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## Rhode Island Department of Corrections: Presentation

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# Rhode Island Department of Corrections: Presentation

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# Rhode Island Department of Corrections: Presentation

Caitlin O'Connor and Danielle Barron



**Caitlin O'Connor:**

Well, can everyone hear me? I am heeding Mr. Stevenson's advice from this morning that I'm going to make myself really uncomfortable, because not only is my boss here, but my boss's boss, and my boss's boss's boss [is here]. So like Judge Savage just said, this is a very, very dense presentation. Bear with me: it is a lot of stats; a lot of numbers. I'm usually more comfortable in my

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office, doing math. Like [Judge Savage] said, I'm Caitlin O'Connor, I am the Principal Research Technician at the Rhode Island Department of Corrections. I am going to give you a very brief overview of our population, incarcerated and community corrections, some recidivism data, and then I'll hand it over to my colleague Danielle Barron, she'll talk about a new concept that the department is implementing to help reduce recidivism.

Our system is a unified system. This means that all pretrial detainees and all sentenced offenders, regardless of sentence length or crime, are under the jurisdiction of the department. This doesn't mean we only have one facility; we currently operate seven facilities at different security levels in Cranston, Rhode Island. They call these the Adult Correctional Institutions—our residents sometimes call it the "Cranston Hilton." The following slides will go through the facilities, as well as the average capacity over the past fiscal year, and the cost per offender for the past fiscal year. Our fiscal year runs July 1st to June 30th. The cost per offender includes the basic cost to run the facility, the cost of our correctional officers, food, healthcare, etcetera.

Now you'll notice that at some of the facilities the cost per offender is quite high; however, this shouldn't be misinterpreted. The lower the census within the facility often means that there are fewer inmates to spread our costs and resources across. You'll see higher costs.

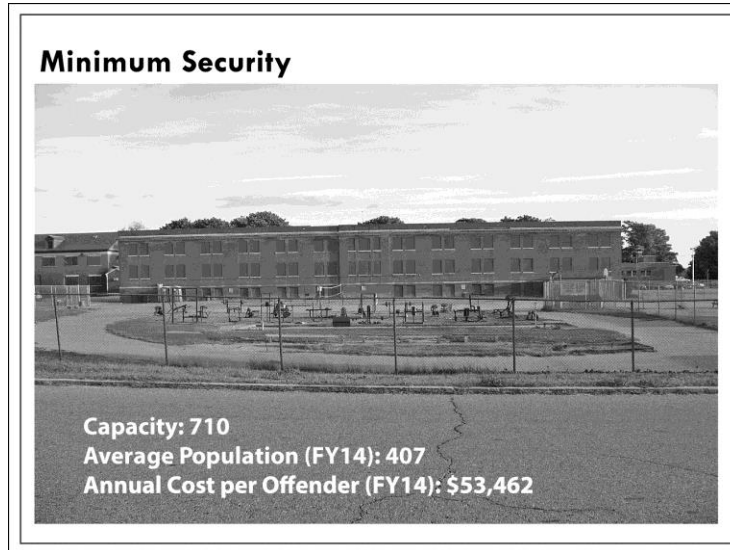
Our first facility is the Anthony P. Trivisono Intake Service Center. It was opened in 1982. This holds all of our males awaiting trial commitments. This is where we process them to get to the other facilities.

**Anthony P. Trivisono Intake Service Center**

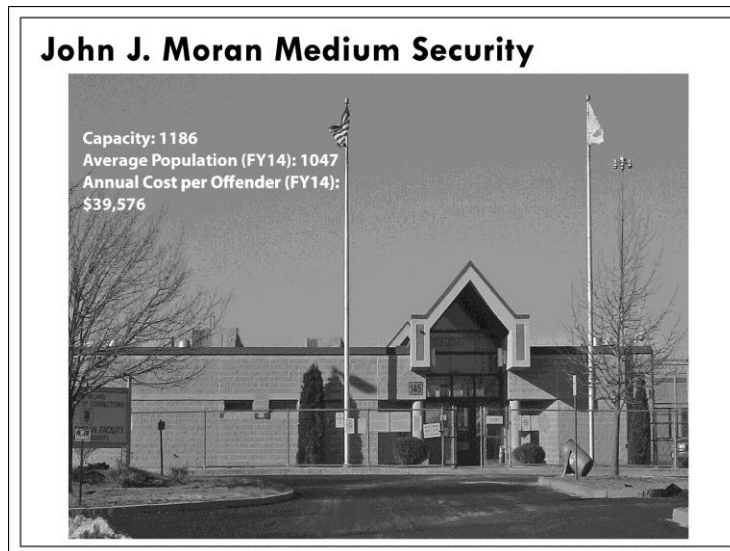
**Capacity: 1148**  
**Average Capacity (FY14): 1068**  
**Annual Cost per Offender (FY14): \$39,497**

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Next is our minimum security facility. It was opened in 1978. This is the lowest security for our male offenders.



Our John J. Moran Medium Security Facility was opened in 1992. This is the most populated facility at the ACI. It has the most programming.



