



Technical Assistance Provision for Corrections

Improving the use of actuarial assessment in case management and reentry

UNIT: The Nebraska Center for Justice Research

CONTRIBUTORS: Michael Campagna, Ph.D. and Debra O'Connell, Ph.D.

Introduction

The current project assisted the Nebraska Department of Correctional Services (NDCS) to develop the use of the Static Risk and Offender Needs Guide – Revised (STRONG-R) in case management and reentry services.

Executive Summary

The project drew from research examining challenges of implementing a risk assessment in a criminal justice setting (Miller & Maloney, 2013; Vincent et al., 2018). Using data collected during a series of meetings, observations, document reviews, and pilot interviews, the project revised the assessment interview guide and recommended changes to assessment and reentry protocols. Recommendations included changing the frequency of provision, items included on the instrument, staff administering the instrument, and improving the clarity and content of the interview guide. The project concluded with an 8-hour training session for instrument users.



Background

Implementing an Actuarial Assessment in Corrections

Andrews and colleagues (1990) laid the groundwork for an evidence-based correctional model to assist agencies reduce risk to recidivate by addressing criminogenic needs factors (i.e., the Risk, Need, Responsivity model [RNR]). Andrews and colleagues then created the first modern actuarial risk/needs tool (i.e., set of questions intended to predict an outcome) for a Canadian jurisdiction. Over the years, actuarial tools have repeatedly shown to be better at predicting recidivism than practitioner “gut instincts” (Clear & Gallagher, 1985; Dawes, Faust, & Meehl, 1989).

The Static Risk and Offender Needs Guide for Recidivism (STRONG-R)

LB598 (2015) required NDCS to utilize a risk assessment to manage their population. The STRONG-R was developed on a sample of Washington offenders that were matched to Nebraskan offenders on more than a dozen characteristics. Weights and items included were then determined by the results of using the matched sample to predict crimes in Nebraska. Vant4ge was the vendor to host the instrument and provide training to NDCS staff. NDCS began utilizing the STRONG-R in 2016, with assessments conducted at the Diagnostics and Evaluation Center (DEC) by intake officers and reassessments being conducted in all facilities by case managers every subsequent six months. NDCS developed quality assurance and interview procedures.

Project Goals

NCJR was tasked with providing the following services:

- 1) Communicate best practices according to the RNR model for corrections to various staff and NDCS stakeholders
- 2) Collaborate with NDCS to optimize the usage of the STRONG-R risk/needs assessment

Methodology

Interviews & Observations

The project began by taking inventory of organizational needs regarding the use of the STRONG-R in developing case management and reentry plans. Engaging and consulting with all levels of users is essential for risk assessment buy-in (Vincent et al., 2018). A working group team was developed that included administrators and the researchers/contributors. Following initial team meetings, fourteen NDCS employees (unit managers, case managers, and evaluation staff) were interviewed in February of 2020, spanning three secure facilities. Interviews occurred in offices, secured areas, and during walks between units. Some of the interviews included observing case managers administering the STRONG-R. Collaboration with the team regarding data collection and was ongoing throughout the project. The switch to primarily virtual meetings during the year made follow-up with facility staff challenging, but the team was diligent in continuing to collect data/feedback from STRONG-R users. The team pilot-tested the new interview guide in early 2021 and further modified the guide as necessary. The training of reentry staff occurred shortly thereafter, during which staff reflection data was collected.



Findings

Data themes centered on staff and administrators describing the benefits and detriments of the STRONG-R assessment system. Many acknowledged the domains aligned with their understanding of factors contributing to criminal activity. Some agreed it helped them develop case plans, and to match needs to action steps and referrals. Almost all staff indicated that the lack of buy-in, resources, and training contributed to their hesitation to truly use the instrument to inform case management. Many reported that their use of the instrument was superficial.

Some staff conveyed they did not perceive the instrument as useful, and others expressed ethical concerns regarding health/history information. Other concerns included a lack of inter-rater reliability, inadequacies of the interface, and errors/inconsistency in the algorithms. There was considerable discontent regarding the assessment interface, which is a web-based platform where staff enter item responses and eventually receive a risk/needs report for the individual. More specifically, staff disliked that the interface was separate from the NDCS case management system and/or had ongoing issues connecting their office computer to the interface. Finally, about half the staff perceived quality assurance (QA) procedures as inadequate.



Deliverables

Communicating Best Practices of the RNR Model (Goal # 1)

Throughout interviews, administrative meetings, and the final training, staff were provided with reflective information on how their work and the RNR model coincided. Literature was shared via email and by hardcopy. Near the conclusion of the project, a training session for reentry specialists included a 1-hour module reviewing the RNR model, a review of literature on best-practices in corrections, and hardcopies of seminal articles examining best-practices in corrections.

