JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Findings of the Justice Program Assessment of Nebraska's Prisons

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NEBRASKA CAN IMPROVE ITS PRISON PROGRAMMING AND REDUCE RECIDIVISM

Nebraska invests millions of dollars annually in rehabilitative programming in prisons. To better understand if these programs are effective, the Nebraska Department of Correctional Services (NDCS) requested that The Council of State Governments (CSG) Justice Center conduct an in-depth assessment of institutional programs to identify how the department can modify its investments to maximize recidivism reduction.

After a 6-month review, staff have found that NDCS uses several state-of-the-art risk-reducing programs. However, the people who need these programs face clear and persistent barriers to accessing them. **Current approaches to program delivery at NDCS silo program assignment and unnecessarily stretch program delivery out over time, leading to inefficiencies that increase costs to the state by delaying parole readiness.** One-third of people within a year of their parole eligibility date are denied a parole hearing due to lack of programming, leading to numerous people jamming out of prison without supervision.[1]

State leaders set a clear mandate for NDCS to reduce jam outs and better prepare people to return to the community from prison. Prison programs are an important component of this, but NDCS' lack of staffing capacity to deliver programs in a timely manner and inability to target programs to the right people reduces the potential impact of the state's investment in recidivism reduction.

Nebraska's investments in prison-based programming could have greater impact if NDCS adopted a more evidence-based program assignment and sequencing strategy:

- Use a streamlined assessment to direct people into programs more quickly;
- Make program assignments based on an individual's risk, needs, and time to parole eligibility;
- Modify programs to allow multiple need areas to be addressed simultaneously;
- Expand capacity by adding to the array of core risk-reducing programs (i.e., cognitive behavioral interventions that address criminal thinking) and increase how often they are provided by dedicating some staff to running programming; and
- Develop a system to monitor program delivery and outcomes over time.

Additionally, the state of Nebraska should:

- Increase access to evidence-based community programs for justice-involved populations.
- Incentivize service providers to create a continuum of care in the community that is coordinated with prison programming models.

A DESIRE TO REDUCE RECIDIVISM THROUGH PROGRAMMING

"NDCS is committed to improving recidivism-reduction interventions in our prisons and increasing our capacity to provide quality programming, which is why I requested this assessment. The improvements we make to our programming based on these recommendations will ensure people return to our neighborhoods having had the opportunity to make positive change. Our mission is described in three words; Keep People Safe. Programming is how we transform lives and keep our prisons and communities safe."

—Scott Frakes, Director, NDCS

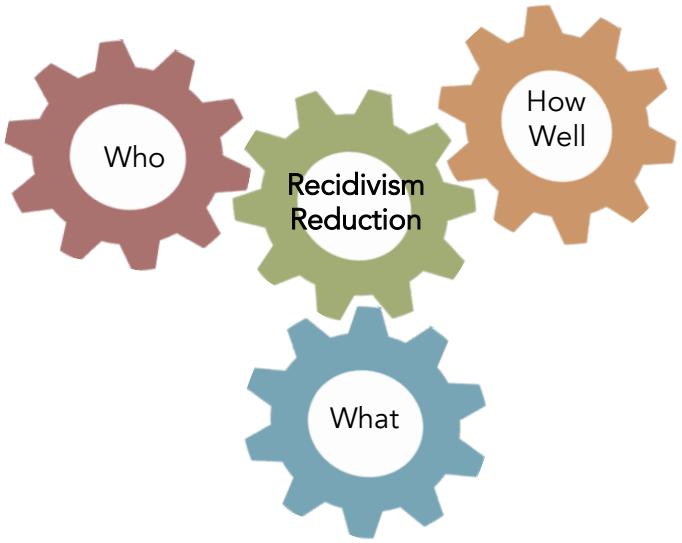
"The purpose of our prisons is to protect the safety of the people of Nebraska. As we work towards this goal, our prison system must more effectively reduce recidivism. To this end, we must deter offenders that have served their time from committing new crimes as they reenter society."

—Governor Pete Ricketts

THE JUSTICE PROGRAM ASSESSMENT

The Justice Program Assessment (JPA) looks at recidivism-reduction program impacts. **Program impacts** are the result of the integration of several key elements: targeting the right people based on risk, relying on effective programs, and implementing programs with quality and fidelity. With these elements in place, a system is more likely to reduce recidivism.

While traditional program evaluations may focus solely on the impacts of one program, the JPA examines all three aspects of program functionality and funding allocations within an entire system.



The **JPA system analysis** commenced in November 2015, and was completed in May 2016. During this time, CSG Justice Center staff completed eight site visits to gather information, observe practices, and speak with staff:

8 adult correctional institutions visited out of Nebraska's 9 adult facilities

24 sex offender, substance use, cognitive behavioral, and violence prevention programs observed

50+ clinical and programming staff and **25+** inmates interviewed

75,000+ offender records analyzed

THE JPA IS FOCUSED ON CORE RISK REDUCING PROGRAMS

Research clearly shows that core risk-reducing programs are those that target criminogenic risk factors, or those aspects of an individual that are directly related to future criminality.

Andrews, Bonta, & Wormith[2] identify eight criminogenic risk factors, with criminal history, criminal thinking, criminal associates, and criminal personality pattern topping the list as being the most predictive of future offending.

In Nebraska, this means the JPA focused on programs that address criminal thinking, sex offending, substance use disorders, and violence reduction. These programs were selected because they directly target priority risk factors and address some of the most significant public safety threats.

