



PRISONER INTAKE SYSTEMS:

**Assessing Needs and
Classifying Prisoners**

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Prisoner Intake Systems: Assessing Needs and Classifying Prisoners

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Contents

Acknowledgments	iii
Executive Summary	vii
National Overview	vii
Improvements to the Assessment Process	ix
Findings From Case Studies of Four States	ix
Conclusions	xiii
Chapter 1: Introduction	1
Background	1
About This Report	1
Chapter 2: National Overview	5
Facility Characteristics	5
Facility Functions	8
Intake Components and Personnel Responsibilities	9
Obstacles to Intake Assessments	13
Chapter 3: Colorado Department of Corrections	15
Corrections Population	15
Intake Facilities	15
The Intake Process	16
Processing Time and Flexibility	19
Classification	19
Needs Assessment	20
Chapter 4: Washington State Department of Corrections	23
Corrections Population	23
Intake Facilities	23
The Intake Process	24
Processing Time and Flexibility	27

Classification	28
Needs Assessment	29
Chapter 5: Pennsylvania Department of Corrections	33
Corrections Population	33
Intake Facilities	33
The Intake Process	34
Processing Time and Flexibility	36
Classification	37
Needs Assessment	39
Chapter 6: North Carolina Department of Correction	43
Corrections Population	43
Intake Facilities	44
The Intake Process	44
Processing Time and Flexibility	49
Classification	49
Needs Assessment	51
Chapter 7: Implications of the Research	55
Notes	57
Appendix A: Colorado Department of Corrections Admission Data Summary and Diagnostic Narrative Summary	61
Appendix B: Washington Department of Corrections Risk Management Identification Worksheet	69
Appendix C: Pennsylvania Department of Corrections Classification Summary	77

Executive Summary

Despite increased prison admissions and populations, state prison systems have developed detailed prisoner intake systems to assess the risks and needs of inmates. Working under the assumption that specific tasks, sequences, assessments, and system sophistication would vary according to the agency's goal, size, and needs, this research project sought to determine the tasks, assessments, and technology used in the intake process.

The study was implemented in two phases. First, a national review of the 50 state correctional agencies was administered. This review captured data about populations, facility functions, intake components, personnel responsibilities, and strengths and weaknesses of the assessment process. Second, four states were selected from the national review and examined more closely.

National Overview

Intake Populations

- ◆ Since most prisoners are males, most intake facilities process only male prisoners. Few states have facilities that process both males and females.
- ◆ Monthly admission rates of males and females varied among the 50 states. In all, an estimated 45,000 males and 5,500 females were admitted each month to state correctional facilities. This translates into approximately 600,000 admissions per year.
- ◆ A prisoner's length of stay at an intake facility varied as well. Nationally, the average length of stay was 40 days for males and 31 days for females.

Facility Functions

All state intake facilities provide a core set of prisoner intake functions that include—

- ◆ Identifying the prisoner.
- ◆ Developing the prisoner's record.
- ◆ Conducting medical and mental health assessments.
- ◆ Determining the prisoner's threat to public safety and his/her security requirements.
- ◆ Identifying security threat group members.
- ◆ Identifying sex offenders, sexual predators, and vulnerable inmates.

Executive Summary

In approximately two-thirds of the states, personnel at the intake facilities recommend housing and cell assignments. The remaining states defer such tasks to the facility to which the prisoner is transferred.

Most prisoner intake systems include comprehensive medical, mental health, and security assessments. These systems help ensure that prisoners are properly classified, housed, and provided with critical medical and mental health services and programming.

Most states employ a central classification office to set classification and needs assessment policies and review custody recommendations. The office also may audit and perform quality control functions of the prisoner classification system at both the intake and long-term facilities. It less frequently determines housing assignments or sets the sequence of intake tasks. Other duties of the central office, as indicated by the review, include—

- ◆ Arranging transportation to the long-term facility.
- ◆ Scheduling transfers to the long-term facility.
- ◆ Identifying and validating security threat group membership.

Intake Components

Identification. Personal identification is the only component of the intake process that is mandatory nationwide. Trained security staff verify the prisoner's identity during his/her first day at the facility. Fingerprints, photographs, and inventories of the prisoner's personal items are common to most identification procedures. Most states also identify a prisoner's affiliation with security threat groups. This type of information is critical in determining whether a prisoner needs to be separated from other inmates or staff members.

In scope, analyzing a prisoner's medical, mental, and educational needs consumes a significant portion of the identification assessment component. Medical screens, physical examinations, criminal history checks, and substance abuse tests are conducted in every state. Mental health screens and academic achievement tests are conducted in 98 percent of states. Psychological testing and prisoner separation concerns are addressed in 96 percent of states. Together with other assessments performed less frequently, these tests help determine the level of programming, educational, and treatment services needed. Test results also provide critical data for prisoner classification and housing and work assignments.

Classification. The results of the medical, mental health, and educational tests are made available to classification staff, who compile a social and criminal history of the prisoner, identify potential separation needs from staff and/or other inmates, and review the presentence investigation report (if available) to determine the initial custody level, housing requirements, and program needs.

Most (86 percent) state correctional agencies use the same classification assessment criteria for both males and females. However, a few states—including Idaho, Massachusetts, New York, and Ohio—have developed gender-specific classification instruments.

Needs assessment. Needs assessments determine the programs and/or services in which the prisoner should be encouraged to participate while incarcerated. Most states conduct mandatory medical, mental health, education, alcohol abuse, and drug abuse assessments through interviews and standardized testing instruments. More indepth needs assessments address anger management, work and vocational training, English as a second language, criminogenic risks and needs, and pre-release/reentry planning needs. Less than 20 percent of states assess life skills, sex offender, compulsive behavior, financial management, parenting, and aging/elderly needs.

Improvements to the Assessment Process

The national review identified several factors that, when implemented, will allow prison systems to conduct more timely, accurate, and useful assessments:

- ◆ Enhanced and timely data sharing among intake facilities, courts, and other correctional agencies.
- ◆ Linked management information systems.
- ◆ Validated risk and needs assessment tools.
- ◆ Increased bed and administrative office space at intake facilities.

Findings From Case Studies of Four States

Colorado, Washington, Pennsylvania, and North Carolina were visited to better understand the structure and content of their prison intake systems. The systems are similar in scope and outline but differ in duration, day-to-day operations, classification procedures, and needs assessment tools.

Certain characteristics are common to all four state systems:

- ◆ All have separate intake facilities for males and females.
- ◆ All conduct orientations that, at a minimum, acquaint prisoners with the facility's rules. North Carolina appears to conduct the most detailed orientation, which includes videos about the facility, prisoner responsibilities, and diseases as well as questionnaires about drug use, potential visitors, and family background.

Executive Summary

- ◆ All assess prisoners for security threat group participation as part of the identification component of the intake process.
- ◆ All perform medical, mental health, educational, and substance abuse testing on all prisoners. Medical tests include physical exams, blood tests, and dental and/or vision tests. Educational tests include academic achievement and intelligence tests. DNA testing is limited to prisoners committed for violent crimes (murder and stalking in Pennsylvania) and sex offenses. More indepth screening—including criminogenic, vocational training, sex offender, special education, life skills, and elderly needs—may be required for certain classes of prisoners or are conducted as appropriate. Test results in all four states are scored and forwarded electronically to classification staff.
- ◆ All classification processes include inmate interviews and case file reviews (including criminal and social histories and separation needs). Classification staff prepare a written recommendation to the central office regarding facility assignment and custody level, which the central office reviews and either approves or changes.
- ◆ All scoring systems are based on similar factors to determine custody levels, although the scoring and degree of automation varies from state to state. Scoring factors used in all four states include the severity of current convictions, history of institutional violence, escape history, and one or more stability factors (e.g., age, education, marital status, employment). Other factors used in one or more states include institutional adjustment, disciplinary infractions, current or pending detainees, number and severity of prior convictions, history of community violence, history of substance abuse, and time to expected release.
- ◆ All classification systems allow for both mandatory and discretionary overrides. Custody overrides are most common for female prisoners.

Each state intake system also has characteristics that set it apart from the others. These characteristics are discussed briefly below and in more detail in the report.

Colorado

- ◆ The Colorado Department of Corrections processes its prisoners through two intake facilities—one for males and one for females—over the course of 14 days.
- ◆ During days 1–3, prisoners are identified and undergo medical, mental, educational, and substance abuse tests. All prisoners also receive a tuberculosis test.
- ◆ During days 4–7, a counselor prepares a written case summary and classification recommendation, which the central office approves or modifies. By day 14, prisoners are transferred to long-term facilities.

- ◆ To determine prisoners' needs, Colorado assesses 13 problem areas using a scale of 1 (low or no needs) to 5 (high needs). Of these 13 areas, 2 (compulsive behavior and sex offender needs) are examined only as needed. Information from the case file and/or a brief interview with the offender are automatically coded to generate a score for the 10 subscales of the Level of Services Index—Revised (LSI-R). Automating the LSI-R has allowed Colorado to integrate it into the intake process without dramatically increasing staff workload or a prisoner's length of stay at the intake center.

Washington

- ◆ The Washington Department of Corrections processes its prisoners through two intake facilities—one for males and one for females—during a 24-day process.
- ◆ During days 1–11, prisoners are identified and tested. During orientation (days 2 and 5), prisoners become acquainted with facility rules and are assigned to counselors living in their units.
- ◆ During days 12–16, classification staff recommend a preliminary custody level.
- ◆ During days 21–24, central office staff review and approve (and may change) the recommended custody level and determine facility assignment. In Washington, the long-term facility assigns housing. Bedspace at the long-term facility dictates when prisoners are transferred from the intake facility, typically between days 25 and 80.
- ◆ The LSI-R serves as Washington's primary needs assessment tool. The LSI-R is generally completed by community corrections personnel before the prisoners arrive at the intake facility. If not, it must be completed within 6 months of their transfer to the long-term facility. The LSI-R is integral to Washington's Risk Management Information system, which identifies high-risk prisoners according to their "risk of reoffending" and "nature of harm done." The system combines scores from the LSI-R and a harm-done scale to create a risk management rating that determines a prisoner's programming and treatment needs.

Pennsylvania

- ◆ The Pennsylvania Department of Corrections processes its prisoners through four intake facilities—three for males and one for females—during a 4- to 6-week intake process.
- ◆ By the 10th day at the intake center, all prisoners have been identified and assessed. Counselors conduct an orientation session, usually on day 2, to explain institutional rules and procedures.
- ◆ Pennsylvania's classification procedures occur from days 11 to 15. In addition to interviews and case reviews, Pennsylvania uses PACT (Pennsylvania Assessment and Classification Tool)—an objective, behavior-driven automated classification system—to synthesize data collected throughout the intake

Executive Summary

process. PACT helps classification staff establish custody levels and recommend housing, work detail, treatment, and program assignments. PACT sorts prisoners into one of five custody levels: community corrections, minimum, medium, close, and maximum.

- ◆ Of Pennsylvania's 14 needs assessments, 7 must be completed for all prisoners: medical/dental, mental health, education, alcohol abuse, drug abuse, work skills, and parenting.
- ◆ Before transfer, the prisoner's identification, classification, and needs assessment information are captured in a classification summary. This summary serves as the basis for the correctional plan, which is developed by staff at the long-term facility. The plan identifies programs to address the prisoners' needs and is reviewed and updated at least annually.

North Carolina

- ◆ Of the four state correctional departments, North Carolina processes prisoners most quickly (10 days) and operates the most intake facilities (eight). The research concentrated on three facilities: one for males, one for adult and young females, and one for 19- to 21-year-old males.
- ◆ Unlike the other three states, North Carolina conducts identification tasks at the county jail—before the prisoner arrives at the intake facility—and again at the intake center. North Carolina conducts orientation and all medical, mental, and substance abuse tests in 4 days. Medical and dental examinations are split between days 2 and 4; academic, intelligence, and substance abuse tests are performed on day 3.
- ◆ During days 5–7, case analysts create a report of the custody, program, and facility recommendations. The intake facility's classification committee reviews the recommendations, which the facility director must approve. The recommendations are forwarded to the central office for review and approval. Typically, on day 10, the prisoner is transferred to a permanent facility.
- ◆ North Carolina's automated classification system is an objective risk-based system designed to address the prisoner's institutional conduct, safety, and adjustment. Custody levels of adult and young prisoners are scored using the same eight risk factors, but on different scales.
- ◆ Mandatory assessments are performed for 6 of 16 possible needs areas: medical/dental, mental health, education, alcohol abuse, drug abuse, and work needs. Parenting skills are assessed for female prisoners based on their criminal and social histories or on request. North Carolina law mandates testing of all young prisoners for special education needs.

- ◆ As in Pennsylvania, a custody referral narrative is created that contains identification, classification, and needs assessment data. The case manager at the long-term facility uses this referral to develop a case management plan that specifies program assignments and their sequence. As warranted, the plan is updated to reflect disciplinary actions and program completion.
- ◆ Each task in North Carolina’s intake system includes automated forms and screens for staff to record data.

Conclusions

The diverse facilities, populations, factors, and models presented by the states suggest that there is still much to learn about prison intake systems. The data suggest that better integration of the institutional and community risk, needs assessment, and case management processes and planning is needed to—

- ◆ Maximize resources.
- ◆ Ensure the safety and security of correctional systems and communities.
- ◆ Better prepare prisoners for their release.
- ◆ Support the communities to which prisoners are released.

Through the results of this study, future technical assistance efforts will enable states to develop intake systems that are practical given the realities of larger inmate populations and fewer resources. Future initiatives should concentrate on models that require reasonable efforts in terms of staff training, tool validation, and process implementation.

Introduction

Background

During the past several decades, the population of the nation's prison system has increased dramatically. Approximately 200,000 persons were housed in the nation's prisons in 1970. By 2002, that number had increased to approximately 1.4 million. It is now estimated that more than 600,000 admissions and releases occur each year. Not only are prison systems facing growing populations, but they are doing so with declining resources. Controlling and servicing the rising population with fewer resources becomes more critical with each new admission.

As a result, there is a need to develop prisoner intake systems (both procedures and assessment tools) that will facilitate and expedite appropriate custody, housing, and programming decisions. It is equally vital to ensure that such decisions are based on the most reliable and valid assessment tools available to the field.

For each admission, a systematic and highly structured intake process is required to determine (among other things) the prisoner's custody level, his/her medical and mental health needs, and appropriate assignment to in-prison programs and/or services. Traditional intake processes have focused narrowly on classification; that is, determining the prisoner's custody level (e.g., minimum, medium, close, etc.) and the facility to which the prisoner should be transferred once classified. Very little attention has been devoted to how a prisoner should be housed and programmed once he/she arrives at the long-term facility. Clearly, accurate internal and external classification decisions are critical for a well-managed, safe prison system.¹

About This Report

This report explores the variety of approaches to the intake process used by state correctional agencies throughout the United States. It identifies purposes, specific tasks, sequences of events/tasks, staffing levels, and levels of automation. Both approaches and the terminology (e.g., assessment and orientation, reception, intake, admission, diagnostics, etc.) vary from state to state. To simplify such language for this document, the term "intake system" refers to the entire admission and assessment process, including identification of the prisoner, compilation of his/her criminal and social histories, assessment of the prisoner's needs (e.g., medical, mental health, education, etc.), and classification (both internal and external).

Controlling and servicing the rising population with fewer resources becomes more critical with each new admission.

Chapter 1

This project sought to determine the tasks and assessments included in the intake process and the “state of the art” among state correctional agencies. The research assumed that no one model or process was ideal but rather that specific tasks, sequences, assessments, and system sophistication would vary according to the goal, size, and needs of the correctional agency.

The study was implemented in two phases. First, a national review of the prison admission processes and initial classification procedures and assessment tools was conducted to learn what state correctional agencies were doing to identify and assess newly admitted prisoners. Each correctional agency was asked about its processes related to initial intake, classification, needs assessment and any periodic reassessment, and program assignment. The results of this review are summarized in chapter 2.

