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In Partnership with Public Safety Canada

Day Reporting Centres: A Service Delivery Model

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Sonya Spencer
Executive Director

The points of view expressed in this report are those of the author and roundtable participants. They do not necessarily represent the position or opinions of Public Safety Canada.

About the Author

St. Leonard's Society of Toronto (SLST) began operating in the community in 1976 and has, through the years, advanced initiatives to ensure a safer community. Currently SLST delivers both prevention and intervention programming for those at risk of becoming in conflict with the law and those who are on various forms of conditional or legislated release from federal institutions.

As an organization SLST is always seeking new funding partners and like-minded organizations to partner with in order to expand our continuum of services to assist individuals in becoming healthy, productive, and law abiding community members.

The Correctional Service of Canada and SLST formed a partnership through the development of the **Crossroads Day Reporting Centre (CDRC)** in October 2008. The CDRC represents a critical component in the continuum of care within the context of community based corrections consistent with objectives related to a safer community and enhanced offender reintegration. The program targets high risk/need offenders in the community by delivering a program that integrates evidence-based components resulting from up to date research in community corrections and offenders rehabilitation.

Sonya Spencer is the SLST Executive Director and has been working in the community corrections sector for more than 20 years. She was responsible for the development and implementation of the CDRC and it is based on this expertise and experience that lead to the writing of this report.

Ms. Spencer is also the President Elect for the International Community Corrections Association, a member of the American Correctional Association's Community Corrections Committee, a Past President of the Ontario Halfway House Association and a member of the Canadian Criminal Justice Association.

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Executive Summary

The following report documents the findings of a review of Day Reporting Centres (DRCs) currently operating in Canada, how they are similar or differ from those that research has proven to be effective, and recommendations for further consideration.

For the purpose of this report all Day Reporting Centres included in this review are providing services to federal offenders on conditional or legislated release in the community. All programs are delivered by the Non-Governmental Organizations (NGOs) under contract with Correctional Service of Canada (CSC).

In gathering information for this report, input was solicited from the following groups;

- NGOs
- CSC
- Parole Board of Canada
- Police
- Community Members/Volunteers
- International Experts
- Community Stakeholders

Roundtable discussions were held in Vancouver, British Columbia, Calgary, Alberta, Saskatoon, Saskatchewan, Winnipeg, Manitoba, Toronto, Ontario, Montreal, Quebec and Moncton, New Brunswick between January 10, 2011 and January 27, 2011. In total 129 people participated and contributed to the findings within this report.

Based on a literature review, the consultation process and the service delivery experience of the author, the following observations we noted in relation to Canadian CDRCs;

- ❖ There are a total of 21 DRCs currently operating, in various stages of implementation, in 5 Provinces. In the remaining Provinces and Territories programs are delivering similar services, however for the purposes of this report they were not included. It should be noted that these programs may have promising practices that could be explored in a broader review of community based programming for offenders.
- ❖ When reviewing the operating practices of the DRCs it became apparent that although all shared the same name and overarching goal of the safe reintegration of offenders, there were few similarities in the models of service delivery, funding models, program utilization or data collection. This appears consistent with the models in both the UK and in the United States. Generally DRCs seem to be more of an accepted concept rather than a model for direct replication. This report attempts to provide a guide for further implementation of DRCs based on the principles of effective correctional interventions.
- ❖ During roundtable discussions it was unanimous that DRCs could be an effective tool within the continuum of community correctional interventions. It was agreed that principles of practice would support current and future program implementation yet there must be the flexibility within the model to allow for customization based on unique demographics and specialized populations.

Purpose/Overview

Day Reporting Centres have gained national interest and support over the past 5 years in Canada. St. Leonard's Society of Toronto and CSC began discussions regarding this programming option in 2006 and the Crossroads Day Reporting Centre has been operating in Toronto since October 2008. The two years of discussions around model design and funding negotiations remained at a local level since the belief at the time was that Toronto was the only area considering this type of programming. To our surprise it was later learned that in the same year other regions within CSC were having similar discussions. It is the belief of this author that had this information been made available sooner all parties would have benefited from the exchange of information. It is the hope that this report will serve as a means of closing the gap nationally and lend support to other jurisdictions in the development and sustainability of DRCs.

The Crossroads Day Reporting Centre (CDRC) has proven to be a valued community resource for both CSC and the clients in greater Toronto. SLST is extremely proud of the service being delivered and the outcomes achieved to date (see Appendix B). It is as a result of this success that we proposed to Public Safety Canada that SLST take the lead in conducting a review of DRC models nationally. Although SLST does have over two years of experience in program delivery, the goal of this project is not to dictate how DRC services are implemented and delivered, but instead contribute to the development, sustainability and effectiveness of DRCs. It is our belief that without a purposeful and comprehensive planning process DRCs are at risk of not being able to achieve their identified goals.

DRC's represent a critical component in the continuum of care within the context of community based corrections consistent with objectives related to a safer community and enhanced offender reintegration. The program targets high risk/need offenders in the community by delivering a program that integrates evidence-based components resulting from up to date research in community corrections and offender rehabilitation.

SLST, with funding from Public Safety Canada's Effective Corrections Initiative, was tasked with providing a written summary of best practice model(s) for DRCs and an examination of how the DRCs currently in operation in Canada are similar or differ from those proven to be effective.

Specific Project Tasks

Based on the description above, SLST was asked to complete the following project tasks:

- Identify North American experts in the area of DRCs.
- Provide a written summary of findings following site visits.
- Identification of a diverse and inclusive group of stakeholders.
- A Conceptual Framework for DRCs nationally:
 - Document DRC goals and objectives;

- Provide sound rationale for model implementation; and
- Outline program effectiveness which includes a cost-benefit analysis for potential funders.
- Establishment of a Day Reporting Centre's Network:
 - Develop a draft "terms of reference" for the network.

Background

For the purpose of this paper a "Day Reporting Centre", in the Canadian context is defined as a non-residential program offering enhanced supervision and support services to federally released offenders under the following circumstances;

- transitioning from the institution into the community and are in need of additional support to assist in community stabilization
- those offenders who are identified as high risk/high needs and require additional services to support their safe and structured community reintegration.

The goals of DRCs vary, but in all cases they share the desire to reduce recidivism, future victimization and support the successful reintegration of offenders. CSC, in 2010 defined DRCs in the Statement of Work as:

Also known as Reporting Centres, Transition Centres are structured non-residential programs which provide monitoring and support to conditionally released offenders as an alternative to a residency condition, particularly in communities where no CBRFs exist (or where CBRF options are limited); and also serve as an alternative to suspension. Transition Centres may also provide services to offenders who require additional monitoring on a temporary basis. Offenders are expected to report to Transition Centre staff on a pre-determined basis to participate in services agreed upon and required by CSC. Services provided may include counseling, housing and employment assistance, mental health services, etc.

DRCs, as described above, are a relatively new concept in Canadian federal corrections. However, as early as 1973 we saw the development of the attendance center in Canada. Attendance Centres provided similar services to adults and youth although these programs were predominantly used as an intermediate sanction, specifically as an alternative to incarceration (John Howard's Society of Alberta, 2000).

In reviewing the available, but limited, research it became apparent that the terms Day Reporting Centre, Day Centre, and Attendance Centre are very similar concepts although the purpose and populations served are diverse. This section will describe briefly the evolution of the broader model. In order to minimize the potential drift of this report all future section's reference to DRCs will be reflective of the Canadian model described above.

Day Reporting Centers started in Great Britain in the early 1970s. Initially established for youth, the adult centers were an alternative to incarceration for older petty criminals who were chronic offenders (Larivee, 1990). It would appear that the precipitating factor leading to the growth of adult DRCs in the UK was one of prison overcrowding. Similar to what is occurring in Canada, these programs differed considerably in relation to programs and services being offered. (Mair, 1990) Despite the growth of the centers (80 - 100 programs by 1992) it proves to be very challenging to determine the degree to which they continue to operate today.

The first Day Reporting Center in America was opened in 1986 by the Hampden County, Massachusetts, Sheriff's Department. The center was used as an early release program for selected county jail inmates (Curtin, 1990). Additionally, Day Reporting was similar to a living out release option used by the Federal Bureau of Prisons that allowed inmates to spend prison-time at home after they had finished a residential phase of treatment at community correction centers (Parent, 1990). Over the next ten years the number of day reporting centers in the United States grew from a handful of programs clustered in a few states to 114 programs in twenty-two states (Parent et al., 1995). Today in the United States there continues to be DRCs operating although they primarily focus on non-violent offenders who pose a high risk for recidivism.

It would seem that Day Reporting Centres are more a concept than an actual model thus making comparisons, evaluations or replication challenging. It is used for a variety of populations and operators but, in spite of their lack of uniformity, all DRCs can be defined as a highly structured non-residential program utilizing supervision sanctions, and services coordinated from a central focus (Curtin, 1990, p. 8).