While additional programs exist (e.g., educational/vocational, victims' impact, etc.), and in some cases were observed during the JPA, the focus of findings are on programs identified as core risk reducing. It is important to note that research has demonstrated that programming in other areas, such as employment, needs to address criminal thinking in addition to any traditional approach (e.g., job readiness skills) in order to be effective at reducing recidivism.[3]

Predictors of Criminal Behavior

Most predictive

Domains
History of Criminal Behavior
Antisocial Attitudes, Values, and Beliefs
Antisocial Peers
Antisocial Personality Characteristics
Lack of Employment Stability and Educational Achievement
Family and/or Marital Stressors
Substance Use
Lack of Prosocial Leisure Activities

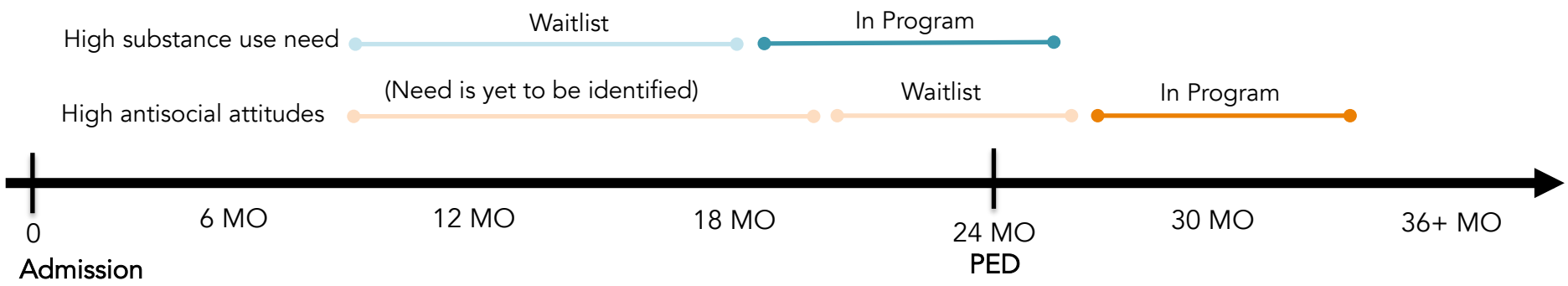
Least predictive

THE CURRENT MODEL OF PROGRAMMING DELIVERY AT NDCS

NDCS' current program referral model delays the start of programming until just prior to parole eligibility at the earliest and prioritizes only one main intervention. Programming delays are exacerbated by capacity limitations. Referral into cognitive behavioral programming for antisocial attitudes is driven by Board of Parole requirements or an individual's interest instead of assessment at the beginning of admission to NDCS. As a result, an individual may be unaware he or she needs to enroll in this type of program until a case review with the Board. Additionally, cognitive behavioral programming is often inaccessible while attending other programs, like substance use or sex offender treatment.

Case example: An individual arrives at NDCS with a four year sentence and is parole eligible after two years. He is assessed for violence and substance use and found to only need residential substance use treatment programming. After 9 months he is transferred to a facility which offers residential substance use treatment and requests to be put on the waitlist. When attending a Board of Parole case review he is notified by the Board that they would like him to have cognitive behavioral programming to address his criminal thinking prior to being granted parole. As a result, the individual is placed on a waitlist for programming and delayed being paroled from the institution.

Example: Current System for Assessment and Referral



JPA FRAMEWORK OVERVIEW

STRATEGY	FRAMEWORK	PRACTICES
1	Target the right people based on risk (Who)	✓ ASSESS RISK ✓ PROGRAM BASED ON RISK ✓ ADDRESS MULTIPLE NEEDS
2	Rely on effective programs (What)	✓ USE RESEARCH ✓ INTEGRATE SERVICES ✓ INTENSITY AND SPEED ✓ OFFER A CONTINUUM
3	Implement with quality and fidelity (How Well)	✓ IMPLEMENT CONSISTENTLY ✓ ENSURE FIDELITY ✓ EVALUATE PROGRAMS ✓ TRAIN STAFF
4	Reduce recidivism and take action (Action)	✓ FISCAL ANALYSIS ✓ IMMEDIATE NEXT STEPS ✓ LONGER TERM ACTIONS ✓ EXPECTED RESULTS

1. Who should receive programming?

Goal: Prioritize programming resources for individuals who are most likely to reoffend

FINDINGS

NDCS misses opportunities to identify risk and needs and target program resources accordingly.

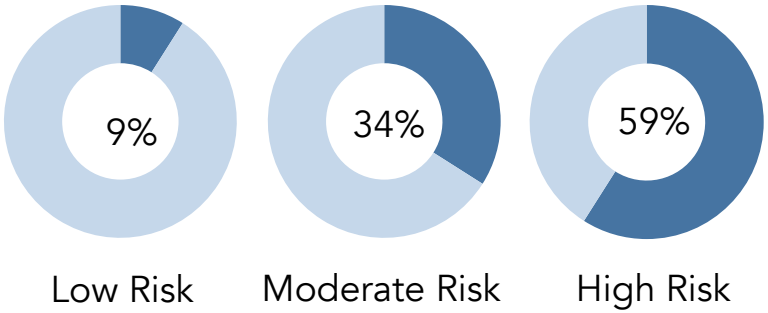
- ✗ No general criminogenic risk and needs tool currently in use
- ✓ STRONG-R assessment tool beginning July 2016
- ✓ A number of assessments in use for specific types of risk (e.g., sex offender) and needs (e.g., substance use)
- ✗ Resources wasted on duplicative assessments
- ✗ Long waits for program assessment and program entry
- ✗ Programs do not address multiple criminogenic needs

PROGRAMS SHOULD BE DIRECTED TO HIGHER-RISK INDIVIDUALS

Risk is defined as the likelihood of reoffending. Criminogenic risk assessment helps identify risk level and sort people into similar categories of risk.

