

Transition from Jail to Community

ONLINE LEARNING TOOLKIT



Module 6: Screening and Assessment

Welcome to *Screening and Assessment*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module focuses on screening and assessment, the starting point of any targeted intervention strategy.

The implementation of facility-wide screening and assessment allows us to triage higher-risk inmates into the programs and interventions targeted for their needs, without spending unnecessary resources on low-risk offenders who are not likely to return to jail. The process allows us to target scarce resources for the offenders who have the greatest needs.

Shannon Murphy
Reentry Director and TJC Site Coordinator
Douglas County Sheriff's Office
Douglas County, Kansas

Before we begin, take some time to think about the screening and assessment your facility presently does.

A basic definition for **screening** is the use of a brief instrument to detect an individual's potential risk or needs, while **assessment** is the process of identifying and documenting the specific risk and needs.

Terms to Know

Screening: The strategy used to identify an individual's potential risk or needs as he or she enters the jail or another agency.

Assessment: A system of assessing inmate criminogenic risks and needs for the purpose of determining transition needs; for use in the facility as well as the in the community.

Ask yourself the following questions:

1.	Does your intake screening process utilize an empirically based medical screen(s)?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
2.	Does your intake screening process identify individuals with mental health issues?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
3.	Does your intake screening process identify individuals with substance abuse issues?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
4.	Does your intake screening process identify individuals with suicide risk?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
5.	Do individuals who score positive on mental health or substance abuse screens receive further empirically based assessments?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
6.	Does your intake screening process utilize an empirically based risk-to-reoffend screen(s)?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
7.	Do individuals who score medium or higher on the risk and needs screens receive further empirically based assessments?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know
8.	Are your risk and needs screens distinct from your classification system instrument?	<input type="radio"/> Yes <input type="radio"/> No
9.	Does your facility use an objective classification system for all incarcerated people?	<input type="radio"/> All the time <input type="radio"/> Some of the time <input type="radio"/> Never <input type="radio"/> Don't know

Did you answer “All the time” to the above questions? If not, this module is meant to help you understand why these different assessment processes are so important to the *Transition from Jail to Community* (TJC) model.

This module has five sections and will take between 10 and 15 minutes to complete.

Recommended audience for this module:

- Sheriffs
- Jail administrators

- Correction officers involved in transition efforts
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members

This module also includes a list of links to commonly used screens and assessments.

Module Objectives

In *Module 5: Targeted Intervention Strategies*, you learned about the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual's criminogenic factors pre- and post-release.

In this module you will have the opportunity to explore the second and third Targeted Intervention Strategies tasks of the TJC Implementation Roadmap, which highlights the importance of screening and assessing individuals during incarceration and upon their return to the community.

Task 2. Apply screening instrument to all jail entrants to identify offenders of varying levels of risk.

Task 3. Apply a more comprehensive risk/needs assessment instrument(s) to selected jail entrants.

This module has five sections:

1. The Need for Screening
2. The Need for Assessment
3. Selecting Screens and Assessment Tools
4. The Logistics of Screening and Assessment
5. Terms Used in the Field

By the end of this module, you will be able to

- Explain the purpose and importance of using screens and assessment tools.
- Select screening and assessment instruments that will identify the level of risk and needs within your jail population.
- Create a structure to apply screening and assessment tools in your facility or agency.
- List the basic requirements of training staff to administer the instruments.