The Growth of Canadian DRCs

The growth of DRCs in Canada is not unlike what occurred in the UK or US, as pressures on population management and changed offender profile resulted in the development of this new supervision option. Today there are a total of 21 DRCs operating nationally, in various stages of implementation, in 5 Provinces. In the remaining Provinces and Territories programs are delivering similar services. However, for the purposes of this report, they were not included.

The Corrections and Conditional Release Act (1996), was amended to allow the Parole Board of Canada (PBC) to impose a condition of residency on offenders released on statutory release, thereby allowing the PBC to require an offender to reside in a community based residential facility that will closely monitor the offender's access to the community. Since the introduction of statutory release with residency both CSC and PBC have developed policy frameworks which support the application of such a condition.

The number of cases with this condition has steadily increased since the amendment to the law. Originally, it was felt that the imposition of this condition would be for those few offenders that represent an increased risk upon release. However, the test in law states that the offender must be assessed against the following criteria: *"in the absence of the residency condition, the offender will present an undue risk to society by committing an offence listed in Schedule I (violent offences) before the expiration of the offender's sentence according to law "*. This means that the PBC must be satisfied that the offender meets this criterion when imposing the

condition to reside in a community residential facility. In addition, an amendment to the Criminal Code and the CCRA in 1999 added a new provision for the courts to impose an order on individuals, convicted of certain offences, to be subject to long term supervision following the completion of the custodial portion of their sentences. The amendment to the CCRA allowed the Parole Board of Canada to impose a residency condition on these offenders as well.

Since the amendment to the CCRA legislation, the residency requirements have been on a steady increase and this has put pressures on the residential capacity. As an example, in the Central Ontario District of CSC in 2008/2009, 36% of offenders released on statutory release had a residency condition.

The Correctional Service has recognized that it cannot continue to manage the increased demands of the population on its own. The need for enhanced supervision practices has become evident with the changed offender profile and the need to provide additional assistance and monitoring to achieve successful reintegration of the offenders.

The DRCs are not considered a replacement strategy for those who still require the supervision and structure of a Community Residential Facility but rather a mechanism for safely transitioning offenders to the least restrictive level of intervention.

A Look at Existing DRCs in Canada

Location	Date Opened	Number of DRC dedicated staff	Average Annual utilization (not including urinalysis only clients)	Collect urinalysis	Hours of Operation	Services offered	Cost
Pacific Region (11 sites with identical DRC model included) <i>Note: 6 of the 11 DRCs in this region were not utilized in fiscal year 09/10</i>	2006	0	Ranging from 0 to 20 clients	no	Operates from CRF therefore no specific hours of operation noted	Informal conversation for approximately 20 minutes, post visit phone message to supervising Parole Officer, a meal/snack, dispensing medication, case conferencing with CSC as required	\$20/contact
Meewasinota Reporting Centre (Saskatoon)	2008	1	82 (approximately 50% urinalysis only)	yes	Operates from CRF – staff available 0800 hours – 2400 hours	Observation/monitoring, curfew checks, accompaniment for tandem visits, urinalysis testing, individual needs related counselling (employment, housing support), meal, access to laundry, aboriginal cultural support and elder services	\$120.00/day
United Church Halfway Homes (Winnipeg)	2009	0	72 (some urinalysis only)	Yes	Operates from CRF therefore no specific hours of operation noted (they do prefer DRC clients come when senior staff are available)	Observation/monitoring, curfew checks, urinalysis testing, individual needs related counselling (employment, housing support), meal, access to laundry, aboriginal cultural support and elder services	\$238.53/day

Crossroads Day Reporting Centre (Toronto, ON)	2008	2	106	No	7 days/week, 1200 hours – 2000 hours	Formal assessment (LSI-R), intensive case management support, individual counselling, structured leisure activities, employment support with client computer access, OMS documentation	Base Funding (approx. \$26.52/hr – staff, plus travel and admin fees)
Cody Centre (London ON)	2008	1	70	No	40 hours/week	Formal assessment (LSI-R), intensive case management support, individual counselling, curfew check, community accompaniment, meal	Base Funding (approx. \$26.52/hr – staff, plus travel and admin fees)
JHS (Ottawa, ON)	2010	1	13 (since opening)	No	6 hours/day – 30 hours/week	Formal assessment (SPIN), intensive case management support, individual counselling, curfew check, community accompaniment, meal	approx. \$25.50/hr
St. Leonard's (Sudbury, ON)	2009	0	9	No	10 hours/week	Informal conversation for approximately 20 minutes, curfew checks, need focused support, meal	approx. \$25.50/hr
St. Leonard's (Hamilton, ON)	2010	1		No	32 hours/week (Mon, Wed, Fri, Sat)	Formal assessment (LSI-R), intensive case management support, individual counselling, curfew check, community accompaniment, meal	approx. \$25.50/hr
North Bay, ON	2010	0	3	No		Informal conversation for approximately 20 minutes, curfew checks, need focused support, meal	approx. \$25.50/hr
Elizabeth Fry Society (Barrie)	2010	0	2		16 hours/week	Informal conversation for approximately 20 minutes, curfew checks, need focused support, meal	approx. \$25.50/hr

The Effectiveness of Day Reporting Centres

As outlined above, the variations in DRC models, implementation strategies and populations served pose a serious barrier in attempts to determine program effectiveness and overall cost savings. This section will explore current research, what we know about effective correctional interventions and offer suggestions on how best to position Canadian DRCs for future evaluations and research.

Community-based treatment programs for offenders implicitly (and often explicitly) attempt to lower the costs of crime to the criminal justice system and society overall by offering effective alternatives to incarceration or residential treatment. Funding agencies are legitimately concerned about whether programs are “worth the investment.” Programs, however, are rarely equipped to conduct extensive cost-benefit studies. Also, programs can be “moving targets,” often by design. A program’s flexibility to adapt to the changing needs and situations of

offenders can strengthen the therapeutic effectiveness of a program, but also can make its economic benefits and costs more difficult to estimate (Craddock, 2004).

In evaluating the effectiveness of Day Reporting Centers, it is important to consider the accomplishment of treatment goals and cost efficiency as compared to incarceration and not just program success rates. English centers are operating effectively and are becoming a recognized aspect of probation supervision, as evidenced by the continued spread of DTCs (Mair, 1990). American Centers in Massachusetts are reporting successful completion rates of 66% to 81% (Curtin, 1990). These programs are also successful in saving tax dollars that would have been needed for prison beds (Larivee, 1990).

In lieu of comprehensive outcome data on Canadian DRCs we do know that an evaluation of the application of Intensive Supervision Practices (ISP) to high-risk offenders found that the ISP group had lower rates of readmission to incarceration for revocation of conditional release and were in the community for a longer period of time before a suspension order was issued (Serin, Young, and Briggs, 2003). Support for the DRC model can be considered if you combine this finding with the fact that numerous studies have suggested that offenders who received treatment, in addition to correctional supervision, had more successful outcomes than those who received supervision alone (Gendreau, Cullen, & Bonta 1994; Diggs & Pieper 1994; Craddock 2004).

It will be critical that data collection parameters be established in order to support the ongoing expansion, stabilization and evaluation of the DRC model in Canada. The funding structure used to support the day to day DRC operations should recognize and support comprehensive data collection, perhaps by means of a national tool. In some centres a database is being used but this is sporadic and offers little value to this report.

DRCs and the Principles of Effective Intervention

Brogue et al. (2004) asserts that “[t]he organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these eight principles will likely realize the greatest recidivism reductions”. Various sources and researchers may organize the principles differently, some may expand them into more categories and others may collapse them into fewer categories, but they are still driving at the same goals (Andrews et al. 1990; Gendreau et al. 1996; Serin 2005; Mackenzie 2006). The following list appears in the Report to the California State Legislature: A Roadmap for Effective Offender Programming in California (2007:19).

Evidence-Based Principles and Practices

1. Target Highest Risk Offenders. Correctional agencies should provide rehabilitation treatment programming to their highest risk to reoffend prisoners and parolees first.

- DRCs currently are designed to assist the offenders assessed as being high risk and/or high needs. DRCs should not be used as an additional sanction but

instead as the least restrictive measure of managing offenders within a non-residential structure.

- DRCs should regularly assess offender progress to ensure that those having stabilized in the community can transition to regular parole supervision.
- The frequency of reporting should be determined following an assessment and consultation with the offender and supervising Parole Officer.

2. Assess Offenders Needs. Correctional agencies should assess the criminogenic needs (dynamic risk factors) of their offenders using research-based instruments. The goal of programming should be to diminish needs.

- Some DRCs use a validated risk assessment (LSI-R, SPIN®) as part of the intake process.

