

## Evidence-Based 5-Level Framework for Probation Supervision

This framework integrates supervision contact frequency, dosage expectations, and cognitive-behavioral intervention (CBI) quality standards. It reflects current research and national guidance from the American Probation & Parole Association (APPA), the National Institute of Corrections (NIC), and the University of Cincinnati's Center for Criminal Justice Research.

| LEVEL |   | CRIMINOGENIC NEEDS   | PROFILE AND 2-YEAR RECIDIVISM RATE WITHOUT INTERVENTION   | MINIMUM CONTACT   | TREATMENT EFFECT  | PROGNOSIS FOLLOWING INTERVENTION |
|-------|---|--|---|---|---|----------------------------------|
| I     | None or few – if any, mild and/or transitory  | Non-offending profile: similar to people with no criminal record<br>Average = 3%<br>Range = less than 5%                       | Minimal or Administrative monitoring; may be automated (phone, kiosk, mail)   | Additional reduction is not expected due to low risk/needs level  | Excellent, will stay in Level I   |                                  |
| II    | Few – some mild and transitory, or possibly acute   | Vulnerable prosocial profile: higher risk than non-offending profile but lower than average<br>Average = 19%<br>Range = 5%–29% | May provide change-focused interventions.<br>Monitor quarterly for compliance; may be automated (phone, kiosk, mail)  | Intervention may have a minimal impact due to low risk/needs level  | Very good, most move from Level II to I   |                                  |
| III   | Multiple – some severe  | Average offending profile: the middle of the risk and needs distribution<br>Average = 40%<br>Range = 30%–49%                   | Provide change-focused interventions; in-person.<br>Monitor once monthly for compliance.  | Intervention impact is significant and may help lower overall risk  | Good, many will move from Level III to II   |                                  |
| IV    | Multiple – some chronic and severe  | Persistent offending profile: chronic and lengthy involvement in crime<br>Average = 65%<br>Range = 50%–84%                     | Provide change-focused interventions; combination of in-person office and field visits<br>Monitor twice monthly for safety and compliance                       | Intervention impact may be significant; but risk reduction is expected to be gradual  | Improvement, some will move from Level IV to III, and as low as II after a significant period of time (i.e., 10+ years)                     |                                  |
| V     | Multiple – chronic, severe, and entrenched, likely across psychological, interpersonal, and lifestyle domains | Entrenched criminal profile: virtually certain to reoffend<br>Average = 90%<br>Range = 85% or higher                           | Provide long-term and intensive change-focused interventions; combination of in-person office and field visits<br>Monitor once weekly for safety and compliance | Intervention may have an impact, but the individual's high initial risk requires prioritizing treatment readiness and behavioral management | Initial risk so high that reoffending will still be above average, some will move to Level IV or III, possibly as low as II in advanced age |                                  |

A FIVE-LEVEL RISK AND NEEDS SYSTEM: MAXIMIZING ASSESSMENT RESULTS IN CORRECTIONS THROUGH THE DEVELOPMENT OF A COMMON LANGUAGE, Hanson, Bourgon, McGrath, Kroner, D'Amora, Thomas, and Tavaréz (2017)

*National Institute of Corrections (NIC): "Until such time as the dosage probation model as a whole is empirically studied, jurisdictions are strongly encouraged to implement the core elements of the model that are already well established in the research literature. These include utilizing an assessment tool to identify individuals' risk of recidivism to determine the appropriate level of intervention intensity and duration; identifying and focusing on the top criminogenic needs in case planning and management; and effectively utilizing cognitive behavioral interventions in one-on-one interactions and in-house and community-based services."*