Figure 1: Targeted Intervention Filter

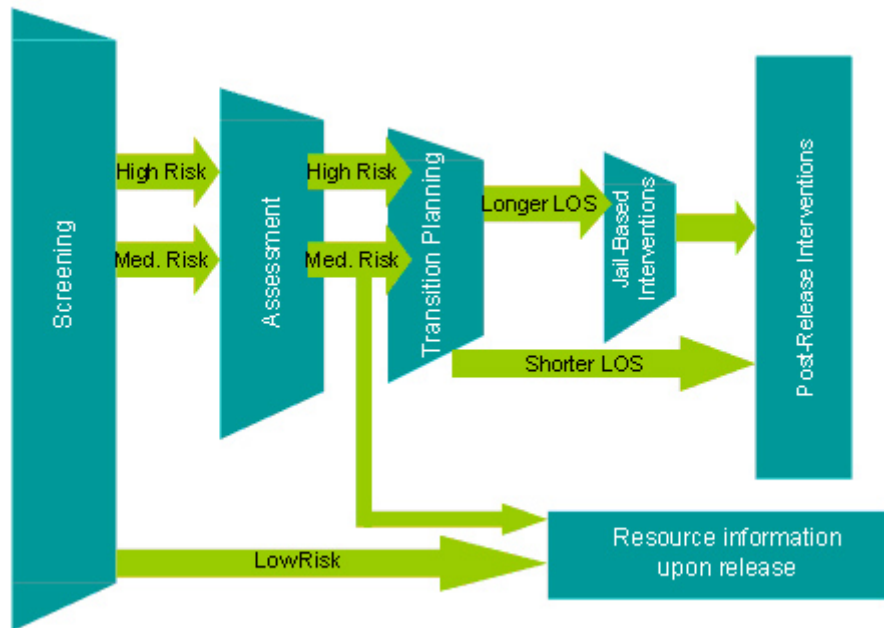
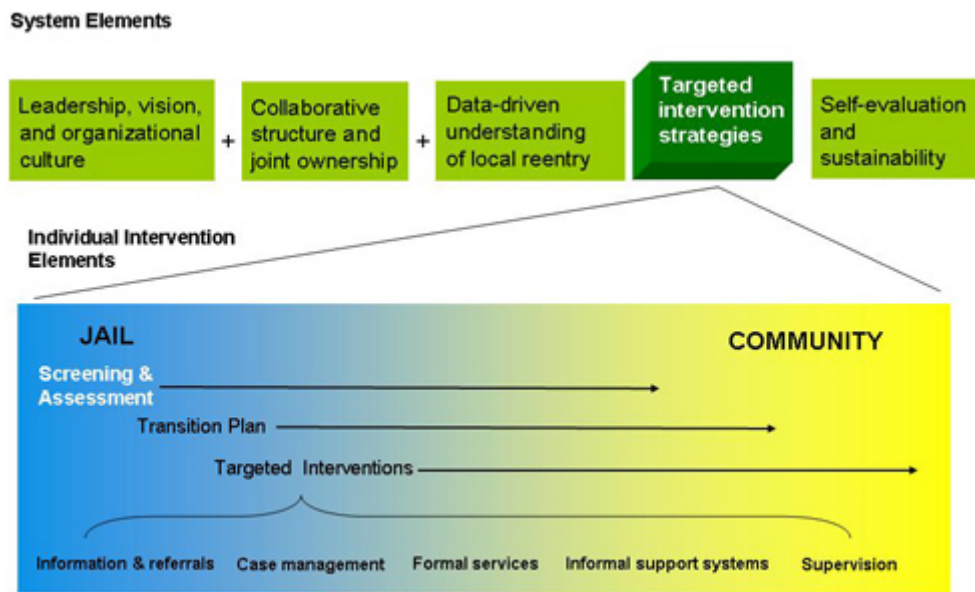


Figure 1 summarizes the relationships among screening, assessment, transition planning, and jail and community interventions and their usual ordering in time. Note that individuals identified as high and medium risk during screening are tracked to assessment, unlike those screened as low risk. Whether interventions will begin in the jail or in the community will depend on length of stay (LOS)

The Transition from Jail to Community Model

This visual indicates where *Screening and Assessment* fits in the *Transition from Jail to Community* model.



Section 1: The Need for Screening

This section provides an overview on why and how routine screening of individuals' risks, needs, and strengths is an essential component of an effective jail transition intervention strategy. Remember that screens are not used to diagnose an individual's risk or needs, but only to identify the individual for further assessment.

We start with the five *W*'s (**who, what where, when, and why**) and one *H* (**how**) to help us with our understanding.

Who do you screen?

Universal screening is a key element of the TJC model. This means that everyone entering your facility, regardless of length of stay or conviction status, is screened for risk to reoffend, health, and behavioral concerns that might affect transition to the community. These screens help to identify those who need to receive more comprehensive services and a full assessment with a risk and needs assessment tool.

What do you screen them for?

Physical health, behavioral health, risk of drug or alcohol withdrawal, and suicide risk screens are probably administered to every new arrestee arriving at your facility. In addition, the TJC model recommends a quick risk-to-reoffend screen. These screens allow you to group the arrestees into low, medium, and high risk and needs categories. A TJC Triage Matrix goal is to identify low-risk offenders and assign them to minimal intervention to prevent the inefficient expenditure of time and resources on extensive assessment and programming, and to separate low-risk individuals from their higher risk counterparts.

Include the following items in screening:

- Physical health
- Infectious diseases
- Substance abuse
- Mental health
- Suicide risk
- Need for medication
- Disabilities
- Criminal history
- Current offense

In Section 3, we discuss a number of valid, short, and easily administered screens available to identify an incarcerated person for further assessment.

Where do you screen them?

Screening should be done at intake during central booking or soon after.

When do you screen them?

Screening takes place early on. Here are some key times when administering screens is most common:

On arrival at the jail

- A brief health screen to “determine if arrestee can be admitted to the jail based on any medical needs (e.g., risk of drug or alcohol withdrawal; acute medical needs) that must be addressed at a medical facility”¹

During the booking process

- A brief screen(s) to identify physical, behavioral health, risk of drug or alcohol withdrawal, and suicide risk
- A brief screen to classify arrestees into low, medium, and high risk-to-reoffend categories

Why do you screen?

Screening is normally the first opportunity to quickly capture basic information about a person’s risk to reoffend and is used to determine if a fuller assessment is warranted. Screening also offers information important to jail classification and, at the evaluation stage, for comparison of groups, programs, and/or interventions.