3. Design Responsivity into Programming. Programming should account for individual offender characteristics that interfere with or facilitate an offender's ability and motivation to learn.

- Most DRCs use an individualized case management approach that attends to issues of motivation and barriers to success.

4. Develop Behaviour Management Plans. Individual programming should occur in the context of a larger behaviour management plan developed for each offender, which will include the priority and sequence of treatment programs, the means for measuring treatment gains, and the goals for a crime free lifestyle.

- Most DRCs develop a plan that outlines the goals and objectives that guide the intensity and type of interventions utilized during DRC participation.

5. Deliver Treatment Programs using Cognitive-Based Strategies. Research has consistently determined that cognitive-behavioural treatments are more effective than any other form of correctional intervention because these treatment types address criminal thinking and behaviours in offenders.

- All DRCs report using a cognitive-behavioural treatment model

6. Motivate and Shape Offender Behaviours. Programming should include structure or capacity for rewarding positive behaviour in addition to punishing negative behaviour.

- All DRCs work collaboratively with the supervising Parole Officer to pre-determine what will define offender success/completion and to develop strategies for increased intervention when risk is believed to be elevated.

7. Engender the Community as a Protective Factor Against Recidivism and Use the Community to Support Offender Re-entry and Reintegration. Programming should involve the offender's immediate family members and the social service agencies in the community to which the offender will be returning. The state should empower the community—families, neighbourhoods, religious and cultural institutions, businesses—to reduce crime through deliberate efforts that assist offenders under correctional control and provide support to reduce criminal behaviour.

- All DRCs report having excellent relations with community organizations. These partnerships allow them to have external programming options when offenders are in need. This also facilitates a seamless transition to other services when reaching warrant expiry and are no longer eligible for DRC support. It should be noted that despite this fact, community resources in most areas continue to be insufficient for offenders.

8. Identify Outcomes and Measure Progress. All programs should have identified outcomes and integrated methods for measuring progress toward objectives. The system should use performance measures to evaluate progress and inform improvements.

- This area will need considerable development since many DRCs are not collecting sufficient data to evaluate outcomes and inform further program development.

As noted previously cost effectiveness is difficult to determine and validate. However, we do know that the most intensive Canadian DRC model averages at a cost of \$154,500.00 per year and has an active caseload ranging from 25 – 35 offenders at any given time. We can then estimate that it costs approximately \$17.00 a day/offender receiving DRC services (see table below for a cost comparison). Cost savings are realized when offenders are diverted from incarceration and the social value gained from offender community stabilization far outweighs the reasonable cost of DRC operations.

Supervision Strategy	Approximate Cost/Day
Incarceration (federal average)	\$300.00
Community Correctional Centre	\$149.00 (2006/2007)
Enhanced Community Residential Facility	\$140.00
Community Residential Facility	\$118.48
Day Reporting Centre	\$17.00

Roundtable Discussion Summaries

This section summarizes the national roundtable discussions held between January 10, 2011 and January 27, 2011 focusing on DRCs in Canada. The purpose of these meetings was as follows;

- to gather information on existing DRCs
- to begin formulating some agreed upon principles of practice in DRC service delivery
- advance our understanding regarding the value and effectiveness of DRCs from a variety of stakeholders, governmental authorities and service providers' perspective.

- share lessons learned
- assess the availability of data and encourage the collection of same

Considering the very short timeframe in which to engage participants in this process we were extremely pleased with the number and diversity of the participants and the enthusiasm that each brought to the discussion. It was apparent that DRCs are of interest nationally and all those that participated recognized the importance and value in having such discussions.

During the discussions some common and divergent themes emerged. Although there was often consensus amongst the participants, the summaries below are representative of the majority opinion.

Common Themes

- ❖ ***Participants agreed that we need to increase our options within community corrections to be better equipped to manage the high risk/high needs offenders.***

The changed offender profile was discussed and it is clear that the complexity of the cases under supervision in the community require a collaborative, seamless approach to support their safe reintegration. It was acknowledged that although, within the DRC model, the supervising Parole Officer maintains legal authority, they cannot do it all.

- ❖ ***Participants agreed that traditional CSC partners were best positioned to operate DRCs due to the ability to share program sites (DRCs may operate from within an existing CRF) when the offender population cannot sustain a standalone site. It was also agreed that in addition to their expertise, existing partners in many cases had a greater level of local community support and accessibility to other support systems for offenders.***

All acknowledged the need for multiple partners, especially in the areas of mental health and housing, to assist the offenders served at DRCs. The ongoing challenge is finding external community organizations that are willing to provide services for our clients with extensive histories of violence, gang affiliations, and histories of a sexual offence(s) and diagnosed mental disorders. All agreed that advocacy is an ongoing role played by DRC staff.

It was noted that 2 standalone DRC sites, one in Toronto and one in Calgary, have been secured and opened with the support of local police and free of community resistance.

- ❖ ***Participants agreed that the program name, “Day Reporting Centre” is not reflective of the services and support being offered and in fact many believe the name can be attributed to some initial offender resistance. The name is also believed to increase the need for education and on-going marketing efforts in order to fully implement and sustain the program.***

As stated earlier in this paper, the DRCs operating nationally come in a variety of shapes and sizes. However, all provide, to the majority of their offenders, additional supports outside of the supervision/monitoring component. Often the term “reporting”, within federal corrections, refers to the requirement of police reporting and therefore offenders, and those unfamiliar with the programs, immediately assume participation in a DRC is an additional sanction being imposed.

In many cases, if not all, DRCs have experienced low numbers of referrals during the start-up phase. It was agreed that it is critical to the DRCs success that they have a local champion within CSC. The DRC is a new concept and initial resistance and scepticism is to be expected, tolerated and overcome by the partnership between service provider and funder.

Many new names were proposed during the discussions. The unanimous recommendation was that the word “support” be included.

- ❖ ***In addition to the goal of reducing re-offending, intermediate outcomes must be identified that allow for short term measurement (i.e. a dynamic re-assessment of risk/need) in order to evaluate program effectiveness.***

Participants agreed that there needs to be a variety of means to evaluate program effectiveness. In the discussions many believed that despite a failed release, DRC involvement had in fact moved the individual closer to stability (i.e. longer period of abstinence, re-engaged with family etc.). It was agreed that there should be measures in place to showcase this evidence.

- ❖ ***Participants agreed that funding must be sufficient to allow for innovative and comprehensive programming delivered by highly competent staff.***

Currently there are a variety of funding structures in place for DRCs and it appears that the numbers of offenders served, as well as the intensity level of the programming being offered, is directly related to this issue. It is imperative that sufficient funding be directed to DRCs in order to enable partners to deliver high integrity programming that is able to meet the needs of the clients served.

As indicated above cost savings are realized when offenders are diverted from incarceration and the social value gained from offender community stabilization far outweighs the reasonable cost of DRC operations.

All agreed that the role of DRC counsellor/case manager is best suited for experienced, well trained and highly skilled staff members. In order to recruit and retain such staff competitive compensation packages must be offered.

- ❖ ***All participants agreed that the use of DRCs should not be viewed as a replacement for traditional residential services.***

It is critical that the offender profile targeted for DRC services be well articulated in program outlines and then closely monitored to ensure high integrity programming. The need for residential services remains the safest, gradual release mechanism for the higher risk/higher need cases. However, the DRC is the best suited vehicle to continue the progression to independent community living. CSC, PBC and partners must principles of effective community corrections. The principle of intensive services for those assessed as high risk/high must be adhered to consistently. We need to focus on changing behaviour for success rather than solely focusing on the sanction.

- ❖ ***Marketing and outreach are essential for success and that the time needed for this at the frontend and throughout must be acknowledged and agreed upon with the funder.***

All DRC operators and CSC representatives agreed that marketing and outreach should be routinely done in order to educate Parole Officers and stakeholders in order to increase the level of confidence in the program and increase appropriate referrals.

- ❖ ***Participants agreed that DRCs did not need to be gender specific yet they did need to be gender responsive.***

All DRCs currently operating provide services to both men and women and have concluded that this has not been problematic for either the service provider or offenders. A roundtable discussion was held specifically for the women's sector in Toronto and the group agreed that DRC services could be combined although they emphasised the need for gender responsive interventions. It was agreed that a closer look would need to be given to implementation practices specifically for women given that best practices differ for men and women.

- ❖ ***Participants agreed that DRCs need to be able to address the cultural diversity of the offenders utilizing the program.***

The participants acknowledged that commonly accepted best practices for aboriginals be included in the design and operations of the DRC. At some sites the DRC offers a sanctuary room, elder services and other services unique to aboriginal community corrections.

It was also noted that in some urban centres the cultural diversity extends beyond aboriginals and this too must be taken into consideration in reference to programming principles and practices.

