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# Implementation of an enhanced probation program: Evaluating process and preliminary outcomes



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#### ABSTRACT

Supervision, Monitoring, Accountability, Responsibility, and Treatment (SMART) is Kentucky's enhanced probation pilot program modeled after Hawaii's Opportunity Probation with Enforcement (HOPE). SMART is proposed to decrease substance use, new violations, and incarceration-related costs for highrisk probationers by increasing and randomizing drug testing, intensifying supervision, and creating linkages with needed resources (i.e., mental health and substance use). SMART adopts a holistic approach to rehabilitation by addressing mental health and substance abuse needs as well as life skills for fostering deterrence of criminal behavior vs. punitive action only. A mixed methods evaluation was implemented to assess program implementation and effectiveness. Qualitative interviews with key stakeholders (i.e., administration, judges, attorneys, and law enforcement/corrections) suggested successful implementation and collaboration to facilitate the pilot program. Quantitative analyses of secondary Kentucky Offender Management System (KOMS) data (grant Year 1: 07/01/2012-06/30/ 2013) also suggested program effectiveness. Specifically, SMART probationers showed significantly fewer: violations of probation (1.2 vs. 2.3), positive drug screens (8.6% vs. 29.4%), and days incarcerated (32.5 vs. 118.1) than comparison probationers. Kentucky's SMART enhanced probation shows preliminary success in reducing violations, substance use, and incarceration. Implications for practice and policy will be discussed.

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#### 1. Introduction

Community supervision of individuals involved in the criminal justice system (i.e., probation and parole) is a necessary part of the corrections continuum of services, specifically offering an alternative to overcrowded penal institutions. In January 2014, nine of Kentucky's 12 Department of Corrections (DOC) facilities statewide were over capacity; another facility was at 100% capacity (KY DOC, 2014). Community supervision represents the opportunity for individuals involved in the criminal justice system to remain (or become) non-incarcerated, yet still stay under the authority of the DOC. Based on estimates from the Bureau of Justice Statistics for the United States, in 2012, an estimated 4.1 million adults were classified as on or were moved off probation (Bonczar & Maruschak, 2013).

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Based on information provided by Bonczar and Maruschak (2013), 32% of probationers in 2012 failed to complete their probation. The high rates of failure on traditional probation have suggested the need to move beyond traditional probation models (Hawken & Kleiman, 2009). Enhanced probation models have been developed to augment the traditional community corrections supervision options by providing more linkage to services in order to help increase successful completion as well as address cooccurring issues, particularly for those with drug and alcohol problems because this represents a growing portion of community corrections. This paper focuses on Kentucky's attempt to develop an enhanced probation program modeled after Hawaii's Opportunity Probation with Enforcement (HOPE), to better provide for those high-risk/high-needs individuals in need of enhanced services as well as alleviate the over-crowding issue in the penal institutions which is partially related to individuals failing at community supervision.

#### 1.1. Hawaii's Opportunity Probation with Enforcement (HOPE)

HOPE started in 2004 and was created by Judge Steve Alm (Alm, 2010). The idea was to "fix" the probation and parole system,

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specifically for those with alcohol and drug problems by offering more treatment-focused services and immediate accountability for failure to comply with program terms (i.e., violations, substance use, etc.; Alm, 2010). The program focused on high-risk drug offenders at risk of failing probation; the strategy involved more intense supervision, new drug testing procedures, and immediate consequences for violations incurred while in the program (Lawrence, 2010). Rather than being drug tested monthly, and having the information on testing in advance. HOPE probationers were required to call a hotline daily to learn if they needed to report for a drug test that day (Alm, 2010; National Institute of [ustice [NI]] Staff, 2008). Historically, probationers may have avoided/eluded appointments with a probation officer, failed to take a drug test, and/or failed to attend or complete treatment numerous times before facing possible revocation of probation and imprisonment. However, probationers in the HOPE program faced the prospect of being jailed almost immediately for violating probation terms (Alm, 2010; NIJ Staff, 2008). The immediate response and accountability for the probationers' actions has been identified as one of the critical components to the success of HOPE; the certainty of punishment rather than the severity is a focus (Kleiman & Hawken, 2008).

