DOSAGE PROBATION:

A PRESCRIPTION BASED ON TWO PILOT SITES' EXPERIENCES

PREPARED FOR THE NATIONAL INSTITUTE OF CORRECTIONS

FEBRUARY 2020

The Center for Effective Public Policy
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Dosage Probation: A Prescription Based on Two Pilot Sites' Experiences

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Special thanks to Mark Carey, President, The Carey Group, and to Denise Symdon, Senior Manager, Center for Effective Public Policy, and former Administrator, Wisconsin Department of Corrections, Division of Community Corrections, for their contributions to the dosage probation work and this white paper.

To those who willingly pilot tested dosage probation and participated in countless training and feedback sessions with us, we thank you for your dedication, commitment, and support:

- Washington County, Minnesota, Community Corrections: Tom Adkins, Director; Terry Thomas, Deputy Director; Ren Clinton, Division Manager; and staff
- Napa County, California, Probation Department: Mary Butler, Chief Probation Officer; Amanda Gibbs, Assistant Chief Probation Officer; and staff.

The National Institute of Corrections, in partnership with the Center for Effective Public Policy, has developed this white paper to highlight the innovative concept of dosage probation and to share the successes, challenges, and lessons learned. This model of community supervision is not yet fully tested.

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FEBRUARY 2020 | Project Number 18CS05GKX8

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PAROLE AND PROBATION WORKERS NEED ALSO TO HAVE A REHABILITATION PHILOSOPHY, RATHER THAN A PUNITIVE ATTITUDE TOWARD OFFENDERS. THEY NEED SPECIAL TRAINING FOR THEIR WORK, OBTAINED ON OR BEFORE THE JOB. THEY NEED TO BE SHOWN AT ENTRANCE HOW TO MAKE ADEQUATE SOCIAL STUDIES OF INDIVIDUAL CASES AND HOW TO WORK OUT PROBATION AND PAROLE PLANS WITH THEIR CLIENTS. THEY NEED TO BE SHOWN HOW TO ACT AS GUIDES AND COUNSELORS, RATHER THAN AS SLEUTHS.

THE PRISON WORLD, OFFICIAL PUBLICATION OF THE AMERICAN PRISON ASSOCIATION AND NATIONAL JAIL ASSOCIATION, MAY–JUNE, 1946

Abstract

In 2011, while working in Milwaukee, Wisconsin, on the Evidence-Based Decision Making Initiative, sponsored by the National Institute of Corrections (NIC), the Center for Effective Public Policy (the Center) pioneered the concept of "dosage probation." In 2012, NIC awarded a cooperative agreement to the Center and its partner The Carey Group to develop a model that would further explore this concept and outline the activities, processes, and objectives that a jurisdiction would carry out at the individual case, agency, and system levels to implement dosage probation as a risk reduction intervention. The model was introduced through the publication of a monograph entitled *Dosage Probation: Rethinking the Structure of Probation Sentences* (Carter & Sankovitz, 2014). In subsequent years, NIC supported implementation of the model in two pilot sites: Napa County, California, and Washington County, Minnesota. Much has been learned from these pilot efforts.

ALTHOUGH THE DOSAGE PROBATION MODEL HAS BEEN PILOTED IN THE PROBATION DEPARTMENTS OF THREE JURISDICTIONS (MILWAUKEE COUNTY, WISCONSIN; NAPA COUNTY, CALIFORNIA; AND WASHINGTON COUNTY, MINNESOTA), AND IMPLEMENTATION TOOLS (E.G., TRAINING CURRICULA, STAFF POLICY MANUALS, "COUNTING DOSAGE" PROTOCOLS, ETC.) HAVE BEEN DEVELOPED AND REFINED, THE MODEL ITSELF HAS ONLY BEEN TESTED AS A PROOF OF CONCEPT. WHILE A PROOF OF CONCEPT DEMONSTRATES THE FEASIBILITY OF AN APPROACH, IT CANNOT BE CONFLATED WITH A RIGOROUS EMPIRICAL EVALUATION OR AN EVIDENCE-BASED PRACTICE.

The dosage probation model suggests that the length of supervision should be determined by the number of hours of intervention necessary to reduce risk as opposed to a standard probation term, such as 3, 4, 5, etc., years. Dosage probation is designed to incentivize behavior change by providing an opportunity for the individual under supervision to receive early termination from probation if they successfully engage in risk reduction interventions tailored to their criminogenic needs, in a "dose" matched to their risk level. For the supervising agency, it positions officers to focus their work on risk reduction activities and to manage scarce resources more efficiently. For community service providers, the dosage model establishes a method to effectively match probationers to services and to encourage individuals' active participation in treatment. For external stakeholders, the dosage probation model offers transparency around the case management process and clear criteria for the granting of early termination from supervision. Indeed, the pilots have demonstrated that justice system decision makers (particularly prosecutors and judges) can embrace the approach; many justice-involved individuals demonstrate significantly higher levels of motivation to engage in risk reduction services; supervision officers are more directed in their case planning efforts and one-on-one interactions; treatment providers willingly undergo an independent evaluation of their services and modify practices to more closely align with evidence-based practices; and, importantly, probation terms can be dramatically reduced.

This document, the second in a series, provides background information on the dosage probation project; a summary of the literature pertinent to dosage; and information about the dosage pilot sites, including key lessons that emerged from the pilot project. It also lays the foundation for a forthcoming set of resources on this topic: *The Dosage Probation Toolkit.*

Karen's Story: Part 1

"Karen" is a 30-year-old from Washington County, Minnesota, who has been involved in the justice system since the age of 17. Between 2009 and 2016, Karen was placed on probation supervision eight times for offenses involving drugs, theft, credit card fraud, criminal damage to property, and driving while intoxicated. Between 2009 and 2013, she completed three inpatient and outpatient drug treatment programs, the last of which was a condition of her participation in a recovery program.

In January 2016, Karen was arrested on two counts of felony drug possession. The arrest followed an argument with her boyfriend—with whom she was living along with their young children, ages 6 and 7—after he found meth in her jacket. Child Protective Services became involved and Karen was required to move out of their home; all contacts with her children were under supervised visitation.

While on pretrial release awaiting resolution of her pending charges, Karen entered yet another residential treatment program. In October 2016, Karen was placed on 5 years of probation and was determined by the court to be eligible for dosage probation. "Paul" became her assigned probation officer.

"DOSAGE PROBATION HAS DRAMATICALLY INCREASED OUR CLIENTS' MOTIVATION TO WORK WITH THE CRIMINAL JUSTICE SYSTEM. PROBATION OFFICERS REPORT EXPERIENCING LITTLE OR NO RESISTANCE WHILE WORKING ONE ON ONE WITH PROBATIONERS. OUR PROGRAM PROVIDERS REPORT THEY ARE SEEING OUR CLIENTS ENTER THE FIRST DAY OF PROGRAMMING MOTIVATED AND ENGAGED."

TERRY THOMAS, DEPUTY DIRECTOR, WASHINGTON COUNTY COMMUNITY CORRECTIONS, MINNESOTA

Introduction

“IF WE KEEP DOING WHAT WE’RE DOING, WE’RE GOING TO KEEP GETTING WHAT WE’RE GETTING.”

STEPHEN COVEY

As of calendar year 2018, the United States remains the world leader in per capita incarceration rates (Wagner & Sawyer, 2018). Data from 2016 indicates that more than 6.6 million individuals were under some form of criminal justice supervision (prison, jail, community supervision; Kaeble & Cowhig, 2018). At year end 2016, in excess of 4 million of those persons were on probation or parole, accounting for 1 in 55 adults in the United States (Kaeble, 2018). According to figures from the Executive Office of the President of the United States for the same year (2016), spending on criminal justice to manage this population exceeded $270 billion.

Despite the extraordinary fiscal investment and the expansive exercise of correctional control, recidivism rates remain alarmingly high. A recently released study from the U.S. Department of Justice, Bureau of Justice Statistics, shows that in a 9-year follow-up study of released prisoners, 68% were rearrested within 3 years; 79% were rearrested within 6 years; and 83% were rearrested within 9 years (Alper, Durose, & Markman, 2018). An estimated 30% of adult probationers supervised in the community are reconvicted for a new crime (Bonta & Andrews, 2017).

These matters are exacerbated by other concerns:

- According to the National Crime Victimization Survey, the number of persons 12 or older who were victims of violent crime exceeded 3 million in 2017 (Morgan & Truman, 2018).
- In addition to the direct impact of crime on victims, its effects touch victims’ families and families of perpetrators; erode feelings of safety and comfort; and can directly impact property values and stifle or reverse economic growth.
- According to The Sentencing Project’s report to the United Nations (2018), “African Americans are more likely than white Americans to be arrested; once arrested, they are more likely to be convicted; and once convicted, they are more likely to experience lengthy prison sentences. African American adults are 5.9 times as likely to be incarcerated than whites and Hispanics are 3.1 times as likely” (p. 1).
- Criminal justice intervention, designed to correct and rehabilitate, can sometimes have the opposite effect. For example, The Heritage Foundation reports that there are “over 46,000 collateral consequences” associated with criminal justice intervention that “stifle [individuals’] opportunities for success” (Malcolm & Seibler, 2017, p. 1), meaning that, once correctional control has been relinquished, important and long-lasting effects persist.

The number of people in this country involved in the criminal justice system places unsustainable burdens on state, local, and federal government budgets. As such, the need for new paradigms with which to approach justice system reform could not be greater. Fortunately, there is much room for optimism. Over the past three decades, researchers in the U.S., Canada, and abroad have conducted extensive studies in an effort to identify more effective ways to improve outcomes for those involved in the justice system. These studies demonstrate that significant reductions in recidivism are possible if current knowledge is applied with fidelity (see Bonta & Andrews, 2017; Lowenkamp, Latessa, & Smith, 2006). Dosage probation is built upon the foundation of these studies and was conceived as one strategy to help address a national need for criminal justice reform.

> **"PART OF THE REASON THAT PRIOR PROBATIONS WEREN'T SUCCESSFUL IS BECAUSE I DIDN'T REALLY WANT THE SUPPORT."**
>
> KAREN

Dosage Probation: Research Foundation

The following text summarizes the research support for the dosage probation model. It is adapted from the Dosage Probation monograph and incorporates additional studies that have been published since the monograph's 2014 release.[1]

Research demonstrates that correctional intervention is analogous to treating a patient: too little intervention and the patient receives little or no benefit; too much, and the treatment is ineffective or even detrimental. Based on an emerging body of research, a new approach, dosage probation, suggests that the terms and length of probation supervision should tie to the offender's earnest engagement in risk-reducing interventions and to the achievement of a dosage target matched to risk level rather than to a fixed term of supervision.

One of the key tenets of effective intervention is the "risk principle." It holds that offender programming should be matched to the offender's assessed level of risk. The links between the two have been demonstrated over decades of research (see, e.g., Bonta & Andrews, 2017; Lowenkamp, Latessa, & Holsinger, 2006). Conversely, considerable research has shown that offering services to offenders without regard to risk level typically fails to reduce recidivism and, particularly for low risk offenders, may result in increased recidivism (see, e.g., Bonta & Andrews, 2017; Lowenkamp, Latessa, & Holsinger, 2006; Lowenkamp, Latessa, & Smith, 2006; Lowenkamp, Pealer, Smith, & Latessa, 2006).

A second cornerstone of effective correctional intervention is the "need principle." Research demonstrates that, although offenders typically have many needs, some needs are more likely to influence illegal behavior than others. These traits are referred to as "criminogenic needs" and represent the changeable, crime-influencing risk factors that must be the targets of risk reduction efforts (Bonta & Andrews, 2017). Studies show that the recidivism risk is greatly reduced when interventions focus on an offender's criminogenic needs: the higher the number of these needs targeted over the course of supervision, the lower the recidivism (Andrews, 2007; Andrews et al., 1990; Luong & Wormith, 2011).

