West Virginia Division of Corrections

Preparing Prisoners for Returning Home: A Process Evaluation of West Virginia's Offender Reentry Initiative

Stephen M. Haas, Ph.D.
Cynthia A. Hamilton, M.S.
Dena Hanley, Ph.D.

Mountain State Criminal Justice Research Services

Mountain State Criminal Justice Research Services

Charleston, West Virginia
mscjrs@verizon.net

Recommended citation:
Haas, Stephen M., Hamilton, Cynthia A., and Hanley, Dena (2007, December). *Preparing Prisoners for Returning Home: A Process Evaluation of West Virginia's Offender Reentry Initiative*. Charleston, WV: Mountain State Criminal Justice Research Services.

About MSCJRS…

Mountain State Criminal Justice Research Services (MSCJRS) is a private research company that conducts criminal justice and social science research and offers consultation, training, and grant-writing services to government agencies, nonprofit institutions, and private businesses. MSCJRS seeks to improve policy and practice through research and analysis and provides consultation to governmental and nongovernmental entities in the areas of grant-writing and program development. For more information about MSCJRS and the services it provides, please contact mscjrs@verizon.net.

Acknowledgments

Table of Contents

Table of Contents

Tables and Graphs

TABLES

GRAPHS

Figures

FIGURES

Executive Summary

The U.S. prison population continues to grow at startling rates each year. Over the past decade, the number of persons incarcerated in U.S. prisons and jails rose from 1.6 million in 1995 to over 2.1 million persons by midyear 2005 (Harris and Beck, 2006). According to a recent publication released by the Bureau of Justice Statistics (BJS), the number of persons incarcerated in U.S. prisons and jails reached a record high of 2,186,230 inmates by midyear 2005 (Harrison and Beck, 2006). This record number of persons in our nation's prisons and jails has resulted in more prisoners than ever before being released from incarceration. In 2004, 672,202 sentenced inmates were released from state prisons in the U.S., resulting in an increase of 11.1% since 2000 (Harrison and Beck, 2006).

West Virginia's prison population also continues to grow at high rate. In fact, WV had one of the fastest growing prison populations in the nation in recent years. According to a recent report published by the BJS, WV was ranked third in the nation with an average annual growth rate of 8.2% between 1995 and 2004 (Harrison and Beck, 2005; 2006). As a result, WV's state prison population reached 5,312 inmates at the end of 2005. Moreover, the state's prison population is forecasted to continue growing at a rate of 3.3% per a year on average, reaching 6,192 inmates in 2010.

Such increases in the number of released inmates has coincided with a record number of offenders being released from our state correctional facilities. In 2005, the Division of Criminal Justice Services (DCJS) estimated that 2,157 inmates were released from West Virginia Division of Corrections (WVDOC) custody, up from 1,278 in 2000. As a result, the state of WV experienced a 68.8% increase in the number of prisoners released from WVDOC custody between 2000 and 2005 (Lester and Haas, 2006). Moreover, both parole grant rates and the number of prisoners being released from state prisons in WV have increased in recent years. In a single year, the number of offenders released from WVDOC custody to parole services increased by 35.6%. Between 2004 and 2005, the number of inmates paroled in WV increased from 773 to 1,048 inmates. Thus, nearly one-half of the 2,157 inmates released from WVDOC custody in 2005 were released on parole (48.6%) (Lester and Haas, 2005).

The sheer number of offenders released from correctional institutions each year has underscored the need for effective offender programs and transitional services. As a result, the WVDOC developed a comprehensive offender reentry program with the anticipation that it would significantly reduce the number of barriers that offenders will have to face upon release and thereby increase their chances for successful reintegration. Thus, the primary goal of the WVORI is to develop a case management system that ensures the continuity of services and programming from the time the offender enters secure confinement until the offender is ultimately reintegrated back into society. The West Virginia Offender Reentry Initiative (WVORI) became fully operational in July 2005.

The WVORI is comprised of two core components and three general phases. The core components provide a foundation for all of the activities that take place in each of the three WVORI phases. These core components include the establishment of a prescriptive case management systems (PCMS) and the use of the Level of Service Inventory-Revised (LSI-R) to assess inmate's risk and need levels. The PCMS was developed and implemented to structure reentry planning. Services provided via the PCMS include assessment, reentry program plans, substance abuse programs, primary treatment services, transition preparation, parole services, and a parole release plan (WVDOC, 2006). The LSI-R was adopted by the WVDOC to serve as a foundation for the PCMS. Based on the accurate assessment of an inmates level of risk and needs, the LSI-R can help correctional staff identify appropriate institutional programs and services and assist in the development of reentry case plans.

In addition, the WVORI is comprised of three primary phases—an institutional phase, a transitional phase, and a community reintegration phase. These three phases are characterized by extensive institution-based programs, enhanced relationships between institution staff and parole personnel, and strong offender ties with community support systems. The primary objective for the institutional phase, or Phase 1 of the WVORI, is to gain greater consistency in the application of initial diagnostic and classification systems

across WVDOC facilities. In addition, this phase includes efforts to revise case management practices in a manner that allow for the appropriate matching of offenders to specific programs based their needs.

Phase II, or the transitional programming phase, focuses on preparing offenders for making the transition from the institutional setting to parole supervision in the community. As such, this phase includes an array of pre-release services to assist offenders with reentry. These services include reassessment and development of an aftercare plan, an infectious disease course, a parole orientation course, and the scheduling of regular contacts with case managers and parole officers. In addition, this phase serves to link the offender to various community programs such as educational and/or vocational training programs, substance abuse treatment, employment services, and religious or faith-based services. All WVDOC inmates participate in transitional planning prior to release.

Phase III of the WVORI, or the community reintegration phase, emphasizes assisting offenders in achieving and maintaining stability in their life situations (including housing and employment) while sufficiently monitoring ex-offenders in order to protect public safety. This phase is characterized by efforts to increase the autonomy of offenders prior to release from parole while assisting the offender in building relationships with community agencies and establishing a strong social support system. Key components of this phase include monitoring and supervision of parole officers and ensuring ex-offenders adhere to the individual reentry program and aftercare plans developed prior to release. Monitoring progress on aftercare plans and conducting post-release follow-ups is a primary function of parole officers during this phase.

Preparing Prisoners for Returning Home: Evaluation Overview

The success of the WVORI as well as many other programs or initiatives in the field of corrections is contingent upon successful implementation and service delivery. Prior research has clearly demonstrated that proper implementation is a necessary condition of correctional programs and services designed to reduce recidivism (Hubbard and Latessa, 2004;

Lowenkamp and Latessa, 2005). Thus, it is important for program planners to be informed of the extent to which their programs have been fully implemented. Therefore, the WVDOC commissioned a process evaluation in the spring of 2004 to examine the extent to which the WVORI had been implemented in accordance to the reentry program plan. A central goal of this process evaluation was to assess whether reentry services were reaching prisoners preparing for release and subsequently transitioning to the community.

To achieve this goal, this process evaluation utilized multiple data sources and a resulted in a series of reports designed to provide a comprehensive view of the WVORI and its implementation. The first two reports produced under this process evaluation were based on survey responses from correctional staff (see Haas, Hamilton, and Hanley, 2005; 2006). A primary purpose of the first two reports was to examine the extent to which correctional staff attitudes where in-line with the mission of the offender reentry initiative. In addition to the assessment of correctional staff attitudes, however, the second study also explored the extent to which the WVORI and its related components had been properly implemented. In particular, the second report closely examined the two core components of the WVORI—the Level of Service Inventory-Revised (LSI-R) and the Prescriptive Case Management System (PCMS).

While the first two reports in this process evaluation mostly centered on the institutional phase of the reentry initiative, the third study in this process evaluation focused almost entirely Phase II of the WVORI (see Haas and Hamilton, 2007). A sample of soon-to-be-released prisoners was used to ascertain the extent to which transitional services were being provided to inmates prior to release. Of equal importance, this report also sought to examine *how* these services were being delivered. That is, whether core correctional practices were being applied in the delivery of these services. Additionally, this study assessed inmate perceptions of the quality of service delivery (as measured by the presence of core correctional practice) and the extent to which these perceptions were related to inmate self-appraisals of preparedness (or expectations) for release. Research has linked how services are delivered and inmate's expectations for life after prison to program effectiveness and inmate outcomes, respectively.

As the final report in this process evaluation, this report

summarizes the findings of previous reports. However, this report also presents the results of additional analysis conducted using official records gathered from WVDOC's Inmate Management Information System (IMIS). As described above, each study in this process evaluation used different data sources to examine various aspects of service delivery as it relates to the WVORI. Nonetheless, official records on offender assessment and programs offered to inmates has yet to be explored. Thus, the present analysis examines service delivery from the standpoint of official data. More specific, the present analysis seeks to fill remaining gaps in the evaluation by examining the number and types of pre-release programs provided to inmates and whether these programs are being appropriately matched to offender needs. Research has demonstrated that the proper matching of offender needs to services is a principle component of effective interventions.

Key Findings and
Evidence-Based Recommendations

Over the past several decades, a body of research literature has developed that outlines key components offender treatment. These components are associated with the greatest reductions in recidivism across programs. These components have come to be known as the "principles of effective intervention" and are rooted in evidence-based practices. These principles can be grouped into eight core areas. These areas include: organizational culture, program implementation/maintenance, management/staff characteristics, client risk/need practices, program characteristics, core correctional practice, inter-agency communication, and evaluation (Gendreau and Andrews, 2001).

These eight principles of effective correctional intervention served as a framework for this evaluation. While this evaluation did not set out to determine whether the WVORI adhered to each principle, these principles served as a guide for making decisions on what to examine and, ultimately, how to interpret the results. As a result, many of the findings hold important implications for the proper implementation and delivery of services in an evidence-based practices environment. Thus, the findings from the three previous reports as well as the result of the present analysis are organized and discussed

using the eight principles of effective correctional intervention as a framework.[1]

In addition to summarizing the results of the process evaluation, this report also provides a number of recommendations that correspond closely to the evaluation results. The recommendations are derived from a review of the current empirical literature on evidence-based practices (EBP) and, specifically, studies that center on issues related to program implementation and the principles of effective intervention (e.g., Andrews and Bonta, 1998; Andrews, Bonta, and Hoge, 1990; Andrews and Kiessling, 1980; Gendreau, 1996; Gendreau and Andrews, 2001; Leschied, 2000). Furthermore, many of the evidence-based recommendations that follow are also specifically rooted in the recent work of the National Institute of Corrections (NIC) and the Crime and Justice Institute (CJI) (see Crime and Justice Institute, 2004). As a result, the evidence-based recommendations offered in this report are widely supported by extant research that centers on proper program implementation and delivery of correctional services. Selected key findings and evidence-based recommendations from the report are presented below by principle of effective intervention.

Organizational Culture

Based on both correctional staff surveys and responses from inmates, the results of this process evaluation suggest that staff are not fully "onboard" with the goals of the new initiative. Moreover, some of the findings point to a lack of commitment on the part of staff to integrate evidence-based practices into the delivery of services (i.e., core correctional practices). For instance, results from the correctional staff survey showed that one-third of all staff had a low level of support for the WVORI. In the same regard, even fewer correctional staff reported support for the use of the LSI-R as the new tool for assessing offender's risk and needs. This is particularly noteworthy given that the proper assessment of offenders is a fundamental prerequisite for effective case

---

[1] While an effort is made to identify as many of the key findings of the process evaluation as possible, it is important to note that the present summary does *not* account for all of the findings in the process evaluation. Persons interested in reviewing the results of the entire process evaluation are encouraged to revisit each of the previous reports (see Haas, Hamilton, and Hanley, 2005; Haas, Hamilton, and Hanley, 2006; Haas and Hamilton, 2007).

management (including both the supervision and treatment of offenders) and underlies the WVDOC newly developed prescriptive case management system (PCMS).

Furthermore, this process evaluation found important subgroup differences in level of support for the WVORI and its related components (i.e., PCMS and LSI-R). Consistent with results from previous research, the results demonstrated that staff with longer histories in the field of corrections and at the WVDOC had considerably lower levels of support for the WVORI as well as the PCMS and the use of the LSI-R. Correctional staff with 10 or more years experience either in the field of corrections or at the WVDOC were significantly less likely to report high support for the PCMS and the WVORI. In addition, parole officers were found to have the least favorable views toward the WVORI, the PCMS, and the LSI-R.

Evidence-based recommendations (EBP) suggested by these findings include:

• Developing an inclusive process that elicits agency-wide participation and support for the WVORI and the use of EBP.

• Further incorporating statements that reflect a commitment toward effective offender reentry and the use of EBP into the agency's mission statement, policy directives, and procedures.

• Revising training curricula and adjust intra-agency formal and informal modes of communication to be more in-line with support for the correctional goal of rehabilitation.

• Revising hiring procedures and selection criteria to be consistent with the agency's mission to implement offender reentry programs and services using core correctional practices.

• Continuing to align agency resources and budget allocations around the WVORI in an effort to further reinforce the agency's commitment to provide comprehensive reentry programs and services.

• Identifying organizational leadership and program supervisors that are committed to implementing the WVORI

and solicit these staff persons to develop strategies to further enhance intra- and inter-agency communication on EBP.

• Developing a "marketing strategy" or other methods to demonstrate the value of "what works" in corrections and its relationship to the WVORI for both internal and external audiences.

Program Implementation/Maintenance

Based on the results of this process evaluation, it is not entirely clear that correctional staff are knowledgable of evidence-based practices in the field of corrections. Additionally, it appears that many of the key components of effective correctional intervention are not being integrated into service delivery and case planning. A key finding that was derived from this process evaluation is that correctional staff may not be utilizing the LSI-R as it was intended by the WVORI program planners.

Based on the results of the correctional staff survey, for example, it was found that many staff were not referring to specific LSI-R assessment outcomes when developing treatment plans and were not committed to assessing offender progress. Nearly thirty percent of case managers (29.2%) and counselors (28.1%) as well as over one-half of parole officers (52.9%) report that they had never used the LSI-R to assess offender progress. It was also discovered that only a small proportion of inmates had more than one initial LSI-R assessment. The results also showed that nearly thirty percent of prisoners had never been assessed using the LSI-R, despite potentially being within 90 days of release. This suggest that assessment information is not being used properly to guide case planning decisions and monitoring offender progress. Only 4 out of every 10 correctional staff were found to be using the results of the LSI-R to develop reentry case plans.

Evidence-based recommendations (EBP) suggested by these findings include:

• Revising training curricula and future workshops to integrate content designed to educate staff on the value of EBP and offset beliefs that work against reentry support.

• Developing a system of rewards and recognition for staff that evidence the knowledge, skills and attitudes associated

with EBP (e.g., link offender successes and staff demonstrated abilities to performance evaluations).

• Establishing "staff accountability" procedures for using LSI-R assessment information to develop reentry case plans and using case plans to effectively manage prisoners (this is the issue of matching).

Management/Staff Characteristics

Based on the collective results of this evaluation, it is clear that correctional staff's attitudes and orientations are a) directly related to their level of support for the reentry initiative and b) may be impacting the implementation of the initiative. The results of this evaluation demonstrated that as correctional staff became more human service oriented and less punitive toward inmates, they also became more supportive of the WVORI and its core components (e.g., PCMS and LSI-R). As a result, differing levels of resistance and support for the reentry initiative were tied to attitudes and orientations of correctional staff. In short, we found that staff who were more supportive of the notion of rehabilitation, liked to work with others, liked their job, and were empathetic toward inmates, were significantly more likely to indicate that they support the reentry initiative.

Additionally, there is some reason to believe that such attitudes and orientations may be impacting the actual delivery of reentry services. For instance, parole officers tended to be more punitive and less human services oriented than other occupational subgroups. And, at the same time, the result of this evaluation consistently demonstrated that parole officers were less likely to support the WVORI and the PCMS and were significantly less likely to support the use of the LSI-R than case managers and counselors. Of the 22 parole officers that comprised the post-implementation sample of correctional staff, only 1 indicated that they highly supported the use of the LSI-R. Such results appear to translate into practice. This evaluation found that parole officers were less likely to use the LSI-R to formulate reentry case plans and to assess offender progress compared to other correctional staff.

Evidence-based recommendations (EBP) suggested by these findings include:

• Identifying, bolstering, and utilizing staff oriented toward support for reentry and the use of EBP. These staff should also be selected based on the ability to provide leadership to other WVDOC staff and educate others on the importance of research-based practices.

• Rewriting staff performance standards and expectations and employee job descriptions to emphasize the knowledge, skills, and attitude necessary to deliver reentry services that are in-line with core correctional practice.

• Developing initiatives to focus on staff development (including knowledge of research evidence and skill development) within the context of the West Virginia Corrections Academy to further promote the delivery of reentry services based on core correctional practice.

• Developing a standardized mechanism to distribute reentry evaluations and other state/national research related to EBP and successful reentry practices (e.g., agency listserve, website, manuscripts at conferences/workshops, presentations, etc.) to all administrators as well as front-line staff (e.g., reentry resource center).

• Providing educational presentations/training sessions to agency leadership and key program personnel on the principles of effective intervention, core correctional practice, and the effective delivery of reentry services.

Client Risk/Need Practices

The results of our analysis suggest that staff may not be utilizing the LSI-R as it was intended by the WVORI program planners or the developers of the LSI-R. It also appears that correctional staff may not be referring inmates to appropriate post-prison services based on the assessment information and may not be correctly matching treatment services to the individual needs of offenders.

A substantial amount of variation was found in *how* correctional staff use information to ascertain the risk and needs of offenders. Moreover, we found little agreement among staff in what to recommend as part of the reentry plan once an assessment was complete. These findings imply a weak link between the needs of inmates and the services

recommended by correctional staff.

In addition, this evaluation discovered that while the appropriate decisions were being made by correctional staff in some instances, there was little evidence that actual treatment matching had taken place. Reentry services were not being tailored to the individual needs of offenders in the areas of substance abuse and educational/employment. This is important because improving the link between offender needs and service delivery may not only help save resources but result in more effective correctional programming and greater reductions in recidivism.

Evidence-based recommendations (EBP) suggested by these findings include:

• Building accountability measures and a standardized auditing system for monitoring the linkage between offender assessment and case planning and the prioritization of services by corrections staff.

• Transitioning from the LSI-R to the LS/CMI and establish a system of periodic trainings and "booster sessions" to capture new employees and retrain present employees.

• Developing and implementing decisions-making guidelines to assist staff in translating assessments into case plans and matching services to prisoner needs (e.g., matrix or decision-making tree/grid).

Program Characteristics

Based on the survey responses of prisoners, the evaluation results indicated that many inmates who were within 90 days of potential release had not received an aftercare plan or met with their case manager to update their IRPP. In fact, only 12.9% of all inmates had reviewed a copy of their aftercare plan at the time of the survey. And only 31.4% of all inmates indicated that they had met with their case manager to update their IRPP. In like manner, less than ten percent of all inmates stated that they had been given the contact information of a community services provider (9.0%) and fewer than five percent had actually scheduled an appointment (4.5%).

While an analysis of official records does not shed light on inmate-staff contacts to review case plans, it does provide estimates of the number of transitional programs offered to inmates. According to official records, only 44.4% of prisoners had received some sort of transitional service program prior to release. Moreover, the evaluation found that few prisoners had received pre-release programs while institutionalized as well. The results showed that 32.7% of soon-to-be-released prisoners had not received a single program while incarcerated. Likewise, no program was offered to 32.8% of the inmates in sample of released inmates. Furthermore, while approximately one-half of all inmates had received substance abuse treatment at some point during their incarceration (50.2%), a much smaller percentage of inmates had received other types of programs. Only one-quarter of inmates had been provided a crime victim awareness program or received some sort of vocational training while incarcerated. Likewise, fewer than 1 in 5 inmates had been provided a cognitive or social skills-based treatment. Beyond the programs mentioned above, only small percentage of inmates had received other institutional programs.

At the same time, however, this evaluation found evidence that work release centers may be providing more and better quality reentry services. On every measure of core correctional practice and transitional services, the performance of work release centers was equal to or better than that of general population institutions. In most instances, the differences between work release centers and general population institutions were statistically significant. Based on the prisoner survey data, a greater percentage of inmates in work release centers reported having received pre-release programs and transitional services compared to prisoners in general population institutions.

Evidence-based recommendations (EBP) suggested by these findings include:

• Reviewing all reentry programs and services to ensure that they adhere to the principle of general responsivity, are research-based, and that instructional programming is delivered using cognitive-behavioral techniques (i.e., model, practice, and reinforcement).

• Developing separate policies and procedures for the management of low versus high risk offenders prior to and after release from prison.

- Expanding the use of work-release centers as "step-down" units for prisoners nearing release.

- Identifying staff characteristics and key processes operating in work release centers and develop a strategy to replicate these processes in other facilities.
- Developing a new process or series of checks to ensure that thorough discharge planning takes place to prepare prisoners for release to the community (e.g., pre-release services/courses, transitional services, and community contacts checklist).

Core Correctional Practice

The results of this evaluation illustrate that the WVORI could be improved through greater use of core correctional practices by staff in the delivery of programs and services. Our results show that when prisoners perceived receiving transitional services in a manner that was consistent with the use of CCPs, they reported being better prepared for life after release. However, the findings further suggested that the application of CCP is not as widespread as one might hope, at least from the perspectives of inmates. For example, while prisoners reported that they were often given the opportunity to practice new behaviors in prison, many did not feel that appropriate behaviors were demonstrated for them by correctional staff. Nor did prisoners feel that reinforcements for good behavior were provided by prison staff on a regular basis.

Additionally, many inmates reported that staff did not advocate on their behalf to community program providers or engage in problem-solving activities with them. And the results further imply that many correctional staff were not developing high quality interpersonal relationships with inmates which have been found to be associated with successful service delivery in correctional settings.

Evidence-based recommendations (EBP) suggested by these findings include:

- Developing policy directives to incorporate the principles of core correctional practice into the delivery of all programs and services to both staff and inmates.

- Developing strategies to address both staff characteristics (e.g., attitudes, orientation, communication style, etc.) and training in core skills (e.g., effective reinforcement, relationship and structuring skills, etc.) to ensure the maximum therapeutic of pre-release programs and services to offenders.

- Developing a process for monitoring the effective use of reinforcement and disapproval through documentation and assisting staff in identifying situations/circumstances that provide opportunities for reinforcement.

- Developing a system of appropriate graduated consequences for offenders and train staff on consistent application of disciplinary practices and use of authority (inter and intra-individuals).

Inter-Agency Communication

Based on the responses from the sample of soon-to-be released prisoners, many inmates did not believe staff had worked to identify referrals or speak on their behalf to community organizations or service providers. Only 6.4% of all inmates rated the effective use of community resources as high on the part of correctional staff. Likewise, over one-half of all inmates did not believe that staff were committed to generating referrals for them or lobbying community resources to help them transition to the community (51.4%).