Based on this national review and in consultation with NIC, prison intake systems of four states (Colorado, Washington, Pennsylvania, and North Carolina) were selected for a more extensive review. Each state was visited to better understand the structure and content of its prison intake system. A detailed itinerary was prepared to ensure that the information gathered across the sites was consistent and that any special features of an agency’s process were highlighted.

- ◆ The Colorado Department of Corrections (CO DOC) was chosen for its sophisticated management information system that includes an intake module for collecting and compiling prisoners’ criminal histories. Colorado uses the Level of Services Index-Revised (LSI-R) assessment for each prisoner as part of the intake process. Because this instrument has been adopted by several correctional agencies across the country, an evaluation of its use during the prison intake process was highly pertinent.
- ◆ The Washington State Department of Corrections (WA DOC) was chosen for review because of its comprehensive incarceration plan, which identifies and addresses each prisoner’s criminogenic needs and risks as part of its intake process. Reducing recidivism among high-risk prisoners is a goal of many state and federal agencies, and studying Washington’s efforts at early identification of high-risk prisoners could provide ideas for other states interested in implementing such procedures. Also, the WA DOC uses LSI-R as an assessment tool, providing another opportunity to study it.
- ◆ The Pennsylvania Department of Corrections (PA DOC) was selected because of its large size and its management information system, which includes the PACT (Pennsylvania Assessment and Classification Tool) classification module. Furthermore, the PA DOC develops a unique correctional plan for each prisoner that identifies problem areas and treatment needs to be addressed by the prisoner during incarceration.
- ◆ The North Carolina Department of Correction (NC DOC) was selected because it, like Colorado, uses an automated information system that includes a module for collecting and compiling prisoners’ criminal histories. North

Carolina operates eight intake facilities, making it a good case study of the advantages and disadvantages of operating multiple intake facilities. Finally, North Carolina was studied for its effectiveness in assessing the needs of women and youthful prisoners.

Case studies of each state's intake system are presented in chapters 3–6.

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CHAPTER

National Overview

During fall 2001, a review was conducted of the 50 state correctional agencies in an effort to document the current state of the art in prisoner intake systems. A 12-page draft instrument was developed in consultation with NIC and then pretested at selected jurisdictions. Once the pretest was completed, the questionnaire was mailed to the director/commissioner and the director of classification of the 50 state correctional agencies.

A drawback with national reviews is that unless there is considerable followup with a representative in each state, the responses often will be either incorrect or incomplete. To remedy this, states were notified that after receiving the questionnaire, they would be interviewed by an Institute on Crime, Justice, and Corrections (ICJC) representative who would record their responses to each question and address any questions they had about the questionnaire.

The interviews were conducted between September and November 2001. Although all 50 states participated in the survey, not every state was able to respond to each question. Nonetheless, the data provide a glimpse of how most states approach the intake process.

Facility Characteristics

Exhibit 1 provides an overview of the number and type of facilities used by each state for the intake process. Just as the name for the intake process varies from state to state, so does the name for intake facilities (e.g., diagnostic center, reception center, etc.). For the purposes of this report, the respective facilities are referred to as the “intake facility.” As a result of the large increase in the nation’s prisoner population during recent decades, most states have decentralized the intake system, meaning that most operate multiple intake centers. Texas, California, and Virginia have the most intake facilities. With 24 intake facilities, Texas has nearly twice the number of facilities of any other state. Since the majority of prisoners are males, most intake facilities process only male prisoners. Very few states offer facilities that process both males and females.

Monthly admission rates of males and females varied among the 50 states, ranging from 55 (Wyoming) to 7,259 (Hawaii). (The number of admissions in Hawaii is somewhat misleading because it is a unified prison system. Thus, the high number

As a result of the large increase in the nation’s prisoner population during recent decades, most states have decentralized the intake system, meaning that most operate multiple intake centers.

Exhibit 1. Characteristics of Intake Facilities Among State Correctional Agencies, Fall 2001*

State	Number of Intake Facilities				Number of Admissions Per Month			Average Length of Stay (Days)	
	Total	Male/ Female	Male Only	Female Only	Total	Male	Female	Male	Female
Alabama	2	0	1	1	740	700	40	14	30
Alaska**	9	8	1	0	—	—	—	—	—
Arizona	3	0	2	1	1,097	963	134	9	9
Arkansas***	2	0	1	1	443	443	—	11	7
California	13	1	8	4	4,691	4,192	499	60	45
Colorado	2	0	1	1	710	650	60	14	14
Connecticut	6	0	5	1	1,600	1,500	100	28	28
Delaware**	5	0	4	1	—	—	—	—	—
Florida	5	0	3	2	1,349	1,221	128	14	21
Georgia	6	0	5	1	1,424	1,313	111	11	35
Hawaii	4	4	0	0	7,259	6,136	1,123	240	212
Idaho	2	0	1	1	250	220	30	14	14
Illinois	4	0	3	1	2,718	2,439	279	9	14
Indiana	2	0	1	1	920	800	120	40	21
Iowa	2	1	1	0	455	400	55	40	40
Kansas***	2	0	1	1	494	494	—	21	14
Kentucky	2	0	1	1	480	450	30	35	14
Louisiana	3	0	2	1	523	475	48	25	14
Maine	2	1	1	0	75	72	3	12	60
Maryland	3	0	2	1	1,040	950	90	28	30
Massachusetts	2	0	1	1	580	300	280	122	30
Michigan	4	0	3	1	320	300	20	30	20
Minnesota	3	0	2	1	387	350	37	30	31
Mississippi	1	1	0	0	703	650	53	28	28
Missouri	3	0	2	1	1,351	1,200	151	54	14
Montana	2	0	1	1	136	125	11	38	8
Nebraska	2	0	1	1	195	135	60	105	30

Continued on next page

State	Number of Intake Facilities				Number of Admissions Per Month			Average Length of Stay (Days)	
	Total	Male/ Female	Male Only	Female Only	Total	Male	Female	Male	Female
Nevada	2	1	1	0	336	300	36	28	28
New Hampshire	2	0	1	1	120	80	40	30	30
New Jersey	3	0	2	1	1,300	1,200	100	21	14
New Mexico	2	0	1	1	200	160	40	30	30
New York	4	0	3	1	2,384	2,213	171	30	7
North Carolina	9	0	7	2	1,935	1,727	208	15	15
North Dakota	2	0	1	1	544	538	6	30	14
Ohio	3	0	2	1	2,121	1,901	220	23	29
Oklahoma	1	1	0	0	641	546	95	8	8
Oregon	2	0	1	1	375	350	25	16	14
Pennsylvania	2	0	1	1	973	913	60	80	80
Rhode Island	2	0	1	1	1,393	1,208	185	26	15
South Carolina	2	0	1	1	1,100	1,000	100	30	45
South Dakota	2	0	1	1	140	121	19	17	14
Tennessee	4	0	3	1	472	435	37	112	45
Texas	24	0	22	2	3,100	2,800	300	45	45
Utah	3	0	2	1	266	227	39	40	28
Vermont	8	4	4	0	1,252	1,181	71	45	45
Virginia	11	0	9	2	285	215	70	90	45
Washington	2	0	1	1	622	548	74	60	49
West Virginia	4	0	3	1	105	100	5	30	30
Wisconsin	1	1	0	0	675	625	50	42	35
Wyoming	2	0	1	1	55	48	7	21	30
TOTALS	193	23	122	48	50,334	44,914	5,420	40	31

* Data compiled through interviews with central office officials in each state.

** Admissions and length-of-stay data were unavailable.

*** Female admissions data were unavailable.

of admissions includes both pretrial and sentenced prisoners for traffic, misdemeanor, and felony offenses.) California (4,691) and Texas (3,100) followed Hawaii at the high end of the range. In all, an estimated 45,000 males and 5,500 females are admitted each month to state-run U.S. correctional facilities. This translates into approximately 600,000 admissions per year.

A prisoner’s length of stay at an intake facility varied as well. Nationally, the average length of stay is 40 days for males and 31 days for females. Yet, most states (31 for males and 34 for females) release prisoners within 30 days. Prisoners in a few states (8 for males and 2 for females) spend an average of 60 days or more at an intake center. Hawaii posted the highest average length of stay: more than 200 days for both male and female inmates.

Facility Functions

Exhibit 2 summarizes the functions of intake facilities as well as central office classification functions that comprise the intake process. As expected, virtually all of the state intake facilities provide a core set of prisoner intake functions:

Exhibit 2. Prevalence of Roles at State Intake Facilities and Central Classification Offices: National Review Results

Roles	Percentage of States That Perform Role
Intake Facility*	
Identify prisoner and develop prisoner record	98
Determine appropriate facility for housing the prisoner	90
Determine housing assignment for the prisoner	66
Determine prisoner treatment and programming needs	90
Determine prisoner’s threat to public safety and security requirements	98
Identify sex offenders/sexual predators	96
Collect DNA for violent/predatory prisoners	92
Central Classification Office**	
Set policy	92
Set schedule	36
Quality control	78
Determine housing assignments	28
Monitor contracts***	46

* Other primary functions include medical and mental health screens, security threat group identification, and sex offender registration.

** Other primary functions include transportation, custody reviews, and security threat group identification.

*** Not applicable in 12 percent of the states.

Nationally, the average length of stay [at an intake facility] is 40 days for males and 31 days for females.

- ◆ Identifying the prisoner.
- ◆ Developing the prisoner's record.
- ◆ Conducting medical and mental health assessments.
- ◆ Determining the prisoner's threat to public safety and his/her security requirements.
- ◆ Identifying gang or security threat group members.
- ◆ Identifying sex offenders and sexual predators.
- ◆ Registering sex offenders, as required by many new state laws.

In approximately two-thirds of the states, personnel at the intake facilities recommend a housing unit and/or cell assignment. However, the remaining states defer that task to the facility to which the prisoner is transferred once he/she is released from the intake center.

Most states now have a central classification office whose primary function is to set classification and needs assessment policies. Most, but not all, also are responsible for auditing and performing quality control functions of prisoner classification systems at both intake and long-term correctional facilities. The central office sets the sequence of tasks at the intake facility or determines housing assignments in approximately one-third of the states. Other duties of the central office, as indicated by the review, include—

- ◆ Arranging transportation to the long-term facility.
- ◆ Scheduling transfers to the long-term facility.
- ◆ Identifying and validating security threat group membership.
- ◆ Reviewing and approving custody recommendations generated by intake facility staff.

Intake Components and Personnel Responsibilities

Exhibit 3 summarizes major components and staff responsibilities of the intake process. Identification is the only requirement of the intake process that is mandatory nationwide, and it is the most immediate. Proper identification of newly received prisoners, including the verification of commitment papers, is most often performed by specially trained security staff. Medical screens—mandatory in 98 percent of state intake facilities—are typically completed during the prisoner's first 24 hours at the intake center. They determine whether the prisoner has any immediate or contagious diseases that require immediate attention. This task usually is

Identification is the only requirement of the intake process that is mandatory nationwide, and it is the most immediate.

Chapter 2

completed by a registered nurse (RN) or medical technician. A physician performs a more thorough physical examination shortly thereafter.

A mental health screen within 24 hours of the inmate's admission is mandatory in 74 percent of state intake facilities. Generally, the screen consists of a brief interview by mental health staff. Depending on the results, the mental health staff may complete one or more psychological tests, such as the Millon Clinical Multiaxial Inventory (MCMI), the Minnesota Multiphasic Personality Inventory (MMPI), and the Wechsler Adult Intelligence Scale (WAIS). These tests are generally used to

Exhibit 3. Major Components of the Intake Process: National Review Results

Tasks	Conducted by States (%)	Mandatory in States (%)	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Identification	100	100	Security staff	Fingerprints
Medical screen within 24 hours	100	98	Nurses	Screen
Mental health screen within 24 hours	98	74	Nurses and mental health staff	Screen
Physical examination	100	90	Physician or nurse practitioner	Physical
DNA testing	90	14	Medical staff	Blood test
Criminal history	100	94	Records and classification staff and case manager	National Crime Information Center (NCIC), state courts, presentence investigation, department of corrections' management information system
Social history	94	88	Classification staff and case manager	Interview
Custody level	94	92	Classification staff	Initial classification form
Internal classification	66	54	Classification staff	Internal classification form
Prisoner separation	96	82	Classification, security threat group, and mental health staff	Interview and court documents
Gang membership	96	74	Security threat group coordinator	Tattoos and self-report
Victim notification	80	32	Records staff	Victim request
Academic achievement	98	86	Education staff	TABE and WRAT
IQ tests	68	50	Education and mental health staff	WRAT and WAIS
Vocational aptitude	50	28	Education staff	Variety
Substance abuse testing	100	88	Classification and substance abuse treatment staff	SASSI, TCUDDS, ASI, and interview
Psychological testing	96	58	Mental health staff	Millon (e.g., MCMI), MMPI, WAIS, and interview

identify the need for and level of mental health services. The results of these tests (and mental health assessments in general) provide critical data for classification, housing and job assignments, and programming and treatment services.

Education staff frequently administer academic achievement and intelligence tests using such instruments as the Wide Range Achievement Test (WRAT), the Test of Adult Basic Education (TABE), and the WAIS. Educational test results are used to determine the need for placement in educational programming, specialized work, or a particular housing assignment. Generally, prisoners who do not have a GED or a high school diploma are encouraged to enroll in educational programming rather than work in an institutional job. Other tasks performed by education staff during the intake process include orientation, special education testing, and informing prisoners about standard operating procedures.

Classification

The classification assessment is typically completed after the results from the medical, mental health, education, and other tests have been made available to classification staff. At this stage, classification staff compiles a social and criminal history of the prisoner, identifies potential separation needs from staff and/or other inmates, and reviews the presentence investigation report (if available) to determine the initial custody level, housing requirements, and program or service needs.

Vocational aptitude tests, victim notification, and internal classification are tasks less likely to be completed at intake centers. Vocational aptitude tests are rarely conducted since most prison systems have few, if any, vocational training programs. Victim notification is a prerelease task rather than an intake task for most correctional systems. Internal classification is designed to determine how a prisoner should be housed and/or programmed within a correctional facility.² Most states do not use a formal internal classification system that assigns prisoners to a housing unit, cell, program, or job.

The survey also found that most (86 percent) state correctional agencies use the same classification criteria for both male and female prisoners. However, a small but growing number of states—including Idaho, Massachusetts, New York, and Ohio—have developed gender-specific classification instruments.

Needs Assessment

The survey also focused on the number and type of needs assessments completed at intake facilities. Needs assessments are intended to determine the programs and/or services the prisoner should be encouraged to participate in while incarcerated. During the past decade, there has been considerable discussion about the availability and use of needs assessment systems. Many prison systems in this study reported that they have suffered budget cuts in rehabilitative services that in turn have reduced the value or necessity of needs assessment.

Many prison systems in this study reported that they have suffered budget cuts in rehabilitative services that in turn have reduced the value or necessity of needs assessment.

Chapter 2

Exhibit 4 depicts the major components of the needs assessment process as reported by the state correctional agencies. The majority of states conduct mandatory medical, mental health, education, alcohol abuse, and drug abuse assessments. Other needs areas, such as life skills, sex offender, compulsive behaviors, financial management, parenting, and aging/elderly, are assessed in less than 20 percent of the states.

