GROUP QUESTION FOR DOJ PRI GRANTEES

Subject:  Screening Instruments for Correctional Populations Re Discharge/Re-entry Planning

Date:     June 29, 2007

Question:

Margaret Chretien, Senior Policy Analyst with the New York State Division of Criminal Justice Services, requested information regarding the following:

(1) Recommendations any of you may have for screening instruments you have found useful for screening correctional populations for discharge planning in preparation for potential re-entry program participation. We use an internal questionnaire to ensure that most major life domains are covered.

(2) Screening instruments that are normed for corrections populations (most screening instruments appear to be normed for probation populations); and

(3) any experience others have had with the LSIR (Level Service Inventory- Revised). Although the LSIR has been listed as the best in the nation, the tool is quite long and requires logistical accommodations. (i.e., office space, interview time (approx 50-90 minutes person), which seriously limits the number of interviews that can be done in a day. It also requires staff to be extensively trained on the subject matter. We are currently trying to obtain information on the LSI-R short form to see if the reduced question form is just as valid as the long form.

RESPONSES

Colorado

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The Colorado Dept. of Corrections uses the LSI-R during the initial interview and screening of offenders during the intake process, primarily for the structured interview process this tool provides, while also capturing a baseline risk assessment. The LSI-R is also used as a classification
instrument for the community and parole supervised populations. Additional screening tools used for release consideration include: Colorado Actuarial Risk Assessment Scale (CARAS) and Parole Guidelines. Please see the Colorado Division of Criminal Justice website for more information: http://dcj.state.co.us/oro/ors/risk_assessment.htm

**Connecticut**

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My agency has experience administering the LSI-R.

**Massachusetts**

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As of now we will continue to use the test of Adult Basic Education (TABE). It is an academic achievement test that measures reading, writing, and math skills. The Department has just started using a screening instrument called COMPASS for a point-based classification process.

**Michigan**

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Safer Neighborhoods, Better Citizens: Michigan Prisoner ReEntry Initiative

Our response is below:

**Questions 1 & 2:**

The Michigan Department of Corrections is using Northpointe Inc. Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) to assess the risks and needs of offenders. COMPAS is currently being used on offenders entering the Michigan Prisoner ReEntry Initiative, and will be expanded to all offenders entering and leaving the Department’s correctional facilities.

COMPAS is a statistically based risk assessment tool, designed to assess key risk and needs factors.
in the correctional population. The COMPAS assists in providing decision-support when placing offenders in appropriate programming and the community. COMPAS also assists in making decisions regarding case-management, placement, and supervision of offenders.

COMPAS assesses four different risk predictors, rather than using a global “risk score.” It addresses separate risk prediction systems for the following four risks:

- Violence
- Recidivism
- Failure to Appear
- Community Failure

COMPAS conducts a comprehensive assessment of an offender’s risk/needs factors. The predictors of criminal violence and recidivism, such as criminal associates, substance abuse, residential instability, social support versus social isolation, and criminal opportunity are assessed and ranked. The scoring of COMPAS assists in the development of an offender Transition Accountability Plan by giving weight to each factor, which indicates the likelihood that it will affect recidivism. A COMPAS score is given in a percentile/decile score. The lower an offender scores on any particular risk or need, the less likely that the factor will be a contributing factor to criminal violence and recidivism.

The Department of Corrections is currently in the process of integrating the COMPAS assessment into our department-wide data system. The Offender Management Network Information system (OMNI) is a client-server computer system that is located in all of the Department’s field offices and prison facilities. This network provides the MDOC with the opportunity to collect offender data in a statewide central database accessed through the OMNI application. All essential case management activities are completed in the OMNI system.

**Question 3:**

The Department does not utilize the LSI-R for any purpose. To our knowledge, only one of the Michigan Prisoner ReEntry Initiative vendors uses the LSI-R.

**OHIO**

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What I have used in the past that I really liked was assessments from Behavioral Data Systems. [http://www.bdsltd.com/](http://www.bdsltd.com/). They have a variety of tests for different settings and different purposes. There is a truthfulness scale built in and gives you a printed report when your done. When printed out it provides a graph that lets you know if they are low, medium or high risk in the various areas. Also: for some of the assessments there is a second type of assessment you can get for free. The assessments come with a Psychologist you can call if you have questions about what the assessment is telling you.

Anytime I used the assessments, it was right on with what was going on with the client. I like the
truthfulness scale because it not only tells you if the individual isn't truthful but it tells you if the client is holding something back and not telling you everything. I had several clients who couldn't believe how accurate the assessment was.

