Risk, Need and Responsivity:

The Foundation of an Effective Reentry Continuum of Service

By LaDonna H. Thompson

Like other states, Kentucky saw a growth in its prison population between 2007 and 2010, an increased recidivism rate and decreased resources. In 2009, it became clear that Kentucky must develop a process to address these challenges. In response to the Second Chance Act funding opportunities, the Kentucky Department of Corrections (DOC) started exploring the various assessment tools available to correctional systems. After careful consideration, the department decided to utilize the Level of Service/Case Management Inventory (LS/CMI).[1] LS/CMI is a validated risk and needs assessment tool that identifies criminal risk factors through a comprehensive interview and investigation process. Once criminal risk factors are identified, LS/CMI enables the DOC to provide services to mitigate the risks. LS/CMI was the first step for the department to start looking at offenders differently and develop a plan to address their risks, needs and responsivity. Responsivity concerns are those characteristics that may impact an individual's ability to fully participate in his or her treatment recommendations. Placing an individual with limited English proficiency in a fathering program that is not in his native language would be an example of responsivity not being considered. Responsivity factors allow corrections professionals to match the intervention to the learning style, motivation and demographics of the offender in order to be most effective.

The DOC had several tools available to determine an offender's risk for specific issues. It had a classification tool to determine the propensity for violence and escape while incarcerated; a parole board tool to determine the offenders' risk for parole violations and additional criminal behavior; and a parole supervision tool to determine an appropriate supervision level based on current charges and time under supervision. Because none of these tools allowed the DOC to identify the offenders' overall needs and risks for recidivism in order to provide an appropriate level of programming, LS/CMI was used to fill this gap. Addressing risk, need and responsivity allows the corrections system to focus resources on those offenders that will have the greatest impact in the community and on recidivism rates. With regard to correctional budgets, staff need to seek ways to get the "biggest bang for our buck." Addressing risk levels with targeted programs that address criminogenic needs is the most effective avenue.

The department soon learned that it had to first educate its staff about the purpose of identifying the individual risk, need and responsivity of its population. The department was awarded a technical assistance grant for a reentry conference in November 2009 to educate 250 DOC staff about the role a validated risk and needs assessment can take in the reentry process. In order to successfully implement an assessment tool like LS/CMI, staff must be appropriately trained in the tool that is chosen for the department. Other risk and need assessment tools exist and are commonly used throughout the juvenile and adult corrections systems, such as the Criminal Offender Management Profiling of Alternative Sanctions. Correctional systems have access to assessment tools specific to criminal convictions and criminogenic factors, such as sex offenses and substance abuse, respectively. Regardless of the tools selected by the agency, staff training is imperative to the effectiveness of the assessment outcomes. This may include several days of training with follow-up tests to ensure that staff have both the practical knowledge and a clear understanding of the theory behind the process.
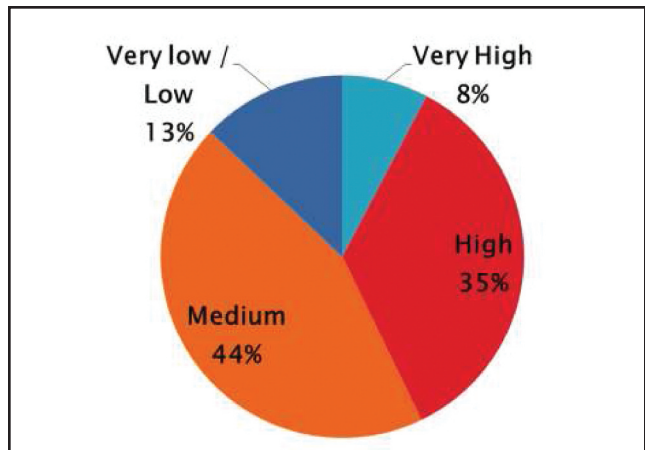
Risk

