

Inmate Reentry and the Utility of The LSI-R in Case Planning

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Authors' Note: Excerpts of this research work were previously presented at the 2006 Bureau of Justice Statistics/Justice Research and Statistics Association conference in Denver. This research was funded under a U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance grant (2002-RE-CX-0062). The viewpoints expressed herein are solely those of the authors and do not reflect the opinions of the U.S. Department of Justice, the Office of Justice Programs or the Bureau of Justice Assistance.

The development of effective inmate reentry programming is one of the most critical challenges facing corrections in the 21st century. With the number of inmates reaching an all-time high of 2.1 million (Harrison and Beck, 2006), coupled with the fact that a vast majority of all inmates eventually return to society (Council of State Governments, 2005), the need for successful approaches to inmate reentry has never been greater. In 2004, a total of 672,202 inmates were released from state prisons, up from 604,858 in 2000 (Harrison and Beck, 2005). These trends underscore the need for effective transitional services and parole supervision for ex-offenders. Moreover, the sheer magnitude of inmates entering and exiting prison is not likely to recede anytime soon.

To address the need for better reentry services, greater emphasis has been placed on the use of evidence-based practices and, specifically, the use of risk and needs assessments to guide programming and case planning for offenders returning to the community. The current trend is to use objective, actuarial assessments instead of relying on intuition, common sense or discretion to inform treatment and supervision strategies (Latessa, Cullen and Gendreau, 2002). Such instruments are based on risk, need and responsivity principles, which in turn drive service delivery and aid correctional staff in the se-

lection of correctional interventions shown to reduce recidivism (Andrews and Bonta, 1998). By identifying the dynamic factors most predictive of recidivism, the proper application of such assessments can ultimately serve as a guide for the development of purposeful case management plans for offenders returning to society (Lowenkamp and Latessa, 2005).

West Virginia is no different from other states that have begun to implement principles of effective correctional intervention for inmate release. Not only does the state have a prison population that is rapidly growing, but according to the Bureau of Justice Statistics, it ranked third in terms of annual growth in the country from 1995 to 2004 (Harrison and Beck, 2005, 2006). As a result, the West Virginia Division of Corrections initiated the West Virginia Offender Reentry Initiative in 2004. To provide a systematic mechanism for the delivery of transitional services and support the initiative, the DOC also developed a new case management system rooted in the use of the Level of Supervision Inventory-Revised (LSI-R) (West Virginia DOC, 2006). The prescriptive case management system is designed to enhance inmate readiness for release by matching institutional programming and transitional services based on the needs of inmates (Haas, Hamilton and Hanley, 2007). This is primarily accomplished through the development of individual reentry program plans for each soon-to-be-released inmate based on the results of the LSI-R.

While considerable attention has been paid to the predictive validity of the LSI-R (Gendreau, Little and Goggin, 1996; Lowenkamp et al., 2004) and its utility with different offending populations (Dahle, 2006; Gentry, Dulmus and Theriot, 2005; Holsinger, Lowenkamp and Latessa, 2006; Reisig, Holfreter and Morash, 2006; Schlager and Simourd, 2007), far fewer studies have focused on how the instrument is used in the

development of case plans. Moreover, it is not entirely clear how such factors as staff buy-in and training can impact the application of the LSI-R for the purposes of transitional case planning. As a result, and in spite of an ongoing concern for identifying "what works," little is still known about how correctional staff apply the LSI-R and, in particular, the role it plays in the development of reentry case plans.

Thus, this study seeks to examine how correctional staff use the LSI-R as they develop offender reentry case plans. Using a representative sample of correctional staff responsible for the delivery of West Virginia's Offender Reentry Initiative (i.e., case managers, counselors and parole officers), this research illustrates how correctional staff use the assessment's results when generating recommendations for offenders preparing to re-integrate back into the community. In particular, an effort is made to examine the degree to which the correctional staff's assessments of offender needs are congruent with subsequent recommendations for reentry referrals and services. Finally, given the importance of staff attitudes on the implementation of programs, the present study also assesses the level of support for the LSI-R among correctional staff. The relationship between LSI-R support and use of the instrument in guiding case planning decisions is examined. Potential implications for the use of standardized assessment information in guiding reentry case planning and improving offender reintegration are also discussed.

Applying the LSI-R for Effective Case Management

The LSI-R is a widely recognized psychometric instrument rooted in the core principles of effective intervention — risk, need and responsivity (Andrews and Bonta, 1998; Kennedy, 1999). It is often used to assess offender risk for recidivism as well as need across many correc-

tional settings. Hence, the LSI-R is instrumental in classifying offenders and assisting correctional staff in monitoring and supervising offenders. The instrument is also useful for identifying offender needs and helping correctional staff identify appropriate programming and treatment services (Andrews and Bonta, 2001). Without the use of such instruments, it is difficult for programs to properly adhere to the common principles of effective classification and intervention. These principles are the theoretical underpinnings of the instrument that aided in its development, and may explain why the results of many studies have supported its use.