In addition, only a small percentage of inmates had made contact with community services providers and very few prisoners had services set up in the community for after release. This is despite being with 90 days of potential release from prison. Less than ten percent of all inmates stated that they had been given the contact information of a community services provider (9.0%) and fewer than five percent had actually scheduled an appointment (4.5%), regardless of institution type (i.e., work release versus general population).

Our results further illustrated that many inmates who were in need of community services were not set up to receive them once released. In terms of drug treatment, for instance, approximately one-third of all inmates indicated that they had not been set up to receive treatment upon release. This was also the case for other service contacts in the community. As with drug treatment, roughly one-quarter of all inmates in need of treatment services for alcohol abuse were not set up to

receive them upon release. Similar results were found for other types of community-based services.

Evidence-based recommendations (EBP) suggested by these findings include:

• Providing the necessary resources for staff to identify and engage community support programs for offenders transitioning to the community.

• Developing a system for measuring community contacts made by staff and offenders as they prepare for release.

• Involving community-service providers in the WVORI and educate these providers on EBP in the field of corrections and the new WVORI processes for soon-to-be-released offenders.

• Developing working agreements with each of the local Workforce Investment Boards to work with offenders on parole ensuring that they are able to be successfully linked to services.

• Working with workforce development and employment services organizations in the state to develop a list of potential employers willing to hire ex-offenders (e.g., WorkForce West Virginia).

• Developing procedures to ensure appropriate passage of inmate identification documents from jails to prisons and establish a formal agreement with state agencies responsible for issuing documentation or providing information on how to obtain records and important benefits (e.g., birth certificates, driver licenses, social security and veteran benefits, federal student aide, etc.).

Evaluation

Research has consistently shown that the proper implementation of programs is critical for achieving positive outcomes. However, routine evaluation and performance monitoring is a critical tool for ensuring the successful implementation of any program. The failure to adequately monitor program implementation and staff performance is a common mistake made by many agencies or organizations initiating a new program. Fortunately, these pitfalls in program implementation can be avoided with the establishment of rigorous quality assurance procedures to ensure program fidelity during the implementation phase.

Such efforts can be enhanced by routine monitoring and evaluation. Agencies should work to build the internal capacity to perform routine evaluations or secure the services of a trained evaluator. Several meta-analytic studies have demonstrated that the involvement of an evaluator in program implementation and monitoring is a significant predictor of a program's success at reducing recidivism (Andrews and Dowden, 2005; Dowden and Andrews, 1999; 2000; Lipsey, 1995). It is believed that an evaluator's involvement enhances program integrity which, in turn, increases the therapeutic potential of appropriate correctional programs (Dowden and Andrews, 1999).

In addition, as demonstrated by the current process evaluation, the use of an evaluator can also yield an abundance of information about the adequacy of a program's implementation, the delivery of its services, and the characteristics of staff that either facilitate or hinder the capacity of a program to reach its desired goals and objectives. Moreover, trained evaluators can provide assistance to program staff in establishing meaningful quality assurance procedures to monitor staff compliance.

Evidence-based recommendations (EBP) suggested by these findings include:

• Developing a system or set of procedures for providing staff with timely, relevant, and accurate feedback regarding performance related to EBP outcomes.

• Revising the supervisor level employee evaluation process to include a supervisor's ability to teach and model EBP, observe inmate-staff interaction, and provide feedback, reinforcement, and instruction.

• Establishing a system for monitoring offender progress through the Individual Reentry Program Plan, including participation in programs, attitudinal change (including motivation to change), general treatment gains, and transitional planning.

- Establishing quality assurance procedures that include periodic and random audio/visual and paper reviews to ensure that the LS/CMI is conducted and utilized properly in the development of offender reentry case plans.

- Requiring the routine monitoring of staff performance by supervisors based on "quality" measures that are reflective of an evidence-based practice environment (e.g., quality of assessment, appropriateness of treatment plans, and quality of treatment services delivered).

- Incorporating and developing linkages between risk/need assessment information and reentry case plans in the Inmate Management Information System.

- Continuing to assess progress in implementation of the WVORI using quantifiable data (e.g., staff and inmate surveys, official records, direct observations/evaluations). Periodically, re-assess staff attitudes/orientation and use of CCP to ascertain whether policy and practice changes are producing results more in-line with greater program integrity and the use of EBP (e.g., continue to identify important subgroup differences in support, work to identify sources of resistance as well as support).

- Making program evaluation a normal part of doing business. Conduct process evaluations to ensure proper implementation of programs and services as well as short-term and long-term outcome evaluations to measure impact.

In sum, the central purpose of the process evaluation was to systematically evaluate the WVORI in terms of both coverage and delivery. That is, to determine the extent to which the offender reentry initiative had reached its intended target population and to assess the degree of congruence between the reentry program plan and the actual service delivered to inmates. Using a variety of data sources, this process evaluation was able to highlight key areas for improvement and offer recommendations based on current empirical evidence. It is hoped that the information produced by this evaluation will assist WVDOC administrators and correctional staff as they search for ways to enhance offender reentry services in the state.

Introduction

The U.S. prison population continues to grow at startling rates each year. Over the past decade, the number of persons incarcerated in U.S. prisons and jails rose from 1.6 million in 1995 to over 2.1 million persons by midyear 2005 (Harris and Beck, 2006). According to a recent publication released by the Bureau of Justice Statistics (BJS), the number of persons incarcerated in U.S. prisons and jails reached a record high of 2,186,230 inmates by midyear 2005 (Harrison and Beck, 2006). This record number of persons in our nation's prisons and jails has resulted in more prisoners than ever before being released from incarceration. In 2004, 672,202 sentenced inmates were released from state prisons in the U.S., resulting in an increase of 11.1% since 2000 (Harrison and Beck, 2006).

Of these released prisoners, approximately two-thirds will be re-incarcerated within three years of their release (Langan and Levin, 2002). Prior research has shown that upon release from prison, these ex-offenders will encounter many barriers to successful reintegration as they try to reenter society. These barriers to reentry can manifest themselves in seemingly basic or practical needs of offenders (e.g., having social security cards reissued, obtaining a driver's license, securing social or veteran benefits, etc.) or more arduous problems associated with mental illness or substance abuse. Unfortunately, the extent to which these ex-offenders are successful in dealing with these known barriers to reintegration will ultimately determine whether or not they will return to the criminal justice system.

West Virginia's prison population also continues to grow at high rate and the inmates released from WV's correctional facilities will face many of the same barriers as ex-offenders in other states. In fact, WV had one of the fastest growing prison populations in the nation in recent years. According to a recent report published by the BJS, WV was ranked third in the nation with an average annual growth rate of 8.2% between 1995 and 2004 (Harrison and Beck, 2005; 2006). As a result, WV's state prison population reached 5,312 inmates at the end of 2005. Moreover, the state's prison population is forecasted to continue growing at a rate of 3.3% per a year on average, reaching 6,192 inmates in 2010.

As prison populations continue to rise, more and more ex-offenders are making the transition from prison to the community every day. This is primarily due to the large number of prisoners being released into communities across the state every year. In 2005, the Division of Criminal Justice Services (DCJS) estimated that 2,157 inmates were released from West Virginia Division of Corrections (WVDOC) custody, up from 1,278 in 2000. As a result, the state of WV experienced a 68.8% increase in the number of prisoners released from WVDOC custody between 2000 and 2005 (Lester and Haas, 2006).

Such increases in the number of released inmates has coincided with a record number of offenders being released to parole supervision in the state. Both parole grant rates and the number of prisoners being released from state prisons in WV have increased in recent years. In a single year, the number of offenders released from WVDOC custody to parole services increased by 35.6%. Between 2004 and 2005, the number of inmates paroled in WV increased from 773 to 1,048 inmates. Thus, nearly one-half (48.6%) of the 2,157 inmates released from WVDOC custody in 2005 were released on parole (Lester and Haas, 2005). Additionally, with a recent increase in the number of parole board hearings as well as continued growth in the number of WVDOC commitments and admissions, these release trends are expected to continue for some time into the future.

The sheer number of offenders admitted and released from correctional institutions each year, coupled with statistics on recidivism among released offenders, has renewed interest in offender reentry and reintegration programming across the nation and here at home. As a result, the WVDOC developed a comprehensive offender reentry program with the anticipation that it would significantly reduce the number of barriers that offenders will have to face upon release and thereby increase their chances for successful reintegration. The primary goal of the WVORI is to develop a case management system that ensures the continuity of services and programming from the time the offender enters secure confinement until the offender is ultimately reintegrated back into society. The West Virginia Offender Reentry Initiative (WVORI) became fully operational in July 2005.

In an effort to ensure the success of the newly developed WVORI, the WV Division of Corrections commissioned a process evaluation in the spring of 2004 to examine the extent

to which the WVORI had been implemented in accordance to the reentry program plan. The central purpose of the process evaluation is to systematically evaluate the WVORI in terms of both coverage and delivery. That is, to determine the extent to which the offender reentry initiative is reaching its intended target population and to assess the degree of congruence between the reentry program plan and actual services delivery.

This process evaluation has produced three separate studies as well as the official data analysis contained in the present report. Multiple data sources, including correctional staff and inmate surveys and official records, have been used to arrive at a comprehensive view of the WVORI. As a result, this evaluation has provided information on the extent to which the WVORI has been implemented in accordance with the program plan developed by WVDOC administrators. In addition, this evaluation has been able assess whether the current practices under the WVORI are congruent with what research has determined to be effective at reducing recidivism in offender populations.

As the last in a series of reports, the central purpose of this report is to examine the extent to which reentry services were provided to inmates and fill remaining gaps in the process evaluation. While previous reports examined such issues as correctional staff attitudes and service delivery from the perspectives of inmates, this report uses official data to assess whether pre-release programs and transitional services were provided to a sample of soon-to-be-released prisoners. In addition, this report seeks to assess a remaining issue related to the proper implementation of services based on the principle of effective services, namely, the question of whether programs and services were being properly matched to the needs of inmates.

Finally, this report summarizes many of the key findings from the three previous reports and offers a series of evidence-based recommendations based on the results of the evaluation as a whole. As the final report in this evaluation, it is anticipated that the results will serve as a guide for WVDOC administrators and other policy-makes as they seek to improve the services provided to inmates nearing release, protect the public, and reduce recidivism. The current report begins with an overview of the West Virginia Offender Reentry Initiative (WVORI).

The West Virginia Offender Reentry Initiative (WVORI)

Similar to reentry initiatives throughout the country, the WV Offender Reentry Initiative (WVORI) includes an institutional phase, a transition period from the institution to parole services, and a community reintegration phase. These three phases are characterized by extensive institution-based programs, enhanced relationships between institution staff and parole personnel, and strong offender ties with community support systems. The primary goal of the WVORI is to develop a case management system that ensures the continuity of services and programming from the time the offender enters secure confinement until the offender is ultimately reintegrated back into society.

The WVORI required the West Virginia Division of Corrections (WVDOC) to develop and apply an entirely new prescriptive case management system. This new case management system incorporated the use of different classification instrument and a variety of newly-developed and innovative programs. As a result, the administrative staff of the WVDOC recognized the need for extensive training of personnel who would be given the responsibility of conducting the daily activities that comprise the WVORI (e.g., LSI-R, prescriptive case management system, Individual Reentry Program Plan, victim safety training, faith-based mentoring and other treatment programs).

Training on the new reentry initiative and its components began in September 2003 and continued through December 2004. Examples of specialized sessions included training on the proper application of the LSI-R, the prescriptive case management system (PCMS), use of the Individual Reentry Program Plan Form, victim safety training, faith-based mentoring and other treatment programs. Prior to the launch of the initiative, all correctional staff had been trained on the various components of the WVORI. In July 2005, the WVORI became fully operational for all WVDOC inmates with two years or less remaining on their sentence. These inmates were set to receive all of the reentry services established under WVDOC offender reentry plan and had Individual Reentry Program Plans (IRPP) developed for their cases.

The WVORI is comprised of two core components and three general phases. The core components provide a foundation for all of the activities that take place in each of the three WVORI phases. These core components include the prescriptive case management systems (PCMS) and the Level of Service Inventory-Revised (LSI-R). The three phases of the WVORI include an institutional phase, followed by a transitional phase as the inmate nears release, and a community-based service phase. Each of the core components and WVORI phases are described below.

Core Components of the WVORI

The core components of the reentry initiative are a prescriptive case management system (PCMS) and the use of the Level of Service Inventory-Revised (LSI-R). Implementation of the WVORI required revision of the basic structure by which correctional services and programs were delivered. Therefore, the PCMS was developed and implemented to provide structure to reentry planning. Services provided via the PCMS include assessment, reentry program plans, substance abuse programs, primary treatment services, transition preparation, parole services, and a parole release plan (WVDOC, 2006).

The WVORI and the prescriptive case management system are consistent with the principles of effective correctional intervention (see Principles of Effective

Intervention: A Summary of Eight Principles described later in this report). The PCMS includes: (1) identifying criminogenic needs through an initial assessment with the LSI-R; (2) targeting criminogenic needs through intensive services; and (3) implementing correctional interventions consistent with general responsivity (e.g., cognitive-behavioral based interventions). The PCMS also includes methods for monitoring offender progress through reassessment and tracking performance using regular progress reports and offender program report cards. Case managers are provided with some guidance in developing case management plans for offenders while in the institution through the use of a matrix system. The matrix system identifies a series of recommended program referrals based on the needs of individual offenders. Consistent with evidence-based practices (EBP), the interventions identified in the WVDOC Program Recommendation Matrix are primarily cognitive-behavioral in nature.

The PCMS requires the use of an empirically-based classification system and a variety of newly-developed and innovative programs. At admission, all incoming inmates are subject to a comprehensive screening and assessment process that includes risk-need assessment, substance abuse screening, personality tests, education-level test, intelligence and reasoning tests, and sex offender screening and assessment (WVDOC, 2006). The results of these assessments, particularly the LSI-R, are incorporated into an Individual Reentry Program Plan (IRPP).

The LSI-R is a standardized risk-needs assessment instrument applicable to institutional and community-based offenders. It is based on empirical research identifying domains predictive of risk and criminogenic need. The assessment generates composite scores for each risk/need domain and an overall composite score associated with risk level (e.g., high, medium, and low). A reentry program plan is developed based on the composite scores for each of the domains of the LSI-R and prioritizing the unique needs of the offender (WVDOC, 2006). Offenders with an overall composite score falling within the three highest levels of the LSI-R are targeted for intensive reentry planning and are eligible for direct services through parole upon release (WVDOC, 2006).

The IRPP identifies areas of need and provides a list of

WVORI Highlights....

Similar to reentry initiatives throughout the country, the WV Offender Reentry Initiative (WVORI) includes an institutional phase, a transition period from the institution to parole services, and a community reintegration phase.

The primary goal of the WVORI is to develop a case management system that ensures the continuity of services and programming from the time the offender enters secure confinement until the offender is ultimately reintegrated back into society.

---

intervention programs and services available to address the needs. It also sets specific behavioral objectives which correspond to each phase of the reentry initiative (see Appendix A). These objectives include: (1) institutional behavioral objectives, to be assigned during the span of the offender's incarceration; (2) transitional behavioral objectives, to be assigned beginning six months prior to the offender's parole or discharge eligibility date through the first month of parole supervision; and (3) community behavioral objectives, to be assigned during parole supervision. Individual reentry program plans are reviewed and updated on a bi-annual basis.

The general guidelines and principles for program referral provide case supervisors structure for developing the IRPP and for recommending programs. To assist case managers in making referral, the Program Recommendation Matrix identifies specific areas of need and the corresponding interventions and services appropriate for addressing each need (see Appendix B). The areas of need are similar to the LSI-R domains and include criminal history, family and parenting, education and employment, peer relations, substance abuse, leisure and recreation, antisocial personality and behavior, pro-criminal attitudes and orientations.

Following the initial LSI-R assessment, the areas of need are identified and prioritized for each individual based on composite scores of the LSI-R domains. The appropriate interventions and services for targeting each area of need are determined by examining the Program Recommendation Matrix and identifying the corresponding interventions and services. For example, an offender who scores high in the area of attitudes and orientations may be referred to Open Gate, cognitive skills training, critical thinking, problem solving skills, anger management, or other interventions designed to address this need. Likewise, areas identified as strengths on the LSI-R offer ideal areas of support or insulators for transitioning offenders. Program recommendations may also be made based on information gathered by the case supervisor through interviews and/or observation (WVDOC, 2006).

To help facilitate the smooth transition of services while ensuring program integrity, the WVDOC developed and implemented direct service programs within parole throughout the state. The newly developed direct services include addiction and employment services as well as sex offender treatment. Prior to the implementation of the WVORI, parole services did not offer direct services but relied upon a community brokerage model for referring offenders to continuing treatment. However, the WVDOC wanted greater assurance that interventions following release are fundamentally consistent with institutional-based interventions in theory and application. Such interventions would further ensure a continuum of services from the institution to the community.

This continuum of services also required the development of collaborative relationships between institutional staff, parole staff and the inmate prior to release. These collaborative relationships were also critical for ensuring continuity of services and programming. However, the identification of appropriate service and level of supervision after release is contingent upon the accurate assessment of offender risk and needs. These core components of the WVORI function throughout each phase of the WVORI, from the institution to parole. The following section describes each primary phase of the WVORI.

Key Phases of the WVORI

The WV Offender Reentry Initiative (WVORI) is a structured program to help inmates make a satisfactory

transition upon their release from incarceration. It is designed to provide a continuum of reentry services to offenders as they transition from prison to the community. The WVORI includes an institutional phase, a transition period from the institution to parole services, and a community reintegration phase. These three phases are characterized by extensive institution-based programs, enhanced relationships between institution staff and parole personnel, and strong offender ties with community support systems. Each phase of the WVORI is briefly described below.

Phase I. Making a Plan—Protect and Prepare: Institutionally-Based Programs

The primary objective of this phase is to gain greater consistency in the application of initial diagnostic and classification systems across WVDOC facilities. In addition, this phase seeks to utilize case management practices in a manner which allow for the appropriate matching of offenders to specific programs based their needs. Based on an assessment of past practices, WVDOC administrators identified a need to streamline all diagnostic testing so that every institution would use the same assessment tools. Likewise, WVDOC administrators felt it was important to develop a standardized reentry program plan format that would be used by all case management staff when developing treatment plans for offenders. It was anticipated that these new strategies would enhance the continuity of services and improve the effectiveness of the WVDOC interventions through targeted treatment programming.

Thus, Phase I includes a series of diagnostic assessment tools and a newly developed prescriptive case management system. The diagnostic assessment instruments used at this phase include, but are not limited to the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Minnesota Sexual Offending Screening Tool- Revised (MnSOST-R), the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), the Addiction Severity Index (ASI), the Violence Risk Appraisal Guide (VRAG), a Social History Interview, the Wide Range Achievement Test – Revision 3 (WRAT III), and the Level of Service Inventory-Revised (LSI-R). To facilitate the standardization of case management practices, WVDOC staff are required to complete the Individual Reentry Program Plan Form. As noted previously, this form details the classification

WVORI Highlights....

Phase I of the WVORI is designed to generate greater consistency in initial diagnostic procedures and to utilize case management practices in a manner that results in appropriate matching of programs to inmate needs.

Phase II focuses on preparing offenders for making the transition from the institutional setting to parole supervision in the community.

and assessment information of offenders, the treatment plan, and serves as mechanism for documenting an offender's progress through the reentry plan.

During this phase, all offenders are also offered a variety of programming services that include basic education, substance abuse treatment, affective, social, and life skills programs as well as religious services, and recreational services. Phase I is offered to all offenders who entered a WVDOC facility (or were currently housed in a WVDOC facility) on July 1, 2004.

Phase II. Coming Home—Control and Restore: Community-Based Transition

Phase II is arguably the most critical phase in the WVORI. This phase focuses on preparing offenders for making the transition from the institutional setting to parole supervision in the community. Phase II begins six months prior to release from the institution and continues through the offender's parole supervision. The primary purpose for transitional planning and services is to reduce potential barriers to successful reintegration. This phase is characterized by increased involvement and cooperation between case supervisors, parole officers and inmates. This increased collaboration is designed to systematically prepare the offender for release while identifying available community resources and programs to address the individual offender's needs. To assist in this process, an assessment of each offender's risk level and specific needs is repeated at this phase.

Since the primary aim is to offer reentry planning to prepare and monitor the reintegration of the most serious and violent offenders, Phase II specifically targets only those offenders scoring medium or high in terms of risk using the LSI-R: SV (i.e., LSI-R Screening Version). This process provides for a more rational allocation of agency resources by providing services to offenders who need them the most and are likely to represent the most serious threat to public safety. Nevertheless, an option of an override is reserved for offenders who do not have medium or high risk scores, but are deemed by WVDOC staff to be a substantial risk for recidivism based on institutional behavior or other risk-enhancing factors.

Phase II includes an array of pre-release services to assist offenders with reentry. These services include reassessment and development of an aftercare plan, an infectious disease course, a parole orientation course, and the scheduling of regular contacts with case managers and parole officers. In addition, this phase serves to link the offender to various community programs such as educational and/or vocational training programs, substance abuse treatment, employment services, and religious or faith-based services. All WVDOC inmates participate in transitional planning prior to release. The inmate's assigned case supervisor works in conjunction with the inmate and his/her parole officer to develop transition plans in preparation for release.

In order to facilitate transition planning, the inmate's individual reentry plan is updated three months prior to his/her established parole or discharge eligibility date. This update includes such items as: social support systems, continued treatment, housing needs, financial support, employment, transportation, issues regarding court ordered commitments (i.e., child support, restitution, fines, etc.), and any additional concerns or needs of the offender. In preparation for release and reentry planning, inmates are also reassessed for risk utilizing the Level of Service Inventory-Revised: Screening Version (LSI-R: SV). This reassessment assists the case supervisor and parole officer in identifying areas of need to target for reentry services.

The paroling authority is provided with a progress report of the inmate's activities in the institution and a proposed parole plan (i.e., parole release plan). Release preparation also involves assisting inmates with developing a home plan prior to their parole interview. While it is primarily the inmate's responsibility to develop a suitable home plan, case managers are expected to work closely with inmates to aid in finding a safe and secure living arrangement that is conducive to living a pro-social life. In addition, all inmates who are eligible for parole and/or discharge are required to complete a pre-parole orientation course and an infectious disease education course prior to release. Medical and/or mental health advocacy/referrals are supposed to be made on behalf of those inmates with chronic medical or mental health issues prior to their parole or discharge eligibility date. A copy of the inmate's most recent individual reentry plan, pre-parole report, and a parole release plan are furnished to the parole board prior to an inmate's parole hearing. For an example of a Parole Release Plan form, see Appendix C .

