THE JOURNAL OF THE AMERICAN PROBATION AND PAROLE ASSOCIATION

PERSPECTIVES

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VOLUME 41 NUMBER 2 SPRING 2017

R/NA

RISK/NEEDS ASSESSMENT

A PERSPECTIVES SPOTLIGHT

Her **opioid dependence** got her here.

VIVITROL® (naltrexone for extended-release injectable suspension) is a non-narcotic, non-addictive, once-monthly medication indicated for[1]:

- Prevention of relapse to opioid dependence, following opioid detoxification.
- Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to the initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration.
- VIVITROL should be part of a comprehensive management program that includes psychosocial support.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent pages.

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(naltrexone for extended-release injectable suspension)

Important Safety Information

Contraindications

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence
- In acute opioid withdrawal
- Who have failed the naloxone challenge test or have a positive urine screen for opioids
- Who have exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

Prior to the initiation of VIVITROL, patients should be opioid-free for a minimum of 7-10 days to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.

Reference: 1. VIVITROL [prescribing information]. Waltham, MA: Alkermes, Inc; 2015.

Vivitrol®

(naltrexone for extended-release injectable suspension)

VIVITROL® (naltrexone for extended-release injectable suspension)
Intramuscular

BRIEF SUMMARY See package insert for full prescribing information (rev. Dec. 2015).

INDICATIONS AND USAGE: VIVITROL is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration. In addition, VIVITROL is indicated for the prevention of relapse to opioid dependence, following opioid detoxification. VIVITROL should be part of a comprehensive management program that includes psychosocial support.

CONTRAINDICATIONS: VIVITROL is contraindicated in: patients receiving opioid analgesics, patients with current physiologic opioid dependence, patients in acute opioid withdrawal, any individual who has failed the naloxone challenge test or has a positive urine screen for opioids, and patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent.

WARNINGS AND PRECAUTIONS: Vulnerability to Opioid Overdose: After opioid detoxification, patients are likely to have reduced tolerance to opioids. VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration. However, as the blockade wanes and eventually dissipates completely, patients who have been treated with VIVITROL may respond to lower doses of opioids than previously used, just as they would have shortly after completing detoxification. This could result in potentially life threatening opioid intoxication (respiratory compromise or arrest, circulatory collapse, etc.) if the patient uses previously tolerated doses of opioids. Cases of opioid overdose with fatal outcomes have been reported in patients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment. Patients should be alerted that they may be more sensitive to opioids, even at lower doses, after VIVITROL treatment is discontinued, especially at the end of a dosing interval (i.e., near the end of the month that VIVITROL was administered), or after a dose of VIVITROL is missed. It is important that patients inform family members and the people closest to the patient of this increased sensitivity to opioids and the risk of overdose. There is also the possibility that a patient who is treated with VIVITROL could overcome the opioid blockade effect of VIVITROL. Although VIVITROL is a potent antagonist with a prolonged pharmacological effect, the blockade produced by VIVITROL is surmountable. The plasma concentration of exogenous opioids attained immediately following their acute administration may be sufficient to overcome the competitive receptor blockade. This poses a potential risk to individuals who attempt, on their own, to overcome the blockade by administering large amounts of exogenous opioids. Any attempt by a patient to overcome the antagonism by taking opioids is especially dangerous and may lead to life-threatening opioid intoxication or fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade. **Injection Site Reactions:** VIVITROL injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus; however, in some cases injection site reactions may be very severe. In the clinical trials, one patient developed an area of induration that continued to enlarge after 4 weeks, with subsequent development of necrotic tissue that required surgical excision. In the post marketing period, additional cases of injection site reaction with features including induration, cellulitis, hematoma, abscess, sterile abscess, and necrosis, have been reported. Some cases required surgical intervention, including debridement of necrotic tissue. Some cases resulted in significant scarring. The reported cases occurred primarily in female patients. VIVITROL is administered as an intramuscular gluteal injection, and inadvertent subcutaneous injection of VIVITROL may increase the likelihood of severe injection site reactions. The needles provided in the carton are customized needles. VIVITROL must not be injected using any other needle. The needle lengths (either 1 1/2 inches or 2 inches) may not be adequate in every patient because of body habitus. Body habitus should be assessed prior to each injection for each patient to assure that the proper needle is selected and that the needle length is adequate for intramuscular administration. Healthcare professionals should ensure that the VIVITROL injection is given correctly, and should consider alternate treatment for those patients whose body habitus precludes an intramuscular gluteal injection with one of the provided needles. Patients should be informed that any concerning injection site reactions should be brought to the attention of the healthcare professional. Patients exhibiting signs of abscess, cellulitis, necrosis, or extensive swelling should be evaluated by a physician to determine if referral to a surgeon is warranted. **Precipitation of Opioid Withdrawal:** The symptoms of spontaneous opioid withdrawal (which are associated with the discontinuation of opioid in a dependent individual) are uncomfortable, but they are not generally believed to be severe or necessitate hospitalization. However, when withdrawal is precipitated abruptly by the administration of an opioid antagonist to an opioid-dependent patient, the resulting withdrawal syndrome can be severe enough to require hospitalization. Review of postmarketing cases of precipitated opioid withdrawal in association with naltrexone treatment has identified cases with symptoms of withdrawal severe enough to require hospital admission, and in some cases, management in the intensive care unit. To prevent occurrence of precipitated withdrawal in patients dependent on opioids, or exacerbation of a pre-existing subclinical withdrawal syndrome, opioid-dependent patients, including those being treated for alcohol dependence, should be opioid-free (including tramadol) before starting VIVITROL treatment. An opioid-free interval of a minimum of 7–10 days is recommended for patients previously dependent on short-acting opioids. Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as two weeks. If a more rapid transition from agonist to antagonist therapy is deemed necessary and appropriate by the healthcare provider, monitor the patient closely in an appropriate medical setting where precipitated withdrawal can be managed. In every case, healthcare providers should always be prepared to manage withdrawal symptomatically with non-opioid medications because there is no completely reliable method for determining whether a patient has had an adequate opioid-free period. A naloxone challenge test may be helpful; however, a few case reports have indicated that patients may experience precipitated withdrawal despite having a negative urine toxicology screen or tolerating a naloxone challenge test (usually in the setting of transitioning from buprenorphine treatment). Patients should be made aware of the risks associated with precipitated withdrawal and encouraged to give an accurate account of last opioid use. Patients treated for alcohol dependence with VIVITROL should also be assessed for underlying opioid dependence and for any recent use of opioids prior to initiation of treatment with VIVITROL. Precipitated opioid withdrawal has been observed in alcohol-dependent patients in circumstances where the prescriber had been unaware of the additional use of opioids or co-dependence on opioids. **Hepatotoxicity:** Cases of hepatitis and clinically significant liver dysfunction were observed in association with VIVITROL exposure during the clinical development program and in the postmarketing period. Transient, asymptomatic hepatic transaminase elevations were also observed in the clinical trials and postmarketing period. Although patients with clinically significant liver disease were not systematically studied, clinical trials did include patients with asymptomatic viral hepatitis infections. When patients presented with elevated transaminases, there were often other potential causative or contributory etiologies identified, including pre-existing alcoholic liver disease, hepatitis B and/or C infection, and concomitant usage of other potentially hepatotoxic drugs. Although clinically significant liver dysfunction is not typically recognized as a manifestation of opioid withdrawal, opioid withdrawal that is precipitated abruptly may lead to systemic sequelae including acute liver injury. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL should be discontinued in the event of symptoms and/or signs of acute hepatitis. **Depression and Suicidality:** Alcohol- and opioid-dependent patients, including those taking VIVITROL, should be monitored for the development of depression or suicidal thinking. Families and caregivers of patients being treated with VIVITROL should be alerted to the need to monitor patients for the emergence of symptoms of depression or suicidality, and to report such symptoms to the patient's healthcare provider. Alcohol Dependence: In controlled clinical trials of VIVITROL administered to adults with alcohol dependence, adverse events of a suicidal nature (suicidal ideation, suicide attempts, completed suicides) were infrequent overall, but were more common in patients treated with VIVITROL than in patients treated with placebo (1% vs 0). In some cases, the suicidal thoughts or behavior occurred after study discontinuation, but were in the context of an episode of depression that began while the patient was on study drug. Two completed suicides occurred, both involving patients treated with VIVITROL. Depression-related events associated with premature discontinuation of study drug were also more common in patients treated with VIVITROL (~1%) than in placebo-treated patients (0). In the 24-week, placebo-controlled pivotal trial in 624 alcohol-dependent patients, adverse events involving depressed mood were reported by 10% of patients treated with VIVITROL 380 mg, as compared to 5% of patients treated with placebo injections. Opioid Dependence: In an open-label, long-term safety study conducted in the US, adverse events of a suicidal nature (depressed mood, suicidal ideation, suicide attempt) were reported by 5% of opioid-dependent patients treated

with VIVITROL 380 mg (n=101) and 10% of opioid-dependent patients treated with oral naltrexone (n=20). In the 24-week, placebo-controlled pivotal trial that was conducted in Russia in 250 opioid-dependent patients, adverse events involving depressed mood or suicidal thinking were not reported by any patient in either treatment group (VIVITROL 380 mg or placebo).

When Reversal of VIVITROL Blockade Is Required for Pain Management: In an emergency situation in patients receiving VIVITROL, suggestions for pain management include regional analgesia or use of non-opioid analgesics. If opioid therapy is required as part of anesthesia or analgesia, patients should be continuously monitored in an anesthesia care setting by persons not involved in the conduct of the surgical or diagnostic procedure. The opioid therapy must be provided by individuals specifically trained in the use of anesthetic drugs and the management of the respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation. Irrespective of the drug chosen to reverse VIVITROL blockade, the patient should be monitored closely by appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation. **Eosinophilic Pneumonia:** In clinical trials with VIVITROL, there was one diagnosed case and one suspected case of eosinophilic pneumonia. Both cases required hospitalization, and resolved after treatment with antibiotics and corticosteroids. Similar cases have been reported in postmarketing use. Should a person receiving VIVITROL develop progressive dyspnea and hypoxemia, the diagnosis of eosinophilic pneumonia should be considered. Patients should be warned of the risk of eosinophilic pneumonia, and advised to seek medical attention should they develop symptoms of pneumonia. Clinicians should consider the possibility of eosinophilic pneumonia in patients who do not respond to antibiotics. **Hypersensitivity Reactions Including Anaphylaxis:** Cases of urticaria, angioedema, and anaphylaxis have been observed with use of VIVITROL in the clinical trial setting and in postmarketing use. Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis. In the event of a hypersensitivity reaction, patients should be advised to seek immediate medical attention in a healthcare setting prepared to treat anaphylaxis. The patient should not receive any further treatment with VIVITROL. **Intramuscular Injections:** As with any intramuscular injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder (eg, hemophilia and severe hepatic failure). **Alcohol Withdrawal:** Use of VIVITROL does not eliminate nor diminish alcohol withdrawal symptoms. **Interference with Laboratory Tests:** VIVITROL may be cross-reactive with certain immunoassay methods for the detection of drugs of abuse (specifically opioids) in urine. For further information, reference to the specific immunoassay instructions is recommended.

ADVERSE REACTIONS: Serious adverse reactions that may be associated with VIVITROL therapy in clinical use include: severe injection site reactions, eosinophilic pneumonia, serious allergic reactions, unintended precipitation of opioid withdrawal, accidental opioid overdose and depression and suicidality. The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence (ie, those occurring in ≥5% and at least twice as frequently with VIVITROL than placebo) include nausea, vomiting, injection site reactions (including induration, pruritus, nodules and swelling), muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders. The adverse events seen most frequently in association with VIVITROL therapy in opioid dependent patients (ie, those occurring in ≥ 2% and at least twice as frequently with VIVITROL than placebo) were hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache. **Clinical Studies Experience**: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In all controlled and uncontrolled trials during the premarketing development of VIVITROL, more than 1100 patients with alcohol and/or opioid dependence have been treated with VIVITROL. Approximately 700 patients have been treated for 6 months or more, and more than 400 for 1 year or longer. *Adverse Events Leading to Discontinuation of Treatment:* Alcohol Dependence: In controlled trials of 6 months or less in alcohol-dependent patients, 9% of alcohol-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 7% of the alcohol-dependent patients treated with placebo. Adverse events in the VIVITROL 380-mg group that led to more dropouts than in the placebo-treated group were injection site reactions (3%), nausea (2%), pregnancy (1%), headache (1%), and suicide-related events (0.3%). In the placebo group, 1% of patients withdrew due to injection site reactions, and 0% of patients withdrew due to the other adverse events. Opioid Dependence: In a controlled trial of 6 months, 2% of opioid-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 2% of the opioid-dependent patients treated with placebo.

DRUG INTERACTIONS: Patients taking VIVITROL may not benefit from opioid-containing medicines. Naltrexone antagonizes the effects of opioid-containing medicines, such as cough and cold remedies, antidiarrheal preparations and opioid analgesics.

USE IN SPECIFIC POPULATIONS: Pregnancy: There are no adequate and well-controlled studies of either naltrexone or VIVITROL in pregnant women. VIVITROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Pregnancy Category C:** Reproduction and developmental studies have not been conducted for VIVITROL. Studies with naltrexone administered via the oral route have been conducted in pregnant rats and rabbits. **Teratogenic Effects:** Naltrexone has been shown to increase the incidence of early fetal loss when given to rats at doses ≥30 mg/kg/day (11 times the human exposure based on an AUC(0-28d) comparison) and to rabbits at oral doses ≥60 mg/kg/day (2 times the human exposure based on an AUC(0-28d) comparison). There was no evidence of teratogenicity when naltrexone was administered orally to rats and rabbits during the period of major organogenesis at doses up to 200 mg/kg/day (175- and 14-times the human exposure based on an AUC(0-28d) comparison, respectively). **Labor and Delivery:** The potential effect of VIVITROL on duration of labor and delivery in humans is unknown. **Nursing Mothers:** Transfer of naltrexone and 6-naltrexol into human milk has been reported with oral naltrexone. Because of the potential for tumorigenicity shown for naltrexone in animal studies, and because of the potential for serious adverse reactions in nursing infants from VIVITROL, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** The safety and efficacy of VIVITROL have not been established in the pediatric population. The pharmacokinetics of VIVITROL have not been evaluated in a pediatric population. **Geriatric Use:** In trials of alcohol-dependent subjects, 2.6% (n=26) of subjects were >65 years of age, and one patient was >75 years of age. Clinical studies of VIVITROL did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. No subjects over age 65 were included in studies of opioid-dependent subjects. The pharmacokinetics of VIVITROL have not been evaluated in the geriatric population. **Renal Impairment:** Pharmacokinetics of VIVITROL are not altered in subjects with mild renal insufficiency (creatinine clearance of 50-80 mL/min). Dose adjustment is not required in patients with mild renal impairment. VIVITROL pharmacokinetics have not been evaluated in subjects with moderate and severe renal insufficiency. Because naltrexone and its primary metabolite are excreted primarily in the urine, caution is recommended in administering VIVITROL to patients with moderate to severe renal impairment. **Hepatic Impairment:** The pharmacokinetics of VIVITROL are not altered in subjects with mild to moderate hepatic impairment (Groups A and B of the Child-Pugh classification). Dose adjustment is not required in subjects with mild or moderate hepatic impairment. VIVITROL pharmacokinetics were not evaluated in subjects with severe hepatic impairment.

OVERDOSAGE: There is limited experience with overdose of VIVITROL. Single doses up to 784 mg were administered to 5 healthy subjects. There were no serious or severe adverse events. The most common effects were injection site reactions, nausea, abdominal pain, somnolence, and dizziness. There were no significant increases in hepatic enzymes. In the event of an overdose, appropriate supportive treatment should be initiated.

This brief summary is based on VIVITROL Full Prescribing Information.

Alkermes®

Information (rev. December 2015)

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A PERSPECTIVES SPOTLIGHT

SUSAN BURKE
PRESIDENT

I would make a terrible doctor. For one, the sight of blood makes me woozy. For another, my bedside manner would leave much to be desired. I can imagine myself saying "get better already!" to my patients. "No one has time to sit around in bed," I'd tell them.