While the proper assessment and identification of an offender's risk level and needs yields important information, it is how this knowledge is used that is most valuable. The use of standardized assessments to develop case plans for the offender, including placement in services and levels of supervision, is a primary source of value in the use of risk and needs assessments. In West Virginia, the newly developed prescriptive case management system is used to link reentry services to the risk and needs of individual offenders. Under this system, case management is considered to be prescriptive because it is based on the results of a standardized, objective risk and needs assessment — the LSI-R. The goal of prescriptive case management is to ensure appropriate linkages between the needs of individual offenders and the services and/or resources available. This is achieved through the preparation of an individual reentry program plan based on the assessment results.

However, the implementation of a new case management system or approach (including the LSI-R) in a large organization can be a complex endeavor. Even if the new approach is rooted in sound, evidence-based practices, many barriers to implementation can come into play. In particular, correctional staff can pose a significant barrier to successful implementation of programs (Koch, Cairns and Brunk, 2000). Individual attitudes and personal opinions toward the new strategy and the implementation of that strategy may be responsible for the success or failure of a new initiative (Gagan and Hewitt-Taylor, 2004; Haas, Hamilton and Hanley, 2005; Robinson, Porporino and

Simourd, 1993; Van Voorhis, Cullen and Applegate, 1995). Thus, agencies must work to create staff buy-in and ensure that staff can appropriately implement the new procedures (Street, 2004). The degree to which staff support the LSI-R and how they use it has the potential to impact the successful implementation of offender reentry initiatives (Austin, 1986; Whiteacre, 2004).

Training must take into account the skill set of correctional staff, their ability to properly ascertain an offender's needs and situation, and their use of the instrument.

Moreover, widespread organizational change as in the adoption of a new protocol requires a tremendous amount of support and commitment from both staff and administrators (Larivière, 2001; D. Robinson et al., 1993, 1996). Changes that occur in the wake of a new initiative often disrupt the daily routines of workers and challenge tradition and staff comfort levels. Thus, a lack of demonstrated commitment on the part of either staff or administrators can lead to a diminished capacity on the part of the organization to make the necessary substantive changes (McGuire, 2004). Hence, efforts must be undertaken to convince all staff of the benefits in adopting a new approach or strategy. If not carefully implemented, incorporating a statewide reentry program, and any accompanying instruments, can add confusion, doubt and uncertainty, leading to a lack of support among staff. There is some evidence that staff are more supportive of risk/needs assessments if explained that

they also facilitate standardized and defensible decisions (G. Robinson, 2003). Nonetheless, a degree of ambivalence is to be expected when implementing an instrument and this ambivalence should not be misconstrued as misoneism (Robinson, 2003).

Another issue relates to how corrections professionals are trained. Training must take into account the skill set of correctional staff, their ability to properly ascertain an offender's needs and situation, and their use of the instrument. Moreover, staff must be trained on how to use assessment information to guide case planning decisions and generate recommendations for appropriate interventions. Recent research has echoed a similar sentiment that, namely, the validity of the LSI-R and its use can be jeopardized when staff are not adequately trained (Fitzgibbon, 2007; Flores et al., 2006). In addition, it is critical that the rationale and purpose for the use of such instruments be carefully articulated to staff when trainings occur. Maung and Hammond (2000) discovered that some staff were dissatisfied with the quality of training they received on the LSI-R. In their study of 22 probation officers, remarks were made that training was neither suitable nor adequate in addressing the trainee's concerns and queries. This suggests a need for adequate training by a qualified LSI-R trainer, assurance that staff have a general understanding of psychological assessments and specialized training to score the instrument (Andrews and Bonta, 2001).

The accuracy of the LSI-R is also contingent on the assessor and the way in which the instrument is actually used (Flores et al., 2006; Whiteacre, 2004). For example, previous research has noted that while risk/need assessments may be easy to use, the rate that staff make errors can be very high (Van Voorhis and Brown, 1996). In 18 face-to-face open-ended interviews of case managers, program managers and administrators at a federal facility, K. Whiteacre (2004) found widespread agreement that the LSI-R is flawed in some way, mainly its predictive power, biased scoring and redundancy with other forms, just to name a few. If not handled properly through training and other efforts to encourage staff buy-in, these opinions can detract from the role of offender assessment in the development of case

plans. As a consequence, correctional staff will be more likely to violate the principles that underlie effective corrections intervention and, thereby, develop case plans that do not appropriately address the criminogenic needs of the offender. In the case of offender reentry, this is likely to have significant implications for the successful re-integration of offenders.

These “real-world” application issues have great significance to the assessor, the institution/agency and the offender. As such, the incorrect use and application of the LSI-R may result in poor case management decisions and treatment recommendations, thereby impacting how the offender is ultimately re-integrated into the community. Yet, to date only a small number of studies have examined correctional staff experiences with the use of standardized assessments such as the LSI-R (Whiteacre, 2004). Thus, this research examines the degree to which the LSI-R, a fundamental component of the prescriptive case management system and the West Virginia Offender Reentry Initiative, has been implemented in a manner consistent with its intended purpose. In doing so, the following describes the use of the LSI-R in guiding reentry case planning for a sample of correctional staff comprised of case managers, counselors and parole officers. Emphasis is placed on how assessment information is used to generate recommendations for reentry referrals and services. The role of correctional staff support and possible implications for the use of the LSI-R to guide case planning decisions are also reviewed.