Phase II also involves the development of extensive plans for offender aftercare. Traditionally, aftercare has consisted of supervision and services provided by parole officers within the community and generally involved little or no planning. However, with the inception of "re-entry," aftercare planning precedes release and provides some stability to the transitioning inmate (Taxman et al., 2002). Stability during transition is essential for successful reentry. As noted previously, the WVORI is designed to provide a continuum of services extending from the institution to the community. Aftercare is also the point where advocacy and referral are especially important to the offender. It is the role of the facility-based case supervisor and the parole officer to jointly locate, advocate, and refer inmates to those services and programs as needed.

The end result of this collaboration between case managers and parole officers is the Aftercare Plan (see Appendix D). The Aftercare Plan serves as a supplement to the Individual Reentry Program Plan. While the individual reentry program plan focuses on the accomplishment of specific goals and objectives, the Aftercare Plan is an action guide, with contact information, relating to the program resources outlined. It is a document that offenders can take with them, refer back to, and generally use as a guide. Program resources and services that will be especially beneficial to an offender upon release will be listed, with the appropriate contact information and scheduled appointments. A copy of the aftercare plan is given to the inmate.

Many of the typical services that are highlighted in an aftercare plan include, but are not limited to, the following:
• Information on how to obtain a new/re-issued social security card;
• Information on how to contact the DMV regarding their driver's license or how to apply for a state issued picture ID card;
• Information about whether or not they may qualify for food stamps and/or Social Security benefits;
• Assistance in submitting the paperwork for reinstatement of Social Security Income or Social Security Disability Income for potentially eligible inmates;
• Enrollment in Job Service website for inmates who made need employment assistance;
• Referrals to or follow-up appointments for mental or physical health care (referrals should only be may by qualified mental and physical health care providers);
• Information about registration with the Selective Service. Information on how to obtain an official copy of their birth certificate;
• Linkage and referral to educational resources, including providing assistance with completing/submitting the FAFSA for federal and/or state financial aid eligibility.

WVORI Highlights....

Phase II involves efforts to identify appropriate referrals for the soon-to-be-released inmates and help them make contacts in the community in order to receive services after release.

Phase III focuses on assisting ex-offenders in achieving and maintaining stability in their life situations (including housing and employment) while sufficiently monitoring their behavior in order to protect public safety.

Phase III is characterized by efforts to increase the autonomy of offenders prior to release from parole while assisting the offender in building relationships with community agencies and establishing a strong social support system.

Phase II also involves efforts to identify appropriate referrals for the soon-to-be-released inmates and help them make contacts in the community in order to receive services after release. Community contacts and referrals should include the services identified above as well as any referrals specific to an inmate's individual needs. As noted previously, mental/medical health referrals should be made prior to release.

In addition, referrals and contacts related to potential employment after release are essential. Employment for offenders returning to communities is one of the most vital components to successful reentry (Petersilia, 2001; Taxman et al., 2002). The WVORI provides a number of employment services to transitioning inmates. Prior to release case supervisors will assist transitioning inmates with enrolling in the Mid-Atlantic Consortium Center (MACC), a web-based database for employment services in West Virginia. Moreover, transitioning inmates may also be referred to One Stop Centers in their community for employment services. Referrals to One Stop Centers are documented on the prisoner's IRPP and aftercare plan.

For offenders returning to communities, identification and restoration of drivers' licenses are linchpins to their successful reintegration. Official photo identification is critical to offenders attempting to obtain employment, provide proof of identity to open banking accounts, obtain public assistance, and similar functions. Obtaining drivers' licenses is vital to ensuring that offenders have the means to travel for employment, treatment, and other scheduled appointments. This is particularly important given the limited access to public transportation services throughout the state. The WVDOC and the WV Division of Motor Vehicles have entered into an interagency agreement to better provide these services to transitioning inmates.

Phase III. Staying Home—Responsibility and Productivity: Community-Based Long-Term Support and Supervision

Phase III of the WVORI overlaps with Phase II and begins approximately six months prior to release from parole supervision and encompasses all offenders under parole supervision. Parole officers play a central role in fulfilling the goals of this phase. This phase emphasizes assisting offenders in achieving and maintaining stability in their life

an ex-offender's progress on their aftercare plan. A copy of each parolee's IRPP, aftercare plan as well as the LSI-R assessment (and any other important assessments) are provided to parole authorities upon an ex-offender release from institutional confinement.

In short, the objectives of this phase are to effectively transition offenders from parole supervision to release, help offenders build appropriate social supports, and continue necessary programming. To accomplish these objectives, the responsibility and productivity levels of ex-offenders are assessed by observing the capacity of ex-offenders to pay court ordered commitments, maintain employment as well as their willingness to regularly participate in treatment programming and remain violation free. Offender adherence to the aftercare plan and parole release plan is assessed through monitoring and supervision by parole officers and the continued assessment of risk and need levels.

Preparing Prisoners for Returning Home: Evaluation Overview

The success of the WVORI as well as many other programs or initiatives in the field of corrections is contingent upon successful implementation and service delivery. Prior research clearly demonstrates that proper implementation is a necessary condition of correctional programs and services designed to reduce recidivism (as well as improve employment, housing, health, and other quality of life outcomes for offenders) (Hubbard and Latessa, 2004; Lowenkamp and Latessa, 2005). Thus, it is important for program planners to be informed of the extent to which their programs have been fully implemented. Therefore, the WVDOC commissioned a process evaluation in the spring of 2004 to examine the extent to which the WVORI had been implemented in accordance to the reentry program plan. In addition, a central goal of this process evaluation was to determine whether reentry services were reaching prisoners preparing for release and subsequently transitioning to the community.

As the final report in this comprehensive process evaluation, this report summarizes the findings of previous reports and presents the results of newly conducted analyses using official records gathered from the WVDOC Inmate Management Information System (IMIS). Each study in this

situations (including housing and employment) while sufficiently monitoring ex-offenders in order to protect public safety. This phase is characterized by efforts to increase the autonomy of offenders prior to release from parole while assisting the offender in building relationships with community agencies and establishing a strong social support system. Key components of this phase include monitoring and supervision by parole officers and ensuring ex-offenders adhere to the individual reentry program and aftercare plans developed prior to release. Monitoring progress on aftercare plans and conducting post-release follow-ups is a primary function of parole officers during this phase.

To be successful in these tasks, it is essential for parole officers to maintain a close relationship with institutional case managers. As noted previously, participation from both case managers and parole officers is instrumental in the proper development of IRPP's and aftercare plans. In addition, parole officers must rely on risk and need assessment information conducted by institutional case managers to identify appropriate levels of supervision during the first six months of an offender's parole. Within six months of an ex-offender's parole term, an ex-offender is reassessed using the LSI-R to determine whether adjustments to the ex-offender's supervision plan are necessary and to determine

process evaluation has used different data sources to examine various aspects of service delivery. The use of multiple data sources allowed for implementation of the WVORI to be assessed from both the perspectives of inmates as well as correctional staff. Meanwhile, the present analysis examines service delivery from the standpoint of official data. As a result, this evaluation has been able to ascertain the extent to which the initiative was implemented in accordance with the program plan developed by WVDOC administrators. In addition, this evaluation has been able to determine whether current practices under the WVORI are congruent with what has been found to be effective for reducing recidivism in offender populations.

The first two reports produced under this evaluation were based on survey responses from correctional staff (see Haas, Hamilton, and Hanley, 2005; 2006). A central purpose of the first two reports was to examine the degree to which correctional staff attitudes where in-line with the mission of the offender reentry initiative. Such an assessment is important because prior research has shown that such characteristics as the attitudes and orientations of staff can both positively and negatively impact program implementation (e.g., Van Voorhis, Cullen, and Applegate, 1995; Robinson, Porporino, and Sigmourd, 1993). Moreover, the empirical literature on staff characteristics tells us that the attitudes and orientations of correctional staff as well as staff training can also impact outcomes for inmates (e.g., Fulton, Stichman, Travis and Latessa, 1997; Lindquist and Whitehead, 1986; Whitehead and Lindquist, 1989). Such staff attributes have been found to influence the quality of staff interaction and communication with inmates, staff receptiveness to training, and level of organizational commitment—all of which may subsequently influence case outcomes.

In addition to the assessment of correctional staff attitudes, however, the second study also explored the extent to which the WVORI and its related components had been properly implemented. In particular, the second report examined the two core components of the WVORI—the Level of Service Inventory-Revised (LSI-R) and the Prescriptive Case Management System (PCMS). The PCMS represented a newly developed case management system designed to provide a systematic mechanism for delivery offender programs and transitional services. Meanwhile, the WVDOC adopted the LSI-R as a new instrument for assessing prisoner risk and needs. Given that the assessment of offender risk and needs is often cited as the first step in identifying and developing effective treatment and supervision plans, the LSI-R served as the foundation for the PCMS. Thus, it was essential for the purposes of this evaluation to determine the extent to which correctional staff was supportive of these two core components. Likewise, it was necessary to examine whether they had been implemented in a manner that was consistent with what is known to most effective in correctional intervention.

Data from a survey of soon-to-be-released prisoners served as the basis for the third report (see Haas and Hamilton, 2007). While the first two reports in this process evaluation mostly centered on the institutional phase of the reentry

---

Process Evaluation Highlights....

Programs that exhibit the use of core correctional practices have been found to be associated with greater reductions in recidivism.

For the third report in this process evaluation, a sample of soon-to-be-released prisoners was used to examine the delivery of transitional services and whether core correctional practices were evidence in the delivery of these services.

Recent research has sugguested that ex-prisoners with more positive expectations about their future may be less likely to recidivate.

The results of the third study conducted for this process evaluation found that prisoners who felt correctional staff had utilized core correctional practices in the delivery of services also felt more prepared for release.

The present analysis assess the degree to which pre-release programs were provided to a sample of soon-to-be released prisoners and whether these programs were appropriately matched to the individual needs of inmates.

initiative, this study focused more closely on Phase II (i.e., the transitional phase) of the WVORI. A sample of soon-to-be-released prisoners was used to ascertain the extent to which transitional services were being provided to inmates prior to release. Of equal importance, this report also sought to examine *how* these services were being delivered. That is, whether core correctional practices were being applied in the delivery of these services. Thus, the population for this study consisted of all inmates within 90 days of possible release from WVDOC custody. The final sample was comprised of 496 prisoners housed in various correctional facilities (i.e., both work release and general population) across the state that were within 90 days of possible release (i.e., had expected release dates within 90 days).

This report examined the extent to which the transitional services delivered to pre-release inmates were consistent with the WVORI's transitional phase as well as the extent to which services were delivered in a manner consistent with EBP. Additional analysis examined the degree to which inmate perceptions of the quality of service delivery (as measured by the presence of core correctional practice) were related to inmate self-appraisals of preparedness (or expectations) for release. Both of these issues are important because there is a growing body of research which illustrates that how correctional services are delivered can have a substantive effect on offender outcomes (Leschied, 2000).

Some of this research has noted that an important element of delivering programs in an effective manner may mean offering such services in a way that is consistent with the use of core correctional practices (CCPs). Core correctional practices include, but are not limited to, the use of anticriminal modeling, the appropriate use of authority, and the proper use of reinforcements and disapproval techniques. Programs that exhibit the use of CCPs have been found to be associated with greater reductions in recidivism (Dowden and Andrews, 2004). Additionally, the link between CCPs and inmate preparedness or expectations for release is noteworthy because research has pointed to a relationship between prisoner attitudes and expectations for life after release and future outcomes. In fact, recent research has suggested that ex-prisoners with more positive expectations about their future may be less likely to recidivate (Maruna, 2001). Our analysis found that prisoners who felt correctional staff had utilized

CCPs in the delivery of services also felt more prepared for release (see Haas and Hamilton, 2007).

As the final report in this process evaluation, the current report seeks to combine the result of these previous studies as well as provide additional analyses on program delivery using official data provided by the WVDOC. A primary goal of this report is to introduce information from official WVDOC records on programs offered to inmates into the evaluation. And, at the same time, fill any gaps in information not captured from the surveys of correctional staff and prisoners. Using official records gathered on a sample of soon-to-be released prisoners, this report assesses the extent to which reentry services and pre-release programs were provided to soon-to-be released prisoners. In addition to examining the number and types programs provided these inmates, the current study also explores the issue of treatment matching.

In short, through the use of multiple data sources this process evaluation has sought to arrive at a comprehensive view of the WVORI. Regardless of the data utilized in each study, the focus has always been on the extent to which the WVORI has been successfully implemented. That is, the degree to which the offender reentry initiative is reaching its intended target population and whether the program was implemented in accordance with the WVDOC reentry program as well as known principles of effective correctional intervention. The following section provides an overview of the evidence-based practices (EBP) that served as a framework for this process evaluation.

Effective Correctional Intervention: A Summary of Eight Principles

Over the past several decades, a body of research literature has developed that outlines key components offender treatment. These components are associated with the greatest reductions in recidivism across programs. These components have come to be known as the "principles of effective intervention" and are rooted in evidence-based practices. This evaluation used these principles as a guide to examine the WVORI.

Eight principles of effective correctional intervention have served as a framework for this process evaluation. Figure 1

presents the eight principles of effective intervention commonly associated with the greatest reductions in recidivism. When programs adhere to these eight principles, they have been found "to achieve meaningful reductions in recidivism" (Latessa, Cullen, and Gendreau, 2002: 45). However, programs that fail to closely consult these principles "are almost certain to have little or no impact on offender recidivism" (Latessa et al., 2002: 45). As shown in Figure 1, these principles embody the following components: organizational culture, program implementation/maintenance, management/staff characteristics, client risk/need practices, program characteristics, core correctional practice, inter-agency communication, and evaluation.

Organizational culture consists of the attitudes, beliefs, and ideals that form the core of the organization. The organizational culture serves as an ideological foundation from which an organization is able to derive new policies and procedures. It is imperative that the culture of an organization not be neglected as it is a constant reminder to those working in the organization, from the upper management to the line staff, of the core purpose and mission of the organization. A faulty or underdeveloped organizational culture can have wide ranging and substantial effects on both the internal and external goals of the organization.

It is clear that an agency's "organizational culture" can impact service delivery (Kramer, Schmalenberg, and MacGuire, 2004). Research has found that successful communication of values, such as development of staff, quality service delivery, development of organization and performance management is important (Moon and Swaffin-Smith, 1998). This is because the organizational culture can impact staff attitudes and, at the same time, staff attitudes can operate to form the organizational culture. However, the philosophy of an organization and clear communication of that philosophy can have a greater impact on practice than the individual attitudes of staff (Fulton et al., 1997). Hence, there must be a positive commitment to changing the organizational culture if staff attitudes are not in-line with the agency's mission (Moon and Swaffin-Smith, 1998).

Program implementation and maintenance is also an important component of successful programs (see Figure 1). Programs that are based on empirically-defined needs and are consistent with the organization's values and goals typically

---

Figure 1. Eight principles of effective correctional intervention

Organizational Culture
Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.

Program Implementation/Maintenance
Programs are based on empirically-defined needs and are consistent with the organization's values. The program is fiscally responsible and congruent with stakeholders' values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff's professional credentials.

Management/Staff Characteristics
The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.

Client Risk/Need Practices
Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

---

achieve the greatest reductions in recidivism. Such programs are based on empirically-derived evidence of effectiveness found in the research literature and target offender needs related to crime and recidivism (Gendreau and Andrews, 2001). These programs are also committed to ensuring staff credentials through continued staff development practices and training. Staff development is important for making sure that

both management and treatment staff are professionally trained (Andrews and Bonta, 2003).

However, it is also important that staff be selected based on their experience as well as skills associated with delivery offender treatment programs. Given that staff attitudes and values are so closely linked to implementation, it is critical that staff are selected based on their beliefs supportive of rehabilitation and relationship styles. Previous research has clearly shown that such staff characteristics as attitudes, orientations, and skills are critical components to successful program implementation (Van Voorhis, Cullen, and Applegate, 1995; Robinson, Porporino, and Sigmourd, 1993). Such staff characteristics have been found to influence the quality of staff interaction and communication with inmates, staff receptiveness to training, and level of organizational commitment—all of which may subsequently influence case outcomes. Staff resistance to a new initiative can serve as an obstacle to successful implementation as well (Bertram, 1991).

While staff attitudes and training are important, programs must have the proper tools in place for deliverying interventions in an effective manner. Additionally, these tools must be utilized in a way that is consistent with effective service delivery. For offender populations, a hallmark for the proper delivery of programs includes the use of psychometric instruments. Such instruments should capture a wide range of dynamic risk factors or criminogenic needs (i.e., needs that are predictive of recidivism). Risk and needs assessments should take into account the responsivity of offenders to different styles and modes of service, be repeated over time to assess offender progress, and guide case planning and the delivery of treatment services (Andrews and Bonta, 1998). Indeed, the assessment of offender risk and needs is the first step in identifying appropriate interventions and the development of effective treatment and supervision plans for offender populations.

Once individuals are assessed using empirically-validated instruments, programs should target a wide variety of criminogenic needs using evidence-based behavioral/social learning/cognitive behavioral therapies targeted to high risk offenders (see Figure 1). The focus of these programs should be on high risk offenders because research has demonstrated that programs are more effective at reducing recidivism when they focus on higher-risk rather than lower-risk offenders (Andrews, Bonta, and Hoge, 1990). Additionally, the application of high intensity treatments and supervision strategies on low-risk offenders tends to produce little, if any, net positive effects on recidivism rates (Andrews and Friesen, 1987). Programs should also have strategies in place to provide aftercare programs once an offender has completed the formal phase of treatment (i.e., institutional treatment

---

Figure 1. Principles of effective intervention (continued)...

Program Characteristics
The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/ cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.

Core Correctional Practice
Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.

Inter-Agency Communication
The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.

Evaluation
The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

Note: Adapted from Gendreau and Andrews (2001) and Latessa, Cullen, and Gendreau (2002).

phase for WVDOC prisoners). In the case of offender reentry, such aftercare interventions may come in the form of transitional services as well as community-based treatment services provided to offenders once released.

Research has further shown that how programs are delivered is very important for changing offender behavior and achieving reductions in recidivism. In fact, emerging empirical evidence suggests that *how* correctional services are delivered can promote effective outcomes in correctional practice (Leschied, 2000). In particular, programs should be delivered by correctional staff that exercise the use of core correctional practices (Andrews and Kiessling, 1980). Core correctional practices involve the use of anti-criminal modeling, effective reinforcement and disapproval tactics, problem-solving techniques, effective use of authority, and various other therapeutic practices (see Figure 1).

As one might suspect, staff play an important role in the delivery of offender treatment programs and services based on core correctional practices. In a correctional setting, this involves case managers, counselors, as well as parole officers. Dowden and Andrews (2004) argue that core correctional practices have broad applicability and are relevant to front-line correctional staff (i.e., case managers and parole officers) as well as treatment staff (i.e., counselors). In fact, core correctional practices may be more relevant to front-line staff given the frequency in which they engage in face-to-face interactions with inmates. Such interactions are thought to offer a normative framework that promotes the adoption of pro-social attitudes, values, and behaviors for inmates, thus further enhancing the therapeutic potential for positive change (Dowden and Andrews, 2004).

A key aspect to offender reentry is its delivery of transitional services to offenders. Hence, as part of offender reentry programs such as the WVORI, inter-agency communication and coordination is critical for sustaining a continuum of services from the institution to the community. Such services often involve referring offenders to community-based programs as well as advocating on behalf of ex-offenders to potential employers and other public services programs and/or organizations. Research supports the notion that strong inter-agency communication and the aggressive use of referrals and advocacy on behalf of offenders is associated with programs that achieve meaningful reductions

in recidivism (Dowden and Andrews, 2004).

Finally, effective programs routinely monitor program implementation, staff performance, and offender outcomes. Evaluation may involve program audits, consumer satisfaction surveys (i.e., offenders and prisoners), process evaluations and evaluations of offender outcomes (see Figure 1). Research has clearly demonstrated that programs benefit from the presence of an evaluator (Andrews and Dowden, 2005; Dowden and Andrews, 1999; 2000; Lipsey, 1995). Indeed, the current process evaluation has discovered various strengths of the WVORI as well as substantive areas for improvement. Thus, it is important to continue assessing progress by using quantifiable data such as staff and prisoner surveys, official records, and direct observations. Furthermore, programs should make efforts to routinely monitor staff performance based on "quality" measures (i.e., quality of assessment, appropriateness of treatment plans, quality of treatment services delivered, etc.). These measures best reflect an evidence-based practice environment (Clark, 2005).

In sum, the current process evaluation is guided by an assortment of evidence-based principles for effective correctional intervention. By combining sources of data (e.g., staff and prisoner surveys and official records), the above eight principles of effective intervention provided a framework for examining both the coverage and delivery of the WVORI. In doing so, the present analysis yields additional information for an accurate assessment of WV's offender reentry program. Based on data obtained from official records, the present analysis examines the number and type of pre-release programs and transitional services delivered to a sample of soon-to-be-released inmates. The following section describes the data sources and methods used in the present analysis.

Present Analysis

Using the sample of soon-to-be-released prisoners, the present analysis examines programmatic and assessment data gathered from the WVDOC Inmate Management Information System (IMIS). These data are combined with self-report information obtained from the survey of soon-to-be-released prisoners to examine different aspects of program delivery. The analysis begins with a description of pre-release programs offered to inmates and concludes with an examination of how risk and need assessment information is used to inform case planning decisions and the delivery of services.

Study Design and Analysis Plan

While the previous reports explored multiple issues related to proper service delivery and implementation from the perspectives of correctional staff and inmates (see Haas, Hamilton, and Hanley, 2005; 2006; Haas and Hamilton, 2007), the programs provided to inmates based on official records has yet to be examined. Moreover, the issue of treatment matching represents one of the final aspects of effective correctional programming that has not been explored to date. Thus, the present analysis is guided by the following research questions:

• To what extent are reentry services and pre-release programs being provided to soon-to-be-released prisoners?

• What type of reentry services and pre-release programs are inmates receiving prior to release?

• How does the length of time served in WVDOC facilities impact the number of programs provided to inmates?

• What are the most common risk and need factors associated with soon-to-be-released inmates?

• To what extent are reentry services and programs being matched appropriately to prisoner needs?

To examine these research questions, the present analysis utilizes a sample of soon-to-be-release prisoners identified in

fall of 2006. Self-report data from this sample of inmates is combined with official WVDOC program and assessment information. A brief description of the two data sources is presented below.

Prisoner Survey Data

The present analysis is based on a sample of soon-to-be-released prisoners identified in the fall of 2006 and employed in Haas and Hamilton's (2007) study on the use of core correctional practices in prisoner reentry. The sample was originally drawn as part of the broader process evaluation. A self-report survey was administered to this sample of inmates to examine the use of core correctional practices in the application of transitional services.