They are paper and pencil tests... you can read the test to the client if they can't read. Most assessments are no longer than 30 min with many being 15 to 20 min. Some of the assessments I have used from this company are ACSI, SAQ and the TII.

As for the LSI-R, there are several pros and cons to the assessment. If you don't have programming set up that can help address the areas that are being assessed then the assessment is worthless. Also you must go through a LSI-R training which costs a fee. It is a pretty easy assessment to administer but takes about 1 hour to complete.

The big thing with any assessment is doing something with the data once you have it. Anyone can give someone an assessment but if you don't work on a case plan or transition plan with the client it is worthless.

**Pennsylvania**

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Per your request for information about assessment tools for correctional populations, I'm responding on behalf of the Pennsylvania Department of Corrections.

(1) **recommendations any of you may have for screening instruments you have found useful for screening correctional populations for discharge planning in preparation for potential re-entry program participation.**

Most of the assessment that we do happen at the front door, upon admission of the offender to the PADOC. During their first few months in prison, all inmates committed to our custody receive the following battery of tools:

**Level of Service Inventory-Revised (LSI-R)** - we began to administer this to all newly committed inmates in summer of 2003 (c. in late fall of 2006, the PADOC assumed responsibility for administering the LSI-R to all inmates coming up for parole consideration; this previously had been handled by the Pennsylvania Board of Probation and Parole (PBPP), which is a separate agency in PA. The PBPP began doing the pre-parole assessments c. 2001-2002. The PBPP also administers the LSI-R periodically to parolees on the street, but the PADOC has no involvement in that.)

**Static-99** (assesses specific risk of sexual reoffending) - we began to administer the Static-99 to all sex offenders in late 2005 (sex offenders do also receive the LSI-R).

**Criminal Sentiments Scale-Modified (CSS-M)** - adopted along with LSI-R in summer 2003.
Hostile Interpretations Questionnaire (HIQ) - adopted along with LSI-R in summer 2003.

Texas Christian University Drug Screen II (TCUDSII) - adopted in January 2001, replacing an in-house drug and alcohol tool. Selected inmates may also receive a modified version of the TCU Initial Assessment tool.

Test of Adult Basic Education (TABE) - adopted for all inmates in early 2002.

Careerscope - assesses vocational interests, adopted for all inmates in 2006.

In addition to these needs assessments, the PADOC also assesses a variety of offender responsivity factors, such as IQ and mental stability, using tools such as the Personality Assessment Inventory (PAI).

While we do not necessarily administer these tools strictly in support of discharge planning, they all do support this, as our philosophy is that reentry begins from the first day of admission. The results of these assessments inform the development of individual treatment plans, which of course is ultimately intended to reduce recidivism and promote successful reentry. We are piloting a process for readministering some of these tools to inmates when they are coming up nearer to parole consideration, which could inform decisions about additional treatment needed prior to release.

We have explored the use of other tools to measure coping skills, in response to a study that my office has undertaken about the determinants of success and failure on parole (this study concluded that poor coping skill was one of the key factors leading to failure on parole). The tools included the Social Problem Solving Inventory Revised (SPSI-R), the Ways of Coping (WAYS) tool and the Baron EQ. We did not find that any of those tools worked out for us particularly well, so none have been adopted at this point.

I'm attaching a piece that a colleague and I did a while back for Corrections Today that lays out some of the fundamentals of offender assessment for reentry and also discusses some examples from the PADOC.

(2) screening instruments that are normed for corrections populations (most screening instruments appear to be normed for probation populations); and

All of the tools mentioned above (with the exception of the TABE, Careerscope and PAI, which are more general purpose assessments) were developed specifically for offender populations. Indeed, we have developed norms for the LSI-R, CSS-M and HIQ that are specific to our inmate population in Pennsylvania. Whenever feasible, agencies should norm and validate their tools against their local population, although many jurisdictions just use the norms that come with the tool. This is not necessarily an absolutely bad thing, but again, local norms will generally produce better results for you. For some tools, like the TCU Drug Screen, local norms aren't really needed (the TCU Drug Screen, for example, is normed against DSM-IV criteria for substance abuse/dependence, so this is in a sense an absolute norm that should apply regardless of jurisdiction).