Data and Methods

The data for this study were obtained by a mail survey administered to case managers, counselors and parole officers in February 2006, approximately 18 months after the official implementation of the West Virginia Offender Reentry Initiative. The survey was designed to measure the post-implementation attitudes and orientation of correctional staff and gather information on the application and use of the LSI-R.

An amended version of D.A. Dillman’s (1978) total design method for mail surveys served as the basis for the administration of the survey. The survey administration procedure included an initial contact letter, an original administration of the survey and three follow-up mailings. A total

of 172 surveys were delivered to correctional staff assigned to each of the 12 correctional facilities in the state. The first administration of the survey took place one week after the initial contact letter and included a copy of the survey, a cover letter and a pre-paid return envelope. One week after the first administration of the survey, a postcard was sent as a reminder to all correctional staff. Two weeks after the postcards were sent, a revised cover letter and replacement questionnaire was sent to all correctional staff. This mailing acknowledged staff who had responded to the survey and sought to encourage others to complete and return the survey. This was followed one week later with a final copy of the survey and new cover letter. A total of 128 surveys were returned, for a 74.4 percent response rate.¹

Sample. Males constituted slightly more than half of the survey respondents (53.3 percent). A majority of the survey respondents were white and below the age of 39 (mean=40.3; SD=12.2). Only two staff members, or 1.9 percent of the sample, were nonwhite. Approximately 59 percent of the respondents were 39 years old or younger. More than one-third of correctional staff reported being between the ages of 30 and 39 (41.5 percent).² Most staff members indicated that they were married, living in a small town and had obtained at least a four-year degree from a higher education institution. Roughly two-thirds (62.8 percent) of correctional staff were married and nearly three-quarters (72.9 percent) of respondents reported residing in an area described as a town or small town with 10,000 residents or fewer. About four in every 10 respondents indicated they were living in small towns with fewer than 2,000 residents. In terms of education, 53.6 percent correctional staff reported that they had a bachelor’s degree and nearly half (47.6 percent) indicated that their education was in the field of criminal justice, security or both.

Counselors constituted the majority of respondents at 40.8 percent, followed by case managers (34.7 percent) and parole officers (22.4 percent). While a majority of correctional staff (59.8 percent) reported being in their current employment position for less than five years, most indicated that they had worked in the corrections field for several years. Approximately three-quarters of cor-

rectional staff (76.6 percent) said that they had worked in the corrections field for five years or more. Seventy-four percent of staff indicated that they had five or more years of correctional experience in West Virginia. The majority of staff (71.9 percent) reported working within facilities located in geographic areas with a population of 10,000 residents or fewer.

Procedures

Given that the study’s purpose is to examine how the LSI-R is used in the development of reentry case plans, only correctional staff members who reported having actually administered the LSI-R on at least one offender provided the basis for the analysis. Ninety-four respondents reported that they had administered the LSI-R on an offender or inmate.³ Several measures were developed to assess LSI-R support and use of the instrument among correctional staff. These measures are described below.

LSI-R support. A series of single-item measures were used to explore correctional staff’s support for the LSI-R. Using a Likert scale, correctional staff were asked to indicate the extent to which they agreed with three statements. The statements included:

- “The LSI-R was a good idea for the agency.”
- “I am satisfied that the LSI-R is appropriate for this inmate population.”
- “I received adequate training on the LSI-R.”

In addition, the first two items were combined to form a single LSI-R Support Scale (Cronbach’s alpha = 0.93). Higher scores on this scale correspond to greater support among staff for the use of the LSI-R in assessing the risk and needs of inmates and parolees.

Use of the LSI-R. Two approaches were used to examine correctional staff’s use of the LSI-R in reentry case planning as well as other activities for which the instrument is commonly used. Similar to assessing support for the LSI-R, correctional staff were first asked to indicate the extent to which they agreed with the statement, “I use the results of the LSI-R to develop the reentry plan for my caseload.” This measure was

Figure 1. LSI-R Case Scenarios for Correctional Staff Ratings and Recommendations

Drug/alcohol use. Your client has a history of smoking marijuana and has consumed, on average, two beers a day for the past four years.

Accommodations. An offender has a stable residence with his mother upon release. He is 18 years old and is being released from a drug trafficking conviction after serving six months. His mother is employed full time and has a stable income. She has no criminal history and lives a sober lifestyle. The offender's brother is also residing in the home. He has a lengthy criminal history (theft and drug offense convictions spanning approximately 10 years) and is actively using alcohol. The oldest brother is 31 and associates with a different crowd than the offender. The brothers do not "hang out" on a routine basis other than being in the same house.

