Criminal Justice Reform and Recidivism Reduction

Brad A. Myrstol and Barbara Armstrong

Across the country, the rate of offender recidivism is high, the costs of incarceration are rising, and the money to fund the criminal justice system is shrinking. The call for criminal justice reform is being heard nationwide and in Alaska. Our state, in particular, is facing a funding crisis for all programs due to the dramatic decrease in oil prices and the resulting decline in state revenues, and Alaska’s leaders are responding to the urgency of the situation.

Initiatives have been launched in Alaska to reduce correctional populations, lower recidivism rates, and decrease costs while holding offenders accountable for harm to victims and the community, and keeping the public safe. (An earlier Alaska Justice Forum article, “Smart Justice in Alaska” (Summer/Fall 2015), described the Justice Reinvestment Initiative and the Results First Initiative in Alaska and their evidence-based approaches to criminal justice reform.)

Exploding expenditures coupled with persistently high recidivism rates have created dual criminal justice crises in Alaska: a cost crisis related to the operation of the criminal justice system in general, and the Department of Corrections (DOC) in particular, as well as a crisis in confidence that the criminal justice system can achieve its public safety objectives.

This current situation provides a tremendous opportunity to critically examine existing policies and practices and to explore innovative solutions to the problems of cost and confidence confronting Alaska’s criminal justice system. The state is demonstrating an unprecedented commitment to evidence-based policymaking in criminal justice through the establishment of the Alaska Criminal Justice Commission (Commission) and other efforts. The Justice Reinvestment Report released by the Commission in December 2015 contains 21 recommendations for criminal justice reform that are based on peer-reviewed research (see “Justice Reinvestment Report,” page 4). As of this writing, SB 91, Omnibus Criminal Law & Procedure; Corrections, has been introduced in the Alaska Legislature and addresses many of the criminal justice reform issues in the Commission’s recommendations. This article briefly examines the evidence-based approach to policymaking in criminal justice and the two conceptual pillars that serve as the foundation of this strategy: effectiveness and efficiency. There is also a description of the Pew-MacArthur Results First Initiative, a “smart justice” approach to reducing recidivism under the auspices of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, that is being led in our state by the Alaska Justice Information Center (AJiC), housed in the UAA Justice Center.

Table 1. Pew-MacArthur Results First Initiative: States and Counties

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Criminal justice reform has become synonymous with one specific criminal justice policy outcome: recidivism reduction. Guiding the criminal justice reform efforts in Alaska and in other states is what is referred to as the RNR Model (Risk-Need-

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Informed Alaskans Initiative: Public Health Data in Alaska

Barbara Armstrong

Access to public health data is critical for health and medical researchers, nonprofit and government agencies, policy makers, and citizens. The challenge is to present health data in a way that is easy to access, easy to understand, and cost-effective to disseminate. To meet this challenge, the Alaska Division of Public Health within the Department of Health and Social Services (DHSS) launched the Informed Alaskans Initiative in 2012 to make the increasing amount of national and state public health data available online. Public health data that are accessible and understandable contribute to informed decision-making and effective responses to public health issues.

The Informed Alaskans Initiative is modeled on a Centers for Disease Control and Prevention (CDC) program “to improve access to and the use of health data.” DHSS designed a website with two main components: public health datasets, and interactive health data maps for Alaska’s regions. The datasets are found in the Alaska Indicator-Based Information System for Public Health (AK-IBIS) while the interactive health data maps are created using InstantAtlas interactive mapping software. Users can select health data charts that are combined with the mapping system to produce statewide and regional maps. The site includes customizable screens for displaying statistics, maps, and charts for Alaska public health regions, Alaska metropolitan/micropolitan statistical areas, Alaska borough/census areas, and Alaska tribal health regions.

**AK-IBIS**

The Alaska Indicator-Based Information System for Public Health (AK-IBIS) contains a number of health datasets or health indicators. A health indicator is defined by DHSS as a measurable element of the status of a population or health system as it relates to an identified public health factor, e.g., the percentage of adults in Alaska who reported binge drinking in the past 30 days. The health indicators data are viewable across digital platforms including computers, tablets, and smart phones.