How do you screen them?

A system of valid and reliable screens requires the following steps:

1. Develop or select validated screening instruments.
2. Create a structure to apply the screening tools to all jail entrants.
3. Train staff to apply the screening tools.
4. Apply the screening tools to all jail entrants.
5. Analyze the information to flag those who need further assessment.

Now that you understand the five *W*s and one *H* of screening, you will want to take the time to conduct a case flow analysis of your present screening process to understand fully the reasons you perform screening and what you will do with the information obtained. A Screening and Assessment Case Flow Process template is available in [Section 1 of Module 8: Tailored Transition Interventions](#)¹

Summary

In this section you learned that it is important to conduct a risk and needs screening of all arrestees entering your facility. A comprehensive risk/needs assessment is then administered to individuals who score in the medium or high range on screening instruments.

¹ Available: http://www.urban.org/projects/tjc/toolkit/module8/section1_1.html

Section 2: The Need for Assessment

This section provides an overview on why and how assessment of individual's risks, needs, and strengths is an essential component of an effective jail transition intervention strategy. Just as we did in the previous section, we start with the five *W*'s (**who, what, where, when, and why**) and one *H* (**how**) to help us with our understanding.

Who do you assess?

Assessment is used for those who are identified by screening to be above the level of risk that your jurisdiction determines to warrant further intervention.

What do you assess them for?

Individuals who score in the medium or higher range on screening should then be administered a comprehensive risk/needs assessment instrument to classify them by risk/need and offer them appropriate treatment and transitional services. The assessment process is likely to uncover many needs (criminogenic and noncriminogenic) among your incarcerated population that affect their current level of functioning and their ability to transition back home successfully.

Where do you assess them?

Depending upon the assessment instrument utilized, officers will require some additional training to create the proper atmosphere for assessment. The screening and assessment process should take place within a private area where an officer or a case manager can engage the incarcerated person in effective two-way communication. The dialogue should be somewhat structured and designed to facilitate discussion around the individual's dynamic criminogenic needs or changeable factors within the individual's life that, if addressed, will increase the probability of a successful transition from jail to home.

When do you assess them?

Assessment is ongoing—beginning at intake and continuing in the community after the person is released. Here are some key times when various screening and assessments are most common:

Immediately after booking

- Any person who screens positive for suicide risk, drug or alcohol withdrawal, or any serious medical need should be further assessed by a qualified medical professional and monitored immediately.

After admission to the jail

- Any person who was identified by screening with medium or higher risk to reoffend should be administered a comprehensive risk/needs assessment instrument after being admitted to the jail.

- Depending on individual circumstance, there may also be specialized assessments that will be useful to examine some incarcerated people for areas such as substance/alcohol abuse or other criminogenic and noncriminogenic needs.

Every three, six, or nine months while incarcerated

- Depending on available resources, individuals should be reassessed every three, six, or nine months while incarcerated to inform the construction of their initial jail-to-community transition plan and subsequent revisions to that plan.

Situational

- Reassessment should also occur based on individual circumstances. Martin and Rosazza¹ recommend six reasons to reassess:
 1. Improvement or deterioration of an incarcerated person's behavior
 2. A crisis in the incarcerated person's life
 3. medical or mental health emergency
 4. Court documents and commitment orders
 5. An individual's request for reclassification
 6. An officer's request for classification of an inmate

In the community

- Upon release, the primary agency charged with working with the individual should review the individual's assessment file and determine what further assessments, if any, are needed.

Why do you assess?

Assessment informs decisions about classification, placement, and programming in the jail and transitional care upon release. It also indicates whether a specialized needs assessment is warranted.

Here are four key reasons for assessment:

1. Allows you to see the big picture of your population's needs and trends over time.
2. Allows you to make informed decisions regarding efficient and cost-effective strategies to address criminogenic population needs during incarceration and upon release.
3. Helps identify prevalent criminogenic needs.
4. Identifies the level of support, responsibility and training your staff and contract vendors need to work with incarcerated people before and after release.

How do you assess them?

A system of valid and reliable assessment requires the following steps:

1. Develop or select assessment instruments that are or will be validated for use with your population.

2. Create a structure to apply the assessment tools to selected jail entrants.
3. Train staff to apply the assessment tools.
4. Identify the subset of incarcerated people to receive formal assessment (medium and high risk).
5. Identify the assessment tool (or tools) to be applied to medium- and high-risk incarcerated people.
6. Create a structure to apply assessment tool(s) to jail entrants identified appropriate for more extensive assessment(s).

See Appendix A for TJC Pre-Implementation Case Flow Process Screening and Assessment Template.

