

Replication Trial of the Hawaii Opportunity Probation with Enforcement (HOPE) Program— providing swift and certain sanctions for probation violations

P.K. Lattimore, D.L. MacKenzie, G. Zajac, D. Dawes, E. Arsenault, and S. Tueller, “Outcome findings from the HOPE demonstration field experiment: Is swift, certain, and fair an effective supervision strategy?” *Criminology & Public Policy*, vol. 15, 2016, pp. 1103-1141.

Overview:

This was a large, well-conducted randomized controlled trial (RCT) of the Hawaii Opportunity Probation with Enforcement (HOPE) program, carried out in the states of Arkansas, Massachusetts, Oregon, and Texas. HOPE—renamed Honest Opportunity Probation with Enforcement in this study—is a high-intensity supervision program for probationers that provides swift and certain sanctions, such as brief jail time, for any probation violation. The study randomly assigned 1,504 probationers to the HOPE program or to a control group that received usual probation services. The study found that HOPE produced a 16 percent reduction in probationers’ average number of arrests during the study’s follow-up period of approximately 21 months—an effect that came very close to statistical significance (the HOPE group experienced 70 arrests per 100 probationers compared to 83 arrests per 100 probationers in the control group, $p=0.06$). The HOPE group was also moderately less likely to be arrested during the follow-up period (40 percent of the HOPE group was re-arrested versus 44 percent of the control group—also close to statistical significance, $p=0.11$). In addition, the study found an *adverse* effect on probation revocation (26 percent of the HOPE group had their probation revoked during the follow-up period versus 22 percent of the control group, close to statistical significance, $p=0.07$). This adverse effect on revocations might reflect worse behavior by the HOPE group, but could also result from the closer supervision (*e.g.*, more frequent drug testing) of the HOPE group versus the control group.

The above impacts on arrests, while positive, are considerably smaller than those found in an earlier RCT of HOPE conducted in Hawaii, where the program was originally developed (see Hawaii study summary [here](#)). We explore possible reasons for the weaker impacts below.

Description of the Program:

The HOPE program requires probationers to appear before a judge, who issues a clear warning in open court that any probation violation—including a failed drug test or failure to show up for a probation appointment—will result in immediate jail time. The probationer is then frequently randomly drug tested during probation. If the probationer commits a probation violation, he or she is arrested and jailed briefly—usually for a few days—after which the probationer resumes participation in HOPE. Probationers can request a drug treatment referral at any time, and repeat violators are mandated to drug treatment.

Study Design:

The study recruited 1,504 probationers in four states (Arkansas, Massachusetts, Oregon, and Texas) between August 2012 and September 2014. After completing a baseline assessment, probationers were randomized to either the HOPE program ($n=743$) or to probation as usual ($n=761$). The study used state and local administrative data to measure outcomes and followed participants for approximately 21

months after random assignment. The average age of the sample population was 31. Eighty-one percent were male and 55 percent were deemed to be at a high-risk for recidivism (an additional 24 percent were medium-risk, and 22 percent were low-risk).

Key Findings:

The study's primary, pre-specified outcome measure was arrests. By that measure, during the approximately 21-month post-random assignment follow-up, the HOPE group experienced 16 percent fewer arrests on average than the control group (70 arrests per 100 probationers in the HOPE group versus 83 per 100 probationers in the control group; this effect was close to statistical significance, $p=0.06$). HOPE probationers were also moderately less likely to be re-arrested during the follow-up period (40 percent of the HOPE group were re-arrested compared to 44 percent of the control group; this effect also was fairly close to significance, $p=0.11$).¹

HOPE probationers were slightly *more* likely to have their probation revoked (26 percent of the HOPE group had their probation revoked versus 22 percent of the control group; this effect was close to significance, $p=0.07$). This adverse effect on revocations might reflect worse behavior by the HOPE group, but it could also result from the closer supervision (*e.g.*, more frequent drug testing) of HOPE group members compared to control group members. This finding stands in contrast to the results of the earlier RCT of HOPE in Hawaii, which found a substantial reduction in rates of probation revocation.²

Summary of Study Quality:

This was a well-conducted RCT. It had a large, multi-site sample of 1,504 probationers and obtained arrest and other outcome data using administrative records for all sample members (*i.e.*, there was no sample attrition). In addition, the HOPE group and the control group were highly similar in their pre-program characteristics. Finally, the four sites were largely successful at implementing the HOPE program in adherence to the program model, according to the study's measures of implementation fidelity.

We identified two modest study limitations. First, the control group appeared to be at slightly lower risk of recidivism than the HOPE group at the start of the study, according to pre-program measures (*e.g.*, 24 percent of the control group was screened as being at low risk, versus 19 percent of the HOPE group; this difference was statistically significant, $p<0.05$). This pre-program difference in risk was not controlled for in the study's analysis. Had the difference been controlled for, it is possible that HOPE's effect on arrests would have been larger and reached statistical significance at conventional levels

¹ It does not appear that HOPE's effect on arrests was merely a result of the HOPE group's being incarcerated longer than the control group and therefore at risk of arrest for a shorter period of time. Based on correspondence with the lead study author, the HOPE group was incarcerated for only two weeks longer on average than the control group over the study's 21 month follow-up period—a relatively small difference that, at most, could account for a fraction of the program's impact on arrests.

² The National Institute of Justice, which sponsored this study, is scheduled to release a final study report later this year that will include additional findings.

($p < 0.05$).³ Second, the study relied on arrest data from state agencies, and therefore could not capture out-of-state arrests.

Comparison to Prior RCT:

The effects on arrests described above, while moderately promising, are considerably smaller than those found in a previous RCT of HOPE conducted in Hawaii. The Hawaii study found sizable, statistically-significant reductions in re-arrests, days incarcerated, and probation revocations, as described [here](#). Possible reasons for the smaller effects in the replication trial include:

- Different sample population. The sample of probationers in the replication trial was a lower-risk group, on average, than the sample in the Hawaii study. The Hawaii study recruited sample members by asking probation officers to select probationers that they perceived to be at the highest risk of failing probation, whereas in the replication trial only about half of the sample was high risk based on the study's screening measures. As a result of the different recruitment methods, the sample in the replication trial had an average of seven prior arrests per probationer at the start of the study, compared to an average of 17 prior arrests for the sample in the Hawaii study.
- Different follow-up period. The replication trial had a longer follow-up period than the Hawaii study (21 months vs. one year), which may have allowed more time for early beneficial effects of HOPE to fade.
- Possible erroneous finding in the initial Hawaii trial. It's possible that the initial trial produced a finding that overstated the true effects of HOPE, as even a high-quality RCT (such as Hawaii HOPE) can sometimes produce inaccurate findings as a result of chance. That is a key reason why a replication trial is so important—to help rule out the possibility of a chance finding.

³ In our correspondence with the lead study author, she said that, in analyses not reported in the journal article, the study team estimated HOPE's effects using methods that controlled for risk and other traditional predictors of recidivism. She said that the findings in these alternative analyses were the same as those reported in the article.