(3) any experience others have had with the LSIR (Leel Serive Inventory- Revised)

We conducted a validation of the LSI-R with Dr. David Simourd during 2005-2006. His report was just completed, and is available at the following link the to Pennsylvania Commission on Crime and Delinquency (which funded this study):
http://www.pccd.state.pa.us/pccd/lib/pccd/stats/completedprojectdocs/asof2006/lsi-r_pccdfinalrept_12-06.pdf

We will have information about this study on the PADOC website in the coming months. Briefly, this study found excellent reliability for the LSI-R in PA, but the correlation with recidivism was weak. There was, however, a decent correlation between LSI-R score and institutional adjustment. The primary limitation of this study was a bias towards lower level offenders in the sample, which was unavoidable given the recent adoption of the LSI-R in PA and the relatively lengthy sentence structure here.

Another PADOC research partner has also recently conducted a smaller validation study of the LSI-R here, in connection with an evaluation of one of our treatment programs. While the methodology and sample (a much smaller, but more diverse sample) were different than in the aforementioned study, it did find a much stronger and significant correlation between LSI-R and recidivism. This paper is undergoing pre-publication review, so I cannot provide a copy of it. The PADOC is presently reviewing its assessment system in light of the aforementioned LSI-R validation studies, and may explore alternatives or supplements to the LSI-R. Most validations conducted on the LSI-R world-wide, though, have found support for this tool, so I would still strongly recommend it. It remains valuable, though, to conduct your own local validation, if feasible.

If anyone has any questions about assessment in the PADOC, they should feel free to contact me.

[ See PDF attachment: “Assessing for Success in Offender Re-entry”]

Texas

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I was forwarded your email requesting information about a screening instrument useful for correctional populations for discharge planning and re-entry programs by Dr. Judy Johnson. I am working with Dr. Johnson on their reentry initiative. They will be utilizing an instrument that I recently developed - the Inventory of Offender Risk, Needs, and Strengths (IORNS).

I'll provide a brief description of the IORNS and if you desire to hear more or read more I'll send
along research projects that are published or in the process of publication. The IORNS is sold through Psychological Assessment Resources (PAR) and was released last summer. I developed the IORNS not as a risk prediction instrument, but as a measure to provide risk variable information for offender treatment and management purposes.

The IORNS is a 130-item true/false self-report measure for the assessment of risk, dynamic needs, and protective strengths. Administration time is approximately 15 minutes. The IORNS provides four indexes, six dynamic needs scales, two protective strength scales, two validity scale, and several subscales for detailed scale interpretation. The indexes include Static risk index (SRI), Dynamic Need Index, The Protective Strength Index, and the Overall Risk Index (ORI; takes into account all three areas related to recidivism/desistance from crime).

The Dynamic Needs scales include Criminal Orientation, Psychopathy, Intra/Interpersonal Problems, Alcohol/Drug Problems, Aggression, and Negative Social Influence. The scales are comprised of several subscales to help interpret scale elevations and reasons an offender scored highly. For example, the Criminal Orientation scale is comprised of the Pro-Criminal Attitudes and Irresponsibility subscales.

The protective strength scales consist of the Personal Resources and Environmental Resources scales. The protective strength scale of Personal Resources is comprised of three subscales: Cognitive/Behavioral Regulation, Anger Regulation, and Education/Training.

The IORNS was validated and normed on male and female offenders in prison and on probation.

Please let me know if you would like further conversation about the measure or have any questions. You can view what the IORNS looks like via the PAR website at parinc.com

ATTACHMENT:

Imagine that a couple goes to the grocery store, fills a cart with their desired items, walks to the check-out lane, and the clerk simply eyeballs their selections and says, "Looks like about $200 worth to me." They probably would not be too happy with this approach. Of course, if they felt that it was an underestimate, they might be willing to let it go, but most people would expect a more systematic means of tallying the bill. Indeed, the widespread use of barcode scanners is yet the latest attempt to take human error out of the cashier process.

As ridiculous as this example may seem, it is a fairly decent analogy for how criminal justice agencies often attempt to determine what is "wrong" with offenders and how best to prepare them for reentry to the community. A large number of evaluations of correctional programs across the country have found that offender assessment is one of the most poorly implemented principles of effective offender intervention. Central to this weakness is a frequent reliance on subjective, clinical assessments of offenders' likelihood of re-offending.

The accurate and objective assessment of offender risk, needs and responsivity is one of the most important features of an effective correctional treatment system. Providing a criminal justice intervention to an offender absent careful consideration of the offender's risk and need for that intervention is akin to prescribing a drug to a patient without a diagnosis of what is wrong.

