

# Evaluating Georgia's Swift, Certain, and Fair Pilot Project: Plans and Progress

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Presented by:

William J. Sabol, GSU

John P. Prevost, GSU

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# Overview

- Background on SCF and the pilot project with Georgia's accountability courts
- Overview of evaluation design
- Status of the pilot
- Status of evaluation efforts
- Observations about SCF processes at 18 months
- Observation goals/activities/questions for year two

# SCF pilot--Goals

- Increase accountability court (AC) capacity to serve more persons in the SCF target population—felony offenders with substance use or mental illness who are high- or moderate-risk for recidivism, high- or moderate- need for services, or high risk for prison time.
- Provide probation officers with an alternative avenue for enforcing monitoring, swift and certain sanctions for probationers at risk of revocation who have substance use disorders or chronic mental illness.

# SCF goals for the pilot circuits

- Create a formal referral and intake process for probationers in the target population.
- Increase awareness about ACs among probation officers and provide them with guidance about referrals to AC.
- Broaden accountability court capacity to increase the number of probationers diverted from reincarceration.
- Reduce the number of probationers revoked to prison by linking them to services to address the underlying substance use/mental health issues related to criminal involvement.
- Reduce recidivism.
- Reduce costs to the judicial and corrections systems.
- Improve social integration.
- Address the challenges of taking SCF to scale, if effective.

# SCF background

- Bureau of Justice Assistance (BJA)-funded project in FY2019.
- Part of BJA's comprehensive violence prevention and recidivism reduction efforts.
- Second Chance Act (SCA) grant.
- Focus on probationers:
  - Approx. 4.2 MN persons nationally; approx. 181,000 in GA.
- Apply principles of swiftness, certainty, and fairness in response to behaviors.
  - Refer to Accountability Court as an option to apply SCF (the pilot).
  - Responses include sanctions and rewards.

# SCF principles

- Principles
  - Swiftiness—respond to behavior promptly so that people connect the response to their behaviors.
  - Certainty—ensure that sanctions are applied with consistency and predictability.
  - Fairness—make sanctions proportionate to negative behavior.
- Existing SCF practices
  - DCS' PROACT Matrix.
  - AC phases or stages of progress.
  - AC behavior modification tools.

# SCF research support

- SCF literature provides support for the SCF principles, <https://scfcenter.org/bja/annotated-scf-literature-review/>
- Hawaii's "HOPE" Project: SCF participants were 2.5 times as likely to succeed and 3.7 times as likely to receive early termination.
- HOPE II: SCF participants had 57% fewer new drug charges and were 52% less likely to be returned to prison.
- But: HOPE replicates in four mainland counties showed no differences.

# SCF Pilot: Organization

- Criminal Justice Coordinating Council (CJCC): Administrative entity.
- Department of Community Services (DCS): Referral entity; supervision services.
- Council of Accountability Court Judges (CACJ): Subject matter specialists; liaison with pilot courts.
- Pilot Accountability Court Circuits (ACs): Review, accept, and deliver AC services.
- Georgia State University (GSU): Local evaluator.



# SCF-Target population

- Probationers with substance use or mental health disorders.
  - Dynamic risk levels (DCS) have increased during the past six months.
  - Who are at risk of having probation revoked and being sanctioned to a custodial treatment option—e.g., RSAT, jail/prison.
- Exclusions:
  - Sex offenders; persons under 18 years of age.

# SCF-Risk instruments

- DCS: The Unified Risk Assessment Instrument (developed by Applied Research Services (ARS)).
  - Regression (logistic) model used to identify factors associated with the probability of a new felony arrest (committing a new offense).
  - Separate algorithms for probation, parole, and split.
- AC: American Society of Addiction Medicine (ASAM); Level of Service/Case Management Inventory (LS-CMI); and Short-Term Assessment of Risk and Treatment (START) for mental health courts.
  - Widely used; guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.
  - Several dimensions—e.g., intoxication; biomedical conditions; behavioral / cognitive conditions; readiness for change; relapse; recovery.
  - Broader set of risk outcomes than felony arrest.

# SCF-Catchment areas

- Defined by the judicial circuits selected for the pilot.
- DCS service areas align with those of the judicial circuits.
- Eligible probationers supervised in the pilot circuits.
- Pilot courts account in part for the geographical diversity of courts in Georgia.