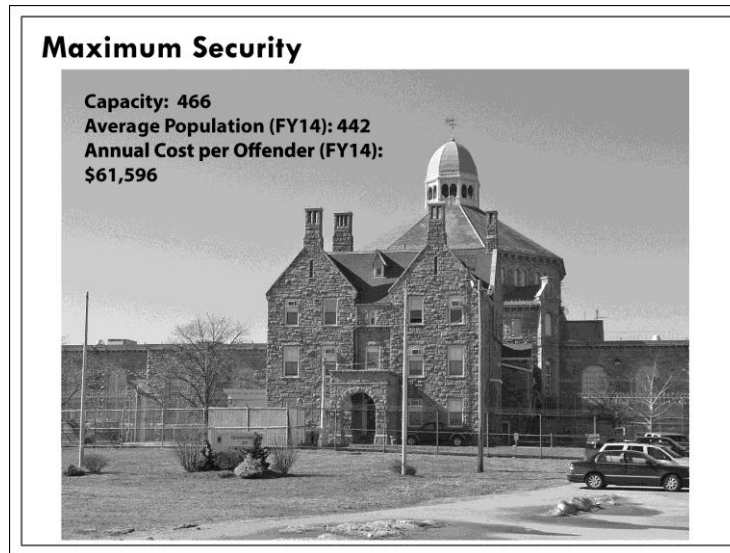
Next, our maximum security facility. It is the oldest facility. It was opened in 1878 and this is probably the one that everyone

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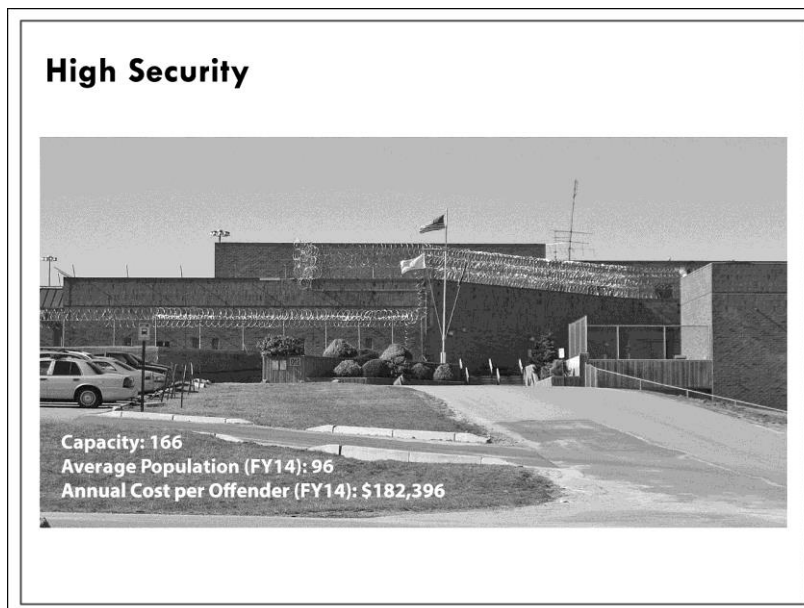
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always knows, it is what you can see off the highway.




Our high security facility is our super max facility. This is the one where the inmates are on lock down for 23 hours a day. It was opened in 1981.



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We have two women's facilities. You'll see one cost: the cost is calculated for both facilities. The first is our Gloria McDonald Awaiting Trial and Medium Security Facility.

**Gloria McDonald Awaiting Trial & Medium Security Facility**

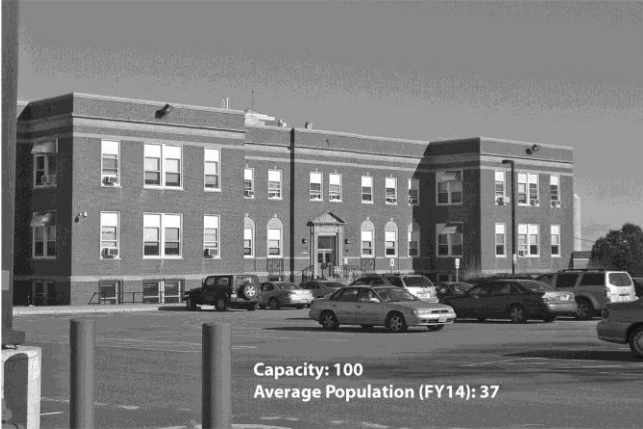


**Capacity: 213**  
**Average Population (FY14): 117**  
**Annual Cost per Offender (FY14): \$113,977\***

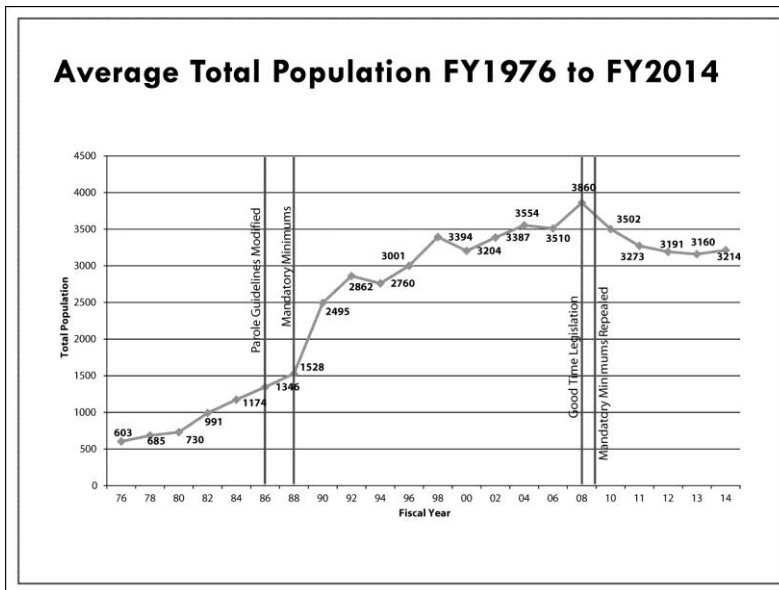
\*Cost per offender includes operation costs for both women's facilities

And then there is our Burnadete Minimum Security and Work Release Facility.