The population from which this sample of prisoners was drawn consisted of all inmates within 90 days of possible release from WVDOC custody (i.e., with expected release dates within 90 days). The inmates were housed at nine state correctional centers and two work release centers throughout the state. Hence, the sample was representative of all WVDOC prisoners that were within 90 days of possible release and the population size of each institution at the time of the sample selection. A total of 728 inmates were originally identified to be eligible for the study (i.e., prisoners within 90 days of possible release). However, a total of 496 inmates chose to participate in the research. As a result, the final response rate for this study was 68.1% (i.e., 496/728). This response rate is equal to, or in some cases substantially higher than, other recent offender reentry studies that sampled soon-to-be-released offenders in other states (for example, see Visher, La Vigne, and Castro, 2003).

Of the 496 soon-to-be-released prisoners, a majority of the sample is made up of white males between the ages of 30 and 49 years of age. Nearly ninety percent of the sample is comprised of white/Caucasian prisoners (89.5%). Only 1.0% of the sample consists of American Indian, Alaskan native, and Hispanic or Latino inmates. Males account for slightly over eighty percent of the study participants (80.2%). In terms of education, most inmates had not completed 12 years of school. More than fifty percent of prisoners had a 11th grade education or less (52.4%). However, approximately 4 out of every 10 inmates had completed at

least the 12th grade (41.1%). Only 6.5% of the survey respondents had attended at least some college.

A majority of prisoners were serving time for a violent offense. In terms of most serious offense, 70.0% of the study participants were serving time for the commission of a violent crime. Roughly two-thirds of inmates were serving time for a single offense (60.5%). Meanwhile, most inmates were serving time for 3 or fewer current offenses (86.2%). A fairly large percentage of inmates reported that they expected to be placed on parole supervision upon release and were not currently serving time for a parole violation. Nearly sixty percent of prisoners indicated that expected to be under some kind of parole or community supervision after release from prison (58.7%). For a complete description of the data collection protocol and sampling design, see Haas and Hamilton (2007).

WVDOC Official Records

Using the sample of soon-to-be-released prisoners described above, the present analysis uses programmatic and assessment data compiled and maintained by the WVDOC. The programmatic data consists of information on the number and type of programs offered to inmates prior to their release. Given the current analysis is interested in the services offered or provided by WVDOC, these data identify the number and type of programs offered to inmates whether or not inmates actually completed the programs. Hence, these data pertain to whether a inmate was *enrolled* in a particular program. Thus, enrollment in a particular program and/or service rather than inmate completion is being assessed using these data.

Programmatic data was provided to the researchers by the WVDOC central office. Information on the program(s) in which prisoners were enrolled and the date of enrollment was provided. Survey administration dates were compared to program enrollment dates to arrive at an estimate of the number and type of programs received by inmates. As a result, the present analysis provides a description of the number and type of programs offered to inmates on or before the survey administration date. The results are presented for both the total sample of inmates (i.e., all of the inmates within 90 days of potential release, N = 496) as well as released inmates (i.e., inmates actually released within 90 days of the survey administration date, N = 189).

For presentation purposes, programs were placed into categories or groups that reflect the basic content of each program. While there is likely some overlap in the purpose of some programs and the objectives they seek to accomplish, the groupings provide a useful mechanism for conceptualizing the "nature" of programs provided to inmates. Program categories include substance abuse treatment, life skills, cognitive skills, vocational training, adult basic education, and so forth. A complete list of the program categories and individual program titles is provided in Appendix E.

Since the delivery of programs and services can be contingent on the amount of time an offender serves, the present analysis examines the relationship between time served and the number of programs offered to this sample of inmates nearing release. Lester and Haas (2006) has previously demonstrated that many inmates serve a portion of their sentence in the regional jail system prior to physically arriving in a WVDOC facility. Meanwhile, it is widely known that the regional jail system has fewer programs available for inmates compared to WVDOC facilities. Hence, the present analysis seeks to examine the number of programs provided to inmates since their *commitment* to WVDOC (i.e., time served since their effective sentence date which may include time spent in jail) and their actual *admission* to a WVDOC facility (i.e., time served since physically entering a WVDOC facility). The results of this analysis are presented in Tables 1 and 2 and Graph 3.

Risk and need assessment information was also provided on this sample of soon-to-be-released prisoners. These data are used to describe the general risk and needs of this sample of prisoners and ascertain the extent to which treatment matching is taking place. That is, the degree to which risk and need assessment information is being used to guide programmatic decisions on the part of correctional staff.

The Level of Service Inventory-Revised (LSI-R) is the primary instrument used by the WVDOC to assess inmate risk and need levels. For the purposes of the present analysis, *initial* LSI-R assessments are used to examine both the overall risk and need levels for this sample of soon-to-be-released prisoners as well as the treatment matching issue. Given that the LSI-R was adopted by the WVDOC as part of the WVORI, initial LSI-R assessment data may be indicative of either a) the risk level of prisoners upon admission

into a WVDOC facility or b) the risk level of prisoners shortly after the WVORI was operational. In either case, the initial LSI-R assessment should have served as a guide for correctional staff when making programmatic decisions throughout the inmates period of incarceration.

By comparing the LSI-R assessment information to the actual programs provided to inmates, it is possible to directly examine the extent to which treatment matching is taking place. Moreover, because a strong linkage between in-prison programs/services and community programs/services is a critical component of successful offender reentry initiatives, these data are further combined with responses obtained from the prisoner survey to assess post-prison community contacts for services. Inmates were asked whether they had post-prison community services set up so they could receive them after release. If treatment matching and transitional services were appropriately being provided to inmates, it is anticipated that inmates that scored high in need for substance abuse or education/vocational services would have established post-prison community services prior to release. In short, both official data compiled by the WVDOC central office and prisoner survey data are combined to assess the coverage of reentry services. The results of this analysis are presented in Figures 2 and 3.

Results

The presentation of the results begins with a description of the pre-release programs offered to the sample of soon-to-be-released inmates. Given that the number of programs provided to inmates can be considerably influenced by the amount of time served, an effort is made to clarify the relationship between program delivery and time spent in jails versus WVDOC facilities. These results are followed by a detailed examination of the nature of pre-release programs provided inmates. This section concludes with a brief analysis which centers on the extent to which services are being matched to the individual needs of offenders. Initial LSI-R scores are used to ascertain whether this important assessment information is being used to guide the delivery of reentry services.

Pre-Release Programs Provided to Inmates

The section reports on the number of programs provided to inmates. Both the number of programs offered to the total sample of inmates (n = 496) as well as those inmates that were actually released with 90 days of the survey administration (n = 189) is described (see Graphs 1 and 2).

Based on these results, it is clear that there is little difference in the number of programs provided to inmates in the two samples. The mean number of programs offered to the total sample of inmates (mean = 3.87) was only slightly greater than for released inmates (mean = 3.68). Moreover, regardless of whether the total sample of inmates or only the released inmates is examined, nearly one-third of inmates did not receive a single program while serving their prison term. For the total sample of inmates, 32.7% of inmates did not receive a program while incarcerated. Likewise, no program was offered to 32.8% of the released inmates during their prison term.

The results further illustrate that as the number of programs provided to inmates increased, the percentage of inmates receiving such programs tended to decline for both groups. For instance, roughly one-quarter of the total sample of inmates had been enrolled in 1 to 3 programs while serving their sentence (25.2%). This is compared to 28.6% of released inmates. At the same time, however, only about ten percent

Graph 1. Number of programs provided to total sample of inmates (N = 496)

10 or more
11.5%

7 to 9
12.5%

4 to 6
18.1%

None
32.7%

1 to 3
25.2%
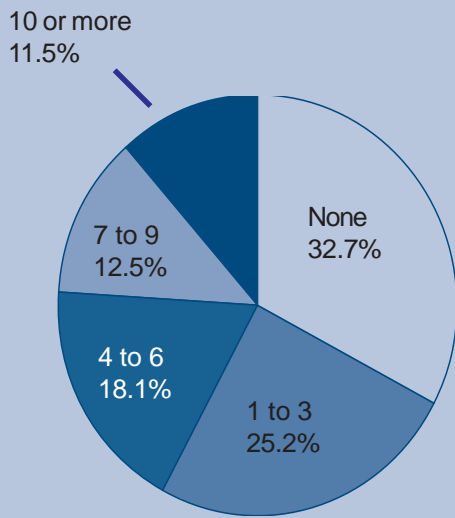
Note: Mean = 3.87; SD = 4.24

of inmates had been enrolled in 10 or more programs during their term, regardless of the group. Approximately eleven percent of inmates (11.5%) in the total sample had received 10 or more programs during their term compared to 10.5% of the inmates released within 90 days of the survey administration.

Program Delivery and Length of Time Served

This section describes the length of time served for both samples. The results examine the length of time served since an offender's commitment date was well as date of admission. The purpose of this analysis is to examine whether service delivery (i.e., the number of programs provided to inmates) is influenced by the amount of time spent in a WVDOC facility.

Since inmates often spend a period of their sentence in regional jail facilities prior to being admitted into a WVDOC facility, it is important to distinguish between the time spent in jail versus a WVDOC facility. This is because regional jails are known to offer fewer programs on average than WVDOC facilities. Thus, for the purpose of examining the relationship between time served and programs provided, a distinction is made between time served once *committed* to WVDOC (i.e., the date that an inmate was sentenced to the custody of the WVDOC or the effective sentence date) and the time served

since actually *admitted* into a WVDOC facility (i.e., the date in which an inmate physically entered a WVDOC facility or admission date).

Table 1 displays the length of time served based on the intake and effective sentence date for the total sample as well as for inmates that were actually released within 90 days of the survey administration. The admission column shows the distribution of inmates by length of time served since their admission or intake date. The commitment column displays the number and percentage of inmates by length of time served since their effective sentence date.

For this sample of inmates, the average amount of time served in jail prior to being admitted into a WVDOC facility was between 9 and 10 months. This lag between the time committed to the custody of WVDOC and actually being admitted to a WVDOC is clearly shown in Table 1. Far fewer inmates in either sample had spent less than 1 year since being committed to the custody of the WVDOC versus having been admitted to a WVDOC facility. Looking at the total sample of inmates, for example, only 16.2% of inmates had served less than 1 year since their effective sentence date. At the same time, however, over forty percent (41.4%) had served less than 1 year in a WVDOC facility. Yet, these

Graph 2. Number of programs provided to released inmates (N = 189)

10 or more
10.5%

7 to 9
13.2%

4 to 6
15.3%

None
32.8%

1 to 3
28.6%
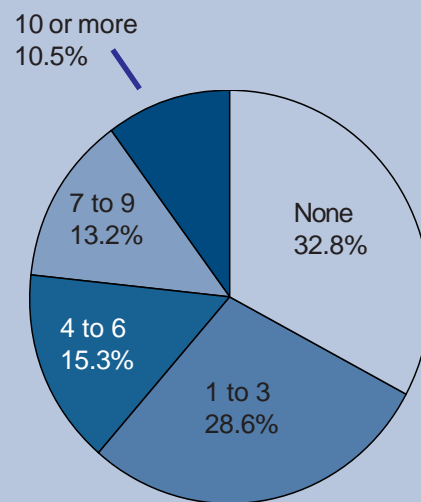
Note: Mean = 3.68; SD = 4.14

percentages reverse for years 1 and 2 and the "lag effect" virtually disappears after inmates have served more than 2 years. The percentage of inmates having served 1 to 2 years since their commitment increases to 48.2% compared to 30.1% since an inmates admission date. The end result is little difference in the length of time served after 2 years in both samples.

As shown in Table 1, a large percentage of inmates had served two years or less at the time of the survey administration. Regardless of whether the amount of time served since the admission date or commitment date is considered, between two-thirds and three-quarters of the total sample of inmates had served two years or less of their sentence. A total of 71.5% of inmates had served two years or less in a WVDOC facility at the time the survey was administered. Likewise, 64.4% of inmates had served two years or less since their effective sentence date. At the same time, however, very few inmates had served 10 years or more years in a WVDOC facility or since their effective sentence date. Roughly five percent of the total sample of WVDOC inmates had served 10 years or more in a WVDOC facility (4.6%) since their effective sentence date (5.1%).

A similar pattern is present for the sample of inmates who were actually released within 90 days of the survey administration. A total of 189 or 38.1% of inmates contained in the total sample were released within 90 days of the survey administration date. Again, it is clear that a "lag effect" is present between the time committed to WVDOC custody and inmates actually being admitted into WVDOC facilities. A far greater percentage of inmates had served less than 1 year in a WVDOC facility (42.9%) while fewer than twenty percent (18.5%) had served less than 1 year since their commitment or effective sentence date. Nonetheless, roughly three-quarters of released inmates had served 2 years or less of their sentence since their effective sentence date or admission into a WVDOC facility. Similar to the total sample of inmates, a small percentage of inmates had served 10 or more years of their sentence.

Graph 3 illustrates the relationship between time served and the number of programs provided to inmates. The mean number of programs provided by the number of years served since admission and commitment are displayed. The results clearly illustrate that *the number of programs provided to inmates is delayed by time spent in jail.* While there is little

---

Table 1. Length of time served between intake and effective sentence date for the total sample and released inmates

Time Served	Total Sample (N = 496)				Released Inmates (N = 189)			
	Admission		Commitment		Admission		Commitment	
	n	%	n	%	n	%	n	%
Less than 1 year	205	41.4	80	16.2	81	42.9	35	18.5
1-2 years	149	30.1	238	48.2	68	36.0	109	57.7
3-4 years	65	13.1	84	17.0	21	11.1	23	12.2
5-9 years	53	10.7	67	13.6	12	6.3	16	8.5
10 years or more	23	4.6	25	5.1	7	3.7	6	3.2
Total	495	100.0	494	100.0	189	100.0	189	100.0

Note: Intake date and effective sentence date was missing in 2 case for the total sample. The admission column shows the distribution of inmates by length of time served since their admission or intake date. The commitment column displays the number and percentage of inmates by length of time served since their effective sentence date.

Graph 3. Mean number of programs provided to inmates by length of time served (N = 496)
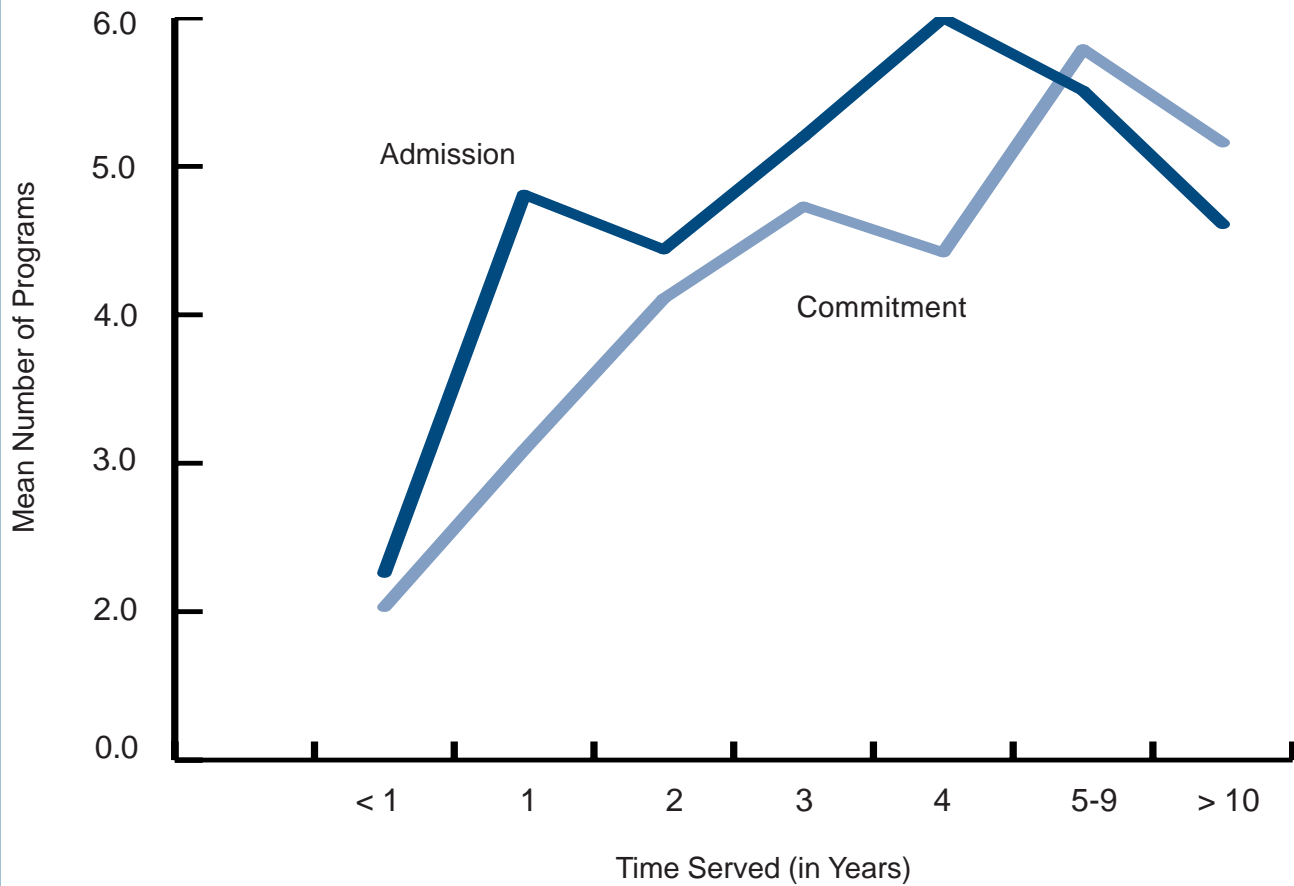
Note: Admission refers to the length of time spent in a WVDOC facility up to the survey administration date. Commitment refers to the length of time served between the effective sentence date and survey adminstration date.

difference in the mean number of programs received by inmates prior to the first year of their sentence, it is apparent that once inmates have spent 1 year in a WVDOC facility they tend to have received a greater number of programs. In fact, Graph 3 shows it takes 3 years from an effective sentence date to receive the same number of programs on average as spending 1 year in a WVDOC facility. The mean number of programs received by inmates after serving 1 year in a WVDOC facility is equal to 4.81. For inmates having served 1 year since their effective sentence date, the average number of programs is 3.09. It is not until inmates have served 3 years from their effective sentence date (mean = 4.73) that

they receive the same average number of programs as inmates that have been in a WVDOC facility for 1 year.

In addition, this pattern continues through the initial 4 or 5 years of an inmate's prison term. Graph 3 illustrates that after serving 4 years in a WVDOC facility, inmates have received an average of 6 programs on average. This is compared to roughly 4 programs (mean = 4.42) for the same amount of time since their effective sentence date. It is not until between 5 and 9 years after the effective sentence date that inmates receive roughly same number of programs as inmates serving 4 years in a WVDOC facility. After serving 5 to 9 years after their effective sentence or commitment

date, inmates receive about 6 programs on average (mean = 5.79).

While the number of programs offered to inmates generally tends to increase during the first 4 or 5 years of time served, this trend reverses for inmates serving 10 or more years. As a result, it appears that enrollment in programs is greater during the first five years of incarceration then slowly declines as the amount of time served increases. This may suggest that inmates serving longer sentence either quit enrolling in programs or are simply enrolled in fewer programs over time. Or perhaps inmates serving longer sentences may feel that participation in programs is less advantages or carry fewer benefits for them later in their sentence. Nonetheless, the end result is a peak in the number of programs in which inmates are enrolled after having served 4 years in a WVDOC facility.

Table 2 further illustrates the relationship between time served and number of programs provided for the total sample of inmates. This table depicts the amount of time served since admission into a WVDOC facility. Consistent with the results presented in Graph 3, there is a strong association between the number of programs offered to inmates and the amount of time served in WVDOC facilities. However, the effect of time served on the number of programs provided to inmates begins to diminish considerably after 4 years.

This is evidenced by the fact that 42.0% of inmates having served less than 1 year in a WVDOC facility had been provided noprograms. After 1 to 2 years, however, the percentage of inmates having not received a single program decreased to only 26.8%. While the percentage of inmates not receiving programs remains rather stable after having served 1 to 2 years in a WVDOC facility, the percentage of inmates having been provided 4 or more programs nearly doubled. For those inmates who had served less than 1 year in a WVDOC facility, only 27.8% had been provided 4 or more programs. On the contrary, nearly fifty percent of inmates (48.3%) having served

Table 2. Distribution of inmates receiving services by number of programs and time served in a WVDOC facility (N = 496)

Time Served in DOC Facility	Number of Programs					
	None	**1 to 3**	**4 to 6**	**7 to 9**	**10 or more**	**Total**
Less than 1 Year	42.0 (86)	30.2 (62)	19.5 (40)	7.3 (15)	1.0 (2)	100.0 (205)
1 to 2 Years	26.8 (40)	24.8 (37)	14.8 (22)	16.1 (24)	17.4 (26)	100.0 (149)
3 to 4 Years	26.2 (17)	18.5 (12)	18.5 (12)	15.4 (10)	21.5 (14)	100.0 (65)
5-9 Years	24.5 (13)	15.1 (8)	24.5 (13)	13.2 (7)	22.6 (12)	100.0 (53)
10 or more	26.1 (6)	21.7 (5)	13.0 (3)	26.1 (6)	13.0 (3)	100.0 (23)

Note: Intake date was missing for 1 case. Total may not add to 100.0% due to rounding.

1 to 2 years in a WVDOC facility had been provided 4 or more programs. The number of programs provided to inmates continues to increase with 55.4% of inmates having served 3 to 4 years being provided 4 or more programs and 60.3% of inmates having served 5 to 9 years receiving 4 or more programs.

In short, these findings indicate that the number of programs provided to inmates tends to increase as time served increases. However, the increase in the number of programs only continues through the first 4 or 5 years of an inmate's time in a WVDOC facility. Based on this sample of soon-to-be-released prisoners, inmates that serve 10 or more years do not necessarily participate in more programs. In fact, a slightly smaller percentage of inmates serving 10 or more years had participated in 4 or more programs compared to inmates who had served 3 to 9 years in a WVDOC facility.

Institutional Programs Provided to Inmates

Table 3 displays the distribution of institutional programs provided to both the total sample and released inmates. At the outset, it is important to note that there is little difference in the distribution of programs provided to the total sample or inmates and prisoners that were actually released within the 90 day period. In spite of the sample being selected based on having a potential release date within 90 days, only 189 of the 496 inmates were actually released within 90 days. However, *released inmates were no more likely to receive certain programs*. These findings are consistent with the previous results which suggest that released inmates tend to receive the same number of programs compared to the total sample. As a result, there does not appear to be a process by which inmates who are "most likely" to be released are prioritized to receive services prior to release, as anticipated by WVDOC staff.

The results in Table 3, however, illustrates that WVDOC inmates are provided a wide variety of programs during their incarceration. For presentation purposes, these programs are categorized into 3 areas—education and training, special offender programs, and cognitive and skill-based treatments. Education programs include vocational training, computer training, adult basic education, higher education courses, and health education. Special offender programs pertain to services that target specific need areas such as domestic violence prevention, sex offender treatment, and substance abuse treatment. Lastly, cognitive and skill-based treatments include services designed to change offender thinking, build prosocial skills, and enhance empathy for victims.