The most impactful programs aimed at changing illegal behavior and reducing recidivism are cognitive behavioral interventions (Bourgon & Gutierrez, 2012; Cullen & Jonson, 2016; Lipsey, Landenberger, & Wilson, 2007; Travers, Mann, & Hollin, 2014). The effectiveness of these interventions depends on delivering them in ways that are most likely to engage offenders and facilitate meaningful change, and on matching the right program to the offender and his or her individual traits. This is known as the "responsivity principle" (see, e.g., Bonta & Andrews, 2017).

[1] The original Dosage Probation monograph summarized research published through 2013 that was pertinent to the dosage probation model. In an effort to ensure that the model keeps pace with evolving work in the field, the project team recently reviewed 18 studies published over the ensuing 5 years. Some of these studies (e.g., those pertaining to specialized populations such as people with psychopathy) were deemed outside the scope of the dosage probation model.

In the health care field, determining the appropriate amount of intervention, or dosage, is an empirical venture: conduct an assessment to identify the extent and nature of a presenting concern, including its root causes and the patient's unique characteristics; identify the range of potential interventions with demonstrated effectiveness in producing positive outcomes; and determine a course of intervention, including the optimal amount, frequency, and duration of the intervention. Research in the corrections field, and in particular research concerning intervention principles, suggests that a similar approach can be taken to determine the type and amount of intervention an offender should receive to minimize recidivism and increase public safety—the "dosage." Studies examining differential dosage are limited but generally support this concept. For example:

- Gendreau and Goggin's (1996) post-hoc analysis of the effectiveness of correctional interventions revealed that programs of 3–4 months in duration were associated with better outcomes than shorter programs.
- In a meta-analysis of 200 juvenile programs, effectiveness was linked to duration, with programs that lasted a minimum of 6 months yielding larger effect sizes than those of shorter length. The findings also revealed that roughly 100 hours was needed to reduce recidivism (Lipsey, 1999).
- A meta-analysis of more than 40 cognitive behavioral programs revealed that effectiveness was greater for programs that targeted higher risk offenders who also received greater frequency and total hours of programming (Lipsey et al., 2007).
- Lowenkamp, Latessa, and Holsinger's meta-analysis (2006) revealed that simply providing the proper model of programming (i.e., cognitive behavioral) was not sufficient to maximize risk reduction. Rather, effectiveness was enhanced by differential dosage—more units of risk-reducing programs and longer duration of interventions. The researchers found that this approach was more effective for higher risk offenders than for lower risk offenders receiving the same dosage.
- An empirical examination involving over 600 adults in a prison setting (Bourgon & Armstrong, 2005) concluded that, for moderate risk offenders, 100 programming hours was sufficient, whereas moderate/high risk offenders required 200 treatment hours, and high risk/high need offenders might require more than 300 hours.
- A 2015 study by Abracen and colleagues involved file reviews of 136 Canadian offenders, diagnosed with mental illness, who received treatment in a community residential setting. The study affirms previous findings demonstrating that dosage, delivered in varying amounts based upon risk level, is linked to risk reduction.

- The effectiveness of differential dosage was examined among a sample of nearly 700 adult male offenders discharged from a community-based correctional facility who were under supervision (Sperber, Latessa, & Makarios, 2013). Generally speaking, greater treatment dosages were associated with reductions in recidivism across risk levels, and were most pronounced with high risk offenders: high risk offenders receiving high dosage (200 or more hours) recidivated at markedly lower rates than those receiving a moderate dosage (100–199 hours). Follow-up studies (Makarios, Sperber, & Latessa, 2014; Sperber & Lowenkamp, 2017) affirmed the general results.
- Not all studies demonstrate consistent results. For example, Bechtel (2016) examined 3,281 Pennsylvanian parolees and, as in other studies, found that longer program length (7+ months as compared to 1–3 and 4–6 months) resulted in decreased recidivism among high risk persons, whereas for low risk parolees, contrary to other studies, outcomes improved as a result of higher amounts of programming dosage.

Despite the lack of a standard operating definition of dosage, a growing body of evidence indicates that dosage considerations are important to maximizing outcomes and reducing recidivism with correctional populations, particularly for moderate and high risk offenders. Findings also suggest that probation officers' practices during the course of supervision can play a key role in leading to behavioral change (Bonta et al., 2011; Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Robinson et al., 2012), thereby contributing toward the minimum dosage requirements needed for recidivism reduction, and that a probation model based on the risk, need, and responsivity principles has the potential to enhance risk reduction efforts.

Taken together, the research summarized above suggests that the following practices are core to the dosage probation model:

- Research-based, structured assessments are conducted to reliably differentiate higher from lower risk offenders.
- Sentencing, supervision, programming, and violation decisions are informed by assessed level of risk, criminogenic needs, and optimal dosage.
- Probation completion is linked to achievement of a dosage target rather than to a fixed period of time, thereby incentivizing offenders' engagement in interventions.
- Probation terms and conditions emphasize risk-reducing interventions that target criminogenic needs.
- Officers and offenders collaborate to develop case management plans; interventions are designed to address the most influential criminogenic needs; dosage targets are set.

- Offenders are referred to programs and services that demonstrate the capacity to effectively address their criminogenic needs.
- The amount of dosage received is tabulated over time, and objective behavioral measures are used to gauge change.
- Probation officers are trained in core correctional practices and are provided ongoing coaching; caseloads and workloads are "right-sized" so that officers have sufficient time to meaningfully engage offenders face to face.
- Quality assurance and continuous quality improvement strategies are implemented to ensure the integrity of evidence-based practices.
- For those who meet their dosage target and who achieve objective behavioral indicators, probation is terminated, as opposed to terminating supervision at some point further down the road when supervision time "runs out."

Dosage Probation Pilot Sites: Planning and Implementation

During Phase II of the dosage probation pilot project, NIC selected two sites—Napa County, California, and Washington County, Minnesota—to implement and fully test the dosage model. They were selected over other applicants because they most closely met the project needs, notably:

- having the legal/statutory authority to implement the model; the ability to assess and share information on offender risk/needs; demonstrated support from established local criminal justice policy teams; the ability to convene a project steering committee; a qualified individual to serve as the local point of contact; a probation department that was well equipped to implement the dosage probation model; sufficient EBP programming; and the capability to collect and analyze performance measurement and outcome data; and
- possessing the likelihood of success, for example, having an eligible offender pool large enough to test the model but not too large to hinder implementation; an existing level of collaboration between the criminal justice stakeholders; the political will to effectively implement a new model of supervision; and the openness of probation staff and service providers to adapt their practices to conform to the structure of the dosage model.

> "MY SUPERVISOR ASKED ME IF I HAD AN INTEREST IN DOING DOSAGE. I HAD COMPLETED A VARIETY OF TRAININGS RELATED TO EVIDENCE-BASED PRACTICES AND MOTIVATIONAL INTERVIEWING, AND HAD A LOT OF EXPERIENCE FACILITATING GROUPS. MY SUPERVISOR THOUGHT THAT I'D BE A GOOD FIT. I SAID YES!"
>
> DOSAGE PROBATION OFFICER

Over a one-year period, project team members (the Center and The Carey Group) served as technical assistance providers to Napa and Washington Counties and, in this capacity, delivered on- and off-site assistance to support the pilot sites as they planned to implement the model. Key activities included establishing a multidisciplinary stakeholder policy team to lead the work; helping teams understand the research literature supportive of the model; developing a logic model that identified the key activities and the desired short- and long-term outcomes from implementing the model; developing research-based policies and procedures; building partnerships with service providers; training and coaching staff; and establishing processes for continuous quality improvement and data collection and analysis.

With the help of their technical assistance providers, the sites developed a number of supportive materials for the implementation of dosage probation, including a Master Dosage Probation Protocol containing dosage policies, tools, and form templates.[2] Washington County moved into the implementation phase of the project in January 2016, and Napa County accepted their first dosage probation client in April 2016.

[2] *The Dosage Probation Toolkit* will include templates for these and other implementation materials.

In Phase III, the project team provided support, albeit limited due to resource constraints, to Napa and Washington Counties as they implemented the model, tailored to the specific needs and circumstances of their locality. To this end, each site received three site visits over the course of the 12-month project period. The focus of assistance during the implementation phase included:

- training probation staff on effective intervention strategies and the dosage protocols developed during Phase II in each of the respective sites;
- developing tools to support implementation of the model;
- observing and assessing probation staff's progress in developing core risk reduction competencies; and
- developing a set of data collection elements to facilitate documentation of activities and outcomes under the dosage project.

Assistance also included interacting with each site's "coach" (independent consultants contracted by each county) who provided routine support to dosage staff and feedback on the quality of staff interactions with dosage clients. In addition to individualized technical assistance, the project team worked together to coordinate similar implementation approaches across both sites to promote consistency in resources, tools, and processes.

The formal implementation phase of the pilot project ended in April 2017; however, the pilot sites committed to continue implementing the model and to work to maintain the long-term success of their dosage probation projects.

> "WHEN I FIRST BEGAN WORKING WITH DOSAGE, I SUBMITTED MONTHLY TAPES OF MY CLIENT SESSIONS TO A COACH, WHO THEN MET WITH ME TO REVIEW FEEDBACK. AT FIRST, I WAS NERVOUS ABOUT GETTING FEEDBACK, BUT IN THE END, I DEFINITELY LEARNED SOME FINER POINTS AND IMPROVED MY SKILLS."
>
> DOSAGE PROBATION OFFICER

THE PILOT SITES

In 2017, NIC entered into a cooperative agreement with the Center for Effective Public Policy to document the activities and lessons learned from the pilot project. The remainder of this paper provides information on each of the two pilot sites and key lessons from their work. (See table 1 for a comparison of the two pilot sites.)

TABLE 1

DOSAGE PROBATION PILOT SITE COMPARISON

	NAPA COUNTY, CALIFORNIA	WASHINGTON COUNTY, MINNESOTA
County seat	City of Napa	Stillwater
County population	140,973 (July 1, 2017 estimate)	256,348 (July 1, 2017 estimate)
Median household income	$74,609 (2016 dollars)	$86,689 (2016 dollars)
County racial composition	52.4% White 34.3% Hispanic or Latino 8.7% Asian 2.4% Black or African American 1.2% American Indian & Alaska Native	82.7% White 6.0% Asian 4.7% Black or African American 4.2% Hispanic or Latino 0.5% American Indian & Alaska Native
Persons in poverty	7.9%	4.5%
Felony filings	1,115 (2015 data)	1,147 (2017 data)
Misdemeanor filings	4,484 (2015 data)	Misdemeanor: 5,049 (2017 data) Gross Misdemeanor: 1,250 (2017 data)
Criminal traffic cases	11,908 (2015 data)	18,934 (2017 data)
Jail bookings	5,652 (2015 data)	7,789 (2017 data)
Criminal court judges	6 Judges, 2 Commissioners	10
County prosecutors	25.5 FTEs	48 FTEs (24 FTE Attorneys)
County public defenders	23 FTEs	16 FTEs (11 FTE Attorneys)
Probation department staff	124.5 FTEs (2018 data)	84.8 FTEs
Case-carrying officers (adult)	36 FTEs, including 7 PSI writers (2018 data)	40 FTEs
Average caseload sizes (adult)	Total average = 63 General high risk = 59 General moderate risk = 91	Traditional unit = 47 Enhanced unit = 19 Monitoring unit = 294
Supervisor-to-officer ratio adult)	1:8	1:10
Caseload makeup	Mixed caseload of general high risk or general moderate risk; dosage cases intermixed	Dosage cases assigned to one of six agents
Average number of dosage cases per officer	2	Principal dosage officers: 28 Specialty (gender/offender recovery) officers: 7 Enhanced caseload officers: 2
Non-dosage cases: caseload standards for high risk cases	1 office visit and 1 field visit per month	4 contacts per month, 2 of which are in the field
Non-dosage cases: caseload standards for moderate risk cases	1 office contact every other month; field contacts as necessary	1 contact per month; 1 contact in the field every 90 days
Dosage cases: caseload standards	Weekly meetings pursuant to the Dosage Probation Staff Manual	Minimum contact standards for dosage cases are identical to non-dosage cases
Supervisory case reviews for each officer per month	3 random cases per officer per month	1 case per officer per month

NAPA COUNTY, CALIFORNIA

THE PROBATION DEPARTMENT

Napa is one of 58 counties in California, ranked 34th largest in the state. The probation department is managed by the Chief Probation Officer, who reports to the Napa Superior Court. The department is structured into three divisions: adult probation services, juvenile probation services, and juvenile hall. The adult and juvenile divisions provide both investigative and supervision services. The adult division supervises pretrial defendants and probationers, and the juvenile division provides informal and formal probation services to minors. The department offers a variety of specialized services for minors and adults, such as specialized caseloads for perpetrators of gang violence, sex offenders, and high risk individuals; wraparound services; a day reporting center for adults; an evening reporting center; and staff-led cognitive behavioral treatment groups. The department also operates a 50-bed secure facility for youth, which is typically underfilled. Mental health, recreational, substance abuse, and other rehabilitative services are provided through community-based services. Operating with an annual budget of $27,486,000 through a combination of state and local funding, the department serves approximately 2,890 clients in a given year.