The assessment tool will assist in identifying who is at risk. The offender's overall risk level drives the process in determining the response to the risk, or essentially how the risk will be mitigated during the individual's incarceration or community supervision. For offenders that are low-risk, treatment and programming should be limited to addressing barriers to reentry. For example, a low-risk offender may need assistance in determining how to conduct an appropriate job search or how to read a bus schedule. An offender who is high risk needs to be placed in an evidence-based treatment program. A high-risk offender needs to have structured programming — meaning a curriculum-based program monitored by a trained facilitator — for more than 300 hours when they have criminogenic needs.[2] Completing evidence-based programs are shown to reduce recidivism, which in turn reduces that individual's propensity to commit additional crimes, and therefore increases public safety. Once staff have identified an offender's overall risk, a customized case management plan can be created that is devoted to an individual's needs and responsivity.
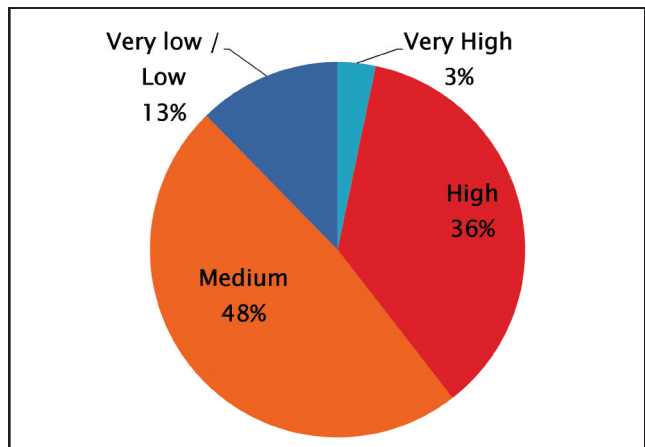
Need

While the definition of criminogenic needs may vary by researcher, they are commonly known as:

- Anti-social cognition;
- Anti-social companions;
- Anti-social personality or temperament;
- Family and/or marital conflict;
- Substance abuse concerns;
- Employment;
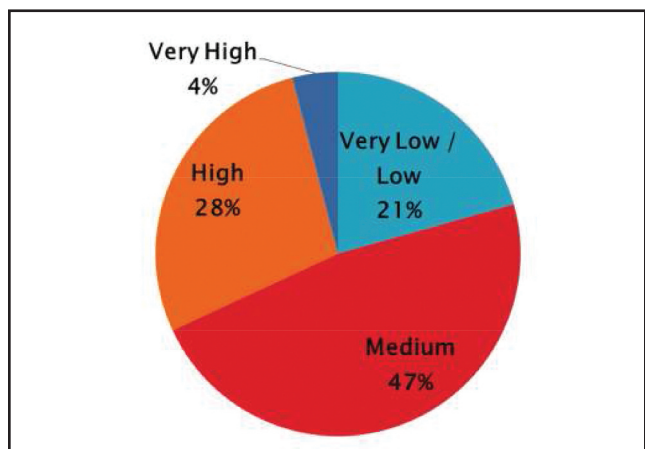- Education; and
- Leisure and/or recreation.

Figure 1. Kentucky Department of Corrections 2012 Prison Risk Levels

Figure 2. Kentucky Department of Corrections 2012 Jails and Halfway House Risk Levels

Figure 3. Kentucky Department of Corrections 2012 Probation and Parole Risk Levels

A review of criminogenic needs drives the programming for the offender, so it essentially provides the "what," as in "what programming is best to address the criminogenic needs identified by the assessment tool?" There are many components to consider. First, correctional systems need to focus on the most important criminogenic needs; specifically anti-social cognition, anti-social companions, anti-social personality and family/marital conflict. Anti-social cognition is how an individual thinks about him or herself and violations of the law. Higher-risk offenders generally refuse to accept responsibility for their actions. A common statement may be, "It happened, but it wasn't my fault." Anti-social companions are the offender's friends and acquaintances who also engage in criminal behavior. Additionally, the offender lacks friends that may serve as positive role models. Addressing these criminogenic needs can have the biggest impact on the offender's reentry and recidivism. For example, an offender can complete a vocational degree and gain stable employment, but if his anti-social cognition and anti-social companions have not been addressed, he will not maintain employment and will likely return to criminal behavior.