As shown in Table 3, a greater percentage of inmates are provided some programs compared to others. The most common programs received by both samples of inmates include substance abuse treatment, crime victim awareness, and vocational training. These services are followed by cognitive and social skills programs. Substance abuse treatment was by far the most common type of institutional program provided to the two samples of inmates. Slightly over one-half of inmates in both samples had been provided substance abuse treatment while incarcerated in a WVDOC facility. A total of 50.2% of inmates in the total sample and 50.8% of inmates released within 90 days had been given the opportunity to participate in a substance abuse treatment program.

Substance abuse treatment was followed by crime victim awareness and vocational training. However, the percentage of inmates who had participated in these programs was half that of substance abuse treatment. Only one-quarter of inmates had been enrolled in a crime victim awareness program (approximately 27.0% for both samples) and vocational training (25.2% in the total sample compared to 22.8% of released inmates). In terms of general skills programs, slightly less than 1 in 5 inmates had been provided a cognitive or social skills-based treatment. For the total sample of inmates, 18.3% had been enrolled in a cognitive skills program while 17.1% had been offered a social skills program. A similar percentage of released inmates had been provided these programs.

Beyond the programs mentioned above, only a small percentage of inmates had received other institutional programs. Just over ten percent of inmates had received such services as adult basic education, life skills, and health education. Less than ten percent of soon-to-be released inmates and those inmates actually released within 90 days had received computer training and treatments designed to enhance coping skills. As anticipated, special offender programs such as domestic violence prevention and sex offender treatment were also offered to a small percentage of inmates in these two samples.

Table 3. Institutional programs provided to the total sample and released inmates

Institutional Programs	Total Sample (N = 496)		Released Inmates (N = 189)	
	n	%	n	%
Education and Training				
Vocational Training				
No	371	74.8	146	77.2
Yes	125	25.2	43	22.8
Computer Training				
No	457	92.1	174	92.1
Yes	39	7.9	15	7.9
Adult Basic Education				
No	434	87.5	167	88.4
Yes	62	12.5	22	11.6
Higher Education				
No	490	98.8	189	100.0
Yes	6	1.2	0	0.0
Health Education				
No	443	89.3	173	91.5
Yes	53	10.7	16	8.5
Special Offender Programs				
Domestic Violence Prevention				
No	464	93.5	178	94.2
Yes	32	6.5	11	5.8
Sex Offender Treatment				
No	469	94.6	179	94.7
Yes	27	5.4	10	5.3
Substance Abuse Treatment				
No	247	49.8	93	49.2
Yes	249	50.2	96	50.8
Cognitive and Skill-based Treatments				
Cognitive Skills				
No	405	81.7	156	82.5
Yes	91	18.3	33	17.5
Coping Skills				
No	481	97.0	186	98.4
Yes	15	3.0	3	1.6
Social Skills				
No	411	82.9	160	84.7
Yes	85	17.1	29	15.3
Life Skills				
No	438	88.3	174	92.1
Yes	58	11.7	15	7.9
Crime Victim Awareness				
No	358	72.2	137	72.5
Yes	138	27.8	52	27.5

Note: Inmates may have received multiple programs in each institutional program category above. As a result, "yes" percentages represent the proportion of inmates that received at least one program in each category.

Given that there is little difference in the magnitude and types of services received by the two samples, Graph 4 displays the types of substance abuse programs provided to the total sample of inmates. Slightly over one-half of all the inmates in this sample of soon-to-be-released offenders had received at least one substance abuse program while incarcerated (50.2%). It is clear that the most common type of substance abuse treatment came in the form of ALADRUE. Roughly 4 out of every 10 inmates had completed ALADRUE I (42.5%). Meanwhile, approximately thirty percent of inmates had been enrolled in ALADRUE II (29.6%) and slightly more than fifteen percent had received ALADRUE III (16.9%).

Other types of substance abuse treatment included Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). However, only roughly ten percent of inmates had been enrolled in these programs. In terms of NA, 10.3% of inmates in this sample of soon-to-be-prisoners had been enrolled in the program. Likewise, fewer than ten percent of inmates had participated in AA while incarcerated (8.3%). Less than five percent of inmates had participated in all other substance abuse treatments offered by the WVDOC. These programs included Residential Substance Abuse Treatment (RSAT), gender-specific treatments (2.8%), group counseling (2.0%), relapse prevention (1.2%), and DUI (0.8%).

WVDOC facilities also offered inmates a number of cognitive and skill-based treatments designed to change the antisocial thinking patterns of inmates and provide them with basic life skills. As shown previously in Table 3, the most common type of skill-based treatments offered to inmates fell into the categories of cognitive and social skill programs. Nearly twenty percent of inmates had received such programs during their period of incarceration. Table 4 displays the number of percentage of prisoners provided various types of

Graph 4. Percentage of prisoners receiving substance abuse treatment (N = 496)
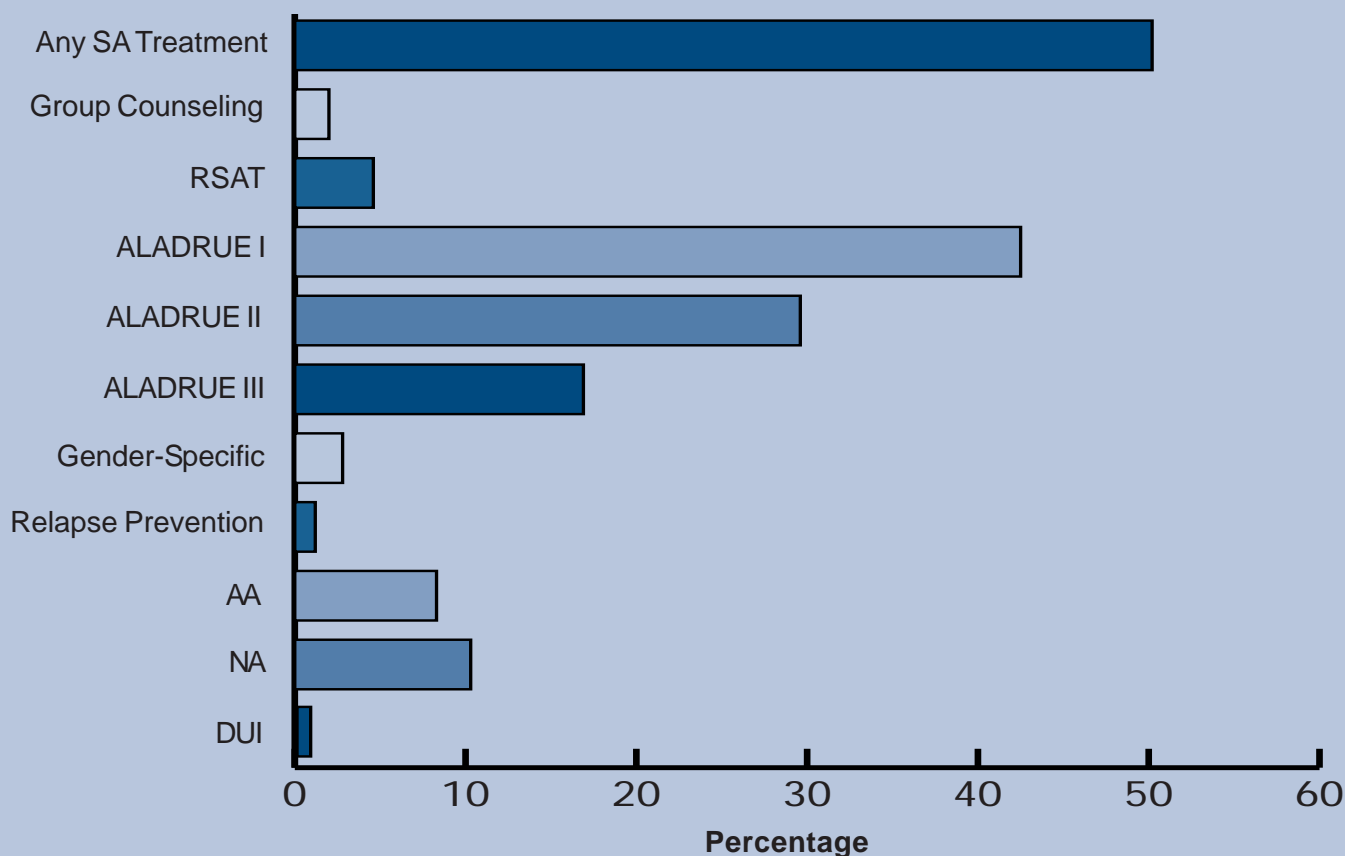
skill-based programs prior to release.

As shown in Table 4, the most common types of programs offered to inmates include cognitive skills and anger management. Of the 496 offenders in this sample of soon-to-be released prisoners, 16.9% had been enrolled in Cognitive Skills I: Thinking for a Change while 14.9% had received Anger Management. Both of these programs were by far the most common types of cognitive skills and social skills programs provided to this sample of inmates. Moreover, while over fifteen percent of inmates had been enrolled in Cognitive Skills I, far fewer inmates had participated in Cognitive Skills II and III.

Most other skill-based programs were provided to only small percentages of inmates. The next most common type of skill-based program provided to inmates was Parenting. Just below ten percent of inmates had received the parenting program (9.9%). However, less than five percent of inmates had enrolled in programs such as Empathy and Social Responsibility (1.8%), Emotional Management (1.4%), Critical Thinking (1.2%), and Relationships (1.8%). The following section describes the transitional services provide to inmates based on official records.

Transitional Services Provided to Inmates

A hallmark to offender reentry programs is the use of transitional services to assist offenders in preparing for release to the community. The WVDOC offers a number of programs that are considered transitional in nature. These programs include 99 Days and Get Up, Going Home (I-III), Job Search, and Pre-Parole Orientation. Based on official records, Graph 5 displays the percentage of soon-to-be-released offenders that received transitional services in preparation for release.

As shown in Graph 5, 44.4% of prisoners had received some sort of transitional service program prior to release. However, it's evident that some programs were offered more routinely to this sample of inmates compared to others. The most common transitional programs provided to inmates included 99 Days and Get Up, Going Home I, and Pre-Parole Orientation. Nearly thirty percent of soon-to-be-released prisoners had been enrolled in the Pre-Parole Orientation course at 90 days prior to release. At the same time, roughly 1 in 5 inmates had been offered 99 Days and Get Up and

Table 4. Number and percentage of prisoners provided various types of skill-based programming (N = 496)		
Institutional Program	**n**	**%**
Cognitive Skills		
Cognitive Skills I: Thinking for a Change	84	16.9
Cognitive Skills II: Criminality	9	1.8
Cognitive Skills III: Maintenance	11	2.2
Critical Thinking	6	1.2
Coping Skills		
Assertiveness Training	6	1.2
Grief and Loss for the Female Offender	1	0.2
Incarceration Grief and Loss	10	2.0
Social Skills		
Cultural Diversity	4	0.8
Empathy and Social Responsibility	9	1.8
Social Skills	6	1.2
Anger Management	74	14.9
Emotion Management	7	1.4
Life Skills		
Quality of Life	1	0.2
Relationships	9	1.8
Relaxation	2	0.4
Parenting	49	9.9

Note: The number of inmates receiving each program does not add tovalues displayed in Table 3 because a single offender may have received multiple programs in each category.

Going Home I. A total of 23.6% and 20.6% of inmates had received 99 Days and Get Up and Going Home I, respectively.

Only a small percentage of inmates were enrolled in other types of formal transitional programs. Less than five percent of inmates had completed Going Home II (1.2%), Going Home III (0.2%), and the Job Search program. As a result, only approximately 4 in 10 had been enrolled in a formal transitional service program at the time of the survey administration. The following section describes the extent to which these services were matched to offender needs.

Prisoner Needs and Treatment Matching

While the above results illustrate that there is a great deal of variation in the types of services offered to prisoners while incarcerated, it is clear that some programs are offered more often than others. However, there is a growing body of literature that emphasizes the importance of matching treatment and programs to specific offender needs. Thus, the following analysis focuses on describing the specific needs of this sample of soon-to-be-released offenders and the relationship between prisoner needs and the services they received while incarcerated. This section begins with a description of the overall risk and need levels for this sample of soon-to-be-released prisoners and the distribution of needs by gender.

LSI-R and Inmate Classification Levels

Given that one of our primary purposes is to examine the relationship between the assessment of risk and needs and programs or services that were provided to this sample of soon-to-be-released prisoners, the following analyses pertain to the initial LSI-R scores of inmates. The LSI-R assessments may have been conducted upon admission to WVDOC custody or, for those inmates that had already been serving a sentence, the initial LSI-R assessment after the instrument was adopted under the WVORI.

Graph 6 displays the distribution of LSI-R scores for both male and female inmates. For the total sample of prisoners nearing release (n = 496), however, it is important to note that only 348 or 70.2% of inmates had received an initial LSI-R assessment. Nonetheless, the categories used to report the total LSI-R scores are based on the guidelines provided by the authors of the instrument (see Andrews and Bonta, 1995). As a result, the classification levels for males and females differ with male scores being divided into five risk level categories compared to four for females. While this makes it difficult to compare total risk score classifications across gender groups, the results presented in Graph 6 offer

Graph 5. Percentage of prisoners receiving transitional services (N = 496)
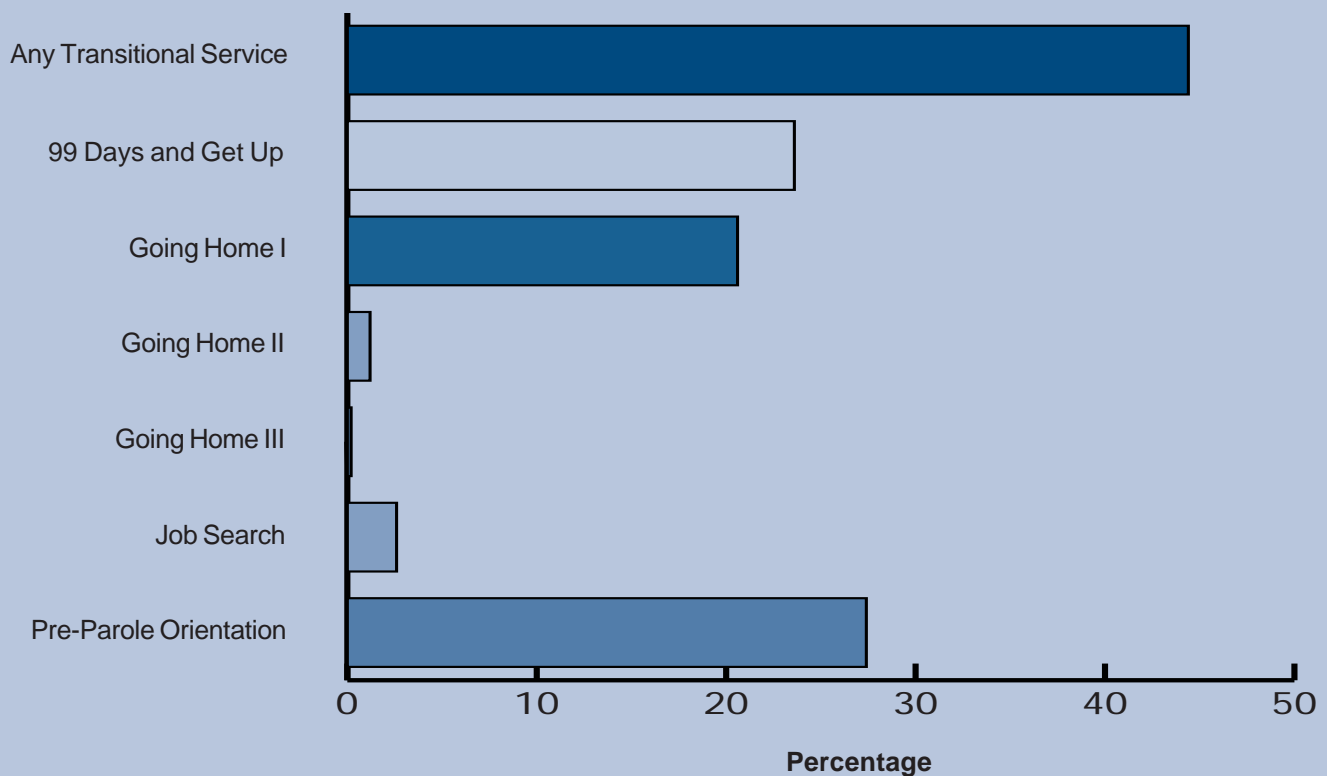
Graph 6. Distribution of total LSI-R scores for male and female inmates (N = 348)

Male Inmates
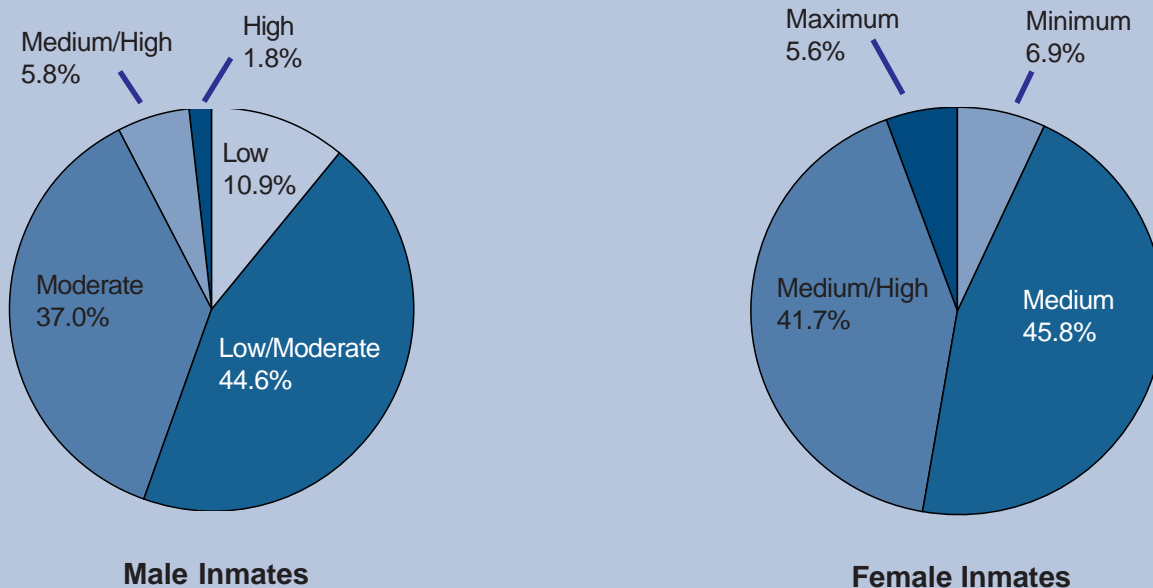
Female Inmates

Note: Male inmates (N = 276); Female inmates (N = 72). Categories based on author's guidelines for classifying incarcerated offenders' risk/need level based on raw scores (see Andrews and Bonta, 1995).

an overview of total LSI-R scores with for each gender group.

As anticipated, the results presented in Graph 6 show that most inmates tend to pose a moderate level of risk based on LSI-R scores—regardless of gender. This is somewhat expected given that the distribution of LSI-R scores are designed to resemble a bell-shaped curve, with a majority of scores falling in the middle of the distribution and fewer scores falling in the tails of the distribution. For male inmates, over eighty percent of LSI-R scores were classified as "low/moderate" and "moderate" for this sample of prisoners (81.6%). Likewise, 87.5% of female inmates were classified as "medium" and "medium/high risk" based on their initial LSI-R assessments.

In terms of male inmates, the pie chart in Graph 6 illustrates that a rather small percentage of inmates are classified as "high" or even "medium/high" risk. Only 1.8% of all soon-to-be-released male inmates had an initial LSI-R score that classified them as "high" risk. Moreover, 5.8% of male inmates were classified as "medium/high" risk. As a result, a rather large percentage of male inmates had LSI-R

scores that classified them as "low" or "low/moderate" risk. Just over ten percent of male inmates in this sample were classified as "low" risk (10.9%) based on their initial LSI-R scores. Thus, over fifty percent of male inmates were classified as either "low" or "low/moderate" (55.5%) risk when they were first assessed using the LSI-R.

A similar pattern of LSI-R scores was also found for female inmates. Less than ten percent of female inmates had initial LSI-R scores that resulted in "maximum" or "minimum" classifications. Initial LSI-R assessments on female inmates resulted in only 5.6% of female inmates being classified in the "maximum" category. At the same time, roughly the same percentage of female inmates was classified in the "minimum" category. As a result, when the percentage of female inmates scoring in the "medium" and "minimum" risk levels are combined, they comprise over fifty percent of the females contained in this sample. Based on initial LSI-R assessment scores, 52.7% of female inmates had risk levels in the "minimum" to "medium" range.

LSI-R and Inmate Needs by Gender

Table 5 displays the descriptive statistics for the LSI-R total score and the individual subcomponents by gender. The maximum score on each LSI-R subcomponent is shown in column 1. The mean and standard deviation for the total sample and by gender are displayed in the remaining columns. Mean scores on each subcomponent provide a sense for the distribution of needs for the total sample of inmates and across gender groups.

In general, the results are consistent with the previous analysis which showed that this sample of inmates is comprised of inmates with low to moderate levels of need. This is illustrated by the fact that most means are below the midpoint on each subcomponent scale. With the exception of the leisure/recreation (mean = 1.26) and companion (mean = 2.88) subcomponents, the means for each subcomponent are below the midpoint on each scale. For the total sample of inmates, therefore, a lack of recreation and/or leisure activities and having an absence of prosocial companions were assessed as being notable needs for these inmates. The

means on the criminal history and education/employment subcomponents also approximated the midpoint on each scale for the total sample.

At the same time, there were virtually no differences between the needs of male and female inmates. That is, male and female inmates tended to exhibit the same needs based on their initial LSI-R assessments. None of subcomponent means were statistically different for males and females. Likewise, no statistically significant difference was found between the total LSI-R scores across the male and female samples. While female inmates scored slightly higher on the criminal history (mean = 5.28), accommodations (mean = 1.68), and leisure/recreation scales (mean = 1.39), these differences were not statistically significant.

