

Chapter V: Evidence-Based Practices and Risk and Needs Assessment

CSOSA has committed to institutionalizing and implementing evidence-based best practices in its supervision services so that effective case management strategies can lead to improved offender outcomes, reduced recidivism, and improved public safety. Toward this end, CSOSA partnered with the National Institute of Corrections (NIC) to provide evidence-based practices (“What Works”) knowledge, skills building, and implementation training within the Agency for all CSS staff. In addition, CSOSA developed a comprehensive, state-of-the-art risk and needs assessment to identify offenders’ specific risks and needs.

A. Evidence-Based Practices—“What Works”

1. Background—National Perspective

Community supervision has experienced significant growth in the number of offenders under supervision. In 1995, 3.8 million people were under parole or probation supervision and in the ensuing years, this number has grown at an annual rate of 3 percent for parole and 2 percent for probation. As the numbers of offenders entering the criminal justice system has increased, so too has the percentage of offenders with substance abuse histories. At the beginning of the decade of the 1990s, 79 percent of the offenders entering the system reported drug use histories (with 50 percent of those reporting drug use in the month prior to arrest). By the end of the decade, those figures had risen to 83 and 57 percent respectively¹. Despite the fact that incarceration is a unique opportunity to treat offenders with substance abuse issues, most correctional facilities are unable to meet the need for substance abuse treatment. As a result, many incarcerated offenders return to the community under community corrections supervision without having received substance abuse treatment while incarcerated. In addition, a significant number of offenders who are under probation supervision are being supervised for drug law violations or problems related to alcohol abuse, including a substantial percentage being supervised for driving while intoxicated convictions.

2. Literature

Over the years, a number of studies have been published which show the effectiveness of substance abuse treatment and support the idea that correctional interventions can be effective in reducing recidivism. Now, a significant body of evaluation research exists which supports the efficacy of some interventions for some offenders, and more well-designed control studies continue to increase the field’s knowledge of the principles of effective correctional intervention for both institutional and community settings (Andrews, 1995²; Andrews, Zinger, Hoge, Gendreau, and Cullen, 1990³; Gendreau and Ross, 1979⁴; Izzo and Ross, 1990⁵; Lipsey, 1991⁶; Lipton, 1994⁷; McGuire and Priestley, 1995⁸; Palmer, 1975⁹; Van Voorhis, 1987¹⁰; Wexler, Falkin, and Lipton, 1990)¹¹. These studies have shown the effectiveness in reducing offenders’ substance abuse use and other related criminal-justice outcome variables. This body of literature has become known as the “What Works” literature or evidence-based practices.

3. Philosophy

Evidence-based practices focus on five important areas: assessment, treatment, monitoring and drug testing, co-occurring disorders, and relapse prevention.

a. Assessment

The “What Works” literature argues that substance-abusing offenders are not a homogeneous group—they have different natures and severity of substance abuse; therefore, comprehensive assessments are key to identifying offenders’ substance abuse severity, chronicity, and relationship to criminal behavior. From sound assessments, programmatic approaches can be developed to address these needs, approaches, which consider the intensity and duration of treatment required for the offender. Using this information, offenders can be placed in programs most appropriate to meet their needs.

b. Treatment

Treatment is an important component of “What Works.” Treatment has been found to reduce offender substance abuse and recidivism, although no one program or treatment modality has been found to be differentially effective with offenders (Lightfoot, 1999)¹². Treatment is an important component of “What Works.” It is important to evaluate offenders’ substance-abuse treatment and other treatment needs and place them in treatment programs that best meet their needs.

c. Monitoring and Drug Testing

Drug monitoring and testing is an effective supervision tool in closely monitoring the behavior of drug involved parolees, probationers, and diversion offenders (such as drug court offenders), and can possibly deter future drug use and criminal behavior (Vito, 1999)¹³. Drug testing can identify offenders in need of substance-abuse treatment and can help an offender reduce denial of drug use during the first stage of treatment.

d. Co-Occurring Disorders

“What Works” recognizes that offenders with co-occurring disorders are at higher risk for a wide range of problem behaviors and criminal recidivism due to the fact that “dual disorders” are undiagnosed or are not adequately addressed in the environments encountered by the offenders (Peters and Hills, 1999)¹⁴. Comprehensive assessment of offenders is key to identifying offenders with co-occurring disorders and placing them in appropriate treatment. Treatment for offenders with co-occurring disorders needs to focus on obtaining integrated treatment services and should provide individualized programming according to symptom severity and functional impairment.