- ❖ ***Participants agreed that the DRC has shown to enhance community independence of offenders with mental health issues and/or disorders.***

It was believed that offenders with mental health issues and/or disorders appeared to be remaining in the community longer and had enhanced their ability to function independently. Some DRCs have implemented relapse prevention programs for those with mental health histories in hopes of decreasing their dependency on the mental health system.

Divergent Themes

- ❖ ***Participants expressed differences in their views of the role DRCs may play in the future. Some believed that by offering these programs to offenders it may in fact result in some serving longer periods of their sentence under increased supervision.***

The key to ensuring appropriate use of the program will be to outline very clear acceptance criteria and continuously evaluate the population to ensure there has been no drift from the intended offender profile. Some participants further believed that, without a monitoring process, DRCs would be considered a “one size fits all program” and inappropriate referrals (low risk/low need offenders) would be accepted and ultimately increase the risk of recidivism.

- ❖ ***Not all participants believed that the DRC model could be implemented in rural areas***

During all roundtable discussions the needs of the rural communities were discussed. All participants agreed there is a need for enhanced, partnered services although the limited number of offenders in these communities poses a challenge in regards to sustainability, demographics and lack of traditional partners available to deliver services.

Some suggestions offered to overcome these challenges were as follows;

- Consider the use of technological options such as counselling sessions via video conferencing. This option would require securing locations within the rural community that would allow offender access to a computer, ideally outside of regular business hours.
 - Consider “mobile” DRC services. This may be a viable option in communities where the number of offenders could sustain the service however most agreed the cost of this option would likely exceed the benefit.
 - Consider a formalized partnership with local police/RCMP to increase the supervision/monitoring available in these communities.
-
- ❖ ***Participants expressed concerns over a national model being considered due to the belief that it would limit the creativity in program design tailored to meet the needs of their clients and the local community.***

Participants agreed that the greatest benefit of programs such as the DRC was the ability to tailor the services directly to the needs of the offender, funder and community. It was clearly articulated during the discussions that the intent of a national model was not to limit this ability but rather to formalize the operating principles and practices.

- ❖ ***Participant opinions differed regarding the reliance on research and the need for emphasis on evidence-based practices.***

Although most were familiar with the research and need for evidence based/informed practices, in some cases this will involve a change in agency culture and how programs and services are articulated and delivered. It is the opinion of this writer that none of the agencies participating in the roundtable discussions were in direct conflict with the research although some interventions utilized will need to be more formalized to ensure consistent implementation.

- ❖ ***Some participants expressed concerns regarding the inconsistency of staff delivering DRC services. Most agreed that this was a result of funding limitations.***

In some DRC programs, primarily those operating within a community residential facility, they do not have a dedicated DRC staff. This would mean, in most cases, that when an offender attended the DRC they would be seen by the duty staff. Many concerns were noted regarding the potential for inconsistency in the staff approach and inability to establish a therapeutic rapport.

Some participants, while they could appreciate the above concerns, believed that some service far outweighed no service at all.

- ❖ ***Some participants believed there should be an automatic referral process.***

In some areas referrals continue to fall below the expected numbers and therefore some believed an automatic referral process should be implemented. The idea was that all those offenders in the community deemed as high risk/high needs should be referred and then an assessment and case conference could determine their suitability for the program.

The opposing argument was that if an automatic referral process was adopted then we would not be using the principle of least restrictive measure of intervention. The additional concern of the DRC being an additional sanction opposed too once again emerged.

- ❖ ***Participants expressed concerns over the lack of communication between CSC and DRC staff.***

The success of local programming options is supported or challenged by the local relationships between contractor and funder. It is clear that increased communication guidelines would help in communities where open dialogue is not an identified strength.

Following each roundtable discussion participants were asked to complete a participant feedback form. Of the 129 individuals who participated we collected 107 responses and the feedback received has been recorded in Appendix A of this paper. In summary we found the following;

- Prior to the roundtable discussions 18% of those attending were not at all familiar with DRCs while 27% were very familiar. This feedback meant that we had been successful in our goal of bringing a diverse group of participants to the table.
- When participants were asked if they believed the DRC could be a useful supervision strategy for community corrections the response was a unanimous “yes”. This proved the discussions had perhaps swayed some participants who were initially very resistant to a “new way” of doing “old business”.

❖ *Participants expressed some concern with the formal reassessment process.*

Some participants questioned the purpose of formal risk/need reassessment. The belief was that this would have been administered during the offender intake phase and if re-administered it may be in direct conflict with the already established correctional treatment plan.

Given the dynamic nature of the needs, and the impact they have on risk, it is believed by some to be necessary as it assists in assessing on-going progress. Some also believed that the reassessment was a useful tool in the prioritization of needs which informs DRC efforts.

Promising DRC Models

As noted previously, the name Day Reporting Centre does not best describe the services delivered in some programs included in this report. For the purpose of this section the author has applied the name, [Transitional Support Centre](#) to the most intensive model being delivered in Ontario, to some degree in Winnipeg and the program soon to be operating in Calgary. The second model described focuses more on the monitoring and supervision components and will be referred to as a [Reporting Centre](#). The inclusion of “Day” in the title may suggest hours of operation and since they vary it does not seem appropriate.

It is clear to this writer that both models have, anecdotally, proven to be beneficial for CSC, the offenders and, in most cases, those delivering the services.

Introducing the Transitional Support Centre:

Although there are unique characteristics in all models, those that provide the most intensive services can be described as follows:

The underlying objectives of the Transitional Support Centres are four-tier:

- 1) To enhance community safety and decrease victimization through the reduction of offender recidivism.
- 2) To improve the ability of offenders to lead pro-social lifestyles through the development and implementation of individualized goal plans within a non-residential program.
- 3) To provide a cost effective alternative to offender incarceration for those deemed manageable in the community.
- 4) To collaborate with local agencies to increase and expedite the supports and services offered to offenders reintegrating into the community.

In an effort to achieve these aims this model offers increased accountability and regular observation (daily if required) alongside counseling to support offenders with correctional plan compliance such as employment and substance abuse counseling. These services are made available to high risk offenders leaving correctional institutions or currently under community supervision as it has been identified that such individuals have several unresolved issues impeding successful reintegration.

A Summary of Program Components:

The components outlined below reflect best practices of the “what works” literature in the field of effective community correctional rehabilitation and incorporates the subsequent components:

- The use of the Level of Service Inventory-Revised (LSI-R) instrument to assess the criminogenic risk, and need factors affecting the offender’s involvement in criminal behaviour.
- Development of a case plan that is responsive to the criminogenic factors identified in the assessment process, which includes the LSI-R and other objective information (e.g., home environment, offender self-identified interest areas and CSC reports generated throughout the institutional phases of their sentence) and that also addresses goals that are specific to the offenders non-criminogenic factors related to successful community reintegration and stabilization.
- Referral to the appropriate array of intervention/treatment, education, vocational and other services to assist the offenders in developing the new skills required to be a pro-social community member.
- Use of structured counselling sessions to assist the offender to learn the triggers (e.g., people, places or situation, and corresponding information processing) that affect involvement in criminal behaviour.

- Timely communication with the offender to review progress on the case management plan and achievement of goals/objectives.

These components are reflected in all aspects of the program, and are described as follows:

1. Intake: Risk/Need Assessment

The core objective of the intake process is the completion of a risk/need assessment on the individual offender that leads to the development and implementation of a case management strategy. The risk/need assessment represents the initiation of the *change* process and is collaborative in nature.

The Level of Service Inventory-Revised is the primary actuarial risk/need assessment instrument utilized. Offenders receive scores in the domains correlated to the probability to commit future offences. Information gained in this manner assists the Case Manager, the client and other decision makers to plan for both risk management and intervention activities. The components measured by the 54 item LSI-R are criminal history; education and employment; finance; family and marital; accommodations; leisure and recreation; companions; alcohol and drug problems; emotional/personal attitude. The LSI-R is the most heavily researched risk/needs assessment and from the first validation study in 1982, has continued to show consistent predictive validity for a range of correctional outcomes.

The predictive validity of the LSI-R is critical given its prominence as a leading actuarial risk/need assessment tool, and the important part it plays in the correctional landscape today. The tool provides a valid, dynamic assessment of an offender's overall risk/need level and is able to identify their most prevalent criminogenic needs.

2. Case Management

In the steps noted below, consultation with the referring PO occurs during case conferences and his/her input is incorporated throughout the program.

Step 1: Identify the problem areas

- Assessment tools used in conjunction with motivational interviewing techniques allow Case Managers to assist the offender in realizing that a problem exists, and that the problem will not go away without enhanced attention.
- Addressing the criminogenic factors, and resulting behaviours, has a significantly positive impact in the offender's quality of life and reintegration process.