# SCF-AC Courts: Selection Criteria

- Quantitative:
  - Number of probationers with SA/MH needs who were at least moderate risk.
  - Number revoked as a secondary consideration.
- Qualitative considerations:
  - Courts' adherence to CACJ principles and practices and willingness to participate as pilot courts.

# SCF-AC Circuits & Courts

<u>Circuit</u>	<u>Court(s)</u>
Dougherty (1)	Dougherty MH/SA
Northeastern (4)	Dawson Co. HELP (MH) / Dawson Co. Tx Court (Drug/ DUI) Hall Co. Drug Court / Hall Co. HELP Court w/ Veterans' Track
Lookout Mountain (2)	Drug Court / MH Court
Eastern (2)	Chatham Co. Drug Court w/ Veterans Division Chatham Co. MH Court

# SCF-Training

- DCS training to officers in pilot circuits.
- Topics covered:
  - SCF
  - Accountability Courts
  - Eligibility criteria
  - Referral process
  - Staff responsibilities.

# SCF-Training on referral

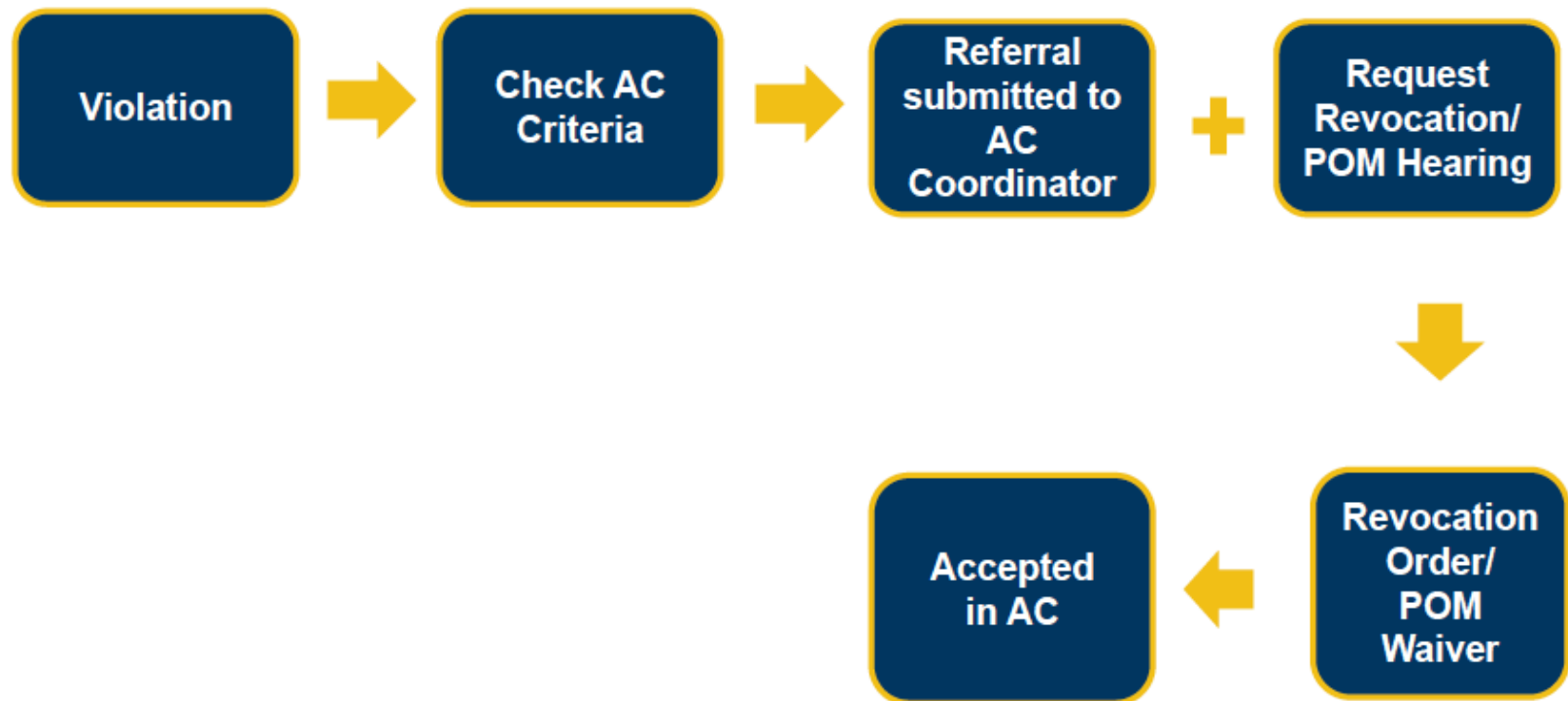
- Recommendations during sentencing, New Charges, Revocation hearings, Day Reporting Center (DRC) non-compliance;
- Multiple positive drug screens, Probation Operation Management (POM) violations; (POM in operation in one circuit);
- Failure to complete treatment program (DRC, substance abuse and others).
- Referrals guided by officers using DCS's PROACT Matrix for sanctions.