Companions. You are assessing an offender's attitude. He is relatively cooperative, although he appears nervous and scared. This is his first incarceration. When you ask him about his friends, however, his back straightens and he becomes very bold. His language changes, his hand movements change and he is very open about his "relationships" with his friends. He states "they are my boys. They'd take a bullet for me and I would take one for them." Specifically, he is referring to three individuals who between them have multiple convictions for theft, drug trafficking and assault. He voluntarily associates with his uncle who is a pastor at a local church and is very respectful toward his uncle.

Emotional/personal. A female offender is being released in the next two weeks. She has three children (ages 13, 9 and 5) who are currently residing with her mother, who works a full-time and part-time job. The offender has shown signs of depression while in the institution and has a history of outpatient treatment for depression and one prior suicide attempt as a teenager. She is apprehensive about returning home and is concerned about the welfare of her children.

Family/marital. An offender on your caseload has been observed fighting with his wife in the visiting room each of the last three weeks. She has left the institution crying and he has returned to his cell very agitated. You have asked him about the problem and his response is "same old thing." He has been married for five years and has three children, two of them with his wife. The offender, his wife and these two children reside in the same home. In the past, he has stated that he would leave if he had somewhere to go. His father passed away five years ago and his mother is abusive toward him. He has a sister who lives with a man who is well-known to the police as a gang leader and drug trafficker.

designed to capture the general use of the instrument for the purposes of reentry case planning. Second, correctional staff were asked to indicate, on average, how often they had used the LSI-R for each of a series of activities during the past 12 months. The response categories ranged from "never" to "every day. These response categories were collapsed into "yes" (i.e., at least once) and "no" (i.e., never) for the purposes of this study. The activities included developing a treatment plan, determining an offender's supervision level, setting conditions of supervision and assessing treatment progress (see Table 2).

Staff ratings and recommendations. To determine how assessment information is applied in the reentry planning process, correctional staff were asked to consider a series of case scenarios and assess the seriousness or severity of the problem as well as provide the most appropriate recommendations for addressing the offender's need or situation. Five scenarios were given to correctional staff. Each scenario related to a specific domain measured in the LSI-R: drugs/alcohol, accommodations, companions, emotional/personal, and family/marital situation (see Figure 1).

Once staff offered an initial assessment of the seriousness or severity of the offender's problem or need, they were given a host of options and asked to choose the most appropriate recommendation for the offender. While in actual practice referrals and recommendations are made based on the complete "picture" of the offender, these case scenarios can provide a tool for assessing how particular information is used when staff are making decisions about referrals and services.⁴

The analysis begins with a brief assessment of staff training and the level of support for the use of the LSI-R. The relationship between these factors and use of the LSI-R in reentry case planning is also examined. The analysis then turns to how the results of the LSI-R are used in the development of reentry case plans. Particular attention is given to the use of LSI-R results in writing reentry plans and generating recommendations for offenders as they re-integrate into the community.

Results

Table 1 describes correctional staff's support and use of the LSI-R

Table 1. Chi-Square Analysis of Correctional Staff Support and Use of the LSI-R by Employment Position

LSI-R Indicator	Percentage ^a				χ^2
	Total Sample (n=94)	Case Manager (n=24)	Counselor (n=32)	Parole Officer (n=17)	
Good idea for agency	31.9% (30)	45.8% (11)	37.5% (12)	5.9% (1)	7.75*
Appropriate for inmate population	27.7% (26)	41.7% (10)	28.1% (9)	5.9% (1)	6.45*
Received adequate training	67.0% (63)	62.5% (15)	56.3% (18)	76.5% (13)	1.95
Use in reentry plan for caseload	41.6% ^b (37)	54.2% (13)	46.7% ^c (14)	29.4% (5)	2.52

^a Employment position missing in 21 cases
^b Use of reentry case plan missing in 5 cases for total sample (i.e., 37/89 = 41.6%)
^c Counselor use of LSI-R in reentry plans missing in 2 cases (i.e., 14/30 = 46.7%)
* $p < 0.05$; () indicates number of respondents.

by employment position. The percentage of staff members who agree or strongly agree with each of the statements is shown. Of correctional staff who had actually administered the LSI-R, less than one-third (31.9 percent) agreed that the instrument was a good idea for the agency. Likewise, even fewer correctional staff (27.7 percent) felt that the LSI-R was appropriate for the inmate population in West Virginia's facilities. At the same time, however, most correctional staff (67.0 percent) reported that they had received adequate training on the administration of the LSI-R. Only 41.6 percent of correctional staff indicated that they had actually used the results of the LSI-R in the development of reentry plans for their caseloads.

The findings also indicate that support for the LSI-R varies by employment position. In particular, there was a difference among case managers, counselors and parole officers with regard to whether the LSI-R was a good idea for the agency and appropriate for West Virginia's inmate population. More than 40 percent of case managers indicated that the LSI-R was both a good idea for the agency (45.8 percent) and appropriate for their inmate population (41.7 percent). A slightly smaller percentage of counselors reported it was a good idea (37.5 percent) and was appropriate for the inmate population (28.1 percent). Parole officers were by far the least likely group to agree with both statements. Only 5.9 percent of parole officers (or one out of the 17 parole officers) agreed that the LSI-R was a good idea and that it was appropriate for the state's inmate population. All correctional staff, regardless of employment position, equally felt that they had received adequate training on the use of the LSI-R.

