

Reforming Illinois' Prison System from the Inside-Out

A Blueprint for the Implementation of Risk Assets Needs Assessment
and System Change in the Illinois Department of Corrections



*John Howard Association of Illinois
Promoting Community Safety Through
Cost-Effective Corrections Reform*

The John Howard Association of Illinois (JHA)
Promoting Community Safety Through Cost-Effective Corrections Reform

Founded in 1901, JHA is Illinois' only non-partisan prison watchdog and correctional policy advocate. Our mission is to achieve a fair, humane, and cost-effective criminal justice system by promoting adult and juvenile corrections reform, leading to successful re-integration and enhanced community safety.

Through our Prison Monitoring Project, Juvenile Justice Project, and Recidivism Reduction Project, JHA regularly inspects all facilities in the Illinois Department of Corrections and the Illinois Department of Juvenile Justice and monitors parole and reentry conditions. Every year our Prison Response Organizer communicates with more than 3,000 incarcerated individuals and their families through letters, phone calls, and interviews. Through our monitoring and policy advocacy, JHA documents the challenges faced by inmates, parolees, and correctional staff and drives changes that improve facility conditions, increase vocational and educational opportunities for incarcerated people, and decrease the number of people who are sent to the state's prison system through promoting alternatives to incarceration, sentencing reform, and more effective re-entry policies.

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Reforming Illinois' Prison System from the Inside-Out: A Blueprint for the Implementation of Risk Assets Needs Assessment and System Change in the Illinois Department of Corrections

Illinois has two public safety problems. It has one of the most crowded adult prison systems in the United States, and despite spending \$1.3 billion annually on the Illinois Department of Corrections (IDOC), there are not enough resources to effectively house, supervise, and provide rehabilitative programming to the approximately 49,000 men and women who are in state prisons or the additional 25,000 who are on Mandatory Supervised Release under IDOC's Parole Division.

These problems have led to an increasingly dangerous situation for inmates and correctional staff, with prisoners being housed in prison gymnasiums and reports of increased violence inside facilities. This makes for hazardous conditions not only inside prisons, but also for Illinois' communities. Every year, Illinois releases more than 30,000 people from its prisons. While there is no evidence to suggest that exposure to harsh and overcrowded conditions makes inmates less likely to commit new crimes, research has shown that these kinds of environments can make inmates worse and more likely to re-offend when they are released. Given these conditions, coupled with the Parole Division's chronically low resources and the multiple barriers former prisoners face returning home, it should come as no surprise that almost half of the inmates who leave the IDOC return to prison within three years of their release, creating a vicious and costly cycle.

To address these problems, Illinois needs to safely decrease the number of people under state correctional supervision. This will require an on-going commitment to comprehensive criminal justice reform, including investing in crime prevention programming to strengthen communities, expanding alternatives to incarceration for low-level offenders, reforming overly punitive criminal sentences, and removing unfair obstacles to reentry. Just as importantly, Illinois must ensure that IDOC has the capacity it needs to make the most effective use possible of its limited resources both inside and outside of its facilities, so that when inmates are released they are less likely to return to custody because they are re-integrated safely and successfully back into their communities.

Inside the IDOC, the most important initiative to reduce Illinois' overreliance on incarceration is the implementation of a new and more effective inmate assessment tool called RANA, which stands for Risk Assets Needs Assessment. The problem with the IDOC's current assessment system is that it relies primarily on offenders' committing offenses to make security and programming decisions. So, for instance, if a person is convicted of a low-level offense, he or she will more than likely be treated the same as all other low-level offenders, be housed in a minimum-security facility, and be paroled under the same conditions of release. This kind of assessment system is based on the false assumption that offenders convicted of similar kinds of crimes need the same kind of

treatment and supervision. It is also limited in that it ignores the importance of evaluating and developing positive vocational, social, and psychological strengths and assets that lead offenders to turn away from crime. While the IDOC's current approach to inmate assessment may make a certain amount of intuitive sense, it does not provide the agency with a reliable means to provide rehabilitative programming targeted to address the precise needs of individual prisoners that will discourage future criminal activity or encourage pro-social behaviors and attitudes. Using its current assessment system, the IDOC ends up spending its limited security and programming resources on inmates without any certainty that its actions will reduce recidivism.

The implementation of RANA will improve upon the IDOC's current assessment system by enabling the agency to focus on the factors that lead people under correctional supervision to return to prison. As mandated, RANA requires the IDOC to adopt an evidence-based assessment tool that will evaluate risks, assets, and needs that are proven to influence recidivism and to create individual case plans that address these factors inside and outside facilities. The benefits of reform are not speculative. Research and the experience of other states indicate that the implementation of a RANA-like system can lead to more efficient use of programming and security resources, reduce recidivism, and ultimately decrease the costly number of people under state correctional supervision.

While RANA holds out significant promise, it is only a tool. Its effectiveness will depend entirely on its implementation and on-going use inside and outside of Illinois' prisons. This will be difficult. As one of the largest state agencies in Illinois, the IDOC has an immense bureaucracy, governed by statute and policy, with dozens of facilities and thousands of employees throughout the state. These kinds of organizational structures are resistant to policy change. Moreover, although the IDOC is responsible for RANA's implementation, it will need the continuing cooperation of other state agencies, service providers, and stakeholders throughout Illinois, which presents unique organizing and political challenges. Finally, the same issues that make RANA so important for Illinois' correctional system—the fact that our prisons are overcrowded, understaffed, and under-resourced—also complicate its implementation. Changing the IDOC's inmate assessment system will require significant resources, including maintaining appropriate staffing levels and ensuring adequate programming, on-going training, and quality assurance—all of which will be hard to achieve and sustain in the state's current fiscal environment.

As Illinois' only non-partisan prison watchdog and correctional policy advocate, the John Howard Association (JHA) has a long history of working closely with the IDOC and criminal justice stakeholders throughout the state. While we recognize the challenges facing the IDOC's implementation of RANA, we believe that the agency and its partners can work together to overcome them. To support the implementation of RANA and more effective reentry policies and practices to safely reduce the number of people who return to prison, JHA has begun a reentry initiative called the Recidivism Reduction Project. Modeled in part on JHA's juvenile and adult prison monitoring projects, the Recidivism Reduction Project will monitor and advocate for effective parole policies and practices,

help coordinate resources and the flow of information between state and local criminal justice stakeholders to enable wise decisions, and work with communities to build their capacity to re-integrate returning prisoners.