For more information

1. Kelly Dedel Johnson and Patricia L. Hardyman, “How Do You Know If the Risk Assessment Instrument Works?” *Topics in Community Corrections* (2004). Available at <http://nicic.gov/Library/Files/period269.pdf>
2. Clem Constance, “Offender Assessment,” *Topics in Community Corrections* (2003). Available at <http://nicic.gov/Library/Files/period243.pdf>

Summary

In this section you learned that it is important to conduct a risk and needs screening of all arrestees entering your facility. A comprehensive risk/needs assessment is then administered to individuals who score in the medium or high range on screening instruments.

Section 3: Selecting Screens and Assessment Tools

This section provides assistance and guidance in selecting appropriate screening tools and assessment instruments that satisfy both the informational requirements of the TJC model and local concerns (e.g., inexpensive, easy to administer, yield information useful to a variety of partners). This section offers different types of instruments to assess specific inmates' risk and needs.

Questions to think about before choosing screens and assessments include the following:

- Is the screen or assessment valid and reliable?
- Is the screen or assessment copyrighted?
- Is there any cost to use the screen or assessment?
- How much staff time is needed to complete the screen or assessment?
- What is the cost of administering the screen or assessment, including staff time and training?
- How much training is involved to administer the screen or assessment?
- Is medical, mental health, or substance abuse training necessary to administer the screen or assessment?
- Is the screen or assessment available in other languages?
- Is the screen or assessment available in electronic format?

Defining Risk Categories

Each jurisdiction must determine what criminogenic risk and need scores or “cut-points” will be utilized to assign medium- and high-risk individuals to available program tracks, sanctions, treatment, or some combination of system actions. Cut-points, or the threshold of risk/need identified by screening and/or assessment that is required to assign offenders to intensive interventions, must be jurisdiction specific, for they must consider a number of local factors such as the actual number of people in a given risk/needs category; existing service capacity (institutional and community based); and available resources, including staff, space, and bed capacity. In this world of shrinking resources, it is essential that jurisdictions establish cut-points to ensure that precious resources are spent on offender groups that are most likely to benefit.

Screens Used During the Booking Process

The TJC model recommends that each person booked at your jail receive a short risk-to-reoffend screen to help identify those who need a full risk and needs assessment, which will target those inmates who should receive the most intensive services pre- and post-release.

The following table highlights three screens for this purpose. Our intent is not to endorse any individual screen, but instead to draw your attention to screens commonly used in correctional settings that are well regarded by experts in the field.

The Proxy Risk Triage Screener is the shortest of the three, with only three items. The eight-item Level of Service Inventory—Revised Screening Version categorizes a person into a low-, medium-, or high-risk group and takes 15 minutes to administer. The Wisconsin Risk Assessment, an 11-item instrument, asks more comprehensively about criminal history, drug/alcohol interference, living arrangements, and general attitude regarding change.

Quick Risk Screening					
Tool Name	Cost	Time to Complete Interview	Inventory Items	Instrument Result	Additional Information
Proxy Risk Triage Screener (Proxy)	No cost	Five minutes or less	<u>Three items</u> – Current age, age at first arrest, # of priors	Risk of recidivism on an 8-point scale	j-sat.com
Level of Service Inventory— Revised Screening Version (LSI-RSV)	\$2.20/use	15 minutes	<u>Eight items</u> – Criminal history, education/employment, family/marital, companions, alcohol/drug problems, attitudes/orientation, personal/emotional	Risk of recidivism score on an 8-point scale and brief summary of dynamic risk areas that may need attention	www.mhs.com/
Wisconsin Risk	No cost	15–30 minutes	<u>11 items</u> – Criminal history (adult and juvenile), drug/alcohol involvement, living arrangements, general attitude for change	Risk of recidivism score	Available in PDF: http://www.urban.org/projects/tjc/toolkit/module6/Wisconsin-risk.pdf

Assessments for Persons Who Score Medium to High on a Risk/Needs Screen

Comprehensive criminogenic risk/need assessment instruments are targeted to those who scored medium to high on the quick screen, indicating that they may need more intensive intervention. Multipurpose risk/needs assessments are advantageous because they not only identify the risk of recidivism, but attempt to discern categories of needs in areas identified as being most likely to impact recidivism, including education, employment, financial, family, housing, leisure, substance abuse, criminal thinking, and other personal needs. By discerning these criminogenic needs areas, the assessment tools identify targets for intervention.

The following table provides information on seven comprehensive risk/needs assessments for inmate treatment, planning, and placement.