The results further indicate that a majority of correctional staff do not use the results of the LSI-R when developing reentry plans, with only slight variation across employment position. Parole officers were much less likely to indicate use of the LSI-R in developing case plans for their caseloads. Less than one-third of parole officers (29.4 percent) agreed or strongly agreed that they had used the results of the LSI-R to determine reentry plans for their caseloads. Case managers appeared to rely most heavily on the results of the LSI-R, followed by counselors. About 54 per-

Table 2. Bivariate Correlations Between LSI-R Support Measures and Use in Development of Reentry Plans

LSI-R Indicator	Use of LSI-R in Development Of Reentry Plans ^a			
	Total Sample ^b (n=89)	Case Manager (n=24)	Counselor ^c (n=30)	Parole Officer (n=17)
Good idea for agency	0.337**	0.386	0.249	0.100
Appropriate for inmate population	0.337**	0.484*	0.183	0.153
Received adequate training	0.113	0.287	0.113	-0.185
Support for LSI-R Scale	0.348**	0.449*	0.229	0.127

^a Employment position missing in 21 cases
^b Information on LSI-R use in reentry plans missing in 5 cases for the total sample
^c Counselor use of LSI-R in reentry plans missing in 2 cases
 * p<0.05; ** p<0.001

Table 3. Percentage of Correctional Staff Reporting Use of the LSI-R in the Performance of Various Reentry Activities

Activity	Total (n=94)		Case Manager (n=24)		Counselor (n=32)		Parole Officer (n=17)	
	Yes	No	Yes	No	Yes	No	Yes	No
Develop a treatment plan	77.7	22.3	87.5	12.5	81.3	18.8	64.7	35.3
Identify referral sources	79.8	20.2	83.3	16.7	75.0	25.0	82.4	17.6
Determine supervision level	78.7	21.3	79.2	20.8	71.9	28.1	100.0	0.0
Establish a supervision plan	70.2	29.8	62.5	37.5	68.8	31.3	88.2	11.8
Set conditions of supervision	61.7	38.3	50.0	50.0	65.6	34.4	70.6	29.4
Assess treatment progress	67.0	33.0	70.8	29.2	71.9	28.1	47.1	52.9
Determine classification level	72.3	27.7	66.7	33.3	62.5	37.5	100.0	0.0
Determine risk for recidivism	67.0	33.0	58.3	41.7	68.8	32.1	82.4	17.6

Note: Employment position missing in 21 cases

cent of all case managers expressed that they used the LSI-R in the development of reentry plans, compared with 46.7 percent of counselors.

Table 2 examines the relationship between LSI-R support and its use in the development of reentry case plans. The results clearly show that correctional staff support for the LSI-R is significantly correlated with its use, particularly for case managers. As correctional staff support for the LSI-R increased, so did the likelihood that staff would report using the instrument in the development of reentry case plans. Both the single-item measures of support as well as the LSI-R Support Scale (r=0.348; p<0.001) were significantly associated with its use in reentry planning. As shown in Table 2, the relationship between the LSI-R Support Scale and use was pronounced among case

managers (r=0.449; p<0.05). In particular, the beliefs of case managers about the appropriateness of the instrument for use with the inmate population was significantly associated with whether they reported using it to develop reentry case plans (r=0.484; p<0.05). No significant relationship was found between LSI-R support and its use among correctional counselors or parole officers.

In addition, Table 3 offers some evidence that the LSI-R is not being used to perform other activities related to the reentry initiative. For instance, roughly one-third of correctional staff report that they had never used the LSI-R to set conditions of supervision (38.3 percent), assess treatment progress (33.0 percent), determine an offender's risk for recidivism (33.0 percent) or establish a supervision plan for an

Table 4. Frequency and Percentage of Correctional Staff Case Scenario Assessment Ratings

Case Scenario Ratings	N	%
Drug/Alcohol		
No drug/alcohol problem	1	1.1
A small drug/alcohol problem	4	4.3
A moderate drug/alcohol problem	50	54.3
A severe drug/alcohol problem	37	40.2
Total	92	100.0
Accommodations		
Acceptable	9	9.9
Adequate	18	19.8
Inadequate	27	29.7
Unsatisfactory	37	40.7
Total	91	100.0
Companions		
A social isolate	5	5.6
Some criminal acquaintances	8	8.9
Some criminal friends	48	53.3
Few anti-criminal acquaintances	5	5.6
Few anti-criminal friends	24	26.7
Total	90	100.0
Emotional/Personal		
No interference	2	2.2
Moderate interference	61	67.0
Severe interference	28	30.8
Total	91	100.0
Family/Marital		
Dissatisfaction with marital situation	63	71.6
Nonrewarding, parents	5	5.7
Nonrewarding, other relatives	6	6.8
Criminal family/spouse	14	15.9
Total	88	100.0

Note: Percentages may not equal 100 percent due to rounding. Totals do not add to 94 respondents due to missing cases on each LSI-R domain. The information in Table 4 and Table 5 relates to the vignettes in Figure 1.

offender (29.8 percent). On the contrary, more than three-quarters of staff report using the instrument at least once to identify sources for referral (79.8 percent), to determine supervision level (78.7 percent) and to develop a treatment plan (77.7 percent).