Step 2: Evaluate the current situation

- The offender's current situation is assessed by reviewing risk/need domains, such as individual, family and employment. The Case Manager is to encourage the offender for instance individual, family, employment, financial and other risk/need domains.

- At this stage, the Case Manager is to encourage the offender to consider how the appropriate risk domain can potentially reduce negative consequences related to the criminal offender and reintegration process.

Step 3: Identify possible solutions

- The Case Manager can identify a variety of possible strategies that appropriately addresses the risk/need domain in question.

Step 4: Select a strategy

- The Case Manager and offender collaboratively consider the advantages and disadvantages of various strategies. The Case Manager acts as a guide/resource for the offender. The offender is encouraged to become proactive and solution focused. The likelihood of long term positive change is enhanced when the decision to change is made *by the offender*. The Case Manager and offender can direct the work within the context of the offender's lifestyle/circumstances to identify acceptable/appropriate solutions.

Step 5: Develop an action plan

- The offender develops an action plan with specific behavioural goals and an exploration of possible negative consequences as a result of him/her not achieving the goals in question, or non-compliance.

Step 6: Implement the action plan

- The Case Manager and offender implement the plan by initiating the strategies which also include referrals to community based agencies when appropriate.
- Progress of the offender is monitored and assessed.

Step 7: Refine the strategy

- Information is continually gathered and changes are made based on progress. In addition, new goals and objectives may be established at this time to support further success.

Step 8: Discharge

- Goals and objectives have been achieved.
- Offender is deemed stable in the community.
- Community based referrals have been made as required.
- Offender is encouraged to contact Case Managers in the event of future struggles or crisis situations.

3. Monitoring Process

Regular monitoring of movements relative to target goals in the relevant domains can provide ongoing feedback on the effectiveness of the program. In particular, progress records represent a log of activity designed to assess/measure change resulting from case management strategies, implemented within the context of the CDRC program. Furthermore, self-monitoring by the offenders themselves can provide a useful cue for occasions in which sudden changes in the domain area have transpired.

Appendix B further describes the Crossroads Day Reporting Centre as an example of best practices and looks at some outcomes since the program began in October 2008. Appendix C is a cursory review of those individuals who were referred to the CDRC but did not receive services with those who did receive CDRC services.

Introducing the Reporting Centre:

Although there are unique characteristics in all models, those that have a primary role of monitoring and supervision support for CSC can be described as follows:

The underlying objectives of the Reporting Centres are:

- To enhance community safety and decrease victimization through the reduction of offender recidivism.
- To enhance the level of supervision and monitoring of offenders (i.e. curfew checks, weekend contact, collateral follow-up).
- To act as an external urinalysis collect site with increased flexibility in hours.
- To offer a safe and supportive environment accessible to offenders in need of a meal, laundry facilities and/or informal counselling.

In an effort to achieve these aims, this model offers increased accountability and regular observation (daily if required). These services are made available to high risk offenders leaving correctional institutions or currently under community supervision, as well as those needing monitoring via urinalysis and increased monitoring.

A Summary of Program Components:

The components outlined below reflect best practices within the programs reviewed. However, they are not as heavily weighted in the 'what works' literature in the field of effective community correctional rehabilitation.

- Referrals are made by CSC and the service provider has access to all offender information in order to best manage the risk.

- Offenders accepted into the program are seen for an initial orientation/intake interview with subsequent visit frequency and purpose being determined via a case conference with CSC and the offender.
- The DRC establishes specific hours when offenders may be referred to the program for the purpose of urinalysis collection.
- Staff will notify CSC of any perceived or actual risk elevation and a plan will be developed to mitigate the risk.
- Staff will support offenders with basic living skills, i.e. travel costs, meals, laundry facilities as required.
- Staff will conduct telephone curfew checks as directed by CSC.
- Telephone and in-person crisis counselling is made available via residential staff.
- Written documentation will be provided to CSC in a timely manner.

Although the Reporting Centre model is not as comprehensive as the Transitional Support Centre it does serve as a valued resource for CSC and should be considered a viable option in smaller urban and rural communities.

A National DRC Network

In the roundtable participant feedback form participants were asked if participating in the discussions had been worthwhile and the response was almost a unanimous “very much”. In addition 68% of those attending were interested in the development and participation in a national DRC network.

This network would offer a platform for service providers, funders and stakeholders to exchange best practices, share and collectively problem solve areas posing a challenge and increase engagement opportunities with existing and new stakeholders.

This writer strongly encourages the development of such a network and suggests that it be used as a vehicle to increase awareness and marketing of DRCs through the development and maintenance of a newsletter or similar strategy.

Below the author has suggested draft terms of reference for network consideration.

Day Reporting Centre (DRC) Network **Draft Terms of Reference**

Objectives:

- Identify recommendations regarding program design and delivery.

- Identify funding sources to cover core and enhanced program services
- Assist with policy development
- Assist with DRC marketing initiatives, outreach and capacity building
- Routinely identify strengths and weaknesses in programming
- Assist with prioritizing program data/statistics and make recommendations for future data collection

Term

- The network will begin the first day of the fiscal year (April 1) and membership/participation will be agreed upon in blocks of 1 year.
- There is no term cap and should a vacancy open during the fiscal year the committee will determine the level of priority placed on recruiting a new member in advance of the next fiscal year start date.

Membership

- The network is a multi-sectoral group whose composition will reflect the diversity of perspectives, skills and expertise within the Day Reporting Centre sector.
- The membership will include systems level perspectives from service providers and other sectors, such as:
 - Funding partners/representatives
 - Community Stakeholders
 - Police Services/Justice system
 - Political Representative
 - Academic
 - Consumer
 - Leaders in Programming/Marketing and/or Evaluation within this sector

Leadership

- The network will appoint a Chair and a Secretary to provide leadership and record the items discussed. The Secretary will circulate meeting minutes for informational purposes only.
- Some consideration should be given to the development, maintenance and circulation of a brief newsletter to better inform the sector.

Meetings

- Meetings will be held quarterly via conference call, with additional meetings as needed.

Decision-Making

- The role of the Network is for information exchange on DRC best practices, acting primarily as an advisor to the programs and as such, decisions may not be required. When required, the Committee will strive for consensus.

Conclusion/Recommendations

The information and data collected in this report is intended to be the first step in reviewing the viability, effectiveness, and sustainability of non-residential services delivered in partnership with CSC in support of offenders' long-term, pro-social community stability. It is apparent in qualitative, and to a limited extent quantitative feedback, that the emergence of the DRC model fills an existing gap in services available to high risk/high needs offenders. Since the DRC model can still be considered to be in its infancy stage it will be important to monitor its growth closely while supporting existing operators in collecting the data necessary to measure outcomes and effectiveness.

In the United States there is an emerging movement in support of the National Institute of Corrections' (NIC's) Transition from Prison to the Community (TPC) Initiative and the Integrated Case Management (ICM) Approach. This writer is of the opinion that there are numerous parallels between this initiative/approach and those being delivered within the Transitional Support Services model described previously in this report.

We need to expand upon the parallels between the integrated case management approach and DRCs as a strategy for the development of a DRC resource manual that will serve as a guide for existing and new programs. It will also be imperative that suggested training guidelines be developed in order to ensure staff members delivering DRC services possess the skill set proven to be most effective within this population.

Some consideration should be given to formalized pilot sites where these parallels can be explored further, specialized programming can be implemented and evaluation frameworks can be designed.

Donald G. Evans', in his article (1999), "Partners: The Voluntary Sector and Corrections, " he highlights three examples of governmental and voluntary agencies working collaboratively to stretch beyond the boundaries of their own organizations and work with others to achieve goals that could not be accomplished alone. Despite the fact that his article was authored a decade earlier, the DRC model is an example of how the role of partnerships continues to play a key role in enhancing community corrections options. In the majority of regions consulted for this report strong and effective collaborations have been built but our work in this area is far from complete.

This writer would encourage further exploration of formalized partnerships within the following areas:

Increased diversity in funding - Currently all DRCs are exclusively funded by CSC which aids in meeting the needs of federally released offenders. However, the paramount goal of public safety would be further enhanced by additional sector involvement within community corrections. We know that the number of offenders on provincial parole has decreased over the past decade and the DRC model may be the mechanism for reversing this trend. The DRC would provide the judicial system with an alternative to custody option for probationers who breach

conditions, as well as offering assistance to probation officers by enhanced offender supervision/support.

When considering partnerships outside of traditional corrections (at the municipal/provincial levels), arguments could be made that the supports offered by DRCs in the area of housing, employment and addictions defer offenders from the shelter system, provide a means of independent financial stability and avoid additional burden being placed on the healthcare system.