EXAMPLE

Rate of Recidivism by Risk Level for a Community Supervision Sample[4]



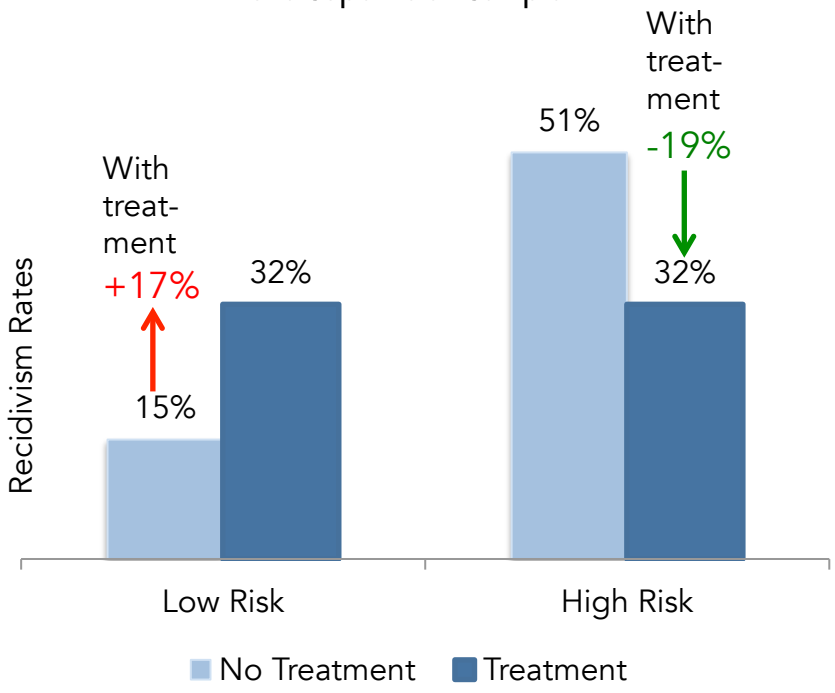
Risk assessments are actuarial tools which help group people according to their likelihood of reoffending. In the study above,* low-risk individuals had a 9% likelihood of recidivating, moderate-risk had a 34% chance of recidivating, and high-risk had a 59% chance of recidivating.

* The study is not specific to the Nebraska population.

Lack of meaningful risk categories among individuals can lead to wasting scarce resources, over-treating/over-supervising, and under-treating/under-supervising.

Studies have shown that treating low-risk people actually *increases recidivism*, while treating high-risk people with high-intensity programming dramatically decreases recidivism. Further, providing very low-intensity programming to high-risk people does little, if anything, to reduce recidivism.

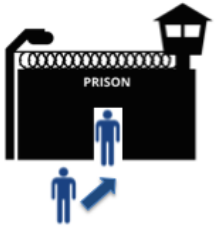
Recidivism Rates by Risk Level and Treatment Dosage for a Supervision Sample[5]



NEBRASKA'S CURRENT ASSESSMENT PROCESS INCLUDES SIGNIFICANT DUPLICATION

Pre-sentence Investigation (PSI)

PSI assessments include: general criminogenic risk and screenings for substance use, sex offending, and some types of violence



At Prison Intake

Intake assessments include: safety, mental health status, classification, and initial clinical screenings for substance use, sex offending, and violence

NEBRASKA FINDINGS

Approximately 80–85% of all admissions have a PSI completed, which includes a number of risk and needs assessments. Upon admission to NDCS, all individuals are reassessed on many of the same instruments (e.g., SASSI, Static-99R) and will soon be reassessed again with the STRONG-R.

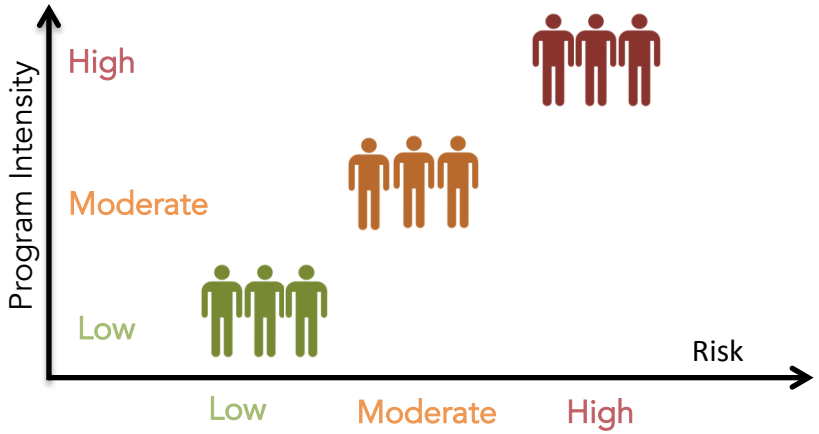
RECOMMENDATIONS

Improve information sharing to limit redundant assessment and make better use of the PSI information. If reassessment is necessary, leverage PSI information to reduce redundant interviewing of the individual and streamline processes. Focus initial rollout of the STRONG-R on those individuals who have more than 18 months to serve in prison.

USE A RISK AND NEEDS ASSESSMENT TO DETERMINE PROGRAMMING

BEST PRACTICE STANDARDS

1. Using a validated risk and needs tool correctly to target the high-risk population ensures that people are placed into the most impactful programming based on their personal risk and needs.[6]
2. Program type should be matched to the risk level of the individual: intense programming for high-risk offenders can significantly reduce recidivism, while too much programming for low-risk offenders can increase recidivism.[7]



NEBRASKA FINDINGS

The lack of a criminogenic risk and needs tool is detrimental to program placement.

- NDCS is currently in the process of adopting the STRONG-R risk and needs assessment, with the expectation that staff will begin administering the assessment in July 2016.
- It is not clear if all high-risk people receive programming that is appropriate for their risk type, as the STRONG-R is not yet in place and NDCS is not fully leveraging PSI assessment information. Criminally diverse people who are overall high- risk but are not high-need in a particular category, like substance use, may be slipping through the cracks.

RECOMMENDATIONS

Once the STRONG-R is fully implemented, use it to assess all individuals entering prison in order to identify programming needs. In the period before full STRONG-R implementation, use PSIs to inform program placement, especially for people with short sentence lengths. Once a baseline profile of an annual admissions cohort is established, modify programming availability to meet needed program levels based on risk and needs.

SHORTEN THE TIMEFRAME TO CONDUCT ASSESSMENT AND ENTER PROGRAMMING

NEBRASKA FINDINGS

Long delays for both program assessment and delivery prevent inmates from being released by PED.

