



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Second Chance Act Adult Offender Reentry Demonstration Projects, Evidence-Based Practices: Screening & Assessment

Author(s): Shelli B. Rossman, Janeen Buck Willison, Christine Lindquist, Jennifer Hardison, Walters, Pamela K. Lattimore

Document Number: 250469

Date Received: December 2016

Award Number: 2012-RY-BX-0001

This resource has not been published by the U.S. Department of Justice. This resource is being made publically available through the Office of Justice Programs' National Criminal Justice Reference Service.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Second Chance Act Adult Offender Reentry Demonstration Projects

Evidence-Based Practices: Screening & Assessment



December 2016

Authors: Shelli B. Rossman, Janeen Buck Willison,* Christine Lindquist,† Jennifer Hardison Walters,† and Pamela K. Lattimore†*

**Urban Institute, Washington, DC; †Research Triangle Institute, Research Triangle Park, NC*

This report is one in a series from the Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Projects (AORDPs). This report describes the use of screening and assessment for criminogenic risks and needs by seven grantees who implemented adult reentry programs using SCA funding. Findings are based on information collected in 2014 through semi-structured interviews with AORDP staff and organizational partners, as well as through a Web-based survey administered in spring 2014 to key reentry stakeholders at each site.

The Multisite Evaluation of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects is supported by Award Number 2012-RY-BX-0001, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice. This work is being conducted by RTI International and the Urban Institute. Questions and comments should be directed to the study principal investigator, Pamela K. Lattimore, at lattimore@rti.org or 919-485-7759.

Cover images from gettyimages.com by: 1-stocknroll, 2-VisionsofAmerica/Joe Sohm, 3-Image Source, 4-Dona Monroe
Photos are for illustration purposes only.



This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice

Report Highlights

Widespread Use of Risk/Needs Assessment Tools and Practices

All seven sites use risk/needs assessment tools to identify eligible participants, inform reentry/transition planning, and guide service delivery; five of the seven sites had screening and risk/needs assessment practices in place before their demonstration projects began. Many sites use widely recognized, validated tools, such as the Level of Service Inventory-Revised, although some sites developed and validated local tools specific to their target populations. Jail-based reentry sites, for example, were more likely to use “name brand” tools, whereas prison-based reentry sites used system-specific tools, such as the Department of Correction’s Treatment and Programs Assessment Inventory screener in Connecticut and the Minnesota Screening Tool Assessing Recidivism Risk in Minnesota. Sites’ assessment practices largely align with core correctional principles, with the exception of reassessment. The research literature¹⁻⁴ recommends regular reassessment of criminogenic risk and needs to measure progress and realign service goals, but few sites reported routine reassessment of such factors.

Background

Seven grantees are included in the Cross-Site Evaluation of the Bureau of Justice Assistance Fiscal Year 2011 Second Chance Act Adult Offender Reentry Demonstration Projects. Each project is designed to provide comprehensive reentry programming to criminal justice system-involved adults who are under state or local custody and are about to return to the community. The specific target populations and service delivery approaches vary across the sites. Each project, however, addresses the multiple challenges facing formerly incarcerated individuals upon their return to the community by providing an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees’ demonstration projects.

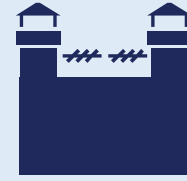
Strong Stakeholder Support for Risk/Needs Principles and Practices

Analysis of the web-based stakeholder survey data collected from 214 criminal justice and community-based human service stakeholders across the seven sites indicates broad support for risk/needs assessment and the use of assessment results to inform reentry and discharge planning.

Introduction

Prisoner reentry is a pressing national and local policy issue. More than 623,000 individuals were released from state and federal prisons across the country in 2013,⁵ and another 11.6 million cycle through the nation's jails each year.⁶ Chances of successful reentry are low: Nearly 68% of people released from state prison in 2005 were rearrested within 3 years of release, and more than 75% were rearrested within 5 years of release.⁷ Numerous factors contribute to these high recidivism rates. Most formerly incarcerated individuals return to the community with considerable deficits: limited education, few marketable job skills, no stable housing, chronic health issues, substance abuse needs, and fragile support networks.^{8–15} Some research suggests that successful reentry depends on the degree to which former prisoners' multiple needs—including housing, drug treatment, mental health services, employment training, job opportunities, and family counseling—are addressed.^{13,16–18}

The Second Chance Act (SCA) of 2007: Community Safety Through Recidivism Prevention¹⁹ was signed into law in 2008 with the goal of increasing reentry programming for individuals released from state prisons and local jails. Since 2009, the Bureau of Justice Assistance (BJA) has awarded dozens of SCA adult offender reentry demonstration grants to communities across the nation to improve reentry outcomes. SCA-funded projects must create strategic, sustainable plans to facilitate successful reentry; ensure collaboration among state and local criminal justice and social service systems (e.g., health, housing, child services, education, substance abuse and mental health treatment, victim services, and employment services); and collect data to measure performance outcomes related to recidivism and service provision. Furthermore, grantees must create reentry task forces—comprising relevant agencies, service providers, nonprofit organizations, and community members—to use existing resources, collect data, and determine best practices for addressing the needs of the target population. In FY 2011, BJA funded 22 SCA Adult Offender Reentry Demonstration Project (AORDP) sites. The National Institute of Justice in FY 2012 funded the Cross-Site Evaluation of the BJA FY 2011 SCA AORDP; RTI International and the Urban Institute are



More than
623,000
prisoners were released
from state and federal
prisons across the
country in
2013



conducting the evaluation. See **Appendix A** for information describing the seven projects that are the focus of this evaluation.