Given the emphasis on the reentry framework across the country, the DOC has implemented several evidence-based programs that address the primary criminogenic needs. Programs should fit the population and support a cognitive-behavioral approach by staff trained to facilitate the specific program. Additionally, the DOC has implemented a program, New Direction, to assist offenders with barriers they face upon release from custody. New Direction is a six-month program designed to address the major challenges offenders face as they transition home. Topics covered in the program include money management, gaining identification and developing a resumé.

Departments should also consider implementation of innovative programming that addresses multiple criminogenic needs. When an offender has several identified criminogenic needs, correctional systems must prioritize which needs to address initially. Many offenders may only be able to address one need at a time, while others can participate in multiple programs. The more criminogenic needs that are addressed, the more their chances at a better outcome increases, primarily reduced recidivism and improved relationships upon release.[3] Offenders may be able to participate in Thinking for a Change, Pathfinders and Inside/Out Dads programs to address criminogenic thought patterns and family relationships. The outcome for an individual who participates in three structured, evidence-based programs is better than for an individual who is only able to participate in a single program.[4]

Correctional systems should ensure that offenders with higher-risk criminogenic needs are placed in programs defined to address those needs. For example, an offender who scores low on family/marital conflict with no children should not be placed in an Inside/Out Dads program. Offenders should also participate in the development of their case management plans — specifically when and how programs are structured for their incarceration and community supervision experience. An offender's participation is vital to his or her individual success. Agencies may use an offender assessment to gauge the individual's motivation to work on criminogenic and noncriminogenic factors. Staff may need to build the initial case management plan around the areas that the offender has self-identified as a problem and is motivated to make changes. For example, an individual may identify that his lack of education has impacted his ability to secure stable employment. The case management plan should identify goals and tasks necessary for that offender to earn his GED with specific timelines to follow. Some offenders will be able to manage addressing multiple goals and tasks, while others will need to be more focused on a single goal. The case planning decisions should be made with the caseworker, the offender and other stakeholders.

Responsivity

Each individual will have some responsivity concerns. Responsivity serves as the "how" of program delivery. For some offenders, motivation is a key responsivity concern. Every department has "collectors" — those individuals that seek to collect as many certificates during their incarceration as they possibly can. For these offenders, it is imperative that they are only placed in programs that are identified as necessary based on their assessment tool. If a department chooses to place offenders in programs that are not identified as necessary, it wastes a treatment program slot and has a negative impact on the offenders who participate.

There are many programs that are designed to be gender-specific, to ensure that the information and program delivery are designed for female offenders. Given the rise in the female criminal justice population across the nation, departments of correction must consider the impact of a program on its female offenders. While the most common gender-specific programs relate to parenting programs, departments should also consider providing trauma-informed care groups such as Seeking Safety.

In many cases, the conviction of the offender may impact program delivery. Offenders with serious convictions or long-term sentences may need a program group specifically to meet their needs. One example is sex offender treatment. Offenders convicted of sex offenses should be in a treatment group specific to their crimes. Another example may be a reentry barriers program for offenders who have been incarcerated for long periods of time to address technological changes in society.

Risk, Need and Responsivity as the Foundation

Addressing offender risk, need and responsivity is the foundation of an effective reentry continuum of service. With the transition from prison to the community model,[5] the reentry process should begin at sentencing. In Kentucky, the DOC identifies an offender's risk level and criminogenic needs as part of its presentence investigation process. This provides the judge information about the offender's risk and what needs should be addressed, whether sentenced to probation or incarceration.