Exhibit 4. Major Components of Needs Assessment: National Review Results

Needs Areas	Conducted by States (%)	Mandatory in States (%)	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Medical	98	96	All prisoners	Nurses and medical staff	Screen
Mental health	98	80	All prisoners	Nurses and mental health staff	Screen
Education	96	86	All prisoners	Education staff	TABE and WRAT
Alcohol abuse	98	80	All prisoners	Counselors and mental health staff	SASSI, TCUDDS, ASI, and interview
Drug abuse	98	80	All prisoners	Counselors and mental health staff	SASSI, TCUDDS, ASI, and interview
Work skills	74	56	Request, voluntary	Counselors and classification specialist	Self-report, presentence investigation, and interview
Vocational training	82	34	Special request	Education staff and case manager	Self-report, presentence investigation, and interview
Financial management	24	10	Special request	Counselor	Social history and interview
Compulsive behaviors	60	12	Referral from mental health staff	Mental health staff	Millon (e.g., MCMI), MMPI, and interview
Anger management	84	24	Referral from mental health staff	Counselors and mental health staff	Social history, presentence investigation, MMPI, and interview
Sex offender	92	20	Based on crime	Mental health staff	Social and criminal histories, presentence investigation, and interview
Parenting	70	10	Only females	Counselors	Social and criminal histories, presentence investigation, and interview
Aging/elderly	42	2	Older prisoners; referral from medical staff	Medical staff	Screen
Life skills	68	20	Referral from mental health and/or classification staff	Counselors and education staff	Social and criminal histories, presentence investigation, and interview

Mental health and substance abuse screenings are performed by mental health staff using interviews and instruments such as the Substance Abuse Subtle Screening Inventory (SASSI), the Texas Christian University Drug Dependency Screen (TCUDDS), and the Addiction Severity Index (ASI). Education staff uses such instruments as the TABE, WAIS, and WRAT to determine educational needs.

Counselors, mental health staff, and classification specialists also consider such needs areas as work and anger management. Vocational training needs assessments are generally the responsibility of the educational staff or case managers. Several other major needs components also are assessed, including criminogenic risk and needs, English as a second language, and prerelease/re-entry planning needs.

Obstacles to Intake Assessments

The review also sought to identify factors that inhibit prison systems from conducting more timely, accurate, and useful assessments. As part of the questionnaire, respondents were encouraged to indicate how the intake process could be improved to enhance assessments. The areas noted most frequently were—

- ◆ **Court information.** Information typically contained in a presentence investigation report is critical to conducting a comprehensive and complete initial assessment. Such data are particularly valuable for criminal history checks and enemy identification. Ideally, this information arrives at the intake facility with the prisoner or shortly thereafter. Many states reported, however, that these data are not received in a timely manner and sometimes arrive after the prisoner has been transferred from the intake facility to another prison.
- ◆ **Parole and probation violation data.** An increasing number of prison admissions result from persons who have failed to complete their parole, postimprisonment supervision, or probation supervision requirements.³ When this occurs, it is important for the prison intake centers to have a complete record of why prisoners have been returned and whether criminal charges are pending. Here again, states often reported that such data are not readily available at the time of admission.
- ◆ **Few computer linkages with the courts and probation and parole offices.** Intake facilities rarely have access to data from court and other correctional agency databases. Increased access would significantly enhance the intake facility staff's ability to obtain timely and more complete data (e.g., status of probation/parole violations, warrants, court dispositions, and sentences, etc.).
- ◆ **Inadequate bed and administrative space.** Several agencies indicated that their intake facilities do not have adequate bedspace and/or that there is an insufficient number of single cells to isolate newly admitted prisoners until a full assessment is completed. Housing more inmates at a facility than it was originally designed to accommodate or using facilities that were not designed to

Chapter 2

rapidly process prisoners leads to misclassification and poor assessments and poses dangers to both staff and prisoners. Such situations also can place undue stress on staff to move the prisoners out of the intake facility before their intake assessments are completed.

- ◆ **Use of nonvalidated risk and needs assessment instruments.** Many states have validated their custody assessment instruments for their inmate populations. However, risk and needs assessment processes in some states lack such verification. They are not comprehensive nor have they been tested on prisoner populations typical of the agency. These assessments need to be expanded and validated to confirm their appropriateness for systematically evaluating both male and female prisoners.

The following chapters present case studies of intake systems at work in four states. Each system was developed to systematically collect and assess information on prisoners so they are properly placed and receive appropriate services and programming while incarcerated.

three

CHAPTER

Colorado Department of Corrections

The Colorado Department of Corrections (CO DOC) was selected for an indepth review of its intake process for two reasons. First, the CO DOC uses a sophisticated management information system with an intake module for collecting and compiling the prisoners' criminal histories. The intake module also features automated scoring of the prisoners' needs. In addition, the CO DOC completes the LSI-R assessment for each prisoner as part of the intake process. The LSI-R is a risk and needs assessment system that was developed in Canada on Canadian prisoners. Although it has been adopted or is under consideration by several state correctional agencies, few validation studies have been conducted on its integration into the prison intake process in the United States. The adequacy with which the LSI-R assesses the needs of women prisoners was of particular interest because of questions raised in the literature regarding gender-specific needs of women prisoners.⁴

Corrections Population

As of June 30, 2002, 18,045 prisoners (16,539 males and 1,450 females) resided in 22 CO DOC correctional facilities.⁵ Women composed approximately 8 percent of the prison population. Most (75 percent) of the prisoners were committed through a new court conviction; 14 percent were technical parole violators; and 11 percent had other legal statuses. Analysis of the population by type of offense indicated that 27 percent were committed for a person (non-sex crime) offense, 12 percent for a sex-related crime, 29 percent for a property offense, 20 percent for a drug-related offense, and 13 percent for public order/other crimes.

During fiscal year (FY) 2001, the CO DOC admitted 6,972 prisoners. On average, 522 male and 60 female prisoners were admitted each month.⁶ Among the FY 2001 admissions, 65 percent were committed through new court convictions, 27 percent for technical parole violations, and 8 percent for other reasons. The average sentence length among male admissions was 5.2 years, compared to 4.4 years among females.

Intake Facilities

The CO DOC operates two intake facilities: the Denver Reception and Diagnostic Center (DRDC) for male prisoners and the Denver Women's Correctional Facility

(DWCF). They are located at the same prison complex in the northwest section of Denver, near the Denver County Jail. Although each intake unit has its own deputy warden/custody control manager who administers the day-to-day operations of the intake unit, a single warden is responsible for the entire complex.

Built in 1991 as a maximum-security (level V) facility, DRDC expanded from 400 to 480 beds in 1998. DRDC is primarily a reception center, and most of the prisoners are transferred to a long-term facility upon completion of the intake process. The average length of stay at DRDC is 14 days.

DWCF (also a level V facility) opened in 1999 but was not fully operational until 2000. It contains multiple housing units to accommodate special needs populations as well as close-, medium-, and minimum-restricted custody prisoners. In addition to serving as the CO DOC intake center for females, it also provides intensive 24-hour medical and mental health services and includes 788 general population beds. The facility has an extensive capacity to meet educational, vocational, and other programming needs. Thus, many women remain at DWCF after the intake process is completed. On average, female prisoners complete the intake process in 14 days.

The Intake Process

The CO DOC intake system is an intensive, 14-day process in which the medical, mental health, initial custody, and programming requirements of the prisoners are established. Exhibit 5 provides an overview of the respective tasks that occur each day.

Identifying the Prisoner

During day 1, the prisoner's identity is verified; he/she is fingerprinted; pictures are taken and a prisoner identification tag is generated; and medical and mental health screens are conducted. The security threat group coordinator interviews the prisoner to identify potential security threat group members and to determine whether he/she needs to be separated from other inmates or staff members.

On day 2, the prisoner takes a series of paper-and-pencil tests: TABE (academic achievement), Culture Fair Test of Intelligence (CFTI), MCMI III (psychological), and Substance Abuse Subtle Screening Index (SASSI). The tests are given to groups of approximately 30 prisoners, scored electronically, and uploaded to the computer system.

Day 3 is the medical clinic day. The medical assessment is rather extensive, during which at least 20 different medical forms are completed. All prisoners receive complete physical, vision, and dental examinations. A tuberculosis (TB) skin test is conducted and, depending on the results and the prisoner's medical history, a chest x-ray is taken. According to the prisoner's medical history and age, other tests may be performed. For example, a baseline electrocardiogram (EKG) is given to

The CO DOC intake system is an intensive, 14-day process in which the medical, mental health, initial custody, and programming requirements of the prisoners are established.

Exhibit 5. Overview of Colorado’s Prisoner Intake Process

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Day 1				
Identification	Yes; mandatory	All prisoners	Custody staff	Interview, court orders, and AFIS
Medical screen within 24 hours	Yes; mandatory	All prisoners	Nurse or physician’s assistant	Medical and mental health screens
TB test and blood work	Yes; mandatory	All prisoners	Nurse or physician’s assistant	Initial tests
Prisoner separation	Yes; mandatory	All prisoners	Custody staff	Self-report
Gang membership	Yes; mandatory	All prisoners	Gang coordinator	Tattoos, law enforcement reports, and interview
Day 2				
Academic achievement	Yes; mandatory	All prisoners	Behavior testing staff	TABE
IQ tests	Yes; mandatory	All prisoners		CFTI
Vocational aptitude	No; not required			
Substance abuse	Yes; mandatory	All prisoners	Behavior testing staff	Substance abuse screen and LSI-R
Psychological	Yes; mandatory	All prisoners		MCMPI-III
Day 3				
Physical exam	Yes; mandatory	All prisoners	Physician	Physical exam, blood work, and HIV test
Mental health review	Yes; not required observation	As needed, per clinical staff	Mental health	Medications review
DNA testing	Yes; not required	Prisoners convicted of violent and/or sex-related crimes	Laboratory technician	Blood work and cheek swab
Dental exam	Yes; mandatory	All prisoners	Dental assistant	Oral exam and x-rays
Days 4–7				
Criminal history	Yes; mandatory	All prisoners	Classification staff	NCIC, presentence investigation, court orders
Social history	Yes; mandatory	All prisoners	Classification staff	Interview and presentence investigation
Custody level	Yes; mandatory	All prisoners	Classification staff	Initial classification
Internal classification*	No; not required			
Prisoner separation	Yes; mandatory	All prisoners	Classification and central office staff	Self-report and automated alerts
Victim notification	Yes; not required	Per victim request	Classification staff	Letter and Web site
Days 8–14				
Security level/facility**	Yes; mandatory	All prisoners	Central office	Review of classification reports

* Internal classification occurs at permanent facility.

** The central office determines security level and facility assignment and schedules transportation.

prisoners over age 40. Female prisoners undergo the same set of medical tests, but in addition, they receive a Pap smear, a gynecological examination, and, as needed, a pregnancy test. Depending on the woman's age, she may be scheduled for a mammogram; however, it generally does not occur during the intake process. At the end of the third day, all prisoners have medical, dental and mental health ratings ranging from 1 (low or no needs) to 5 (high needs). These ratings are electronically forwarded to the intake facility's classification staff for custody, facility, work, and programming assignment purposes.

Classifying the Prisoner

The classification process occurs between days 4 and 7, depending on the flow of information to the classification staff. The process results in a recommendation of the prisoner's custody level and evaluates his/her need for medical, mental, and/or sex offender treatment. Each classification staff member has his/her own routine for reviewing the case materials, conducting an interview, and writing the case summary.

Reviewing the case materials. Staff report that it requires 2 to 4 hours to review the prisoner's presentence investigation data; court documents; test results from day 2; needs assessment data; and medical, dental, and mental health ratings.

Conducting the interview. Because the case materials provide the classification staff with most of the information required to score the custody instruments and LSI-R, the face-to-face interview with the prisoner requires only about 15 minutes to complete. This interview includes a brief review of the current offense, potential separation concerns, and work and program preferences; an explanation of the long-term facility placement criteria; and a review of the preliminary classification score and custody level. Prisoners are not given a copy of the initial classification instrument, nor are they told the exact scores on the custody items. However, they are provided with a general explanation of the recommended custody level.

Writing the case summary. Based on the review of the case file (including needs assessment data) and the interview with the prisoner, classification staff generates a single-page admission data summary that includes a physical description and photograph of the prisoner, information about the sentence, medical and security alerts, a criminal history, and personal data about the prisoner. In addition, the CO DOC recently developed an automated diagnostic narrative summary that provides documentation of the admission data summary. Both summaries are provided in appendix A.

The classification staff at the intake facilities report that they generally do not recommend discretionary overrides, facility assignments, or program assignments (other than boot camp). They perceive their primary task as information gathering.

Each classification staff member has his/her own routine for reviewing the case materials, conducting an interview, and writing the case summary.

Assigning the Prisoner to a Facility

The recommended custody level and facility assignments are electronically forwarded to the central office for review and processing. Per central office review, the final custody level may change from what was reported to the prisoner during the classification interview. The classification division within the central office controls all facility assignments and prisoner transfers.

Processing Time and Flexibility

Several factors may delay or expedite the 14-day intake process. Lack of space at the appropriate long-term facility, medical and mental health staff shortages, special assessments for boot camp or administrative segregation, and lack of information about technical violations may delay the process. On the other hand, needs (e.g., mental health and sex offender needs) identified through special assessments may expedite the intake process by requiring placement of the prisoner in a particular treatment facility.

The schedule is both routine and flexible. For example, based on the initial medical and mental health screens that occur on day 1, intake staff may determine that a prisoner requires further examination. On arrival at the intake facility, approximately 5 percent of the males go directly to the medical clinic for a more indepth assessment of, perhaps, a handicap, diabetic/blood sugar level, and/or need for close watch due to psychiatric needs or potential suicide risks. The process also allows for some duplication of tasks. For security reasons, intake interviews conducted on the first day ask prisoners about security threat group membership, potential enemies, codefendants, family members who are incarcerated, etc. These questions are asked again by the classification staff later in the process to ensure that all security alerts are noted and entered into the automated information system.

The process is modified for prisoners who have been released and reincarcerated for technical violations of parole or alternative sanctions during the past 16 months. After the initial medical and mental health screens, these prisoners do not receive indepth medical and mental health tests unless the initial screens indicate the need for services or additional assessments. Furthermore, their custody assessment is based on a reclassification instrument rather than the initial classification instrument.

Classification

In 1983, the CO DOC implemented an objective classification system modeled after the NIC system. Four studies have been completed of the Colorado classification system, each prompting significant changes. The most recent study found that despite being a fairly well-structured system, it was both over- and underclassifying the prisoner population.⁷ As a result, the system was revised and by 1998,

the modifications were fully implemented. In 2000, the CO DOC undertook an initiative to develop a gender-specific classification system for its female prisoners. An initial classification instrument was developed and pilot tested.⁸ Plans for developing a gender-specific reclassification instrument are pending the final approval of the initial classification instrument and the funds to design and pilot test the instrument. As of August 2002, the same classification system was being used for both male and female prisoners.

Initial Classification

The objective classification system is designed to assess a prisoner's security, custody, and treatment needs. The Office of Prisoner Services is responsible for developing, implementing, training, overseeing, and managing the external classification function of the department. The initial classification assessment is based on 9 discrete risk factors that are grouped into 11 categories. Four risk factors (history of institutional violence, severity of current offense, severity of current convictions, and escape history) are measured and tallied to determine whether the prisoner should be placed automatically in close custody without consideration of other factors. Prisoners then are scored on five other risk factors—alcohol/drug abuse, current or pending detainer, number of prior felony convictions, stability factors (e.g., age, education, and employment at time of arrest), and time to parole eligibility date—to determine the preliminary custody level. The classification process also evaluates the prisoner's need for medical, mental health, and sex offender treatment. These scores have a direct bearing on the type of facility to which the prisoner can be transferred. The system provides for both mandatory and discretionary overrides. The intake counselor's custody recommendations are forwarded to the central office for review and approval.

Reclassification

The reclassification process parallels the initial classification process but instead of assessing 9 risk factors, it examines 10. Risk factors, including history of institutional violence, recency of institutional violence, severity of current offense, and severity of prior convictions, are tallied to determine whether the prisoner should be placed automatically in close custody. Additional risk factors include number of prior felony convictions, detainer/pending charges, escape history, number and type of disciplinary reports during the past 24 months, history of disciplinary convictions (coded as time since last infractions), and time to parole eligibility date. Again, the system provides for mandatory and discretionary override considerations.