EXTERNAL PARTNERS

Napa County established a Community Corrections Partnership (CCP) in 2011 in conformance with California Penal Code 1230 (the Realignment Act of 2011), although the county had convened a multidisciplinary stakeholder team on a routine basis for many years previous to the CCP's formal establishment. Criminal justice system partners include the Presiding Judge, County Executive, Sheriff, Police Chief, Prosecutor, Public Defender, and Health and Human Services Director, among others. The CCP is chaired by the Chief Probation Officer and meets routinely to address matters related to criminal and juvenile justice.

> "I AM A BELIEVER THAT, WITH DOSAGE, DEFENDANTS ARE BETTER PREPARED TO FUNCTION PRODUCTIVELY IN SOCIETY AFTER SUPERVISION ENDS, AND SOCIETY IS BETTER PROTECTED."
>
> DOSAGE JUDGE

The dosage probation pilot project was introduced to the CCP in 2015 by the Chief Probation Officer. Probation's partners embraced the concept and, in agreeing to participate in the pilot, formed a dosage oversight committee that included the Presiding Judge, District Attorney, Public Defender, Sheriff, Police Chief, Jail Administrator, and Chief Probation Officer. The oversight committee was convened formally several times during the project's planning phase. Some turnover in the stakeholder group occurred during the dosage probation implementation phase.

TREATMENT SERVICES FOR PROBATIONERS

The probation department works with a variety of public and private service providers in the community who deliver treatment services to youth and adults under supervision. In particular, the Community Corrections Service Center (CCSC) is a one-stop shop for intensive supervision and treatment services. These services are contracted and are currently provided by The Geo Group, Inc. The CCSC provides most of Napa County's dosage programming to higher risk offenders, including cognitive behavioral therapy, Moral Reconation Therapy, anger management, drug/alcohol education, family/parenting skills, gender-specific programming, and life skills. Participants work with their case manager to develop a behavior change plan that focuses on addressing their four highest-priority criminogenic risk factors. In addition, aftercare services are provided to those committed to living a sober and crime-free lifestyle.

USE OF EVIDENCE-BASED PRACTICES IN NAPA COUNTY

Through a variety of local and state-sponsored trainings and presentations stemming back as early as 2005, Napa County justice system stakeholders were introduced to evidence-based practices (EBP). As a result, the County Board of Supervisors formally established a goal of creating an evidence-based justice system.

> **"DOSAGE IS REALLY AN EXTENSION OF EVIDENCE-BASED PRACTICES. IT JUST MAKES SENSE."**
>
> DOSAGE JUDGE

As well, probation staff have long been exposed to EBP, including participating in trainings focused on Motivational Interviewing (MI), core correctional practices, cognitive behavioral interventions, and other evidence-based and research-informed practices. This foundation was reinforced through several training opportunities provided under the dosage project, including, specifically, the research foundation upon which the dosage model is built; the step-by-step tools designed to facilitate the model's implementation with probationers; the use of cognitive behavioral tools (e.g., Carey Guides, Brief Intervention ToolS (BITS), Driver Workbook) by probation staff; and case planning and management. To enhance staff skills in these important areas, the Napa Chief Probation Officer contracted with an independent EBP coach to work one on one with dosage officers on a monthly basis during the implementation phase.

DOSAGE PROBATION IN NAPA COUNTY

At the outset of the dosage project, six probation officers—along with two supervisors, two program staff, and the department's management team—were selected to serve on the planning team and, ultimately, supervise dosage cases. Over time, some officer turnover was experienced due to transfers and new hires.

Initial analysis conducted by departmental staff of the adult probation population presumed that approximately 240 adult probationers would be eligible for dosage in the first year of the pilot and that these cases would, eventually, represent a significant portion of the dosage officers' caseloads. Experience demonstrated a very different result. The department accepted its first dosage case on April 11, 2016. In the more than two years since, 44 probationers have been placed on dosage caseloads.[3] Although a robust list of data elements was developed by the project team as an ideal for deep understanding and analysis of the dosage population in each pilot site, departmental and technological constraints resulted in limited data collection. Table 2 summarizes the information that was collected on Napa County's dosage probation cases. To date, 32% of the Napa dosage clients during the pilot have been successful, and none of the clients who successfully completed dosage have had a new grant of probation.

"I FEEL MORE KNOWLEDGEABLE THAN BEFORE THE DOSAGE INITIATIVE BEGAN."

DOSAGE PROBATION OFFICER

[3] See "Dosage Probation: Lessons Learned from the Pilot Project" (pages 28–36) for further discussion on this and other related topics.

TABLE 2

NAPA COUNTY DOSAGE PROBATION CASES
APRIL 11, 2016–DECEMBER 31, 2018

Total Participants	44 (6 active dosage)

% of Participants by Offense	
Misdemeanor	61%
Felony	39%

% of Participants by Dosage Hours	
100	2%
200	43%
300	55%

% of Participants by Risk Level	
Low (with override to higher risk level)	5%
Moderate	48%
Moderate-high	45%
High	2%

% of Participants with Successful Completion by Risk Level/Dosage Hours	
Moderate/100	100%
Moderate-high/200	67%
High/300	70%

% of Participants Who Successfully Completed the Program	32%

Total Months of Reduced Probation for Successful Completers	210

% of Participants with Failure for New Conviction by Risk Level/Dosage Hours	
Moderate/100	0%
Moderate-high/200	16%
High/300	21%

% of Participants Who Failed the Program Due to a New Conviction	21%

% of Participants with Failure for Technical Violation by Risk Level/Dosage Hours	
Moderate/100	0%
Moderate-high/200	5%
High/300	17%

% of Participants Who Failed the Program Due to a Technical Violation	13%

	Total Cases on Dosage by Dosage Hours	Total Closed Cases	Total Successful Completion	Total Failure for New Conviction	Total Failure for Technical Violation
Moderate/100	1	1	1	0	0
Moderate-high/200	19	4	4	3	1
HIgh/300	24	8	7	5	4

WASHINGTON COUNTY, MINNESOTA

THE PROBATION DEPARTMENT

Washington County is the fifth largest of 87 counties in Minnesota. Washington County's Community Corrections Department provides probation supervision for adults and youth (96% and 4% of their population, respectively). In CY2018, a total of 6,350 clients received services; the annual budget for the same period—which is supported through a combination of state funds, local tax levies, and fees and other forms of collection—was slightly less than $11 million. The Director of Community Corrections is appointed by the County Administrator who, in turn, reports to the County Board. The County Board establishes the community corrections operating budget.

> "BEFORE DOSAGE PROBATION, AGENTS WERE NOT INVOLVED IN MY LIFE UNLESS I DID SOMETHING WRONG. THEY WERE WAITING FOR ME TO MESS UP. IT'S BEEN DIFFERENT WITH PAUL. I LOOK FORWARD TO SEEING HIM. HE LISTENS TO ME, CARES ABOUT WHAT I SAY, AND REALLY DOESN'T WANT ME TO GET INTO TROUBLE."
>
> KAREN

Adult probation services are managed by a deputy director and five supervisors who are responsible for intake/pretrial services, adult supervision, case management and monitoring, and transfers out. A division manager oversees juvenile probation and some portions of adult services.

EXTERNAL PARTNERS

As a participant in Minnesota's Community Corrections Act (Minnesota Statute, Chapter 401) since 1978, the county has a longstanding tradition of convening justice system stakeholders around matters of juvenile and adult corrections. The members of the Community Corrections Advisory Board are appointed by the County Board and include law enforcement, social services, prosecution, defense, judges, representatives from schools and social services, a victim representative, and five citizen members.

When the opportunity to serve as a pilot site for dosage was presented, the Director first approached the elected prosecutor to gauge his interest: "We told him, if he wasn't in, we would not pursue it. He jumped on it. It immediately made sense to him." To the present day, the County Attorney remains an ardent supporter of the dosage concept. Thereafter, other key stakeholders demonstrated their support. Following acceptance into the pilot, a Dosage Policy Team was formed and included the Director of Community Corrections, the Deputy Director of Community Corrections, the County Attorney and his Criminal Division Chief, two sitting judges, the Public Defender, the Chief of Police, and the Sheriff. During the planning phase of the pilot, this team met on a monthly basis; during the implementation phase, they met quarterly. The team continues to meet as of this writing.

TREATMENT SERVICES FOR PROBATIONERS

Washington County has a variety of publicly and privately operated residential and outpatient programs that serve justice-involved individuals, including some services that are gender-specific. At the outset of the dosage pilot project, community corrections staff identified two programs with which to partner for the dosage pilot: Canvas Health's New Choices for Recovery (for those with substance abuse issues) and Nystrom & Associates' Adult Day Treatment (for clients with mental health concerns). These service providers each underwent an independent Correctional Program Checklist assessment. Since then, more than a dozen additional community-based programs and services have been engaged—following a careful review of their services, practices, and an assessment of potential dosage hours—to provide services to dosage probationers. The department maintains a directory of these services, specifically noting the criminogenic need each program addresses, program length, waiting list status, and other key information. Where applicable, the directory links to background information on the curriculum guiding the delivery of each service.

In addition, like Napa County, probation staff deliver dosage-eligible cognitive behavioral interventions (e.g., Carey Guides, Brief Intervention ToolS (BITS), Driver Workbook, The Courage to Change interactive journals) during one-on-one appointments with clients, and a number of dosage-eligible group programs are offered in-house (e.g., Thinking for a Change, Decision Points, Moving On).

"WITH DOSAGE PROBATION, THE QUANTITY AND QUALITY OF INTERVENTION OPTIONS HAS EXPANDED. KAREN RECEIVED SUBSTANCE ABUSE TREATMENT WHILE IN THE RESIDENTIAL PROGRAM, WHICH I WAS ABLE TO COUNT TOWARD HER DOSAGE. IN OUR ONE-ON-ONE APPOINTMENTS, WE TALKED THROUGH HER THOUGHT PATTERNS AND EMOTIONS, AND USED WORKSHEETS AND CONDUCTED ROLE-PLAYS TO DEVELOP PRO-SOCIAL SKILLS. KAREN ALSO PARTICIPATED IN A GENDER-SPECIFIC COG GROUP. IN FACT, SHE DID SO WELL IN THE GROUP THAT HER GROUPMATES ASKED HER TO PUT TOGETHER A VIDEO THAT THEY PLAYED AT THEIR GRADUATION CEREMONY. WITH DOSAGE PROBATION, THOSE WHO ARE INTERESTED IN MAKING CHANGES DEFINITELY BENEFIT."

PAUL

USE OF EVIDENCE-BASED PRACTICES IN WASHINGTON COUNTY

The Community Corrections Department has worked to infuse evidence-based practices into all aspects of their work. Management engages potential new hires in role-plays during second-round interviews. Staff are routinely trained in MI, the use of cognitive behavioral interventions, and core correctional practices. The department has a full-time Evidence-Based Practices Coordinator, and staff routinely participate in a variety of continuous quality improvement efforts, including submitting audiotapes to an external MI coach and receiving individualized, in-person coaching. When two key management positions were filled some years back, individuals who were skilled cognitive behavioral group facilitators were hired into these positions. In the ensuing years, supervisors have been expected to become "EBP experts," as have line staff. Accordingly, supervisors have been trained and actively involved in reviewing one-on-one appointment tapes and providing staff with feedback for purposes of skill enhancement. Several line staff are certified cognitive group facilitators.