The cross site evaluation is focused on 7 of the 22 Adult Offender Reentry Demonstration Project sites and grantee agencies



California

Women's Reentry Achievement Program (WRAP), Solano County Health & Social Services Department



Connecticut

New Haven Reentry Initiative (NHRI), Connecticut Department of Correction



Florida

Regional and State Transitional Ex-Offender Reentry (RESTORE) Initiative, Palm Beach County Criminal Justice Commission



Massachusetts

Boston Reentry Initiative (BRI), Boston Police Department



Minnesota

High Risk Recidivism Reduction Project, Minnesota Department of Corrections



New Jersey

Community Reintegration Program (CRP), Hudson County Department of Corrections



Pennsylvania

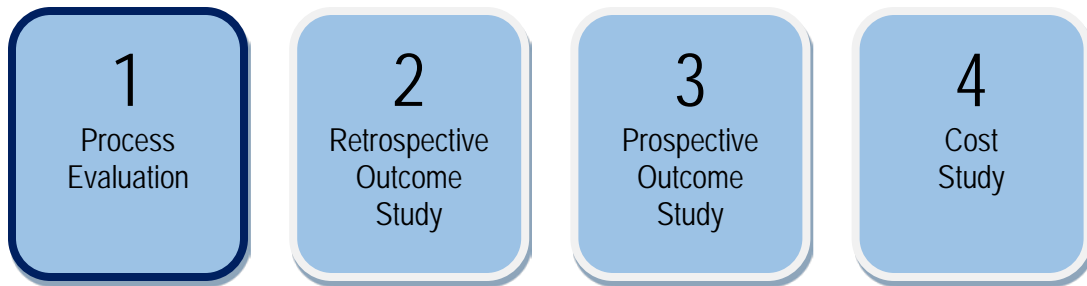
ChancesR, Beaver County Behavioral Health and Developmental Services

The primary goals of the evaluation are to

- describe the implementation and sustainability of each AORDP project through a **process evaluation**,
- determine the effectiveness of the programs at reducing recidivism through a **retrospective outcome study** and at reducing criminal behavior and substance use

and improving other outcomes through a **prospective outcome study** that includes participants' self-reported information, and

- determine the per capita program costs of each AORDP project through a **cost study**.



This research report is based on the first round of process evaluation site visits conducted in early 2014,^a as well as on data collected from the study's 2013 evaluability assessment^b and initial administration of an online stakeholder survey in spring 2014.^c This report offers the field a first glimpse of the use of key evidence-based practices (EBPs) germane to reentry—specifically criminogenic risk and needs assessment—among the seven AORDP evaluation sites. Additional reports on the AORDP site's use of EBPs—specifically case management and communication techniques and cognitive interventions—will be available through the National Criminal Justice Reference Service (www.ncjrs.gov). A report on implementation challenges is available at <https://www.ncjrs.gov/pdffiles1/nij/grants/249188.pdf>.

^a The AORDP sites received initial SCA funding from BJA in October 2010 under FY 2011. Process evaluation visits early in 2014, therefore, occurred roughly 3 years after sites received initial funds. During the site visits, researchers conducted semi-structured interviews with key stakeholders including program administrators, line staff, and representatives from partner agencies in the criminal justice and human services fields. The site visits lasted 2-3 days and were led by 2-person teams from RTI and the Urban Institute.

^b The evaluability assessment aimed to answer two questions: Is the program evaluable? If so, how, and at what level of effort? Data collection activities consisted of document review, telephone interviews with core team members, site visits including semi-structured interviews with project staff and partners, and review of project case files and administrative records. For more information, please see the executive summary for the final evaluation ability assessment report, available at <https://www.ncjrs.gov/pdffiles1/nij/grants/243978.pdf>

^c The Web-based survey was completed by 214 criminal justice and human services stakeholders (including agency leadership, such as probation chiefs, jail administrators, and executive directors, and a variety of frontline correctional facility staff, probation officers, case managers, counselors, etc.) across the seven AORDP sites. The response rate for the survey was 70%.

EBPs in Reentry

Scholars, researchers, practitioners, and policymakers increasingly have made concerted efforts to determine what works in the criminal justice system and to disseminate comprehensive

literature on EBPs that can be replicated with success.^d Although the term “evidence-based practices” is widely used, it is not always clearly defined. For this report, “EBPs” generally refers to practices that have been evaluated and found to reduce reoffending, regardless of how reoffending is defined.

In recent decades, researchers in the field of prisoner reentry have made great strides in identifying the characteristics of effective correctional interventions and programming.^{3,4,20,21} Matthews and colleagues, summarizing the extant research, identified 11 principles for effective intervention, ranging from the recommendation that level of service be matched to the risk level of the individual to the observation that effective interventions are behavioral in nature.⁴ See the full list of principles in **Appendix B**.

Subsequently, the National Institute of Corrections, in partnership with the Crime and Justice Institute (CJI), convened leading criminal justice and corrections scholars and practitioners to

Why Focus on EBPs?

Research shows that significant reductions in recidivism can be achieved when EBPs are applied with fidelity.

The challenge is *doing it*.

Core EBPs for Effective Intervention

1. Assess actuarial risk/needs.
2. Enhance intrinsic motivation.
3. Target interventions.
 - Risk Principle: Prioritize supervision and treatment resources for higher risk individuals.
 - Need Principle: Target interventions to criminogenic needs.
 - Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning individuals to programs.
 - Dosage: Structure 40–70% of high-risk individuals' time for 3–9 months.
 - Treatment: Integrate treatment into sentence/sanction requirements.
4. Skill train with directed practice (use cognitive behavioral treatment methods).
5. Increase positive reinforcement.
6. Engage ongoing support in natural communities.
7. Measure relevant processes/practices.
8. Provide measurement feedback.