Needs Assessment

The CO DOC needs assessment influences the treatment program(s), facilities, and housing units to which prisoners are assigned. Data for the needs assessment are gathered and used throughout the intake process. Ultimately, classification staff uses the data to develop the initial case management plan and/or refer prisoners for more

indepth assessments. Needs assessment information is also valuable to other personnel. Medical and mental health staff use assessment data taken from the physical examination, blood tests, and medical/mental health histories to refer prisoners for additional testing. And housing unit staff also refer prisoners for medical and/or mental health services, as needed, based on the needs data.

For assessing needs, prisoners are rated on several potential problem areas, including work, prerelease, leisure time, academic/vocational, psychological, substance abuse, sexual adjustment, medical, and conduct. (See exhibit 6 for a summary of the various needs areas assessed during the intake process.) They receive a rating from 1 (low or no needs) to 5 (high needs) for each problem area. CO DOC has developed automated coding for scoring the problem areas and generating a score for each of the 10 LSI-R subscales.⁹

The scores are based on information (particularly automated criminal and social history data) compiled about the prisoner throughout the first week of the intake process. (Such automation is a departure from how the LSI-R is typically administered. Normally, the LSI-R is based on results of a personal interview that lasts from 1 to 2 hours and is scored manually.) If data are missing from the case file, classification staff report that a 15-minute interview is usually sufficient to complete the assessment.

Classification staff generally use LSI-R scores to determine substance abuse treatment options.¹⁰ Thus, automating the LSI-R has allowed CO DOC to integrate it into the intake process without dramatically increasing the workload of staff or the length of stay of the prisoners. The automation also reduces some of the concerns about the reliability and time requirements associated with the LSI-R interview and scoring processes. However, a validation of the predictive power of the LSI-R based on electronically generated data, rather than a personal interview, has not been completed.

Overall, the CO DOC staff was satisfied with the needs assessment and case management process. Yet several changes are under consideration, including eliminating the assessment of leisure activities because it is duplicative of prerelease planning, expanding the diagnostic narrative summary to include more criminal and social history information, and making the information more user friendly and accessible to staff.

CO DOC has developed automated coding for scoring the problem areas and generating a score for each of the 10 LSI-R subscales.

Exhibit 6. Colorado's Needs Assessment Components

Needs Areas	Conducted	Who Is Assessed?	Personnel Responsible for Assessment	Instrument(s)	How Are Data Used?
Medical and dental	Yes; mandatory	All prisoners	Medical staff	Physical exam; validated	Treatment and housing needs and facility location
Mental health	Yes; mandatory	All prisoners	Mental health staff	MCMI-III; validated	Treatment and housing needs and facility location
Education	Yes; mandatory	All prisoners	Education staff	TABE; validated	Programming
Alcohol abuse	Yes; mandatory	All prisoners	Substance abuse treatment specialist	SASSI and LSI-R; validated	Treatment and housing needs and facility location
Drug abuse	Yes; mandatory	All prisoners	Substance abuse treatment specialist	SASSI and LSI-R; validated	Treatment and housing needs and facility location
Work skills	Yes; mandatory	All prisoners	Classification staff	Interview; not validated	Jobs and vocational education
Vocational training	Yes; mandatory	All prisoners	Classification staff	Interview; not validated	Vocational education
Financial management	No; not required	All prisoners			
Compulsive behaviors	Yes; not required	As needed per mental health assessment	Mental health staff	Interview; not validated	Treatment needs and facility assignment
Anger management	Yes; mandatory	All prisoners	Mental health staff	MCMI-III and criminal and social histories; validated	Treatment needs and facility assignment
Sex offender	Yes; not required	As needed per social and criminal data	Sex offender clinical staff	Self-report questionnaire; validated	Treatment needs and facility assignment
Parenting	No; not required				
Aging/elderly	No; not required				
Life skills	Yes; mandatory	All prisoners	Classification staff	Interview and criminal and social histories; not validated	Programming
Leisure	Yes; mandatory	All prisoners	Classification staff	Interview and criminal and social histories; not validated	Programming
Prerelease	Yes; mandatory	All prisoners	Classification staff	Interview and criminal and social histories; not validated	Programming

four

CHAPTER

Washington State Department of Corrections

The Washington State Department of Corrections (WA DOC) was selected for an indepth review of its intake process because of its initiative to develop a comprehensive incarceration plan that identifies and addresses the prisoner’s criminogenic needs and risks during the intake process. In addition, the WA DOC has a long-standing commitment to programming and education. The Offender Accountability Act (OAA) of 1999 established “reduction of the risk of re-offending by prisoners in the community” as a sentencing goal and required the WA DOC to identify high-risk prisoners and deploy resources to reduce and manage their risk.¹¹ Because re-entry programming and services are of interest to most state correctional agencies, an understanding of how the WA DOC prepares prisoners for re-entry may provide ideas for other states that are developing or revising their intake processes to identify the needs of prisoners and to create a comprehensive case management plan that prepares the prisoner for release. Like the CO DOC, the WA DOC has adopted the LSI-R as an assessment tool.

Corrections Population

As of December 31, 2001, 14,180 prisoners were housed in Washington’s 13 correctional facilities and 18 work-release and prerelease centers.¹² The majority of the prison population was white (71 percent). African-Americans were the largest minority population (22 percent); Native Americans and Asians represented smaller minorities (4 and 3 percent, respectively). Women represented approximately 7 percent of the prison population.¹³

Nearly 62 percent of prisoners were committed for a person offense, 15 percent for a property offense, and 21 percent for a drug-related offense. Approximately 18 percent of the population served sentences of less than 2 years; 24 percent, 2–5 years; 25 percent, 5–10 years; 29 percent, more than 10 years; and 3 percent, a life sentence.

Intake Facilities

The WA DOC operates two intake facilities: the Washington Corrections Center (WCC) in Shelton for male prisoners and the Washington Corrections Center for Women (WCCW) in Gig Harbor. WCC is a close-custody facility with an intake

unit population capacity of 960 beds. It also serves as an educational and vocational training center.

In addition to serving as the intake unit for male prisoners with a felony sentence greater than 1 year, WCC serves as the primary hub for transporting male prisoners from one facility to another and houses community custody jail (CCJ) prisoners and county jail boarders (CJBs). Prisoners under community custody are the responsibility of the WA DOC. They are transferred to the intake center from county jails. Because the sanction for a community custody violation is relatively short (i.e., 30 to 90 days), CCJ prisoners go through the reception process but are not transferred to a long-term facility. CJBs are high-profile and/or management problem inmates housed at the intake facilities as a courtesy to local jails. They complete the first 2 days of the intake process and, like CCJs, are not transferred to a long-term facility. An average of 3.2 CJBs are processed each month. Admission trends for CCJs and CJBs rose steadily during the first quarter of 2002, thus increasing the workload for WCC staff. In sum, WCC houses intake and transitory populations and approximately 635 long-term population prisoners.

From April 2001 to March 2002, 6,755 male prisoners were processed through WCC. Nearly 64 percent of the admissions were committed for a new felony conviction and 35 percent for a parole violation or readmission. The remaining 2 percent were committed for a community custody return or other commitment order.

Although the intake process requires only about 5 weeks to complete, bedspace constraints at the long-term facilities to which prisoners are to be transferred increase the average length of stay at WCC for the intake population to 8 to 9 weeks.

WCCW serves as the primary correctional facility for women prisoners. It is a multicutody facility with various housing units to accommodate special needs populations and approximately 520 general population close-, medium-, and minimum-restricted custody prisoners. The intake housing unit (68 beds) is located within the medical center. The women are housed in the intake unit until they are medically cleared for housing within the general population. Usually, they are moved to general population housing after the first 72 hours because of the limited housing and services available within the intake/medical facility.

The Intake Process

The WA DOC intake process is a 24-day process in which the medical, mental health, initial custody, and programming requirements are established for the prisoners. Exhibit 7 provides an overview of the task involved in the intake process.

Identifying the Prisoner

During day 1, the prisoner's identity is verified, he/she is fingerprinted, pictures are taken and an prisoner identification tag is generated, and medical and mental

Although the intake process requires only about 5 weeks to complete, bedspace constraints at the long-term facilities . . . increase the average length of stay . . . to 8 to 9 weeks.

screens are conducted. A counselor also meets with the prisoner for a quick interview to identify potential security threat group membership and to determine whether the prisoner needs to be separated from other inmates or staff members. The data are entered into the computer system on a screen that tracks conflict and separation requirements among the prisoner and other inmates and/or staff.

Day 2 is an opportunity for the prisoner to get settled into the facility. Custody staff orients him/her with unit rules, distributes information about the operation of the facility, and answers questions. Each prisoner also gets assigned to a counselor located in his/her living unit.

Day 4 is very intensive, as prisoners take a series of paper-and-pencil tests that are scored electronically. All prisoners take the Comprehensive Adult Testing of Achievement System (CATAS) (academic achievement), Beta II (intelligence test), Monroe Dyscontrol and Suicide Risk Scale (MDSRS), Buss-Durkee Hostility Inventory (BDHI) (psychological), Substance Abuse Subtle Screening Inventory (SASSI), and a vocational experiences/history questionnaire.

Days 8 and 11 are the clinic days. All prisoners receive complete physical and dental examinations. The tuberculosis skin test is given on day 8 and then read on day 11. Depending on the skin test results and the prisoner's medical history, a chest x-ray is taken. As needed, according to the prisoner's age and medical history, additional tests are performed. Female prisoners undergo the same set of medical examinations. However, they also receive a Pap smear, a gynecological examination, and, as needed, a pregnancy test. Depending on the woman's age, she is scheduled for a mammogram. However, the mammogram generally does not occur during the intake process.

At the end of the medical assessment process, prisoners are given a medical rating that indicates their medical service requirements, suitability for employment, and housing assignment restrictions. These ratings are forwarded electronically to the classification staff for custody, facility, work, and programming assignment purposes.

Classifying the Prisoner

The classification process occurs from days 12 to 16, depending on the flow of information to classification staff. As observed with the CO DOC, classification staff review the case file, conduct an interview, and write a summary. Each classification counselor has his/her own routine for reviewing the case materials and writing the case summary. The purpose of the interview is to review and clarify the prisoner's social and criminal history. Typically it lasts 20 minutes, during which time the counselor reviews the details of the current offense(s); identifies potential separation concerns; obtains input from the prisoner regarding work, program, and long-term facility placement; and reviews the preliminary custody level.

Based on the interview and review of the case file (i.e., court documents; presentence investigation, if available; and the education, psychological, and substance

Exhibit 7. Overview of Washington’s Prisoner Intake Process

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Day 1				
Identification	Yes; mandatory	All prisoners	Records staff	Fingerprints and NCIC
Medical screen within 24 hours	Yes; mandatory	All prisoners	Health services staff	Medical and mental health screens
Mental health screen within 24 hours	Yes; mandatory	All prisoners	Health services staff	Medical and mental health screens
Prisoner separation	Yes; mandatory	All prisoners	Counselors	Self-report
Gang membership	Yes; mandatory	All prisoners	Counselors	Observation, interview, and DT-04 computer screen
Day 2				
Orientation	Yes; mandatory	All prisoners	Custody staff	Rule book and handouts
Counselor assignment	Yes; mandatory	All prisoners	Unit manager	Unit-specific counselors
Day 3				
Academic achievement	Yes; mandatory	All prisoners	Diagnostic testing staff	CATAS
IQ tests	Yes; mandatory	All prisoners		Beta II
Vocational aptitude	Yes; mandatory	All prisoners		Questionnaire
Substance abuse	Yes; mandatory	All prisoners		SASSI 3
Psychological	Yes; mandatory	All prisoners and those as needed, per interview with mental health staff		BDHI and MDSRS
Day 5				
Orientation	Yes; mandatory	English- and Spanish-speaking prisoners	Classification staff	Handouts
Days 8 and 11				
Physical exam	Yes; mandatory	All prisoners	Health services staff	Physical exam and blood work
DNA testing	Yes; not required	Prisoners convicted of violent and/or sex-related crimes	Health services staff	Blood work
Dental exam	Yes; mandatory	All prisoners	Dental assistant	Oral exam and x-rays
Day 12				
Criminal history	Yes; mandatory	All prisoners	Classification staff	NCIC, presentence investigation, MIS, court orders, and interview
Social history	Yes; mandatory	All prisoners	Classification staff	Interview and presentence investigation
Prisoner separation	Yes; mandatory	All prisoners	Classification staff	Self-report

Continued on next page

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Days 15 and 16				
Custody level	Yes; mandatory	All prisoners	Classification staff	Initial classification reports and criminal history
Internal classification	No; not required	Housing assignment occurs at permanent facility.		
Days 21 and 24				
Custody level	Yes; mandatory	All prisoners	Classification staff	Classification reports and recommendations
Security level/facility	No	The central office determines security level and facility assignment.		
Victim notification	Yes; not required	Per type of offense	Victim coordinator at the central office	Letter of notice
Days 25–80				
Prisoner departs WCC for a long-term facility, camp, prerelease, or work release, as approved by the Division of Prisoner Programs. Departure day depends on bedspace at receiving institution.				

abuse test results), the counselor dictates to clerical staff a classification referral and criminal history. The counselors report that it takes approximately 4 hours per prisoner to conduct the interview, review the case file, dictate the report, and review the report after it has been prepared. Prisoners are not given a copy of the initial classification instrument, nor are they told the exact scores on the custody items. However, they are provided with a general explanation of their preliminary custody level.

Assigning the Prisoner to a Facility

The classification report is forwarded to the classification unit manager and the central office for approval. In particular, they review the custody assessment. Thus, the final custody level may change from what was reported to the prisoner during the classification interview. Once approved, the prisoner is transferred.

Processing Time and Flexibility

Several factors may delay or expedite the 3- to 4-week intake process. The manual process of reviewing hard copies of the various reports and dictating, preparing, reviewing, and editing the classification summary appears to slow down the process. Classification and clerical staff report that the workload is heavy and that staff shortages (in particular health services staff) often delay the process. Special assessments for substance abuse, mental health, and/or medical needs may also delay the process. Lack of space for special needs populations (e.g., mental health unit or substance abuse therapeutic community) at the appropriate long-term facility and

increasing medium- and minimum-custody populations also extend the length of stay at WCC beyond the time required for intake processing.

The process is routine but provides flexibility according to the number of prisoners received on any one day. As observed in the CO DOC intake process, some tasks are duplicated. On day 2, custody staff provides an orientation on institutional rules and expectations. Some of these issues are repeated during the orientation provided by classification staff on day 5. Criminal and social history data are reviewed throughout the process by records staff, counselors, and classification unit supervisors to ensure security, detainers, and separation issues are identified and recorded in the automated information system.

The process is modified for prisoners incarcerated for technical violations of parole or alternative sanctions who have been released from the WA DOC during the previous 12 months. Only the initial medical and mental health screens are repeated for these prisoners; the medical, mental health, academic, vocational, and substance abuse tests are not repeated. In addition, their custody assessment is based on the reclassification instrument rather than the initial classification instrument.

Classification

The WA DOC implemented its current objective classification system in 1989. It was designed as a risk management tool with the goal of placing prisoners in the least restrictive custody while providing for the orderly operation of the institution and the safety of the public, community, staff, other prisoners, and institution guests and visitors.¹⁴ The Office of Correctional Operations, Classification and Treatment within the central office is responsible for developing, implementing, training, overseeing, and managing the external classification functions of the department.

The classification system encourages prisoners to participate in work, education, treatment, and vocational programming to facilitate their movement to less restrictive custody levels (e.g., from camp to prerelease, work training, and release). Furthermore, it discourages negative behaviors by providing consequences for infractions, detainers, escapes, and nonparticipation. The system is designed to assist prisoners in understanding how their institutional conduct and program efforts affect their custody designation and subsequent facility assignment.

