This report provides an update on Rhode Island’s efforts to analyze the costs and benefits of adult criminal and juvenile justice programs, using a model developed and supported by the Pew-MacArthur Results First Initiative (Results First). The Office of Management and Budget’s (OMB) initial task in this multi-phase effort has been to develop an inventory of state-funded programs intended to reduce recidivism among adults and juveniles. Later phases will assess the cost of crime to Rhode Island, analyze the relative costs and benefits of each program administered, rank programs on the estimated returns they generate for Rhode Island taxpayers, and present options to improve existing programs or reprioritize resources.

Results First Methodology
Rhode Island became the fourteenth Results First partner state in May 2013. Since then, a Results First technical team has supported RI state government in developing a state-specific cost-benefit tool that analyzes the costs and benefits of investments in public programs. For adult and juvenile justice programs, the Results First model helps states determine the cost-effectiveness of programs in reducing recidivism — the likelihood that people will commit additional offenses after release from incarceration.

The Rhode Island Results First model relies on the best national research available on the effectiveness of adult and juvenile justice programs to predict the public safety and fiscal outcomes of each program in Rhode Island, based on the state’s unique population characteristics and the cost to provide these programs in the state. For each investment, the model produces separate projections for benefits that accrue to program participants, taxpayers, and society. These are combined to produce a total state bottom line benefit. The model then calculates the cost to produce these outcomes and the return on investment that Rhode Island could expect to achieve if it chose to fund each program.

Program Inventory
As a first step in creating the Rhode Island Results First model, OMB led a team to develop an inventory of all state-funded programs that have been proven to reduce recidivism in adult and juvenile justice systems (“evidence-based programs”). OMB worked with the Department of Corrections (DOC); the Department of Children, Youth, and Families (DCYF); the Judiciary; and other stakeholders to collect information about programs that meet the following criteria:

- Primarily intended to reduce recidivism among people convicted of a crime;
- Supported by a known evidence base that demonstrates an effect on offender recidivism; and
- Receive funding through the state budget process.

1 The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis approach that helps them invest in policies and programs that are proven to work. Additional information about Results First is available at http://www.pewstates.org/projects/pew-macarthur-results-first-initiative-328069.
Program Categorization

With the assistance of Results First’s technical team, OMB and departments matched state programs to specific categories included in the Rhode Island Results First model. Each category is based on specific program design and delivery methods that have been reviewed and are found to have an expected impact on recidivism reduction. The initial program categorization is organized based on research by the Washington State Institute for Public Policy (WSIPP), which assessed the quality of available studies based on the study’s sample, methodology, length of follow-up period, and outcome measurement. A description of each program category is included in “Description of Results First Program Categories” on page 5.

Program Details

The appendix includes a list of state programs to be analyzed in the Rhode Island Results First model. For each identified program, departments collected the following information:

- **Administration** – Departmental oversight, service provider, current funding status, average duration, and annual capacity;
- **Participants** – Primary participant population, total number eligible, average participant age, and number served in Fiscal Year 2012; and
- **Outcomes** – Date the program was last evaluated.

As part of the cost assessment component of model development, OMB will also collect annual cost per participant, total annual costs, and a description of program costs for each program.

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Note on Methodology – Rhode Island Results First Program Inventory

The Rhode Island Results First model assesses the recidivism impact of programs with a known evidence base. A program’s inclusion in a Results First evidence-based category suggests that its participants, approach, and methods are generally consistent with other peer-reviewed programs. However, Rhode Island’s decision to include a program in a specific category does not necessarily suggest that the state program is implemented according to accepted best practices. The “Date Program Last Evaluated” data field provides information about whether a program has been reviewed for fidelity and is implemented according to best practices.

Also, state agencies currently administer numerous programs that may have some impact on recidivism, but which are not matched to existing Results First model categories or are not supported by a known evidence base at this time. OMB included these programs in a “Promising” category and will work with the Results First technical team to determine whether these programs can be included in the model in later stages. The inventory does not include programs with objectives other than recidivism reduction, such as those for population management or other criminal justice objectives. Finally, the inventory also does not include programs that are provided on a volunteer basis.

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Findings and Observations

- Rhode Island administers programs in twelve evidence-based categories of adult correctional programs included in the Results First inventory. For juvenile justice programs, the state administers programs in four evidence-based Results First categories.

- In some cases, OMB found evidence-based practices included as part of a larger program. While these practices may have beneficial impacts on recidivism reduction, OMB cannot include them in the Results First inventory because the effects of the other components of the program are not known.

- Only a small proportion of evidence-based programs have been recently evaluated to determine whether they are implemented according to best practices and are having the intended impact on recidivism reduction. For the Results First cost-benefit analysis to be most effective, providers must be relatively confident that their programs are implemented with fidelity to established standards.

- DOC and DCYF differ in the way they assign people to programs. DOC uses the Level of Service Inventory-Revised (LSI-R) assessment tool to determine which programs are most appropriate for an inmate based on his/her individual needs. DCYF uses screening tools for some types of youths such as sexual offenders, though many DCYF program assignments result from caseworker interactions with youths in custody. DCYF is reviewing best practices in other jurisdictions to determine what assessment tools are most appropriate.

Recommendations

- State adult and juvenile justice programs should maximize the use of evidence-based practices, whenever possible. Internally managed programs and contracted services should follow prescribed guidelines and best practices for program implementation.

- Greater evaluation of existing programs is needed to determine fidelity to best practices and overall effectiveness. Evaluation is particularly important when multiple providers offer the same program to a population to ensure that people obtain similar outcomes irrespective of the service provider.