# SCF-Training on eligibility

- AC participation is voluntary;
- 24 months remaining on term to allow enough time to complete AC;
- Resident of circuit;
- SA/MH/Veteran;
- Special consideration for developmental disabilities;
- Cognitive ability;
- No violent charges.

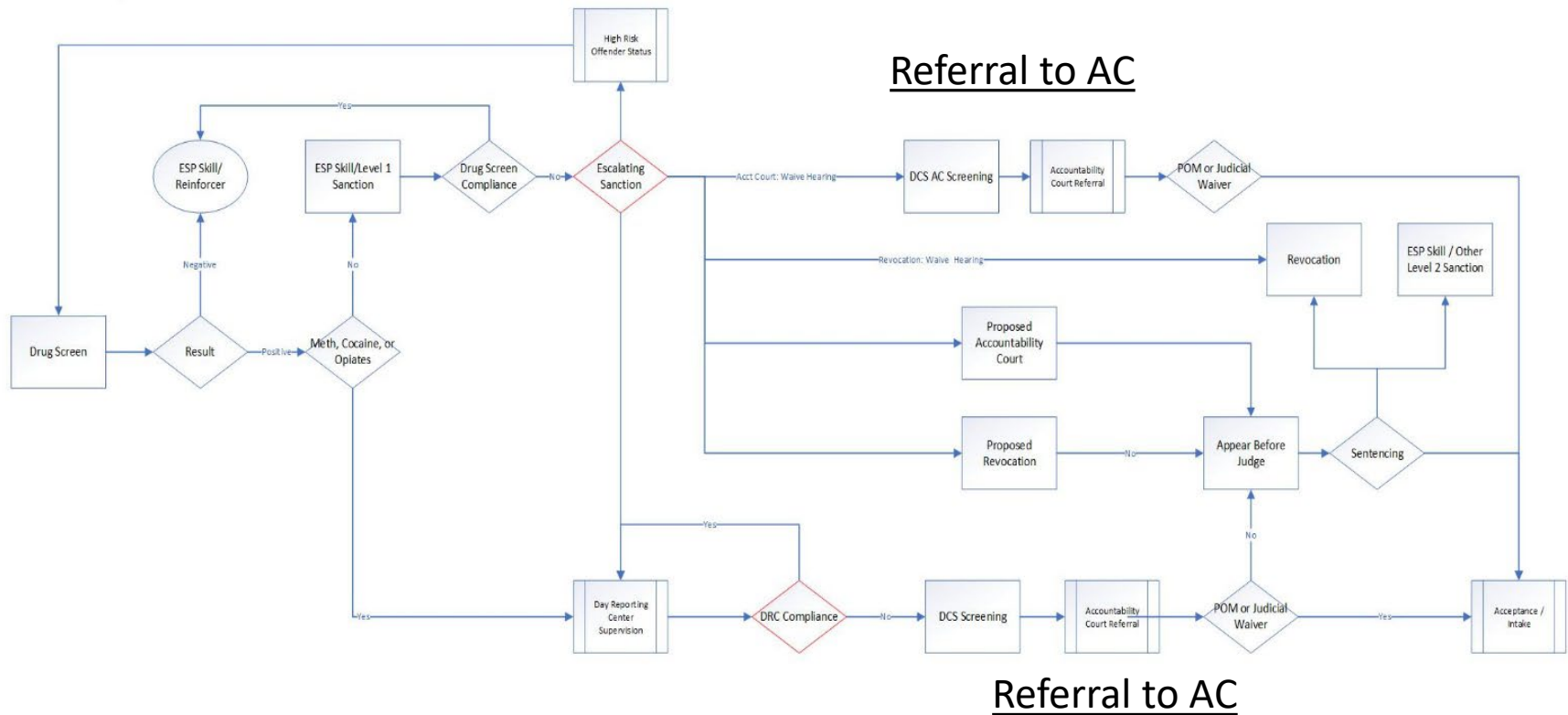


# SCF-Training on the referral process



# AC referral from probation process (1)

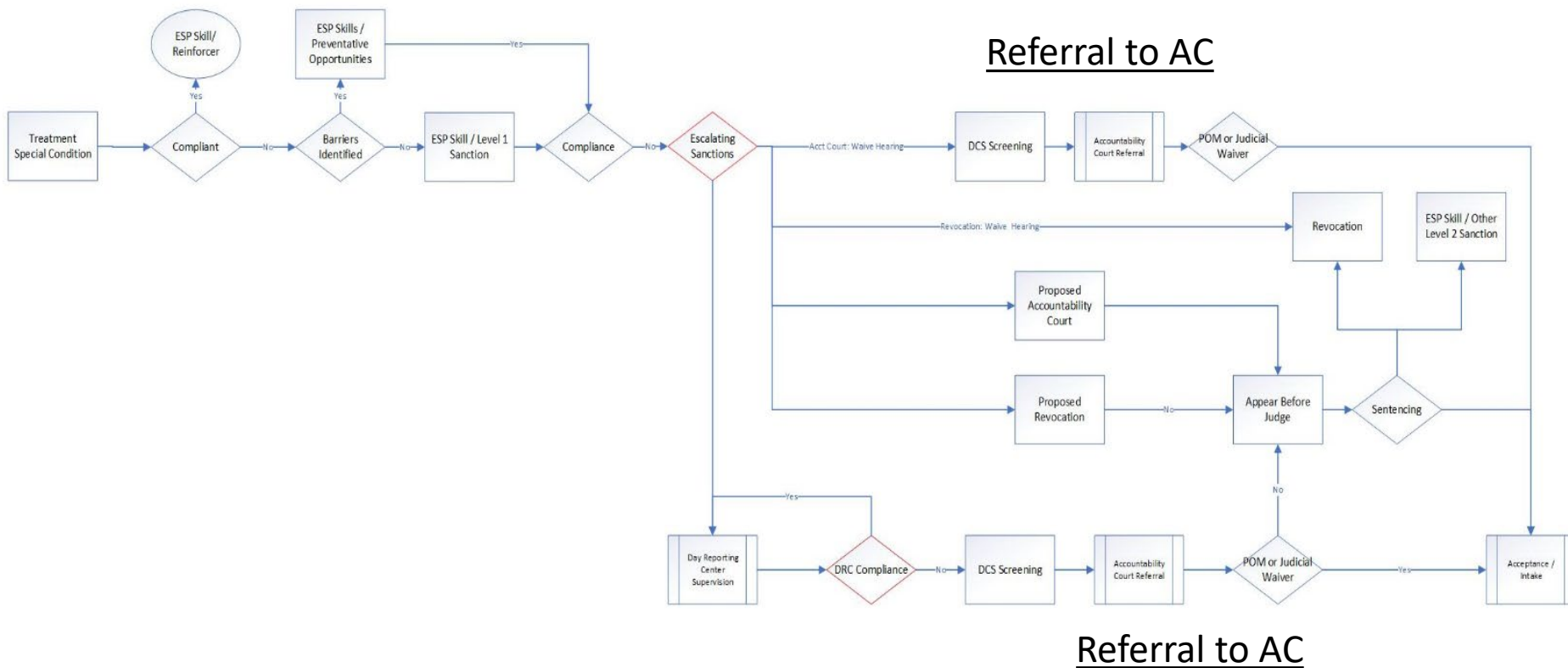
Accountability Court Referral Processes



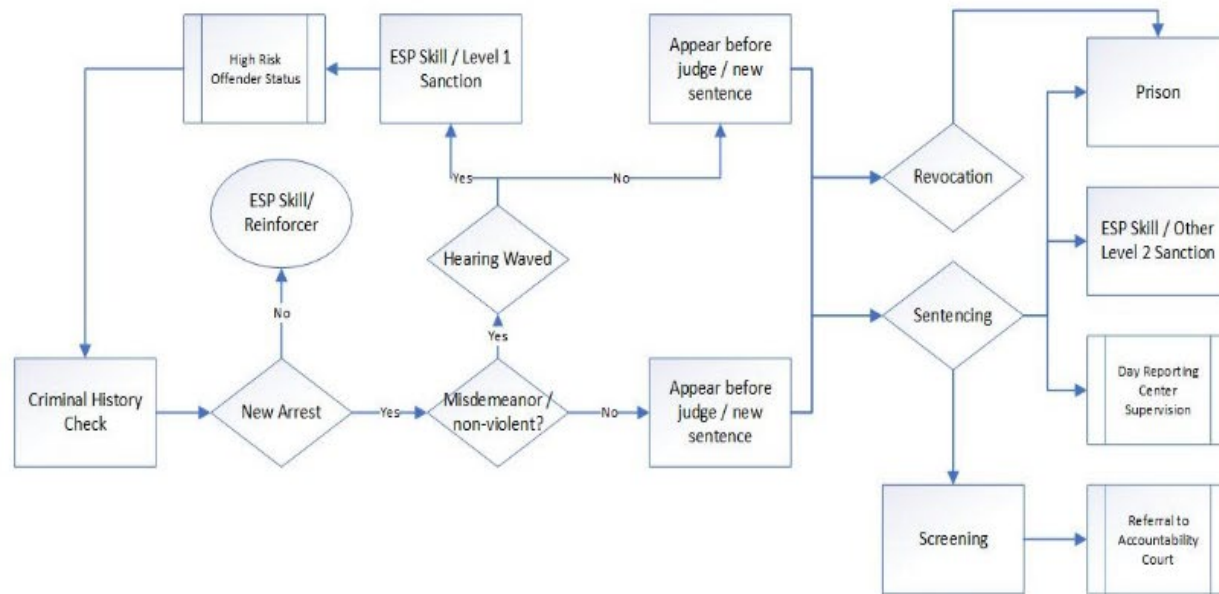
Referral to AC

Referral to AC

# AC referral from probation process (2)



# AC referral from probation process (3)



Referral to AC

# SCF-Recruitment

- Recruit from the eligible pool of probationers those:
  - Who face a probation revocation hearing in which they are at risk of being revoked to a custodial option; and
