Phase I Supervision

The goal of Phase I Supervision is to use a scientific, evidence-based sentencing structure, where individual levels of risk and need are determined and appropriate supervision and treatment responses apply. Using the risk/needs principle discourages a one-size-fits-all approach to sentencing and supervision. Rather, supervision is tailored towards an individual's specific risk and criminogenic need.

Risk and criminogenic need indicate what level of treatment and supervision are likely to be required to manage an offender, and what consequences should result for violations of probation. Generally, the higher the risk level, the more intensive the supervision services should be. Similarly, the higher the need level, the more intensive the treatment services should be. However, the converse is also true: the lower the risk level, the less intensive the supervision services; the lower the need level, the less intensive the treatment services. Providing too much treatment or too much supervision is not simply a potential waste of limited resources. It can increase crime or substance abuse by exposing individuals to more seriously impaired or antisocial peers, or by interfering with their engagement in productive activities such as work, school, or parenting[1].

Modeling this evidence-based practice, each defendant sentenced to "MCJRP Conditions" will continue to be assessed and—depending on risk and needs—placed in a "High," "Medium," or "Low" supervision structure. Phase I supervision of each group includes a higher level of supervision than traditional probation supervision for that risk/needs level, and includes:

High Risk/Needs—Minimum of 6 months of Phase I Supervision, including:

- Minimum two in-person contacts by PPO per month;
- Weekly contact by community partner;
- One home visit every 45 days; and
- Case plan with referrals.

Medium Risk/Needs—Minimum of 3 months of Phase I Supervision, including:

- Minimum two in-person contacts per month (at least one with PPO)
- Home visit within the first 90 days of supervision; and
- Regular collateral contacts with providers.

[1] Lowenkamp & Latessa, 2004; McCord, 2003.

Low Risk/Needs—Minimum of 30 days Phase I Supervision, including:

- Close supervision for first 30 days to confirm assessment, obtain appropriate assessment, or be reassessed;
- Minimum 1 in-person contact with PPO;
- Minimum 1 home visit;
- Begin services when appropriate; and
- Engagement of services, if appropriate, prior to transferring from Phase I.

In addition to the supervision structures mentioned above, defendants engaged in wraparound services will also have regular contact and monitoring from personnel such as treatment providers, mentors, housing staff, and case workers in the area of employment development, parenting and other rehabilitative programming. This results in multiple entities contacting, monitoring and tracking the progress of each individual.

At the end of Phase I, there may be a reassessment of a defendant's risk and needs that may result in a supervision structure change, which may increase (if low or medium risk) or decrease (if medium or high risk) the defendant's level of supervision while in Phase II of the program.

Definitions

Case management: a proactive and collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and service to meet an offender's risks, needs, and responsivity factors. Case management is the process that links all elements involved in an offender's management. The process of case management unifies procedures and personnel to balance resources and an offender's needs through the offender's term of community supervision.

Case Plan: a dynamic document created collaboratively with an offender that specifically identifies the offender's evidenced-based assessed risk and needs, and prioritized goals accompanied by risk reduction strategies.

Collateral contact: the receipt of meaningful offender information (e.g., whereabouts, compliance, behavior, etc.) from sources other than the offender.

Contact: the direct or indirect collection of information about an offender that is documented by an ASD staff for case management purposes. Contact can occur through face-to-face interaction, written communication, or telephonic correspondence with the offender, treatment agency staff, family members, housing proprietor, etc.