#### TRADITIONAL DAY REPORTING CENTERS

#### AND

#### THE PROBATION ASSESSMENT AND RISK REDUCTION CENTER

# **Traditional Day Reporting Centers (DRC)**

DRC's originated in Great Britain in the early 1970's, with the first American Center opening in 1986 in Massachusetts. When first established DRC's required convicted offenders who were placed on community supervision to report to a specific location on a frequent and regularly scheduled basis. These reporting locations were called Day Reporting Centers where offenders came to during the day, but returned to their homes or other locations to sleep at night. Initially DRC's shared two primary components: a) a supervision and monitoring component that required the program participants to regularly report to the Center (often 5 days a week for 8 hours or longer), and, b) providing some activities and services which were primarily recreational, educational, job placement, and drug treatment.

At the present time there are numerous non-residential offender supervision and service programs that operate in every state in the Country. Evolving from the original DRC model these programs are extremely diverse in terms of type of offenders, types of services, number of clients served at the program, and the length of time spent in the program. Therefore no longer is there a "typical DRC" model.

Today we have an extensive body of empirically sound research on "what works" in changing criminal behavior and achieving greater reductions in crime through reducing offender recidivism. This reality has shaped the development of current community-based non-residential programs (DRC's) throughout the United States.

## **Probation Assessment and Risk Reduction Center**

The Probation Assessment and Risk Reduction Center (PARRC) which is described in detail in the document entitled "Probation Assessment and Risk Reduction Center (January 2013)", is a highly structured non-residential program with an emphasis on client supervision, services, and sanctions. The PARRC model is designed to work with clients to:

- Develop structure and stability
- Change the way they think and behave
- Learn and practice new skills for living a responsible lifestyle
- Increase their chances of employment
- Abstain from alcohol and drug abuse

The program length and services will vary based upon the client's individual circumstances and will range from 6 to 12 months in duration, and include between 100 and 400 hours of direct supervision and intervention services. The PARRC model is comprised of three primary Phases, coupled with an intensive supervision and case management component.

### Phase One: Assessment and Case Planning

One of the hallmarks of the PARRC model is that client supervision and services will be based upon each participant's level of risk (risk to reoffend) and needs. The assessment process will include multiple validated assessment instruments which will help identify the following client characteristics;

- Risk to reoffend
- Factors associated with their criminal behavior
- Intervention and service needs
- Mental health status
- Substance abuse issues and appropriate level of treatment
- Motivation and readiness to change

Based upon the assessment process, an Individual Service Plan (ISP) will be collaboratively developed by a PARRC case manager, the supervising probation officer, and the client. During Phase One, the client will also begin to attend individual counseling sessions to gauge and enhance their motivation to change.

### Phase Two: Intervention

Based upon the ISP each client will participate in the interventions and services identified from the assessment process. PARRC interventions were developed from existing research on changing criminal behavior and are considered evidence-based treatments. The PARRC interventions and services include the following:

- Cognitive Behavioral Therapy (i.e., Thinking For A Change and Reasoning and Rehabilitation II)
- Intermediate Substance Abuse Treatment
- Intensive Substance Abuse Treatment (i.e., Matrix Therapy)
- Employability Training and Job Search
- Mental Health Therapy
- Educational Services (i.e., GED / Literacy)
- Individual Supportive Counseling

# Phase Three: Relapse Prevention and Aftercare

One of the challenges for clients who have stopped their criminal behavior is to sustain that change once they have left the program and are no longer receiving support and supervision. Relapse Prevention Therapy includes concepts and skills for working with clients to help them develop and apply effective coping mechanisms to avoid or manage situations that can lead to further criminal behavior. Relapse Prevention Therapy will be provided to each PARRC client as part of or immediately following completion of their required interventions. Often an offender's ability to remain crime free is related to the role of significant others to support and reinforce a pro-social identity. Through pro-social family members and significant others, mentorship programs, and faith-based organizations, PARRC staff will work with each client to develop an aftercare prosocial support network.

# **Intensive Supervision and Case Management Component**

When it comes to face-to-face contact between a probation officer and an individual placed on probation (or parole), it is not uncommon in many probation agencies, based on caseload size, to have only one or two monthly face-to-face contacts. Even for high-risk offenders who are on intensive supervision, caseload size may often make it difficult to meet with those offenders more than two or three times a month. Clients placed in the PARRC will be required to meet with their PARRC case manager and/or their probation supervision officer a minimum of six times each month. In addition, each client will have group contact with PARRC staff a minimum of eight times per month. This level of contact will provide for increased client monitoring as well as create more opportunities to facilitate positive behavior change.

### Summary

Offender programs (like the initial DRC's) that place a greater emphasis on client supervision and monitoring, than on targeted interventions and services, have been shown to have a minimal impact on lowering client recidivism after program completion. Programs like the PARRC model that provide for both increased supervision and structure, as well as targeted evidence-based interventions, have produced significant sustainable reductions in client recidivism. Unlike the initial DRC's, the PARRC clients will be at the program only to attend their targeted intervention and services. Client recreational programs, meals, and social activities will not be provided. Below is a summary of the PARRC model:

SOLANO COUNTY PARRC MODEL		
Target population	<ul> <li>Male clients placed on program supervision who have been assessed and classified through the LS-CMI risk and needs assessment as high-risk to reoffend.</li> <li>Sex offenders are not eligible</li> </ul>	
Capacity.	• 75 clients (normally no more than 30 clients will be at the program at the same time)	

Duration	● 6 – 12 months
Dosage	• 100 to 400 hours depending upon client needs
Services and Activities	Risk and Needs Assessment
	Substance Abuse Assessment
	Mental Health Screening
	Basic Needs Screening
	Individual Case Planning
	Cognitive Behavioral Therapy
	✓ Thinking For A Change
	✓ Reasoning and Rehabilitation II
	Substance Abuse Treatment
	✓ Matrix Therapy
	GED / Literacy Services
	• Employment Services
	Mental Health Treatment
	Behavior Monitoring
	Drug and Alcohol Testing
	Relapse Prevention Therapy
	Peer Support Services
	Individual Counseling
	Case Management
Model	Three Phases: <u>Phase One</u> — Client assessment, program orientation, developing the client's
	Individual Service Plan and facilitating their commitment to change.
	<u>Phase Two</u> – Providing interventions and services targeted to address the client's assessed needs, and change their criminal thinking and behavior.
	<u>Phase Three</u> – Preparing the client to transition out of the program and off probation supervision while sustaining a pro-social life.