Optimizing Usage of the STRONG-R (Goal # 2)

Recommendations on action steps to improve delivery, accuracy, and reliability of the STRONG-R were made, vetted by administrators, and revised throughout the year-long project. Primary topics intended to improve delivery, accuracy, and reliability included:

- 1) *Number and type of items included on the reassessment*

Staff were concerned about the amount of time it takes to complete the full assessment. The team first classified assessment items as being *static* (i.e., remain the same or can only increase in one direction) or *dynamic* (i.e., can change in either direction). Dynamic items are the only items that are able to change, while static items already auto-populated in the interface when a new reassessment was assigned. Therefore, the team determined that only dynamic items were to be assessed on the reassessments, reducing the number of items to assess and time required to complete the assessment.



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2) Staff best qualified to conduct reassessment

The team determined that case managers have limited time and training for administering the assessment. Case managers also typically referenced the initial STRONG-R when constructing a case plan, thus the team deemed reassessments throughout incarceration unnecessary. Reentry specialists, on the other hand, could utilize updated information on dynamic criminogenic risk factors when making reentry plan (i.e., referrals to reentry programming, housing, employment). Reentry staff were awarded the task of completing reassessments.



3) Staff best qualified to collect data

The team determined that reentry staff were lacking the ability to obtain quality information regarding questions that assess attitudinal measures from "the past six months". Therefore, the relevant (dynamic) questions were out-sourced to case managers, who generally have daily interactions with most justice-involved individuals being assessed. The team made a Case Manager Survey for reentry specialists to distribute to case managers prior to assessment. Questions related to attitudinal constructs were reformatted and placed on a two-page digital document. The first page included the Likert-scale questions and the second included operational definitions for constructs being measured.

4) Frequency of reassessment

The team determined that the full assessment be conducted at intake and an annotated version containing only dynamic factors be conducted at 120 days to potential release date. This would reduce workload for staff considerably but maximize the utility of a reassessment.

5) Training quality and frequency

The team determined that a quality training could be held with the limited number of reentry specialists in a more meaningful way than if all case managers were included. It was also determined that the frequency of refresher training for reentry specialists would be annual, and QA checks would increase in frequency.



6) Tone and format of interview guide

Staff conveyed that the tone needs to be firm, simple, and focused. Dr. O'Connell conveyed that the tone needs to be neutral, empathetic, and dynamic. The training included a segment on how to consistently interview justice-involved individuals without compromising security or authority roles.

7) Lack of training and experience interviewing justice-involved individuals about potentially sensitive subjects

While some staff reported having some experience implementing Motivational Interviewing (MI) techniques, a refresher of MI techniques and customized problem-solving for the project were deemed necessary. Dr. O'Connell assisted the team to improve interview accuracy and reliability by vetting all interview guide language and providing a 2-hour interviewing module during the training.

8) QA procedures

QA procedures and the QA observation form were deemed adequate. Minor recommendations for improvement included increasing the frequency by which users are observed/evaluated, including peers in the observation process, and placing more emphasis on location of interview to ensure comfort of interviewee.