  - Whose dynamic risk scores have increased during the past six months, which puts them at higher risk of revocation, but they have not necessarily faced a revocation hearing.
- Recruitment strategy:
  - Identify eligible probationers (substance abuse and mental health needs) who meet the conditions.
  - Offer AC pilot program enrollment to eligible probationers until enrollment targets are met.

# SCF-Quarterly enrollment goals per annum

<b>Circuit</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
AC1	7-8	7-8	7-8	7-8	30
AC2	7-8	7-8	7-8	7-8	30
AC3	7-8	7-8	7-8	7-8	30
AC4	7-8	7-8	7-8	7-8	30
Total	30	30	30	30	120
Cum. total	30	60	90	120	120

Evaluation questions: How many referrals are made? How many are accepted into AC? What are the reasons or conditions for non-acceptance (e.g., declines to participate; does not meet AC requirements; others)?

# SCF Pilot-Evaluation Components

- Process: What was planned and what was implemented?
- Outcome: What progress are pilot circuits making in referrals, enrollments, and participant outcomes?
- Impact: Did AC participation improve outcomes for probationers?
- Costs: Is the SCF cost-effective?
- Sustainability: Should the SCF pilot be expanded, and if so, what would be required to do this?

# SCF Pilot-Evaluation Research Questions

- Process evaluation:
  - To what extent was the pilot implemented as designed?
    - Referral and acceptance practices; services delivered; timeliness and appropriateness of sanctions and rewards.
- Implemented as designed:
  - Does not mean “no modifications” but that modifications are consistent with SCF goals and objectives.
  - Means that the intervention needs to be “stable” for a period to measure what is delivered.
  - Allows for variation across circuits in SCF practices.