The goal of the Informed Alaskans Initiative is to present data that allow for regional level analysis while providing accurate statewide estimates, as well as comparisons with national data estimates. Data from statewide health systems and tribal health systems are organized to facilitate examining information at more detailed regional and community levels. Data in this format assist in community health assessment and the development of intervention efforts in Alaska. Public health challenges such as health disparities between populations and regions can be identified and addressed with the help of the data from the Informed Alaskans Initiative.

**Health Indicators**

AK-IBIS, the database component, contains 62 health indicators as of this writing. To help navigate through the AK-IBIS data, the health indicators have been divided into the following health topics which show up as user-friendly icons on the website (Figure 1):

- **Population Characteristics** (including demographics and social determinants of health such as education, income and poverty, and employment);
- **Risk and Resiliency Factors** (such as physical activity, nutrition, alcohol and tobacco use, and the physical environment—including water and waste water services);
- **Health Care Services and Systems** (health care availability, health care coverage and cost, use of preventive services, etc.);
- **Health Outcomes** (maternal and infant wellness, leading causes of death, injury and violence, substance abuse, mental health, etc.).

Selecting one of the icons takes the user to a new webpage with a concise description of the desired health indicator and a listing of background information on the subject. A user can choose from options that include the importance of the health indicator, a brief summary of what is currently known about it, an outline of the populations at risk and strategies for risk reduction (where applicable), an explanation of how the health indicator is tracked, and indicator reports with additional information.

The major datasets contained in AK-IBIS are the:

- Pregnancy Risk Assessment and Monitoring System 2009–2011 (PRAMS)—a survey conducted annually by the Centers for Disease Control (CDC) and state health departments that collects data on maternal attitudes and experiences before, during, and shortly after pregnancy;
- Behavioral Risk Factor Surveillance System (BRFSS)—a nationwide CDC telephone survey that collects data on health-related risk behaviors, chronic health conditions, and use of preventive services;
- Youth Risk Behavior Surveillance System (YRBSS)—includes a nationwide high school-based survey conducted by the CDC biennially that collects data on six types of health-risk behaviors that contribute to the leading cause of death and disability among youth and adults;
- Chlamydia and Gonorrhea Rates; and
- Infectious Diseases.

Health data from local surveys conducted by entities such as state and tribal health agencies, tribal governments, and school districts are also part of AK-IBIS. Data from these sources are gathered on the DHSS Alaska Center for Health and Data Statistics website and made available to users via the Informed Alaskans Initiative.

**Indicator Reports**

Indicator reports (also called profiles) are documents that include text, charts and tables with Alaska data, and provide the measurement for a health indicator, the public health context including comparison with the U.S., data interpretation issues, the current status of the indicator, what is being done to improve the status, and other program information. AK-IBIS Indicator Reports are part of the information under individual topics in the Health Indicators portion of the website, and the reports are also under a separate tab that allows the user to search in either the categorized or the alphabetical index of topics. There are

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**Figure 1. Public Health Topics from AK-IBIS Website (Excerpt)**

62 indicator reports currently on the DHSS website. As noted above, the main topic areas are Population Characteristics, Risk and Resiliency Factors, Health Care Services and System, and Health Outcomes. If a report does not contain the data needed, requests for specific information may be made using the custom query system on the website or by contacting the DHSS office. To ensure accessibility, data are available in both text and graphics.

Interactive Health Maps

Interactive health profile maps are available for the following data sets: Behavioral Risk Factor Surveillance System (BRFSS), Student Weight Status Surveillance System, Youth Risk Behavior Surveillance System (YRBSS), Chlamydia and Gonorrhea Rates, and Infectious Diseases. Clicking on a profile name takes the user to a page with the list of different interactive maps available.

The health profile maps are organized by federally defined and local administrative geographic units and include 7 public health regions, 12 tribal health regions, 5 metro/micropolitan statistical areas, and 29 borough/census areas. Each page includes charts, a map, and an interactive time animation bar that allows the user to select a year in a time series. The changes over time are illustrated in a bar chart and in a map (Figure 2).

Help for Website Users

The Informed Alaskans Initiative website also includes links to other sources of public health information, and there is an extensive help page for navigating the site. Links to other health data can be found on the DHSS Alaska Center for Health Data and Statistics website http://dhss.alaska.gov/dph/infocenter/Pages/default.aspx. Training on using the AK-IBIS database is available from DHSS—contact Charles J. Utermohle, Ph.D., 907-269-8030 or email Charles.Utermohle@alaska.gov.