Finally, the means scores for the total sample somewhat low on specific domains. Low mean scores were obtained on the financial, accommodation, and emotional/personal subcomponents. This is interesting because many inmates indicated that finances and accommodations were of particular concern to them based on the prisoner survey (see

Table 5. Descriptive statistics for LSI-R total score and subcomponents by gender

LSI-R Domain	Maximum Score	Total (N = 348)		Male Inmates (N = 276)		Female Inmates (N = 72)	
		M	SD	M	SD	M	SD
Criminal History	10	4.88	2.04	4.77	2.06	5.28	1.92
Education/Employment	10	4.98	2.55	5.08	2.51	4.60	2.66
Financial	2	.80	.76	.81	.76	.78	.75
Family/Marital	4	1.48	1.26	1.43	1.29	1.68	1.10
Accommodation	3	.52	.79	.52	.80	.53	.77
Leisure/Recreation	2	1.26	.84	1.23	.84	1.39	.81
Companions	5	2.88	1.30	2.87	1.31	2.89	1.26
Alcohol/Drug Problems	9	3.95	2.46	3.98	2.46	3.81	2.45
Emotional/Personal	5	.95	1.22	.96	1.20	.94	1.32
Attitude/Orientation	4	1.23	1.35	1.24	1.38	1.21	1.24
Total LSI-R Score	54	22.93	7.40	22.88	7.40	23.10	7.46

Note: Leisure/Recreation contained 1 case with missing information.

Figure 2. LSI-R assessment and substance abuse treatment matching in prisonandpost-prison community contacts
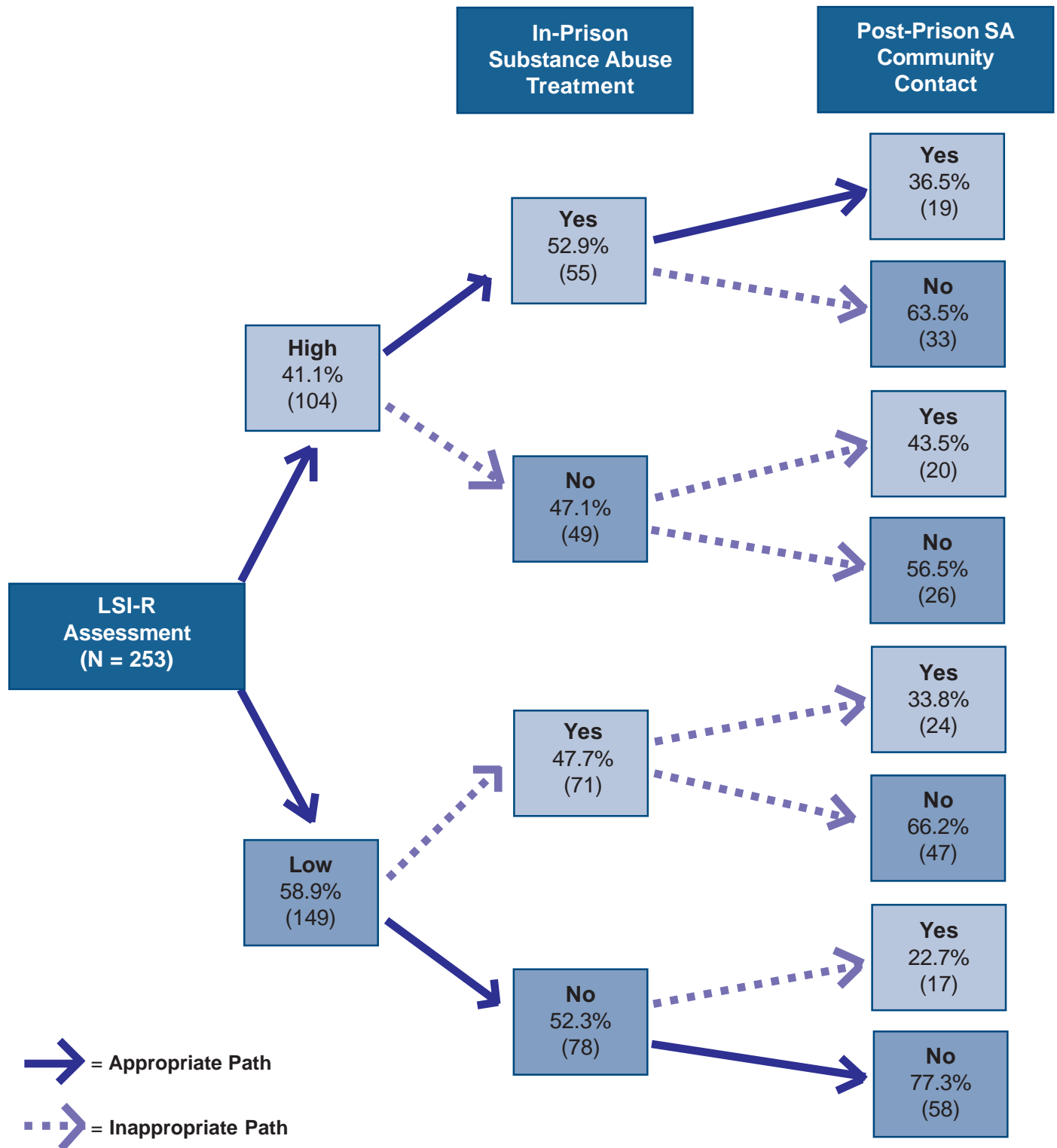
Note: Totals for thein-prison substance abuse treatment and post-prison SA community contact columns are not equal due to missing responses contained in the prisoner survey. A total of 3 cases had missing information on the "low" path and 6 cases were missing on the "high" path. Percents are adjusted for missing information.

Haas and Hamilton, 2007). Moreover, results from the correctional staff survey indicated that inmates were not in need of services targeting the emotional/personal needs of offenders (see Haas, Hamilton, and Hanley, 2006).

Treatment Matching in WVDOC Facilities

This section of the report directly examines the issue of treatment matching. Of particular interest is whether reentry services are being offered based on the individual needs of offenders. This issue is examined using three data sources: a) LSI-R subcomponent scores based on initial prisoner assessments; b) data on program provided to inmates from IMIS; and c) self-report inmate survey data. Information on whether prisoners had made a post-prison community contact was derived from the self-report survey.

Figure 2 displays the results of substance abuse treatment matching based on LSI-R scores. Initial LSI-R assessments on substance abuse are divided into "high" versus "low" scores. A "high" score indicates that prisoners are in high need for substance abuse treatment. A "low" score indicates that substance abuse is a low need for the inmates. According to the need principle, practitioners should develop treatment plans that prioritize the highest scoring criminogenic needs. In this case, inmates that scored "high" on the substance abuse subcomponent should have received substance abuse services, while inmates scoring "low" should not have received such services. The solid arrows indicate the "appropriate" decision-making path according to the needs principle. The dotted or dashed arrows represent an "inappropriate path." This approach is modeled closely after Winterfield and Castro's (2005) work on substance abuse treatment matching in Illinois.

Based on this sample of soon-to-be-released prisoners, there appears to be little treatment matching taking place. That is, many inmates that were assessed as being "high" in need on substance abuse did not receive substance abuse treatment. At the same time, however, many inmates that scored "low" on the initial LSI-R assessment were incorrectly given substance abuse treatment while incarcerated. Futhermore, roughly half of all inmates received treatment for their substance abuse while half did not, regardless of their LSI-R assessment results. These findings run counter to the proper application of the needs principle for effective correctional intervention. As a result, substance abuse treatment services are not reaching the inmates who need the servics the most.

As shown in Figure 2, a total of 253 inmates scored either high or low on the substance abuse subcomponent during their initial LSI-R assessment. Nearly sixty percent of inmates scored low on the substance abuse subcomponent (58.9%) while 41.1% scored high on this domain. Following the path for inmates that scored "high" on the substance abuse domain, nearly one-half did not receive substance abuse treatment while in prison (47.1%). In contrast, just over fifty percent received in-prison substance abuse treatment (52.9%). Similarly, of inmates that received substance abuse treatment while in prison, only one-third indicated that they had post-prison community treatment set up so they can receive the same services after release from prison (36.5%). In regard to inmates that scored "high" in need for substance abuse treatment and did not receive in-prison treatment, 43.5% had post-prison treatment established compared to 56.5% that did not. In short, *only one-half of the prisoners that needed substance abuse treatment actually received it and only one-third had plans to continue the treatment upon release.*

A similar pattern emerges for inmates that scored "low" in need for substance abuse treatment on their initial LSI-R assessment. Nearly fifty percent of inmates that scored low on the assessment received treatment anyway (47.7%) and one-third of those inmates were set up to receive substance abuse treatment after release (33.8%)—even though there was little indication that the treatment was necessary (see Figure 2). On the other hand, the appropriate decision was made for more than fifty percent of inmates. Of the 58.9% of inmates that scored low on the substance abuse domain, 52.3% appropriately did *not* receive substance abuse treatment. In addition, more than seventy-five percent of these inmates also did not have treatment set up for after release (77.3%).

Given that a central part of reentry initiatives is to provide inmates with the education and vocational training necessary to find employment after release, we used this same approach to examine whether inmates were being appropriately matched to educational/vocatonal programs. Figure 3 illustrates the extent to which educational and vocational

Figure 3. LSI-R assessment and treatment matching of prison educational and vocational services and post-prison community contacts

	In Prison Education/ Vocational Training	Post-Prison ED/VT Community Contact

LSI-R Assessment (N = 223)

High 50.2% (112)

Low 49.8% (111)

Yes 34.8% (39)

No 65.2% (73)

Yes 36.0% (40)

No 64.0% (71)

Yes 35.9% (14)

No 64.1% (25)

Yes 30.0% (21)

No 70.0% (49)

Yes 25.6% (10)

No 74.4% (29)

Yes 26.5% (18)

No 73.5% (50)

→ = Appropriate Path

┄► = Inappropriate Path
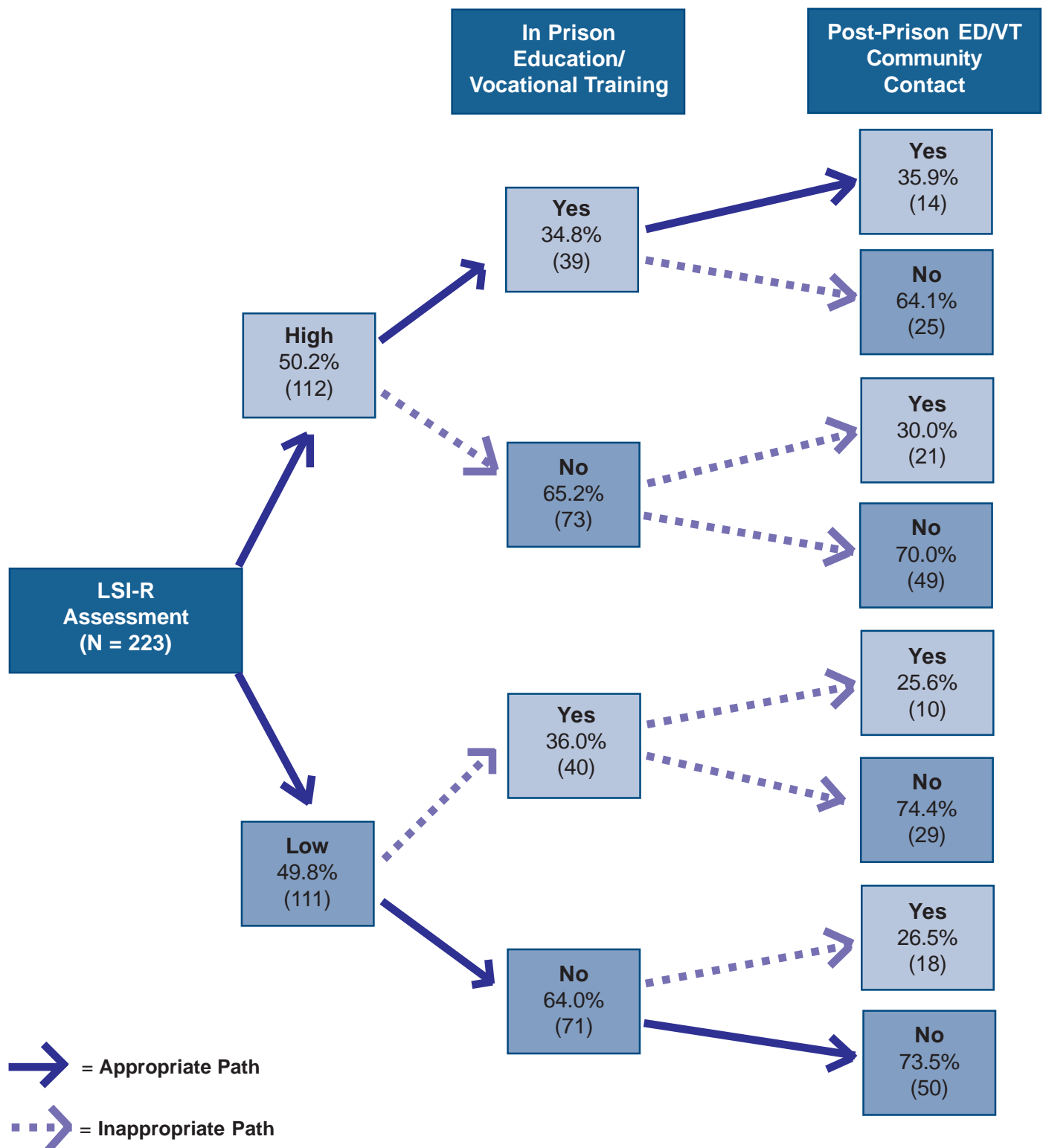
Note: Totals for the in prison educational or vocational training and post-prison ED/VT community contact columns are not equal due to missing responses contained in the prisoner survey. A total of 4 cases had missing information on the "low" path and 3 cases were missing on the "high" path. Percents are adjusted for missing information.

services were provided to this sample of soon-to-be-released offenders based on their initial LSI-R assessment scores. Similar to the findings associated with substance abuse treatment, the results presented in Figure 3 further indicate that treatment matching is taking place on a limited basis. *Nearly two-thirds of inmates that scored high in need of educational and vocational services did not receive training while in prison (65.2%).* Likewise, over one-third of prisoners that scored "low" in need did receive some sort of educational programming while in prison (36.0%).

As shown in Figure 3, nearly an equal percentage of inmates either scored "high" or "low" on the LSI-R subcomponent for education/employment. Following the "high" decision-making path, however, it is clear that many prisoners had not been enrolled in any educational/employment services despite being high in need for such programming/training. Of the 50.2% of prisoners that scored high on this LSI-R subcomponent, only one-third had received some type of educational and/or vocational training according to official records. Moreover, only one-third of these inmates indicated that they had such services set up so they could receive them after release from prison (35.9%).

For inmates that were assessed as having a "low" need for educational/employment services, over one-third had actually received educational and/or vocational training (36.0%). Moreover, one-quarter of these inmates indicated that they also had services set up to receive them once released. At the same time, however, the appropriate decision was made for nearly two-thirds of inmates in terms of in-prison treatment. Of those inmates that scored low in need of these services, 64.0% did not receive educational and training services while in prison. Likewise, nearly three-quarters of these inmates had not been set up to receive such services once they were released from prison (73.5%).

In short, these results suggest that while the appropriate decisions are being made by correctional staff in some instances, there is little evidence that actual treatment matching is taking place. Given the financial burdens and strain on correctional resources, it is vital that correctional administrators seek ways of matching services to prisoners that need them the most. Moreover, research has shown that programs which prioritize services based on the individual needs of offenders are associated with greater reduction in recidivism. The appropriate use of risk and needs assessment instruments such as the LSI-R can go a long way toward assisting correctional staff in making the best use of resources. These findings suggest that services are not being tailored to the individual needs of offenders in the areas of substance abuse and educational/employment. Improving the link between individual needs and service delivery may not only help save resources but result in more effective correctional programming.

It is hoped that results of this evaluation will assist WVDOC administrators and other policy-makes as they seek to improve the services provided to inmates nearing release, protect the public, and reduce recidivism. Therefore, the following section of this report provides an overview of the key findings from the present analysis as well as results from previous reports that comprise this process evaluation. Based on the results of this evaluation, possible evidence-based policy recommendations are also discussed.

Key Findings and Evidence-Based Recommendations

Research shows that successful implementation of correctional programs such as the WVORI is contingent upon the application of specific evidence-based policies and practices. These evidence-based practices not only identify many impediments and obstacles that plague new initiatives, but also serve as a guide for the development programs that inherit the potential for achieving meaningful reductions in recidivism. Having the capacity to both identify and address gaps in the application of evidence-based practices (EBP) is a crucial component when embarking on new approaches or initiatives within an organization. Thus, this process evaluation set out to provide a comprehensive assessment of the WVORI and its implementation using prior research on EBP as a guide.

The following discussion summarizes many of the key findings of the *Preparing Prisoners for Returning Home* process evaluation. Findings from the three previous reports as well as the result of the present analysis are organized and discussed using the eight principles of effective correctional intervention originally identified by Gendreau and Andrews(2001) as a framework. While an effort is made to identify as many of the key findings of the process evaluation as possible, it is important to note that the present summary does *not* account for all of the findings in the process evaluation. Persons interested in reviewing the results of the entire process evaluation are encouraged to revisit each of the previous reports (see Haas, Hamilton, and Hanley, 2005;2007).

In addition to summarizing the results of this evaluation, the discussion that follows also provides a number of recommendations that correspond closely to the evaluation results. The recommendations are derived from a review of the current empirical literature on evidence-based practices and, specifically, studies that center on issues related to program implementation and the principles of effective intervention (e.g., Andrews and Bonta, 1998; Andrews, Bonta, and Hoge, 1990; Andrews and Kiessling, 1980; Gendreau, 1996; Gendreau and Andrews, 2001; Leschied, 2000). Furthermore, many of the evidence-based recommendations that follow are specifically rooted in the recent work of the

National Institute of Corrections (NIC) and the Crime and Justice Institute (CJI). Recent NIC/CJI efforts have focused on the development of *An Integrated Model* for correctional management based on current evidence-based practices which are applicable to the WVORI (see Crime and Justice Institute, 2004). Thus, the evidence-based recommendations offered in this report are widely supported by extant research that centers on proper program implementation and delivery of correctional services.

Organizational Culture

The implementation of a statewide offender reentry initiative represented a significant undertaking for the WVDOC. The WVORI required the West Virginia Division of Corrections (WVDOC) to develop and apply an entirely new prescriptive case management system that incorporated the use of different classification instrument and a variety of newly-developed and innovative programs. As a consequence, the WVORI required a substantial amount of change to take place within the organization itself. Previous research has clearly shown that proper implementation of a program or initiative is heavily influenced by whether an agency or organization is successful in making such necessary organizational changes (Lariviere, 2001; McGuire, 2004). Many of these organizational changes also require a strong commitment from staff at all levels.

Additionally, multiple issues come into play when making systemic, organizational changes on such a wide scale. Substantial organizational change can disrupt the daily flow and culture of the organization. Therefore, problems can arise at various stages in the implementation process and at different levels within the organization. Barriers such as poor communication, lack of appropriate or adequate training, attitudes of workers, insufficient resources, and others can prevent the effective implementation of programs similar to the WVORI. If these issues are not resolved successfully, they can produce (or contribute to) resistance among staff to the new mission. For this reason, organizational leaders must be aware of and understand the values and attitudes of staff that contribute heavily to the atmosphere of the organization (Stojkovic and Farkas, 2003).

While the current process evaluation did not seek to fully assess the organizational culture of the WVDOC, the

Figure 4: Organizational Culture

Evidence-Based Recommendations:
Develop an inclusive process that elicits agency-wide participation and support for the WVORI and the use of evidence-based practices.

Further incorporate statements that reflect a commitment toward effective offender reentry and the use of evidence-based practices into the agency's mission statement, policy directives, and procedures.

Revise training curricula and adjust intra-agency formal and informal modes of communication to be more in-line with support for the correctional goal of rehabilitation.

Revise hiring procedures and selection criteria to be consistent with the agency's mission to implement offender reentry programs and services using core correctional practices.

Continue to align agency resources and budget allocations around the WVORI in an effort to further reinforce the agency's commitment to provide comprehensive reentry programs and services.

Identify organizational leadership and program supervisors that are committed to implementing the WVORI and solicit these staff persons to develop strategies to further enhance intra- and inter-agency communication on EBP.

Develop a "marketing strategy" or other methods to demonstrate the value of "what works" in corrections and its relationship to the WVORI for both internal and external audiences.

---

application of correctional staff and prisoner surveys offered some insight into latent issues that are likely to be related to the culture of the agency. As noted previously, the culture of an organization can impact the attitudes and values of correctional staff and, in turn, the attitudes of staff can determine the organizational culture. Thus, an indirect measure of an agencies organizational culture may be staff attitudes and values.

Based on both correctional staff surveys and responses from inmates, the results of this process evaluation suggest that staff are not fully "onboard" with the goals of the new initiative. Moreover, some of the findings point to a lack of commitment on the part of staff to integrate EBP into the delivery of services (i.e., core correctional practices). For instance, results from the correctional staff survey showed that one-third of all staff had a low level of support for the WVORI. In the same regard, even fewer correctional staff reported support for the use of the LSI-R as the new tool for assessing offender's risk and needs. This is particularly noteworthy given that the proper assessment of offenders is a fundamental prerequisite for effective case management (including both the supervision and treatment of offenders) and underlies the newly developed prescriptive case management system (PCMS).

Furthermore, this process evaluation found important subgroup differences in level of support for the WVORI and its related components (i.e., PCMS and LSI-R). Consistent with results from previous research, the results demonstrated that staff with longer histories in the field of corrections and at the WVDOC had considerably lower levels of support for the WVORI, the PCMS, and the LSI-R. Correctional staff with 10 or more years experience, either in the field of corrections or at the WVDOC, were significantly less likely to report high support for the PCMS and the WVORI. In addition, the results also indicated that support for the WVORI varied by occupational subgroup. Of all correctional staff, parole officers had the least favorable views toward the reentry initiative, the PCMS, and the LSI-R.

These results suggest a need re-examine strategies for implementing the WVORI on an agency-wide basis and changing the organizational culture to be more in-line with the objectives of the new mission. Common evidence-based recommendations for addressing issues related to the organizational culture are presented in Figure 4. Efforts to change organizational culture often begin with simply modifying various agency-level policy directives and procedures to be more congruent with evidence-based practices. In recognition of the importance of clearly communicating the agency's goals and objectives, the WVDOC recently added the goal of effective offender reentry to the agency's mission statement.

Other evidence-based recommendations for influencing

the culture of an organization include developing an inclusive process that elicits agency-wide participation, revising various curricula and procedures, and identifying organizational leadership and program supervisors committed to the WVORI (see Figure 4). For instance, it is recommended that the WVDOC revise training curricula to be more in-line with support of EBP and the correctional goal of rehabilitation. Moreover, long-term strategies for change might involve revising hiring procedures and selection criteria to be consistent with the values that underlie the WVORI. The results of this evaluation suggest hiring staff that are supportive of rehabilitation as a correctional goal and are oriented toward human service. Such procedural revisions may involve modifications in the interview process and position descriptions.