> "WE HAVE SEEN GROWTH IN THE USE OF A COGNITIVE APPROACH. WE HAVE BEEN TRYING TO MAKE THIS CHANGE FOR YEARS, BUT DOSAGE HAS RESULTED IN A SHARP INCREASE IN THE USE OF COGNITIVE BEHAVIORAL TECHNIQUES AND COGNITIVE WORKSHEETS."
>
> DOSAGE PROBATION SUPERVISOR

DOSAGE PROBATION IN WASHINGTON COUNTY

Washington County began the planning phase of the pilot project with six probation officers, three supervisors, and their EBP Coordinator. Their approach was to not consider the project a pilot; instead, they considered the first round of staff involved in the project to be their Phase 1 group and, from the outset, intended to bring more supervisors and staff online through subsequent phases, which has, in fact, occurred. The Phase 1 group comprised the dosage planning team, which met on a regular basis as a Steering Committee. Other groups were established to work through the many issues that surfaced during the planning and implementation phases. Their discussions resulted in the development of a Dosage Probation Master Protocol.

Initial analysis by Washington County projected that approximately 165 adult probationers would be eligible for dosage each year. Washington County formally began implementation of the dosage probation model on January 4, 2016. As of December 2018, 262 probationers had been placed on dosage caseloads, and the monthly average of dosage participants in 2018 was 144. Other dosage-related data are summarized in table 3.

TABLE 3

WASHINGTON COUNTY DOSAGE PROBATION CASES JANUARY 4, 2016–DECEMBER 31, 2018

Total Participants	262	
	Number	**Percent**
Participants by Type of Offense		
Misdemeanor	78	30%
Felony	184	70%
Participants by Dosage Hours		
100	93	35%
200	82	31%
300	87	33%
Participants by Risk Level		
Moderate	93	35%
Moderate-high	82	31%
High	87	33%
Successful Completers by Risk Level/Dosage Hours		
Moderate/100	28	62%
Moderate-high/200	12	26%
High/300	5	11%

Total Months of Reduced Probation for Successful Completers	1,688	
	Number	**Percent**
Unsuccessful Participants by Risk Level/Dosage Hours		
Moderate/100	19	35%
Moderate-high/200	17	31%
High/300	18	33%
Technical Violations by Risk Level/Dosage Hours		
Moderate/100	57	30%
Moderate-high/200	43	23%
High/300	71	38%
New Offense Violations by Risk Level/Dosage Hours		
Moderate/100	2	1%
Moderate-high/200	10	5%
High/300	4	2%

Dosage Probation: How It Works Operationally

The information below is intended to provide an overview of the operational matters associated with administering dosage probation. It reflects the policies and practices of the jurisdictions that have participated in the pilot project. It is not intended to serve as a step-by-step "how to" manual.[4]

IDENTIFYING DOSAGE-ELIGIBLE PROBATIONERS

Early on in the planning phase, each pilot site's policy team engaged in discussions around which persons would be eligible for dosage probation, how these persons would be identified, and other matters related to placement on dosage. Their policies are described in table 4 (and figure 1) and table 5 (and figure 2).

TABLE 4 NAPA COUNTY REFERRAL, ELIGIBILITY, AND EXCLUSIONARY CRITERIA

Dosage Referral Process	■ Each new case sentenced to formal probation supervision (unless excluded, as noted below) receives a court order to allow them to participate in dosage probation at the discretion of the probation department; the probation department determines eligibility and suitability on a case-by-case basis. ■ Dosage probation cases may be initiated by the inclusion of the dosage probation condition in a pre-sentence report authored by the probation officer and ordered by the court or by the selection of this condition on the order form summarily granting probation. ■ Dosage hours assigned are based on risk level as determined by the LS/CMI assessment, as follows:[5] ■ Moderate-high risk: 200 hours ■ High risk: 300 hours
Dosage Eligibility Determination	■ Individuals are identified as dosage-eligible upon the completion of an eligibility checklist during the pre-sentence investigation process (see figure 1).
Dosage Eligibility Criteria	■ Those adjudicated and sentenced to a formal probation term with a 3- or 5-year supervision term will be eligible to volunteer to participate in the dosage probation pilot program.
Dosage Exclusionary Criteria	■ Low risk individuals ■ Sex offender cases ■ Cases transferred to another jurisdiction whose supervision is handled by a county other than Napa ■ Felony DUI offenders with three or more convictions in 10 years ■ Domestic violence cases ■ Gang cases ■ AB 109 (mandatory supervision and post-release community supervision cases) ■ Specialty Court cases (Mental Health Court, Prop 36, Drug Court) ■ Cases with victim restitution over $100,000 pursuant to PC 1203.045 ■ Very high risk individuals with an LS/CMI risk score of 30 or over ■ Cases on supervision at the time the pilot began ■ Exceptions to the exclusionary criteria can be made on a case-by-case basis.
Voluntary vs. Mandatory	■ Dosage probation is voluntary. ■ Those who choose not to participate are supervised in accordance with traditional probation expectations with no dosage hours counted/recorded, and earned early discharge is not afforded.

[4] The forthcoming *Dosage Probation Toolkit* will address implementation matters with much greater specificity.

[5] Napa County's probation staff elected not to include moderate risk probationers (100 hours of dosage) in the project; however, one low risk person was overridden to moderate and assigned 100 hours of dosage.

FIGURE 1

NAPA COUNTY
DOSAGE ELIGIBILITY DETERMINATION FLOW CHART

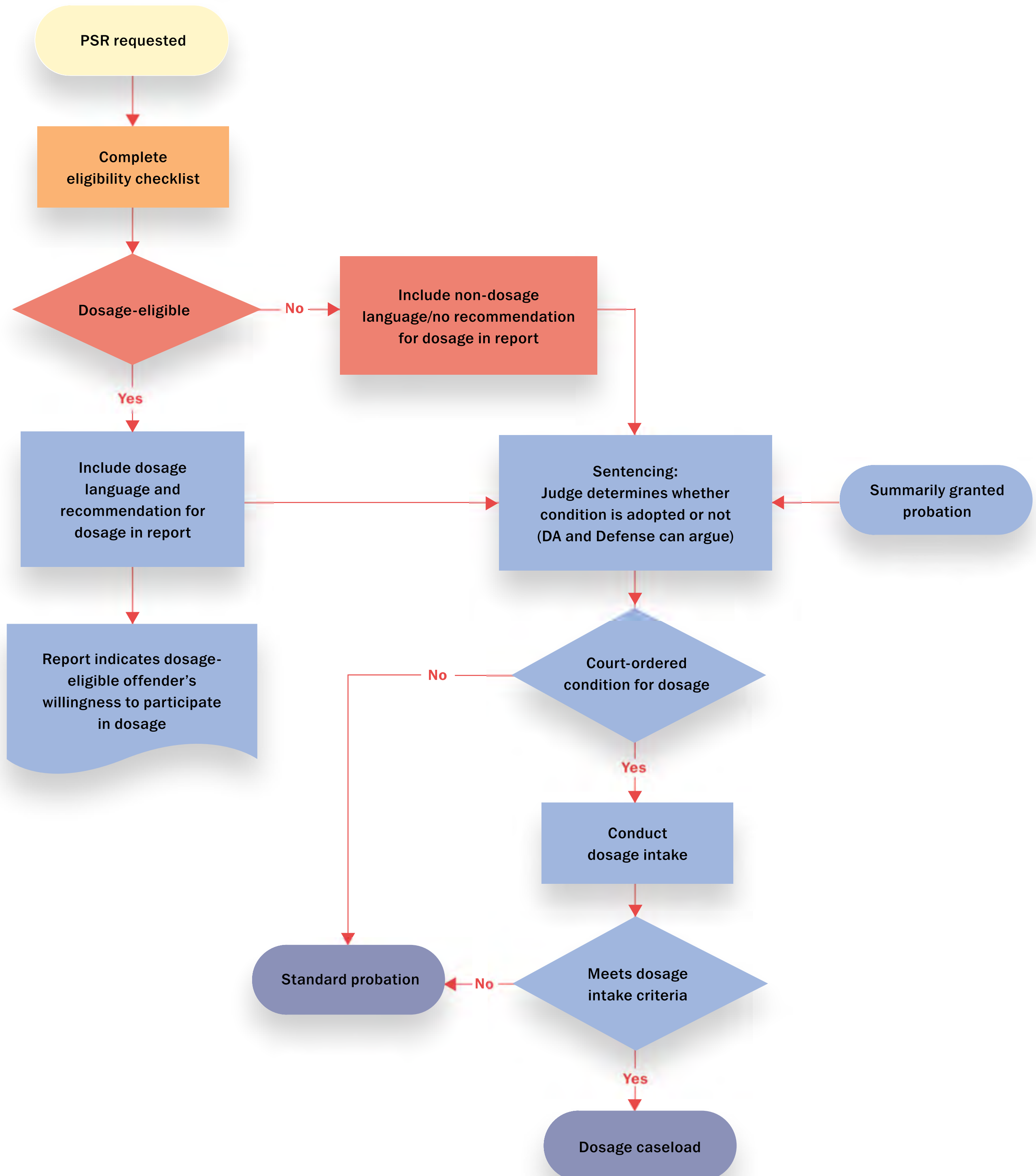


TABLE 5

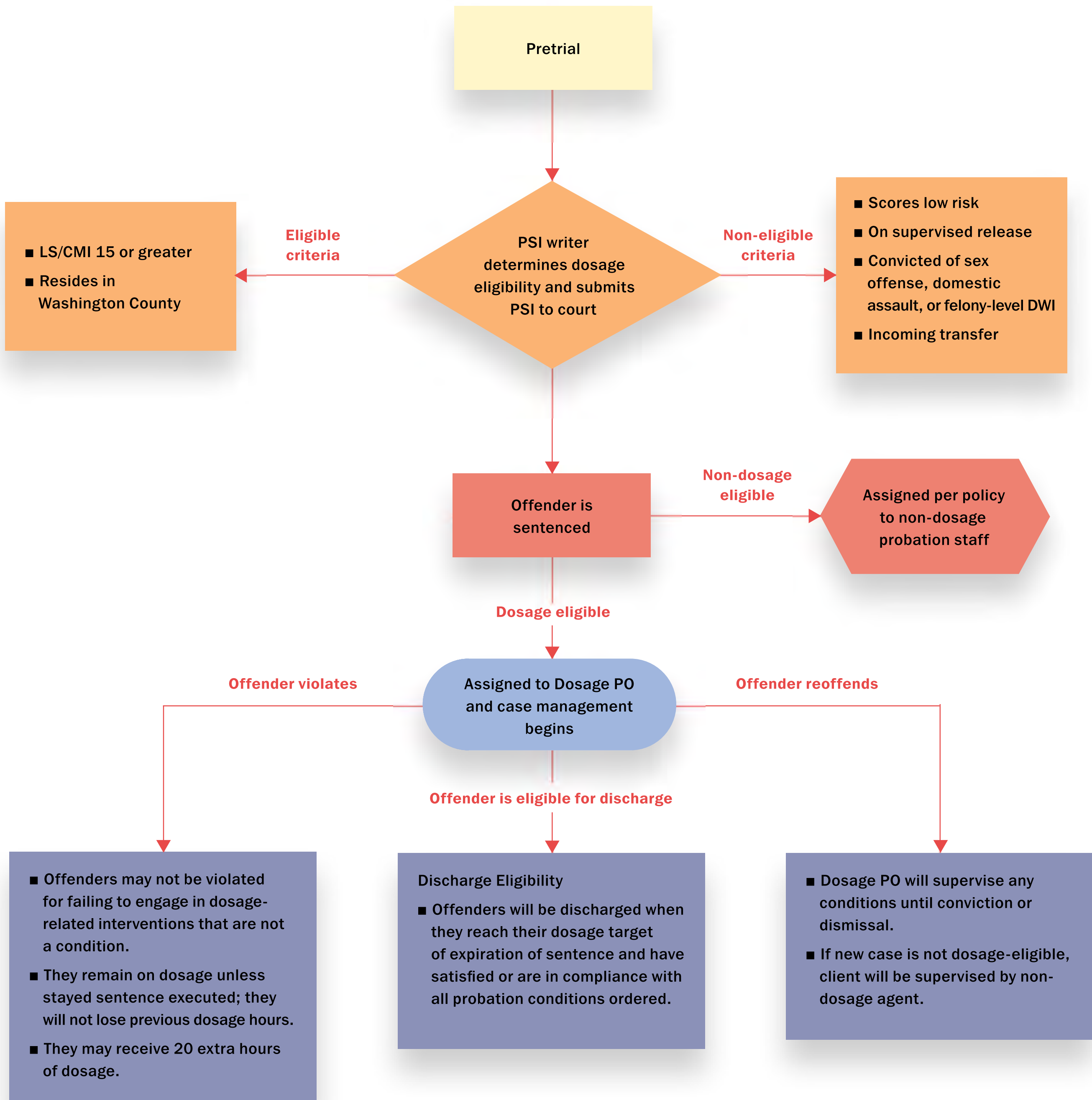
WASHINGTON COUNTY REFERRAL, ELIGIBILITY, AND EXCLUSIONARY CRITERIA

Dosage Referral Process	■ Each judge determines if the cases originating from their docket will be eligible for participation in dosage probation. Cases that are not dosage-eligible are handled in the traditional manner. No language changes are required in the court order.
	■ Dosage hours assigned are based on risk level as determined by the LS/CMI assessment, as follows:
	  ■ Moderate risk: 100 hours
	  ■ Moderate-high risk: 200 hours
	  ■ High risk: 300 hours