Increased collaboration with non-traditional community partners - In many cases those delivering DRC services have good partnerships with external agencies however we must continue to seek out further opportunities to strengthen community partnerships and increase program capacity. By expanding partnerships with agencies, communities, police and other governmental sectors we can enhance staff and offender safety, security, and overall program effectiveness. The goal of a seamless support network for offenders is critical for their success and agencies must recognize that this will involve increased networking and often advocacy on behalf of those we serve.

Proactive partnerships with those in a position to conduct program evaluations – It will be necessary to determine standardized program outcome measures that can be used for future program evaluations. It is a reasonable assumption that a program evaluation will be conducted by those funding the DRC programs however this writer strongly encourages service providers to be proactive and intentional when collecting program data. It would be highly beneficial for agencies to partner with local colleges and universities that may be able to fund, guide data collection and conduct external evaluations on the services being delivered locally. This will not only validate program effectiveness but also inform service providers how to restructure or enhance services based on outcomes.

Some consideration should be given to the development of a national database system that will ensure consistency and quality of information collected when determining program outcomes.

In the report, “A Review of Community-based Residential Facilities in Canada”, completed by the Community Reintegration Operations Division, CSC, in November 2008 they suggest the need for improved release planning by providing release orientation earlier in the custody process and ensuring linkages between institution parole officers, community parole officers and community partner. This is evidence of the increased recognition that an offender’s success is best supported through an integrated approach. We know that this is not necessarily new information however there needs to be strategic steps designed to ensure we maximize the benefit of this documented knowledge. The CSC Community Corrections Strategy document, currently in draft form will be a promising guide for future initiatives although we will need to work further on the specifics of each intervention, i.e. DRCs. If DRCs are going to be successful in reducing the reliance on residency conditions then the process will need to begin long before an offender’s release from the institution.

Nationally the consensus is that DRCs are a valued community resource that has increased the success of many offenders transitioning into the community. With the appropriate funding and

supportive partnerships in place the DRC could empirically prove to be answer for relieving the pressure on residential capacity and assisting with the increased number in offenders under community supervision following expected legislative changes.

In closing this author recommends that this report not be considered the end of DRC reviews but instead be considered the foundation from which we build.

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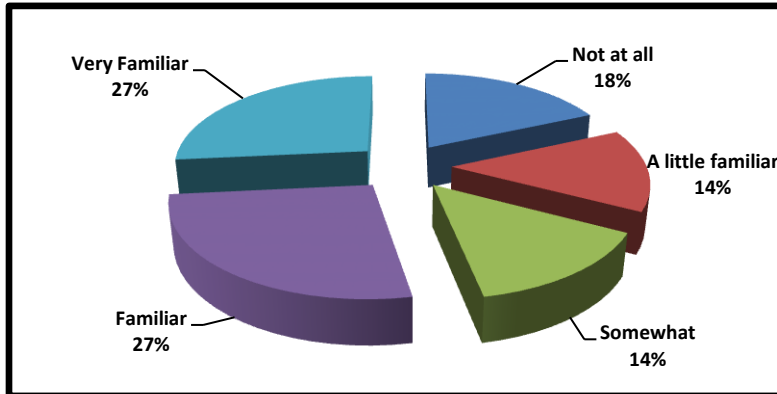
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Appendix "A"

Roundtable Discussion Feedback

1. Prior to today's meeting how familiar were you with the Day Reporting Centre (DRC) concept?

1 not at all 2 3 somewhat 4 5 very familiar



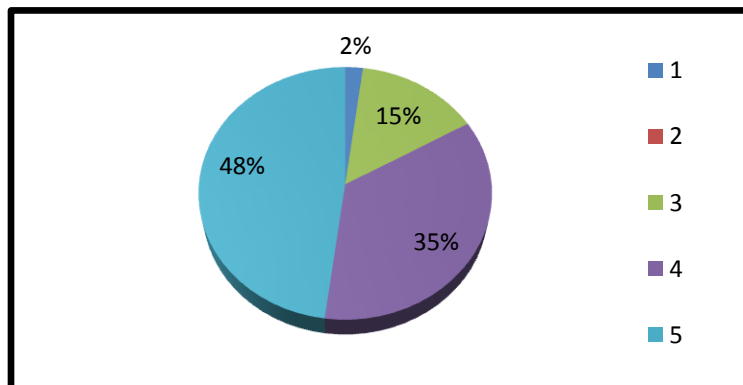
2. In your opinion do you believe a DRC is a useful supervision strategy within community corrections?

Y or N

All participants believe that a DRC is a useful supervision strategy within community corrections.

3. Do you believe the development of a national model(s) and supporting training curriculum should be a priority?

1 not at all 2 3 somewhat 4 5 very much



In your opinion what are the greatest challenges facing national DRC implementation?

Although there was some variation in the response to this question the following themes emerged:

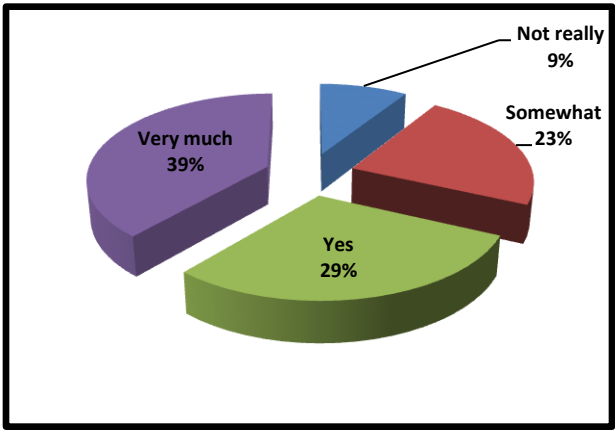
- Financial support
- Ability to apply regional and community differences within operating standards
- Insufficient resources
- Inadequate staffing
- Lack of community and political support
- Rural implementation

4. Please rank the following program components in order of priority based on your understanding of offender needs when attending a DRC. (1 = least important, 6 = most important)

<u>3.7</u>	Supervision/Monitoring	<u>3.2</u>	Formal Assessment
<u>3.8</u>	Individual Counselling	<u>3.5</u>	Drop In Services
<u>3.7</u>	Drug Testing	<u>3.6</u>	Group Counselling

5. Would you like to participate on a National DRC Network?

1 not at all 2 3 somewhat 4 5 very much



6. Did you find today's roundtable to be a worthwhile discussion?

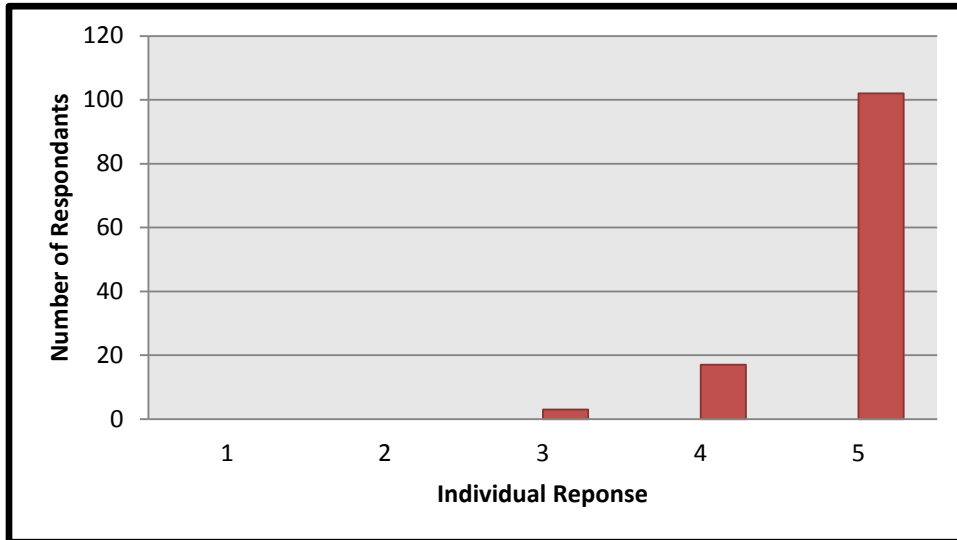
1
not at all

2

3
somewhat

4

5
very much



Appendix “B”

Crossroads Day Reporting Centre – An Example of Best Practices

The Correctional Service of Canada and St. Leonard's Society of Toronto have formed a partnership to deliver the **Crossroads Day Reporting Centre (CDRC)**. The **CDRC** is an important component on the continuum of care within community based correctional services offering an extension of the monitoring capacity of supervising Parole Officers. It offers increased accountability and regular observation/monitoring (daily, if required) as well as counseling to support the offender with correctional plan compliance, i.e. employment counselling, substance abuse counselling, reinforcement of cognitive-behavioural coping strategies etc.

The CRDC operates as a standalone program in the east end of Toronto at 779 Danforth Avenue and is easily accessible by public transit. The CDRC targets higher risk/need offenders in the community by delivering a program that is proactive and integrates evidence-based components resulting from up to date research in community corrections and offenders rehabilitation.