Source: CJI 2009²²; see also Carey 2010²³

^d See, for example, the Office of Justice Programs *CrimeSolutions.gov* online resource, National Reentry Resource Center *What Works in Reentry* Clearinghouse, Office of Juvenile Justice and Delinquency Prevention *Model Programs Guide*, and the Campbell Collaboration *Library of Systematic Reviews*.

define core EBP elements based on the “what works” research. The group identified eight core principles for effectively intervening with criminal justice-involved individuals in order to reduce recidivism (see sidebar, page 7 of this report), recognizing that the research evidence did not support each of these elements with equal weight. See CJI’s 2009 full report²² for a detailed description of each principle.

Ongoing research suggests that this set of core correctional practices and principles reduces recidivism when implemented in concert and with fidelity as part of a holistic reentry strategy.²¹

EBPs and the Second Chance Act Model

The SCA logic model (see **Appendix C**) specifies core elements that should be reflected in each grantee’s reentry program, including the following EBPs:

- **Target high-risk individuals** for intervention (i.e., those at the highest risk for reoffending, based on the results of objective risk/needs assessments).
- **Administer validated assessment tools** to assess the risk factors and needs of returning individuals.
- Establish **pre-release planning services**.
- Provide **coordinated supervision and comprehensive services post-release**.
- **Provide an array of social and human services tailored** to the individual’s assessed needs.

This report describes the sites’ use of validated risk/needs assessments, specifically the use of actuarial risk assessments. The evidence suggests that justice-involved individuals who are assessed as medium or high risk to reoffend are more likely than those assessed as low risk to benefit from correctional interventions designed to change their behavior. Therefore, implementing a systematic approach to screening and assessing justice-involved individuals in a valid and reliable way is important to ensure that services can be targeted to those most likely to reoffend.^{23–29} Tools that are empirically based provide more accurate assessments than professional judgments alone; because such tools measure factors that can change over time, they should be readministered periodically (e.g., every 6 months). Key considerations include ensuring that (1) the selected tool measures both static and dynamic risk factors and criminogenic needs and has been validated on similar populations, (2) cognizant staff are proficient in conducting and analyzing assessment interviews, and (3) assessment information is used to develop individualized case plans.²²

Risk and Needs Assessment in the AORDP Sites

All seven AORDP sites used risk/needs assessments with the twin objectives of identifying and reducing participants' risk of recidivism, and guiding reentry services and discharge planning.³⁰ Nearly half of the sites^e used short screeners to identify individuals at high risk for reoffending and in need of intervention; these individuals then were targeted for in-depth risk/needs assessment. Furthermore, screening and risk/needs assessment procedures predated the AORDP funding in five of the seven evaluation sites, suggesting that these practices were already standard operating procedure and providing a firm foundation for reentry planning.

Exhibit 1 lists the AORDP sites' criminogenic risk/needs assessment tools, as well as specialized assessment instruments used to identify issues such as drug abuse, mental health diagnoses, and trauma. Although most sites used validated, standardized tools—such as the Level of Service Inventory-Revised (LSI-R) or the Correctional Offender Management Profiling for Alternative Sentencing—Connecticut used the TPAI, validated in Connecticut, but had made provisions to introduce a gender-neutral tool based largely on the Ohio Risk Assessment System (ORAS) to standardize and streamline screening and assessment procedures throughout the state system.

^e Connecticut (Treatment and Programs Assessment Inventory [TPAI]), Pennsylvania (Global Appraisal of Individual Need Short Screener), and Massachusetts (Level of Service Inventory-Revised: Screening Version) each used a two-stage process to identify individuals at the greatest risk to reoffend (Stage 1) followed by in-depth assessment of criminogenic risks/needs (Stage 2) for those screened as medium to high risk for reoffending.

Exhibit 1. Risk and Needs Assessment Tools Used in AORDP Sites

Site	Risk and Needs Assessment(s)	Notes
California: Solano County	<ul style="list-style-type: none"> ▪ Women's Risk and Needs Assessment (WRNA) ▪ Level of Service/Case Management Inventory (LS/CMI) 	The WRNA is used to assess potential participants in the Solano County jail; however, because the WRNA does not ask questions about criminal history, women who do not score as medium or high risk on the WRNA will then be assessed using the LS/CMI. Women's Reentry Achievement Program case managers will then use whatever score is higher to determine eligibility for the program. Probation uses the LS/CMI.
Connecticut: Department of Correction (DOC)	<ul style="list-style-type: none"> ▪ Treatment & Program Assessment Instrument (TPAI), pre-release ▪ WRNA ▪ Level of Service Inventory–Revised (LSI-R), post-release ▪ Addiction Severity Index (ASI) and Adult Substance Use Survey (ASUS) 	Implemented in 2009, the six-item TPAI is administered to all individuals in the CT DOC sentenced to 6 months or longer to screen for risk of reoffending ³¹ and has been used to guide formation of the Offender Accountability Plan. The DOC also uses a number of other specialized assessment tools such as the ASI and Static-99 to guide pre-release programming. The LSI-R is used by Parole and the Community Services Division of the DOC to assess individuals' post-release needs. Plans to implement the Statewide Collaborative Offender Risk Evaluation System assessment suite, based on the Ohio Risk Assessment System (ORAS), were in process as of February 2014.
Florida: Palm Beach County	<ul style="list-style-type: none"> ▪ Correctional Integrated Needs Assessment System (CINAS) ▪ LSI-R 	The Florida DOC administers the CINAS at reception and again 42 months from the individual's forecasted release date, using the CINAS recidivism index score to determine individuals' priority for intervention and receipt of services. The LSI-R (either the full LSI-R or the shorter, three-question LSI-R Proxy) is used (1) by the program's pre-release counselors (PRCs) to determine program eligibility, accomplish transition case planning, and determine the frequency of PRC/participant contact; and (2) by the community case managers who regard the LSI-R as the roadmap to services post-release and readminister the LSI-R as clients successfully complete the program.
Massachusetts: Boston	<ul style="list-style-type: none"> ▪ Level of Service Inventory–Revised: Screening Version ▪ ASUS ▪ MH Evaluation Tools assessment (developed for the Suffolk County House of Corrections by Prison Health Services) ▪ ORAS 	Program eligibility is based on offense history, but the LSI-R and ASUS are administered by case managers shortly after program enrollment as part of intake. Additionally, probation administers the ORAS every 6 months to individuals on supervision.
Minnesota: Department of Corrections	<ul style="list-style-type: none"> ▪ Minnesota Screening Tool Assessing Recidivism Risk, an internally validated and normed screening instrument developed by MN DOC to determine the risk level of individuals at intake* ▪ LS/CMI 	All program participants who lacked recent assessments received the LS/CMI, conducted by the reentry coordinator. LS/CMIs also are readministered 6 months after release.