# SCF Pilot-Evaluation Research Questions

- Outcome evaluation:
  - What short-term, intermediate- and longer-run outcomes were achieved?
    - Were enrollment goals met?
    - What are the characteristics of referred vs. enrolled persons?
    - How many enrollees completed phases of AC and eventually graduated?
    - How many enrollees were discharged unsuccessfully and for what reasons?
- Process & Outcome: Primarily descriptive studies about how the pilot operated.

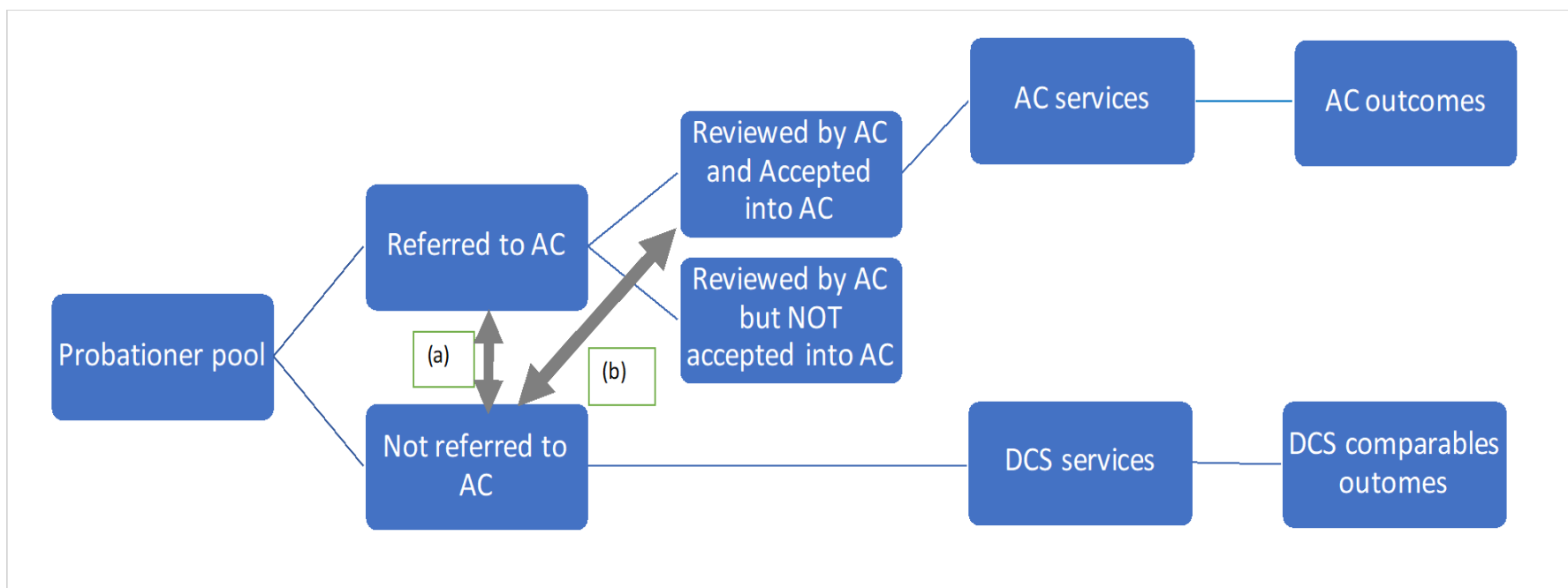
# SCF Pilot-Impact evaluation questions

- Impact evaluation:
  - Did the SCF lead to improved outcomes?
  - Was the SCF cost-beneficial?
- Recidivism as an outcome; several measures
  - Violations of conditions, re-arrest, revocations.
  - Number of events and duration between events.
- Other outcomes (depending upon data) may include employment, continued treatment.

# SCF Pilot-Impact evaluation design

- Quasi-experimental design:
  - Random assignment not preferred.
- Comparison groups:
  - Probationers who meet the referral criteria but were not referred because the quarterly enrollment capacity in a circuit was met.
  - High need/risk probationers within pilot circuits who have similar characteristics as referred probationers.
  - Comparable risk AC probationers who entered the AC before the start of the SCF.
- Unacceptable comparison groups:
  - Referred but not accepted into AC
  - Accepted into AC but did not complete AC.