The instrument tends to be used differently based on employment position. The results draw attention to the importance of the LSI-R for risk management and supervision for pa-

role officers, while case managers and counselors were more likely to report using the LSI-R to develop treatment plans, identify referral sources and determine risk levels. It is clear that parole officers generally did not use the LSI-R to develop reentry and/or treatment plans and they did not tend to reassess an offender's progress in treatment. However, all 17 parole officers reported that they had used the LSI-R at least once to determine the risk level of an

offender, decide on the appropriate level of supervision for an offender and determine an offender's classification level. Likewise, most parole officers (88.2 percent) indicated using the LSI-R to establish supervision plans for offenders on their caseload.

Case managers and counselors did report use of the LSI-R in the development of treatment plans and identifying referral sources. More than 80 percent of case managers reported using the results of the LSI-R to develop treatment plans (87.5 percent) and identify referral sources (83.3 percent). Likewise, roughly the same percentage of counselors reported having used the instrument at least once to develop a treatment plan (81.3 percent). Compared with parole officers, far fewer case managers had used the LSI-R to help guide decisions related to setting conditions of supervision (50.0 percent), determining appropriate classification levels for offenders (66.7 percent), ascertaining an offender's risk for recidivism (58.3 percent) and establishing supervision plans (62.5 percent). Similar results were found for counselors. It is important to note, however, that 18.8 percent of counselors had never used the LSI-R to develop a treatment plan. Moreover, 28.1 percent of counselors had not used the LSI-R to assess an offender's progress in treatment. Approximately 30 percent of case managers (29.2 percent) and counselors (28.1 percent), as well as more than one-half of parole officers (52.9 percent) reported that they have never used the LSI-R to assess offender progress.

Given that the LSI-R serves as a primary tool for guiding judgments on appropriate reentry services and strategies, the results in Tables 4 and 5 focus on how information is used by correctional staff to make judgments about offender needs and formulate recommendations for services. Table 4 presents the results of correctional staff ratings based on the information presented in each of the five scenarios (see Figure 1). The results show a substantial amount of variation in how correctional staff use information to ascertain the needs of offenders.⁵ For example, it appears that correctional staff were not entirely sure how to rate the severity of the offender's alcohol/drug problem. Results were mixed on whether the scenario depicts a moderate to severe need for the offender.

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More than one-half of correctional staff assessed the offender as having a moderate drug/alcohol problem (54.3 percent), while roughly four in 10 staff rated the offender as having a severe drug/alcohol problem (40.2 percent).

Similar to drug/alcohol use, staff differed in how they assessed the appropriateness of housing accommodations for offenders upon release. As shown in Table 4, assessments on the part of correctional staff vary from the housing accommodation being acceptable to it being unsatisfactory/not acceptable. While most correctional staff judged the release of the offender to his mother's house as either inadequate (29.7 percent) or unsatisfactory (40.7 percent), nearly 30 percent of staff believed the housing accommodation to be acceptable (9.9 percent) or adequate (19.8 percent). As a result, staff appeared to be unsure about what constitutes an appropriate housing situation for newly released inmates. Comparable results were found for the case studies depicting companionship, emotional/personal and family/marital needs.

While the accurate identification of an offender's risk level and needs is important, it is equally important to understand how staff assessments are used to formulate recommendations for reentry services and supervision. Such recommendations serve as the basis for the development of effective reentry plans for offenders. Using the case scenarios and ratings described above, Table 5 displays the recommendations made by correctional staff. For presentation purposes, the recommendations offered by correctional staff are examined in relation to a single assessment rating for each of the five case scenarios.

The findings presented in Table 5 illustrate that there was little agreement among staff about what to recommend for reentry services and planning after they had made an assessment on the seriousness or severity of the offender's need. The recommendations offered by staff varied considerably for most scenarios, particularly for those offenders depicted as having a severe alcohol and drug problem, a housing need or a serious mental health issue such as depression. In the case of substance abuse, the recommendations

Table 5. Frequency and Percentage of Correctional Staff Recommendations Based on Selected Assessment Ratings

