style
What is Risk?

- Risk is the likelihood that an offender will engage in future criminal behavior (recidivate)
  - Can be static or dynamic or both

- Risk does NOT refer to dangerousness or likelihood of violence

- Static risk factors have a direct correlation with criminal behavior
  - Historical – based on criminal history
  - Cannot be decreased by intervention
What are Needs?

**Criminogenic Needs**

- Dynamic factors directly related to offending behavior
  - Substance Dependence
    - “Criminogenic” drugs
  - Criminal Thinking
- Amenable to change
  - Can be changed
  - Reduced needs = reduced offending
- Should be primary focus of programming

**Destabilizers**

- Clinical:
  - Substance Abuse
  - Mental Health
- Factors that do NOT have a direct relationship with offending behavior
- Can influence individuals’ ability to benefit from treatment/programming
8% Recidivism Reduction

Lowenkamp & Latessa, 2005
Risk Principle in Action - Low Risk

Change in Recidivism Rates

4% Recidivism Increase

Lowenkamp & Latessa, 2005
Support for All Three Principles

Recidivism Reduction by RNR Principles

Andrews & Bonta, 2006; 2010; see also Smith, Gendreau, & Swartz, 2009
The RNR Simulation Tool

• Provide decision support tools for the field
  ▫ Individual Level
  ▫ Program Feedback
  ▫ System Building Capability

• Program Tool focuses on:
  ▫ Classifying Programs
  ▫ Rating Key Program Features
  ▫ Linking to meta-analyses/systematic reviews

• Improve the capacity to identify programming that will address public safety and health needs
  ▫ Population-level impact

• Reduce recidivism and costs through responsivity
Assess an Individual

- After intake interview
- Summarize major findings
- Draw from database on offender risk-need profiles
- Replaces unknown factors with estimates
- Recommends type and level of programming
Assess an Individual

• Make programming recommendations for individual offenders
  ▫ Based on risk level, primary criminogenic needs, and other clinically relevant factors

• Facilitate program matching
  ▫ Estimate recidivism rate and recidivism reduction associated with matching

• Improve access to treatment
Program Groups

• Six program groups based on specific target behaviors

<table>
<thead>
<tr>
<th>Group</th>
<th>Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Dependence on Criminogenic Drugs</td>
</tr>
<tr>
<td>Group B</td>
<td>Criminal Thinking/Cognitive Restructuring</td>
</tr>
<tr>
<td>Group C</td>
<td>Self Improvement and Management</td>
</tr>
<tr>
<td>Group D</td>
<td>Social/Interpersonal Skills</td>
</tr>
<tr>
<td>Group E</td>
<td>Life Skills (e.g. Education, Employment)</td>
</tr>
<tr>
<td>Group F</td>
<td>Punishment Only</td>
</tr>
</tbody>
</table>
A Case Study

- Gender: Male
- Age Group: 28 – 36
- Risk Level: Moderate
- Criminogenic Needs:
  - Drug Dependence: No
  - Criminal Thinking: Yes
- Clinical needs:
  - Substance Abuse: Yes
  - Mental Illness: No
- Lifestyle Destabilizers:
  - Not Employed
  - Financial Difficulties
  - Criminal Peers
Responding to Risk and Needs

- Review information with offender
- Identify programs to reduce recidivism
- Identify primary criminogenic need
- Identify destabilizers to address to maximize treatment participation and outcomes
Screening & Assessment

Identifying risk and needs
Using RNA information
Identifying system gaps
Risk and Need Assessments (RNA’s)

• Validated RNAs:
  ▫ Level of Service Inventory-Revised (LSI-R)
  ▫ Ohio Risk Assessment System (ORAS)
  ▫ Wisconsin Risk/Needs Scales (WRN)
  ▫ Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

• Criminal Thinking Measures:
  ▫ Psychological Inventory of Criminal Thinking (PICTS)*
  ▫ Criminal Cognitions Scale (CCS)*
  ▫ The Criminal Sentiments Scale-Modified (CSS-M)*
  ▫ Measure of Offender Thinking Styles (MOTS-R)
  ▫ The Criminal Thinking Profile (CTP)
  ▫ TCU Criminal Thinking Scales (TCU CTS)

Taxman, Cropsey, Young, & Wexler, 2007; Walters, 2012
Using RNA Information

- No impact on client outcomes if not used
  - Make part of routine practice

- Incorporate RNA information in case management process
  - Overall risk level; dynamic needs; supervision, control & treatment

- Identify available programming
  - Recommend services within your jurisdiction

- Build evidence-based infrastructure
  - What services are needed?
  - Quality/effectiveness of existing services?