As part of this new initiative, JHA has partnered with Dr. Don Stemen, an Assistant Professor in the Department of Criminal Justice and Criminology at Loyola University Chicago and an expert in correctional risk assessment. Drawing upon Dr. Stemen's interviews with Illinois' criminal justice stakeholders, research of best practices, and prior professional work, particularly his evaluation of Kansas Department of Corrections' implementation of its risk assessment system, we have produced the following blueprint. The purpose of this blueprint is to offer support for the IDOC's ongoing implementation, to guide the work of JHA's Recidivism Reduction Project, and to educate elected officials, stakeholders, and communities on the need to invest in RANA and more effective uses of our correctional system. In implementing RANA, JHA believes that Illinois will do more than create a new and more cost-effective inmate assessment system for the IDOC. More importantly, we will establish the foundation to reform Illinois' prison system from the inside-out by giving the IDOC the tools it needs to re-integrate former prisoners back into the community and reduce Illinois' costly reliance on incarceration.¹

A Blueprint for Implementing RANA in Illinois

The Illinois Crime Reduction Act of 2009 (P.A. 96-0761, hereafter, CRA) recognizes that effective correctional programming in Illinois requires the adoption and use of an objective, actuarial risk assessment system. The CRA mandates that the Illinois Department of Corrections (IDOC), the Parole Division of the IDOC, and the Prisoner Review Board (PRB) adopt, validate, and use a common risk assessment instrument and calls for a significant change in practices and procedures within agencies to ensure the effective use of the assessment tool (CRA, Section 15(b)). The CRA notes that "supervision and correctional programs are most effective at reducing future crime when they accurately assess offender risks, assets, and needs, and use these assessment results to assign supervision levels and target programs to criminogenic needs" (CRA, Section 15(a)). The product of this legislation has been dubbed the Illinois Risk, Assets, and Needs Assessment, commonly referred to as RANA.

A task force established by the CRA has already selected a risk/needs assessment instrument – the SPIN – to be used by the IDOC, Parole Division, and PRB. An extensive literature provides guidance on the content, selection, use, and validation of an assessment instrument (Bonta, 2002). But effective risk/needs assessment is not simply a matter of selecting an assessment instrument or an evidence-based program (Andrews, 2006). Even well-researched, evidence-based instruments and programs fail when not well implemented (Andrews, 2006). Yet, a dearth of research exists on the proper

¹ For the most comprehensive report on the possibilities of corrections reform in Illinois, see *Inside Out: A Plan to Reduce Recidivism and Improve Public Safety* available at <http://www2.illinois.gov/idoc/Documents/GovernorReentryCommissionReportFINAL.pdf>

implementation of a risk/needs assessment process in corrections (Schlager, 2009; Cohn, 2002; Ferguson, 2002; White, 2004). In the end, a clear blueprint for implementation is lacking. For Illinois to make the transition to a risk/needs based corrections system, a blueprint for the organizational and cultural changes foreseen by RANA must be considered.

This paper begins to provide such a blueprint. By summarizing the suggestions gleaned from the implementation experiences of other jurisdictions, this paper provides Illinois policymakers with a series of strategies for avoiding or overcoming obstacles in the implementation of RANA in Illinois. In addition, by examining the specific components of organizational change proposed by RANA, this paper provides a roadmap for evaluating the use and impact of RANA over time.

What is RANA?

RANA is more than the adoption of a risk assessment instrument – it is a significant change in the practices, policies, and procedures relating to the supervision and treatment of inmates and an effort to integrate roles and communication across corrections agencies in Illinois.

Assessing risks, needs, and assets

The first significant change RANA requires is an expansion of the factors commonly considered by corrections officials in assessment. Consistent with most risk assessment systems, RANA requires the IDOC, Division of Parole, and the PRB to adopt, validate and use a standardized risk assessment tool that assesses “risks” and “needs” – the “R” and the “N” of RANA. Risks include those static attributes of an individual that research has shown to be associated with a greater likelihood of reoffending (e.g., age, prior criminal history, age at first offense). Needs – often described as criminogenic needs – include dynamic attributes of an individual that contribute to overall risk of reoffending (e.g., substance abuse, antisocial personality disorder, pro-criminal attitudes); these factors are considered dynamic because they can be changed, unlike static risk factors such as age at first offense or criminal history. Moreover, the focus on needs recognizes that some aspects of an individual’s life are more related to the risk of reoffending than static factors and can be changed over time (Andrews & Bonta, 2006; Bonta & Andrews, 2007). What RANA adds to risk assessment tools is a third component: “assets” – the first “A” in RANA. According to the CRA, assets are defined as an individual’s “qualities or resources, such as family and other positive support systems, educational achievement, and employment history, that research has demonstrated will decrease the likelihood [of reoffending]” (CRA, Section 5(b)(1)). Research has often referred to such factors as “protective factors,” since they are seen as insulating individuals from criminal influences.

Linking risks, needs, and assets to programs and supervision

The second set of significant changes RANA mandates involves the communication of assessment results and the sharing of case management plans across agencies, the creation of new evidence-based programs and services, and the creation of graduated sanctions for violations of parole.

Model for Reform: Kansas Offender Risk Reduction and Reentry Program

In the early 2000s, Kansas engaged in a comprehensive reorganization of its correctional systems, aiming to better allocate resources and to create more effective interventions to reintegrate offenders into the community. Implementing an improved risk assessment system was a core component of this reorganization strategy.

Through these reforms, Kansas reduced prison admissions, fueled in part by the decrease in technical violators returned to custody. One-year parole recidivism rates decreased 25 percent between 2006 and 2010. Overall, the state's prison population dropped 6.2 percent between its peak in 2004 and 2009. While new legislation in 2010 caused the state's prison population to rise, Kansas' recidivism rates have remained stable.

For more on Kansas' risk-assessment implementation, see Appendix 1.

Specifically, RANA requires the IDOC to develop policies, rules and regulations that provide for a standardized case plan for individuals based on their risks, assets, and needs identified through the assessment tool. RANA foresees this case management plan by following the individual through the criminal justice system from prison intake through discharge from community supervision; the case management plan is also proposed as a continuously updated document used to determine in-prison and community-based programming and services. Because programs and services are to be tied to the risk assessment instrument and the recommendations of the case plan, RANA also requires the IDOC to provide increased evidence-based programming related to education, job training, cognitive behavioral therapy, and other programming designed to reduce criminal behavior and, more significant perhaps, RANA calls on the IDOC to expand the use of drug prisons for non-violent inmates with a history of substance abuse.² In the community, RANA requires the Parole Division to concentrate resources and services on high-risk offenders and in cooperation with the PRB impose conditions of

supervision in the community that are in accordance with the individual's risks, assets, and needs as identified through the assessment tool.

² RANA also calls on the IIDOC to ensure that prison-based education programs do not exceed a student ratio of 1:30.

Training staff in risks, needs, and assets

The final set of significant changes RANA mandates revolves around ensuring the longevity of the risk assessment system. Specifically, RANA requires the IDOC to provide employees with initial and on-going training on assessment techniques, case planning, cognitive behavioral training, risk reduction and intervention strategies, effective communication skills, and substance abuse treatment education. It also requires the IDOC to develop a set of procedures for monitoring the implementation of evidence-based practices, evaluating the effectiveness of evidence-based practices in increasing public safety and the successful reintegration of individuals released from prison, and making public evaluations of the risk assessment system.

