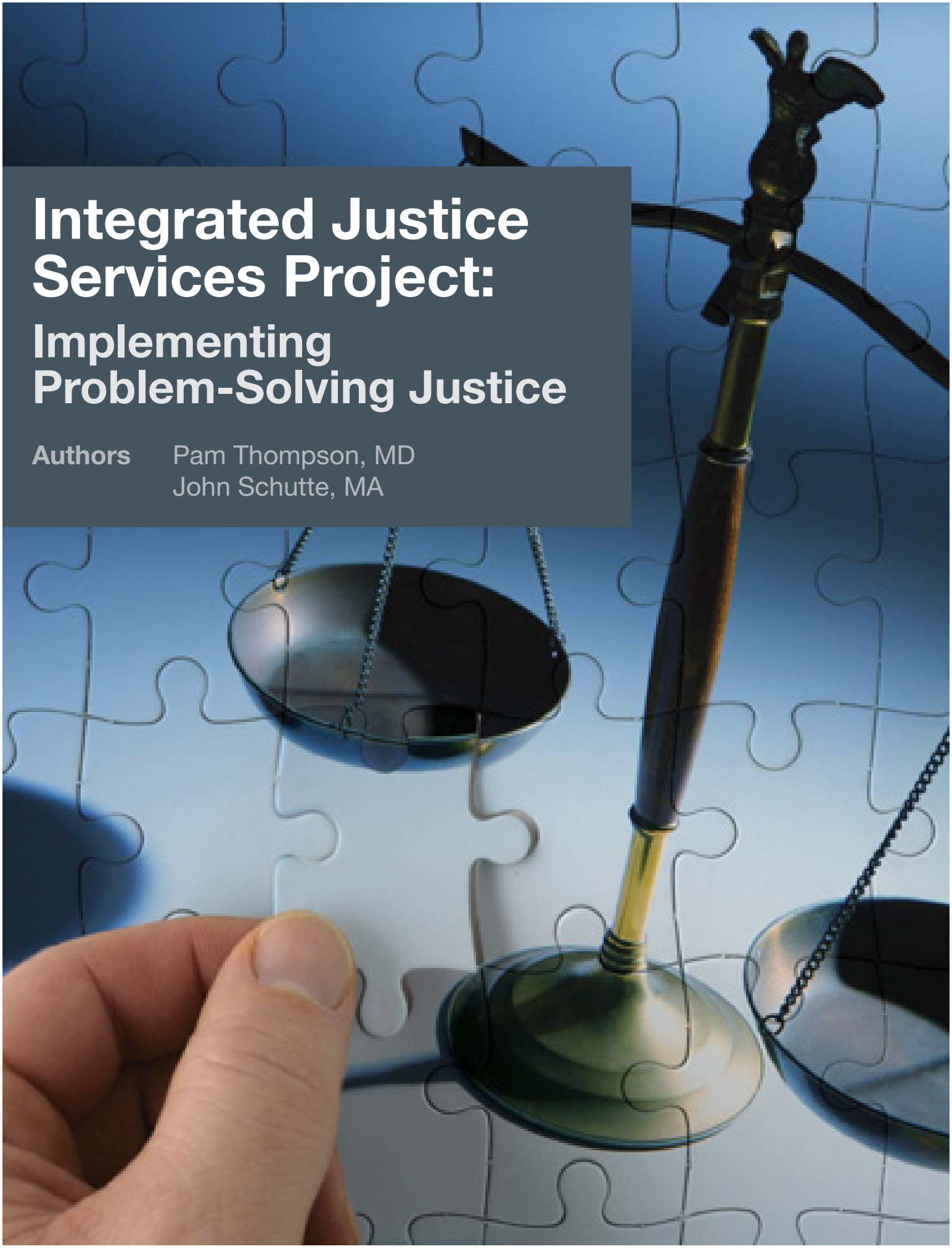

Integrated Justice Services Project:

Implementing Problem-Solving Justice

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Report prepared for Safe Communities and Strategic Policy, 2010

Table of Contents

section

i

Index of Figures

Section 4: A Way Forward: IJSP

section

ii

Disclaimer

The opinions and views expressed in this report are those of the authors and do not represent the official position or policies of the Government of Alberta.

The assumptions made in this report are based on good faith and the best available research literature, data, and feedback consultation. The authors of this report recognize that due to the limited time frame provided to design and construct this report, not all available research literature, data, and/or consultations were accessible.

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section

iii

Purpose and Scope of Report

The purpose of this report is to provide policy and decision-makers a framework for delivering effective treatment and support services to offenders that would lower the risk of future offences. In order to execute a successful set-up and implementation of the Integrated Justice Services Project, further consultation and feedback will need to be solicited from pertinent partners and stakeholders. This report is designed to assist with partner and stakeholder engagement and will also be used to develop the business case and implementation plan.

section

iv

Executive Summary

Introduction

Crime is a community problem and requires a collaborative and integrated approach by the community to solve it. The current body of "What Works" evidence suggests a new approach to reducing crime. Instead of talking about "getting tough on crime," a far more effective slogan is "get smart on crime."[1]

This report proposes the Integrated Justice Services Project (IJSP), a problem-solving justice approach. Building the IJSP is not unlike a jigsaw puzzle. Some of the pieces are present just needing to be connected and some of the gaps need to be filled with new interventions and programs to complete the picture. A diverse coalition of partners and stakeholders will need to work together to successfully implement the IJSP (See Figure 4.35).

In order to achieve the proposed outcomes, some changes will be required in legislation, policies, and procedures. Therefore, the IJSP takes a phased approach to implementation (See Figure 4.37) to expedite the focus on criminal charges while taking a more gradual approach to aspects requiring legal review (i.e., municipal offences, family law, and civil law). The initial focus of the IJSP will be medium- and high-risk offenders who are assessed to be appropriate for community corrections (see Targeted Offender Population sub-section below). Targeting these offenders have been shown to be the most cost effective and the best return on investment in reducing the risk of recidivism (see Section 3 and 4).

The IJSP aligns with the goals of the Alberta Justice Business Plan to *promote safe communities in Alberta, to improve efficiency in the justice system through reengineering of justice processes*, and *to promote a fair and accessible civil and criminal justice system*. The IJSP will develop and implement processes to deal with offenders entering or involved in the criminal justice system by providing them with specialized treatment and targeted support services to reduce offending. It will also improve community safety by using programming methods detailed in the "What Works" research literature. This approach emphasizes the bio-psycho-social treatment approach and wrap-around services to target the underlying drivers of criminal behaviour (see Section 3).

Decreasing Recidivism

A growing body of evidence has shown that there are multiple effective services and treatments that reduce recidivism and increase public safety. The key to success is implementing and operating programs, services, treatment, and supervision according to fidelity without diluting the practices.

The key to reducing the risk of future criminal behaviour is using proven treatment and supervision methods that have consistently shown to be effective in the criminal justice research literature. Incarcerating more individuals without access to services is not the answer; particularly, if they can be managed effectively in the community. Incarceration is expensive, and research shows it is not effective in changing behaviour or correcting harm caused to the community. Focusing on treatment, success-driven community supervision, and problem-solving justice programs are a cost-effective and socially conscious means of ensuring safer and healthier communities (see Section 2 and Section 3).

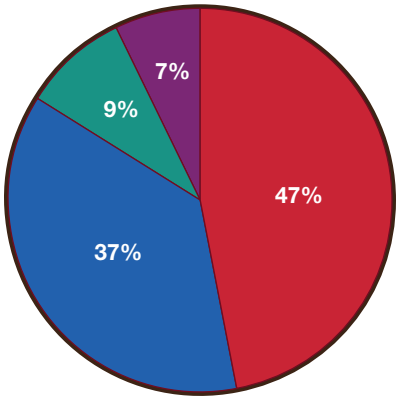
Targeted Offender Population

This report focuses on offenders entering the justice system who would be appropriate for the community corrections system or offenders re-entering the community after completing an incarceration sentence. The targeted offender population would likely include individuals charged with a summary offence or mixed (hybrid) offence—fully 91 percent of those charged with offences. As detailed in Figure iv.1, the majority of criminal charges in Alberta fall under a summary (37 percent) or mixed charge (47 percent). This may also include offenders charged with a summary and/or hybrid offence paired with a municipal offence.

Offenders who pose a substantial risk to community safety and require incarceration are not the focus of this report.

The characteristics of the targeted offender population and conditions for eligibility in IJSP programs are further expanded in Section 4.

Figure iv.1: Types of Offences



** Alberta Community Offender Management; SGPS

The Integrated Justice Services Project (IJSP)

The IJSP has two key components: the Safe Communities Opportunity and Resource Centre (SORCe) and the Centre for Justice Innovation (CJI).

The **Safe Communities Opportunity and Resource Centre (SORCe)**, which is a "one stop shop," with co-located services providing direct treatment, supervision, and support services to offenders through a holistic, wrap-around approach (see Figure iv.2). The SORCe will provide a true trans-disciplinary treatment and service model that includes both internal staff and staff from partnered community organizations and agencies. It meets offenders' needs by using a holistic *One Person, One Plan, One Place* approach to integrate services. The SORCe strives to ensure effective communication between all parties involved with the offender (i.e., treatment and service providers, court, and community). The SORCe focuses on medium- and high-risk offenders with a multitude of functional impairments. Offenders are triaged to one of three levels of support based on an assessment of their risk and need. They are provided with services and evidence-based programs that focus on the seven criminogenic needs most associated with criminal behaviour (see Sections 3 and 4). A multitude of services are offered through the "one stop shop" at the SORCe: 1) crisis and outreach; 2) intake, information, and referral; 3) triage; 4) screening and assessment; 5) treatment services; 6) support services; 7) offender management; 8) legal services; and 9) program support services (see Figure iv.3). It is noted that provision of culturally competent and sensitive treatment services are critical to addressing the diverse needs of specialized populations in the justice system, including women and Aboriginal people. Guidelines and suggestions are offered for their treatment in Section 4 of this report.

The SORCe's goals and objectives are listed below (See Figure 4.8):

- Restore the safety of the community
- Bridge the gap between communities and the justice system
- Strengthen working relationships within the justice system
- Address problems that lead to involvement with the justice system
- Provide the justice system and service providers with better information
- Build a physical location that reflects these ambitions

Figure iv.2: Integrated Services of the SORCe

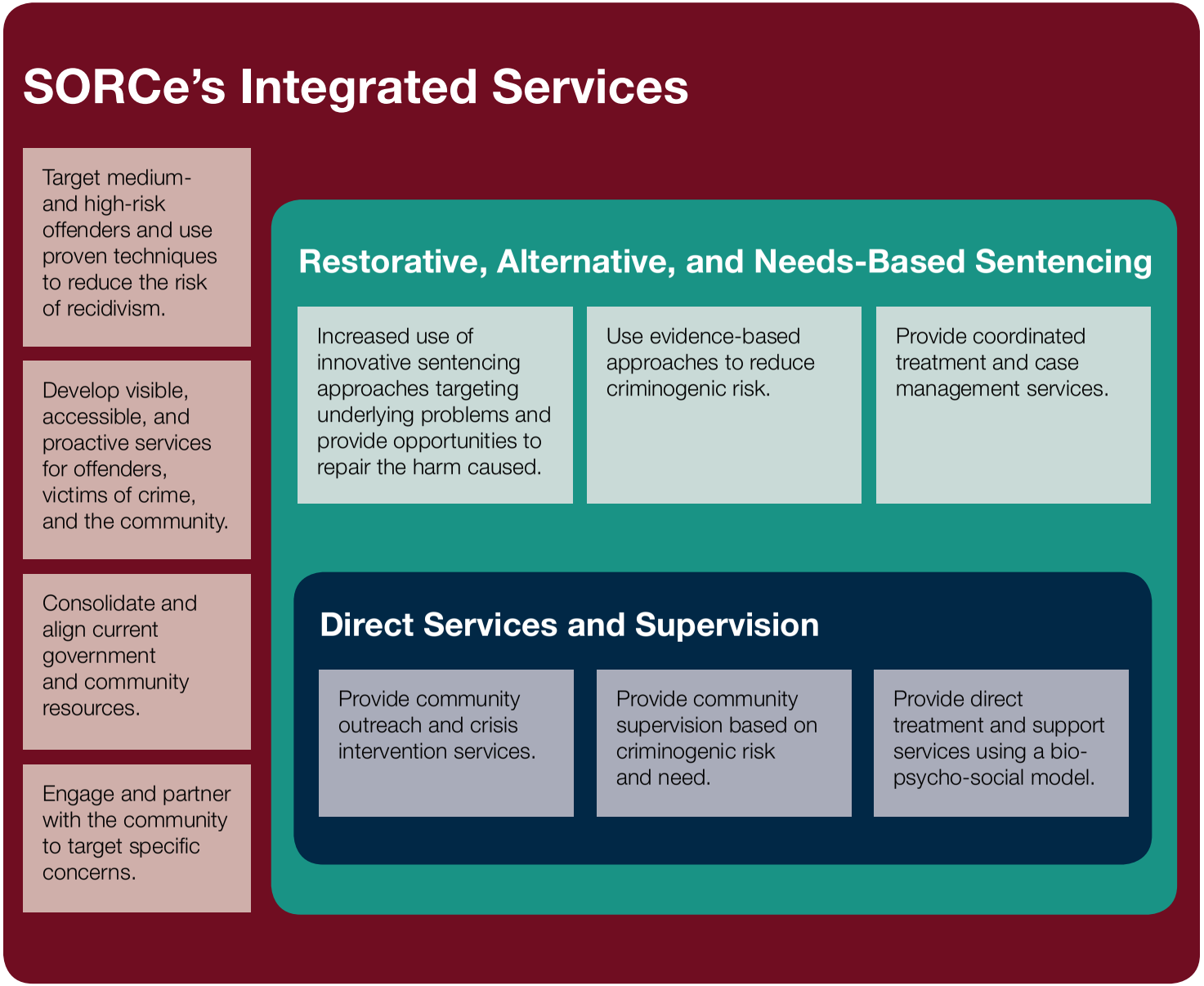
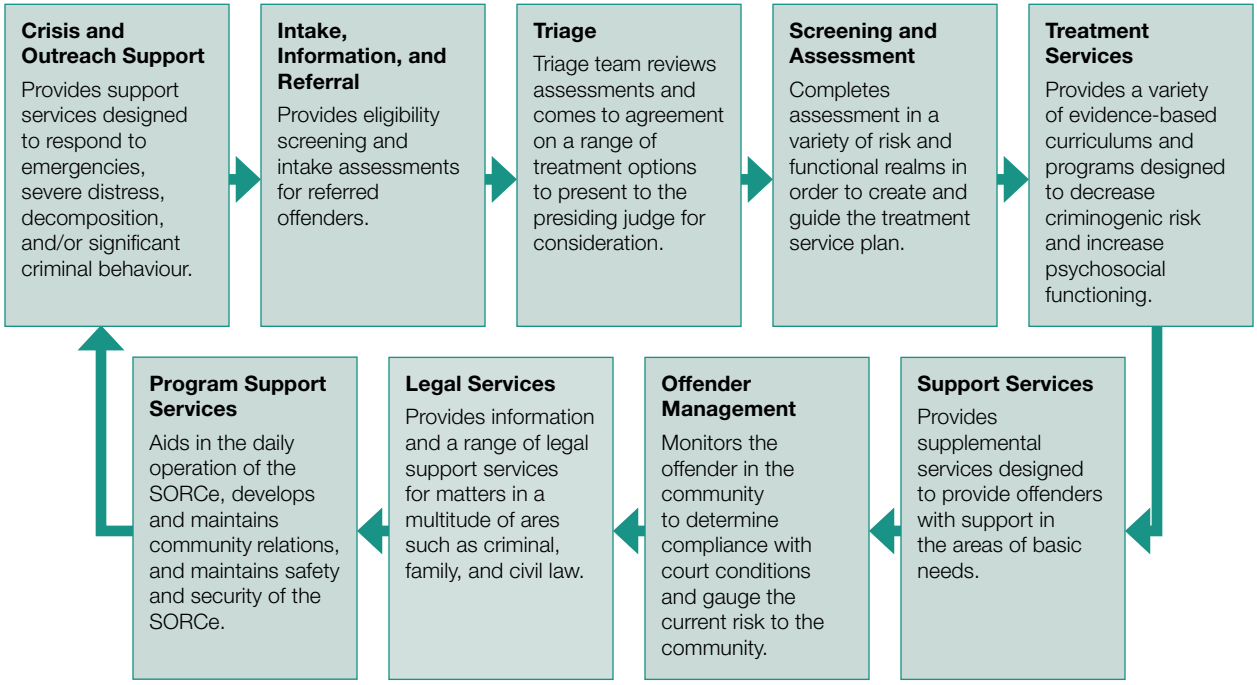


Figure iv.3: SORCe Service Delivery Continuum



In this report, the proposed **Centre for Justice Innovation (CJI)** performs four key functions focused at the community level: 1) community engagement and information services; 2) research and evaluation at the project and community level; 3) workforce development and technical assistance; and 4) policy, planning, and program support (see Figure iv.4). The proposed CJI will be composed of a multidisciplinary coalition of professionals who work to identify problems, find solutions, monitor project implementation and operation, and expand knowledge related to crime reduction and community safety. The CJI forms part of the foundation for the IJSP, as it supports all areas of project implementation at the community level. The CJI will be part of the Safe Communities Leadership Centre and will be tasked with supporting justice projects at the community level. It also serves as a resource to other jurisdictions, as it gathers research evidence to support innovative changes in the justice system. The CJI will have an informal reporting relationship with a number of local community organizations and government ministries and departments.

Figure iv.4: Centre for Justice Innovation - Functions

Research Methods

Multiple resources were used in creating this document to provide policy decision-makers with current information on offender needs, identified best practices in offender treatment and services, and programs offered in outside jurisdictions. The list below provides the major sources of information used to develop this report.

1. Offender Needs (see Section 2, Appendix B, Appendix D, and Appendix E)
    a. Statistical data provided by Alberta Solicitor General and Public Security
    b. Statistical data provided by Calgary Police Services
    c. Statistical data provided by Alberta Justice and Attorney General
    d. Stakeholder and partner interviews
    e. Gap analysis of Alberta provincial inmates
    f. Offender focus groups
2. Supports for the Criminal Justice System (see Section 2 and Appendix E)
    a. Stakeholder and partner interviews
3. Best Treatment and Support Practices Literature (see Section 3, Section 4, and Appendix C)
    a. Correctional Services of Canada
    b. The Centre for Applied Research in Mental Health and Addictions
    c. The Center for Effective Public Policy
    d. *What Works* research literature
    e. United States Department of Justice
    f. Washington State Institute for Public Policy
    g. United States Department of Corrections
    h. Substance Abuse and Mental Health Services Administration
4. Environmental Scan of Programs Using Problem-Solving Justice (see Section 3)
    a. Downtown Community Court; Vancouver, British Columbia
    b. Victoria Integrated Court; Victoria, British Columbia
    c. Center for Court Innovation; New York City, New York
        i. Midtown Community Court
        ii. Red Hook Community Justice Center
        iii. Brooklyn Mental Health Court
        iv. Bronx Community Solutions
    d. Dallas Community Court; Dallas, Texas

Strategic Alignment

The IJSP aligns with the goals of the Alberta Justice Business Plan to *promote safe communities in Alberta, to improve efficiency in the justice system through reengineering of justice processes*, and *to promote a fair and accessible civil and criminal justice system*. The IJSP will develop and implement processes to deal with offenders entering, or involved in, the criminal justice system by providing them with specialized treatment and targeted support services to reduce offending. It will also improve community safety by providing treatment and services using a bio-psycho-social treatment approach with wrap-around services to address offenders' criminogenic needs in order to reduce recidivism. Furthermore, restorative justice practices will be implemented to aid in restoring the negative impact the offender's criminal behaviour has had on the victim(s) and community.

The mandate for working together, aligning services, and providing a coordinated and integrated response to addressing the underlying causes of crime and public disorder is one shared across government and public service in general. The project also supports the *Safe Communities Crime Prevention Framework* which seeks to integrate programs and services in order to address gaps and improve outcomes.

Next Steps

The following tasks will need to be completed prior to implementation of the IJSP.

1. **Privacy and Confidentiality Impact Assessment:** The issue of privacy was raised during the formulation and design of the IJSP. A privacy impact assessment will be completed during the set-up phase to provide direction on the means to ensure the project complies with all privacy legislation.
2. **Alignment of Key Government of Alberta and Community Programs/Services:** decision and policy makers within the Government of Alberta and community programs/services will need to assess the best means to coordinate and streamline practices.
3. **Further Consultation:** In order to execute the successful set-up and implementation of the IJSP, further consultation and feedback will need to be solicited from pertinent partners and stakeholders.
4. **Scope of Offenders Served:** decision and policy makers will need to assess the number of offenders to be targeted for the IJSP. The IJSP has been designed to best meet the needs of medium- to high-risk offenders in Phase I. The project has been designed so that the number of offenders served by the project can be increased or decreased depending on the resources allocated to the project.

Conclusion

Crime is a complicated problem, but it is not one without solutions. Crime is a community problem and, as such, requires a collaborative and integrated approach by the community to solve it. There is a large body of evidence that supports a number of programs and practices that are effective in reducing recidivism. Within the current body of "What Works" evidence, there is an opportunity to adopt a new approach to reducing crime. Instead of speaking about "getting tough on crime," a far more effective approach is to "get smart on crime."[2]

> **Knowing is not enough; we must apply. Willing is not enough; we must do.**
>
> Johann Wolfgang von Goethe

Policy makers should not wait for a crisis before embarking on meaningful change. Getting smart on crime involves being proactive and recognizing that making targeted and purposeful changes can have positive and far-reaching impacts in changing the lives of offenders, improving the health and safety of our communities, and maximizing the effective use of resources.

The IJSP supports the premise of getting smart on crime and builds on two core concepts:

- Providing treatment and support services that target the underlying criminogenic needs driving the offender's negative behaviour
- Correcting the harm caused to a victim and community through restorative justice practices (e.g. community service, community impact panels, etc.)

Incarcerating more individuals is not the answer. It is expensive and research shows it is not effective in changing behaviour or correcting harm caused to the community. Focusing on treatment, success-driven community supervision, and restorative justice programs are a cost-effective and socially conscious means of ensuring safer and healthier communities. Further, a body like the Centre for Justice Innovation will ensure continued growth, change, and innovation in justice programming and practices.

Putting it simply – fitting the pieces of the puzzle together by addressing offenders through a holistic *One Person, One Plan, One Place* integrated services approach will improve the safety of Alberta communities. Every offender who is treated and supported using a problem-solving justice approach is at the very least, an opportunity to prevent one *less crime and one less victim*.

section

1

Introduction

> Collaboration changes the way we work and requires a profound shift in our conception about how change is created. Collaboration shifts organizational focus from competing to consensus building; from working alone to including others; from thinking about activities to thinking about results and strategies; and from focusing on short-term accomplishments to demanding long-term results.
>
> Centre for Effective Public Policy

Report Background

At the December 8, 2009 meeting of the *Justice Policy Advisory Committee* (JPAC), the JPAC ministers resolved to optimize existing processes and to find new ways to approach offenders in the criminal justice system and those who are at risk of entry into the criminal justice system. They emphasized that future innovation in the justice system depends on moving away from specialty silos and instead moving to an integrated, trans-disciplinary model using multiple staff specialties and disciplines, an integrated case management approach, wrap-around holistic services, expedited access to needed treatment, and targeted services.

Integrated, problem-solving approaches have been developed across North America to target low- to mid-level crime and to address concerns about community safety. Models used in Canada, the United States, and abroad have achieved positive outcomes both in reducing crime and linking offenders to needed treatment services. This problem-solving approach has been shown to decrease the time an offender spends within the justice system, decrease the costs to the system as a whole, and reduce recidivism rates.

The authors of this report were hired in February 2010 to develop a model to best meet the needs of offenders and propose a plan that emphasizes collaborative, wrap-around services to minimize the risk of future criminal behaviour. The objectives of this report can be found in Figure 1.1.

Figure 1.1: Report Objectives

1	Review models and therapeutic alternatives for provision of specialized services to support the criminal justice system.
2	Develop recommendations on critical issues that individuals involved in the criminal justice system face and identify key ministries and/or parties involved.
3	Develop recommendations for possible interventions and required collaborations to overcome indentified issues.
4	Develop a report and implementation plan for the Integrated Justice Services Project.
5	Identify the therapeutic treatment and social services needs of individuals in the criminal justice system.
6	Identify individuals at risk of entering the criminal justice system and determine their health and social services needs.
7	Provide the judiciary with options for addressing the underlying root causes of offenders' negative behaviour.
8	Develop innovative approaches/recommendations to service delivery through greater integration and coordination of services by integrating case management services in a bio-psycho-social model.

Systemic Obstacles and the Impact of Incarceration on the Community

One of the Government of Alberta's five priorities includes (maintaining or creating) safe communities. Local and provincial government agencies have responded to public demand for safe communities, in part by tasking the criminal justice system with reducing crime through enforcement and sanctions, such as incarceration. Alberta's Task Force on Crime Reduction and Safe Communities highlights that costs of maintaining the criminal justice system are not going down, and crime itself is not declining significantly.[3] Annual expenditures on law enforcement and criminal justice by all levels of government in Canada are estimated to total $13 billion and the annual cost related to correctional services for adults in Canada totalled $3.9 billion. Additionally, the cost caused by the loss, fear, trauma, and long-term physical injury that crime inflicts on victims is equivalent to about $5 billion annually.[4] There are other costs as well, such as the disruptions caused by incarceration to families and communities.

The justice system has traditionally struggled to unilaterally minimize criminal risk with sanctions alone. A study of offenders in Alberta and the agencies that serve them reveals, not surprisingly, that many offenders entered or returned to criminal activity because of a lack of fulfillment of basic needs related to employment, housing, and other issues. Individuals with multiple complex problems, often related to health, mental health, and substance abuse, continue to revolve through the justice system to lead lives that result in a cycle of hospitalization and/or incarceration. [5]

Overreliance on incarceration can have multiple unintended consequences that further exacerbate the problems in families, communities, and government systems. In fact, being overly punitive with sanctions such as incarceration has been found to increase recidivism rather than decrease it. [6]

The project supports the *Safe Communities Crime Prevention Framework* which seeks to integrate programs and services in order to address gaps and improve outcomes. The overarching problems that will be addressed at multiple points in this report are *ineffective communication*, *containment of resources*, and lack of coordination between government, service providers, treatment practitioners, and criminal-justice professionals. These issues were identified by the *Alberta Task Force on Crime Reduction and Safe Communities* as general themes in its 2007 report *Keeping Communities Safe* (see Figure 1.2).

Figure 1.2: Alberta Crime Reduction and Safe Communities Task Force - *Keeping Communities Safe: Report and Recommendations*[7]

1	Crime is having a serious impact on our quality of life. It's hurting everyone: our families, our children, our elderly, our disadvantaged and vulnerable people. It causes Albertans to worry about safety in their homes, neighbourhoods, and communities.
2	The current criminal justice system is not working. People are working hard and some new approaches are producing good results. But we're not meeting Albertans' expectations. They expect offenders to be dealt with quickly and appropriately. They expect the most serious offenders to get punishment that fits the crime. They expect people – especially young people – with addictions to get treatment so they don't have to resort to crime to feed their habits. They expect their communities to be safe.
3	The system is fractured; in fact, some would say it's not really a system at all. Police, the courts, social workers, mental health workers, and community agencies are working independently when they should be sharing the same objectives. People are charged and convicted of crimes while their underlying problems of drug and alcohol addictions and mental illness – problems that fuel their criminal activities – are given "band-aid" treatment at best.
4	Preventing crime and improving safety isn't something government or the courts or the police can do alone, nor will it happen overnight. Albertans need to take responsibility at all levels. This is about individuals, families, and communities stepping up and recognizing that many of the factors that contribute to crime are within their own hands.

section

2

The Problem We Have to Solve

A large number of people [offenders] are serving a life sentence, 30 days at a time.

Brett Taylor, Deputy Director
Center for Court Innovation

Introduction

The problem that the justice system seeks to address is one of community safety and it is a problem that is multi-faceted and complex. In this section the problem is examined in four ways: through crime in the community; through the effects of incarceration in the community; through the needs of the offenders; and through the justice system itself.

KEY POINTS

- The costs associated with crime create a significant impact on individuals, communities, and government systems. Alberta's Task Force on Crime Reduction and Safe Communities has estimated annual expenditures on law enforcement and criminal justice by all levels of government in Canada are estimated to total $13 billion and the annual cost related to correctional services for adults in Canada totalled $3.9 billion. The cost caused by the loss, fear, trauma, and long-term physical injury that crime inflicts on victims is equivalent to about $5 billion annually.
- The number of offenders sentenced to community corrections has steadily increased across Alberta since 2006, peaking at nearly 20,000 cases in 2009–2010.
- Despite progress in reducing some specific criminal acts, the victimization rate has remained relatively static over the past decade with 33 to 38 percent of the public reporting that they have been victims of crime over the past year.
- Increasing sanctions alone appears to largely increase costs while providing few benefits. Sanctions need to be linked with effective programming and services.
- Being overly punitive with sanctions has been found to increase recidivism rather than decrease it. Feedback from stakeholders and offenders in Alberta with regard to treatment needs and service gaps were very similar. Offenders identified needing assistance obtaining employment, housing, government ID, an Alberta Health card, income support, transportation, and clothing. Stakeholder feedback identified the need for more services and programming focused on addictions, personal development (e.g., anger management, parenting, and employment), income support, and vocational training and education.
- Desired outcomes have not been met because of system obstacles in three broad areas: 1) ineffective communication, 2) lack of coordination, and 3) containment of resources.

Problem Definition: Crime in the Community

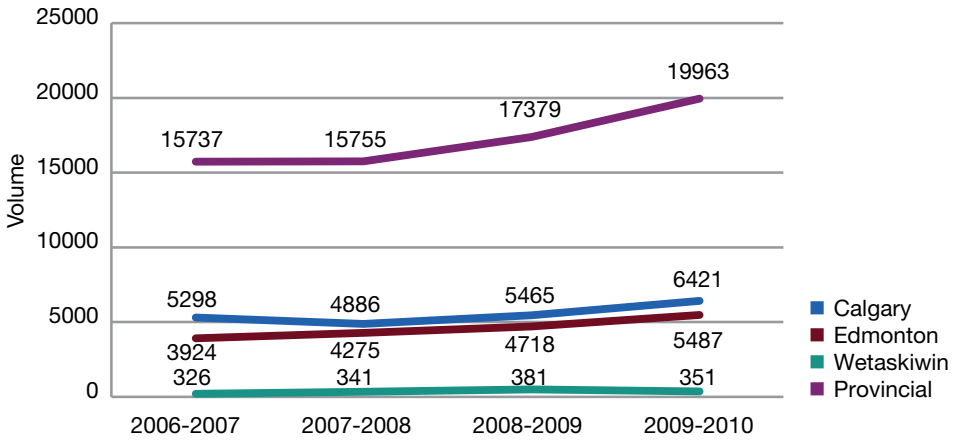
The 2008 report of Alberta's Task Force on Crime Reduction and Safe Communities titled *Preventative Solutions to Crime in Alberta* presented some startling statistics: Alberta had the highest rate of violent victimization and spousal violence against women in Canada. Based on a survey done by Gannon and Mihorean in 2004, it is estimated that one third of households in Canada had been victims of property crime.[8] The Gannon and Mihorean report also cited some significant data with respect to spending related to law enforcement: annual expenditures on law enforcement and criminal justice by all levels of government in Canada are estimated to total $13 billion and the annual cost related to correctional services for adults in Canada totalled $3.9 billion. Even more startling, the cost caused by the loss, fear, trauma, and long-term physical injury that crime inflicts on victims is equivalent to about $5 billion annually.[9]

The lesson is clear: costs associated with crime create a significant negative impact on individuals, communities, and government systems. When taking into account reparation to the victim, enforcing and processing a criminal charge, and intangible effects on families and communities, the costs quickly become staggering. Yet at the same time, the report also highlighted that there is little evidence that simply increasing the number of police officers to conduct standard policing is a way to reduce crime. These negative impacts and costs illustrate the urgent and critical need to find and implement effective programs to reduce the impact of crime on our communities.

Problem Definition: Incarceration and its Impact on the Community

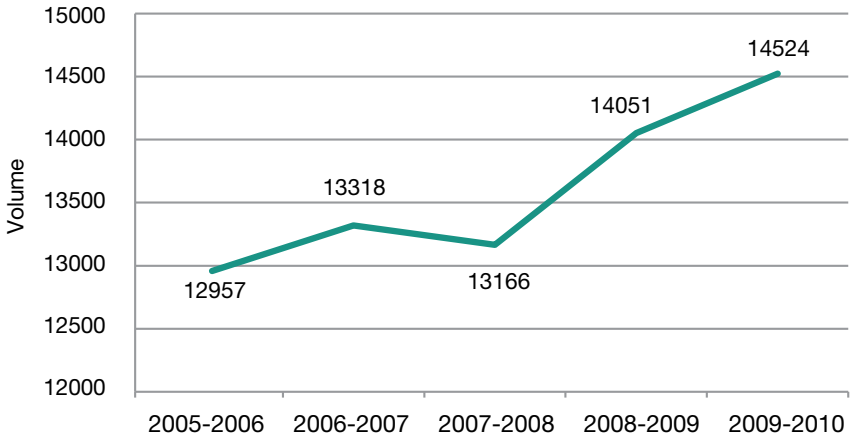
Local and provincial government agencies have responded to the public's demand for a solution by tasking the criminal justice system with reducing crime through enforcement, sanctions, and incarceration. This has led to a steady increase in individuals being processed through police, judicial, and correctional systems. The number of commencements to adult supervised programs increased by 27 percent between 2006/2007 (15,737) and 2009/2010 (19,963). It increased by 29 percent between 2005/2006 (15,493) and 2009/2010 (19,963). Commencements to adult probation programs have increased by 5.7 percent between 2005/2006 (9,075) and 2009/2010 (9,596). The number of community corrections cases processed in major Alberta urban centers has increased drastically, with Edmonton alone experiencing approximately a 40 percent increase in the offenders managed by community corrections over the past four years.

Figure 2.1: Supervised Community Corrections (2006-2010)**



** SGPS – Alberta Community Offender Management

Figure 2.2: Number of Sentenced or Remand Later Inmates (2005-2010)



** SGPS – Alberta Community Offender Management

Figure 2.3: The Cost of Crime[10]

In a 1998 study conducted by Mark Cohen, an international expert on the costs of crime, a typical criminal career was estimated to cause $1.3 to $1.5 million USD in costs to victims and taxpayers. The net effect of the investment [in treatment instead of incarceration] would reduce the need for prison beds and lower the crime rate further. Between 2008 and 2030, taxpayers could save about $1.9 billion USD through avoided prison and other criminal justice system costs.

Unfortunately, increasing sanctions alone appears to largely increase costs while providing few benefits (see Figure 2.3).[11] Despite progress in reducing some specific criminal acts, the victimization rate has remained relatively static over the past decade with 33 to 38 percent of the public reporting that they have been victims of crime (see Appendix B). Furthermore, overreliance on incarceration can have multiple unintended consequences that further exacerbate the problems in families, communities, and government systems (see Figure 2.4). In fact, being overly punitive with sanctions such as incarceration has been found to increase recidivism rather than decrease it.[12] This is not to imply that sanctions are not effective; however, little gain is made without linking the sanction to effective programming and services.[13] Many members of the public recognize that individuals committing crimes need assistance; however, they do not understand that it may be more expensive to deal with these individuals through incarceration rather than providing them with appropriate treatment services and supervision in the community. Other members of the public simply want these individuals removed from the community, without understanding the financial and social costs created by detaining these individuals. There also appears to be a lack of understanding that the underlying causes of criminal behaviour persist when the individuals are returned to the community.

Figure 2.4: Collateral Consequences of Imprisonment and Re-Entry to Communities[14]

Decreased Material Well-being, Employment, and Health

- High costs of incarceration, leading to increased taxes for residents and businesses
- Loss of business revenue in high-crime neighbourhoods, leading to fewer job opportunities for the community
- Lack of funds within the community
- Debt and an inability to pay required restitution by offenders
- Loss of job prospects as an area becomes increasingly disadvantaged
- Loss of workers by employers
- Increased risk of acquiring infectious diseases in prison

Negative Impact on Family Life

- Negative influence of criminal behaviour from one generation to the next
- Family dislocation and separation, particularly as female offenders are increasingly imprisoned
- Removal of significant segments of some demographic subgroups (e.g., young males in age groups prone to high crime) from the community
- Family violence
- Loss of a primary income earner
- Poor supervision of children

Decrease in Social Capital

- Erosion of property values and decreased property tax revenue leading to decreasing tax bases as residents move out of crime-plagued neighbourhoods
- Disruption of normal everyday activities that promote social interaction and vibrant communities
- Overall distrust of the justice system to be responsive to community, victim, or offenders' needs
- Concentration of individuals who are disenfranchised from the political process
- Community disorganization
- Transferral of stigma from individuals to community
- Loss of positive role models
- Loss of hope
- Loss of sense of community efficacy in collective action
- Loss of social networks that provide employment and other opportunities
- Increased criminal justice surveillance due to high concentration of ex-offenders in specific areas
- "Tipping point" reached where a community can no longer exert any positive influences over its residents

Decrease in Community Safety
➡ Unravelling of residents' sense of commitment to local communities, which is critical to ensuring safe, healthy, and prosperous neighbourhoods ➡ Growth of criminal cultures, where criminal activity is so commonplace it becomes viewed as a normal part of life ➡ Unsafe conditions for children – particularly in violent neighbourhoods, places where drugs are sold and manufactured, and schools infiltrated by gangs ➡ Entrenchment of criminal social networks ➡ Increased criminal activity – offenders may resume activities with new vitality or may flourish in an environment of anonymity and decline ➡ Decreased public safety

The justice system is tasked with addressing the actions of individuals who commit a criminal act, but one must ask, does it improve the safety of communities? Does it employ the most cost-effective means to carry out justice? Two internationally recognized criminologists, Mark Lipsey and Frank Cullen, state, "At present, there is a growing body of evidence that what is done within corrections is not based on sound evidence but rather, on custom, bureaucratic convenience, and political ideology."[15]

Problem Definition: Addressing Offender Needs

The authors of this report had the privilege of meeting with a wide variety of government ministries, community organizations, and individual stakeholders and partners. This provided an excellent opportunity to hear first-hand concerns, recommendations, feedback, and requests related to the IJSP. The individuals interviewed provided excellent feedback on the supervision, treatment, and service needs of offenders. They also provided insights into the common struggles and obstacles offenders and justice organizations face on a frequent basis. Similar general themes were echoed by both government and non-government entities – these items have been summarized in Figure 2.5. A list of the major stakeholders interviewed is provided below in Figure 2.6 (see Appendix H for a detailed list of individuals interviewed and the questions used during interviews).

Figure 2.5: Summary of Stakeholder Feedback

Question	Responses
What type of outcomes would you like to see this project address?	1. Reduce "referrals to waitlists" when setting up programming and services for offenders. 2. Decrease short-term (i.e., less than 7–10 days) incarceration at remand facilities. 3. Expedite access to treatment and services. 4. Increase availability of specialized treatment and services for individuals in the justice system. 5. Increase teaching offenders the skills needed to become more self-sufficient. 6. Establish a long-term problem-solving approach that addresses underlying offending behaviour. 7. Develop a strategy that truly reduces recidivism and prevents crime and criminal behaviour, no more "band-aid" solutions. 8. Reduce the number of individuals incarcerated, less reliance on incarceration, and heavier emphasis on using approaches that teach offenders how to stay out of the justice system. 9. Create less duplication of services and responsibilities in the justice system. 10. Increase the emphasis on early intervention to prevent crime. 11. Clear "bottlenecks" and delays with treatment and services.

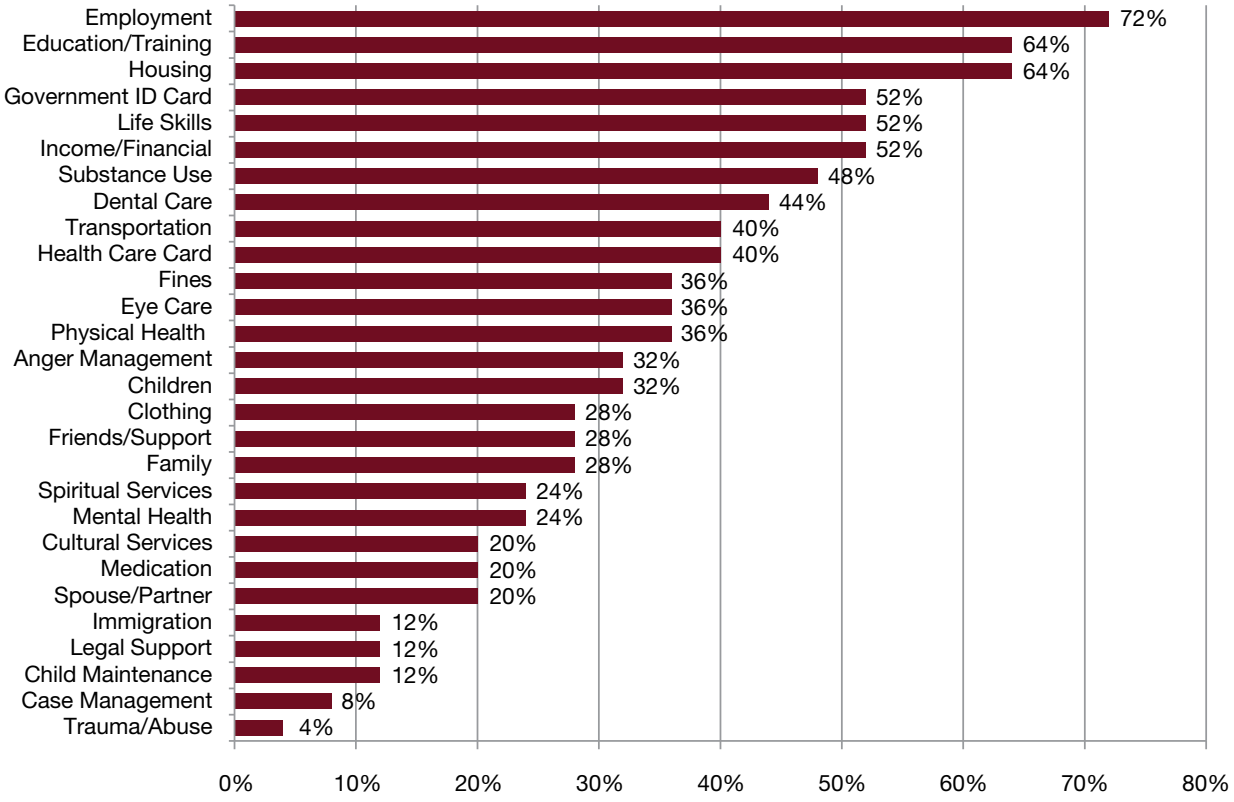
Question	Responses
What do you see as some of the major needs of offenders re-entering and/or being managed in the community?	1. Increase access to basic services such as housing, medication, government ID, income, and entitlements. 2. Help with navigating a complex justice, health, and social service system. 3. Develop better transition plans into the community from correctional institutions by arranging as many services as possible prior to release. 4. Expedite access to substance abuse treatment. 5. Increase the availability of programming and resources addressing mental health needs such as major mental illness, medication, low self-esteem, anger and violence, suicide, anxiety and stress, and feelings of frustration and hopelessness. 6. Help with parenting skills and provide means to solve and cope with family conflict. 7. Provide assistance with landlord and tenant disputes. 8. Develop programs that assist with basic education, enhanced reading and writing skills, and obtaining a GED. 9. Develop programs that assist with vocational training, better employment opportunities, and lower barriers to obtaining employment. 10. Increase access to child care and transportation. 11. Increase the use of individualized sanctions in order to decrease the number of technical violations. 12. Provide more options and greater availability of programs for long-term treatment; particularly for substance abuse and mental health. 13. Devote more resources to adequately assess and treat FASD.
What barriers do you think individuals/ communities face with reintegration of offenders into the community?	1. A general distrust among different systems and an unwillingness to share information and resources. 2. A lack of specialized training for working with offenders. 3. A lack of programs and resources that specialize in providing services for offenders. 4. Many community agencies are unwilling to work with offenders. 5. A lack of funding and resources remains a barrier for many programs. 6. Limited capacity, lengthy waitlists, and limited research and evaluation of the effectiveness of certain programs in successfully treating offenders. 7. Many programs do not have the specialized knowledge or resources to service complex offenders. 8. Many individuals in the community do not care about offenders and do not want resources provided to them. 9. The impact of “NIMBY” (not in my backyard) prevents many offenders from re-integrating into the community (e.g., difficulty accessing housing, community programs, etc.).
What do you see as the key elements of integrated services?	1. Addressing multiple legal matters (i.e., municipal, provincial, and federal) simultaneously. 2. Access for offenders to expedited, individualized services to meet their needs. 3. A high degree of flexibility between programs and organizations in serving offenders. 4. A greater willingness to work with difficult offenders and not “kick them out” during struggles or noncompliance. 5. Greater simplicity in the justice system so it is more accessible to programs, offenders, and victims.

Figure 2.6: Stakeholder Interview List

Government Ministries, Municipalities, Organizations, and Programs			
Alberta Aboriginal Relations	Alberta Children and Youth Services	Alberta Employment and Immigration	Alberta Health Services
Alberta Health and Wellness	Alberta Housing and Urban Affairs	Alberta Justice and Attorney General	Alberta Seniors and Community Supports
Alberta Solicitor General and Public Safety	Calgary Drug Treatment Court	Calgary Police Service	City of Calgary
City of Edmonton	Correctional Service of Canada	Edmonton Drug Treatment and Restoration Court	Edmonton Police Service
Legal Aid Alberta	Office of the Justice of the Peace	Provincial Court of Alberta	
Non-Government Organizations and Individuals			
Alberta Conflict Transformation Society	Alexis Nakota Sioux Nation	Calgary Homeless Foundation	Calgary Legal Guidance
Canadian Forum of Civil Justice	Criminal Defence Lawyers	Elizabeth Fry Society	HomeFront
Homeward Trust	John Howard Society	Life Line – St. Leonard's Society	Mediation and Restorative Justice Centre
Métis Nation of Alberta	Mustard Seed – Edmonton	Pro Bono Law Alberta	Siksika Justice Commission
Treaty 8 First Nation	United Way	Yellowhead Tribal Council	

The authors of this report also conducted two focus groups on July 2, 2010 at the Calgary Remand Centre. The purpose of these sessions was twofold: the first to discuss the needs of inmates upon leaving a correctional institution, and the second to gather information about the barriers they face in trying to stay out of the justice system. A total of 25 inmates participated in these groups, which were composed of a roughly 50/50 split between men and women (for full details on the feedback groups see Appendix E). Figure 2.7 is significant in that the feedback provided by the inmates was very similar to that of community stakeholders. This comparison offered a unique window to witness the frustration experienced by both the community stakeholders and the inmates. The stakeholder interview process demonstrated that breaking the cycle of involvement in the justice system is extremely difficult due to systemic barriers.

Figure 2.7: Percentage of Identified Treatment Needs – Calgary Remand Centre Focus Group Sample 2010 (n=25)



Of particular note, a large majority of the inmates in the group said that a lack of fulfillment of basic needs was the predominant reason many returned to criminal activity. Results from the questionnaire revealed that a sizeable number of inmates reported needing help with obtaining employment (72 percent), housing (64 percent), government ID (52 percent), income support (52 percent), transportation (40 percent), Alberta Health card (40 percent), and clothing (32 percent). Many inmates expressed concern about how the justice system created financial hardship for both themselves and their families. Furthermore, many inmates believed it is extremely difficult to leave the system once "caught in the cycle." Many inmates also described their frustration with organizational and government policies that they felt were "stacked against them." In particular, there was a general consensus that restrictions in obtaining government ID and entitlements created undue hardships which directly led to difficulty obtaining housing and employment. Specifically, many identified that having fines (which they were unable to pay) prevented them from getting an ID card. Subsequently, this created difficulty finding employment and housing and obtaining income support and health services. It also created problems with immigration authorities.

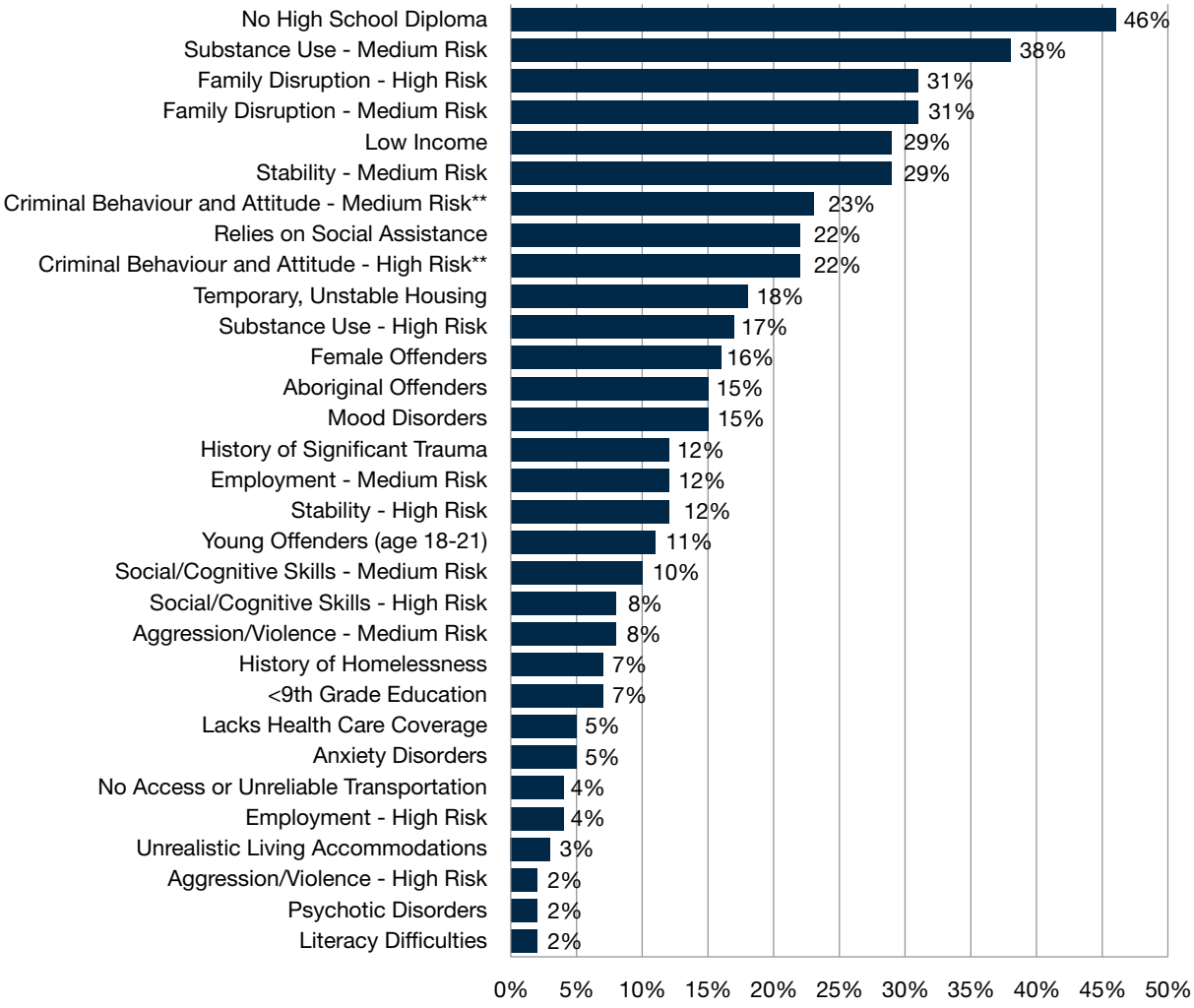
The information obtained from stakeholder and offender interviews was also consistent with data gathered by the Alberta Solicitor General and Public Security (SolGen) community corrections staff. Most adult offenders under supervised community corrections are assessed using the Service Plan Instrument (SPIn). The SPIn is a standardized risk-assessment tool used to evaluate adult offenders in the community corrections system. It measures the level of risk present in multiple domains including:

- Criminal history
- Response to supervision
- Aggression/violence

- Substance use
- Social influence
- Family
- Employment
- Attitudes
- Social/cognitive skills
- Stability
- Mental health

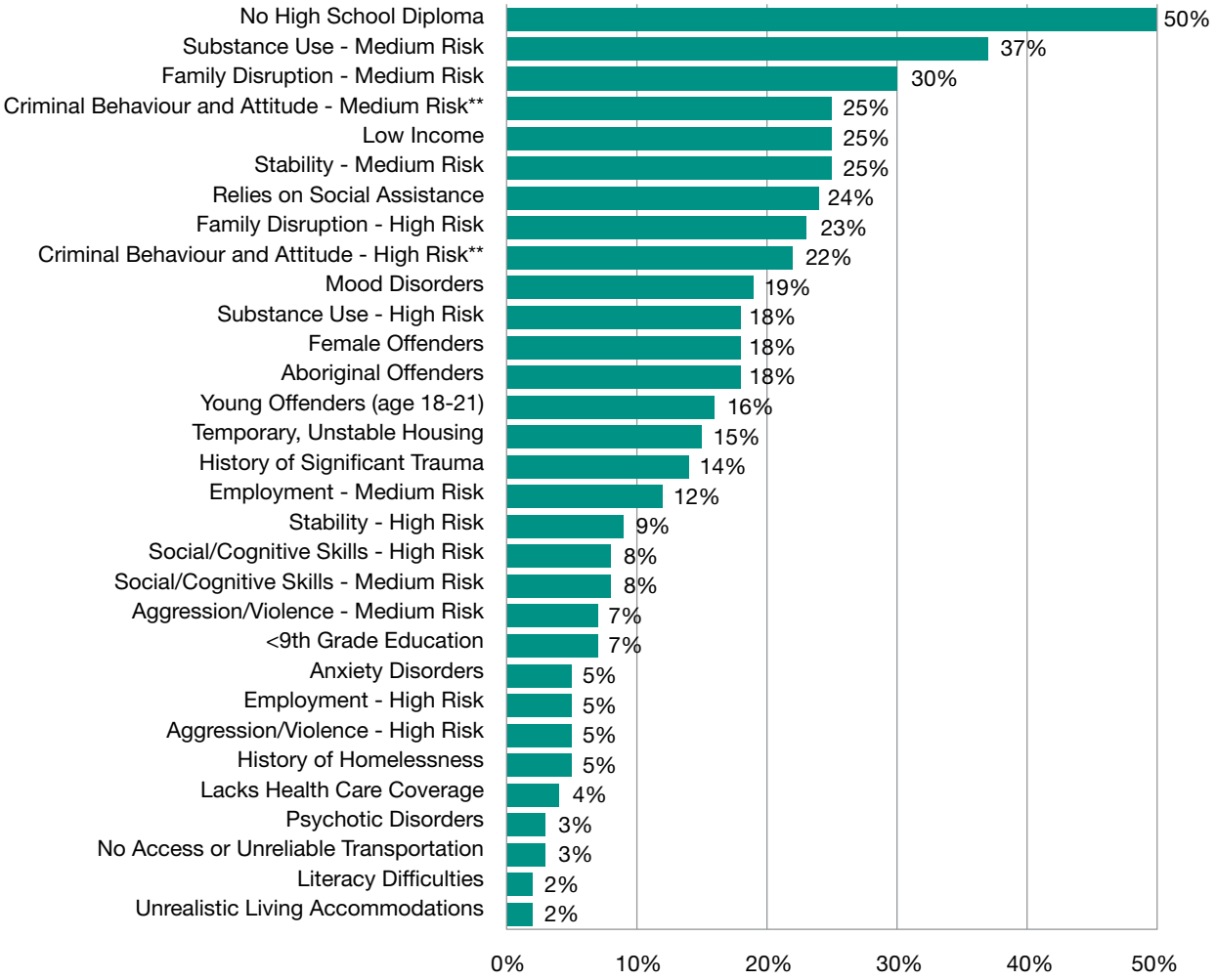
The results of the SPIn assessment data from 2009-2010 were used to extrapolate the service needs of all supervised community corrections offenders. Specific attention was paid to Calgary and Edmonton (Figure 2.8 and 2.9), as these are the major urban settings in Alberta. Additionally, the community of Wetaskiwin (Figure 2.10) was also examined in order to obtain a rural sample (for additional details see Appendix B).

Figure 2.8: Estimated Percentage of Treatment Needs – Calgary Community Corrections 2009–2010 (n=6421)*



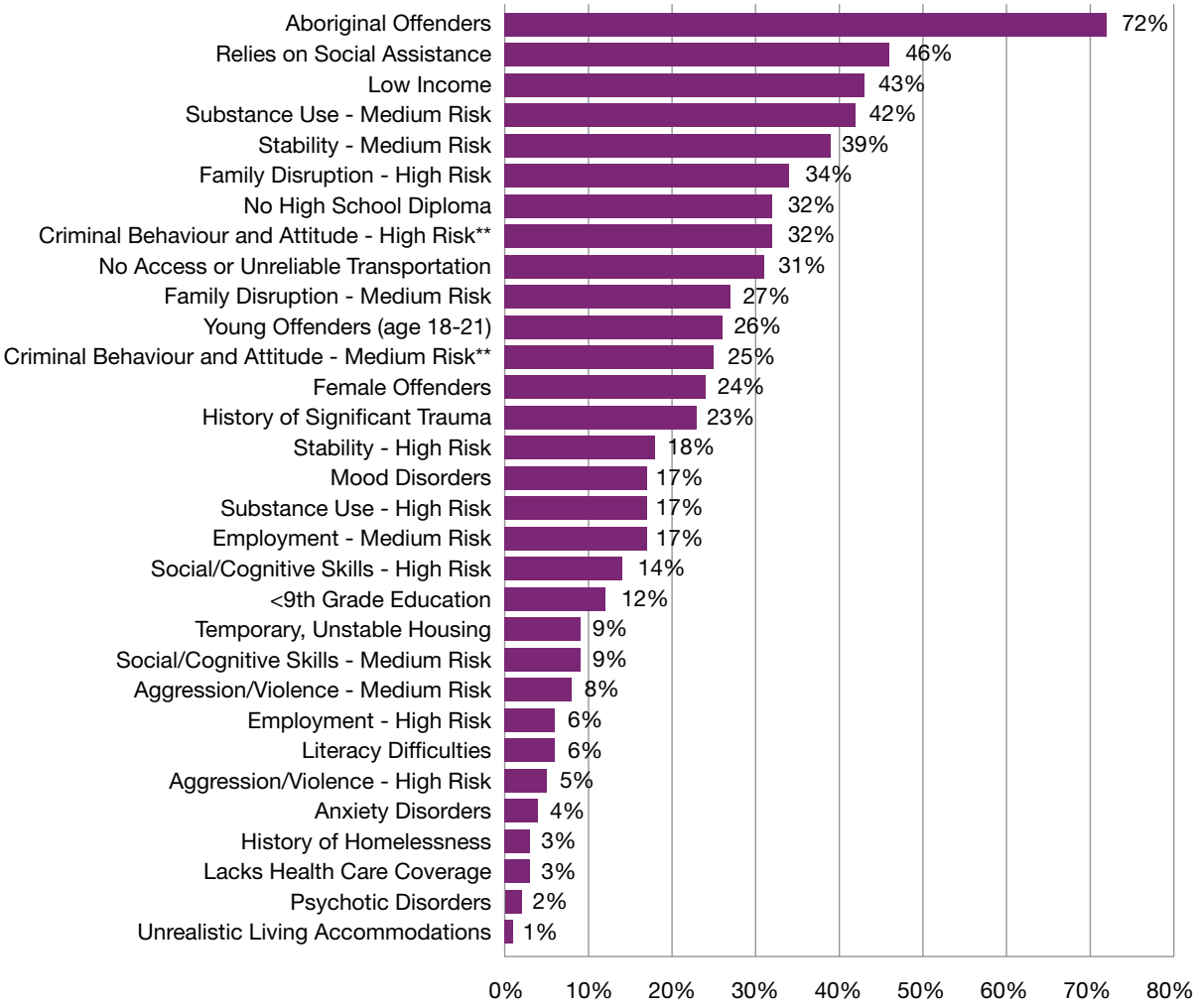
* Data extrapolated using Calgary Service Plan Instrument (SPIn) sample (n = 1389)
** Average of the sub-scales Criminal Behaviour, Response to Supervision, Social Influence, and Attitude.

Figure 2.9: Estimated Percentage of Treatment Needs – Edmonton Community Corrections 2009–2010 (n=5487)*



* Data extrapolated using Edmonton Service Plan Instrument (SPIn) sample (n = 1872)
** Average of the sub-scales Criminal Behaviour, Response to Supervision, Social Influence, and Attitude.

Figure 2.10: Estimated Percentage of Treatment Needs – Wetaskiwin Community Corrections 2009–2010 (n=351)*



* Data extrapolated using Wetaskiwin Service Plan Instrument (SPIn) sample (n = 241)
** Average of the sub-scales Criminal Behaviour, Response to Supervision, Social Influence, and Attitude.

Finally, the information above was compared to a report completed by Malatest Program Evaluation and Market Research, which completed a gap analysis of educational and rehabilitative programs available to Alberta provincial inmates. A summary of this analysis can be found in Figure 2.11; again, the results point to a similar paucity in services targeted to the identified needs of offenders. In particular, the report focused on the lack of substance abuse and vocational counselling programs to aid offenders who are transitioning back into the community.