Dosage Eligibility Determination	■ Eligibility may be determined at the pretrial stage in the course of preparing a pre-sentence investigation (PSI), although PSIs are completed on only felony-level offenses and on a few misdemeanor-level offenses. Otherwise, eligibility is determined by probation following placement on supervision (see figure 2).
Dosage Eligibility Criteria	■ LS/CMI score of 15 or greater ■ Resides in Washington County ■ Must have a sentencing date that occurred subsequent to June 30, 2015 ■ Must have at least 2 years remaining on the probation term
Dosage Exclusionary Criteria	■ Offenders who transfer into or out of Washington County for supervision ■ Low risk individuals ■ Felony DUI offenders (fourth offense in 10 years or fifth in lifetime) ■ Domestic violence cases ■ Prison-bound cases
Voluntary vs. Mandatory	■ Dosage probation is voluntary. ■ Those who choose not to participate are supervised in the same manner as dosage probationers, but dosage hours are not counted/recorded, and earned early discharge is not afforded.

FIGURE 2

WASHINGTON COUNTY
DOSAGE ELIGIBILITY DETERMINATION FLOW CHART



CASE MANAGEMENT BY DOSAGE PROBATION OFFICERS

Probation workgroups in Napa and Washington Counties developed staff manuals to both address questions about dosage versus traditional probation supervision and to ensure that officers followed a similar structured, step-by-step supervision process. These manuals address a variety of case management questions and concerns (e.g., "What if there is a disagreement between the dosage probation officer and the probationer on credits toward dosage?" and "What do we do when offenders meet their dosage hours but they still have court-related obligations?"). They also outline a series of sequential steps to conducting dosage appointments designed to engage clients actively in building and following their dosage supervision plans and effectively utilizing their one-on-one case management time. These activities and tools[6] include, among others:

- a script for introducing dosage to eligible probationers at the intake appointment;
- a Dosage Probation Agreement form;
- a session structure checklist; and
- a session-by-session checklist that identifies the goals of each appointment, activities to be conducted during the appointment, and cognitive tools to be used during or following the appointment as homework assigned to the probationer for completion prior to the next meeting.

> "WE ARE NOW FOCUSING ON THE ROOT OF THE BEHAVIOR, THE DRIVER; WE ARE HAVING TO DO LESS 'CONVINCING' REGARDING WHAT TO WORK ON, AS CLIENTS ARE RECOGNIZING THAT THE DRIVER IS REPEATING ITSELF THROUGH THEIR LIFE, RESULTING IN PROBLEMS WITH THE LAW."
>
> DOSAGE PROBATION OFFICER

CONTACT STANDARDS

While minimum contact standards remained unchanged for dosage cases, both pilot agencies acknowledged that in order to complete dosage hours in a reasonable period of time and to facilitate meaningful behavior change, actual contacts typically occurred at a greater frequency—and for a longer period of time—than the minimum requirements.

[6] Materials such as those described here will be provided as a part of the forthcoming *Dosage Probation Toolkit*.

INTERNALLY AND EXTERNALLY PROVIDED SERVICES

Dosage probation officers and their clients were guided to jointly develop case plans that focused on "drivers"[7] and top criminogenic needs, and mapped out methods for achieving dosage targets. Dosage hours accumulated through a combination of referrals to services deemed eligible for dosage hours; dosage-eligible services provided in-house; one-on-one appointments that were utilized to address criminogenic needs and involved skill practice; and cognitive behavioral assignments completed between appointments.

COUNTING DOSAGE

Specific criteria were established around the accumulation of dosage hours, and were shared openly with probationers. For instance, probationers and service providers were instructed that clients must be "fully present" and actively engaged in these interventions to acquire dosage hours.

EXCERPT FROM COUNTING DOSAGE MANUAL

- Attending cognitive behavioral treatment classes and actively participating in discussions and skill practice counts; absenting oneself from discussions and skill practice does not count.
- Completing a worksheet and being able to discuss what was learned counts; filling out a worksheet and being unable to substantively discuss it does not.
- Passive attendance in a program does not count toward dosage.

RESPONDING TO PROBATIONERS' BEHAVIOR

Dosage officers were strongly encouraged to actively identify and respond to both prosocial behavior (by rewarding and/or expressly encouraging continuation of this behavior) and violation behavior. A violation was defined as a failure to comply with court-ordered probation conditions. Failure to engage in dosage-related interventions that were not a condition of probation did not constitute a technical violation. With regard to responses to violations, both departments had instituted, prior to the dosage pilot, a structured behavior management system to respond to rule infractions. During the pilot, technical violations were managed similarly for dosage and traditional cases although, in some cases, probation officers were afforded the option to add (but not take away) required dosage hours, under the theory that a violation is an indicator that programming has not yet been fully integrated into offenders' decision making and behavior patterns. With regard to convictions for new offenses while under dosage supervision, if the court maintained probationers on community supervision, their dosage supervision continued.

[7] The "driver" is the criminogenic need that "drives" the behavior and, oftentimes, influences the other criminogenic needs.

FIDELITY TO THE MODEL

One of the most critical matters related to dosage is fidelity not only to the model but to evidence-based practices and effective interventions more broadly. For the model to gain and maintain credibility, probation supervision cannot be "business as usual" with varying degrees of efficacy depending upon the level of skill and commitment by those delivering dosage services. Indeed, nothing is more likely to discredit the model than probationers who earn early discharge but who do not receive truly effective services, in the proper dose, delivered in a manner demonstrated through research to be effective, by those sufficiently skilled to deliver them.

NOTHING IS MORE LIKELY TO DISCREDIT THE MODEL THAN PROBATIONERS WHO EARN EARLY DISCHARGE BUT WHO DO NOT RECEIVE TRULY EFFECTIVE SERVICES, IN THE PROPER DOSE, DELIVERED IN A MANNER DEMONSTRATED THROUGH RESEARCH TO BE EFFECTIVE, BY THOSE SUFFICIENTLY SKILLED TO DELIVER THEM.

For this reason, an important piece of work is the development of structured fidelity tools and practices. For instance, the following is adapted from Washington County's policy manual:

The dosage model must adhere to the policies and practices set forth herein. This requires fidelity procedures, as follows:

1. Each dosage PO will use the Dosage Probation Staff Manual as a guide to their one-on-one interactions. The manual provides clear direction on the goals for each appointment, the development of a case plan, ongoing interventions, and final discharge preparation.

2. Dosage POs will carefully document their one-on-one interactions with probationers by detailing discussions and activities in their case notes. These will include notations on the criminogenic need that served as the primary focus of discussion, the intervention conducted, the amount of time devoted to an intervention, whether skill practice was used, and the assigned homework.

3. Dosage POs will track dosage hours at each appointment; they will have structured conversations with offenders on a monthly basis to assess the overall impact of the programming, the accumulation of dosage hours, and the degree to which offender behavior is changing.

4. Dosage POs and supervisors will meet to review cases on a monthly basis to ensure consistent administration of dosage protocols and reporting of dosage hours.

5. Dosage POs will hold formal progress review meetings between offenders and the PO's supervisor at the following time intervals:

- T-1: within 60 days of placement
- T-2: at achievement of 50% of dosage target
- T-3: at achievement of 100% of dosage target.

The purpose of the review will be to encourage and support the offender's involvement in programming, answer questions, and review progress toward the dosage target.

6. Community Corrections staff will collect and review, using a structured checklist, audio-tapes of POs' dosage probation appointments to provide feedback regarding the quality of the POs' interactions as it relates to counting dosage.

7. Dosage probationers will be referred to in-house and external services deemed dosage hour-eligible; services will be reviewed and determined to adhere to evidence-based curricula.

8. One or more assessment tools will be administered to dosage probationers to determine the effectiveness of the dosage intervention in order to make mid-program modifications if needed.

EARNED EARLY DISCHARGE

Those probationers who reach their target dosage hours prior to the natural conclusion of their probation term—who are in compliance with their probation conditions—are referred to the court for earned early discharge.[8] In the case of Washington County, dosage probationers with balances due on their restitution are eligible for early discharge; their cases are submitted for civil judgment and referred to collections. Also, in Washington County, non-corporate victims are consulted prior to submission of a discharge report to the court, and victims' comments and opinions are documented in the discharge report.

"DOSAGE PROBATION PROVIDES CLIENTS WITH MORE 'AHA' MOMENTS. PROFESSIONAL ALLIANCE HAS IMPROVED; APPOINTMENTS ARE MORE COLLABORATIVE; CHECK-IN TIMES HAVE DECREASED; AND WE GET RIGHT INTO THE SKILL-BUILDING PORTION OF APPOINTMENTS."

DOSAGE PROBATION OFFICER

[8]No such referrals have been denied in either pilot county.

Dosage Probation: Lessons Learned from the Pilot Project

While the pilot sites are still in the early stages of implementing the dosage model, there is evidence—particularly in Washington County, Minnesota, where a much larger population has been served through dosage—that the model can achieve the goals it was designed to serve. Those goals are to:

- incentivize probationers to fully engage in risk reduction programming and services;
- more clearly focus corrections professionals on using their time with offenders to address criminogenic needs, and to refer offenders to services that align with their most significant need areas, in accordance with their assessed level of risk; and
- align justice system stakeholders around the common goal of risk reduction.

What is not yet known—because of the limited amount of time the model has been underway and the limited number of probationers who have thus far participated in dosage probation—is the long-term impact of the dosage model on offenders' post-supervision success. In the meantime, key lessons regarding implementation have emerged from the pilot sites and are instructive to further work in this area.

LESSON 1: STAKEHOLDER SUPPORT

Dosage probation represents a significant shift in traditional sentencing practices: from term-based probation services to dosage-based terms. For this reason, establishing and maintaining a Dosage Policy Team that involves stakeholders is critical to ensuring their support.

> "DOSAGE PROBATION IS THE BIGGEST INNOVATION IN CRIMINAL JUSTICE THAT I HAVE SEEN IN THE LAST 20 YEARS."
>
> DOSAGE PROBATION PROSECUTOR

Prior to selection as a pilot site, the Chief Probation Officers in Napa and Washington Counties met with key system stakeholders to discuss the project's concept and implications. They reviewed *Dosage Probation: Rethinking the Structure of Probation Sentences* and assessed each locality's readiness to pilot this approach. In both jurisdictions, the stakeholders embraced the concept and agreed to form a policy team to guide its work. As mentioned previously, the policy teams were convened at the project's outset, and the groundwork was laid for these groups to answer a variety of key policy questions such as how and when individuals would be identified as potential dosage candidates, dosage eligibility and exclusionary criteria, and the process that would be used for discharging individuals who successfully reach their dosage targets.[9] They were also encouraged to develop a plan for addressing a dosage case that—while under supervision or following early earned discharge—resulted in an unwanted, and perhaps public, outcome.