- NDCS does not fully use the many assessment results available in an inmate's pre-sentence investigation (PSI) and often duplicates assessments unnecessarily.
- Inability to deliver programming prior to Parole Eligibility Date (PED) contributes to people jamming out of prison without supervision.

The Board of Parole declined to set a parole hearing for 33% of people who were within a year of PED because of incomplete programming.[8]

- NDCS has recently taken commendable steps to shift placement of inmates into programming earlier in their sentences and expediting clinical needs assessments.

However, there are still long delays between assessment and program start. On average, people wait more than a year to receive programming.

- Clinical review teams, which make programming recommendations, operate in silos so that individuals end up only working toward one programming goal at a time and are often not on assessment or program waitlists simultaneously.

RECOMMENDATIONS

Leverage PSI assessment information to assist in completing the STRONG R during admissions. Additionally, limit initial programming assessment by clinical review teams to those who score moderate to high risk on the STRONG-R and have complex clinical issues that complicate program selection.

Plan program delivery based on time to serve:

- **Fewer than 6 months in prison** – Expedite moderate and high risk individuals into cognitive behavioral programs for criminal thinking that can be started within NDCS and finished in community. Leverage clinical assessments completed with the PSI to assist with community referrals.
- **6 - 18 months in prison** – Prioritize cognitive behavioral programs for criminal thinking as soon as possible. Make other programming recommendations based on individual needs within 90 days of admission. Lengthy programs can be started within NDCS and finished in the community.
- **Greater than 18 months in prison** – Administer the STRONG-R within 30 days and additional clinical assessments within 60 days of admission. Address multiple needs prior to parole eligibility.

TARGET MULTIPLE CRIMINOGENIC NEEDS

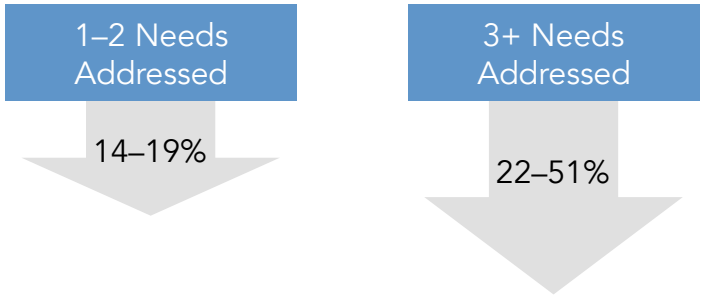
BEST PRACTICE STANDARDS

1. Programs that target multiple criminogenic needs are more successful at reducing recidivism than programs that target only one criminogenic need, or only non-criminogenic needs.[9]

2. Program placement decisions should be based first on an individual's overall risk score and then on that person's assessed needs.[10]

3. A comprehensive individual case plan should prioritize and sequence programming based on individual needs, parole eligibility, and custody levels.

Reductions in Recidivism



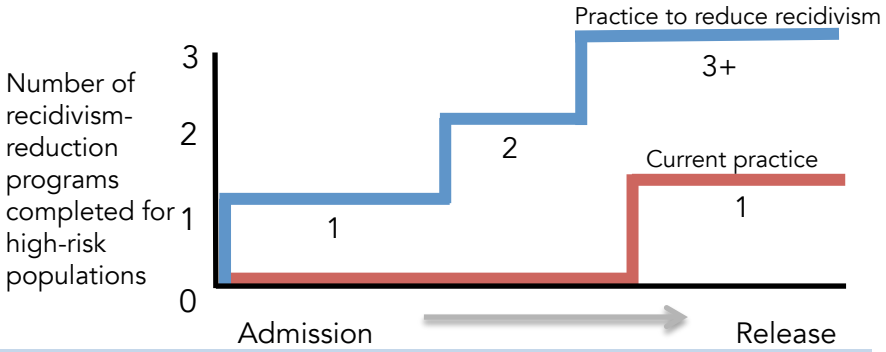
NEBRASKA FINDINGS

Failure to target multiple criminogenic needs reduces the impact of NDCS interventions.

- NDCS prioritizes programming based on an individual's primary need area, which results in directing a person into one program to the exclusion of other important programming (e.g., an individual may have to leave residential substance use treatment to participate in sex offender treatment programing).

- NDCS programming recommendations occur in silos, creating a fractured programming plan.

- Leaving programming to the end of a person's sentence means many offenders will complete only one program.



RECOMMENDATIONS

Identify the full risk and needs profile of each person and determine the top 3–4 dynamic risk areas. Use holistic case plan to track program recommendations and alter programming schedules to allow inmates to access multiple programs at once. Sequence programming so that criminal thinking problems are addressed early in the prison stay.

2. What programs should NDCS use?

Goal: Rely on programs with demonstrated impact on recidivism and/or a research-driven approach

FINDINGS

NDCS misses opportunities to use non-clinical interventions to reduce recidivism and is not able to serve everyone who needs programs.

- ✓ Most NDCS core programs use nationally recognized, evidence-based curricula
- ✗ Staff depart from curricula and leave out graduated skills practice too often
- ✗ Participant groups are mixed by risk-level
- ✗ Programming is delivered slowly—only a few hours per week
- ✓ Very strong clinical staff deliver high-quality services, and there are programming levels of care to treat diverse levels of need
- ✓ NDCS is in the process of expanding programs to address criminal thinking
- ✗ Programs in the community do not adequately provide a continuum of services to address the needs of the parole population

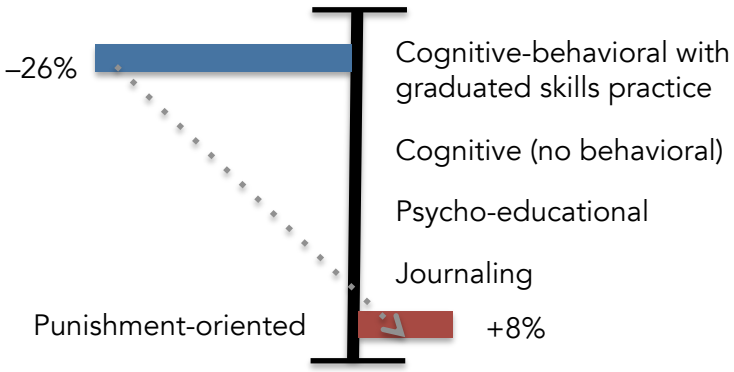
USE RESEARCH-DRIVEN CURRICULA TO TEACH NEW SKILLS

BEST PRACTICE STANDARDS

1. The most effective programs at reducing recidivism use a cognitive-behavioral approach.[11]

2. Cognitive-behavioral programs include the demonstration of new skills and require participants to practice new skills to replace antisocial or maladaptive behaviors. This graduated skills practice is critical to behavior change.