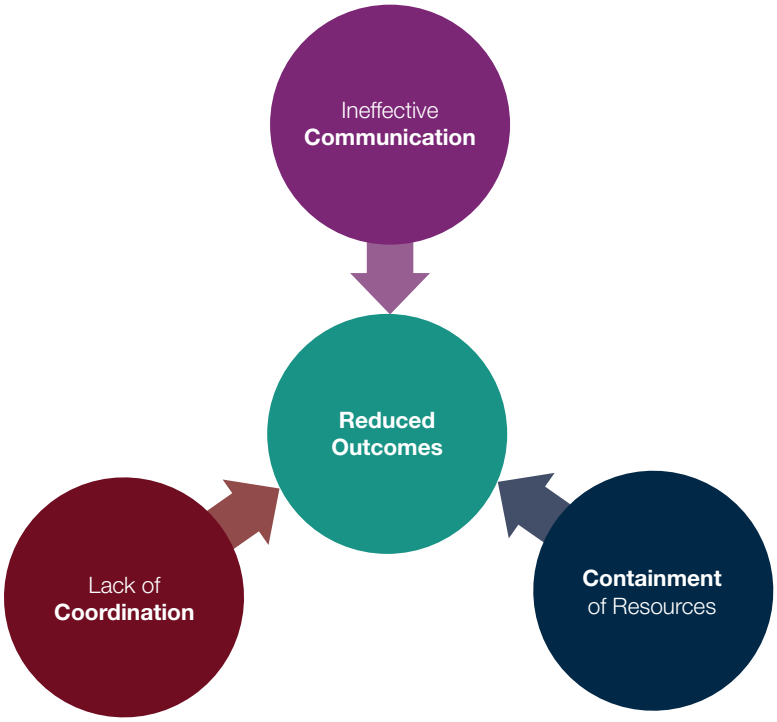
Figure 2.11: Adult Inmate Gap Analysis[16]

There is a significant gap in addictions programming available to inmates.
1. The vast majority of staff interviewed identified current addictions counselling and addictions education/ rehabilitation as insufficient.
2. Both remand inmates and sentenced offenders in focus groups expressed unanimity regarding what they felt were significant gaps in addictions programming.
3. Additional resources in the area of addictions programming is of importance.
Personal development programming is, at present, insufficient.
1. There is a need for more frequent program offerings. Some offenders leave centers without receiving the program (or programs) they required and/or requested because the program was not offered during their incarceration.
2. Staff and inmates identified several personal development programs that need to be offered more frequently, and more in-depth. a. Anger management programs b. Parenting courses c. Basic computer skills d. Employment readiness
Gaps exist in current employment training and related programming.
1. The primary gap noted by staff and inmates was that employment training programs are infrequent, with long waiting lists. They are thus inaccessible to many inmates.
2. Staff indicated that inmates, both sentenced and remanded, would best benefit from short, modular employment training programs such as: first aid, WHMIS, Foodsafe, and safety tickets.
3. Inmates expressed strong interest in work placements or programs within centers that could be credited towards an apprenticeship program or ticket.
4. Some employment training programs are often not available to inmates with mental health problems.
There are deficiencies in pre-release planning and transitional programming.
1. Most staff members stressed that there is a need for additional programming on pre-release planning and bridging a connection for inmates between centers and the community.
2. Inmates expressed a need for help transitioning into life post-release (e.g., getting a social insurance card, ID, applying for social benefits, etc.)
3. Providing inmates with pre-release planning and programming, particularly with an emphasis on relapse prevention and continued support, has clear support in the research literature for its effectiveness.

Problem Definition: Systemic Obstacles

Unfortunately, the issues identified above are amplified by systemic obstacles which create an additional strain on justice and social systems. These systemic obstacles are common across jurisdictions and have been the subject of repeated study in the research literature.[17] Differing mandates, policies, procedures, resources, and philosophies can construct artificial barriers that can likely be removed only by formal systemic change (see Figure 2.12).

Figure 2.12: Systemic Obstacles



1. **Communication** – communication barriers have been erected both formally and informally, preventing the system players from adequately exchanging ideas and information.
2. **Containment** – resources are contained in multiple silos. The majority of agencies working in these silos are ill prepared and ill equipped to deal with the complex legal and social issues of offenders.
3. **Coordination** – coordination between the players is problematic, creating duplication and gaps in service.

The above model highlights the difficult task government is given in managing such a multi-dimensional problem. The justice system has traditionally struggled to unilaterally minimize criminal risk with sanctions alone.[18] Individuals with multiple compound problems, often related to health, mental health, and substance abuse issues, continue to revolve through the justice system and lead lives that result in a cycle of hospitalization and/or incarceration (see Figure 2.13). Untreated, these individuals impact their communities and are subject to the unaddressed risk factors (discussed in Section 4) that breed future criminal behaviour. To treat such a complex social problem as crime requires the provision of treatment and support services from a diverse group of providers. How to make these services effective is the focus of the rest of this report.

Figure 2.13: What the Research Literature Tells Us

Centre for Applied Research in Mental Health and Addiction Center for Effective Public Policy What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs	
Mental Health[19]	"…rates of certain mental disorders, such as schizophrenia and depression, are between three and five times higher than that expected in the general community... Despite the prevalence of mentally disordered people in the criminal justice system, and the difficulties that surround them, few services exist to help identify and prevent these people from entering or remaining in the criminal justice system. In addition, in most jurisdictions, there is still a dearth of services available to identify and treat those people with mental disorders who come into contact with the criminal justice system. Fewer resources exist still to help ensure that when released to the community the mentally disordered offenders will receive the services they require to help them become reintegrated and to reduce the likelihood that they will return to the criminal justice system. " "Inmates with mental illness had higher-than-average recidivism rates. At three years post-release, return rates to incarceration were 49% for offenders with a serious mental illness, 58% for offenders with moderately severe to severe mental illness and 47% for those without a mental illness."
Substance Abuse[20]	"Substance use disorders were noted as being amongst the most prevalent mental disorders in the criminal justice system. Indeed, it can be stated without exaggeration that substance use problems are endemic among prisoners, and co-occurring disorders appear to be the rule rather than the exception."
Education and Employment[21]	"Dropouts are more than eight times as likely to be in jail or prison as high school graduates." "Forty percent of adults released from correctional institutions do not have a high school diploma or GED. Most adult and juvenile offenders leave prison facing significant barriers to employment, including low educational attainment, literacy problems, and a lack of employment history. The effect of these barriers is compounded by laws limiting access to some career positions, social stigma, and lingering substance abuse problems."
Diversion[22]	"While a positive concept, diversion may have relatively little benefit to mentally ill offenders – let alone those with dual diagnosis or any of the other disorders reviewed in this document – due to the lack of appropriate community-based services generally available. Indeed for diversion to work, those being diverted must have something to be diverted to."
Re-entry[23]	"Policy makers, practitioners, and scholars alike are beginning to focus attention on the challenges posed by the record number of prison inmates returning to communities. Many of these offenders have a limited education, poor employment skills, substance abuse problems and other deficits that are well known risk factors for a return to crime. Without treatment and assistance during the transition to community life, many offenders are likely to fail and return to prison."

Centre for Applied Research in Mental Health and Addiction Center for Effective Public Policy What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs	
Community Impact[24]	"In a 1998 study conducted by Mark Cohen, one of the nation's leading experts on the costs of crime, a typical criminal career was estimated to cause $1.3 to $1.5 million in costs to victims and taxpayers." "Numerous studies using neighbourhood level data have demonstrated that increases in incarceration rates have compromised informal social control and produced higher rates of crime at the neighbourhood level."

recommendations

1. Allocate greater resources to treatment and support services targeting substance use, anger and aggression, employment, and parenting.
2. Allocate greater resources to programs and organizations that specifically target offenders in order to decrease the wait for services and subsequently increase program capacity and range of services delivered.
3. Develop policies and practices that allow offenders to apply for income assistance and medical coverage prior to discharge from incarceration.
4. Provide family and parenting programs and services that support offenders in order to reduce child apprehensions and improve family cohesion and well-being.
5. Access resources through Housing and Urban Affairs to assist offenders supported through the SORCe treatment teams to access housing subsidies, programs, and resources in order to obtain stable, independent housing.

section

3

Literature Review: What Works

More than 30 years of research has produced a body of evidence that clearly demonstrates that rehabilitation programs work. A variety of programs, properly targeted and well-implemented, can reduce recidivism and enhance public safety.

What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs

Introduction – Rejection of the Old Paradigm "Nothing Works"

In 1975 Lipton, Martinson, and Wilks published their report casting extreme doubt on the effectiveness of rehabilitation programs with the criminal justice population.[25] Often cited as the "nothing works" principle, this report is credited with creating a strong shift away from rehabilitation and a movement toward punishment and deterrence.[26] Five years after the report, Martinson publicly rejected his "nothing works" viewpoint. Unfortunately, by this point change was in motion and government, policy-makers, and criminal justice professionals had already begun to rapidly cut rehabilitative practices and instead embraced an incarcerate and sanction approach.

More than 35 years later, the evidence is strongly stacked against the "nothing works" viewpoint. A meta-analysis conducted by MacKenzie (2006) concluded, "there is sufficient evidence to reject the nothing works mantra." [27] Lipsey and Cullen's review of research went a step further by comparing every meta-analysis and found a clear reduction in recidivism in offenders who received treatment.[28] Przybylski's *What Works* (2008) presents the analysis that, "given the knowledge that has been built over the past 30 years, recidivism rates can be cut, provided the services delivered are needed by the offender and the program is well implemented." [29]

Sherman (1997) and his colleagues emphasize that crime prevention is the ultimate goal.[30]

> ***Crime prevention is widely misunderstood. The national debate over crime often treats "prevention" and "punishment" as mutually exclusive concepts, polar opposites on a continuum of "soft" versus "tough" responses to crime...The science of criminology; however, contains no such dichotomy... Crime prevention is therefore defined not by its intentions, but by its consequences. These consequences can be defined in at least two ways. One is by the number of criminal events; the other is by the number of criminal offenders. Some would also define it by the amount of harm prevented or by the number of victims harmed...What all these definitions have in common is their focus on observed effects and not the "hard" or "soft" content, of a program.***

This section of the report provides an overview of proven effective policies and practices that have been found to create clear reductions in future criminal offences and also successfully reintegrate offenders back into the community.

KEY POINTS

- Policy decision-makers should stop talking about being "tough" (increased incarceration, punishment, and lengthy sentences) or "soft" on crime. What is more advantageous is to view a program or policy as effective if it reduces or prevents criminal conduct, subsequently reducing recidivism.
- Research over the past 30 years has proven that a clear reduction in recidivism among offenders receiving community treatment can be achieved.
- Economists at Washington State Institute for Public Policy calculated that if criminal justice programs heavily used proven evidence-based practices, in a little over 20 years taxpayers could save about $1.9 billion USD. This is due to avoided prison and other criminal-justice system costs. The return on investment was estimated to be more than $2.50 USD in taxpayer benefits per dollar of cost.
- Research has shown that a clear reduction in recidivism (up to 50 percent) can be achieved by supporting interventions and programming that address seven specific realms: 1) antisocial personality pattern, 2) pro-criminal attitudes, 3) social support for crime, 4) substance abuse, 5) family/marital relationships, 6) school/work, and 7) pro-social recreational activities.
- The following nine key strategies have been found to be effective in reducing recidivism: 1) use standardized risk/need assessment tools, 2) direct programming to medium and higher risk offenders, 3) focus interventions on individual criminogenic needs, 4) use graduated sanctions, 5) use more incentives and positive reinforcement than sanctions to promote behaviour change, 6) deliver services in natural environments, 7) pair sanctions with interventions that address criminogenic needs, 8) deliver programs and interventions with fidelity, and 9) provide comprehensive services and ensure continuity of care.
- The use of problem-solving justice has been effective in reducing recidivism, improving compliance with court orders, and increasing public confidence in the justice system.
- Problem-solving justice seeks to improve outcomes for victims, offenders, and the community by focusing on six key principles: 1) providing the court with enhanced information, 2) engaging the community, 3) collaborating with partners both internal and external to the justice system, 4) ensuring accountability of the offender for their actions, 5) providing individual justice through specialized sentences based on an offender's risk/needs, and 6) collecting, analyzing, and using data to monitor outcomes.
- Practices need to be designed to meet the needs of the diverse groups of offenders in the justice system, including Aboriginal and female offenders. All providers should possess knowledge of the history, traditions, values, and forces that have contributed to the lifestyles of families and the community in order to effectively support the retention of cultural distinctiveness and uniqueness.

Evidence-Based Practices

Fidelity
The delivery of a program or service in accordance to established principles, practices, and protocols in order to achieve proven effective outcomes.

> ***From an economic standpoint, evidence-based programs are effective and efficient, and they help to ensure that limited resources produce a sound return on investment.***[31]

Over the past decade there has been a strong shift toward developing correctional policies and practices based on sound empirical research and evidence. This has been a slow transformation, even though there were a number of empirical studies which showed little to no utility of well-established practices. For example, the Washington State Institute for Public Policy found overwhelming evidence that boot camps have negligible value, yet many jurisdictions continue to use or even expand these programs.[32] It has taken time to fully evaluate and discern the effective evidence-based practices. Unfortunately, even jurisdictions that tried to adopt evidence-based policies and practices were not always successful as they did not implement them to fidelity standards (see Figure 3.1). The Centre for Effective Public Policy (2010) warns of the risk:[33]

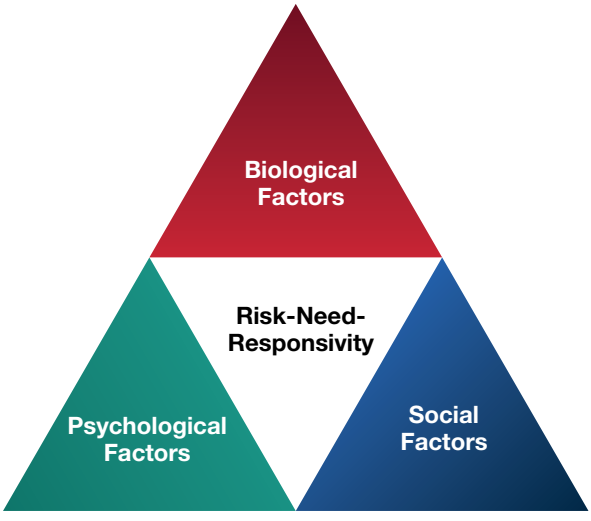
> ***Sometimes, an evidence-based approach is endorsed by agencies without a full appreciation of the implications at the policy level, what implementation requires at the practice level, or even what an evidence-based approach truly is. Becoming evidence-based is not simply about issuing an executive order or instituting a revised series of policies. Nor is it solely about establishing a new cluster of programs or services. Rather, it is a shared philosophy and approach that permeates the correctional system.***

Risk-Need-Responsivity Model

One of the core evidence-based practices supporting the justice system is the Risk-Need-Responsivity model (RNR). Originally developed in the 1990s, the RNR model has become a standard in treatment for clients within the criminal justice system over the past decade.[34] The model is based on three core principles (see Figure 3.1):

- **Risk Principle** – match the level of service to the offender's risk to re-offend.
- **Need Principle** – assesses criminogenic needs and focus on them in treatment.
- **Responsivity Principle** – maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive-behavioural treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender.

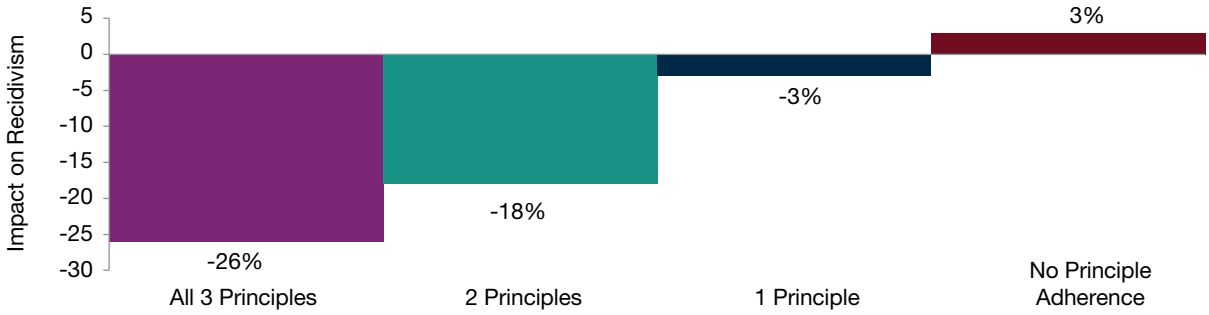
Figure 3.1: Risk-Need-Responsivity Model



Research indicates that when offender management strategies adhere to the RNR model outcomes can be maximized. The model has been proven to be effective across different offender profiles and criminal charges (see Figure 3.2).[35] More importantly, providing services to offenders without following the RNR has actually been shown to increase recidivism.[36] High-quality supervision, treatment, and services incorporate the following elements:[37]

- An emphasis on developing a strong working relationship with the offender characterized by respect, concern, hopefulness, and enthusiasm.
- Firm, fair, and consistent use of authority.
- Concrete demonstration and reinforcement of prosocial attitudes, behaviours, and problem-solving.
- Concrete assistance in meeting basic needs, advocacy in navigating government and social systems, and effective brokering of services.

Figure 3.2: Program Adherence to the Principles of Risk, Need, and Responsivity: Impact on Recidivism[38]



The first step is to identify the level of recidivism risk posed by the individual offender, as this factors into the intensity of services provided to the individual. Providing too few services to identified high-need offenders produces reduced outcomes; conversely, providing too high an intensity of service to low-need offenders similarly produces a negative impact.[39]

Criminogenic
Relating to characteristics or factors identified by research as predictors of crime and/or related to recidivism.

There is a great deal of research literature that has studied characteristics that increase or decrease the risk of an individual engaging in criminal behaviour. These factors can be classed as biological, psychological, and social. Generally, the greater number of risk factors present in an individual, the greater likelihood the individual will be involved in crime. However, some factors carry greater weight than others, and none guarantee that an individual will engage in crime. A review of multiple studies has ranked risk factors based on the relative strength of their relationship to criminal behaviour. Four major groupings of risk factors were identified to be consistently associated with criminal behaviour (listed in descending order):[40]

1. Antisocial attitudes and antisocial associates;
2. Antisocial temperament, personality, and behavioural history;
3. Parental mental health and functioning, as well as family cohesiveness and parenting practices; and
4. Personal educational, vocational, and economic achievement.

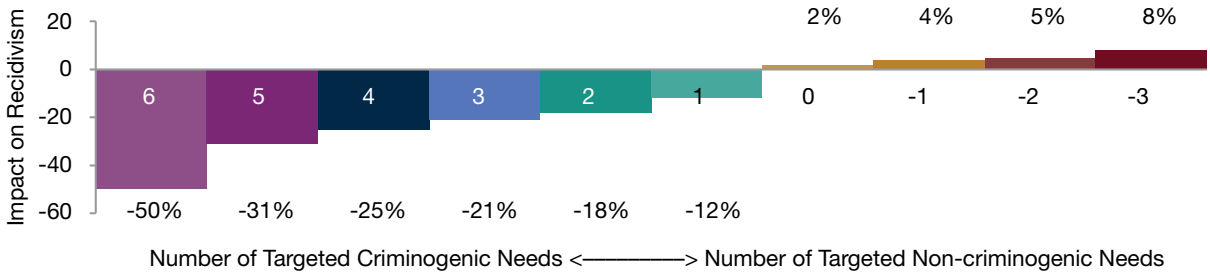
Following the review of the offender's overall risk, the next step is to conduct an assessment to identify the criminogenic needs of the offender. Targeting interventions to these specific behavioural and thinking patterns has been associated with reducing criminal offending patterns (see Figure 3.3).

Figure 3.3: Major Criminogenic Needs Factors[41]

Criminogenic Need	Indicators	Intervention Goals
1. **Antisocial Personality Pattern**	Impulsive, adventurous, pleasure seeking, restlessly aggressive, and irritable.	Build self-management skills, teach anger management.
2. **Procriminal Attitudes**	Rationalizations for crime, negative attitudes toward the law.	Counter the rationalizations with prosocial attitudes and build a prosocial identity.
3. **Social Supports for Crime**	Criminal friends, isolation from prosocial influences.	Replace procriminal friends and associates with prosocial friends and associates.
4. **Substance Abuse**	Abuse of alcohol and/or drugs.	Reduce substance abuse, find alternatives to substance use.
5. **Family/Marital Relationships**	Inappropriate parental monitoring and disciplining, poor family relationships.	Teach parenting skills, enhance the ability to provide a warm and caring family environment.
6. **School/Work**	Poor performance and low levels of satisfaction in school and work.	Enhance work/study skills, nurture interpersonal relationships within the context of work and school.
7. **Prosocial Recreational Activities**	Lack of involvement in prosocial recreational/leisure activities.	Encourage participation in prosocial recreational activities, teach prosocial hobbies and sports.

Interventions focused on these seven specific needs have been shown to produce a clear reduction in recidivism—as much as 50 percent, provided that service providers remain true to the model (see Figure 3.4). Effectively addressing major criminogenic needs is the essential component that separates effective from ineffective service delivery. Similar to research on the adherence to the Risk-Need-Responsivity model, failure to effectively address the above criminogenic needs has been shown to increase the likelihood of recidivism up to 8 percent. It may come as a surprise, but it may be more advantageous to provide no interventions than poor interventions. This dynamic points to the necessity of providing specialized services for offenders. General community service providers can cause more harm than good if they are not adequately trained to meet the special needs of offenders. This dynamic also illustrates the need to formally evaluate program practices and outcomes.

Figure 3.4: Recidivism Impact: Function of Density of Criminogenic vs. Non-Criminogenic Needs Targeted by Programs[42]



Finally, the responsivity principle requires that service providers identify individual characteristics that affect the offender's responsiveness to services. This may include gender, culture, learning style, cognitive development, or overall motivation to change. This points to the need to deliver modified

services for women, Aboriginal people, and ethnic minorities, as these groups will respond better to services tailored to their shared cultural experiences and differing needs.

What Works

Multiple researchers have responded to Lipton, Martinson, and Wilks (1975) "nothing works" with a substantial body of evidence countering their view. Known as the What Works literature, effective service and treatment practices continue to be developed for populations once thought to be resistant to nearly all interventions. A growing body of evidence has shown that there are multiple effective services and treatments that reduce recidivism and increase public safety. The key to success is implementing and operating according to fidelity without diluting the practices. Similar to following a baking recipe, "cutting corners" or excluding some ingredients will produce an unknown or inedible result. These principles have been adopted by Public Safety Canada which has stated:

> ***Ensuring integrity requires that correctional agencies recognize that a comprehensive strategy is required to maximize adherence to the RNR [Risk-Need-Responsivity] principles. Enhancing integrity begins with the development of the program and service delivery model. The model of community supervision including its overall purpose and general theory of offender change must be integrated and congruent with the RNR principles.***[43]

Although not exhaustive, many of these findings are summarized in Figure 3.5.

Figure 3.5: What Works: Means to Reduce Recidivism

1. Use risk assessment tools to identify risk to reoffend and criminogenic needs.[44]
Structured assessment tools predict pre-trial misconduct and the risk of reoffending more effectively than professional judgment alone. Brief screening tools provide a quick assessment of risk; comprehensive tools provide information on risk to reoffend and effective targets of intervention to reduce future crime.
2. Direct programming and interventions to medium- and high-risk offenders.[45]
Recidivism rates are reduced an average of 30 percent when medium- and high-risk offenders receive appropriate behaviour changing programming.
3. Focus interventions for medium- and high-risk offenders on their individual criminogenic needs.[46]
Cognitive behavioural programs are generally the most effective programming interventions for higher risk offenders. Furthermore, employing program interventions that influence the traits that lead to future crime (i.e., criminogenic needs) yield stronger reductions in recidivism (up to an average of 30 percent reduction). The net value (the cost of the program less the savings derived from preventing crime) of the average targeted, evidence-based, cognitive behavioural program, using a cost/benefit formula, is $10,299 USD per adult offender.
4. Respond to misconduct with swiftness, certainty, and proportionality.[47]
Graduated sanctions (i.e., sanctions that increase in severity based on the number and nature of acts of misconduct) increase compliance with supervision and treatment. Swift, certain, and proportional actions that reflect disapproval of behavioural misconduct are more effective in reducing recidivism than actions that are disproportionate, delayed, or inconsistent.

5. Use more carrots than sticks.[48]

The use of incentives and positive reinforcement are effective in promoting behavioural change. Positive reinforcement should be provided at a rate of four reinforcers for every expression of disapproval (or sanction). Research demonstrates that this formula enhances offenders' motivation to continue exhibiting prosocial behaviours and attitudes.

6. Deliver services in natural environments where possible.[49]

Although treatment services provided in structured (e.g., residential, institutional) settings are demonstrated to be effective, services delivered in natural environments (i.e., settings in offenders' immediate surroundings that most closely resemble prosocial, supportive environments) improve offenders' bonding to the prosocial community and aid in reducing recidivism.

7. Pair sanctions with interventions that address criminogenic needs.[50]

Research demonstrates that sanctions without programming (e.g., boot camps without a treatment component, electronic monitoring, intensive supervision, and incarceration) do not contribute to reductions in re-offense rates. Modest increases in the use of time served may even increase recidivism.

8. Fidelity and integrity matters.[51]

Even proven methods are ineffective or damaging unless they are delivered appropriately, within established protocols, by competent providers. A program should have the following elements:

a. A sound underlying theoretical model that is known to impact behaviour change (e.g., cognitive-behavioural and social learning).
b. Formalized manuals and policies/procedures that guide service delivery.
c. Staff selection practices that are based on relationship qualities and skills necessary to influence change in offender behaviour.
d. Adequate training to ensure staff understand their specific role and responsibilities.
e. Ongoing clinical supervision to provide feedback in order to enhance skills and performance.

9. Comprehensive services and continuity of care.[52]

It is vital that practitioners identify and assist offenders with basic needs in order to ensure offenders will be successful in the community. These basics can include personal documentation, insurance, public assistance, public transportation, improving basic life skills, enhancing job skills, and finding suitable housing.

Problem-Solving Justice and Community Courts

Problem-Solving Justice[53]
A criminal justice methodology that aims to improve outcomes for victims, litigants, and communities through enhanced information, community engagement, collaboration between multiple partners, individualized justice, accountability, and improved outcomes.

Over the past two decades there has been a substantial shift in court philosophy in the United States from traditional sanction-based justice to what is now known as *problem-solving justice*. The Center for Court Innovation (CCI), located in New York City, has spearheaded the concept of problem-solving justice and has been instrumental in researching and evaluating the effectiveness of this approach.

The problem-solving justice approach can be viewed as falling under the general principles of restorative justice. The methods of restorative justice are diverse, and the philosophy should be viewed as a broad approach to crime reduction. Nevertheless, restorative justice practices typically share a common approach, summarized as the "three R's":[54]

- *Responsibility* – hold offenders accountable for his/her actions.
- *Restoration* – aid the victim to recover and/or receive compensation for the offender's actions.
- *Reintegration* – aid in the re-entry of the offender back into the community in order to be a prosocial member of society.

Another way to view restorative justice practices is that there is an emphasis on repairing the harm done to people and relationships rather than on punishing offenders (although restorative justice does not preclude incarceration or other sanctions).[55] In practice, the use of restorative justice could entail programs or practices such as: restorative circles, victim-offender conferences, community service, mediation, and/or building a plan to repair the harm caused by the offender's actions.

The CCI is built upon the foundation of restorative justice and has greatly expanded its use in the criminal courts. The CCI follows the belief that the justice system should do more than simply process cases; instead, it should actively seek to aid victims, change the behaviour of offenders, provide community restitution, and improve public safety in neighbourhoods. The Midtown Community Court in Manhattan was the first operational site to test this new approach and its success led to the expansion of numerous similar projects within other boroughs of New York City and other states. These types of specialized courts have spread outside the United States and have been adapted in Canada, South Africa, the United Kingdom, Australia, and New Zealand.

The results have been promising with problem-solving courts showing significant reductions in re-offending, improved compliance with court orders, and increased public confidence in the justice system.[56] A summary of the research findings related to problem-solving justice can be found in Figure 3.6.

Figure 3.6: Problem-Solving Justice and Community Courts

Research Findings	
1	**Enhanced Information**[57]
	Problem-solving courts have been able to provide better information to judges and lawyers to help with sentencing and decision-making.
2	**Community Engagement**[58]
	Problem-solving courts actively engage local communities in order to identify, prioritize, and solve local problems. The result has been increased trust in the community justice system, increased feelings of security within the community, less public disorder, and more cooperation from the public. The majority of communities respond quite favourably to problem-solving courts and report an increased positive presence by the justice system. Some communities have reported that their residents are willing to pay more taxes if they knew it was being directed to the problem-solving court.
3	**Collaboration**[59]
	Problem-solving courts developed the practice of reaching out to partners outside the justice system. This has led to the formation of community advisory boards and engagement with local community programs. Service practitioners have reported a better relationship with the justice system and a feeling their working partnerships have improved.
4	**Accountability**[60]
	These courts typically demand rigorous compliance and accountability of offenders. In addition, the programs hold community treatment providers accountable through the requirement of regular reports on the status of the offender's progress in treatment. In addition, there is a strong emphasis on restoring damage caused to the victim(s) and community by using community service, community impact panels, and other forms of restitution.
5	**Outcomes**[61]
	Problem-solving courts value the collection and analysis of data. The information is used to monitor outcomes and remain accountable to the public. Most problem-solving courts report an estimated 50 percent increase in compliance with court conditions, a corresponding cost savings to the system due to reduced incarceration, and a subsequent reduction in community quality-of-life problems (e.g., prostitution, drug sales, and graffiti).
6	**Individualized Justice**[62]
	Problem-solving courts develop specialized sentences and interventions for offenders due to the improved availability of information provided by the use of risk and needs assessment instruments.

The authors of this report had the privilege of touring multiple problem-solving justice programs both in Canada and the United States. The authors visited and reviewed the following:

- Downtown Community Court; Vancouver, British Columbia
- Victoria Integrated Court; Victoria, British Columbia
- Center for Court Innovation; New York City, New York
  - Midtown Community Court
  - Red Hook Community Justice Center
  - Brooklyn Mental Health Court
  - Bronx Community Solutions
- Dallas Community Court; Dallas, Texas

This allowed the authors to identify the strengths of each model and to determine how best to incorporate these practices into the IJSP. In addition, the authors were able to recognize areas that could be improved upon in relation to the IJSP. A high-level summary of these site visits and the key recommendations are provided in Figure 3.7.

Figure 3.7: Implications for the IJSP

Component	Description
Mission and Vision	1. Develop a shared mission, vision, and set of program principles that will be implemented clearly and emphasized heavily at all staff levels.
	2. Form a working group with key legal officials to develop a mutually agreed upon treatment and supervision philosophy. This should create unity between the Crown prosecutors (Crown), defence lawyers, probation, police, health, and social service providers.
	3. Ensure that clients are provided with positive incentives and reinforcement when they are successful in making progress in supervision and treatment. Based on research and evidence for contingency management strategies (see Appendix C).
Partner, Stakeholder, and Community Relations	4. Develop formal relationships, memorandums of understanding and/or contracts with pertinent stakeholders and partners in order to strengthen relationships, pool resources, and break down silos.
	5. Assign specialized staff to regularly interface with the community, gather input from the community about their concerns, and communicate with the public regarding the positive impact the IJSP has on the community.
Research and Design	6. Aim to develop a Centre for Excellence (aka, Centre for Justice Innovation) as a corresponding entity to the Safe Communities Leadership Centre. The focus of this entity would be policy development, training and curriculum development, program evaluation, resource support, and to provide strategic direction in order to become a leader in justice innovation in Canada.
	7. Develop an internal evaluation and technical assistance team as part of the Centre for Justice Innovation to monitor outcomes, evaluate the implementation of evidence-based practices, develop operational guidelines, and provide managers with strategic information.
Staffing Model	8. Designate specific prosecutors and project-funded defence lawyers who will work with the IJSP, in effect creating a diverse problem-solving court that addresses offenders with multiple presenting problems (e.g., addiction, mental illness, homelessness).
	9. Provide cross-training to staff in order to develop a trans-disciplinary team approach. All staff should have competence in core skills and use best practices in criminal justice treatment and programming.
Services, Treatment, and Interventions	10. Expedited access to interventions and services should be viewed as a critical factor in offender success. There should be a central location where diverse and evidence-based interventions and services are readily available to intervene at multiple treatment and risk intensity levels.
	11. Develop incentives for outside providers/agencies to become involved with the IJSP project to encourage partnerships with high-quality community-service providers.

Component	Description
Operations	12. Create a warm and welcoming environment in the *Safe Communities Opportunity and Resource Centre* (SORCe) in order to lower defences and promote strong offender and client (e.g., victims, community members, etc.) engagement in treatment services.
	13. Ensure the IJSP's design and operations are able to accommodate a high quantity of offenders with diverse needs, in order to have a meaningful and positive impact on the justice system and local community.
	14. Use up-to-date technology (e.g., case management software, smartphones) in order to ensure effective communication and coordinated service delivery.
	15. Provide a current evaluation of an offender's risks and needs prior to the offender's court appearance that is based on direct client contact, a risk-need assessment, and historical data.

Special Populations

The authors of this report recognize that there are a large number of special populations in the justice system, and this necessitates specialized training and awareness by treatment providers in order to deliver culturally competent and sensitive treatment and support services. Below is a list of groups IJSP staff are likely to interact with (this list is by no means exhaustive):

- women
- First Nations and Métis
- ethnic minorities
- immigrants or refugees
- homeless persons
- non-English or French speakers
- gay, lesbian, bisexual, and transgender
- physically disabled
- developmentally disabled

The authors of this report believe it is pertinent to mention the specific needs of Aboriginal and female offenders considering these two populations are heavily represented in the justice system. Suggestions and guidelines are offered to address their needs in Section 4. Detailing the requirements to provide culturally competent service and treatment provisions for all groups is beyond the scope of this report, but all service providers should possess knowledge of the history, traditions, values, and forces that have contributed to the lifestyles of families and the community in order to effectively support the retention of cultural distinctiveness and uniqueness. Failing to account for the unique experiences, shared history, and differing needs will reduce the effectiveness of interventions.

recommendations

1. Realign and allocate resources to primarily target medium- and high-risk offenders in supervision, treatment, and support services in order to attain the greatest reduction in recidivism and provide the best return on investment.
2. Incorporate client-centered care, rehabilitation, and the bio-psycho-social model into treatment and service programs providing interventions to offenders.
3. Use a standardized Risk-Need-Responsivity assessment that shows strong validity and reliability in the criminal justice research literature (see Section 3).
4. Use assessment instruments that have been found to be reliable and valid for diverse populations (e.g., women, immigrant, Aboriginal offenders, etc.).
5. Use the Risk-Need-Responsivity model as the underlying theoretical foundation for providing treatment and support services for offenders.
6. Increase the use of rewards and incentives for offenders who make positive changes in their lives, successfully follow conditions, and engage in services.
7. Increase the use of graduated sanctions and respond to misconduct with swiftness and certainty.
8. Provide culturally competent and sensitive treatment services.

section

4

A Way Forward:
Integrated Justice Services Project

To be truly innovative, the justice system must be open to continual improvement and a willingness to learn more all the time. We can no longer afford to think that what worked well yesterday will be sufficient for tomorrow or even today. Performance measurement, evaluation, and learning from others are all cornerstones to an effective and efficient justice system that meets the needs of those it serves.

Kurt Sandstrom, Assistant Deputy Minister
Safe Communities and Strategic Policy

Project Introduction

Building the Integrated Justice Services Project is not unlike putting together a jigsaw puzzle. Some of the pieces are present, just needing to be connected, while some of the gaps in the puzzle need to be filled with new interventions and programs to complete the picture. Within the IJSP there are two key pieces necessary to build the puzzle: the *Safe Communities Opportunity and Resource Centre* (SORCe) and the *Centre for Justice Innovation* (CJI).

In this plan, the CJI is tasked with focusing on furthering innovation and best practices in the justice system within Alberta by supporting the implementation and operation of justice projects. The SORCe is the "one stop shop" with co-located services in the community. It focuses on providing direct supervision, treatment, and support services to offenders.

Together these two entities address the three barriers to achieving successful outcomes illustrated in Section 2: 1) ineffective communication, 2) containment of resources, and 3) lack of coordination. Crime is a community problem and requires a collaborative and integrated approach by the community to solve it. With the current body of What Works evidence there is the opportunity to adopt a new approach to reducing crime. Instead of talking about "getting tough on crime," a far more effective slogan is "get smart on crime."[63]

KEY POINTS

- Within the current body of What Works evidence there is the opportunity to adopt a new approach to reducing crime. Instead of speaking about "getting tough on crime," a far more effective approach is to "get smart on crime."
- The Integrated Justice Services Project has two key components: 1) Centre for Justice Innovation (CJI), which is composed of a multidisciplinary coalition of professionals who work to identify problems, find solutions, monitor project implementation and operation, and expand knowledge related to crime reduction and community safety; and 2) the Safe Communities Opportunity and Resource Centre (SORCe) which is a "one stop shop" with co-located services that focuses on providing direct treatment, supervision, and support services to offenders through a holistic, wrap-around approach to delivery of service.
- System obstacles are resolved through the working relationship of the SORCe and CJI, as they collectively work to ensure that resources and knowledge are effectively shared to prevent a silo effect. They coordinate services for the offenders and ensure cooperation with other organizations and systems.
- The SORCe strives to ensure effective communication between all parties involved with the offender (i.e., treatment and service providers, court, and community). The CJI ensures that needs from the community are heard by the IJSP and acts as a communication link between the community and government (see Figure 4.1).

- The CJI focuses on performing four key functions focused at the community level: 1) community engagement and information services; 2) research and evaluation at the project and community level; 3) workforce development and technical assistance; and 4) policy, planning, and program support (see Figure 4.2).
- The SORCe focuses on the integration of services to meet the offender's needs by using the *One Person, One Plan, One Place* approach (see Figure 4.5 and 4.6).
- The SORCe adheres to three core principles in justice service delivery and ensures that services are: 1) accessible, 2) proactive, and 3) visible (see Figure 4.7).
- The IJSP focuses on medium- and high-risk groups with a multitude of functional impairments. It triages offenders to the appropriate level of service and supervision based on their risk and needs assessment (see Figure 4.11).
- Offenders are triaged to one of three levels of support based on their risk-need profile (listed from highest to lowest intensity of service provision): 1) Forensic Assertive Community Treatment Team (FACT), 2) Intensive Case Management (ICM), and 3) Case Management (see Figures 4.17, 4.20, and 4.21).
- Offenders are provided with services and evidence-based programming that focus on the seven criminogenic needs most associated with criminal behaviour (see Figure 4.23).
- Effective case management contains four core elements: 1) evidence-based programs and services, 2) success oriented supervision, 3) productive staff and offender interactions, and 4) ongoing risk-need assessment (see Figure 4.24).
- A multitude of services are offered through a "one stop shop" approach at the SORCe. Nine core areas of service are offered: 1) crisis and outreach; 2) intake, information, and referral; 3) triage; 4) screening and assessment (bio-psycho-social); 5) treatment; 6) support services; 7) offender management; 8) legal services; and 9) program support services (see Figure 4.25).
- Provisions of culturally competent and sensitive treatment services are critical to addressing the diverse needs of specialized populations in the justice system (see Figures 4.30 and 4.31).
- A trans-disciplinary training approach needs to be adopted to ensure staff have the necessary competencies to deliver high quality interventions focused on specific offenders.
- The task of addressing such a multifaceted problem as crime, which impacts the individual, community, and systems, requires a coordinated and collaborative approach involving a diverse group of partners and stakeholders (see Figure 4.35).
- The project takes a phased approach to project implementation. It will explore opportunities to expand services to other groups over time, such as low-risk offenders, youth, and individuals at the pre-charge stage (see Figure 4.37).

Strategic Alignment

The IJSP aligns with the goals of the Alberta Justice Business Plan to *promote safe communities in Alberta*, *to improve efficiency in the justice system through reengineering of justice processes*, and *to promote a fair and accessible civil and criminal justice system*. The IJSP will develop and implement processes to deal with offenders entering or involved in the criminal justice system by providing them with specialized treatment and targeted support services to reduce offending. It will also improve community safety by using a bio-psycho-social treatment approach and wrap-around services to target the underlying drivers of criminal behaviour.

In addition, the project will be informed by the following documents (not an exhaustive list):

- Correctional Services *Blueprint for Alberta*,
- Correctional Health Services Transfer and Enhancement Project,
- Alberta Supports Initiatives,
- *Alberta Crime Reduction and Safe Communities Task Force report*,
- *Support for Offenders with Addiction and Mental Health Issues (SCOT)*,
- Mental Health Diversion Program,
- Alberta Legal Services Mapping Project,
- Family Law Multi-Service Children's Centre business case, and
- A Principled Policy Approach to Resolution Options in the Justice System.

The project supports the Safe Communities Crime Prevention Framework which seeks to integrate programs and services in order to address gaps and improve outcomes. The IJSP specifically supports the following recommendations from *Keeping Communities Safe*:

- Provide intense treatment for mental health and addictions (Recommendation 2);
- Expand specialized courts (Recommendation 5);
- Remove barriers to sharing essential information (Recommendation 7);
- Involve Crown prosecutor in bail applications (Recommendation 9);
- Streamline the criminal justice process (Recommendation 10);
- Provide meaningful consequences and close monitoring of offenders (Recommendation 12);
- Expand family violence programming (Recommendation 15);
- Implement comprehensive "wrap-around" services to at-risk youth and their families (Recommendation 16);
- Provide a "one-stop" information source for programs and services (Recommendation 17);
- Address repeat offenders (Recommendation 19);
- Increase use of multi-disciplinary response teams (Recommendation 21);
- Expand access to mental health services and treatment (Recommendation 25); and
- Partner with Alberta's Aboriginal people and federal government to pilot projects (Recommendation 29)

Centre for Justice Innovation (CJI)

Mission for the Centre for Justice Innovation

To lead the development and implementation of highly effective justice projects that seek to continually improve community safety and quality of life for victims and communities by addressing the root causes of criminal behaviour. The Centre will support project development and implementation through training, technical assistance, policy review, community engagement, research, and evaluation.

Vision of the Centre for Justice Innovation

The Centre for Justice Innovation will meet the needs of the community by ensuring that community justice programs and services are delivered to the highest standards. It will ensure that systems and organizations working with the justice system are integrated and working collaboratively to create a safe, just, and cohesive community.

** NOTE: When this document makes reference to the IJSP, this includes *both* the CJI and the SORCe. If a statement only applies to one of these programs, it will be labelled accordingly.**

Centre for Justice Innovation: Design and Governance

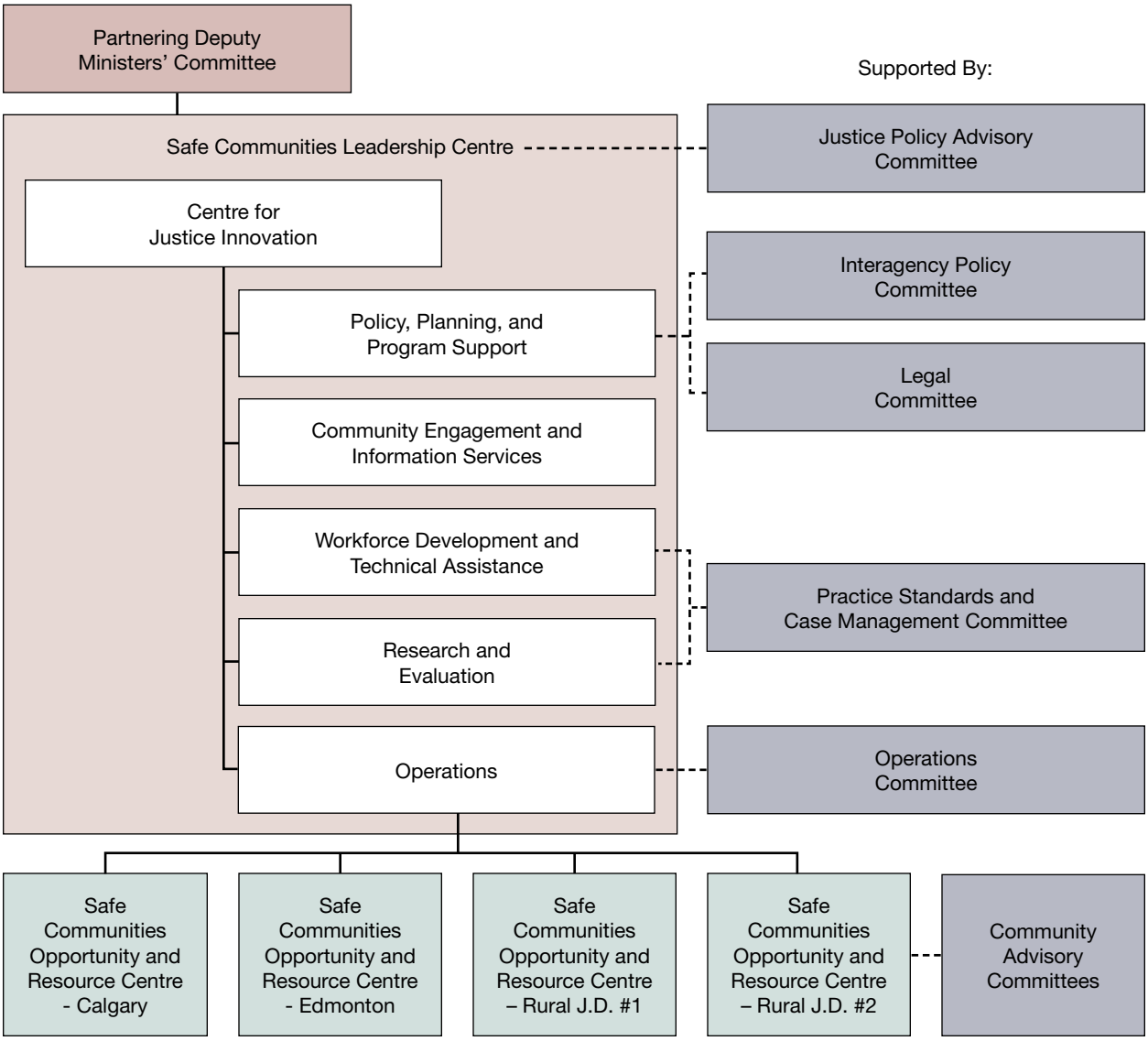
The Centre for Justice Innovation (CJI) forms part of the foundation for the IJSP. Embedded within the Safe Communities Leadership Centre, it will support all areas of project implementation at the community level. (The CJI is modeled after the Center for Court Innovation, which has overseen the development of many innovative justice projects in New York City, New York). In the plan, the CJI has an informal reporting relationship with a number of local community organizations and government ministries and departments (see Figure 4.1). It also serves as a resource to other jurisdictions, as it gathers research evidence to support innovative changes in the justice system.

The Centre's primary function is to work with community justice projects to ensure the highest standards of project implementation and operation by supporting training, technology, research, evaluation, policy, and community engagement. It is supported by advisory committees at the local level to ensure that the projects understand the needs of the local community. The director of each SORCe site participates on a local community advisory committee and works with the CJI to ensure that all community projects are implemented to required standards and address community needs. The SORCe directors work with the CJI to adopt and implement innovative practices and strive to be leaders for change in their communities.

The CJI ensures that all projects adhere to the core principles which seek to ensure that justice is accessible, proactive, and visible in communities. The CJI strives to ensure that all projects incorporate the *8 Steps for Successful Project Implementation* to ensure that projects address critical areas for successful planning, implementation, operation, and evaluation. (The 8 Steps for Successful Project Implementation are explained in Section 6).

Centre for Justice Innovation and Safe Communities Opportunity Resource Centre Governance Model

Figure 4.1: Governance Model



KEY

—— Formal Reporting Structure

--- Advisory and Information Dissemination

Functions of the Centre for Justice Innovation

The CJI staff in these four areas (see Figure 4.2) are supported by committees containing representatives from a diverse cross-section of individuals from local communities (e.g., law, health, government, NGO, business, and community members). The CJI is accountable to the Government of Alberta through the Safe Communities Leadership Centre and to communities through local advisory committees.

The four major functions of the CJI are outlined below:

Figure 4.2: Functions of the Centre for Justice Innovation

1. Community Engagement and Information Services

This team is responsible for interfacing with communities to identify local problems and work with the applicable unit within the CJI to help the community find and implement solutions. A core responsibility for this group is promoting the centre and its projects (i.e., IJSP) within Alberta and other jurisdictions. They are responsible for assisting with all project communications (e.g., brochures, websites, newsletters, and promotional literature) to ensure uniform branding and messaging. This group also informs communities about important project milestones and outcomes through a variety of mediums (e.g., print, website, reports, and news media).

The project staff collaborate with the Information Technology (IT) staff to determine the projects' technology needs, and the system capacity available to meet those needs. The IT staff support the implementation and operation of the appropriate case management software to sustain program operations. They also work with the research and evaluation staff to ensure the project is able to capture the required information for reporting, evaluation, and research. The IT staff are responsible for training and supporting the technology used in the projects and ensuring it integrates with the necessary local and government systems.

2. Research and Evaluation

This team's function is to regularly review current research literature to identify the best and most promising practices to be used by the projects. They develop and implement the project-evaluation framework and ensure local research staff are collecting and reporting appropriate data for local and provincial project analysis. The researchers and evaluators work with IT staff to ensure that all projects use electronic case management software to enhance information collection, service delivery, data analysis, and outcome reporting. The reports are used to make evidence-informed decisions in areas such as program development, staff training, strategic planning, policy, and information technology. The research team is tasked with analyzing data and publishing project findings in reports to be used by the projects, government, and communities. They are also responsible for publishing research findings in academic and professional publications, as well as presenting them at a variety of local, national, and international conferences (e.g., legal, criminal justice, and allied health conferences).

This team also assumes responsibility for project quality control. They conduct the evaluation of the SORCe project sites and programs on a regular basis to ensure the integrity of project implementation

according to best practice standards. The evaluators monitor the outcomes of each site to address and correct any areas that fail to meet targeted outcomes. The team works with the workforce-development staff to evaluate the evidence-based practice (EBP) facilitators and ensure projects meet the fidelity standards outlined for each EBP. This group shares its evaluation findings with the workforce development and technical assistance team, which addresses any areas requiring improvement. This team and the workforce development and technical assistance team (with support from the practice standards and case management committee) will develop audit and accreditation standards for practices and programs within the projects. Also, the research and evaluation team is responsible for accrediting projects (see Section 5 and Section 6).

3. Workforce Development and Technical Assistance

This team is responsible for implementing all EBPs according to their fidelity standards (see Figure 3.1). They provide ongoing monitoring to make sure projects maintain integrity to the model, evaluate deviations made to accommodate local or special circumstances, and help to correct any unplanned deviations. They provide staff and facilitator training, procure contracts for specialty training, oversee training standards at all sites, and evaluate evidence-based practice facilitators. They provide training to supervisors to develop supervision skills and teach methods to monitor and support evidence-based practices. This team provides human resource support to projects and assists with the creation and maintenance of a positive work environment. They provide team-building workshops and support managers and directors in ensuring an environment of strong team cohesion and trans-disciplinary practice. Their role is to assist projects by developing long-term training plans and support the plans through regular staff training and development. This group works closely with the research and evaluation staff to provide training and/or technical assistance to projects that are not meeting their outcomes or failing to meet fidelity standards.

The technical assistance staff is part of the quality assurance process. A core objective of this group is to ensure the principles in Figure 4.3 are inherent in their work with justice projects.

Figure 4.3: Integrity of Program Implementation and Service Delivery [64]

Integrity of program implementation and service delivery requires	
➡ A sound underlying theoretical model that is known to affect behaviour change (e.g., cognitive-behavioural and social learning).	➡ Formalized manuals and other policies/ procedures that guide service delivery.
➡ Staff selection practices that are based on important relationship qualities and skills that are necessary for influencing change.	➡ Adequate training to ensure that staff understand their specific roles and responsibilities.
➡ Ongoing clinical supervision of staff to provide specific feedback designed to enhance skills and performance.	

4. Policy, Planning, and Program Support

The key function for this team is to follow the principles of evidence-based decision-making modeled after the Center for Effective Public Policy (see Figure 4.4). This team works closely with the other CJI teams to follow these principles as they define the direction of the projects and practices. They review and evaluate relevant legislation, policies, and criminal code, and assist with any required changes to continue project advancement. They also work with other entities (e.g., SafeCom Leadership Centre, government ministries, agencies, and legal disciplines) to collaborate on policy changes and to develop strategic partnerships. Another function is to support the co-ordination and implementation of privacy standards in the projects. They are also responsible for ensuring programs have adequate resources to achieve their targeted outcomes. They work with the other CJI teams and project directors to create strategic plans to continue project growth and innovation, ensure all projects meet their outcomes, and ensure that projects operate to the highest standards. A core objective of their work is to ensure the alignment of policies and legislation with current practices.

This team works with an interagency policy working committee (to review provincial and local policies relevant to the projects) and a legal committee (to review legal matters affecting projects) to recommend project changes so that the CJI staff can champion them with the appropriate entity.

Figure 4.4: Principles of Evidence-Based Decision-Making[65]

Decision-making is enhanced when informed by evidence-based knowledge:

- Evidence-based knowledge must be documented and readily available;
- The policy implications of knowledge—and their potential outcomes—must be identified;
- The methods for applying knowledge to practice must be delineated;
- Professional judgment should take into account both evidence-based knowledge and individual circumstances; and
- Where decisions are made that counter empirical evidence, the rationale for those exceptions should be explained.

Every interaction within the justice system offers an opportunity to contribute to harm reduction:

- All professionals in the criminal justice system must understand their individual potential to positively influence offender behaviour;
- All professionals in the criminal justice system must understand their individual potential to positively influence victims' experiences with the justice system;
- Criminal justice professionals must have the knowledge and skills that will enable them to maximize these opportunities;
- Agency policies throughout the criminal justice system must enable professionals to exercise this knowledge and apply these skills;
- Criminal justice system processes must be evaluated to ensure that interchanging systems are coordinated and aligned with one another (i.e., information is shared, policies are compatible, interests and outcomes are in agreement); and
- Where interchanging systems lack coordination, processes must be realigned.

Systems achieve better outcomes when they operate collaboratively:

- Key decision-makers and stakeholders must be identified;
- A formal, ongoing process of collaborative policymaking must be established;
- Partners must ensure that collaboration occurs at the system and case level only in as much as it does not infringe upon the individual rights of the accused or the responsibilities and authority of the system actors;
- Policy teams must establish and adhere to empirically derived collaboration methods that have been demonstrated to be successful in facilitating attainment of goals; and
- Any collaboration must ensure the maintenance of judicial independence in order to protect the rights of the accused.

The justice system will continually learn and improve when professionals make decisions based on the collection, analysis, and use of data and information:

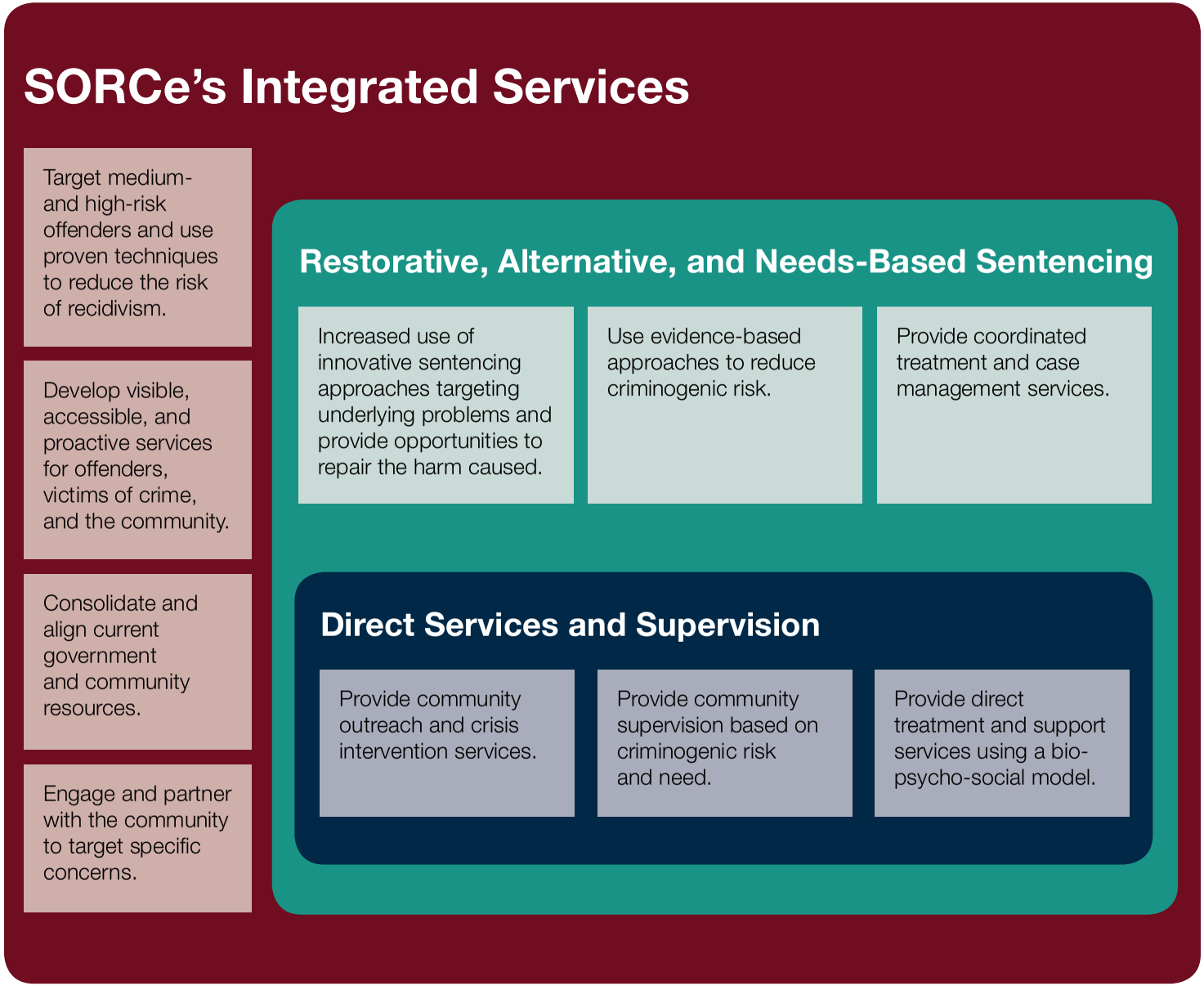
- Clear, specific, and transparent performance measurements must be established to identify and measure approaches and activities demonstrated or believed to contribute to desired outcomes at the case, agency, and system levels;
- Baseline measures must be established at the case, agency, and system levels;
- Data must be collected at the case, agency, and system levels in an ongoing and objective manner;
- Data must be subjected to critical and objective analysis to compare agency and system performance with established targets;
- Commitment to quality assurance is required in the performance of activities and in the collection of meaningful data;
- Continual feedback loops must ensure that information is shared, mutually understood, and collaboratively deliberated;
- Commitment is required to view less-than-desirable results as opportunities to improve; and
- Policy and practice must be modified as performance measures and quality control monitoring indicates.

Safe Communities Opportunity and Resource Centre (SORCe)

The SORCe, as illustrated in Figure 4.5, provides multiple treatment services "in-house," and seeks to effectively match resources according to the level of risk and intensity of services needed. The design and idea for the SORCe was loosely modeled on a well-known, effective service delivery organization in the Alberta community – the Alberta Motor Association (AMA) Centres – which provide central and accessible locations able to offer multiple services, from insurance to travel to financial planning, while emphasizing customer support and satisfaction. The SORCe provides a similar experience by delivering multiple holistic, wrap-around services through the co-location of the treatment teams with a number of community, government, and health services in one accessible location. Through a strong working relationship with the local court, the SORCe provides the court with enhanced information, better accountability of offender outcomes, and more options to solve an offender's underlying problems—the root causes. The SORCe partners with justice agencies to provide the necessary supervision for individuals in the community based on their level of risk, need, and response to intervention services. Lastly, a community liaison component is built into the SORCe to respond to community needs. Thus, SORCe seeks to bring together the court process, service providers, and the community using creative partnerships, with a focus on applying an integrated problem-solving approach to address the root causes of an offender's behaviour.

> **I think it is fair to say that problem solving courts have demonstrated that the effectiveness of fines or short jail terms is questionable. Do these sentences work to change behaviour? What is really accomplished with a short jail term and should we instead substitute mandatory counselling or treatment of some kind, even for those who are not homeless, mentally ill, or addicted?**
>
> Gordon Wong, Crown Prosecutor
> Alberta Justice and Attorney General

Figure 4.5: Integrated Services Model



Mission of the Safe Communities Opportunity and Resource Centre

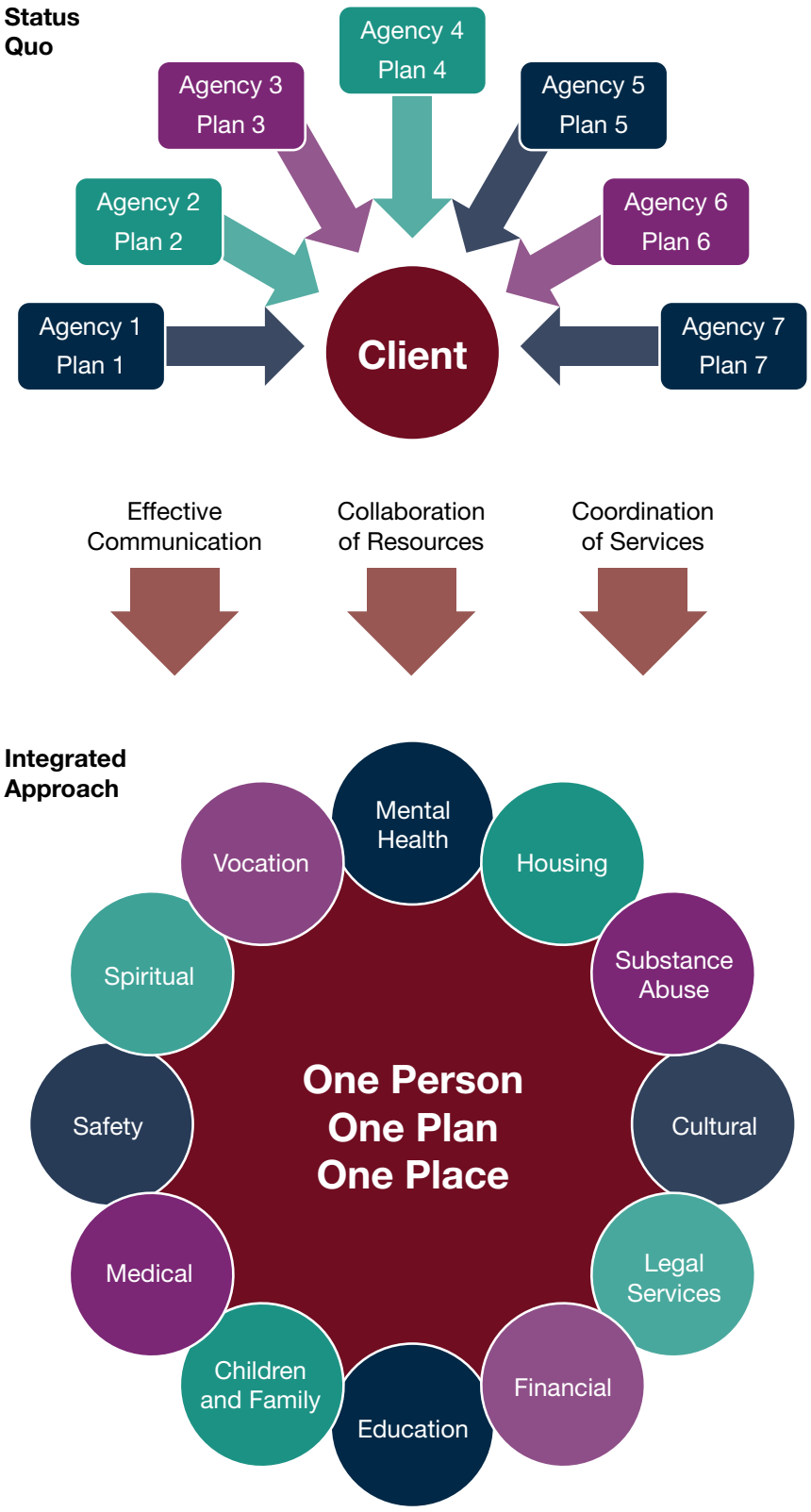
Promote the coordination and integration of systems by using holistic, wrap-around services to ensure continuity of care, supervision, and effective service delivery for individuals, families, and communities accessing the justice system.