(continued)

Exhibit 1. Risk and Needs Assessment Tools Used in AORDP Sites (continued)

Site	Risk and Needs Assessment(s)	Notes
New Jersey: Hudson County	<ul style="list-style-type: none"> Correctional Offender Management Profiling for Alternative Sanctioning (COMPAS) 	COMPAS, as well as medical and mental health evaluations, is administered to all individuals within their first week in jail. Because COMPAS criminal history information is self-reported, the jail's social rehabilitation therapists check official records to confirm offense histories.
Pennsylvania: Beaver County	<ul style="list-style-type: none"> Global Appraisal of Individual Need Short Screener (GAIN SS) In-depth clinical diagnostic assessment for co-occurring disorders (CODs) evaluation Wisconsin Risk/Needs Scales (often referred to as the Wisconsin risk assessment) 	Consistent with the program's focus on jail-involved individuals with mental health or co-occurring issues, the GAIN SS, a specialized risk screener, is used to detect mental health and substance abuse issues, and an in-depth, clinical diagnostic assessment for CODs guides pre-release reentry planning. The COD assessment covers prior mental health diagnoses and treatment, substance use history, medical history, and family and social engagement. Whereas the GAIN SS includes a crime/violence domain, neither the GAIN nor the COD accounts for criminogenic risk/needs. Probation administers the Wisconsin Risk/Needs Scales assessment to individuals on supervision.

* Those scoring in the top 40% on the Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR) (considered at high or very high risk for recidivism) then receive the Level of Service/Case Management Inventory (LS/CMI), which the facility case manager administers to assess needs. MnSTARR is also part of the algorithm that determines chemical dependency prioritization; the site's reentry coordinator conducts a Rule 25 chemical dependency assessment that facilitates the incarcerated individual's access to state-funded chemical dependency treatment after release and initiates a referral for substance abuse treatment. However, because the Minnesota SCA project targeted release violators who did not receive the MnSTARR at program entry (i.e., their assessments would have taken place at the time of their index offense and was likely before the MnSTARR was in place), all SCA participants received the LS/CMI.

Important differences exist between criminal justice-involved men and women in terms of offending histories, risk factors, and life circumstances. Some risk factors are germane to both sexes but more frequently present among women; other risk factors (e.g., substance abuse) occur with relatively the same frequency in both men and women but have distinct physical, personal, and social effects for women. Furthermore, some factors are typically seen with women but not with men. For example, women are substantially less likely to have committed violent crimes or used weapons in the commission of crimes, are considerably more likely to have been victimized by physical or sexual abuse, and are more likely to have served as the primary caregiver of children before incarceration.³² For these reasons, both Solano County, CA, and Connecticut incorporated gender-specific assessment tools, such as the Women's Risk Needs Assessment (WRNA), into their reentry practice. However, Solano County also used the

LS/CMI, because that instrument seemed to more accurately predict reoffending, and it was the tool used by the local probation office that referred some women to the program.^{f,g}

In addition to assessment for program eligibility and service planning, criminal justice-involved individuals in some sites may be assessed by partner agencies using other instruments. For example, in Solano County, the Forensic Assertive Community Treatment program that provides mental health treatment to Women's Reentry Achievement Program clients conducts an intensive narrative assessment, which includes the Adult Needs and Strengths Assessment tool. Similarly, in Connecticut, Easter Seals Goodwill Industries staff who provide post-release case management services are trained to administer the LSI-R, as are probation and parole officers who use both the LSI-R and the Addiction Severity Index (ASI). Parole officers plan to continue using the LSI-R and the Adult Substance Use Survey (ASUS) and augment those instruments with supplemental information from the Statewide Collaborative Offender Risk Evaluation System (SCORES).^h

Several of the grantees have had training on effective use of their assessment tools. For example, staff in Solano County and Connecticut had either received or scheduled training from the University of Cincinnati on WRNA and ORAS. In Minnesota, training for LS/CMI certification is arranged by the statewide EBP coordinator. In Florida, all key Regional and State Transitional Ex-Offender Reentry (RESTORE) staff had received basic and refresher training, most recently from Justice System Assessment and Training; afterward, staff audio-recorded an LSI-R session and submitted it to the trainer for evaluation and feedback.ⁱ Staff reported that the advanced training on the LSI-R resulted in case managers' paying more attention to clients' protective factors; the pro-social score helps case managers understand a client's supports. Consequently, the Florida staff began sending letters to family members, explaining the RESTORE program, discussing the resources available, and providing the reentry coordinator's

^f Women are assessed using both instruments and accepted into the program as long as they receive a medium- or high-risk score on at least one of the assessments.

^g In Florida, the Correctional Integrated Needs Assessment System tool was being revised to separate the recidivism index scoring into separate gender-based modules.