# SCF Pilot-Impact evaluation design



- (a) "Threshold" probationers matched with referrals on observable attributes;
- (b) "Threshold" probationers matched with accepted probationers on observable attributes.

# SCF Pilot-Evaluation data sources

- DCS administrative data and PMT reports to BJA.
- Two-wave interviews with SCF participants (e.g., probation officers, judges, ADAs, defenders, site coordinators, case managers)
  - Wave one: Baseline or “pre-pilot” practices.
  - Wave two: Two-plus years into the pilot.
- Two-wave survey\* of probationers about fairness, swiftness, and certainty.
  - Wave one: Baseline
  - Wave two: End of AC participation.

\*Survey was the original plan but will be modified to interviews given low response rates.

# SCF Pilot-Year-1 COVID-related issues

- DCS completed officer training during the lockdown.
- Unexpected changes in staffing delayed SCF implementation in one circuit.
- COVID-19 Pandemic led to changes in SCF implementation.
  - AC admissions temporarily reduced.
  - Delayed drug testing affected capacity to identify potential AC candidates.
  - County jail restrictions on capacity eliminated opportunity to use incarceration as a tool in the screening process.
- Expanded use of virtual modes (for contact/treatment), possibly leading to improvement in accessibility.
- AC use of rewards and sanctions was curtailed.

# SCF Pilot-Eligible probationers

- Eligible probationers\* in pilot circuits through Q2-2022:
  - Total number of probationers: ~ 23,000.
  - Number meeting risk and needs criteria: ~7,600 (one-third of total).
  - Number with 2+ years remaining: ~5,800 (76% of those meeting needs and risk).
  
- Size of eligible pool of probationers varies with characteristics, events, and DCS program options (e.g., DRC.)

# SCF Pilot-Eligible probationers: Characteristics

- Majority male: ~82% (compared to 75% of all probationers in the pilot circuits).
- Slightly younger than all probationers in the pilot circuits: ~38 years (on average) vs. 40 years for all.
- Similar proportions by race in the eligible pool vs. all probationers in the pilot circuits: ~58% White and 39% Black.
- Larger proportion of the eligible pool had prior prison episodes (consistent with risk score differences): ~70% (vs. 42% for all probationers in the pilot circuits).



# SCF Pilot-Eligible probationers

- Eligible probationers\*: Events that could lead to referral:
  - Drug screen failures: ~3,200 (about half of those meeting risk and need, but most had 1 failure).
    - Approx. 3 drug screen failures required to increase risk by one point.
  - Increase in risk: ~200 to ~400 per quarter (Q1-Q2-2021 higher).
  - Violent/sex offense prior conviction: ~1,500
  - Felony arrests (revocation hearing required): ~1,000.
  
- Size of eligible pool of probationers varies with characteristics, events, and DCS program options (e.g., DRC.)

# SCF Pilot-Referrals

- Referrals (DCS referral records\*):
  - 130 referred, Q1-2021 through Q1-2022.
  - Average of about 26 per quarter.
  - Peak quarter was Q1-2021 (52 referrals); roughly even number of referrals per quarter thereafter (18-24 per quarter).
  - 46 different probation officers made at least one referral; several made multiple referrals.
- Referrals affected by COVID-related lockdowns.
- 14 referrals refused to participate after referral; reasons for refusal not known.

\*Some referrals not reported.

# SCF Pilot-Acceptances

- Acceptances: 61 accepted into AC from Q1-2021 through Q1-2022.
  - Planned number of acceptances: 150 (approx. 30 per quarter).
  - Actual acceptances amount to 41% of planned enrollment.
- COVID contributed to fewer referrals and acceptances, e.g.,
  - Some circuits experienced fewer warrants and consequently lower referrals.
  - Less drug testing available contributed to fewer referrals than expected.