When I have a medical problem, I expect my doctor to use expertise and objective information in the form of tests to arrive at an accurate diagnosis and prescribe the treatment best suited to my needs. I don't want my doctor to guess what the problem might be or offer some generic remedy solely because it worked well with five other patients previously seen that week. Even worse would be to have a health care provider who based diagnosis and treatment on "gut instinct." Patients would never be expected to accept health services delivered based on a feeling in someone's stomach. Imagine the failure rates from that approach!

Yet, some in the justice field are still willing to approach recidivism reduction through the foggy lens of a crystal ball, operating in the mode of "we think, we feel, we guess, we try," even though there are currently more proven methods of reducing criminal and delinquent behavior. In fact, many still believe the myth that professional judgment is more accurate and less likely to result in a punitive outcome than the use of validated assessment tools. Simply put, this assumption is not true. The Community Corrections Collaborative Network, a group comprised of leading associations (including

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Just as a successful doctor combines expertise with use of appropriate technology and tests to assess each patient, so too should the effective community corrections professional use both expertise and the best tools—in the form of risk and need assessments—to get optimal outcomes.

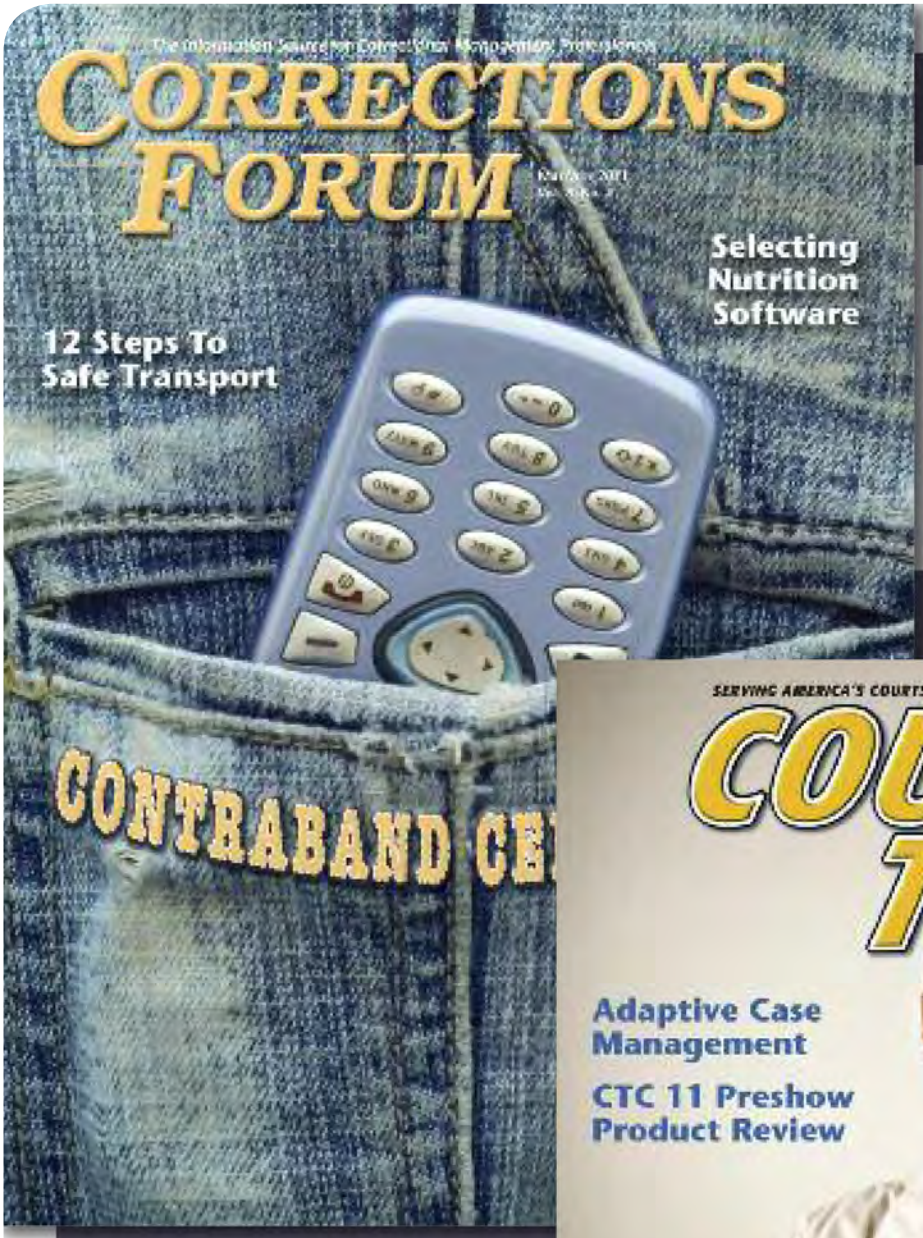
APPA) and representing 90,000-plus probation, parole, pretrial, and treatment professionals around the country, produced a publication specifically to address these myths. That publication, *Myths & Facts–Using Risk and Need Assessments to Enhance Outcomes and Reduce Disparities in the Criminal Justice System*, concludes with the following "bottom line" statement:

Risk and needs assessments currently provide the most accurate, objective prediction of the risk to recidivate. While risk and needs assessments do not predict with perfect accuracy, they guide practitioners in the field toward the most accurate and equitable decisions available for safely managing justice-involved individuals (Thompson, C., 2017, p. 10).

This publication can be found on the National Institute of Corrections website: https://nicic.gov/library/032859. It is worthy of a read and gets to the core issue of why risk and needs assessments are critical to our work.

Just as a successful doctor combines expertise with use of appropriate technology and tests to assess each patient, so too should the effective community corrections professional use both expertise and the best tools—in the form of risk and needs assessments—to get optimal outcomes.

And if you see me run the other way if you suffer a nosebleed or cut finger, it's not because I don't care. I do. I'm just looking for someone who is far more competent than I and has the stomach to fix you up.



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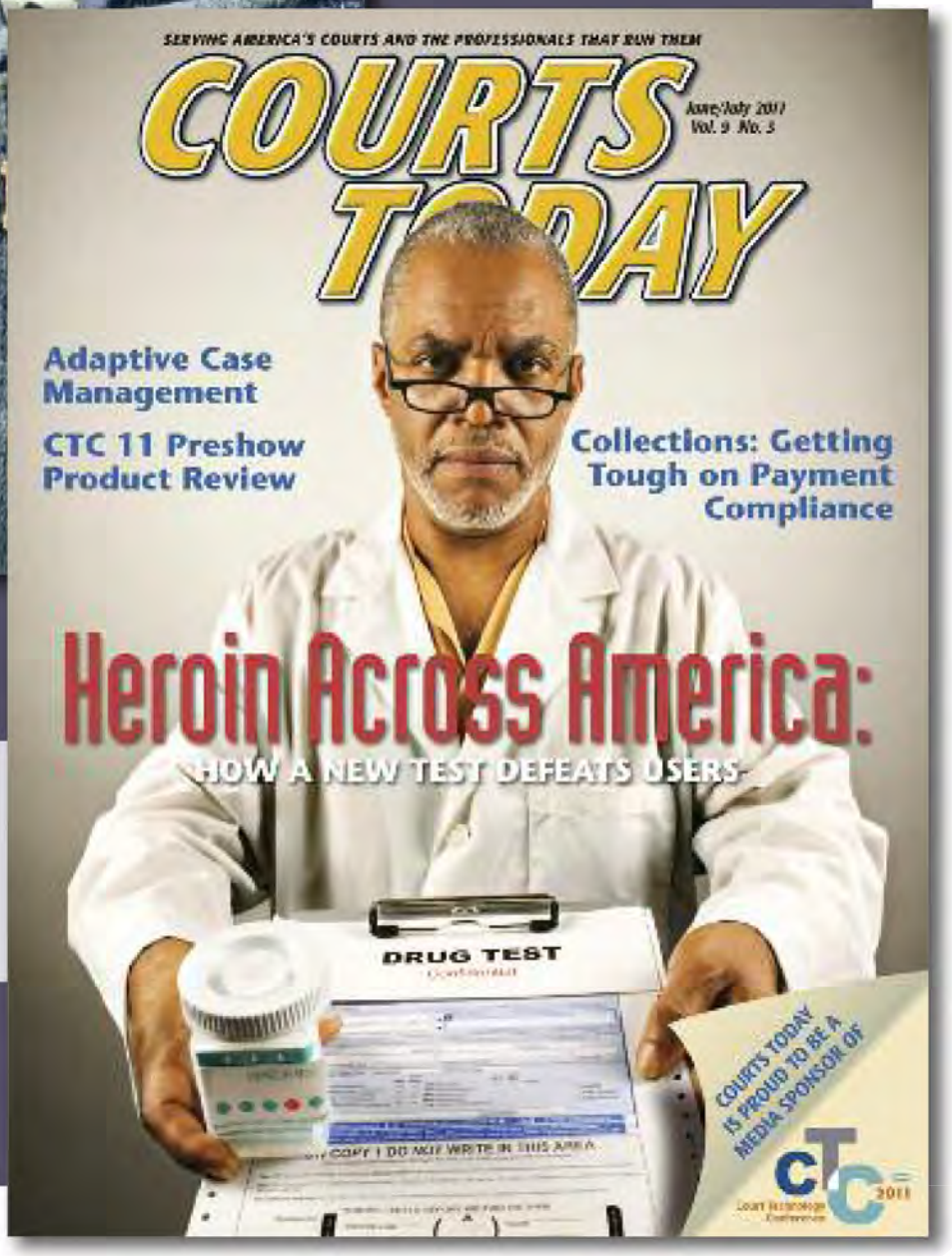

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A PERSPECTIVES SPOTLIGHT

BRIAN LOVINS
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FAYE S. TAXMAN
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A validated risk and needs assessment tool allows the user to benefit from structured information so that those being assessed are accurately triaged into supervision categories that are best suited to reducing recidivism. In fact, most reform initiatives begin by emphasizing the adoption of a validated tool. This is one area in which many supervision agencies have made significant forward strides over the past decade, as it is now fairly commonplace for a validated risk and needs assessment tool to be used.

Having a tool is one thing, but optimally using the tool presents other challenges—challenges that many supervision agencies are currently confronting. In recognition of this, the Division of Corrections and Sentencing (DCS) of the American Society of Criminology chose to make *Risk and Needs Assessment: Theory and Practice* the

first volume in its handbook series. With 19 chapters authored by scholars in the field, this book offers a fresh look at assessment tools, challenges to implementation, the need to tailor tools for special populations, machine learning algorithms, and special topics (i.e., human rights, institutionalized practices). Please go to this link to purchase this book at a special price! https://www.routledge.com/Handbook-on-Risk-and-Need-Assessment-Theory-and-Practice/Taxman/p/book/9781138927766

Articles featured in this volume of *Perspectives* also contribute to our understanding of this subject, covering some of the issues analyzed in the DCS Handbook as well as providing some different perspectives. Bill Burrell summarizes the history of the topic. Zack Hamilton and his colleagues discuss challenges to implementation. Faye Taxman discusses dynamic risk issues. Finally, Julian Adler and Sarah Fritsche present concerns about how race may impact the components of a risk and needs assessment tool—a topic that, incidentally, is not in the DCS handbook. These articles highlight some of the issues that agencies may need to think about to increase the utility of the risk and needs assessment in justice settings.

An article on a different topic by Michele Phelps and Alessandro Cordo is also included as part of our continuing effort to expand our knowledge about supervision as practiced around the world. They discuss mass supervision from an international perspective.

Our next edition is on swift and certain sanctions and rewards. We hope that you will contact us and contribute an article.

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instructions to authors

Perspectives disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole, and community corrections agencies throughout the United States and abroad. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation, or research methodology. *Perspectives* does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to perspectives@csg.org in accordance with the following deadlines:

FALL 2017 ISSUE: AUGUST 1, 2017
WINTER 2018 ISSUE: NOVEMBER 1, 2017
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SUMMER 2018 ISSUE: MAY 1, 2018

Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English and in American Psychological Association (APA) Style. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., to (Mattson, 2015, p. 73). Alphabetize each reference at the end of the text using the following format:

Mattson, B. (2015). Technology supports decision making in health and justice. *Perspectives*, *39*(4), 70-79.

Hanser, R. D. (2014). *Community corrections* (2nd ed.). Thousand Oaks, CA: Sage.

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where community partnerships are restoring hope by embracing a balance of prevention, intervention and advocacy.

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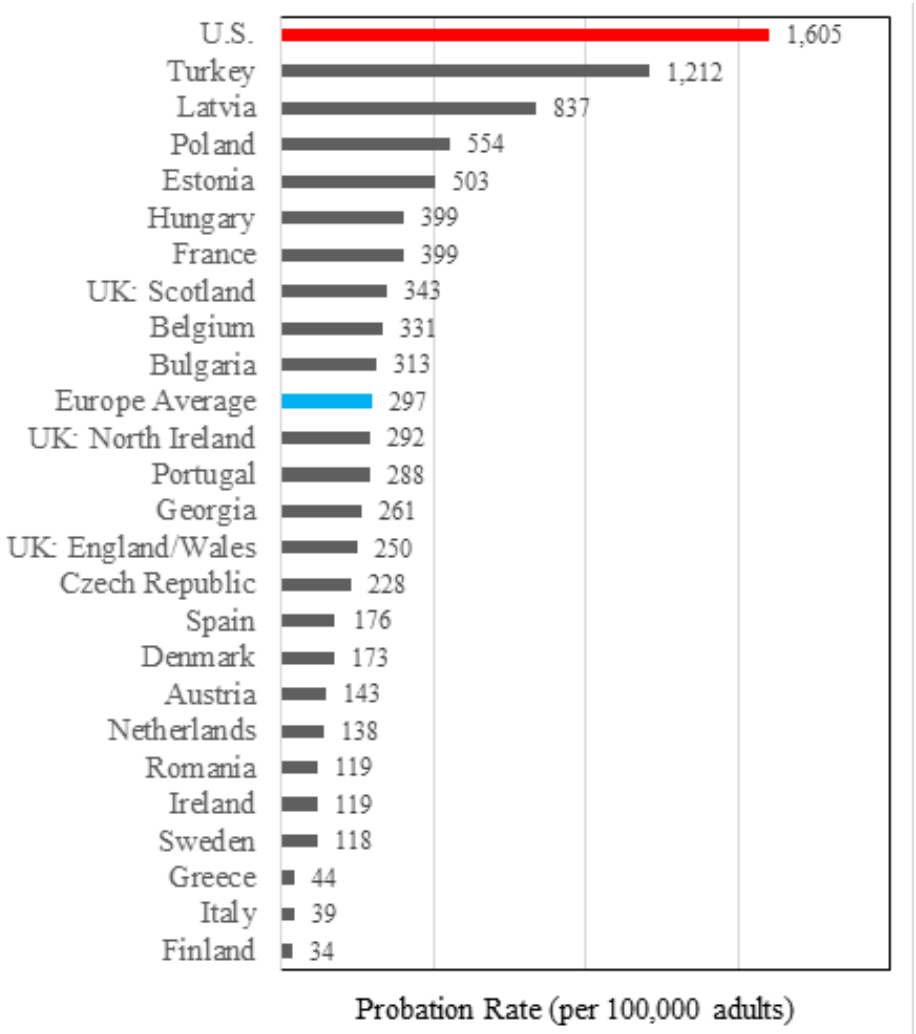
AMERICAN EXCEPTIONALISM IN COMMUNITY SUPERVISION

BY ALESSANDRO CORDA, PH.D. AND MICHELLE S. PHELPS, PH.D.