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Offenders work with their probation officers or institutional caseworkers to develop a case management plan that addresses criminogenic and noncriminogenic needs. The case management plan also provides an opportunity to address community-based resources at the start of an offender's sentence. This enables the offender to initiate or maintain relationships with agencies that will offer them support upon release. This may include maintaining contact with a community treatment provider or initiating contact with a mentor program.

The case management plan brings the risk, need and responsivity issues together to ensure that the offender has all tools necessary to support the reentry process. The case management plan enables the offender to have a clear understanding of expectations, including goals and tasks with timelines. Once the case management plan is developed, it is routinely reviewed and updated as tasks and goals are accomplished. For many offenders, it may be the first time they have ever set a goal and been given the steps necessary to achieve it. The DOC is realistic with offenders about their goals, and ensures that the goals are specific, measurable, achievable and time-limited. For an offender with literacy issues, the first goal may be to move from literacy classes to GED prep classes, instead of setting a goal of attaining a college degree. The offender must be willing and able to make the change necessary to impact his or her reentry. It is the responsibility of the department to provide the tools for change. The offender's ability to change relies on several factors.

First, an offender's environment is a huge factor. Will the offender return to the same household he or she has lived in prior to incarceration? Is this environment supportive of a successful reentry? In many cases, the offender may be better served through a new placement in a transitional home in a different community. Returning to a home environment that is more pro-criminal than pro-social means that the offender would have to work even harder to be successful.

Second, offenders' access to community-based services and resources will impact their change. For example, the offender may live in a rural community with limited programs and resources available to support effective reentry. Likewise, an offender may live in an urban area that has a wealth of programs, but waiting lists interfere with active participation. The offender's ability to secure assistance in the community may depend on the level of faith-based organizations providing services and how the faith-based services coincide with his or her religious beliefs.

Lastly, the offender's motivation, while also a responsivity factor, can have an impact on his or her success. Every offender is motivated to stay out of prison when he or she is released, but sustaining that motivation may be difficult. This motivation relies on his or her ability to navigate conflict and adversity. Many offenders simply give up after they have applied for a few jobs, and fail to continue seeking employment. Others have a single incident of relapse and decide they cannot continue their sobriety, for example. Some offenders may have a poor interaction with their supervising officer and decide not to return for required supervision meetings.

How can agencies meet the needs of every offender for programs, case management plans and assessments and still maintain secure environments? It is not an easy task. Many agencies will need to prioritize their processes to ensure that they can meet the need at some level. Kentucky initially focused on completing assessments that were nearing release to its largest community. It then shifted to completing assessments and developing case management plans with both its institutional and community populations. At the same time, the DOC was training staff to facilitate evidence-based programs in its prisons. Now, it is implementing more evidence-based programs in the community. The DOC continues to work with community-based agencies and reentry councils across the state to identify gaps in services for returning offenders.

The department continues to review the needs of special populations — including offenders with severe mental illness, its administrative segregation population and offenders with literacy issues — to develop ways to address their needs within existing programs. For the population with literacy issues, the DOC facilitates the program similarly but provides offenders with additional assistance to complete written homework assignments. For the administrative segregation population, the DOC is seeking innovative delivery methods of evidence-based programs. For offenders with severe mental illnesses, the DOC strives to ensure that community service providers are aware of their criminogenic needs to modify treatment plans.

For offenders who do actively participate in programs, their aftercare needs must be addressed. The DOC is training its probation and parole staff in evidence-based practices to assist offenders in practicing the skills they have learned in other programs. No one changes their thought patterns overnight, so the skills they learned in a program a few months ago must be practiced consistently to ensure they become second nature.