Community supervision of these offenders requires additional monitoring to review abstinence and recurrence of symptoms and to ensure compliance with court orders or conditions of release (Peters and Hills, 1999)¹⁵.

e. Relapse Prevention

The role of relapse prevention in “What Works” is very important. Cognitive-behavioral relapse prevention programs have been found to be effective in reducing substance abuse in non-correctional populations. Identifying offenders who would benefit from relapse prevention services, such as outpatient substance-abuse treatment, would help to reduce recidivism.

B. AUTO Screener

Key to developing effective community supervision strategies based on evidence-based best practices is the assessment process. CSOSA has developed a comprehensive assessment-screening instrument that not only identifies an offender’s risk to the community, but also identifies an offender’s needs. The CSOSA AUTO Screener was designed to assist the CSO in determining the offender’s risk in the community and what needs the offender has that should be addressed. Using this information, the CSO can determine the offender’s appropriate level of supervision and make appropriate referrals for treatment services to address the offender’s needs in an effort to reduce recidivism.

Using the AUTO Screener, the CSO collects specific offender data in 12 different functional areas. The computerized assessment tool then automatically generates an individualized intervention plan for the offender.

1. AUTO Screener Domains

The SMART AUTO Screener is comprised of the following screens, each of which represents a specific functional area or domain:

- a. Education;
- b. Community Support/Social Networking;
- c. Residence;
- d. Employment;
- e. Criminality/Violence;
- f. Victimization;
- g. Supervision/PreRelease/Institutional Violations/Failures;
- h. Substance Use/History;
- i. Mental Health;
- j. Physical Health/Disability;
- k. Leisure Time; and
- l. Attitude and Motivation.

a. Education

Research suggests that certain educational characteristics are associated with criminal justice outcomes and should thus be included in offender assessments. The Education Screen collects information on the offender's current educational level, any learning challenges the offender may have, and whether or not the offender is currently enrolled in school and/or a vocational education program.

b. Community Support/Social Networking

Certain community support/social networking characteristics are associated with criminality and negative supervision outcomes. The sociological and criminological literatures highlight the importance of pro-social peer groups/networks and communities that foster collective pro-social values as factors that prevent crime and delinquency. The Community Support/Social Networking screen captures various aspects of an offender's community support and social networking. These data include the types, nature, and frequency of relationships with family, friends, and others; marital and family status; and involvement in conventional society.

c. Residence

Residential instabilities are disproportionately high among offenders subsequently failing community supervision. The Residence screen collects information on the quality and stability of living arrangements. Additionally, these screens capture information on the environmental factors within neighborhoods that contribute to increased risk of exposure to crime and factors associated with an offender's potential criminal involvement.

d. Employment

Employment status and stability are strong predictors of criminal justice outcomes. The Employment screen collects information regarding the offender's current employment status, the nature of the employment, number of jobs within the past six months, and current or prior sources of income. These data are known to have an association with supervision performance.

e. Criminality/Violence

Past criminal/violent behavior is a strong predictor of future offending behavior. The Criminality/Violence screen captures data on the offenders past and current offense history. These data can assist in identifying services for the offender to address underlying biopsychosocial factors that may contribute to future criminal involvement.

f. Victimization

Assessments of risk should incorporate measures of victimization in order to identify offenders who potentially pose a heightened risk of negative supervision outcomes based on their own victimization experience. The Victimization screen collects data regarding the offender’s victimization as a child and/or an adult, and whether or not the offender believes he or she is in danger of victimization at the time of the assessment.

g. Supervision/PreRelease/Institutional Violations/Failures

Research indicates that aspects of prior incarceration and supervision performance are both predictive of future offending and that both influence future supervision outcomes. The Supervision/Pre-Release/Institutional Violations/Failures screen captures data on the offender’s previous supervision, pre-release, and institutional violations and failures.