Vision of the Safe Communities Opportunity and Resource Centre

The root causes of criminal behaviour are addressed to break the cycle of involvement in the justice system; individuals are law abiding and integrated into the community, and victims and communities are restored.

The SORCe is specifically designed to overcome the systemic obstacles identified in Section 2: *ineffective communication*, *containment of resources*, and *lack of coordination*. This dynamic is illustrated in Figure 4.6, which compares the status quo to the holistic approach of the integrated justice services model, the *One Person, One Plan, One Place* method. Figures 4.7 and 4.8 present the principles, values, goals, and objectives of the SORCe.

Figure 4.6: Status Quo versus Integrated Approach



OFFENDER VIGNETTE

The characteristics of the target offender population and conditions for eligibility in the IJSP are expanded following this vignette. This individual is imagined, but he serves as an example of a complex offender. It may be of use in understanding the concepts and strategies that follow in the report.

Mark: bipolar disorder, substance abuse, and theft

Mark is a 36-year-old single, unemployed man with bipolar disorder and cocaine dependence. He has had multiple contacts with both the mental health and criminal justice systems beginning in his early 20s. Mark dropped out of high school in grade 11 and was diagnosed with bipolar disorder when he was 22, for which he has received sporadic treatment since his diagnosis. He struggles to stay on his medication because he has no regular family physician and often doesn't have money to pay for his medication.

Mark was picked up by the police for breaking into multiple parked cars to find money to purchase drugs. Mark is well known by both police and remand staff due to his tendency to commit theft while using cocaine. While Mark is in custody at remand, he typically settles quickly and rarely causes any problems. The medical staff at the local remand centre commented that Mark does well while receiving psychiatric care, but he usually discontinues his medication upon release due to resuming cocaine use.

Mark has few supports or resources in the community and usually works odd jobs to survive. Mark finds it hard to get work given his criminal record, poor education, lack of ID, lack of transportation, and substance abuse problem. Mark is estranged from his parents and siblings who tired of the strain his impulsive and negative behaviours were having on the family. He struggles to form relationships with peers and often finds himself isolated, feeling anxious and alienated from society. He usually "couch surfs" between multiple friends, but has experienced periods of homelessness after incarceration.

He is currently on probation due to another theft charge, but his probation officer has not seen much progress in Mark's behaviour. His probation officer has difficulty locating him due to his transient lifestyle and periodic hospitalizations due to his mental illness. The probation officer has attempted twice to set Mark up with residential substance abuse treatment. Mark did complete a 30-day program once, but he was unable to maintain the gains once he returned to the community. On the other occasion, Mark failed to attend the intake appointment. Mark was offered resources to complete his GED, but showed up to his first appointment at a local education service provider intoxicated and got into a verbal altercation with a staff member; subsequently, he was asked not to return.

SORCe Principles and Values

Figure 4.7: SORCe Principles and Values

Accessible	Proactive	Visible
Client-Centred	Offender Responsibility	Accountability and Transparency
Effective Communication	Evidence-Based Practices	Commitment to Innovation
Expedited and Coordinated	Harm Reduction	Community Engagement
Positive Milieu	Trans-Disciplinary	Responsive and Restorative

Client-Centered	Offender Responsibility	Accountability and Transparency
Facilitate offenders' capacity for learning and personal growth. Aid them in overcoming disabilities, obstacles, or past negative choices and behaviour. Aid individuals to compensate for, or eliminate, deficits and barriers to functioning. Help them to restore prosocial behaviour, independent living, positive social interaction, and mental and physical well-being.	Help an offender to recognize the problem and search for a means to change. Support the offender in taking action. Hold the offender accountable for the harm caused to the victim and/or the community. Elicit positive change from the offender by tapping into intrinsic motivation to make amends and restore the damage caused.	The program has a duty to monitor quality assurance for actions, decisions, and outcomes through research, evaluation, and community feedback. The program will be accountable to partners, stakeholders, and the community. The program will regularly report project outcomes to the community. Staff will adhere to professional ethical principles and standards, and deliver high quality services.
Effective Communication	**Evidence-Based Practices**	**Commitment to Innovation**
Maximize access and sharing of information for all stakeholders involved in an offender's or victim's care. Emphasize mutual collaboration, sharing of ideas, and input from all representatives on the treatment and service teams.	Identify, implement, and provide services using methods that have demonstrated proven effectiveness. Integrate professional expertise with the best available research evidence in order to maximize positive outcomes.	Provide continuing education and training to staff, ever attentive to opportunities to enhance professional growth and excellence. Staff will seek to master core clinical competencies and skills in order to deliver effective services. Staff will contribute to innovative and impactful justice programming.
Expedited and Coordinated	**Harm Reduction**	**Community Engagement**
Ensure timely and accelerated access to legal, treatment, and support services to best meet the needs of the offenders, victims, and community. Provide integrated care through the alignment of various stakeholders involved in justice, health, social services, and community supports.	Design methods and practices to decrease the adverse effect of crime on communities, victims, citizens, families, and offenders.	Create a collective vision with the community to solve local crime problems by connecting and building relationships through mutual dialogue. Target specific concerns and needs of the community by soliciting feedback and reporting outcomes.
Positive Milieu	**Trans-Disciplinary**	**Responsive and Restorative**
Create a pleasant, welcoming, caring, accommodating, and engaging environment where offenders, staff, and community members are valued and provided high quality services.	Team members will pool and integrate their expertise to increase program efficiency and offender outcomes. Team members from different disciplines will teach, learn, and work together to provide a common set of interventions to help offenders change behaviours and reach their positive goals.	Policies and actions will focus on the needs of victims and offenders to problem-solve, reconcile, and resolve damages. Provide victims with an opportunity to voice the impact of the offender's actions. Encourage offenders to take responsibility for the harm caused.

SORCe Goals and Objectives

Figure 4.8: SORCe Goals and Objectives

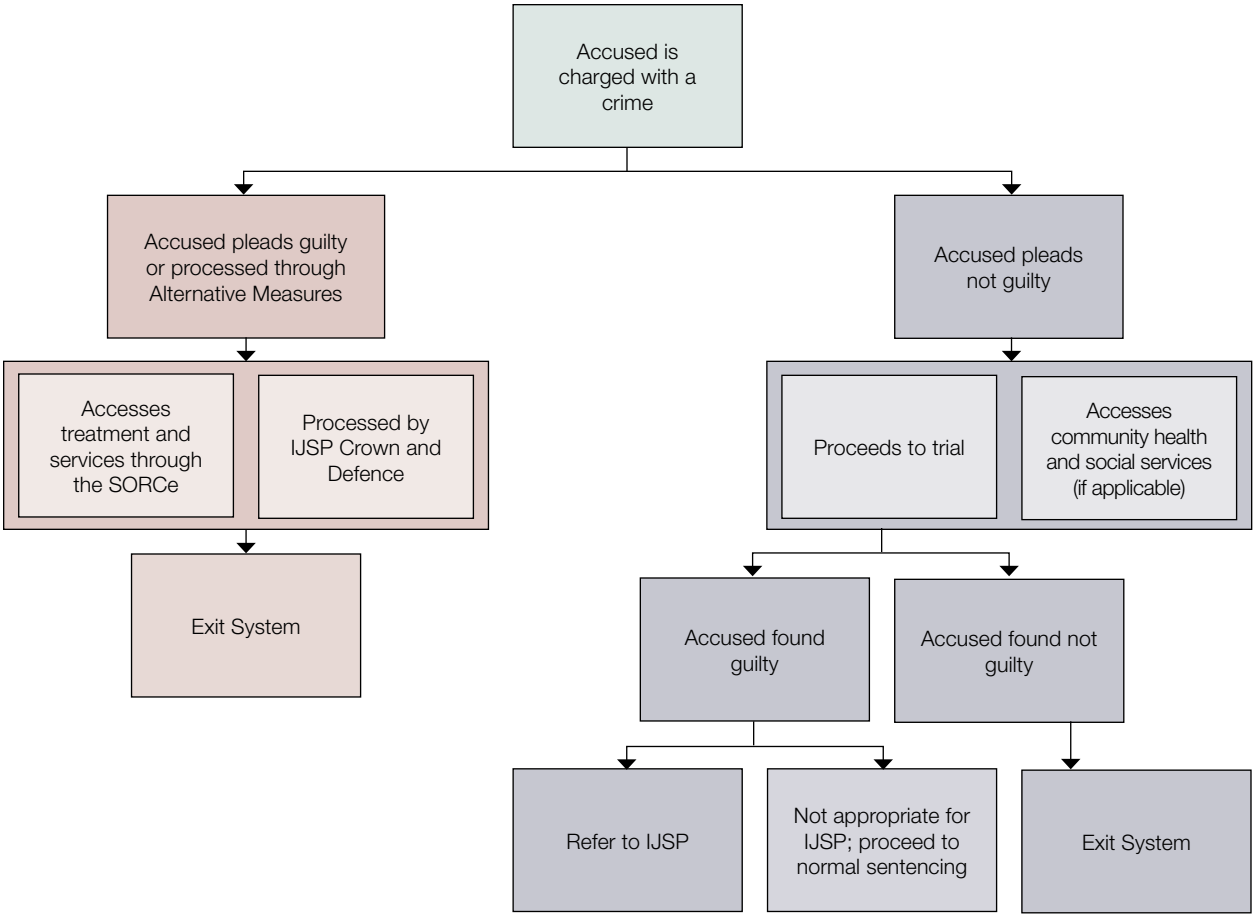
Restore the safety of the community	➡ Develop targeted and proactive interventions based on the community's identified needs. ➡ Emphasize restorative justice to pay back the community. ➡ Give the community a voice in shaping restorative sanctions. ➡ Expand treatment and support services to individuals involved in the justice system.
Bridge the gap between communities and the justice system	➡ Make justice visible and accessible to the community ➡ Reach out to victims of crime and incorporate them into sentencing and treatment. ➡ Remain involved beyond the disposition of the immediate case. ➡ Access treatment through entry into the justice system.
Strengthen working relationships within the justice system	➡ Consolidate and align current supervision and treatment resources within the justice system. ➡ Encourage service providers and justice professionals to work together. ➡ Develop innovative approaches to service delivery through greater integration and coordination of services using a bio-psycho-social model.
Address Problems that lead to involvement with the justice system	➡ identify individuals at risk of entering the justice system and determine their health and social service needs. ➡ Combine sanctions with treatment that focus on decreasing criminogenic risk. ➡ Prioritize criminogenic needs and use client-centred approaches.
Provide the justice system and service providers with better information	➡ Provide the judiciary with enhanced information for addressing the underlying problems of offenders entering the justice system. ➡ Consolidate as much information as possible, as early as possible. ➡ Provide the judiciary and court officials with enhanced information for addressing bail and sentencing conditions. ➡ Allow all providers involved access to information, and use current information to enhance accountability.
Build a physical location that reflects these ambitions	➡ The physical location should be a concrete expression of the project's principles and values. ➡ Pair the processing of criminal charges with wrap-around, holistic services. ➡ Co-locate as many key service providers as possible under one roof.

Modified from Feinblatt and Berman (1997) – Community Court Principles: A Guide for Planners, Center for Court Innovation. http://www.courtinnovation.org

Offender Eligibility and Estimation of Caseload

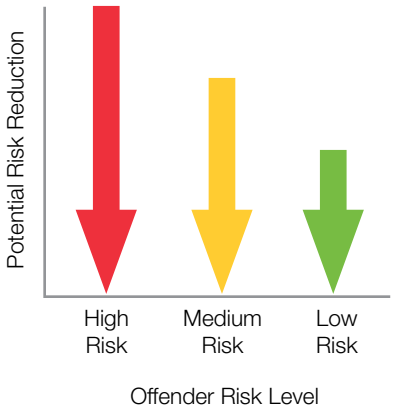
The SORCe is designed to meet the needs and supervision requirements of offenders who meet the eligibility requirements (see Figure 4.12). As depicted in Figure 4.9 below, those who meet these requirements and have a willingness to abide by the structure of the program may access services through the SORCe, if they are: 1) eligible for the Alternative Measures program, 2) plead guilty or, 3) proceed to trial and are found guilty. The accused who choose to plead not guilty and after a trial are acquitted will not be eligible, nor are accused eligible if they refuse to participate. Instead, this case would follow standard court conditions and sentencing. If an accused chooses to take a criminal matter to trial and is found not guilty, he/she would use the community system for access to needed services (e.g. health, social services, etc.). Situations may arise when an accused takes a matter to trial and is found guilty of the offense. In this case, the offender may enter the SORCe for screening, assessment, and treatment provided the basic eligibility criteria are met, and it is approved by the court.

Figure 4.9: IJSP Offender Flow Chart



The initial target (in scope) population for the IJSP are offenders assessed as having medium to high criminogenic needs and requiring moderate to intensive supervision. Like all systems, the criminal justice system has limited resources to allocate and must determine how best to get the greatest return on investment. With this factor in mind, the IJSP seeks to take a gradual phased approach by focusing on specific offender groups (see Project Phases, Figure 4.37, for more information). An initial focus on the medium- and high-risk population is supported by research evidence. It will provide the greatest return on investment considering these groups have the greatest potential for a reduction of recidivism (see Figure 4.10).[66]

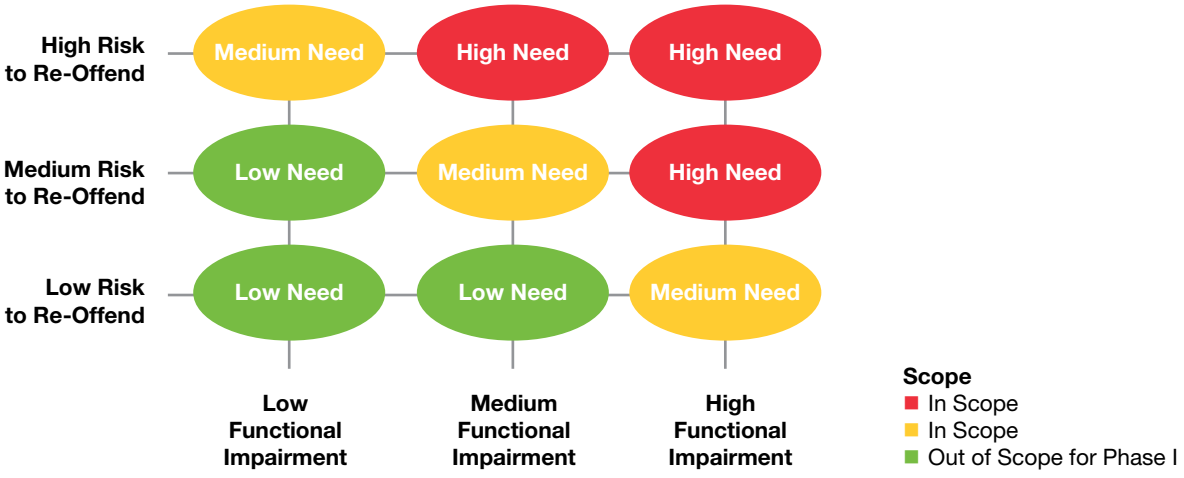
Figure 4.10: Potential for Risk Reduction



It is common that when treatment and service agencies complete a needs assessment, they often focus solely on the risk to re-offend or the presence of functional impairment. Consequently, this creates a fractured treatment plan as the assumption is that these factors exist in isolation. As detailed in Section 2, this is a false assumption and effective service delivery relies upon targeting both risk and functionality in order to significantly reduce recidivism. Due to the interaction between these two variables, an offender should not simply be thought of as high, medium, or low risk, as this ignores multiple bio-psycho-social needs that will also impact the chance of future criminal behaviour.

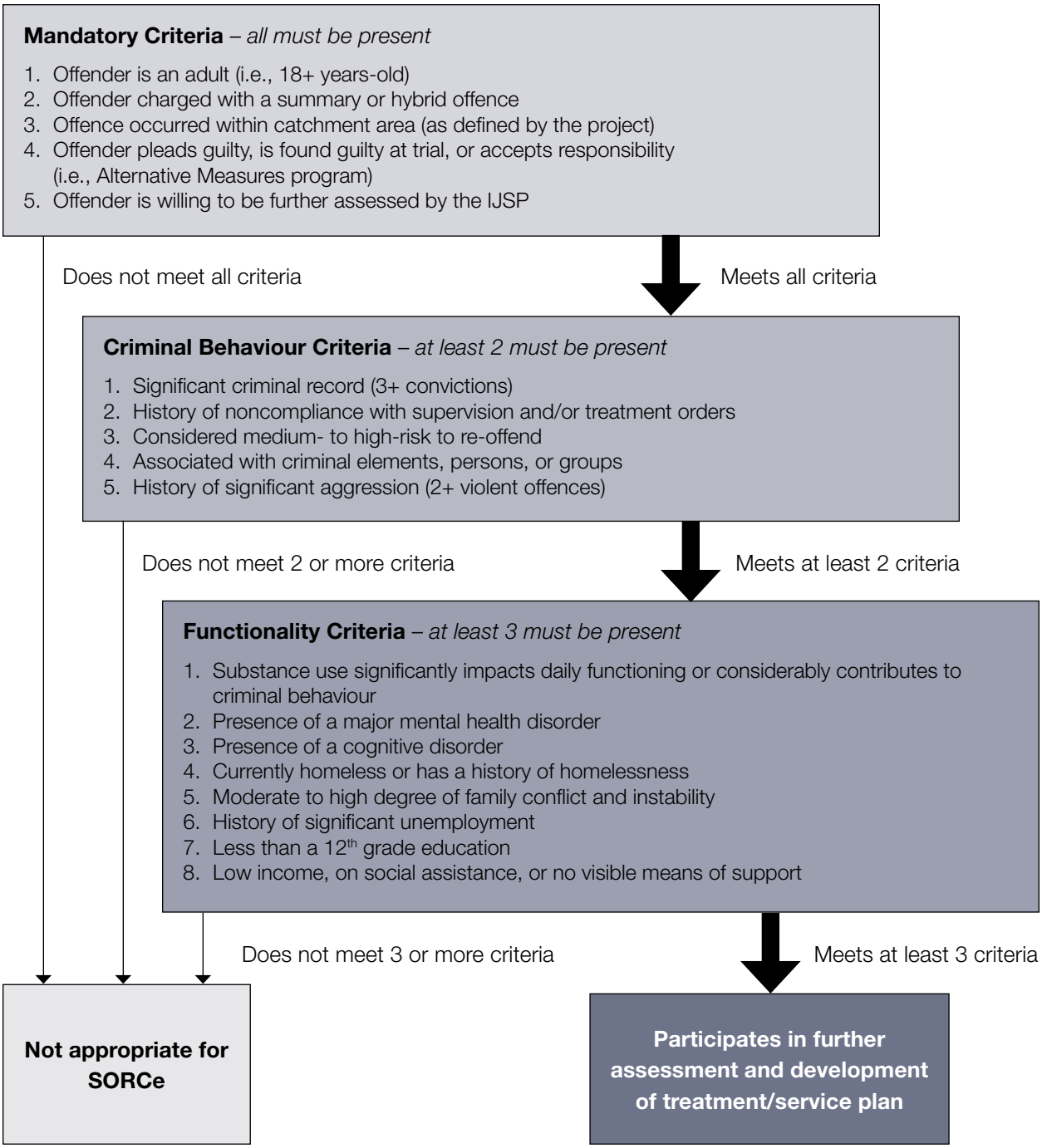
Figure 4.11 provides a broad overview comparing the interaction between risk to re-offend and functional impairment. Both of these variables are assessed to determine overall criminogenic need. By assessing each offender with this method, the SORCe staff can optimize treatment and allocate program resources in the most effective manner. As described in Section 3, it is critical to pair the appropriate intensity of services with the needs of the offender. Failure to make such a match not only decreases the effectiveness of services, but can produce the opposite impact by actually increasing recidivism. Therefore, proper determination of both the offender's risk and level of functional impairment is a key task of assessment staff. Examining Figure 4.11, the supervision, treatment, and service intensity is different for each matrix cell. Consequently, where an offender lies in this matrix determines what type of supervision, treatment, and support services is optimal for recidivism reduction.

Figure 4.11: Risk to Re-Offend and Functional Impairment Matrix



SORCe Initial Screening Decision Tree

Figure 4.12: SORCe Initial Screening Decision Tree



** Criteria is used if the offender pleads guilty, is assigned to Alternative Measures or if the offender is referred to the IJSP after being found guilty at trial. **

Estimated SORCe Caseload According to Service and Supervision Need

Measuring the level of risk to re-offend and functional impairment can be gauged by multiple standardized assessments. The Service Plan Instrument (SPIn) is a standardized instrument currently being used by SolGen, and its results were employed for the use of this report. The SPIn is rooted in the Risk-Need-Responsivity model which is currently the standard within the criminal justice and criminology field (see Section 3).

An averaging technique was used to estimate a rough calculation of how many offenders fall into each category. *This technique is for informational purposes only; a more accurate amount would require additional statistical analysis.* The SPIn assesses an offender's overall level of risk while sub-scales measure specific realms of functioning (see Appendix B). Caseloads for the IJSP were estimated by extrapolating data from the Alberta Community Offender Management (ACOM) system and the SPIn. The SPIn assesses a total of 10 functional realms and assigns a level of risk for each category. The SPIn also contains a mental health realm but does not assign a level of risk for this category. For this reason, the mental health realm was not included in this exercise. The percentages for high-, medium-, and low-risk individuals in the sample were taken from Appendix B and divided into two comparison categories: criminal risk and functionality. An average of these scores was used to estimate the caseload percentage for each risk category. This data was plotted on a matrix similar to Figure 4.11 to detail the estimated volumes in each category.

As an example, the estimate of offender *Service and Supervision Need* for the City of Calgary is plotted below in Figure 4.13 and 4.14.

Figure 4.13: Results of Calgary SPIn Data (2009–2010)

Criminal Risk				**Functional Impairment**			
Risk (%)	Low	Med	High	Risk (%)	Low	Med	High
Criminal History	32	25	43	Substance Use	45	38	17
Response to Supervision	63	19	18	Family	38	31	31
Aggression/Violence	90	8	2	Employment	85	12	3
Social Influence	47	34	19	Social/Cognitive Skills	82	10	8
Attitudes	78	15	7	Stability	59	29	12
Average	**62**	**20**	**18**	**Average**	**62**	**24**	**14**

Calgary SPIn sample population (2009–2010); n =1389

Figure 4.14: Calgary Estimated Caseload 2009–2010 (n = 6421)

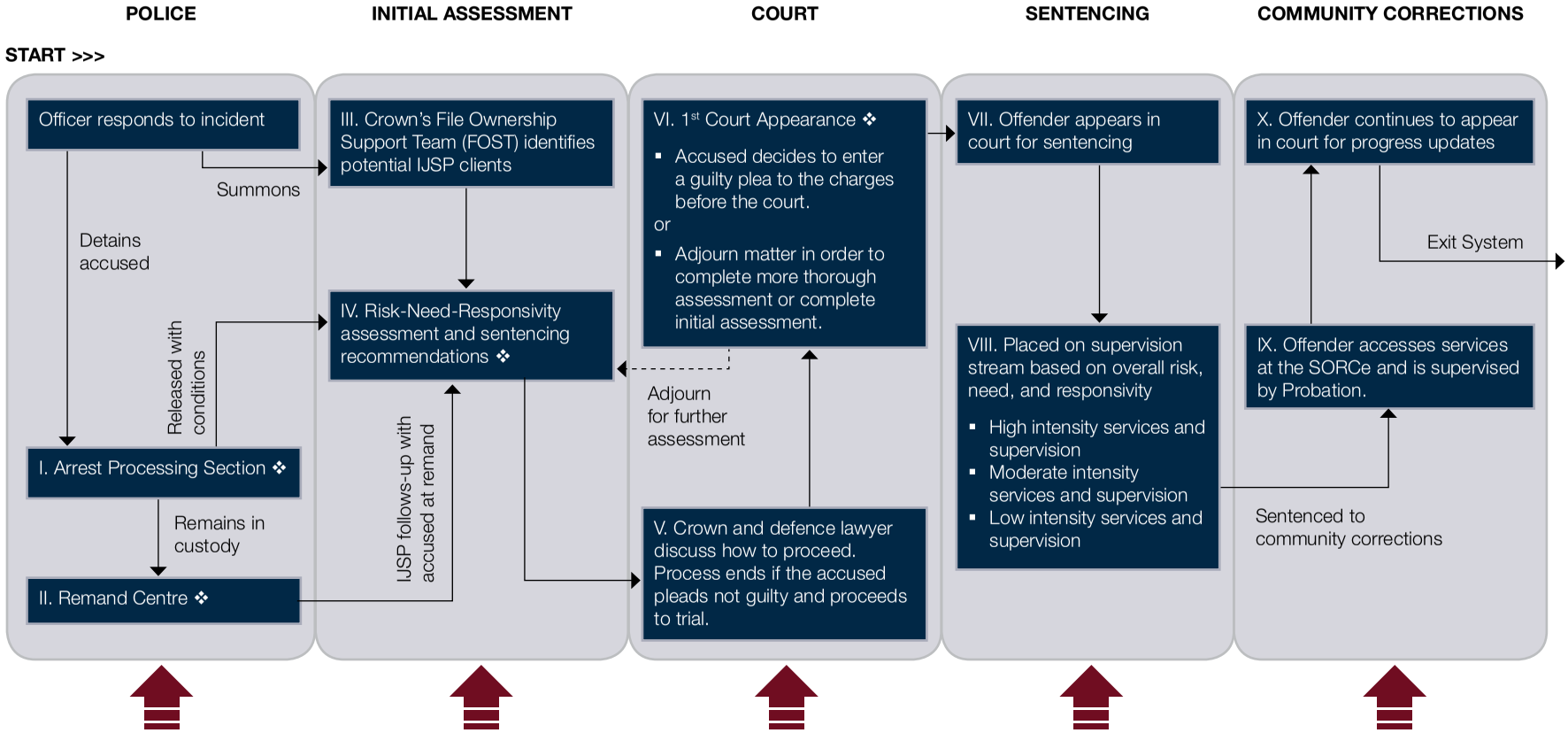
High Criminal Risk 18%	Percentage	11%	Percentage	4%	Percentage	3%
	Caseload	706	Caseload	257	Caseload	193
Med. Criminal Risk 20%	*Out of Scope for Phase I*		Percentage	5%	Percentage	3%
			Caseload	321	Caseload	193
Low Criminal Risk 62%	*Out of Scope for Phase I*		*Out of Scope for Phase I*		Percentage	9%
					Caseload	578
	Low Functional Impairment 62%		**Med. Functional Impairment 24%**		**High Functional Impairment 14%**	
			Estimated Total Caseload		**2248**	

Calgary total supervised community corrections programs commenced (2009–2010); n = 6421

SORCe High Level Overview of Offender Flow Through

For the initial start-up of the SORCe, certain offender parameters are set in order to obtain the greatest social and financial return on investment. Following this section is an analysis of data obtained through the Alberta Solicitor General and Public Security (SolGen) that provides an estimate of the volume of offenders broken down by differing risk and need. Finally, there is a broad operational guide to explain how an offender is processed through the SORCe. For simplicity, the operational guide has been divided into two operational maps – the *Assessment and Treatment Process Map* and the *Criminal Justice Process Map.* A diagram detailing each of these processes is provided in Figure 4.15 and 4.16. Following the diagrams, a more detailed explanation is provided for each step of the process. These two systems can be thought of as interacting with one another to provide treatment, supervision, and support services for the offender. Both process maps contain similar information with the greatest difference being that the *Assessment and Treatment Process Map* focuses on the treatment aspects of the offender and the *Criminal Justice Process Map* on the legal aspects.

Figure 4.15: Criminal Justice Process Map



SAFE COMMUNITIES OPPORTUNITY AND RESOURCE CENTRE (SORCe)

I. Screening specialists complete an initial screening to identify eligible accused and pertinent data to be reported at the bail hearing. Identified accused that are released are ordered to report to the SORCe for a full Risk-Needs-Responsivity assessment.
II. Intake specialists follow-up with remanded individuals to complete the full Risk-Needs-Responsivity assessment.

III. The Crown's FOST identifies medium- to high-needs accused and refers potential IJSP clients for a full Risk-Needs-Responsivity Assessment.
IV. Intake specialist meets with the accused and completes a full Risk-Needs-Responsivity assessment. The intake specialist develops treatment and sentencing recommendations.

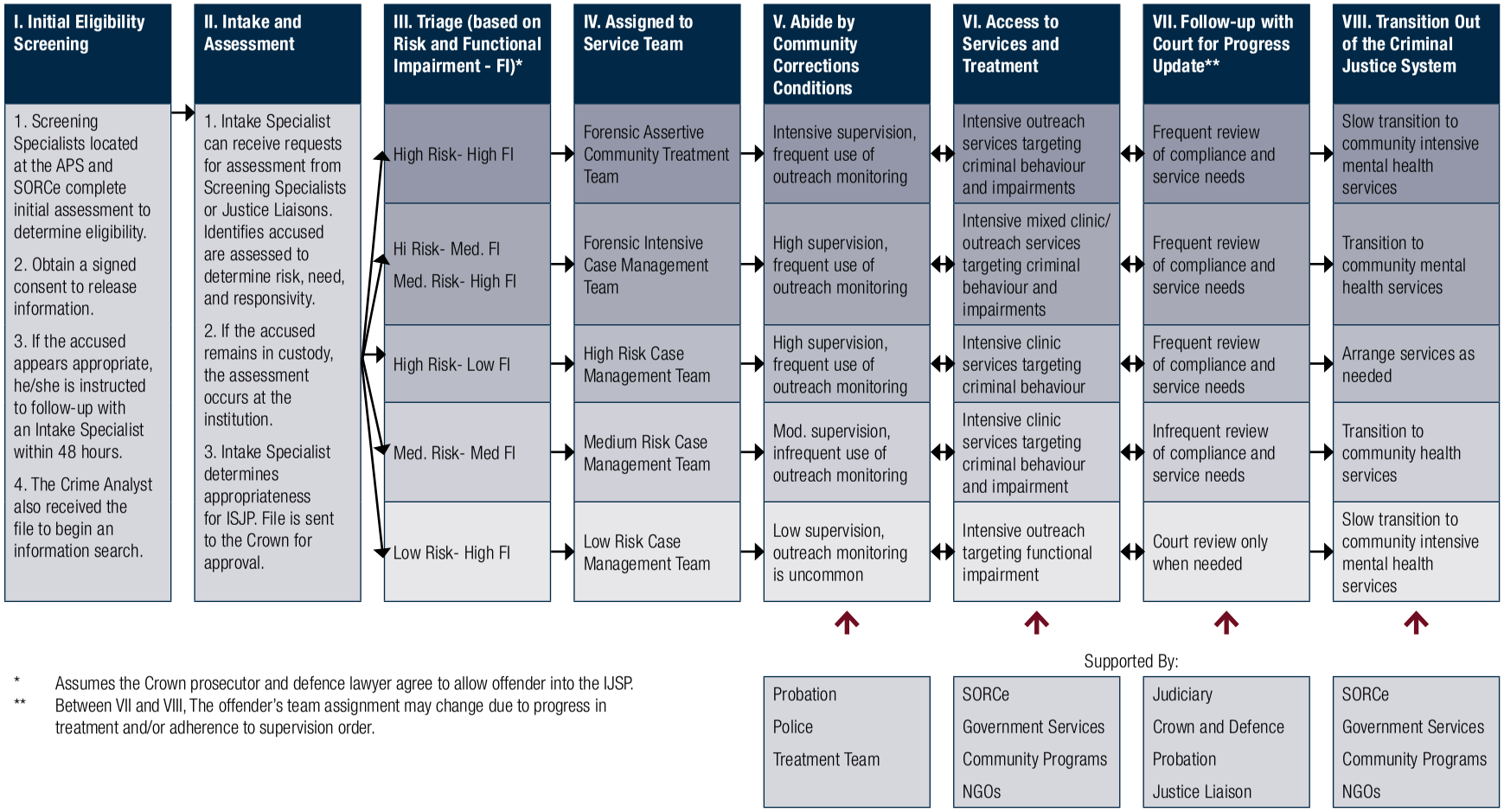
V. The justice liaison coordinates sharing information between the intake team and lawyers. The Crown and defence negotiate how to proceed.
VI. Proceed to sentencing if all parties are satisfied. The matter may be held over for additional assessment in complex cases. Complete initial assessment if the accused failed to engage with IJSP before 1st appearance.

VII. The accused proceeds to sentencing. The judge is provided with the findings of intake assessment by the justice liaison.
VIII. The offender is sentenced to high, medium, or low intensity services and supervision. The justice liaison provides coordination with community corrections and follow-up services at the SORCe.

IX. The offender is assigned a probation officer for community supervision and attends services at the SORCe according to court conditions.
X. The offender continues to appear in court based on progress and risk to the community. The justice liaison provides a report to the court on the offender's progress and compliance with conditions.

❖ Opportunity to obtain informed consent to release information

Figure 4.16: Assessment and Treatment Process Map



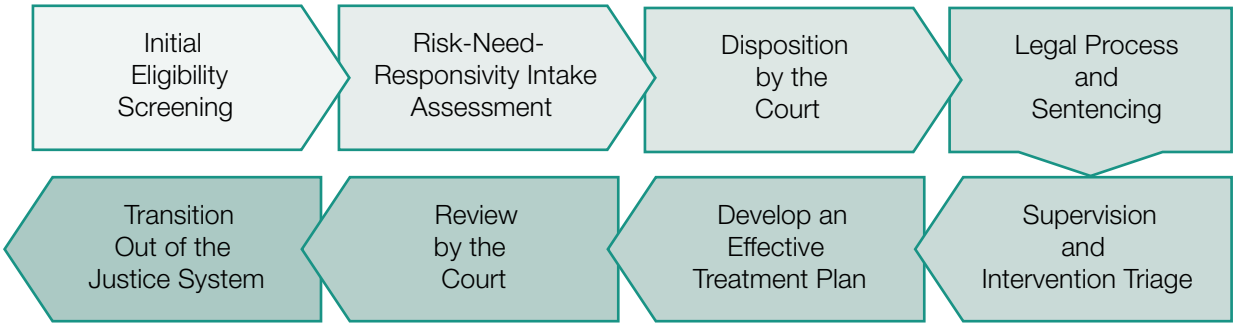
* Assumes the Crown prosecutor and defence lawyer agree to allow offender into the IJSP.

** Between VII and VIII, The offender's team assignment may change due to progress in treatment and/or adherence to supervision order.

Detailed Description of the Legal and Assessment/Treatment Process

The following sub-section of this report provides a detailed description of the steps an individual goes through as they enter the IJSP through the SORCe. It is divided into eight separate steps (see Figure 4.17) described below.

Figure 4.17: Offender Process Map for the SORCe



step 1

Initial Eligibilty Screening

Offender entry into the SORCe is a multi-staged process with specific objectives at each phase (see Figure 4.18a). The rationale for this multi-staged approach is to aid in controlling volume, prevent the use of available staff time on assessing inappropriate offenders, and place screening staff at identified high volume points (such as the Arrest Processing Section – APS). It is important to distinguish between three separate staff positions involved in the screening process: 1) the *screening specialist* who completes the initial eligibility screening (described in this section); 2) the *intake specialist* who completes the Risk-Need-Responsivity Intake Assessment (described in Step 2); and 3) the *crime analyst* who collects information on the accused from various databases (e.g., ACOM, COMIS, CPIC, etc.) as part of the assessment of eligible offenders.

Figure 4.18: Intake Assessment Levels

There are two major hubs to identify potential offenders eligible for the SORCe – the municipal APS (or the local equivalent) and the Crown prosecutor's File Ownership Support Team (FOST). The screening specialists would be present at the APS to review individuals who have been detained in order to determine their appropriateness for the IJSP. The screening would be available for extended hours in order to meet the volume of accused being processed at the APS. For example, a staffing schedule could be developed to have a screening specialist present at the APS from 0800 to 2000, Monday through Saturday.

The screening specialist requests that the accused sign a consent form to release information in order to present the findings to the Justice of the Peace (JP) and to begin the process of gathering supplemental information. The accused has access to duty counsel or his/her own lawyer to inform his/her decision to participate in the screening process. Individuals who refuse to consent are not eligible for the SORCe, as sharing information between the courts, service providers, and supervision staff is vital. The screening specialist does *not* attempt to gain any information about the current charge and would immediately redirect the conversation if the individual begins to speak about the matter. This policy is in place to best protect the rights of the accused as it is likely they may not yet have accessed legal counsel. A memorandum of understanding (MOU) would be sought with the Office of the Crown to prevent information gathered in the screening assessment phase from being used against the accused if he/she pleads not guilty and/or later declines involvement with the SORCe.

The screening specialist provides a brief verbal report to the JP on individuals who appear appropriate for the SORCe. If bail is granted, the screening specialist requests that one of the bail conditions be to follow-up with an intake specialist at the SORCe within 48 hours in order to complete the full Risk-Need-Responsivity Intake Assessment.

Individuals who are remanded and/or choose to appear before a judge for a bail hearing will also be eligible for the SORCe. Instead of the results of the screening assessment being presented to the JP, the Justice Liaison (described in Step 2) would present their findings before the presiding judge. For accused who are remanded to custody, an intake specialist will follow-up with the individual at the remand centre to complete the Risk-Need-Responsivity Intake Assessment.

Greater SORCe staffing resources are placed at the APS due to the following:

1. A desire to provide enhanced information to justices of the peace to aid in setting bail conditions.
2. To provide justices of the peace the option to mandate an offender to follow-up with the SORCe as a bail condition.
3. To provide alternatives to remand.
4. To create an efficient selection process for the SORCe as a larger number of offenders brought to the APS are typically medium- to high-needs offenders.
5. Some medium- to high-needs offenders may only be given a summons to appear in court. A Justice Liaison (described below) meets with the Crown prosecutor's FOST to review potential files that may be appropriate. The identified accused is flagged as a potential IJSP client and the screening specialist receives the information to contact the accused in order to set up an eligibility assessment in the community. Appropriate individuals are instructed to follow-up with an intake specialist, ideally within 48 hours, so the assessment may be completed before the initial court appearance.

step 2

Risk-Need-Responsivity Intake Assessment

The aim of the Risk-Need-Responsivity Intake Assessment is to provide a full evaluation of an eligible offender's service needs and to aid court officials[1] in legal decision-making. The intake process is built on the Risk-Need-Responsivity model discussed in Section 3; furthermore, standardized risk assessments have been found to be much more effective in prediction and evaluation than a clinical interview alone.[67] There are multiple standardized instruments, such as the SPIn and COMPAS previously detailed. Further examples of research-supported assessment tools include:

- Historical, Clinical, and Risk Management Factors (HCR-20)
- Level of Service Inventory – Revised (LSI-R)
- Level of Service/Case Management Inventory (LSI/CMI)
- Psychopathy Checklist Revised (PCL-R)
- Statistical Information on Recidivism (SIR)
- Violence Risk Appraisal Guide (VRAG)
- Wisconsin Risk and Needs

> **Research indicates that when offender management strategies are driven by reliable and valid assessments, re-entry outcomes can be maximized...A vital step toward creating sound assessments is to ground them in what are known as the core principles of effective correctional intervention: risk, need, and responsivity.**
>
> Centre for Effective Public Policy

Regardless of the assessment tool used, the intake specialist identifies the offender's overall risk for recidivism and also identifies which criminogenic needs can be targeted with intervention (see Figure 3.4). These assessments are largely completed at the SORCe; however, the intake specialists conduct outreach, if needed, to the offender's residence, hospital, shelter, APS, or remand centre. The results are amalgamated with supplemental data gathered by the crime analyst to formulate a structured report that includes recommendations on conditions for sentencing. This report is forwarded to the assigned Crown prosecutor, defence lawyer, and Justice Liaison.

1 For this report, "court officials" is defined as the presiding judge, Crown prosecutor, and defence lawyer.

Justice Liaison Position

- The Justice Liaisons play a central role in the IJSP to connect the court process to the SORCe. They interface with multiple groups both internal and external to the justice system.
  - Docket Court
  - Family or Domestic Violence Court
  - Justice of the Peace
  - File Ownership Support Team (FOST)
  - Screening/assessment staff
  - SORCe treatment teams
- The Justice Liaison supports the court by:
  - Coordinating the screening of clients identified in the docket court.
  - Providing recommendations on treatment, bail, and sentencing conditions.
  - Providing information to the judge, Crown prosecutor or defence about programs and resources available through the SORCe.
  - Providing the court with information on an offender's progress through a "report card" format when offenders follow-up in the court (see Appendix G).
  - Coordinating information as requested between multiple courts if an offender has other legal matters (e.g., family or domestic violence).
- The Justice Liaison supports the SORCe treatment teams by:
  - Communicating pertinent information from the court process (e.g., changes in probation or bail conditions, etc.) pertaining to an offender's treatment or conditions in the community.
  - Communicating an offender's progress in treatment to the court (so that treatment staff are not required to be present in court and can focus on providing community-based services).
  - Being a resource to address any questions related to the court process or court-mandated conditions.
- The Justice Liaisons act as a communication hub between the court and the SORCe. They coordinate the assignment of an offender to a treatment team. They also communicate pertinent information from the court process to treatment providers and vice versa (e.g., changes to court ordered conditions, no show of an offender in court, breach of conditions etc.) to ensure continuity between the legal process and treatment services.

step 3

Disposition by the Court

The IJSP will have designated Crown prosecutors assigned to the IJSP process the project's cases. The rationale for this designation is to: 1) have a core group of court officials who understand the principles of the IJSP and aim to further its mission, 2) develop continuity of legal processes considering the complex needs of the offenders, 3) establish a strong and positive working relationship with the SORCe staff and its partners, and 4) reduce the number of appearances to disposition cases. The accused will have multiple options for defence:

1. Private defence lawyer,
2. Legal-aid defence lawyer,
3. Pro bono defence lawyer, or
4. An "in-house" IJSP defence lawyer.
    - ❖ This option is available for accused individuals who cannot afford a private defence lawyer, do not qualify for legal aid, or do not have access to a pro bono defence lawyer.
    - ❖ Similar to the designated Crown prosecutor, this option will have the benefits described above.

> **Problem-solving justice is dedicated to the notion that defendants should be treated as individuals not numbers on a docket...Many court cases are not complicated in a legal sense, but they involve individuals with complicated lives. Problem-solving justice recognizes this and seeks to give judges the tools they need to respond appropriately.**
>
> Robert Wolfe, Principles of Problem-Solving Justice

Regarding the judiciary, some problem-solving justice projects in other jurisdictions use a designated judge who hears all cases. In this proposed model this may not be necessary, as having designated prosecution and informed defence lawyers will likely provide the necessary continuity. However, it is important that the judiciary be aware of the IJSP. If resources are available, having a small group of judges with a good understanding of the project who rotate hearing IJSP cases on a regular schedule would be highly beneficial. Having designated court time to address offender follow-up (i.e., progress reviews, breach of conditions, etc.) with the court assists with coordination (e.g., staff schedules, report preparation, etc.) and allows for the management of a large number of offenders through the project.

To assist with case disposition, the results of the Risk-Need-Responsivity Intake Assessment are forwarded to the assigned Crown prosecutor and defence lawyer for review. The court officials have final authority to accept the offender into the SORCe. Reasons for declining an offender at this point may be due to the fact that:

- ❖ In the Crown prosecutor's opinion, the offender is too high risk for the community and he/she decides to seek incarceration.
- ❖ In the defence's opinion, the offender would be better served by pleading not guilty to the charge and take the matter to trial.
- ❖ The charge(s) are withdrawn due to a lack of evidence.
- ❖ The presiding judge sentences the offender to incarceration instead of community corrections.

step 4

Legal Process and Sentencing

A Justice Liaison is present in the court to provide support to the Crown prosecutor and defence and is on hand to answer any further questions or inquiries that arise after review of the intake assessment. The Crown prosecutor, defence, and the Justice Liaison meet to discuss the matter and decide on mutually agreed upon sentencing recommendations. The Crown prosecutor and defence submit an agreed-upon sentencing range for the presiding judge's consideration. Once the offender is sentenced, the Justice Liaison will coordinate the assignment of the offender to a treatment team within the SORCe and the offender will begin receiving treatment and support services, or the treatment will be modified to coincide with the court order if the offender is already receiving services (i.e., services were mandated as part of a bail condition). The Justice Liaison will continue to act as a communications hub between the court and SORCe and to ensure the continuity of the process.

The process below seeks to outline the interaction of the IJSP with the legal process and discusses some possible sentencing options proposed in an IJSP legal memorandum written by Calgary Crown prosecutor Gordon Wong, Q.C.[68] Further refinement of these proposed processes would take place during the set-up and implementation phase of the project.

The legal memo identifies four possible points of intersection for the justice process and the IJSP.

1. **Pre-charge and the Police/EMS Responder**
   - ❖ Individuals are primarily identified through the APS by the screening specialists and referred for assessment if they meet the eligibility criteria (see Figure 4.12). Pre-charge is addressed in Phase II of the IJSP project (Figure 4.38).
2. **First Appearance and Alternative Measures**
   - ❖ Individuals identified by the Crown prosecutor or defence at the docket court can be referred for an eligibility assessment coordinated through the Justice Liaison.
3. **Problem-Solving Court**
   - ❖ The individuals identified at this point are likely to have more serious charges and are identified by the Crown prosecutor, defence, or the Justice Liaison (who would work with the FOST). Offenders receiving certain types of sentences through this approach are required to follow-up with the court on designated IJSP court days to have their progress and compliance with conditions reviewed. Having scheduled IJSP court days allows for the coordination of the Crown prosecutor, defence lawyer, and the Justice Liaison (who prepares reports for the court) to be present in court.

Problem-Solving Justice

One example relates to our approach to impaired driving. As it stands now, the standard for a first offence is a minimum fine. Arguably, if we were to take a problem-solving approach to sentencing, the imposition of a fine may not be the most effective sentence in curbing future recidivism. Arguably, the better practice is to require the offender to undergo some form of screening and counselling to examine the person's overconsumption of alcohol and the role it may be playing in the person's life. If the accused is caught for a second impaired driving offence a problem-solving approach to sentencing should favour a medical conditional discharge rather than the jail that we routinely argue for. This is a very significant shift in practice and prosecution policy.

Gordon Wong, Crown Prosecutor
Alberta Justice and Attorney General

4. **Sentencing**
    - ❖ The legal memo from Mr. Wong notes the benefit of the IJSP providing the assessment results to the judiciary, as it identifies the factors underlying the accused's criminal behaviour and provides treatment recommendations which can be used by the judiciary for sentencing and the creation of court orders. It noted these assessments may be used more often than the full pre-sentence report due to the immediacy of their availability in the court process. These reports are generated from the results of standardized assessments and recommendations of qualified staff (see Figure 6.3). The particulars of the sentencing options are discussed later in the section.

The legal memo from Mr. Wong also indicates the benefit of identifying and comprehensively assessing eligible individuals for the project early in the legal process (i.e., at the APS and docket court), so that the prosecutors and judges can evaluate options to effectively disposition the case (e.g., Alternative Measures, suspended sentences, conditional discharges, etc.). The legal memo also indicates that to move to rehabilitative sentencing, existing service gaps must be addressed to ensure that the necessary and appropriate services are readily available to address criminal behaviour and reduce recidivism. Also outlined is the need for the Crown prosecutor and judge to be kept abreast of the offender's progress in treatment through a "report card" to "allow for an informed decision as to disposition of the charges."

The need to ensure that individuals receive legal representation by a defence lawyer is also highlighted. It is felt this could be accomplished if the Bail Project were resurrected, as this would make duty counsel available for the bail hearings at the APS. In the absence of this, another suggestion is to have an "in house" defence lawyer available through the IJSP to represent accused without counsel or those who do not qualify for legal aid.

Once an individual is screened, assessed, and accepted for services, and also has met with defence, the case is discussed with the designated Crown prosecutor as to the possible options for the disposition of charges. A number of options, which were outlined in the legal memo by Mr. Wong, are summarized below.

- ❖ A structured therapeutic Alternative Measures agreement could be entered into with respect to minor charges. The accused would work with the SORCe (in partnership with community corrections who oversee the program) to engage in specific treatment services. The accused would be advised that the successful completion of the treatment will result in a withdrawal of charges. The length of time it would take to complete the Alternative Measures will be determined by the seriousness of the charges the offender faces as well as the specific treatment services identified, but would be a specific period of time agreed upon between the Crown prosecutor and defence.[2] If an offender fails to complete the treatment outlined in the agreement, the Crown prosecutor will be entitled to continue the prosecution. There could be requirements for the offender to report periodically to the court for an update on progress, which would be a departure from the current practice. The Crown prosecutor and defence would be provided with a "report card" (see Appendix G) prepared by the Justice Liaison reporting progress or completion of treatment. In this model the Court is not directly involved in the disposition of cases, similar to their role in our current Alternative Measures Program.
- ❖ For more serious charges the accused would be required to attend court periodically while undergoing treatment with regular report cards to be provided to the Crown prosecutor and defence, and possibly the Court as well. This may take place with or without a guilty plea, depending on what best practice demonstrates to be more effective in ensuring client participation in the treatment process. If no guilty plea is entered, the key will be a negotiated disposition between

2 It is noted that the current Adult Alternative Measures Guidelines will have to be amended to open the eligibility for Alternative Measures. This could be addressed by the Policy, Planning, and Program Support function of the CJI.

the Crown prosecutor and defence assuming continued adherence to the treatment program. In some instances this may include an agreement to withdraw charges upon successful completion of treatment. Where a guilty plea is entered, the sentencing is adjourned for a time while the offender undergoes the therapeutic program. In this case, the report cards must be shared with the court.

- When dealing with a chronic repeat offender, the memo noted that the court has enough sentencing options to have the offender receive lengthy treatment services or adjournments (to offer time to observe how the offender responds to the interventions) before sentencing.[3]

Where sentencing takes place after a period of successful treatment or where the client has completed treatment, the Crown prosecutor will more readily offer rehabilitative sentences in cases where they ordinarily may not. Suspended sentences, conditional discharges, or a conditional sentence may be sought by the Crown prosecutor where they would ordinarily seek a jail sentence.

- Should an offender enter the program following conviction after trial, sentencing could be delayed to determine whether the offender is eligible for SORCe services and to permit an appropriate treatment plan to be created.

Overall, the legal memo by Mr. Wong clearly expresses a core goal for the IJSP which is to "ask the criminal justice system to really take a problem-solving approach to sentencing enhanced by the knowledge that there will be effective services available to assist an accused to change the underlying issues behind their criminal behaviour." The IJSP seeks to provide the justice system with alternatives to incarceration through the use of innovative, problem-solving approaches to address the root causes of an individual's criminal behaviour. The information in the legal memo clearly outlines a number of opportunities for IJSP to work with the court to support effective problem-solving justice.

step 5

Supervision and Intervention Triage

The intake assessment serves as a vehicle to triage the offender to the proper services. The concept of triage often has different meanings for different purposes. In the case of the IJSP, *triage* refers to effectively pairing the intensity of services with the severity of needs in an effective, timely, and efficient manner.[69] Therefore, the intake assessment may be valid in its findings; however, the assessment's effectiveness would be diminished unless its conclusions can be implemented quickly. As a result, it is vital that the SORCe rapidly arrange for the offender to begin receiving services. This is one of the primary rationales for the SORCe to have such robust services available onsite, as interventions can begin almost immediately and act as a bridge if more intensive services are needed. For example, an offender may require residential substance-abuse treatment, but this service may currently have a waitlist of several weeks. The SORCe would be able to provide intensive substance-abuse day treatment until the offender is able to enter residential treatment. Furthermore, the SORCe can act as a "step-down" resource for an offender exiting residential or acute-care services and provide appropriate follow-up services for the offender according to their level of need.

Figure 4.20 is a detailed version of the earlier matrix (Figure 4.11) detailing the interaction between an offender's overall risk to re-offend versus his/her functional impairment. It is vital to have an accurate assessment of both variables as this guides supervision and service provision. An offender's overall placement in the matrix determines the level of *service and supervision need*. The matrix is organized according to *high* (red), *medium* (yellow), and *low* (green) service and supervision need. For the purpose of this report, medium (yellow) and high (red) are considered in scope for Phase I of the IJSP, while low

3 The Criminal Code was amended in 1995 by the introduction of section 720(2) of the Criminal Code of Canada. This provision specifically allows for the delay of sentencing by a judge to enable the accused to attend treatment programs.

(green) is considered out of scope until later phases of the project (see Figure 4.37). The service and supervision provisions within each cell are outlined as follows:

Assigned Team – indicates to which service team the offender is assigned, starting from the lowest risk/need to the highest: Case Management (low), Intensive Case Management (medium), or Forensic Assertive Community Treatment (high) (see below).

Intensity of Supervision – indicates the intensity of monitoring, surveillance, court conditions, and/or restrictions placed on the offender based on their risk to re-offend.

Supervising Agent – specifies whether the offender is assigned to a special or normal probation caseload and whether the supervising agent is working onsite (at the SORCe) or offsite.

Intensity of Services – details the frequency, duration, and intensity of differing treatment and support services. A description of the different intensity of services can be found in the following Figure 4.19. The intensity of services can fluctuate over time depending on the overall stability of the offender; therefore, this needs to remain a fluid variable able to react according to need. The intensity category listed in the matrix is the suggested intensity level for the offender upon initial entrance into the SORCe.

Figure 4.19: Service Level Intensity Continuum

Intensity	Type	Description	Frequency*	Duration*
Highest	**Hospitalization**	Short-term 24-hour acute care due to severe destabilization.	24-hour care	Typically less than 2 weeks
	Residential Treatment	Inpatient 24-hour care that provides onsite intensive long-term rehabilitative services.	24-hour care	Up to 1–2 years
	Assertive Outreach	An array of services provided by community-based, mobile treatment teams providing services in the offender's home and natural environment.	3–15 hours per week ** Plus additional onsite hours	Open-Ended
	Day/Evening Treatment	A highly structured treatment environment that involves the offender being in therapeutic programming for a good portion of the day for multiple weeks.	15–30 hours per week	Typically 60–180 days
	Intensive Outpatient	An organized non-residential treatment service composed of regularly scheduled sessions within a structured program that occur multiple times per week.	10–15 hours per week	Typically 30–90 days
	Outpatient	An organized non-residential treatment service providing professionally directed care.	1–6 hours per week	Open-Ended
	Psychoeducation Modules	Informational sessions designed to increase awareness, knowledge, and understanding of a specific problem and resources available for follow-up treatment.	1–2 hours per module	Varies by number of curriculum modules
	Brief Intervention	Short and targeted therapeutic feedback typically composed of assessment, feedback, information, advice, and providing self-help materials.	.25–1 hour per intervention	Typically 1–5 meetings
Lowest	**Services as Needed**	Providing referral or linkage to a requested resource or treatment service.	Per request or need	Linkage to resource

* These are general guidelines and may vary across programs, jurisdictions, and/or identified problem.
** Community outreach time only, does not include hours of services delivered onsite.

Location of Services – indicates the primary location of services and supervision. Higher needs offenders primarily receive services directly from SORCe staff through outreach; linkage is kept to a minimum. Medium-need offenders are provided mixed services, with some being directly provided onsite at the SORCe and some through outreach, while other services are brokered to outside community service providers. Low-need offenders largely use case management services from the SORCe and are linked to community agencies for treatment and services. Specialized services that target criminal behaviour and thinking will be held at the SORCe (see Appendix C).

Case Management – the offender may be case managed by an individual provider or by a team of staff. This is determined by the level of risk and impairment of the offender; with higher risk and impaired offenders being managed by a team of staff.

Offender's Residence – the majority of offenders are likely to live independently in a private residence. However, offenders with high functional impairment may require a supported living environment. The term *structured living* is defined in this matrix as a living environment with onsite supervision and/or support.

Figure 4.20: IJSP Supervision and Intervention Matrix

High Risk to Re-Offend	*Targeted Caseload*	Assigned Team	*Case Management*	Assigned Team	*Intensive Case Management*	Assigned Team	*Forensic Assertive Community Treatment*
		Intensity of Supervision	*High*	Intensity of Supervision	*High*	Intensity of Supervision	*High*
		Supervising Agent	*Probation Officer – targeted caseload Offsite*	Supervising Agent	*Probation Officer – targeted caseload Onsite*	Supervising Agent	*Probation Officer – targeted caseload Onsite*
		Intensity of Services	*Intensive Outpatient*	Intensity of Services	*Assertive Outreach*	Intensity of Services	*Assertive Outreach*
		Location of Services	*SORCe and Linkage*	Location of Services	*Outreach and SORCe*	Location of Services	*Outreach and SORCe*
		Case Manager	*Individual*	Case Management	*Team*	Case Manager	*Team*
		Offender's Residence	*Independent Living*	Offender's Residence	*Independent Living*	Offender's Residence	*(High Need) Structured Living (Low Need) Independent Living*
Medium Risk to Re-Offend	*Probation*	Assigned Team	*OUT OF SCOPE for Phase I*	Assigned Team	*Intensive Case Management or Case Management*	Assigned Team	*Forensic Community Treatment or Intensive Case Management*
		Intensity of Supervision	*Moderate*	Intensity of Supervision	*Moderate*	Intensity of Supervision	*Moderate*
		Supervising Agent	*Probation Officer Offsite*	Supervising Agent	*Probation Officer Onsite*	Supervising Agent	*Probation Officer Onsite*
		Intensity of Services	*Outpatient*	Intensity of Services	*Day Treatment*	Intensity of Services	*Assertive Outreach*
		Location of Services	*SORCe and/or Linkage*	Location of Services	*SORCe and Outreach*	Location of Services	*Outreach and SORCe*
		Case Manager	*Individual*	Case Manager	*Team (ICM) or Individual (CM)*	Case Manager	*Team*
		Offender's Residence	*Independent Living*	Offender's Residence	*Independent Living*	Offender's Residence	*(High Need) Structured Living (Low Need) Independent Living*
Low Risk to Re-Offend	*Administrative Supervision*	Assigned Team	*OUT OF SCOPE for Phase I*	Assigned Team	*OUT OF SCOPE for Phase I*	Assigned Team	*Intensive Case Management or Case Management*
		Intensity of Supervision	*Low*	Intensity of Supervision	*Low*	Intensity of Supervision	*Low*
		Supervising Agent	*Probation Officer Offsite*	Supervising Agent	*Probation Officer Offsite*	Supervising Agent	*Probation Officer Offsite*
		Intensity of Services	*Psychoeducation Module*	Intensity of Services	*Intensive Outpatient*	Intensity of Services	*Assertive Outreach*
		Location of Services	*SORCe and/or Linkage*	Location of Services	*SORCe and/or Linkage*	Location of Services	*Outreach and SORCe*
		Case Manager	*Individual*	Case Manager	*Individual*	Case Manager	*Team (ICM) or Individual (CM)*
		Offender's Residence	*Independent Living*	Offender's Residence	*Independent Living*	Offender's Residence	*(High Need) Structured Living (Low Need) Independent Living*
		Low Functional Impairment		**Medium Functional Impairment**		**High Functional Impairment**	
		Interventions as Needed	*Outpatient*	*Assertive Outreach*			
		Brief Interventions	*Intensive Outpatient*	*Residential Treatment*			
		Psychoeducational Modules	*Day/Evening Treatment*	*Hospital*			

The SORCe provides three options for offender placement dependent on the *service and supervision need.* It is critical to assess the offender's level of need because this directly determines the type, intensity, frequency, and duration of services. In addition, the *service and supervision need* determines the offender's initial service team placement. Figure 4.21 provides an overview of the SORCe service teams. These teams vary primarily by the size of caseload, the offender's level of functional impairment, whether the offender's probation officer is located onsite or offsite, and whether services are provided through outreach or primarily at the SORCe.

Figure 4.21: Service Level Intensities for IJSP Service Teams**

Intensity of Service	Service Team	Description	Size of Caseload	Location of Services	Location of Probation Officer
Highest Intensity	Forensic Assertive Community Treatment (FACT) Team[4]	An intensive and highly integrated approach for community mental health service delivery using a multi-disciplinary team serving people whose symptoms of mental illness result in severe functional difficulties and who are also involved in the criminal-justice system.	Maximum of 1:8 staff/client ratios.	Fidelity dictates FACT staff provide 80% of direct service in the community through assertive outreach.	Onsite
	Intensive Case Management (ICM) Team	Case management services and supports are provided for people with serious mental illness, substance abuse, and functional impairment primarily through assertive outreach. The assigned case manager primarily provides assertive outreach services; however, unlike FACT, the majority of direct services and programming are provided at the SORCe.	Maximum of 1:20 staff/client ratio.	Direct service provision at the SORCe, but followed by a case manager who provides assertive outreach.	Onsite
Lowest Intensity	Case Management (CM) Team	A case manager provides coordination of services using a client-centered approach based on an assessment of need, clinical care, direct services, and implementation of intervention plans.	Maximum 1:40 staff/client ratio.	Direct service provision at the SORCe. Outreach is typically only provided to respond to crisis or non- compliance with treatment.	Offsite

** Both FACT and ICM have a standardized fidelity instrument that measures a program's adherence to the models.[70] The IJSP FACT and ICM teams are both required to follow fidelity standards.