As part of the reentry process, a variety of community stakeholders must be engaged to support the returning offender. At what point departments involve community stakeholders depends on the offender. For example, a therapist or caseworker from a mental health center may be involved in the process from the beginning, providing a continuity of care through phone calls or Skype, for example, with an offender who will be incarcerated for a short time. For an offender who has been incarcerated long-term, the DOC may engage family members within two years of the offender's release to develop an effective transition plan. This may involve discussing what programming the offender has participated in and how that could impact reentry. For example, an offender has completed a parenting program and developed new skills, but the co-parent prefers to parent the way he or she always has. In some communities, an agency may provide programming in prison and in the community, and supports the offenders' return throughout their incarceration.

Each correctional agency must consider the roles that risk, needs and responsivity play in the foundation of its reentry continuum of services. It impacts the work that correctional systems do every day. Identifying these factors provides agencies with an opportunity to measure success through reduced recidivism and increased public safety.

ENDNOTES

[1] Andrews, D.A., J. Bonta and J. Wormith. 2004. LS/CMI level of service/case management inventory: An offender assessment system. *Multi-Health Systems.* Retrieved from http://www.mhs.com/product.aspx?gr=saf&prod=ls-cmi&id=overview.

[2] Bourgon, G. and B. Armstrong. 2006. Transferring the principles of effective treatment into a "real world" setting. *Criminal Justice and Behavior,* 32(1):3-25.

[3] Andrews, D.A., C. Dowden and P. Gendreau. 1999. Clinically relevant and psychologically informed approaches to reduced reoffending: A meta-analytic study of human service, risk, need, responsivity and other concerns in justice contexts. Unpublished manuscript, Carleton University, Ottawa, Canada.

[4] Landenberger, N.A. and M. Lipsey. 2005. The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology,* 1(4):451-476.

[5] Burke, P.B. 2008. *TPC reentry handbook: Implementing the NIC transition from prison to the community.* Washington, D.C.: National Institute of Corrections.

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Performance-Based Management:

thorough assessment and comprehensive individualized case planning. In addition, recent changes in earned "good time" and inmate disciplinary processes hold offenders more directly accountable for participation in case plan-required programming than in the past. This also provides incentives for inmates to address risks and needs through the evidence-based programs offered to them.

To further ensure that what matters get measured, the agency also tracks WDOC's compliance with correctional audit standards (see Table 4). In fiscal year 2008, the compliance rate was 84.4 percent for all WDOC facilities. In fiscal year 2012, it was 91.3 percent for all WDOC facilities. Recent American Correctional Association accreditation scores at two Wyoming institutions of 100 percent and 99.7 percent further verified this improving trend.

Conclusion

As stated earlier, when an organization knows that "what matters" is what is getting measured and reported, that the measures are fair and that the data collection process ensures accurate reporting, it is more likely that the organization will hold itself accountable to those measures. If a correctional system's goals are focused on recidivism reduction and it wants to improve outcomes and enhance accountability, it has to gather the data necessary to measure performance and do it in ways that make it consistent with the data being gathered elsewhere. Participating in the PBMS data system is one way for larger correctional agencies to achieve this goal.

ENDNOTES

[1] Wholey, S. March 1999. Performance-based management: Responding to the challenges. *Public Productivity and Management Review,* 22(3):288-307. Austin, Texas: Sage Productions Inc.

[2] One example was *The Corrections Yearbook,* which was published from 1980 to 2005 by Criminal Justice Institute Inc. This annual publication cited statistics from a variety of sources, including self-reported data on inmate populations, budgets, staff, programs and facilities for U.S. prisons and jails.

[3] Information regarding the Performance Measures Committee can be found at http://www.asca.net/projects/1 and its associated links.

[4] To view the Wyoming Department of Corrections' strategic plans and annual reports, visit http://corrections.wy.gov/, and click on the "About Us" link.

[5] Pennsylvania Department of Corrections Office of Planning, Research, Statistics and Grants. Feb. 2007. *Principles of effective offender intervention.* Retrieved from http://www.in.gov/idoc/files/PrinciplesofEffectiveInterventionPenn.pdf.

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