How is RANA Conceived by the IDOC?

Given the diverse changes that the CRA mandates, the implementation team in the IDOC conceives of RANA as several initiatives focused on re-entry, rather than the simple adoption of a risk assessment instrument. Indeed, beyond the programmatic and policy changes articulated in the CRA, the IDOC has designed the implementation of RANA to involve significant organizational and cultural changes within the Department. Overall, the implementation team sees three phases to the implementation of a risk assessment system in Illinois, with several objectives within each phase.³

Phase 1: Focusing on release

The first phase of the RANA implementation plan involves the adoption of the risk assessment instrument and the use of the tool for inmates nearing release from prison. According to the RANA implementation team, the IDOC is initially targeting high risk/high needs inmates within six months of release and using the risk assessment instrument for the purposes of re-entry, directing community treatment plans (e.g., supervision levels, services needed, etc.).⁴

The IDOC foresees the instrument then being used throughout the Mandatory Supervised Release (MSR) phase, with parole officers conducting assessments every six months after release to reassess risks/needs and to revise the community treatment plan. The IDOC also plans for the risk assessment instrument to direct the PRB in the setting of conditions for release.

³ RANA implementation is projected to involve the creation of a continuum of care in the community for individuals on Mandatory Supervised Release, the designation of a series of regional community partner organizations to coordinate case management and service delivery in the community, the use of risk/needs assessment for both institutional classification and community supervision levels and the routine reassessment of inmates throughout incarceration and supervision in the community, the creation of program centric facilities that match risk and needs levels to programming and provide standardized programming across facilities, and the development of a platform to share assessment information across agencies from arrest through sentencing to release.

⁴ See Recommendation 1 for discussion on the need to define and the problems surrounding the concept of risk in a correctional setting.

According to the IDOC implementation team, the first phase of implementation also involves the creation a series of geographically-based umbrella organizations in the community that would be responsible for managing the delivery of services, managing cases, and referring parolees to outside service providers.⁵ The primary goal is to ensure better oversight of locally based service providers by designating one coordinating organization in geographic areas of the state as the point of contact for all local service providers. According to the IDOC, these agencies might also provide substance abuse, anger management, or other counseling, or they may simply act as a case manager, referring parolees to these services with other providers. It is also proposed that these local coordinating agencies will access the results of the risk assessment tool and capture data required for evaluating the implementation and impact of programs.

Finally, the first phase of implementation involves the creation of program centric facilities. According to the implementation team, the goal is to have each security level provide a different set of services to inmates. Maximum-security facilities will focus on cognitive behavioral therapy and behavior management. Medium-security facilities will focus on treatment, education, and behavior management, looking at lifestyle redirection and skill development to help reentry. Minimum-security facilities will focus on reentry – job preparation, family reunification, and some education and treatment. These different programmatic areas will align with length of stay and length of treatment programs. The idea is that inmates will step down through security classifications as they approach release, receiving appropriate services that will prepare them for release and re-entry. According to the IDOC, this will also involve standardizing program content across facilities. Since many services delivered in facilities are provided by outside providers, the IDOC will need to seek uniformity in similar programs across facilities and service providers.

Phase 2: Case planning throughout custody

The second phase of RANA implementation is seen as internal to the IDOC. According to the implementation team, during this phase the IDOC will seek to use risk assessment results to direct case planning and transition throughout custody. Once program centric facilities are established and program content standardized, the IDOC will begin to use the risk assessment tool at classification and intake to determine placement of individuals in specific facilities.

Phase 3: Linking to other agencies

The goal in the third phase of RANA implementation will involve linking the risk assessment instrument to other agencies in the state. According to the implementation team, the goal is to receive information directly from outside agencies to populate the risk assessment instrument and to eliminate redundant data collection across agencies. For example, the goal is to develop a platform with Cook County that will allow sharing of

⁵ As of the publication of this report, the contract for these umbrella organizations has not been awarded.

information from Cook County Jail and for data from the jails' case management system to be directed into the IDOC's risk assessment instrument. According to the IDOC, this kind of work, which will have to be replicated throughout Illinois, will ensure a more integrated criminal justice system and will facilitate the continuous assessment from arrest through parole.

Model for Reform: Michigan Offender Risk Reduction and Reentry Program

Like Kansas, Michigan made risk assessment a central part of comprehensive reform of its correctional system. Michigan's efforts suggest that its initiatives have affected the key drivers of prison population growth. The number of parolees admitted to prison for new court commitment or a parole violation decreased approximately 25 percent between 2006 and 2011; the number of probationers admitted to prison for new court commitment or a parole violation decreased roughly 29 percent during the same period. Parole approval rates also increased for all offender groups between 2006 and 2011. Overall, the Michigan prison population decreased 17 percent between 2006 and 2011.

For more on Kansas' risk-assessment implementation, see Appendix 2.

What Do We Know about the Implementation of Risk Assessment Systems?

The purpose of this paper is not to conduct an assessment of the implementation of RANA; rather, it is intended to assess the initial plan for implementation and develop a set of recommendations for responding to common implementation obstacles. Nonetheless, it is possible to shed some light on implementation to date and to use the knowledge about the initial implementation to inform these recommendations. As such, this section provides a series of implementation recommendations gleaned from the literature and incorporates the experiences with RANA to date to highlight ways implementation could be improved.

Determine the type of risk to be predicted.

Risk is often discussed in the literature as a singular concept. But corrections officials are often trying to determine several different kinds of risk – risk of escape, risk of misconduct, risk of aggression, risk of absconding after release, or risk of reoffending in the community. Austin (2003) argues that these various types of risk point to two very different types of assessments – those used for prison classification systems and those used to assess public risk.⁶ As Austin argues, “Although some of the factors used in risk assessment are the same factors used for prison classification, there are several that either do not apply (e.g., current employment status, current marital status, etc.) or are not

⁶ According to Austin (2009: 2), “prison classification systems are largely interested in identifying those prisoners who pose a risk to escape, or will be potential management problems. Public risk assessment systems are primarily concerned with factors associated with criminal behavior.”

predictive of prison conduct (e.g., age at first arrest, associations with criminal peer groups, etc.)” (2). Indeed, some risk assessment tools have gone beyond simply predicting “reoffending” and have examined factors related to specific violations and the length of time to reoffending (Gottfredson & Gottfredson, 1994; Gray, Fields, & Maxwell, 2001).

Recommendation #1: RANA currently envisions a single risk assessment instrument to determine both prison classification and risk of reoffending in the community. To be effective, the implementation of RANA should include an examination of the validity of SPIN to predict these various types of risk.

Articulate how to incorporate “assets” in to the risk assessment system.