Initial Classification

The initial classification process results in four outcomes: custody designation, facility designation, needs assessment, and review of prisoner programming/case plan. As previously described, the intake facility's classification staff determine the prisoner's custody designation and recommend a facility, but the final facility assignment is determined by the central office. The prisoner's custody level is based on five discrete scoring items: severity of current offense, history of violence (institutional and community), detainers, escape history, and current age. The facility placement recommendation addresses custody, program, medical, mental health,

The [classification] system is designed to assist prisoners in understanding how their institutional conduct and program efforts affect their custody designation and subsequent facility assignment.

and dental needs; case management/case planning; and other specific prisoner needs. Prisoners are placed in the least restrictive environment consistent with their initial custody designation.

The classification system provides for mandatory overrides based on the prisoner's crime, detainer, and sentence. Discretionary overrides are permitted based on the prisoner's behavior, mental health, medical, dental, or program needs. Institutional security concerns may also be used to override the scored custody level. Multiple levels of review are required for all overrides.

Reclassification

The reclassification process parallels the initial classification process. Regularly scheduled custody reviews are conducted according to the time remaining on their sentence. Prisoners with less than 5 years to serve are reviewed semi-annually; prisoners with more than 5 years to serve are reviewed annually. Reclassification is based on the prisoner's current custody designation, institutional infractions during the previous 24 months, program participation, detainers, and escape history. As with the initial classification, these items are tallied to generate the custody review score. Again, mandatory and discretionary override factors are considered and reviewed.

Needs Assessment

The WA DOC has a comprehensive process for assessing the prisoners' needs and developing a case management plan to reduce their risk of recidivism. The LSI-R serves as the primary assessment tool. For most prisoners, the LSI-R has been completed prior to their arrival at the intake facility because the community corrections division of the WA DOC also uses the LSI-R as its risk/needs assessment tool. Because of the time required to complete the LSI-R and the workload constraints of the intake process, the LSI-R is not completed during the WA DOC's intake process. However, WA DOC policy requires that the prisoner's counselor at the long-term facility complete a LSI-R within the first 6 months of incarceration.

Exhibit 8 presents an overview of the various needs areas assessed by the WA DOC's initial intake process. Parenting skills are assessed for the female prisoners based on their criminal and social histories or upon request for services.¹⁵ A committee composed of the counseling, education, medical, and treatment staff develops the initial case management plans at the intake facility. Plans are reassessed annually if the prisoner has more than 4 years to serve and every 6 months if he/she has less than 4 years to serve. Special reviews are prompted by major disciplinary reports, on program completion, and on the prisoner's request. The WA DOC is exploring a reassessment process based on events rather than time to serve.

In order to identify high-risk prisoners as mandated by the OAA, the WA DOC has developed a Risk Management Information (RMI) system to classify prisoners according to their "risk of re-offending" and the "nature of the harm done." The

Because of the time required to complete the LSI-R and the workload constraints of the intake process, the LSI-R is not completed during the WA DOC's intake process.

Exhibit 8. Washington’s Needs Assessment Components

Needs Areas	Conducted	Who Is Assessed?	Personnel Responsible for Assessment	Instrument(s)	How Are Data Used?
Medical	Yes; mandatory	All prisoners	Health services staff	Physical exam; validated	Treatment
Mental health	Yes; mandatory	All prisoners	Health services staff	BDHI and MDSRS; validated	Programming
Education	Yes; mandatory	All prisoners	Testing staff	CATAS; validated	Programming
Alcohol abuse	Yes; mandatory	All prisoners	Testing staff	TCUDDS and SASSI; validated	Programming
Drug abuse	Yes; mandatory	All prisoners	Testing staff	TCUDDS and SASSI; validated	Programming
Work	No; not required				
Vocational training	Yes; not required	New commitments	Classification staff	Interview; not validated	
Financial management	No; not required				
Compulsive behaviors	No; not required				
Anger management	Yes; not required	Prisoners serving less than 6 months for whom no LSI-R is available	Classification staff	LSI-R; validated	Programming
Sex offender	Yes; not required	As needed, per social and criminal history checks	Testing staff	Interview and social and criminal histories; not validated	Programming
Parenting	No; not required				
Aging/elderly	No; not required				
Life skills	No; not required				
Criminogenic needs	Yes; mandatory	As needed, per time to serve	Classification staff	LSI-R; validated	Programming

LSI-R serves as the tool for determining the prisoner’s likelihood of re-offending. To determine “harm done,” such elements of the current offense as the type of crime, level of violence, and characteristics of the victim(s) are evaluated. The total LSI-R score and harm-done ratings are combined to create four levels of risk management—A, B, C, and D. (A copy of the RMI worksheet is provided in appendix B.) RMA represents the highest risk and harm-done prisoner category; the RMD category is the lowest risk/harm prisoner.

The RMI assessment and the community transition planning processes are activated according to the prisoner’s earned release date. For most prisoners, the processes begin 18 months prior to the projected release date. The community transition process prioritizes prisoners for placement in programming or treatment according to the criminogenic needs identified by the LSI-R.

The WA DOC has identified programs and/or job assignments that correspond to each of the LSI-R subcomponents or criminogenic needs and is developing program evaluation procedures for assessing the impact of the respective programs on the prisoners' needs. The program evaluation process, however, will need to consider the reliability of the LSI-R and the integrity of the programming in order to draw any conclusions about the success of the respective programs or reduction in the prisoner's risk level.

The WA DOC's response to the OAA was initiated in its community corrections division with the adoption of the LSI-R as its risk assessment instrument, the development of corresponding supervision standards and strategies, and the identification of programming and services to reduce the prisoner's risk. The current emphasis is on linking what occurs in the facility with community services and supervision. Thus, the role of the LSI-R as an institutional risk or needs assessment instrument for the initial intake process has not been developed fully. As previously indicated, the LSI-R is not completed during the reception process unless the prisoner has less than 6 months to serve and the inventory was not completed by field services prior to the prisoner's admission. Therefore, it serves currently as a "risk of re-offending" assessment tool for identifying and prioritizing prisoners for services designed to reduce their risk level.

For most prisoners, the [RMI assessment and the community transition planning] processes begin 18 months prior to the projected release date.

five

CHAPTER

Pennsylvania Department of Corrections

The Pennsylvania Department of Corrections (PA DOC) was selected for an indepth review of its intake process because of its size and its management information system, particularly the Pennsylvania Additive Classification Tool (PACT) classification module. In addition, the PA DOC develops a correctional plan that identifies problem areas and treatment needs to be addressed by each prisoner during his/her incarceration.

Corrections Population

As of February 28, 2002, 38,397 prisoners (37,545 males and 1,661 females) were distributed across Pennsylvania's 26 correctional facilities.¹⁶ Women composed approximately 4 percent of the prison population.¹⁷ African-Americans composed more than half (54 percent) of the prisoner population, followed by Caucasian (34 percent), Hispanics (11 percent), and other races (less than 1 percent). The average prisoner was 35 years old.

More than half (54 percent) of the prisoner population was committed for a Part I felony, 25 percent for a Part II felony, and 22 percent for a technical violation.¹⁸ The average minimum and maximum sentence among Part I and II commitments was 74 and 166 months, respectively. However, 3,765 prisoners (10 percent) were serving life sentences and 242 were serving capital sentences.

Custody distribution at intake varied: minimum custody (40 percent), medium (38 percent), close (17 percent), community corrections (3 percent), and maximum (2 percent) prisoners.

During 2001, there were 7,398 new commitments to the PA DOC; thus on average, 913 male and 60 female prisoners were admitted per month.¹⁹

Intake Facilities

The PA DOC operates three intake units for male prisoners (Graterford, Pittsburgh, and Camp Hill correctional institutions) and one for female prisoners (Muncy Correctional Institution). Each intake center is located within a level 4 security facility that houses long-term and special population prisoners as well as the intake population.

The three male units receive prisoners from their respective geographic locations within the state. Prisoners from eastern Pennsylvania spend 1 or 2 days at the Graterford reception center prior to being transported to the Camp Hill intake unit for assessment and classification. Camp Hill doubles as the reception center for prisoners from central Pennsylvania and as the intake facility for male prisoners statewide. Prisoners from the western part of the state are received at the Pittsburgh reception center and may stay there for up to 2 weeks before being transported to Camp Hill. (Because of space limitations at Graterford, prisoners there have a higher priority for transfer to Camp Hill than prisoners admitted through Pittsburgh.) Female prisoners are received, assessed, and classified at only the Muncy facility.

The Camp Hill intake center uses multiple housing units with double-bunked cells that accommodate up to 1,900 prisoners. In contrast, the housing at Muncy includes both dorms and cells, with a flexible capacity of up to 96 beds. On average, prisoners can expect a 12-week stay at Camp Hill and Muncy.

The directors of diagnostics and classification at Camp Hill and Muncy are responsible for all of the intake units and prisoner processing at their respective facilities. They report to the deputy for centralized services of the complex. However, the intake policy and procedures, schedule, and quality control assessments are the responsibility of the Bureau of Prisoner Services at the central office.

The Intake Process

The PA DOC intake process is designed to be completed in 2 weeks, as shown in exhibit 9. However, it can take up to 4 to 6 weeks to establish medical, mental health, initial custody, and programming requirements for the prisoners.

Identifying the Prisoner

During day 1, the prisoner's identification is verified and he/she is strip searched, photographed, and fingerprinted; court documents are reviewed; and the prisoner's property is inventoried. Each prisoner bathes and receives baseline drug tests for illicit substances and medical and mental health screens. Additionally, the prisoner is interviewed by custody staff to identify potential security threat group membership and by a counselor to determine the need for separating the prisoner from other prisoners or staff members. Each prisoner also is issued a prisoner handbook in English, Spanish, or Braille. At the end of the first day, the prisoner has been identified, assigned to a cell, and has received institutional clothing and toiletries.

On day 2, a counselor provides formal orientation during which basic institutional rules and procedures are explained.

During the next 7 business days, the prisoner receives a full medical examination and takes a series of academic achievement, psychological, and substance abuse tests. All prisoners take the WRAT (reading section only) and TABE, the Psychological Assessment Inventory (PAI) and Gestalt Behavioral Assessment

The PA DOC intake process is designed to be completed in 2 weeks . . . however, it can take up to 4 to 6 weeks. . . .

Exhibit 9. Overview of Pennsylvania’s Prisoner Intake Process

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Day 1				
Identification	Yes; mandatory	All prisoners	Records staff	Court orders, AFIS, and LiveScan
Medical screen within 24 hours	Yes; mandatory	All prisoners	Health care staff	Medical screen
Mental health screen	Yes; mandatory	All prisoners	Intake office and mental health staff	Mental health screen
Drug testing	Yes; mandatory	All prisoners	Health care	Urine test
Prisoner separation	Yes; mandatory	All prisoners	Security staff and counselors	Interview and court documents
Gang membership	Yes; mandatory	All prisoners		Tattoos, criminal and institutional records, and interview
Days 2–10				
Academic achievement	Yes; mandatory	All prisoners	Education staff	TABE and WRAT
IQ tests	Yes; mandatory	All prisoners	Psychology staff	Beta III and WAIS
Vocational aptitude	No; not required			
Substance abuse	Yes; mandatory	All prisoners	Drug treatment staff	TCUDDS
Psychological	Yes; mandatory	All prisoners	Psychology staff	PAI, GBA, and clinical interview
Physical exam	Yes; mandatory	All prisoners	Health care staff	Physical exam, blood work, and interview
DNA testing	Yes; not required	Prisoners convicted of murder, stalking, and/or a sex-related crime	Lab technicians	Blood work
Days 11–15				
Criminal history	Yes; mandatory	All prisoners	Records staff	NCIC, presentence investigation, DOC MIS, and court orders
Social history	Yes; mandatory	All prisoners	Classification staff	Interview and presentence investigation
Institutional adjustment	Yes; mandatory	All prisoners		Jail documents and DOC MIS
Custody level	Yes; mandatory	All prisoners		PACT
Internal classification	Yes; mandatory	All prisoners		Custody and needs assessments
Security level/facility	Yes; mandatory	All prisoners		PACT
Prisoner separation	Yes; mandatory	All prisoners		Classification and security staff
Victim notification	Yes; not required	Only prisoners with a victim	District attorney’s office	Offense type

(psychological tests), the BETA III and WAIS (intelligence tests), and the Texas Christian University Drug Dependency Screen (TCUDDS). As indicated by the results from the written tests, the psychologist and drug and alcohol treatment specialist conducts clinical interviews with the prisoner. In addition, the medical staff interview the prisoner about his/her medical history. DNA samples are collected from prisoners convicted of murder, stalking, and/or a sex-related offense. By the end of the 10th day at the intake center, prisoners have medical, mental health, education, and substance abuse ratings that indicate their level of need for services and/or treatment. These ratings are forwarded to classification staff for custody, facility, work, and programming assignments.

Classifying the Prisoner

Records office staff compile the prisoner file and generate the sentence calculation sheet.²⁰ The prisoner file, sentence calculation sheet, and test results are forwarded electronically to classification staff. As was observed in the other states, the counselor conducts a 15- to 30-minute face-to-face interview with the prisoner to review the case materials (i.e., identification face sheet, official and prisoner versions of the current offense, criminal and social histories, medical clearances and restrictions, and sentence calculation sheet).²¹

Classification staff use PACT—a fully automated classification system that synthesizes data collected throughout the intake process to establish an prisoner’s custody level and to recommend housing, work detail, treatment, and programming assignments—to classify and assess the needs of prisoners. They also develop electronically a classification summary (provided in appendix C) that is used by staff at the long-term facility to plan with the prisoner his/her institutional program and work assignments. The facility placement recommendation considers the prisoner’s custody level, separation and regionalization issues, program needs, and bedspace availability. Because PACT and the classification summary are automated, the counselor simply reviews the preliminary custody assessment, annotates any applicable administrative or discretionary overrides, recommends a preliminary custody level, and generates a form for recording the custody assessment and facility placement recommendations and decisions.

Assigning the Prisoner to a Facility

The recommended custody level and facility assignments are electronically forwarded to the central office for review and processing. The Bureau of Prisoner Services within the central office controls facility assignments and all prisoner transfers.

Processing Time and Flexibility

Pennsylvania’s 4- to 6-week intake process may be delayed for several reasons. Classification and records staff shortages and special medical assessments may

Classification staff use PACT—a fully automated classification system . . . to classify and assess the needs of prisoners. They also develop electronically a classification summary . . . that is used by staff at the long-term facility to plan with the prisoner his/her institutional program and work assignments.

delay the process. Lack of bedspace for medical needs at the appropriate long-term facility can affect the length of stay for prisoners at Camp Hill.

Some tasks in the process are repeated. For prisoners admitted through Graterford and Pittsburgh, identity verification and medical and mental health screens are repeated when they arrive at Camp Hill. This ensures the correct prisoner has been admitted/transported and determines whether he requires close watch or isolation for medical or mental health concerns.

The process is modified for prisoners incarcerated for technical violations who spent less than 1 year in the community. During reclassification, parole violators do not receive the full battery of medical and mental health tests that they received during initial classification. In addition, their custody level is based on the reclassification rather than the initial classification instrument.

Classification

Modeled originally after the NIC prison classification system, Pennsylvania developed its objective classification system in 1991. It was developed by an interdisciplinary team as a risk management tool for placing prisoners in the least restrictive custody while providing for the safety of the public, community, staff, other prisoners, and institution guests and visitors and for the orderly operation of the institution.²² The Classification Division within the Bureau of Prisoner Services is responsible for developing, implementing, training, overseeing, and managing the classification functions of the department.

PACT is the key instrument in Pennsylvania's prisoner classification function. PACT was designed to be objective and behavior driven and to ensure that a prisoner's custody level is based on his/her compliance with institutional rules and regulations and participation in work, education, treatment, and vocational programming. Thus, in theory, compliance by the prisoner will facilitate his/her movement to less restrictive custody levels. PA DOC discourages negative behavior by providing consequences for infractions, escapes, and nonparticipation in programs.