^h SCORES is based on the ORAS suite of screening and assessment tools designed for use at specific processing stages (prison intake to release planning and community supervision) but tailored to individuals under the purview of the Connecticut DOC and Board of Pardons and Paroles (see <http://www.ct.gov/doc/lib/doc/pdf/pride/pride20120901.pdf>). Use of SCORES will streamline and standardize the DOC's screening and assessment process, which, at the start of the AORDP evaluation, included the TPAI and the LSI-R, as well as several specialized assessment tools (GRA, ASI, ASUS, etc.).

ⁱ Staff regarded this as very helpful but reportedly are unable to do this as often as they would like because of the cost of the tool (\$200 each assessment).

contact information. However, the additional training also revealed a limitation of the existing automated database: The system had fields only for risks. Case managers recognized the desirability of accessing the full questionnaire with its information on protective factors.

Support for Screening and Assessment

The process evaluation investigated site-level support for and use of screening and assessment procedures through a Web-based survey of stakeholders administered in 2014.^j

Approximately 82% (n=160) of respondents reported that their agency prioritized *systematic use of risk/needs assessment instruments*, with 74% (n=143) indicating it was a high-priority practice. A slightly larger share of respondents in the criminal justice stakeholder sphere (81%) reported that this practice was a high priority for their agency than did those within the social/human services stakeholder sphere (70%). Regardless, nearly all survey respondents (92%)

AORDP Web-Based Stakeholder Survey

In April 2014, approximately 214 stakeholders—criminal justice and social services leaders, directors of community-based human services agencies, and frontline staff from partner agencies across the seven AORDP sites—completed a brief Web-based survey to gather information about program operations and system functioning specific to the following:

- collaboration and coordination within and across partner agencies
- interagency cooperation and trust
- reentry partnership structures and roles
- support for and use of EBPs
- policy and practical barriers to reentry services
- agency- and community-level support for reentry

On average, 45 stakeholders in each site were invited to complete the survey. Site-specific response rates ranged from 54% to 80%. Approximately 40% (39.7%) of survey respondents identified as criminal justice stakeholders, while another 56% identified as social/human services stakeholders, although sample composition and balance varied by site (for example, social/human services stakeholders comprised two-thirds or more of the CT, NJ and PA sites' respondents). Just 2% either identified as elected officials or selected "business" as their primary work sector. One-third (37.4%) of respondents held executive leadership or managerial positions, which suggests the majority of respondents held frontline-level positions. Nearly 40% (38.8%) of respondents were involved in direct service delivery.

^j The Web-based survey asked respondents to report on their agency's use of 19 EBPs (e.g., use of screening and assessment for triage, program eligibility, and transition planning; engaging family members in reentry planning and treatment; use of manualized evidence-based interventions; use of sanctions and rewards; use of communication techniques to motivate and reinforce behavior change) that support reentry. The survey posed two questions for each practice: (1) Is the practice a current priority for the respondent's agency? and (2) *Should*

indicated that use of systematic risk/needs instruments *should be* a priority for their agencies.

The majority of stakeholders likewise reported that their respective agency prioritized the use of risk/needs assessment results *to inform reentry and discharge planning* (80%) and to *guide program referrals and service delivery* (83%). Again, respondents from criminal justice organizations were more likely than their counterparts in social services to report these companion practices as high priorities for their agencies, with approximately three-quarters (75% and 72%, respectively) of criminal justice stakeholders doing so compared with roughly two-thirds (65% and 66%) of social services stakeholders. Respondents in social services (17%) were more likely than their criminal justice counterparts (10%) to say that they didn't know whether using screening and assessment results to inform reentry and discharge planning was a priority for their agency. Yet, relatively equal shares of respondents in these two stakeholder groups (criminal justice 91% and social services 92%) responded that this practice *should be* a priority.

Routine risk/needs reassessment to update or modify individual service plans also garnered solid support across AORDP survey respondents, although less than the assessment practices discussed earlier. Approximately 79% reported that routine reassessment was a priority practice for their agency, with 56% indicating it was a high priority. Conversely, nearly 8% of respondents indicated this practice was *not* a priority for their agency; criminal justice stakeholders were more likely (at 10%) to indicate it was not a priority practice than social services stakeholders (at 5%). Eighty-eight percent of respondents in the criminal justice and social services spheres agreed that routine reassessment should be a priority practice. Although a relatively high number, this practice registered the least support for prioritization compared with the previously discussed assessment practices.

Finally, quality assurance measures specific to risk/needs assessment processes also registered solid support, with nearly three-quarters (74%) of respondents identifying *regular review of risk/needs assessment scoring and interpretation with assessment staff* as a priority for their agency. More than half (52%) reported this was a high priority for their organization.

the practice be a priority? For the former, respondents indicated whether the practice was currently a high or low priority or not a priority at all; those who were uncertain could select "don't know." Stakeholders' reports of assessment practices across the seven sites are discussed in this report. Survey responses specific to case management and reentry planning practices, and other relevant EBPs are discussed in the companion reports on case management and other EBPs (see www.ncjrs.gov).

Eighty-eight percent indicated that regular review of assessment scoring and interpretation with staff should be a priority.

In summary, most respondents across the seven AORDP sites generally report that the use of risk/needs assessments to guide service delivery and inform reentry planning is and should be a priority practice, suggesting a strong alignment with key EBPs for reentry. There was some notable variation among the sites regarding support for these practices. CA stakeholders, for example, were least likely among the seven sites to identify assessment practices as current priorities for their respective agencies: just 67% identified regular review of risk/needs assessment scoring and interpretation with assessment staff as an agency priority although upwards of 80% to 85% identified the other assessment practices as current priorities; yet, 85% to 93% of CA respondents reported that these assessment practices *should be* priorities. Conversely, a larger percentage of PA respondents (between 81% and 96%) identified assessment practices as current agency priorities but slightly lower shares (between 79% and 90%) agreed that these *should be* priority practices. CT and NJ respondents reflected a similar “is-should be” gap as the PA site although the percentage difference was smaller, typically just three percentage points.