Although the CRA provides a definition of assets and several examples of assets, it is unclear how assets will be incorporated into the risk assessment system or how they will inform programming and services.⁷ The inclusion of such factors – often referred to as “protective factors” – in risk assessment systems has been questioned by some (Baird, 2009). This is partially because such factors often simply represent the absence of a specific risk factor. For example, if the association with the wrong peer group is seen as a risk factor, the absence of such an association is seen as a protective factor (or, under RANA, an asset). But if an individual’s criminal behavior is not affected by his or her association with such groups, the absence of such a risk factor does not translate into a protective factor since its absence is not likely to protect the individual from subsequent criminal behavior. As Baird (2009) points out, “To the extent that this is true, protective factors offer nothing in terms of increasing our ability to accurately classify cases. They are simply measures of the same condition or behavior from a different perspective” (9). In other words, assets do not necessarily assist in assessing levels of risk. Assets, or protective factors, however, are important for case planning and case management, since they point to resources on which counselors and supervisors can draw to achieve change.

Recommendation #2: For the inclusion of assets to have a significant impact on RANA, the types of assets considered and how those assets will be used in the new assessment system need to be explained in greater detail.⁸ In turn, the

⁷ Another important issue with incorporating assets into an assessment is that much of the data about inmates come from self-reports conducted in prison, which is subject to change. For instance, an inmate may report that he/she plans to his/her family’s home upon release, but when Parole investigates, the family has decided against it.

⁸ Similar critiques have been leveled against descriptions of all dynamic risk factors as “criminogenic.” While research has confirmed that these “needs” could contribute to criminal behavior, “the mere existence of a need does not always mean it is ‘criminogenic’...[N]othing in these risk models systematically identifies which needs truly are criminogenic for an individual offender (Baird, 2009: 9?). In other words, risk assessment instruments can identify the presence of a factor that research has shown, in the aggregate, is associated with criminal behavior; labeling it as criminogenic implies causality in individual cases, which may not be the case. For example, as noted above, if an individual’s criminal behavior is not affected by his or her association with certain criminal peer groups, the presence of such an association is not a criminogenic need *for that individual*. Thus, risk assessment systems should not substitute generalizations gleaned from aggregate data for individualized considerations of persons. Indeed, understanding dynamic

implementation of RANA should include a definition of assets and an explanation of the ways staff uses information about assets in designing case management plans and programs.

Make assessment an expression of the agency's mission.

The inclusion of assets in an assessment system begins to move corrections away from a model that only measures deficits in individuals to one that measures positive qualities. Indeed, the focus on the management of risk that has dominated correctional thinking has implied a focus only on recidivism as a measure of outcome. While the Parole Division adopted a graduated sanctions matrix and assets-based reward system in the early 2000s, correctional programs historically are measured only in terms of individual failure and the factors associated with failure. The inclusion of assets in RANA thus implies a stronger and more system-wide focus on positive outcomes and the factors associated with positive outcomes, from entry to release. As such, the implementation of RANA allows the IDOC an opportunity to shift the focus away from failure to focus on success. Success, however, is not just the flip side of failure; it is about different outcomes that may relate to incremental change in individuals – maintaining employment, completing educational requirements, improving life skills – and reintegration into the community. But for such an assessment process to be both credible and long-lasting, it must be linked to the stated mission, goals, or vision of the agency (Kreamer, 2004). In other words, positive individual change and re-entry must be defined as “mission-critical” (Kreamer, 2004:13) by the IDOC or training, assessment, and programming may be ignored when budgets become tight.

Recommendation #3: A shift in focus to positive change and re-entry also implies the need for a new set of outcome measures that move beyond recidivism. Thus, RANA implementation should include the creation of a set of measures that assess success at several points in time and a system for collecting and reporting such measures. This may involve a more detailed case management system that collects data on intermediate outcomes at numerous decision-making and transition points.

Ensure available interventions are consistent with assessed risks, needs, and assets.

The effective use of risk assessment rests on the assumption that the proper intervention consistent with assessed risks and needs will be available. As Austin (2006: 62-63) points out, “The major assumption in evidence based policy is that prisoners, probationers and parolees are to be ‘serviced’ and punished relative to their risk. But reaching this standard can fail...if there are no high quality programs or interventions to assign the ‘client’ to once the assessment has been completed.” In other words, if a risk assessment instrument

factors is important since they are criminogenic in some circumstances; moreover, effective case planning and case management must rely on such considerations, since they point to individual circumstances counselors and supervisors must be aware of in determining program and supervision conditions.

sends people to programs that do not exist inside or outside facilities, then it is limited in its effectiveness. RANA is being implemented in a correctional environment marked by overcrowded facilities and underfunded programs. Institutional placement decisions are currently based on bed space and program placement decisions are currently based on availability. It is well known that the system currently cannot meet the substance abuse, educational, and other needs of inmates. Thus, the proposal that the risk assessment tool will be used to make facility placements and, in turn, programming decisions is problematic given current conditions. Within such an environment, it is impossible to implement all aspects of RANA as designed.

Recommendation #4: RANA should go beyond simply assessing risks and needs and using them to determine program placement. Rather aggregate assessments of risk and needs should be used by the IDOC to determine program funding as well. Before institutional placement decisions and community service decisions can be made, the IDOC should use the risk assessment instrument to determine which programs are necessary, the proper capacity for such programs, and the proper funding levels for different areas of need.

Routinize assessment and use it for intended purposes.

For a risk assessment system to be effective, decisions about supervision levels and programs must coincide with the outcome of the risk assessment instrument. Thus, length of supervision and types of services should be clearly tied to levels of risk and types of needs – individuals who are lower risk should receive less intensive, shorter lengths of supervision and programming and individuals who are higher risk should receive more intensive, longer lengths of supervision and programming (Lowenkamp, Latessa, and Holsinger, 2006). Since risk assessment instruments are designed to predict behavior, they are very effective when decision-making follows the predictions (and hence supervision and programming recommendations) of the instruments (see, e.g., Bonta, Wallace-Capretta, & Rooney, 2000; Connolly, 2003; S. D. Gottfredson, 1987a, 1987b; S. D. Gottfredson & Gottfredson, 1986; Latessa, 2004). During implementation, however, many agencies encounter a failure of staff to follow the recommendations of the risk assessment instrument or find that laws and policies that govern supervision undermine evidence-based decision-making. Although discretion remains important, overrides of or deviations from the risk assessment instrument should be rare. Some suggest that an override rate of 5-15% is acceptable (Austin, 2004). When override rates are higher, risk assessment instruments are essentially being used in a non-predictive manner as a way to manage and sort individuals, which undermines the system and contributes to low predictive ability of the risk assessment tool in the long term (Connolly, 2003).

Recommendation #5: Decisions about supervision and programming should be based on the predictors of risk and should not be based on factors that are not predictive of risk.⁹ As such, RANA should seek to ensure low override rates of the risk assessment instrument and, when overrides occur, should require written justifications for such decisions that are monitored and reviewed by the IDOC supervisors and administrators. Similarly, if the laws and policies that govern MSR interfere with the implementation of RANA-informed decisions on supervision and programming, they should be amended, modified, or abandoned.

