



The Council of State Governments
Sharing capitol ideas.

2011 Innovations Awards Application

DEADLINE: MARCH 28, 2011

ID # (assigned by CSG): 2011- _____

Please provide the following information, adding space as necessary:

State: Pennsylvania

Assign Program Category (applicant): Corrections (Use list at end of application)

1. Program Name: **The Pennsylvania Risk Screen Tool (RST)**
2. Administering Agency: **The Pennsylvania Department of Corrections (PA DOC)**
3. Contact Person (Name and Title): **Kristofer Bret Bucklen, Chief of Research & Evaluation**
4. Address: **2520 Lisburn Road, Camp Hill, PA 17011**
5. Telephone Number: **(717) 975-4915**
6. FAX Number: **(717) 975-2232**
7. E-mail Address: **kbucklen@state.pa.us**
8. Web site Address: www.cor.state.pa.us
9. Please provide a two-sentence description of the program.

The Pennsylvania Risk Screen Tool (RST) is an actuarial risk assessment tool created in-house by PA DOC staff in order to screen newly admitted inmates for their risk of criminally re-offending and to provide triage decision-making in order to efficiently utilize limited in-prison treatment resources. The RST is free, easy to use and interpret, requires little staff training, has significantly improved the accuracy of PA DOC's criminal risk predictions, and has saved the PA DOC approximately \$142,999 annually since its introduction.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 28, 2011 to be considered.

The RST has been operational and has been administered to all new court commitments received in PA state prisons as of April 27, 2009.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Assessing inmates for their level of risk for criminally re-offending is an important function of a state correctional agency. Risk assessment is used by the criminal justice system to inform many decisions including bail decisions, sentencing decisions, correctional treatment, in-prison housing assignments, parole release decisions, and appropriate levels of probation/parole supervision. In prison, the primary use of risk assessment results is for developing an individualized treatment regimen for a given offender entering prison. The "risk principle" states that limited treatment resources should be targeted to higher

risk offenders, and that treatment resources may be wasted on lower risk offenders since they are unlikely to re-offend even absent treatment. Some research evidence even suggests that placing low risk offenders into treatment settings can contaminate them and actually increase their likelihood of re-offending. This is very similar to a “triage” model in a hospital. It is imperative that a prison system makes efficient use of its limited treatment resources by identifying and targeting those offenders who are most likely to re-offend.

A substantial body of research indicates that actuarial assessments of criminal risk are far superior to unaided clinical judgment. Similar to the reasons that auto insurance and life insurance companies use actuarial assessment instruments to improve their predictions, correctional agencies are able to improve their predictions of the future risk of an inmate for re-offending by using an actuarial risk assessment tool. There are several off-the-shelf criminal risk assessment tools in existence and in use by various correctional agencies. One such tool is the Level of Service Inventory-Revised (LSI-R). Beginning in mid-2003, the PA DOC began administering the LSI-R to all newly admitted inmates.

There were several identified draw-backs to using the LSI-R, however. First, since the instrument is a proprietary instrument, the publishers of the tool charged the PA DOC \$1 per assessment. In a system like the PA DOC which receives 10,000+ inmates per year, the cost of administering the tool to every incoming inmate is not an insignificant amount of money.

Second, the LSI-R is a 54 question tool that must be administered by a trained staff member and requires about 35 minutes per offender on average to administer. Again, in a system of 10,000+ newly admitted inmates per year, the staff time involved in administering the tool is significant. In addition, many of the 54 questions on the LSI-R measure crime-related needs (such as substance abuse, employment problems, etc.) which were not being used by PA DOC staff to inform treatment decisions. Many of these needs factors were measured by PA DOC staff at other points in the diagnostic process and using different instruments, so much of the LSI-R was duplicative with other needs assessments which were already occurring. This duplication of assessment efforts led to major inefficiencies in a large prison system. Further, the other assessments used by the PA DOC to identify treatable needs were more efficient measures of needs in that they were fully automated on a system of computers where a large group of incoming inmates could sit in a computer lab and take the assessment all at once, rather than the individual and lengthy interview process involved with the LSI-R. These inefficiencies and duplications of efforts, especially given that much of the information on the LSI-R was not being used to inform clinical decisions, began to lead to significant morale problems among diagnostic and classification staff who were already overwhelmed with the volume of inmates being routinely admitted.