In recent years, increasing public attention has been drawn to the causes and consequences the rapid expansion of imprisonment in the U.S. to the point of mass incarceration. However, as numerous recent reports and academic articles have highlighted, the U.S. is "exceptional" not just for its massive prison population, but also for its rates of community supervision. As documented in Figure 1, as of 2013 the overall U.S. probation supervision rate in the U.S. was more than five times the European average rate (1,605 on probation per 100,000 adults, compared to 297)—a difference that cannot be easily attributed to

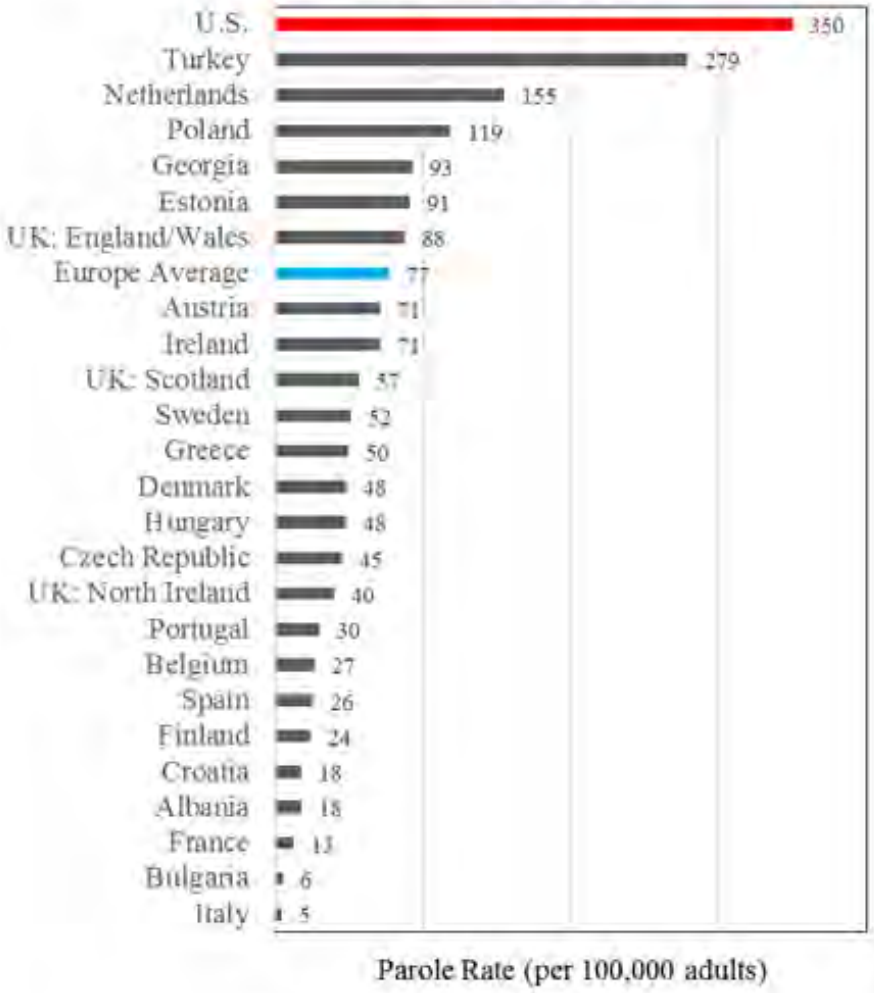
FIGURE 1. AMERICAN EXCEPTIONALISM IN PROBATION SUPERVISION RATES (2013)



Source: Alper, Corda & Reitz (2016), Robina Institute of Criminal Law & Criminal Justice, American Exceptionalism in Probation Supervision.

crime rates alone (Alper, Corda, & Reitz, 2016). In addition, as Figure 2 documents, the overall parole supervision rate in the U.S. (350 per 100,000 adults) was more than four times the European average rate (77) (Corda, Alper, & Reitz, 2016). In this review piece, we will detail these cross-national differences, concluding with a discussion of how community supervision practices are different in the U.S. as well. Our central conclusion is that the U.S. could have a much smaller population on community supervision (including both fewer admissions and shorter terms) with few public safety repercussions.

FIGURE 1. AMERICAN EXCEPTIONALISM IN PAROLE SUPERVISION RATES (2013)



Source: Corda, Alper & Reitz (2016), Robina Institute of Criminal Law & Criminal Justice, American Exceptionalism in Parole Supervision.

We begin by considering cross-national comparisons of crime rates. Despite the absence of reliable cross-national data systems (and different legislative definitions of offenses and report methods), a general agreement exists today that crime has substantially dropped in the U.S. and most European countries over the past two decades (Tonry, 2014). Trends show that crime rates began to steeply increase in both the U.S. and Europe from the 1970s onwards and then started to decline sharply in the 1990s, with the trend becoming more stable as of the year 2000. Contrary to the general wisdom, recent studies even suggest that rates of property and non-lethal violent crimes are higher today in Europe than in the U.S., the opposite of what was observed 30 years ago (Buonanno et al., 2011).

American crime rates today resemble those of the 1960s. However, American homicide rates still remain significantly high by Western standards (Reitz, in press).

For both probation and parole, the international comparisons would be even starker if not for a handful of European countries with high community supervision rates.

Despite the many similarities across crime rates, except for homicide, the U.S. has exceptionally high rates of criminal justice supervision. While the trend toward greater incarceration rates has been well documented (see Western, 2006), the development of mass probation (Phelps, 2016) has gone relatively unnoticed. Between 1980 and its peak in 2007, the U.S. state and federal probation population reported to the Bureau of Justice Statistics grew from 1 million to over 4.2 million. Using population data from the census, this translates into an overall prevalence rate of 1 in 53 U.S. adults. For black Americans, that rate rises to 1 in every 21 adults being on probation at the end of the year—and up to 1 in 12 black men (Phelps, 2016). Even after recent declines in the probation population, nearly 3.8 million adults remain under probation supervision as of 2015 (Kaeble & Bonczar, 2016).

As noted above, by 2013 the overall U.S. probation supervision rate was more than five times the average rate for all European countries.[1] In all reporting European countries, with roughly twice the population of the U.S., only 1.5 million adults were under probation supervision. Further, several U.S. states with the highest rates of probation supervision (e.g., Ohio, Rhode Island, Idaho, and Indiana) had rates that are more than eight times the average European rate (Alper, Corda, & Reitz, 2016). Georgia is such an outlier that the state's probation supervision rate alone is greater than the *total* rate of criminal justice control in all other U.S. states (Rabuy & Wagner, 2016).

In addition, as Robinson and colleagues (2013) note, this expansion of probation was part of a broader (and international) expansion of supervision in the community—

what they and others refer to as "mass supervision." U.S. parole rates are similarly exceptional in international comparisons—and are the only correctional population in the U.S. continuing to grow in recent years (Kaeble & Glaze, 2015). In 2013, the overall U.S. parole supervision rate was more than four times the average rate across European jurisdictions. In terms of raw population numbers, 853,200 adults were on parole in the U.S. at the federal and state level, compared to 314,228 on parole in all reporting European countries. This is true even though discretionary release has become increasingly uncommon, as more and more ex-prisoners are automatically placed on post-release supervision added to the end of determinate sentences (Ruhland et al., 2016; Scott-Hayward, 2013). As Corda, Alper, and Reitz (2016) document, U.S. states with the highest rates of parole supervision (e.g., Pennsylvania, Arkansas, and Louisiana) have rates that are 10 to 13 times the average European rate.

For both probation and parole, the international comparisons would be even starker if not for a handful of European countries with high community supervision rates. Turkey stands as the European country with the highest probation and parole rates. In 2013, Turkey's probation rate was 75% of the overall U.S. rate, while the parole rate was 80% of the U.S. rate. Nearly half (46%) of the European parole population was reported by Turkey alone. Excluding Turkey from the statistics would make the average European parole rate decline by nearly 40%, further widening the international gap between Europe and the U.S.

Finally, in addition to exceptionally high rates of supervision, the U.S. is distinct for the uniquely punitive experience of community supervision as well. Rhine and Taxman (in press) outline five dimensions of international variation in probation, including the overall mission or vision of probation, length of supervision, intensity of control, coerciveness of programming or treatment, and the consequences of violating probation. The U.S. stands apart from other Western countries in the degree to which probation departments emphasize an enforcement and control-based orientation (as opposed to a social work orientation), which influences all the other indices—including longer supervision periods, more coercive supervision, and less rehabilitation-oriented assistance. This emphasis is perhaps clearest in revocation rates, which are notably high in the U.S. Among probationers leaving probation in 2015, for example, only 62% of exiting probationers completed successfully, while 15% were incarcerated nationwide (Kaeble & Bonczar, 2016). Thus, while community supervision is often described as an act of leniency (e.g., a sentence meted out in lieu of imprisonment),

scholars argue we must also understand probation as another facet of over-criminalization in the U.S. (Doherty, 2016; Klingele, 2013; Phelps, 2016; Robinson, McNeill, & Maruna, 2013).

The language and logic of parole varies internationally as well. American parole release decisions and supervision practices are frequently characterized as being dominated by risk aversion (Corda, Alper, & Reitz, 2016; Simon, 1993). In contrast, in most of Europe, discourse on conditional release mainly revolves around human dignity and procedural justice. U.S. parole boards are usually staffed with political appointees whose release decisions focus primarily on public safety risks. As a result, parole decision-making in the U.S. is influenced by the political climate. In much of Europe, parole decisions are made by special sentence implementation courts that are part of an independent judicial branch of government and are composed of professional judges and lay experts in criminological and behavioral sciences. Such courts exercise their function fully insulated from political pressure. Finally, once an American inmate is released into the community, burdensome conditions are frequently imposed, representing significant hurdles to his/her reintegration into society. In Europe, conditional release practices more successfully reintegrate returning citizens into the social fabric after imprisonment (van Zyl Smit & Corda, in press).

Taken altogether, this evidence suggests that the U.S. could substantially reduce its community supervision population with little risk to public safety. States should closely reexamine who is being placed on probation and parole each year and the lengths of their supervision. Options for early termination of the lowest-risk and most successful probationers and parolees should be explored.

As a separate but connected issue, more attention should be given to the number and burdensomeness of the conditions imposed on persons supervised in the community. Some experts in the field allege that probationary sentences (and, in some cases, parole supervision) may do little to control crime, and frequently do more harm than good (Klingele, 2013). Community supervision can make "reentry" into the law-abiding community more difficult than it needs to be, such as when meetings with probation officers interfere with work responsibilities, or supervision and program fees constitute a hurdle for probationers' ability to support themselves and their families. Concerns of this kind should be carefully evaluated by lawmakers in every state. If some aspects of probation are counterproductive to the reentry process, or outright "criminogenic," it should be a high priority everywhere to discontinue them. The financial expense and opportunity costs of mass supervision

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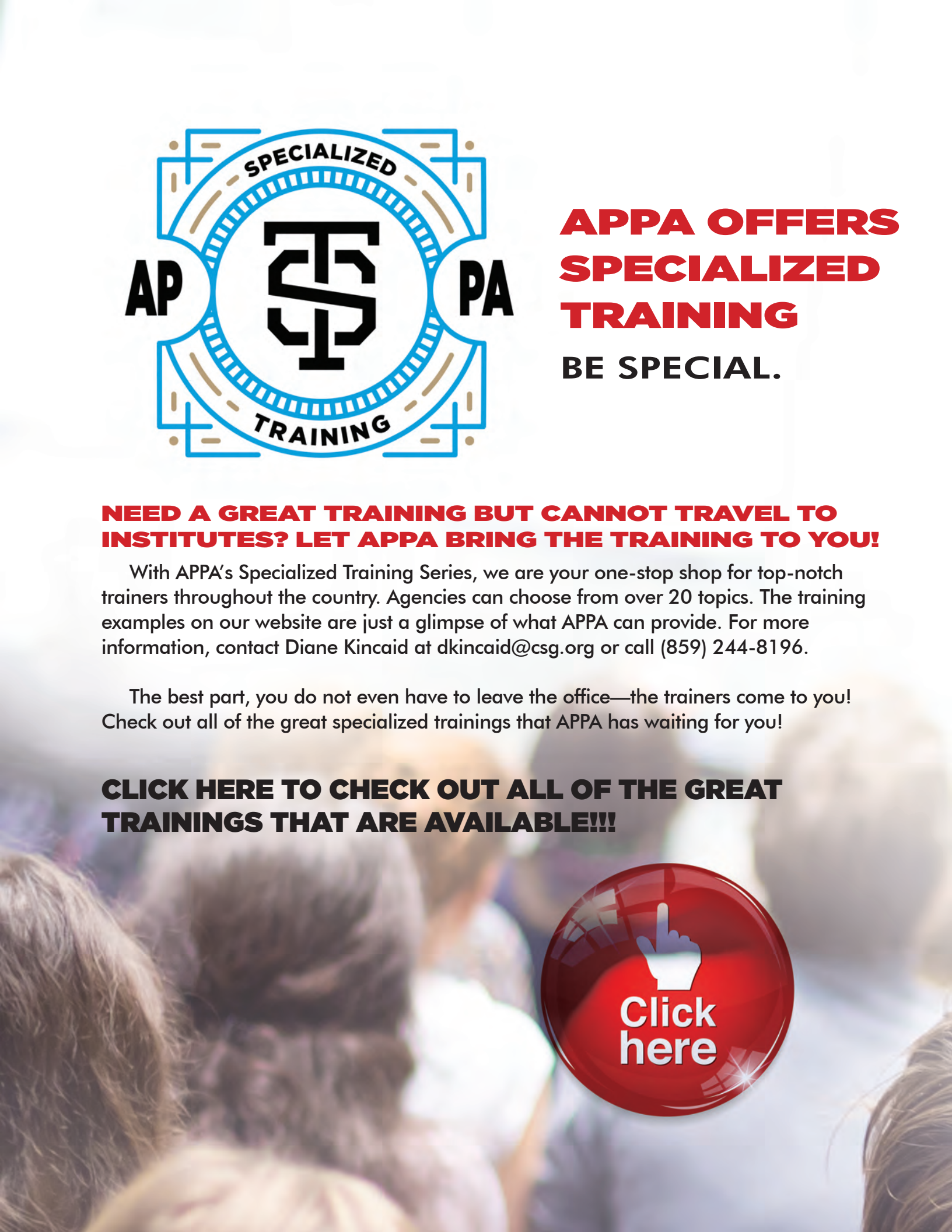

should also be assessed nationwide—both in terms of the costs of the community supervision itself and in terms of its contribution to incarceration rates through revocation.

The problems of mass incarceration and mass supervision are intimately linked, and they must be tackled together. While concerns about reoffending are critical, community supervision must do more than be a "prison without bars" to be successful. Our European counterparts provide some useful models for both restraining community supervision populations and aligning policies that support community reintegration. The international standards issued by the Council of Europe have played a key role in creating better consistency and stronger practices across the continent (Grant & McNeill, 2014; Morgenstern & Larrauri, 2013). One of these guidelines states, in part:

> *The nature, content and methods of implementation of community sanctions and measures shall not jeopardise the privacy or the dignity of the offenders or their families, nor lead to their harassment. Nor shall self-respect, family relationships, links with the community and ability to function in society be jeopardized. (1993, Rule 23).*

These rules further outline many of the "best practices" of community supervision, including fostering positive relationships with supervising officers, providing relevant and tailored treatment interventions (e.g., drug treatment, counseling, and anger management programs), and minimal burdensome supervision fees (Council of Europe 2010 & 2003). The U.S. could follow this lead by building a stronger national consensus on the best models of sentencing, supervision, and revocation for local jurisdictions and states to adopt.

ENDNOTES

1 This statistic only includes countries that report supervision data to the Council of Europe and had available adult population totals for calculating the supervision rate. Probation rates were unavailable for Andorra, Bosnia-Herzegovina, Iceland, Liechtenstein, Monaco, Montenegro, San Marino, and Slovak Republic. Parole rates were unavailable for Andorra, Bosnia-Herzegovina, Germany, Iceland, Latvia, Liechtenstein, Malta, Monaco Montenegro, Romania, San Marino, Slovak Republic and Slovenia. Not all countries with available data are included in Figures 1 and 2.