Involve staff in all facets of implementation.

Most successful organizational changes involve staff in a meaningful way throughout the implementation process. This requires involving staff during the conceptualization of a switch to a risk assessment system and evidence-based practices, in the selection of a risk assessment instrument, in designing implementation and training, and during monitoring, evaluation, and revision of policies and programs. As Schlager (2009) notes, “instruments that are adopted in a vacuum, devoid of input and critical evaluation by staff are not generally universally embraced and may be significantly undermined” (416) (see also White, 2004). The CRA created the RANA Task Force to choose the risk assessment instrument to be used across agencies. The Task Force sought feedback from a variety of entities, including the Sentencing Policy Advisory Council and Redeploy Illinois. The RANA implementation team noted that although the PRB was not actively engaged in this process due to time constraints and its workload, the agency has been briefed at all stages. The implementation team further noted that the PRB and the Parole Division will be part of the initial group trained on the new assessment tool. However, it does not appear that staff from the Parole Division or the PRB were consulted on the RANA implementation strategy – starting with re-entry planning, supervision and services in the community, and the reassessment of risk during community supervision. Moreover, it is unclear what level of involvement line staff within the IDOC had in designing the implementation of RANA.

Recommendation #6: The meaningful involvement of staff helps to ensure staff buy-in and long-term support for any type of organizational change, including the implementation of risk assessment systems. As the implementation of RANA continues to progress, the IDOC should seek to involve affected staff and individuals from other partner agencies.

⁹ RANA should also consider the factors that predict risk. For example, research has shown that severity of offense is not related to risk; however, type of offense (i.e., violence, drugs, etc.) is related to risk (Austin, 2006). As such, length of community supervision should not be based on felony class, but should be based on type of felony. Andrews (2006) similarly cautions against confusing “seriousness of the current offense” with risk level.

Choose assessment instruments that are compatible with staff skill levels.

Part of the reason for including staff in the selection of risk assessment instruments and the implementation of a risk assessment system is to ensure that staff are comfortable with the new procedures. There are a variety of risk assessment instruments available that require very different skill levels. Traditional risk assessment instruments consist of as few as ten factual items derived from court and case files, require minimal interpretation by staff trained in their use, and require minimal training to conduct an accurate assessment. More complicated risk assessment instruments consist of as many as sixty items derived from both court and case files as well as a structured interview; these assessments often involve several sub-scales reflecting varying risk domains (e.g., criminal history, drug and alcohol usage, family functioning, employment history, etc.) and require staff trained in the application of psychometric assessment forms. As Austin (2004) notes, “such instruments are unlikely to achieve the minimal levels of reliability and validity unless the staff is highly skilled.” The risk assessment instrument adopted under RANA – the SPIN – is envisioned for use by staff throughout the IDOC – from intake staff through corrections counselors to parole officers and the PRB, and as explained above, these individuals will be the first to use the tool. As such, individuals with a variety of expertise and skill levels must be proficient in both the administration and interpretation of the instrument.

Recommendation #7: Although a specific risk assessment instrument has already been adopted under RANA, the implementation of RANA does not call for the instrument initially to be used by all affected staff; rather, staff in different parts of the IDOC will be phased into the use of the instrument at discrete points in time. Thus, as the implementation of RANA progresses, the IDOC should continue to ensure that the instrument is compatible with the skill levels of those staff tasked with administering and using the instrument.

Focus resources on training and monitoring of staff.

Research shows that the most common risk assessment systems reliably predict risk levels. However, research has also shown that “unless there are strong staff training and monitoring components, these instruments will fail to perform as designed” (Austin, 2003: 3). Moreover, some argue that for risk assessment systems to be truly effective, agencies must provide training that goes beyond instruction in how to effectively score the instrument; training must also involve education in the theory that supports the instrument and the research validating the instrument (Austin, 2003). The IDOC plans a “train the trainer” approach, with a small group of trainers across the state to train others on the SPIN risk assessment instrument. It is unclear, however, where the IDOC stands with their approach to training. As of this writing, parole officers, PRB, and field counselors have not yet been trained on using SPIN. Although the implementation plan calls for the use of risk assessment initially at release and throughout the community supervision period, the staff necessary for carrying out this part of implementation have not yet seen the risk assessment instrument.

Recommendation #8: Well-planned and well-executed training is the key to the successful implementation of any organizational change or adoption of any new procedure. As implementation of RANA progresses, the IDOC administrators should periodically evaluate training practices and outcomes and be prepared to revise the training process to address potential deficiencies.

Anticipate and respond to staff resistance.

The implementation of a risk assessment system requires staff to do something new – it requires them to potentially collect new data, collect data in a new way, and input data into a new risk assessment instrument. Moreover, risk assessment seeks to replace professional judgment and clinical evaluations with actuarial decision-making. As such, the implementation of risk assessment can encounter resistance from staff due to several issues: a sense of increased workload, a perceived loss of discretion, or a perceived loss of control over case management and supervision decisions. In some instances, resistance may translate into active circumvention of the new risk assessment system; staff may not fully implement all aspects of the risk assessment system, may discourage others from embracing the new procedures and goals, or may manipulate or override the risk assessment to conform to their “clinical” judgment about an individual (Schneider, Ervin, and Snyder-Joy, 1996). Resistance may also derive from role conflict among staff. For example, parole is generally about supervision; with the implementation of a risk assessment system, they may be asked to take on a counseling function or a case manager function. Given the potential training issues described above, it is unclear if the IDOC has given parole officers the tools to take on a different role.

Recommendation #9: RANA should develop strategies for responding to staff resistance. Middle managers generally play a critical role in overcoming this resistance. As such, middle managers within the IDOC should routinely communicate a clear message from senior management to line staff. Managers must be able to explain the theory of change to staff and the process behind the change. Moreover, middle managers should be responsive to the concerns of line staff and act as a conduit communicating these concerns to senior management.

Maintain consistent, continuous, and persistent commitment of leaders.

Long-term organizational change and the effective implementation of new policies require consistency in leadership and vision. Thinking about risk from an actuarial perspective and targeting services based on the output of a risk assessment instrument will require a paradigm shift for many line staff. Senior management must take the time to explain the theory and process behind this shift and to consistently support staff throughout implementation. The effective implementation of such changes requires “persistence, patience, and leadership” (White, 2004: 44). Implementation of risk assessment often fails because there is a “disconnect” between senior management, middle management, and line staff. As noted above, middle managers can mitigate staff resistance by acting as a conduit for information between senior management and line

staff. But, when senior management is unable to consistently, continually, and persistently deliver and enforce a message of change and encouragement, implementation of a risk assessment system often fails (Ferguson, 2002; Fuller, 2004; Schlager, 2008; White, 2004).