h. Substance Use/History

Use and abuse of both alcohol and illegal substances are consistently associated with offending and negative supervision outcomes. The Substance Use/History screen summarizes drug-testing results for the offender’s most recent, last 30 days, and previous six months drug tests. It also collects data from the offender regarding his or her self-reported drug(s) of choice, usage history and patterns, and other data regarding the offender’s current and/or past drug use. This information is used to prioritize offenders into a treatment continuum.

i. Mental Health

Certain mental health characteristics anticipate negative supervision outcomes. Early identification of these characteristics enhances risk and needs assessment. The Mental Health screen collects data regarding the offender’s current mental health status, history of mental health issues, including any recent losses, and any previous or current mental health treatment. Mental health information is used to assess the offender’s need for specialized supervision strategies, an offender’s ability to function in a community setting given the type of mental health diagnosis, and the appropriate referrals to mental health service providers.

j. Physical Health/Disability

The Physical Health/Disability screen captures a wide-range of physical health issues, including chronic diseases, physical anomalies, sexually transmitted diseases (STDs), and the offender’s assessment of physical attractiveness.

k. Leisure Time

Studies find that offenders who lack structure, have inconsistent daily routines, and have excessive leisure time face increased risk of criminal involvement. The Leisure Time screen collects data from the offender regarding the offender's participation in pro-social leisure activities, interests, and talents.

l. Attitude and Motivation

Research regularly finds that offenders with the most negative attitudes and the least motivation are also the most crime prone. The Attitude and Motivation screen measures such items as involvement in pro-social activities, self-esteem, impulsiveness, rebelliousness, anger, and aggression.

2. Conducting the AUTO Screener

The SMART AUTO Screener represents a fundamental shift in the way CSOs conduct offender screenings and assessments. The AUTO Screener is *not intended to be completed in one session*. CSOs have up to 25 working days to complete the assessment screening process and are encouraged to take the entire time.

a. Gathering Information

The AUTO Screener provides staff the flexibility to start the screener, save work already entered into the system, collect additional information, and return to the AUTO Screener to add new information or modify information that had been entered during a previous session. CSOs can change data up until the time the offender's score is calculated. This method of conducting the AUTO Screener allows staff to enter information as it is obtained.

In addition, the AUTO Screener automatically populates the date of the offender's most recent housing and employment verifications into the assessment from the SMART housing and employment screens. Drug testing data also are summarized from PRISM and automatically placed into the AUTO Screener.

b. Sources of Information

Various sources of data are available to staff in conducting the AUTO Screener. When conducting the AUTO Screener, the CSO is to rely heavily on official documents, such as the Pre-Sentence Investigation (PSI) report, the Judgment and Commitment Order (J&C), and Notices of Action (NOA) from the United States Parole Commission. The CSO also should routinely review the PSI report, if available, upon receipt of the offender for supervision.

However, official documents are not the only sources of information available to the CSO when conducting the AUTO Screener. These documents cannot provide responses to all of the AUTO Screener items, particularly those regarding the offender’s leisure time activities, recent losses, attitude and motivation. For this reason, the offender also serves as a primary source of information for the AUTO Screener. Information gained from the offender through the use of interviewing techniques must be verified by the CSO, to the greatest extent possible, through official documents, collateral contacts, and existing Agency records.

The table, below, lists various sources of information to be used when conducting the AUTO Screener. This list is not all-inclusive, and multiple sources should be used to validate information obtained directly from the offender.

Source(s) of Information
<ul style="list-style-type: none"> • Pre-Sentence Investigation (PSI) report(s). • Court Judgment & Commitment Order(s). • USPC Notice of Actions (for offenders under parole or supervised release) • Interviews with the offender, the offender’s significant family members, collateral contacts, and employers. • SMART data records, including running record entries, the Supervision Periods screen, Housing and Employment screens, and prior and current drug testing/treatment history.