**Bernadette Building-Minimum Security & Work Release**



**Capacity: 100**  
**Average Population (FY14): 37**



The incarcerated population is basically those persons being held at the ACI. Because we are a unified system it includes jail and prison offenders.

[From] 1970 to 2010 the overall Rhode Island population has stayed relatively static. There has been very little growth. Our population has actually only grown 10.8% in those forty years. It was 950,000 in 1970 to 1.05 million in 2010. However, you can see that the incarcerated population has grown over fourfold since 1976, going from 603 to 3,214 last year [2015].

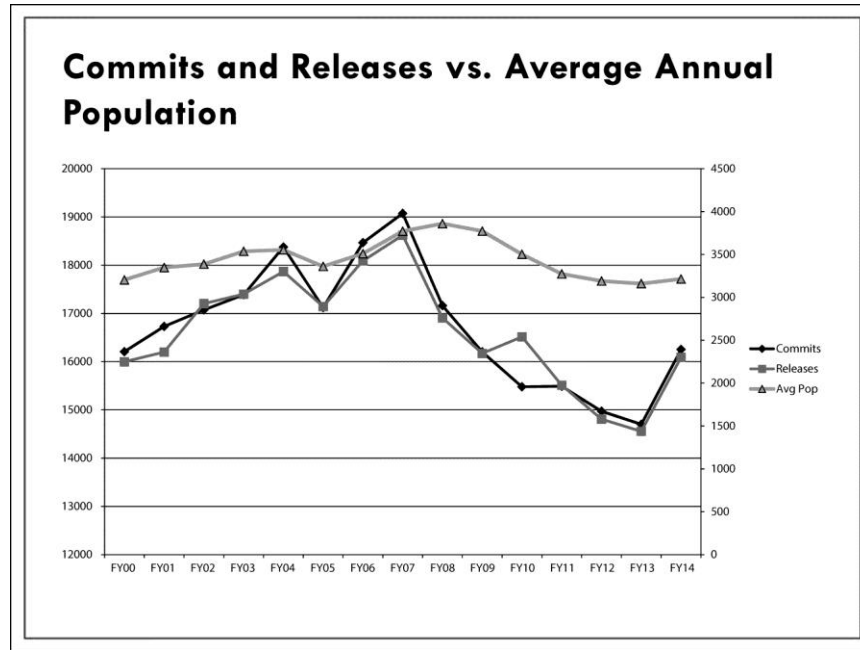
There has been some major legislation that has played a direct effect in the growth of our population. First in 1986, as the War on Drugs intensified with the introduction of crack, the parole guidelines were modified to increase the amount of time served until parole eligibility for drug offenders. In 1988 the [Rhode Island] General Assembly passed legislation making possession of as little as one ounce of heroin or cocaine subject to a mandatory minimum sentence of ten years. The [Rhode Island] state constitution was amended to permit denial of bail for drug offenses carrying ten years or more.

At this point you can see the rapid increase in our population and projections show that RIDOC [will] exceed capacity within the next couple of years. In 2008, good time was passed by the General Assembly to moderate the growth of the inmate census.

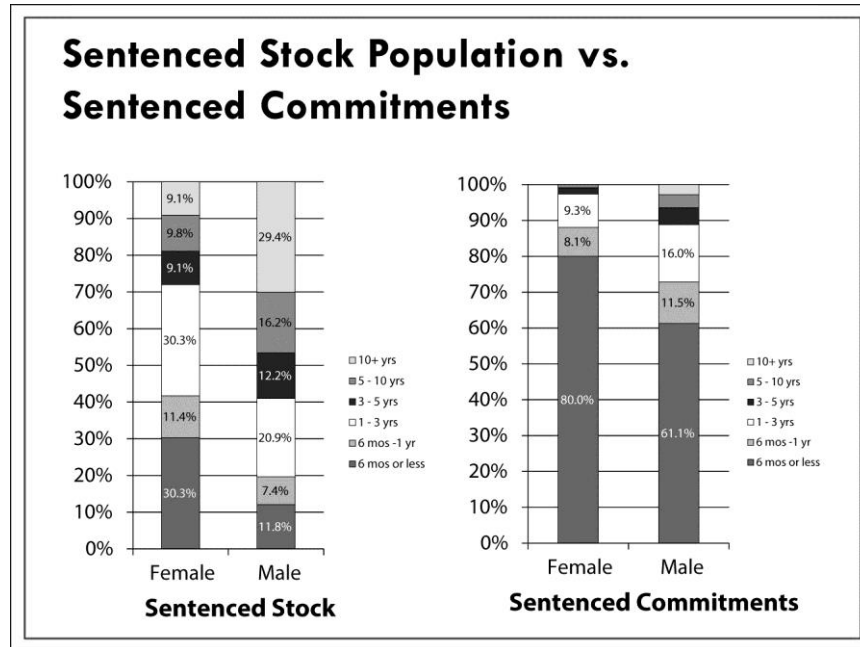


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It equalized the rate of earned time among all offenders, except our sex offenders, by providing incentives to participate in treatment programs, reducing the risk to reoffend upon release. And, finally, in 2009 our mandatory minimums were repealed. Post the good time legislation, the population decreased about 70% and has basically steadied out. Our current projections predict only a growth of 278 inmates over the next decade, keeping the department well under our 3,989 capacity.