Recommendation #10: Successful implementation of risk assessment system requires organizational commitment at the highest levels. If something is important to management, it will be viewed as important to staff. The implementation of RANA should involve clear communication of new organizational goals directly from senior management to line staff. This may involve creating a strategic plan that incorporates the goals of risk assessment or a revision of the mission statement of the IDOC.

Delimit the stages of implementation.

While refinement and revision of practices and policies is part of any reform process, at some point implementation must be seen as complete. As Rengifo and Stemen (2009) note, “Constant tweaking of practices and lack of formalization of policies and procedures leads to staff fatigue and resistance over the long term.” If risk assessment is routinely revised or if implementation strategies are routinely altered, it becomes difficult for an agency to articulate the content of the risk assessment system or to market the success of risk assessment internally to staff or externally to other stakeholders. Such revision is hard to avoid in corrections due to high rates of turnover in staff and ideas.

Recommendation #11: Organizational change requires balancing fidelity to plans with the need for flexibility. The implementation of RANA should be flexible; however, the IDOC should ensure that the risk assessment instrument is used initially for its intended purposes and evaluated according to those purposes before it is used for other programmatic or agency goals.

Provide a structure for quality control.

Effective implementation of a risk assessment system requires some structure of quality control to ensure fidelity to concept. This goes beyond initial training of staff or even an investment in ongoing training. Rather, it requires the agency to create a mechanism for measuring whether the tool is being used correctly. Indeed, the National Institute of Corrections has noted that the organizational infrastructure of corrections must change to support new actuarial risk assessment processes (Bogue, 2004). This requires a database for tracking discrepancies in the use of the tool, a way to measure inter-rater reliability in the scoring of the tool, and a case-management system capable of measuring the quality of staff's scoring of the instrument and use of the instrument in making programming decisions. But this also requires agencies to clearly define how staff will be evaluated in their use of the new assessment system. In many cases, determining effective use of a risk assessment tool goes beyond simply measuring whether the tool was administered and whether it was predictive of outcomes; rather, it involves measuring the quality of

interactions between staff and offenders and assessing whether staff made meaningful decisions about program placement. These are often difficult to quantify and are tied more to qualitative evaluations of staff performance. Thus, to assess and maintain quality control, agencies often must go beyond standard quantitative measures of staff performance (e.g., number of risk assessments administered, number of referrals made, etc.) and develop qualitative measures of staff performance (e.g., thoroughness of interview, quality of referral, etc.).

Recommendation #12: For a risk assessment system to have credibility with staff, the use of the risk assessment instrument must be tied to evaluations of staff performance in a meaningful way. The IDOC should devise a plan for and invest in a system that ensures quality control of RANA by linking such quality assurance directly to measures of the quality of staff performance.

Make the IDOC a learning organization.

RANA proposes the introduction of outside vendors to provide referrals to services and to manage contracts with service providers in the community. The IDOC already relies heavily on outside vendors to provide services within facilities. The expansion of such practice raises concerns about the privatization of correctional services. There is a sense that these are tasks the IDOC should take on by creating capacity within the organization. Many argue that departments of corrections better serve their mission if they become learning organizations (see, e.g., Rengifo and Stemen, 2009). Ensuring that the IDOC is a learning organization requires attention to several domains. First, in instituting reforms, the IDOC should recognize the importance of data and data evaluation; this includes understanding data infrastructures and the reporting, timing, and flow of information. Attention to data issues is important so that reformers can define the right indicators of reform success, capture quality information at the right time to measure these indicators, and report indicators to stakeholders in a timely fashion. Second, an important part of making the IDOC a learning organization is creating in-house training capacity and making training dynamic. Over time, it becomes important to increase in-house training capacity so that reforms become an integrated part of routine practices within the organization and ownership of the reforms increases among staff. Finally, a learning organization evaluates the effectiveness of existing programs and develops new programs internally to meet evolving needs. As such, the IDOC is well served by administering and managing programs to ensure quality programming.

Recommendation #13: Being a learning organization allows an agency to better design and implement reforms and to quickly identify and respond to potential problems. The implementation of RANA should include a plan for ensuring the IDOC becomes a learning organization. This may include greater executive oversight of referrals and contracting or it may include the creation of a public safety officer or “assessment chief” who oversees evaluations of the effectiveness of the IDOC programs and policies.

Make reform a state issue, not just an the IDOC issue.

The implementation of RANA requires cooperation across agencies – the IDOC, the Parole Division, the PRB – and implies reframing relationships between IDOC and service providers. Thus, to a certain degree, the effectiveness of RANA relies on the tasks performed by entities outside of the IDOC, and the ability of the IDOC to facilitate change across divisions and agencies. This requires a significant change in management of the environment in which corrections operates. Other department of corrections have accomplished this by making reform a state issue. Issues such as reduced prison populations and public safety can be marketed as problems that affect state residents and other government agencies. But, more importantly, there is significant overlap in targeted populations and tasks across agencies. For example, many parolees are likely also on the caseloads of the state's mental health agency or receive social security benefits. Corrections also shares with other agencies the goals of ensuring access to mental health treatment, reducing substance abuse, and ensuring payment of child support. Thus, involving other government agencies in the reform process and crafting the reforms to address the shared goals of these agencies can make achieving reforms political, not just technical. It is unclear the extent to which the IDOC has reached out to other agencies to involve them. As of the time of this writing, the RANA implementation team has not reached out in a significant way to the parole division or the PRB, who will be the first implementers.

Recommendation #14: The IDOC should approach the implementation of RANA as just one element in a system of agencies that impacts inmates and parolees and that ultimately determines the success of individuals in the community. Successful implementation is about leadership (involving leaders outside corrections), about communicating and recognizing the shared goals across agencies (understanding how agencies interact), and about creating the appropriate infrastructure to support collaborations (changes in budget appropriations to decentralize reentry funds). By broadening the appeal of RANA and describing re-entry as the responsibility of a larger community, the IDOC may strengthen the long-term support and impact of RANA.

Conclusion

JHA supports the IDOC's commitment to using scientific research and knowledge of what works to reimagine itself ideologically, organizationally, and functionally. The sheer numbers of those under correctional system control, high recidivism rates, and the associated costs of supervision create a critical need for better outcomes. Simply stated, practices within IDOC should have cause and effect value and demonstrate effectiveness in supporting successful reentry; otherwise, they should be eliminated. Among other benefits, RANA provides an objective measurement of what works.

As JHA monitors and supports IDOC's progress in the implementation of its assessment tool, we will be looking for accompanying change in existing infrastructure necessary to

support the new actuarial risk/assets/needs ideology which is critical to success. We realize that reformation of any agency must be comprehensive in approach and that implementation of an evidenced-based assessment tool is only the first step. The tool gives a score only. It is when the score is used in the development of a comprehensive management plan including supervision standards that the number becomes meaningful.