What’s Next

DHSS is in the process of completing a three-year survey of Adverse Childhood Experiences (ACEs) in Alaska and will be adding that dataset to the Informed Alaskans Initiative website. The focus of examining ACEs, as outlined by the CDC, is “to assess associations between childhood maltreatment and later-life health and well-being.” Adults who participate in the study self-report specific behaviors and experiences that occurred before age 18. The results from the Alaska survey include information for most areas of the state.

Other projected data to be added to the website reflect developing health concerns such as the use of e-cigarettes, synthetic cannabinoids, and the use of legal marijuana by Alaskans.

Conclusion

The datasets and health profile maps available as a result of the Informed Alaskans Initiative are a valuable resource for researchers and policy makers, as well as community members. The ability to make comparisons between regions and populations assists in early identification of public health issues. In addition, these data hold the promise of furthering our understanding of the connection between public health and criminal justice. Issues such as violence, particularly domestic violence, and substance abuse, for example, have been recognized for some time as both public health and criminal justice concerns. The examination of health indicators can assist both public health and criminal justice practitioners in identifying populations at risk, and enhancing intervention, prevention, and education efforts. As the criminologists Robert Potter and Jeffrey Rosky noted in a 2013 article, “The primary essence of criminal justice and public health, as viewed from a social science lens, is the reduction and prevention of negative human outcomes.” As plans go forward to include more data and increase user-friendly aspects of the website, the Informed Alaskans Initiative can provide ever increasing benefits to public health policymaking, education, and prevention efforts in the state.

Barbara Armstrong is the editor of the Alaska Justice Forum.

Public Health Data Resources


Justice Reinvestment Report

Barbara Armstrong

The Justice Reinvestment Report of the Alaska Criminal Justice Commission identifies 21 consensus recommendations for criminal justice reform in the state. The report, released in December 2015, is a product of the Justice Reinvestment Initiative in Alaska, an effort “to reform criminal justice systems by reducing correctional populations and their recidivism rates while lowering costs, maintaining offender accountability, and ensuring public safety” (See “Smart Justice: recidivism rates while lowering costs, correctional populations and their Initiative in Alaska, an effort “to reform is a product of the Justice Reinvestment

The report, released in December 2015, for criminal justice reform in the state. The Commission is continuing its mandate to review and make recommendations “for improving criminal sentencing practices and criminal justice practices, including rehabilitation and restitution” in the state.

During the process of developing their recommendations, the 13 Commission members followed the methodology described in SB 64 which outlined a range of 12 factors to consider. Among these are peer-reviewed data and research on sentencing, corrections, and community supervision; input from criminal justice stakeholders; and public hearings and listening sessions statewide. Technical assistance was provided by The Pew Charitable Trusts at no charge to the state through Pew’s Justice Reinvestment Initiative, a private-public partnership with the U.S. Department of Justice, Bureau of Justice Assistance.

Key findings illustrate the growth over the past decade in the number of offenders incarcerated in Department of Corrections (DOC) facilities: pretrial inmates (persons awaiting a hearing and/or not yet convicted of a crime)—up 81 percent; and the number of post-conviction inmates—up 14 percent. There has also been a rise in the number of pretrial practices, including rehabilitation and restitution” in the state.

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Consensus Recommendations of the Commission

The recommendations of the Commission are briefly summarized below. The Commission noted that these recommendations are a “package of reforms” and that deleting any of the recommendations will impact the effectiveness of the reform strategy.

Implement evidence-based pretrial practices

Recommendation 1: Expand the use of citations in place of arrest for lower-level nonviolent offenses.

Law enforcement officers should issue citations for more nonviolent misdemeanors and Class C felonies with exclusions for offenses against a person, domestic violence offenses, violation of probation/parole conditions, and offenses for which a warrant or summons has been ordered, and with discretion to make arrests when the person is dangerous or a flight risk. This approach may assist in reducing the current high number of pretrial admissions to jail for minor offenses.

Recommendation 2: Utilize risk-based release decision-making.