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R/NA

RISK/NEEDS ASSESSMENT

A PERSPECTIVES SPOTLIGHT

ADVANCING PRACTICE WITH RISK AND NEEDS ASSESSMENT: IT'S MORE THAN JUST A SCORE

BY WILLIAM D. BURRELL

Risk and needs assessment (RNA) is a common component of contemporary probation and parole practices in the U.S., and RNA assessment instruments and policies are routinely being taught and implemented nationwide. There appears to be widespread agreement that RNA plays an important role in supervision/case management systems. Unfortunately, despite what seems to be all but unanimous endorsement from the field, there is substantial evidence that the endorsement of RNA may be more rhetorical than operational. Adoption has not, in fact, been universal, and implementation is uneven and often inadequate. Alexander and her colleagues write:

> *"Although many probation departments, both state and federal, have claimed to use risk assessments in supervision for decades, in most cases the reality is that they administer the risk assessment but fail to use them to adjust supervision commensurate with risk."* (Alexander, Whitley, & Bersch, 2014, p. 2)

THE IMPORTANCE OF RNA

The importance and centrality of RNA to corrections is expressed well by Wormith and his colleagues:

> *Offender risk assessment has become a mainstay activity of correctional agencies worldwide, both in the community and in custodial institutions. It is used for a variety of decisions made by criminal justice officials in the classification, management, and supervision of offenders."* (Wormith, Hogg, & Guzzo, 2015, p. 461)

Numerous other researchers concur regarding the importance of RNA. Harris states that "[a]ctuarial risk prediction is now a fundamental precept of evidence-based practices" (2006, p. 8). Mulvey adds that "assessment of risk is a central feature of juvenile justice, both for policy and daily practice" (2005, p. 461). Flores and colleagues conclude that "actuarial risk assessment is a veritable cornerstone for the provision of correctional services" (Flores, Lowenkamp, Holsinger, & Latessa, 2006. p. 524). These researchers are not alone in their conclusions about the impact of RNA.

Given the broad consensus and corroborating data in the academic, research, and policy arenas, there can be little doubt that RNA is a critical element of evidence-based supervision of both adult and juvenile offenders in the community. The assessment of risk and needs using actuarial methods is the first principle of the evidence-based practices model for community corrections promulgated by the National Institute of

Corrections (NIC) and widely used in the field (Bogue, et al., 2004). The popular and widely adopted risk/need/responsivity (R/N/R) construct developed by Andrews and Bonta (2010) builds the framework for effective correctional interventions on the risk principle and the need principle.

Despite the relatively long period of use, utilization of RNA remains uneven in probation and parole, and the depth and quality of application is generally sub-optimal. Even with the advent of evidence-based practices, implementation of RNA still lags behind both the rhetoric and the potential. While there have been numerous well-designed and well-implemented EBP initiatives in probation and parole agencies across the country—initiatives that have produced significant results—they remain the exception and not the norm.

WHAT ACCOUNTS FOR THE GAP?

Research suggests that the reason for this gap is that practitioners often don't fully understand RNA (Burrell, 2017). They have been trained on how to score the instruments but have received insufficient or perhaps negligible training on what RNA is, what it does and doesn't do, how RNA instruments are developed, their benefits and limitations, and practices that ensure their optimal use. Lacking this information, many probation and parole officers (PPO) do not trust the instruments, see them as an intrusion on their professional judgment, perceive them to be a waste of scarce time, and fail to see the value of RNA to their work.

Critical to addressing and closing this gap is increasing understanding of just how the use of actuarial RNA advances practice, makes probation and parole supervision more effective, and leads to better results. While full exploration of all aspects of RNA implementation is beyond the scope of this article (for further detail see Burrell, 2017), some important aspects of RNA will be addressed below.

ADVANCING PRACTICE WITH RISK AND NEED ASSESSMENT

The systematic use of RNA makes PPOs more effective at supervision of adult and juvenile offenders. The ways that RNA enhances supervision fall into three general categories: improved assessment, informed supervision, and increased measurement and evaluation.

IMPROVED ASSESSMENT OF OFFENDERS

RNA helps the PPO with assessment in two ways. It helps to quickly and reliably identify risk levels and it aids in deciding how to optimally allocate resources for supervision.

IDENTIFYING RISK LEVELS

The core purpose of probation and parole supervision is to protect the community by reducing the risk of reoffending by persons under supervision. PPOs know that not all the varied individuals who come under their supervision pose the same level of risk, so they must determine level of risk as a first step in addressing that risk. The need to be able to reliably, effectively, and efficiently assess risk levels is of critical importance. Risk is also dynamic, changing over time with each offender. This requires regular reassessment over the term of supervision.

PPOs have been assessing risk ever since the functions of probation and parole were established in the 19th century. PPOs historically relied on their professional judgment to perform this task—judgment that was developed and refined through years of experience of interviewing and supervising offenders. In the early 20th century, however, researchers began to explore new methods to determine risk of reoffending (Harcourt, 2007). This started with the parole release process, and most risk assessment research in criminal justice centered around parole until the 1970s.

During the same period, similar research regarding the accuracy of assessments was being conducted in other fields. In 1954, Meehl published a small but important book that summarized research on the superiority of statistical methods over human judgment.

Subsequent research in a broad variety of fields has continued to demonstrate the validity of this approach, and the accuracy of such instruments has continued to improve (Hilton, Harris, & Rice, 2006). Again, this shift to statistical models or algorithms to assist with decision-making is not limited to corrections or criminal justice. For example, the process of using statistical analysis of the performance of baseball players to replace the judgment of experienced scouts is chronicled in the book (and subsequent movie) *Moneyball* (Lewis, 2003).

In his 2011 bestseller, *Thinking, Fast and Slow*, psychologist Daniel Kahneman, a pioneer of behavioral economics and Nobel laureate in economics, provides a sweeping overview of research on human decision-making. Kahneman presents two models that succinctly summarize the knowledge about human decision-making.

His Model 1 is fast and intuitive, almost automatic. Decision-makers develop heuristics, which are quick "rules of thumb" based on gut feelings, experience, instincts, emotions, and

learned associations. Kahneman and his colleagues found that Model 1 decisions, while fast and attractive, were very prone to errors. In contrast, Model 2 decision-making is slow, deliberate, systematic, analytical, and data driven. It utilizes tools like algorithms and decision rules. It takes more time and requires data collection and analysis, but—not surprisingly—Model 2 decisions are more accurate.

In carrying out assessments, those based on unaided professional judgment are Model 1 decisions and those based on actuarial RNA tools are Model 2. The broad-based research support for actuarial methods across a variety of fields over many years should be considered carefully by those who still argue for the superiority of unaided professional judgment.

ALLOCATING SUPERVISION RESOURCES

Resource allocation also has two dimensions. The first, at the agency level, is how to allocate the totality of supervision resources to the supervision caseloads, and the second, at the caseload level, is how to optimally apply individual PPO time to the varied individuals on one specific caseload.

Within any probation or parole agency, executives must make resource allocation decisions. The varied approaches to doing this include, but are not limited to, apportioning an equal number of cases to each officer, creating specialized caseloads, targeting more resources for those under supervision who have committed more serious offenses (crimes of violence), or banking cases in no supervision caseloads. Few of these options are based on empirical evidence regarding effectiveness.

The evidence-informed approach to resource allocation is to use the empirical evidence and research to drive the allocation. The risk principle (Andrews & Bonta, 2010) advises devoting greater levels of resources (both in terms of PPOs providing supervision and treatment services addressing criminogenic needs) to higher risk offenders who pose a greater likelihood of recidivating. Concomitantly, the risk principle suggests reducing the level of resources/supervision for lower risk offenders whose probability of recidivating is lower.

RNA enables executives to allocate resources at both the agency and caseload level in a manner that reflects empirical research findings, thus improving practice.

INFORMED (SMARTER) SUPERVISION

Once caseloads and supervision level decisions have been made based on the risk principle, much remains to be

decided. What should the PPO focus on in supervision? What should be the strategy and substance of supervision? For a good portion of the recent history of probation and parole, supervision primarily focused on making contacts and enforcing conditions. Risk control and management was the priority (Feeley & Simon, 1992), and little if any attention was paid to reducing risk through interventions and treatment.

With the emergence of third generation RNA approaches that incorporated dynamic risk factors (also referred to as criminogenic needs), a new element entered the supervision equation. It was now possible to identify, rank, and address specific factors that contribute to recidivism. By applying proven intervention strategies, agencies can mitigate, reduce, and even eliminate the drivers of criminal and delinquent behavior.

Research shows that by targeting our supervision, intervention, and treatment resources on these factors, we can reduce recidivism more effectively. The greater the number of criminogenic risk factors addressed in supervision, the greater the reduction in recidivism (Andrews & Bonta, 2010).

Knowledge about criminogenic risk factors derived from third and fourth generation RNA tools greatly enhances each PPO's ability to develop effective case plans. Without knowledge of criminogenic factors, case plans often simply mimic the court or parole board order, repeating the conditions of supervision and containing little else. With the knowledge of the drivers of criminal or delinquent behavior, PPOs can develop a supervision strategy and case plan that focuses on mitigating and ultimately eliminating these factors. Such RNA-informed strategies are much more effective in reducing risk and recidivism, advancing the state of practice.

MEASUREMENT AND EVALUATION

The evaluation of the effectiveness of probation and parole supervision has been a challenge for many years. The predominant measure has been recidivism, but that has been plagued with all sorts of problems, as the definition of recidivism has varied from a new arrest all the way to return to custody. Sometimes technical violations are included, but often not. The time frame for measuring recidivism also varies. Sometimes it is limited to the period of supervision, but often it entails a multi-year period following discharge from supervision.

These issues are further exacerbated by the prevailing sense within the field—at least until relatively recently—that we did not have either sufficient resources

or proven technologies (programs and interventions) that could have an impact on recidivism. Enforcement of conditions became the primary metric for success of probation and parole supervision. Revocations of probation and parole, largely for technical (non-criminal) violations, filled prisons and jails. The extent that such revocations contributed to the crowding of correctional facilities can be seen in the analysis of correctional data from several dozen states conducted as part of the Justice Reinvestment Initiative (Council of State Governments, n.d.; Bureau of Justice Assistance, n.d.).

RNA has enabled probation and parole to carry out two key functions in terms of measurement and evaluation. It enables agencies to *quantify* the nature and extent of the problems they are addressing and enables them to *assess* their effectiveness in addressing those problems.

QUANTIFYING THE PROBLEM

RNA instruments provide the means to determine and document the nature and extent of the problems facing community supervision agencies and staff. They provide information on the relative level of risk of each client, enabling individual clients to be assigned the most appropriate level and type of supervision. They also facilitate the measurement of changes in risk level. Decreases can be the result of effective supervision and/or treatment. Increases in risk level can indicate unmet needs, inadequate supervision, or ineffective treatment services.

RNA provides the number, types, and severity of "needs" or dynamic risk factors, enabling the PPO to determine what type of treatment and interventions are needed for an individual offender. Assessing needs on a regular basis provides current measurements of needs and documents the progress—or lack thereof—in reducing them and their impact on behavior.

This type of risk and needs information provides a much more useful method to describe a caseload than what is typically used, such as number of cases, offense type (drug, property, DUI) or the legal ranking of seriousness (felony or misdemeanor).

Capturing data pertaining to each supervisee's risk and needs profile helps to further define the nature of an agency's total caseload and the demands that caseload represents for the agency's organization, number and type of staff, training requirements, caseload structure, specialized services and programs, external treatment resources, technology, and funding. In the past, budget requests were often based on crude measures such as the percentage increase in the caseload, with no information what that

increase represented in terms of workload demands on staff and services.

ASSESSING THE EFFECTIVENESS OF SUPERVISION PRACTICES

Embracing evidence-based practices with the goal of becoming an evidence-based organization requires a commitment to data collection and measurement. The NIC EBP monograph calls for measuring relevant processes and practices (Principle #7) and providing measurement feedback (Principle #8) (Bogue, et al., 2004). RNA provides the tools to implement these principles.

By administering a RNA instrument at the start of supervision and at regular intervals thereafter, each probation and parole agency can begin to document the results of its efforts. Measuring performance is a core function of management in any organization. Without adequate and reliable information, performance measurement is a difficult if not impossible job.

There are multiple audiences for performance information, starting with the obvious: the governmental bodies and officials (legislatures, governors, county commissioners, judges) that authorize and fund probation and parole. These individuals and groups are interested in how well probation and parole are doing. Beyond that group of policy makers, myriad others are interested as well, including crime victims, the media, and the public at large. All are entitled to know about performance.

Regular collection and analysis of RNA information along with information on outcomes addresses one of the problems with recidivism measurement as typically done: the time between the supervision and the results. Information from a fully implemented RNA can be collected and reported on for short, intermediate, and long term results.

Information can also be reported at multiple levels, including for an individual case, a given caseload, a unit or program, or an entire agency. Results can be sorted for varying units of the community, such as neighborhoods, municipalities, counties, or entire states. It should be noted that this degree of data analysis and reporting requires a degree of automation which may be lacking—but without solid RNA data, even the best computer system will be handicapped.

CONCLUSION

RNA is a common feature in probation and parole, but it is too often underutilized. As this article has described, RNA has great potential to enhance practices and thereby improve outcomes. In too many instances, the

potential of RNA is being squandered, time and resources are being wasted, and opportunities for performance improvement are being missed. As the title of a recent article states, "Risk assessment matters, but only if implemented well" (Vincent, Guy, Perrault and Gershenson, 2016).

The good news is that improving the utilization of RNA is largely a management challenge (Burrell, 2017). Strategies to improve utilization of RNA include high-quality, in-depth training on the principles of risk and need as well as the proper scoring, and use of the instruments. Agency executives and managers should also provide regular monitoring of staff performance, ensure alignment of policies and procedures to support RNA, and make greater use the RNA data in daily operations and overall agency management. These steps will go a long way toward ensuring full utilization of risk and need assessment, the advancement of supervision practices, and ultimately improved outcomes for probation and parole.

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NEEDY RISKS: UNTANGLING NEEDS IN THIRD AND FOURTH GENERATION INSTRUMENTS

BY FAYE S. TAXMAN, PH.D.

The advantage of the third and fourth generation risk and needs assessment instruments is that the tools include both actuarial and dynamic (criminogenic) risk factors. The actuarial component is the statistical probability of further criminal justice contact (risk). A core feature is that these are characteristics that are only likely to increase over time and not decrease. In other words, they are static factors. Dynamic risk factors, in contrast, are changeable in both directions—a person can be assessed as more or less of a risk depending on whether improvements occur that reduce the likelihood for reoffending. In other words, dynamic risk factors are drivers related to recidivism or instability, which makes them valuable to supervision agencies for determining the conditions of supervision, priorities for supervision, and areas to discuss with individuals under supervision. More and more justice agencies are adopting third and fourth generation tools, but a major challenge exists in terms of getting staff to feel comfortable using the information from these assessment tools—especially the dynamic component—in case and supervision plans.

Underutilization of the risk and needs assessment tools is a topic of major concern to supervision agencies. While staff fill out the forms, often the information does not go on to significantly affect major decisions pertaining to case plans, supervision plans, conditions of supervision, and treatment requirements. Numerous studies have been conducted to help us understand factors that are affecting the likelihood that information from risk and needs assessment tools will be used, especially in the area of advancing case planning. As noted by Miller and Mahoney (2013), most supervision staff do not report using the information from the assessment tool in the supervision and/or case plan. Viglione and colleagues (2014) observed that officers did not understand the tool, its information, and the validity of some scales, which led to overrides and ignoring the instrument recommendations.

Another aspect of this implementation problem was observed by Via et al. (2016), who explored the various ways that dynamic/criminogenic needs were measured. To their surprise, they found that there was hardly any consistency among the major instruments (i.e., COMPASS, ORAS, Wisconsin Risk & NEEDS, LSI-R, and StrongR)

in terms of how the needs were measured, and there was widely varied meaning attached to each of the needs. Each instrument approached this in a different manner, which seems to dilute what the major concept measures.

Taken as a whole, the emerging literature on dynamic risk appears to call for more clarity about what its inherent terms and ideas mean. What is the next step in light of the difficulty of translating information from risk and needs instruments into practical case/supervision plans? This article is going to try to take that step by exploring and shedding light on some of the major dynamic needs, thereby clarifying how officers can glean useful information from them. It is intended to add to the discussion of what to do with dynamic needs in terms of further supervision of individuals.

Taken as a whole, the emerging literature on dynamic risk appears to call for more clarity about what its inherent terms and ideas mean.

WHAT ARE WE MEASURING?

Dynamic risks, commonly referred to as criminogenic needs, refers to attitudes or behaviors that contribute to offending. The focus should be on current issues—not history. In fact, one of the measurement problems with some of the instruments is that they ask for information about whether a person has "been involved" with a particular problem "ever" or "in their lifetime." Focusing too much on the distant past and continuing the emphasis on "ever" means that some dynamic risk factors are overstated, because the issue may not be relevant for the person today.