Applying Clinical Assessment

How best to assess offender risk and needs has been an ongoing concern within the field of criminal justice. This question is embedded in the larger discussion in the field of psychology about the most effective approach to conduct any sort of individual assessment. Much of this discussion has focused on the dichotomy of clinical versus actuarial assessment. Clinical assessment refers to the approach that has been used for generations to gain insight into the problems of any individual undergoing treatment. This involves a trained (usually) practitioner, the clinician, sitting down with a client who is being considered for treatment and asking that client a series of questions, or perhaps even having a more open-ended discussion. For corrections' purposes, a clinician may be a psychologist/psychiatrist, social worker, corrections counselor, parole official, etc. Clinical assessment, then, is essentially an interpersonal process that occurs between individuals, where one person is charged with making a decision about providing services to the other.

The logic behind the clinical approach to assessment is that the clinician has a basis of experience, expertise and perhaps even natural insight that allows for an impressionistic interpretation of what is wrong with the client. The key point is that the questions that the clinician asks will often be idiosyncratic, inconsistent, unstructured and perhaps only tangentially related to the problem under consideration; that is to say, they may or may not be "good" questions. Some clinicians may ask good questions most of the time, some may ask bad questions most of the time. More often than not, clinicians will be hit or miss in their assessments (some studies have found that clinical assessment produces prediction success rates that are worse than flipping a coin).

The actuarial or mechanical approach to assessment attempts to control the subjectivity and inconsistency inherent in the clinical approach by structuring a set of observations based on discovered patterns of behavior across large numbers of cases. The observations (factors) that are recorded are driven by a statistical understanding of the relationship between the factor and the behavior or outcome in question. For example, if lung cancer is found to develop in a large percentage of cigarette smokers, but much less so in nonsmokers, a cancer screening tool would likely ask questions about smoking habits (smoking would be a risk factor), among other things. An actuarial assessment tool asks the
same set of questions of each individual, asks them in the same way and interprets the answers consistently. An actuarial tool may involve an interview or conversation by a clinician, but the content of the interview is grounded on known patterns in the data.

The clinical-actuarial dichotomy is actually a continuum, ranging from purely subjective, unstructured clinical interviewing, to clinical interviewing guided by an empirical understanding of risk factors, to a fully codified assessment tool that in some cases may require little clinical expertise to administer. Most approaches to assessment, however, can be fitted into either the basic clinical or actuarial category, based on their degree of structure and grounding in the literature.

The relative outcomes of these two approaches have been studied for more than 50 years. The seminal work on this topic was done by the psychologist Paul Meehl, who established the general superiority of actuarial approaches to risk prediction. The findings of Meehl's original study have been supported by subsequent research that reports on the findings of more than 130 studies showing actuarial predictions to be more accurate than clinical predictions. Most studies found actuarial methods to outperform clinical methods; approximately 40 percent of the studies found substantially better predictive results for actuarial assessments compared with clinical assessments. These studies included those with criminal justice outcomes (other fields of human services were included) and even studies where the clinician-raters had more information available to them than was available to raters using actuarial tools. It is telling that the clinicians' education, level of experience and professional backgrounds made little difference to the accuracy of their predictions versus predictions made by actuarial tools; the actuarial predictions excelled under almost all conditions.

In sum, the literature offers a strong consensus that actuarial approaches outperform clinical assessments in most circumstances, even where the clinical assessors are highly trained and experienced. The primary source of superiority of actuarial approaches seems to be their grounding in the behavioral literature and the consistency and objectivity offered by standardized assessment instruments. It is difficult for even the most skilled clinician to maintain a high level of objectivity and consistency when rating large numbers of cases over time. In a sense, an actuarial tool distills the "conventional wisdom" about risk factors that is theoretically present in the clinician community, but imposes the rigor of scientific methods to this wisdom. The judgment of the clinician remains valuable, but more so when informed and guided by an objective assessment tool. In the field of criminal risk prediction, the best tools, such as the Level of Service Inventory-Revised (LSI-R), incorporate the substantial body of literature that finds significant correlations between re-offending and factors such as antisocial attitudes, criminal thinking, criminal history, criminal associates, employment, family stability and conventional lifestyle.

These tools make predictions that take advantage of decades of research into the correlates of criminal behavior. The criminal justice community is well-served by the use of such tools. If mechanical rigor is expected when adding up a grocery purchase, no less should be expected when assessing offenders.