- DCYF should continue exploring implementing a standardized screening tool to ensure proper matching of programs to youth needs, similar to DOC’s LSI-R method.

Departments cited resource constraints as obstacles to evaluating programs and deploying screening and assessment tools to match people to the appropriate programs. OMB expects that continued work on the Results First model will help clarify the cost of investments and the benefits they would achieve for the taxpayer. New program investments or reprioritizing existing funds may be justified if such actions are expected to lead to defined cost savings through reduced crime and incarceration.
Next Steps
Creating a program inventory is the first step to develop and implement the Rhode Island Results First model. In 2014, OMB will work with departments and other stakeholders to complete the following tasks:

- Estimate the costs of providing adult and juvenile justice programs in Rhode Island. The analysis will include total expenditures and per-person expenditures. [Spring - Summer 2014]

- Assess the costs of crime, including direct costs to taxpayers (e.g., prosecution, incarceration, etc.) and societal costs (e.g., victimization costs). [Spring - Summer 2014]

- Prepare a recidivism analysis to establish a baseline for adult and juvenile justice trends. Using baseline data, the Results First model will help determine the projected impact of changes to existing program. [Spring – Winter 2014]

- Determine the return on investment for each evidence-based program administered and make recommendations for improvements. [Winter 2014]
Description of Results First Program Categories

ADULT

Cognitive Behavioral Therapy – Cognitive-behavioral therapy (CBT) emphasizes individual accountability and teaches offenders that cognitive deficits, distortions, and flawed thinking processes cause criminal behavior. For this broad grouping of studies, CBT was delivered to adults in either an institutional or community setting and included a variety of “brand name” programs (e.g., Moral Reckoning Therapy, Reasoning and Rehabilitation, and Thinking 4 a Change).

Correctional Education in Prison – This broad category of programs are delivered to persons in prison, and typically consist of classes for offenders in Adult Basic Education, General Educational Development preparation, and post-secondary education.

Correctional Industries in Prison – Correctional industries are prison jobs where offenders earn a wage for their work. In this broad grouping of programs, industries can include private sector, non-profit, or institutional support jobs.

Domestic Violence Perpetrator Treatment Programs – Treatment programs for domestic violence offenders most frequently involve an educational component focusing on the historical oppression of women and emphasizing alternatives to violence. Treatment is commonly mandated by the court and paid for by the offender.

Drug Court for Adult Offenders – While each drug court is unique, they all share the primary goals of reducing criminal recidivism and substance abuse among participants. Drug courts use comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives in an attempt to modify the criminal behavior of certain drug-involved defendants.

Drug Treatment in the Community – This broad grouping of programs includes outpatient and inpatient residential programs in the community for offenders who are diagnosed as chemically dependent.

Drug Treatment in Prison – This broad grouping of programs includes therapeutic communities and cognitive behavioral treatment for offenders who are diagnosed as chemically dependent. Therapeutic communities typically last 6 to 12 months in a structured, residential setting.

Electronic Monitoring – A computer-based tracking device electronically monitors the location of an offender. Electronic monitoring devices are either radio frequency or Global Positioning System (GPS) units. Offenders are generally required to remain at home except for approved activities such as work, school, or treatment.

Program summaries were provided by Results First and reflect categories established and reviewed by the Washington State Institute for Public Policy.
Electronic monitoring is used for probationers, parolees, or pre-trial defendants and can be used in lieu of, or in addition to, confinement. The use of electronic monitoring varies from lower to higher risk offenders.

**Employment Training/Job Assistance** – Employment and job training programs teach job preparedness and skills that are necessary for the workplace, such as effective job searches, applications, and resumes. Some programs may specifically address barriers to employment for convicted offenders.

**Intensive Supervision** – In this broad grouping of programs, intensive supervision probation/parole (ISP) emphasizes a higher degree of surveillance than traditional supervision in the community. The average number of face-to-face monthly contacts for studies included in our meta-analysis was 12. ISP could be delivered in lieu of incarceration, as a conditional release from incarceration in the form of parole, or as a probation sentence. Conditions of supervision vary across the studies, but some characteristics include urinalysis testing, increased face-to-face or collateral contacts, or required participation in treatment.

**Vocational Education in Prison** – Vocational education programs delivered in prison involve instruction for a specific trade, occupation, or vocation such as welding, auto repair, building maintenance, and graphic arts. The primary goal of vocational education is to help offenders develop marketable job skills upon release to the community. Certificates or college credit can be earned for some vocational programs.

**Work Release** – Work release programs are a form of partial confinement that enables certain offenders to serve all or a portion of their prison/jail sentence in a residential facility while employed in the community.

**JUVENILE**

**Drug Court for Juvenile Offenders** – While each drug court is unique, they all share the primary goals of reducing criminal recidivism and substance abuse among participants. Drug courts use comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives in an attempt to modify the criminal behavior of certain drug-involved defendants.

**Juvenile Sex Offender Treatment** – Sex offender treatment for juvenile offenders includes individual or family therapies that follow cognitive behavioral strategies. Program components can also include relapse prevention, victim empathy, and education on human sexuality, healthy attitudes toward sex, and appropriate sexual roles.

**Multisystemic Therapy (competent) for juvenile offenders** – Multisystemic Therapy (MST) is an intensive in-home program, which promotes the parent’s ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships. In the juvenile justice setting, MST is designed for violent and chronic offenders.

**Substance Abuse Treatment** – This broad category includes a variety of substance abuse treatment modalities delivered to youth who are involved in the juvenile justice system. These modalities include therapeutic communities, residential treatment, cognitive behavioral therapy, and Multidimensional Family Therapy.