Criminogenic Risk/Needs Assessment					
Tool Name	Cost	Time to Complete Interview	Inventory Items	Instrument Result	Additional Information
Level of Service Inventory– Revised (LSI-R)	\$2.20/use	60 minutes	54-item inventory – interview	Total risk/need score and 10 subdomain scores	http://www.mhs.com/
Level of Service / Case Management Inventory (LS-CMI)	\$2.20/use	120–180 minutes	124-item inventory – interview Risk, needs, responsivity. Case and release planning	Risk/needs score, responsivity score, generates plan for case management	http://www.mhs.com/
Correctional Offender Management Profiles for Alternative Sanctions (COMPAS)	Per user fee of approx. \$225/user/year	90 minutes	98-item inventory – interview Risk, needs, responsivity Case and release planning	Risk/needs score and plan for case management	www.northpointeinc.com
Wisconsin Risk/Needs	No cost	60 minutes	23 items – interview	Risk/needs score	Available in PDF from http://www.j-sat.com/
Applied Correctional Transition Strategy (ACTS)	By jurisdiction Software license or hosted online	60-minute initial interview Ongoing during jail transition planning and treatment	Risk triage + 24-item interview for full risk/needs, Additional modules for change readiness responsivity Jail transition planning	Risk triage rating Risk score Needs rating Change readiness Targeted transition modules Transition plan and progress notes	www.correctionspartners.com
Client Management Classification (CMC)	No cost	60–75 minutes	71 items – interview Risk, needs, responsivity Case and release planning	Risk/needs score and suggested plan for case management	nicic.org/Library/000532
Correctional Assessment Intervention System (CAIS)	By jurisdiction Software license or hosted online	60 – 75 minutes	82 items	Risk/needs score, generates plan for case management	http://www.nccd-crc.org/nccd/initiatives/cais-jais.html

Here we briefly discuss some other screens and assessments used in the jails and the community throughout the country.

Field note: Hampden County, Massachusetts

The Hampden County, Massachusetts, Correctional Center uses the LSI-R short-form screening version (LSI-R: SV), which provides only a yes/no indication of need in eight categories. The total score ranges from 0 to 8. As Hampden County screens all sentenced inmates entering the facility, it chose the short screening version because it takes only 10 minutes to administer, compared with nearly an hour for the long form.

Specialized Screens and Assessments

Specialized screens and assessments, in conjunction with comprehensive general risk and needs assessments, can be used to contribute to targeted treatment and transitional planning. Selective use of one or more of these tools is recommended when an individual scores high on all or a section of a comprehensive risk/needs assessment. The tables below list commonly used behavioral health, substance abuse, and sex offender screens and assessments.

Behavioral Health Screens and Assessments

Specialized Screens and Assessments for Populations with Behavioral Health Issues					
Tool Name	Cost	Time to Complete Interview	Inventory Items	Instrument Result	Additional Information
The Brief Jail Mental Health Screen	No cost	Less than three minutes	Eight items – interview, behavioral health	Quick screen for the presence of a mental health disorder	gainscenter.samhsa.gov/html/resources/MHscreen.asp
Mental Health Screening Form-III	No cost	—Three to five minutes	17 items – interview, behavioral health	Quick screen for the presence of a mental health disorder	www.renocounseling.net/mhsf.pdf
Global Appraisal of Individual Needs – Short Screener (GAIN-SS)	By jurisdiction Software license or hosted online	Three to five Minutes	20 items – interview, behavioral health	Quick screen and identification of clients with one or more behavioral health concerns	www.chestnut.org/LI/gain/GAIN_SS/index.html
Global Appraisal of Individual Needs – (GAIN)	By jurisdiction Software license or hosted online	90–120 minutes	123 items – interview, behavioral health	Identification of clients with one or more behavioral health concerns	http://www.chestnut.org/
Hare Psychopathy Checklist– Revised: 2nd Edition (PCLR 2nd ed.)	Excluding start-up cost \$3/use	120–180 minutes	20-item inventory + structured interview to assess psychopathy	Assessment of psychopathy	http://www.mhs.com/

Medical Screens

1. **U.S. Department of Health and Human Services** – Infectious Disease Screen.

<http://ncadi.samhsa.gov/govpubs/BKD143/11m.aspx>

2. **The Texas Uniform Health Status Update** is a medical screen that is easy to use and comes with user-friendly instructions. Some benefits of this screen are its one-page length and instructions to guide the screener on its use. <http://www.tcjs.state.tx.us/docs/UHSUF.pdf>

3. **The New York City Correctional Health Services** screen is a four-page screening instrument that uses prompting questions during the medical history section. The screen includes a section on the last page that reminds the staff to give each inmate three brochures on HIV, sexually transmitted disease, health, and dental needs.

http://www.urban.org/projects/tjc/toolkit/module6/Mod6_Sec3_NYHealth.pdf

Activities of Daily Living Screen

Dr. Brie Williams, a geriatrician and correctional health care expert, recommends that inmates who miss two or more of the following activities of daily living (ADL) answers be transferred directly to a nursing home or assisted living facility if family cannot care for them. Inmates who miss one ADL and/or have fallen in the past year should be assessed more carefully for possible assisted living or nursing home-level care.

Activities of Daily Living: Is the inmate able to do each of the following?

- Bathing: sponge, shower, and/or tub
- Dressing/undressing: able to pick out clothes, dress and undress self (tying shoes is not included)
- Toileting: able to get on/off toilet, clean self afterward
- Transferring: able to get in/out of bed and chair without assistance or mechanical aids
- Eating: able to completely feed self
- Mobility: able to walk without help except from cane, walker, or crutch and does not need lifting from bed

Suicide Risk Screens

1. **The Texas Commission on Jail Standards' Mental Disability/Suicide Intake Screen** is one page and determines if a further mental health evaluation is needed. Any positive response to the six suicide-related questions requires further evaluation of the person.