What does it mean to say that an instrument should measure contemporary issues? It generally means that attention should be given to the last 30 days or at the most the last 12 months--in other words, current, relevant, and dynamic issues. If information is skewed so that it is not relevant to current supervision, that may be one reason

that officers have been confused. This intent of this article is to review three areas that appear to most commonly cause confusion and present challenges when officers try to use the information from third or fourth generation tools.

SUBSTANCE ABUSE DISORDERS

While over 70% of individuals involved in the justice system are reported to be drug involved, this statistic captures drug use in the distant past as well as recent or current problems. In fact, researchers have generally found that a smaller proportion—about 35 to 50% of offenders—have substance abuse patterns that require drug treatment (about one third of males, about half of the females) (Belenko & Peugh, 2005; Taylor, Fitzgerald, Hunt, Reardon, & Brownstein, 2001). The standard definition of a substance use disorder is clinical and uses the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which looks at the degree to which drug or alcohol use affects a person's functionality. Anyone who has three or more interferences (i.e., interferences with school, work, family, or the legal system, or compulsive behavior that is drug seeking) is more likely to have a disorder that is affecting daily life. This is what one should be looking for in assessing a substance use disorder—whether the drug use is affecting the ability to work, go to school, or be a contributing member of the community. The drug of choice also matters. Some drugs are both psychologically and physically addictive (i.e., opioids, alcohol, and tobacco) while others are not physically addictive. Moreover, some drugs, such as opioids, are more related to criminal behavior, and alcohol is more related to driving while intoxicated.

Priority should be given to those involved in the justice system who are assessed to have a significant amount of interference to their daily lives (five or more factors) when targeting for intensive substance abuse treatment services, drug treatment courts, residential services, or intensive outpatient services. Individuals with three to five interferences are better suited for outpatient programming that addresses how drug use affects behavior. Those involved in drug careers/business (i.e., entrepreneurs or those involved in dealing) may be classified as abusers when in fact their criminal behavior is primarily linked to their business activities, and for them the appropriate programming might be interventions that focus on cognitive restructuring and criminal thinking. While many involved in the business of drug dealing are also "dabblers" or users of small quantities of substances, their overall use is generally not due to compulsive behavior but rather to opportunity structures.

While many contend that offending is linked to thinking errors, there are significant differences in the type of thinking errors. Many so-called thinking errors are common defense mechanisms used by human beings to handle situations.

INFLUENTIAL PEERS OR FAMILY MEMBERS

Having antisocial peers and criminally involved and/or dysfunctional families is often counted as a significant factor in assessing risk. The underlying notion is that family members and peers *influence* the attitudes or behaviors of an individual and that the individual's behavior is affected by them. The influence of one individual on another may be of such a degree to suggest that the person of interest would not be involved in criminal behavior if the problematic personal association(s) did not exist or continue.

Unfortunately, many third and fourth generation risk and needs assessment tools are very general in this area and typically refer to whether the person knows or "associates" with a person who is involved in the justice system or who is involved in illicit drugs. Another common scoring area is whether there is conflict with family or other individuals. This stems from the belief that conflicts are a potential source of stress or frustration, which in turn may affect the person's involvement in offending behavior. Stress and how it affects behaviors varies by gender. For men, stress from the family or peers tends to derive from a role as a contributor (financial and otherwise) or perceived need to play a major role in the family or social network. For women, stress from family or peers tends to derive from being a caretaker or following the lead of others.

The converse of families and peers with negative influence is those who provide positive social support. Positive social support is needed to provide emotional, financial, or other support to an individual, particularly when going through difficult times. The availability of a positive social support network is important to discern, since it can be an indicator that the person has influential people

in his or her life that can counter negative influences. In other words, the supportive network serves as a protective factor.

CRIMINAL PERSONALITY, VALUE SYSTEMS, OR ATTITUDES

Value systems and attitudes that support criminal behavior are dynamic risk factors that need to be considered. These value systems and attitudes should be assessed according to the degree to which individuals believe that they are entitled, the world is dangerous, and they feel a need to exercise control over an uncontrollable situation. Such potentially detrimental attitudes can be contrasted with more typical defense mechanisms, such as when people rationalize, justify, minimize an impact, or play the victim—types of cognitive responses that are found to some degree in many or most people. It is important to discern whether an individual of interest has gone beyond the more commonplace to the point where his or her cognitions or belief system is driving behaviors. We must recognize that there is a continuum of behavior from being responsible for one's own actions to being irresponsible, and "irresponsible" behavior can range from normative responses to situations to having deviant responses, which again reflects belief systems.

While many contend that offending is linked to thinking errors, there are significant differences in the type of thinking errors. Many so-called thinking errors are common defense mechanisms used by human beings to handle situations. The typical thinking errors include dominance, entitlement, justification, displacing blame, optimistic perceptions of realities, and "victim stance" (e.g., blaming society because they are considered outcasts). Mark Lipsey and Nana Landenberger (2006) note that "distorted thinking may misperceive benign situations as threats (e.g., be predisposed to perceive harmless remarks as disrespectful or deliberately provocative), demand instant gratification, and confuse wants with needs" (p. 57). Unraveling the thinking/cognition of a person requires an understanding of how the individual responds to situations and how much of that response is based on a potentially problematic belief system.

CONCLUSION

The information in a third or fourth generation tool will only be used if the officers finds it valuable. A lack of understanding about what the information is, and how it can inform a case plan, is a common challenge in the field. Actuarial measures are easier to understand; they use historical information to gauge how likely a person is to have

future involvement with the justice system (a proxy for offending). However, dynamic needs that reflect drivers of behavior can be more difficult to understand and work with, especially when first introduced. In this paper, we have reviewed three potential problem areas where there is difficulty in applying the information and using it in a case plan. The goal here is provide clarification about the nature of these dynamic risks while also helping officers understand the importance of learning this information.

While it is noted that many third and fourth generation tools do not clearly identify the problem attitude or behavior (and, given the various meanings attached, it is likely that they will not), there is a need to use the information and understand what can be achieved by focusing on this area.

Some pointers on how to use the information are:

- To identify and help manage those with substance abuse disorders for whom reducing or eliminating use should decrease dysfunctionality in daily life and make it easier for the individual to be a contributing member of the community. These individuals should be targeted for more intensive programming such as drug treatment courts, residential treatment, intensive outpatient treatment, and other structured interventions.
- To identify entrepreneurs (those involved in drug trafficking but not substance abuse) who would benefit from placement in cognitive restructuring programming to facilitate better decision-making.
- To identify those whose behavior appears to stem from "criminal thinking" or usage of common defense mechanisms and who need to improve their decision making and responsibility. They can be targeted to get support in learning how to make decisions.
- To identify those who have criminal belief systems, for whom there is a need for more attention to addressing values and moral reasoning through intensive structured services. Specialized programs for these issues should be provided.
- To identify those who are negatively influenced by others and would benefit from a focus on building self-efficacy and self-sufficiency through improved decision-making. It is important to improve their sense of personal self-worth.
- To identify positive social networks, including supportive networks that can protect against negative influencers for those individuals who do not already have these

types of support systems. Efforts to improve communication and help the individual develop these support systems would be beneficial.

- The increased value of the third and fourth generation assessment tools depends on how the information is being used. Prior research has shown the demonstrable value of taking full advantage of these tools. Research has also shown the need to help officers become more willing--and better able--to use such information by furthering an understanding of the concepts and available programs and services. In particular, the lack of understanding of dynamic needs and how to use that information deserves immediate attention. This review of the issue has hopefully served as a good starting point.

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RACE AND RISK ASSESSMENT: WOULD WE KNOW A FAIR TOOL IF WE SAW IT?

BY SARAH PICARD-FRITSCHE, JULIAN ADLER, YOLAINE MENYARD, AND SHUBHA BALA

With the United States housing 5% of the world's population, yet 25% of its prison population, mass incarceration has emerged as a peculiarly American political problem. Despite growing momentum in favor of reform, incarceration remains the default response to both serious and minor crime in many jurisdictions. Worse, many jurisdictions continue to send people of color to jail at disproportionately higher rates than their white counterparts. While racial disparities in incarceration stem partly from historic inequalities, they are arguably sustained, in some measure, through implicit bias at key decision points such as arrest and sentencing. In other words, police, judges, probation officers, and social workers have unintentionally come to associate higher criminal risk with certain racial groups—specifically people of color. New technologies such as risk assessments have been developed to intercept the individual discretion of practitioners. However, they too produce their share of unintended race-based consequences. How do we examine and address such problematic aspects of these technologies without completely abandoning our use of them?

The assessment of risk—an individual's likelihood of committing a new crime—can be an important aspect of pretrial release, sentencing, community supervision, and parole decisions. Some reformers are seeking to address over-incarceration and implicit bias through the introduction of actuarial science ("big data") to the risk assessment process. As many as 60 data-driven risk assessment tools, diverse in form, length, and content, are currently in use across the United States. A key appeal of actuarial tools has been their ability, in the aggregate, to outperform professional judgment in terms of accuracy. In other words, data-driven predictions of criminal behavior are generally more accurate than subjective, professional predictions. Yet a lingering question remains: how fair are data-driven risk assessments when it comes to race?

There has been significant debate in the academic and popular press regarding the impact of actuarial risk assessments on racial disparities—specifically, whether risk assessments reduce racial disparities, exacerbate racial differences, or maintain the status quo. Some research has demonstrated that risk assessments could mitigate patterns of racial bias in decision-making. For example, a pattern of disproportionate pretrial detention among African-American juvenile defendants in one Colorado jurisdiction was eliminated following the introduction of a risk tool (Eaglin & Solomon, 2016).

Risk assessment proponents argue that data-driven risk assessment tools not only improve the accuracy of decisions but also can serve to effectively mitigate racial disproportionalities arising from implicit biases in laws, police practices, or the discretionary patterns of individual

The problem goes beyond the existence of false positives—which are statistically inevitable with all algorithms—to specifically involve the type of data points used to define high- and low-risk categories

decision-makers. In particular, existing research suggests that disproportionalities in arrest and incarceration are especially prevalent in reference to low-level offenses—those cases where police and prosecutors exercise the most discretion—and the result is that many local jails spend millions to detain low-risk, low-level offenders (Golub, Johnson, & Dunlap, 2007; Natapoff, 2015). Risk assessment has the potential to make these inequities more transparent and to provide a compelling justification for limiting discretion (Rempel, Kerodal, Spadafore, & Mai, 2017).

Conversely, an argument can be made that risk tools may perpetuate racial disparities due to correlations between common risk factors and race. For example, unemployment, lack of education, and criminal history are said to have become proxies or stand-ins for race (Starr, 2015a; Harcourt, 2015; Horwitz, 2014). A report produced by a working group under the Obama Administration touches on this issue in discussing the creation of algorithms and use of machine learning for processing data. It notes that the knowledge, motives, and biases of an algorithm's author will affect the outcome of the recommendation engine. "[The] final computer-generated product or decision—used for everything from predicting behavior to denying opportunity—can mask prejudices while maintaining a patina of scientific objectivity." (Executive Office of the President, 2014, p. 46).

The complicated and often paradoxical relationship between risk assessment and racial disparities partly arises from differences in the total number of defendants of color and white defendants who are drawn into the justice system and subsequently assessed for risk in a given jurisdiction (also referred to as differential "base rates"). Even the best predictive algorithms will invariably misclassify some percentage of low-risk defendants as high risk (false positives) and some percentage of high-risk defendants as low risk (false negatives).

Moreover, in the United States, where a disproportionate number of people of color get arrested and prosecuted compared to their white counterparts, the use of any single algorithm to predict risk will consequently yield more false positives for defendants of color. In other words, if more defendants of color get assessed than whites, then a greater number of those defendants will be misclassified as high risk. This problem was recently demonstrated in one jurisdiction in Florida, where black defendants were disproportionately classified as high risk but were not actually re-arrested (Angwin, J, Larson, J, Mattu, S, & Kirchner, L., 2016).

The problem goes beyond the existence of false positives—which are statistically inevitable with all algorithms—to specifically involve the type of data points used to define high- and low-risk categories in criminal justice. Most risk-and-need factors that algorithms associate with recidivism are not racially neutral. This means that defendants of color may fare worse in terms of the individual results of a risk assessment tool due to historical racial bias, socioeconomic conditions, and crime policy trends that are beyond any individual defendant's control (Spohn, 2015). For instance, hot spots policing results in higher arrest rates and longer average criminal records for black defendants, with criminal background being the single strongest factor in most risk assessment tools (Harcourt, 2015). Needs that are associated with recidivism risk, such as homelessness and unemployment, are also disproportionately found in non-white populations. The bottom line is that although most risk assessment tools are designed to be "color blind," involvement in the justice system is not.

Ultimately, recognizing and developing fair risk assessment tools is not merely a mathematical exercise. Instead, it will be a question of values. One value is maximized racial equity and another public safety, which raises the possibility of a trade-off between "fairness" and perceived public safety (Corbett-Davies, Pierson, Feller, Goel, & Huq, 2017).

Before we can assess such a trade-off, we need to define fairness. Does a fair tool simply mean that that the rate of re-arrest is equivalent within categories despite race (i.e., all high-risk individuals have a 60% likelihood of re-arrest)? Or does it mean the tool is equally statistically accurate (i.e., doesn't have more false positives or false negatives for each racial group)? Or, finally, does fairness mean that the percentage of people deemed high or low risk is the same across all racial groups, resulting in greater cross-group parity?

Balancing these values in the exercise of risk assessment should be pursued with the utmost transparency and with eyes toward both the challenges of real-world implementation and the demonstrably harmful effects of mass incarceration. To this end, we propose several strategies for consideration.

POLICY STRATEGIES

The use of actuarial risk tools to reduce unnecessary interventions (e.g., booking, detention, imprisonment) may increase the equity of the system. Application of risk tools specifically to pretrial release in lieu of money bond setting is one example. This strategy was implemented statewide in New Jersey in 2016 and is under consideration by several other jurisdictions (Rabner, 2017). Although not widely acknowledged in the policy sphere, risk assessment may also support more equitable approaches to policing. Brief, records-based assessments may be practical tools for officers in some jurisdictions and can serve to counter existing police assumptions or biases about who is high risk and, therefore, should be subject to custodial arrest rather than being diverted or issued a citation (Picard-Fritsche, Spadafore, Lebron, & Jensen, 2017).

Use of comprehensive risk-need assessment tools to build new (or improve existing) alternative-to-incarceration programs has strong potential for reducing justice system involvement by offering better front-end diversion alternatives and reducing recidivism for re-entry populations. For instance, if homelessness is a strong predictor for re-arrest, as it is in many urban jurisdictions, then programs that provide support in finding stable housing will be more effective. Thirty years of risk-need research provides specific guidance on what works in recidivism reduction.

TECHNICAL STRATEGIES

Technocratic solutions—i.e., revisions to the content or structure of risk assessment tools themselves—may also help maximize equity in risk assessment. Currently, most risk assessment tools are focused on calculating the effect of *individual* risk factors (e.g., age, criminal record, substance use patterns) on recidivism, but this focus is not a foregone conclusion. The neighborhood in which an individual is arrested, the jurisdiction in which a trial takes place, and/or the judge who oversees the case may also affect risk profile. Such strategies may be used by tool developers to increase equity if, for example, being arrested in a neighborhood subject to proactive policing is calculated as a factor that should mitigate as opposed to inflate risk.

Designing risk assessment tools for a specific context or group is another

technocratic approach to increasing equity. Local validation, or specification of a risk algorithm at the jurisdiction level, has long been promoted as best practice in the field (Miller & Lin, 2007). Design of group-specific algorithms that account for historical bias against specific racial groups (e.g., an algorithm exclusively for black defendants) could also lessen bias compared with "race neutral" tools that define risk the same for all racial groups. Similar strategies have been employed to account for gender disparities in risk prediction. These strategies are more complex and controversial when applied to race, although it is notable that "culturally competent" risk assessment tools have been proposed in some international contexts (Hannah-Moffat & Maurutto, 2010).

In conclusion, creating a context for the ethical and effective use of risk assessment in criminal justice may require us to question some of our fundamental assumptions about both fairness and science. First, we must wrestle with the notion that race neutrality may not amount to fairness, given our history. Instead, risk assessments should be considered fair and unbiased to the extent that they are responsive to a reality in which criminal risk is shaped by race group membership. Second, we must admit that risk assessment tools, like other strategies drawing on science, do not in and of themselves guarantee fairness and an ethical application of policy. Reform-minded stakeholders in jurisdictions across the country should begin deliberately, and collaboratively, considering the trade-offs built into their risk assessment tools prior to implementation. Risk assessments may address mass incarceration as a social problem only to the degree that they are explicitly employed toward this goal by researchers and policymakers alike.