A New System for Assessing Inmates

During the past two years, the Pennsylvania Department of Corrections has implemented a rigorous new system for assessing the criminogenic risk and needs of its offenders. This development was spurred in large part by the findings from numerous program evaluations conducted within the DOC during the past seven years, pointing to the need for enhanced assessment practices within its programs. The DOC began with a careful pilot test of a group of risk and needs tools on several thousand inmates, which informed a decision in 2003 to adopt three tools for administration to all newly committed inmates — the aforementioned LSI-R, the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire. The latter two tools provide additional measurement of critical risk factors related to criminal thinking, attitudes and associations that can serve as useful targets for treatment interventions with offenders. Reducing these risk factors is part of the department's overall efforts to better prepare offenders for positive reentry to society.

In terms of reentry planning, the DOC is considering approaches to the systematic reassessment of offenders on these measures. At its best, an offender assessment system periodically assesses offenders as they progress through incarceration and treatment to monitor their need for remedial treatment prior to reentry. Some offenders may show substantial progress after only one treatment exposure; others may need repeated and multiple doses of programming in prison before gains become evident. Similarly, some offenders may have a great need for continuing treatment in the community after release; others may stand to gain little from aftercare. Periodic reassessment can inform decisions about ongoing services.

Options for such reassessment include conducting reassessments annually, doing them after completion of specific programs and doing them at a fixed time prior to release (six months, for example) to allow the correctional system to address any final remaining needs before the offender returns to the community. Each option has its costs (in terms of staff time and instrument purchase) and benefits. The critical thing is for the reassessment information to actually be used to inform ongoing treatment planning; if it is not used, then there is little point in doing it. Agencies must consider their available assessment resources as well as their ability to actually use the results, when deciding on an approach to reassessment.

Promoting Effective Offender Assessment

Staff training on the purpose, interpretation and application of assess-
ment systems is critical to ensuring that agencies make treatment decisions based on all important information available. The Pennsylvania DOC recently began this important training initiative. The first step was to deliver an overview of the principles of effective intervention, with special emphasis on assessment, to the DOC’s executive staff and superintendents. This helps to promote a common understanding and language throughout the department. The presentation was then expanded to include discussions of the assessment instruments that the DOC has already adopted, what they are used to measure and how the results should be used to inform treatment decisions. This presentation was delivered to key treatment and management staff working in the state correctional institutions in a half-day session. A new overview course will be designed and delivered to all new staff entering the department’s training academy. A more targeted course on use of assessment information for selected institutional staff is also being considered.

The training initiatives under way in the DOC are designed so that all staff who work with the inmate population will be exposed to the latest research on the causes of criminal behavior, what factors can be targeted for change within a prison environment, how assessment tools can be used to measure these factors and how best to use this information in delivering treatment. The department maintains that every interaction with an inmate is a chance to teach that person something positive, whether it be how to communicate clearly, effectively interact with another person or solve problems constructively. Nontreatment staff such as correctional officers, teachers and food service instructors have many opportunities to challenge and guide offenders to correct thinking errors that support antisocial behavior; that is why all employees should at least receive a high-level overview of the principles of effective intervention, including the value of assessment.

The internal training of correctional staff is but one step toward better preparing offenders for reentry. It is critical that other agencies engaged in re-integrating offenders understand the relevance of assessment data and how they may be used to plan for a successful transition. In Pennsylvania, the Board of Probation and Parole (PBPP) is vested with the authority to make decisions regarding the release of inmates who have reached their minimum sentences. These decisions are informed, in part, by treatment programs received by the offender in prison, as well as by input from DOC institutional staff. It is critical that all parties involved in making decisions about readiness for release share an understanding of the principles of effective intervention and the value of actuarial instruments.

The Pennsylvania DOC and the PBPP have taken several steps to ensure that everyone is on the same page. First, the department regularly reviews the research literature on effective offender assessment and intervention. This literature, along with findings from key internal research projects, is summarized in a quarterly publication called Research in Review. It is made available on the DOC’s public Web site (www.cor.state.pa.us) with electronic notification of its posting disseminated to staff, the PBPP, as well as all other state departments of corrections. Second, DOC and PBPP leaders meet at least quarterly. The agenda for these meetings often includes reviews of recent studies and literature. During these meetings, the agencies frequently discuss how to improve the sharing of assessment data, what pieces seem to be missing and how those areas might be measured. As a result of these discussions, all of the department’s assessment data on individual offenders are made available to PBPP members reviewing cases for release. The board administers the LSI-R to offenders being considered for parole and re-administers it periodically while the offender is on parole. The two agencies are working toward a seamless system for the sharing and use of such assessment data. Finally, the two agencies continue to work together on training initiatives. The DOC has delivered an overview session on the principles of effective intervention and the specific instruments it currently is using to PBPP members.