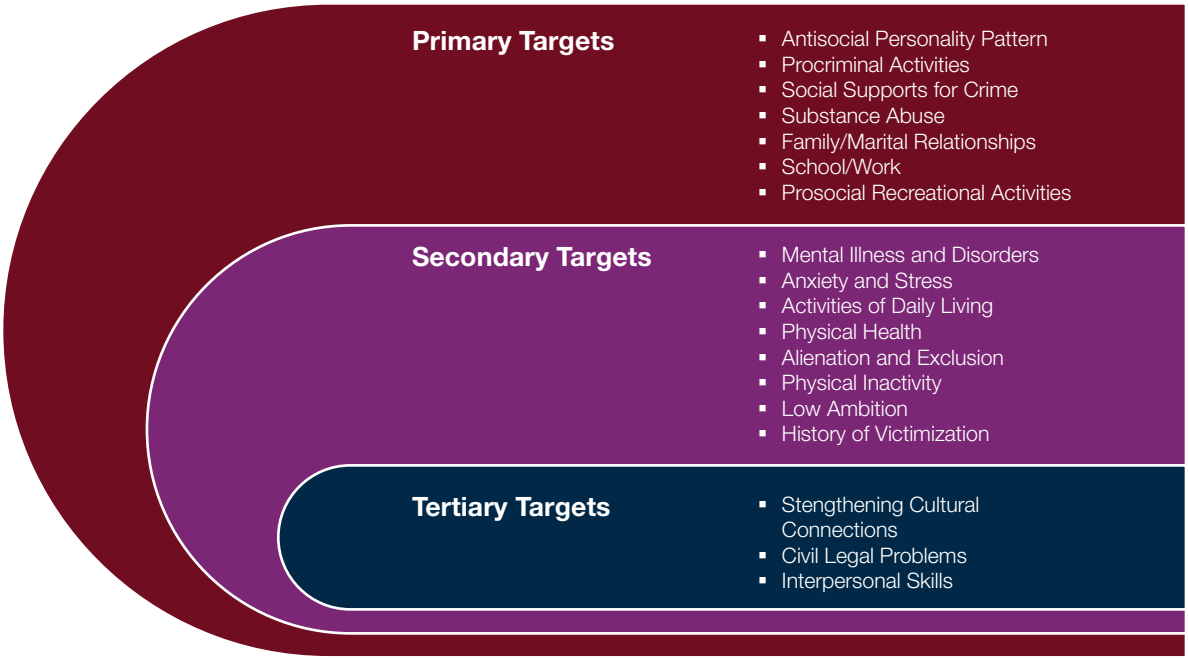
step 6

Developing an Effective Treatment Plan

Once the offender's *service and supervision need* is determined, an effective treatment plan can be formulated to target the pertinent criminogenic needs of the offender. As mentioned in Section 3, addressing major criminogenic needs is the primary focus of treatment and support services with the goal of reducing recidivism. Interventions are designed to first decrease the risk of future criminal offenses (primary targets). Once an offender's criminogenic needs are addressed, services and treatment may begin to focus more on issues impacting quality of life and other psychosocial realms (secondary and tertiary targets, see Figure 4.22).

4 The authors of this report firmly believe that an effective FACT team: 1) incorporates the principles and practices of assertive community treatment, 2) uses success-driven supervision, and 3) provides specialized evidence-based programming that targets the seven major criminogenic needs and addresses recidivism reduction for offenders

Figure 4.22: Primary, Secondary, and Tertiary Treatment Targets



Appendix D breaks down the SPIn functional realms and provides examples of evidence-based and evidence-informed services and treatments for low-, medium-, and high-risk offenders. Additionally, Appendix C provides a detailed description of evidence-based practices that have been found to be effective in targeting criminogenic needs and that have proven to be cost effective. Figure 4.23 provides an example of treatment programs and practices that address the major criminogenic needs (descriptions of the treatment and services are provided in Appendix C). A description of the services provided at the SORCe is discussed later in the next section.

Figure 4.23: Effective Evidence-Based Practices Targeting Major Criminogenic Needs

Criminogenic Need	Evidence-Based Practices
Antisocial Personality Pattern **Procriminal Attitudes** **Social Supports for Crime** **Prosocial Recreational Activities**	1. Risk-Need-Responsivity Model (RNR) 2. Cognitive-Behavioural Therapy (CBT) 3. Moral Recognition Therapy (MRT) 4. Reasoning and Rehabilitation (R&R) 5. Aggression Replacement Training (ART) 6. Thinking for Change (T4C) 7. Circles of Support and Accountability (CoSA) 8. Intensive Supervision: Treatment Oriented Programs (ISTO)
Substance Abuse	9. Motivational Enhancement Therapy (MET) 10. Relapse Prevention Therapy (RPT) 11. Therapeutic Community (TC) 12. Modified Therapeutic Community (MTC) 13. Integrated Dual Disorder Treatment (IDDT)
Family/Marital Relationships	14. Functional Family Therapy (FFT) 15. Family Psychoeducation 16. Multi-Systemic Therapy (MST)
School/Work	17. Supported Employment 18. Supported Education

Implementing Effective Case Management

The term "case management" is widely used among supervision and service providers, yet there is little agreement on its universal meaning. For some, case management can simply mean a "blind referral" which refers to providing an offender with contact information for a resource and then expecting the offender to follow-up accordingly. For the IJSP, case management is instead viewed as a synthesis of effective practices. This includes conducting risk-need assessments, delivering or brokering services, supporting supervision efforts, and aiding in increasing prosocial behaviour (see Figure 4.24).

Figure 4.24: Components of Effective Case Management[71]

Case Managers at all levels in the SORCe will be expected to provide direct services and treatment in conjunction with other staff and providers. Case Managers will be trained in a diverse range of subject areas in order for them to be a "jack-of-all-trades" guided by the "Four R's": [72]

- *Re-assess:* frequently update the risk-need assessment in order to provide the most effective intervention.
- *Readjust:* evaluate the offender's progress in services and adjust accordingly.
- *Record:* clearly document pertinent information and interactions with offenders in order to aid other team members.
- *Reinforce:* provide rewards and incentives for prosocial behaviour in order to increase the offender's motivation.

The Case Manager and the offender need to work together to develop a clear treatment and service plan that places an emphasis on minimizing risk to the community and helping the offender reach his/her goals. These plans need to be individualized, concrete, prescriptive, and targeted. Furthermore, the plan needs to indicate responsibilities of the offender plus the responsibilities of staff in assisting the offender to reach his/her goals. Finally, the plan needs to be dynamic and be able to change according to circumstances and events.

step 7

Review by the Court

As mentioned in Step 4, the offender continues to follow-up with the court to review the offender's compliance and progress in treatment. The frequency of these court appearances are at the discretion of the judge. The Justice Liaison assigned to follow the offender prepares a brief report for the court with input from the assigned probation officer and treatment providers, detailing the offender's progress in treatment and the offender's compliance with the court order (see Appendix G for an example of a court report card). Court conditions can be modified according to circumstances, and the intensity of treatment and services can be increased or decreased accordingly. For example, if an offender assigned to the case management team is struggling, the offender could be moved to an intensive case management team to increase the intensity of services. It should be noted that these follow-up court appearances not only offer an opportunity to modify conditions if an offender is struggling, but also to provide praise and rewards to offenders who are excelling in following conditions. This uses the "more carrots than sticks" approach—providing incentives for positive behaviour and successes in an offender's life.

To aid in this process, the Justice Liaisons attached to the SORCe provide feedback via reports and/or verbal updates to the court officials apprising them of an offender's current struggles or successes. Also, this feedback can provide the court with critical information to allow them to react quickly to any urgent changes in status or destabilization of the offender.

step 8

Transition Out of the Justice System

As is evident to any practitioner that works in the justice system, an offender's problems do not suddenly end at the completion of a sentence. As such, an offender's treatment team must be diligent in arranging services to transition an offender into the community health and social service systems. Supports and treatment services are not "cut off" at the end of an offender's sentence. Some offenders may decline future interventions; however, an offender may continue to receive voluntary services at the SORCe until new supports are in place. The specifics of such a transition are based upon the individual needs of that offender. Depending on the level of functional impairment, planning the transition for an offender into the community may be relatively brief or may involve a gradual transition over the course of months. For example, considering the high level of functional impairment present for an offender supported by the FACT team, this transition plan would be highly developed, and the transition process likely to occur over the course of three to six months. Appendix F lists a standardized method for transitioning offenders that is published by the GAINS Center. Known as the Assess-Plan-Identify-Coordinate (APIC) model, the GAINS Center emphasizes that inadequate transition plans for offenders frequently compromise public safety and increase the likelihood of relapse (in the realms of substance use, hospitalization, suicide, homelessness, and/or re-arrest). While the APIC model focuses on effective continuity of care from prison back to the community, this model could easily be modified for the IJSP, as the underlying principles remain the same—namely, the importance of assessing an offender's needs upon release into the community, developing an effective treatment and supervision plan, identifying resources to meet the needs of the offender, and coordinating the transition with community providers. The APIC model can also be used in Phase II of the IJSP, which seeks to aid offenders transitioning out of provincial jails (see Figure 4.37).

Service Delivery Continuum

As mentioned above, the guiding philosophy of providing treatment and support services at the SORCe is *One Person, One Place, One Plan.* As previously mentioned, the design and idea for the SORCe was loosely modeled on a well-known, effective service delivery organization in the Alberta community – the Alberta Motor Association (AMA) Centres – which provide central and accessible locations able to offer multiple services. The SORCe would provide multiple holistic, wrap-around services by co-locating the treatment teams with a number of community, government, and health services in one accessible location. This model emphasizes maximum provision of service in a "one stop shop" to increase accessibility and simplify the challenge of navigating the often complex government and community systems. It creates a hub for both internal and external practitioners to collaborate, coordinate, communicate, and pool resources together to increase the effectiveness of service delivery and bridge gaps between different government, health, community, and social systems. It should seek to support, respect, and engage offenders, staff, and community members accessing or providing services.

An overview of the services provided at the SORCe can be found on the following page. As mentioned, it is designed to incorporate as many critical services as possible to both decrease future criminal behaviour and offences and to increase quality of life and protective factors for an offender. Some services are a core internal service provided by SORCe staff while other services are provided on

a rotational basis by outside agencies, programs, or practitioners. The majority of these services are provided onsite while other services will be linked to outside agencies/programs through the development of formal working relationships, thus creating a "hub and spoke" model of service delivery. Onsite, rotating, and linked services are indicated in Figure 4.25 on the following page. The continuum of services offered at the SORCe is divided into nine major functions:

1. **Crisis and Outreach Services*:*** support services designed to target emergencies, severe distress, decomposition, or significant criminal behaviour. Some of these services would be provided by internal SORCe staff and others in partnership with community providers. These support services would be available 24-hours a day, 7-days a week either directly through the SORCe (i.e. on call staff for FACT and ICM participants) or in coordination with community services (PACT, Mobile Crisis Team, etc.).
2. **Intake, Information, and Referral*:*** functions to provide eligibility screening and intake assessments for referred offenders. The SORCe provides information about community, government, and legal services and aids in system navigation.
3. **Triage*:*** will be supported by an intake team (lawyers, Justice Liaison, and treatment practitioners) that reviews the Risk-Need-Responsivity assessments and comes to agreement on a range of treatment and supervision options to present to the presiding judge for consideration at bail or sentencing appearances.
4. **Screening and Assessment*:*** includes the initial eligibility screening and intake assessment. The SORCe will be able to provide additional assessments in a variety of functional realms in order to guide the service plan and identify ways to best meet the offender's needs.
5. **Treatment Services*:*** is the provision of a variety of evidence-based curriculums and programs designed to decrease criminogenic risk and increase psychosocial functioning.
6. **Support Services*:*** are supplemental services designed to provide offenders with support in the areas of basic needs. Services include education/employment, physical health, financial benefits/ money management, housing, parenting, family/peer relationships, ID, cultural, spiritual, and child care to improve stability and quality of life. The SORCe will also offer support services to victims through onsite, rotating, and linked services.
7. **Offender Management*:*** includes community supervision officials that are involved in monitoring the offender in the community to determine compliance with court conditions and gauge the current risk to the community. This also includes restorative justice practices such as community service and victim restitution.
8. **Legal Services*:*** are composed of lawyers, mediators, and legal support staff to provide information and a range of legal support services for matters in a multitude of areas such as criminal, family, and civil law. The SORCe would also seek to provide restorative justice services in partnership with community organizations.
9. **Program Support Services*:*** are staff and service providers who aid in the daily operation of the SORCe, develop and maintain community relations, and maintain the safety and security of the SORCe.

Figure 4.25: Service Delivery Continuum

Service Delivery Continuum

Crisis and Outreach Services	Intake, Information, and Referral	Triage	Screening and Assessment (bio-psycho-social)	Treatment Services	Support Services	Offender Management	Legal Services	Program Support Services
Mobile-Outreach-Street Intervention Team	Central Intake Services	Police	Eligibility Screening	Treatment Readiness	Alberta Supports Initiative (Income Support)	Intensive Supervision with Treatment	Crown Prosecutor	Finance and Payroll
Crisis Support Line	Information and Referral Services	Court	Risk-Needs-Responsivity Assessment	Forensic	Identification Support	Community Corrections	Duty Counsel	Human Resources
Police and Crisis Team (PACT)	Legal Information Centre	Crown	Forensic	Cognitive-Behavioural Programming (e.g. ART, R&R, RPT)	Budgeting and Financial Support	Risk Assessment, Discharge Planning	Defence Lawyers	Workforce Development Unit
Domestic Violence Team	Family Information Centre	Community Corrections	Psychiatric	Forensic Assertive Community Treatment	Ethno-Cultural Services	Alternative Measures	Restorative Justice Practices	Information Systems
	211 Community Connection	Justice Liaison	Medical	Intensive Case Management	Employment and Training Services (Supported Employment)	Community Services and Restorative Unit	Restorative Justice Programs	Community Engagement and Relations
		Victim Services	Neuropsychological	Case Management	Dental	Victim Services	Mediation Services	Volunteer Program
		Defence Lawyer	ADHD (adult)	Medical and Psychiatric	Optical	Attendance Centers	Public Guardian	Quality Assurance and Evaluation Unit
			Functional (ADL)	Mental Health and Addictions	Chaplaincy	Correctional Facilities	Maintenance Enforcement	Security (Sheriffs)
			FASD Clinic (adult)	Motivational Enhancement Therapy	Circles of Support and Accountability	Integrated Threat and Risk Assessment Centre (I-TRAC)	Family Law Information Centre	
			Mental Health and Addictions	Contingency Management	Triple P: Positive Parenting Program	Police	Legal Aid Intake	
			Drug Screening	Occupational Therapy	FASD Network	Sheriffs	Pro Bono Legal Clinic	
			Employment	Family Therapy	Emergency Shelter	Surveillance and Transport		
			Parenting	Domestic Violence Treatment	Women's Shelter			
			Threat and Risk	Trauma and Empowerment Model	Sheltered Workshop			
			Victim Safety	Victims of Crime Treatment	Housing Support			
				Independent Living Skills	Housing First Programs			
				Residential Treatment	Child Minding			
				Pharmacological	Club House programs (mental health support)			

Black Text = Onsite Service
Red Text = Linked Service, onsite
Blue Text = Linked Service, offsite

Success-Driven Supervision

Reductions in recidivism are also produced when applying evidence-based principles to supervision practices. Effective supervision finds a balance between accountability and being a change agent with the offender. Recidivism rates tend to increase when community supervisors or agencies fall too far toward strictly enforcement or strictly treatment (see Figure 4.26).[73] A balanced approach allows supervising agents to hold offenders accountable for supervision requirements while at the same time developing a productive, change-promoting relationship. The differences between approaches can be found in Figure 4.26.

Despite the expectation that a principal focus on surveillance and sanctioning would reduce recidivism, neither the corrections system nor the community at large has experienced such an impact with either adult or juvenile offenders. Community supervision agencies can, however, improve outcomes for offenders under post-release supervision and reap tangible community safety benefits by designing supervision strategies that are well grounded in the correctional research.

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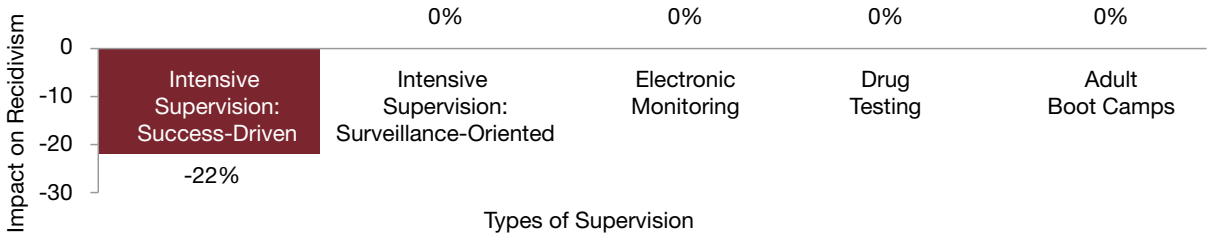
Figure 4.26: Recidivism and Success-Driven Supervision[74]



A balanced approach allows supervising agents to hold offenders accountable for supervision requirements, while at the same time developing a productive, change-promoting relationship.

Figure 4.27: Principles of Success-Driven Supervision[75]

	Success-Driven Means
1	Officers are viewed as agents of change
2	Monitoring occurs to assess progress, goal attainment, and compliance
3	Contacts are driven by problem-solving and change-promoting interests
4	Emphasis is on reinforcers to promote positive behavioural change, and use of sanctions only when warranted
5	Advocacy and brokerage for programs and services are central
6	Needs are anticipated in advance and officers intervene proactively

Stages of Change and Treatment

Motivational Enhancement Therapy (MET) has become the gold standard in drug and alcohol treatment and has found multiple applications in other realms of mental health treatment.[76] This approach was pioneered by Miller and Rollnick[77] in the 1990s and has been adopted as the treatment of choice by both the Canadian and American federal governments. A large volume of research literature and a number of practice manuals have been developed using MET for use in a variety of mental health and behavioural programs.

> **If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.**
>
> Johann Wolfgang von Goethe

MET's integrated multiple treatment approaches include motivational interviewing, cognitive-behavioural therapy, client-centered care, stages of change, and the stages of treatment. At the heart of this approach is the belief that the responsibility for change lies with the person receiving services and the role of the treatment provider is to tap into intrinsic desires for change. Furthermore, MET is built on a stage-wise theory that postulates that people follow a standard path toward change, and interventions should be built around what stage the client currently resides in. What is important for this report is to highlight the fact that the process of change can be quite long, tedious, and characterized by multiple relapses into old behavioural patterns. An understanding of this is key for both policy decision-makers and practitioners working with offenders because they are often perplexed by the fact that offenders often relapse and return to negative behaviour patterns that potentially have serious legal repercussions.

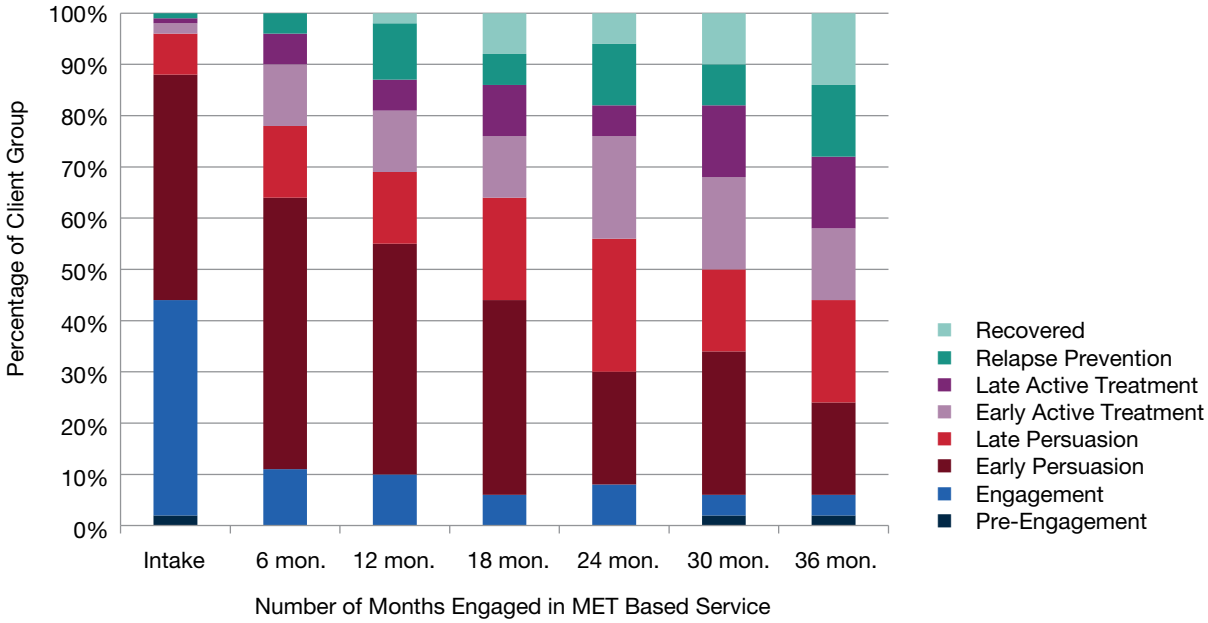
For example, most practitioners working in the field of substance abuse recognize that relapse is common and in many ways, should be expected as a normal in a course of treatment. Unfortunately, for many offenders a relapse to drugs and/or alcohol frequently leads to involuntary termination from treatment, revocation of bail, revocation of probation, incarceration, or all the above. The MET model, however, would seek to use the relapse as a potential for growth in the individual's treatment and modify services and supervision to minimize future risk. What is critical in the MET model is to first assess where the offender is regarding their motivation to change and then to use specialized interventions targeted for that specific stage. Likewise, a MET practitioner may *not* recommend formal drug and alcohol treatment for an offender given that he/she is firmly resistive toward intervention. Instead, the MET practitioner would focus on engaging with the offender to build trust, explore areas in the offender's life that he/she is interested in improving, and develop discrepancies between the consequences of an offender's behaviour and what he/she is hoping to achieve in the future. Continuing to use the substance abuse example, it may come as a surprise that a competent MET practitioner can indirectly treat drug and alcohol use without ever engaging the offender in formal substance abuse treatment. For example, an offender may be extremely resistive to changing his/her substance use; however, he/she may be very interested in obtaining vocational training to upgrade his/her employment. The MET practitioner may aid the offender with training while pointing out that successful completion of training involves maintaining a structured schedule, dedicating time to study, interacting with fellow students, saving money for the cost of school, and making sure all legal issues are cared for. None of these items directly involve substance use; however, successful completion of these tasks is largely incompatible with heavy drug or alcohol use. Consequently, a MET practitioner can aid in indirectly decreasing or discontinuing substance use by the offender by targeting other realms of functioning.

Below is a brief explanation of the stages of change and the stages of treatment; two of the key components of the MET model. As mentioned above, interventions vary according to where the offender lies in regard to engagement with staff and motivation to change behaviour (see Figure 4.28). Furthermore, it becomes clear that with persistent interventions based on the MET model, lasting behavioural change is possible even among individuals who are resistant towards treatment (see Figure 4.29 – this figure illustrates changes in behaviour among individuals with a mental health and substance use disorder). Of particular importance is an understanding by supervision agents, the court, and service providers that behavioural change takes time. With time and continued enrollment in services, a positive change in behaviour can be achieved and the ability to reach full remission/recovery realized. Examining Figure 4.29 shows that after 36 months, 56 percent of the sample remained actively involved in services and substantially reduced, or eliminated, their substance use.

Figure 4.28: Stages of Change and Treatment

Motivation to Change	Stage of Change	Description of Stage of Change	Engagement in Services	Stage of Treatment	Description of Stage of Treatment	Goal of Treatment
Low	Precontemplation	▪ Defensive, resistant to suggestion of problem. ▪ Avoids steps to change behaviour. ▪ Often feels pressured by others to change. ▪ Does not believe behaviour is problematic.	Low	Pre-Engagement	Offender does not have contact with practitioner.	Establish a working alliance between the offender and practitioner.
				Engagement	Offender has only irregular contact with practitioner.	
	Contemplation	▪ Thinking of making change but uncommitted. ▪ Not yet prepared to take action. ▪ Evaluating pros and cons of making change.		Early Persuasion	Offender has regular contact with practitioner but there is no change in behaviour.	Help the offender view the behaviour as problematic and that change is possible.
	Preparation	▪ Exploring options of change, willing to formulate plan. ▪ Decided to take action. ▪ Engaged in change process.		Persuasion	Offender has regular contact with practitioner and there is some evidence of minor changes in behaviour.	
	Action	▪ Demonstrates commitment to action. ▪ Taking steps to modify behaviour. ▪ Willing to follow suggested strategies and activities.		Early Active Treatment	Offender is engaged in treatment and has shown significant changes in behaviour over the past 30 days.	Help the offender change the behaviour so it is no longer problematic.
				Late Active Treatment	Offender is engaged in treatment and has shown significant changes in behaviour over the past 1-6 months.	
	Maintenance	▪ Working to sustain change. ▪ Considerable attention is focused on avoiding relapse.		Relapse Prevention	Offender is engaged in treatment and has not engaged in past negative behaviour for the past 6-12 months.	Help the offender master the new skills and maintain new healthy behaviour patterns.
High			High	Remission/ Recovery	Offender is engaged in treatment and has not engaged in past negative behaviour for greater than 1 year.	

Figure 4.29: Effectiveness of Motivational Enhancement Therapy[78]



Effectiveness of Motivational Enhancement Therapy among individuals with a mental health and substance use disorder

Reviewing MET leads into the controversy surrounding mandated or "coerced" treatment. Continuing to use the realm of substance abuse treatment as an example, most substance abuse treatment providers will agree that it is uncommon to find an individual seeking treatment who is not pressured by some external force. The majority of individuals who enroll in substance abuse treatment are initially doing so under some negative pressure; whether this is by a spouse/partner, family, friends, employer, or the justice system. Newman notes in the journal, *Yale Review of Law and Social Action*,

> ***The voluntary character of the [therapist/client] relationship is by no means precluded by the existence of outside pressures on the patient. Rather the word "voluntary" implies the exercise of one's free choice or will, whether or not external influences are at work. The difficulty, of course, is determining what constitutes "free choice." However unappealing the alternative presented, the addict nevertheless always retains the option of choosing the sanction associated with not entering a treatment program.***[79]

Another concern raised with mandated treatment is to cast doubt on its effectiveness compared to voluntary treatment. Research into the efficacy of mandated treatment has clearly disproven this assertion. In fact, the National Institute of Corrections stated,

The science behind coerced treatment is clear, unequivocal, and substantiated by two decades of correctional research: coercion does not interfere with treatment effectiveness. In fact, coerced treatment enhances therapeutic outcomes, leading to increased retention...and have a better chance of treatment completion... many healthcare consumers feel "backed up against a wall" by life-threatening, debilitating physical conditions, such as cancer, and must choose between the untreated condition, which can kill them, and a painful, prescribed treatment course, such as radiation or chemotherapy. At a certain point, "coerced treatment" becomes simply unfortunate luck.[80]

One of the greatest strengths of MET is it assumes that the majority of individuals fall in the *Precontemplation* or *Contemplation* stage when initially beginning treatment. However, a skilled practitioner using MET can aid the offender in moving into active treatment despite initially feeling coerced into changing behaviour. The same holds true for other mandated treatments in the justice system – most offenders are initially resistive toward change and view the practitioner with suspicion as another supervision agent. Nonetheless, a skilled practitioner using MET will be able to engage the offender and assist the offender into active change.

Aboriginal and Female Offenders

The authors of this report believe it is pertinent to mention the needs of Aboriginal and female offenders. Their experience is generally distinct from the main population, and if the Risk-Need-Responsivity model is to support them, then treatment services must be responsive to their experience. Some guidelines and suggestions are offered here.

There is no lack of data describing the disproportionate burden of health problems suffered by First Nations and other Aboriginal People. Multiple studies have highlighted the widespread impact of substance abuse, family violence, sexual and physical abuse, depression, and hopelessness.[81] In general, program delivery (both in the justice system and community system) based on western European concepts of health and illness is largely ineffective in addressing the needs of Aboriginal communities.[82]

The Centre for Applied Research in Mental Health and Addictions (CARMHA) has provided a set of recommended practices for providing treatment and services for Aboriginal people. These recommendations have been summarized in Figure 4.30.

> **Ninety-nine percent of Aboriginal accused don't understand court terminology used. Some of my clients do not understand legal terminology and therefore do not know what is expected of them or what the consequences are of breaching conditions. This is in part due to lawyers failing to take the adequate time needed to explain legal terms to the client using terminology that will be understood.**
>
> Anonymous Court Worker, Department of Justice Canada

Figure 4.30: Recommended Practices for Aboriginal Offenders

	Centre for Applied Research in Mental Health and Addiction[83]
1	Use a strength-based approach by focusing on the positive characteristics of individuals, families, and communities.
2	Integrate services by using the concept of the "Circle of Care" which supports the retention of cultural distinctiveness and uniqueness.
3	Support community-based initiatives in which individuals and groups come together to collaborate for the achievement of shared interests.
4	All providers should possess knowledge of the history, traditions, values, and forces that have contributed to the lifestyles of families and communities.
5	Provide practitioners with the knowledge, values, and skills required to promote holistic wellness.
	Best Practices[84]
1	Mutual respect, mutual recognition, mutual sharing, and mutual responsibility.
2	Treating imbalance or disharmony in the circle of physical, emotional, intellectual, and spiritual dimensions of the self.
3	Inviting the offender to participate in the design of services and constantly asking for feedback and input.
4	The relational aspect of the community and family is of primary importance.
5	Heavy focus on building empowerment through self-determination, self-governance, responsibility, and accountability.
6	Services reflect and respect the traditions and values of First Nations and other Aboriginal people.

Additionally, there are many unique challenges facing Aboriginal people in the justice system, such as:[85]

- There are few coordinated services federally or provincially.
- Federal, provincial, and regional jurisdictional debates are frequently a major barrier to service provision.
- There is a sharp distinction between urban and rural service needs.
- There is a lack of education and training among front-line practitioners in how to best provide services for Aboriginal communities.
- Many practitioners and service providers poorly understand Aboriginal traditions, values, and belief systems.

Public Works and Government Services Canada has highlighted multiple barriers that need to be addressed with Aboriginal offenders including the following:[86]

- Avoiding setting court conditions that are inappropriate for an Aboriginal person's immediate environment;
- Increasing access to transportation due to residing in rural environments;
- Developing means to increase information and understanding of the court process by Aboriginal offenders;
- Having interpreters available to access language barriers;
- Targeting interventions to address mental illness, substance abuse, and FASD;
- Providing greater access to education, training, and adequate housing; and
- Encouraging attention by the court of the effect that sexual abuse, high rates of foster care, family conflict, peer pressure, and difficulty following "no contact" orders have on Aboriginal women.

Interventions need to be tailored to address the specific needs of Aboriginal women who represent the highest demographic among victims and offenders across Alberta and Canada. For example, Aboriginal people are three times more likely than non-Aboriginal people to experience a violent victimization. Aboriginal women's representation in the justice system is even more dramatic than Aboriginal men. They represent a greater proportion of the female offender population, making up 25 percent to 29 percent of all female admissions to sentenced custody. The needs of Aboriginal women differ compared to other populations and are related to a complex set of factors. Their circumstances are often related to: 1) substance abuse; 2) intergenerational abuse; 3) residential schools; 4) early and continued exposure to sexual abuse and violence in the home; 5) physical and emotional isolation and discrimination; 6) low levels of income and employment; and 7) substandard housing and health care, among many other factors.

With respect to the experience of women in the justice system, research has shown it is likely very distinct from that of men. Women are:[87]

- Less likely than men to have been convicted of a violent crime.
- Less likely to be a major drug dealer or have a major role in a drug related crime.
- Less likely to use a gun or other weapon in the commission of a crime.
- Less likely to present the same degree of danger to the community as men.
- More likely to turn to crime based on the survival of abuse, poverty, substance abuse, and prostitution.
- More likely to have a history of physical, sexual, and emotional abuse.
- More likely to have mental health problems and previous involvement in the mental health system.

> **Most women under community supervision will be relatively low-risk offenders (in terms of risk to public safety) compared to the population of men. This suggests that they may be low priority on a mixed supervision caseload. While this reduces their chances of being violated for technicalities, it may also increase their chance of failure since women offenders need support in order to succeed in becoming sober, independent, law-abiding members of the community.**
>
> Centre for Effective Public Policy

Principles for providing effective services to female offenders are to be incorporated from *Gender Responsive Strategies* (see Figure 4.31).

Figure 4.31: Gender Responsive Strategies: Research, Practice, and Guiding Principles for Female Offenders[88]

1	Gender does make a difference in correctional practice.
2	Create an environment based on safety, respect, and dignity due to the high rate of trauma and victimization of women in the justice system.
3	Women's criminal experiences can best be understood in the context of unhealthy relationships, dysfunctional family backgrounds, domestic violence, and sexual abuse.
4	Pathways into the criminal justice system frequently involve the interaction between trauma, victimization, substance abuse, and mental health problems.
5	Most women in the justice system are economically disadvantaged, have little education, few job skills, and sporadic employment.
6	Women typically return to the same communities after incarceration, and the challenges they previously faced are likely still present.

Accordingly, female offenders require special guidelines and practices in order to meet their needs. For example, the following factors need to be considered when providing supervision and services to female offenders:[89]

- Women face additional obstacles when compared to male offenders in finding and keeping employment; furthermore, they often lack access to adequate and affordable childcare;
- Women need coaching on how to manage sexual harassment issues at work;
- Women are frequently vulnerable to homelessness after release into community corrections;
- Supervising agents should seek the means to include friends and family in a female offender's support group;
- There are often outstanding obligations to the child welfare system and incorporating this into a women's treatment plan is critical;
- Outside treatment practitioners and agencies need to be examined and evaluated to determine if they have appropriate specialized services for women; and
- Positive reinforcement and incentives should be provided to women for successfully following conditions and making positive changes in their lives.

Another significant difference between female and male offenders is that women are much more likely to be the primary caregivers of children. Research indicates that 90 percent of the children of male offenders live with the mother during periods of incarceration, while only 28 percent of the children of female offenders live with the father during incarceration.[90] Furthermore, women typically experience a greater disruption in their family resulting from their entrance into the justice system and frequently come into contact with the child welfare system.

OFFENDER VIGNETTE - IJSP IN ACTION

The vignette below is meant to illustrate how the Integrated Justice Services Project would provide services and supports to an offender, such as Mark, to assist him in addressing his identified criminogenic needs (antisocial personality pattern, substance abuse, poor education, problems with family relationships, and lack of prosocial activities) as well as his secondary and tertiary needs (mental illness, physical health, inactivity, and poor interpersonal skills). This is the type of outcome the project would seek to achieve.

Mark: Mental health treatment, housing, and family (continued from p. 67)

Mark was assessed for entrance into the SORCe during his detainment at the APS by the intake specialist. The results of Mark's Risk-Need-Responsivity Intake Assessment were forwarded to court officials who agreed to allow him to be followed by the SORCe. The presiding judge sentenced Mark to nine months of probation including community service, and ordered him to abide by the treatment and service recommendations of the SORCe.

Using the *One Person, One Plan, One Place* approach, Mark was assigned to the intensive case management (ICM) team, which developed a holistic plan with Mark based on his assessment of needs. He received intensive treatment and support services through the SORCe and outreach visits by the team. Due to the intensive nature of the services and the outreach component provided by his case manager and probation officer, it became easier to locate Mark and provide him with treatment and support services. He received psychiatric services through the SORCe and his mood has been stable over the past few months. Mark had not had a family physician for the past 10 years, but he found care from the family physician at the SORCe. He received a full health assessment and care for health issues related to his years of substance abuse and chronic health issues, now diagnosed. He was followed in the community by the nurse on the ICM team to assist with medication and chronic-disease management. Through the co-location of the Alberta Supports initiative at the SORCe he was able to access income support and a housing subsidy—the financial means to get his own apartment. He also received assistance from the housing specialist at the SORCe to find an affordable apartment in the community. He joined two treatment groups per week at the SORCe run by trained facilitators. One group focuses on his cocaine use and the other is a cognitive behavioural offender-focused group targeting his impulsive, anti-social thinking and behaviour. He is focused on enhancing his critical reasoning, self-control, problem-solving, and prosocial values. Mark began thinking that now that he has a stable living environment, he would like to again pursue his GED through classes at the SORCe. He believed he would be successful this time because he has remained sober with treatment and support services. Mark also received assistance through his case manager and the family specialist to reconnect with his parents and siblings, with whom he has not had a relationship for over ten years, due to the negative impacts of his substance abuse on his family. His mother and sister have begun attending the family psychoeducation group to learn about mental illness, how to support Mark, and continue to improve their relationship with him. He now feels he has a more positive support network in his life. *(continued on next page)*

OFFENDER VIGNETTE (continued)

Mark's treatment team remains in close contact with his probation officer and also provides updates through the justice liaison to the court on his progress in treatment and services. After nine months, Mark has been successfully following conditions and engaging in services. He had one relapse on cocaine, but intense intervention and support by his treatment team minimized any substantial fallout. He has completed 20 hours of community service working with two community agencies over the past four months. He is completing his GED and now has a part-time job. Mark is engaging in more prosocial activities through his involvement in the SORCe recreation group and is now pursuing a hobby in woodworking. He has expressed that his next goal is to further his job training and to learn a trade. Next week he will return to court to receive a certificate of recognition from the court for having achieved all of his treatment goals and completed his community service.

Staff Training and Professional Development

As described in Section 2, a demand frequently expressed both by the community at large and by workers in the justice system, was a need for improvement to the coordination and continuity of care among service providers. It is common for a general member of the community to have to meet with multiple practitioners at multiple locations in order to receive broad health and social services. Among offenders in the justice system, who frequently have greater barriers to care than the typical person in the public, this situation can impact the offender's ability access the necessary treatment and support services which may subsequently impact compliance with court conditions. This is one of the main rationales for the IJSP philosophy *One Person, One Plan, One Place* – problems do not exist in isolation, and effective service delivery must take this into account.

Figure 4.32: Integrated Approach

It is not enough to simply co-locate various practitioners and professionals at one location; instead, staff at the SORCe must become a fully operating *trans-disciplinary team*. The term "multi-disciplinary" is frequently used to explain a team of diverse providers able to intervene in a range of services. However, this again falls short as certain problems typically fall to only one or two specific staff. For example, an offender with substance abuse problems would still likely be diverted to the drug and alcohol specialist on the multi-disciplinary team. Other professionals on the team may avoid providing services related to substance use because of the belief that it is not that staff member's role. On the other hand, staff on a trans-disciplinary team would all possess basic competency in providing drug and alcohol services. The drug and alcohol specialist may possess the greatest skill and knowledge; however, there is an expectation that all team members will be able to provide diverse interventions and have the knowledge to respond to complicated problems.

Trans-Disciplinary

A trans-disciplinary approach encourages team members to share roles and systematically cross discipline boundaries. The primary purpose of this approach is to pool and integrate the expertise of team members so that more efficient and comprehensive assessment and intervention services may be provided. The communication style in this type of team involves continuous give-and-take between all members on a regular, planned basis. Professionals from different disciplines teach, learn, and work together to accomplish a common set of intervention goals for a client. The role differentiation between disciplines is defined by the needs of the situation rather than by discipline-specific characteristics. Assessment, intervention, and evaluation are carried out jointly by designated members of the team.

Using the trans-disciplinary approach creates an opportunity to break down the artificial barriers that are frequently placed around problems. An offender's problems must be treated in the context of the person as a whole. It should come as no surprise that a problem in one realm of life frequently impacts another realm of life. Again, using the example of an offender who struggles with substance abuse, it is clear that this impacts multiple spheres of functioning (see Figure 4.33). Subsequently, all staff will need to be trained to deliver basic drug and alcohol services since this behaviour pattern will likely impact most areas of an offender's life.

The CJI would play a central role in providing the tools, resources, and training necessary to develop high-quality practitioners and supervisors at the SORCe, during both the implementation and operational phases. Figure 4.34 provides a list of the necessary skills and training required by the various professionals at the SORCe. It indicates whether the content area is a core competency (i.e., a requirement to effectively deliver services for their position), an elective (i.e., a skill to add depth and additional understanding but not required to complete assigned duties), or not applicable to that position.

Figure 4.33: Impact of Substance Abuse on Realms of Functioning

Staff positions are divided into the following categories:

- *Assessment staff* – intake specialist
- *Clinical staff* – case manager, clinical specialist, family specialist, mental health and addictions specialist, occupational therapist, psychologist, social worker
- *Legal support staff* – Aboriginal support worker, justice liaison, legal aid specialist, mediation specialist, victim advocate
- *Medical staff* – family physician, licensed practical nurse, registered nurse, nurse educator, nurse practitioner, psychiatrist
- *Offender management staff* – probation officer
- *Offender support staff* – community liaison, employment specialist, financial specialist, housing specialist, income support worker, job development liaison, nutrition counsellor, recreational therapist
- *Program support staff* – accountant, child minding worker, community liaison, executive assistant, human resources manager, medical office assistant, program assistant, receptionist, researcher, security officer, volunteer coordinator
- *Screening staff* – crime analyst, screening specialist

Figure 4.34: Staff Training Staff Training and Professional Development Matrix

Type of Training	Assessment Staff	Clinical Staff	Legal Support Staff	Medical Staff	Offender Management Staff	Offender Support Staff	Program Support Staff	Screening Staff
Alcohol, Drugs, and Concurrent Disorders	❖	❖	❖	❖	❖	❖		❖
Case Management and System Navigation	❖	❖	❖	❖	❖	❖		O
Charting and Documentation	❖	❖	❖	❖	❖	❖	O	❖
Cognitive-Behavioural Interventions	O	❖		❖	❖	O		O
Cognitive and Developmental Disorders	❖	❖	O	❖	❖	❖	O	❖
Counselling and Client-Centered Approaches	❖	❖	O	❖	O	❖		O
CPR	❖	❖	❖	❖	❖	❖	❖	❖
Crisis Intervention	O	❖		❖	❖	O		O
Diversity, Gender, and Multicultural Competency	❖	❖	❖	❖	❖	❖	O	❖
Domestic Violence	❖	❖	O	❖	❖	O		O
Employment and Education Support	O	❖		O	❖	❖		O
Evidence-Based Programming for Offenders	O	❖	O	❖	❖	❖		
Family and Natural Supports		❖		❖	O	O		
First Aid		❖			❖	O	O	
General Health and Wellness	❖	❖	O	❖	O	❖		O
Independent Living Skills	O	❖		❖	O	❖		
Infectious Disease and Universal Precautions	❖	❖	❖	❖	❖	❖	❖	❖
Integrated and Interpersonal Practice	❖	❖	❖	❖	❖	❖	O	❖
Medication Administration		❖			❖			
Mental Illness and Disorders	❖	❖	O	❖	❖	❖	O	❖
Motivational Interviewing	❖	❖	❖	❖	❖	❖		❖
Offender Supervision and Management		❖	❖	O	❖			
Overview of the Justice System	❖	❖	❖	❖	❖	❖	O	❖
Personality Disorders	❖	❖	O	❖	❖	O		O
Pharmacology	O	❖		❖	❖	O		O
Problem-Solving Justice	❖	❖	❖	❖	❖	❖	❖	❖
Professional Conduct, Privacy, and Ethics	❖	❖	❖	❖	❖	❖	❖	❖
Providing Treatment and Services in the Justice System	O	❖		❖	❖	❖		O
Psychiatric Rehabilitation		❖		❖	O	❖		
Restorative Justice	O	❖	❖	O	❖	O		O
Self-Care and Compassion Fatigue	❖	❖	❖	❖	❖	❖	❖	❖
Staff Safety	❖	❖	❖	❖	❖	❖	❖	❖
Suicide and Risk Assessment	❖	❖	❖	❖	❖	❖		❖
Trauma and Abuse	O	❖		❖	O	O		O

Key: ❖ = core competency; O = elective

Partners and Stakeholders

Collaboration
The exchange of information, the altering of activities, the sharing of resources, and the enhancement of the capacity of another for the mutual benefit of all and to achieve a common purpose.

The task of addressing such a multifaceted problem as crime cannot be solved by any one group in isolation. Its consequences can be seen at the individual, community, and systems levels. The effects of crime impact these parties in different ways and to varying degrees. Therefore, it is important to gain the perspective of a diverse group of partners and stakeholders that are impacted by the problem and invested in developing potential solutions. The research conducted for this report is evidence of advancement in this direction.

Creating philosophical and actionable system change requires a commitment to innovation and a belief that the process will result in positive outcomes. An essential element needed to achieve integration is a willingness by partners and stakeholders to engage in the four C's: 1) communication, 2) collaboration, 3) cooperation, and 4) coordination. In order to create a shared vision for change, partners and stakeholders must engage in meaningful dialogue using a solution-focused approach and commit to working together.

As well, there must be recognition among participants in this process that change is challenging as it tests established beliefs and procedures. The Centre for Applied Research in Mental Health and Addictions articulately describes the process of collaboration and integration:[91]

> ***In order for these collaborative efforts to be successful, participants must be willing to engage fully in the process. While strong and committed leaders are critical to successful offender re-entry efforts, long lasting and sustainable change requires the commitment of many individuals working together toward a common cause. Collaborative partners must set aside individual agendas, coalesce around a shared vision, and commit to working together until the desired outcomes are achieved. These collaborative partnerships can have a significant effect, including enhancing relationships within and between institutional corrections and community supervision agencies and producing longstanding connections between allied justice system and community agencies.***

Figure 4.35 below illustrates the diversity of government ministries, organizations, agencies, and groups that need to be involved. In order to achieve all the project outcomes, some changes will be required in legislation, policies, and procedures. As such, the project will take a phased approach to implementation to expedite the focus on criminal charges while taking a more gradual approach to aspects requiring legal review (i.e., municipal offences, family law, and civil law). The Centre for Justice Innovation would play a central role for further collaboration within the justice system.

Figure 4.35: Partner and Stakeholder Diagram

Creating Healthy Communities

Creating healthy, vibrant, and safe communities in Alberta involves coordination and collaboration between diverse public and private individuals and institutions. Steedman and Rabinowicz define a healthy community as:

> ***A community that exhibits and strives towards the improved health and well-being of its members, meeting basic needs as well as encouraging dialogue, participation and leadership, embracing diversity, building relationships, making connections to resources and increasing a community's capacity to shape its future. The community consists of the residents, social service providers, law enforcement, businesses, courts, and government agencies within a defined geographical location or setting.*** [92]

Figure 4.36: Creating Healthy Communities

While the City of Calgary's Family and Community Support Services has commented that:

> ***Canadian research shows that, nationally, residents in poor quality neighbourhoods express growing dissatisfaction in their personal life satisfaction over time, and consistently identify employment, improved finances, housing, and enhancement of services (e.g., policing, health and social services, recreation) as factors that need to be addressed to achieve improved quality of life. Problems in each of these areas undermine social cohesion, preventing residents from fully participating in social, cultural, civic, and economic aspects of their communities, and improving neighbourhoods from within.***[93]

The Canadian Population Health Initiative has proposed measuring six key spheres in order to measure the health of an individual community:[94]

- *Illness and Disease*: the degree to which a community experiences physical and mental illness;
- *Income*: the ability to pay for basic needs such as housing, food, and clothing as well as differences in income distribution;
- *Social Networks*: relationships with family and friends for support and comfort;
- *Education*: access to information for knowledge and skill development;
- *Employment*: working to earn an income and making contributions to society; and
- *Environment*: community infrastructure, safety and security, and community connections.

Research has shown that offenders face problems in all six of these spheres. If we are to improve the health of our communities we must focus our resources on assisting the vulnerable members of our communities and those with multiple barriers and challenges. Offenders often fit both these criteria with a disproportionate number having mental illness, poor education, underemployment, poor family relationships, unstable housing, and substance abuse disorders. Crime is a community problem and the community must work together to solve the problem. To create a healthy, just, and cohesive community requires that we collectively work to help these members of our community. A holistic approach to addressing the problem of crime is necessary both at the individual and community level, if safe and healthy communities are to be realized. To realize the vision of a safe and healthy community also requires openness to change, innovation, and a commitment to collaboration. To effectively address crime in communities, solutions must show conscience both fiscally and socially. Communities are a reflection of their members, and the members must be actively involved in both determining and implementing the solutions. To be successful in making informed decisions to overcome obstacles, communities must be provided with current and reliable information about both the nature of the problem and potential solutions. The community will need to effectively engage its members and encourage participation from all major stakeholders in implementing solutions.

The IJSP seeks to actively engage the community through a number of venues. A core component of the project is a community advisory committee with diverse representation from the local community. The committee provides input to the project about community needs, priorities, and problems. Furthermore, it disseminates information about the project outcomes and areas of community involvement (e.g., community service projects) back to the larger community. The information from the committee is used to plan the focus of community service projects and restorative justice opportunities for offenders.

The IJSP provides information to the community about current best practices, project outcomes, and the project's impact on the community (e.g., community service projects completed, opportunities for community participation in the project, etc.). The IJSP seeks to share information and gather input through surveys, a website, publications, community events, and the news media. The project measures indicators to determine its impact in the community, including level of engagement with the community, change in community safety, public perception of the justice system, and community involvement in restorative justice programs.

Project Phases

Figure 4.37: IJSP Phases

phase I

Phase I will not be further discussed in this section as it forms the basis of discussion for the body of the report. The Centre for Justice Innovation (CJI) would play a central role in the consultation, design, and implementation process of future project phases.

phase II

Phase II seeks to expand the support offered through the SORCe to provide services to those offenders assessed to be in the low-risk group (see Figure 4.37), those frequently committing municipal offenses, and those re-entering the community from provincial jail. These low-level offenses and municipal offenses are an important consideration, as they play a particular role in determining the public's opinion of the safety of their community. In fact, problems typically deemed as "public nuisance" are generally reported with consistency as major concerns across communities and jurisdictions internationally. A study by Karafin[95] examined multiple jurisdictions in the United States, Australia, South Africa, and the United Kingdom and found the majority of communities complained of similar issues. These results suggest that communities deem resolving persistent public nuisance crimes as a priority. When examined by pure volume, these types of complaints make up a substantial challenge for law enforcement. For example, the Calgary Police Service has indicated that one out of every five calls (approximately 21 percent) for service is related to a disorder complaint (see Appendix B).[96] In fact, six call types account for 75 percent of the generated disorder calls by the public (suspicious persons, unwanted guests, disturbances, suspicious autos, noise complaints, and public intoxication).

Low-level offenders referred to the project go through a similar process to offenders in Phase I with an initial screening and assessment to determine their specific criminogenic and functional needs. If specific needs are identified during the assessment, the offender would receive targeted interventions through the SORCe and/or referral to the appropriate service. There is a continued focus on the use of community service and restorative justice practices to make restitution to the victim and/or community for the harm inflicted. For those referred for the commission of frequent municipal offenses, a brief needs assessments is also completed. An example is the request for an assessment by a justice of the peace in the commissioner's court (bylaw court) of an accused who has frequently been brought before the court for minor matters. Another example is an accused who does not have the resources to pay the fines and may be facing a short period of incarceration as a result. If we use the example of a person receiving tickets for public intoxication and public urination, after a brief assessment, it may be recommended that the person attend a two-hour "Quality of Life" class to explore the effects of this behaviour on the community, attend a short alcohol awareness class, and/or complete a short

community service placement. An offender who wished to further engage in voluntary services (e.g., substance abuse treatment) would be connected to the appropriate services. This approach is modeled after the approaches used in community court and problem-solving justice models which focus largely on the "Quality of Life" offenses (e.g., the Midtown Community Court, Dallas Community Court). Before Phase II is designed and implemented, changes to the existing *Provincial Offences Procedure Act* and further consultation with the municipalities and justices of the peace are needed.

The re-entry of offenders into our communities is of critical importance. It must be recognized that many offenders do not successfully reintegrate into the community upon release and often return to incarceration either as a result of technical violations or the commission of new crimes. It is widely recognized that many offenders face a number of obstacles to successful re-entry such as substance abuse problems, mental illness, lack of adequate education, lack of housing, and employment barriers.[97] Ensuring continuity of care and services, programs and interventions between the in-custody correctional environment and the community, is essential to assist offenders in the successful re-entry process. Phase II of the IJSP seeks to link and collaborate with partners and stakeholders supporting offenders in custody to ensure effective transition strategies and supports are available through the SORCe to address the needs of offenders returning to the community. For example, the APIC model (see Appendix F) discussed previously in this section was specifically designed for offender reintegration and could serve as a foundation for this process. Further consultation and collaboration with correctional facilities and involved partners and stakeholders are required for the design and implementation of this phase.

Finally, further integration with family law and community and government services supporting families is sought to support offenders with children and families. The IJSP will continue to consult with stakeholders and partners to accomplish further levels of integration to support existing offenders in Phase II and in preparation for further integration with the youth justice system proposed for Phase III.

In Phase III the IJSP seeks to integrate with youth criminal justice services. An extensive amount of research over the past twenty years has indicated the effectiveness of rehabilitation programs for juvenile offenders and that family-based programs have been particularly effective. It is important to integrate services as many juveniles may exit the system as adults and require targeted services to assist them with exiting the cycle of the justice system. This may be more difficult if other family members have current or past involvement in the justice system. Therefore, taking a family-based and integrated approach may have a greater effect in reducing recidivism.[98] Many of the suggested evidence-based programs outlined in this report have been used with positive outcomes in both the adult and youth justice systems (see Appendix C). As a result, benefits to both systems could be achieved by greater integration and collaboration as this would provide greater access to staff training resources, cost effective program implementation, and a greater continuity of programs across the systems. Again, with the assistance of the CJI, further consultation is required for the design and implementation of this phase.

The IJSP will seek to expand services to address individuals at risk of entry into the justice system. The project will work with local police to address individuals with health and/or social problems at the pre-charge stage in an effort to divert those individuals to needed services either through the SORCe or through referral to community services and reduce their risk of entering the justice system.

Finally, the CJI and IJSP will also explore opportunities to integrate with other areas of the legal system and services in the community to address offenders facing multiple legal issues including civil matters (e.g. landlord/tenant, employment etc.).

Privacy and Confidentiality

Disclaimer: the issue of privacy has been raised during the formulation and design of the IJSP. a privacy impact assessment will be completed furing the set-up phase of the IJSP to provide direction on means to complye with all privacy legislation.

recommendations

1. Increase the use of alternatives to incarceration for offenders deemed safe to be in the community by using treatment and support services provided through the SORCe.
2. Focus financial and staff resources on proven methods to reduce incarceration, decrease recidivism, and increase offenders' engagement in treatment services. Provide intensive treatment, support services, and supervision in the community through a wider adoption of evidence-based programming (see Figure 4.23 and Appendix C) and through the use of supervision, support services, and treatment practices that heavily target criminogenic needs.
3. Incorporate Motivational Enhancement Therapy and Cognitive-Behavioural Therapy principles and practices into treatment and services for offenders.
4. Allocate resources to design a range of substance abuse treatment options that target the diverse needs and required intensity of offenders. This should incorporate practices such as Motivational Enhancement Therapy, Integrated Dual Disorder Treatment, Contingency Management, Cognitive-Behavioural Therapy, Therapeutic Communities, and Modified Therapeutic Communities.
5. Incorporate the use of success-driven supervision and train all supervisory agents in this model.
6. Maintain detailed and accurate records that track changes in an offender's functioning, skill development, and compliance with conditions.
7. Expand the use of restorative justice practices, such as community service, victim restitution, and community impact panels, and allocate greater resources to support victim services.
8. Incorporate case management standards emphasizing: 1) EBPs, 2) success-driven supervision, 3) productive staff-offender interactions, and 4) ongoing risk-need assessment.
9. Develop an ongoing comprehensive training and supervision program that aims to create a highly skilled, trans-disciplinary team that excels in offender-specific, evidence-based practices (see Table 4.34 and Appendix C).
10. Allocate resources to build a true trans-disciplinary program able to effectively provide direct supervision, treatment, and support services to target all primary and secondary criminogenic needs (see Figure 4.22).
11. Develop standardized areas of competencies for each staff position and provide resources to assist staff to develop, learn, refresh, and master these skills (see Figure 4.34).
12. Task managers to provide frequent community supervision of staff to aid in the development of mastering core competencies and clinical skills.
13. Develop a formal mentorship program for all staff that emphasizes peer feedback and supervision practices.
14. Develop training and supervision practices that continually reinforce the mission and vision of both the CJI and the SORCe.

recommendations

Centre for Justice Innovation

1. Set-up and implement the Centre for Justice Innovation (CJI) to provide oversight and support to the IJSP. This should be done either before or in parallel to the SORCe set-up.
2. Design the operation of the CJI to perform the following functions: 1) community engagement, 2) research and evaluation, 3) workforce development, and 4) policy and program support (Figure 4.2).
3. Set-up and implement support committees to work with the CJI (see Figure 4.1).
4. Task the CJI with providing high-quality, advanced, and robust training services. Require the CJI to frequently evaluate projects to determine if they remain true to evidence-based program fidelity standards.
5. Task the CJI to build productive partnerships that increase collaboration between the community and justice system.
6. Allocate resources to the CJI and SORCe to implement future phases of the project (see Figure 4.38). Immediately task the CJI Legal Committee to: 1) examine legislative obstacles to current implementation, 2) identify obstacles to future growth and innovation, and 3) develop and implement solutions.
7. Task the CJI to develop a robust website which contains information such as web-based training modules, a library of resources, links to other pertinent websites, project outcomes, project updates, community engagements, and research information on evidence-based practices.

recommendations

Safe Communities Opportunity and Resource Centre (SORCe)

1. Set-up and implement the Safe Communities Opportunity and Resource Centre (SORCe).
2. Co-locate specific government services (include key programs from municipal, provincial, and federal levels), NGOs, and other community programs in order to provide streamlined access for offenders to meet their basic and criminogenic needs.
3. Use three intensities of treatment and supervision services to best meet the needs of diverse offenders. This should include Forensic Assertive Community Treatment Teams, Intensive Case Management Teams, and Case Management Teams.
4. Provide comprehensive, wrap-around services with a heavy emphasis on targeting primary criminogenic needs.
5. Design the operation of the SORCe with the philosophy of providing holistic, wrap-around services using the *One Person, One Plan, One Place* approach. Furthermore, operate on the principles that the justice system should be *Accessible, Proactive,* and *Visible* (see Figure 4.6 and 4.7).
6. Design the SORCe to provide a "one stop shop" approach which includes the following functions: 1) crisis and outreach, 2) intake, 3) triage, 4) screening and assessment, 5) treatment services, 6) support services, 7) offender management, 8) legal services, and 9) program support services.
7. Develop a community advisory committee attached to each IJSP site that is made up of a diverse cross-section of professionals and members of the local community. The community advisory committee will function to provide input to the IJSP from the community about the project and its impacts and disseminate information from the IJSP to the community.
8. Formalize relationships with applicable partners and stakeholders to establish operational processes and procedures.
9. Ensure sufficient resources are in place to have dedicated Crown prosecutors and defence lawyers assigned to the SORCe.
10. Ensure the SORCe is transparent and accountable to the community, partners, and funders through the regular reporting of outcomes and publication of research findings
11. Provide incentives for NGOs and other community organizations to partner with the SORCe and to provide onsite services at the SORCE and/or develop a streamlined referral process.
12. Require that all programs provided at the SORCe by outside providers or organizations be subject to research and evaluation and be required to meet CJI audit and accreditation standards.
13. Design the SORCe to create a welcome and open environment for all (offenders, staff, and community members) who access, provide, and use its resources.
14. Conduct a formal Privacy Impact Assessment on the IJSP prior to implementation to ensure compliance with privacy standards.

section

5

Outcome and Evaluation Framework

> What gets measured gets done. If results are not measured, successes cannot be distinguished from failures. If successes cannot be distinguished, they cannot be replicated. If failures cannot be identified, they cannot be corrected. If results cannot be demonstrated, support cannot be secured.
>
> Osborne & Gaebler

Introduction

A critical piece of any successful project is a thorough evaluation plan. Its measured outputs and outcomes should be synchronized with the project mission, vision, goals, and values. This evaluation framework is a tool from which a more in-depth evaluation plan is to be built to support the activities of the project. Research and evaluation allow a project to test new practices and ideas and identify unsuccessful approaches or treatment.

Project Outcome and Evaluation Framework

Below are the assumptions that have been used to develop the Outcome and Evaluation Framework. The framework has been divided into six sections: 1) offenders, 2) victims, 3) project, 4) justice system, 5) Centre for Justice Innovation, and 6) community.

Figure 5.1: IJSP Outcome and Evaluation Framework Assumptions

1	Government and community stakeholders partner and collaborate.
2	Systems achieve better outcomes when integrated.
3	Program and practices are implemented with integrity and adhere to fidelity as this is recognized as a key component to program success.
4	Resources and funding are available to support staff positions, training, research, and evaluation activities.
5	The use of effective technology and robust case-management software to collect data and report outcomes will provide enhanced information to criminal-justice professionals.
6	The information provided to program and policy decision-makers is enhanced when informed by evidence-based knowledge.
7	Every interaction with the justice system offers an opportunity to contribute to reduced harm and improved outcomes for victims, communities, and offenders.
8	The Centre for Justice Innovation directs and supports the development and innovation of IJSP programs and practices.