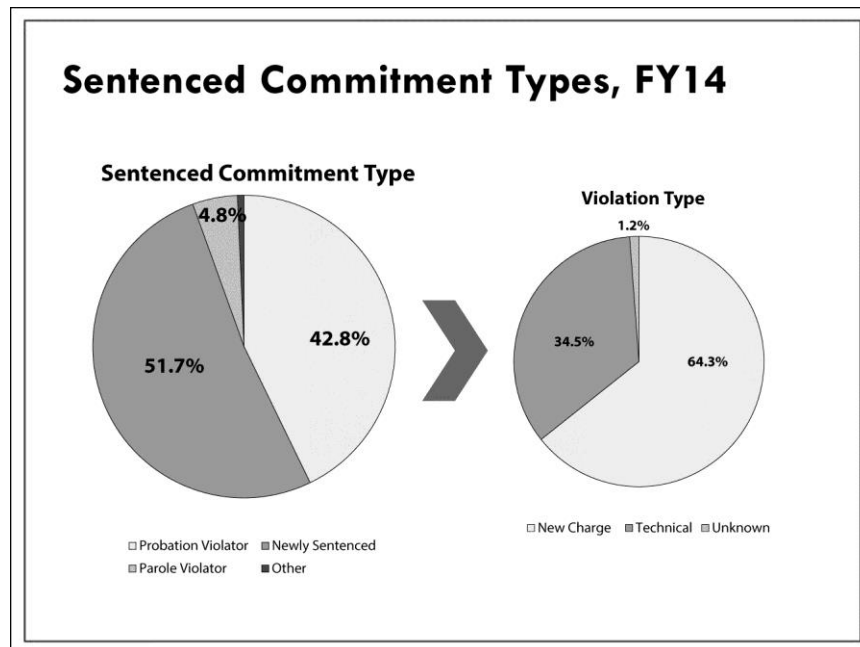


In Rhode Island, the number of commitments has a great influence on the population. In years where the commitments outpace releases, like in 2007, we tend to see a corresponding increase in the overall population. In contrast, when releases outpace commitments, such as in 2010, we'll expect to see a population decrease. There was a slight increase in our population last year: it is correlated to the number of overall commitments, notably our awaiting trial commitments. However, compared to this time last year, the commitments are down by about six percent. We are on track to steady out and not grow again this year.



We have two ways that we describe our incarcerated population. The first is what we call stock. Stock is basically a snapshot of our population; it is what you would see if you were to walk through our facilities today. You would see about 46% of men and about 20% of women serving five years or more. You would see over 150 “lifers,” 27 persons being held [for] life without parole. However, when we actually compare this to our commitments, we see quite a different look at what our population actually looks like. Commitments are basically the flow. In fact, in fiscal year [20]14 58% of commitments were sentenced to six months or less, and an additional ten percent for six months to a year.

We don’t see this population in our stock as much, because they are hard to capture. They are in and out of our facilities so quickly, they never stack up. Once one leaves, they are replaced with another one. Another way to look at this is the average sentence for our stock population is 8.5 years; the average sentence for our commitments is 1.4 years.

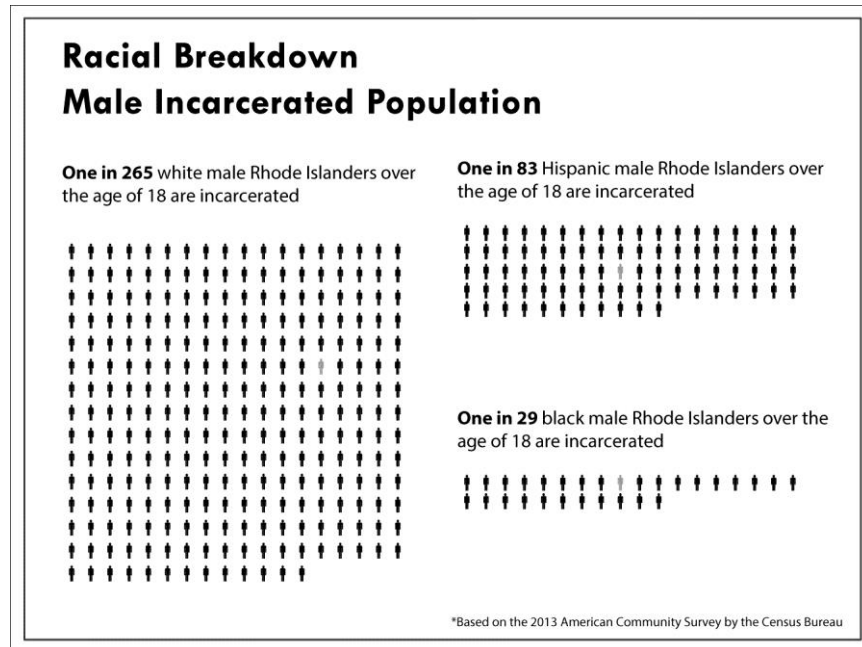


When we further examine commitments, we see [that] about 52% are newly sentenced, five percent are parole violators, and 42% [] are probation violators. A probation violator is basically someone who does not meet his or her conditions. When we look even further, we see that two-thirds of the probation violators who return to the ACI are for a new charge, while 35% are technical violations. Technical violations are not meeting your conditions like restitution, noncompliance with the [probation officer] or mandatory counseling, whereas a new charge is they [have] obviously committ[ed] a new crime and are being sentenced for it.



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If we divide those commitments by race and most serious offense, we see that the ratios are basically similar between races, meaning about half of commitments within each racial category are for nonviolent offenses. No one race is committing more violent crimes than the other []. The ratios are very similar.