The goals of PACT are threefold:

- ◆ Predict prisoner institutional behavior.
- ◆ Standardize the assessment and custody assignment process.
- ◆ Systematically sort prisoners into one of five custody levels.

Custody levels are used in conjunction with program codes to determine the prisoner's housing, programming, and freedom of movement. The custody levels, from least to most restrictive, are CL-1 (community corrections), CL-2 (minimum), CL-3 (medium), CL-4 (close), and CL-5 (maximum). The program codes include

PACT was designed to be objective and behavior driven and to ensure that a prisoner's custody level is based on his/her compliance with institutional rules and regulations and participation in work, education, treatment, and vocational programming.

community with supervision (C), death penalty (P), educational/vocational release (E), minimal supervision (M), and regular supervision (R).²³ The use of such codes helps standardize the assessment and enables sensitive information (e.g., personal medical and mental health data) to be exchanged confidentially among classification staff.

Aside from custody levels, PACT also is integral in creating the correctional plan. For more information on the correctional plan, see “Needs Assessment” later in this chapter.

The PA DOC recently undertook a study to revalidate its classification system. Preliminary results suggest that the system is valid, although minor adjustments may improve its predictive power. The Classification Division has an ongoing process that monitors monthly the number and type of custody overrides, custody distributions at initial classification and reclassification, drug testing, and misconduct rates by custody level. The system monitoring activities include annual onsite classification audits, periodic training, and development of new or improved links between the classification process and other DOC systems.

Initial Classification

Classification staff use PACT to determine the prisoner’s custody level and facility placement. The initial custody level is based on seven discrete items: severity of current offense, severity of criminal history, escape history, institutional adjustment, number of prior institutional commitments, time to expected release, and stability factors (e.g., current age, marital status, and employment at arrest). A facility placement recommendation also is made during the initial classification process. It addresses custody, program, medical, and mental health needs; case management/case planning; and other specific prisoner or institution needs (e.g., electrician, maintenance technician, plumber).

Administrative overrides—based on the prisoner’s legal status, current offense, and sentence—can change classification recommendations. Discretionary overrides by the case manager are permitted based on the prisoner’s security threat group affiliation; escape history; nature of current offense; and behavior, mental health, medical, dental, and program needs. Information about cases for which discretionary overrides are recommended is forwarded electronically to the appropriate staff for approval. Multiple levels of review by classification supervisory staff and the central office are required for all overrides.

Reclassification

The reclassification process parallels the initial classification process. Regularly scheduled custody reassessments are conducted as part of the prisoner’s annual review. Reassessments are also conducted following major misconduct reports and select minor violations, significant changes in the prisoner’s program needs, time credits, escape time, sentence continuations, detainees, prerelease applications, unusual incident reports, transfer requests, and as needed to ensure the safety and security of the facility.

Reclassification is based on the severity of current offense, severity of criminal history, escape history, history of institutional violence, number and severity of misconduct reports during the previous 18 months, current age, program participation, work performance, and housing performance. As with the initial classification, these items are tallied on the PACT to create the total score. Again, mandatory and discretionary override factors are considered and reviewed.

Needs Assessment

Needs assessment affects the treatment program, facility, and housing unit to which the prisoner is eventually assigned. The PA DOC's needs assessment examines several potential problem areas, including mental health, drug and alcohol, educational, vocational, sex offender, and other needs. The level of need for a respective problem area is based on results of the tests completed by the prisoner during days 2–10 of the intake process; his/her criminal and social history data from the presentence investigation; and interviews with the prisoner by classification, mental health, and medical staff as part of the intake assessment. Exhibit 10 summarizes the needs areas assessed during Pennsylvania's intake process.

A key product of the intake process is the classification summary—a narrative that includes details on the prisoner's demographic and identification data; custody assessment; current offense; criminal, education, work, and social histories; institutional adjustment (previous and current); medical needs and restrictions; and the counselor's evaluation of the prisoner's risks, needs, and most salient characteristics. The summary also provides ratings and information source(s) for each area.

The classification summary was designed to facilitate the development of the correctional plan by staff at the long-term facility. The correctional plan, jointly developed by the institutional case manager and prisoner, identifies the specific programs required to address the prisoner's needs. It serves as an institutional road map for tracking the prisoner's behavior, treatment needs, and his/her progress. Key elements of the correctional plan are release planning and strategies for repaying fines or fees. The correctional plan is reviewed and updated at least annually. Thus at all times, the prisoner is clear as to what is expected of him/her regarding programming, good behavior, and work. The correctional plan is shared with the Pennsylvania Board of Probation and Parole so that the Board is aware of accomplishments and deficiencies.

When asked about what changes, if any, they would make to the needs assessment and correctional planning processes, PA DOC staff indicated a desire to develop a standard needs evaluation instrument that enhances the accuracy, reliability, and simplicity of the assessment process. The PA DOC pilot tested the LSI–R and other assessment instruments (e.g., Static 99) to enhance the needs assessment component and to identify problems associated with aggression/anger management and criminal thinking. In June 2003, the LSI–R was integrated into the intake procedures. Two months later, the Hostile Interpretation Questionnaire and Criminal Sentiment Scale-Modified were added to the correctional planning process at the long-term

The [classification] summary was designed to facilitate the development of the correctional plan by staff at the programming facility. The correctional plan . . . identifies the specific programs required to address the prisoner's needs.

Exhibit 10. Pennsylvania's Needs Assessment Components

Needs Areas	Conducted	Who Is Assessed?	Personnel Responsible for Assessment	Instrument(s)	How Are Data Used?
Medical and dental	Yes; mandatory	All prisoners	Health care staff	Physical exam; not validated	Treatment and housing facility location
Mental health	Yes; mandatory	All prisoners	Mental health staff	Clinical interview; not validated	Treatment
Education	Yes; mandatory	All prisoners	Education staff	WRAT and TABE; validated	Programming
Alcohol abuse	Yes; mandatory	All prisoners	Substance abuse treatment specialist	TCUDDS; validated	Treatment
Drug abuse	Yes; mandatory	All prisoners	Substance abuse treatment specialist	TCUDDS; validated	Treatment
Work skills	Yes; mandatory	All prisoners	Classification staff	Interview; not validated	Jobs
Vocational training	No; not required				
Financial management	No; not required				
Compulsive behaviors	No; not required				
Anger management	No; not required				
Sex offender	Yes; not required	Based on crime and criminal history	Mental health and classification staff	Criminal and social history records and clinical assessment; validated	Treatment and facility assignment
Parenting	Yes; mandatory	All prisoners	Classification staff	Self-report; not validated	Programming
Aging/elderly	Yes; not required	Based on age	Medical and security staff	Date of birth; not validated	Programming
Life skills	Yes; not required	Per prisoner request	Classification staff	Self-report; not validated	Programming

programming facilities.²⁴ Furthermore, during 2001, the PA DOC completed an assessment of the flow of information throughout its intake process to streamline the process, eliminate forms that are no longer needed, consolidate forms/steps, and determine optimal placement for computer workstations and staff assignments.

six CHAPTER

North Carolina Department of Correction

The North Carolina Department of Correction (NC DOC) was selected for an indepth review of its intake process because of its sophisticated management information system that has an intake module for collecting and compiling prisoners' criminal histories. North Carolina also provided an opportunity to examine the advantages and disadvantages of multiple intake facilities that accommodate men, women, and youths and the adequacy with which the intake process assesses the needs of both women and youthful prisoners. Of the eight intake facilities operating in North Carolina, three are the focus of this case study: the Central Prison (for adult males), North Carolina Institution for Women (for adult and youthful females), and Polk Youth Institution (19- to 21-year-old males).

Corrections Population

As of July 31, 2002, 33,361 prisoners (31,235 males and 2,126 females) were distributed among North Carolina's 76 correctional facilities.²⁵ Women composed approximately 6 percent of the prison population. Nearly 40 percent of prisoners were committed for a person (non-sex crime) offense, 12 percent for a sex-related crime, 18 percent for a property offense, 14 percent for a drug-related offense, and 16 percent for public order/other crimes.²⁶ African-Americans represented approximately 62 percent of the prisoner population, followed by Caucasians (33 percent), other races (3 percent), Native Americans (2 percent), and Asians (less than 0.5 percent).

Between August 1, 2001, and July 31, 2002, North Carolina's intake facilities admitted 24,278 prisoners (21,668 males and 2,610 females). On average, 1,425 male, 315 youthful, and 214 female prisoners were admitted per month.²⁷ Approximately 31 percent were admitted for a property offense; 22 percent for each a drug-related offense, public order/other crime, or a person (non-sex crime) offense; and 4 percent for a sex-related crime. The racial/ethnic proportion of incoming prisoners mirrored that of the overall corrections population: African Americans (59 percent), Caucasians (36 percent), other races (3 percent), Native Americans (2 percent), and Asians (less than 0.5 percent).

The NC DOC is responsible for all felony and misdemeanor prisoners sentenced to 90 days or more. Staff at NC DOC intake centers also conduct psychiatric and mental health diagnostic assessments at the request of courts and provide services for

defendants with serious mental health problems that local jail facilities cannot accommodate.

Intake Facilities

North Carolina operates eight intake facilities—four for adult males, two for females, one for 19- to 21-year-old males, and one for 13- to 18-year-old males. Prisoners are assigned to an intake center based on their geographic location, age, gender, sentence, and crime.

The security level of the eight intake centers varies from close to minimum. Four centers are located in close-security facilities, two in medium-security facilities, and two in minimum-security facilities. The housing units in the close-security facilities have cells or a combination of dorms and cells, while the minimum- and medium-security centers have dorms. The minimum-security centers process primarily misdemeanants and/or nonviolent prisoners with sentences of less than 1 year. The two intake centers that process youthful prisoners are located in close-security facilities and can accommodate prisoners of any custody level.

The central office plays several key roles in the functions performed at the intake centers. The population management unit determines the intake facility that will receive the prisoner and arranges for his/her transportation. Although each intake facility has its own director, the Diagnostics Services Branch within the central office sets the policies and schedules for the centers, trains the staff, and conducts quality control audits. The classification section of the central office coordinates prisoner assignments to long-term housing facilities.

The Intake Process

The primary functions of the NC DOC intake process are to identify the prisoner and develop the institutional record, assign the prisoner to a facility and housing unit, determine treatment and programming needs, assess his/her threat to public safety and security requirements, identify sexual predators, collect DNA, and identify prisoners with language barriers and/or learning disabilities. The intake process is standardized for the eight intake facilities; however, the centers have made minor adjustments to accommodate their staffing patterns and structural features. Exhibit 11 provides an overview of the respective tasks that occur during each day of the standard NC DOC intake process.

Identifying the Prisoner

The NC DOC intake process starts at a county jail prior to the prisoner's arrival at the intake center. Here, the prisoner is given an identification number and is scheduled for his/her arrival at the intake facility. The NC DOC is required by law to remove the sentenced prisoner from the county jail within 5 days of notification by

the county jail that the prisoner is awaiting transfer or pay \$40 per prisoner per day spent at the county jail. Prior to transfer, basic identification data are entered into a management information system (MIS), so that they are available to staff at the intake center.

A unique aspect of the NC DOC intake process is its level of automation. Each task has a set of automated forms and screens for staff to record the data. Thus, the staff collecting the information, rather than clerical or data entry personnel, enter the data into the MIS.

At the intake center, custody and health care staff verify the prisoner's identity, conduct medical and mental health screens, search the prisoner, and inventory the prisoner's personal property. Preliminary blood work and a tuberculosis test are initiated. Custody staff register the prisoner's data into the information system via the Automated Finger Imaging System (AFIS), LiveScan,²⁸ a digital photo, and fingerprints. Because the intake centers have multiple housing units, custody staff assign prisoners to a housing unit according to their crime, security needs, and other related factors.

Day 1 is orientation day. The admission technician shows the prisoner three videos that discuss the operation of the department and facility, prisoner responsibilities, and blood-borne pathogens and HIV. Copies of the institutional rule booklet and literature on health law violations (e.g., TB, hepatitis, HIV, and sexually transmitted diseases) are distributed. (The literature and handbook are available in both English and Spanish.) The prisoner completes questionnaires regarding security threat group membership, use of illicit drugs, potential visitors, and family background. No official testing is conducted during the first 24 hours of the prisoner's admission to the center. The orientation session also provides an opportunity for the prisoner to ask questions and for the admission technician to explain the intake center's process.

Day 2 is the first of two clinic days. One of the key tasks of day 2 is a followup of the mental health screen that the prisoner completed on arrival at the center. Medications are reviewed. Medical staff record the prisoner's medical history and conduct preliminary tests for health law violations. The TB skin test (taken at arrival) is read. The dental examination also occurs on the second day. During this day, the admission technician prints the prisoner's institutional identification card.

On day 3, the prisoner takes a series of academic achievement, psychological, and substance abuse tests. All prisoners take the WRAT III (academic achievement), Beta and WAIS (intelligence tests), MMPI (psychological test), the Short Michigan Alcoholism Screening Test (SMAST), and the Chemical Dependency Screening Test (CDST).²⁹ As required by North Carolina law, prisoners under 23 years of age undergo more in-depth assessments of special education needs and criminal and social histories to determine appropriate educational programs and services required for youthful offenders. Case analysts establish the primary language for each prisoner via the English as a Second Language Oral Assessment (ESLOA), observation,

A unique aspect of the NC DOC intake process is its level of automation. Each task has a set of automated forms and screens for staff to record the data.

Exhibit 11. Overview of North Carolina’s Prisoner Intake Process

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Before Arrival				
Schedule arrival	Yes; mandatory	All prisoners	Central office population management unit	Court orders
Identification	Yes; mandatory	All prisoners		Administration office courts (AOC), district courts information (DCI), and DOC checks
Victim notification	Yes; not required	Based on charge against prisoner	Central office and victim services staff	Letter
Upon Arrival				
Identification	Yes; mandatory	All prisoners	Admission technician	AOC, DCI, and DOC checks
Prisoner registration	Yes; mandatory	All prisoners	Custody staff	AFIS, LiveScan, digital photos, and fingerprints
Medical screen	Yes; mandatory	All prisoners	Nurses	Medical and mental health screens
Mental health screen	Yes; mandatory	All prisoners	Intake center staff	Screen and inventory
TB and blood work	Yes; mandatory	All prisoners	Nurses	Initial tests
Housing assignment	Yes; mandatory	All prisoners	Custody staff	MIS
Search and inventory property	Yes; mandatory	All prisoners	Custody staff	Issue clothing and check body
Working Day 1				
Orientation	Yes; mandatory	English- or Spanish-speaking prisoners	Admission technician	Video, rule book, and literature
Personal history	Yes; mandatory	All prisoners		Interview, court documents, and MIS
Substance abuse screen	Yes; mandatory	All prisoners		Self-report form
Gang membership	Yes; mandatory	All prisoners		Self-report form
Create visitor list	Yes; mandatory	All prisoners		Self-report form and two screens
Day 2				
Mental health review	Yes; not required	As needed, per observation	Mental health clinical staff	Review medications
DNA testing	Yes; not required	Prisoners convicted of violent and/or sex-related crimes	Lab technician	Blood test
Medical history	Yes; mandatory	All prisoners	Medical staff	Interview
Health law violation testing	Yes; mandatory	All prisoners	Medical staff	TB, hepatitis, HIV, and STDs
Dental exam	Yes; mandatory	All prisoners	Dental staff	Dental examination
Print identification cards	Yes; mandatory	All prisoners	Admission technician	Automated identification system

Continued on next page

Tasks	Conducted	Who Is Tested?	Personnel Responsible for Task	Instrument(s) and/or Process(es) Used
Day 3				
Academic achievement	Yes; mandatory	All prisoners	Behavior specialists	WRAT III
IQ tests	Yes; mandatory	All prisoners		Beta and WAIS
Special education	Yes; not required	Youthful prisoners	Case analyst	Presentence diagnostic report
Language	Yes; not required	Observations and self-reported data		ESLOA
Vocational aptitude	Yes; not required	Court referral	Vocational technician	General Ability Test Battery (GATB)
Substance abuse assessment	Yes; mandatory	All prisoners	Chemical dependency staff	SMAST and CDST
Psychological	Yes; not required	Court referral and results of mental health screen	Psychologist	MMPI
Day 4				
Physical exam	Yes; mandatory	All prisoners	Medical staff	Exam
Day 5				
Psychiatric and psychological tests	Yes; not required	As needed (less than 5 percent)	Mental health staff	Clinical staff and medications
HIV information	Yes; mandatory	All prisoners	HIV staff	Literature
Criminal history	Yes; mandatory	All prisoners	Case analyst	NCIC, presentence investigation, and court orders
Social history	Yes; mandatory	All prisoners		Interview and presentence disposition report
Custody level	Yes; mandatory	All prisoners		Initial classification
Internal classification	Yes; mandatory	All prisoners	Director of intake center	MIS screens
Security level/facility	Yes; mandatory	All prisoners		
Prisoner separation	Yes; mandatory	All prisoners	Case analyst	Self-report and automated alerts
Day 6				
Dictate assessment with recommendations	Yes; mandatory	All prisoners	Case analyst	Initial classification
Day 7				
Type summary	Yes; mandatory	All prisoners	Clerical staff	MIS
Review summary	Yes; mandatory	All prisoners	Case analyst	MIS
Days 8–9				
Review case	Yes; mandatory	All prisoners	Intake facility's director and committee	MIS
Day 10				
Schedule transfer	Yes; mandatory	All prisoners	Transfer office staff	MIS
Depart for new unit	Yes; mandatory	All prisoners	Records office staff	MIS

and/or self-report data. Upon referral by the court, the prisoner's vocational aptitudes are assessed through paper-and-pencil tests that are scored electronically.

