



# MCJRP 2016

Evolving Evidence Based Practice

LOCAL PUBLIC SAFETY COORDINATING COUNCIL

May 3, 2016



# Justice Reinvestment Steering Committee

## Chair and Second

Mike Reese, Citizens Crime Commission

David VanSpeybroeck, Sussman Shank

## Collaboration and Critical Partners

Tim Hartnett, Executive Director CODA

Meg Garvin, Executive Director, National Crime Victim Law  
Institute

## Growth and Challenges

- July 1, 2014 (22 Months)



# Multnomah County Sheriff's Office

## Law Enforcement and PO Collaboration

- 45 % increase in home visit and client contact requests
- Two dedicated officers
- Arrest and detainer warrants as needed

## Treatment Readiness Dorm

- Dorm move May 2
- IT and Classification
- VOA staffing and services



# Multnomah County District Attorney's Office

- MCJRP Victim Services
  - Victim in 400 of 1000 cases
  - Victim Advocate
  - Listening Session
  
- Growth and Challenges



# Oregon Judicial Department

- Integration
  - Effective Specialty Courts
- JSC Task Force
- Data and Technology
- RED and Procedural Fairness



# Metropolitan Public Defenders

- Defense role and perspective
- Challenges
- Hope for future
  - Funding
  - Recognition from state



# Multnomah County Department of Community Justice

- Program Growth and Culture Change
- Charge v. Risk
- Diagnosis v. Prognosis

# CHALLENGES FOR POLICYMAKERS

## INTERVENTION: WHEN AND WHERE

- Too early or too late can increase recidivism
- MCJRP: Disposition Decision Point
  - Guided discretion
  - Informed sentencing
- Balanced Disposition
  - Least risk of recidivism
  - Highest likelihood of improved welfare
  - Least required expense



# Effective Intervention: Established Evidence Based Practice

## **Risk-Need-Responsivity**

Risk and Need determine strategies to address individual's criminogenic factors

**Risk:** Intensive Intervention/High Risk Offenders

**Need:** Target criminogenic needs to disrupt recidivism

**Responsivity:** Maximize ability to benefit from intervention

# MCJRP and Targeting Dispositions by Risk , Need and Responsivity



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***NATIONAL ASSOCIATION OF DRUG COURT  
PROFESSIONALS***

# Risk & Needs Matrix

High Risk

Low Risk

High  
Needs

- Supervision
- Treatment
- Pro-social habilitation
- Adaptive habilitation

(High Risk/High Need)

- Treatment
- (Pro-social habilitation)
- Adaptive habilitation

(Low Risk/High Need)

Low  
Needs

- Accountability
- Pro-social habilitation
- (Adaptive habilitation)

(High Risk/Low Need)

- Secondary prevention
- Diversion

(Low Risk/Low Need)

# Risk Principle

- **Prognosis:** Recidivism, not necessarily for violence or dangerousness
- Difficult prognosis or lesser amenability to treatment
- The higher the risk level, the more intensive the supervision and accountability should be, and vice versa
- Mixing risk levels is contraindicated

# Prognostic Risks

- Current age < 25 years
- Delinquent onset < 16 years
- Substance abuse onset < 14 years
- Prior rehabilitation failures
- History of violence
- Antisocial Personality Disorder
- Psychopathy
- Familial history of crime or addiction
- Criminal or substance abuse associations

# Need Principle

- **Diagnosis**
  - Cause crime (“criminogenic”) or interfere with rehabilitation (“responsivity”)
  - Addiction is criminogenic, and Axis I mental illness interferes with response to rehabilitation
  - The higher the need level, the more intensive the treatment or rehabilitation services should be, and vice versa
  - Mixing need levels is contraindicated

# Shaping Behavior

## Proximal Goals

- Behaviors that are easily accomplished
- Has the skills and resources
- When violated: sanction HIGH
- When accomplished: reward LOW