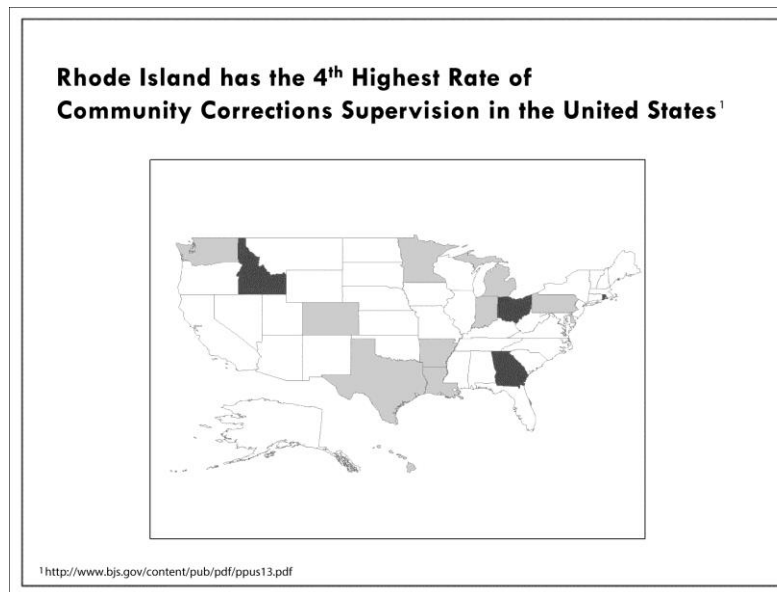
So it appears that our incarcerated population reflects that overall Rhode Island population but when the raw numbers are actually compared to our sentence data, we see something quite different. One in 265 white, male Rhode Islanders over the age of 18 are incarcerated. One in 83 Hispanic, male Rhode Islanders over the age of 18 are incarcerated, and finally, one in 29 black, male Rhode Islanders over the age of 18 are incarcerated. You can see that this is quite the disparity for our population.

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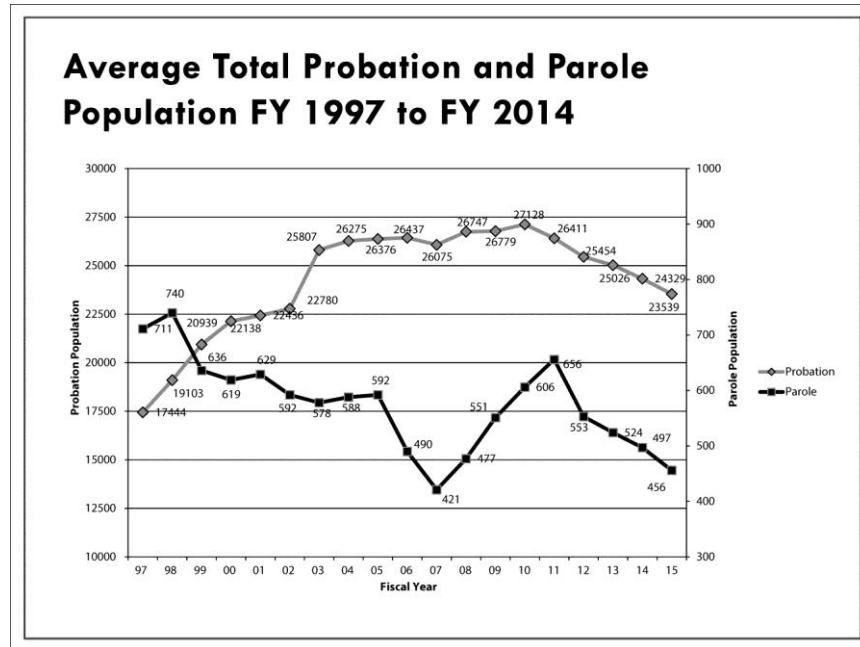
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Our community corrections population is probation and parole. Parole is an early release [from] a prison sentence granted by the parole board, which is [] separate [from] the Department of Corrections. Probation is a separate sanction given directly by the courts. The parole board decides who gets paroled and our probation and parole officers supervise them.

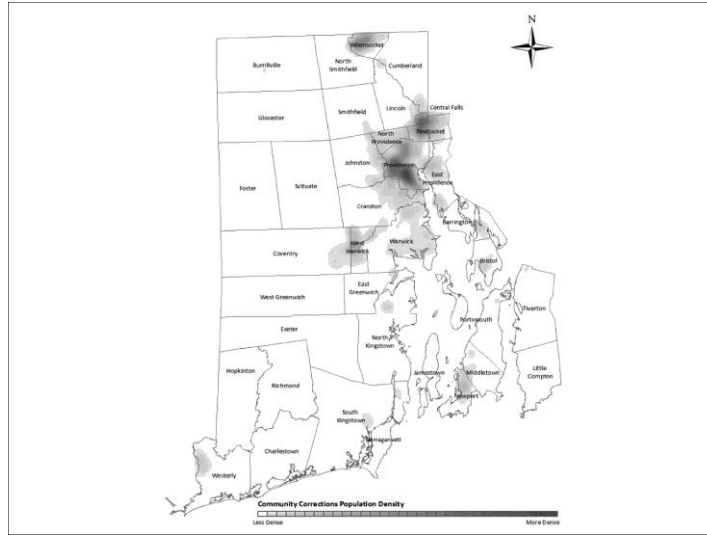


Rhode Island has the fourth highest rate of community corrections supervision in the United States. Sixteen states have rates over 2000 per 100,000 under probation or parole supervision. Rhode Island is in the top four. Our rate is 2,791 residents per 100,000 under probation or parole supervision.