Appendix 1:

Kansas Offender Risk Reduction and Reentry Plan: A Cultural and Organizational Change Approach to a Risk Assessment System

Through the 1990s, Kansas experienced significant increases in prison populations and the continuous expansion of prison capacity. Much of this growth was driven by returns to prison for probation and parole violations and new offenses. By the early 2000s, however, budget constraints made further increases in capacity untenable and triggered a renewed search for alternatives to prison expansion focused primarily on curbing the prevalence of parole revocations and increasing the likelihood of parolee success in the community. In 2006, an agency-wide strategy aimed at changing the culture and organizational structure of corrections was proposed – the Offender Risk Reduction and Reentry Plan (KOR3P).

KOR3P sought to implement targeted, cost-effective interventions focused on reintegrating parolees into the community and preserving public safety through more effective services and supervision. Kansas Department of Corrections (KDOC) officials designed the initiative as an overhaul of the organizational culture within the KDOC to emphasize risk containment and risk reduction as the guiding principles of correctional practice. The vision promoted increased staff discretion and responsibility over key decision points, such as referrals to services, and a more targeted delivery of treatment and supervision services driven by risk/needs assessment. This renewed vision was accompanied by changes to protocols of inmate/parolee management both in prison and in the community, including new caseloads for high risk offenders featuring a unique division of labor between parole officers focused on supervision and monitoring adherence to parole conditions and “reentry specialists” focused on linking parolees to services. Officials also altered the content of staff/inmate or parolee interactions through the training of line staff in motivational interviewing and other communication techniques. Finally, the plan implemented new lines of communication within corrections through the creation of multidiscipline teams at the state level to address policy issues and at the local level to engage facilities and field staff in release planning and case management through “transition teams.”

Overall, the initiative involved an ambitious overhaul of the organizational structure and culture of the KDOC, creating a separate operational division of “Offender Reentry” with new staff, new functions and responsibilities, and a presence in both facilities and field operations offices. Yet, the reform started small, with a few demonstration sites in major urban centers; the KDOC wanted organizational change to progress incrementally to ensure fidelity in implementation. The reform also started slowly, with administrators marketing a new vision of corrections based on risk containment and reentry to line staff well in advance of changes in policy or procedures; the KDOC wanted cultural change to progress gradually to ensure staff and stakeholder buy-in before large organizational changes occurred. Moreover, KDOC centralized control of reform within the KDOC,

with administrators attempting to create programmatic change within prison facilities and in the community simultaneously.

Despite this internal focus, KOR3P also sought to strengthen the role of stakeholders external to the KDOC through forums aimed at facilitating inter-agency coordination of policies and state interventions on reentry and public safety issues. The creation of the Reentry Policy Council in 2006, for example, expanded input into recidivism-related programs across a number of executive agencies, the judiciary, and the state legislature. A bipartisan taskforce, created in tandem with KOR3P, also examined the components of the reform in terms of its potential effects on prison population expansion control, the adoption of cost-effective programs, and public safety. With support from the Council of State Governments, the work of this task force resulted in the enactment of Senate Bill 14 in 2007 (K.S.A. §21-4801), which increased monetary incentives for local probation agencies to reduce revocation rates by 20 percent and expanded a range of community-based programs.

Early outcomes of KOR3P showed a reduction in prison admissions due to deferment efforts as well as a decrease in technical parole violators returned to custody. One-year parole recidivism rates decreased 25 percent between 2006 and 2010. Overall, the state's prison population dropped 6.2 percent from its peak in 2004 to 2009. However, beginning in 2010, prison populations started to rise, increasing 8.8 percent through 2012. While recidivism rates remain stable, other factors may limit the impact of reentry efforts on the transformation of the corrections system. For example, new pieces of legislation such as Jessica's Law (K.S.A. §21-4643, 2006) (which created a twenty-five year mandatory prison sentence for a first-time sex offense involving a child) and House Bill 2707 (K.S.A. §21-4668, 2008) (which created presumptive incarceration for those convicted of a third or subsequent felony theft, burglary, or drug violation condition) may be creating renewed pressures on the prison population.

Appendix 2:

Michigan Prisoner Reentry Initiative: A Community Partnership Approach to a Risk Assessment System

Michigan's prison population and capacity grew markedly through the 1990s and early 2000s, triggered by several structural forces: a higher-than-average length of stay due to declining parole approval rates and harsher statutory sentences; and an increasing number of probation and parole violators returned to custody. Due to the increasing weakness of Michigan's economy through the 2000s, policymakers and administrators sought to avoid continued prison expansion and additional funding commitments in favor of new strategies aimed at reducing the feeders of prison population growth. Corrections administrators focused on designing a set of internal policies and community-based initiatives that would avert the returns to prison triggered by offenders revoked from parole supervision. The new strategy was formalized in 2005 as the Michigan Prisoner Reentry Initiative (MPRI).

MPRI constituted a new evidence-based approach to curbing high rates of recidivism by enhancing the provision of services and supervision for high-risk offenders leaving prison. The implementation of MPRI symbolized a renewed attempt by the Michigan Department of Corrections to foster more effective interactions and inter-agency collaboration between corrections, local service providers, and community representatives; the goal was to create a multidimensional response to reentry challenges, including housing, mental health, and workforce development. But this did not involve large-scale organizational change. Under MPRI, the strategy included new assessment instruments and supervision tools within the MDOC, but it rested largely on increasing the role of local community-based agencies and providers in linking offenders to services and to the community at large.

MPRI consisted of several internal changes in the MDOC's approach to supervising offenders in the community centered on the creation of individualized reentry plans. These plans were conceived as jointly created by offenders, prison-based counselors, parole officers, and service providers. This new form of collaboration was aimed at developing a seamless transition of services from prison to the community for high-risk prisoners being released to parole. To facilitate their reentry process, offenders received specialized programming in newly configured pre-release facilities and created a "transition accountability plans" parole officers and service provider to ensure continuation of services in the community.

This model also consisted of several external changes in the mobilization of community-based partners. MRPI relied on a more general shift in the management of offenders by corrections staff and providers through new lines of communication and alternative ways of handling sanctions and referrals. There was significant training of staff and the retooling of existing staff positions to focus on reentry planning. The reforms, however, focused considerable attention on developing capacity in the community and not

necessarily within the MDOC. MPRI created a highly decentralized system of service management and delivery focused largely on developing programs in the community. To achieve this, the MDOC ceded a great deal of control to local “steering committees” – collections of stakeholders at the county level – to identify local service providers, administer local programming budgets, and engage in community outreach. In line with this approach, rather than working simultaneously in the transformation of field and facilities services, MPRI focused initially on the development of new processes within parole and the configuration of local MPRI teams; only later did it focus on changes within facilities.