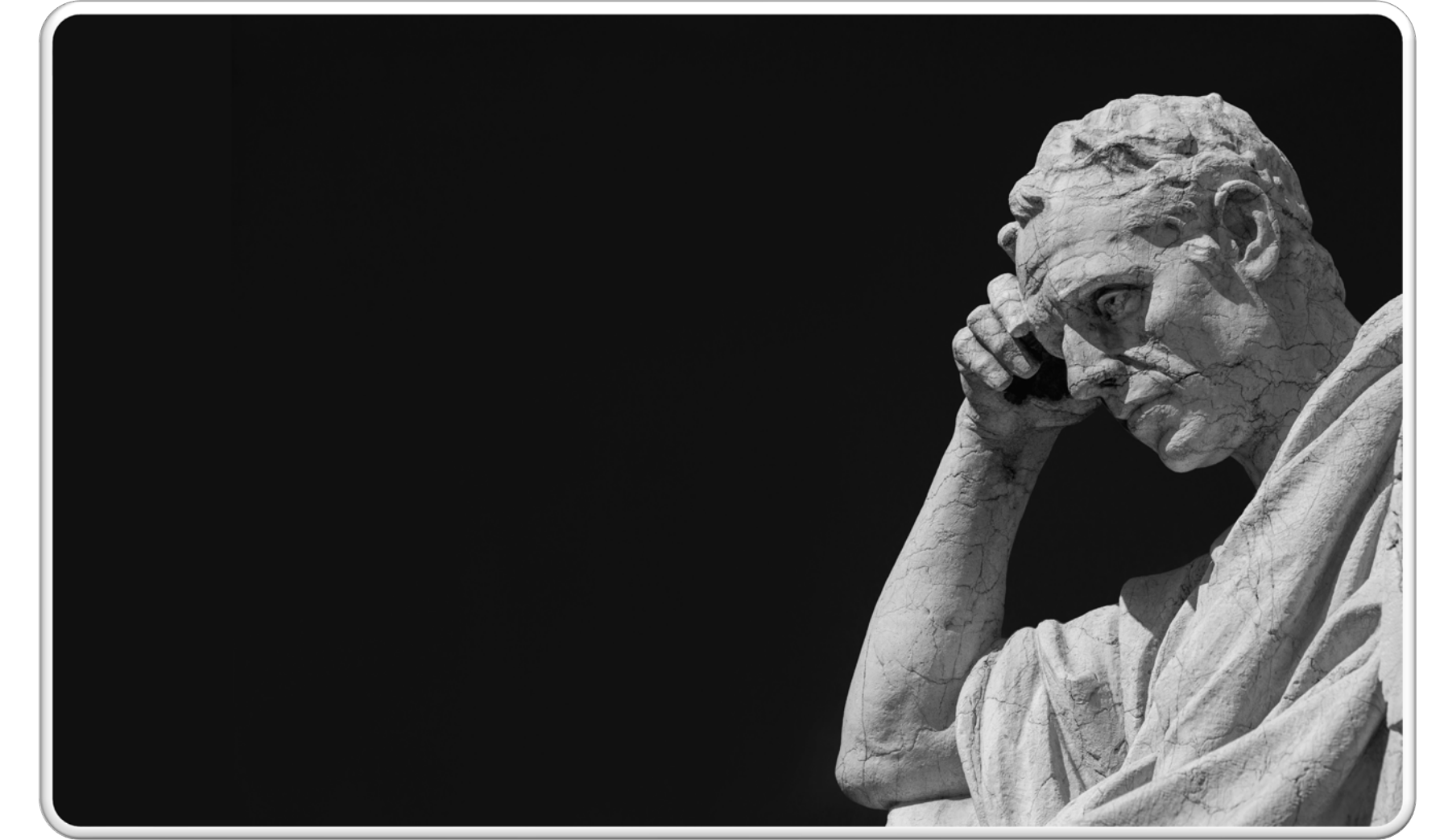
Resulting Policy Changes

1) NDCS modified Standard Operating Procedures (SOP) for administration of the STRONG-R.

- Justice-involved individuals will be assessed with the full Nebraska version of the STRONG-R at intake.
- Justice-involved individuals will be assessed with an annotated version of the STRONG-R at 120 days from potential release data.

2) NDCS modified SOP for Reentry Staff.

- The case manager survey will be sent by reentry specialists assigned to the justice-involved individual 14 days prior to potential release date, with follow-up at seven, two, and one days prior to scheduled assessment. The reentry specialist will complete the STRONG-R using the updated interview guide, then develop a reentry plan in collaboration with the justice-involved individual. Working procedures were to be modified following a one-month pilot period.



Ongoing Concerns

As in other settings, buy-in continues to be the primary detriment to using the assessment to truly drive case plans. In our training session, many practitioners expressed that the possible improvements in accuracy did not outweigh the amount of time it took to complete the tool. To alleviate this issue, a study could compare the rates of "matching needs to services" before policy changes to rates after policy changes.

Those who expressed concern about tool's accuracy consistently framed the entire enterprise as "data collection for research" and "not helpful for the real work" of reentry management. Misperception on the intent of the tool can be alleviated with further training and an information campaign that explains the purpose of the assessment. An upcoming NDCS/NCJR collaboration project will demonstrate the empirical validity of the STRONG-R and provide greater buy-in as a result.

Some argued that the subjective items on the instrument were impossible to assess, therefore there is "no way" the tool could be reliable. During the training, a pilot run of the most subjective section revealed a 91% reliability rate among 12 users. However, an in-depth reliability study would demonstrate the need for increasing quality assurance efforts and trainings.

Some perceived the instrument as constraining their ability to address needs as they saw fit. Additional training may alleviate these practitioners' concerns, but continuous QA procedures should continue to be conducted, and the buy-in component of the QA observation form strengthened.

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Contributors

Dr. Campagna is a research associate for NCJR and faculty member in the School of Criminology and Criminal Justice. Dr. Campagna is an associate developer of the STRONG-R, the co-PI evaluator for NDCS's Vocational and Life Skills program and two Second Chance Act grants focused on reentry. Dr. Campagna has a background in juvenile case management and survey development. Dr. Campagna's research interests include reentry, program evaluation, risk/needs assessment, and criminology.

Dr. O'Connell is a consultant with NCJR and a neuropsychology post-doctoral fellow at the University of Nebraska Medical Center, Department of Neurological Sciences. Dr. O'Connell has ten years of therapy and interviewing experience and extensive training on and use of assessment instruments used to diagnose DSM disorders and cognitive impairment. Dr. O'Connell's research interests include psychopathy, substance abuse/addiction, and sex offenders.