Day 4 is the second clinic day. The prisoner receives a full physical examination, and depending upon the tuberculosis skin test results and the prisoner's medical history, a chest x-ray may be ordered.

Classifying the Prisoner

The classification process starts on day 5 with a review of the criminal and social histories by the case analyst and the completion of the initial classification instrument. Because the case analyst gathers most of the information required to score the custody instruments and needs assessment from the automated information system, the face-to-face interview requires only 15 to 30 minutes to complete. This interview includes a brief review of the current offense; potential separation concerns; work/program preferences; long-term facility placement criteria; employment, education, and substance abuse histories; health concerns; number and location of children; and the preliminary custody level. Prisoners are not given a copy of the initial classification instrument, nor are they told the exact scores on the respective custody items. However, they are provided with a general explanation of their preliminary custody level.

Day 5 also is an opportunity for the mental health staff to conduct a clinical interview with the prisoner. Scheduling the prisoner for the clinical interview depends on general observations by intake staff, the mental health screen from day 1, the medication review on day 2, and the psychological test results from the day 3. Only about 5 percent of prisoners require a full clinical assessment by the psychologist or psychiatrist.

During days 6 and 7, the case analyst dictates the classification assessment and forwards it to the clerical pool for typing. After the case analyst edits the report, the assessment is reviewed by the classification committee on day 8 or 9. The facility's classification committee reviews the preliminary custody level, program assignments, and facility placement. Final approval is made by the director of the intake facility. Thus, the final custody level may change from what was reported to the prisoner during the interview with the case analyst.

Assigning the Prisoner to a Facility

The approved custody level and facility recommendations are electronically forwarded to the central office for review and processing. The central office controls facility assignments and prisoner transfers. The classification staff at the intake centers reported that they frequently recommend custody overrides, particularly for female prisoners. Staff reported that the classification system overestimates the risk women pose to the safety and security of prison staff and that the system does not provide adequate information for assigning women to specific housing units, programs, and/or jobs.

Processing Time and Flexibility

The normal processing time for the intake process is 10 days. Several factors may delay or expedite the process. The lack of space at the intake center or placing the prisoner in a work-release facility will expedite the process. Staff shortages for case analysts and special mental health, medical, and/or substance abuse assessments may delay it.

The intake process is modified for prisoners incarcerated for technical violations, safekeeping, and court evaluation. The custody reclassification instrument is used to determine the custody level of prisoners incarcerated for technical violations. A significant amount of the case history materials is prepared prior to the arrival of such prisoners at the intake center, thus the process can be expedited. Furthermore, prisoners incarcerated for technical violations of community supervision do not retake the academic achievement, psychological, and substance abuse tests, and prisoners committed for safekeeping or a court diagnostic evaluation do not undergo the full intake process (i.e., a custody assessment is not completed).

When asked about what changes, if any, could be made to improve the system, staff indicated the importance of speed, both slow and fast. Making improvements to the MIS could make the process more efficient. They also recommended adding more assessments of prisoners' vocational training, aptitude, anger management, parenting, and other life skills. Although these assessments may slow down the process, staff believed they would provide more comprehensive evaluations of prisoners' needs.

Operating multiple intake facilities has both advantages and disadvantages. More intake facilities equate to greater flexibility for processing prisoners based on risks and special needs, to lower transportation costs, and to more prisoners remaining closer to home. Disadvantages include inconsistencies in the type and quality of assessments.

Classification

NC DOC developed its objective classification system in 1984. The classification system was modeled after the NIC institutional classification system. The Classification Services Office within the central office is responsible for developing, implementing, training, overseeing, and managing the classification functions of the department.

In 1998, the Director of the Division of Prisons appointed a multidisciplinary Custody Classification Task Force "to review and revise, as needed, the custody classification process"³⁰ because of changes in prisoner profiles and their institutional adjustment, modifications of North Carolina's parole release practices, reorganization of the Division of Prisons, population and resource needs projections, and public perceptions. The task force reviewed the initial and reclassification

More intake facilities equate to greater flexibility for processing prisoners based on risks and special needs, to lower transportation costs, and to more prisoners remaining closer to home.

The classification system is an objective risk-based system that was designed to address multiple safety goals, discourage negative behaviors, and encourage program participation and rule compliance.

instruments, examined the classification rules and policies, discussed the management of prisoners serving long-term and life sentences, and studied ways to more effectively use the MIS for classification and needs assessment purposes. Based on the task force's report and recommendations, the classification system was updated.

Initial Classification

The classification system is an objective risk-based system that was designed to address multiple safety goals, discourage negative behaviors, and encourage program participation and rule compliance. It strives to place the prisoner in the least restrictive custody level according to his/her risk to the safety of the institution and risk of escape. The classification system relies on objective and reliable procedures throughout the entire process and considers—

- ◆ Outcomes: prediction of institutional misconduct, both serious and minor infractions.
- ◆ Safety: consideration of past behavior, as demonstrated by current offense, severity of prior convictions, institutional violence, and/or escape history.
- ◆ Individual adjustment: dynamic risk factors that change throughout the period of incarceration to better reflect changes in the prisoner's threat to safety and institutional performance, both positive and negative.³¹

Classification is fully automated. The computer system scores prisoners during the initial intake process on eight objective risk factors: severity of primary conviction, severity of the secondary conviction (if applicable), institutional violence, escape history, number of prior felony convictions, disciplinary infractions, time remaining to serve, and current age. The score determines the prisoner's custody level (i.e., minimum, medium, or close).³² The same custody risk factors are used for adult prisoners and youthful prisoners. However, the custody rating scale differs for the two populations.

Aside from custody level, the case analyst also recommends a facility placement as part of classification. The facility placement recommendation addresses custody, program, medical, mental health, and dental needs; case management/case planning; and other specific prisoner or institution needs.

The system provides for mandatory overrides based on the prisoner's legal status (i.e., detainer/pending charge), current offense, institutional misconduct, and time to serve. Mandatory override factors are identified electronically by the MIS and serve as rationales for modifying the custody level. Discretionary overrides are permitted based on the prisoner's assault history, mental health, physical health, nature of current offense, special program needs, risk to the community, time to serve, and other variables. Multiple levels of review are required for all overrides.

NC DOC's MIS also generates periodic and special reports on the intake and classification processes to track the number and type of admissions, the custody

distributions at initial classification and reclassification, the number and type of custody overrides, and the rates of institutional misconduct by custody level. Ongoing classification system maintenance activities include annual onsite classification audits, periodic training, and developing new and improved links among the intake and classification processes and other DOC systems.

Reclassification

The reclassification process parallels the initial classification process. Regularly scheduled custody assessments are conducted as part of the prisoner's annual review. Special reassessments also are conducted following serious institutional misconduct, significant changes in the prisoner's needs, time credits, escape time, sentence modifications, detainers, prerelease applications, unusual incident reports, transfer requests, and, as needed, to ensure the safety and security of the facility. Reclassification is based on the severity of the primary conviction, severity of the secondary conviction, institutional violence, escape history, number of prior felony convictions, time remaining to serve, portion of sentence served, current age, and job/program performance. As with the initial classification, these risk factors are tallied to create a custody level score. Mandatory and discretionary override factors are considered and reviewed.

Needs Assessment

The needs assessment affects the treatment program, facility, and housing unit to which the prisoner is assigned. The NC DOC's initial needs assessment examines several potential problem areas, including medical, mental health, substance abuse, employment, and language (English as a second language) needs. Exhibit 12 summarizes the needs areas assessed by the NC DOC as part of the initial intake process.

Assessments of six needs areas are mandatory: medical (including dental), mental health, education, alcohol and drug abuse, and work. Depending on the prisoner's age and results of the mental health screen, clinical interview, and standardized tests, his/her vocational aptitude, financial management, compulsive behaviors, anger management, sex behavior, aging, and life skills needs also are assessed. Parenting skills are assessed for female prisoners based on their criminal and social histories or on request for services. The admission technician and case analyst are responsible for identifying potential problems and referring prisoners for more in-depth assessments by the medical, mental health, and/or education staff.

NC DOC is required by law to assess the special education eligibility of youthful prisoners and to determine whether they had individual education plans (IEPs) while attending school. Participation in education programming is mandatory for youthful prisoners who have not graduated from high school or received their general equivalency degree.

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Exhibit 12. North Carolina's Needs Assessment Components

Needs Areas	Conducted	Who Is Assessed?	Personnel Responsible for Assessment	Instrument(s)	How Are Data Used?
Medical and dental	Yes; mandatory	All prisoners	Medical staff	Physical exam; not validated	Treatment, housing, and facility
Mental health	Yes; mandatory	All prisoners	Psychologist	MMPI and clinical interview; not validated	Treatment, housing, and facility
Education	Yes; mandatory	All prisoners	Case analyst	WRAT and TABE; validated	Programming
Alcohol abuse	Yes; mandatory	All prisoners	Chemical dependency staff	SMAST and CDST; validated	Treatment
Drug abuse	Yes; mandatory	All prisoners	Chemical dependency staff	SMAST and CDST; validated	Treatment
Work	Yes; mandatory	All prisoners	Case analyst	Interview; not validated	Jobs
Vocational training	Yes; not required	As needed	Vocational technician	GATB; validated	Prerelease
Financial management	Yes; not required	As needed	Case analyst	Social history; not validated	Programming
Compulsive behaviors	Yes; not required	As needed	Psychologist	Clinical interview; not validated	Treatment
Anger management	Yes; not required	As needed	Psychologist	Clinical interview; not validated	Treatment
Sex offender	Yes; not required	Based on current crime and criminal history	Psychologist	Rapid Risk Assessment for Sex Offender Recidivism; validated	Treatment
Parenting	Yes; not required	Females	Mental health staff	Criminal and social histories; not validated	Programming
Aging/elderly	Yes; not required	As needed, per mobility and age	Medical staff	Physical exam; validated	Housing and facility
Life skills	Yes; not required	As needed	Psychologist	Clinical interview; validated	Programming
English as a second language	Yes; not required	Foreign language	Case analyst	ESLOA; validated	Treatment, housing, and facility
Special education	Yes; not required	Education test scores	Education staff	WRAT and TABE; validated	Treatment, housing, and facility

As a product of the intake process, the case analyst generates an initial custody referral that lists the various programs and services necessary to address the prisoner's needs. The initial custody referral is a short narrative about the prisoner. It includes the prisoner's—

- ◆ Demographic and identification data.
- ◆ Custody assessment.
- ◆ Offense, education, work, and social histories.
- ◆ Institutional adjustment (previous and current).
- ◆ Medical needs and restrictions.

The initial custody referral includes the case analyst's custody level, programming, and facility recommendations and is electronically stored in the MIS.

Based on the initial custody referral, the case manager at the long-term facility develops a case management plan that specifies the program assignments and their sequence. The prisoner has input into the needs assessment and case management processes through interviews with the case analyst and monthly meetings with his/her case manager at the long-term facility. The case management plan is updated if the prisoner receives a serious disciplinary report, completes a program, receives a new sentence, and/or requests a change.

When asked about what changes, if any, could be made to improve the needs assessment and/or case management process, the NC DOC staff indicated that the intake process should be extended to provide more thorough assessment of the prisoner's needs. Furthermore, they suggested that extensive training should be provided to case analysts and case managers that address interviewing, counseling techniques, and needs identification and that caseloads should be reduced to provide more time for individualized counseling. The NC DOC plans to further develop its automated system for reviewing case management plans and tracking prisoner progress, auditing case management plans to ensure quality control and accountability among the case workers, and departmental planning and evaluation of programming to ensure the system is responsive to the needs of the prisoner.

seven

CHAPTER

Implications of the Research

The diverse facilities, populations, factors, and models presented by the various states suggest that there is still much to learn about prison intake systems. Several states are now experimenting with a more comprehensive approach to systematic risk and needs assessment. The data suggest that better integration of the institutional and community risk, needs assessment, and case management processes and planning is needed to maximize resources, to ensure the safety and security of correctional systems and communities, to better prepare prisoners for their release, and to support the communities to which they are released.

Aided by the ideas gleaned in this study, future technical assistance efforts will be able to focus on helping states develop intake systems that are both practical and feasible given the harsh realities of greater populations and fewer resources. Just as researchers dependably call for more research, correctional administrators are consistently asked to do more with less. Scarce resources should provide maximum returns. Therefore, future initiatives should concentrate on models that require reasonable efforts in terms of staff training, tool validation, and process implementation.

Future initiatives should concentrate on models that require reasonable efforts in terms of staff training, tool validation, and process implementation.

Notes

1. *External classification systems* objectively assess the level of risk that a prisoner poses to the safety of corrections staff, other inmates, and self. They determine the amount/degree of supervision (minimum, medium, close, maximum) required for the prisoner to ensure protection of the community, other prisoners, and staff, with regard to day/night movement, general surveillance, access to programs and jobs, intrafacility movement, and being escorted outside the institution. Designed to complement external classification systems, *internal classification systems* guide housing, program, and work assignments for prisoners who share a common custody level within a particular facility. In short, external classification systems influence interinstitutional placements, whereas internal classification systems focus on intrainstitutional placement and program assignments.

2. For more information on internal prison classification systems, see Hardyman, P., J. Austin, J. Alexander, K.D. Johnson, and O. Tulloch, 2002, *Internal Prison Classification Systems: Case Studies in Their Development and Implementation*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

3. Many states have abolished parole and use a form of supervised release, whereby prisoners are released and placed on conditional release or postimprisonment supervision. Postimprisonment supervision is a form of supervised release that may be imposed by a court during initial sentencing. Unlike parole, the time associated with this type of release does not replace a portion of the prison sentence. Instead, it is a period of supervision served in addition to the time imposed by the prison term. Failure to comply with rules of the release/supervision can result in reincarceration.