Program Implementation/Maintenance

Aspects of program implementation and maintenance are closely related to the organizational culture. In many instance, programs can be successfully implemented and maintained over time only when the organizational culture is supportive of the inclusion of EBP into every aspect of service delivery. Based on the results of this evaluation, it is not entirely clear that correctional staff are knowledgable of EBP in the field of corrections. Additionally, it appears that many of the key components of effective correctional intervention are not being

---

Figure 5: Program Implementation/Maintenance

Evidence-Based Recommendations:
Revise training curricula and future workshops to integrate content designed to educate staff on the value of EBP and offset beliefs that work against reentry support.

Develop a system of rewards and recognition for staff that evidence the knowledge, skills and attitudes associated with EBP (e.g., link offender successes and staff demonstrated abilities to performance evaluations).

Establish "staff accountability" procedures for using LSI-R assessment information to develop reentry case plans and using case plans to effectively manage prisoners (this is the issue of matching).

---

integrated into service delivery and case planning.

This is evidenced by the application of the LSI-R and the use of core correctional practices on the part of correctional staff when working with prisoners. A key finding of this evaluation was that correctional staff may not be utilizing the LSI-R as it was intended by the WVORI program planners (or the authors of the instrument). Based on the results of the correctional staff survey, it was clear that many staff were not referring to specific LSI-R assessment outcomes when developing treatment plans and were not committed to assessing offender progress. For instance, nearly thirty percent of case managers (29.2%) and counselors (28.1%) as well as over one-half of parole officers (52.9%) report that they had never used the LSI-R to assess offender progress.

It is important to point out that this lack of offender progress assessment was also supported by analysis of official records not reported here. It was discovered that only a small proportion of inmates had more than one initial LSI-R assessment. Nevertheless, the results of the present analysis showed that nearly thirty percent of prisoners had *not* received an initial LSI-R assessment—despite being within 90 days of possible release. This suggest that assessment information is not being used properly to guide case planning decisions and monitoring offender progress. Such reassessment can help staff better allocate resources to offenders with the highest risk/need levels and gauge the progress of offenders in achieving treatment objectives as they prepare to reintegrate into the community. Our results found that only 4 out of every 10 correctional staff were using the results of the LSI-R to develop reentry case plans.

These findings imply the need for further staff training and the establishment of procedures to better reinforce staff accountability. Program administrators should revise training curricula and future workshops to integrate content designed to educate staff on the value of EBP (see Figure 5). It is encouraging to report that strategic planning for revising the training curriculum given to correctional staff to include information on EBP is underway at the WVDOC.

Furthermore, these results signify a need to hold staff accountable for not basing case planning decisions on objective assessment information. Even the results of the present analysis provided little evidence that reentry services were being matched to offender needs. For instance, many inmates

Figure 6: Management/Staff Characteristics

Evidence-Based Recommendations:
Identify, bolster, and utilize staff oriented toward support for reentry and the use of EBP. These staff should also be selected based on the ability to provide leadership to other WVDOC staff and educate others on the importance of research-based practices.

Rewrite staff performance standards and expectations and employee job descriptions to emphasize the knowledge, skills, and attitude necessary to deliver reentry services that are in-line with core correctional practice.

Develop initiatives to focus on staff development (including knowledge of research evidence and skill development) within the context of the West Virginia Corrections Academy to further promote the delivery of reentry services based on core correctional practice.

Develop a standardized mechanism to distribute reentry evaluations and other state/national research related to EBP and successful reentry practices (e.g., agency listserve, website, manuscripts at conferences/workshops, presentations, etc.) to all administrators as well as front-line staff (e.g., reentry resource center).

Provide educational presentations/training sessions to agency leadership and key program personnel on the principles of effective intervention, core correctional practice, and the effective delivery of reentry services.

that scored "high" on substance abuse, for instance, did not receive it. On the contrary, many inmates that scored "low" on this same LSI-R domain were inappropriately given substance abuse treatment while in prison. Hence, staff should be held accountable for the proper use of assessment information and be rewarded and recognized when they do so. WVDOC administrators should consider developing a system of rewards and recognition for staff that evidence the knowledge, skills and attitudes associated with EBP (see Figure 5). This may involve the development of "quality measures" associated with staff performance such as linking staff rewards to inmate successes. Or connecting staff member's demonstrated knowledge and abilities of EBP to annual performance evaluations.

Management/Staff Characteristics

The importance of management and/or staff characteristics in the successful delivery of programs cannot be understated. Staff may pose a significant barrier to implementation (Koch, Cairnes, and Brunk, 2000). Individual attitudes and personal opinions toward the new strategy and

the implementation of that strategy may be responsible for the success or failure of a program (Gagan and Hewitt-Taylor, 2004). For instance, in a recent study of 69 jurisdictions implementing reentry strategies, Lattimore et al. (2005) found that turf battles and resistance from facility line staff and supervisors to be among the most commonly cited barriers to implementation.

However, staff resistance and turf battles can often run much deeper than simple disagreements about how to best deliver services, manage inmates, or develop case plans. Instead, in some instances the engrained attitudes and established orientations of correctional staff may simply run counter to goals and objectives of the agency or organization. The likelihood for the presence of such conflicts between individual and organizational values can be increased during the implementation of a new program or initiative. Research underscores the fact that staff attitudes and values can significantly impede the successful implementation of any new approach when they run counter to the mission of an agency (Gagan and Hewitt-Taylor, 2004).

At the center of offender reentry programs is the notion

that rehabilitative services should be provided to inmates in an effort to reduce the likelihood that they will commit new crimes once released. As noted previously, this involves delivering pre-release programs, transitional services, and aftercare interventions designed to help offenders successfully reintegrate back into their communities. Yet, not all correctional staff are equally supportive of the concept of rehabilitation or oriented toward providing rehabilitative services. Such differences in the attitudes and orientations of correctional staff can impact the level of support for new initiatives such as the WVORI as well as impact the quality of services provided to prisoners.

Based on the collective results of this evaluation, it is clear that correctional staff's attitudes and orientations are a) directly related to their level of support for the reentry initiative and b) may be impacting the implementation of the initiative. Our results clearly demonstrated that as correctional staff became more human service oriented and less punitive toward inmates, they also became more supportive of the WVORI and its core components (e.g., PCMS and LSI-R). As a result, differing levels of resistance and support for the reentry initiative were tied to attitudes and orientations of correctional staff. In short, we found that staff who were more supportive of the notion of rehabilitation, liked to work with others, liked their job, and were empathetic toward inmates, were also significantly more likely to indicate that they support the reentry initiative. On the other hand, those who did not support rehabilitation as a correctional goal, did not identify with a human service orientation, were less satisfied in their job, were less convinced that the WVDOC was firmly committed to the reentry initiative, and less empathic to the plight of prisoners were much less likely to support the current initiative.

Additionally, there is some reason to believe that such attitudes and orientations may be impacting the actual delivery of reentry services. For instance, parole officers tended to be more punitive and less human service oriented than other occupational subgroups. And, at the same time, the result of this evaluation consistently demonstrated that parole officers were less likely to support the WVORI and the PCMS and were significantly less likely to support the use of the LSI-R than case managers and counselors. Of the 22 parole officers that comprised the post-implementation sample of correctional staff, only 1 indicated that they highly supported the use of

the LSI-R. Such results appear to translate into practice. This evaluation found that parole officers were less likely to use the LSI-R to formulate reentry case plans and to assess offender progress compared to other correctional staff.

While other important subgroup differences are likely to exist, WVDOC should continue to make efforts to identify additional subgroup differences as well as other factors that contribute to staff resistance. Similar to the recommendations noted previously, WVDOC administrators might explore ways to further educate and reward correctional staff while developing specific strategies to target resistant subgroups. Such educational efforts may involve the development of a standardized mechanism for distributing reentry evaluations and other state/national research related to EBP to correctional staff and managers (see Figure 6). Moreover, strategies could be developed around the implicit use of correctional staff that are supportive of the WVORI and hold attitudes that are consistent with the goals and objectives of the WVORI. In this regard, WVDOC administrators might consider identifying, bolstering, and utilizing staff that are oriented toward support for reentry to provide leadership and better inform fellow colleagues on EBP (see Figure 6).

Client Risk/Need Practices

As noted previously, the assessment of offenders is considered the first step in the delivery of effective correctional interventions. While the accurate assessment of offender risk level and needs yields valuable information, however, it is equally important that the information be applied properly when developing case plans. Fortunately, the authors of the LSI-R and the literature on effective correctional interventions provides specific guidance on how offender risk/need assessment information should be used to guide treatment programming. In particular, programs and interventions should be prioritized to the highest scoring criminogenic needs of the offender (i.e., the needs principle). Therefore, the WVORI should seek to match reentry services to highest needs of the offender. Additionally, there should be a clear link between the individual criminogenic needs of the offender and the services provided or recommended.

Through the analysis of staff survey data and official records, this evaluation was able to examine whether the LSI-R was being applied in a manner that was consistent with

best practices. The results of our analysis suggest that staff may not be utilizing the LSI-R as it was intended by the WVORI program planners or the developers of the LSI-R. In addition to the points on the use of the LSI-R noted earlier (i.e., not being used to make case planning decisions and assess offender progress), it also appears that correctional staff may not be referring inmates to appropriate post-prison services based on the assessment information and that they do not appear to be properly matching treatment services to the individual needs of inmates.

First, based on the results of the post-implementation staff survey, our results indicated that staff could benefit from greater guidance in the assessment of offender needs and the development of recommendations for offenders as they transition to the community. A substantial amount of variation was found in *how* correctional staff use information to ascertain the risk and needs of offenders. Moreover, we found little agreement among staff in what to recommend as part of the reentry plan once an assessment was complete. Assuming these findings are accurate indicators of how staff assess prisoner needs and formulate recommendations, they would imply a weak link between the needs of inmates and the services recommended by correctional staff.

Second, the present analysis centered on the issue of

whether reentry services were being matched to the individual needs of inmates. Based on the analysis of official records, the findings showed that while the appropriate decisions were being made by correctional staff in some instances, there was little evidence that actual treatment matching was taking place. In particular, we found that reentry services were not being tailored to the individual needs of offenders in the areas of substance abuse and educational/vocational training. This is important because improving the link between offender needs and service delivery may not only help save resources but also result in more effective correctional programming and greater reductions in recidivism.

Perhaps greater attention should be given to helping staff formulate case plans based on assessment outcomes. WVDOC administrators may consider developing and implementing decision-making guidelines to assist staff in translating assessments into case plans, especially for aftercare referrals (see Figure 7). While the WVDOC has developed a Program Recommendation Matrix to be used by case managers within the institution (see Appendix B), more work in this area may be needed with particular attention being given to post-prison referrals and recommendations. Lastly, WVDOC administrators should move to adopt the latest generation of risk and need assessment instruments—the Level of Services Inventory/Case Management System (LS/CMI). The LS/CMI takes into account additional responsivity considerations in the management of offender populations and includes a case management component that assists users in the development of case plans that are closely tied to criminogenic needs.

Program Characteristics

Once individuals are assessed using empirically-validated instruments, programs should target a wide variety of criminogenic needs using evidence-based behavioral/social learning/cognitive behavioral therapies targeted to high risk offenders (see Figure 8). The focus of these programs should be on high risk offenders because research has demonstrated that they are more effective when they focus on higher-risk rather than lower-risk offenders (Andrews, Bonta, and Hoge, 1990).

While this process evaluation did not set out to assess whether WVDOC programs adhere to the principle of general

responsivity, the results do suggest some areas that deserve attention. In the area of discharge planning (i.e., pre-release and transitional services), we found that while most soon-to-be released prisoners could use many of the transitional and aftercare services, many had not receive them. Based on the survey responses of prisoners, a vast majority of inmates indicated that they had not received an aftercare plan or met with their case manager to update their IRPP. In fact, only 12.9% of all inmates had reviewed a copy of their aftercare plan at the time the survey was administered. And only 31.4% of all inmates indicated that they had met with their case manager to update their IRPP. In like manner, less than ten percent of all inmates stated that they had been given the contact information of a community services provider (9.0%) and fewer than five percent had actually scheduled an appointment (4.5%).

Our analysis of official records seem to support the notion than many prisoners nearing release are not receiving adequate pre-release and transitional services. While an analysis of official records does not shed light on inmate-staff contacts to review case plans, it does provide estimates of the number of transitional programs offered to inmates. According to official records, only 44.4% of prisoners had received some sort of transitional service program prior to release (for a list of programs identified as a transitional service, see Appendix E). Most of the transitional services came in the form of courses such as 99 Days and Get Up, Going Home I, and Pre-Parole Orientation. Only a small percentage of inmates were offered other types of formal transitional programs.

In addition, based on the official data analysis many inmates did not receive pre-release programs while institutionalized as well. The present analysis discovered that 32.7% of soon-to-be-released inmates had not receive a single program while incarcerated. Likewise, no program was offered to 32.8% of the inmates in sample of released inmates. Furthermore, while approximately one-half of all inmates had received substance abuse treatment at some point during their incarceration (50.2%), a much smaller percentage of inmates had received other types of programs. Only one-quarter of inmates had been enrolled in a crime victim awareness program and vocational training and slightly less than 1 in 5 inmates had been enrolled in a cognitive or social skills-based treatment. Beyond the programs mentioned above, only a small percentage of inmates had received other institutional programs. Slightly over ten percent of inmates had received such services as adult basic education, life skills, and health education.

Notwithstanding the results above, this evaluation offered evidence that work release centers may be operating in a manner that is more in-line with evidence-based principles and that they may be offering more intensive transitional services to prisoners nearing release. On every measure of core correctional practice and transitional services, the performance of work release centers was equal to or better than that of general population institutions. In most instances, the differences between work release centers and general population institutions were statistically significant. Based on the prisoner survey data, a greater percentage of inmates in work release centers reported having received pre-release

programs and transitional services compared to prisoners in general population institutions.

These results suggest that WVDOC administrators should consider expanding the use of work release centers as "step-down" units for offenders nearing release (see Figure 8). Greater use of work release centers as step-down units or the development of lower security institutions may bring WV correctional facilities more in-line with CCPs and, thereby, improve the delivery of reentry services. It is important to also point out that, based on the results of the initial LSI-R assessments examined in the present analysis, many of the male and female prisoners were at risk levels that would allow for supervision in lower classification facilities such as work release centers and minimum security level institutions. Nonetheless, given the positive results for work release centers compared to general population institutions, efforts should be made to identify staff characteristics and key processes operating in work-release centers and develop a strategy to replicate these processes in other facilities.

Lastly, the above findings indicate that greater attention should be given to the "discharge planning phase." That is, WVDOC administrators should revisit the process in place for checking whether inmates have received the necessary pre-release and transitional services prior to release (see Figure 8). Separate policies and procedures should also be

established for the management of low versus high risk offenders prior to and after release from prison.

Core Correctional Practice

Andrews and Kiessling (1980) identified five dimensions of effective correctional intervention that when utilized have been found to enhance the therapeutic potential of correctional interventions. The dimensions identified by Andrews and Kiessling (1980) were further elaborated by Andrews and Carvell (1998) as core correctional practice (CCPs). In essence, the dimensions of CCPs specify the *quality* of staff-inmate interactions and relationships. The quality can be specified in terms of the structuring skills (i.e., the contingency, control, and/or training skills exhibited by the staff person) used during interactions with inmates and the dynamics of the relationship or relationship factors. The dimensions include: appropriate use of authority, appropriate modeling and reinforcement, problem solving, effective use of community resources (advocacy/brokerage), and relationship factors.

Consistent with the principle of general responsivity, CCPs are largely based on social learning techniques and cognitive-behavioral techniques, such as role-playing, modeling, graduated practice, and systems of reinforcement. The rationale for employing CCPs is that offenders learn

---

Figure 9: Core Correctional Practice

Evidence-Based Recommendations:
Develop policy directives to incorporate the principles of core correctional practice into the delivery of all programs and services to both staff and inmates.

Develop strategies to address both staff characteristics (e.g., attitudes, orientation, communication style, etc.) and training in core skills (e.g., effective reinforcement, relationship and structuring skills, etc.) to ensure the maximum therapeutic of pre-release programs and services to offenders.

Develop a process for monitoring the effective use of reinforcement and disapproval through documentation and assisting staff in identifying situations/circumstances that provide opportunities for reinforcement.

Develop a system of appropriate graduated consequences for offenders and train staff on consistent application of disciplinary practices and use of authority (inter and intra-individuals).

"pro-social and anticriminal attitudinal, cognitive, and behavioral patterns from their regular interactions with front-line staff" (Dowden and Andrews, 2004:205). Moreover, an offender is more apt to engage in treatment and treatment is more likely to be effective if a good therapeutic alliance is created, as evidenced by positive relationship factors (Kennedy, 2000).

The results of this evaluation illustrate that the WVORI could clearly benefit from the greater use of CCP by staff in the delivery of programs and services. Our results show that when prisoners perceived receiving transitional services in a manner that is consistent with the use of CCPs, they reported being better prepared for life after release. However, the findings further suggested that the application of CCP is not as widespread as one might hope, at least from the perspectives of inmates. For example, while prisoners reported that they were often given the opportunity to practice new behaviors in prison, many did not feel that appropriate behaviors were demonstrated for them by correctional staff nor that reinforcements were provided by prison staff on a regular basis. Similarly, many inmates reported that staff did not advocate on their behalf to community program providers or engage in problem-solving activities with them. Lastly, the results of this evaluation suggested that many correctional staff were not developing high quality interpersonal relationships with inmates which have been found to be associated with successful service delivery in correctional settings.

These results demonstrate the need to further educate and train staff on the role of core correctional practice in the delivery of services under the WVORI. Efforts should be developed to address staff characteristics such as attitudes, orientation, and communication styles as well as provide staff with training in the use of core skills (e.g., effective use of reinforcement, relationship and structuring skills, etc.) (see Figure 9). In addition, given that the results also indicated that a large percentage of inmates felt that prison staff used control and shaming practices rather than firm but fair disciplinary practices to gain compliance of inmates, WVDOC administrators should engage in efforts to train staff on the consistent application of disciplinary practices and use of authority. Such efforts should be complemented by the development of a system to monitor the effective use of

Figure 10: Inter-Agency Communication

Evidence-Based Recommendations:
Provide the necessary resources for staff to identify and engage community support programs for offenders transitioning to the community.

Develop a system for measuring community contacts made by staff and offenders as they prepare for release.

Involve community-service providers in the WVORI and educate these providers on EBP in the field of corrections and the new WVORI processes for soon-to-be-released offenders.

Develop working agreements with each of the local Workforce Investment Boards to work with offenders on parole ensuring that they are able to be successfully linked to services.

Work with workforce development and employment services organizations in the state to develop a list of potential employers willing to hire ex-offenders (e.g., WorkForce West Virginia).

Develop procedures to ensure appropriate passage of inmate identification documents from jails to prisons and establish a formal agreement with state agencies responsible for issuing documentation or providing information on how to obtain records and important benefits (e.g., birth certificates, driver licenses, social security and veteran benefits, federal student aide, etc.).

reinforcement and disapproval tactics on the part of staff and assist them in identifying situations/circumstances that offer opportunities for reinforcement (see Figure 9). Finally, WVDOC administrators should consider the establishment of policy directives that incorporate CCP into the delivery of all programs and services.

Inter-Agency Communication

The effective use of community resources is of particular importance for offender reentry programs such as the WVORI. By leveraging community resources, offender

reentry programs (as well as traditional community-based interventions) can better match intervention services to the needs of offenders and reduce many of the barriers inmates encounter when they transition from prison to the community. Advocacy and brokerage activities may involve helping inmates find a job or income assistance, a place to live, as well as any public benefits for which they might be eligible.

Community contacts and referrals should include a minimum of the services identified above as well as any referrals specific to an inmate's individual needs. However, effective advocacy and brokerage can simply involve helping offenders obtain basic documents and services necessary for survival. For offenders returning to communities, identification and restoration of drivers' licenses are linchpins to their successful reintegration. Official photo identification is critical to offenders attempting to obtain employment, provide proof of identity to open banking accounts, obtain public assistance, and similar functions. Obtaining drivers' licenses is vital to ensuring that offenders have the means to travel for employment, treatment, and other scheduled appointments.

Hence, inter-agency communication and coordination is critical to sustaining a continuum of services from the institution to the community. Such services often involve referring offenders to community-based programs as well as advocating on behalf of ex-offenders to potential employers and other public services programs and/or organizations. Research supports the notion that strong inter-agency communication and the aggressive use of referrals and advocacy on behalf of offenders is associated with programs that achieve meaningful reductions in recidivism (Dowden and Andrews, 2004).

Similar to previous findings, there is some evidence to suggest that correctional staff are not engaging in the effective use of community resources. Based on the responses from the sample of soon-to-be released prisoners, it seems rather clear that a vast majority of inmates did not believe staff were working to identify referrals or speak on their behalf to community organizations or service providers. In fact, only 6.4% of all inmates rate the effective use of community resources as high on the part of correctional staff. Likewise, over one-half of all inmates did not believe that staff were committed to generating referrals for them or lobbying community resources to help them transition to the community

(51.4%).

In addition, this evaluation found that only a small percentage of inmates had contacted a community services provider and very few prisoners had services set up in the community for after release. Less than ten percent of all inmates stated that they had been given the contact information of a community services provider (9.0%) and fewer than five percent had actually scheduled an appointment (4.5%), regardless of institution type (i.e., work release versus general population). Our results further illustrated that many inmates that were in need of community services after release were not set up to receive them. In terms of drug treatment, for instance, approximately one-third of all inmates indicated that they had not been set up to receive treatment upon release. This was also the case for other service contacts in the community. As with drug treatment, roughly one-quarter of all inmates in need of treatment services for alcohol abuse were not set up to receive them upon release. Similar results were found for other types of community-based services.

Generally, these findings suggest that improvements could be made to better ensure that offenders will continue necessary services and/or treatments once released from confinement. WVDOC administrators should work to provide necessary resources for staff to identify and engage community support programs for offenders transitioning to the community (see Figure 10). Importantly, the WVDOC has recently begun to work more closely with workforce development and employment services organizations in the state to develop a list of potential employers willing to hire ex-offenders. They have also engaged local Workforce Investment Boards to promote efforts to ensure that parolees are able to be successfully linked to employment services.

Nevertheless, there continues to be a need to develop and refine procedures that foster the passage of inmate identification documents from jails to prisons. This might involve the establishment of formal agreements with state agencies responsible for issuing documentation or providing information on how to obtain important records and benefits (e.g., birth certificates, driver licenses, social security, and veterans benefits, federal student aide, etc.). Lastly, WVDOC administrators should consider the development of a system for measuring community contacts made by staff and offenders as they prepare for release. Such a system would go a long

Figure 11: Evaluation

Evidence-Based Recommendations:
Develop a system or set of procedures for providing staff with timely, relevant, and accurate feedback regarding performance related to EBP outcomes.