Changes in Recidivism by Program Type[12]



RECOMMENDATIONS

Continue to use existing research-based curricula and require graduated skills practice for core programs. Restrict modifications from being made to established curricula manuals. Add additional cognitive-behavioral program which targets criminal thinking and incorporates graduated skills practice.

NEBRASKA FINDINGS

Programs use leading evidence-based curricula but often go off script; NDCS needs more programming to address criminal thinking, the top dynamic risk factor for reoffending.

- NDCS uses premier programs that rely on evidence-based practices

Curriculum	Target Area	Modality	Research Summary
Good Lives Model	Sex Offending	CBI	✓ Effective
Violence Reduction	Criminality / Violence	CBI	✓ Effective
New Directions	Substance Use	CBI	✓ Effective

- These programs have rigorous empirical support, but are frequently modified by staff, which nullifies research findings for the models. Graduated skills practice is frequently left out.
- The primary criminal thinking curricula at NDCS, Moral Reconation Therapy (MRT), lacks graduated skills practice, a core cognitive-behavioral component.
- In the past year, only 170 individuals have completed programming to address criminal thinking. Program capacity is expanding with 334 individuals actively attending group. An estimated 1,400 newly admitted individuals should receive cognitive-behavioral programming annually.*

*Estimation based on proportion of 2015 annual admissions expected to be high or moderate risk

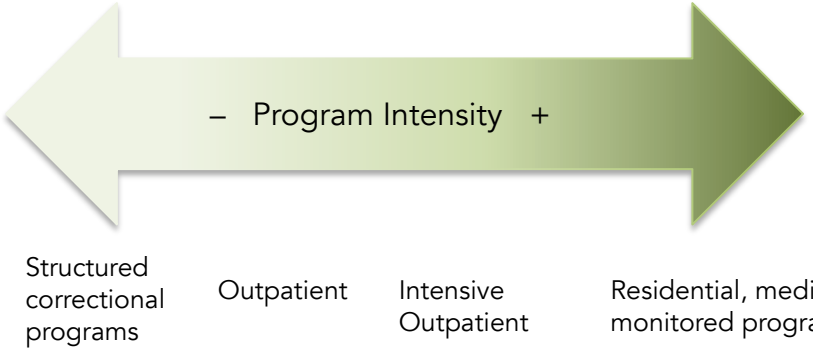
USE PROGRAMS RESPONSIVE TO DIVERSE NEED LEVELS

BEST PRACTICE STANDARDS

1. High-need individuals should have more immediate and intensive programming with closer clinical oversight than others.[13]

2. Systems should offer a continuum of programs that include non-clinical and clinical interventions and cover outpatient, intensive outpatient, and residential programming.

Continuum of Programming



NEBRASKA FINDINGS

NDCS should maintain various levels of clinical programming and expand the use of structured correctional programming that can be delivered by non-clinicians.

- A vast majority of programming at NDCS is provided by those with clinical licensure, but these clinicians only spend a fraction of their time delivering programs. This resource-intensive approach greatly limits access to programming.

- NDCS programs administered by clinicians are stacked at the highest end levels of care with very little programming for individuals with various needs, like criminal thinking errors. This approach relies on hiring and retaining clinical staff, which is a constant barrier at NDCS.

- Individual programs do not adequately integrate interventions to meet the multiple needs of the highest-risk offenders.

- NDCS does not currently offer gender-responsive programming that addresses women's unique path to prison.

RECOMMENDATIONS

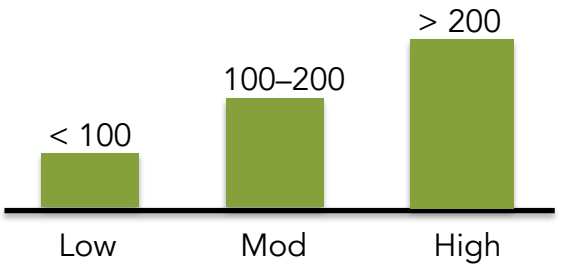
Expand non-clinical correctional programming delivered by trained paraprofessionals while keeping clinical programming levels intact. Increase the use of integrated treatment options that address multiple needs. Provide gender-responsive programming to incarcerated women.

INCREASE PROGRAM INTENSITY AND SPEED OF PROGRAM DELIVERY

BEST PRACTICE STANDARDS

1. Moderate-risk people require 100–200 hours of programming, and high-risk individuals require 200–300 hours of programming to impact recidivism, which can be done in prison or in the community.[14]

Program Dosage (in hours) by Risk Level



2. Programs that are provided in a milieu (e.g., a therapeutic community) should ensure that a majority of time is spent in structured therapeutic tasks aimed at reducing recidivism.[15]

NEBRASKA FINDINGS

Programs are delivered more slowly than recommended, and inmates may not be receiving an adequate dosage.

- NDCS programming is delivered at a very slow speed, the groups often meeting only once a week but spread out over many months or years, which leaves ample room to streamline program delivery.

E.g., 16 hours of programming may take 16 weeks to deliver under the current model

NDCS could deliver the same dosage of programming more quickly (8 weeks)

- Without comprehensive case planning and program delivery tracking, it is not clear if people are receiving the recommended number of programming hours.