<http://www.tcjs.state.tx.us/docs/mhmr.pdf>

2. **The Suicide Prevention Screening Guidelines**, a 16-item screen developed by the New York Commission of Correction, has detailed instructions on how to administer it and is well regarded by experts. http://www.urban.org/projects/tjc/toolkit/module6/NYC_Suicide_Screen.pdf

Alcohol or Drug Withdrawal Screens

1. **The Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR)** is a recommended alcohol withdrawal screen that can also be used for the psychoactive drug benzodiazepine. This screen requires five minutes to administer and may be reproduced freely.

<http://images2.clinicaltools.com/images/pdf/ciwa-ar.pdf>

2. **Clinical Opiate Withdrawal Scale (COWS)** is an opiate-withdrawal screen.

http://www.naabt.org/documents/COWS_induction_flow_sheet.pdf

Substance Abuse Screens

1. **U.S. Department of Health and Human Services** – alcohol and other drug abuse.

<http://ncadi.samhsa.gov/govpubs/BKD143/11m.aspx>

Treatment Screens

1. **CJ Comprehensive Intake (TCU CJ CI)** is usually administered by a counselor in a face-to-face interview held one to three weeks after admission, when the offender has had time to detox and reach greater stabilization and cognitive focus (90 minutes).

<http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html>

2. **CJ Client Evaluation of Self and Treatment, Intake Version (TCU CJ CEST-Intake)** is a self-rating form completed by the offender at the time of admission to treatment. It includes short scales for psychological adjustment, social functioning, and motivation. These scales also provide a baseline for monitoring offender performance and psychosocial changes during treatment (15 minutes). <http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html>

3. **CJ Client Evaluation of Self and Treatment (TCU CJ CEST)** records offender ratings of the counselor, therapeutic groups, and the program in general. It also contains scales assessing psychological adjustment, social functioning, and motivation (35 minutes).

<http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html>

4. **TCU Criminal Thinking Scales (TCU CTS)** is a supplement to the Criminal Justice - Client Evaluation of Self at Intake (CJ-CESI) and CJ-CEST and is designed to measure “criminal thinking.” The six criminal thinking scales are *Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility*, which represent concepts with special significance in treatment settings for correctional populations (five to ten minutes).

<http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html>

Homeless Screens

1. **New York City Department of Health Homeless Checklist** is a nine-item screen to determine the rate of homelessness of the jail population. The homeless are often frequent users of the jail and shelter system. Identifying this population can help your jail at incarceration transition to direct these individuals to supportive services and shelter or supportive housing at release instead of sending

them back to the street, knowing that they will shortly return to jail.

<http://www.urban.org/projects/tjc/toolkit/module6/Homelessness%20Checklist.pdf>

Employment Assessments

An important issue to address among your jail population is its vocational and employment needs. Many maintain that there is a very strong connection between employment and crime: when individuals are working, they are less likely to be committing crimes. Thus, it is important that we do what we can to foster the employability of inmates when they leave our jails.

Many government and nonprofit agencies have developed tools to assess the employment readiness of people with criminal records. We include two employment assessment tools.

1. PS Plus Employment Assessment Form was developed in the United Kingdom for a prison and community-based project. It surveys for vocational interests, skills, and history; education levels and qualifications; and other barriers to employment, such as driver's license suspension.

<http://www.urban.org/projects/tjc/toolkit/module6/PS%20Plus%20Employment%20Assessment.pdf>

2. Maryland Correctional Education Program Employment Survey was originally developed by the New Mexico Corrections Department and modified and adapted by the Maryland Correctional Education Program. This assessment tool poses a series of 49 questions intended to identify potential challenges the job seeker may face. This tool groups issues by the following six categories: education/training, personal/health, offender, attitude, support, and job search.

<http://www.urban.org/projects/tjc/toolkit/module6/Maryland%20Employment%20Survey.pdf>

For more information and examples from the field

1. The Council of State Governments Justice Center, "Comprehensive Online Database of Screens and Assessments." <http://tools.reentrypolicy.org/assessments/chart>

2. Jeff Mellow, Debbie Mukamal, Stefan LoBuglio, Amy Solomon, and Jenny Osborne, *The Jail Administrator's Toolkit for Reentry* (Washington, DC: Bureau of Justice Assistance, 2008). <http://www.urban.org/publications/411661.html>

3. Proxy pilot report including tables and graphs (Orange County, CA Sheriff's Department). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Proxy-Pilot-2009-Results.pdf>

4. Pretrial risk assessment instrument and report analyzing risk scores by offender characteristics (Orange County, CA). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Pretrial-Risk-Assessment-Pilot-Study.pdf>.