Figure 5.2: IJSP Outcome and Evaluation Framework

Target Group	Inputs	Activities	Outputs	Outcomes
Offenders	▪ Commitment to the use of evidence-based programming and practices ▪ Commitment of financial resources, staff training, and supervision to evidence-based programming and practices ▪ Staff specializing in CBT program delivery	▪ Provide CBT focused on anger management for violent offenders (e.g., Aggression Replacement Training) ▪ Provide CBT focused on changing criminogenic thinking, behaviour, and attitudes ▪ Case management teams provide direct service interventions using the Risk-Need-Responsivity model ▪ Supervision of offenders based on the risk of recidivism and use of the success-driven supervision model	▪ Number/percent of offenders that complete CBT criminogenic thinking and anger management programs ▪ Number/percent of offenders with new criminal charges (not including charges for technical violations) ▪ Change in the offending pattern from baseline at intake to program completion (continue to report 1-3 years post program completion)	**Reduction in recidivism** ▪ *Decrease in the severity of new charges* ▪ *Decrease in the frequency of new charges* ▪ *End the offender's cycle of criminal justice involvement*
	▪ Standardized risks and needs assessments ▪ Screening and assessment staff positions ▪ Treatment staff positions	▪ Provide court officials with increased information related to the offender's criminogenic needs and risk profile ▪ Court officials use criminogenic risks and needs assessment information and recommendations to develop individualized bail conditions and/or sentence recommendations ▪ Provide programs and services to offenders on bail, diversion, alternative measures, or probation	▪ Number/percent of offenders violating bail and probation orders. ▪ Number/percent of offenders incarcerated due to breach of bail and/or probation orders ▪ Number/percent of cases resolved through alternative measures, diversion, and/or community sentences ▪ Number/percent of eligible accused program participants released on bail conditions to programming through the SORCe ▪ Number/percent of eligible accused remanded	**Decrease use of incarceration** ▪ *Decrease in incarceration due to technical violations* ▪ *Increased use of alternatives to incarceration (e.g. Alternative Measures, community supervision, court supervision, etc.)* ▪ *Decrease in recidivism and incarceration through the increased use of individualized bail conditions and community sentences* ▪ *Reduction in remand detention during pre-sentencing*
	▪ Substance abuse counselling positions	▪ Staff provide evidence-based substance abuse treatment and programming ▪ Drug screening for selected high-risk offenders	▪ Number/percent of offenders participating in substance abuse treatment ▪ Number/percent of offenders achieving partial or full remission status with regard to substance use (according to DSM-IV criteria) ▪ Number of days drug free measured by urine drug screen and/or self-report (high-risk offender)	**Increase in protective factors** ▪ *Reduced substance use and improved functioning*
	▪ Financial benefits administrator positions ▪ Family physicians and psychiatrists	▪ A money management program to assist offenders in creating a budget and managing their financial resources ▪ Assist eligible offenders to obtain income support or disability benefits ▪ Assist severely disabled offenders to obtain Public Trustee services ▪ Family physicians and psychiatrists perform functional assessments for disability eligibility	▪ Number/percent of offenders using the money management program ▪ Number/percent of offenders with improvement in their financial status (from baseline at intake) at program completion ▪ Number/percent of offenders with disability benefits who are able to obtain and maintain competitive employment (e.g., AISH, CPP, or EI benefits)	**Increase in protective factors** ▪ *Improved financial stability*

Target Group	Inputs	Activities	Outputs	Outcomes
Offenders	▪ Vocational specialist positions ▪ Partnership with Employment and Immigration programs and community vocational programs and resources	▪ Vocational staff support and offer programming to assist offenders in overcoming barriers to employment ▪ Track change in employment status (e.g., number of offenders with secured employment at 3,6,9, and 12 months)	▪ Number/percent of offenders participating in employment programs ▪ Number/percent of offenders obtaining competitive employment ▪ Number/percent of offenders achieving financial independence (no reliance on income support) at program completion	▪ *Improved financial stability*
	▪ Education specialist positions ▪ Partnership with Employment and Immigration and community agencies providing GED and skill training programming	▪ Provide GED programming onsite at the SORCe ▪ Provide linkage to skill training programs (e.g., trade, administrative work, etc.)	▪ Number/percent of offenders obtaining GED ▪ Number/percent of offenders linked with skill training through the SORCe	▪ *Improved education and skill training*
	▪ Access to rent subsidies for homeless offenders ▪ Housing specialists and allied health positions	▪ Provide housing subsidy to assist homeless offenders with access to permanent housing ▪ Housing specialist to assist offenders to obtain and maintain housing ▪ Assist offenders with barriers in activities of daily living (ADLs) in the community through support provided by an occupational therapist and other allied health staff	▪ Number/percent of offenders obtaining stable housing ▪ Number/percent of homeless offenders assisted with housing through the SORCe ▪ Number/percent of offenders requiring support with ADLs ▪ Number/percent of offenders maintaining stable housing	▪ *Improved stability in living environment for homeless or marginally housed offenders (e.g., access to permanent housing)*
	▪ Family specialist positions	▪ Deliver EBP programming to support parenting and family functioning	▪ Number/percent of offenders participating in parenting and family programming ▪ Number/percent of offenders with primary custody of children apprehended into care at charge returned after completion of programming ▪ Change in the number of families involved in fostering positive social ties with offenders	▪ *Improved social and family functioning*
	▪ CBT facilitator positions ▪ Probation officers and treatment teams	▪ Deliver individual and group evidence-based criminogenic thinking programs ▪ Intensive success-driven supervision	▪ Number/percent of offenders participating in CBT criminogenic thinking programs	▪ *Reduced antisocial thinking, behaviour, and attitude*

Target Group	Inputs	Activities	Outputs	Outcomes
Offenders	▪ Recreation therapist and occupational therapist positions ▪ Partnerships with municipal recreation facilities ▪ Recreational resources (e.g., sports equipment, art supplies, etc.)	▪ Deliver recreational and social programming aimed at helping offenders develop new positive networks and recreational involvement ▪ Offer prosocial and recreational group activities	▪ Number/percent of offenders involved in prosocial activities through SORCe linkage (e.g., volunteerism, recreational activities, etc.) ▪ Degree of community integration (e.g., use of External Community Integration Scale or Sense of Community Index) ▪ Change in association with identified negative peer group (self-report and collateral information)	▪ *Improved community integration*
	▪ Personnel resources to provide afterhours offender support	▪ Provision of afterhours offender support for non-emergent and non-life threatening crisis ▪ Flag offenders in police and EMS databases	▪ Number of interactions with police and EMS ▪ Change in number of hospitalizations at baseline (12 months prior) and quarterly while in the program ▪ Number of afterhours calls managed by SORCe on-call staff	**Decreased use of first response services** ▪ *Fewer calls to police and EMS services* ▪ *Decreased psychiatric hospitalizations*
	▪ Partnerships with restorative justice programs, attendance centers, and community service projects	▪ Provide access to restorative justice programs through the SORCe and through linkage with community programs ▪ Provide access to community service programs	▪ Amount and type of reparations made to victims ▪ Number/percent of offenders participating in and completing restorative justice programs ▪ Number/percent of offenders completing community service	**Increased offender accountability and use of restorative justice practices** ▪ *Offenders take accountability for the harm caused and negative impact on their victim(s)*
Victims	▪ Victim advocate position	▪ Victim advocates work to support identified victims (e.g., counselling, programming, and linkage to community services)	▪ Type and amount of reparations made to victims (e.g., number of community service hours done by offenders, involvement in mediation, etc.) ▪ Satisfaction survey among victims about services used	**Increased satisfaction with criminal justice system** ▪ *Reduced harm to victims* ▪ *Increased opportunities for victims to participate in restorative justice (e.g., victim-offender conferencing, healing circle, etc.)*
	▪ Partnerships with restorative justice programs	▪ Restorative justice programs are made available through the SORCe	▪ Number/percent of victims participating in restorative justice programs	▪ *Increased sense by victims that justice was served*
	▪ Partnerships with targeted community social service and health programs	▪ Offer linkage to community victim services	▪ Number of victim engagements with victim advocate	▪ *Increased satisfaction with victim services*

Target Group	Inputs	Activities	Outputs	Outcomes
Project	▪ Commitment of resources (e.g., funding, training, staff, etc.) for EBPs ▪ Group facilitator positions	▪ Training group facilitators in EBPs ▪ Research and review of current best practices ▪ Identify and implement new EBPs and promising practices (e.g., identify and review practices, implement and train staff)	▪ Evaluation (minimum yearly) for adherence to fidelity of EBPs ▪ Performance evaluations of all EBP facilitators ▪ Performance review of level of fidelity to EBPs ▪ Change in rate of recidivism for program clients (see outputs for offenders)	**Project aligned with current best practices** ▪ *Program demonstrates regular use of EBPs* ▪ *Program meets benchmarks for EBP fidelity outlined in the research and in other jurisdictions* ▪ *Reach similar recidivism reduction quoted in the research literature and other jurisdiction*
	▪ Standardized screening and assessment tools	▪ Implementation of standardized screening and assessment tools ▪ Train staff in the use of standardized screening and assessments tools	▪ Report average time from screening and assessment to service onset (target less than 14 days between triage to service provision) ▪ Report aggregate results of the number of realms of impairment for offenders assigned to each of the 3 levels of service (FACT, ICM, CM)	**Effective screening and assessment** ▪ *Offenders are effectively and correctly triaged to the appropriate services to meet their level of impairment and risk*
	▪ Adherence to FACT and case management standards	▪ Train staff in the delivery of services to meet the best practice standards for FACT and case management	▪ Number of hours of direct service time the offender is receiving from the case managers or team ▪ Evaluation of fidelity to client service delivery outlined for respective service models (e.g., TMACT evaluation for FACT team)	**Decreased load on external community service providers** ▪ *Reduction in external service use for FACT and ICM offenders*
	▪ Adherence to the Risk-Need-Responsivity model and the bio-psycho-social model	▪ Train staff on the Risk-Need-Responsivity model and the bio-psycho-social model of service delivery ▪ Provide regular staff supervision and feedback to maintain high fidelity to model standards ▪ Audit client files to monitor adherence to the models	▪ Percent of offender files that meet fidelity to Risk-Need-Responsivity model ▪ Change in the level of offender risk pre- and post-treatment ▪ Change in the level of functional impairment pre- and post-treatment	**Decrease in recidivism** ▪ *Offenders achieve a reduction in the risk to reoffend and an increase in functionality* ▪ *Increased compliance by offenders with court orders and treatment plans*
	▪ Staff are mobile and engaged in outreach service provision	▪ FACT and ICM services are delivered in natural environments where possible, using outreach as a common practice ▪ Staff provide integrated and coordinated case management ▪ Use a client-centered approach	▪ Percentage breakdown of location of service delivery (i.e. home, community, SORCe etc.) ▪ Percentage of clients referred or transitioned to external service providers from the SORCe that connect with the referred service/provider ▪ Staff supervision reports on use of client-centered approach	▪ *Seamless service delivery*

Target Group	Inputs	Activities	Outputs	Outcomes
Project	▪ Resources (e.g., gift cards, certificates, etc.)	▪ Provide positive reinforcement of desirable offender behaviour (e.g., maintenance of abstinence from drugs, attendance of CBT group meetings, adherence to conditions, etc.)	▪ Ratio of rewards to sanctions applied by supervision staff (target four rewards to every sanction) ▪ Number of completion certificates issued for program completion	**Adoption and adherence to contingency management approach** ▪ *Increased compliance with court orders* ▪ *Decreased technical violations and subsequent incarcerations* ▪ *Improved compliance in areas such as substance use treatment, medication adherence, CBT programming, etc.*
	▪ Staff to provide on-call services after regular business hours	▪ Staff provide on-call service for FACT and ICM offenders to access afterhours support ▪ Staff support and/or assist other first responders to manage crises involving offenders in the program (e.g., police, EMS, ER, etc.) ▪ Survey first responders' satisfaction level with project support	▪ Report rates of on-call usage and staff response ▪ Report number of non-emergent calls to police, EMS, and visits to hospital by offenders in the IJSP ▪ Report the level of satisfaction by first responders interfacing with the project regarding project management of offender crises	**Reduced burden of offender crises on first responders and acute care services** ▪ *Increased support and information provided to first responders* ▪ *First responders view project as effectively managing offender crisis*
	▪ HR position ▪ Program literature and staff manuals ▪ Specialized resources for team building ▪ Trainers to provide skill training in evidence-based practices	▪ Staff orientation is provided with a focus on the overarching mission, vision, principles, procedures, and operations ▪ Provide team building workshops and activities to create a cohesive and integrated team ▪ Managers regularly meet with staff and create a positive work environment where input, ideas, and constructive feedback are welcomed ▪ Staff are cross-trained and receive regular workforce development and training	▪ Number/percent of staff attending orientation session covering the program mission, vision, and principles ▪ Report on organizational climate and level of staff satisfaction (e.g. Use Organizational Climate assessment) ▪ Number of staff completing required training and team building sessions ▪ Results of a staff survey to assess the level of team cohesion, integration, and coordination ▪ Staff meet standards of excellence for program delivery ▪ Staff report a strong sense of program ownership and workplace satisfaction	**Cohesive, trans-disciplinary work environment** ▪ *Strong and visible commitment by staff to the mission and vision of the organization* ▪ *Maintenance of a strong cohesive and integrated team with minimal staff turnover* ▪ *Skilled providers who use best practices*
	▪ Intake and assessment staff	▪ Intake offenders at the scheduled rate to meet targets	▪ Number of offenders screened, assessed, served, and graduated	**Effective management of high and medium risk community corrections offenders** ▪ *Program served the targeted number of offenders for the calendar year*

Target Group	Inputs	Activities	Outputs	Outcomes
Project	▪ Legal services	▪ Conduct a privacy impact assessment and FOIP review ▪ Develop a comprehensive offender consent to release information ▪ Develop partnerships and working relationships with community and government agencies ▪ Create formal relationships with partner organizations	▪ Compliance report evaluating adherence to proper information sharing and privacy regulations ▪ Number/percent of offenders that have signed a consent to release information ▪ Number of formal relationships established with partner organizations	**Integration of program with government and community agencies** ▪ *Improved sharing of offender information with community partners* ▪ *Improved continuity of care* ▪ *Provision of seamless, integrated, and coordinated services and transitions for offenders*
	▪ Resources for purchase of case management software and training	▪ Procurement of multi-disciplinary case management software ▪ Develop report queries to access information about progress related to target outputs and outcomes	▪ Amount of time spent by staff in recording, retrieving, and sharing offender information ▪ Reports detailing project progress related to targeted outputs and outcomes	**Efficient data management** ▪ *Improved access, sharing, and organization of offender information* ▪ *Increased use of evidence-informed program information to strategically direct program development*
Justice System	▪ Designated prosecutors ▪ Designated defence lawyers ▪ Treatment staff	▪ Provide assessment information and treatment recommendations to the prosecutors and defence lawyers ▪ Provide positive feedback and incentives to offenders complying with conditions ▪ Provide planned alternatives to incarceration by support through FACT, ICM, and/or CM services	▪ Compliance rate with sentencing and conditions ▪ Number of offenders receiving a “blended sentence” with both an intervention and community service component ▪ Number of offenders who are accepted at screening that are remanded ▪ Effect of offender involvement with IJSP on remand time (compare days in remand in the 12 months prior to days in remand while in the project) ▪ Number of offenders directed to the SORCe for assessment and treatment at bail hearings	**Reduction in incarceration** ▪ *Reduced reoffending and technical violations* ▪ *Increased use of alternatives to incarceration for non-violent offenders* ▪ *Increase in sentencing recommendations which include both an intervention and community service/restorative justice approach* ▪ *Reduction in the number of accused going to remand before case disposition* ▪ *Greater use of positive reinforcement for compliance with treatment and court conditions*
	▪ Screening and assessment staff	▪ Provide timely risk and need assessment to the court	▪ Number of court appearances to disposition cases for offenders involved with IJSP compared to disposition time for cases not involved with the IJSP	**Swift case disposition** ▪ *Improved efficiency with case disposition*

Target Group	Inputs	Activities	Outputs	Outcomes
Centre for Justice Innovation	▪ Policy and program support positions	▪ Centre regularly reviews and recommends required changes to policies, legislation, and criminal code to accommodate ongoing program innovation	▪ Number of meetings policy analysts attend ▪ Number of policy decisions adopted system-wide ▪ Number of policies coordinated across agencies or departments	**Alignment of policies and legislation with current practices** ▪ *Current policies acknowledge and support current best practices*
	▪ Research and evaluation staff	▪ Ongoing research to support continued innovation and adherence to current best practices ▪ Literature searches and evaluation of new practices or programs ▪ Recommendations for EBP implementation ▪ Development of audit and accreditation standards ▪ Publication of journal articles and scholarly material	▪ Number of programs and practices reviewed in the literature ▪ Number of recommendations made to projects accepted by management teams ▪ Number of papers accepted to academic and professional publications ▪ Number of program evaluations completed	**Innovation of best practices in the justice system through research and evaluation** ▪ *Project uses current and innovative programming and practices*
	▪ EBP trainers and staff development specialists	▪ Provision of regular and ongoing staff training and skill development ▪ Increase project capacity to monitor and deliver effective training and skill supervision ▪ Regularly monitor program statistics to ensure that they are operating within fidelity standards ▪ Collaboration with CJI staff in the development and implementation of EBPs	▪ Number of new EBPs implemented in project sites ▪ Number of trainings provided at project sites ▪ Number of staff trained ▪ Number of evidence-based programs meeting fidelity ▪ Number of projects meeting audit and accreditation standards ▪ Number of programs requesting technical assistance ▪ Number of outside agencies, departments, and communities requesting training and technical assistance	**Become a leader in justice innovation** ▪ *Commitment to workforce development and technical assistance* ▪ *Regular use of evidence-based practices and achievement of accreditation standards* ▪ *Delivery of quality EBP programming, FACT, and case management services* ▪ *Serve as a resource to other jurisdictions, provinces, and countries*
	▪ Community engagement and information services	▪ Create multiple mediums for information delivery to the public about the IJSP and justice system (e.g., website, program literature, videos, etc.) ▪ Meet with community groups, businesses, neighbourhood organizations, and other local groups to assess community needs, concerns, and share project outcomes ▪ Solicit community involvement in the project (i.e., committee involvement, volunteers for the SORCe, etc.)	▪ Level of consistency in the project's public relations materials ▪ Number of mediums used for information dissemination ▪ Number of community meetings held ▪ Number of community members attending ▪ Change is level of community awareness about the SORCe and IJSP	**Community Engagement** ▪ *Increased public awareness of IJSP and CJI projects* ▪ *Improved public knowledge and satisfaction with the justice system*

Target Group	Inputs	Activities	Outputs	Outcomes
Community	▪ Communications staff	▪ Communications staff regularly interface with the community through multiple activities (e.g., website, literature, community meetings, community advisory board, etc.)	▪ Change in community perceptions about the justice system before and after the SORCe opens (at specified intervals, i.e., yearly) ▪ Number of community members involved with the SORCe	**Improved public perception of the justice system** ▪ *Increased sense by the public of the visibility and benefit of the justice system to the community* ▪ *Increased engagement by community members with the justice system*
	▪ Communications staff	▪ Communications staff regularly interface with the community through multiple activities (e.g., website, literature, community meetings, community advisory board, etc.)	▪ Change in community perceptions about the justice system before and after the SORCe opens (at specified intervals, i.e. yearly) ▪ Number of community members involved with the SORCe	**Improved public perception of the justice system** ▪ *Increased sense by the public of the visibility and benefit of the justice system to the community* ▪ *Increased engagement by community members with the justice system*
	▪ Resources for community engagement activities	▪ Regular focus groups held in the community to gain community input into the project ▪ Preparation of media materials, articles for publication ▪ Educate the community about justice issues and project direction, programs, and outcomes	▪ Number of community members attending the focus groups, community meetings, and involved with the advisory committee ▪ Number of community meetings held ▪ Change in the level of community knowledge about local issues related to crime and the justice system ▪ Change in attitude about the justice system ▪ Amount of media coverage of the program	**Community has confidence in the IJSP to positively affect community safety** ▪ *Increased input about community safety concerns and needs by community members* ▪ *Increased education and information dissemination to the community about justice initiatives and project outcomes*

recommendations

1. Use the IJSP Evaluation Framework as a blueprint for the design of the operational research and evaluation plan to be conducted by the SORCe and CJI research and evaluation staff.
2. Fund research positions to be housed at each project site. Project researchers should be responsible for 1) data collection, 2) monitoring project outcomes and trends, 3) providing results of data analysis to managers to assist in making evidence-informed decisions, and 4) coordinating research agendas with the CJI.

section

6

Implementation Strategy

> When [leaders] express hesitancy about implementing these types of courts [problem-solving courts], I just tell them to give it a try and if they don't like it, they can always go back to what they know doesn't work.
>
> Brett Taylor, Deputy Director, Center for Court Innovation

Introduction

The 8 Steps for Successful Project Implementation outlined below are intended to illustrate the critical areas of focus during project implementation and delivery. Ensuring these core areas are addressed during implementation and operation will help ensure the project is well positioned to meet accreditation criteria and audit standards. Planning and implementing a successful project is like putting together a jigsaw puzzle. There are a number of pieces which must be carefully put together before the final picture, or in this case the project outcome, is realized. If even one piece is left out, the desired outcome may not be achieved.

KEY POINTS

- Develop a detailed implementation plan that incorporates the 8 Steps for Successful Project Implementation: 1) use best practices in treatment, services, and supervision; 2) implement and use technology; 3) commit to staff training and development; 4) conduct research and evaluation; 5) collaborate and integrate with existing systems; 6) be accountable and transparent; 7) implement with integrity; and 8) create a positive work environment (see Figure 6.1).
- The quality of both the *design* and *delivery* of a program impacts the achievement of desired outcomes.
- Accreditation reviews are intended to evaluate project design and to improve the likelihood that interventions and practices will achieve their goals and desired outcomes.
- Conducting accreditation reviews regularly is crucial to ensuring project integrity.
- The effectiveness of program implementation and delivery can be determined through an audit process which uses performance measures to evaluate a number of core operational areas, such as human resources, organizational boundaries, nature of services, and client-centered and recovery-oriented approaches.
- Program audits should be conducted annually or biannually.
- The Centre for Justice Innovation (CJI) works with the practice standards committee to develop accreditation criteria and audit standards.
- The CJI is responsible for conducting project accreditation reviews and program audits.
- Resources need to be allocated to build a true trans-disciplinary program able to effectively provide direct supervision, treatment, and support services to target all primary and secondary criminogenic needs (see Figure 4.23).
- Adequate resources need to be allocated to process a substantial number of offenders annually in order to create a significant reduction in local crime (i.e., the goal should be to target and process all local medium- and high-risk offenders within each IJSP jurisdiction).

8 Steps for Successful Project Implementation

1. Use Best Practices in Treatment, Service Provision, and Supervision

Regular review of the current literature, promising practices, and evaluation of work being done in other jurisdictions is key to remaining on the leading edge of current best practice in the provision of treatment, support services, and supervision to offenders.

Figure 6.1: 8 Steps for Successful Project Implementation

2. Implement and Use Technology

The use of robust case management software allows for the efficient management and organization of offender information and enhances staff productivity by reducing time spent recording and retrieving information. Case management software also allows for the tracking of multiple variables within a project such as offender outcomes, project outcomes, and staff efficiency. These can be used for project planning, research, and evaluation purposes. The use of laptops and handheld phones allow staff to be fully mobile and readily able to provide services directly in the community. Ensuring staff safety is critical in community-based projects; therefore, the use of handheld smartphones with GPS tracking and compatible safety software provides the tools to monitor staff working in the community.

3. Commit to Staff Training and Development

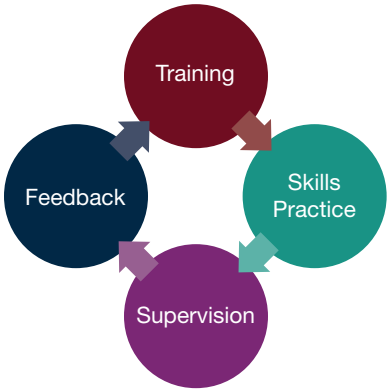
Great practitioners are not born, but rather, are cultivated through a process of training, skills practice, supervision, and feedback. To reach a standard of excellence in offender intervention and program delivery, staff must be seen as the critical ingredient and provided the necessary training and skill development to accomplish the task. In order for staff to work effectively in a trans-disciplinary approach, with the highest level of discipline integration and team cohesiveness, they must be able to share roles and systematically cross discipline boundaries. This level of integration and knowledge sharing, which is key to optimizing interventions and service delivery to offenders, can only be achieved through a commitment to ongoing training.

Another key component of staff development is team cohesion. For a team to deliver the highest level of service they must operate effectively, efficiently, and function as unit.

An effective team can be summarized by eight characteristics (Larson and LaFasto, 1998):[99]

1. A clear and elevating goal,
2. Results-driven structure,
3. Competent team members,
4. Unified commitment,
5. Collaborative climate,
6. Standards of excellence,
7. External support and recognition, and
8. Principled leadership.

Figure 6.2: Cycle of Team Development



The process of team development must be carefully cultivated to develop a collaborative and trusting environment.

It is important that a project develop short- and long-term staff training plans. Staff training and development should be viewed as an ongoing activity and not a one-time event. A long-term commitment to training is essential, as practices are constantly changing and improving. Staff training should be seen as a sound investment.

4. Conduct Research and Evaluation

The regular and ongoing study of project output and outcome data help to discern the critical components contributing to a project's success, thus contributing to the body of evidence of effective programming. Regular evaluation also ensures that projects operate optimally and conform to established evidence-based fidelity practices.

Research evidence should be used to inform project decision-making and strategic planning based on data such as offender outcomes, changes in offender needs, and/or feedback from the community.

5. Collaborate and Integrate with Existing Systems and Community Services

Collaboration, which brings diverse agencies and systems together to "work together to achieve a common goal that cannot be achieved without partners," is critical to solving the complex problems of offenders.[100] Collaboration is accomplished when systems effectively network, coordinate, and cooperate to share resources, personnel, knowledge, and ideas to best meet the needs of the offenders served.

The integration and sharing of resources between new and existing systems, agencies, and/or projects is critical to long-term sustainability. Resources are often scarce, and there is often a great deal of overlap in services or programs provided within a given area.

Collaborating effectively is a key step on the path to integration, away from silos. Integration offers the best method of addressing the complex needs and risks of offenders, but in order to accomplish integration, systems and community services must be willing to be flexible, innovative, and open.

Effectively collaborating and integrating also leads to a continuity of programming throughout a system. For example, if the province purchases a provincial license for an evidence-based program it can be used across an entire system which ensures that an offender receives the same level of care and continuity of programming whether in custody or in the community. This not only leads to a greater continuity of care but builds capacity within the system and offers a more cost-effective method of delivering programs.

6. Be Accountable and Transparent

It is important that a project be accountable for both its successes and short-coming; failures can be seen as a learning opportunity to be used to improve practices. Regular monitoring and evaluation of program practices are critical to ensuring adherence to best practices. Most importantly, a project must be accountable to the offenders, staff, community, and funders.

A project must operate with openness and willingness to share its outcomes and lessons with others in an effort to educate and help other organizations learn from its successes and setbacks. It is important to share project information, outcomes, successes, and challenges with the community to help community members better understand the efforts underway to improve the health and safety of the community. This level of accountability and transparency are critical when dealing with issues such as public safety.

7. Create a Positive Work Environment

Creating an environment where staff and offenders feel welcomed and valued is central to the development of a successful project. Staff are critical to the success of any project and their knowledge, energy, ideas, and passion should be harnessed to create an environment where they feel empowered and see themselves as part of the innovation and change process.

8. Implement with Integrity

When it comes to implementation, details matter. In the realm of criminal justice programming, straying from evidence-based protocols can not only lead to poor outcomes but, in worst-case scenarios, can result in increased rates of recidivism. This is not to say that alterations to a program or project may not be necessary, but rather, that these changes need to align with the mission and vision and must be studied and evaluated to determine their impact and effectiveness. Ongoing quality assurance is critical to identify any problems or deviations from the planned design and to ensure the project stays true to its mission, vision, and principles. Finally, in order to ensure consistency of practice and program operation, it is important to develop formalized policies, procedures, and manuals that guide operation and service delivery. A program implemented with integrity is well positioned to meet audit and accreditation standards.

Accreditation and Audit

As emphasized in the previous section, 8 Steps for Successful Implementation, implementing a project with integrity is critical to achieving desired outcomes. But there are two other pieces critical to ensuring successful projects: 1) accreditation and 2) audit. Accreditation is used to ensure a sound project design, while the audit function is meant to ensure that a project continues to operate to the highest standards. One of the proposed functions of the Centre for Justice Innovation (CJI) is to develop, implement, and oversee accreditation and audit practices within the IJSP.

A recent article, published in *Criminology and Criminal Justice*, outlined the merits of ensuring proper accreditation of programs used in the criminal justice system. Accreditation should set clear quality standards, use agreed-upon criteria, and be based on research evidence. While accreditation is an excellent tool in the overall quality assurance process, it is not meant to replace regular project monitoring, auditing, or outcome evaluations. It is also important to recognize that accreditation is meant to ensure that projects continue to improve their practices and is not meant to be an obstacle to creativity or innovation.

> ***By encouraging the development of logically sequenced programmes which have a clear underlying purpose and use techniques that have been demonstrated to be effective, a policy of accreditation aims to improve the chances of interventions achieving their prescribed goals. It not only raises standards of design, but provides information, orientation and guidance for practice and is an important instrument for resource allocation.***[101]

While accreditation is an important tool to help ensure a project is well designed, its success is also based on how well the project and its programs are delivered. A key aspect of the audit process is to ensure the project and programs: 1) have proper resources, 2) staff training, 3) staff skill supervision, 4) adherence to program curricula and fidelity, 5) are delivering high quality interventions, and 6) are achieving positive outcomes.[102] Audit processes often use performance measures to evaluate areas such as the following:

- Project management
- Quality of program delivery
- Commitment of leadership
- Case management practices
- Quality of staff training and supervision
- Staff roles and responsibilities
- Client selection and assessment process
- Nature and quality of services
- Fidelity to established program practices (for EBPs)
- Continuity of care
- Privacy practices
- Recovery-oriented and client-centered approaches

Audit criteria should be transparent and be a tool used by project teams to guide them in delivering high-quality programs and services. Some evidence-based programs have specific fidelity scales to measure adherence to the model, and these scales should be used as part of the audit process. The purpose of an audit is to provide a program with feedback about areas where it is performing well and where there are areas for improvement. Evaluators and program managers must guard against the "tick box" evaluation phenomenon, whereby practice begins to focus solely on "process" compliance, as opposed to quality and how programs and practices are experienced by the offender.[103] One of the core functions of the CJI would be to assist programs to improve areas of underperformance through technical assistance and training.

The Correctional Services Accreditation Panel (CSAP) of England and Wales developed a list of ten criteria which are used to evaluate projects and programs designed for the criminal justice system.[104]

1. Clear model of change
2. Selection of offenders
3. Targeting a range of dynamic risk factors
4. Effective methods
5. Skills oriented
6. Intensity, sequencing, and duration
7. Engagement and motivation
8. Continuity of programs and services
9. Maintaining integrity
10. Ongoing evaluation

Many other European countries have based their accreditation criteria on those of CSAP. The ten criteria are outlined below, and a description of each is followed by an explanation of how the Integrated Justice Services Project design meets each criterion.

Clear Model of Change

There should be an explicit model to explain how the program is intended to bring about relevant change to offenders.

Centre for Justice Innovation

- Provide oversight and strategic direction for the projects to assist them in remaining true to their mission, vision, principles, goals, and objectives.
- Champion evidence-based and evidence-informed practices and monitor projects to ensure they remain true to fidelity.
- Provide training and technical support for project managers, practitioners, and service providers in order to develop highly competent and trans-disciplinary teams.

Safe Communities Opportunity and Resource Centre

- Use the Risk-Need-Responsivity model as the underlying service delivery system.
- Use success-oriented supervision to hold offenders accountable while also developing motivation for change and rewarding and praising success.
- Use Motivational Enhancement Therapy to build desire for change.
- Ensure the use of evidence-based and evidence-informed practices that are proven through systemic research to be effective in decreasing recidivism and future criminal behaviour (e.g. standardized CBT programs targeting criminogenic thinking, behaviours, and attitudes).
- Provide effective case management defined as: 1) the use of evidence-based practices, 2) success-oriented supervision, 3) productive staff and offender interactions, and 4) ongoing risk-need assessment.

Selection of Offenders

The types of offender for whom the program in intended and the methods to select them should be specified.

Centre for Justice Innovation

- Monitor and evaluate project sites to assess if they are remaining true to proven assessment techniques.
- Continue to hone assessment and selection techniques by conducting frequent scans of the criminal justice and forensic research literature.
- Audit project sites to determine if sites are selecting appropriate offenders based on established criteria and triaging them to appropriate treatment and services.
- Ongoing assessment of project selection criteria and tools to determine if they remain the most up-to-date methods of assessment and screening.

Safe Communities Opportunity and Resource Centre

- Moderate- to high-risk and functionally impaired offenders are selected for the IJSP due to the greatest return on investment in decreased recidivism.
- The SORCe eligibility criteria are developed using the SPIn and COMPASS, two standardized risk assessment tools that have wide acceptance in the criminal justice field.
- All eligible offenders are assessed using a standardized risk assessment tool (e.g., SPIn, COMPASS, LSI, etc.) and the offender's criminogenic risks, needs, and responsivity to treatment are identified.
- All eligible offenders are screened by the assigned Crown prosecutor to determine the risk to the community and also by the assigned defence lawyer to determine the best legal course of action.
- The presiding judge is provided enhanced information from the Risk-Need-Responsivity assessment to aid in determining bail conditions and sentencing.

Targeting a Range of Dynamic Risk Factors

It should be described how the program addresses the dynamic risk factors associated with re-offending.

Centre for Justice Innovation

- Frequent environmental scans to monitor promising practices and techniques.
- Oversight of project sites to ensure evidence-based programs and practices remain true to fidelity and continue to focus on dynamic risk factors.
- Provide training and skill mastery to project sites to develop a group of highly trained staff and professionals.

Safe Communities Opportunity and Resource Centre

- Use the Risk-Need-Responsivity assessment to identify the dynamic criminogenic needs which are the target of supervision, treatment, and support services.
- Provide training and supervision of SORCe treatment practitioners and service providers to ensure interventions focus on the seven major criminogenic needs in order to reduce recidivism to the greatest extent possible.
- Provision of comprehensive, wrap-around services addressing multiple aspects of functioning. There are also formal relationships with outside agencies and providers in order to maximize holistic care.
- Emphasis on the use of treatment and support services that use the bio-psycho-social model which is shown to produce the greatest positive impact on offenders and greatest reduction in recidivism.
- Conduct regular audits of offender charts to ensure adherence to the use of the Risk-Need-Responsivity and bio-psycho-social models.

Effective Methods

Evidence should be provided to show that the treatment methods used are likely to have an impact on the targeted risk factors.

Centre for Justice Innovation

- Oversight and evaluation of project sites to assess the impact of treatment and support services on offenders and rates of recidivism.
- Follow-up assessment of offenders transitioning out of the SORCe to evaluate recidivism rates.
- Recommendations to programs for effective practices and evidence-based programs to address dynamic risk factors.
- Use existing effective curriculums and create and evaluate new program curriculums.
- Continue to integrate new promising practices at the project sites.
- Publish reports detailing the effectiveness of both the project sites and programs within the projects in addressing the risk factors.
- Evaluate the impact of the projects on the communities they serve.

Safe Communities Opportunity and Resource Centre

- Use programs approved by the CJI as being effective in targeting criminogenic risk factors.
- Use proven evidence-based techniques that are shown in the research literature to effectively target criminogenic risks and needs and decrease future recidivism.
- Use trans-disciplinary treatment teams able to respond to a variety of circumstances and needs.
- Onsite researcher(s) collects data, monitors and reports on changing project trends.
- Frequent engagement with the community to seek feedback on the impact of the SORCe and become aware of concerns arising in the community.

Skills Oriented

It should be shown how the program will facilitate the learning of skills that will assist participants to avoid criminal activity.

Centre for Justice Innovation

- Provide support for project sites to build highly competent treatment, supervision, and service staff that excel in delivering evidence-based practices.
- Monitor adherence to evidence-based program fidelity standards and correct any deviations from the established model.
- Ensure appropriate resources are available to support skill-based offender programming (e.g., financial, curriculums, training, etc.).
- Evaluate project sites to assess the degree of programming targeting the seven major criminogenic risk factors and provide feedback, training, and support for programs.

Safe Communities Opportunity and Resource Centre

- The majority of criminogenic treatment is located onsite in order to maximize quality control and also to monitor the offender's progress.
- The project offers programs that are practical and targeted on teaching skills known to reduce recidivism (e.g., GED, employment training, anger management, etc.)
- Offer a wide range of evidence-based programming that addresses the seven major criminogenic needs.
- Provide services and treatment for secondary and tertiary targets (see Figure 4.22).
- Use trans-disciplinary treatment and service teams to provide wrap-around, holistic care.
- Implement success-driven supervision and court reviews to hold offenders accountable and to review their process in treatment and services.
- Interact with offenders using a client-centered approach and frequently use motivational enhancement therapy to build a desire to change and support the offender's independence.

Intensity, Sequencing, and Duration

The frequency and number of treatment sessions should be matched to the degree of treatment needs typical for most participants in the program.

Centre for Justice Innovation

- Research and evaluation of evidence-based curriculums, programs, and practices for use at project sites.
- Train staff to effectively deliver evidence-based programs and practices according to recommended practices (e.g., use of recommended workbooks, offering the recommended number of sessions, etc.).
- Monitor completion rates for offenders in programs.
- Evaluate offender response to programming (e.g., recidivism rates, employment rates, substance use, etc.).
- Work with the practice standards committee to develop program standards.

Safe Communities Opportunity and Resource Centre

- Ensure offenders are directed to the appropriate treatment programs based on their risk-need assessment.
- Prioritize involvement in programs targeted to addressing the seven criminogenic needs. For example, an offender with a procriminal attitude would be enrolled in the *Reasoning and Rehabilitation* program which addresses anti-social thinking and impulse control twice a week for eight weeks (see Figure 4.23 and Appendix C).
- Ensure that offenders receive the prescribed dosage of treatment and are regularly attending. Attendance at programming would be monitored and reported to supervision agents.
- Enrollment in other programs targeting needs in secondary and tertiary realms (see Figure 4.22).

Engagement and Motivation

The program should be structured to maximize the engagement of participants and sustain their motivation.

Centre for Justice Innovation

- Staff training on Motivational Enhancement Therapy and client-centered techniques.
- Monitor and evaluate completion rates for treatment.
- Monitor level of engagement with treatment providers (e.g., no-show rates for appointments).
- Monitor survey results on satisfaction with programming and offender self-assessment of motivation levels.

Safe Communities Opportunity and Resource Centre

- Treatment providers and supervision agents use Motivational Enhancement Therapy techniques to engage offenders.
- Treatment providers and supervision agents use stage-wise treatment interventions to increase and sustain motivation for treatment.
- Ensure a welcoming environment in treatment groups and at the SORCe.
- Treatment and service providers use a client-centered treatment approach.
- Use contingency management strategies to reward offenders for program participation and completion.
- Collect data on engagement in programming, satisfaction with treatment services, and offender self-assessment of motivation level.

Continuity of Programs and Services

There should be clear links between the program and the overall management of the offender both during a prison sentence and community supervision.

Centre for Justice Innovation

- Purchase provincial licenses for selected evidence-based programs to allow selected evidence-based programs (e.g., *Rehabilitation and Reasoning*, *Aggression Replacement Training*, etc.) to be implemented in correctional facilities, community corrections, and the SORCe (see Figure 4.23 and Appendix C).
- Provide training to justice and partner organization staff to effectively deliver evidence-based programs and practices in correctional facilities, community corrections, and the SORCe.
- Engage in regular dialogue with partners and stakeholders through the interagency policy committee about ways to continually improve integration.
- Facilitate working and formal relationships with justice and community organizations interfacing with the projects.

Safe Communities Opportunity and Resource Centre

- Develop relationships with correctional facilities, police, and community corrections.
- Engage in joint staff training with staff from the SORCe, correctional facilities, and community corrections learning together to facilitate strong working relationships, continuity of practices, and program delivery.
- Train staff in the APIC model (see Appendix F).
- Use of the *One Person, One Plan, One Place* holistic treatment philosophy.
- Deliver treatment and support services using a trans-disciplinary team approach.
- Offenders are assigned to a case manager or treatment team who provide direct treatment, interventions, and coordinate care with outside providers.

Maintaining Integrity

There should be in-built mechanisms which monitor operations and enable service delivery to be adjusted where necessary.

Centre for Justice Innovation

- Evaluation will be a core function.
- Develop detailed evaluation and audit plans.
- Work with the practice standards committee to develop audit criteria.
- Regularly monitor and report on project outputs and outcomes.
- Evaluators will work with CJI program support and training staff to assist programs at the SORCe to address any areas requiring improvement.

Safe Communities Opportunity and Resource Centre

- Use case management software with output and outcome reporting capacity.
- Onsite researcher prepares reports regularly on project outputs and outcomes.
- The researcher works with management staff to make evidence-informed decisions about adjustments to programs, practices, or operations based on report information.
- Program changes are monitored to determine effectiveness.

Ongoing Evaluation

There should be an outline of how a program will be evaluated so that its effectiveness can be analyzed.

Centre for Justice Innovation

- Research and evaluation are a core function.
- Comprehensive research and project evaluation frameworks are developed and used.
- CJI assists local researcher(s) to implement data collection plans.
- Develop accreditation standards working with the Practice Standards and Case Management Committee.
- Conduct annual project and program audits.
- Conduct regular project accreditation reviews (e.g. every 3 years).
- Training and workforce development staff provide technical assistance to projects to address areas requiring improvement.
- Report on project outcomes.

Safe Communities Opportunity and Resource Centre

- Implement case-management software capable of effectively managing offender information and reporting defined program and project outcomes.
- Collect data outlined by the CJI for project monitoring and evaluation.
- Monitor adherence to evidence-based program fidelity through annual audits by the CJI.
- Analysis of data by the onsite researcher in order to produce regular reports relating to project goals and outcomes.
- Results of the data and outcome analysis are used to make evidence-informed decisions about necessary project changes and track the effects of the implemented changes.

SORCe Staffing Model

As discussed in previous section, providing holistic, wrap-around services effectively targeting criminogenic needs requires a highly qualified and diverse staff. This sub-section provides a staffing model example that would effectively meet the needs of medium- and high-risk offenders (see Figure 6.3). The model incorporates all the functions listed in the service delivery continuum (see Figure 4.25), and includes three service intensities (FACT, ICM, and CM), along with robust onsite treatment and support staff. Below is a brief explanation of the positions listed in Figure 6.3. The qualifications, duties, and responsibilities are intentionally left open-ended as the set-up of the SORCe may be accomplished in multiple fashions – from staff seconded from current programs/agencies to the development of new positions. Nevertheless, it is the goal of this report to provide a basic structure and hierarchy in order to adequately staff the service delivery continuum.

- **Executive Director:** the most senior manager of the SORCe who provides overall executive leadership, implementation of the mission and vision, and furthering of the strategic direction.
  - **Executive Assistant***:* provides administrative support to the Executive Director.
  - **Director Assistant:** provides administrative support to the SORCe Directors.
  - **Human Resource Manager***:* provides leadership and management in workforce planning, recruitment, employee benefits, and staff relations.
  - **Accountant***:* oversees the financial assets of the SORCe, manages payroll, and provides accounting services.
  - **Researcher:** collects and analyzes data related to the day-to-day operation and services provided by the SORCe and co-ordinates with the researchers and evaluators at the CJI (see the 8 Steps for Successful Project Implementation).
- **Director of Clinical Services:** oversees, leads, manages, and provides quality control for all clinical and treatment services for offenders. Supervises all FACT, ICM, CM, and Clinic Managers.
  - **FACT Team Leader:** manages the day-to-day operations of the FACT team and is responsible for the clinical oversight of the offenders assigned to the FACT team.
  - **Mental Health and Addictions Specialist:** provides direct mental health and addictions counselling to offenders.
  - **Occupational Therapist:** provides practices as defined by the Alberta College of Occupational Therapists.
  - **Employment Specialist***:* provides direct educational and vocational counselling for offenders.
  - **Family Specialist:** provides direct family counselling and interventions related to an offender's family, primary supports, friends, and natural supports.
  - **Justice Liaison:** see Section 4 – Detailed Description of the Legal and Assessment/Treatment Process.
  - **ICM Team Leader:** manages the day-to-day operations of the ICM team and is responsible for the clinical oversight of the offenders assigned to the FACT team.
  - **Case Manager:** see Section 4 – Detailed Description of the Legal and Assessment/Treatment Process.
  - **CM Team Leader***:* manages the day-to-day operations of the CM team and is responsible for the clinical oversight of the offenders assigned to the FACT team.
  - **Manager of Clinical Services:** manages the day-to-day operations of clinic-based mental health and addictions services and is responsible for the clinical oversight of the facilitators assigned to EBP treatment groups (see Appendix C).

- **Clinical Specialist:** facilitates EBP clinic-based EBP treatment groups (see Appendix C).
- **Recreational Therapist**: provides direct services designed to engage offenders in prosocial hobbies and healthy leisure activities and also increase an offender's level of functioning and independence.
- **Aboriginal Support Specialist**: provides direct services designed to meet the specialized needs of Aboriginal offenders in the justice system.

- **Director of Medical Services:** oversees, leads, manages, and provides quality control for all medical treatment for offenders. Supervises all office-based medical functions.
  - **Medical Manager:** manages the day-to-day operations of the SORCe medical clinic and is responsible for the clinical oversight of offenders receiving medical care.
  - **Medical Office Assistant:** provides administrative support for medical staff and physicians.
  - **Registered Nurse / Nurse Practitioner / Licensed Practical Nurse:** provides practices as defined by the College and Association of Registered Nurses of Alberta (CARNA). Nurses are assigned to all treatment teams and are supervised according to this placement.
  - **Nutrition Counsellor:** provides direct clinical services for offenders related to a healthy diet and lifestyle.
  - **Nursing Student:** current nursing students completing a field placement, practicum, and/or internship.
  - **Psychiatrist:** provides practices as defined by the Alberta College of Physicians and Surgeons.
  - **Family Physician:** provides practices as defined by the Alberta College of Physicians and Surgeons.
  - **Medical Student:** current medical students completing a field placement, practicum, and/or internship.
- **Director of Legal Services:** oversees, leads, manages, and provides quality control for all legal services and community supervision for offenders.
  - **Community Corrections Manager:** manages the day-to-day operations of offender supervision and is responsible for the oversight of staff providing community supervision.
  - **Probation Officer**: provides direct community supervision functions for offenders.
  - **Screening Specialist:** see Section 4 – Detailed Description of the Legal and Assessment/ Treatment Process.
  - **Intake Specialist**: see Section 4 – Detailed Description of the Legal and Assessment/Treatment Process.
  - **Crime Analyst:** see Section 4 – Detailed Description of the Legal and Assessment/Treatment Process.
  - **Community Service Liaison:** provides coordination with community service programs/ agencies and aids in the development of restorative justice projects with local communities.
  - **Legal Support Manager:** manages the day-to-day operations of providing legal information and resources for offenders.
  - **Victim Advocate:** provides direct support, case management, and linkage to the identified victims of the offenders receiving services at the SORCe.
  - **Legal Aid Specialist:** coordinates legal services for offenders and provide education and information about community legal resources.
  - **Aboriginal Support Worker:** provides specialized support services for Aboriginal offenders.
- **Director of Operations:** oversees, leads, manages, and provides quality control for all administrative functions of the SORCe and support services for offenders.

- **Office Manager:** manages the day-to-day operations of administrative support for the SORCe.
- **Receptionist:** provides services at the main entrance to the SORCe, directs visitors and calls to appropriate locations, and aids in office organization and filing.
- **Program Assistant:** provides clerical functions for the SORCe.
- **IT Support:** maintains and supports technology needs of the SORCe and its staff.
- **Manager of Support Services:** manages the day-to-day operations of support services provided to offenders.
- **Financial Specialist:** provides direct financial counselling and teaches budgeting skills to offenders.
- **Job Development Liaison:** develops relationships with local employers and training programs to aid offenders in acquiring employment or training.
- **Income Support Worker:** aids offenders in applying and maintaining income support such as EI, AISH, etc.
- **Child Minding Worker:** provides child minding services onsite for offenders attending appointments or programs at the SORCe.
- **Security Manager:** manages the day-to-day operations of maintaining the safety and security of the SORCe, staff, offenders, victims, volunteers, and community members accessing or providing services.
- **Security Officer:** provides direct safety and security services to the SORCe, staff, offenders, victims, volunteers, and community members accessing or providing services.

- **Director of Communications:** oversees, leads, manages, and provides quality control for public relations, internal and external communications, and community development.
  - **Community Liaison:** assists and supports the Director of Communications.
  - **Housing Specialist:** assists offenders to obtain and maintain housing, represents the SORCe in developing relationships with potential landlords, and provides expertise in housing and tenancy laws.
  - **Volunteer Coordinator:** recruits, coordinates, and supports community volunteers associated with the SORCe.
  - **Volunteers:** community members engaged with providing time, resources, and/or knowledge to aid in delivering the mission and vision of the SORCe.

Figure 6.3: Staffing Model

Key

- Senior Manager
- Junior Manager

- Executive Director
  - Executive Assistant
  - Director Assistant
  - Human Resource Manager
  - Researcher

Director of Clinical Services	Director of Medical Services	Director of Legal Services	Director of Operations	Director of Communications
FACT Team Leader	Medical Manager	Community Corrections Manager	Office Manager	Community Liaison
Registered Nurse	Registered Nurse	Probation Officer	Receptionist	Housing Specialist
Mental Health and Addictions	Medical Office Assistant	Justice Liaison	Program Assistant	Volunteer Coordinator
Occupational Therapist	Nutrition Counsellor	Screening Specialist	IT Support	Volunteers
Employment Specialist	Nursing Students	Intake Specialist	Manager of Support Services	
Family Specialist	Psychiatrist	Crime Analyst	Financial Specialist	
Justice Liaison	Medical Students	Community Service Liaison	Job Development Liaison	
ICM Team Leader	Family Physician	Legal Support Manager	Employment Specialist	
ICM Clinician	Medical Students	Victim Advocate	Income Support Worker	
Registered Nurse		Legal Aid Specialist	Child Minding Worker	
Justice Liaison		Aboriginal Court Worker	Security Manager	
Case Management Team Leader			Security Officer	
Case Manager				
Manager of Clinical Services				
Clinical Specialist				
Recreational Therapist				
Occupational Therapist				
Family Specialist				
Psychologist				
Aboriginal Support Specialist				
Practicum Students				

Please note this staffing model does not include the Judiciary, Crown Prosecutor, or Defence Lawyers. These positions are independent of the SORCe and do not fall under its staffing model. However, both the Crown Prosecutor and Defence Lawyer would receive support by SORCe staff.

The number of full-time equivalents (FTEs) will vary according to the number of offenders targeted to be processed through the SORCe. After analysis of the data contained in Appendix B, the following assumptions (see Figure 6.4) were developed to aid in designing a staffing model for the SORCe.

Figure 6.4: Staffing Model Assumptions

1. Length of probation	The average sentence to community corrections is approximately 9 months in duration. Approximately 2/3 of all sentences to community corrections fall between 3 and 24 months (see Appendix B).
2. Crown prosecutor and defence lawyers	➡ Crown prosecutor's caseload = approximately 100 offenders per month. ➡ Defence lawyer caseload = 65 offenders per month. ➡ Cases will be processed quicker with additional information and support. ➡ Defence will require more time to work with an offender due to complexity of the caseload. ➡ > 50% of offenders may not have a private defence lawyer and may not qualify for legal aid.

3. Forensic Assertive Community Treatment (FACT)	➡ 1:8 staff-client ratio (FACT fidelity dictates that 1:10 is the maximum, although the standard for FACT is moving toward 1:8).
	➡ Each FACT team is composed of 13 FTEs (including the team leader).
	➡ 1 team receives 9 new offenders per month until at capacity.
	  ➡ NOTE: This number is higher than fidelity which dictates no more than 6 clients per month; however, the rationale for this increase is the enhanced support in screening, assessment, and supervision present in the IJSP.
	  ➡ Attrition rate of 15% at month 9 due to:
	  ➡ Successful completion of sentence and the offender transitioning to the community mental health system;
	  ➡ Successful completion of sentence and the offender declining additional services; or
	  ➡ Unsuccessful completion of sentence and return to custody.
	➡ Offenders enrolled on the FACT Team are less likely to discontinue IJSP services.
	➡ Offenders enrolled on the FACT Team will likely remain enrolled in IJSP services once sentence is complete.
	➡ Achieve a steady state at month 13.*
	➡ After steady state, enrollment of 2 new offenders per month.
	➡ Average length of stay for FACT is 2 years.

4. Intensive Case Management (ICM)	➡ 1:18 staff-client ratio (fidelity dictates that 1:20 is the maximum).
	➡ 1 FTE ICM staff receives 2 new offenders per month until at capacity.
	➡ Attrition rate of 75% at month 9 due to:
	  ➡ Successful completion of sentence and the offender transitioning to the community support services;
	  ➡ Successful completion of sentence and the offender declining additional services; or
	  ➡ Unsuccessful completion of sentence and return to custody.
	➡ Achieve a steady state at month 10.*
	➡ After steady state, enrollment of 1 new offender per month.
	➡ Average length of stay for ICM is 9-12 months.

5. Case Management (CM)	➡ 1:30 staff-client ratio
	➡ 1 FTE CM staff receives 4 new offenders per month until capacity.
	➡ Attrition rate of 75% at month 9 enrollment due to:
	  ➡ Successful completion of sentence and the offender transitioning to the community support services;
	  ➡ Successful completion of sentence and the offender declining additional services; or
	  ➡ Unsuccessful completion of sentence and return to custody.
	➡ Achieve steady state at month 9. *
	➡ After steady state, enrollment of 3 per month.
	➡ Average length of stay for CM is 6-9 months.

6. Offender Screening	➡ An offender screen takes approximately 90 minutes to complete and document.
	➡ 1 FTE screening staff can complete 5 offender screens per day.
	➡ 1 FTE screening staff works approximately 20 days per month; 1 FTE can complete approximately 100 clients per month.
	➡ Attrition rate of 20% (therefore, must screen 20% more offenders to achieve caseload) from initial screen to first court appearance due to:
	  ➡ Inability to locate offender after release;
	  ➡ Offender does not attend his/her first court appearance; or
	  ➡ Offender's bail is revoked.

7. Offender Assessment	➡ An offender assessment takes approximately 120 minutes to complete and document. ➡ 1 FTE assessment staff can complete 3 offender assessments per day. ➡ 1 FTE screening staff works approximately 20 days per month; 1 FTE can complete approximately 60 clients per month.

* A "steady state" is when the addition of new offenders to a staff member's caseload approximately equals the number of offenders lost per month.

recommendations

1. Develop a detailed set-up and implementation plan that incorporates the 8 Steps for Successful Project Implementation.
2. Continue to consult with partners and stakeholders at all levels of government and in the local communities during the set-up and implementation of the IJSP.
3. Task the CJI to work with the Practice Standards and Case Management Committee to develop accreditation audit standards and accreditation criteria for all projects it oversees.
4. Empower the CJI to audit all projects and programs it oversees annually and to conduct formal accreditation reviews every three years.
5. Provide incentives to projects that do particularly well and/or consistently score high during audit and program reviews (e.g., enhanced funding, lengthening the time to the next audit, etc.).
6. Task the CJI to conduct regular gap analyses to identify service and program gaps in order to inform project planning and resource allocation.
7. Allocate resources to meet the technology needs of the CJI and SORCe including (but not limited to) laptops, smartphones, robust case management software, and technology to enhance productivity and maintain staff safety in the community.
8. Explore means to obtain provincial licenses for copyrighted evidence-based practices/programs and implement these practices across multiple Ministries, programs, and organizations to create continuity of programming.
9. Allocate adequate resources to annually process a substantial number of offenders in order to create a significant reduction in local crime (i.e., the goal should be to eventually target and process all local medium- and high-risk offenders within each IJSP jurisdiction).
10. Allocate resources to each site to allow for the hiring of diverse and qualified professionals based on the recommended staffing model (see Figure 5.3).
11. Hire staff who are: 1) willing to undergo specialized training; 2) committed learners; 3) able to adhere to established practices; 4) motivated to further the mission and vision of the project; 5) skilled at developing positive, strengths-based relationships with those they provide services to; and 6) have the pre-existing credentials needed to deliver high quality services.

section

7

Conclusions and Recommendations

Knowing is not enough; we must apply. Willing is not enough; we must do.

Johann Wolfgang von Goethe

Conclusion

Crime is a complicated problem, but it is not one without solutions. Crime is a community problem, and as such, requires a collaborative and integrated approach by the community to solve it. There is a large body of evidence that supports a number of programs and practices that are effective in reducing recidivism. Within the current body of What Works evidence, there is an opportunity to adopt a new approach to reducing crime. Instead of speaking about "getting tough on crime," a far more effective approach is to "get smart on crime."[105]

Policy makers should not wait for a crisis before embarking on meaningful change. Getting smart on crime involves being proactive and recognizing that making targeted and purposeful changes can have positive and far-reaching impacts in changing the lives of offenders, improving the health and safety of our communities, and maximizing the effective use of resources.

The IJSP supports the concept of getting smart on crime and builds on two core concepts:

- Providing treatment and support services that target the underlying criminogenic needs driving the offender's negative behaviour.
- Correcting the harm caused to a victim and community through restorative justice practices (e.g., community service, community impact panels).

Incarcerating more individuals is not the answer. It is expensive and research shows it is not effective in changing behaviour or correcting harm caused to the community. Focusing on treatment, success-driven community supervision and restorative justice programs are a cost-effective and socially conscious means of ensuring safer and healthier communities. Further, a body like the Centre for Justice Innovation will ensure continued growth, change, and innovation in justice programming and practices.

Putting it simply – fitting the pieces of the puzzle together by addressing offenders through a holistic *One Person, One Plan, One Place* integrated service approach will improve the safety of Alberta communities. Every offender who is treated and supported using a problem-solving justice approach is, at the very least, an opportunity to prevent *one less crime and one less victim.*

recommendations

The recommendations below are a combinations of all recommendations found in Sections 2 through 6.

Offender Management and Treatment

1. Increase the use of alternatives to incarceration for offenders deemed safe to be in the community by using treatment and support services provided through the SORCe.
2. Focus financial and staff resources on proven methods to reduce incarceration, decrease recidivism, and increase offenders' engagement in treatment services. Provide intensive treatment, support services, and supervision in the community through a wider adoption of evidence-based programming (see Figure 4.24 and Appendix C) and through the use of supervision, support services, and treatment practices that heavily target criminogenic needs.
3. Realign and allocate resources to primarily target medium- and high-risk offenders in supervision, treatment, and support services in order to attain the greatest reduction in recidivism and provide the best return on investment.
4. Allocate greater resources to treatment and support services targeting substance use, anger and aggression, employment, and parenting.
5. Incorporate client-centered care, rehabilitation, and the bio-psycho-social model into treatment and service programs providing interventions to offenders.
6. Use a standardized Risk-Need-Responsivity assessment that shows strong validity and reliability in the criminal justice research literature (see Section 3).
7. Utilize assessment instruments that have been found to be reliable and valid for diverse populations (e.g., Aboriginal people, women, immigrants, etc.).
8. Allocate greater resources to programs and organizations that specifically target offenders in order to decrease the wait for services and subsequently increase program capacity and the range of services delivered.
9. Incorporate Motivational Enhancement Therapy and Cognitive-Behavioural Therapy principles and practices into treatment and services for offenders.
10. Allocate resources to design a range of substance abuse treatment options that target the diverse needs and required intensity of offenders. This should incorporate practices such as Motivational Enhancement Therapy, Integrated Dual Disorder Treatment, Contingency Management, Cognitive-Behavioural Therapy, Therapeutic Communities, and Modified Therapeutic Communities.
11. Use the Risk-Need-Responsivity model as the underlying theoretical foundation for providing treatment and support services for offenders.
12. Incorporate the use of Success-Driven Supervision and train all supervisory agents in this model.
13. Increase the use of rewards and incentives for offenders who make positive changes in their lives, successfully follow conditions, and engage in services.
14. Maintain detailed and accurate records that track changes in an offender's functioning, skill development, and compliance with conditions.
15. Expand the use of restorative justice practices such as community service, victim restitution, community impact panels, and allocate greater resources to support victim services.

16. Increase the use of graduated sanctions and respond to misconduct with swiftness and certainty.
17. Incorporate case management standards emphasizing: 1) EBPs, 2) success-driven supervision, 3) productive staff-offender interactions, and 4) ongoing risk-need assessment.
18. Provide culturally competent and sensitive treatment services.
19. Explore means to obtain provincial licenses for copyrighted evidence-based practices/programs and implement these practices across multiple Ministries, programs, and organizations to create continuity of programming.
20. Develop policies and practices that allow offenders to apply for income assistance and medical coverage prior to discharge from incarceration.
21. Provide family and parenting programs and services that support offenders in order to reduce child apprehensions and improve family cohesion and well-being.

Centre for Justice Innovation

1. Set-up and implement the Centre for Justice Innovation (CJI) to provide oversight and support to the IJSP. This should be done either before or in parallel to the SORCe set-up.
2. Design the operation of the CJI to perform the following functions: 1) community engagement, 2) research and evaluation, 3) workforce development, and 4) policy and program support (Figure 4.2).
3. Set-up and implement support committees to work with the CJI (see Figure 4.1).
4. Task the CJI with providing high quality, advanced, and robust training services. Require the CJI to frequently evaluate projects to determine if they remain true to evidence-based program fidelity standards.
5. Use the IJSP Evaluation Framework (See Figure 5.2) as a blueprint for the design of the operational research and evaluation plan to be conducted by the SORCe and CJI research and evaluation staff.
6. Conduct a formal Privacy Impact Assessment on the IJSP prior to implementation to ensure compliance with privacy standards.
7. Continue to consult with partners and stakeholders at all levels of government and in local communities during the set-up and implementation of the IJSP.
8. Task the CJI to build productive partnerships that increase collaboration between the community and justice system.
9. Allocate resources to the CJI and SORCe to implement future phases of the project (see Figure 4.38). Immediately task the CJI Legal Committee to: 1) examine legislative obstacles to current implementation, 2) identify obstacles to future growth and innovation, and 3) develop and implement solutions.
10. Develop a detailed set-up and implementation plan that incorporates the 8 Steps for Successful Project Implementation.
11. Task the CJI to work with the Practice Standards and Case Management Committee to develop audit standards and accreditation criteria for all projects it oversees.

12. Empower the CJI to audit all projects and programs it oversees annually and to conduct formal accreditation reviews every three years.
13. Provide incentives to projects that do particularly well and/or consistently score high during audit and program reviews (e.g., enhanced funding, lengthening the time to the next audit, etc.).
14. Fund research positions to be housed at each project site. Project researchers should be responsible for: 1) data collection, 2) monitoring project outcomes and trends, 3) providing results of data analysis to managers to assist in making evidence-informed decisions, and 4) coordinating research agendas with the CJI.
15. Task the CJI to conduct regular gap analyses to identify service and program gaps in order to inform project planning and resource allocation.
16. Allocate resources to meet the technology needs of the CJI and SORCe including (but not limited to) laptops, smartphones, robust case management software, and technology to enhance productivity and maintain staff safety in the community.
17. Task the CJI to develop a robust website which contains information such as web-based training modules, a library of resources, links to other pertinent websites, project outcomes, project updates, community engagements, and research information on evidence-based practices.

Safe Communities Opportunity and Resource Centre (SORCe)

1. Set-up and implement the Safe Communities Opportunity and Resource Centre (SORCe).
2. Co-locate specific government services (include key programs from municipal, provincial, and federal levels), NGOs, and other community programs in order to provide streamlined access for offenders to meet their basic and criminogenic needs.
3. Use three intensities of treatment and supervision services to best meet the needs of diverse offenders. This should include Forensic Assertive Community Treatment Teams, Intensive Case Management Teams, and Case Management Teams.
4. Provide comprehensive, wrap-around services with a heavy emphasis on targeting primary criminogenic needs.
5. Design the operation of the SORCe with the philosophy of providing holistic, wrap-around services using the *One Person, One Plan, One Place* approach. Furthermore, operate on the principles that the justice system should be *Accessible*, *Proactive*, and *Visible* (see Figure 4.6 and 4.7).
6. Design the SORCe to provide a “one stop shop” approach which includes the following functions: 1) crisis and outreach, 2) intake, 3) triage, 4) screening and assessment, 5) treatment services, 6) support services, 7) offender management, 8) legal services, and 9) program support services.
7. Develop a community advisory committee attached to each IJSP site that is made up of a diverse cross-section of professionals and members of the local community. The community advisory committee will function to provide input to the IJSP from the community and disseminate information from the IJSP to the community.
8. Formalize relationships with applicable partners and stakeholders to establish operational processes and procedures.