Case Scenario Recommendations	N	%
A severe drug/alcohol problem		
Educational drug/alcohol program that is 4 hours in length	1	3.0
Outpatient drug/alcohol program — 2 hours once per week	5	15.2
Intensive outpatient drug/alcohol program — 2 hours, 3 times per week	5	15.2
30-day residential drug/alcohol program	4	12.1
90-day residential drug/alcohol program	7	21.2
AA/NA meetings	11	33.3
Total	33	100.0
Unsatisfactory		
Do not release to mother's address — only to shelter until accommodation secured	26	70.3
Release to mother's address with condition that housing need is severe	6	16.2
Release to mother's address with condition that other housing should be sought	4	10.8
Release to mother's address as stable residence	1	2.7
Total	37	100.0
Some criminal friends		
Enter cognitive-behavioral treatment for criminality	8	16.7
Find a housing situation away from the "old neighborhood" and friends	19	39.6
Find another mentor for the offender	1	2.1
Request that a condition of release be a "stay away order" from the friends	20	41.7
Total	48	100.0
Severe interference		
Psychological assessment	5	18.5
Outpatient mental health treatment	8	29.6
Intensive outpatient mental health treatment	7	25.9
Long-term residential mental health treatment (90 days or longer)	7	25.9
Total	27	100.0
Dissatisfaction with marital situation		
Suggest the offender return home to his wife and children	2	3.2
Suggest the family attend counseling	44	69.8
Suggest the offender live with his mother	2	3.2
Suggest the offender find a shelter after release	15	23.8
Total	63	100.0

Note: Percentages may not equal 100 percent due to rounding. Totals indicate the number of respondents giving a particular rating assessment for each LSI-R domain in Table 4. These totals are used to illustrate the variation in recommendations based on each LSI-R assessment rating. The information in Table 4 and Table 5 relates to the vignettes in Figure 1.

are nearly evenly distributed across all available options. While one-third of correctional staff recommended the attendance of Alcoholics/Narcotics Anonymous meetings for the offender, many others recommended residential treatment programs. Roughly one-third of correctional staff recommended either a 90-day (21.2 percent) or a 30-day (12.1 percent) residential program for the offender. Meanwhile, another one-third of correctional staff suggested an intensive outpatient drug/alcohol program (15.2 percent) or an outpatient drug/alcohol treatment program (15.2 percent).

In like manner, there was little agreement on what programs or services to recommend for offenders with severe depression. While one-half of the staff suggested long-term residential (90 days or longer) or intensive outpatient mental health treatment was most appropriate, the

other half only recommended a psychological assessment or standard outpatient mental health treatment. One-quarter of staff believed that the offender's depression would result in severe interference and recommended that the offender enter a long-term residential treatment program (25.9 percent). At the same time, 18.5 percent of staff suggested a psychological assessment. Recommendations also tended to vary for staff members who indicated that the accommodations were unsatisfactory, that some criminal friends were present and that there was evidence of dissatisfaction with an offender's marital situation.

Discussion

The present study assessed the role of correctional staff attitudes in the implementation of a key component of West Virginia's Offender Reentry Initiative (WVORI), namely

the LSI-R. The findings indicated that the attitudes of staff toward the use of the LSI-R may be having an impact on the implementation process. In particular, this study found that a large proportion of correctional staff did not have favorable attitudes toward the use of the LSI-R. Less than 50 percent of case managers and counselors agreed that the adoption of the LSI-R was a good idea for the agency and that the instrument was appropriate for the state's inmate population. Also, only one out of 17 parole officers were supportive of the LSI-R based on these measures. As a result, only four out of 10 staff charged with the implementation of the initiative said that they had used the results of the LSI-R to develop reentry case plans for their case-loads. With that said, research underscores the fact that staff attitudes and values can significantly impede the successful implementation of any new approach when they run counter to the mission of an agency (Gagan and Hewitt-Taylor, 2004).

At the same time, the present study found staff support to be significantly correlated with the use of the LSI-R in reentry case planning, especially for case managers. As support for the LSI-R increased, so did its use. Parole officers, who were critical to the success of offender reentry initiatives, overwhelmingly did not support the use of the LSI-R and as a result were the least likely group to report having used the instrument to guide case planning decisions. Less than 30 percent of parole officers reported using the results of the LSI-R in developing their case plans. With that said, however, the present analysis did not find a significant association between LSI-R support and its use among correctional counselors and parole officers. Perhaps factors such as lack of administrative guidance and/or leadership or other structural barriers may account for why a majority of counselors and parole officers were not using the LSI-R. Future research should focus greater attention on other potential barriers for the use of such instruments among correctional staff.

These results are noteworthy given the central role of the LSI-R in the operation of West Virginia's prescriptive case management system. Research has demonstrated that proper assessment of offenders is a fundamental prerequisite for effective case management, including

both the supervision and treatment of offenders (Andrews, Bonta and Wormith, 2006). Yet, the efficacy of case management is largely dependent upon the accurate assessment of offender risk and needs and how the instrument is ultimately used to inform decisions (Flores et al., 2006). Thus, little support for the use of the LSI-R among correctional staff may have resulted in decisions that violate the risk principle as well as other evidence-based practices/principles that rely upon proper classification. This may have in turn impeded the West Virginia DOC's efforts to successfully implement the Prescriptive Case Management System and, thereby, effectively assist offenders in preparing for release and transitioning back to the community.

Although the accurate assessment of offender risk and need levels yield valuable information, it is equally important that such tools be applied properly when developing case plans. While the use of case studies or scenarios in this research stopped short of a direct test of how the LSI-R was used in the development of actual case plans, this approach proved useful for demonstrating how assessments and recommendations can vary among correctional staff. The results of this study imply that staff may not be using the results of LSI-R in a consistent manner. A substantial amount of variation was found in how correctional staff used information to ascertain the risk and needs of offenders in this study. In addition, there was little agreement among staff in what to recommend as part of the reentry plan once an assessment was completed.