# SCF Pilot-Risk scores: Risk instruments and scores differ between DCS and AC

- DCS measures risk of felony re-arrest;
  - Risk measure accounts for criminal justice-related and behavioral measures (such as substance use, test failures).
- AC measures risk associated with program outcomes, such as relapse, any incarceration.
  - AC outcomes are broader than DCS outcome.
  - AC risk scores likely to be higher than AC risk scores for the same person, e.g.,
    - PMT data show variation in risk scores for persons referred but all are classified as high risk by AC.
- Differences arising from different risk instruments can lead to confusion about who is referred and served.
  - (We currently do not have access to individual-level AC risk scores that we can use to examine reasons for the differences.)

# SCF Pilot-Risk scores: Implications

- Actuarial Risk Assessment
  - **In theory:** *objective, evidence-based* (EB) algorithms that aid in decision-making processes (i.e., treatment needs)
  - **In practice:** use of different assessments complicates efforts to define populations suitable for AC participation, e.g.,
    - If DCS “low” translates into AC “high”, should DCS increase referrals of low-risk persons?
    - Could this lead to over-use of sanctions such as AC for persons who would otherwise succeed on probation?

# SCF Pilot-Swiftness

- Referrals—Need to measure time from events such as hearings to referrals.
- Acceptances given referral—About 15 days for half of referrals to receive an acceptance decision; about a month for 75% of referrals to receive an acceptance decision.
  - Follow-up on the post-referral review processes needed.

# SCF Pilot-Fairness

- Motivation for measuring fairness: Compare “statistically similar” probationers:
  - Referrals: Examine relationship between events associated with referral (e.g., increase in risk) and referral.
  - Acceptance: Of referrals that do not refuse, examine relationship between acceptance and reasons for non-acceptance.
- Fairness implies that similarly situated probationers that are referred or accepted should differ on events associated with referral and acceptance and differences should not arise because of characteristics such as sex, race, and so forth.
- Observed differences in referral or acceptance that are associated with individual differences in characteristics should disappear after accounting for referral events and acceptance reasons.
- Measurement challenges—unobserved in the data but relevant factors (e.g., prior gang involvement that did not result in conviction.)

# SCF Pilot-Year 1 observations

**All** (much of) **Implementation is Local!**

- Variation across circuits in DCS implementation of SCF
- Variation across circuits in prosecutor case review
- Variation across circuits in what is required for AC admission
- Variation across circuits in how AC referrals arise



# SCF Pilot-Year 1 observations

- AC referrals, acceptances, denials
- Uncertainty about program goals
- Post-referral screening
- Criminal history restrictions
- How POs recognize eligibles among large caseloads
- Technical limitations to admission. (sentence length, residence, ability to get to the AC [transportation], 2 yrs. remaining)
- Risk measurement variation between AC and DCS

# SCF Pilot-Year 1 observations

Denial Category	Denial Reason (GSU)
Criminal Record/Activity	Criminal History, Prosecutor opposed, Does not legally qualify, Drug dealer, New Violation
Program	Does not meet MH requirements, Technical problems (transportation, housing, employment), Treatment team opposed, Referred to/entered other pgm.
Probationer	Probationer not interested/refused
Supervision	Sentence not long enough, No Violation
Unknown	Reason not clear

# SCF Pilot-Year 2 Questions

## **Understanding DCS Processes** (across circuits)

- How do circuits vary in probationers with SCF needs?
- How do officers use risk and supervision levels in making referrals?
- How do officers use the PROACT Matrix (preferred options, restricted options)
- What must be considered when selecting program options?
- Among circuits with DRC, does this affect SCF referrals?

# SCF Pilot-Year 2 Questions

## **Understanding DCS Processes** (across circuits)

- How do AC candidates come to officers' attention?
- What ideas/how do officers have to help identify candidates for programs in general and ACs?
- How are potential AC participants educated about and then agree to enter the AC?
- How do access to jails and judicial workload affect options to address negative behavior?
- What interactions, if any, occur between officers and prosecutors related to AC referrals.

# SCF Pilot-Year 2 Questions

- What are the differences in individuals referred and accepted to Drug and Mental Health courts?
- Learn more about judges' responses to officer recommendations in court.
- What are probationers' opinions of SCF?
- How do prosecutors think about probation violators as AC referrals?
- How are prosecutors thinking about legal ineligibility criteria related to equity in AC acceptance rates?