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IMPLEMENTING JUSTICE ASSESSMENTS

BY ZACHARY HAMILTON, ELIZABETH THOMPSON TOLLEFSBOL, MICHAEL CAMPAGNA, AND JACQUELINE VAN WORMER

In the years since the 1994 publication of the seminal work of Andrews and Bonta, *Psychology of Criminal Conduct*, assessments have become a staple of the criminal justice system. From arrest to reentry, an individual entering the system will probably be assessed for any number of attributes such as risks, needs, protective factors, and responsivity, both specific and general (see Andrews & Bonta, 2010). Typically, assessment instruments target a specific population, have a distinct purpose (such as predicting rearrest), and are only one part of the assessment process. Once validated—i.e., shown to have measurable success as predictors—these tools are sometimes utilized by additional criminal justice agencies at other points in the system and for different populations, thereby extending beyond the original purpose of the instrument. Since outcomes, populations of interest, and local concerns differ from one jurisdiction to another (Flemming, Nardulli, & Eisenstein, 1992; Lurigio & Swartz, 2000; Ulmer, 1997; Walker, 1993), taking an instrument "off the shelf" to use with a new population commonly results in a reduction in the instrument's ability to reliably predict the outcome that is of interest.

Assessment tools, of course, can be customized to maximize their ability to predict an outcome of interest for a particular population, but that does not always happen. Even in the best of circumstances, training on proper use of assessment tools and ensuring compliance with procedures can require much effort. Research has repeatedly shown that it can be quite challenging for agencies to properly implement, transport, and sustain evidence-based practices and tools, due to many issues and organizational characteristics (Taxman & Belenko, 2011). Trying to implement a tool to assess a population it was not originally designed to assess will be especially challenging and may also have detrimental consequences for

classification quality, stakeholder buy-in, and extended use of the tool (Viglione, Rudes, & Taxman, 2015).

Consumer reports do not exist in this domain, and it is therefore understandable that selecting the right tool can be an overwhelming process for agencies seeking to balance daily practice with policy, legal mandates, operational procedures, resources, and costs. Gaining familiarity with the variations in assessment tools and how they are developed is a necessary first step in mastering this topic. We also make the case that those involved in selecting an assessment should hold tool developers accountable for creating an instrument that is applicable to their population and should seek answers to a set of directed questions to ensure that agency needs are met and that there is sufficient staff buy-in prior to use. In the current article, we supply an alternative to the typical ad hoc process, arguing that tool developers should offer a general set of scales, items, and responses to help practitioners understand the tool and its intended uses.

ASSESSMENT DEVELOPMENT AND INSTRUMENT CUSTOMIZATION

Some states and/or jurisdictions have already developed their own justice assessment tools, such as the Minnesota Department of Correction's Minnesota Screening Tool Assessing Recidivism Risk (MnSTARR) and Oregon Youth Authority's Risk Need Assessment (RNA). However, a great many more states and jurisdictions are likely interested in increasing the functioning, accuracy, and reliability of assessment for their particular population/jurisdiction. This is accomplished through instrument customization.

Choosing or customizing an assessment is not a simple task, especially if one desires a risk assessment that has the potential to guide and inform justice staff at each stage of the system. There are several issues to consider that will impact the performance and, ultimately, the buy-in for staff/stakeholders following implementation. To address this challenge, we will cover seven topics that are pertinent to the process of selecting an instrument and customizing its features to meet agency needs. Those topics are:

- Systems approaches
- Features of risk, needs, and screening assessments
- Outcome type and specificity
- Strength of prediction
- Scoring adjustments: Weighting, tailoring, cut point placement, and norming
- Gender responsivity
- Case management and planning

While not an exhaustive list, our wide-ranging overview of these topics of customization should provide a grounding on pertinent issues, and we will reference contemporary tools as examples. Where appropriate, we contrast methods of designing each customizable element.

SYSTEMS APPROACHES

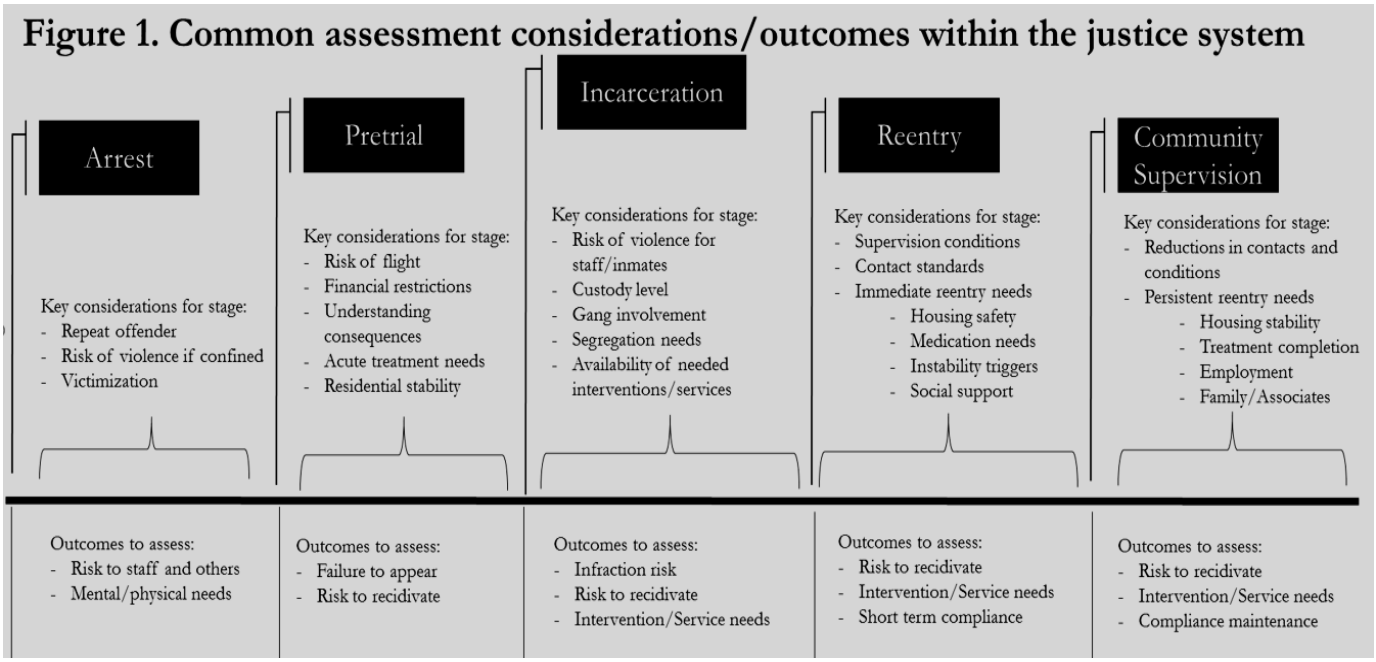
Risk and needs assessment tool use spans the entire justice system; including arrest, pretrial, problem solving courts, confinement, reentry, and community supervision. The expanded use of justice assessment is due, in part, to common features among instrument items and the relative stability of the ability for an instrument to adequately classify scores into risk bands (i.e., high, moderate, and low) when said instrument is asked to classify for a jurisdiction/population other than that in which it was constructed. We argue that this result is due, in part, to the broad nature of current assessments, where items and content are designed to be applied generally, rather than tailored to a specific population.

While assessment development can be traced back to the 1920s (Nuffield, 1982), many contemporary instruments were developed more recently and built to guide supervision strategies for adult probation populations. These include the the Level of Supervision Inventory or LSI (Andrews, 1982)—which was later renamed Level of Service Inventory—and the Wisconsin Department of Corrections Risk Assessment Instrument, the DOC 502 (Eisenberg, Bryl, & Fabelo, 2009). Heralded as successes early on, the utility of these tools meant that their use soon expanded to parole, juvenile justice, prison, and pretrial jurisdictions. Despite these applications being outside the scope of the tools' original intents, predictive validity commonly demonstrates small-to-moderate strength of accuracy regardless of setting (Campbell, French, & Gendreau, 2009; Caudy, Durso, & Taxman, 2013; Chenane, Brennan, Steiner, & Ellison, 2015; Fazel, Singh, Doll, Grann, 2012; Miles & Raynor, 2004; Morgan, Kroner, Mills, Serna, & McDonald, 2013; Palmer & Hollin, 2007). However, in order to further improve the accuracy and reliability of assessments, efforts to customize instruments to the specific population being served and the corresponding point in the justice system are critical components.

CRAFTING STAGE-SPECIFIC INSTRUMENTS

The general purpose of prediction for justice assessments is to determine how to manage an individual, which often entails using a common set of items that includes but is not limited to that individual's justice system history, severity of current charge, and a series of psychosocial items and/or

Figure 1. Common assessment considerations/outcomes within the justice system



scales. However, predictions can be further enhanced by adopting additional specialty items specific to certain points in the system. Examples include failure to appear (for pre-trial assessment), number and severity of prior infractions (for prison use), and technical violations and positive drug screens (for parole and probation).

ASSESSMENT ITEM POOL

The concept of a general Assessment Item Pool (AIP) containing common and specialty items can assist developers in their efforts to customize instruments for variant populations. The variety of items available in an AIP has inspired assessment developers (e.g., COMPAS, ORAS, and STRONG-R) to develop Assessment Systems to assist agency staff and to track individuals' progress through the justice stages (Brennan, Deiterich, & Ehret, 2009; Hamilton et al., 2016; Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009). Allowing different types of justice practitioners to observe, record, and communicate an individual's behavior and needs across said stages has the potential to synchronize the supervision and intervention responses throughout the system (see Figure 1).

FEATURES OF RISK, NEEDS, AND SCREENING ASSESSMENT TOOLS

To further understand the variations of tools it is necessary to define their intended functionality and design. The intent of a *risk assessment* instrument is to calculate an individual's predicted probability of recidivism relative to the larger, jurisdiction-specific population. A risk assessment may include all items that logically and collectively predict the probability of the outcome of interest occurring–typically re-arrest or reconviction (Baird, 2009). The AIP may contain an individual's criminal or juvenile history, demographics, or perceived need for interventions. A basic design principle is to consider whether an item improves prediction and does not violate ethical concerns, and if both answers are yes, then said item may be included in an assessment. The selected items, weighted in various fashions, are individually scored and then summed to create a continuous risk score. This continuous score is commonly divided into sub-groups of high, moderate, and low risk/need, depending on agency preference. These classification bands help guide the consistent application of supervision practices, such as contact standards in the community, where staff give more attention to individuals who pose greater risk to public safety (Clear & O'Leary, 1983).

In contrast, a needs assessment serves the purpose of prioritizing individuals for interventions and services. A primary distinction between risk and needs assessments is that risk assessments tend to focus on static items with a specified goal (to outline supervision strategies), while needs assessments focus on changeable items (to prioritize treatment) (Baird, 2009; Skeem & Monahan, 2011). Items used to assess needs are intended to be temporary and changeable (i.e., dynamic only) (Andrews & Bonta, 2010). A needs domain is simply a subset of similar items grouped together to better assess specific areas of concern. For example, individuals identified by the assessment to have a high need in a given domain (e.g., peers, attitudes/behaviors, or alcohol/drug use) should be provided applicable treatments or service resources, while those scoring lower within such domains should not be earmarked for such interventions (Taxman & Caudy, 2015).

It should be noted that most contemporary tools combine static and dynamic items into domain scales. These tools are often referred to as composite risk assessments, where both static and dynamic items are used to assess risks and needs simultaneously and with a single summative algorithm. Examples include the LSI-R, LS/CMI, ORAS, and COMPAS. Recently, tool developers have made a conceptual distinction between risk and

need tool developments. The entire AIP can be utilized to create risk tools, but separate, stand-alone, dynamic-only tools are created to assess an individual's needs. The intent is to provide a more theoretically consistent design, which reflects the original intention of Andrews and Bonta's 2010 RNR model (Hamilton et al., 2016b). Some examples of stand-alone, dynamic-only needs assessments include the Sex Offender Needs Assessment (SONAR) (Hanson & Harris, 2000), the Inventory of Offender Risk, Needs, and Strengths (IORNS), and the STRONG-R (Hamilton et al., 2016b).

Another critical concern of assessments is their application and feasibility—more specifically the medium in which the assessment is provided and the ease with which the data is collected. Static instruments (or those collected from agency records) are more easily automated through software, and assessment item values can be generated by items routinely collected by the organization. Alternatively, a needs assessment requires an interview, costing assessment labor. With exceptions, most research finds a combination of static, stable dynamic, and short-term dynamic variables provide the best prediction (Brown, 2002; Hamilton et al., 2016; Duwe, 2014). Static-only instruments are simpler to construct and require less training and labor, but a notable loss in predictive accuracy occurs when AIP items are limited to static, justice-system-based indicators. With that said, the resulting tool may still provide an acceptable prediction strength, given feasibility and resource restrictions of an agency.

Finally, some agencies prefer to screen out, or divert, lower risk individuals with a shortened version of their assessment tool. This allows the agency to preserve the labor demands of a lengthy assessment interview for high-risk individuals. Brief screening tools, such as the Level of Service/Case Management Inventory Screener Version (LS/CMI SV), Ohio Risk Assessment System Community Supervision Screening Tool (ORAS-CSST), Positive Achievement Change Tool-Pre-screen (PACT-PS). and STRONG-R, allow agencies to maximize resources by using only a few of the most predictive items selected from the full version of the tool (Andrews, Bonta, Wormith, 2004; Baglivio, 2009; Hamilton et al., 2016).

OUTCOME TYPE AND SPECIFICITY

The two most common criminogenic outcomes predicted by assessments are rearrests and reconvictions. Although the predictors of each are highly correlated, the outcome selected for prediction is important and may vary based on the agency. An agency early in the criminal justice system's

timeline (i.e., arrest, pretrial, and jail confinement phases) or one devoted to a lower risk population (i.e., juvenile justice, county probation) might focus efforts on preventing rearrests, while a department of corrections (DOC) may focus on reconviction and reincarceration. Furthermore, not all agencies will place an emphasis on the same types of crime. Probation departments may not want to discriminate with regard to crime severity, but a DOC will seek to focus recidivism prevention efforts around felonies. Regardless of an agency's preference in outcome type, agencies implementing assessment instruments should be aware that assessments originally developed using one outcome, may perform quite differently when utilized to predict another (Livingston, Chu, Milne, & Brink, 2015).

The level of utility an instrument retains depends on the purpose of assessment and its method of application. From a public safety standpoint, knowing the probability that an individual may commit any recidivistic event may not be as important as understanding the type of crime they are most likely to commit. Most instruments compute risk scores based on the probability to be rearrested for "any" crime type, lacking said distinctions. This concept was discussed by Brennan et al. (2009) as the distinction between broadband and narrowband tools, where broadband tools predict any system outcome and narrowband tools focus on a specific type of offending (i.e., sexual offending). For instance, although less prevalent, the prevention of violent crimes is paramount for most agencies. While the prediction of property, drug, and other crime types is still vital, these offenses are often viewed to be of lesser importance in a recidivism hierarchy. Understanding an agency's priorities to assess both an individual's probability of a given recidivistic outcome as well as the qualitative distinction in outcome type are critical assessment design variations that affect instrument performance and stakeholder buy-in.

STRENGTH OF PREDICTION

While there are multiple methods of assessing instrument quality, the ultimate goal is to use the tools' outcomes—the risk score and classification categories/bands—to accurately predict recidivism risk. Agencies will often tout the need for, or use of, a validated tool. However, many people are misinformed about what is meant by a validated tool, and misunderstandings are prevalent. The most common and preferred metric to validate a tool is the area under the curve (AUC) statistic. Other metrics are available and have been used previously, such as the point-biserial correlation coefficient, but the AUC is preferred in the field, as it is a standardized (effect size) metric and is base rate resistant–meaning

that one can compare the strength of a tool's prediction regardless of the recidivistic outcome's prevalence within the population or jurisdiction. AUC values range from 0.5 to 1.0, where 0.5 indicates the tool's predictions efficacy is negligible or essentially random and a value of 1.0 indicates perfect prediction. A tool is reported to be validated if it is identified to have an AUC significantly greater than 0.5.[1] With only a few commonly collected items (i.e., age, gender, and prior number of convictions) and a sufficient sample size, the criterion for validation is easily achieved. On the other side of the scale, exceeding values of 0.8[2] is quite rare.