The Department of Corrections, in collaboration with the Department of Law, the Public Defender, the Department of Public Safety, and the Alaska Court System, should establish a system for pretrial release based on risk assessment for all defendants. The plan should define appropriate release conditions, including a mechanism for the court to make an alternative decision regarding release in certain situations.

Recommendation 3: Implement meaningful pretrial supervision.

DOC should supervise moderate and high-risk defendants released pretrial, and establish a standardized procedure for recommendation of pretrial diversion options and referrals for substance and mental health treatment services. The Alaska Court System should implement a system to remind criminal defendants of court date hearings.

Recommendation 4: Focus supervision resources on high-risk defendants.

DOC should focus the most restrictive conditions of release on those pretrial defendants who have been identified as being most likely to reoffend or miss their court appearance, with the option of a bail hearing to present their case for release to the court for those defendants who are being held without release due to conditions that they cannot meet.

Focus prison beds on serious and violent offenders

Recommendation 5: Limit the use of prison for lower-level misdemeanor offenders.

Because research has shown that jail time for persons with lower-level nonviolent offenses can result in increased, rather than decreased, criminal behavior, the Commission has suggested reclassifying a number of nonviolent misdemeanors as violations, and redirecting lower-level nonviolent offenders to alternative sanctions such as fines, probation, and electronic monitoring. This recommendation also includes a proposal to make changes to presumptive sentencing ranges for Class A misdemeanors.

Recommendation 6: Revise drug penalties to focus the most severe punishments on higher-level drug offenders.

In light of the rise over the past 10 years in post-conviction prison admissions for drug offenses, and the research on the limited effect long stays in prison have on recidivism for these offenders, the Commission recommended reclassifying the crime of simple drug possession to a misdemeanor. The Commission also recommended making penalties for commercial heroin (selling or intent to sell) commensurate with penalties for commercial methamphetamine and cocaine offenses, and creating a tiered drug statute with regards to the amount and type of drug involved.

Resources

Recommendation 7: Utilize inflation-adjusted property thresholds.

Recent research has shown that raising the dollar amount threshold for felony theft does not result in an increase in property crime. Alaska’s current felony theft threshold is $750. The felony threshold dollar amount should be raised to $2,000, and a process created to ensure sanctions are adjusted to keep pace with inflation. Prison space should be utilized for more serious offenders, rather than nonviolent property crime offenders.

Recommendation 8: Align non-sex felony presumptive ranges with prior presumptive terms.

Following the implementation in 2005 of a presumptive sentencing range for a non-sex felony, the length of stay for all classes of non-sex felonies increased. Because this was not the original legislative intent, the recommendation is to bring presumptive ranges for non-sex felonies back into alignment with the prior 2005 levels. Longer stays in prison have been shown to have no greater impact on reducing recidivism than shorter stays.

Recommendation 9: Expand and streamline the use of discretionary parole.

DOC should increase eligibility for discretionary parole to all but the most serious felony offenders, and the process for parole decision-making for lower-level felony offenders should be streamlined. In instances where it is shown that an offender would be a threat to public safety, parole could be denied.

Recommendation 10: Implement a specialty parole option for long-term, geriatric inmates.

Geriatric inmates are typically much less likely to reoffend than younger inmates, according to research. To reduce the number of the oldest cohort of offenders incarcerated, there should be an automatic parole hearing for offenders between the ages of 55 and 60 years who have served a minimum of 10 years of their sentence.

Recommendation 11: Incentivize completion of treatment for sex offenders with an earned time policy.

Studies have shown that in-prison sex offender treatment can be effective and can have a cost-benefit. Most sex offenders will be released back to the community at some point whether or not they have completed treatment. The Department of Corrections should incentivize participation in and completion of in-prison sex offender treatment by allowing offenders to earn time off of their prison terms for completion of sex offender treatment. DOC should also provide more in-prison sex offender treatment programs that address cognitive behavioral issues of the offender and stress accountability for harm done.

Strengthen supervision and interventions to reduce recidivism

Recommendation 12: Implement graduated sanctions and incentives.

DOC should create a graduated sanctions and incentives matrix using swift, certain, and proportional responses for community supervision field officers (probation and parole officers) to follow when rewarding prosocial behavior and when responding to technical violations of probation and/or parole conditions.