RECOMMENDATIONS

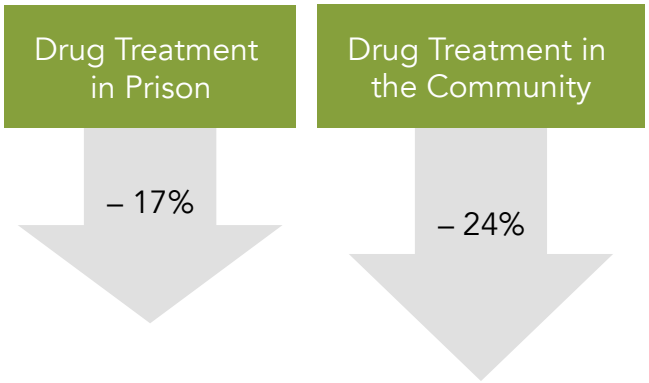
Streamline program delivery to provide programs at a greater speed and ensure program completion ahead of an individual's parole eligibility date (PED) for individual's serving long sentences. **Individuals serving fewer than 6 months in prison** should be placed in programs that can begin within NDCS and completed in the community to meet recommended dosage hours. **Individuals serving 6-18 months in prison** should first be placed in programs they can complete while incarcerated, and then in programs they can complete in the community. **Individuals serving greater than 18 months** in prison should meet dosage thresholds with a combination of programs provided in advance of PED. Increase overall program capacity by using prison programming space after hours and on the weekends and re-allocating staff time to focus more on programming delivery.

ESTABLISH A CONTINUUM OF SERVICES INTO THE COMMUNITY

BEST PRACTICE STANDARDS

1. Programs are more effective at changing offender behavior when they are conducted in the community.[16] This allows people to build and keep protective factors in place that reduce the likelihood of recidivism. It also allows program participants to practice new skills in real-life situations.

Impact on Recidivism Rates



2. Parole-eligible individuals should only be denied parole due to lack of program completion when a program is unavailable in the community or if the individual poses a public safety risk without it.[17]

NEBRASKA FINDINGS

Community programs do not adequately meet the needs of people reentering society after being in prison.

- Currently, the Board of Parole is often forced to deny or delay parole to inmates due to long waitlists for prison programming and a lack of adequate options for programming in the community.
- Parolees have some access to services at Office of Probation Administration (OPA) reporting centers but more can be done to promote new contracts in the community and help providers work with the correctional population.
- Inmates are only accepted into NDCS programs that they can complete while incarcerated, even if the program model allows for entry into a community group for completion.
- Adult Parole Administration has limited funding to provide adequate substance use and criminal thinking programming.

RECOMMENDATIONS

Coordinate prison and community-based programming for people who are on post-release supervision and parole. Allocate additional resources to provide programming to parolees in the community based on assessed risk and needs. Incentivize community providers to work with individuals under supervision and require providers to be trained in effective interventions for correctional populations.

3. How well are programs delivered?

Goal: Ensure programs are implemented with quality and fidelity and track outcomes

FINDINGS

NDCS needs to develop policies and procedures that ensure quality programming over time.

- ✓ Staff have a good rapport with program participants
- ✓ New facilitators of sex offender programs receive intensive on-the-job training and are observed delivering programming by supervisors
- ✗ Ongoing staff training is inadequate to sustain high-quality programs over time
- ✗ No structured quality assurance checks are in place
- ✗ Program delivery is inconsistent across facilities
- ✗ NDCS does not collect standardized data metrics across all programs

MONITOR PROGRAMS TO ENSURE FIDELITY AND INCREASE PROGRAM EFFECTIVENESS

BEST PRACTICE STANDARDS

1. Programs are more effective at reducing recidivism when they are run with fidelity to the program model. It is important to conduct ongoing observations to ensure continuing fidelity.[18]

2. Data should be collected and analyzed at the client, staff, programming, and agency level to provide an overall picture of how programming investments are impacting the system.[19]

3. Programs should undergo periodic evaluations using validated tools like the Correctional Program Assessment Inventory or the Correctional Program Checklist.[20]

4. Further, formal outcome evaluation studies should be conducted only when conditions exist that would make the results generalizable (i.e., there is stability in program model and consistency in delivery).[21]

NEBRASKA FINDINGS

NDCS currently lacks a quality assurance mechanism to monitor programming. Data collection is highly variable across programs, and there is no current ability to assess programs with a validated tool.

- With few exceptions, program facilitators are not observed conducting groups and are not given feedback on fidelity to the established model, facilitation skills, or managing group dynamics.

- NDCS facilitators and supervisors are able to make modifications to curricula and/or treatment models, causing inconsistencies in the quality and content of programs across locations.

- NDCS data related to programming is largely collected at facility or unit level with inconsistent entry into agency data systems.

RECOMMENDATIONS

Create policies that require regular quality assurance checks to be done on all programs. Provide feedback to facilitators to enhance their skills. Develop a review process where in-house experts identify any modifications that need to be made to a program and ensure the changes are consistent with the research and are applied across all facilities. Train NDCS staff to conduct validated program assessment on all core risk-reducing programs at least once every 3 years. Standardize programming data elements in NDCS data systems and require all programs to document programming and quality assurance measures in a timely manner.

ENHANCE STAFF SELECTION AND TRAINING FOR PROGRAM FACILITATORS

BEST PRACTICE STANDARDS

1. Studies show that even evidence-based curricula can increase recidivism when facilitated poorly.

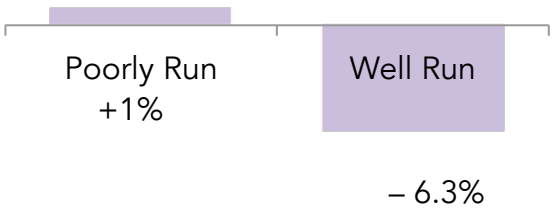
2. Initial staff training on curricula should be conducted by appropriately trained or licensed individuals as recommended by the program developer.