5. Pilot proxy data spreadsheet: Excel format (Orange County, CA). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Orange-Pilot-Proxy-Data-Storage-2009.xls>

6. Proxy pilot and Level of Service Inventory report including tables and graphs (Denver Sheriff Department). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Assessment-Data-Overview-FINAL.pdf>.
7. Proxy assessment report: Excel format (Denver Sheriff Department). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Proxy-Report-Weeks-1-5-2-10-10.xls>.
8. A comparison of inmates completing Proxy questions and inmates released without Proxy scores (Davidson County, TN Sheriff's Office). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Proxy-vs-Non-Proxy.pdf>.
9. Proxy report with data obtained during the initial classification assessment (Davidson County, TN Sheriff's Office). Available: <http://www.urban.org/projects/tjc/toolkit/module6/M4-4-tjc-proxy-report-november-2010.pdf>.
10. Proxy fact sheet including a discussion on Proxy score ranges are determined (Douglas County, KS Sheriff's Office). Available: <http://www.urban.org/projects/tjc/toolkit/module6/Proxy-Fact-Sheet-for-2009-09-28.pdf>.

Summary

This section has drawn your attention to a number of screening, comprehensive risk/needs, and specialist assessments appropriate for use with correctional populations. You also understand that assessments can be revisited during the course of the individual's incarceration, so that changes in risks and needs can be tracked and updated

Section 4: The Logistics of Screening and Assessment

In this section, you will learn the importance of a well-designed physical and staffing environment to facilitate the screening and assessment process. There are two main questions to ask:

1. How well suited is your jail's intake and release area for efficiently screening and assessing a larger number of people on a daily basis?
2. Has your staff been properly trained in your agency's screens and assessments?

The following are recommendations to ensure proper screening and assessment of your population.

Privacy

Many older jails were not built to provide intake and release functions in privacy; however, this does not mean that improvements cannot be made.¹ Medical and risk/needs screens and assessments should be conducted in a private area where inmates feel comfortable discussing sensitive information about themselves. This will increase the truthfulness of their information and the validity of the information for housing and programming needs.

Location

The intake and release areas or other areas should be designated with an appropriate number of case/discharge planners and interview rooms to maximize the efficiency of working with the population. Often, facilities without specific space designed for reentry services use consultation areas designed for professional visits with lawyers and social workers.

Training Staff

In many jails, custodial, medical, mental health, and programming staff are all involved in some way in screening and assessing individuals, and all should participate in training. Universal participation also helps cement staff commitment to the TJC model. The level of training required is directly related to the type of assessment instrument being used.

Full assessments, for example, take significantly longer to complete than screening instruments. The most common mistake among staff is to have the incarcerated person complete an assessment with little or no assistance from the staff. Such an approach is not responsive to the individual. The best information is gathered through an interactive assessment process undertaken by trained and committed staff who are active listeners. Staff must be identified who have the interest and capability to complete these assessments as they were designed.

Most of the screens we have mentioned were designed to require minimal training. Full assessment work will require more extensive training to ensure that your staff is maximizing the effectiveness of the instrument. Therefore, an agency must ensure that it has the resources available to provide full initial training to designated staff. Train-the-trainer modules are available for most assessments, which will allow staff on-site to train others as the need arises. Measures and methods should be

implemented to evaluate fidelity and to ensure that screening and assessment are completed as prescribed.

Agencies already working with the jail population—such as drug and alcohol treatment providers—may be able to offer your staff interview and assessment training. Motivational interviewing training may be useful for developing staff assessment capacities while maximizing valid responses.

At a minimum, screening and assessment training should cover the following areas:

- Understanding the prevalent risk and needs within the population
- Techniques for building dialogue and soliciting valid responses during the assessment process
- Adhering to confidentiality requirements when recording the information
- Instructions on administering specific screens and assessments
- Techniques used to monitor and assess whether the screen and assessments are being properly conducted
- Strategies to offer remediation to staff who need additional training

Field note: Sullivan County, New Hampshire

The Sullivan County Criminal Justice Coordinating Committee decided to move toward reentry services in designing a new facility. The new 72-bed facility will have two intensive treatment units, a work release center, and an aftercare center. The booking practices allow for more effective screening and assessment, and the facility has a small interview room. The transition process begins at booking. Planning for this facility took more than three years, and the building will open in June 2010. It allows the county to provide for assessment and treatment of offenders following a continuum that includes post-release services upon returning to the community.