Recommendation 13: Reduce pre-adjudication length of stay and cap overall incarceration time for technical violations of supervision.

The use of a return to prison as a sanction for a technical violation of conditions of parole and/or probation (e.g., missing an appointment with a probation/parole officer, failing a drug screening) should be limited to a specific number of days—such as three days for the first revocation. Technical violators of probation and/or parole supervision represent 22 percent of the incarcerated population, and the average length of stay is 106 days in a DOC facility. Incarceration for such periods has not been shown to be an effective sanction. In order to be effective, sanctions should be disruptive enough that probationers and parolees will want to avoid the sanction, but not so disruptive that they derail the prosocial aspects of the person’s life (ability to maintain a job, pay rent, care for children, etc.). Also, uncompleted Community Work Service and the inability to afford court-ordered substance abuse treatment should not result in additional jail time.

Recommendation 14: Establish a system of earned compliance credits.

There should be a statutorily-defined system by which offenders on probation and/or parole who are compliant with the conditions of their release can decrease their length of time under community supervision, e.g., one month of earned credits on probation/parole for each month of compliance with the conditions of their supervision.

Recommendation 15: Reduce maximum lengths for probation terms and standardize early discharge proceedings.

Research has shown that most offenders recidivate during the first three months after release; however, the time that offenders in Alaska spend on probation and/or parole has increased by 13 percent over the past 10 years. The Commission recommended changes to the maximum probation terms based on the type of offense, and recommended decreasing time on probation or parole for compliant offenders, including an adjustment to the minimum time requirement for eligibility for early discharge from probation or parole to one year.

Recommendation 16: Extend good time eligibility to offenders serving sentences on electronic monitoring.

Offenders who are incarcerated usually can reduce their sentence through positive behavior—called earning “good time.” Offenders who are on electronic monitoring are not eligible for this, however, and should have the same option to earn “good time” under the same provisions as offenders in DOC facilities.


The Alcohol Safety Action Program works with court-referred offenders involved in alcohol/drug-related misdemeanor cases, and provides screening and treatment referral services. ASAP’s effectiveness could be enhanced by focusing on high-risk misdemeanants—those most likely to reoffend—or alternatively, by limiting the categories of offenses eligible for referral to the program. ASAP should include the use of validated screening tools to assist in assessment of criminogenic risk, and should increase case supervision of moderate- to high-risk offenders, if possible.

Recommendation 18: Improve treatment offerings in CRCs [community residential centers] and focus use of CRC resources on high-need offenders.

Both low- and high-risk offenders are currently housed in community residential centers (CRCs). CRCs should use validated assessment tools to identify offenders at highest risk to reoffend and their treatment needs (e.g., cognitive-behavioral, substance abuse, after care and/or support services), and focus on providing treatment services for this population. Housing low- and high-risk offenders together should be limited.

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Ensure oversight and accountability

**Recommendation 19:** Require collection of key performance measures and establish an oversight council.

The following agencies should be mandated to collect and report data on key performance measures each year: the Alaska Court System, Department of Corrections, Department of Health and Social Services, Department of Law, Department of Public Safety, and the Parole Board. A Justice Reinvestment Oversight Task Force should be created to monitor the implementation of the Commission’s recommendations, assist in administering the reinvestment of justice reform savings back into the criminal justice system, evaluate government processes regarding victim restitution and assistance, and make additional recommendations on justice reform. This Task Force will report its findings to the Legislature and the Governor.

**Recommendation 20:** Ensure policymakers are aware of the impact of all future legislative proposals that could affect prison populations.

All proposed sentencing and correctional policies changes should be required to attach a 10-year fiscal impact statement for review by policymakers.

**Recommendation 21:** Advance crime victim priorities.

Based on roundtable discussions with crime victims, survivors, and victim advocates, the Commission has outlined six proposed administrative reforms to address the concerns and needs of crime victims. These reforms touch on issues such as efforts to increase crime victim participation in the court notification system, reduction of the likelihood of victim-offender contact, crime victim needs during offender transition and reentry planning, enhanced victim-focused training for criminal justice professionals, provision of trauma-informed services for child victims, and increased accessibility of court and criminal justice agency communications for persons with low literacy and/or limited English proficiency.