Third, several studies of the predictive ability of the LSI-R on a sample of PA DOC inmates revealed that it was moderately predictive of criminal re-offending among PA inmates, but was diminished in predictive power due to a lot of “noise” created by some of the 54 items on the tool which were not found to be predictive of re-offending. Further, the LSI-R misses one of the most important predictors of criminal recidivism, which is current age. A large body of criminal justice research indicates that current age of the offender is among the strongest predictors of criminal re-offending, with older offenders showing a significantly diminished probability of re-offending.

Finally, another downside to the LSI-R is that some of the 54 items on the tool are questions about psychological factors such as whether or not the offender has an attitude/orientation towards convention, which involve a degree of subjectivity in how it is interpreted and scored. This can lead to a diminished reliability of the risk score, since two different staff may see the same offender at the same exact point in time but score him or her differently on the LSI-R based on their subjective interpretation of some of these psychological factors.

In response to these issues, PA DOC research staff developed in early 2009 their own in-house risk assessment tool which addressed all of the above limitations/concerns with the LSI-R.

12. Describe the specific activities and operations of the program in chronological order.

In response to the above noted concerns with the LSI-R, research staff at the PA DOC began to examine in early 2009 the possibility of creating an in-house risk assessment tool. Using the data that had been gathered on the LSI-R, PA DOC staff examined how each of the 54 individual questions on the LSI-R were correlated with re-offending rates among a sample of 1,407 inmates who were released from PA prisons during the first half of 2004 and followed up for at least three years after their release. Their age at the time of release from prison was also examined in order to see how predictive this factor was in comparison to the 54 LSI-R items. From the analysis, it was found that many of the LSI-R items were either weakly correlated or uncorrelated with re-offending and that only six LSI-R items plus age at time of release from prison were very strongly correlated with re-offending. Based on this analysis, the PA DOC created a new risk assessment tool which only included these seven questions (the six strongly correlated LSI-R questions plus age at release), and tested the predictive ability of this new tool on the same sample of 1,407 inmates. This short in-house tool was found to significantly increase predictive power when compared to the LSI-R. To confirm this finding, this in-house tool was scored on a separate and larger sample of 13,091 inmates released from PA DOC during 2004 and 2005 who were followed up for 2 years after release from prison. The results were compared to the LSI-R scores for the same sample of offenders. This analysis independently confirmed that the shorter in-house tool significantly improved upon the predictive ability of the LSI-R. This new tool was subsequently named the Pennsylvania Risk Screen Tool (RST). The seven questions on the RST are as follows:

- Offender's age at first arrest
- Current age of offender
- Prior adult convictions
- Prior sanctions for institutional misconduct in prison
- Prior violations of community supervision (e.g., probation or parole supervision)
- Less than a 12th grade education
- Ever had a drug problem

Based on analysis of the collected data, appropriate cut-off scores were developed for the RST for defining "low", "medium", and "high" risk. An offenders scoring 0-4 on the RST is categorized as low risk, an offender scoring a 5-6 on the RST is categorized as medium risk, and an offender scoring 7-9 on the RST is categorized as high risk. A copy of the actual RST instrument has been attached as an appendix to our application.

As of April 27, 2009, the RST is now administered to every new court commitment received in prison by the PA DOC. In 2010, the PA DOC had 10,781 new court commitments. While PA DOC operates 27 prisons across the state, all new male inmates are first received at the SCI Camp Hill prison and all new female inmates are first received at the SCI Muncy prison, for diagnostic and classification purposes. The RST is administered within a few weeks of an inmate's arrival at either of the diagnostic and classification prisons. If the offender is assessed as being low risk for re-offending, no further plan of action is developed for a treatment case plan. However, there are four override considerations on the RST which may place an offender into a treatment plan. If the offender is scored as low risk but otherwise is sent to prison for a sexual or violent offense or has a history of domestic violence or multiple DUIs, the offender may receive an override. All offenders assessed as medium to high risk on the RST are given a number of diagnostic needs assessments in order to pinpoint the specific problems or areas of concerns (e.g., drug abuse, anger management, etc.) which need to be addressed in their treatment plan. As a result of these diagnostics, the offender's individualized treatment plan is developed. The offender then becomes responsible for completing this treatment plan in order to become parole eligible at the tail end of their sentence.