For more information

1. *Mind Tools: Essential Skills for an Excellent Career* is a 16-page online resource to help improve listening skills. Available at <http://www.mindtools.com/CommSkill/Mind%20Tools%20Listening.pdf>.
2. Steven Flannes, “Working Effectively with the Angry, Critical Client: Real World Solutions to Help You Get the Job Done.” Available at <http://www2.sas.com/proceedings/sugi30/107-30.pdf>.
3. Criminal Justice Agency, *Motivational Interviewing: An Introduction* (Hampton/Newport News, VA: Criminal Justice Agency, 2005). Available at <http://nicic.gov/Library/021093>.
3. Stephen Rollnick and William R. Miller, “What Is Motivational Interviewing?” *Behavioural and Cognitive Psychotherapy* 23 (1995): 325–534. Available at <http://www.motivationalinterview.org/clinical/whatismi.html>

Summary

In this section, you learned that it is important that all staff completing screening and assessment tools have training that encompasses an understanding of the prevalent risks and needs of jail populations, active listening skills, confidentiality, and tool-specific information. The tools should be administered in an environment that respects the individual's privacy

Section 5: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted in purple throughout the module, allowing you to rollover the term to see the definition.

Active listening skills: A technique for improving understanding of what is being said by taking into account how it is said and the nonverbal signs and body language that accompany it.²

Assessment: A system of assessing inmate criminogenic risks and needs for the purpose of determining transition needs; for use in the facility as well as the in the community.³

Custodial level: The degree of supervision an inmate receives in a jail facility.

Custody reassessment/review: The periodic review and update of an incarcerated person's custody level, which takes into consideration any change in the person's risk and needs.

Inmate classification: An objective means of assessing severity and type of crime and inmate risks while in jail (as opposed to risk of recidivism after release), resulting in specific risk classifications and cell assignment.

Jail programs: Any formal, structured activity that takes inmates out of their cells and sets them to instrumental tasks.

Motivational interviewing: A direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence regarding change.⁴

Needs assessment instrument: Used to identify criminogenic and non-criminogenic needs of individuals for assignment to employment, education, drug treatment, mental health, and other programs.

Preclassification assessment: To be completed on all newly admitted inmates prior to housing assignments to determine custody levels. (Initial custody – conduct primary classification based upon verified, objective data, generally within 72 hours, if preclassification housing is available.)

Programs: The activities that are provided, such as educational and vocational opportunities, counseling services, and recreation and hobbies.

Reliability: The degree to which an instrument consistently measures an attribute over time.

Screening: The strategy used to identify an individual's potential risk or needs as he or she enters the jail or another agency.

² <http://dictionary.bnet.com/definition/active+listening.html>.

³ Mark D. Martin and Thomas A. Rosazza, *Resource Guide for Jail Administrators* (Washington, DC: National Institute of Justice, 2004), p. 139.

⁴ <http://www.motivationalinterview.org/clinical/whatismi.html>

Validity: The degree to which a measure accurately reflects the concept that it is intended to measure.

Conclusion

All arrestees entering your facility should undergo a screening that examines risk to reoffend, basic physical health, behavioral health, risk of drug or alcohol withdrawal, and suicide risk. Individuals scoring in the medium or high range on any screening tool should receive a comprehensive risk/needs assessment and a specialized assessment. All staff completing screening and assessment tools must have received training, which at a minimum encompasses an understanding of the prevalent risks and needs of jail populations, active listening skills, confidentiality, and tool-specific information

TJC Preimplementation Case Flow Process: Screening and Assessment Template

This template highlights gaps in your screening and assessment practices. Once completed, this template should reflect your current state and flow of screening and assessment, rather than what you would like to have available.

A quick reminder: Screens are used to identify an individual’s potential risk or needs as the individual enters the jail or another agency, while assessment is the process of identifying and documenting the specific risk and needs.

	Assessed Population				Screening Tool Used	Who Completes	When Applied
	Pretrial/Sentenced	Felon / Misdemeanor	Length of Stay	Special Population			
Initial Screening							
Classification Screening							
Risk/Needs Assessment							
Mental Health Assessment							
Medical Assessment & History							
Suicide Prevention							
Pretrial Release							
Community Corrections							

TJC Preimplementation Case Flow Process: Screening and Assessment County Example

	Assessed Population				Screening Tool Used	Who Completes	When Applied
	Pretrial/Sentenced	Felon / Misdemeanor	Length of Stay	Special Population			
Initial Screening	Both	Both	All	All	Summit	Booking	Immediately upon every booking
Classification Screening	Both	Both	> 72 hours	All	Summit	Classification Sgt	@ 72 hours, @ 30 days, @ 60 days, @ 90 days
Risk/Needs Assessment	Sentenced	Both	> 60 days	Reentry	LSI.R LSI.R SV	Reentry Director	Generally, 2 weeks after sentencing
Mental Health Assessment	Both	Both	> 24 hours	All	Summit	Booking	> 24 hours if NOT book-&-release, know they are bonding < 24 hours
Medical Assessment & History	Both	Both	> 24 hours	All	Summit	Booking	> 24 hours if NOT book-&-release, know they are bonding < 24 hours
Suicide Prevention	Both	Both	Any	All	Facility-based	Anyone	As risk factors present
Pretrial Release	NONE						
Community Corrections	Pretrial if presumptive community corrections	Felony	Any	All	LSI.R	ISO	Usually postconviction, presentence on inmates that are presumptive Community Corrections probation