**Reinvestment**

Recognizing that its recommendations will result in substantial state general fund savings over the next decade, the Commission strongly recommended reinvesting a portion of the savings into underfunded, but high priority, services including pretrial supervision, victims’ services in remote and rural communities, violence prevention and restorative justice programming, substance abuse and behavioral health treatment, and recency services.

**Additional Recommendations**

The Commission reached consensus on the above 21 recommendations, and majority approval for the six recommendations below. These six recommendations were not listed under any specific category.

**Additional Recommendation 1:** Require that all misdemeanor DUI and refusal to submit to a chemical test offenders serve their incarceration terms in proven prison alternatives (variation on recommendation 5(e)).

The above category of offenders should be referred specifically to supervision under remote surveillance technologies (e.g., electronic monitoring) or to a community residential center.

**Additional Recommendation 2:** Set the weight threshold at which more serious commercial drug offenses are differentiated from less serious offenses at 5 grams (variation on recommendation 6(c)).

Serious commercial drug offenses (selling or intent to sell) should have a threshold level of 5 grams of the drug.

**Additional Recommendation 3:** Bring the presumptive ranges under the ceiling of prior presumptive terms (variation on recommendation 8).

Presumptive sentencing ranges should be brought back under the ceiling of the 2005 presumptive sentencing terms, and allow presumptive probation for both first- and second-time Class C Felony offenders.

**Additional Recommendation 4:** Return sentence length for Felony C and B sex offenders to pre-2006 levels.

In light of research that has shown that recidivism rates for sex offenders are lower than some other offense types, the majority of the Commission recommended that the length of stay in prison for Felony C and B sex offenders be reduced by returning these crimes to the pre-2006 presumptive sentencing terms.

**Additional Recommendation 5:** Expand Medicaid funding to provide substance abuse treatment for indigent offenders.

The treatment needs of high-risk offenders—many of whom are Alaska Mental Health Trust Authority beneficiaries—should be addressed by enrolling more of these offenders in Medicaid to ensure availability of services.

**Additional Recommendation 6:** Limit the use of multiple misdemeanor or revocations for the same allegation of program noncompliance.

The use of multiple revocations of probation and/or parole for misdemeanor offenses that are violations of probation and/or parole conditions should be reduced. Such revocations normally result in additional jail time. This issue should be addressed administratively in the court process, and the offender should be given the opportunity to successfully complete the program conditions of probation and/or parole.

Barbara Armstrong is the editor of the Alaska Justice Forum.
Sexual Misconduct: How Do UAA Students Define It?

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Criminal justice reform (continued from page 1)

Responsivity. The RNR Model sets forth three core propositions or principles.

First among these is the notion that criminal justice resources should be prioritized according to recidivism risk. According to this risk principle, the level of criminal justice programming should match (or be proportional with) recidivism risk so that high intensity services are reserved for moderate- or high-risk offenders.

Second, the criminogenic need principle asserts that criminal justice interventions should specifically address those factors that have been shown to impact the likelihood of reoffending. These are dynamic risk and protective factors that can change over time and are therefore amenable to programmatic treatment/intervention.

The third principle, responsivity, calls attention to personal, cognitive, and social factors that impede or enhance the effectiveness of criminal justice interventions. According to this responsivity principle, criminal justice interventions should be tailored to take into account these factors. Taken together, the RNR Model helps criminal justice practitioners identify who should receive treatment (risk principle), what should be treated (the criminogenic need principle), and how the treatment should be administered (responsivity principle). Effective criminal justice programs follow this comprehensive model.

The RNR model calls for using appropriate assessment tools to measure recidivism risk of individual offenders, identifying offenders with moderate to high risk of offending, determining individual risk factors and types of programs that would be most effective, and implementing those programs and treatments. There is no “one-size-fits-all” program or treatment for reducing recidivism. A key factor in effective programs was noted by James Bonta and D.A. Andrews in their 2007 study in Canada; they stress the need to “maximize the offender’s ability to learn from rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.” They underscore that it is unrealistic to assume that recidivism can be totally eradicated, but by using a collaborative approach, training staff involved...
Defining Levels of Evidence

The Pew-MacArthur Results First Initiative reviewed states’ legislative and administrative language related to levels of evidence, identified the best examples, and created the following definitions based on them.