3. Ongoing training is necessary to provide high-quality programming. When facilitators receive annual training on evidence-based practices and service delivery for justice-involved individuals, outcomes are improved.[22]

4. Staff who have a minimum of an associate's degree in criminal justice or the social sciences produce better treatment effects.[23]

5. Facilitators who are committed to helping others, enthusiastic, respectful, empathetic, and engaging have a greater impact on reducing recidivism. [24]

Change in Recidivism by Quality of Facilitation of Cognitive-Behavioral Program[25]



NEBRASKA FINDINGS

NDCS does not have ongoing training for program facilitators, which impacts their ability to continually deliver high-quality programming.

- Certain NDCS staff have been trained to facilitate specific curricula. However NDCS does not have in-house trainers or regular booster trainings to sustain efforts long-term.
- Program facilitators have many other responsibilities, like crisis management, so attention is often split many ways.
- NDCS has not set a minimum standard for program facilitator education or skill set, with the exception of programs requiring clinical licensure.
- NDCS does not routinely provide training on evidence-based practices. Many of the clinical staff are experts in a particular treatment model but not on best practices for justice-involved individuals generally.

RECOMMENDATIONS

Dedicate some staff to solely facilitate programs. Identify additional staff who are interested and meet minimum educational qualifications in facilitating programming. Support staff skill development through initial and booster training efforts. Develop in-house trainers for core programs to sustain efforts and integrate agency trainers into job training, booster, and quality assurance efforts.

4. How does NE take action to improve programs?

Goal: Begin immediate implementation of recommendations to improve program effectiveness and reduce recidivism

Timeline	
In Progress	Implementing risk assessment, using trained paraprofessionals for some program facilitation, increasing staff training, and creating quality assurance measures
2017 Fiscal Year	Increase program capacity, streamline assessment and program recommendations, standardize curricula delivery, deploy quality assurance checks, and improve programming and fiscal data collection.
2018–2019 Fiscal Years	Modify program availability to meet population risk levels, sequence criminal thinking early in the prison stay, meet dosage thresholds, and use integrated treatment options. Coordinate prison and community-based programming and develop a robust system to regularly train staff and assess programs.

FISCAL ANALYSIS

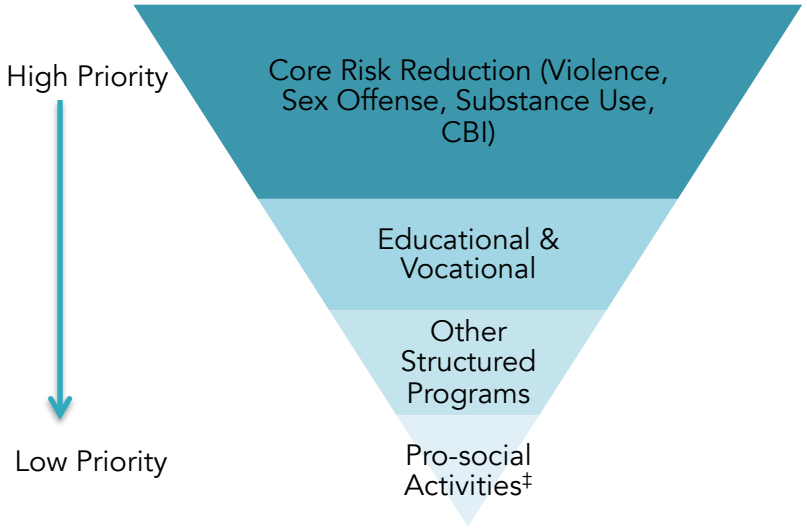
NDCS allocates* approximately $5.1 million per year toward core risk-reducing programming.†

NDCS tracks expenditures by each department without individual program costs broken out. For example, NDCS can track expenditures for the Chemical Dependency department, but isn't able to pinpoint funds spent on residential substance use treatment programs versus non-residential substance use treatment programs. Therefore, the CSG Justice Center was able to estimate programming costs within larger NDCS departments that provide core risk-reducing programs, but cannot determine per-program costs.

Nebraska Core Risk-Reducing Categories Funding Allocation

Substance Use	$2,234,592
Mental Health (includes sex offender treatment and violence reduction programs)	$2,839,833
Cognitive Behavioral (MRT)	$86,701
TOTAL	**$5,161,126**

Programs by Priority and Potential Investment



As a result of how NDCS tracks expenditures, the CSG Justice Center is unable to fully examine the average cost per individual receiving programming or the proportion of total programming funds allocated to core risk-reducing programs, such as residential substance use programming or sex offender treatment.

With more robust programming data, as recommended in the previous section, and better defined programming categories for fiscal tracking, in the future Nebraska can determine if it is investing appropriately in programs that reduce recidivism.

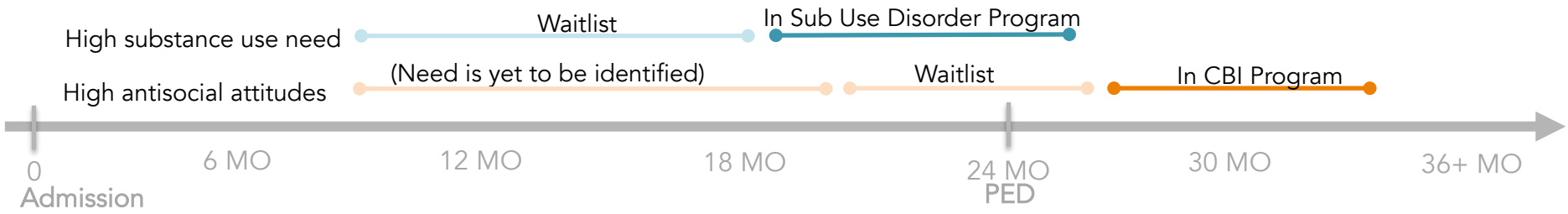
* Allocation may not reflect funds actually spent. Expenditures are expected to be lower due to staff openings.
† Cost estimates based on percentage of staff time estimated to go to programming.
‡ E.g., religious groups, recreation, self-help groups, etc. to supplement structured therapeutic hours

RECOMMENDATIONS

Begin to track programming-related expenditures in separate fiscal categories. Fiscal data should be collected such that it allows disaggregation of costs attributable to staffing and costs for program materials. Ensure that ongoing allocations prioritize risk-reducing programs; increase funding for programming to address criminal thinking.