[9] The Dosage Probation Toolkit includes a more comprehensive list of dosage-related policy questions.

Ongoing stakeholder support has differed in the two counties. As an example, in Washington County, initially it was presumed that only some judges would preside over dosage cases; however, while still in the planning phase, all members of the bench indicated their interest in implementing the project across all courts. Washington County stakeholder commitment has also been evidenced by public presentations by judges and the elected prosecutor; one judge has offered to remain involved in the work locally and nationally post-retirement. In Napa County, over time, some reluctance was expressed by some stakeholders. Perhaps most consequentially, it was reported that a concern arose regarding prosecutorial practices impacting some individuals' eligibility to participate in dosage. This may have been due in part to a change in leadership in the District Attorney's office and the questions that arose in their quest to understand how dosage works and contributes to community safety. It should be noted that, from the outset, the project team has been concerned that the dosage model could affect charging, plea, and sentencing practices in unintended ways. For example, it is possible to conceive that cases would be charged, or plea agreements offered, in such a way that otherwise eligible candidates would be disqualified from dosage, or that defense attorneys would discourage their clients from volunteering to participate in dosage. Likewise, it is possible to imagine that individuals who might otherwise receive a short probation sentence would be sentenced to a longer period of time to establish eligibility for dosage and/or to provide a sufficient amount of time for dosage to be an attractive alternative to probationers and/or for dosage hours to be accumulated.

These are some of the most significant perils of the dosage model. They illustrate why a policy team that truly understands and is fully committed to the intended goals and values of the model is so critical. Key to this continued understanding and commitment may be routine convenings of the policy team, during which participants have the opportunity to express concerns and collaboratively develop solutions.

STAKEHOLDER SUPPORT IMPLICATIONS

1. Implement the model only in localities where there is a sophisticated understanding of and support for EBP and the values underlying the dosage model among system stakeholders.
2. Create a policy team to guide the work.
3. Articulate, as a team, the goals and values upon which the model will be implemented.
4. Ensure routine meetings of the policy team during both the planning and implementation phases.
5. Secure agreement from each policy team member to continuously educate and engage superiors, peers, and subordinates about the model, the implementation plan, and progress.
6. Develop a strategy for responding in the event that a dosage case concludes with a negative outcome.
7. Collect and analyze data to understand practices and guard against unintended consequences.

LESSON 2: TREATMENT PROGRAMMING AND CASE PLANNING

Central to the dosage model is the delivery of effective, risk-reducing treatment services—in the necessary amount. While virtually every community in the country has some if not many resources available to serve the justice-involved population, there is much work to be done to understand the effectiveness of those services, ensure that they are evidence-based, and thoughtfully integrate them into a strategically designed and administered case plan. Further, critical to the dosage model is the delivery of evidence-based interventions that are aimed to directly address offenders' criminogenic needs. This presented several challenges in the pilot sites and pointed to the potential for others:

> "DOSAGE HAS CHANGED THE WAY I WORK WITH CLIENTS; IT HAS MADE ME A BETTER FACILITATOR."
>
> DOSAGE PROBATION OFFICER

- In both jurisdictions, prior to dosage, referrals to treatment services—whether provided in-house or by an outside provider—had never been considered in the granular way necessitated by the dosage implementation model. Traditionally, obvious problem behaviors led to obvious treatment referrals (e.g., those with addiction were referred to substance abuse services; those with assaultive histories were referred to anger management). However, under the dosage project, probation officers were also encouraged to closely examine offenders' top criminogenic needs—especially their "driver"—and determine both a logical sequence for addressing those needs and a way to match the offender with available services (responsivity). For many officers, this was a level of diagnostic and case planning work that was unprecedented, time-consuming, and, in some cases, daunting.
- For the most part, the intricacies of the treatment services offered by local providers were not well understood. For instance, it may have been clear that a service provider offered substance abuse programming, but it was not clear whether, in so doing, the programming also addressed, for example, antisocial cognition, or how much of the programming time was spent on criminogenic needs versus administrative or other tasks such as check-ins, paperwork, and so on. Having a clear understanding of externally provided services necessitates a strong and transparent working relationship between the probation department and service providers. This was fortuitously present in both counties but a condition that cannot be automatically assumed in others.
- Forming partnerships with service providers whose programming is evidence-based is crucial. In the case of Napa County, their Community Services Center (CSC) had well-trained staff with a deep knowledge of the risk–needs–responsivity model. The CSC administrator held the program to rigorous audit and evaluation standards to ensure their model and services aligned with EBP. Further, the administrator and staff demonstrated enthusiasm for the dosage model and its potential to favorably impact stakeholders and offenders alike. In Washington County, administrators identified the available community-based services and created a short list of those they believed best matched the needs of their clients in terms of the type, duration, and intensity of services provided. Two service providers were invited to join in a partnership with the department for the pilot project. Because these programs had not been assessed for EBP

effectiveness, both agreed to undergo an independent evaluation.[10] Both jurisdictions proved to have access to high fidelity community-based treatment services but, again, this is not a condition that can be presumed to be present in all communities throughout the country.

- As the project progressed, there was need to expand the network of dosage service providers. Efforts to begin the project with fixed relationships were laudable (and, incidentally, recommended by the project team) but, in time, proved impractical. In some instances, clients placed on dosage caseloads were already engaged in treatment provided by non-dosage service providers. In other instances, services beyond those that could be provided by the small pool of designated providers were needed due to specialized needs, geographical circumstances, or other conditions. This resulted in an ongoing effort to identify additional services and negotiate new relationships.
- Most probation staff had not worked hand-in-glove with treatment providers in quite the way envisioned under the dosage model. Under the model, the presumption is that highly skilled probation officers will collaboratively develop case plans with their clients. These case plans map out a treatment strategy that involves participation in treatment, work clients will do with probation officers during one-on-one appointments, and homework clients will do in between meetings. With the case plan in mind, probation officers will refer clients to agreed-upon service providers, and communication will flow at pre-determined intervals.

The dosage probation model expects a high degree of collaboration between probation officers and service providers, in much the same way that a primary care physician interacts with the specialist to whom they refer their patient. Under the dosage pilot, even those who embraced this new role experienced practical challenges around increased workload related to communication between the parties and of duplicating efforts, particularly insofar as similar tools and approaches were used by probation officers and treatment providers.

TREATMENT PROGRAMMING AND CASE PLANNING IMPLICATIONS

1. Understand in detail the risk reduction services available to probation clients.
2. Assess service provider readiness to partner with probation around dosage.
3. Identify a broad range of services with sufficient treatment capacity.
4. Establish strong working relationships with service providers.
5. Provide probation staff with intensive training and coaching around case planning.
6. Articulate expectations around the roles and working relationship between individual officers and treatment providers as it relates to communication, case planning, and ongoing case management.

[10] The project team contracted with the University of Cincinnati to administer the Corrections Program Checklist. Where services could be improved, recommendations were provided. On the whole, the outcome of these assessments was favorable and provided confidence around referrals to these programs.

LESSON 3: COUNTING AND MANAGING DOSAGE

Inasmuch as the dosage probation model is built upon the foundation of the risk–needs–responsivity model and the body of research now commonly called “core correctional practices,” many elements of the model are not new per se. This is not the case, however, for the component of the model that uses the successful accumulation of targeted dosage hours as the determinant for earned early discharge. As such, it is no surprise that this component of the model requires considerable thought and presents a number of implementation complexities.

Ideally, as in medicine, rigorous scientific testing would offer a “prescription” for dosage success. Consider, for example, the medical treatment of type 2 diabetes. As a result of extensive research, doctors are able to prescribe a course of treatment that will reduce the patient’s likelihood of long-term effects from the disease (e.g., macrovascular problems). Taking into consideration the patient’s age, general health, fitness, blood sugar levels, and other factors, a physician will prescribe one or more interventions: perhaps an exercise routine, a specific regime of medication, and dietary changes. Eventually, social science research may offer such guidance when it comes to criminogenic needs and dosage but, beyond general targets of dosage intervention based upon assessed risk for recidivism,[11] such guidance is not currently available. This fact poses an implementation challenge with dosage probation, and resulted in a third key lesson from the pilot project: counting dosage is not a simple formula and requires a great deal of consideration.

> “DOSAGE PROBATION GIVES YOU A CHANCE TO LOOK AT YOUR BEHAVIOR AND WORK ON YOURSELF. YOU HAVE A CHANCE TO CHANGE RATHER THAN BE PUNISHED FOR YOUR BEHAVIOR.”
>
> DOSAGE PROBATION CLIENT

During the planning phase, each pilot site was provided a model “counting dosage” manual[12] that was developed by the technical assistance providers in the original pilot site (Milwaukee County, Wisconsin). However, access to the manual alone did not resolve all questions. Some of the specific issues that arose included:

- determining how much dosage to provide clients for one-on-one appointments—that is, some officers felt that they literally had to keep track of how every minute of their appointment was spent;
- determining how much dosage credit to provide to clients for homework assignments (i.e., given that the capacities of clients differ, questions arose around whether more time should be provided to those who took longer to complete their assignments);
- determining the amount of dosage that would be credited for each treatment provider service;
- verifying dosage hours with treatment providers, and doing so in a consistent manner across probation officers and service providers;

[11] For further discussion of dosage targets by risk level, see *Dosage Probation: Rethinking the Structure of Probation Sentences* (Carter & Sankovitz, 2014).

[12] See the forthcoming *Dosage Probation Toolkit.*

- managing the potential for discrepancies between how treatment providers and probation officers count dosage; and
- determining whether to count dosage hours for programming received voluntarily during the pretrial stage.

In addition to the above, one of the most significant concerns that emerged from the pilot around accumulating dosage was an expected one: how to provide 300 hours of dosage to the high risk group. Absent participation in residential treatment services, accumulating 300 hours proved challenging because of a lack of treatment options; some probationers had to repeat programs in order to acquire those hours. In cases where programming was more readily available, different concerns emerged. Engaging the high risk was challenging. Typically, they were not eager to participate in dosage probation in the first place—not a surprise given their risk level—and often violated before they began to see its potential benefits. Even those who were less resistant to dosage probation were disincentivized to participate: completing 300 hours was perceived as overwhelming; some lost patience as they worked toward their hours; others experienced treatment fatigue.

Finally, a particularly vexing challenge pertains to maximum probation terms. For those whose offenses are misdemeanors—especially moderate and high risk cases—state statute often prohibits probation terms that allow sufficient time for individuals to reach their dosage targets.[13] This circumstance belies the dosage probation goal of incentivizing offenders to participate in risk-reducing services and thereby earn an early discharge. The solution may ultimately rest with a redefinition of what probation supervision looks like altogether, and whether and how early discharge is considered (see appendix 1 for a case study).

COUNTING AND MANAGING DOSAGE IMPLICATIONS

1. **Specifically define and codify in writing what does (and does not) count as dosage prior to implementation (including interventions provided by probation staff and those provided by external service providers).**
2. **Establish quality assurance measures around counting dosage.**
3. **Ensure a sufficient array of programs and services so that dosage requirements can be met.**
4. **Restrict dosage eligibility to those whose sentences are sufficiently long to enable them to meet their dosage target prior to their maximum expiration date—or reconceptualize the notion of “completing” dosage prior to discharge.**

[13] Misdemeanor offenses in many jurisdictions carry maximum probation terms of one year (or less). The pilot project demonstrated that it was extremely difficult for moderate-high and high risk probationers—who would need to accumulate 200–300 hours of dosage to earn early termination—to reach their dosage target (and therefore earn early discharge) before they reached the maximum period of misdemeanor probation supervision.

