Office of Community Corrections

WHO?

Probationers who score VERY HIGH or HIGH on the ORAS.

The Ohio Risk Assessment Instrument (ORAS) recommends **enhanced supervision** for offenders assessed to be at HIGH or VERY HIGH risk of recidivism. HIGH and VERY HIGH risk offenders have deficiencies in multiple ORAS need domains

WHAT?

ENHANCED/INTENSIVE SUPERVISION

Intermediate Sanction Level (ISL) IV: 4—6 hours per day 5 days per week

Intermediate sanction Level (ISL) III: 1—4 hours per day 3–5 days per week

Enhanced/intensive supervision means structuring 40-70% of a probationers free time with programming that addresses ORAS moderate and high need domains for 3-9 months

Enhanced/intensive supervision means services that are **integrated** with sanctions. Services are required to address offenders needs but sanctions are necessary to promote accountability and ensure public safety.

SERVICES	SANCTIONS	TRIAL DISPOSITION
Substance abuse treatment	Random drug/alcohol screens	
GED/ABE/education	Community service	ISL III/IV must be imp a judge. It can be im ation either at:
Life skills	Electronic monitoring	1. The disposition o means to decrea
Job development Case management	Accountability	tion) or 2. The disposition o (as a means of p ceration).

WHERE?

COMMUNITY CORRECTIONS CENTERS (CCCs)

Centers are located in: Boston, Brockton, Dartmouth, Fitchburg, Hyannis, Lawrence, Lowell, Lynn, Northampton, Pittsfield, Plymouth, Quincy, Salisbury, Springfield, Taunton, West Tisbury and Worcester

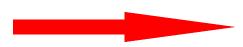
WHEN?

TRIAL DISPOSITION or PROBATION VIOLATION DISPOSITION

ISL III/IV must be imposed as a condition of probation by a judge. It can be imposed as an alternative to incarceration either at:

- 1. The disposition of trial or plea agreement (as a means to decrease or avoid a period of incarceration) or
- 2. The disposition of a probation violation proceeding (as a means of progressive sanction to avoid incarceration).

TURN OVER TO LEARN WHY



For more information:

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INTENSIVE/ENHANCED SUPERVISION AT COMMUNITY CORRECTIONS CENTERS

Office of Community Corrections

WHY?

COMMUNITY CORRECTIONS CENTERS INCORPORATE EVIDENCE BASED PRACTICE (EBP)

EVIDENCE BASED PRACTICE IS EFFECTIVE

Scientific research shows that targeting high risk, high need offenders (ORAS HIGH and VERY HIGH) for highly structured programming **(enhanced supervision)** leads to greater reductions in recidivism. Research also shows that providing high intensity treatment to low risk offenders may increase their risk level.

Findings from hundreds of scientific studies and analysis of criminal justice interventions indicate that successful programs have common features. These common features are called, "Evidence-Based Principles for Effective Offender Intervention". The community corrections centers adhere to these eight evidence based principles.

EBP Principle **CCC PROGRAM STANDARD** *Level of Service Inventory-Risk, Need, Responsivity 1. Assess Risk 1. Standardized assessment tool required such as: LSI-RNR*, GAIN**, ASI***, ASUS**** ** Global Assessment of Individual Need. *** Addiction Severity Index 2. Enhance Intrinsic Motivation 2. Required staff credentials such as: Master's level supervision, LADAC, CADAC, LMHC, etc. **** Adult Substance Use Survey 3. Target Interventions 3. Individual treatment plans Risk A. ORAS HIGH, VERY HIGH B. Assessment determines center services; case management to community based services R Need Responsivity C. Gender specific, culturally competent programming interventions Dosage D. Center schedule based on assessment, reviews every 30 days for potential increase or decrease as appropriate D. Treatment E. Integrated services and sanction, clinical behavioral interventions, benchmarks for transition, cognitive behavioral curricula 4. Skill Train with Directed Practice 4. Cognitive behavioral curricula including: Thinking for a Change, Hazelden New Directions, Accountability Model, etc. Increase Positive Reinforcement 5. Participant recognition ceremonies, certificates of achievement, reductions in sanctions, etc. 6. CCCs are in community, aftercare planning, linkages with community based agencies 6. Engage Ongoing Support 7. Measure Relevant Processes/Practices 7. Assessment summary, 30-day Review, Individual Treatment Plan, Weekly Utilization Report, Annual Report 8. On-site program supervision, weekly multi-disciplinary team meetings, guarterly working group meetings 8. Provide Measurement Feedback