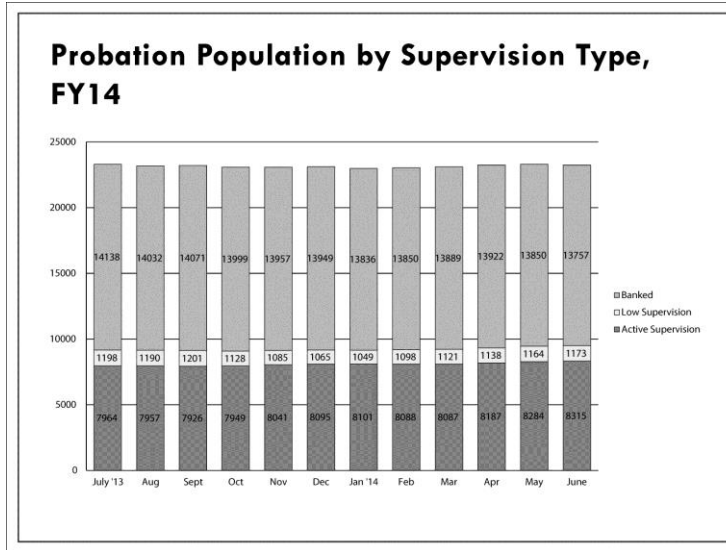
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On the left axis you can see our probation population. It has grown [by] 35% since 1997. Last year we averaged over 23,000 probationers. On the contrary, the parole population actually decreased [by] 3%. Last year we had 456 parolees in the community. Our grant rate was at 22% with 279 people granted parole. It averages out to about 24 per month.



This map depicts the density of inmates per square mile in our state. The darker [ ] areas like Providence, Pawtucket and Woonsocket have a greater ratio of offenders per square mile. Thirty-three percent of all of our probationers are Providence residents. While [ ] the white [area] does not mean that there are no offenders in those areas, it is just not statistically significant.

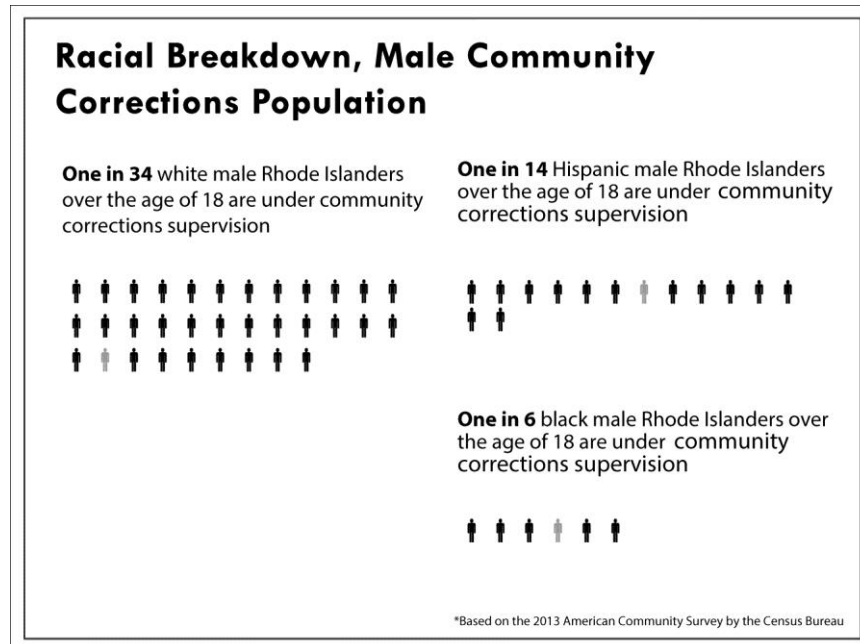






Then, you can be moved into this bank caseload and not supervised. You can still be violated, but you are not regularly checking in. Currently we have seventy-four probation or parole officers employed. They average one hundred and sixteen active cases on a caseload. This does not include the bank cases; they do not cost us any money because they are not being supervised. But those who are being supervised cost \$4.25 a day. The active and low supervision caseloads are costing us \$4.25 a day to supervise.

Similar to our incarcerated population, the ratio of offenses is evenly distributed amongst the races, where nonviolent offenses make up the majority no matter the race of the probationer.



Again, when compared to the Rhode Island general population reported by the Census Bureau, we see one in 34 white male[] Rhode Islanders over the age of eighteen are under community corrections supervision, one in 14 hispanic male Rhode Islanders over the age of eighteen are under community corrections supervision and one in six black male Rhode Islanders over the age of eighteen are under community corrections supervision. This is a clear picture of the racial disparity occurring in the state.

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Finally, I will be telling you about recidivism and the rates of reoffending.

### **Recidivism**

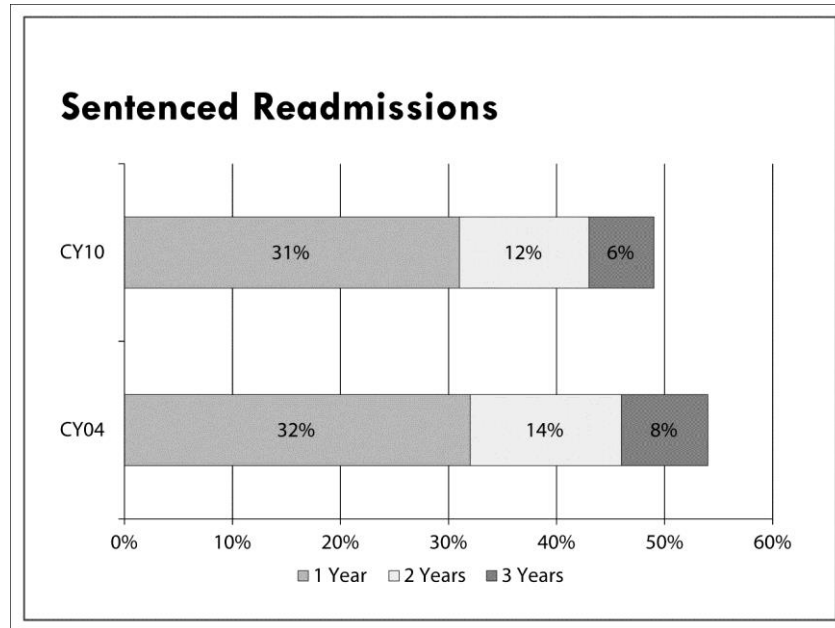
- A recidivist is defined as:
  1. An offender who was released from sentence at RIDOC within a specific period of time (cohort), and
  2. Who was returned to RIDOC as a sentenced inmate
- In 2010, RIDOC pulled a cohort of 3,593 distinct release events and tracked them for 3 years
  - White (56%), male (89%), and averaged 34 years of age
  - Released from a nonviolent (39%) or violent (31%) offense
  - Average sentence length of 20 months