- Build communication networks b/w stakeholders
  - Judges, justice agencies, probation officers, case managers, treatment providers
Putting the RNR Pieces Together

Classify Programs
Assess Capacity
Population Impact
RNR Program Tool

- Classify programs
  - Knowing key programs features drives responsivity

- Implementation related to effectiveness
  - Assess what aspects of programs could be improved to better address targets

- Determine where there may be gaps in available services to meet diverse client needs
Program Quality Matters

- > 50 percent were scored unsatisfactory
- Implementation, Risk-Need Assessment, Evaluations & Total Score related to Recidivism

![Bar chart showing % Difference in Recidivism]

- High Score (N=1): 22%
- Moderate Score (N=13): 8%
- Low Score (N=24): 2%

Lowenkamp, Latessa, & Smith, 2006; see also Nesovic, 2003
Scoring The RNR Program Tool

- Essential features and targets drive program group classification

- 6 scoring areas
  - Risk principle (15pts)
  - Need principle (15pts)
  - Responsivity principle (15pts)
  - Implementation (25pts)
  - Dosage (20pts)
  - Restrictiveness (10pts)
Substance Abuse Treatment Program

PROGRAM GROUP = A

RISK 63%
NEED 87%
RESPONSIVITY 53%
IMPLEMENTATION 52%
DOSAGE 30%
RESTRICTIVENESS 63%
OVERALL SCORE 56%
## Example Scores

<table>
<thead>
<tr>
<th>Domain</th>
<th>Max Score</th>
<th>MAT</th>
<th>Drug Tx Center</th>
<th>Re-entry Program</th>
<th>Drug Court</th>
<th>Outpatient Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-----</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td><strong>Need</strong></td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>Responsivity</strong></td>
<td>15</td>
<td>13</td>
<td>10</td>
<td>15</td>
<td>13</td>
<td>13</td>
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<tr>
<td><strong>Implementation</strong></td>
<td>25</td>
<td>17</td>
<td>18</td>
<td>21</td>
<td>21</td>
<td>21</td>
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<tr>
<td><strong>Dosage</strong></td>
<td>20</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td><strong>Restrictiveness</strong></td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td>100</td>
<td>60</td>
<td>53</td>
<td>79</td>
<td>90</td>
<td>69</td>
</tr>
</tbody>
</table>
Assess Jurisdiction’s Capacity

• Is programming available to meet population need?
  □ Considers the prevalence of risk, needs, and destabilizers within a jurisdiction
  □ Jurisdiction-specific data and feedback

• Treatment need versus treatment capacity
  □ Estimates service provision gaps
Assess Jurisdiction's Capacity

Program Level Capacity Needed (N=3412)

Based on the information that has been entered for your jurisdiction, the Program Level Capacity Needed for your jurisdiction is presented below. Click on each level for more information on the types of programs that would appropriately satisfy the need for each level.

- Group A: 12%
- Group B: 21%
- Group C: 34%
- Group D: 19%
- Group E: 8%
- Group F: 6%

Legend: ▀ = % Recommended by RNR Simulation Tool
Assess Jurisdiction’s Capacity

Treatment Gap

Based on the information that has been entered for your jurisdiction, the Program Level Capacity Needed for your jurisdiction is presented below. Click on each level for more information on the types of programs that would appropriately satisfy the need for each level.
Gap Analysis

**Percent of Population**

- **Group A**: 
  - RNR Recommended: 
  - Current Distribution: +2.8

- **Group B**: 
  - RNR Recommended: -30.3
  - Current Distribution:  

- **Group C**: 
  - RNR Recommended: +20.3
  - Current Distribution:  

- **Group D**: 
  - RNR Recommended: +6.1
  - Current Distribution:  

- **Group E**: 
  - RNR Recommended:  
  - Current Distribution: +4.5

- **Group F**: 
  - RNR Recommended:  
  - Current Distribution: -3.3
Jurisdiction Capacity Implications

- Identifies gaps and surpluses of programming
  - Utilizes The RNR Program Tool

- Guides resource allocation and system planning
  - Better alignment of services to population needs
  - Facilitates selection of providers

- Focus on system-wide change
  - Access to care
  - Public health impact
Making RNR a Reality

- Many justice clients in need of treatment
- New opportunities to provide care
  - Increased volume of CJ-involved cases
  - Necessitates a responsive system of care
- Role of providers
  - Offer services aligned with population needs
  - Consider CJ-specific needs
  - Communication and awareness
- Benefits of RNR
  - Improved offender outcomes, reduced recidivism, and improved cost-effectiveness
Case Study: Cook County, Illinois

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Context

• Medicaid expansion under the ACA
  ▫ Anticipated ~8,000 new justice clients eligible for services

• Status of current programs?
  ▫ Establishing a preferred provider network

• What services to prioritize during expansion?

• How to integrate RNR into routine TASC practices?
RNR Simulation Tool

http://www.gmuace.org/tools/

Username: rnr@gmu.edu
Password: ace2013

Contact: rnrtool@gmu.edu
Thank you

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