LESSON 4: LEADERSHIP, CHANGE MANAGEMENT, AND SUSTAINABILITY

Perhaps most noteworthy among all the lessons learned from the pilot sites are those related to leadership, change management, and sustainability. To be sure, implementation of this model is not suited to a probation department that is anything less than fully committed and prepared for absolute vigilance. High fidelity implementation means a re-examination of every departmental policy and practice, including how risk/needs assessments are administered and interpreted; how probationers are assigned to staff; how staff are trained, coached, and supervised; and how probationers are oriented to supervision and motivated to become engaged in services. Even still, the pilot demonstrated that the following challenges are almost inevitable:

> "DOSAGE GAVE US A BLUEPRINT FOR HOW TO FACILITATE PO–CLIENT MEETINGS AND GAVE US A TIMELINE; IT HAS ENHANCED THE IDEA OF BEING PURPOSEFUL IN OUR CASE PLANNING AND FOR EACH APPOINTMENT."
>
> DOSAGE PROBATION OFFICER

- Despite the fact that, at its most fundamental level, dosage supervision is simply (or not so simply) evidence-based supervision—and that the days of debating the efficacy of evidence-based supervision are long past—some officers are nonetheless challenged to fully transition from a surveillance model to a risk reduction model of supervision. For this reason, "drift" is easy, and only careful and ongoing attention to officers' practices will guard against it. Since much of our daily lives is taken up by habits, and habits are automatic, the status quo will win the day—even among those fully committed to dosage probation—unless concerted efforts are applied to ensure otherwise.
- Tools are needed to support staff in their transition to this model. Written policies, checklists, cheat sheets, training, cognitive tools, coaching, and boosters are all critical, and serve as constant reinforcement of expectations.
- Staff attrition means that high fidelity integration of new staff into the dosage model must become a routine practice within a dosage supervision agency.
- Because the approach is new and, despite the amount of planning and consideration given, questions and challenges are bound to arise. Policy teams, and especially probation department leaders, must therefore deliberately and consistently exercise active leadership if the dosage model has any hope of achieving its full potential.
- In each of the pilot departments, dosage officers represent a subset of the full staff, meaning that staff are differentiated from one another. Whether considered a privilege to be in the dosage pilot or a privilege not to be included, reverberations should be anticipated. In the case of dosage officers, some perceived their work as more intensive and therefore more burdensome. For non-dosage officers, some of their caseloads were increased to accommodate "right-sized"

dosage caseloads, creating at least numeric imbalances. These matters must be attended to by leadership.

- Some dosage officers carried “mixed” caseloads comprised of dosage and non-dosage probationers. Despite efforts to suggest that the only true distinction in supervision practices between the two was the aspect of counting dosage hours and granting earned early discharge, some officers nonetheless reported having trouble managing two “types” of cases. This is clearly a matter best addressed through ongoing efforts to change the culture of probation departments.
- Finally and importantly, an unanticipated consequence of dosage probation was its impact on staff wellness. More than a few dosage officers reported that, as a result of this work, they became much more engaged and therefore much more invested in the probationers they supervised. This was welcomed as probationers embraced the support and services they received and took positive strides in their lives. At the same time, it had the opposite effect when probationers engaged in harmful behavior or just disengaged altogether. In both instances, officers’ investment carried an emotional toll, different from what many were accustomed to.

LEADERSHIP, CHANGE MANAGEMENT, AND SUSTAINABILITY IMPLICATIONS

1. Implement the dosage model in probation departments with strong and committed leadership; where time permits careful attention to planning, implementing, and sustaining the model; and where staff share leadership’s commitment.
2. Be clear with staff that the core elements of the dosage model (i.e., each of the components with the exception of counting dosage and offering earned early discharge) are built on a well-established body of research and, even if they constitute a change of agency practice, are expected and required of all probation professionals.
3. Provide structural supports to equip staff with the supports they need to be effective in their role as agents of change (i.e., structured training curricula, coaching, booster sessions, cognitive tools, checklists, etc.).
4. Pay careful attention to staff wellness. Anticipate fatigue. Have a plan to address trauma. Create and sustain an environment of support, celebration, and recognition.

CHALLENGES YET TO BE ADDRESSED

In addition to the lessons learned, the pilot project has exposed new, unanticipated challenges that need further consideration by the pilot sites and others who undertake this work. These include:

- identifying appropriate dosage services for non-substance abusing moderate risk (100 hours) clients;
- developing strategies to work effectively with mental health and low-functioning populations under the dosage model;
- determining whether gradations between 100, 200, and 300 hours of dosage are appropriate;
- addressing the characteristic instability of high risk clients;
- experimenting with methods to sustain motivation among high risk offenders; and
- determining the appropriate amount of dosage for offenders whose risk level decreases during the course of treatment and supervision.

Karen's Story: Part 2

Karen has been sober for over two years. She is reunited in her home with her boyfriend and children, and has started a new job working at a recovery center where she was once a patient. She summarizes her life now by saying: "I am grateful to be a mom and to be in a relationship with my kids' dad. I am healthy. I'm not in jail. I'm just being normal. When I stopped using, I started thinking and believing I was worth it. Now I want to help others who don't believe they are worth it or who don't believe that they can turn their lives around the way I did."

Paul believes that dosage probation served as a motivator for Karen. He describes her as "an excellent example of what can be accomplished through dosage. Karen had lost everything when she went to jail: her kids, her boyfriend, her home. She had no work history and her family didn't trust her. But she turned all of that around. She's even the chair and secretary for the sober meetings she attends! She has worked really hard. She is very impressive."

Karen's investment in herself paid off. As a result of her earnest efforts on dosage, she was released from probation nearly three full years earlier than her original probation term would have allowed. In her words, "When you are ready, dosage can really work!"

DOSAGE OFFICERS WERE ASKED TO DESCRIBE ANY PROFESSIONAL CHANGES THEY EXPERIENCED AS A RESULT OF THEIR PARTICIPATION IN THE PILOT:

"I FEEL MORE SATISFIED THAT I AM MAKING A DIFFERENCE. THE POSITIVE, HELPFUL APPROACH IS IMPROVING MY PROFESSIONAL ALLIANCE WITH THE CLIENT."

"I AM MUCH MORE STRENGTH-BASED AS A RESULT OF BEING PART OF THIS PROCESS."

"I FEEL MORE HOPEFUL NOW UNDER DOSAGE… HOPEFUL THAT THE CLIENT WILL BE SUCCESSFUL."

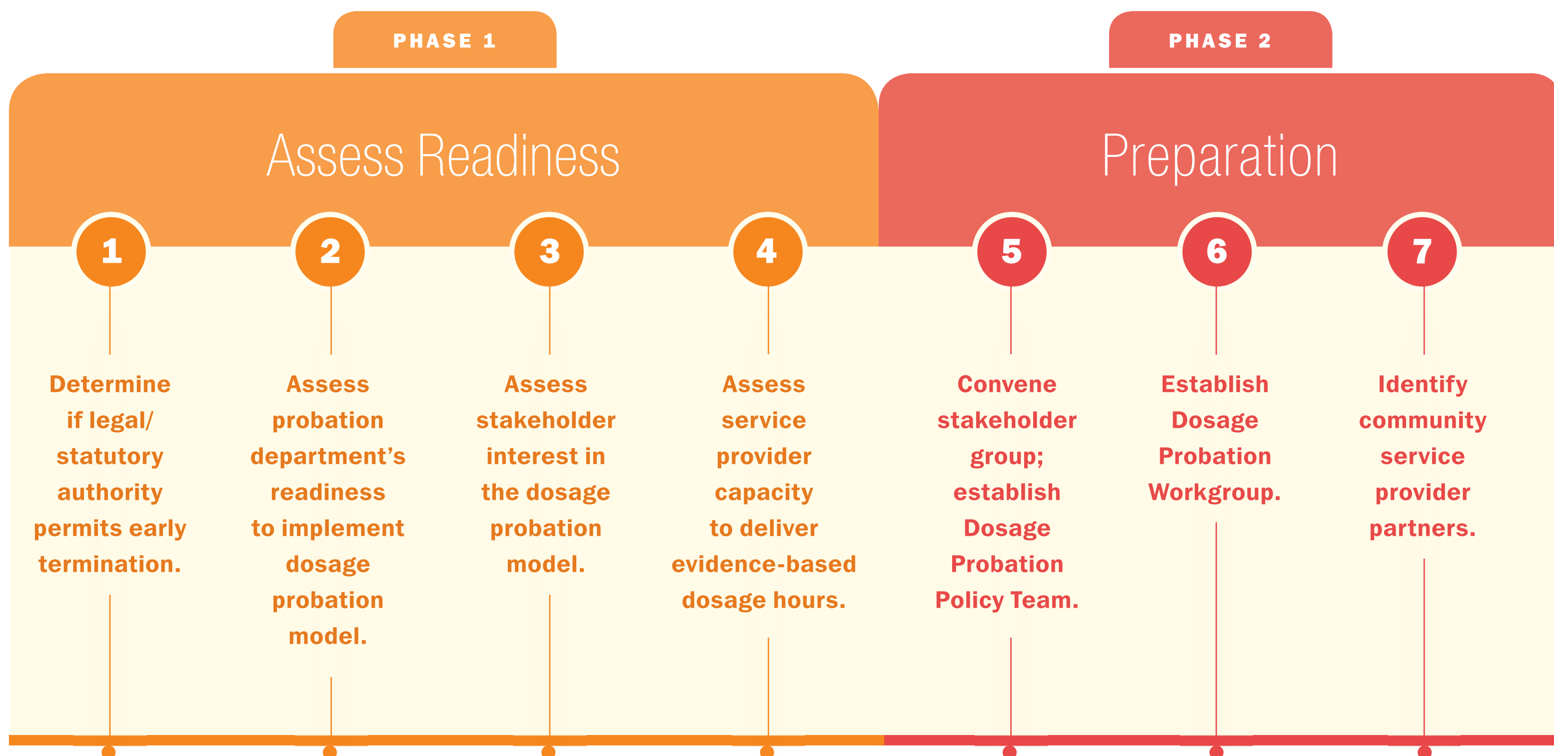
An Expanded Dosage Probation Implementation Model

Although there remains much to be learned about dosage probation, based upon experiences in the pilot sites, a four-phase model (see figure 3) has been developed to guide efforts in future sites. These phases include assessing readiness, preparation, planning, and implementation and evaluation. Each phase involves several steps that are supported by tools and resources designed to guide policy teams, probation-based workgroups, and others through a careful and deliberate process of adapting current policy and practice to the dosage model, ensuring model fidelity, and evaluating the impact of the model on key outcome measures. These tools and resources will be presented in the forthcoming *Dosage Probation Toolkit* and will include, among others:

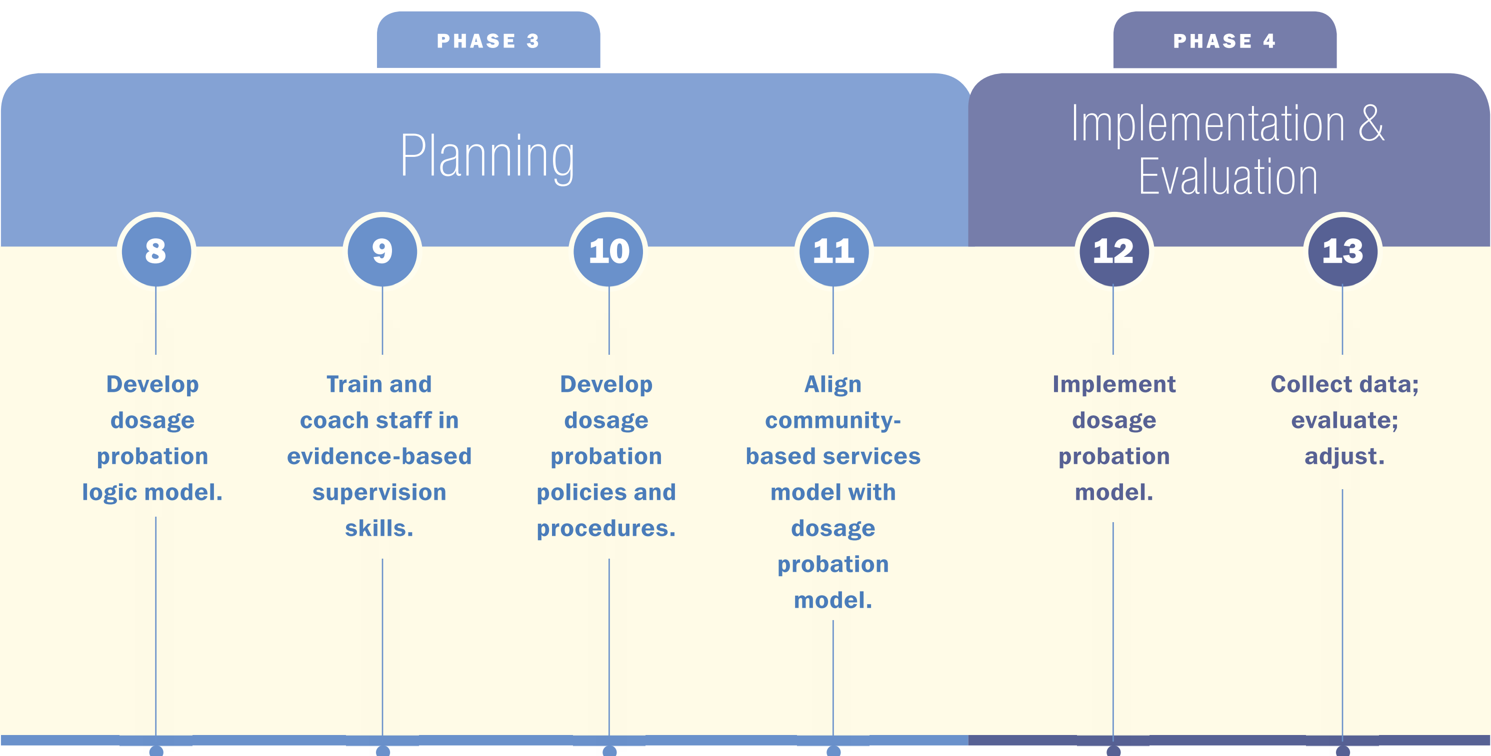
- for Phase 1, Readiness: a checklist for assessing readiness to implement the model; a fact sheet, written materials, and PowerPoint presentation on dosage for stakeholders;

FIGURE 3

DOSAGE PROBATION IMPLEMENTATION MODEL
A STEP-BY-STEP GUIDE



- for Phase 2, Preparation: a list of policy questions stakeholders must consider; guidance around approaching and engaging service providers; guidance around establishing an internal probation workgroup; a list of tasks to be accomplished in the planning phase;
- for Phase 3, Planning: a sample dosage logic model; guidance around collecting baseline data; a dosage probation master protocol; a staff manual; a counting dosage manual; a checklist and resources to support core competencies among dosage probation officers; guidance around developing communications agreements between probation and community service providers; and
- for Phase 4, Implementation & Evaluation: continuous quality improvement checklists; guidance around supporting wellness among staff who are providing dosage services; and a protocol for collecting, analyzing, and sharing data for a process and outcome evaluation.



Conclusion

Dosage probation seeks to integrate research relevant to risk reduction into a new model of supervision that achieves four core goals:

- incentivize probationers' engagement in risk reduction services that target their identified criminogenic needs;
- align justice system policies and practices, and the behavior of stakeholders—including judges, prosecutors, defenders, service providers, and probation staff—with contemporary recidivism reduction research findings;
- maintain community safety while, at the same time, reducing probation terms and, in turn, justice system costs; and
- improve the short- and long-term outcomes of probationers.

While the development of this model is admittedly still in its infancy—and empirical research establishing its efficacy has yet to be conducted—there is growing interest in this approach. Numerous jurisdictions have contacted NIC, the Center, and The Carey Group to express interest in replicating the model. In most instances, this has been discouraged until such time as the model can be refined and demonstrated empirically. However, there have been two exceptions: Bartholomew County, Indiana, a locality participating in NIC's Evidence-Based Decision Making (EBDM) Initiative, received technical assistance to conduct a readiness assessment for dosage (see appendix 2). In addition, the Wisconsin Department of Corrections, Division of Community Corrections—also with support from NIC and through technical assistance provided by the Center—is receiving support to expand on the original pilot project in Milwaukee County (see appendix 3) and to use the dosage model as a means of determining earned discharge statewide.

"ONE-ON-ONE APPOINTMENTS ARE MORE MEANINGFUL TO BOTH THE CLIENTS AND US. IN TERMS OF THE STEP-BY-STEP PROCESS UNDERLYING THE DOSAGE MODEL—ESPECIALLY AROUND PREPARING CLIENTS AND THEN TEACHING SKILLS—IT ONLY MAKES SENSE TO DO IT THIS WAY."

DOSAGE PROBATION OFFICER

Until such time as the dosage probation model as a whole is empirically studied, jurisdictions are strongly encouraged to implement the core elements of the model that are already well established in the research literature. These include: utilizing an assessment tool to identify individuals' risk of recidivism to determine the appropriate level of intervention intensity and duration; identifying and focusing on the top criminogenic needs in case planning and management; and effectively utilizing cognitive behavioral interventions in one-on-one interactions and in-house and community-based services. Although these strategies are well established and have been the subject of much discussion and training throughout the nation, the pilot project clearly demonstrated that, even in advanced jurisdictions, there is much work to be done to implement each of the core risk reduction principles consistently and with a high degree of fidelity.

Appendix 1

Wisconsin Department of Corrections: Lessons Learned from a Statewide Effort to Use Dosage as a Criterion for Earned Early Discharge

Encouraged by the experience of implementing dosage supervision in Milwaukee County, executive staff in the Wisconsin Department of Corrections, Division of Community Corrections (DCC), became interested in exploring the application of dosage to the department's statutorily driven early discharge process. Feedback from representatives from the state's judiciary and district attorneys suggested that how and when a probationer was entitled to earn an early discharge lacked clarity and consistency. The department's assessment was that early discharge requirements were not related to empirical research. The dosage probation model offered an opportunity to link early termination to EBP, and to create transparent criteria that could be applied uniformly statewide. However, applying these changes to a statewide agency has proven to be no simple matter.

The DCC has worked toward solidifying the evidence-based programs, services, and tools that support offenders in risk reduction programming, and utilized NIC's core dosage concepts to establish specific criteria for a supervision model and earned discharge process that fit within the state's statutory requirements.

Lessons learned include the importance of the following:

- **Articulating a vision:** Administration must determine what they want the organization to look like in 5–10 years, communicate their vision, and enlist the support of management staff who share this vision and who commit themselves to its execution. Development of a specific implementation plan is key.
- **Training staff:** Training staff at all levels is essential for building a foundation of buy-in, skill development and competency, and ongoing fidelity of implementation. Supervisors should be trained before line staff in order to enhance their understanding of and confidence with the new skills, and to equip them to effectively lead their staff.
- **Coaching staff:** Training that is "one and done" is not sufficient. Ongoing coaching for supervisors and line staff is essential for sustaining change.
- **Developing a communications strategy:** Communication with both external and internal stakeholders—up and down the chain of command—must be ongoing.
- **Preparing for "change fatigue":** Implementing dosage will likely take many years and, for many organizations, will require redefining the culture and operational thinking. Be prepared to undertake a marathon—or several marathons.

Appendix 2

The Bartholomew County, Indiana, Dosage Experience

Bartholomew County, Indiana, has deep roots in evidence-based practices; over the last two decades, the court, probation officials, and their colleagues have worked diligently to implement EBP in earnest. Beginning in 2016, Bartholomew County joined NIC's Evidence-Based Decision Making (EBDM) Initiative. Upon reading *Dosage Probation: Rethinking the Structure of Probation Sentences,* the local stakeholder group agreed that the dosage model offered a next stage to their work and a method to further incentivize clients to engage in probation.

In late 2017, NIC provided technical assistance to Bartholomew's EBDM Policy Team in the form of a readiness assessment. That assessment involved a close examination of the core elements of the dosage model as applied locally, and concluded with 25 recommended action items to prepare for dosage implementation. Having persons external to the jurisdiction conduct the assessment provided new insights into areas of improvement. Officials agreed that, despite two decades of EBP effort, some work remained to be done prior to undertaking implementation.

Appendix 3

Milwaukee County, Wisconsin: Dosage Lessons Learned

As Milwaukee County expands its use of the dosage model, the following lessons—learned during the original pilot project—will be kept in mind:

- **Choose staff carefully:**
  - Begin by selecting supervisors who can be champions of dosage probation and who are able to articulate the dosage vision not only to their own staff but also to local stakeholders. Whenever possible, supervisors should be trained in advance of their staff and have the opportunity to practice the skills that their staff will be expected to learn.
  - If possible, handpick staff to participate in dosage; those staff members should have been trained extensively in EBP, demonstrate a high skill level, and have an interest in the dosage vision.
  - Anticipate and plan for staff changes; establish a training plan for all staff who are new to dosage supervision strategies.
- **Adjust workloads:** Even with extensive staff training in EBP, dosage supervision will take longer for staff to do, at least initially. Plan in advance for how to adjust workloads.
- **Supervise dosage probation and non-dosage probation offenders similarly:** Because of a lack of court-ordered dosage probation offenders, staff assigned to the dosage unit supervised both dosage and non-dosage offenders. These staff members found it difficult to transition between two "different" supervision strategies: traditional and dosage. It may simplify staff's work—and most likely result in benefits to both dosage and non-dosage offenders—if expectations are established that all offenders are supervised similarly—based upon core correctional practices—but with staff counting dosage hours for those determined to be dosage eligible.

- **Consider the external environment:**
  - Plan for ongoing communication and education with external stakeholders, including law enforcement.
  - Consider what, if any, competing projects are occurring simultaneously in the community. During the original pilot period in Milwaukee County, criminal justice stakeholders were supportive of dosage probation; however, other initiatives such as new grant opportunities and new legislation made it difficult for some stakeholders to focus on dosage probation.
  - To the extent possible, ensure that the Dosage Oversight Committee and relevant stakeholders understand what dosage supervision truly entails. Some Milwaukee County stakeholders had a misperception that dosage would be "probation light" and demonstrated reticence toward the concept. Ongoing communication and education were critical to achieving buy-in.
- **Determine the best time to start researching the impacts of dosage probation:** The Wisconsin Department of Corrections submitted a grant request to research dosage at the same time as Milwaukee staff were trying to learn and implement dosage supervision strategies. This put undue pressure on the staff when they were still defining the implementation model and transitioning from a traditional supervision model.

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Dosage Probation Implementation Resources

The following websites should prove helpful to those seeking additional information about preparing to implement dosage probation:

NATIONAL INSTITUTE OF CORRECTIONS

http://www.nicic.gov

DOSAGE PROBATION MICRO SITE

https://info.nicic.gov/dp

DOSAGE PROBATION:
RETHINKING THE STRUCTURE OF PROBATION SENTENCES

https://s3.amazonaws.com/static.nicic.gov/Library/027940.pdf

Closing Epigraph

"DOSAGE PROBATION IS NEW, AND OF COURSE YOU CANNOT DRAW FINAL CONCLUSIONS FROM ONLY TWO YEARS OF DATA, BUT THE RESULTS ARE VERY PROMISING. OUR EXPERIENCE HAS BEEN THAT DOSAGE PROBATION IS A WIN FOR THE COURTS, THE PROSECUTION, THE OFFENDER, AND, MOST IMPORTANTLY, THE COMMUNITY."

PETE ORPUT, WASHINGTON COUNTY ATTORNEY'S OFFICE, MINNESOTA

"YOU NEED TO BE RESULTS-FOCUSED. SO FAR, WE HAVE SAVED OVER 140 YEARS OF CLIENT SUPERVISION."

TOM ADKINS, DIRECTOR, WASHINGTON COUNTY COMMUNITY CORRECTIONS, MINNESOTA

DOSAGE PROBATION