We define a recidivist as an offender who was released from sentence at RIDOC within a specified period of time. We call this a cohort, [who] then return[s] to RIDOC as a sentenced inmate. In 2010 we pulled a cohort of 3,593 release events and tracked them for three years. The cohort looked similar to our population in general, which is mostly white males, who average thirty-four years of age upon release. They were released from serving a nonviolent or violent offense and the average sentence length was about twenty months.

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What we found in 2010 [was that] within twelve months of release 31% came back to the ACI, between twelve and twenty-four months, an additional 12% and within twenty-four to thirty-six months we saw six percent. And we compare this to a cohort from 2004, where the percentages were slightly higher at thirty-two, fourteen, and eight [respectively].

This is an overall decrease in about five percent, so the cumulative recidivism rate for 2010 was 49%, while the cumulative recidivism rate for 2004 was 54%. So it's a slight decrease.

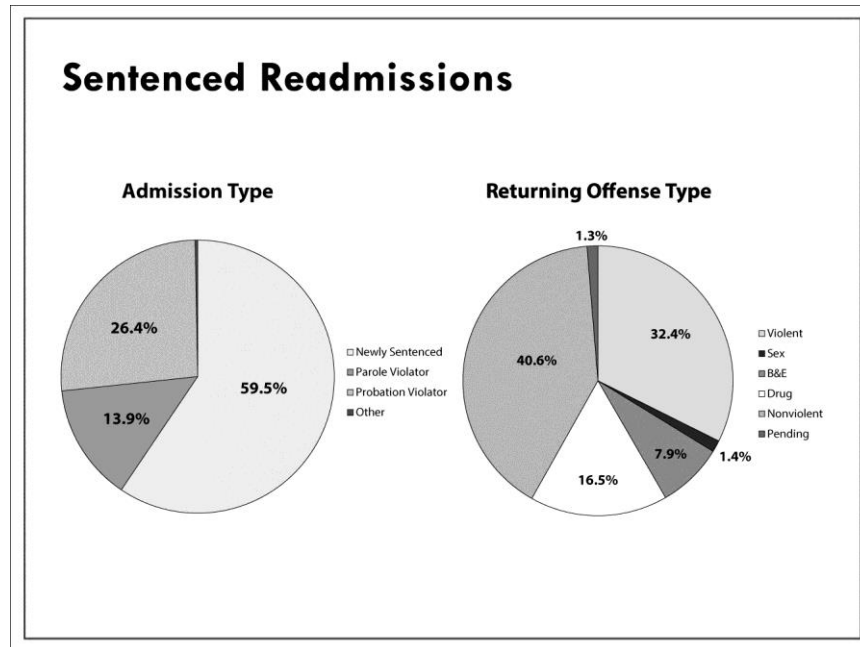
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### **Racial Breakdown, Recidivists**

Whites, blacks and Hispanics were equally likely to reoffend. **One in 2** recidivated within 3 years of release in 2010.



Unlike the rest of our population, both incarcerated and community corrections, [] offenders have an equal chance of recidivating, no matter [] their race. Basically one in two come back whether they are black, white, [or] Hispanic.



Most of our recidivists returned with a new crime, but 14% were parole violators and about 26% were probation violators. For parole violators 16% were for a new charge, while 61% were for [a] technical violation. In contrast, [of] the probation violators who were recidivists, 81% were a new charge and 19% were for technical violations. For our recidivism population, we are seeing basically the opposite between parole and probation violators.

And finally, for those who are coming back for a new offense, the return offenses are comparable to the release offenses. Basically, the offenders are committing the same type of crime when they are released. If they were initially incarcerated for a nonviolent crime, they are committing [] nonviolent crime[s]. If they were initially incarcerated for a drug offense, the probability of them coming back for another drug offense is great.

So that is all the statistics that I will throw at you this afternoon. And now, Danielle Barron will briefly discuss Risk-Need Responsivity.

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**Danielle Barron:**

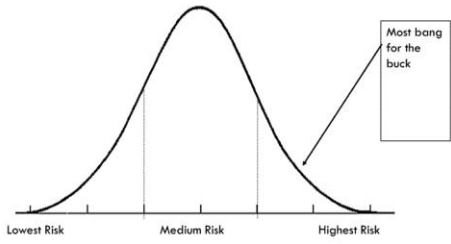


I know that Caitlin just threw a lot of information at you, so this will be a very brief overview of Risk-Need Responsivity, also known as “RNR.” RNR is starting to become the foundation for managing offenders at the Department as the concept helps RIDOC to reduce crime and to keep people outside of the criminal justice system by using what research has shown to be effective.

The RNR model, which was developed by James Bonta and D.A. Andrews in the late 1980s, educates people on the psychology of criminal behavior and translates it into an understanding of how targeting particular factors can lead to lower recidivism rates.