Conclusion and Next Steps

Risk/needs assessment is a foundational practice for successful reentry. Five of the seven AORDP sites had criminogenic risk/needs assessment practices in place before receiving SCA funding, suggesting both a commitment to and foundation for reentry planning. Additionally, several AORDP evaluation sites incorporated specialized assessments into their standard assessment procedures to address issues such as substance abuse or trauma. Most sites, particularly jail-based programs, used widely-recognized tools, while other sites developed and validated local tools specific to their target populations. Approaches to risk/needs screening practices varied considerably across the sites. Prison-based AORDPs were more likely to use a two-stage process featuring risk screening followed by in-depth assessment, whereas only one of the jail-based AORDP sites (Beaver County) used a risk screener.^k Although most sites appeared to have incorporated risk/needs assessment into

^k Risk screening to identify those at highest risk and thus most appropriate for in-depth assessment and intensive intervention can be a particularly useful tool for jails where lengths of stay are short and resources are limited.

standard reentry planning practices, few reported routine reassessment to update or modify service plans or to track client progress. Yet, respondents participating in the AORDP stakeholder survey reported high levels of support for risk/needs assessment practices including reassessment, with upward of 80% of stakeholders across the seven sites indicating that risk/needs assessment is a priority for their respective agency, and 90% responding that it should be a priority for their agency; as such, sites should implement regular, post-release reassessment to track participant progress and to ensure case plans are responsive to evolving participant needs. In sum, the findings from this study indicate that all sites are using an objective tool to make decisions about who to serve and the types of services to provide¹, which is a best practice in prisoner reentry. Stakeholder support for the use of risk/needs assessment practices is strong across the participating jurisdictions.

The AORDP process evaluation will continue to document the evolution and operations of the seven projects during the final years of their grants, including risk/needs assessment and other EBPs, as well as strategies implemented by the grantees to sustain the programs after the grant ends.

¹ Review of assessment results and case plans to determine the sites' level of needs matching was beyond the scope of the process evaluation, however, large percentages of survey respondents reported that assessment-driven referrals and case planning were priority practices for their agencies.

References

1. Casey PM, Warren RK, Elek JK. Using Offender Risk and Needs Assessment Information at Sentencing Guidance for Courts from a National Working Group. Williamsburg, VA: National Center for State Courts; 2011.
2. Domurad F, Carey M. Implementing Evidence-Based Practices. Silver Spring, MD: Center for Effective Public Policy. 2010.
3. Gendreau P, French SA, Gionet A. What Works (What Doesn't Work): The Principles of Effective Correctional Treatment. *Journal of Community Corrections*. 2004; 7:4-10.
4. Matthews BD, Hubbard J, Latessa E. Making the Next Step: Using Evaluability Assessment to Improve Correctional Programming. *The Prison Journal*. 2001; 1(4): 454–71. DOI: 10.1177/0032885501081004003.
5. Carson EA. Prisoners in 2013. Washington, DC: Bureau of Justice Statistics; 2014.
6. Minton TD. Jail Inmates at Midyear 2012 - Statistical Tables. Washington, DC: Bureau of Justice Statistics; 2013
7. Durose MR, Cooper AD, Snyder HN. Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. Washington, DC: Bureau of Justice Statistics; 2014.
8. Lattimore PK, Visser C, Steffey DM. Prisoner reentry in the first decade of the 21st century. *Victims and Offenders*. 2010;5:253-267.
9. Lattimore PK, Visser C. The impact of prison reentry services on short-term outcomes: Evidence from a multi-site evaluation. *Evaluation Review*. 2013;37(3-4):274-313.
10. Holl DB, Kolovich L, Bellotti J, Paxton M. Evaluation of the Prisoner Reentry Initiative. Bethesda, MD: Coffey Consulting; 2009.
11. McDonald D, Dyou C, Carlson K. The Effectiveness of Prisoner Reentry Services as Crime Control: The Fortune Society. Boston, MA: Abt Associates Inc; 2008.
12. Petersilia J. What Works in Prisoner Reentry? Reviewing and Questioning the Evidence. *Federal Probation*. 2004;68(2).
13. Mears DP, Winterfield L, Hunsaker J, Moore GE, White RM. Drug Treatment in the Criminal Justice System: The Current State of Knowledge. Washington, DC: Urban Institute; 2003.
14. Solomon A, Gouvis C, Waul M. Ex-Prisoners in the District: Ingredients for Successful Reintegration. Summary Report to the Neighborhood Re-Investment Corporation. Washington, DC: The Urban Institute; 2001.
15. Travis J, Solomon A, Waul M. From Prison to Home: The Dimensions and Consequences of Prisoner Reentry. Washington, DC: The Urban Institute; 2001.