13. Why is the program a new and creative approach or method?

The RST represents a new and creative approach to criminal risk assessment for several reasons. The tool allows the PA DOC to quickly and accurately gauge the probability that a given offender will commit

additional crimes once released from prison. It is quick and straightforward to administer. This type of triage model is an innovative approach among state correctional agencies because of the combination of the RST's predictive power and simplicity. While several other state correctional agencies use actuarial criminal risk assessment tools, these tools are typically lengthy, costly, and complicated tools which require significant staff training and a substantial amount of time to administer to the offender. The RST only requires a 6-minute interview with a staff member on average, and makes use of simple and straightforward questions which are easy to assess or discern. Further, the RST includes one of the most powerful predictive factors related to criminal recidivism which has been missing in many proprietary criminal risk assessment tools to date, the current age of the offender. The RST also is innovative in that it is a non-proprietary instrument developed in-house, and thus represents a free option to an otherwise costly process. The staff time saved in terms of time to administer the tool is also a substantial cost savings.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The start-up costs for the RST were extremely minimal. Basically the only start-up costs involved PA DOC research staff time to develop and validate the tool, prison staff time in training on how to use the tool, and minimal contractual costs paid to the PA DOC's IT consultants to develop an application in the PA DOC's computer system to record RST scores for individual inmates and maintain historical data of RST scores.

15. What are the program's annual operational costs?

The RST's annual operating costs are again extremely minimal. The only real annual operating cost is staff time needed to administer the tool to all new inmates received by the PA DOC. The RST generally takes about 6 minutes to administer. Given that the PA DOC received approximately 10,781 new inmates during 2010, this translates into approximately 1,078 staff hours annually to administer the tool to all new inmates.

16. How is the program funded?

Staff positions required to administer the RST are funded out of the PA DOC's general operating budget.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No legislation, executive order, or regulation was required in order to implement or use the RST.

18. What equipment, technology and software are used to operate and administer this program?

The RST is administered on paper, and scores are then entered into the PA DOC's automated computer system. The only equipment required to record RST scores is a standard desktop computer. The PA DOC uses a computer server to house current and historical data on all RST scores for all inmates who have been assessed.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes, the RST originated in the PA DOC. The innovator's contact information is as follows:

Kristofer Bret Bucklen
2520 Lisburn Road
Camp Hill, PA 17011
(717) 975-4915
kbucklen@state.pa.us

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

While many other state correctional agencies use criminal risk assessment tools, I am only aware of one other state which uses a non-proprietary tool developed in-house (Ohio Department of Rehabilitation and Correction), and this tool still appears to have a few of the basic problems that the RST was explicitly designed to address, such as length and complexity of the tool and time to administer.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Yes, the RST has been fully implemented as of April 27, 2009. It is now in use with all new court commitments received by the PA DOC.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Several advantages of using the RST are as follows:

- The RST is free to use and significantly reduces staff time to administer, thus saving the PA DOC approximately \$142,999 annually (essentially saving the annual salary of two staff).
- Extensive statistical analysis has demonstrated that the RST improves upon the predictive ability of other proprietary criminal risk assessment tools such as the LSI-R. The PA DOC is thus better able to accurately predict criminal risk as a result.
- The RST is easy to interpret and requires minimal staff training to administer.
- The RST has allowed the PA DOC to more efficiently utilize its limited treatment resources by providing a triage system in order to assign the most risky offenders as a priority for receiving treatment programming while in prison.
- The RST has not only been found to be a strong predictor of general recidivism among PA DOC inmates, but has also been found to be a strong predictor of specifically violent recidivism. As such, the RST has been used as part of a screening process to identify inmates who are specifically at a high risk for violently re-offending.
- Use of the RST has allowed the PA DOC to reduce major inefficiencies in its diagnostic and classification process, and to remove duplication of assessment efforts. This has had the further benefit of increasing staff morale, who now see the benefit and value of using the RST as a risk screening tool and appreciate the increased efficiency in their workload.