### Risk-Need-Responsivity

- **Risk Principle** – identifies **WHO** to target<sup>1</sup>
  - The risk principle states that the level of service provided to an offender should match their risk of reoffending. As a result, supervision and treatment should be reserved for higher risk offenders, while low risk offenders require little to no intervention. In fact, research has found that too much treatment, or the wrong type of treatment, may be detrimental to a low risk offender.
- **Validated Risk/Needs Assessments**
  - Institution: Level of Service Inventory Revised (LSI-R)
  - Probation: LSI-R Screening Version (LSI-R SV)



The best way to understand RNR is to remember who, what, and how. The first principle is the risk principle, which tells us who to target. The risk principal states that the level of service provided to an offender should match their risk of reoffending. As a result, supervision and treatment should be reserved for higher risk offenders. We determine who is high risk by using a validity risk and needs assessment. In the institution we use what is called the level of service inventory revised, or the LSAR, and in probation we use the level of service screening version, also known as the LSAR SV. When we are determining “high risk” it is important to remember that “high risk” does not necessarily mean the same thing as dangerous. In the community, many people believe that the “high risk” offenders are those who are well known in committing really heinous crimes. Where the “high risk” in this situation could be an offender who is continuously returning to prison on shoplifting charges, maybe does not have a lot of family support, does not have [a high level of] education, [is] unemployed, [or] maybe [has] a substance abuse problem.



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Also, we found that when we analyzed our release data it showed a correlation between higher LSAR scores and a greater recidivism rate. Of the men who scored “high risk” on the LSAR, fifty returned to sentence status at RIDOC within one year, as compared to those who scored “low” or “low to moderate,” which was 27%.

### **Risk-Need-Responsivity**

- **Need Principle** – identifies **WHAT** to target<sup>2</sup>
  - The need principle indicates that treatment should focus on an offender’s dynamic criminogenic needs (the factors most likely to lead to crime) and prioritize treatment accordingly.
- **Criminogenic Needs**
  - Pro-criminal attitudes
  - Criminal associates
  - Antisocial personality
  - Education
  - Substance abuse
  - Leisure time
- **Non-Criminogenic Needs**
  - Low self-esteem
  - Anxiety
  - Medical needs
  - Psychological discomfort
  - Lack of physical activity
  - Neighborhood improvement

[Because] most offenders fall into the medium category on this bell curve, the misconception is that we should focus most of our resources in that area. However, research has shown that we will be most successful and get the biggest bang for our buck when we treat the highest risk offenders, as these are the [offenders] who are regularly coming back to prison.

The next principle is the need principle, which tells us what to target. The need principle indicates that the treatment should focus on an offenders dynamic criminogenic needs, which are the factors that are most likely to lead to crime and to prioritize treatment accordingly. So, as you can see from this [above] list, the three in the orange are the most important of the criminogenic needs, but typically staff want to treat the noncriminogenic needs. While these needs are still important, we need to focus on the criminogenic needs first.

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Pro-criminal attitudes or antisocial thoughts and beliefs are the number one to treat for offenders. An example of an antisocial attitude is if you hear an offender say, “If I don’t sell drugs on that street corner, someone else is going to do it anyway.” Criminal associates are basically just the peers and friends that [the offenders] hang around with in the community. And antisocial personality is also known as the coping or self-control skills. So, if an offender has something in front of them they will steal it just because it is right in front of them.

### **Risk-Need-Responsivity**

- **Responsivity Principle** – identifies **HOW** to target<sup>3</sup>
  - The responsivity principle attempts to remove barriers to success. *General* responsivity suggests staff should use interventions known to be effective with offenders.
    - General responsivity
      - Cognitive Behavioral Therapy
    - *Individual/Specific* responsivity indicates staff should tailor interventions to the individual strengths, style, culture and personality of the offender. Both general and individual responsivity should be considered when working with offenders.
      - Individual responsivity examples:
        - Language barriers
        - Motivation to change
        - Mental health status

<sup>1</sup>Koetzle, D. & Skinner, B. (2014.) "Recidivism Reduction Training: Strategies for Promoting Staff Safety and Public Safety in Rhode Island." Presentation at the Rhode Island Department of Corrections Recidivism Reduction Training, Cranston, RI, June 3 & 4, 2014

<sup>2</sup>Ibid 6, Slide 29.

<sup>3</sup>Ibid 6, Slide 34.

Another big misconception is to treat substance abuse. While you see that substance abuse is on the list of criminogenic needs, it is not one of the most important. Many times, if you treat an offender who has substance abuse issues and pro-criminal attitudes, if you treat the substance abuse need first, you are going to end up with a sober criminal, because you are not taking care of those underlying attitudes.

The last principle is the responsivity principle, which tells us how to target. There are two kinds of responsivity—general and individual. Overall the responsivity principle attempts to remove barriers to success. The general responsivity suggests that we should use interventions known to be effective. The most effective

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interventions we have are cognitive behavioral therapy, also known as CBT. For individual or specific responsivity, it indicates that staff should tailor interventions to the individual strengths, style, culture and personality of the offender. Individual responsivity includes language barriers, motivation to change, and mental health status. If you try to put an offender who cannot speak English very well into a program or intervention they are not going to be successful. It is important to always take care of those underlying responsivity factors first.

The RNR principle is still being implemented at RIDOC as it is a bit of a culture shift for the Department. It is difficult for some staff to accept the fact that not all offenders need services. However, as the evidence continues to show, we can actually make “low risk” offenders worse by providing them with services that [they] do not need.



In closing, it is evident that RIDOC has seen a major historical increase to both the incarcerated and community corrections populations. However, RIDOC stays committed to adopting best practices for reducing recidivism and increasing public safety for all.

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