The **CDRC** has 2 Case Managers and is double staffed 7 days per week from 1200 hours to 2000 hours. Crisis counseling is available 24 hours a day with the support of Crossroads CRF staff when assigned Case Managers are unavailable. The senior Case Manager for the program has 20 years' experience in Forensic Psychiatry, General and Acute Care Psychiatry (Center For Addictions and Mental Health – Clarke Division), as well as several years consulting in community mental health, community corrections and criminal justice.

We believe the CDRC should, and is in many cases, being considered for;

- Offenders currently under review for the imposition of a residency condition;
- Offenders being considered for the removal of a residency condition
- Offenders in need of heightened supervision or support during a period of re-stabilization and suspension is not viewed as the least restrictive measure to manage increased level of risk
- Offenders who are traveling into the Greater Toronto Area that may require increased an level of supervision/accountability.
- Those offenders currently participating in the electronic monitoring pilot

Clients will typically attend the **CDRC** 3 times/week however counseling is done one-to-one and the frequency of reporting, as well as the types of needs addressed, varies for each offender. Reporting appointments will be pre-scheduled and although we discourage routine drop-in, the CDRC is a safe, structured location that may be accessed by clients should a crisis emerge in the community.

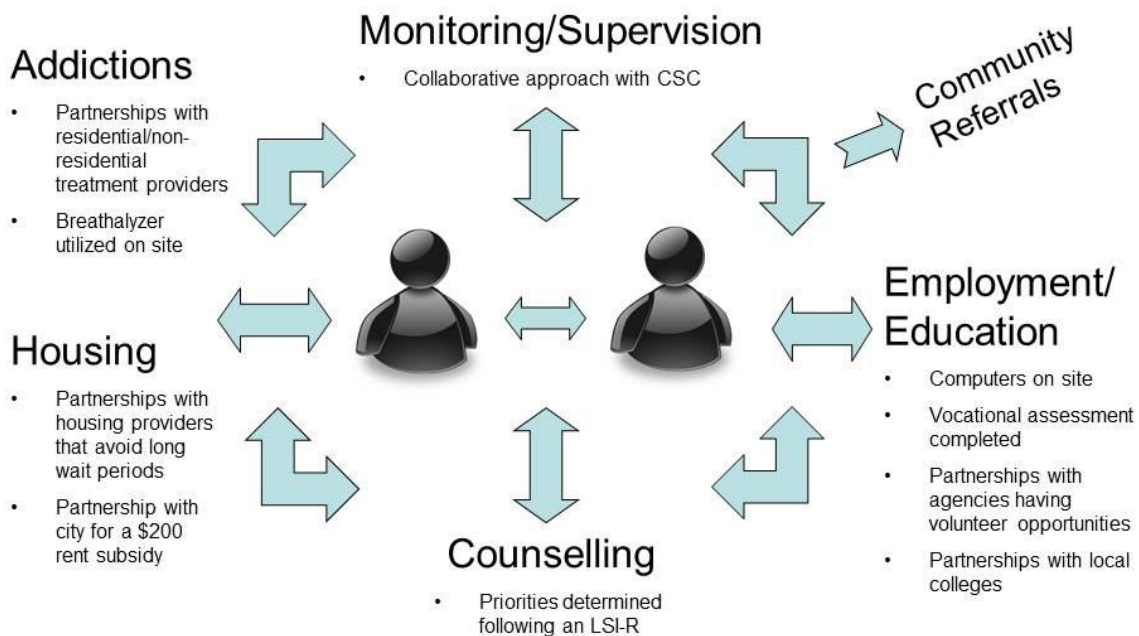
The **CDRC** conducts a LSI-R assessment during the intake and the priority of needs is established. During the subsequent reporting sessions **CDRC** Case Managers will work on addressing these needs via individual counseling and/or appropriate community referrals. **CDRC** Case Managers will meet with each client a minimum of 20 minutes per reporting session however a maximum time has purposely not been pre-determined. The intent of the Case Manager is to continually assess and reduce risk therefore if a client is in need of a longer counseling session then they will

be accommodated. If a client is in need of employment or housing assistance then this need will be addressed.

The **CDRC** Case Managers have extensive training in the area of substance use and abuse. Should there be concerns with regards to alcohol use, a breathalyzer will be utilized as part of the supervision plan.



CDRC Program Components

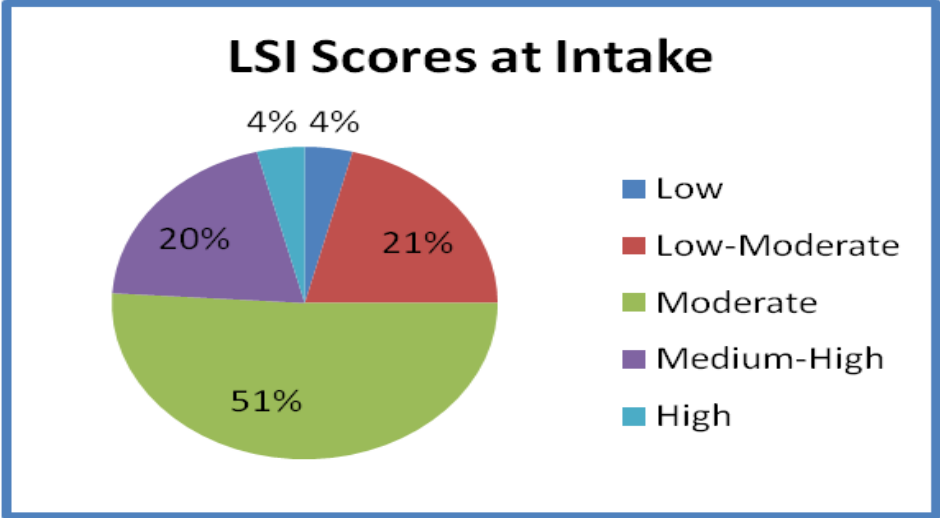


A Look at the CDRC Results

Since the program began in 2008 the CDRC has had a total of 212 referrals and averages 30 active clients. Initially the referrals were sporadic however following extensive marketing efforts we have had a steady referral base.

Client Profile

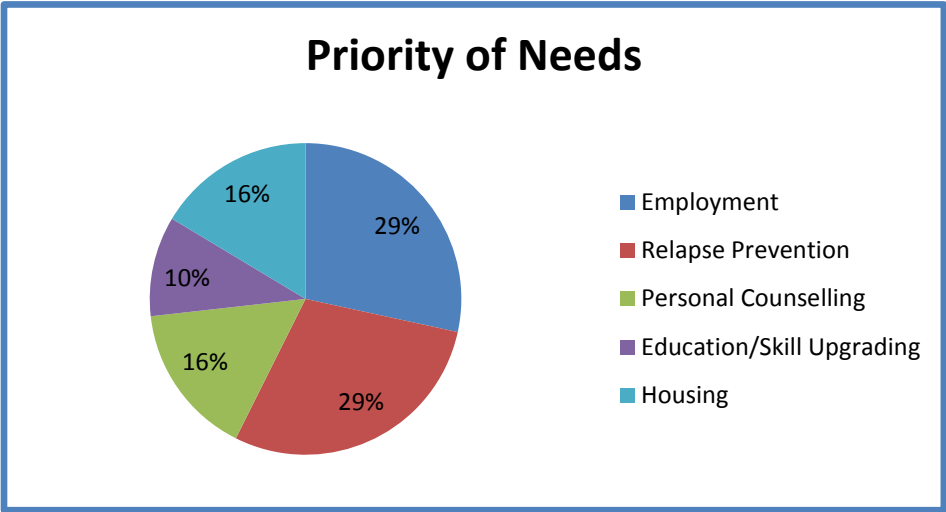
- The LSI-R shows that the majority of our clients are assessed as Moderate, which indicates a 48.1% chance of recidivism however 90% of all clients have high needs which significantly increases the probability of a failed release



- **35%** of clients have **Mental Health** concerns
- **70%** of clients have **Substance Abuse** concerns
- **15%** of clients are registered **Sex Offenders**
- **55%** of our clients are **Federal Recidivists**