16. Morley E, Rossman S, Buck J, Gouvis C. Linking Supervision and Services: The Role of Collaboration in the Opportunity to Succeed Program. Washington, DC: The Urban Institute; 1998.
17. Gaes GG, Flanagan TJM, L. L., Stewart L. Adult Correctional Treatment. In: Tonry MH, Petersilia J, eds. Prisons. Chicago: University of Chicago Press; 1999.
18. Cullen FT, Gendreau P. Assessing Correctional Rehabilitation: Policy, Practice, and Prospects. Criminal Justice 2000: Policies, Processes, and Decisions of the Criminal Justice System: 3. Washington, DC: Department of Justice; 2000.
19. Second Chance Act of 2007: Community Safety Through Recidivism Prevention. 42 U.S.C. §17501; 2008.
20. Carter M, Sankovitz RJ. Dosage Probation: Rethinking the Structure of Probation Sentences. Silver Spring, MD: Center for Effective Public Policy; 2014.
21. Latessa E. 2010. Cutting Recidivism: What Works, What Doesn't. Accessed July 2014, <http://www.the-slammer.org/category/guestcommentaries>.
22. Crime and Justice Institute at Community Resources for Justice. Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd Edition. Washington, DC: National Institute of Corrections; 2009.
23. Carey M. Coaching Packet: Effective Case Management. Silver Spring, MD: Center for Effective Public Policy; 2010. Retrieved from <http://newcepp.reclaimhosting.com/wp-content/uploads/2015/12/Center-for-Effective-Public-Policy-Coaching-Packets.pdf> citing Andrews, DA Principles of effective correctional programs. In L.L. Motiuk & R.C. Serin (Eds.), Compendium 2000 on Effective Correctional Programming. Ottawa, Canada: Correctional Service of Canada; 2007.
24. Andrews DA, Bonta J. Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007-06). Ottawa: Public Safety Canada; 2007.
25. Andrews DA, Bonta J, Wormith JS The Recent Past and Near Future of Risk and/or Need Assessment. *Crime & Delinquency*. 2006; 52(1): 7-27.
26. Andrews DA, Dowden C. The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections Crime Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*. 2007; 49(4): 439-464.
27. Bonta J. Offender assessment: General issues and considerations. In L.L. Motiuk & R.C. Serin (Eds.), Compendium 2000 on Effective Correctional Programming. Ottawa, Canada: Correctional Service of Canada; 2007.
28. Gendreau P, Goggin C, Little, T. Predicting Adult Offender Recidivism: What Works! 1996-07. Ottawa, Ontario: Solicitor General of Canada; 1996.
29. Lipsey MW, Cullen, FT. The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews. *Annual Review of Law and Social Science*. 2007; 3: 297-320.

30. Buck Willison J, Hardison Walters J. FY2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Cross-Site Evaluability Assessment Final Report. Washington, D.C.: Urban Institute; 2013.
31. Criminal Justice Risk Assessment Strategy. Hartford, CT: Connecticut Department of Correction; February 2010.
32. Modley P, Giguere R. Reentry Considerations for Women Offenders. Silver Spring, MD: Center for Effective Public Policy; 2010.

Appendix A: The AORDP Reentry Projects

Exhibit A1 summarizes the target population and core components of each AORDP reentry program, with bolding used to illustrate key features. Each program targets adults who are under state or local custody (and who are about to return to the community) for comprehensive reentry programming and services designed to promote successful reintegration and to reduce recidivism. Designed to meet the multiple challenges facing formerly incarcerated individuals upon their return to the community, the seven AORDP programs provide an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' SCA projects.

Appendix Exhibit A1. Summary of Grantees' Program Models

Grantee	Target Population	Basic Program Components
California: Solano County	Medium- or high-risk females currently or recently incarcerated in the Solano County jail	Intensive pre- and post-release case management, gender-specific cognitive-based therapies, peer mentoring , transitional housing, employment assistance, parenting, and assistance with basic needs
Connecticut: Department of Correction (DOC)	Medium- or high-risk males and females incarcerated in four Connecticut DOC facilities and returning to the target area in and around New Haven	A "reentry workbook" program; referrals to the facilities' job centers; pre-release reentry planning with community case managers; a furlough component for males; dual supervision with parole officer/case manager and community advocate; and 120 days post-release services
Florida: Palm Beach County	Moderate- to high-risk incarcerated men and women who are returning to Palm Beach County from one Florida DOC correctional facility	Pre-release services at the reentry center provided by counselors, followed by post-release continued support and services provided by community case managers. Services include education; employment assistance; transitional housing; parenting, life skills, cognitive behavioral change, victim impact; substance abuse and mental health; family reunification; and assistance with basic needs.
Massachusetts: Boston	Men incarcerated at the Suffolk County House of Correction aged 18–30 with histories of violent or firearm offenses and gang associations who will return to one of Boston's high-crime hotspot areas	Panel meeting to introduce the program to and invite eligible individuals; case management support and advocacy (throughout incarceration, transition to the community, and after release); a 2-week job skills course (before release); assistance with employment, education, basic needs, and health care; and referrals to community services
Minnesota: Department of Corrections	Male release violators who are returning to the Minneapolis-St. Paul metro area and have at least 150 days of supervised release in the community	Individualized transition planning and pre-release case management from a reentry coordinator , handoff from pre- to post-release case management through a reentry team meeting ; post-release case mgmt. and services offered at a community hub

(continued)

Appendix Exhibit A1. Summary of Grantees' Program Models (continued)

Grantee	Target Population	Basic Program Components
New Jersey: Hudson County	Men and women incarcerated in the Hudson County House of Corrections who have been diagnosed with mental health, substance use, or co-occurring disorders	90-day in-jail substance abuse treatment in a gender-specific therapeutic community with focus on cognitive behavioral programming ; pre-release case management and transition planning; post-release case management, linkage to public benefits, and services delivered by intensive outpatient/day treatment and supported housing providers
Pennsylvania: Beaver County	Male and female adults sentenced to the Beaver County Jail who have medium or high need for mental health or co-occurring services	Cognitive-based treatment groups, highly structured vocational/educational services, transition planning, and case management and reentry sponsorship (mentoring) that begins in jail and continues in the community

As evident from the exhibit, the sites vary substantially in the populations they target and the service delivery approaches they adopt. Three sites (Connecticut, Florida, and Minnesota) target prisoners returning from state DOCs. The rest address local jail transition (Beaver County, PA; Boston, MA; Hudson County, NJ; and Solano County, CA). Some sites focus on women (Solano County, CA), individuals reincarcerated for supervision violations (MN), and those with substance abuse or mental health disorders or both (Beaver County, PA, and Hudson County, NJ). Two sites (Connecticut and Florida) move returning individuals to facilities closer to their home communities, increasing access to community-based resources before release. Some programs frontload case management services, whereas others emphasize community and family supports. The composition and structure of the AORDP programs vary by jurisdiction, with agencies outside the criminal justice system leading three of the projects (Beaver County, PA; Palm Beach County, FL; and Solano County, CA).