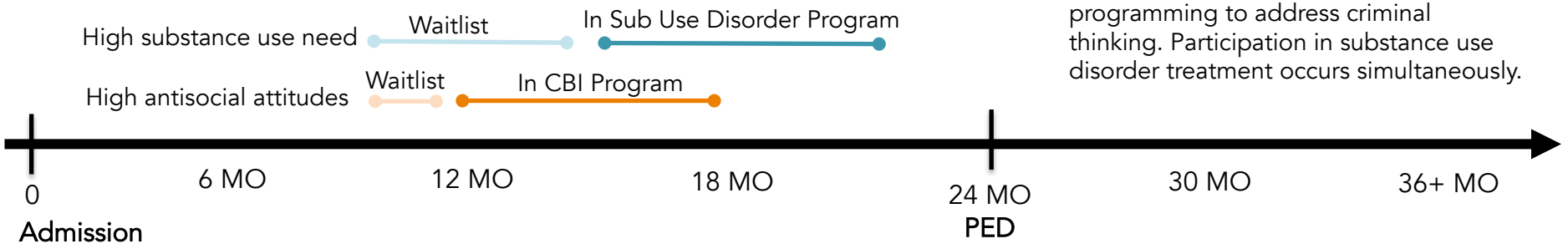
A MORE IMPACTFUL PROGRAMMING MODEL

Current System for Assessment and Referral



An improved system would target multiple criminogenic needs simultaneously.

Proposed System for Assessment and Referral: Concurrent Programming



In this example, moderate and high-risk individuals are immediately placed into programming to address criminal thinking. Participation in substance use disorder treatment occurs simultaneously.

Proposed System for Assessment and Referral: Criminal Thinking Programming as Central

In this example, programming to address criminal thinking serves as foundational programming and then programming to address specific needs, like violence or sex offending, are offered as needed. It is not likely that an individual will require all four program listed here.

IMMEDIATE NEXT STEPS TO TACKLE PROGRAMMING CHALLENGES

Better leverage risk assessment information	During initial STRONG-R implementation, put policies and procedures in place to leverage existing information from the PSI. Use the STRONG-R to determine the full risk and needs profile of each individual, identify programming priorities, and serve as the trigger for additional clinical assessments.
Stop modifying evidence-based curricula delivery	Continue to use existing research-based curricula and restrict modifications from being made to it. Require graduated skills practice in core programming, rather than allowing it to be optional.
Increase program capacity	Begin implementing changes that would allow for use of programming space after hours and on weekends, shifting staff responsibilities to allow time for more direct services, and reorganizing program delivery so that it is faster.
Support program facilitation staff	Create a training plan for staff to improve their program facilitation skills and begin to provide regular feedback to facilitators on how they are doing. Identify non-clinical staff who are interested and meet minimum educational qualifications to facilitate programming.
Improve data collection	Standardize programming data collection measures in NDCS data systems and require all programming metrics to be accurately documented.

LONGER-TERM ACTIONS TO REDUCE RECIDIVISM AND SUSTAIN PROGRAM IMPROVEMENTS

Increase integrated treatment options	Modify program delivery to allow inmates to access multiple programs at once if needed. Offer programs at a higher intensity and sequence programs so that dosage thresholds can be met by a combination of programs in advance of the parole eligibility date.
Optimize programming recommendations for varying sentence durations	Consider sentence length when identifying an individual's programming priorities. Individuals serving fewer than 6 months in prison should only enter programs they can continue in the community. Individuals who are medium or high risk and serving 6-18 months in prison should begin a cognitive behavioral intervention for criminal thinking as soon as possible. Individuals serving greater than 18 months in prison should be sequenced in programming in advance of PED.
Shift programming staff & expand training	Increase use of trained paraprofessionals, who meet minimum educational requirements, in program delivery to free up clinical staff time. Develop in-house trainers for core programs to support staff skill development through initial and booster trainings.
Ensure programs continue to operate with fidelity	Develop a quality assurance review process where in-house experts identify any modifications that need to be made to a program and ensure the changes are made consistently across the facilities. Conduct program assessments for all core risk-reducing programs, using a validated tool, at least once every three years.
Build capacity to treat people returning to the community	Incentivize community-based providers to treat people leaving prison and promote training on effective interventions for criminal justice-involved populations. Coordinate prison and community-based programming by allowing inmates to start programs in prison and finish on post-release supervision or parole.

EXPECTED IMPLEMENTATION RESULTS AFTER THREE YEARS

- ☑ **Every** high-risk individual will have access to risk-reducing programs to address multiple criminogenic needs by PED. Program assignment decisions will take into account sentence length to better serve individuals with varying amounts of time in prison.
- ☑ **100%** of people will receive general criminogenic risk assessment upon admission to NDCS.
- ☑ There will be a continuum of services from facilities to the community, so people can have **continuity of care** upon release delivered by providers trained to serve the correctional population.
- ☑ High-risk people will receive programming to address criminal thinking at the **beginning** of their sentence to reduce their risk and assist with behavior management.
- ☑ Routine cases will be given initial programming recommendations without clinical review. Clinical review teams will only assess the highest need and most complex cases, freeing up clinical staff time for therapeutic tasks.
- ☑ Core programs will serve individuals based on their risk level, giving priority to those who have a higher risk. Low-risk people will be directed to community-based opportunities.
- ☑ Core risk-reducing programs will be delivered more quickly to shorten completion time and increase capacity. By using trained paraprofessionals, clinical staff time will be reserved for the most intensive programs that serve the highest risk individuals.
- ☑ NDCS will have the capacity to train staff **annually** in program facilitation and evidence-based practices so programs are delivered consistently over time.
- ☑ Robust data collection measures and quality assurance checks will track how programs are being used and help evaluate program effectiveness.

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