The need for a common understanding of assessment goes well beyond the corrections and paroling authority. In fact, the results of selected actuarial instruments could be used at the front end to inform sentencing options. Pennsylvania is further along at the back end with using assessment data to inform placement in community-based programs. For example, approximately 70 percent of the parolee population transitions through community corrections centers, run by the DOC, prior to parole on the street. Assessment data are part of the referral packet that travels with an offender from prison to the halfway house. This information is factored into a case manager’s decision about appropriate referrals for that offender. The case manager shares with local providers the offender’s treatment needs, indicated partly by assessment data, as well as treatment history.

Assessing for Reentry

Another more recent initiative brings together state agencies and local providers engaged in the reintegration of offenders into the community. Pennsylvania’s pilot project, called the Erie PA Reentry Project, is funded under the federal Serious and Violent Offender Reentry Initiative. The project is designed to offer services in areas the research has deemed as key to success in the community, including but not limited to drug and alcohol treatment, job training and placement, interpersonal relationships, and decision-making skills. Assessment is key to determining the needs of the target population and when and how to best address those critical areas.

The process begins with counselors within the state correctional institutions reviewing and making recommendations on appropriate cases for placement in the Erie program. These recommendations are then forwarded to the Erie project manager who is a DOC employee. The project manager reviews any and all assessment data available from department records and then seeks
input from the PBPP. The board administers the LS-R to all inmates, including those being considered for parole to the Erie project, a few weeks prior to the parole interview. The board administers additional actuarial tools for sex offenders being considered for parole. All of this information is factored into both the decision on whether to parole and on the specific conditions that will be attached to the individual offender if he or she is granted parole. Once an offender is accepted into the Erie project, he or she is assigned a case manager at the Greater Erie Community Action Committee, which is the local umbrella organization providing most of the community-based services for Erie project participants. The case manager considers assessment data as part of a decision to place offenders in particular types and intensity of services within the community. A statewide advisory committee meets regularly to discuss ways to improve the Erie project. An ongoing topic for discussion will be how to best measure criminogenic factors, how to ensure that assessment data travel with the offender along the continuum, how often to reassess offenders, and most important, how to use assessment data to inform placement in programs.

Assessing for Success

For too long, the criminal justice field has made critical decisions about offenders based on subjective impressions. It is now known, after 50 years of research on the topic, that actuarial assessment tools are superior to unaided clinical judgement in making treatment decisions. Reviews of correctional programs often point to weaknesses in assessment. This was a finding from research on several DOC programs. As a result, Pennsylvania adopted several objective instruments. Pennsylvania has begun the process of training its staff on the broader principles of effective intervention with specific attention to assessment, as well as on the specific tools it has adopted and how they might be used to inform placement in programs. The DOC is likewise working on training with the PBPP to ensure that the sister agencies share a common understanding and language with respect to assessment.

Finally, the DOC and PBPP are working with local agencies engaged in the re-integration of offenders to share assessment data in an attempt to provide seamless services from prison to the community.

ENDNOTES


Kathleen A. Gnall is director of planning, research, statistics and grants, and Gary Zajac, Ph.D., is research and evaluation manager for the Pennsylvania Department of Corrections.

State News

Continued from page 12.

A report by Dave Olson, head of the criminal justice department at Loyola University, compared the first 150 inmates paroled from the Sheridan program with a group of other parolees with similar histories. About 12 percent of the Sheridan parolees were rearrested compared with 27 percent from the other group. "What makes these initial findings even more impressive is the fact that the participants in the program have very extensive substance abuse and criminal histories," Olson said.

There are 1,100 beds at the prison and, federally funded construction of a new 200-bed unit will be finished by the end of this year. Murderers and sex offenders are barred from the medium-security facility. Gateway Foundation runs the drug treatment program at the prison and SAFER Foundation operates the mandatory job-preparedness program. "They put a lot of emphasis on my reentry into society," said Anthony Edwards, a former inmate who had been in and out of state prison for two decades for robberies, thefts and a weapons offense linked to his cocaine habit before being transferred to Sheridan. "We made resumes, cover letters, did mock interviews," he added. Edwards, 33, is certain his stay at Sheridan will be his last experience with prison. After leaving Sheridan last September, Edwards enrolled at Joliet Junior College and is working as a laborer in a warehouse.

— Vanessa St. Gerard

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