9. Ensure sufficient resources are in place to have dedicated Crown prosecutors and defence lawyers assigned to the SORCe.
10. Ensure the SORCe is transparent and accountable to the community, partners, and funders through regular reporting of outcomes and publication of research findings.
11. Provide incentives for NGOs and other community organizations to partner with the SORCe and to provide onsite services at the SORCE and/or develop a streamlined referral process.
12. Require that all programs provided at the SORCe by outside providers or organizations be subject to research and evaluation and be required to meet CJI audit and accreditation standards.
13. Design the SORCe to create a welcome and open environment for all (offenders, staff, and community members) who access, provide, and use its resources.
14. Access resources through Housing and Urban Affairs to assist offenders supported through the SORCe treatment teams to access housing subsidies, programs, and resources in order to obtain stable, independent housing.

Criminal Justice Professionals, Practitioners, and Staff

1. Develop an ongoing comprehensive training and supervision program that aims to create a highly skilled, trans-disciplinary team that excels in offender-specific, evidence-based practices (see Figure 4.34 and Appendix C).
2. Allocate adequate resources to process a substantial number of offenders annually in order to create a significant reduction in local crime (i.e., the goal should be to eventually target and process all local medium- and high-risk offenders within each IJSP jurisdiction).
3. Allocate resources to build a true trans-disciplinary program able to effectively provide direct supervision, treatment, and support services to target all primary and secondary criminogenic needs (see Figure 4.22).
4. Develop standardized areas of competencies for each staff position and provide resources to assist staff to develop, learn, refresh, and master these skills (see Figure 4.34).
5. Task managers to provide frequent community supervision of staff to aid in the development of mastering core competencies and clinical skills.
6. Develop a formal mentorship program for all staff that emphasizes peer feedback and supervision practices.
7. Develop training and supervision practices that continually reinforce the mission and vision of both the CJI and SORCe.
8. Allocate resources to each site to allow for the hiring of diverse and qualified professionals based on the recommended staffing model (see Figure 6.3 and Figure 6.4).
9. Hire staff who are: 1) willing to undergo specialized training; 2) committed learners; 3) able to adhere to established practices; 4) motivated to further the mission and vision of the project; 5) skilled at developing positive, strengths-based relationships with those they provide services to; and 6) have the pre-existing credentials needed to deliver high quality services.

section

8

Information and Data Sources

Information and Data Sources

Multiple resources were used in creating this document to provide policy decision-makers with current information on offender needs, identified best practices in offender treatment and services, and programs offered in outside jurisdictions. The list below provides the major sources of information used to develop this report.

1. Offender Needs (see Section 2, Appendix B, Appendix D, and Appendix E)
    a. Statistical data provided by Alberta Solicitor General and Public Security
    b. Statistical data provided by Calgary Police Services
    c. Statistical data provided by Alberta Justice and Attorney General
    d. Stakeholder and partner interviews
    e. Gap analysis of Alberta provincial inmates
    f. Offender focus groups
2. Supports for the Criminal Justice System (see Section 2 and Appendix E)
    a. Stakeholder and partner interviews
3. Best Treatment and Support Practices Literature (see Section 3, Section 4, and Appendix C)
    a. Correctional Services of Canada
    b. The Centre for Applied Research in Mental Health and Addictions
    c. The Center for Effective Public Policy
    d. *What Works* research literature
    e. United States Department of Justice
    f. Washington State Institute for Public Policy
    g. United States Department of Corrections
    h. Substance Abuse and Mental Health Services Administration
4. Environmental Scan of Programs Using Problem-Solving Justice (see Section 3)
    a. Downtown Community Court; Vancouver, British Columbia
    b. Victoria Integrated Court; Victoria, British Columbia
    c. Center for Court Innovation; New York City, New York
        i. Midtown Community Court
        ii. Red Hook Community Justice Center
        iii. Brooklyn Mental Health Court
        iv. Bronx Community Solutions
    d. Dallas Community Court; Dallas, Texas

section

9

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Trevor Daroux	Deputy Chief; Calgary Police Service
Bob Ritchie	Superintendant Field Support, Bureau of Community Policing; Calgary Police Service
Curtis Olson	Acting Inspector, Community and Youth Services Section, Bureau of Community Policing; Calgary Police Service
Paul Stacey	Staff Sergeant, Community and Youth Services Section, Bureau of Community Policing; Calgary Police Service
Tom Hewitt	Acting Inspector, Arrest Processing Section; Calgary Police Service
Debi Perry	Manager Strategic Services; Calgary Police Service
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Gillian Marriot, QC	Executive Director; Pro Bono Law Alberta
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Appendices

A-K

appendix

A

Abbreviations and Glossary of Terms

Figure A.1: Abbreviations

Abbreviation	Meaning
ACOM	Alberta Community Offender Management
AISH	Assured Income for the Severely Handicapped
APS (aka APU)	Arrest Processing Section (aka Arrest Processing Unit)
CBT	Cognitive-Behavioural Therapy
CCI	Center for Court Innovation – New York City
CJI	Centre for Justice Innovation
CM	Case Management
COMIS	Correctional Management Information System
CPIC	Canada Police Information Centre
CPP	Canada Pension Plan
CPS	Calgary Police Service
Crown	Crown Prosecutor
EBP	Evidence-Based Practice
EI	Employment and Immigration
EMS	Emergency Medical Service
EPS	Edmonton Police Service
ER	Emergency Room
FACT	Forensic Assertive Community Treatment
FASD	Fetal Alcohol Spectrum Disorders
FOST	File Ownership Support Team
FTE	Full-Time Equivalent
GoA	Government of Alberta
ICM	Intensive Case Management
IJSP	Integrated Justice Services Project
JD	Jurisdiction
JL	Justice Liaison

Abbreviation	Meaning
JOIN	Justice Online Information Network
JP	Justice of the Peace
JPAC	Justice Policy Advisory Committee
MET	Motivational Enhancement Therapy
MOU	Memorandum of Understanding
NGO	Non-Government Organization
SafeCom	Safe Communities and Strategic Policy
SCOT	Secure Court-Ordered Treatment
SPIn	Service Plan Instrument
SolGen/SGPS	Alberta Solicitor General and Public Security
SORCe	Safe Communities Opportunity and Resource Centre
USD	United States Dollars

Glossary

Accused. A person who has been formally charged with a crime.[106]

Alternative Measures. An alternative to judicial proceedings for persons alleged to have committed minor offences. The goal of the program is to prevent the individual from obtaining a criminal record and to promote reparation of harm through community involvement and/or restitution. [107]

Antisocial. Behaviour that lacks consideration for others and that may cause damage to an individual or society, whether intentionally or through negligence. [108]

Bio-Psycho-Social Model. A general model that views biological, psychological, and social factors all playing a significant role in functioning, health, and wellness. This model emphasizes providing services in a holistic fashion in order to address all three spheres of functioning.[109]

Case Management. The coordination of services delivered to an offender using a client-centered approach that is based on conducting an assessment of need, followed by the development and implementation of an intervention plan through the provision of clinical care, and direct services.[110]

Centre for Justice Innovation (CJI). A multi-disciplinary coalition of professionals who work to identify problems, find solutions, and expand knowledge related to crime reduction and community safety. The Centre will have four major functions: 1) Policy, Planning, and Program Support; 2) Research and Evaluation; 3) Workforce Development and Technical Assistance; 4) Community Engagement and Information Services. The overarching mission for the Centre is to foster and promote continued innovation at the community level in the Alberta Justice System.

Client-Centered Care. A service delivery approach in which clients are viewed as a whole person using a bio-psycho-social perspective. Care for a client using this approach involves advocacy, empowerment, autonomy, self-determination, client participation, and collaboration between the client and treatment provider.

Cognitive-Behavioural Therapy (CBT). An effective and proven psychological treatment used in areas such as mental health, substance abuse, and the criminal justice system that addresses the interactions between thoughts, emotions, and behaviour to improve functioning.[111]

Community Court. A court model emphasizing the following values: 1) placement of a court close to where crimes take place, 2) repaying a community damaged by low-level crime by using the leverage of the court to sentence offenders to complete social service interventions and community service, 3) striving to bring the court and community closer, and 4) providing co-located social services onsite with the court. [112]

Continuity of Care. A continuous relationship between a client and an identified treatment or service provider who is the sole source of care and information for the client. However, as a client's health and social needs can rarely be met by a single professional over time, multiple service providers must exist to achieve both quality of care and client satisfaction. [113]

Civil Matter. Refers to any type of law except criminal (such as family law, personal injury actions, employment law, debt, landlord/tenant, and wills and estates). A civil claim alleges the facts giving rise to the claim, the damages and/or remedies sought, and any statutes upon which the plaintiff (the one claiming to be harmed) relies. [114]

Collaboration. The exchange of information, the altering of activities, the sharing of resources, and the enhancement of the capacity of another for the mutual benefit of all in order to achieve a common purpose.[115]

Community. A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in a specified geographical location or setting. [116]

Community Corrections. A branch of the Correctional Services Division. Offices are staffed by probation officers supervising offenders under a variety of community-based programs, including pre-trial release, probation, conditional sentence, and temporary absence programs.[117]

Coordination. The sharing of information and the changing of activities for the benefit of all to achieve a shared goal.[118]

Diversion. Removal of a legal matter from the court system for a period of time. If the diversion results are considered successful, the original matter is withdrawn or dismissed. [119]

Evidence-Based Practice (EBP). At the program level, it refers to a specific intervention model or principle(s) that has been proven through rigorous, high-quality research studies to lead to positive outcomes. At the client level, it describes a philosophy and process designed to integrate the best research evidence with clinical expertise and client values. [120]

Evidence-Informed Practice. The integration of experience, judgment, and expertise with the best available external evidence from systematic research. This is a promising practice supported by research, but it does not yet have a large enough body of rigorous research support to reach the level of an evidence-based practice. [121]

Family Matter. Any legal matter concerning the rights and responsibilities of family members including divorce, child custody, child and spousal support, the division of property, and child welfare. It focuses on the best interests of the child and the settlement of family disputes. [122]

Fidelity. The delivery of a program or service in accordance with established core principles, practices, and protocols in order to achieve proven outcomes.[123]

Forensic Assertive Community Treatment (FACT). An intensive and highly integrated approach for community mental health service delivery that serves people whose symptoms of mental illness result in severe functional difficulties, and who are also involved in the criminal justice system. This approach uses intensive outreach services provided by a multi-disciplinary team and has a focus on providing services that are recovery-oriented and also aimed at reducing recidivism.[124]

Functional Impairment. Limitations in social, occupational, physical, or mental spheres of life.[125]

Healthy Community. A community that exhibits and strives towards the improved health and well-being of its members by meeting basic needs; encouraging dialogue, participation, and leadership; embracing diversity; building relationships; making connections to resources; and increasing the community's capacity to shape its future. The community consists of the residents, social service providers, law enforcement, businesses, courts, and government agencies within a defined geographical location or setting. [126]

Housing First. A client-driven strategy that addresses the chronic homelessness of disabled and vulnerable people by providing immediate access to an apartment without requiring initial participation in psychiatric treatment or treatment for sobriety. The model is based on two core principles: 1) housing is a basic human right, not a reward for clinical success; and 2) once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization occur faster and are more enduring. The treatment provider in this model must provide robust support services based on assertive engagement, not coercion.[127]

Integrated Services/Integration. The organization of essential government, community, and social service elements into an effective and efficient whole. This method uses a mutually collaborative, synchronized, and streamlined approach designed to meet the needs of clients in a holistic fashion.

Intensive Case Management (ICM). Services, supports, and interventions provided to clients with significant impairments in function. Primarily uses an assertive outreach approach to deliver services. It promotes independence and quality of life through the coordination of appropriate services

and the provision of constant and ongoing support as needed by the offender.[128]

Legal Matter. A dispute or event which may be resolved through a court process, mediation, or other form of dispute resolution. [129]

Offender. A person convicted of a criminal charge.[130]

Outreach. An emphasis on home visits and other *in vivo* (out-of-the-office) interventions, eliminating the need to transfer learned behaviours from an artificial rehabilitation or treatment setting to the "real world."[131]

Parole. Conditional release from a sentence of incarceration (or custody) to serve the remaining portion of the custodial sentence outside of prison.[132]

Prevention. Intervening on the risk factors before crime happens.[133]

Probation. A sentence of the Court whereby the offender is sentenced to a period of supervision in the community with conditions set by the Court. Often these conditions include a requirement to report to a probation officer and to comply with reasonable demands.[134]

Problem-Solving Justice. A criminal justice methodology that aims to improve outcomes for victims, litigants, and communities through enhanced information, community engagement, collaboration between multiple partners, individualized justice, and accountability.[135]

Quality Assurance. A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are met.[136]

Recidivism. A tendency to lapse into a previous pattern of behaviour, especially a pattern of criminal habits. [137]

Recognizance Order or Bail. A judicial order releasing an individual from custody through the setting of conditions on a written order and/or through the provision of money or other security that is paid (sometimes known as "posting bail") so that an accused person is not incarcerated before the trial. If the accused person does not appear at the trial, or any related proceeding, the court can keep the money that was deposited for bail. [138]

Rehabilitation. The process of assisting someone to compensate for, or eliminate, deficits and barriers to restore independent living, positive socializing, mental and physical health, and psychosocial functioning.

Restorative Justice. Restorative resolutions that engage those who are harmed, wrongdoers, and their affected communities to search for solutions that promote, repair, reconcile, and rebuild relationships while seeking a balanced approach to the needs of the victim, wrongdoer, and community. It seeks to build partnerships to re-establish mutual responsibility for constructive responses to wrongdoing within communities. [139]

Trans-Disciplinary Approach. A trans-disciplinary approach encourages team members to share roles and systematically cross discipline boundaries. The primary purpose of this approach is to pool and integrate the expertise of team members so that more efficient and comprehensive assessment and intervention services may be provided. The communication style in this type of team involves continuous give-and-take between all members on a regular, planned basis. Professionals from different disciplines teach, learn, and work together to accomplish a common set of intervention goals for a client. The role differentiation between disciplines is defined by the needs of the situation rather than by discipline-specific characteristics. Assessment, intervention, and evaluation are carried out jointly by designated members of the team. [140]

Triage. Effectively pairing the intensity of services with the severity of needs in an effective, timely, and efficient manner. [141]

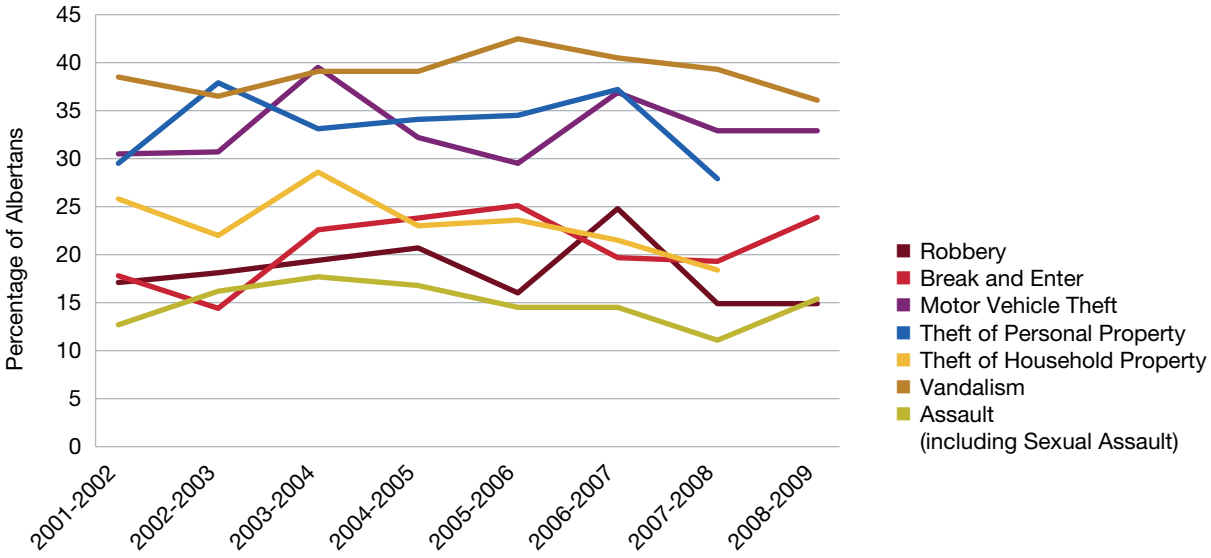
appendix

B

Data Charts and Figures

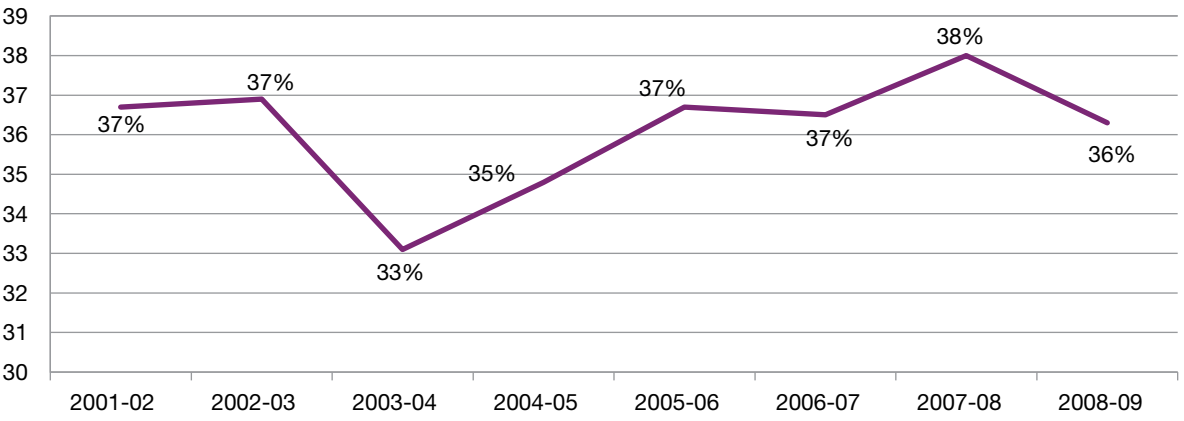
Solicitor General and Public Security Survey of Albertans

Figure B.1: Estimated Percentage of Victims of Crime in Alberta by Crime Type (2001-2009)**



**Numbers indicate those who have been victim of at least 1 crime in 12 months prior to survey

Figure B.2: Estimated Percentage of Victims of Crime in Alberta (2001-2009)**



**Numbers indicate those who have been victim of at least 1 crime in 12 months prior to survey

Figure B.3: Volume by Conviction Type in Alberta (2005–2010)

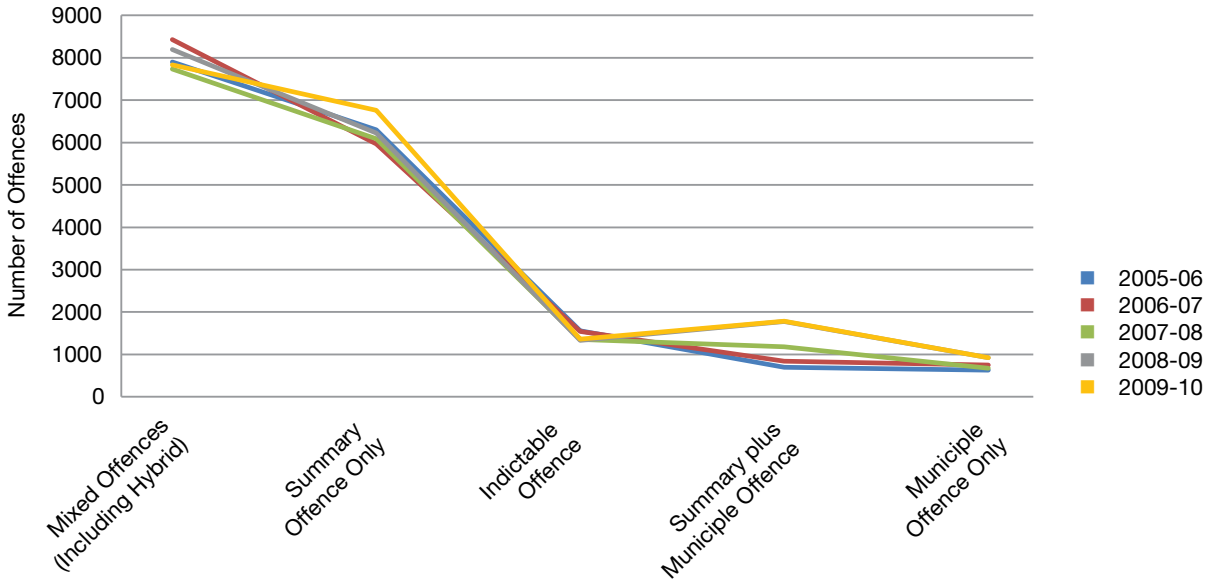


Figure B.4: Length of Incarceration in Remand in Alberta (2005–2010)

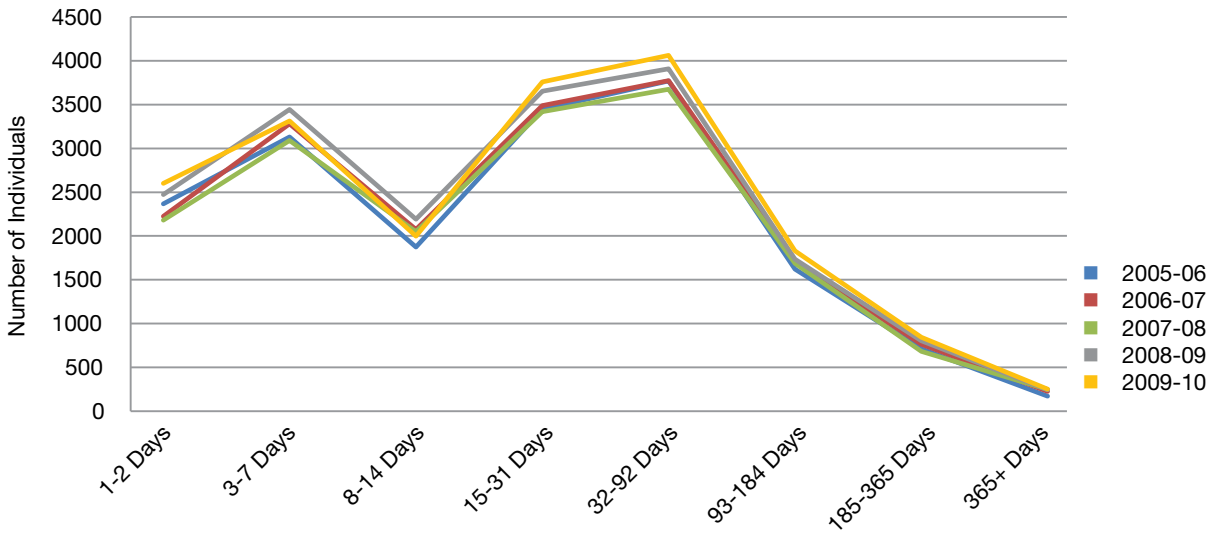


Figure B.5: Annual Number of Remand Incarcerations by Individual in Alberta (2005–2010)

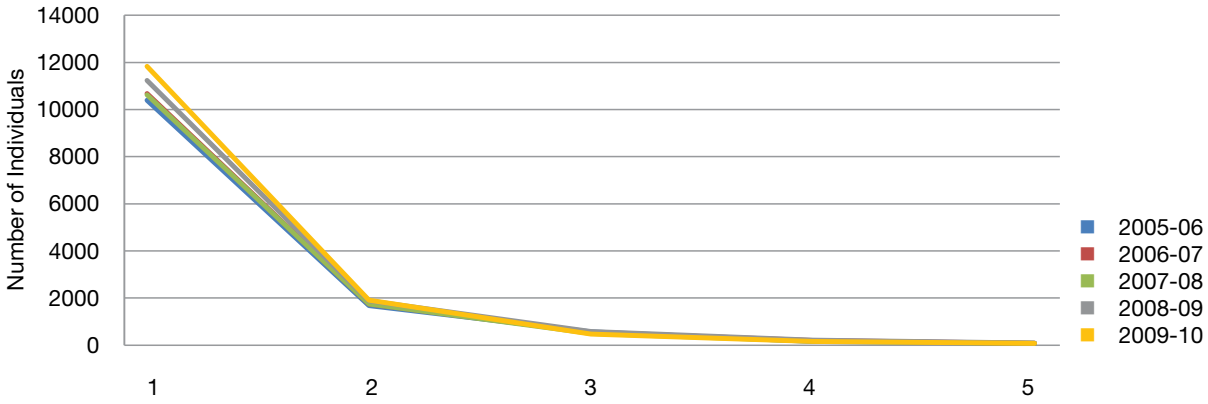
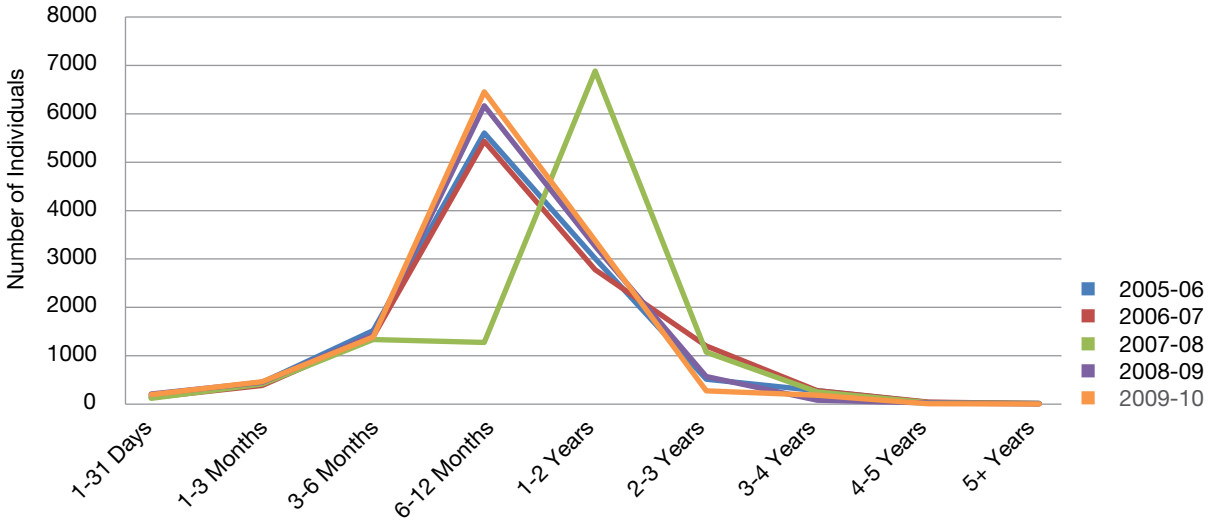


Figure B.6: Number of Individuals under Uninterrupted Community Supervision and Length of Supervision (2005–2010)



Calgary Police Services Data

Data obtained from the 2009 Annual Statistical Report.[142]

Figure B.7: Volume of Crimes Against Persons – Calgary (2004-2009)

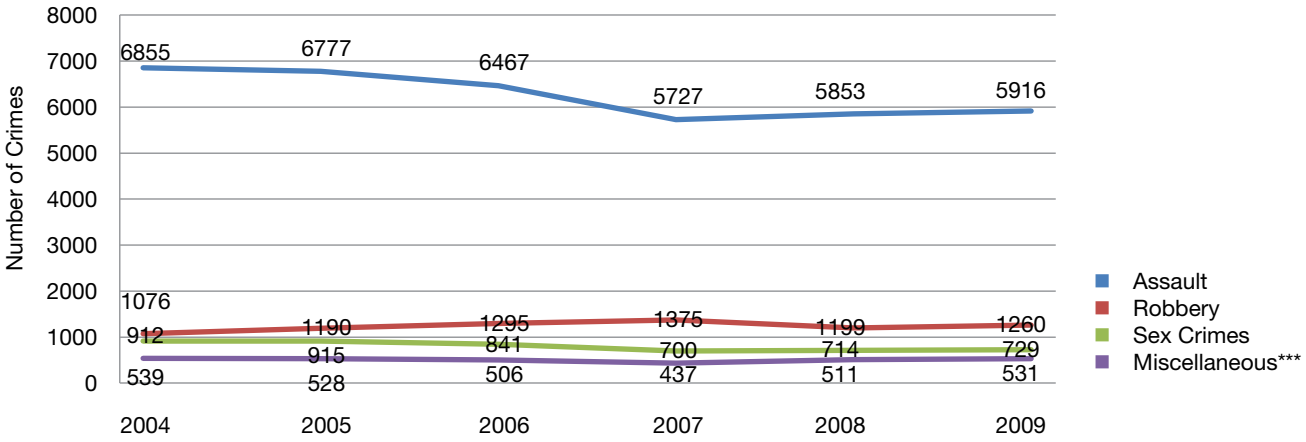


Figure B.8: Volume of Crime Against Property – Calgary (2004-2009)

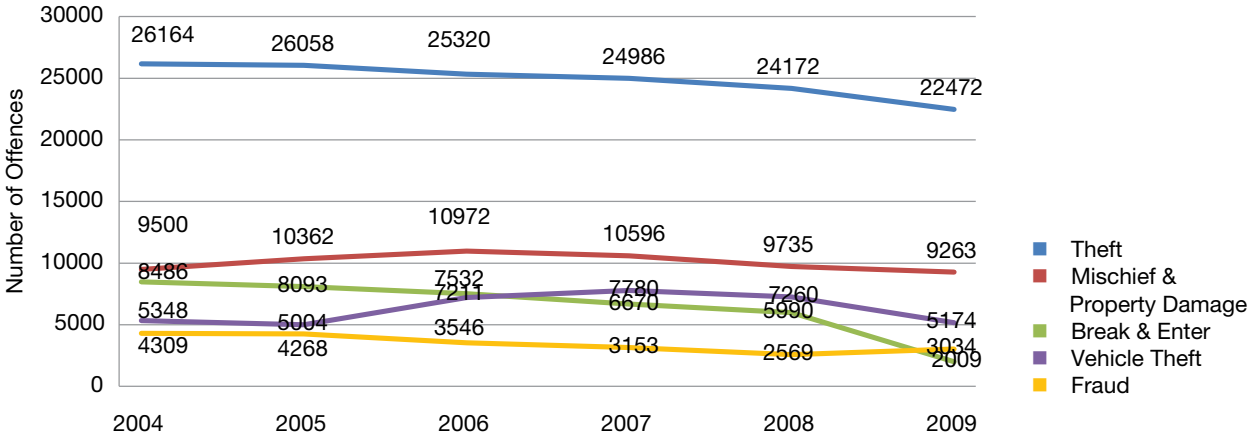
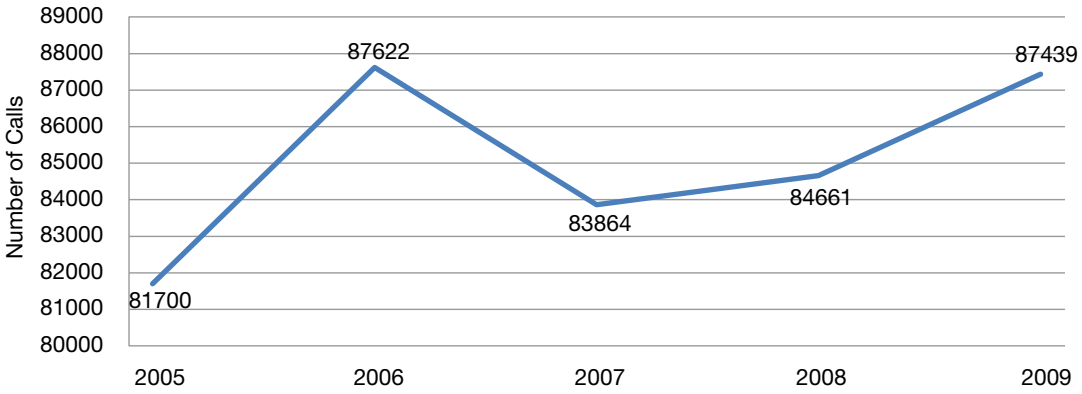


Figure B.9: Volume of Disorder Calls – Calgary (2005-2009) **



** 7 call types account for just less than 80% of public generated disorder calls to which officers are dispatched: Suspicious Persons, Unwanted Guests, Disturbances, Suspicious Autos, Noise Complaints, Drunks, and Juvenile Complaints

Service Plan Instrument (SPIn) Data

SPIn data was obtained through the Alberta Solicitor General and Public Safety and represent full Service Plan Instrument (SPIn) assessments completed during 2009–2010.

Figure B.10: SPIn Sample Population (2009 –2010)

Provincial	n = 6761
Calgary	n = 1389
Edmonton	n = 1872
Wetaskiwin	n = 241

This sample data was extrapolated to hypothesize characteristics of the community corrections population in Calgary, Edmonton, and Wetaskiwin. This data was provided by the Alberta Solicitor General and Public Safety and retrieved through the Alberta Community Offender Management (ACOM) system.

Figure B.11: Supervised Community Corrections Programs Commenced in Alberta (2009 –2010)

Provincial	n = 19963
Calgary	n = 6421
Edmonton	n = 5487
Wetaskiwin	n = 351

Figure B.12: Aboriginal vs. Non-Aboriginal

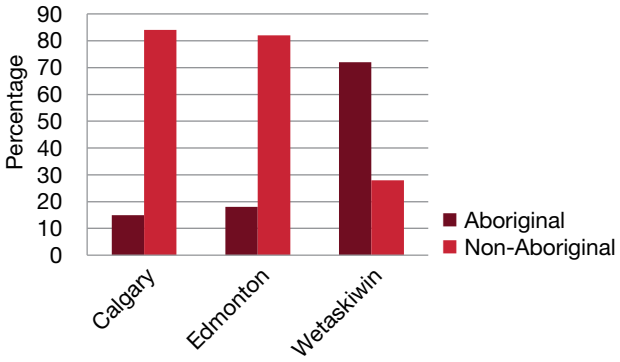
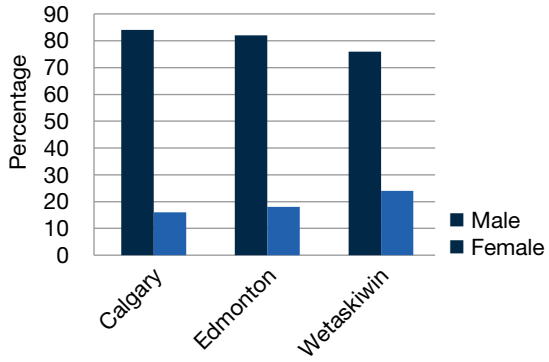


Figure B.13: Male vs. Female

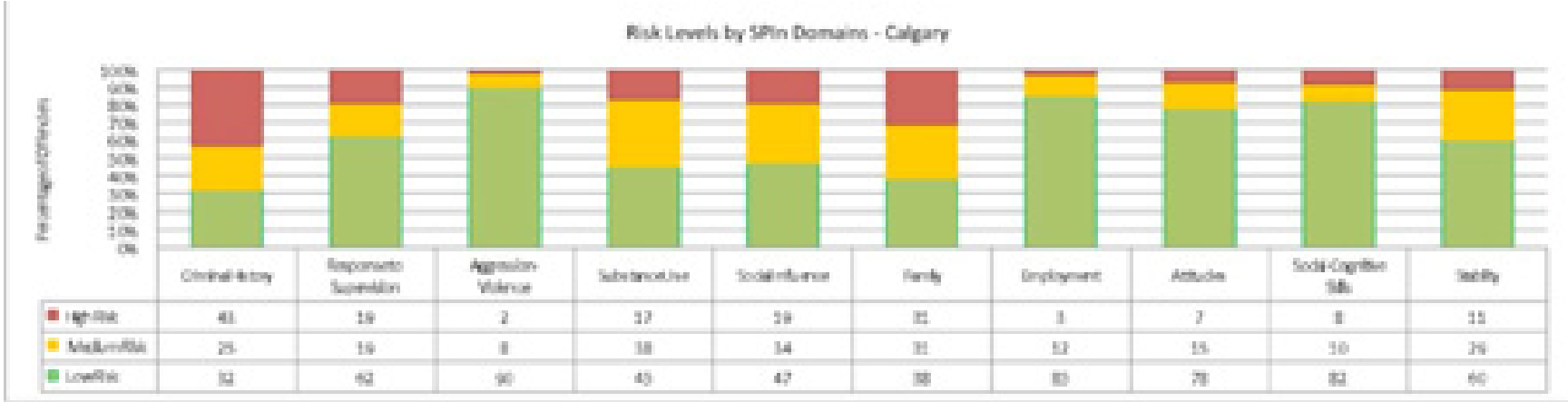


The tables below provide a break-down of offenders by SPIn domain. As previously mentioned, there are a total of eleven SPIn domains: 1) Criminal History, 2) Response to Supervision, 3) Aggression/Violence, 4) Substance Use, 5) Social Influence, 6) Family, 7) Employment, 8) Attitudes, 9) Social/Cognitive Skills, 10) Stability, and 11) Mental Health. The results of the SPIn assign a low-, medium-, or high-risk value to each of these categories (with the exception of Mental Health which does not evaluate risk). The offenders for each municipality have been plotted by risk according to domain. There are two tables for each municipality: the first table is a summary of the percentage of offenders who score in each risk category, the second table takes the percentages and estimates the number of offenders in each category (NOTE: data is for 2009–2010). For the cities of Calgary and Edmonton, a further analysis was completed to assess the characteristics of each risk group. For example, the entire high risk group was broken down to assess what percentage had high, medium, and low risk in each SPIn domains. This is followed by tables providing a break-down of the results of specific items in the SPIn (e.g. the number on income support, have a history of domestic violence, diagnosed with a major mental illness, etc.).

NOTE: all numbers have been rounded to the nearest whole number.

Calgary

Figure B.14: Risk Levels and Estimated Volume by SPIn Domains – Calgary



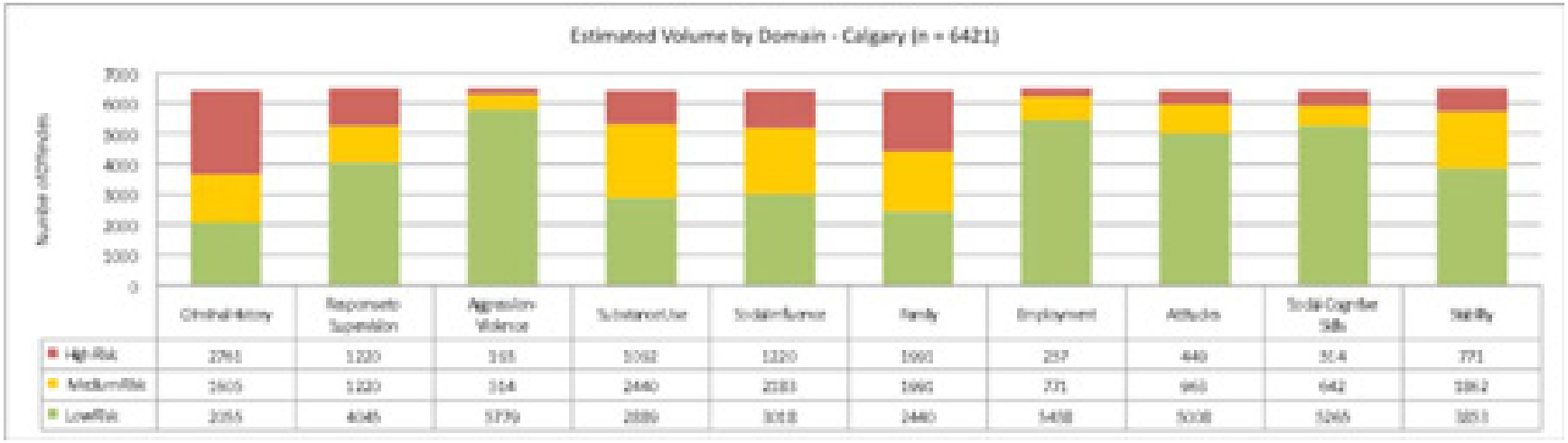
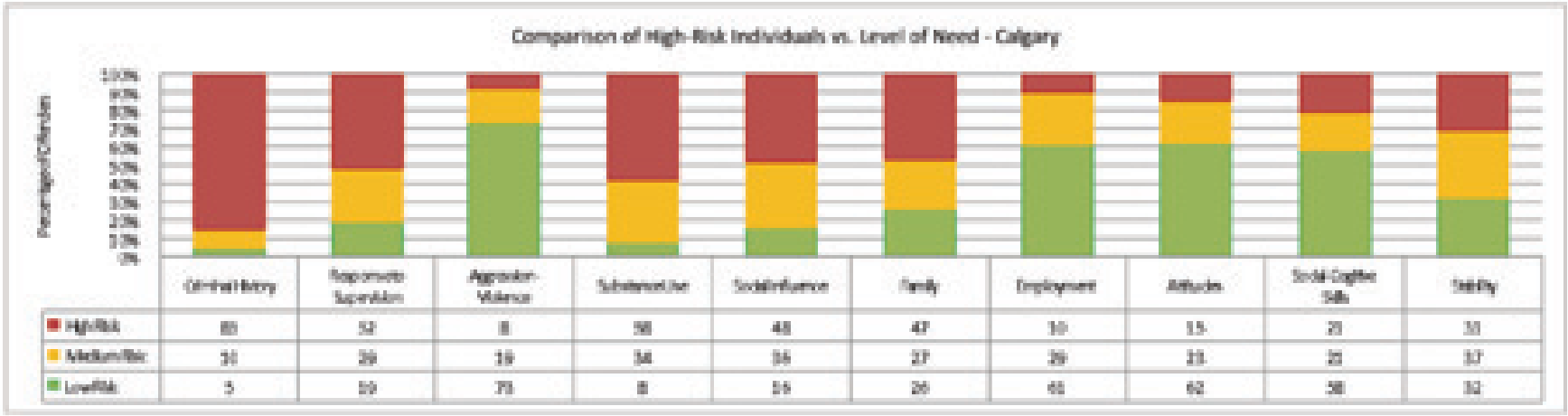
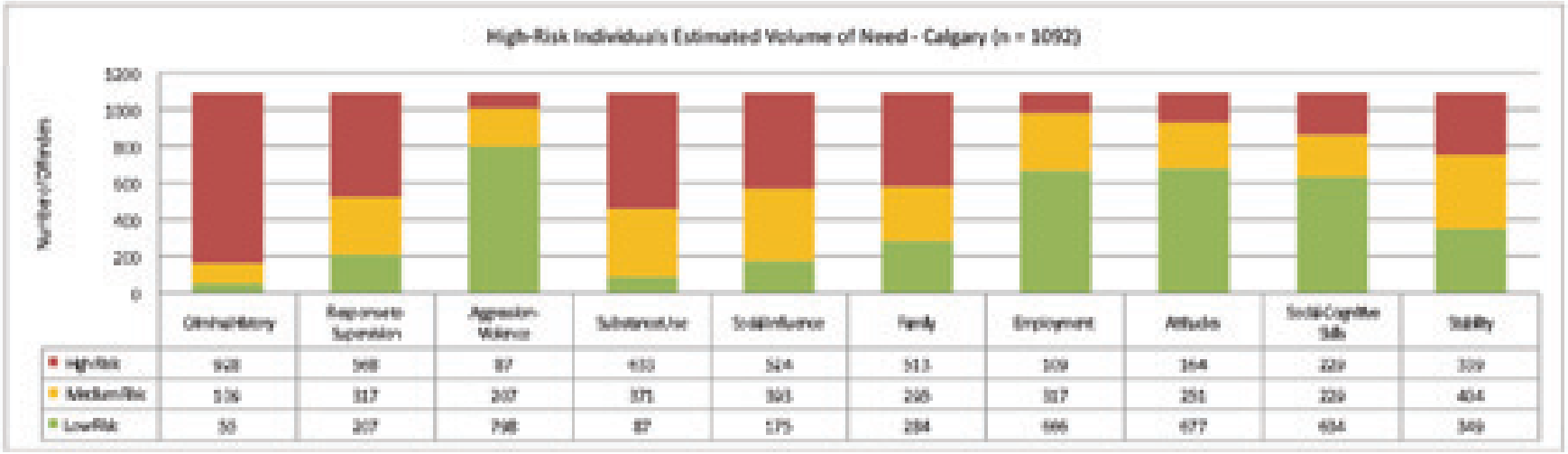


Figure B.15: Comparison of High-Risk Individuals and Estimated Volume by SPIn Domains – Calgary

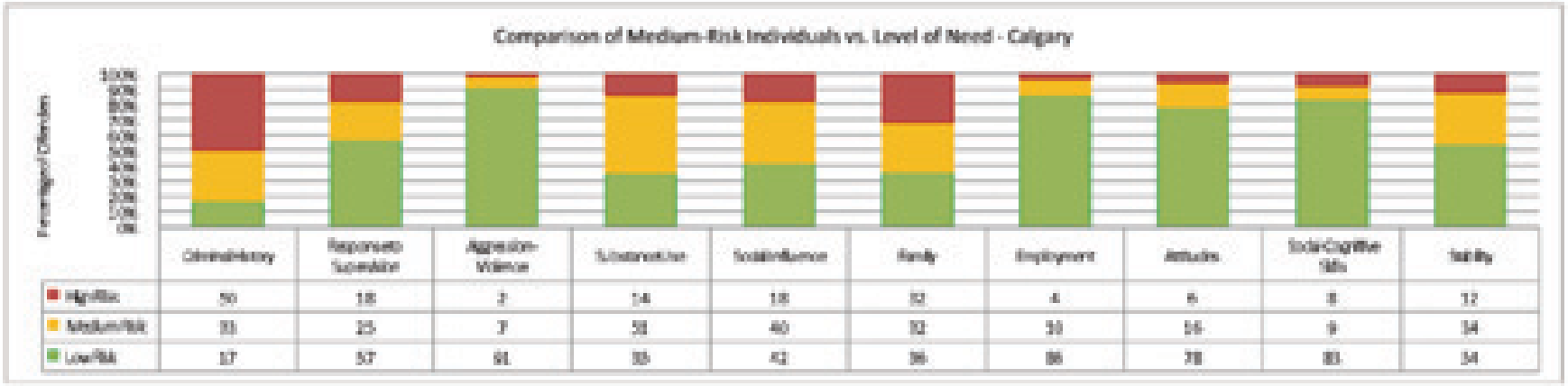


	Criminal History	Response to Supervision	Aggression-Violence	Substance Use	Social Influence	Family	Employment	Attitudes	Social-Cognitive Skills	Stability
High Risk	80	52	8	58	48	47	10	15	20	33
Medium Risk	15	39	19	34	34	27	29	23	22	37
Low Risk	5	10	73	8	18	26	61	62	38	32



	Criminal History	Response to Supervision	Aggression-Violence	Substance Use	Social Influence	Family	Employment	Attitudes	Social-Cognitive Skills	Stability
High Risk	928	568	87	610	524	513	109	164	229	359
Medium Risk	136	317	207	371	393	295	317	251	229	404
Low Risk	55	207	798	87	175	284	666	677	404	349

Figure B.16: Comparison of Medium-Risk Individuals and Estimated Volume by SPIn Domains – Calgary



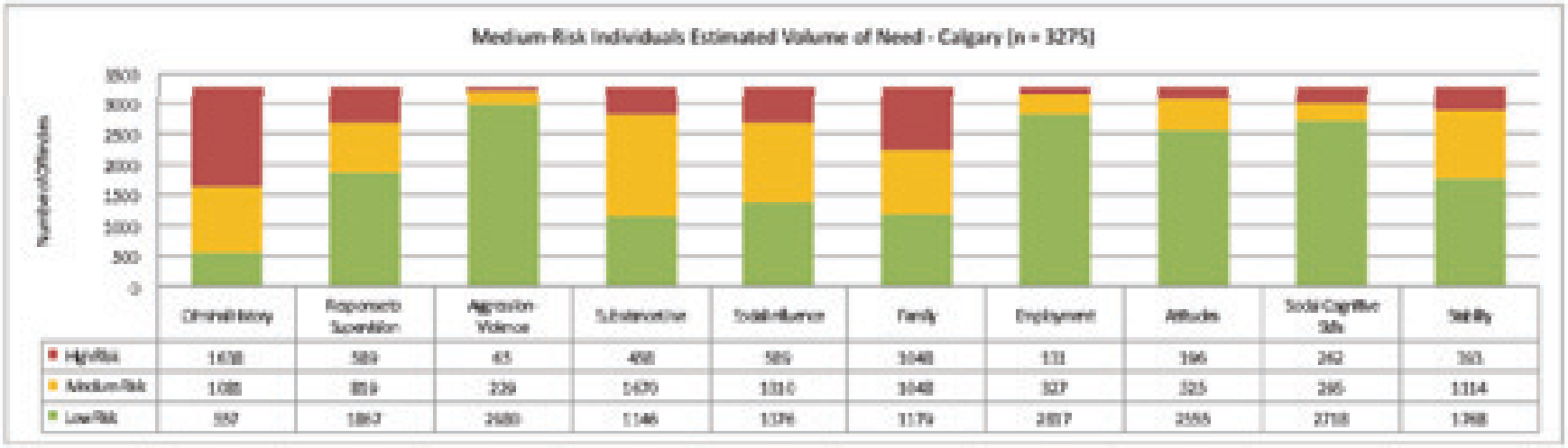
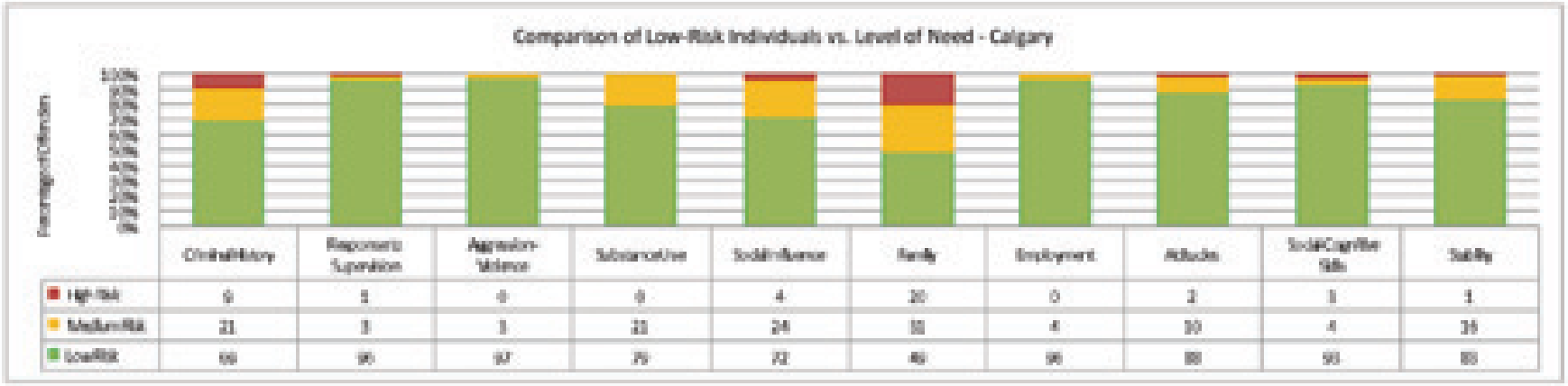
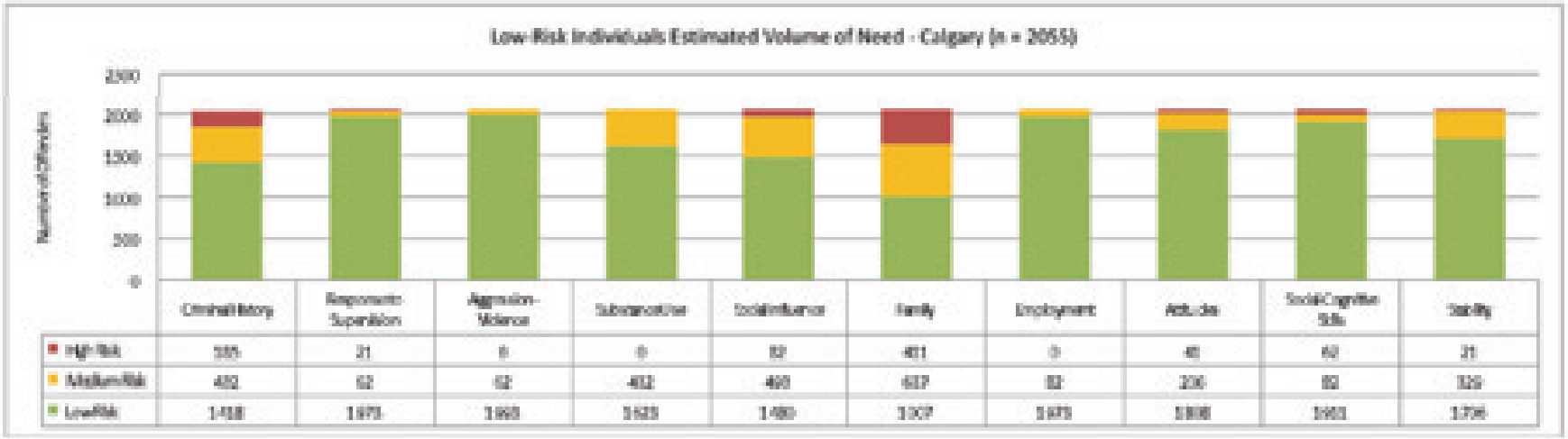


Figure B.17: Comparison of Low-Risk Individuals and Estimated Volume by SPIn Domains – Calgary



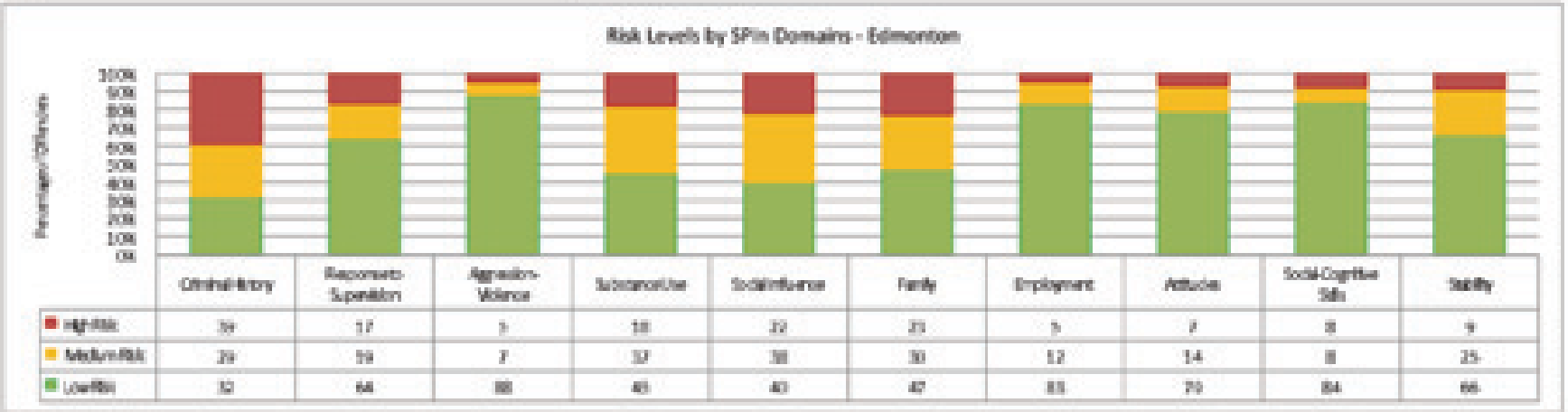
	Criminal History	Response to Supervision	Aggression-Violence	Substance Use	Social Influence	Family	Employment	Attitudes	Social Cognitive Skills	Stability
High Risk	9	1	0	0	4	20	0	2	1	1
Medium Risk	21	3	3	23	24	33	4	10	4	19
Low Risk	69	96	97	77	72	46	96	88	95	80



	Criminal History	Response to Supervision	Aggression-Violence	Substance Use	Social Influence	Family	Employment	Attitudes	Social Cognitive Skills	Stability
High Risk	335	21	0	0	82	401	0	40	62	21
Medium Risk	452	62	62	402	460	637	82	206	82	329
Low Risk	1418	1973	1993	1653	1480	1017	1973	1808	1993	1705

Edmonton

Figure B.18: Risk Levels and Estimated Volume by SPIn Domains – Edmonton



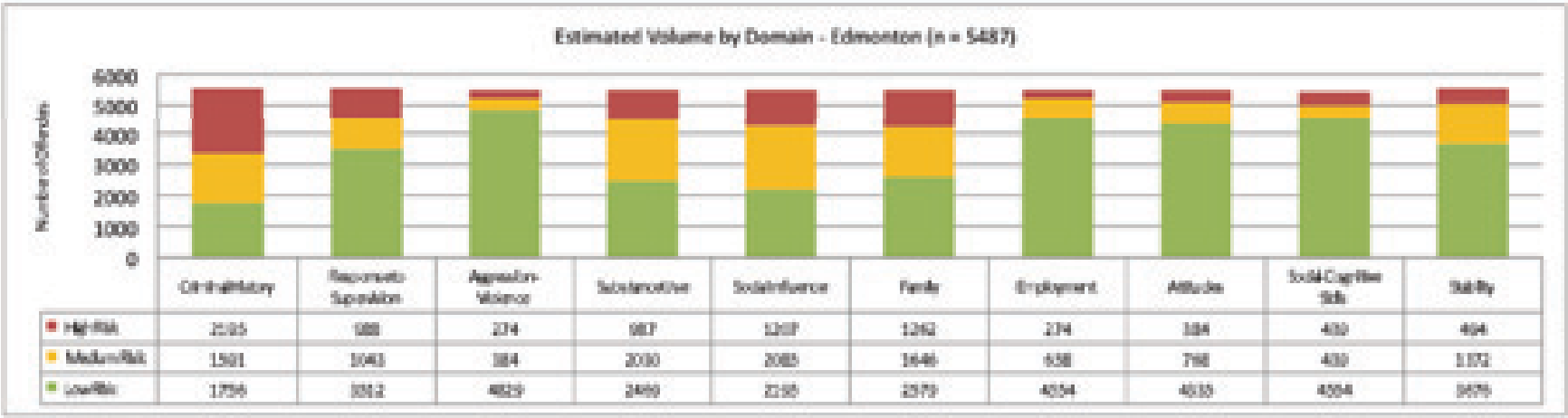
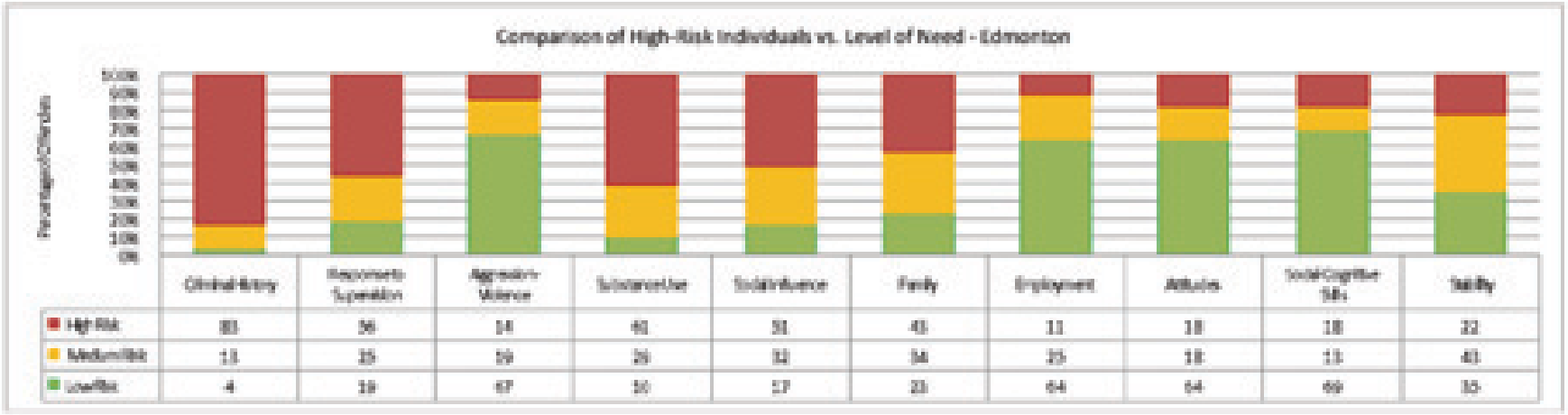


Figure B.19: Comparison of High-Risk Individuals and Estimated Volume by SPIn Domains – Edmonton



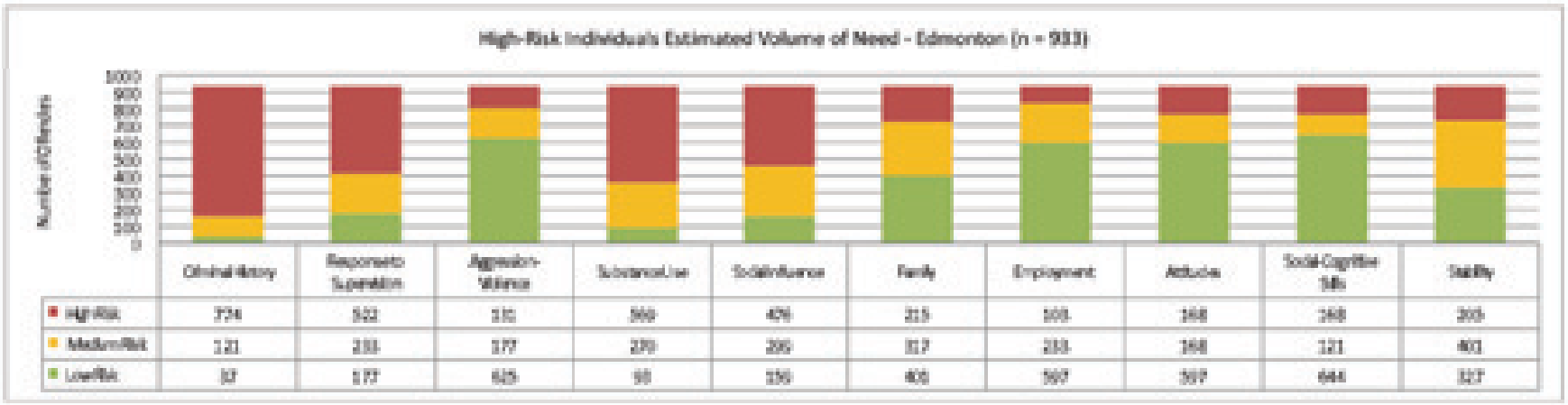
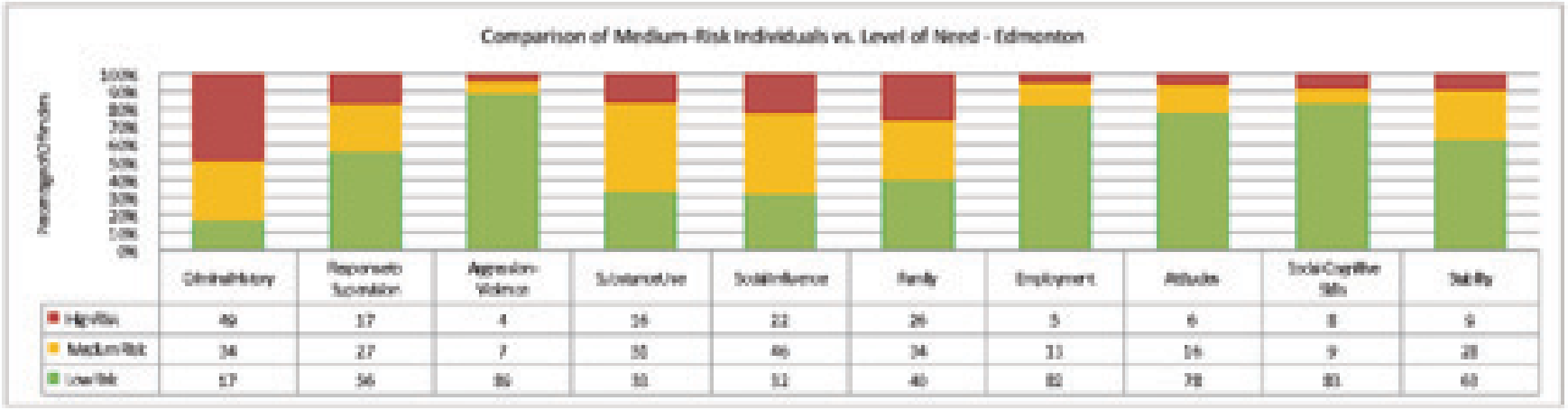