When a tool is developed for a jurisdiction, collected data used to develop the prediction models are often used as part of a retrospective validation, whereas development data is used to estimate the predictive accuracy of the to-be-implemented tool. Once the tool is implemented, the mark of success is a prospective validation using assessment and recidivism data collected following the start date of the new/updated assessment tool.

While key in instrument development, a prospective validation actually has some shortcomings that can surface during the attempt to adopt a new instrument. The methodological importance of determining a follow-up period varies by type of instrument implemented. For those assessing broadband recidivism outcomes (such as rearrests or reconviction), a follow-up period of two to three years is typically considered optimal (Hamilton et al., 2016; Hamilton & Campbell, 2013; Taxman & Thanner, 2006). When assessing more specified outcomes, such as sexual offending and pre-trial failure, greater or lesser durations may be preferred (Zgoba & Simon, 2005). Ultimately, stakeholders must understand that the need to fully develop and validate an assessment tool takes several years, and the optimal duration of time needed will vary based on the agency's population and outcome of interest.

Stakeholders seeking the prompt implementation of a tool where none currently exists may want a validated tool *now*. If a lengthy amount of time must elapse to obtain a sample large enough to test predictive validity, they may not have the ability to wait. As a result, an agency may gravitate toward an instrument that has been previously validated. However, the issues about validation that were discussed above apply here, and such agencies should be cautioned that "validation" typically means that the tool has demonstrated a retrospective validation (i.e., UAC roughly greater than 0.5) with another jurisdiction's population, and the tool could potentially

function quite differently elsewhere. It is recommended that newly implemented tools undergo pilot testing and, at the very least, outline a plan for prospective validation to ensure the instrument is meeting expectations.

SCORING ADJUSTMENTS: WEIGHTING, TAILORING, CUT POINT PLACEMENT, AND NORMING

Instruments are commonly developed using a single population from a given jurisdiction. When adopted off the shelf, with no modifications for population or agency distinctions, instruments may create implementation problems due to uncommon terminology, item definitions, and applications to agency goals. They may also show lowered predictive ability resulting from potential differences between the tool's development sample and the implementing agency's prevalent risks and needs relative to the jurisdiction's procedures and laws. It is important to understand how the concepts of item selection, weighting, and cut-point placement influence a tool when applied locally.

Each local population has unique features. Some may possess a greater prevalence of property crime, while others possess a greater likelihood of domestic violence. Weighting item scoring (greater or lesser response values) can infuse an understanding of local variation. In this regard, items that retain greater or lesser strength in the model may then be weighted to more accurately convey the importance of each item in the prediction of recidivistic outcomes.

Classic methods of instrument construction provide equal weight to each item, which allows the raw scores to dictate item importance. Models left unweighted give each attribute a point, and values are simply summed to create a scale. This style of unweighted scoring is referred to as *Burgess weighting* and is utilized by many notable assessments, including the LS/CMI, the ORAS, and Women's Risk Needs Assessment (WRNA) to name a few (Andrews et al., 2004; Hardyman & Van Voorhis, 2004; Latessa et al., 2009).

Analytic weighting is a method that uses statistical models to determine the importance of each item. In contrast to unweighted tools, multivariate models are used to simultaneously identify whether an item is criminogenic (i.e., improves recidivism prediction) and to determine the point value to be assigned to each item response (Austin, Coleman, Peyton, & Johnson, 2003; Barnoski & Aos, 2003). Some examples of analytically weighted instruments include the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS),

Responsivity is the process of matching offenders to services and interventions that will have the greatest impact, while considering various conditions that might impact intervention success.

MnSTARR, and the STRONG-R (Brennan et al., 2009). Furthermore, both the MnSTARR and STRONG-R are designed "per jurisdiction," with item weights adjusted/optimized when applied in a new location (Duwe, 2014; Hamilton et al., 2016).

Readers should note the advantages and disadvantages of each approach. Burgess-weighted instruments provide simplicity and are less likely to require scores to be calculated via software, while analytically weighted models arguably provide greater face validity, increasing the understanding of practitioners/users regarding item importance in relation to risk prediction. The simple unweighted models can lack the precision of a more sophisticated weighting design (see Hamilton et al., 2016). Without providing some method for increasing the scores of more important items (e.g., age) relative to less important measures (e.g., prior recreational activities), unweighted models may unintentionally reduce the importance of items known to provide increased predictive power.

One practical argument *against* weighting is that it complicates scoring and may cause practitioner scoring errors. Therefore, analytically weighted instruments often make software development and computer automation necessary. Furthermore, agencies seeking to adopt an instrument quickly may prefer unweighted models such as the LS/CMI, as the unweighted scoring often demonstrates small-to-moderate prediction strength in a variety of locations and jurisdictions (Dahle, 2006; Hollin & Palmer, 2006; Hsu, Caputi, & Byrne, 2011). While the importance of item weights has been debated (Dawes, 1979; Grann & Langstrom, 2007; Harris, Rice, & Quinsey, 1993; Wainer, 1976), predictive improvement of the instrument for a given jurisdiction or population can be

gained when samples are sufficiently large (Einhorn & Hogarth, 1975; Silver, Smith, & Banks, 2000). Furthermore, an optimal weighting method reduces the likelihood that prediction noise will influence an instrument's performance (Baird, 2009).

GENDER RESPONSIVITY

Responsivity is the process of matching offenders to services and interventions that will have the greatest impact, while considering various conditions that might impact intervention success. These conditions include motivation, education level, culture, gender, age, personality type, and cognitive ability (Andrews & Bonta, 2010; Taxman & Caudy, 2015). In the last decade, pioneering research has demonstrated how female pathways to criminality differ from male individuals (Van Voorhis, Wright, Salisbury, & Bauman, 2010). As a result, an awareness of the need for greater gender responsivity in justice assessment has accelerated. While earlier instruments were created to be gender neutral, predicting risk with equal accuracy for both men and women, tool developers are currently implementing more specified items and scoring procedures to improve prediction and contextual understanding of gender distinctions.

Four primary methods are commonly practiced to increase gender responsivity in the development of justice assessments. The first is to use gender as a *measure of risk*. In this simplified approach, gender is used as a predictor item, scoring greater risk for individuals possessing the attribute of "male." This method relies on findings that males have a greater recidivism propensity than females. The second method utilizes gender as a *normed category*, meaning the risk classification levels/bands (i.e., low, moderate, high) are adjusted to better align with the population being assessed. This means that a male with the same score as a female will be classified as higher risk, and this often leads to a reduction in the number of females in higher risk categories. These first two approaches risk oversimplifying instrument outputs and omitting crucial contextual information that may aid in case management and supervision.

The third approach develops gender-specific calibrations for item scores/weights. Models utilizing items initially designed for gender-neutral scales are created for females and males separately, with specific weighting established based on their relative impact for each gender. Finally, a gender-responsive tool may employ items found to be predictive for only one gender, such as the Women's Risk Needs Assessment (WRNA), making the tool gender responsive rather merely gender specific. While the factors contained in gender-responsive tools are

very likely important for other genders as well (e.g., parental stress and trauma), the sensitive nature of the items may better enhance understanding on the part of practitioners and case managers, helping them respond to the individual's behavior with more appropriate justice system sanctions/incentives (Salisbury, Van Voorhis, & Spiropoulos, 2009; Van Voorhis & Presser, 2001).

CASE MANAGEMENT AND PLANNING

Case management and individualized case planning are crucial elements in reducing recidivism (Taxman, 2008). While case management refers to a staff member's oversight of an individual's supervision and treatment, case planning is a distinct set of steps in the case management process (Taxman, Shepardson, & Byrne, 2004). To build a case plan, case managers are tasked with matching institutional and community resources with an individual's risks and needs to achieve a stated goal–usually reduction/prevention of recidivism. In this way, case managers become the ultimate consumers of assessment information.

Coordinating and building a case plan takes system integration, intervention and service availability, experienced and well-trained staff, involvement from the individual, and quality assurance practices. A successful case plan incorporates the individual's behavioral proclivities, learning styles, and criminogenic and non-criminogenic needs into a multi-pronged approach that provides the appropriate number, type, sequence, and dosages of interventions to reduce criminogenic needs. Straightforward goals and measurement schemes are extremely important for practitioner and, more importantly, clientele buy-in.

The selection of a risk-needs tool is extremely important for those using their outputs for client management. Initially, tools were designed to only provide a band of risk (high, moderate, and low). The incorporation of needs items allowed case managers to use the assessed information to inform intervention provision. As tools have advanced, more comprehensive software packages now facilitate a case manager's understanding of risk, domains of need, potential interventions to address needs, as well as recommendations for behavioral goals and targets. Some tools are more sophisticated in this regard than others. Agencies that desire a customized case plan are encouraged to work backwards, starting out by determining goals, requirements, and needs for their client base. Agencies have numerous questions that should be considered (i.e., stage in the system; programming availability; and cost, time, and labor constraints). Answers to these agency-specific questions will

better inform what type of case management and planning system should be created, who should be involved in building buy-in, and what should be contained in the risk/needs component of the tool.

CONCLUSION

As the era of evidence-based evaluation continues to guide justice policy, agencies will search for the best methods to guide their decision-making and will almost certainly ultimately place greater reliance on justice assessments. Apart from individual/offender level data, assessment data can also be used to identify the prevalence of supervision and treatment needs (Taxman & Caudy, 2015), strengthening rationales for reorganization of resources and identifying areas where funding is need (Clear & Gallagher, 1983). The field as a whole has advanced from using what was once a simple handful of criminal history and demographic items to a relatively comprehensive and detailed understanding of an individual's risks and needs across a variety of recidivism and criminogenic outcomes. The current trend is to provide a systems approach to assessment. Using a general pool of items, assessment tools can track individuals from entry into the justice system to the time of exit or transfer between systems. With the variety of modeling variations that can be applied, these tools may now be customized to more accurately predict outcomes of interests that are in line with the characteristics of the population, jurisdiction, and agency goals.

Straightforward goals and measurement schemes are extremely important for practitioner and, more importantly, clientele buy-in.

Historically, assessment instruments have been developed to be generalizable to any population or jurisdiction. This process is like the assessment of a psychological condition, where one attempts to predict the presence of symptoms that result in a diagnosable disorder/illness. Recent work has attempted to illustrate that recidivism has notable contrasts with psychological conditions, with variations and distinctions by agency and jurisdiction. While possessing a

validated instrument with a notable name brand provides an advantage for a tool's generalizable use, greater stakeholder buy-in and improved prediction strength can be achieved when an assessment is developed, weighted, normed, and tailored for the specific characteristics of an agency. It must be remembered that choosing additional options might improve the fit of the agency's assessments but also adds layers of complexity that, in turn, may be difficult for practitioners to digest. Nonetheless, constructing and fine-tuning a local justice assessment tool can be rewarding, especially when local practitioner and client concerns are able to be incorporated in every aspect of case management–from initial assessment, to reassessment, to eventual release.

ENDNOTES

1 Scores may also be perceived as a percentage, where one can imagine two groups of assessed individuals—one that recidivated and the other that did not. If one randomly selected an individual from each group, the AUC value would denote the probability that the individual from the recidivating group possessed a greater risk score on the assessment tool than the individual selected from the non-recidivating group.

2 AUCs below 0.55 are considered negligible, values between 0.56 and 0.63 small, values between 0.64 and 0.70 moderate, and those greater than 0.71 are strong (Rice & Harris, 2005).

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BY R.E. BOB BROWN

A GLOBAL COMMUNITY OF COMMUNITY CORRECTIONS PRACTITIONERS IS COMING OF AGE

In 1990, the United Nations General Assembly adopted the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules). Section 23 addresses the issue of international cooperation. A portion of Rule 23.1 reads:

> *Efforts shall be made to promote scientific cooperation between countries in the field of non-institutional treatment. Research, training, technical assistance and the exchange of information among Member States on non-custodial measures should be strengthened, through the United Nations institutes for the prevention of crime and the treatment of offenders … (United Nations, 2006).*

Although the above refers to "Member States," there is considerable evidence in recent years that non-governmental associations, both country-based and international, have enthusiastically accepted the challenge to breathe life into the movement for increased international cooperation. The American Probation and Parole Association (APPA) is definitely among those associations.

Forming international bonds is not new for the APPA, as one will be reminded by a quick walk down memory lane to review some of its history and, in particular, the decades-long international connections of Canada with the APPA. Those close Canadian ties are not always common knowledge, as they should be. In fact, while attending institutes I am routinely questioned as to why the Canadian anthem and flag are part of the opening ceremonies.

Canadian members have played an important role in the APPA for decades. Canada was welcomed into the APPA in 1977, just two years after this professional association's launch in 1975 ("History of APPA" n.d.). This is in keeping with one of the goals stated by the APPA at its inception, which was to promote international communication and exchange of ideas (Helber, 1983). The mechanisms chosen to meet this goal were education through the establishment of an annual institute, cooperation with like-minded organizations, and communication through APPA's magazine, *Perspectives*. (Evans, 1995). Significantly, in the late 1970s and 1980s, it was a Canadian—Dennis Kerr from Ontario—who played a key role in establishing a solid foundation for *Perspectives*, initially as the executive editor and then, beginning in 1980, as the editor-in-chief (Callanan, 1995). The Fall 1999 *Perspectives* was a "Northern Exposure" special edition focusing on community corrections in Canada. The editor of that issue noted, "APPA's history has included a number of significant contributions by our Canadian members, with Donald Evans, former APPA President, providing a most distinguished recent example" (Corbett, 1999).

Canada has played its part in APPA's annual institutes as well. In a recent conversation with Donald Evans, he confirmed that Montreal was the host city for the 1980 institute. Moreover, the 1983 institute was held in Niagara Falls, with activities on both sides of the Ontario, New York border. Kerr and Evans both made key contributions to the success of this cross-border event.

Like many other members, Evans has long supported the outward-looking perspective of the APPA and its goal to promote international communication and exchange of ideas even beyond the core U.S./Canadian ties. In his words, "In the borderless world … we need to be in touch with other like-minded associations and groups in order to generate multiple approaches and solutions to meet the offender's needs and minimize risk to the community" (Evans, 1991).

Going beyond the APPA ties to Canada, is international cooperation a current reality? How common are cross-border interactions between associations and agencies? Let us present some examples. In 1998, the Correctional Service of Canada (CSC), in collaboration with the Canadian International

Development Agency and Queen's University, hosted an international symposium called "Beyond Prisons" in Kingston, Ontario. Eighty delegates from 35 countries attended. A key theme voiced at that time by CSC Commissioner Ole Instrup was that sharing information internationally is vital to helping each other face common challenges (Coates, 1998). Importantly, this symposium saw the birth of the International Corrections and Prisons Association (ICPA), which is now 20 years old and has tentatively scheduled its next annual general meeting and conference in the fall of 2018 in Montreal. In February of this year the Chair of ICPA's Staff Training and Development Committee, Gary Hill, established a Community Corrections Sub-Committee that currently has 19 members from 13 countries. Among its objectives is the following:

To enhance cooperation in the development of curriculum; lesson plans; training techniques; and, needs analysis and compliance review formats between regions, countries, public, private and voluntary sectors involved in the implementation and effective maintenance of community corrections.

A recent series of international congresses has also put international cooperation in full view, including the International Congress on Probation in 2013 in London (hosted by the Confederation of European Probation) and the Second World Congress on Community Corrections in 2015 in Los Angeles. It is noteworthy that the APPA played a supportive role in London and made a significant contribution in Los Angeles in partnership with the International Community Corrections Association. All are looking forward to the Third World Congress on Probation, which will take place in Tokyo in September of this year—and will be supported by an APPA delegation.