Appendix B: Principles for Effective Intervention

In 2001, Matthews and colleagues, summarizing the extant literature, identified the following 11 principles of effective intervention. These 11 principles are reflected in the widely referenced “risk-needs-responsivity” principle (2001:455-456).

1. Effective interventions are behavioral in nature.
2. Level of service should be matched to the risk level of the individual.
3. Individuals should be referred to services designed to address their specific, assessed criminogenic needs (e.g., antisocial attitudes, substance abuse, family communication).
4. Treatment approaches should be matched to the learning style or personality of the individuals.
5. High-risk individuals receive intensive services, occupying 40–70% of the individuals’ time for a 3- to 9-month period.
6. Effective interventions are highly structured, and contingencies are enforced in a firm, but fair manner.
7. Staff relates to clients in interpersonally sensitive and constructive ways, and are trained and supervised appropriately.
8. Staff members monitor client change on intermediate targets of treatment.
9. Relapse prevention and aftercare services are employed in the community to monitor and anticipate problem situations, and to train clients to rehearse alternative behaviors.
10. Family members or significant others are trained regarding how to assist clients during problem situations.
11. High levels of advocacy and brokerage occur if community services are appropriate.

Appendix C: Second Chance Act Logic Model

Second Chance Act Prisoner Reentry Initiative Logic Model

Goal(s): Increase Public Safety and Reduce Recidivism by 50 percent over 5 years

INPUTS	ACTIVITIES	OUTCOMES	OUTCOME MEASURES	LONG TERM OUTCOMES/IMPACT*
<ul style="list-style-type: none"> ■ Support of the Chief Executive officer of the state, unit of local government, territory, or Indian Tribe ■ Extensive description of the role of state corrections departments, community corrections agencies, juvenile justice systems, and/or local jail systems – that will ensure successful reentry ■ Extensive evidence of collaboration with state and local government agencies, as well as stakeholder groups. ■ Analysis plan for: statutory, regulatory, rules-based, and practice-based hurdles to reintegration of offenders ■ Target Population (TP): High-Risk Offenders ■ Risk and Needs Assessments ■ Reentry Task Force membership ■ 5-year Reentry Strategic Plan ◇ Plan to follow and track TP 	<ul style="list-style-type: none"> ■ Develop and coordinate a Reentry Task Force ■ Administer validated assessment tools to assess the risk factors and needs of returning inmates ■ Establish pre-release planning procedures ■ Provide offenders with educational, literacy, and vocational services ■ Provide substance abuse, mental health, and health treatment and services ■ Provide coordinated supervision and comprehensive services for offenders upon release from prison or jail ■ Connect inmates with their children and families ■ Provide victim appropriate services 	<ul style="list-style-type: none"> ■ A reduction in recidivism rates for the target population ■ Reduction in crime ■ Increased employment opportunities 	<ul style="list-style-type: none"> Number of new offenders added to the TP this quarter Total number of TP in the initiative Number of TP released this quarter Total number of TP released since the beginning of the initiative Number of TP resentenced to prison with a new conviction this quarter Total Number of TP resentenced to prison with a new conviction since the beginning of the initiative Total number of crimes reported during this quarter Total population for the area that the TP is returning to (i.e., statewide, county, city, neighborhood) Number of TP who found employment this quarter Total Number of TP who are employed Number of TP who have enrolled in an educational program this quarter 	<ul style="list-style-type: none"> ■ Increase public safety ■ Reduce Recidivism by 50 percent over 5 years

<ul style="list-style-type: none"> ◇ Sustainability Plan ◇ Plan to collect and provide data for performance measures ■ Pre- and post-release programming ■ Mentors ■ Provide a 50 percent match [only 25 percent can be in-kind] 	<ul style="list-style-type: none"> ■ Deliver continuous and appropriate drug treatment, medical care, job training and placement, educational services, and housing opportunities ■ Examine ways to pool resources and funding streams to promote lower recidivism rates ■ Collect and provide data to meet performance measurement requirements 	<ul style="list-style-type: none"> ■ Increased education opportunities ■ Reduction in violations of conditions of supervised release ■ Increased payment of child support ■ Increased housing opportunities ■ Increased participation in substance abuse services ■ Increased participation in mental health services 	<p>Total number of TP who are currently enrolled in an educational program</p> <p>Number of TP who have violated the conditions of their release this quarter</p> <p>Total number of TP who have violated the conditions of their release</p> <p>Total number of TP that are required to pay child support</p> <p>Number of TP who paid their child support this quarter</p> <p>Number of target population who found housing this quarter</p> <p>Total number of TP who have housing</p> <p>Number of TP who were assessed as needing substance abuse services this quarter</p> <p>Total number of TP who have been assessed as needing substance abuse services</p> <p>Number of TP who enrolled in a substance abuse program this quarter</p> <p>Total number of TP enrolled in a substance abuse program</p> <p>Number of TP who were assessed as needing mental health services this quarter</p> <p>Total number of TP who have been assessed as needing mental health services</p> <p>Number of TP who enrolled in a mental health program this quarter</p> <p>Total number of TP enrolled in a mental health program</p>	
---	---	---	---	--

		<ul style="list-style-type: none"> ■ Reduction in drug abuse ■ Reduction in alcohol abuse 	<p>Total number of TP re-assessed regarding substance use during the reporting period</p> <p>Total number of TP re-assessed as having <i>reduced</i> their substance use during this reporting period</p> <p>Total number of TP re-assessed regarding alcohol use during the reporting period</p> <p>Total number of TP re-assessed as having <i>reduced</i> their alcohol use during this reporting period</p>	
--	--	---	---	--