Outcomes research and cost assessments of the fiscal impact of the HOPE program have presented promising findings, specifically in terms of reduced drug use and recidivism, as well as increased compliance (Lawrence, 2010). During the first six months of participation in HOPE, research suggests the rate of positive drug tests fell by 93% and missed probation officer appointments dropped from 14% to 1%. Research also concluded that traditional probationers were three times more likely to be sent to prison than HOPE probationers (Lawrence, 2010). Further, according to the Research and Statistics Branch of the Hawaii Office of the Attorney General, for 685 probationers who were in the HOPE program for at least three months, the missed appointment rate fell from 13.3% to 2.6% and "dirty" drug tests fell from 49.3% to 6.5% (NIJ Staff, 2008). Finally, in a randomized controlled trial where probationers were either assigned to HOPE or probation-as-usual, HOPE probationers had reductions in positive drug tests and missed appointments, and were significantly less likely to be arrested during follow-up at 3 months, 6 months, and 12 months. HOPE probationers spent about one-third as many days in prison on revocations or new convictions (Hawken & Kleiman, 2009).

The promising findings related to HOPE probation have led to an increased interest in implementing this program in other locations. There are now multiple states (i.e., South Dakota, Nevada; Lawrence, 2010), including Kentucky, which have modeled and implemented probation programs similar to HOPE with the goal of reducing: drug use, new violations, and incarceration-related costs for high-risk probationers. Despite the extant literature showing the success of the HOPE model, there is a dearth of research published on the replications of the HOPE model. There are multiple reasons proposed for this: (1) the necessary buy-in from all vested parties is difficult to achieve; and (2) it is difficult to maintain fidelity to the model as the program is implemented by different judges and jurisdictions (Buntin, 2009). To the best of our knowledge, this study is one of the first publications focused on describing and evaluating a model similar to HOPE.

## 1.2. Kentucky Supervision, Monitoring, Accountability, Responsibility, and Treatment (SMART) probation

In an effort to improve public safety and reduce failure rates of individuals on probation, House Bill 463, Section 103 authorized the Department of Corrections (DOC) to partner with the Administrative Office of the Courts (AOC) to implement a pilot project similar to the HOPE model. The Kentucky SMART Probation Program attempts to identify probationers at risk for failing and being returned to incarceration as a result of such failure. SMART participation provides more intensive supervision and more frequent/random urine drug screens than traditionally received while a defendant is on probation. There are currently eleven counties located in six jurisdictions within the Commonwealth of Kentucky that are serving as pilot sites. The six jurisdictions involved in implementing the SMART program provide the setting for the current evaluation.

Depending on the amount of time left on a probation sentence when the defendant is identified for the program as well as compliance with the terms of probation, time in the SMART program could range from one to five years. Probationers are identified for participation in the SMART program in one of two ways. First, a probationer may be identified by the judge or probation officer based on assessment scores (Level of Service/Case Management Inventory [LS/CMI], more information is included on this within the measures section) indicating high-risk and highneeds, specifically in relation to alcohol and/or drug problems. Second, a judge or probation officer may identify or recommend an existing probationer for entry into the SMART program due to repeated new violations (i.e., missed appointments, substance use, etc.), the exhaustion of present resources, and/or impending revocation. Exclusionary criteria, for the pilot program, were violent or sexual offenses. Services vary for each probationer based on individual need and results of their validated risk assessment (i.e., LS/CMI). Services included, but were not limited to: intensive probation supervision and monitoring for compliance, judicial oversight, substance abuse education and treatment, mental health assessment and treatment, life skills counseling, employment and education counseling, incentives and sanctions, frequent and random urine drug screens, and attendance at self-help and support groups. As a result of grant funding, the project was able to provide a call-in system for probationers to be informed of when they were to provide urine drug screens. SMART probationers were required to call the system daily. Additionally, grant funds provided for much-needed drug testing supplies to test probationers more frequently for synthetic drugs of abuse not detected on traditional drug screens.

Goals for the Kentucky SMART program included the following: (1) Monitor probationers for illicit drug use with regular and rapidresult drug screening. (2) Monitor probationers for violations of other rules and probation terms, including failure to pay courtordered financial obligations such as child support or victim restitution. (3) Respond to violations of such rules with immediate arrest of the violating probationer, and swift and certain modification of the conditions of probation, including imposition of short jail stays (which may gradually become longer with each additional violation). (4) Immediately respond to probationers who have absconded from supervision with service of bench warrants and immediate sanctions. (5) Provide rewards to probationers who comply with such rules. (6) Target treatment resources to offenders who request treatment and who are repeat violators. (7) Establish procedures to terminate program participation by, and initiate revocation to a term of incarceration for, probationers who habitually fail to abide by program rules and pose a threat to public safety. (8) Reduce violation behavior, new crimes, and revocations to prison.

In order to implement the SMART program, Judge Alm was invited to Kentucky after HB 463 was implemented. He facilitated training for judges, DOC, and AOC via an overview of the existing HOPE program. HB 463 stated that two pilot programs were to be implemented, one rural and one urban. Six judges volunteered and were interested in implementing the program. After all sites were identified, materials provided by Judge Alm were used to conduct training for the judges, probation officers, and other key partners. Download English Version:

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