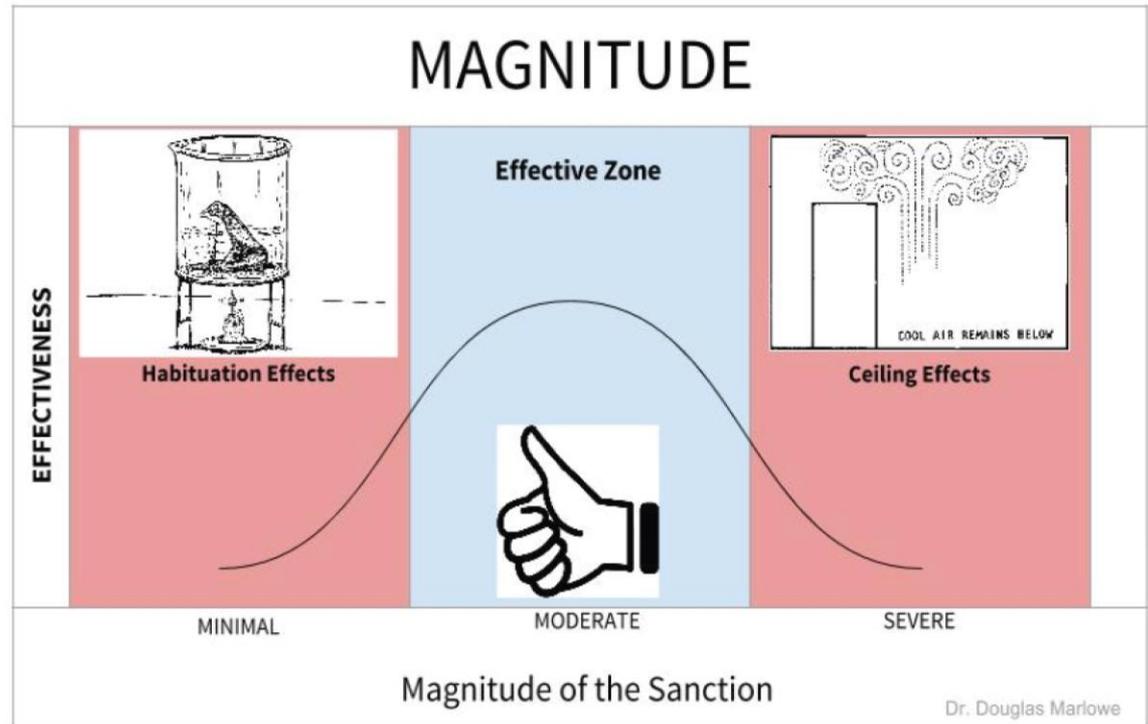
## Distal Goals

- Behaviors that will take time to accomplish
- No skills or resources
- When violated: sanction LOW
- When accomplished: reward HIGH

Early phases focus on achievable, short term goals and build foundation for achieving long term goal.

# Shaping Behavior

- Certainty
- 1:1
- Habituation
- Ceiling Effect



# DCJ Risk and Need Matrix

		Prognostic Risk	
		High	Low
Criminogenic Needs	High	<ul style="list-style-type: none"> <li>• High DCJ/Judicial supervision</li> <li>• Intensive Treatment</li> <li>• Compliance is proximal (showing up, honesty)</li> <li>• Restrictive consequences (GPS, Curfew, Jail)</li> <li>• Positive reinforcement (long term improvement will not come from sanctions alone.)</li> <li>• Agonist medications</li> </ul>	<ul style="list-style-type: none"> <li>• Low DCJ/Judicial supervision</li> <li>• Intensive treatment</li> <li>• Treatment is proximal</li> <li>• Positive reinforcement (long term improvement will not come from sanctions alone.)</li> <li>• Agonist medications</li> </ul>
	Low	<ul style="list-style-type: none"> <li>• High DCJ/Judicial supervision</li> <li>• Pro-social rehabilitation (MRT, Career Coach, Londer Learning Center vs. A/D)</li> <li>• Abstinence <u>and</u> compliance are proximal</li> <li>• Restrictive consequences (GPS, Curfew, Jail)</li> <li>• Agonist medications</li> </ul>	<ul style="list-style-type: none"> <li>• Low DCJ/Judicial supervision</li> <li>• Prevention services</li> <li>• Abstinence is proximal</li> </ul>

# Continuum Matrix