3. Frequency of Conducting AUTO Screeners

a. Initial AUTO Screener Assessment

The CSO must complete an initial AUTO Screener assessment for all offenders within 25 working days of the offender being assigned to supervision (ACTIVE status only), unless an initial screener was completed during the PSI or TIPS processes within the past 180 days. Detailed instructions on how to create an initial AUTO Screener in SMART are provided in the AUTO Screener Operations Manual. For offenders placed in a Residential Reentry Center (RRC) on parole or supervised release, an initial screener must be conducted within 14 days of placement in the RRC, if one was not conducted within the past 180 days by TIPS staff.

Upon completing the initial assessment, SMART automatically will recommend a level of supervision for the offender, based on the data obtained from the interview and case file information. The CSO can either accept the recommended level of supervision or increase/decrease the offender’s supervision level with the SCSO’s approval. The CSO must obtain approval from the SCSO for the offender’s initial supervision level, even if the CSO accepts the supervision level recommended by the AUTO Screener. In addition, an AUTO Screener must be completed for any subsequent change to increase or decrease the offender’s supervision level, including if the increase or decrease is due to an incentive or

sanction. Once the offender's recommended level of supervision is accepted or approved by the SCSO, SMART will automatically update the offender's level of supervision, along with the date the screener was completed, under the Supervision Periods screen.

b. AUTO Screener Reassessment

The CSO must complete an AUTO Screener reassessment for all offenders with an ACTIVE supervision status within 180 days of the last assessment (initial or reassessment) up until the time the offender's supervision level becomes minimum. Once the offender is in a minimum level of supervision, no further AUTO Screener reassessments are required.

The CSO also must complete a reassessment under any of the following conditions:

- i. The offender is rearrested and is in minimum or medium level of supervision;
- ii. The offender has experienced a significant life event (such as a death in the family);
- iii. The CSO believes that a reduction in the offender's level of supervision is warranted; or
- iv. The CSO and SCSO hold a case conference/consultation and are considering an increase or reduction in the offender's level of supervision.

c. Reducing an Offender's Level of Supervision

Prior to reducing an offender's supervision level, a CSO must:

- i. Perform a field visit to verifying the offender's address and employment. This activity will also help in assessing the offender's overall compliance with his/her individualized prescriptive supervision plan; and
- ii. Conduct a criminal record check on the offender prior to reducing the offender's supervision level; and
- iii. Obtain supervisory approval, which is required for all reduced levels of supervision.

4. Exceptions to Conducting an AUTO Screener Assessment

The AUTO Screener does not need to be completed in the following instances:

- a. The offender is in the minimum level of supervision and has not been rearrested, has not had a significant life event, and is compliant with the terms of supervision.

- b. The offender has six months or less remaining under supervision.
- c. The offender is in an overall warrant or monitored status. However, once staff resumes active supervision of the offender, an initial assessment (if the offender never reported to supervision) or a reassessment assessment, as appropriate, must be conducted within 25 working days of placing the offender in active status.
- d. The offender has had a Show Cause or Parole Revocation Hearing and the releasing authority continues supervision.

5. Standards for Offenders in Active – TBD Status

Current policy requires that offenders be assessed within 25 working days of assignment. In cases where an offender is assigned to active supervision, but has not yet been assessed, supervision contact standards (for each 30 day period until the AUTO Screener is completed) are as follows:

- Two (2) face-to-face contacts in the office;
- One (1) collateral contact;
- One (1) home visit and
- Drug testing, per Agency policy.

Once an offender has been assessed, the offender’s supervision contact standards are to be in accordance with the standards associated with the offender’s determined supervision level.

C. Prescriptive Supervision Plan

Upon completion of an initial or reassessment AUTO Screener and the supervision level being approved, SMART automatically will create a Prescriptive Supervision Plan (PSP) for the offender, based on information obtained during the assessment. A PSP is to be completed in conjunction with each initial and reassessment AUTO Screener.

1. Creating the PSP

Upon selecting “Plan” from the AUTO Screener Details screen, the CSO will see a list of plan items, goals, and action items for the offender that were identified through the screener assessment. The CSO can prioritize, override (with the SCSO’s approval), and/or add items to the PSP. For each plan item that the CSO chooses for an offender to complete, a target date and comments can be added to the plan. Once the plan items are finalized, the CSO must save the plan items and then print the PSP.