Only two limitations to the RST realizing its full potential have been identified to date:

- Due to political sensitivity to certain high-profile types of crimes such as sexual and violent offenses, override criteria have been included as part of the RST screening process which allows staff to override upward the criminal risk level of the given offender based on his or her current offense. Current offense type has shown to have little predictive ability in predicting criminal recidivism. The PA DOC is currently exploring options for minimizing the use of overrides on the RST and relying more on the statistical power of the actuarial tool itself in making an assessment of an offender's criminal risk level.
- The RST has not yet been completely automated. A few of the questions on the RST are duplicative questions which are asked by other staff (e.g., records staff or counselors) as part of the initial screening process of all new inmates. Ideally this information would be implemented into the PA DOC computer system and a criminal risk score would automatically be generated. This is not a major limitation, however, since the RST only takes 6 minutes to administer and since most of the RST process is currently captured electronically already.

23. How has the program grown and/or changed since its inception?

The use of the RST has expanded tremendously since its inception. Much interest has been generated by other jurisdiction in using the tool, due to the general benefits of the tool outlined above. The PA DOC has provided the RST to other jurisdictions free of charge. Several local county jails in PA have requested to use the RST and are currently using it. Among the county jails requesting to use the RST are the Adams, Berks, Allegheny, Blair, Butler, Franklin, Lancaster, Bucks, and Dauphin county jails. Since local jails typically have a different composition of inmates, the RST was validated on a sample of Franklin county jail inmates in order to determine the utility of the tool among a county jail population. The RST was once again found to be a strong predictor of criminal re-offending.

The RST has also been requested by other states. The Ohio Department of Rehabilitation and Correction have requested the RST, as well as the New Jersey Parole Board.

The RST has also been expanded to other parts of the criminal justice system as well. Several Pennsylvania judges, including the President judge in Adams county and the Administrative judge in Bucks county, have requested the RST in order to inform sentencing decisions.

Finally, several nationally recognized criminal justice think tanks have shown interest in highlighting the RST as a best practice. The Vera Institute has requested the RST to include in their published "Best Practices" volume. The Urban Institute has also requested information on the RST and have highlighted its use and benefits.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

The primary obstacle that other states must face in attempting to adopt the RST is to make an upfront general investment within their system to use actuarial criminal risk assessment results to inform their decision-making process. First, the state or agency must buy into the superiority of actuarial risk assessment over unaided clinical judgment, and must show a commitment to defining criminal risk in statistical terms instead of in political or conventional wisdom terms. Second, the state or agency must commit to using assessment results to make decisions in terms of the treatment of offenders. Doing a risk assessment is pointless if the results sit in an inmate's file and are not used to inform decision-making or planning. Again similar to a triage model in a hospital, a clear connection must be made between RST scores and subsequent individual decisions to treat. This also involves using additional assessments after the RST screening process in order to identify the specific treatable needs that must be addressed through programming.

CSG reserves the right to use or publish in other CSG products the information provided in this application. If your agency objects to this policy, please advise us in a separate attachment.



The Council of State Governments
Sharing capitol ideas.

2011 Innovations Awards Application Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations and Technology

- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

Save in .doc or rtf. Return completed application electronically to innovations@csg.org or mail to:

CSG Innovations Awards 2011
The Council of State Governments
2760 Research Park Drive, P.O. Box 11910
Lexington, KY 40578-1910

Contact:

Nancy J. Vickers, National Program Administrator
Phone: 859.244.8105
Fax: 859.244.8001 – Attn: Innovations Awards Program
The Council of State Governments
E-mail: nvickers@csg.org

This application is also available at www.csg.org.