Given these results, it is necessary to explore other intervening variables that may impact staff attitudes and the application of an empirically validated offender risk and needs assessment. For example, this research highlights the need to provide staff with adequate training and guidance when implementing a new system of classification. Such training should be coupled with continued monitoring and self-assessment to ensure that information on offender risk and needs is properly linked to services (Van Voorhis and Brown, 1996). That is, staff may benefit from greater guidance in the assessment of offender needs and the development of recommendations for offenders as they transition to the community.

And as D.W.M. Fitzgibbon (2007) suggests, during the training or implementation phase, risk/need assessments should be posed to staff as a supplement to their work in order to lessen the fear that they are being replaced by an instrument. Another opportunity to reduce professional insecurity and increase support is during training. In these venues, staff should be made to feel valued for their input, experience and expertise, which in turn will bolster staff confidence and support (G. Robinson, 2003). Providing additional accommodations and incentives for staff would also be beneficial.

In addition, a growing body of literature is beginning to demonstrate that a program's likelihood of achieving successful outcomes is substantially diminished if staff do not properly assess offender risk and needs and/or an agency fails to achieve fidelity in the use of such tools among staff (Hubbard and Latessa, 2004; Lowenkamp and Latessa, 2005; Wilson and Davis, 2006). Thus, to address the variation in staff assessments of an offender's needs and risk and assure quality results for sustained length of time for reentry and case management, periodic quality assurance or reliability checks and renewed staff training is highly recommended (Van Voorhis and Brown, 1996). Greater consistency among staff recommendations may be achieved through the further development of a system that systematically links offender assessment information, basic knowledge of "what works" and the principles of effective intervention with treatment and supervision strategies. It is anticipated that fourth generation risk assessment instruments, such as the Level of Service Inventory/Case Management System, will aid in the development of case plans rooted in assessment information.

Another possible factor connected to staff attitudes and values is agency support and feedback, especially during the implementation phase. It is essential that agencywide commitment is effectively communicated in the launch of a new initiative or approach to offender assessment and management. Correctional administrators must be aware of how top-down decisions can impact staff attitudes and the importance of establishing mechanisms to ensure staff buy-in. In the end, correctional administrators should not dismiss

the importance of routine monitoring of staff performance based on "quality" measures that assess the linkage between offender assessments and case plans (Austin, 2003; Crime and Justice Institute, 2004).

Given the number of offenders returning to society and increasing budget constraints, the consequences and implications of making inconsistent decisions and poor case management plans as well as low levels of correctional staff support are detrimental to state DOCs; the West Virginia DOC is not alone in this struggle. The implementation of a statewide offender reentry program poses a significant challenge, especially when the principles for effective classification are translated into practice. Coupled with the pressure to make sound recommendations so as not to threaten public safety (Listwan, Cullen and Latessa, 2006), conscientious efforts must be made to ensure successful re-integration of the offender. This study offers a few of the lessons learned that may lead to more successful reentry and re-integration efforts in other states.

ENDNOTES

¹ All case managers, counselors and parole officers employed by the DOC served as the population for the present study. The sample comprised 60.7 percent of all case managers, 47.6 percent of all counselors and 68.8 percent of all parole officers employed at the time of the survey. As a result, the sample represents nearly one-half of all counselors and roughly two-thirds of all case managers and parole officers.

² A demographic comparison suggests only small differences between the population and the sample of staff that returned surveys on gender, race and age. Of the population of 172 staff members, 96.5 percent were white and 60.5 percent were male. The mean age of the population was 40.4 years of age, with a standard deviation of 10.6.

³ There were little or no differences between the 94 respondents who had actually administered the LSI-R compared with the total sample of 128 respondents.

⁴ Such case studies or scenarios are routinely used when training correctional staff on the use of the LSI-R and the Level of Service Inventory/Case Management System (see Andrews, Bonta and Wormith, 2004). While other studies have examined the disjuncture between LSI-R assessments and actual service delivery using official records (e.g., Haas et al., 2007; Winterfield and Castro, 2005), this approach goes beyond the purpose and scope of this study. The present approach stops short of a direct test of how the LSI-R applied in actual cases, yet the use of case scenarios

can provide a tool for assessing how particular information is used when staff are making decisions as well as illustrate the degree of variation in staff assessments and recommendations.

⁵ The primary objective of this exercise is not to conclude that one assessment or recommendation is more accurate than another. It is understood that the proper assessment of offenders using the LSI-R involves a semi-structured interview format and the collection of collateral information. Rather, the purpose of this approach is to ascertain the degree to which assessments and recommendations can vary among correctional staff. A high degree of variability in initial assessments among correctional staff and/or a lack of congruence between assessments and the recommendations of correctional staff may suggest the need for further guidance in how to best apply an instrument such as the LSI-R in the newly developed prescriptive case management system. If either of these conditions is present, it can have a significant impact on the extent to which offenders receive needed services and program referrals.

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