2. PSP Document

Upon completing the selecting “Print”, the PSP document automatically will display on the screen in SMART and list the areas (domains) from the screener that the offender needs to address, the specific need, goal(s) related to the need, action items, and target dates. For example, if an offender is identified as being unemployed, underemployed, or unemployable as a result of the AUTO Screener, the AUTO Screener will identify the need for the offender to be referred to Vocational Opportunities, Training, Education, and Employment (VOTEE) Unit for a comprehensive assessment. The PSP also allows the CSO to prioritize the offender’s needs and goals when the offender has more than one competing need. For example, if the offender is identified as having substance abuse treatment and employment needs, the CSO can have the offender address the substance abuse treatment issue, first, and then the employment need.

The plan is first reviewed with the SCSO for approval and signature. The PSP then is reviewed and agreed to by the offender, who is to sign and date the PSP. The PSP then is signed and dated by the CSO. If the offender has a mentor, the mentor can, but is not required, to sign the PSP.

Only the PSP can be shared with the offender. No initial and/or reassessments instruments are to be shared with the offender. The offender should never see the actual assessment instrument.

3. Updating the PSP

The PSP is a living, dynamic document. It is to be updated as the offender completes or fails to complete goals and action items, or as action items change before a new assessment is required. It also should be reviewed regularly with the offender during office visits. However, when a new assessment is conducted, a new PSP is to be developed, reviewed with the offender, signed off, and updated on a regular basis.

¹ Bureau of Justice Statistics Special Report (1997). Substance Abuse and Treatment: State and Federal Prisoners, 1997. NCJ 172871, January 1999.

² Andrews, D.A. (1995). The psychology of criminal conduct and effective correctional treatment. In J. McGuire, ed. *What Works: Reducing reoffending*. New York: Wiley.

³ Andrews, D.A. (1995). The psychology of criminal conduct and effective correctional treatment. In J. McGuire, ed. *What Works: Reducing reoffending*. New York: Wiley.

⁴ Gendreau, P. and Ross, R.R. (1979). Effective correctional treatment bibliotherapy for cynics. *Crime and Delinquency*. 25:463-489.

⁵ Izzo R.L. and Ross, R.R. (1990). Meta-analysis of rehabilitation programs for juvenile delinquents. *Criminal Justice and Behavior*. 17:134-142.

⁶ Lipsey, M.W. (1991). Juvenile delinquent treatment: A meta-analytic inquiry into the variability of effects. *Meta-analysis for Explanation: A Casebook*. New York: Russell Sage.

⁷ Lipton, D.S. (1994). “The correctional opportunity: Pathways to drug treatment for offenders.” *Journal of Drug Issues*, Winter/Spring, 24(1/2), 331.

⁸ McGuire, J. and Priestley, P. (1995). Reviewing “What Works”: Past, present and future. In J. McGuire, ed. *What Works: Reducing Reoffending*. New York: Wiley.

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- ⁹ Palmer, T. (1975). Martinson revisited. *Journal of Research in Crime and Delinquency*. 12:133-152.
- ¹⁰ Van Voorhis, P. (1987). Correctional effectiveness: The cost of ignoring success. *Federal Probation*. 51, 56-62
- ¹¹ Wexler, H.K., Falkin, G.P., and Lipton, D.S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior*. 17:71-92.
- ¹² Lightfoot, L. (1999). Treating substance abuse and dependence in offenders: A review of methods and outcomes. In Latessa, E., Ed. Strategic solutions: *The International Community Corrections Association examines substance abuse*. Arlington, VA: Kirby Lithographic Company.
- ¹³ Vito, G.F. (1999). What works in drug testing and monitoring. In Latessa, E., Ed. Strategic solutions: The International Community Corrections Association examines substance abuse. Arlington, VA: Kirby Lithographic Company.
- ¹⁴ Peters, R. and Hills, H. (1999). Community treatment and supervision strategies for offenders with co-occurring disorders: What Works? In Latessa, E., Ed. Strategic solutions: *The International Community Corrections Association examines substance abuse*. Arlington, VA: Kirby Lithographic Company.
- ¹⁵ Ibid.