Figure B.20: Comparison of Medium-Risk Individuals and Estimated Volume by SPIn Domains – Edmonton



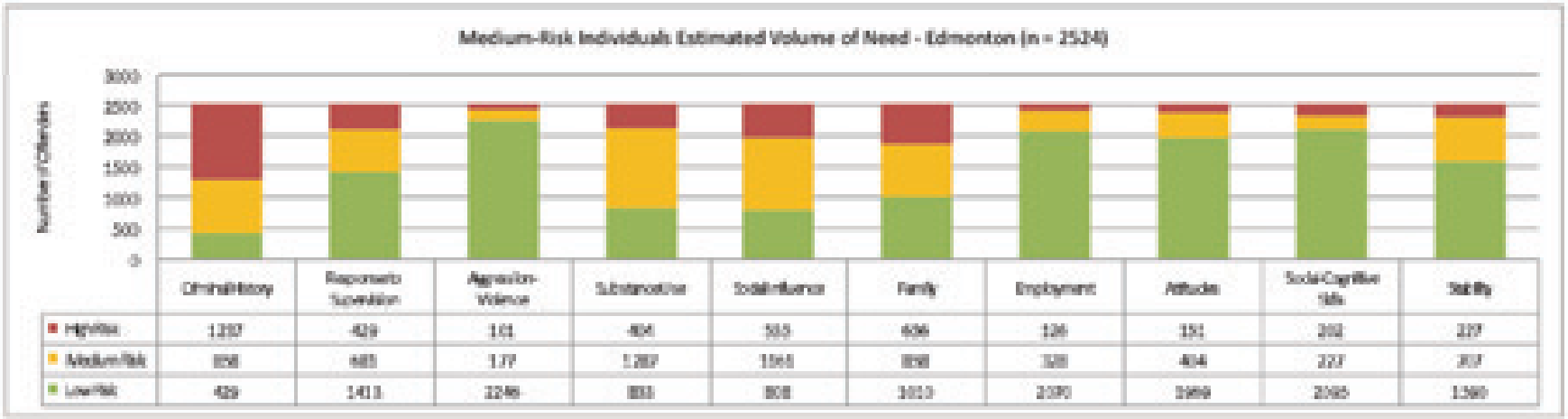
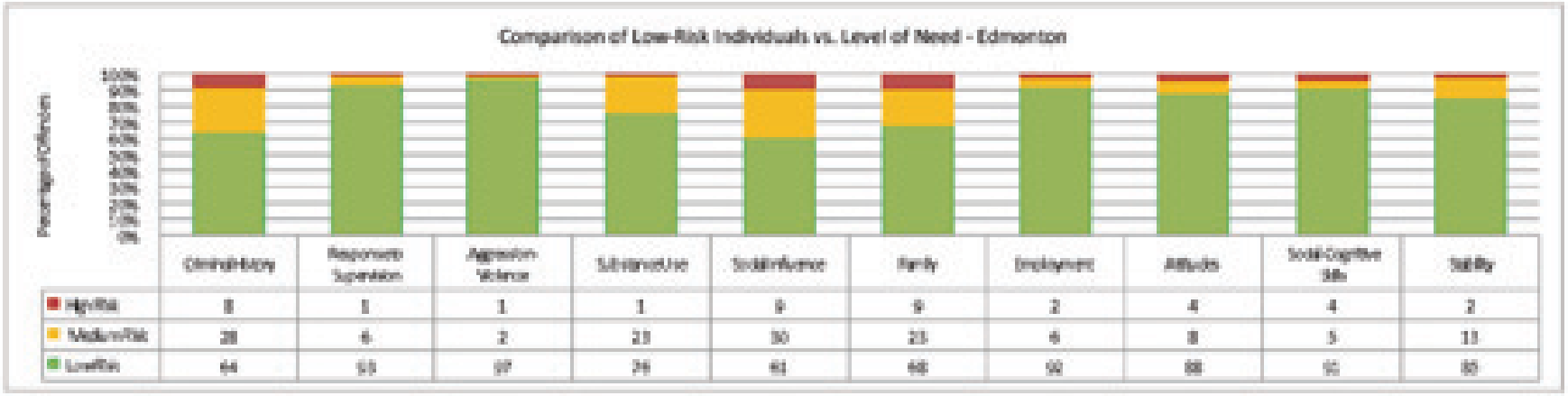
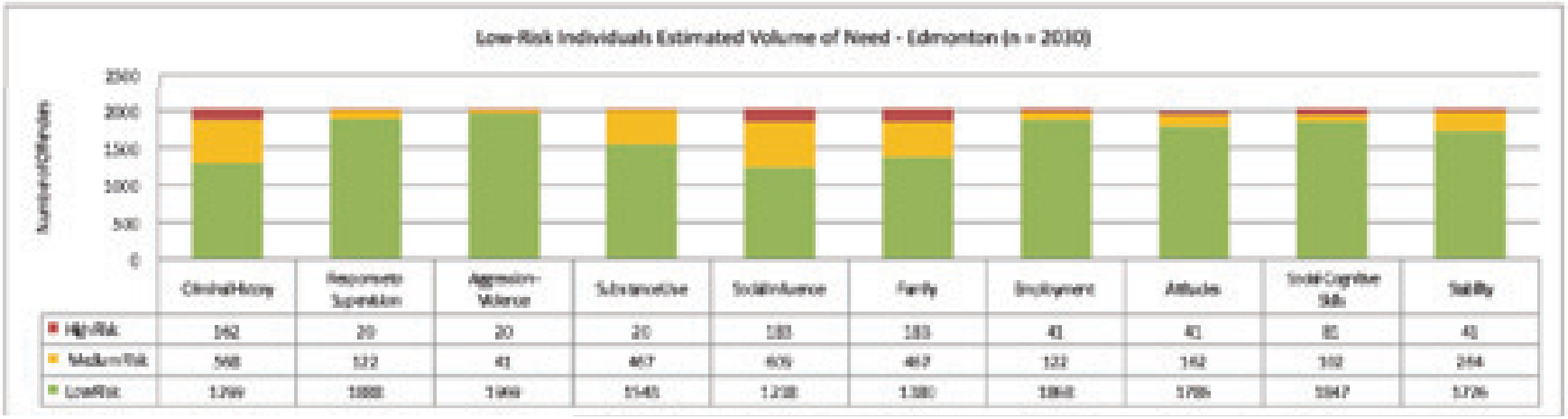


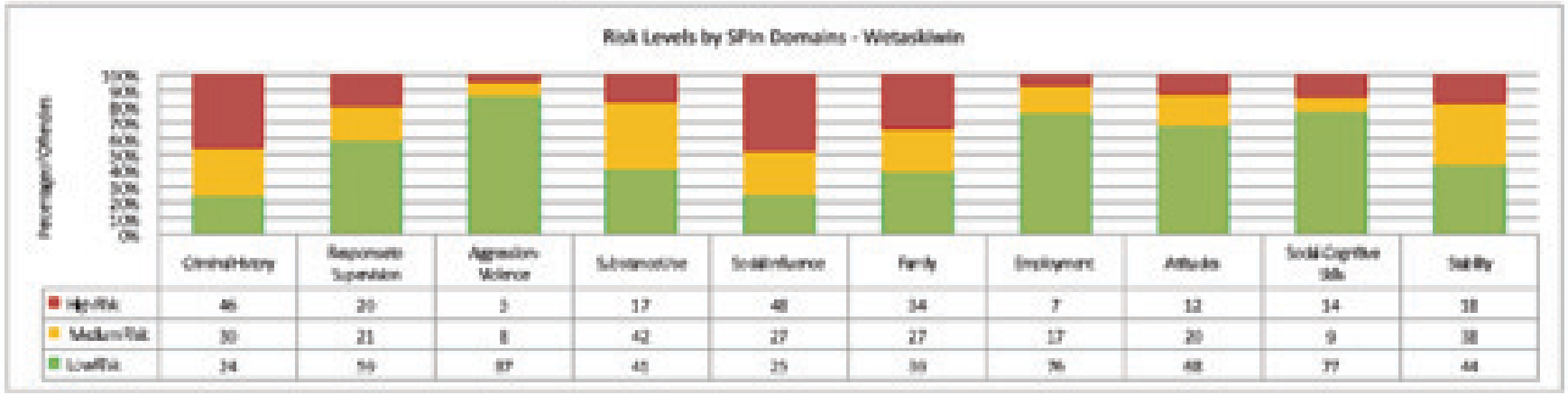
Figure 8.21: Comparison of Low-Risk Individuals and Estimated Volume by SPIn Domains – Edmonton





Wetaskiwin

Figure 8.22: Risk Levels and Estimated Volume by SPIn Domains – Wetaskiwin



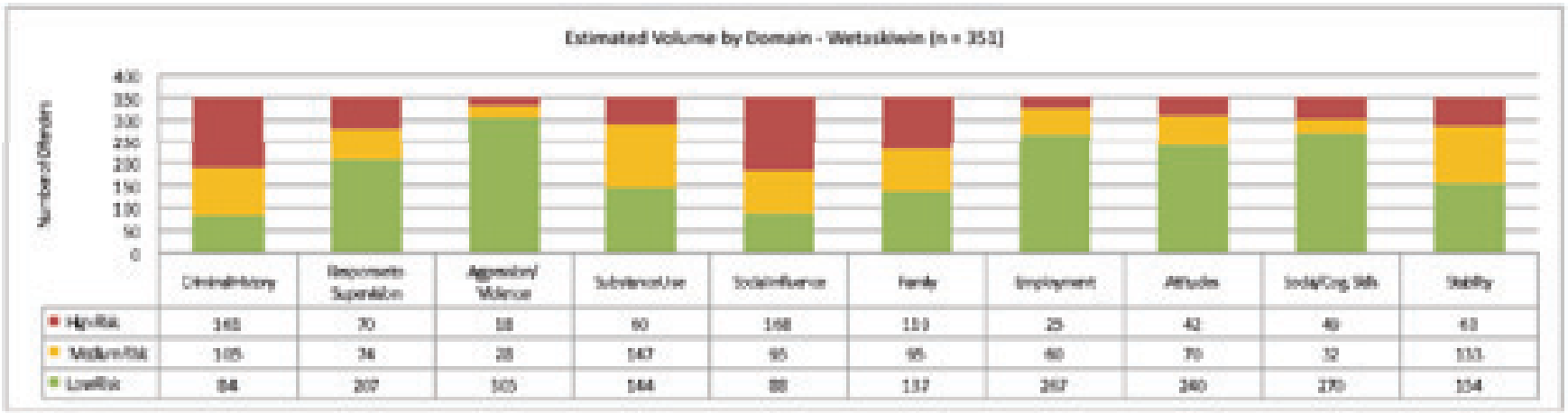
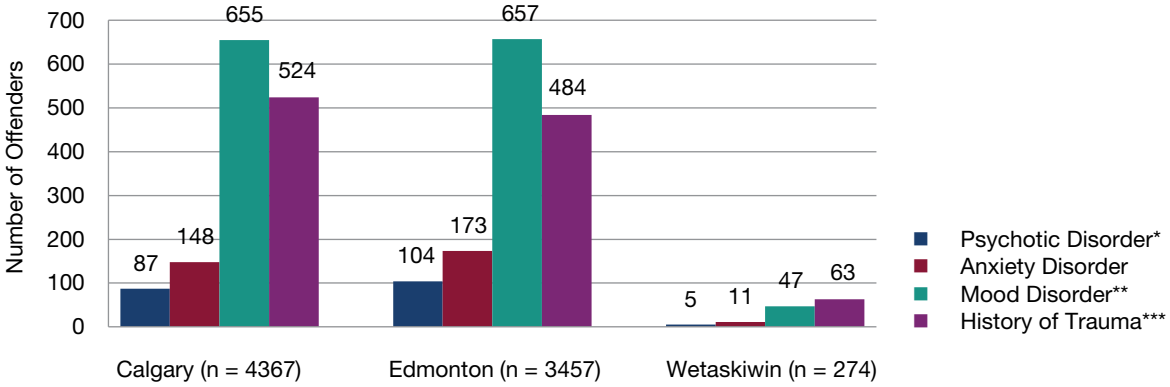


Figure B.23: Estimated Mental Health Volume for Moderate- and High-Risk Offenders – Calgary, Edmonton, and Wetaskiwin



* Combination of *Psychosis* and *Schizophrenia*
** Combination of *Bipolar Disorder* and *Depression or Other Affective Disorders*
*** Average of *Trauma or Victimization as a Child*, *Trauma or Victimization as a Adult*, *Physical Abuse*, and *Sexual Abuse*

Figure B.24: Estimated Volume of Domestic Violence for Moderate- and High-Risk Offenders

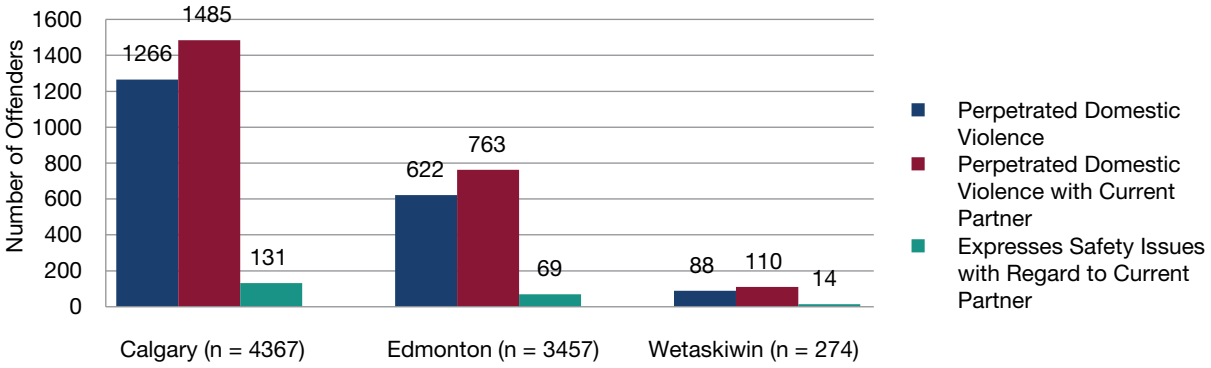


Figure B.25: Estimated Volume of Substance Use for Moderate- and High-Risk Offenders

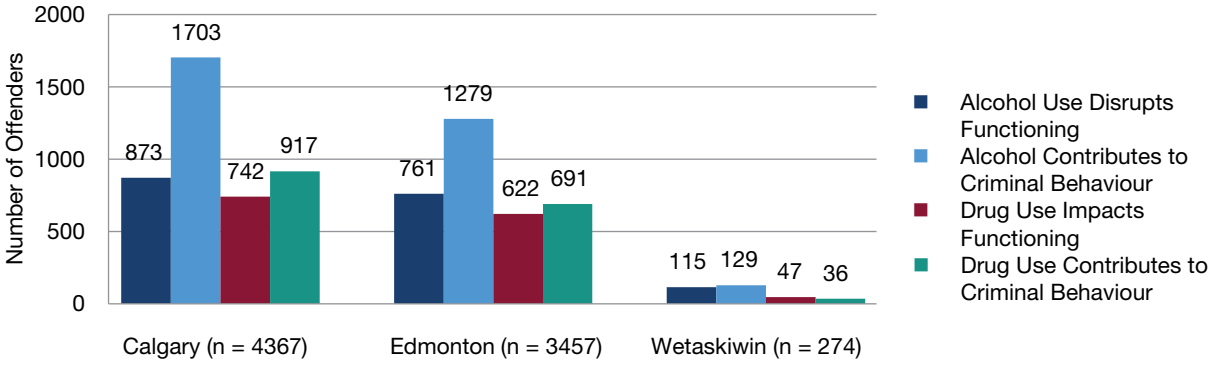


Figure B.26: Estimated Volume Related to Response to Supervision for Moderate- and High-Risk Offenders

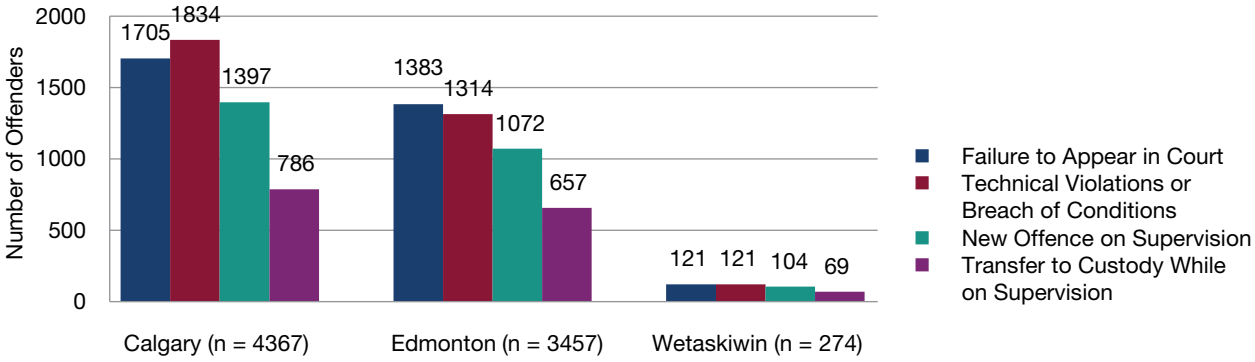


Figure B.27: Estimated Volume Related to Education and Vocation for Moderate- and High-Risk Offenders

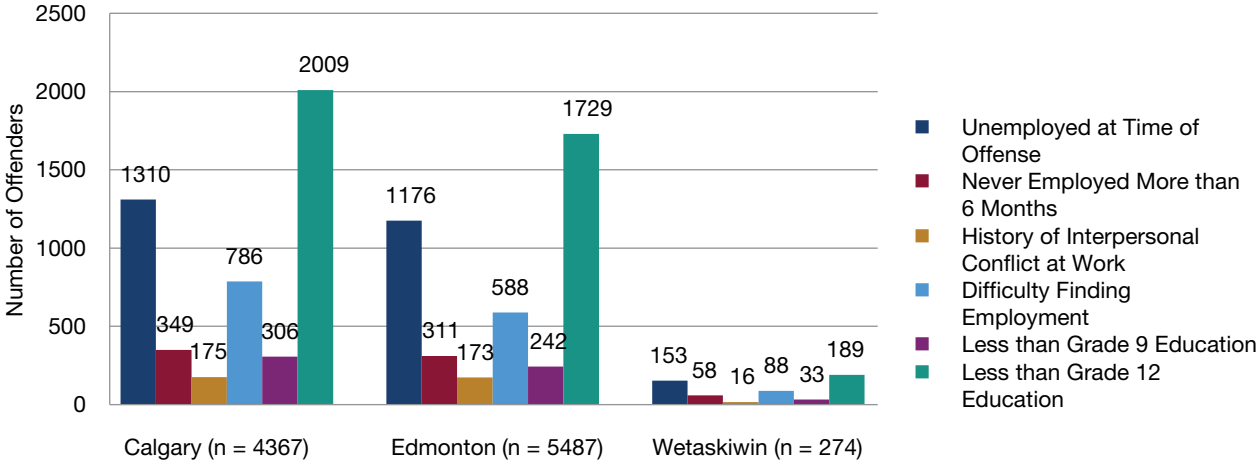


Figure B.28: Estimated Volume Related to Stability for Moderate- and High-Risk Offenders

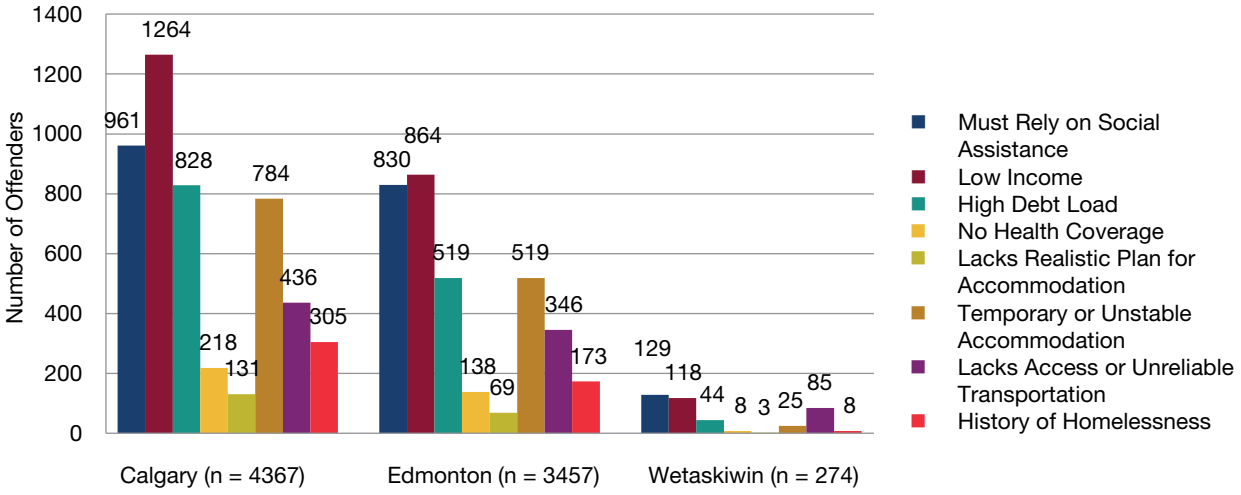
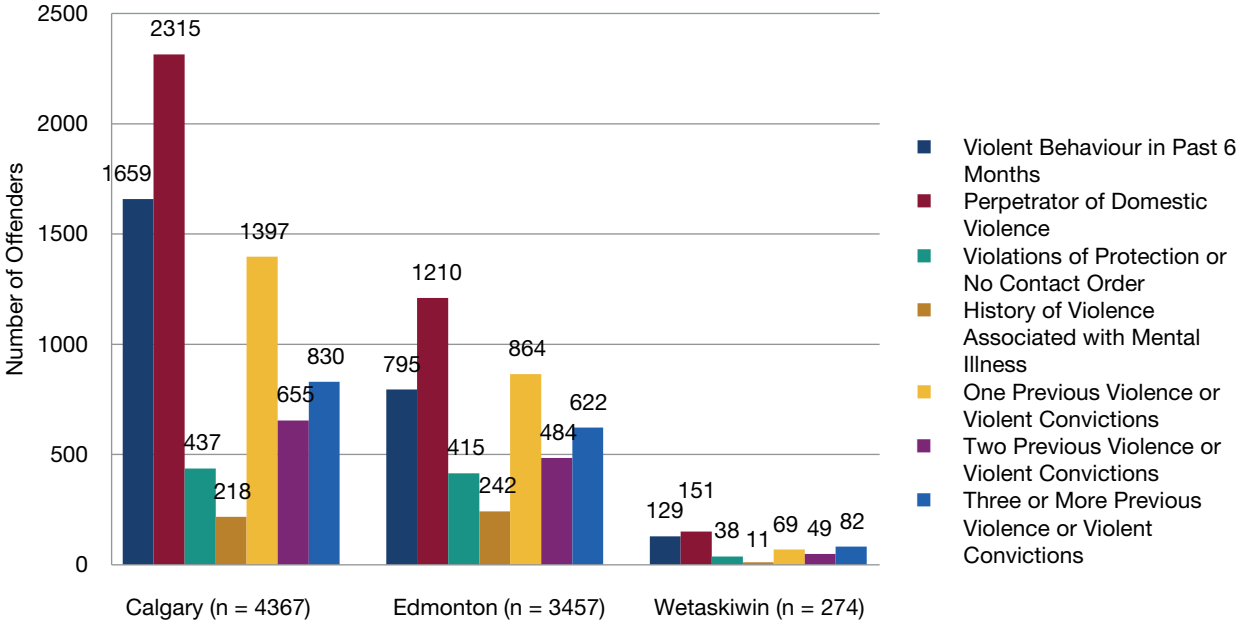


Figure B.29: Estimated Volume of History of Violence for Moderate- and High-Risk Offenders



appendix

C

Evidence-Based Programs and Practices

NOTE: All information in the table below is quoted from the cited sources.

NOTE: All cost-benefit information was taken from two reports by the Washington State Institute for Public Policy (WSIPP) (2006 and 2009) unless otherwise stated. These reports did an extensive meta-analytic review and economic analysis of evidence-based programming used in the criminal justice system and the extent to which these programs 1) save money for the state and taxpayer, 2) reduce the need for future prison beds, and 3) contribute to lower crime rates. The reports analyzed over 500 rigorous comparison group evaluations of adult and juvenile corrections and prevention programs. All savings reported are in net value, 2006–2007 U.S. dollars. The total cost-benefit is reported as the benefits to crime victims and taxpayers minus the cost of the program compared to the cost of the alternative to arrive at the total benefit per participant in the program. The recidivism reduction rates reported are the statistically significant percent rate of recidivism reduction when compared with a treatment-as-usual group. See references below.

Aos, S., Miller, M., Drake, E. Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications for Washington State. *Victims and Offenders*, (2009) 4:170-196.

Aos, S., Phipps, P., Barnoski, R., and Lieb, R., *Evidence-Based Adult Corrections Programs: What Works and What Does Not*, Olympia: Washington State Institute for Public Policy (2006).

Figure C.1: Description of Evidence-Based Practices (EBP) Used in the Criminal Justice System

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Risk-Need-Responsivity Model (RNR) [143]	Evidence-based	Originally developed in the 1990s, the Risk-Need-Responsivity model (RNR) has become a standard in treatment for clients within the criminal justice system over the past decade. The model is based on three core principles: ▪ *Risk Principle* – match the level of service to the offender's risk to re-offend. ▪ *Need Principle* – assesses criminogenic needs and target them in treatment. ▪ *Responsivity Principle* – maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive-behavioural treatment. There are two parts to the responsivity principle: general and specific responsivity. General responsivity calls for the use of cognitive social learning methods to influence behaviour. Cognitive social learning strategies are effective regardless of the type of offender. Specific responsivity is a "fine tuning" of the cognitive behavioural intervention. It takes into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual. When there is adherence to all three principles of the model a substantial reduction in recidivism can be achieved.	Research (Andrews and Bonta 2007) indicates that when offender management strategies are driven by adherence to the Risk-Need-Responsivity model outcomes can be maximized, resulting in up to a 26% reduction in recidivism with adherence to all three principles.	Unable to locate cost-benefit analysis in research literature.
Cognitive-Behavioural Therapy (CBT)[144]	Evidence-based	CBT is a psychological treatment that addresses the interactions between thoughts, emotions, and behaviour. This form of therapy has been used extensively in criminal justice programming and is the basis for most brand-name criminal justice evidence-based curriculums. Many CBT-based programs have been studied in recent years and have been shown to contribute immensely to reductions in recidivism with adult and youth offenders when used both in correctional and community settings.	The WSIPP meta-analysis 2006 paper reports that the use of CBT programs can, on average, result in an 8.2% reduction in recidivism.	A research paper by WSIPP in 2006 reported the cost-benefit of CBT at $10,299 USD per participant.
Moral Recognition Therapy (MRT)® [145]	Evidence-based	MRT® is designed to raise moral reasoning so that concern for social rules and others is an important part of an individual's decision-making process. Versions of MRT® are available for use with a variety of offender populations, including general adult offenders, perpetrators of domestic violence, sex offenders, misdemeanants, and juvenile offenders. The MRT® curriculum works in a step-by-step fashion, moving the offender through progressive stages of behavioural change and growth. The program typically has 12 to 16 steps depending on the population being served. It is delivered by an MRT® trained facilitator in a group setting (12-15 participants) with participants meeting once or twice per week. Program duration varies depending on the setting, but most offenders complete treatment in 20-30 sessions.	Several evaluations of MRT® have been conducted and virtually all the studies that studied the effect on recidivism found positive effects. A meta-analysis of nine studies examining the effectiveness of MRT® with probationers and parolees, for example, found that MRT® cut recidivism on average by nearly two-thirds (Little, 2005). The WSIPP 2006 report found that on average MRT reduced recidivism by 8.2%.	A cost-benefit analysis conducted by Aos and his colleagues (2001) estimated MRT® programs produced a return on investment to taxpayers of nearly $9 for every $1 of program cost.
Reasoning & Rehabilitation (R&R) [146]	Evidence-based	R&R is a Canadian CBT program that teaches prosocial cognitive and problem-solving skills to offenders. R&R attempts to alter impulsive, anti-social thinking and behaviour by enhancing critical reasoning, self-control, problem solving skills, and prosocial values. It also is specifically designed to capture and sustain the participation and motivation of offenders. The R&R program consists of ten modules that are delivered in sequential sessions, typically to a group of 6 to 10 offenders. Program delivery usually takes place in a classroom-like setting over a period of 8 to 12 weeks. The modules cover the following areas: problem-solving, social skills, negotiation skills, management of emotions, creative thinking, values enhancement, critical reasoning, and cognitive exercises. R&R typically targets medium- to high-risk adult and adolescent offenders.	R&Rs effectiveness has been demonstrated in several systematic reviews. Pearson et al. (2002) found that R&R was effective in both institutional and community settings. A 2006 research paper by the WSIPP found that on average R&R reduced recidivism by 8.2%.	A research paper by Aos and his colleagues (2001) estimated that R&R programs produced more than $8 in benefits to taxpayers for every $1 of program cost.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Aggression Replacement Training (ART)® [147]	Evidence-based	ART® is a multi-modal, cognitive behavioural intervention designed to teach individuals to replace aggression and antisocial behaviour with positive alternatives. ART® provides program participants with impulse control, anger management, and other prosocial skills that can be used to reduce anger and violence and increase more appropriate behaviours. ART® consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 offenders. Participants typically attend three 1-hour sessions per week. The program's three main components are anger control, skill streaming, and moral reasoning.	A meta-analysis of four ART® evaluations conducted by the WSIPP in 2006 found that the ART program resulted in a 7.3% reduction in recidivism.	A cost-benefit analysis estimated that the ART® program generated $6.71 in taxpayer benefits for every $1 spent on the program. For courts where ART® was competently delivered, the return on investment was $11.66 in benefits for every $1 of cost. The 2006 WSIPP report found a cost-benefit of $14,660 per participant.
Thinking for Change (T4C) [148]	Evidence-informed	T4C is a cognitive-behavioural program for offenders developed by the National Institute of Corrections (NIC) in 1997. It is designed to provide offenders with the motivation and skills needed to change their thinking patterns and behaviours. T4C integrates cognitive restructuring, social skills, and problem-solving instruction to raise an individual's awareness and build interpersonal problem solving skills. The program is used with adult as well as juvenile offenders in both institutional and community settings. The T4C curriculum consists of 22 sequential lessons that are delivered to 8 to --12 participants over the course of about 1 to 3 months. The program was specifically designed to be meaningful to a broad range of offenders, including prison, jail inmates, probationers, and parolees.	Only two studies have examined the effects of the T4C program and while single studies like these do not provide conclusive evidence about the effectiveness of T4C, their positive findings are consistent with the larger body of evidence concerning cognitive-behavioural approaches overall.	No data was found but the positive research findings are consistent with the larger body of research and therefore, it is likely as cost effective as other similar CBT programs.
Relapse Prevention Therapy (RPT) [149]	Evidence-based	RPT is a cognitive-behavioural approach designed to teach individuals how to anticipate and prevent inappropriate behaviour. Although it was originally developed for use with substance abusers, RPT is being used today with a variety of populations and problem behaviours, including substance abuse, violence, sex offending, and other types of criminal conduct. RPT is based on research that shows that most relapses are due to certain types of high-risk situations, including negative emotional states, interpersonal conflict, and social pressure. RPT attempts to prevent relapse and promote abstinence by teaching individuals how to anticipate and deal with these situations.	Several studies have found that RPT is effective in reducing substance abuse. One recent meta-analysis that addressed the impact of RPT on criminal recidivism was conducted by Dowden et al. (2003). They consolidated the findings of correctional interventions that targeted relapse prevention and found that RPT programs decreased recidivism on average by 15%.	No data was found but the positive research findings are consistent with the larger body of research and therefore, it is likely as cost effective as other similar CBT programs.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Therapeutic Community (TC)[150]	Evidence-based	TC is the most commonly used and thoroughly researched prison-based, psychosocial treatment. Originally designed by Maxwell Jones (1962) in response to the traditional medical approach to the treatment of mental health problems, these "open" communities stress consensus building and two-way communication between staff and clients. They are founded on social learning theory and have been used in numerous correctional environments (Toch, 1980). The philosophy and structure of TC make it a viable form of treatment for substance abusing offenders, particularly for those whose criminality has resulted in their incarceration (De Leon, 2000; Tims, De Leon, & Jainchill, 1994).	An evaluation of drug-abuse treatment programs within the Federal Bureau of Prisons found that inmates who had completed prison-based treatment and community-based aftercare were significantly less likely to relapse in drug use or recidivate than inmates in a comparison group, even after controlling for individual- and system-level selection factors (Pelissier et al., 2000). These findings indicate that prison-based TC coupled with aftercare treatment in the community can reduce both recidivism and relapse into drug use. The 2006 WSIPP paper reported that TC programs combined with community aftercare can reduce recidivism by 6.9%.	The 2006 WSIPP report found a cost-benefit of $10.299 OR $10,299 per participant. .
Contingency Management (CM)[151]	Evidence-informed	The objective of this modality, a form of operant conditioning, is to strengthen the offender's commitment to abstinence and to weaken his/her substance use through a systemic use of rewards and punishers in response to desired and undesired behaviours. Examples of positive reinforcers include vouchers/tokens exchangeable for retail items, access to affordable housing, or increased opportunity to win a prize.	A series of recent studies showed CM to be effective in retaining clients in treatment and reducing substance abuse. Positive impacts have been shown with clients dependent on cannabis, nicotine, alcohol, opioids, benzodiazepines, and polysubstance abuse (Petty, 2002). Excellent results have been demonstrated when combined with CBT in offenders with cocaine and opioid addictions (Marlatt & Donovan, 2008).	Unable to locate cost-benefit analysis in research literature.
Motivational Enhancement Therapy[152]	Evidence-based	Motivational Enhancement Therapy (MET) has become the gold standard in drug and alcohol treatment and has found multiple applications in other realms of mental health treatment.[153] This approach was pioneered by Miller and Rollnick[154] in the 1990s and has been adopted as the treatment of choice by both the Canadian and American federal governments. A large volume of research literature and a number of practice manuals have been developed using MET for use in a variety of mental health and behavioural programs. MET has integrated multiple treatment approaches include Motivational Interviewing, Cognitive-Behavioural Therapy, Client-Centered Care, Stages of Change, and the Stages of Treatment. At the heart of this approach is the belief that the responsibility for change lies with the person receiving services and the role of the treatment provider is to tap into intrinsic desires for change. Furthermore, MET is built on a stage-wise theory that postulates that people follow a standard path toward change and interventions should be built around the stage the client currently resides in.	Therapeutic interventions containing Motivational Enhancement Therapy elements have been demonstrated in over two dozen studies to be effective in initiating treatment, and in reducing long-term substance use, substance-related problems, and health consequences of substance use. It is noteworthy that in a number of these studies the motivational intervention yielded comparable outcomes even when compared with longer, more intensive alternative approaches.	Unable to locate cost-benefit analysis in research literature.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Assertive Community Treatment (ACT)[155]	Evidence-based	The ACT model combines treatment, rehabilitation, and support services in a multi-disciplinary, self-contained team. The ACT team typically is made up of professionals from a variety of relevant disciplines, including psychiatry, nursing, substance abuse, and vocational counselling. The ACT team is mobile and it operates 24 hours a day, 7 days a week, to provide services in the home and community to those suffering from severe mental illness with or without a co-occurring substance abuse disorder. Program staff often helps clients find housing and employment, as well as meet their legal obligations. The ACT model has also been used as the support model for Housing First programs where homeless individuals are provided with permanent community housing and support by a team to maintain their housing stability. Housing First models that include support using the ACT model have proven very effective with individuals who experience homelessness and mental illness.	An extensive body of research has demonstrated that ACT is effective with populations of individuals with serious mental illness at reducing hospitalizations, decreasing mental symptoms, improving stability in meeting basic needs, and producing more positive self-ratings of overall health and well-being. Research has shown that provision of permanent housing to homeless mentally ill individuals combined with support using the ACT model results in superior housing stability relative to controls.	Unable to locate cost-benefit analysis in research literature.
Forensic Assertive Community Treatment (FACT)[156]	Evidence-informed	FACT is based on the above ACT model but several features make it unique, including its targeting of individuals with prior arrests, accepting referrals from criminal justice agencies, recruiting criminal justice agency partners, use of court involvement to encourage offender participation, engaging probation officers as members of the treatment team, and making arrest prevention an explicit goal of treatment. The authors of this IJSP report believe there are three key components to providing effective treatment using the FACT model: 1) incorporate the principles and practices of ACT, 2) use Success Driven Supervision, and 3) provide specialized, evidence-based programming that targets the seven major criminogenic needs and addresses recidivism reduction for offenders.	A recent randomized clinical trial (2010) supported findings in earlier studies and found that offenders on the FACT team had fewer arrest bookings, a greater likelihood of staying out of jail, greater outpatient contacts, and fewer hospitalizations. A study by Morrissey and Meyer (2006) noted that a number of FACT programs have emerged in recent years and that pre-post studies in Chicago and Rochester, New York, have produced highly favourable results. These FACT programs typically receive most referrals from criminal justice agencies, and they focus on keeping individuals with mental illness out of jail and prison. Morrissey and Meyer (2006) concluded that "with their criminal justice savvy," FACT teams "can be expected to reduce recidivism and maintain certain clients in the community."	The randomized clinical trial (2010) favoured the FACT condition but was limited to jail costs and behavioural health service costs and did not consider other societal costs of the intervention or other criminal justice costs that would have favoured FACT (i.e. court costs). Although this paper provides the best data currently, the findings are not definitive.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Programs for Sex Offenders[157]	Evidence-informed	The use of specialized CBT and relapse prevention models has been shown to be effective in reducing recidivism. Most programs use modalities such as Motivational Interviewing to enhance commitment to change. There is also an emphasis on interventions that target four core areas empirically correlated with risk to engage in sexual offending behaviours: 1) emotional dysregulation, 2) isolation and relationship dysfunction, 3) cognitive distortions supporting both anti-social and sexually deviant behaviours, and 4) deviant sexual fantasies and associated schema for interpreting sexual encounters. The Risk-Need-Responsivity model has also been shown to be effective in guiding the risk management of sex offenders. Programs adhering to all three principles of RNR consistently showed the largest reductions in sexual and general recidivism compared to programs that adhered to none of the principles (Hanson et al., 2009)	In a 2006 WSIPP research paper scientific evidence suggests that certain types of community sex offender treatment (most use CBT) can reduce recidivism by 5% to 9.6%.	A research paper by WSIPP (2009) found 6 studies which showed a cost-benefit of $4,064 per participant.
Circles of Support and Accountability (CoSA)[158]	Promising – minimal evidence (one study)	CoSA is a program which was first developed in Canada in the mid 1990s. It grew out of the principles of restorative justice. CoSA is faith-based volunteer program. The program operates by identifying the offender while still in prison (up to a year before release) and the offender is referred to as the 'Core Member' of the Circle. The volunteers working with the offender have to be prepared to make a substantial commitment of time over a period of one year. They must be willing to befriend the Core Member, but aren't required to be experts. Volunteers are screened, trained, and supported by the Circles scheme. Typically, four to six volunteers will be allocated to a Circle. When the Circle first meets, they make a covenant or contract with one another, which includes being committed to openness within the Circle, confidentiality beyond it, and a respect for consensus decision-making. The Core Member will promise that there will be no more victims at his hands and commits himself to following his release plan. After the Core Member's release, the Circle arranges for weekly meetings and for contact between the Core Member and another member every day. If the Circle is concerned about the Core Member's behaviour, they will challenge him and may begin to meet more intensively for a while to help him to address the problem. It is crucially important that the Circle know at what point to inform the police or probation about a problem. The Circle is not about taking away responsibility, but is a structured way for the community to take its share of responsibility.	One study reported a 35.3% reduction in recidivism but further study is needed to determine the effectiveness.	Unable to locate cost-benefit analysis in research literature.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Modified Therapeutic Community (MTC) for Persons With Co-Occurring Disorders [159]	Promising – minimal evidence (two studies)	MTC is a 12- to 18-month residential treatment program developed for individuals with co-occurring substance use disorders and mental disorders. MTC is a structured and active program based on community-as-method (that is, the community is the treatment agent) and mutual peer self-help. A comprehensive treatment model, MTC adapts the traditional therapeutic community (TC) in response to the psychiatric symptoms, cognitive impairments, and reduced level of functioning of the client with co-occurring disorders. Treatment encompasses four stages (admission, primary treatment, live-in re-entry, and live-out re-entry) that correspond to stages within the recovery process. The stage format allows gradual progress, rewarding improvement with increased independence and responsibility. Goals, objectives, and expected outcomes are established for each stage and are integrated with goals specific to each client in an individual treatment plan. Staff members function as role models, rational authorities, and guides. The MTC model retains most of the key components, structure, and processes of the traditional TC model but makes three key adaptations for individuals with co-occurring disorders: it is more flexible, less intense, and more personalized. For example, MTC reduces the time spent in each activity, deemphasizes confrontation, emphasizes orientation and instruction, uses fewer sanctions, is more explicit in acknowledging achievements, and accommodates special developmental needs.	A research paper by French et al. (2002) examined the outcome of MTC for individuals diagnosed with concurrent disorders by examining behaviours relating to substance abuse, criminal activity, psychological functioning, HIV risk behaviour, and employment. Results showed that the MTC clients improved significantly across the five outcomes domains, whereas the clients in treatment as usual (TAU) showed only improvement across three domains (substance use, criminal activity, and psychological functioning. Moreover, the magnitude of the improvements in substance use, criminal activity, and employment was significantly greater for MTC clients. The 2006 WSIPP paper reported that MTC programs can reduce recidivism by 21.8%.	The research paper by French et al. (2002) found that adjusting for extreme outlier observations, the incremental economic benefit estimate was $105,618 USD, net benefit was $85,257 USD and the benefit–cost ratio was 5.2. Most of these savings were derived from decreases in crime and lower use of expensive health services.
Integrated Dual Disorder Treatment (IDDT) [160]	Evidence-based	IDDT treatments, or interventions, are offered within programs that are part of service systems. Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical interaction. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. Integration involves not only combining appropriate treatments for both disorders but also modifying traditional interventions. IDDT incorporates eight critical components: 1. Staged Interventions 2. Assertive Outreach 3. Motivational Interventions 4. Counselling 5. Social Support Interventions 6. Long-term Perspective 7. Comprehensiveness 8. Cultural Sensitivity and Competence	A research paper for the Crime and Justice Institute and the National Institute of Corrections in 2008 recognized IDDT as an effective treatment approach for dual disorder offenders.	A 2009 report by the U.S. Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMSHA) has shown that the benefit of substance abuse treatment far outweighs the costs, reporting a 7:1 benefit–cost ratio. The largest savings were due to reduced cost of crime and increased employer earnings. Savings were also reported in health care through reduced ER visits, hospital stays, and total medical costs.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Functional Family Therapy (FFT) [161]	Evidence-based	FFT is a well-documented family prevention and intervention program which has been applied successfully to a wide range of problem youth and their families in various contexts. While commonly employed as an intervention program, FFT has demonstrated its effectiveness as a method for the prevention of many of the problems of at-risk adolescents and their families. FFT is an empirically grounded intervention program that targets youth between the ages of 11 and 18, although younger siblings of referred adolescents are also treated. FFT is a short-term intervention with, on average, 8 to 12 one-hour sessions for mild cases and up to 26 to 30 hours of direct service for more difficult situations. In most programs sessions are spread over a three-month period of time.	The 2006 WSIPP meta-analytic study report found FFT reduces recidivism by 18.1%.	Additional studies suggest that FFT is a cost-effective intervention that can, when appropriately implemented, reduce treatment costs well below that of traditional services and other family-based interventions. A review of seven studies by the WSIPP (2009) found that use of FFT can result in a benefit of $49,776 USD per participant.
Family Psychoeducation [162]	Evidence-based	Family psychoeducation is a method based on clinical findings for training families to work together with mental health professionals as part of an overall clinical treatment plan for their family members. Family psychoeducation has been shown to improve patient outcomes for persons with schizophrenia and other major mental illnesses. The goal of family psychoeducation is to prevent patients with severe mental illnesses from relapsing, and to promote their re-entry into their home communities, with particular regard for their social and occupational functioning. To achieve that goal, family psychoeducation programs seek to provide families with the information they need about mental illness and the coping skills that will help them deal with their loved one's psychiatric disorder.	Familial engagement – enhancing affection, supervision, and positive communication is recognized as a criminogenic need that is key to effective correctional treatment (Bonta, 2006).	Unable to locate cost-benefit analysis in research literature.
Multi-Systemic Therapy (MST)[163]	Evidence-based	MST is a community-based intervention for serious and chronic juvenile offenders who are at risk of out of home placement. It was developed in the 1970s based on the premise that individual, family, and environmental factors all play a role in shaping anti-social behaviour. MST works within multiple systems (i.e., individual, family, school) to address the various causes of a child's delinquency. The program seeks to improve family functioning, reduce anti-social behaviour, and prevent the need for out of home placement.	Over the past 20 years studies have shown that MST improves family functioning, decreases recidivism, and reduces out of home placements. A long-term study completed by Schaeffer et al (2005) compared recidivism rates 14 years after program participation and found youth receiving MST services had on average 54% fewer arrests and 57% fewer days in adult confinement than their comparison group who only received outpatient counselling. The 2009 WSIPP meta-analytic report reviewing ten studies reported a 7.7% reduction in recidivism.	A meta-analysis study conducted by Aos et al. (2006) of ten rigorous studies found that on average MST produced $2.26 in benefits to taxpayers for every $1 invested in the program. The 2009 WSIPP paper reported the cost-benefit of MST as $17,694 per participant.
Trauma Recovery and Empowerment Model (TREM) [164]	Evidence-informed	The Trauma Recovery and Empowerment Model (TREM) is a standardized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the gender-specific 24 to 29 session group emphasizes the development of coping skills and social support. It addresses both short- and long-term consequences of violent victimization, including mental health symptoms, especially post-traumatic stress disorder (PTSD) and depression, and substance abuse.	TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.	Unable to locate cost-benefit analysis in research literature.

Name of EBP	Level of Evidence	Description of EBP	Research Findings	Cost-benefit Data
Supported Employment (SE) [165]	Evidence-based	SE is a well-defined approach to helping people with disabilities participate in the competitive labour market, helping them find meaningful jobs, and providing ongoing support from a team of professionals. First introduced in the psychiatric rehabilitation field in the 1980s, supported employment programs are now found in a variety of service contexts, including community mental health centers and psychosocial rehabilitation agencies. Consumers seem to benefit more from supported employment than from alternative programs, regardless of their employment history, clinical history, diagnosis, or, surprisingly, the presence of co-occurring substance use disorders.	Research suggests that between 40 and 60 percent of clients enrolled in supported employment obtain competitive employment, compared with fewer than 20 percent of similar consumers not enrolled in supported employment. Other employment outcomes, such as duration of employment and wages, also generally favour supported employment programs. Community based employment training can result in a 4.6% recidivism reduction.	Community employment and job training can result in an economic benefit of $6,351 USD per offender.
Intensive Case Management (ICM) [166]	Evidence-informed	ICM is the coordination of services delivered using a client-centered approach that is based on an assessment of need, clinical care, direct services, and implementation of intervention plans. A case manager-client ratio of not more than 1:20 should be maintained. Intensive case management is a comprehensive and complex service. *Making It Happen: Operational Framework for the Delivery of Mental Health Services and Supports (Ontario)* sets out the following specific functions of intensive case management: ▪ Outreach and client identification; ▪ Assessment and planning; ▪ Direct service provision; ▪ Intervention; ▪ Monitoring, evaluation, and follow-up; and ▪ Information, liaison, advocacy, and consultation standards were developed for each of the intensive case management functions and reflect the general features of intensive case management services.	Most studies included some measure of hospitalization as an indicator of effectiveness. All studies found that case management reduced hospitalization and that ICM reduced in-patient utilization. Studies suggest case management models offer additional benefits including: ▪ *Cost Savings* – case management models have lower direct and indirect costs, often associated with savings as a result of reduced hospital use. ▪ *High rates of consumer and family satisfaction.* ▪ *Family Burden* – found that use of community treatment does not increase family burden. ▪ *Improvements in community adjustment* (social/vocational functioning, residential situation, medication compliance, and quality of life). ▪ *Increased use of community services* in models that emphasize linkage with other community services.	Case management models have lower direct and indirect costs, often associated with savings as a result of reduced hospital use and incarceration.
Intensive Supervision: Treatment Oriented Programs (ISTO) [167]	Evidence-informed	Effective supervision finds a balance between accountability and being a change agent with the offender. Recidivism rates tend to increase when community supervisors or agencies fall too far toward strictly enforcement or strictly treatment. A balanced approach allows supervising agents to hold offenders accountable for supervision requirements while at the same time developing a productive, change-promoting relationship.	A systemic review conducted by the WSIPP of the research evidence that could be located to determine what works to reduce crime. This review reviewed eleven studies that revealed ISTO programs reduce crime by 17.9%.	A meta-analytic review conducted by the WSIPP (2009) of the research evidence that could be located to determine what works to reduce crime reviewed eleven studies that revealed ISTO programs result in a $19,118 USD benefit per participant.

appendix

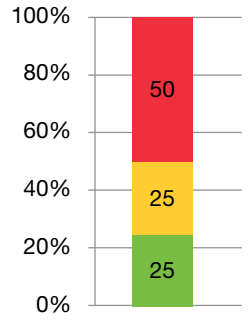
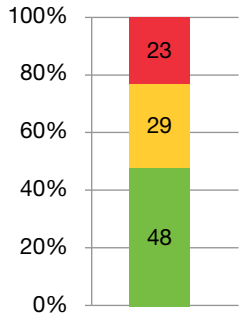
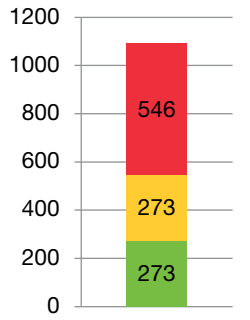
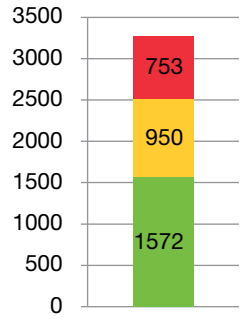
D

Supply-Demand Analysis – Level of Services for High- and Medium-Risk Offenders

This Appendix breaks down the treatment and service needs of high- and medium-risk offenders in Calgary and Edmonton. This data was extrapolated by analyzing the results of the SPIn in Appendix B. Each SPIn domain has been individually broken down according to the percentage of high-, medium-, and low-risk offenders for the specific domain. These percentages have been used to estimate the number of offenders that fall into each risk category. The chart also contains a profile of common characteristics frequently present in offenders in each risk category followed by recommended evidence-based and evidence-informed practices that have proven benefit in addressing these areas. Figure D.1 provides an example of the table format used in this Appendix.

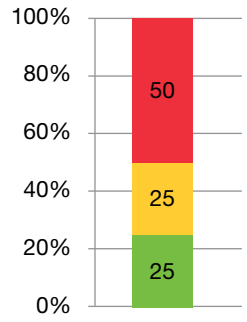
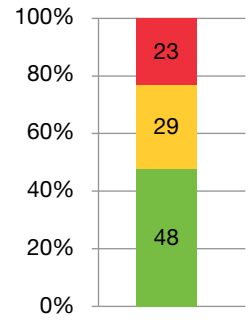
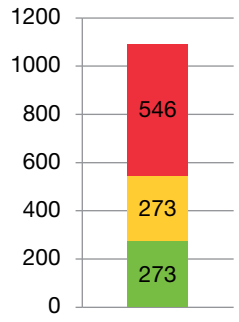
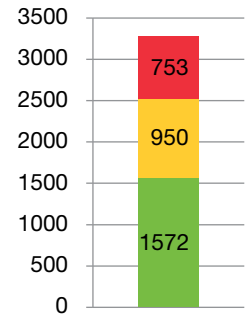
Figure D.1: Example of Table Format

This includes Criminal History, Response to Supervision, Aggression/Violence, etc.

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n =)	Medium Risk (n =)	High Risk (n =)	Medium Risk (n =)
			
* Target Group – the majority of IJSP resources will focus on medium and high needs offenders	Low Need (n =)	Medium Need (n =) *	High Need (n =) *
Client Profile	Common characteristics frequently present in offenders in this category.		
Primary Provider	Linkage / SORCe / Mixed	Linkage / SORCe / Mixed	Linkage / SORCe / Mixed
Examples of Evidence-Informed and Evidence-Based Interventions	This column identifies evidence-informed and evidence-based interventions that have a proven benefit in addressing the problems identified in the client profile section for this offender category.		