Early outcomes of MPRI suggest that these new initiatives have affected the key drivers of prison population growth. The number of parolees admitted to prison for new court commitment or a parole violation decreased approximately 25 percent between 2006 and 2011; the number of probationers admitted to prison for new court commitment or a parole violation decreased roughly 29 percent during the same period. Parole approval rates also increased for all offender groups between 2006 and 2011. For example, parole approval rates for sex offenders increased from just 10 percent in 2006 to 44 percent in 2011 and for other violent offenders increased from 35 percent to over 65 percent during the same period; parole approval rates for non-violent offenders and drug offenders increased roughly 5 percentage points between 2006 and 2011 to 75 percent and 85 percent approval rates, respectively. Overall, the Michigan prison population decreased 17 percent between 2006 and 2011. However, some of the structural factors sustaining prison population remain to be addressed, including the mounting costs associated with the containment of certain offender groups (e.g. sex offenders) and the lack of changes to the state's sentencing guidelines (e.g. the sustained increase in the average length of stay for specific offenses).

Sources Cited

- Andrews, D.A. (2006). Enhancing adherence to risk-need-responsivity: Making quality a matter of policy. *Criminology and Public Policy* 5(3), 595-602.
- Andrews, D.A. & Bonta, J. (2006). *The psychology of criminal conduct*. Cincinnati, OH: Anderson Publishing.
- Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52.
- Andrews, D.A., & Dowden, C. (1999). A meta-analytic investigation into effective correctional intervention for female offenders. *Forum on Corrections Research*, 11, 18-21
- Austin, J. (2003). *Findings in prison classification and risk assessment*. Washington, DC: National Institute of Corrections.
- Austin, J. (2004). The proper and improper use of risk assessment in corrections. *Federal Sentencing Reporter* 16(3), 1-6.
- Austin, J. (2006). How much risk can we take? The misuse of risk assessment in corrections. *Federal Probation* 70(2), 58-63.
- Baird, C. (2009). *A question of evidence: A critique of risk assessment models used in the justice system*. Madison, WI: National Council on Crime and Delinquency.
- Bogue, B. (2004). *Implementing evidence-based practice in community corrections: The principles of effective intervention*. Washington, DC: National Institute of Corrections.
- Bonta, J. (1996). Risk-needs assessment and treatment. In A.T. Harland (Ed.), *Choosing correctional options that work: Defining the demand and evaluating the supply*. Thousand Oaks, CA: Sage.
- Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use. *Criminal Justice and Behavior*, 29(4), 355-379.
- Bonta, J. & Andrews, D.A. (2007). *Risk-need-responsivity model of offender assessment and rehabilitation*. Ottawa, Canada: Public Safety Canada.
- Bonta, J., Law, M., & Hanson, R.K. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 39, 127-14.

- Bonta, J., Wallace-Capretta, S., & Rooney, J. (2000). A quasi-experimental evaluation of an intensive rehabilitation supervision program. *Criminal Justice and Behavior*, 27(3), 312-329.
- Bonta, J., & Wormith, S.J. (2007). Risk and need assessment. In G. McIvor & P. Raynor (Eds.), *Developments in social work with offenders* (131-152). Philadelphia, PA: Jessica Kingsley Publishers.
- Cohn, A.W. (2002). Managing the correctional enterprise – The quest for “what works”. *Federal Probation*, 66, 4-10.
- Connolly, M.M. (2003). *Critical examination of actuarial offender-based prediction assessments: Guidance for the next generation of assessments* (National Institute of Justice 2001-IJ-CX-0003). Washington, DC: U.S. Department of Justice.
- Dowden, C. & Andrews, D.A. (1999a). What works for female offenders: A meta-analytic review. *Crime & Delinquency*, 45, 438-452.
- Dowden, C. & Andrews, D.A. (1999b). What works in young offender treatment: A meta-analytic analysis. *Forum on Corrections Research*, 11, 21-24.
- Dowden, C. & Andrews, D.A. (2000). Effective correctional treatment and violent offending: A meta-analysis. *Canadian Journal of Criminology*, 42(4), 449-467.
- Ferguson, J.L. (2002). Putting the “what works” research into practice: An organizational perspective. *Criminal Justice and Behavior*, 29(4), 472-492.
- Fuller, J. (2004). From counting heads to measuring work: A risk control model. In *Topics in Corrections: Assessment Issues for Managers*. Washington, DC: National Institute of Corrections.
- Gottfredson, S.D. (1987a). *The honest parole decision-maker's guide to prediction and risk assessment: Everything you always wanted to know about decision-making but were afraid to ask* (Final report, NIC TA Grant GG-9). Washington, DC: National Institute of Corrections.
- Gottfredson, S.D. (1987b). Prediction: An overview of selected methodology issues. In D.M. Gottfredson and M. Tonry (Eds.), *Prediction and classification: Criminal justice decision making, crime and justice: A review of research* (Vol. 9, 21-53), Chicago, IL: University of Chicago Press.
- Gottfredson, S.D. & Gottfredson, D.M. (1986). Accuracy of prediction models. In A. Blumstein, J. Cohen, J.A. Roth, & C.A. Visher (Eds.), *Criminal careers and “career criminals”* (Vol. 2, 212-290). Washington, DC: National Academy of Sciences Press.

- Gottfredson, S.D., & Gottfredson, D.M. (1994). Behavioral prediction and the problem of incapacitation. *Criminology*, 32(3), 441-474.
- Gray, M.K., Fields, M., & Maxwell, S.R. (2001). Examining probation violations: Who, what, and when? *Crime & Delinquency*, 47(4), 537-557.
- Hanson, R.K., & Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 348-362.
- Kreamer, S. (2004). Quality assurance and training in offender assessment. In *Topics in Corrections: Assessment Issues for Managers*. Washington, DC: National Institute of Corrections.
- Lowenkamp, C.T. & Latessa, E.J. (2005). *Evaluation of Ohio's CCA funded programs. Final report*. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice.
- Lowenkamp, C.T., Latessa, E.J., and Holsinger, A.M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency* 52(1), 77-93.
- Rengifo, A.F., & Stemen, D. (2009). *Context and impact of organizational changes in state corrections agencies: A study of local discourses and practices in Kansas and Michigan. A final report to the National Institute of Corrections* (Grant # 09PEI32GKA7). Washington, DC: National Institute of Corrections.
- Schlager, M.D. (2008). An assessment of parole officers and administrator attitudes on organizational culture and parole supervision in a northeastern state. *Journal of Offender Rehabilitation*, 47, 271-289.
- Schlager, M.D. (2009). The organizational politics of implementing risk assessment instruments in community corrections. *Journal of Contemporary Criminal Justice*, 25(4), 412-423.
- Schneider, A.L., Ervin, L., & Snyder-Joy, Z. (1996). Further exploration of the flight from discretion: The role of risk/needs instruments in probation supervision decisions. *Journal of Criminal Justice*, 24, 109-121.
- White, T.F. (2004). Implementing an offender risk needs assessment: An organizational change process. In *Topics in Corrections: Assessment Issues for Managers*. Washington, DC: National Institute of Corrections.