Several multinational endeavors have emerged in Europe as well. The Confederation of European Probation, based in the Netherlands, routinely hosts and organizes conferences, seminars, and forums that challenge the participants to promote international communication and the exchange of ideas. In addition, the European Cooperation in Science and Technology (COST) recently coordinated a four-year research development initiative related to offender supervision in Europe—an initiative that included the fostering of working groups composed of professionals with many different international perspectives. Academics and correctional practitioners from over 20 European countries participated in the 2.5-day final meeting pertaining to this project, which was held at the Free University of Brussels in March 2016. I attended this meeting and had the opportunity to observe first hand the productivity of this international collaboration effort.

One of the key organizers of the COST

initiative was Professor Fergus McNeill, University of Glasgow. He was also the speaker at the closing plenary of the 2nd World Congress on Community Corrections. He has provided his reflections on the Los Angeles event:

All in all, one of my key impressions of the Congress was of a global community of practitioners that is coming of age. That maturing is evidenced in the enthusiasm for learning from one another; and in the willingness to listen to and engage with some difficult messages from 'critical friends' from the academy. That capacity for developing a critical reflexive analysis of community corrections could hardly be more important—if indeed we are entering an era when mass incarceration is set to be restrained, partly by increased reliance on offender supervision in the community (McNeill, 2015).

All in all, one of my key impressions of the Congress was of a global community of practitioners that is coming of age.

Professor McNeill's impression "of a global community of practitioners that is coming of age" can be viewed as inspirational as it relates to the APPA, its vision, and its goals. Consider the sixth goal/objective of APPA's Vision Statement reads: "to develop membership internationally in order to become a unified voice for community corrections ("Vision Statement" n.d.). Consider also that one of APPA's strategic goals, endorsed during its January 2017 Strategic Planning session, is "to have a more prominent voice to elevate probation and parole." Taken together, these lead to some compelling questions. Can APPA's 18 Regions learn from—and be challenged or inspired by—our international colleagues? Can this be a way to lead the APPA into having a more prominent voice?

To respond to such questions, consider one issue that has attracted international attention—that of life without parole (LWOP). In 2003, the Council of Europe's Committee of Ministers to the member states adopted a recommendation (General Principle 4.*a*) related to conditional release/parole, which states:

In order to reduce the harmful effects of imprisonment and to promote the resettlement of prisoners under conditions that seek to guarantee safety of the outside community, the law should make conditional release available to all sentenced prisoners, including life-sentence prisoners (Council of Europe Committee of Ministers, 2003).

Following this guideline, all life-sentenced prisoners should be eventually considered for conditional release. A review of the APPA's Position Statement on Parole, which was issued in January 1987 and reflects the reality of that period, is silent on the issue of parole for life-sentenced offenders or on the use of the LWOP sentencing option, which has increased ("Position Statement Parole" n.d.). The contrast between the Council of Europe's recommendation and the current reality in the U.S. is striking, or even alarming. Briefly, the following is provided for consideration:

- The number of individuals serving life sentences has more than quadrupled since 1984. The increase in the LWOP population has far outpaced that of the life with parole (LWP) population.
- Nearly half (48.3%) of individuals with life or virtual life sentences (sentences more than 50 years) are African American, equal to one in five black prisoners overall.
- Nearly 12,000 people have been sentenced to life or virtual life for crimes committed as juveniles; of these, over 2,300 were sentenced to LWOP.
- More than 17,000 individuals with an LWP, LWOP, or virtual life sentence have been convicted of nonviolent crimes.
- The United States incarcerates people for life at a rate of 50 per 100,000, roughly equivalent to the entire incarceration rates of Denmark, Finland, and Sweden (Nellis, 2017).

Given the above, I respectfully request that the APPA and its membership initiate dialogue and discussion within their respective jurisdictions concerning this issue. Consistent with this, a review of the Position Statement on Parole is recommended. Whether a different position is adopted, this is an opportunity to be stimulated by our exposure to international perspectives—just as exposure to our systems may help other countries examine and/or challenge shortcomings of their own criminal justice realities.

In these exciting yet challenging times, the APPA and its members have already made significant contributions to the coming of age of the global community of practitioners,

thanks in part to the efforts of numerous dedicated and compassionate leaders, some who have been identified above. For their significant contributions to the initial two and the pending World Congress event, the International Relations Committee deserves congratulations, as does the editorial staff of *Perspectives* for the recent issue that provided overviews of probation in ten countries. Also, let us not forget the international sessions at APPA's upcoming 41stnd Annual Training Institute in New York. There will be six interesting presentations featuring colleagues from six countries and the United Nations. We hope to see you there. In the interim, give some thought as to how you, as a practitioner, can be a part of and contribute to the community of those working in your field throughout the world. In turn, I will give some thought as to how we can reinvigorate cross-border APPA activities between the U.S. and Canada.

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BY KASEY WERTHEIM

N-DEX OFFERS SWIFT ACCESS TO A VARIETY OF CRIMINAL JUSTICE INFORMATION

Probation and parole officers have the challenging task of monitoring large numbers of offenders in the community setting. Officers are expected to immediately know if, when, and where one of their subjects comes in contact with law enforcement, but checking databases for this information is quite time consuming. The problem is compounded due to the growing numbers of criminal justice information systems containing information necessary for effectively and comprehensively completing a records search—with another level of difficulty added in cases where new criminal activity takes place in a different jurisdiction or state. In 2008, the Federal Bureau of Investigation (FBI) recognized this and other criminal justice information-sharing problems and created the Law Enforcement National Data Exchange (N-DEx) system.

N-DEx is the nation's premier criminal justice information-sharing system for many different types of criminal justice data. Managed by the FBI's Criminal Justice Information Services (CJIS) division, the N-DEx system is offered at no cost to users and agencies wishing to contribute their data or use the system. It holds records from local, state, tribal, regional, and federal criminal-justice-related agencies. Federal

partners include the Bureau of Alcohol, Tobacco, Firearms and Explosives; Drug Enforcement Agency; Bureau of Prisons; Department of Defense; Department of Homeland Security; Joint Automated Booking System; U.S. Marshals Service; U.S. National Central Bureau (also known as INTERPOL); Transportation Security Administration Federal Air Marshal Service; and of course, the FBI, with its own extensive case files. Since 2008, the system has grown to encompass over 600 million records from nearly 6,000 criminal justice agencies from across the nation, and it grows larger each day.

In an effort to be responsive to the criminal justice community, the N-DEx Program Office involved practitioners in drafting the initial N-DEx system concept, and suggestions for enhancements to the NDEx system are sought on an ongoing basis from the criminal justice community. An extremely useful feature is that it includes information beyond arrest records, including field interviews, incident reports, citations, booking and incarceration records, corrections reports, and warrants. Users can expect to see a variety of potentially useful data in the N-DEx responses they receive—names, aliases, associates, telephone numbers, addresses, identifiers, crime characteristics, vehicle information, and more.

The value of this trove of information is reflected in the following success story.

In September 2015, Texas Department of Public Safety analysts were in the process of adding an absconder to their Top 10 Wanted list—a man who had been convicted of sexual assault of a child. They conducted exhaustive searches of various databases, and in the NDEx system they found a recent record from New York State Police, Oneonta, that listed the subject as a complainant in a missing person report. Using the address in the record, deputies in San Francisco, California, acting as deputy U.S. Marshals, conducted a raid and took the subject into federal custody. The sexual offender was returned to Texas, registered as required by law, and became compliant with the terms of his release. Without the N-DEx system record from New York, it is likely that the absconder would have remained in the San Francisco area and continued to evade detection by Texas authorities. This success resulted in an FBI N-DEx 2016 Excellence in Information Sharing Award presented by the N-DEx Program Office (see Figure 1).

The probation and parole community will particularly benefit from the N-DEx Subscription and Notification feature. Officers can register everyone on their assigned caseload based on their names and dates of birth. When new records pertaining to any of the registered individuals are entered in NDEx, the supervising officer is alerted and given a hyperlink to the new record. The officer thereby gets an automatic and timely alert of possibly relevant activity without having

FIGURE 1: PRESENTATION OF THE FBI N-DEX 2016 EXCELLENCE IN INFORMATION SHARING AWARD

TOP ROW, LEFT TO RIGHT, PUBLIC SAFETY COMMISSIONERS FAITH JOHNSON, STEVEN MACH, A. CYNTHIA LEON (CHAIR), MANNY FLORES, RANDY WATSON;

BOTTOM ROW, LEFT TO RIGHT, N-DEX PROGRAM OFFICE ACTING UNIT CHIEF JOHN QUINLAN, SUPERVISORY PROGRAM SPECIALIST ADAM UNNASCH, TEXAS DEPARTMENT OF PUBLIC SAFETY DIRECTOR STEVEN MCCRAW, TEXAS DPS CRIME ANALYST CHRISTINA DAVIS

to personally conduct one-by-one records checks on a regular basis.

Another powerful and time-saving feature of N-DEx is its Batch Query function. Instead of initiating a separate inquiry for each party of interest, a user can initiate multiple searches at once by entering search parameters for batches of offenders on a formatted Microsoft Excel spreadsheet and submitting the entire batch to the system at one time. In recent outreach projects, the N-DEx system provided up to a 50% hit rate on batch queries. In one case, two absconders were located in different states within two days of running the batch query. This enabled the agency to place detainers on both individuals and clear both warrants from their database.

N-DEx is more than just a database of information available for a simple search. The NDEx system also correlates information to show connections between seemingly unrelated data. The search of an individual who has multiple records will display in what is called an Integrated

Person Entity View, or known person result box. This feature provides a snapshot of all related information such as names, aliases, identifiers, photographs, and addresses. A simple click of a hyperlink will take the user to each record, or the user can display a record or records on a map or in a link visualization diagram (see Figure 2).

Although not a requirement for N-DEx system use, there is tremendous value in fully participating and making an agency's data available to other agencies nationwide. Users are constantly finding previously unknown connections between their cases and others across the nation, piecing together the larger picture as never before possible. An excellent example of how the N-DEx System enhances investigations is demonstrated in the following success story.

In 2015, an Intelligence Analyst (IA) with the New York State Intelligence Center came across an "Attempt to Identify" bulletin from Spotsylvania, Virginia. A group of subjects had used cloned credit cards at a liquor store, and two subjects presented New York identification cards. The investigator identified one New York subject but had only partial identifying information on the second. She checked New York resources first, with negative results, and then conducted an N-DEx search. She found that the unidentified subject was connected to another incident in Virginia, and two new subjects were also involved. N-DEx searches on those new subjects revealed that they were also involved in incidents in Maryland, Pennsylvania, Tennessee, and Virginia. Searches of these incidents yielded additional subjects, and the case continued to grow.

With each new NDEx record she found, the IA contacted the record-owning agency, asked the officers involved if she could use their case information, and checked whether they had any additional information that was not contained in the NDEx records. In the end, she uncovered one large, 16-person credit card fraud ring based in Far Rockaway, New York, that specifically targeted liquor and cigarette stores. The participants were renting cars for months at a time and hauling the low-tax liquor and cigarettes back to New York to be sold. The IA tied together 32 incidents in eight states, writing a 22-page target intelligence packet that detailed the subjects, provided a timeline of the incidents, and resulted in information sharing among 21 local, state, and federal law enforcement agencies. The IA stated:

I developed this case nearly exclusively with NDEx, and without the system, this case would not have been nearly as successful. NDEx truly is an invaluable resource, and I have had many case successes that otherwise would not have happened without data from N-DEx.

This successful investigation also received a 2016 FBI N-DEx Excellence in Information Sharing Award.

N-DEx is available to U.S. criminal justice personnel solely for use in their criminal-justice-related duties. Each state's CJIS Systems Officer (CSO) manages access. The process involves using the CJIS's Law Enforcement Enterprise Portal

(LEEP) at www.cjis.gov to request access to the applicable state or federal Special Interest Group (Sub-SIG). Once the state's CSO grants access, the N-DEx system icon will appear in the user's services window. A simple click on the N-DEx icon in a web browser takes the user to the main N-DEx System screen, where simple or targeted searches can be initiated on a variety of information. In addition to this direct web-based method of access, some users of other regional systems can obtain N-DEx System access through the following partnerships: The Navy's Law Enforcement Information Exchange (LInX) System, IBM's COPLINK System, and the Regional Information Sharing System (RISS).

It is hoped that probation and parole officers will be quick to take advantage of this useful system. To facilitate use, the N-DEx Program Office provides a variety of resources to instruct and guide users, including computer-based training modules, quick reference cards, an N-DEx System User Guide, and a data contributor report. In addition, their staff members regularly host distance learning workshops on various aspects of using NDEx. A schedule can be obtained by contacting the NDEx Program Office at ndex@leo.gov.

To initiate the process of data submission, or for other questions or access issues, contact the N-DEx Program Office at (304) 625-0555, Monday through Friday; 7:30 a.m. to 4:00 p.m. Eastern Time. After business hours or during the weekend, contact the CJIS Division Help Desk at (304) 625-HELP (4357).

ABOUT THE AUTHOR

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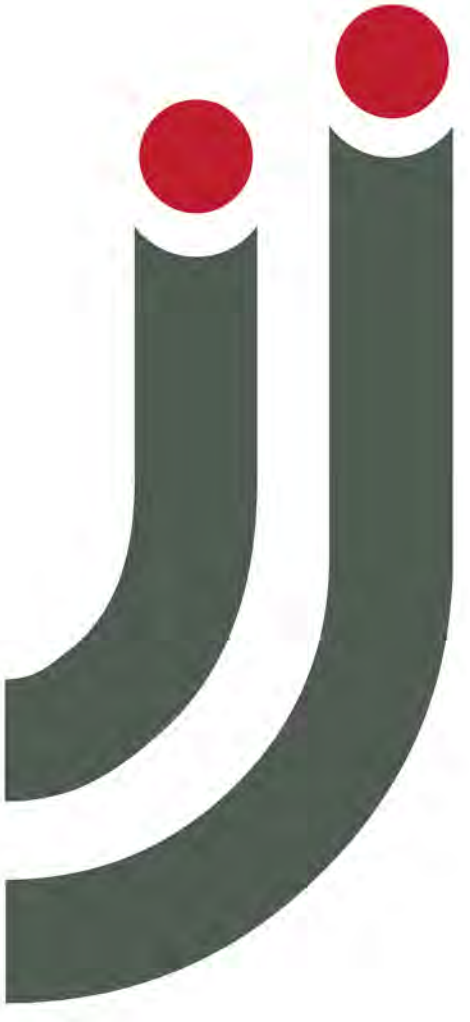
juvenile justice update

BY TANIA APPLING



Currently, the Juvenile Justice Committee of the American Probation and Parole Association (APPA) is continuing with its work on the priority issue of examining, refining, and implementing the committee's goals—steps that advance the President's theme of "Our Time is Now: Community Corrections' Role in Public Safety–Past, Present, and Future." Our main strategic goal remains: "To collaborate with national partners who provide resources and technical assistance that promote new and innovative programs and best practices that are results-driven in order to enhance juvenile services."

In addition to working on goal issues, the Committee continues to represent APPA as one of five partner organizations that is collaborating with the National Center of Juvenile Justice and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) on the "Juvenile Justice Model Data Project." This project aims to advance juvenile justice reform efforts at the national level by achieving improvement in quality and consistency of data at state, tribal, and local levels.

Committee members may also be participating in a survey project with the Justice Research and Statistical Association, which is partnering with APPA on a grant from the OJJDP. The underlying objective stated in the grant application is to attempt to better understand what risk assessment tools are most widely used at the present time, how they are implemented by agencies, and which tool(s) practitioners like the best. This research will be accomplished by conducting a national survey of juvenile justice practitioners.

The committee members held a virtual meeting in April to review its latest position paper. We are currently updating the reference list and identifying current trends and practices as we proceed toward finalizing the paper. Once completed, it will act as a guide to practitioners, agencies, and partners within the juvenile justice field. We have two more virtual meetings scheduled between institutes to complete committee work prior to face-to-face meetings at the institutes. The committee members are looking forward to presenting a draft position paper at the 42nd Annual Training Institute in New York.

ABOUT THE AUTHOR

TANIA APPLING, Chair of the Juvenile Justice Committee, is the Unit Manager of the Professional Development Unit in the Georgia Department of Juvenile Justice (DJJ), where she has worked since 1997. Her responsibilities include overseeing the department's professional development and leadership courses for staff. She has served as track chair on juvenile justice issues at several Institutes. She can be reached at taniaappling@djj.state.ga.us.