1. An evidence-based program or practice offers a high level of research on effectiveness, determined as a result of multiple rigorous evaluations, such as randomized controlled trials and evaluations that incorporate strong comparison group designs, or a single large multisite randomized study. These programs typically have specified procedures that allow for successful replication.

2. A promising program or practice has some research demonstrating effectiveness, such as a single randomized controlled trial or evaluation with a comparison group design, but does not meet the full criteria for an evidence-based designation.

3. A theory-based program or practice has been tested using less rigorous research designs that do not meet the evidence-based or promising standards. These programs and practices typically have a well-constructed logic model or theory of change.

These definitions can create a shared understanding of evidence across agencies and branches of government and, over time, increase the use of evidence in the budget and policymaking processes.

Effectiveness and Efficiency: The Results First Cost-Benefit Model

Getting results in the most cost-effective way possible helps states to prioritize investments in criminal justice programs. Investing in programs that work is just the first step; it is not the only step. Once effective programs have been identified, the next step is to examine how cost-effective these criminal justice programs are. That is, what are the expected returns on the investments states are making?

This approach allows states such as Alaska to identify criminal justice programs that work, calculate costs and benefits for each program, provide side-by-side comparisons of programs according to projected cost and benefits, and then use this information to assist with funding prioritization. In this way, funding decisions incorporate knowledge of both programs’ relative effectiveness and efficiency. The rewards of the Results First method of cost-benefit analyses go well beyond simply arriving at a cost-benefit ratio. Once programs have been thoroughly inventoried, their effectiveness (as reported in scientific literature) documented, their costs and benefits calculated, and their respective returns on investment (ROIs) estimated, policymakers have the ability to better understand the policy and funding options available to them. Importantly, the Results First framework is not intended to be merely a cost-cutting exercise. It is intended to be a decision-making tool, not a decision-making rule. The goal is to provide policymakers with additional information on which to base decisions about resource allocation.

Return on Investment: Alaska’s Adult Criminal Justice Programs

As noted earlier, the Pew-MacArthur Results First Initiative (RFI) is being led by AJIC. Alaska’s Results First Initiative is examining both the effectiveness and the efficiency of the state’s adult criminal justice programs by conducting a comprehensive review of the full array of programs funded by the state. The review includes a thorough inventory of state-funded programs, determining the proportion of those programs that are evidence-based, and detailing both the costs of operating those programs, as well as the benefits derived from them via reductions in offender recidivism.

AJIC and its state agency partners are engaged in collecting and compiling all of this detailed programmatic, budgetary, and recidivism information. The data gathered in the coming months will be used to develop specific cost-benefit estimates for the state’s adult criminal justice programs. Once completed, the results of this work will be disseminated to criminal justice policymakers in each branch of government to assist them in their continued efforts to reform and improve Alaska’s criminal justice system.

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Criminal justice reform
(continued from page 11)

Since 2011, 22 other states and 4 counties have joined the Pew-MacArthur Results First Initiative (Alaska was the 19th state to do so). Nationwide since 2007, a total of 31 states have been engaged in some aspect of evidence-based criminal justice reform. And these states are seeing tremendous results. They have been able to identify and better understand which of their adult criminal justice programs are evidence-based, and calculate the costs and benefits of each program. This information has enabled states to make important decisions about which programs to invest in to reduce recidivism and improve public safety.

Conclusion

The State of Alaska has made a significant commitment to criminal justice reform that maintains public safety while reducing recidivism and costs related to incarceration. As Alaska legislators and policymakers grapple with the difficult issues of resource allocation in a world with oil at ever-lower prices, evidence-based research can assist with prioritizing resources.

As Alaskans, we are engaging for the first time in a process that enumerates the type and number of criminal justice programs, explores the extent to which these programs are evidence-based, and identifies the amount of state funds allocated to these programs. By engaging in this process, policymakers will be able to assess the benefits the state expects to achieve in terms of reduced reoffending and revictimization; reduced costs of criminal justice administration, especially incarceration; as well as the reduced costs of victimization. The current fiscal crisis presents Alaska with both challenge and opportunity. The challenge is how to bring criminal justice expenditures in line with fiscal realities. The opportunity presented to Alaska is to use an evidence-based process to inform the difficult decisions that lie ahead.

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