Revise the supervisor level employee evaluation process to include a supervisor's ability to teach and model evidence-based practices, observe inmate-staff interaction, and provide feedback, reinforcement, and instruction.

Establish a system for monitoring offender progress through the Individual Reentry Program Plan, including participation in programs, attitudinal change (including motivation to change), general treatment gains, and transitional planning.

Establish quality assurance procedures that include periodic and random audio/visual and paper reviews to ensure that the LS/CMI is conducted and utilized properly in the development of offender reentry case plans.

Require the routine monitoring of staff performance by supervisors based on "quality" measures that are reflective of an evidence-based practice environment (e.g., quality of assessment, appropriateness of treatment plans, and quality of treatment services delivered).

Incorporate and develop linkages between risk/need assessment information and reentry case plans in the Inmate Management Information System.

Continue to assess progress in implementation of the WVORI using quantifiable data (e.g., staff and inmate surveys, official records, direct observations/evaluations). Periodically, re-assess staff attitudes/orientation and use of CCP to ascertain whether policy and practice changes are producing results more in-line with greater program integrity and the use of EBP (e.g., continue to identify important subgroup differences in support, work to identify sources of resistance as well as support).

Make program evaluation a normal part of doing business. Conduct process evaluations to ensure proper implementation of programs and services as well as short-term and long-term outcome evaluations to measure impact.

---

way toward ensuring a successful transition for offenders returning from prison to the community.

Evaluation

The implementation of a new program is a complex endeavor—even if the new program is rooted in sound, evidence-based practices. Many barriers or impediments to implementation can come into play when an organization begins to launch a new initiative. In the implementation of any new program or approach, it is necessary to obtain agency-wide commitment. An organization must work to get staff buy-in and ensure that staff are adequately trained on the system and processes. In addition, it is critical that an agency ensure

that staff can appropriately apply and implement the strategies or approaches that make up the new program (Street, 2004).

Research has consistently shown that proper implementation of programs is critical for achieving positive outcomes. For instance, studies have shown that programs or interventions which depart substantially from the principles known to inform effective correctional programming are much less likely to observe reductions in recidivism (Hubbard and Latessa, 2004; Lowenkamp and Latessa, 2005; Wilson and Davis, 2006). As Rhine, Mawhorr, and Parks (2006: 348) point out, "If a program has been unable to adhere to the salient principles in a substantive meaningful way, the expectation of observing a significant decrease in reoffending

is predictably diminished." Such departures include the failure to properly assess offenders using valid risk and needs assessments, the inability to maintain staff buy-in or conformity to the new approach, and the inability to provide adequate training, monitoring and supervision of staff responsible for administering the program (Rhine et al., 2006).

The failure to adequately monitor program implementation and staff performance is a common mistake made by many agencies or organizations initiating a new program. However, this oversight is no more apparent than in the area of performance measurement. In many cases, for example, staff continue to be evaluated on "process measures" (i.e., the number of office contacts, number of assessments completed, etc.), not on quality measures that are more reflective of an evironment rooted in EBP (Clark, 2005). Yet, measures such as the quality of assessment, appropriateness of treatment plans, and quality of treatment services delivered are better measures of staff performance in an EBP environment. Thus, WVDOC administrators should require the routine monitoring of staff performance by supervisors based on "quality" measures that are indicative of EBP (see Figure 11).

Any attempts to derive better measures of staff or program performance, however, will have little impact if the results of the monitoring process are not communicated back to those responsible for administering the program. Efforts should be made to develop a system or set of procedures for providing staff with timely, relevant, and accurate feedback regarding performance related to EBP (see Figure 11). To assist in providing a mechanism for communicating information back to front-line staff, supervisors should be adequately trained to provide feedback, reinforcement, and instruction to their subordinates in accordance with EBP. Moreover, supervisors should be selected based on their ability to teach and model such practices.

The WVDOC should also continue to assess progress in implementation of the WVORI using quantifiable data (e.g., staff and inmate surveys, official records, direct observations/ evaluations) (see Figure 11). Efforts should continue to periodically re-assess staff attitudes/orientation and the use of CCP in order to ascertain whether changes in policy and practice are producing results in services delivery that more in-line with greater program integrity and the use of EBP. This may involve efforts to further identify important subgroup differences in support for the reentry initiative. Efforts should also be made to determine the sources or reasons for staff resistance as well as support for the WVORI. This information may yield valuable information useful for developing strategies to counter attitudes and practices that run counter to the goals of the agency.

Research has also demonstrated that the involvement of an evaluator in program implementation and monitoring is a significant predictor of a program's success at reducing recidivism (Andrews and Dowden, 2005; Dowden and Andrews, 1999; 2000; Lipsey, 1995). While there are competing explanations for why this may be the case, it is commonly argued that having an evaluator involved in implementation enhances a program's integrity. That is, an evaluator's involvement enhances program integrity which, in turn, increases the therapeutic potential of appropriate correctional programs (Dowden and Andrews, 1999). It is argued that evaluators are more likely to follow treatment protocols, to ensure that staff are specifically trained, and they are more likely to monitor program structure and content to ensure that programs are delivered as they were designed.

As demonstrated by this process evaluation, the use of an evaluator can also yield an abundance of information about the adequacy of a program's implementation, the delivery of its services, and the characteristics of staff that either facilitate or hinder the capacity of a program to reach its desired goals and objectives. Moreover, trained evaluators can provide assistance to program staff in establishing meaningful quality assurance procedures to monitor staff compliance. Therefore, the WVDOC should retain the capacity to evaluate its efforts as it seeks to further improve the WVORI and other correctional programs.

Finally, the WVDOC should make program evaluation a normal part of doing business. The necessary budgetary and resource allocation changes should be made to allow for evaluation to take place on a regular basis. As noted above, an involved evaluator greatly increase the capacity of an organization assess performance and develop quality assurance protocols. Efforts should be made to conduct process evaluations to ensure proper implementation of programs and services as well as short-term and long-term outcome evaluations to measure impact.

References

Andrews, D.A. &. Bonta, J. (1998). *The psychology of criminal conduct, 2nd ed.* Cincinnati, OH: Anderson.

Andrews, D.A. &. Bonta, J. (2003). *The psychology of criminal conduct, 3nd ed.* Cincinnati, OH: Anderson.

Andrews, D.A., Bonta, J. & Hoge, R. (1990). Classification for effective rehabilitation: rediscovering psychology. *Criminal Justice and Behavior, 17*, 19-52.

Andrews, D. A. & Carvell, C. (1998). *Core correctional treatment — Core correctional supervision and counseling: Theory, research, assessment and practice*. Ottawa, ON: Carleton University.

Andrews, D. A.& Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal and Criminological Psychology, 10*, 173-187.

Andrews, D.A. & Friesen, W. (1987). Assessments of anticriminal plans and the prediction of criminal futures: A research note. *Criminal Justice and Behavior*, 14, 33-37.

Andrews, D. A. & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R.R. Ross & P. Gendreau (Eds.), *Effective Correctional Treatment*. Toronto, Canada: Butterworth.

Bertram, D. (1991). Getting started in total quality management. *Total Quality Management*, *2, 279-282.

Clark, M.D. (2005). Motivational interviewing for probation staff: Increasing the readiness to change. *Federal Probation*, *69*.

Crime and Justice Institute. (2004). *Implementing Evidence-Based Practices in Community Corrections: The Principles of Effective Intervention*. Boston, MA: Crime and Justice Institute/National Institute of Corrections.

Dowden, C., & Andrews, D. A. (1999). What works for female offenders. *Crime and Delinquency, 45*, 438-452.

Dowden, C. & Andrews, D.A. (2000). Effective correctional treatment and violent recidivism: A meta-analysis. Canadian *Journal of Criminology, 42*, 449-476.

Dowden, C. & Andrews, D. (2004). The Importance of Staff Pratices in Delivering Effective Correctional Treatment: A Meta-Analytic Review of Core Correctional Practice. *International Journal of Offender Therapy and Comparative Criminology*, *48(2)*, 203-214.

Fulton, B., Stichman, A., Travis, L., & Latessa, E. (1997). Moderating probation and parole officer attitudes to achieve desired outcomes. *The Prison Journal, 77(3)*, 295-312.

Gagan, M. & Hewitt-Taylor, J. (2004). The issues for nurses involved in implementing evidence in practice. *British Journal of Nursing (BJN), 13:* 1216-1220.

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Hartland (Ed.), *Choosing Correctional Options that Work*. Newbury Park, CA: Sage.

Gendreau, P. & Andrews, D. (2001). *The Correctional Program Assessment Inventory - 2000.* University of New Brunswick, Saint John, New Brunswick.

Haas, S.M. and Hamilton, C.A. (2007). *The use of core correctional practices in offender reentry: The delivery of transitional services and prisoner preparedness for release.* Charleston, WV: Mountain State Criminal Justice Research Services.

Haas, S.M., Hamilton, C.A., Hanley. D. (2005). *Impact of correctional orientation on support for the offender reentry initiative.* Charleston, WV: Mountain State Criminal Justice Research Services.

Haas, S.M., Hamilton, C.A., Hanley. D. (2006). *Implementation of the west virginia offender reentry initiative: An examination of staff attitudes and the application of the LSI-R.* Charleston, WV: Mountain State Criminal Justice Research Services.

Harrison , P. M., & Beck, A. J. (2005). *Prisoners in 2004* (Bureau of Justice Statistics Bulletin, NCJ 210677). Washington, DC: U.S. Department of Justice.

Harrison, P. M. & Beck, A. J. (2006). *Prison and jail inmates at midyear 2005* (Bureau of Justice Statistics Bulletin, NCJ 208801). Washington, DC: U.S. Department of Justice.

Hubbard, D. J. & Latessa, E. J. (2004). *Evaluation of cognitive-behavioral program for offenders: A look at the outcome and responsivity in five treatment programs.* Center for Criminal Justice Research. Division of Criminal Justice. Cincinnati, Ohio: University of Cincinnati.

Kennedy, S. M. (2000). Treatment responsivity: Reducing recidivism by enhancing treatment effectiveness. In L. Motiuk & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming: Contributing to effective correctional programs*. Correctional Service Canada.

Koch, R., Cairns, J.M., & Brunk, M. (2000). How to involve staff in developing an outcomes-oriented organization. *Education and Treatment of Children*, *23*: 41-47.

Kramer, M., Schmalenberg, C., & Maguire, P. (2004). Essentials of a magnetic work environment: Part 3. *Nursing 2005*, *34*: 44-7.

Langan, P. & Levin, D. (2002). *Recidivism of Prisoners Released in 1994* (Bureau of Justice Statistics Special Report, NCJ 193427). Washington, DC: U.S. Department of Justice.

Latessa,, E.J., Cullen, F.T., & Gendreau, P. (2002). Beyond Correctional Quackery - Professionalism and the Possibility of Effective Treatment. *Federal Probation, 66*(2): 43-49.

Lattimore, P.K., Visher, C.A., Lindquist, C., & Brumbaugh, S. (2005). Implementation of prisoner re-entry programs: Findings from the Serious and Violent Offender Re-entry Initiative multi-site evaluation. *Justice Research and Policy, 7*: 87-109.

Leschied, A. W. (2000). Implementation of effective correctional programs. In L. Motiuk & R. C. Serin (Eds.), *Compendium 2000 on effective correctional programming: Contributing to effective correctional programs*. Correctional Service Canada.

Larivière, M. (2001). *Antecedents and outcomes of correctional officer attitudes towards federal inmates: An exploration of person-organization fit*. Unpublished doctoral dissertation, Carleton University, Ottawa, Canada.

Lester, T. K. & Haas, S. M. (2006, February). *Correctional population forecast: 2005 update*. Charleston, WV: Criminal Justice Statistical Analysis Center, Division of Criminal Justice Services, Department of Military Affairs and Public Safety.

Lindquist, C. A., & Whitehead, J. T. (1986). Correctional officers as parole officers: An examination of a community supervision sanction. *Criminal Justice and Behavior*, *13*(2), 197-222.

Lipsey, M.W. (1995). What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents? In J. McGuire (Ed.), *What Works: Reducing Reoffending* - Guidelines from Research and Practice (pp. 63-78), Chichester, England: John Wiley & Sons.

Lowenkamp, C.T. & Latessa, E.J. (2005). *Does correctional program quality really matter? The impact of adhering to the principles of effective interventions*. University of Cincinnati, Division of Criminal Justice Serivces.

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association.

McGuire, J. (2004). Commentary: Promising answers, and the next generation of questions." *Psychology, Crime and Law*, *10*: 335-345.

Moon, C. & Swaffin-Smith, C. (1998). Total quality management and new patterns of work: Is there life beyond empowerment? *Total Quality Management 9:* 301-310.

Petersilia, J. (2001). Prisoner reentry: Public safety and reintegration challenges. *The Prison Journal*, *81* (3), 360-375.

Rhine, E. E., Mawhorr, T. L., & Parks, E. C. (2006). Implementation: The Bane of Effective Correctional Programs. *Criminology & Public Policy 5*(2): 347-358.

Robinson, D., Porporino, F. J., & Simourd, L. (1993). The influence of career orientation on support for rehabilitation among correctional staff. *The Prison Journal*, *73,* 162-177.

Stojkovic, S. & Farkas, M.A. (2002). *Correctional leadership: A cultural perspective*. Belmont, CA: Wadsworth Publishing.

Street, S. (2004). Quality case management through integrated use of assessment data. *Topics in Community Corrections, Annual Issue 2004: Assessment Issues for Managers*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

Taxman, F.S., Young, D., & Byrne, J. (2002). *Offender's views of reentry: Implications for processes, programs and services*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

VanVoorhis, P., Cullen, F. T. & Applegate, B. (1995). Evaluating interventions with violent offenders. *Federal Probation*, *59*(2), 17-29.

West Virginia Division of Corrections. (2006). *Case Management Manual.* (Revised and Effective May 1, 2006). Charleston, WV: Author.

Whitehead, J. T. & Lindquist, C.A. (1989). Determinants of correctional officers' professional orientation. *Justice Quarterly*, *6*, 69-87.

Wilson, J. & Davis, R. C. (2006). Good intentions meet hard realities: A evaluation of the project greenlight reentry program. *Criminology & Public Policy 5*(2), 303-338.

Winterfield, L. & Castro, J. (2005). *Treatment Matching.* Returning Home Illinois Policy Brief. Washington, DC: Urban Institute, Justice Policy Center.

Appendices

Appendix A: Individual Reentry Program Plan Form

West Virginia Division of Corrections
Individual Reentry Program Plan

Name:	DOC/SSN #:
Date Initiated:	Date of Revision:
Case Supervisor:	PED:

Behavioral Objectives: Completion   Type:

Program Resource/Service	Recommended	Enrolled	Completed	Grade	Participation	Withdraw

_____   _____
Staff Signature   Offender Signature

Original: Classification/Center/Parole Office File
Copy: Offender

PROGRAM RECOMMENDATION MATRIX

Certain factors are tied to criminal behavior. By assessing and targeting these criminogenic needs we can reduce the likelihood of future criminal behavior. The most successful interventions are very focused and targeted to the needs that are related to risk. The major areas related to risk are measured on the LSI-R. They are listed in the following table with recommendations for programming. Please note that availability of the listed programs should be determined within your facility prior to making the recommendation. This list is not all-inclusive. There may be additional programs available that would benefit the offender within your facility and/or community.

Risk Factor *If this area is a high risk factor for the offender...*	Programs *...then, the following programs would be appropriate referrals*	Notes *Take note of the following when making referrals:*
Criminal History	Open Gate Cognitive Skills I-III Criminality 99 Days and a Get Up Transitions Diploma Thinking Skills Problem Resolution	*The more extensive his/her record, the more criminal history is considered a risk factor. First time offenders are less at risk; career criminals more so.*
Family Circumstances and Parenting	Cognitive Skills Critical Thinking 99 Days and a Get Up Transition Coordination Transitions Diploma	*Remember that the LSI-R addresses the risks facing the offender, not the risk he/she poses to others. This area addresses the impact of the offender's family on his/her rehabilitation, not the risk he/she might pose to the family.*
Education and Employment	Academic Assessment ABE/GED Post secondary training Vocational programming Hit the Ground Running Employment Maturity Job Search Life Skills 99 Days and a Get Up Transitions Diploma Ready to Work Diploma	*This includes all programs listed under academic and vocational programming.* *Students who have never been in the work force, or who have been removed from the work force for a long time will need these programs.* *Students with solid employment plans may NOT need these programs.*

Risk Factor *If this area is a high risk factor for the offender...*	Programs *...then, the following programs would be appropriate referrals*	Notes *Take note of the following when making referrals:*
Peer Relations	Thinking for a Change Criminality Cognitive Skills Critical Thinking Cultural Diversity 99 Days and a Get Up Relationships Transition Coordination Transitions Diploma Thinking Skills Problem Resolution	*Offenders who count criminals as associates and friends need these courses.* *Those who have few pro-social ties need these courses.* *Offenders with lengthy incarceration will probably meet both of the above criteria.* *First time criminals, DUI's, and similar scenarios may not.*
Substance Abuse	ALADRUE I-III AA/NA RSAT Units	*Refer to earlier listed guidelines when making referrals to these programs.*
Leisure and Recreation	Thinking for a Change Criminality Cognitive Skills Critical Thinking 99 Days and a Get Up Transition Coordination Transitions Diploma Life Skills Diploma Thinking Skills Problem Resolution	*This risk factor is similar to Peer Relations. Does the offender have pro-social leisure activities or does he/she have too much leisure time that is spent engaging in anti-social activities?*
Personality and Behavior	Cognitive Skills Cultural Diversity 99 Days and a Get Up Anger Management Thinking Skills Problem Resolution	*Offenders with strong egocentric tendencies do not benefit as much from programming as others.* *Offenders with severe emotional or cognitive problems, or who are not following treatment plans, may not benefit from educational programming.*
Attitudes and Orientation	Open Gate Cognitive Skills Criminality Critical Thinking Cultural Diversity 99 Days and a Get Up Anger Management Thinking Skills Problem Resolution Crime-Specific Programming Crime Victim Awareness	

Appendix C: Parole Release Plan Form

West Virginia Division of Corrections
Parole Release Plan

Name:	DOC #:	Facility:	Race:	Gender:
Alias:	DOB:		SSN:	
County Sentenced:	County which to be paroled:			

Home Plan

Residence: Name:		Relationship:	
Address:			
City:	State:		Zip:
Phone:	In whose name:	At proposed home? ☐yes ☐no	
Location of Home:			

Employment/Education Plan

Employment, School, Other) Name:			
Address:			
City:	State:		Zip:
Phone #	Contact Person:	Title:	
Type of work, school, other:			
Location:			

To be filled in by Field Officer:	**Facility Case Supervisor:**
Date Received: ____	**Region/Director:**
Date(s) investigated: ____	**Officer:**
Date mailed to Central Office: ____	**Scheduled parole date:**
	Date mailed to Central Office and Parole Officer: ____

Available funds upon release: $ _____ Offense(s): _____ _____ Sentence(s): _____ _____	If granted: first release _____ Conditions: [ ] Mental Health [ ] NA [ ] AA [ ] Other

West Virginia Division of Corrections
Aftercare Plan

Name:	Alias:	
County:	SS#:	DOB:
Parole Office:	Parole Office Phone #:	
WV Job Service Office:		
Job Training Location:		
Health & Human Resources:		
Education Resources:		
Substance Abuse Support:		
Motor Vehicles Office (DMV):		
Other:		
Other:		
Other:		
Scheduled appointments (who, what, when, where):		

Original: Classification/Center File
Copy: Offender
Copy: Parole Officer Upon Parole

Appendix E: Program Category and WVDOC IMIS Program Descriptions

Program Category	IMIS Program Descriptions		
Adult Basic Education	Accounting Education Community Based Education Adult Basic Education/GED Prep Business Basics	Business Law Business Math Bus. Principles and Management Consumer Math Education- GED	GED- Community Based GED Keeping Financial Records for Bus. Literacy Volunteer Ed- Open Gate
Health Education	Open Gate Health- HIV C and T Pilot	HIV C and T Pilot Program	Pre-Release Infectious Disease Ed.
Higher Education	Higher Education- College Courses		
Computer Training	A+ Computer Repair Adobe Illustrator Adobe PageMaker Advanced Operating Systems Concepts and Applications	Corel WordPerfect Introduction to Computers Introduction to the Internet Keyboarding I Microsoft Excel	Microsoft Office Specialist Cert. Microsoft PowerPoint Microsoft Word Quicken Deluxe Windows Operating Systems
Vocational Training	3D Home Architect- Apprentice Apprentice Electrician Exam Prep. Aquaculture - AutoCAD LT97 AutoCAD LT97-Comp.Aided Drafting Automotive Technology Blueprint Reading - Building Building Construction	Carpentry- CLN Workplace CLN Workplace Safety-Food Service Electrical- Facility Maintenance Facility Maintenance- Horticulture Horticulture Vocational- Landscaping Landscaping- Metals Technology Metals Tech.- Mill and Cabinetry	Mill and Cabinetry- OSHA Standards OSHA Standards-Specialized Cert. OSHA Standards General Industry PreVocational Assessment Printing/Graphic Arts WV Welcome: Service Industry Underground Apprentice Mining
Cognitive Skills	Cog. Skills I: Thinking for a Change Cog. Skills II: Criminality	Cog. Skills III: Maintenance	Critical Thinking
Coping Skills	Assertiveness Training	Grief & Loss for the Female Offender	Incarceration Grief and Loss
Life Skills	Quality of Life Relationships	Relaxation Parole- Life Skills Training	Parenting
Social Skills	Cultural Diversity Empathy and Social Responsibility	Social Skills Emotion Management	Anger Management

Appendix E: Program Category and WVDOC IMIS Program Descriptions (Continued)

Program Category	IMIS Program Descriptions		
Transitional Services	99 Days and a Get Up Life Going Home I Going Home II	Going Home III Job Search	Pre-Parole Orientation Pre-Par Orientation- Trans. Portfolio
Domestic Violence P/I	DV Intervention and Prevention Batterers Intervention	Transition Parole- Batterers Interv.	BIPP- Parole
Sex Offender TX	Sex Off. Tx. I: Psycho Education Sex Off. Tx. II: Cognitive Restructure	Sex Off. Tx. III: Relapse Prevention Sex Off. Tx. SA- A Woman's Way	Relapse Prev. Parole- Sex Off. Tx.
Substance Abuse	DUI Safety and Treatment Program NA Parole- Relapse Prevention A Woman's Way Twelve Steps AA Meetings- Community AA Meetings-Facility Cessation SA - DUI / DWI Flex	ALADRUE I ALADRUE II ALADRUE III Co-dependency for the Female Off. Group Substance Abuse Counseling DUI / DWI Flex Modules	Helping Women Recover NA meetings-Facility NA Meetings-Community Relapse Prevention RSAT Unit SA- Smoking
Crime Victim Awareness	Crime Victim Awareness		