Priority of Needs

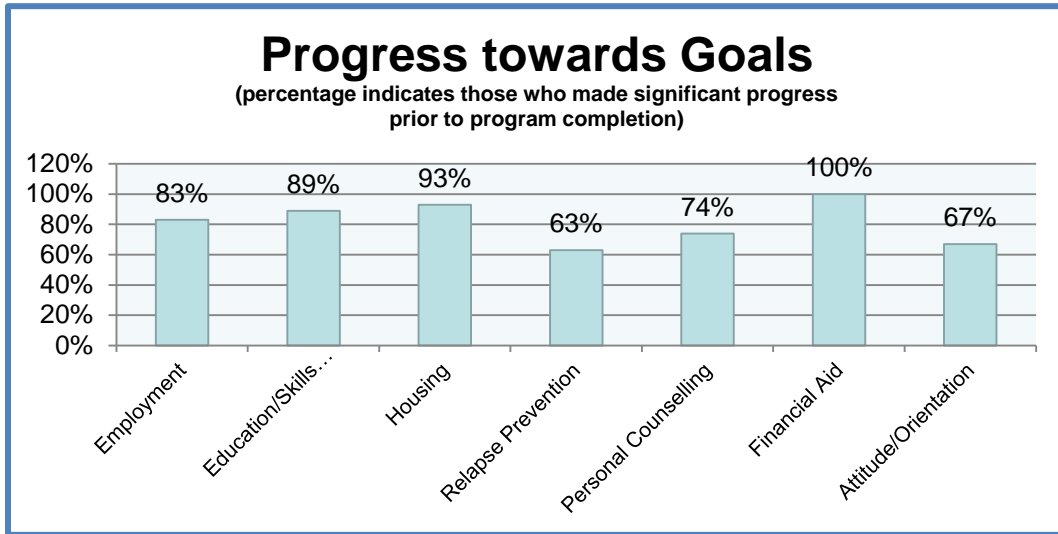
The priority of needs is determined via assessment and then negotiated with the client and Parole Officer to establish the goals and objectives of service. At this stage any external referrals required will be initiated.



Progress towards Goals

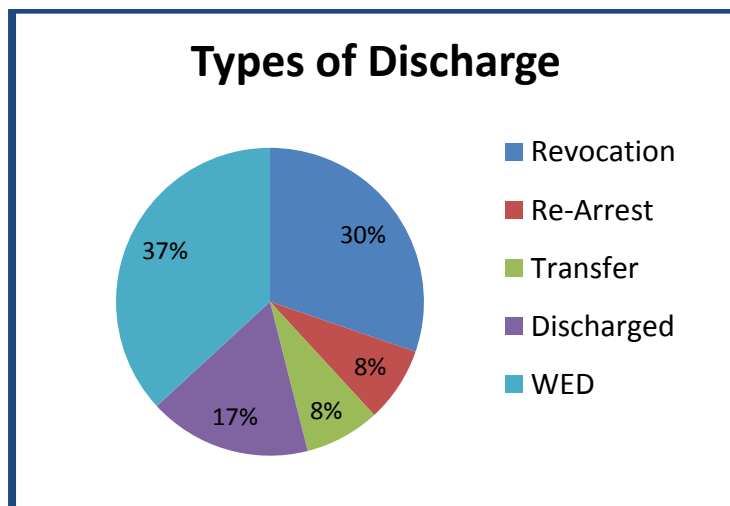
Case Managers continually assess the progress towards goals and review their findings with the client and Parole Officer. When appropriate collateral contacts are used to verify and further

support client progress. Case conferences occur regularly with Parole Officers to ensure a collaborative approach is used to support goal completion. The chart below is a summary of progress made by clients who have successfully transitioned out of the CDRC.



Discharge Summary

The graph below illustrates the types of discharge from the CDRC. It should be noted that over 80% of those who had their release suspended or revoked were re-referred to the CDRC program upon subsequent releases.



Appendix C

Comparing Individuals Who Received CDRC Services with Individuals Who Did Not Receive CDRC Services: A Cursory Comparison

Tables 1 and 2 below and the brief summary that follows represents a cursory comparison between a group of offenders that received extended Crossroads Day Reporting Centre (CDRC) services (table 2) and a group that was referred but, for a variety of reasons, did not receive any services (table 1). The tables compare the two groups relative to current status, i.e. incarcerated, warrant expiry, continued community supervision as well as suspensions, revocations and new offences incurred in the process. By no means is this intended to represent any type of rigorous process or outcome evaluation nor does this include any of the fundamental elements of evaluation research and critical outcome measures. At best, it may suggest relationships but no attribution of effects to underlying causes is suggested. The descriptive statistics presently employed represent simple summaries about the sample and one or two measures. There is absolutely no attempt to address any conclusions that extend beyond the immediate data. The data comparing the two groups may suggest a relationship between extended CDRC access and some outcome measures but we are not suggesting any inferences about cause/effect relationships. We are merely describing what is going on in the data. No differences observed between the two groups are presented as dependable differences.

Table One – Referred but Did Not Attend

	STATUS/ TYPE <small>(As of March 1/2011)</small>	FACILITY	SENTENCE (y/m/d)	SENTENCE Start Date	SENTENCE Expiry Date	NEW/ OUTSTANDING CHARGES	REMAND Date
1	Supervised Statutory Release	Ville-Marie Parole Office	5/1/0	2006-08-16	2011-09-15	Possession Property Obtained By Crime Over	2009-07-30
2	Incarcerated	Collins Bay Institution	3/0/0	2009-02-20	2012-02-19		
3			COMPLETED				
4	Supervised Full Parole	Hamilton Parole Office	2/5/15	2009-03-27	2011-09-10		
5	Supervised Full Parole	Toronto East Parole Office	3/0/0	2009-03-11	2012-03-10		
6	Supervised Statutory Release	Keele Community Correctional Centre	2/7/25	2008-09-02	2011-05-12		
7	Suspended Temp. Detained – SR	Hamilton Parole Office	2/10/0	2008-09-09	2011-07-08		
8	Incarcerated	Fenbrook Institution	8/2/24	2004-10-25	2013-02-26		
9	Supervised Statutory Release	Toronto Team Supervision Unit	5/0/0	2006-09-20	2011-09-19	Fail To Comply With Probation Order	2008-02-13
10	Incarcerated	Millhaven Assessment Unit	2/3/0	2011-01-28	2013-04-27		
11	Supervised Statutory Release	Keele Community Correctional Centre	2/9/0	2008-07-16	2011-04-15		
12			COMPLETED				
13	Suspended Temp. Detained - SR	Millhaven Institution	2/0/0	2008-11-18	2011-03-10	Utter Threat To Cause Death/Harm	2010-02-09
14			COMPLETED				

TABLE TWO – Referred and Attended CDRC

	STATUS/ RELEASE TYPE <small>(As of March 1/2011)</small>	FACILITY/ LOCATION	REASON FOR CDRC DISCHARGE	CDRC Start Date	CDRC Discharge Date	NEW/ OUTSTANDING CHARGES	NOTES
1			<u>WED</u>	06/25/09	09/14/2010		One revocation for + test (cocaine)
2			<u>WED</u>	09/25/09	11/08/10		One suspension for non-disclosure
3			<u>WED</u>	04/09/09	12/10/10		One suspension for + test (cocaine)
4			<u>WED</u>	08/13/09	06/15/10		One revocation and transfer to Stonehenge
5	Supervised SR	Community	Goals achieved and F/T student	03/09/09	09/03/10		During CDRC participation transferred from TSU to regular parole
6			<u>WED</u>	12/24/09	02/12/10		
7	UAL	Keele CCC (prior to UAL)	UAL	11/12/09	10/24/10		10 yr LTSO. One positive test for THC resulted in new criminal charges
8	Discharged	Community	Stable & F/T employment	12/15/09	03/10/10		Successfully reached WED 11/02/10
9	Incarcerated	Fenbrook Institution	Parole revocation	12/30/09	11/23/10		One Revocation for non-disclosure of relationship
10			<u>WED</u>	12/11/08	12/21/09		
11			<u>WED</u>	12/30/08	08/24/10		One Revocation for technical violation
12			<u>WED</u>	02/04/09	12/01/09		One suspension for + test (cocaine)
13			<u>WED</u>	04/05/09	03/14/10		
14			<u>WED</u>	11/10/09	08/03/10		

In reference to table 2 (the group receiving extended CDRC services), eleven of the fourteen (78.6%) reached warrant expiry while participating in the CDRC program. One of the remaining three is still under community supervision. He was an active CDRC participant for 18 months and during that time remained goal directed and pro-social in behavior and attitudes. During his CDRC participation he transferred from a Community Correctional Centre, to an intensive supervision unit (TSU) and is now living in the community and supervised by one of the area offices close to his community home.

Looking at the CDRC start and end dates on table 2 for each participant, the average amount of time spent by the participants in the CDRC program was 11.8 months and they typically would attend between one and 5 times per week. Six of the twelve that reached warrant expiry while attending the CDRC received one suspension or revocation but all resumed CDRC participation upon release to the community. For those receiving a suspension, ongoing CDRC contact was a critical factor in the decision to cancel the suspension.

In reference to needs addressed, community stabilization (employment/education, housing and access to appropriate social benefits) was an immediate target of intervention. Such stabilization would allow CDRC case managers to address domains critical to long term stable change such as substance abuse, personal/emotional issues, family/marital issues and other assessed risk factors.