High Risk
Medium Risk
Low Risk

Figure D.2: Criminal Behaviour, Attitude, and Thinking – Calgary**

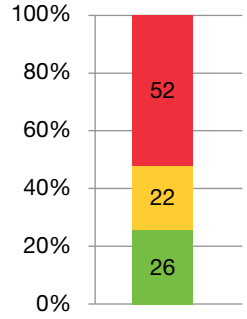
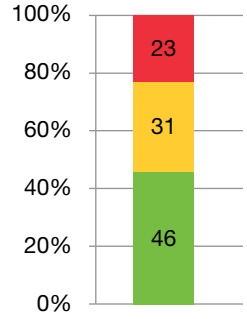
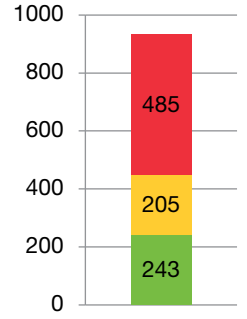
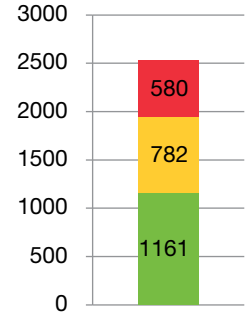
Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 1092)	Medium Risk (n = 3275)	High Risk (n = 1092)	Medium Risk (n = 3275)
			

* Target Group	Low Need (n = 1845)	Medium Need (n = 1223) *	High Need (n = 1299) *
Client Profile	▪ Typically first offense ▪ Motivated to make positive improvements in life ▪ Low likelihood of re-offending	▪ History of offending behaviour ▪ Some anti-social peers	▪ Antisocial Personality Disorder ▪ Commitment to criminal lifestyle ▪ Lack of empathy ▪ Unwilling to acknowledge responsibility and/or make amends
Primary Provider	Linkage SORCe Mixed ✓	Linkage SORCe ✓ Mixed	Linkage SORCe ✓ Mixed
Examples of Evidence-Informed and Evidence-Based Interventions	▪ Low supervision ▪ Community service ▪ Offender/Victim conference ▪ SORCe acts as an entry point for social services and mental health system	▪ Moderate to high supervision ▪ Community service ▪ Offender/victim conference ▪ Victim restitution ▪ Victim services ▪ Empathy training ▪ Intensive outpatient services ▪ Risk-Needs-Responsivity model ▪ Family therapy ▪ Intensive group treatment ▪ Cognitive-Behavioural interventions ▪ Psychological testing	▪ High to intensive supervision ▪ Community service ▪ Victim restitution ▪ Victim services ▪ Empathy training ▪ Intensive outpatient services ▪ Risk-Needs-Responsivity model ▪ Intensive group treatment ▪ Cognitive-Behavioural interventions ▪ Psychological testing ▪ Intensive outreach and monitoring ▪ Circle of Support and Accountability (CoSA) ▪ Thinking for a Change ▪ Multisystemic Therapy (MST)

High Risk
Medium Risk
Low Risk

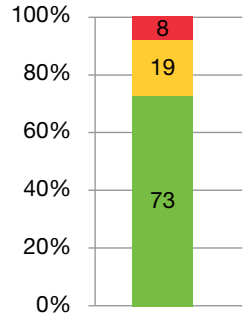
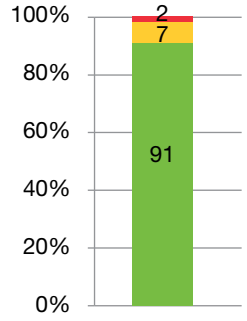
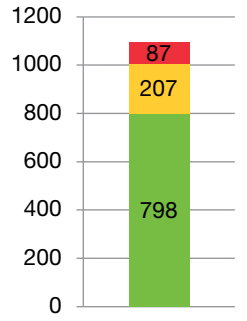
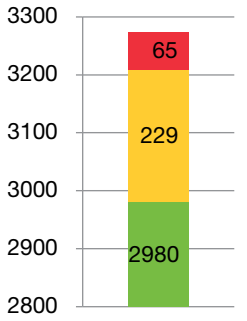
** Average of the sub-scales of Criminal History, Response to Supervision, Social Influence, and Attitudes scales

Figure D.3: Criminal Behaviour, Attitude, and Thinking – Edmonton**

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 933)	Medium Risk (n = 2524)	High Risk (n = 933)	Medium Risk (n = 2524)
			
* Target Group	Low Need (n = 1404)	Medium Need (987) *	High Need (1065) *
Client Profile	▪ Typically first offense ▪ Motivated to make positive improvements in life ▪ Low likelihood of re-offending	▪ History of offending behaviour ▪ Some anti-social peers	▪ Antisocial Personality Disorder ▪ Commitment to criminal lifestyle ▪ Lack of empathy ▪ Unwilling to acknowledge responsibility and/or make amends
Primary Provider	Linkage SORCe Mixed ✓	Linkage SORCe ✓ Mixed	Linkage SORCe ✓ Mixed
Examples of Evidence-Informed and Evidence-Based Interventions High Risk Medium Risk Low Risk	▪ Low supervision ▪ Community service ▪ Offender/Victim conference ▪ SORCe acts as an entry point for social services and mental health system	▪ Moderate to high supervision ▪ Community service ▪ Offender/victim conference ▪ Victim restitution ▪ Victim services ▪ Empathy training ▪ Intensive outpatient services ▪ Risk-Needs-Responsivity model ▪ Family therapy ▪ Intensive group treatment ▪ Cognitive-Behavioural interventions ▪ Psychological testing	▪ High to intensive supervision ▪ Community service ▪ Victim restitution ▪ Victim services ▪ Empathy training ▪ Intensive outpatient services ▪ Risk-Needs-Responsivity model ▪ Intensive group treatment ▪ Cognitive-Behavioural interventions ▪ Psychological testing ▪ Intensive outreach and monitoring ▪ Circle of Support and Accountability (CoSA) ▪ Thinking for a Change ▪ Multisystemic Therapy (MST)

** Average of the sub-scales of Criminal History, Response to Supervision, Social Influence, and Attitudes scales

Figure D.4: Aggression and Violence - Calgary

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 1092)	Medium Risk (n = 3275)	High Risk (n = 1092)	Medium Risk (n = 3275)
			

* Target Group	Low Need (n = 3778)	Medium Need (n = 436) *	High Need (n = 152) *
Client Profile	▪ Anger does not create a significantly negative impact on life ▪ Anger and frustration cause little problem in relationships	▪ Frequently gets upset over small things ▪ Believes violence is often justified ▪ Frequently in conflict with others ▪ Some history of violence	▪ Highly volatile ▪ Often uses violence to address problems ▪ Weapon offenses
Primary Provider	Linkage:	Linkage:	Linkage:
	SORCe:	SORCe: ✓	SORCe: ✓
	Mixed: ✓	Mixed:	Mixed:
Examples of Evidence-Informed and Evidence-Based Interventions	▪ Low to moderate supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression	▪ Moderate to high supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression ▪ Victim restitution ▪ Offender/victim conference ▪ Victim services ▪ Psychological testing ▪ Functional Family Therapy (FFT) ▪ Anger Management ▪ Dialectical-Behaviour Therapy (DBT) ▪ Safety plan ▪ Day treatment ▪ Risk assessment	▪ High to intensive supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression ▪ Victim restitution ▪ Victim services ▪ Psychological testing ▪ Functional Family Therapy (FFT) ▪ Anger Management ▪ Dialectical-Behaviour Therapy (DBT) ▪ Safety plan ▪ Day treatment ▪ Risk assessment ▪ Multisystemic Therapy (MST)

High Risk
Medium Risk
Low Risk

Figure D.5: Aggression and Violence - Edmonton

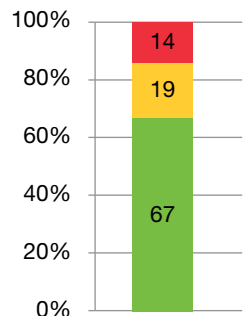
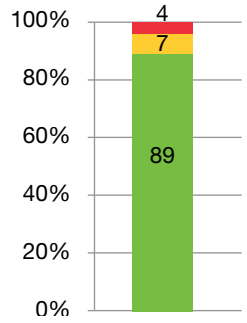
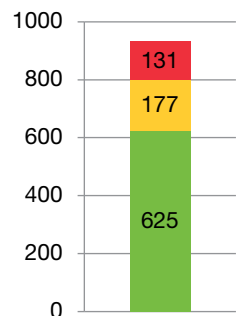
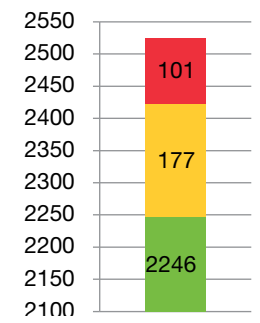
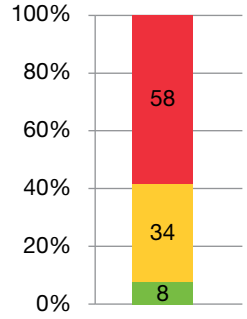
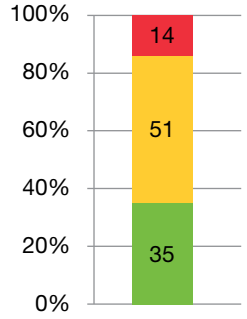
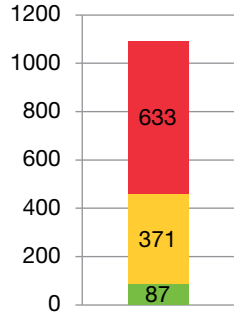
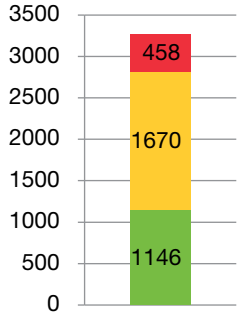
Percentage of Caseload (see Appendix B.)				Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 933)		Medium Risk (n = 2524)		High Risk (n = 933)		Medium Risk (n = 2524)	
							
* Target Group		Low Need (n = 2871)		Medium Need (n = 354) *		High Need (n = 232) *	
Client Profile		▪ Anger does not create a significantly negative impact on life ▪ Anger and frustration cause little problem in relationships		▪ Frequently gets upset over small things ▪ Believes violence is often justified ▪ Frequently in conflict with others ▪ Some history of violence		▪ Highly volatile ▪ Often uses violence to address problems ▪ Weapon offenses	
Primary Provider	Linkage		Linkage		Linkage		
	SORCe		SORCe	✓	SORCe	✓	
	Mixed	✓	Mixed		Mixed		
Examples of Evidence-Informed and Evidence-Based Interventions High Risk Medium Risk Low Risk		▪ Low to moderate supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression		▪ Moderate to high supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression ▪ Victim restitution ▪ Offender/victim conference ▪ Victim services ▪ Psychological testing ▪ Functional Family Therapy (FFT) ▪ Anger Replacement Therapy (ART) ▪ Dialectical-Behaviour Therapy (DBT) ▪ Safety plan ▪ Day treatment ▪ Risk assessment		▪ High to intensive supervision ▪ Building stress tolerance, relaxation, and coping skills ▪ Access to resources and information on abuse/violence and aggression ▪ Victim restitution ▪ Victim services ▪ Psychological testing ▪ Functional Family Therapy (FFT) ▪ Anger Replacement Therapy (ART) ▪ Dialectical-Behaviour Therapy (DBT) ▪ Safety plan ▪ Day treatment ▪ Risk assessment ▪ Multisystemic Therapy (MST)	

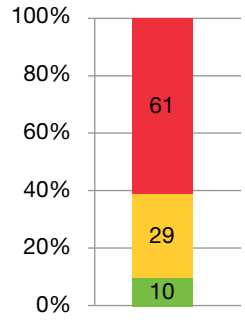
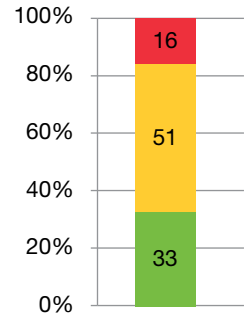
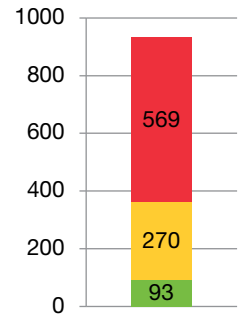
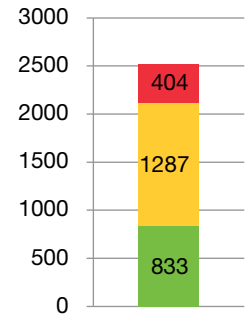
Figure D.6: Substance Use - Calgary

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 1092)	Medium Risk (n = 3275)	High Risk (n = 1092)	Medium Risk (n = 3275)
			

* Target Group	Low Need (n = 1233)	Medium Need (n = 2041) *	High Need (n = 1091) *
Client Profile	▪ Infrequent substance use ▪ Substance use does not significantly impact daily functioning	▪ Meets criteria for Substance Abuse ▪ Substance use moderately impacts daily functioning	▪ Meets criteria for Substance Dependence ▪ Substance use creates significant negative impact on multiple areas of functioning
Primary Provider	Linkage ✓ SORCe Mixed	Linkage SORCe Mixed ✓	Linkage SORCe Mixed ✓
Examples of Evidence-Informed and Evidence-Based Interventions	▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ SORCe acts as a point of access for substance abuse services	▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ Treatment readiness ▪ Medical assessment and intervention ▪ Integrated Dual Disorder Treatment (IDDT) ▪ Cognitive-Behavioural interventions ▪ Contingency Management ▪ Crisis outreach ▪ Trauma-informed treatment ▪ Day treatment	▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ Treatment readiness ▪ Medical assessment and intervention ▪ Integrated Dual Disorder Treatment (IDDT) ▪ Cognitive-Behavioural interventions ▪ Contingency Management ▪ Crisis outreach ▪ Trauma-informed treatment ▪ Day treatment ▪ Detox ▪ Residential treatment ▪ Therapeutic Community ▪ Methadone treatment ▪ Hospitalization

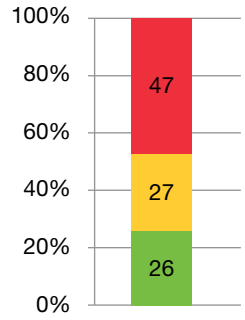
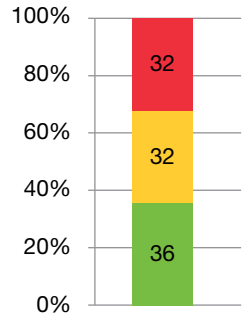
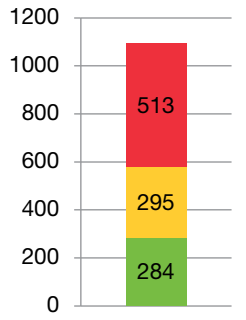
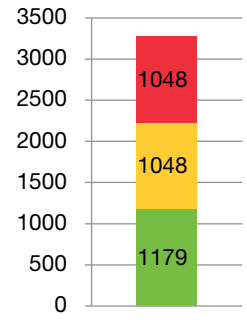
High Risk
Medium Risk
Low Risk

Figure D.7: Substance Use - Edmonton

Percentage of Caseload (see Appendix B.)				Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 933)		Medium Risk (n = 2524)		High Risk (n = 933)		Medium Risk (n = 2524)	
							
* Target Group		Low Need (n = 926)		Medium Need (n = 1557) *		High Need (n = 973) *	
Client Profile		▪ Infrequent substance use ▪ Substance use does not significantly impact daily functioning		▪ Meets criteria for Substance Abuse ▪ Substance use moderately impacts daily functioning		▪ Meets criteria for Substance Dependence ▪ Substance use creates significant negative impact on multiple areas of functioning	
Primary Provider	Linkage	✓		Linkage		Linkage	
	SORCe			SORCe		SORCe	
	Mixed			Mixed	✓	Mixed	✓
Examples of Evidence-Informed and Evidence-Based Interventions		▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ SORCe acts as a point of access for substance abuse services		▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ Treatment readiness ▪ Medical assessment and intervention ▪ Integrated Dual Disorder Treatment (IDDT) ▪ Cognitive-Behavioural interventions ▪ Contingency Management ▪ Crisis outreach ▪ Trauma-informed treatment ▪ Day treatment		▪ Harm Reduction practices ▪ Motivational Enhancement Therapy ▪ Treatment readiness ▪ Medical assessment and intervention ▪ Integrated Dual Disorder Treatment (IDDT) ▪ Cognitive-Behavioural interventions ▪ Contingency Management ▪ Crisis outreach ▪ Trauma-informed treatment ▪ Day treatment ▪ Detox ▪ Residential treatment ▪ Methadone treatment ▪ Hospitalization	

High Risk
Medium Risk
Low Risk

Figure D.8: Family - Calgary

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 1092)	Medium Risk (n = 3275)	High Risk (n = 1092)	Medium Risk (n = 3275)
			

* Target Group	Low Need (n = 1463)	Medium Need (n = 1343) *	High Need (n = 1561) *
Client Profile	▪ Navigating separation or divorce ▪ Looking for parenting resources	▪ Some conflict and stressors evident in relationships ▪ Some level of parenting skills deficit ▪ Difficulty navigating the separation and divorce process	▪ High conflict and history of violence between partners ▪ Deficiencies in parenting skills and parent-child attachment/ relationship ▪ Custody and access problems ▪ Children and Youth Services involvement
Primary Provider	Linkage ✓ SORCe Mixed	Linkage SORCe Mixed ✓	Linkage SORCe Mixed ✓
Examples of Evidence-Informed and Evidence-Based Interventions	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorce	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorcee ▪ Mediation services ▪ Parenting classes ▪ Family counselling ▪ Domestic violence classes ▪ Legal services ▪ Crisis outreach ▪ Multisystemic Therapy (MST) ▪ Risk assessment ▪ Children and Youth Services involvement	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorce ▪ Mediation services ▪ Parenting classes ▪ Family counselling ▪ Domestic violence classes ▪ Legal services ▪ Crisis outreach ▪ Multisystemic Therapy (MST) ▪ Risk assessment ▪ Children and Youth Services involvement ▪ Sheltered visitations ▪ Safety plan ▪ Parenting assessment

High Risk
Medium Risk
Low Risk

Figure D.9: Family - Edmonton

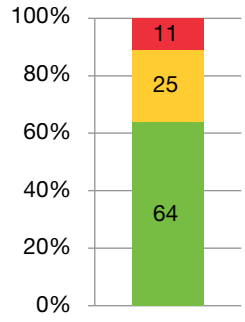
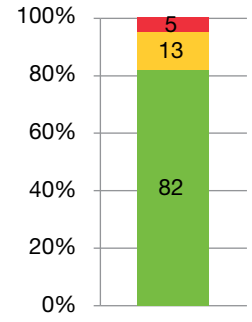
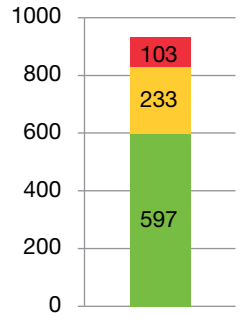
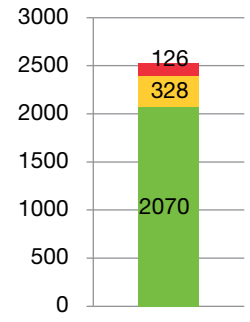
Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 933)	Medium Risk (n = 2524)	High Risk (n = 933)	Medium Risk (n = 2524)
			
* Target Group	Low Need (n = 2667)	Medium Need (n = 561) *	High Need (n = 229) *
Client Profile	▪ Navigating separation or divorce ▪ Looking for parenting resources	▪ Some conflict and stressors evident in relationships ▪ Some level of parenting skills deficit ▪ Difficulty navigating the separation and divorce process	▪ High conflict and history of violence between partners ▪ Deficiencies in parenting skills and parent-child attachment/ relationship ▪ Custody and access problems ▪ Children and Youth Services involvement
Primary Provider	Linkage ✓ SORCe Mixed	Linkage SORCe Mixed ✓	Linkage SORCe Mixed ✓
Examples of Evidence-Informed and Evidence-Based Interventions High Risk Medium Risk Low Risk	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorce	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorce ▪ Mediation services ▪ Parenting classes ▪ Family counselling ▪ Domestic violence classes ▪ Legal services ▪ Crisis outreach ▪ Multisystemic Therapy (MST) ▪ Risk assessment ▪ Children and Youth Services involvement	▪ Family Link Centre ▪ Mentoring ▪ Family support ▪ Family Psychoeducation ▪ Parenting after separation and divorce ▪ Mediation services ▪ Parenting classes ▪ Family counselling ▪ Domestic violence classes ▪ Legal services ▪ Crisis outreach ▪ Multisystemic Therapy (MST) ▪ Risk assessment ▪ Children and Youth Services involvement ▪ Sheltered visitations ▪ Safety plan ▪ Parenting assessment

Figure D.10: Employment - Calgary

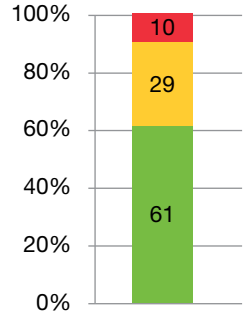
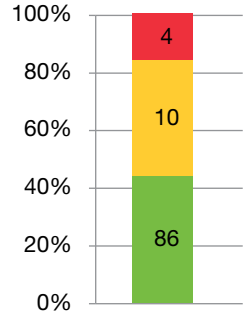
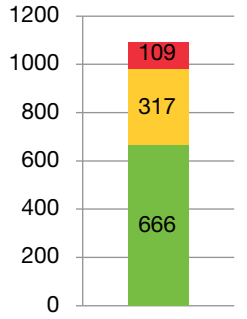
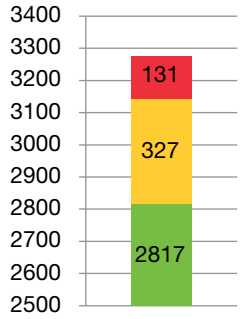
Percentage of Caseload (see Appendix B.)				Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 1092)		Medium Risk (n = 3275)		High Risk (n = 1092)		Medium Risk (n = 3275)	
							
* Target Group	Low Need (n = 3483)			Medium Need (n = 644) *		High Need (n = 240) *	
Client Profile	▪ Possess sufficient skills to find employment			▪ Poorly qualified ▪ Under employed		▪ Chronically unemployed ▪ Little marketable skills ▪ Cognitive impairments ▪ No job skills, lack of experience, or significant barriers to employment	
Primary Provider	Linkage	✓		Linkage		Linkage	
	SORCe			SORCe		SORCe	
	Mixed			Mixed	✓	Mixed	✓
Examples of Evidence-Informed and Evidence-Based Interventions ■ High Risk ■ Medium Risk ■ Low Risk	▪ Job centre, job club, job registries ▪ Vocational counselling			▪ Job centre, job club, job registries ▪ Vocational counselling ▪ Job training ▪ Life skills support ▪ Job readiness interventions ▪ Supported Employment ▪ Occupational Therapy support ▪ Functional assessment		▪ Job centre, job club, job registries ▪ Vocational counselling ▪ Job training ▪ Life skills support ▪ Job readiness interventions ▪ Supported Employment ▪ Occupational Therapy support ▪ Functional assessment ▪ Intensive life skill training ▪ Sheltered employment	

Figure D.11: Employment - Edmonton

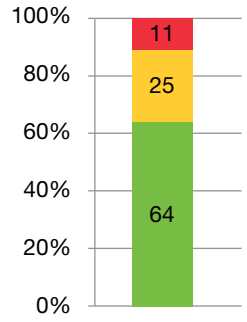
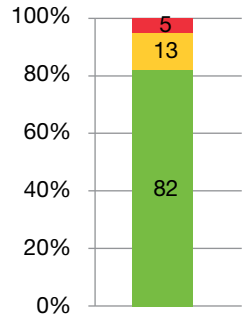
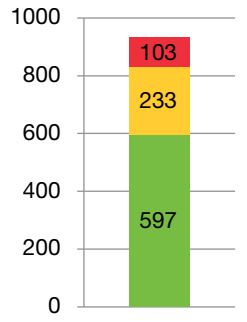
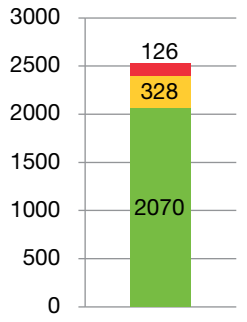
Percentage of Caseload (see Appendix B.)			Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 933)	Medium Risk (n = 2524)		High Risk (n = 933)		Medium Risk (n = 2524)	
						
* Target Group	Low Need (n = 2667)		Medium Need (n = 561) *		High Need (n = 229) *	
Client Profile	▪ Possess sufficient skills to find employment		▪ Poorly qualified ▪ Under employed		▪ Chronically unemployed ▪ Little marketable skills ▪ Cognitive impairments ▪ No job skills, lack of experience, or significant barriers to employment	
Primary Provider	Linkage	✓	Linkage		Linkage	
	SORCe		SORCe		SORCe	
	Mixed		Mixed	✓	Mixed	✓
Examples of Evidence-Informed and Evidence-Based Interventions ■ High Risk ■ Medium Risk ■ Low Risk	▪ Job centre, job club, job registries ▪ Vocational counselling		▪ Job centre, job club, job registries ▪ Vocational counselling ▪ Job training ▪ Life skills support ▪ Job readiness interventions ▪ Supported Employment ▪ Occupational Therapy support ▪ Functional assessment		▪ Job centre, job club, job registries ▪ Vocational counselling ▪ Job training ▪ Life skills support ▪ Job readiness interventions ▪ Supported Employment ▪ Occupational Therapy support ▪ Functional assessment ▪ Intensive life skill training ▪ Sheltered employment	

Figure D.12: Social/Cognitive Functioning - Calgary

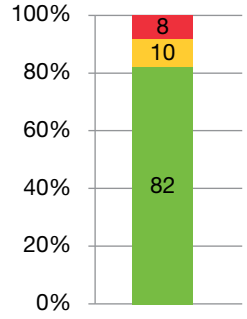
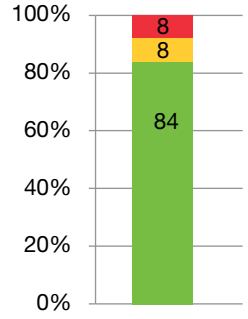
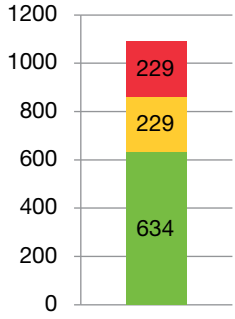
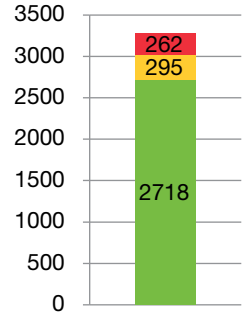
Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 1092)	Medium Risk (n = 3275)	High Risk (n = 1092)	Medium Risk (n = 3275)
			
* Target Group	Low Need (n = 3352)	Medium Need (n = 524) *	High Need (n = 491) *
Client Profile	▪ Minor difficulty with long-term planning ▪ Occasionally impulsive or rash in decision-making ▪ Sometimes struggles with social norms	▪ Deficits in problem-solving, executive functioning ▪ ADHD, ADD ▪ Struggles with awareness of how behaviour impacts others ▪ Rebellious ▪ Minor cognitive impairments	▪ Severe impulsivity, poor problem-solving, executive functioning ▪ Severe ADHD, ADD ▪ Developmental disabilities or organic brain damage ▪ Hostile and paranoid ▪ Poor understanding of how behaviour impacts others ▪ Argumentative, defiant ▪ Significant cognitive impairment
Primary Provider	Linkage ✓ SORCe Mixed	Linkage SORCe Mixed ✓	Linkage SORCe Mixed ✓
Examples of Evidence-Informed and Evidence-Based Interventions ▪ High Risk ▪ Medium Risk ▪ Low Risk	▪ Life skill support ▪ Mentorship	▪ Life skill support ▪ Mentorship ▪ Psychiatric support ▪ Intensive problem-solving ▪ Cognitive-Behavioural interventions ▪ Functional assessment	▪ Intensive life skill support ▪ Mentorship ▪ Psychiatric support ▪ Intensive problem-solving ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Persons with Developmental Disabilities (PDD) programming ▪ Guardianship ▪ Behavioural tailoring

Figure D.13: Social/Cognitive Functioning - Edmonton

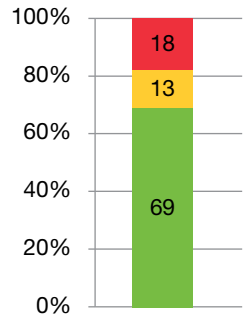
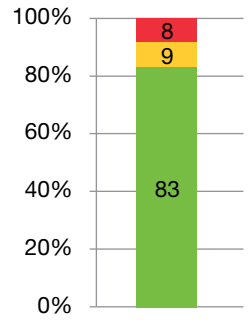
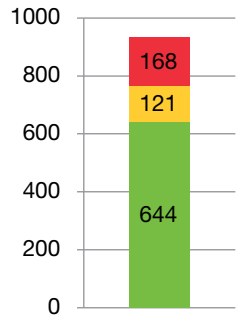
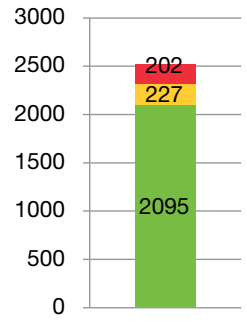
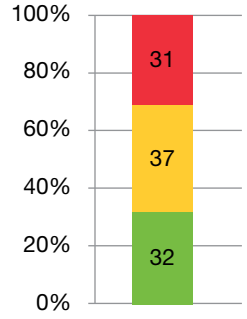
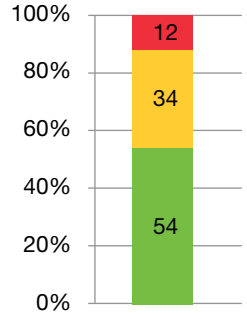
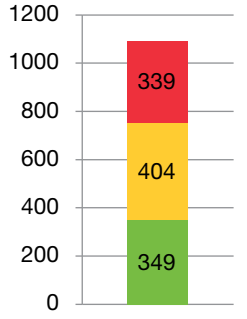
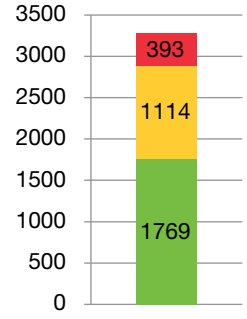
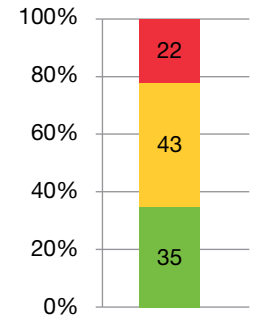
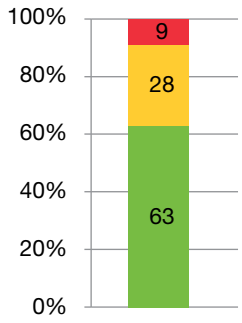
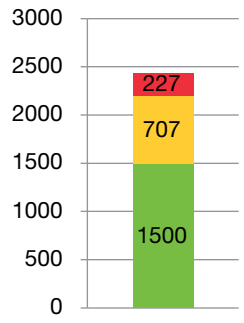
Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
High Risk (n = 933)	Medium Risk (n = 2524)	High Risk (n = 933)	Medium Risk (n = 2524)
			
* Target Group	Low Need (n = 2739)	Medium Need (n = 348) *	High Need (n = 370) *
Client Profile	▪ Minor difficulty with long-term planning ▪ Occasionally impulsive or rash in decision-making ▪ Sometimes struggles with social norms	▪ Deficits in problem-solving, executive functioning ▪ ADHD, ADD ▪ Struggles with awareness of how behaviour impacts others ▪ Rebellious ▪ Minor cognitive impairments	▪ Severe impulsivity, poor problem-solving, executive functioning ▪ Severe ADHD, ADD ▪ Developmental disabilities or organic brain damage ▪ Hostile and paranoid ▪ Poor understanding of how behaviour impacts others ▪ Argumentative, defiant ▪ Significant cognitive impairment
Primary Provider	Linkage ✓ SORCe Mixed	Linkage SORCe Mixed ✓	Linkage SORCe Mixed ✓
Examples of Evidence-Informed and Evidence-Based Interventions ■ High Risk ■ Medium Risk ■ Low Risk	▪ Life skill support ▪ Mentorship	▪ Life skill support ▪ Mentorship ▪ Psychiatric support ▪ Intensive problem-solving ▪ Cognitive-Behavioural interventions ▪ Functional assessment	▪ Intensive life skill support ▪ Mentorship ▪ Psychiatric support ▪ Intensive problem-solving ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Persons with Developmental Disabilities (PDD) programming ▪ Guardianship ▪ Behavioural tailoring

Figure D.14: Stability - Calgary

Percentage of Caseload (see Appendix B.)			Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 1092)	Medium Risk (n = 3275)		High Risk (n = 1092)		Medium Risk (n = 3275)	
						
* Target Group	Low Need (n = 2118)		Medium Need (n = 1518) *		High Need (n = 732) *	
Client Profile	▪ High debt load ▪ Some financial stressors present ▪ Exploring housing options ▪ Upgrading housing ▪ Low urgency to find accommodations		▪ Fixed income ▪ At risk of becoming homeless ▪ Poor budgeting skills ▪ Impulsive with money ▪ Substance abuse ▪ Problematic gambling ▪ Occasionally struggles with transportation ▪ Temporary or unstable housing ▪ High debt load		▪ No current source of income ▪ Substance dependence ▪ Inadequate income and has dependents ▪ Homeless ▪ Little to no basic life skills ▪ Loses majority of money through gambling or substance use ▪ Little to no money for transportation ▪ Homeless ▪ Needs emergency shelter ▪ Mental disorder or condition ▪ Organic brain disorder/injury ▪ Severe medical condition	
Primary Provider	Linkage	✓	Linkage		Linkage	
	SORCe		SORCe		SORCe	
	Mixed		Mixed	✓	Mixed	✓

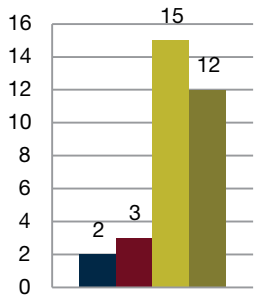
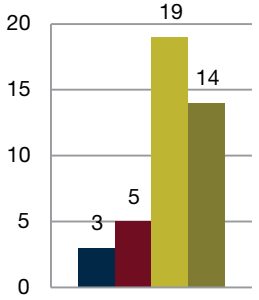
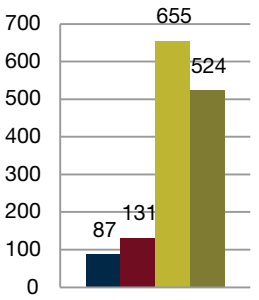
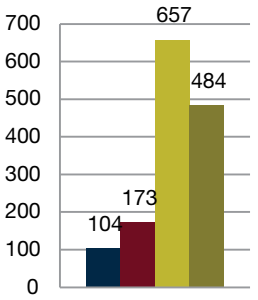
Examples of Evidence-Informed and Evidence-Based Interventions High Risk Medium Risk Low Risk	▪ Basic budgeting ▪ Community financial services ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing	▪ Basic budgeting ▪ Community financial services ▪ Money management program ▪ Discount transportation and basic needs ▪ Life skills support ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Psychoeducation on budgeting, banking, savings, and financial planning ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing ▪ Housing Centre ▪ Access entitlements and income supports ▪ Home start-up kit ▪ Domestic violence shelter ▪ Emergency shelter ▪ Housing First ▪ Independent living assessment ▪ Transitional housing	▪ Basic budgeting ▪ Community financial services ▪ Money management program ▪ Discount transportation and basic needs ▪ Life skills support ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Psychoeducation on budgeting, banking, savings, and financial planning ▪ Financial trusteeship ▪ Intensive life skill support ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing ▪ Housing Centre ▪ Access entitlements and income supports EI, AISH) ▪ Home start-up kit ▪ Domestic violence shelter ▪ Emergency shelter ▪ Housing First ▪ Independent living assessment ▪ Transitional housing ▪ Supported living ▪ Housing assurance

Figure D.15: Stability - Edmonton

Percentage of Caseload (see Appendix B.)			Estimated Volume of Caseload (see Appendix B.)			
High Risk (n = 933)	Medium Risk (n = 2524)		High Risk (n = 933)		Medium Risk (n = 2524)	
						
* Target Group	Low Need (n = 1827)		Medium Need (n = 1108) *		High Need (n = 432) *	
Client Profile	▪ High debt load ▪ Some financial stressors present ▪ Exploring housing options ▪ Upgrading housing ▪ Low urgency to find accommodations		▪ Fixed income ▪ At risk of becoming homeless ▪ Poor budgeting skills ▪ Impulsive with money ▪ Substance abuse ▪ Problematic gambling ▪ Occasionally struggles with transportation ▪ Temporary or unstable housing ▪ High debt load		▪ No current source of income ▪ Substance dependence ▪ Inadequate income and has dependents ▪ Homeless ▪ Little to no basic life skills ▪ Loses majority of money through gambling or substance use ▪ Little to no money for transportation ▪ Homeless ▪ Needs emergency shelter ▪ Mental disorder or condition ▪ Organic brain disorder/injury ▪ Severe medical condition	
Primary Provider	Linkage	✓	Linkage		Linkage	
	SORCe		SORCe		SORCe	
	Mixed		Mixed	✓	Mixed	✓

Examples of Evidence-Informed and Evidence-Based Interventions ■ High Risk ■ Medium Risk ■ Low Risk	▪ Basic budgeting ▪ Community financial services ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing	▪ Basic budgeting ▪ Community financial services ▪ Money management program ▪ Discount transportation and basic needs ▪ Life skills support ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Psychoeducation on budgeting, banking, savings, and financial planning ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing ▪ Housing Centre ▪ Access entitlements and income supports ▪ Home start-up kit ▪ Domestic violence shelter ▪ Emergency shelter ▪ Housing First ▪ Independent living assessment ▪ Transitional housing	▪ Basic budgeting ▪ Community financial services ▪ Money management program ▪ Discount transportation and basic needs ▪ Life skills support ▪ Cognitive-Behavioural interventions ▪ Functional assessment ▪ Psychoeducation on budgeting, banking, savings, and financial planning ▪ Financial trusteeship ▪ Intensive life skill support ▪ Housing registries ▪ Referral and brokerage ▪ Referral to subsidized housing ▪ Housing Centre ▪ Access entitlements and income supports EI, AISH) ▪ Home start-up kit ▪ Domestic violence shelter ▪ Emergency shelter ▪ Housing First ▪ Independent living assessment ▪ Transitional housing ▪ Supported living ▪ Housing assurance

Figure D.16: Mental Health – Calgary and Edmonton

Percentage of Caseload (see Appendix B.)		Estimated Volume of Caseload (see Appendix B.)	
Calgary (n = 4367)	Edmonton (n = 3457)	Calgary (n = 4367)	Edmonton (n = 3457)
			

* Target Group	Low Need		Medium Need *		High Need *	
Client Profile	▪ Presence of mental health problems but does not create major negative impact on daily living ▪ Adjustment disorders due to life challenges ▪ Mild-moderate psychosocial problems		▪ Presence of mental health disorder or mental illness ▪ Moderate impairment in daily activities ▪ May have history of hospitalization ▪ Moderate-severe psychosocial problems		▪ Severe and persistent mental illness ▪ Severe impairments in daily activities ▪ History of suicide or violence due to mental illness ▪ Frequent hospitalizations	
Primary Provider	Linkage	✓	Linkage		Linkage	
	SORCe		SORCe		SORCe	
	Mixed		Mixed	✓	Mixed	✓
Examples of Evidence-Informed and Evidence-Based Interventions	▪ Building stress tolerance, relaxation, and coping skills ▪ Treatment readiness ▪ Psychoeducational modules on mental health ▪ SORCe acts as point of access for mental health system		▪ Building stress tolerance, relaxation, and coping skills ▪ Treatment readiness ▪ Psychoeducational modules on mental health ▪ Psychiatric care ▪ Individual, group, and family services ▪ Crisis outreach ▪ Cognitive-Behavioural interventions ▪ Trauma-informed care ▪ Dialectical-Behavioural Therapy (DBT) ▪ Multisystemic Therapy (MST) ▪ Wellness Recovery Action Plan (WRAP) ▪ Illness Management and Recovery (IMR)		▪ Building stress tolerance, relaxation, and coping skills ▪ Treatment readiness ▪ Psychoeducational modules on mental health ▪ Psychiatric care ▪ Individual, group, and family services ▪ Crisis outreach ▪ Cognitive-Behavioural interventions ▪ Trauma-informed care ▪ Dialectical-Behavioural Therapy (DBT) ▪ Multisystemic Therapy (MST) ▪ Wellness Recovery Action Plan (WRAP) ▪ Illness Management and Recovery (IMR) ▪ Residential treatment ▪ Assured Income for the Severely Handicapped ▪ Group home or supported living ▪ Forensic Assertive Community Treatment (FACT) ▪ Hospitalization	

▪ Psychotic Disorder
▪ Anxiety Disorder
▪ Mood Disorder
▪ History of Trauma

appendix

E

Inmate Focus Group

Date of Group: July 2, 2010

n = 25 inmates; male = 13; female = 12

Figure E.1: Average Number and Length of Incarcerations (July 2009 - July 2010)

The gray boxes represent 96 percent of the inmates interviewed. The line attached to the box covers the remaining 4 percent (i.e., outliers) of the inmates interviewed.

Figure E.2: Demographics of Inmate Focus Group

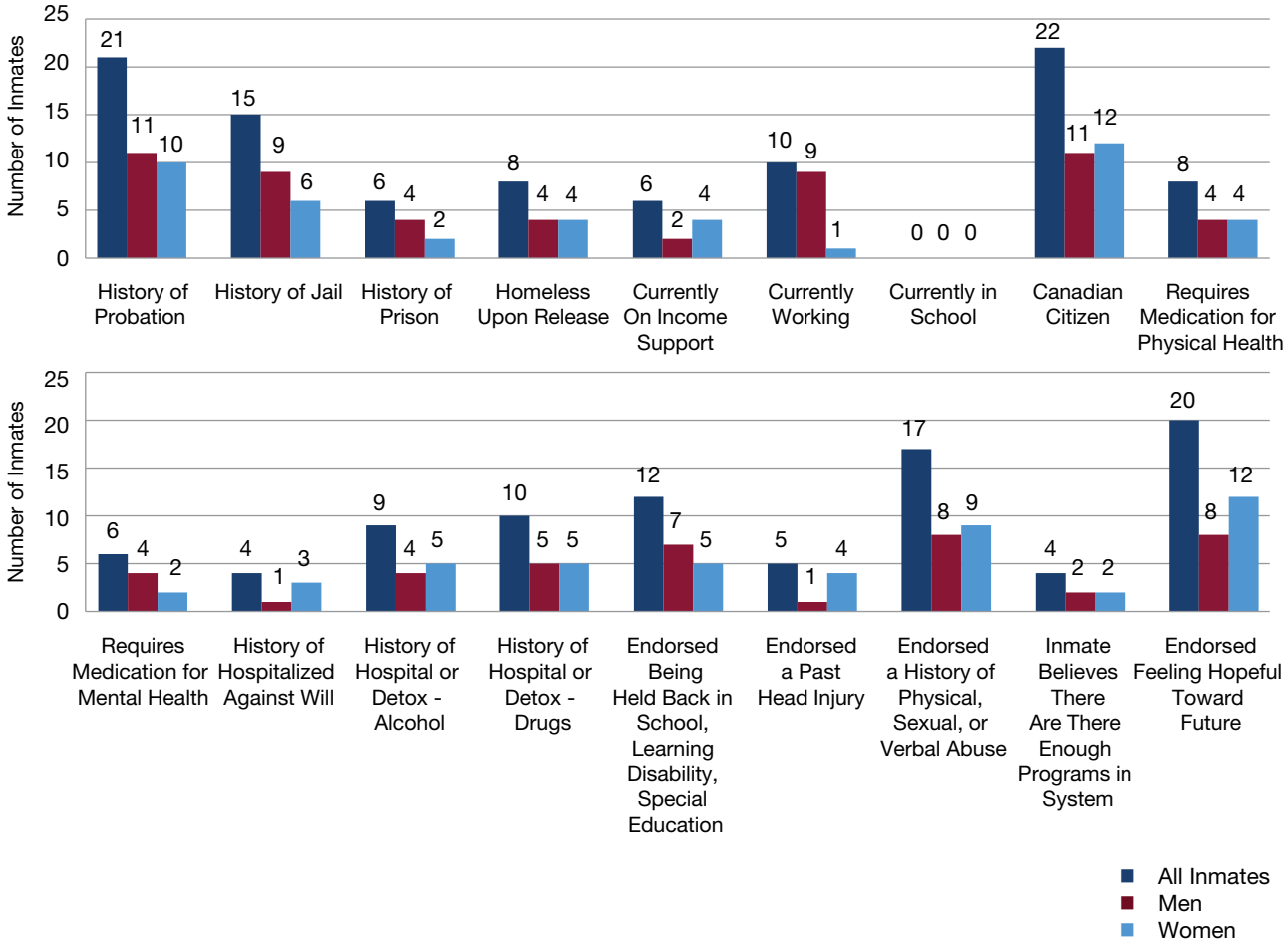
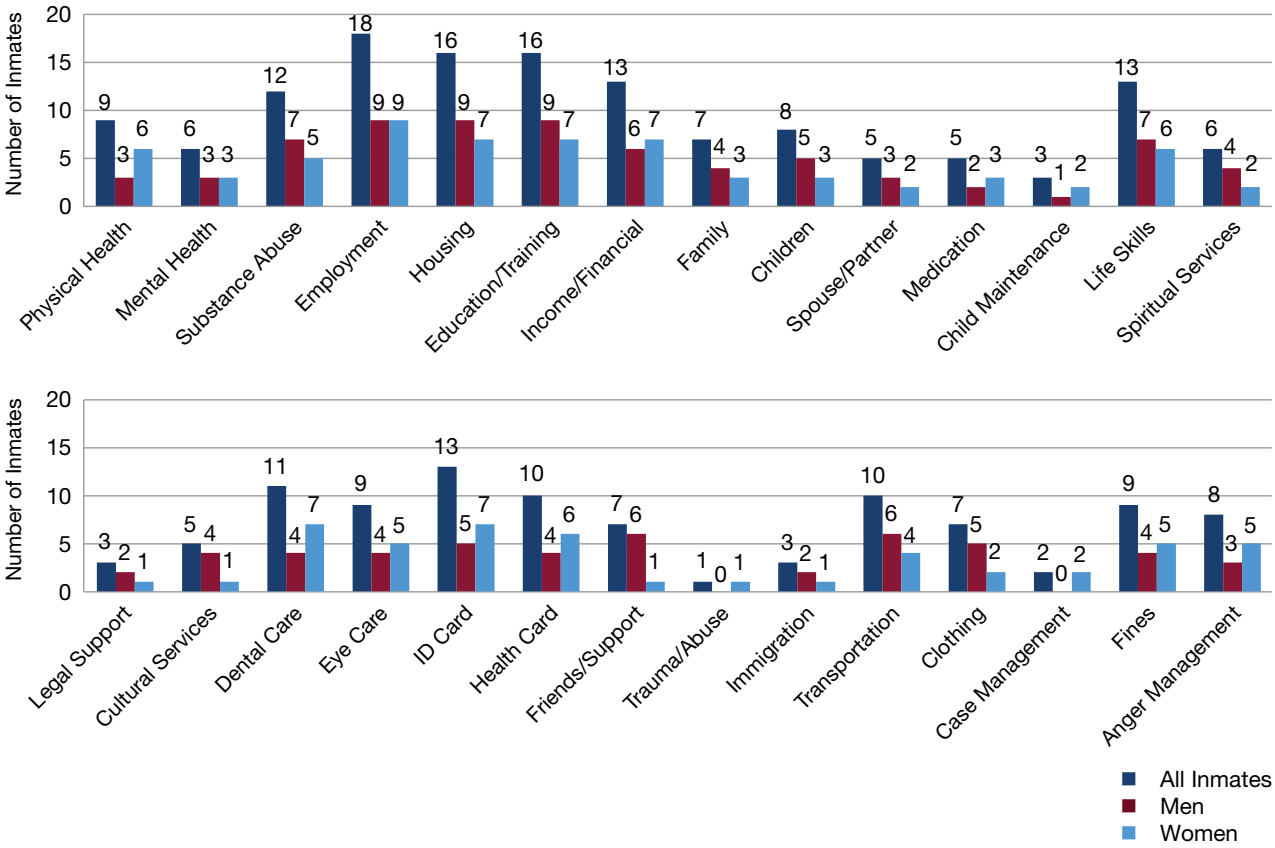


Figure E.3: Identified Treatment Needs of Inmate Focus Group



Open-Ended Questions (answers are verbatim, spelling has been corrected)

Figure E.4: Responses to Open-Ended Questions

Question 1 – What do you think is the biggest thing people need to stay out of the justice system?

- Hope and support
- Structure, good stable community resources, something to lean on so people know that there is people willing to help people that get released. If they're willing to turn over a new leaf
- Structure and stability
- To get clean
- Stay clean of drugs and alcohol
- A respect for the nature of addictions, awareness, then the means (support to) change
- I'm getting too old
- Housing, employment, financing, access to treatment
- Shelter
- Not get involved in it from the first place. Once I'm in the system I feel it's too difficult to get out (breaches, failure to appear)
- Help with supports
- Getting clean or stop drinking and acting like idiots. Have more programs to keep criminals aware
- Immediate guidance and accountability to what your goals that you set while inside
- Help with all above
- The will/heart to actually change their behaviour
- Education, work
- Addiction treatment, conditions need to be realistic, no setting up for failure
- Education and training, certifications
- Support, housing help, substance abuse programs
- Life skills, support, employment
- Support, self esteem, training life skills, required to allow inmates to succeed, housing

Question 2 – What do you think the justice system needs to do in order to keep people from committing crimes?

- Personalization, make options available, less caseload for lawyers
- I think it starts with the person itself. I think it should not be so harsh, willing to help people come back into the community. So it's not so stressful and hard to get back into
- Narrow the list of crimes. Hear or listen to the other side of the story before filing charges. Treat every case as an individual. More treatment and support
- Give people a place to stay with a job
- Be more about prevention, then about sentencing
- Programs, housing
- Give people a chance, other than one little thing you do and get locked up like animals in the zoo
- Education, work
- Incorporate more programming, awareness, and support regarding basic needs
- With help of all above
- To have proper and independent assessment advocates
- Have more doors open to then like resources to AA and counsellors. The justice system can be more punishable to the people to scare them not to come back
- I think it would be good for a place to go where everything is available, to help with your problems instead of going everywhere
- Easier access to funds
- Everything that's on the board
- A case management team where I could go if I have a slip or use again
- Help people who want to be helped with basics taken care of. Time to take care of issues. Housing support
- Less harsh
- More help
- Look at people as individuals

Question 3 – Please provide us with anything else you think would be important.

- It's important to have access to ID. Healthcare to do medicals for treatment. Transportation from Remand to treatment
- I think people (justice system) need to have a more open mind. Help ASAP when released. Somewhere to go for a week/2 weeks that helps with a place to live. More community resources, more people willing to help. More people on our side speaking for us in court, showing that we are willing to change
- Housing, ID, income assistance, clothing, counselling, stability
- Legal aid, rapid exit, counselling (addictions, one-on-one, group), NA and AA
- Life is what you make it
- Better treatment
- Use the 3e program from Fort (FSCC)
- Programs, training, substance abuse supports, mental health, etc. All good, but it really depends on the person and if their heart is actually, truly, in it, to change
- Support!!
- Conditions need to be realistic
- Compassion, John Howard Society
- Honest and support. Fairness
- Employment agencies
- You already provided me with all the important stuff

Group Discussion

Figure E.5: Group Discussion Responses

Men – Discussion about Issues, Needs, and System Change	Women– Discussion about Issues, Needs, and System Change
➡ Need more structure in life, access to more recreation activities in order to stay out of trouble ➡ Assistance with housing, references, debits ➡ Assistance with ID and healthcare cards ➡ Means to access financial resources before release ➡ Start as many processes as possible while in Remand ➡ Would rather serve longer sentence in community versus shorter sentence in institution ➡ Having different choices available for treatment and services ➡ Outstanding fines are a big problem ➡ Most treatment programs will not accept phone calls from Remand ➡ Helpful treatment providers know the justice system ➡ Peer groups and contacts that are helpful ➡ Want to deal with the same people (judge, prosecutor) instead having to their re-tell story ➡ Treatment should work around client's schedule so they can work etc. ➡ Conditions need to be realistic ➡ Upsetting when treatment and justice system is viewed as a business ➡ Provide rewards for success – training, education, certification, small rewards ➡ Community Treatment Teams – peer counsellor, probation officer is alright (no police), mental health & addictions counsellors, physicians, employment counsellor	➡ Assistance with income support ➡ Assistance with housing ➡ Assistance with getting ID ➡ Help with outstanding fines ➡ Difficult to deal with items while in custody ➡ Difficult to find job – supervision frequently interferes, embarrassing to have a criminal record ➡ Need specific women's treatment programs – can be distracting to have men present ➡ Long waitlists for services ➡ Easy to go straight back to street (prostitution) – especially for income ➡ Need peer support ➡ Criminal record impacts many areas in life ➡ Need to heavily focus on relapse prevention ➡ Need intervention immediately upon release ➡ Aspen, John Howard, Elizabeth Fry all helpful ➡ Willing to have longer supervision if able to remain in community ➡ Treatment team – same as men, no police ➡ Do not like being viewed as immediately guilty ➡ Services and justice system are not consistent ➡ Structure is helpful ➡ Incentives – access to leisure activities, customized to the person ➡ Difficult to build trust – get to know client, non-judgmental ➡ Need accountability ➡ Feel like there is poor communication within system and no one asks for their opinion ➡ Need to broaden acceptance criteria for services

appendix F

Assess-Plan-Identify-Coordinate (APIC) Model

Figure F.1: APIC Model[168]

National GAINS Center	
Assess	Assess the inmate's clinical and social needs, and public safety risks. ➡ Catalogue the inmate's psychosocial, medical, and behavioural needs and strengths. ➡ Gather information – from law enforcement, court, corrections, correctional health, families, and community provider systems to create a fully informed transition plan. ➡ Incorporate a cultural formulation in the transition plan to ensure a culturally sensitive response. ➡ Engage the inmate in assessing his or her own needs. ➡ Ensure that the inmate has access to income and a means of supporting their financial needs.
Plan	Plan for the treatment and services required to address the inmate's needs. ➡ Address the critical period immediately following release – the first hour, day, and week after leaving jail – as well as the long-term needs. ➡ Learn from the inmate what has worked or not worked during past transitions. ➡ Seek family input. ➡ Address housing needs. ➡ Arrange for an integrated treatment approach for the inmate with co-occurring disorders – using proven programs and practices that meet his or her needs. ➡ Ensure that the inmate is on an optimal medication regimen and has sufficient medication to last at least until a follow-up appointment. ➡ Connect inmates who have acute and chronic medical conditions with community medical providers.
Identify	Identify required community and correctional programs responsible for post-release services. ➡ Identify in the transition plan specific community referrals that are appropriate to the inmate. ➡ Forward a complete discharge summary to the community provider. ➡ Ensure that every inmate's belongings are returned upon release and that the inmate has a photo ID. ➡ Ensure that treatment and supportive services match the ex-inmate's level of disability, motivation for change, and availability of community resources. ➡ Identify services needed to support the inmate's level of risk and function to ensure the ex-inmate will be able to comply with conditions of release and community corrections supervision orders. ➡ Address the community treatment provider's role in supporting the inmate post-release.
Coordinate	Coordinate the transition plan to ensure proper implementation and to avoid gaps in care with community-based services. ➡ Support the case manager in coordinating the timing and delivery of services to help the offender span the jail-community boundary after release. ➡ Case assignment to a community treatment agency must be made cooperatively and include the inmate, jail providers, and the community agency. ➡ Explicit communication about the transition with inmate, family, releasing facility, and the community treatment providers. ➡ Confirm that the inmate knows the details of the first follow-up visit, has adequate medication, and contact information for community supports. ➡ Establish a mechanism to track ex-inmates who do not keep the first follow-up appointment.

appendix

G

Sample Court Report Card

This appendix provides an example of a standardized report that could be provided to court officials. This aligns with the SORCe's goal of:

Provide the justice system and service providers with better information

- Provide the judiciary with options for addressing the underlying problems of offenders entering the justice system.
- Consolidate as much information as possible, as early as possible.
- All all providers involved access to information.
- Use current information to enhance accountability.

Figure G.1 below is for informational purposes only as the structure of this type of report would need to be developed with the consultation of the Judiciary, Crown Prosecution, Defence Lawyers, and Community Corrections. Regardless of the specific design, the information contained in the report should speak to compliance with conditions, increased or decreased risk to the community, engagement with services, and overall functioning. Another necessary section for a report of this type is to focus on positive events in the offender's life, successes that have occurred, and important milestones. This aims to provide a balanced approach to reporting on the status of the offender and also encourages the use of positive reinforcement for prosocial behaviour. The sample Court Report Card is based on a similar report card used by the Brooklyn Mental Health Court in New York.

Figure G.1: Safe Communities Opportunity and Resource Centre Court Report Card

Date of Court Appearance:

Client's Name:

Date of Birth:

Date of Last Court Appearance:

Staff Preparing Report:

Position:

Date of Report:

Service Providers Contributing to Report:

Compliance with Court Conditions	Summary			Change Since Last Court Appearance				
	Good	Satisfactory	Poor	Significant Improvement	Moderate Improvement	Same	Moderately Worse	Significantly Worse
Condition 1:								
Condition 2:								
Condition 3:								
Condition 4:								
Condition 5:								
Condition 6:								

Summary of Progress	Summary			Change Since Last Court Appearance				
	Good	Satisfactory	Poor	Significant Improvement	Moderate Improvement	Same	Moderately Worse	Significantly Worse
Client's Overall Risk to Community								
Client's Overall Functioning								
Client's Engagement with SORCe								
Client's Engagement in services								
Service 1:								
Service 2:								
Service 3:								
Service 4:								
Service 5:								
Client's Interaction with Treatment Team								
Client's Interaction with Supervision Staff								
Client's Interaction with SORCe Staff								

Number of times client has missed scheduled appointments since last court appearance:	____ 0 ____ 1-3 ____ 4-7 ____ >7

Comments:

Substance Use			Prosocial Activities / Independent Functioning				Psychiatric / Mental Health				Risk to Community		
Mandated urine analysis?	Yes	No		Good	Satisfactory	Poor	Prescribed medication?	Yes	No		Incidents of violence?	Yes	No
Administered urine analysis since last court appearance?	Yes	No	Peers					Good	Satisfactory	Poor	Criminal behaviour?	Yes	No
Dates of positive urine analysis and drug detected			Family				Adherence				If yes to above, explain:		
			Intimate				Warning signs?	Yes	No				
Is there evidence of current use?			Finances				If yes, explain:						
			Work										
Is current use greater, lesser, or the same since the last court date?			School				Comment:						
			Recreation										
Greater	Same	Lesser n/a	Comment:										
Comments:													

List any positive events, milestones, accomplishments, etc.

appendix

H

Consultation List of Partners and Stakeholders

Questionnaire Reviewed with Partners and Stakeholders

Name:
Organization:
Position:
Phone Number:
Email:

1. What do you see as the major problems that minor offenders have in exiting the cycle of involvement in the justice system? Repeat offenders?
2. What barriers do you think individuals/community face with reintegration of offenders into the community?
3. What do you see as the key elements that an integrated services model/community/problem-solving court should address?
4. What are the services your clients need access to in order to improve their outcomes?
5. What is working well/strengths in the current system? (May identify agencies, system, or processes)
6. How can the community contribute to helping offenders exit the cycle of the justice system?
7. What groups in the community should be involved in the consultation process and the solution?
8. Can you identify any barriers that you see to integrating services for this population? (i.e. information sharing etc.)
9. Are you aware of any innovative programs locally or in other cities or countries showing positive results working with individuals involved in the Criminal Justice System that we should review?
10. What are the most effective services/agencies that you are aware of working with individuals involved in the Criminal Justice System locally?
11. Any other comments?

Figure H.1: List of Individuals Consulted for the IJSP

Organization	Contact Person
Alberta Aboriginal Relations	Bronwyn Shoush
	Donavon Young
Alberta Children and Youth Services	Mark Hattori
	Bonnie Johnston
	Sarah Parkinson
Alberta Employment and Immigration	Neil Irvine
	Brian Mader
	Shannon Marchand
Alberta Health Services	Cathy Pryce
	Nancy Fraser

	Cathy Gaida
	Cheryl Gardner
	Arlene Hunte
	Colleen Karran
	Jill Kelland
	Dr. Glenda MacQueen
	Dr. George Duska
	Fay Schneider
	Beverley Thompson
	Brendan Walsh
Alberta Health and Wellness	Margaret King
Alberta Housing and Urban Affairs	Robin Wigston
	Barry Bezuko
Alberta Justice and Attorney General	Greg Lepp
	Lynne Varty
	Grant Sprague
	Dave Hill
	Dave Burroughs
	Reeva Parker
	Lloyd Robertson
	Lorna Ross
	Basem Hage
	Joanne Durant
	Gordon Wong
Alberta Seniors and Community Supports	Reegan McCollough
	Sheryl Fricke
Alberta Solicitor General and Public Security	Bruce Anderson
	Judith Barlow
	Dianne Beaton
	Rob Bryant
	Kim Canning
	Bradley Clark
	Kathy Collins
	Jim Cook
	Jim Donaghue
	Brent Doney
	Anna Dryden
	Deanna Frey
	Jan Hilchey
	Ken Horrigan

	Patty Kohl
	Fiona Lavoy
	Kelly McEwen
	Duncan Mclean
	Bill Meade
	Gurjeet Nijjer
	Menasha Nikhanj
	Roni Pagliuso
	Jamie Reynar
	Paulette Rodziewicz
	John Simmons
	Mike Tholenaer
	Chester Uszacki
	Shawne Young
Alexis Nakota Sioux Nation	Chief Cameron Alexis
Calgary Drug Court	Linda Endey
Calgary Homeless Foundation	Marina Giacomin
	Tim Richter
Calgary Legal Guidance	Gabriel Chen
Calgary Police Service	Trevor Daroux
	Jason Bobrowich
	Paul Cook
	Tom Hewitt
	Curtis Olson
	Debbi Perry
	Bob Ritchie
	Paul Stacey
	Todd Zelensky
Canadian Forum on Civil Justice	Diana Lowe
	Glynnis Lieb
	Mary Stratton
City of Calgary	Tracy Bertsch
	Amanda Hart
	Bill Bruce
City of Edmonton	Kate Gunn
	Johnathan Clark
Client Representative	Steve Pellatt
Correctional Service Canada	Kim Platt
Defence Lawyer	Michael Dinkel
Edmonton Drug Treatment Court	Doug Brady

Edmonton Police Service	Chief Mike Boyd
Elizabeth Fry Society	Shannon Brooker
Home Front	Kevin McNichol
Homeward Trust	Susan McGee
John Howard Society	Chris Hay
	Marleny Munoz
	Gordon Sand
Legal Aid Alberta	Jacquie Schaffter
Mediation and Restorative Justice Centre	Susan Logan
Metis Nation of Alberta	Robert Lee
	Brenda Bourque-Stratichuk
Mustard Seed – Edmonton	Sam Breakey
	Kris Knutson
Pro Bono Law Alberta	Gillian Marriott
Provincial Court of Alberta	Honourable A.G. Vickery
	Honourable A.H. Lafever
	Honourable R.J. Wilkins
Office of the Justice of the Peace	Jim Conley
	Jill Taylor
Siksika Justice Commission	Dyan Breaker
Siksika Justice Commission (Aiskapimohkiiks)	Butch Wolfleg
Siksika Justice Commission (Community Corrections)	Karen Running Rabbit
Siksika Justice Commission (Legal Aid)	Robbie Robinson
	Christine Hutchinson
Siksika Justice Committee Elder	Cliff Cranebear
Siksika Integrated Service Delivery Project	Paul Melting Towel
Siksika Mental Health	Allan Campbell
St. Leonard's Society of Canada	Daryl Clark
Treaty 8 First Nation	Dustin Twin
United Way of Calgary	Loreen Gilmour
United Way of Edmonton	Barbara Dart
Van Harten, Foster, Iovinelli, and Joshi	Harry Van Harten
Yellowhead Tribal Community Corrections Society	Rupert Arcand
Youth Criminal Defence Office	Neena Ahluwalia
Yellowhead Tribal Council	Dennis Calliou

appendix

I

SPIn vs. COMPAS Factor Loading

As mentioned above, the IJSP assigns priority to the high- and medium-risk offenders. Again, SPIn data was analyzed to determine which variables had the greatest predictive value to measure high- and medium-need offenders. These results were compared with the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS). The COMPAS is another widely used risk assessment tool that has been found to have sound reliability and validity. Figure I.1 ranks the highest predictive variables in the SPIn and provides a comparison to the COMPAS equivalent. The table also indicates where this data is obtained, either through interviewing the offender or searching relevant databases. The final column explains how the variables were converted into initial screening criteria to determine eligibility for the SORCe.

Figure I.1 has been converted into a decision-making tree detailing the offender eligibility criteria. This can be found in Figure 4.12.

Figure I.1: SPIn Domain and COMPAS Factor Loading for Eligibility Determination

Rank	SPIn Domain	COMPAS Factor Loading (% of variance)	Source of Information	Conversion to SORCe Eligibility Criteria
1	**Criminal History**	➡ Total number of prior arrests (27%)	Database	Significant criminal record (3+ convictions)
2	**Substance Use**	➡ Influence of drugs and alcohol on current offence (16%) ➡ Perceived benefit of substance abuse treatment (17%) ➡ Prior substance abuse treatment (14%)	Interview	Substance use significantly impacts daily functioning or contributes to criminal behaviour
3	**Social Influence**	➡ Having friends who have been gang members (18.5%) ➡ Having friends who have been arrested (17%)	Interview	Associated with criminal elements, persons, or groups
4	**Response to Supervision**	➡ Number of probation revocations (31%) ➡ Number of failures to appear (14%) ➡ Non-compliance with supervision and treatment conditions	Database	History of noncompliance with treatment and/or supervision orders
5	**Family**	Residential instability: ➡ Number of recent moves (15%) ➡ Homelessness (11%) ➡ Absence of verifiable address (12%) Financial Problems: ➡ Worries about financial survival (28%) ➡ Has problems paying bills (27%) ➡ Not enough money to get by (27%)	Interview	Moderate to high degree of family conflict and financial instability

Rank	SPIn Domain	COMPAS Factor Loading (% of variance)	Source of Information	Conversion to SORCe Eligibility Criteria
6	**Stability**	Residential instability: ➡ Number of recent moves (15%) ➡ Homelessness (11%) ➡ Absence of verifiable address (12%) Financial Problems: ➡ Worries about financial survival (28%) ➡ Has problems paying bills (27%) ➡ Not enough money to get by (27%)	Interview	1. Currently homeless or has a history of homelessness; or 2. Low income, on social assistance, or no visible means of support
7	**Social and Cognitive Skills**	Social Isolation: ➡ Self-reported loneness (11%) ➡ Absence of friends (16%) ➡ Feeling left out of things (11%) Antisocial Personality: ➡ Short temper (15%) ➡ Often does things without thinking (9%) ➡ Seen as cold and callous (10%)	Interview	1. Associated with criminal elements, persons, or groups; or 2. Views neutral situations and/or people as hostile and antagonistic
8	**Attitudes**	Believes ➡ Law does not help the average person (10%) ➡ Minor offences such as drug use do not hurt anyone (6%) ➡ Things stolen from rich people will not be missed (13%)	Interview	1. Associated with criminal elements, persons, or groups; or 2. History of noncompliance with treatment and/or supervision orders
9	**Aggression and Violence**	➡ Number of prior assault convictions (22%) ➡ Frequency of injury to victims (16%) ➡ Number of prior violent incidents	Database	History of significant aggression (2+ violent offences)
10	**Employment**	➡ Current unemployment (27%) ➡ Low wages (24%) ➡ Lacks job skill (18.5%) ➡ Weak employment history (15%)	Interview	History of significant unemployment
11	**Mental Health**	n/a	Database	Presence of major mental disorder or illness

appendix

J

Further Reading and Resources

Websites

Center for Court Innovation. http://www.courtinnovation.org. The site contains information about community courts and other justice demonstration projects such as mental health, domestic violence, and drug courts. The site contains a large collection of journal articles and resources for planning, implementing, and operating community court models.

Center for Gender and Justice. http://centerforgenderandjustice.org. The site contains information about the center which "seeks to develop gender-responsive policies and practices for women and girls who are under criminal justice supervision." The website contains information such as online articles, assessment tools, books, curricula, and training.

Centre for Applied Research in Mental Health & Addiction (CARMHA). http://www.carmha.ca/. This site contains information from an interdisciplinary research centre focusing on research, knowledge translation and capacity building activities within the important health areas of mental health and addiction within a public health framework. Its overarching goal is to generate relevant knowledge to promote good mental and substance use related health and reduce the disease burden and social problems related to mental health and substance use problems.

Correctional Service Canada. http:///www.csc-scc.gc.ca. The site contains information on a broad number of criminal justice topics such as aboriginal corrections, community corrections, families of offenders, restorative justice, health services, victims of crime, and criminal justice research papers.

Gains Center. http://www.gainscenter.samhsa.gov. The site contains information about effective substance abuse and mental treatment in the justice system. The site also contains information about re-entry practices such as the APIC model.

Institute for the Prevention of Crime. http://www.socialsciences.uottawa.ca/ipc/eng. The site has information about the nature of criminal victimization as well as evidence on what works to reduce crime.

National Criminal Justice Reference Service. www.ncjrs.org. This site is administered by the U.S. Department of Justice and contains information such as: reports on justice topics (courts, law enforcement, crime prevention, victims), national conference information, justice articles, and abstracts.

National Institute of Corrections. http://www.nici.org. This site is administered by an agency within the U.S. Department of Justice, the Federal Bureau of Prisons. The mission of the center is to be a resource for "learning, innovation and leadership that shapes and advances effective correctional practice and public policy." The website contains criminal justice reports, a library of articles and information on training and research projects.

Substance Abuse and Mental Health Services Administration (SAMSHA). http://www.samhsa.gov/ebpwebguide/index.asp. The site contains a wealth of information and research about evidence-based programs and practices, as well as links to other sites. It also contains free resources and toolkits for a number of evidence-based practices.

Washington State Institute for Public Policy (WSIPP). http://www.wsipp.wa.gov. This site has a substantial amount of information about evidence-based practices, criminal justice costs, and return on investment research for justice programs.

Articles Organized by Topic

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Evidence-Based Decision-Making in the Justice System

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appendix

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