4. Bloom, B., B. Owen, S. Covington, and M. Raeder, 2003, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

5. Colorado Department of Corrections, June 2002, <http://www.doc.state.co.us/statistics/2GSRE.htm>.

6. These numbers do not correspond exactly with the numbers presented in exhibit 1 because of the manner in which they were collected. The information in exhibit 1 was obtained through onsite research interviews, and the numbers presented here reflect official statistics from CO DOC (June 2002, <http://www.doc.state.co.us/statistics/2GSRE.htm>).

7. Austin, J., J. Alexander, S. Anuskiewicz, and L. Chin, 1996, *Evaluation of Colorado Department of Corrections Classification System*. San Francisco: National Council on Crime and Delinquency.

8. Van Voorhis, P., J. Pealer, G. Spiropoulis, and J. Sutherland, 2001, *Validation of Prisoner Custody Classification and Needs Assessment Systems for Incarcerated Women Prisoners in the Colorado Department of Corrections*. Washington, DC: National Institute of Corrections.

Notes

9. Andrews, D., and J. Bonta, 1995. *The Level of Supervision Inventory—Revised (LSI–R)*. North Tonawanda, NY: Multi-Health Systems. The 10 LSI–R subscales are education, employment, financial, family/marital, prosocial/antisocial living conditions, use of leisure time, alcohol and drug use, prosocial/antisocial companions, emotional health, and prosocial/antisocial attitudes.
10. The gender-specific classification system developed with the assistance of Dr. Patricia Van Voorhis included some of the LSI–R subscales as custody risk factors; however, the CO DOC has not approved the instrument.
11. Washington State Institute for Public Policy, 2002, *Washington’s Offender Accountability Act: An Evaluation of the Department of Corrections’ Risk Management Identification System*, Olympia, WA: Washington State Institute for Public Policy.
12. Washington Department of Corrections, August 2002, <http://www.wa.gov/doc/planningresearch/secstats.htm>.
13. Ibid.
14. Washington Department of Corrections, 1996, *Classification Policy No. 300.380*, Olympia, WA: Secretary of the Department of Corrections.
15. WCCW has a privately funded nursery program in which prisoners participate in parenting classes prior to the birth of a child and care for the child up to 18 months after its birth. In addition, WCCW is developing a family visitation program in which children have overnight visits with their mothers.
16. Pennsylvania Department of Corrections, August 2002, <http://www.doc.state.pa.us>.
17. Ibid.
18. Part I offenses include murder, manslaughter, homicide by vehicle, forcible rape, robbery, aggravated assault, burglary, theft/larceny, and arson. Part II offenses include other assaults, forgery, fraud, receiving stolen property, weapons-related violations, drunk driving, prison breach, kidnapping, statutory rape, deviate sexual intercourse, other sex offenses, narcotic law violations, and others.
19. Pennsylvania Department of Corrections, 2003, *Diagnostic and Classification Process*, Camp Hill, PA: Pennsylvania Department of Corrections.
20. The sentence calculation sheet projects the prisoner’s release date.
21. The identification face sheet is a one-page summary about the prisoner. It includes his/her name, identification number, picture, birth date, crime, sentence, admissions data, and physical identifiers (e.g., scars and tattoos). The sheet is generated electronically from the information collected during the first day.

22. Harrison, W.A., February 2002, "Pennsylvania Additive Classification Tool: PACT," presentation at National Institute of Corrections Objective Classification Training, Longmont, Colorado.

23. Pennsylvania Department of Corrections, 1996, *Classification Policy No. 11.3.1*, Camp Hill, PA: Pennsylvania Department of Corrections.

24. The Criminal Sentiment Scale-Modified (CSS-M) includes 41 items/questions that measure attitudes, values, and beliefs related to criminal behavior. It includes five subscales: attitudes toward the law, courts, and police; tolerance for law violations; and identification with other criminals. For additional information on the CSS-M, contact Dr. David Simourd at dave@acesink.com. The Hostile Interpretation Questionnaire (HIQ) includes four subscales that measure components of hostility (attribution, external blame, hostile reaction, and overgeneralization) and five subscales that assess the social context that elicits hostility (acquaintance, anonymous, authority, intimate/family, and work). For additional information on the HIQ, go to <http://www.acesink.com>.

25. North Carolina Department of Correction, August 2002, <http://www.doc.state.nc.us>.

26. The other/public order offenses included driving while impaired, traffic violations, habitual felony, and other public order crimes.

27. North Carolina Department of Correction, August 2002, <http://www.doc.state.nc.us>.

28. AFIS is a computer-managed system that captures images of the subject's two index fingers and face. It provides an electronic record of the images in a way that they can be compared with other fingerprint and facial images. Obtained through AFIS, LiveScan provides an inkless fingerprint that can be transmitted electronically for storage in state and national fingerprint databases.

29. The NC DOC is converting to SASSI as its substance abuse assessment tool. However, as of spring 2002, not all of the intake centers were using SASSI.

30. North Carolina Department of Correction, Office of Research and Planning, 2000, *North Carolina Department of Correction Division of Prisons Custody Classification Task Force: Final Report*. Raleigh, NC: North Carolina Department of Correction.

31. *Ibid.*, p. 4.

32. The NC DOC has maximum control units; however, placement of the inmate in maximum control requires a recommendation by the classification committee and approval by the central office. Thus, the inmate's score on the custody factors alone do not place him/her into maximum control.

Appendix A

Colorado Department of Corrections
Admission Data Summary and
Diagnostic Narrative Summary

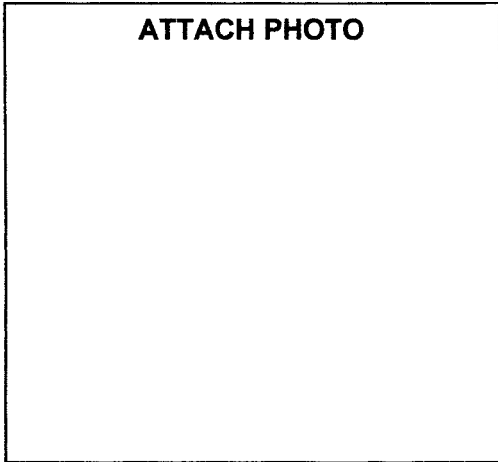
STATE OF COLORADO
DEPARTMENT OF CORRECTIONS

ADMISSION DATA SUMMARY

IDENTIFICATION DATA

Confidential

Date of Report: _____
Date of Interview: _____



Name: _____
DOC NO: _____ FBI NO: _____ SSN: _____
AKA: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Sex: _____
DOB: _____ Birthplace: _____
Age: _____ Complexion: _____ Ethnicity: _____ Citizenship: _____
Security Threat Group: _____
Marks and Scars: _____

SENTENCE DATA

Receipt: _____ Admission Date: _____ Parole Eligibility Date: _____ Sentence Discharge Date: _____
Sentencing County: _____ Sentence Date: _____ Sentence Effective Date: _____ Pre-Sentence Confinement: _____ Days _____
Judge: _____ District Attorney: _____ Defense Attorney: _____
Co-Defendant(s): _____

Offense	Class	Docket Number	Offense Date	Sentence (Yr-Mo-Da)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALERT DATA

Comments: _____
Academic/Vocational: 3/4 _____ Medical/Dental: 1/4 _____ Work: _____ Substance Abuse: _____ Sexual Violence: _____ Assault: _____
Psychological: _____ Leisure: _____ Pre-Release: _____ Conduct: _____ MR/DD: _____
Detainer Juris/Warrant: _____
Pending Charges: _____

HISTORICAL CRIMINAL DATA

Felony Arrests: _____ Misdemeanor Arrests: _____ Prior Probations: _____ Probation Revocations: _____
Prior Paroles: _____ Parole Absconds: _____ Parole Revoc.: _____ Community Placements: _____ Community Revocations: _____
Prior Escapes: _____ Through Security: _____ Walk Away: _____ Last Escape Date: _____ Last Escape Location: _____

Type	Year	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL DATA

Emergency Notification: _____ Phone number: _____
Address: _____
Last Place of Residence: _____ Marital Status: _____ Dependents: _____
Military (Branch): _____ Dates: _____ Discharge: _____ Viet Vet? _____ Religion: _____
Intelligence Level: _____ Claimed Education Level: _____ Apticom _____ Math: _____ Language: _____
Occupation: _____

Note: THIS SENTENCE DATA DOES NOT INCLUDE ANY CHANGES MADE AFTER DATE OF REPORT.
CONTACT LOCAL RECORDS OFFICER FOR CURRENT INFORMATION.

**STATE OF COLORADO
DEPARTMENT OF CORRECTIONS
DIAGNOSTIC NARRATIVE SUMMARY**

NAME: _____ DOC NO: _____

NOTE:

MR. JOHN DOE IS A NEW ARRIVAL. THERE IS A PARTIAL PSIR AVAILABLE.

V. WORK:

<<< INFORMATION AS OF April 15, 2002>>>

A. Employment

Reported Job Skills: Security, bag handled, food services

Last Job: airlines

When/length: January 2001 to October 2001

Work Patterns: Sporadic

B. ADDITIONAL INFORMATION: He reported he has never been fired from a job. His longest job lasted for nine months. His most recent employment involved temporary day labor.

C. RECOMMENDATIONS: Work consistent with age/physical condition.

VI. ACADEMIC/VOCATIONAL:

<<< INFORMATION AS OF April 15, 2002>>>

A. EDUCATION

HSD / GED / NONE: None

Verified: Yes/ by offender

B. TESTING

Culture Fair IQ Screening: 89 / low average

TABE: Reading 12.0, Language 10.0, Math 7.5, Total 9.9

C. ADDITIONAL INFORMATION: MR. Doe reported he completed the ninth grade at XXXXXX High School, in XXXXX, CO. He reported he was never expelled from school.

D. RECOMMENDATIONS: Refer to Acad/Voc Screens in QTADS

VII. MENTAL HEALTH

<<< INFORMATION AS OF April 15, 2002>>>

The following information was obtained through inmate report, the Millon Clinical Multiaxial Inventory – III (MCMI – III), the PSIR and other named sources.

A. PSYCHIATRIC HOSPITALIZATIONS: NO

B. MENTAL HEALTH TREATMENT: NO

C. PSYCHOLOGICAL MEDICATIONS: NO

D. SELF DESTRUCTION: NO

E. PSYCHOLOGICAL TEST RESULTS: The personality test profile suggests that this SELF-CENTERED inmate has very large ego. He sees himself as an important and special inmate. He is demanding and becomes upset when his status is threatened. He is most likely to who what you if you are very FIRM and remind him of the consequences of negative behavior.

F. RATINGS

P-1, No treatment needs
As-1, No treatment needs

G. ADDITIONAL INFORMATION: Mr. Doe reported he has had no mental health intervention in his lifetime. He reported he is adjusting well to his current incarceration. He reported he was arrested on a domestic violence incident which required his participation in domestic violence/anger classes. He failed to attend.

H. RECOMMENDATIONS: Referral for Evaluation: NO

SUBSTANCE ABUSE:

<<< INFORMATION AS OF April 15, 2002>>>

A. RATING: Substance Level 4, Moderately-Severe treatment needs

B. ILLEGAL DRUGS USED

Current Offense Drug Related: YES
List drugs: Methamphetamine/ Marijuana/ LSD
Age of first use: 15
Last use: 1999/ per offender
Drug of preference: Marijuana
Frequency: Occasional
Type of Use: Smoke
Positive UA / Drug Use under supervision: None reported by the offender.

C. ALCOHOL

Current Offense Alcohol Related: NO
Age of first use: 15
Last use: October 2001 on 21st birthday
Preference: Beer
Frequency: Rare
Positive BA / Alcohol Use under supervision: None reported.

D. TREATMENT HISTORY: YES/ AT XXXXXX Counseling. He attended Level II education and therapy from October 9, 1998 through February 27, 1999. Records indicated he completed 5 sessions during that time.

E. ADDITIONAL INFORMATION: Mr. Doe has an active drug related felony involving possession of Methamphetamine. He has a juvenile adjudication on a drug offense. He also reported one misdemeanor drug related conviction.

F. RECOMMENDATIONS: Referral for Evaluation: YES

SEXUAL ADJUSTMENT:

<<< INFORMATION AS OF April 15, 2002>>>

A. RATING: S-1, No treatment needs

B. CURRENT OFFENSE: NO

C. PREVIOUS TREATMENT: None attended

D. ADDITIONAL INFORMATION: Mr. Doe appears to have no sex related offenses.

E. RECOMMENDATIONS: Referral for Evaluation: NO

VIII. MEDICAL

<<< INFORMATION AS OF April 15, 2002>>>

- A. RATING: Listed on the ADS
- B. ADDITIONAL INFORMATION: Mr. Doe complained of no medical problems.

IX. CONDUCT

<<< INFORMATION AS OF April 15, 2002>>>

- A. DISCIPLINARY ACTIONS:
Code of Penal Discipline Violations: NO
County Jail Incident Reports: NO
- B. PRIOR SENTENCES ON CURRENT CONVICTION:
Deferred judgement & sentence: NO
Probation sentence: NO
Community corrections sentence: NO
- C. REVOCATION ON PRIOR FELONY CONVICTIONS: NO
- D. CUSTODY ISSUES
CO-DEFENDANTS: YES
Name: XXXXX XXXXX
Department of Corrections #: XXXXXX / DRDC Unit I / No problems reported
Enemies/custody issues: NO
Family incarceration: NO
Family working in dept. of corrections: NO
- E. ESCAPE/ABSCOND:
History of Abscond / Escape from Supervision: NO
When / Where: None reported
Any Escape with Violence: NO
Additional Escape Risk Factors: Mr. Doe has a long history of failing to appear to court hearings, resulting in warrants being issued.
- F. DISRUPTIVE GROUP: NO
- G. VICTIM PRONE: YES, first incarceration.
- H. BOOT CAMP:
Eligible: Yes
Volunteer: Yes
Why ineligible: N/A
- I. CUSTODY LEVEL
Scored Custody Level: Minimum-Restrictive
Override Requested: Yes / for boot camp placement
Current Felony Violent for Classification: NO
Justification: Drug related felony

SOCIAL SUMMARY

<<<INFORMATION AS OF APRIL 15, 2002

- A. DEFENDANT INFORMATION: The reader is referred to the ADS for the following information: Date of Birth, Place of Birth, Number of Dependents, Marital Status, Religious Preference, Military Information, and Emergency Notification Name, Relationship.

B. FAMILY INFORMATION

Childhood Adjustment: Good
Father Name and Location: XXXX XXXXX / XXXXXX, Colorado
Mother Name and Location: XXXX XXXXX / see ADS emergency notification section.
Number of Siblings & Location: 1 brother / 1 sister / with his mother, XXXXX area.
Spouse of Significant Other's Name & Location: XXXX XXXXXXX
Number of Children & Ages: Currently 6 months pregnant.
Recreational Preference Prior to Incarceration: Computers/ Handball/ Volleyball

C. ADDITIONAL INFORMATION: His parents divorced when he was age five. He has a distant relationship with his father, and has a good relationship with his mother and siblings. He reported his relationship with XXXXX is very good.

CURRENT CRIMINAL HISTORY

<<<INFORMATION AS OF APRIL 15, 2002

A. CURRENT OFFENSE (S):

** County: Jefferson
Docket #: XXXXXXXXXXXX
Conviction: I. Possession with Intent to Distribute a Schedule II Controlled Substance / IV. Theft \$100 - \$500
Class Felony: F3 / M2
Sentence: I. 6 years DOC / IV. 6 months County Jail Concurrent
PSIR available: YES, but every other page
Original Charge Violent: NO
Date of Offense: 06-04-2000 to 06-11-2000
Victim: N/A

Brief Description of Offense According to the PSIR and the Inmate: Mr. Doe and co-defendant XXXX XXXXX were contacted by police of the west metro drug task force. Mr. Doe had a backpack that contained a video, U.S. currency, and Methamphetamine. The Misdemeanor Theft case involved the pawning of a ring that belonged to his Grandmother. He reported the ring was given to his mother by this grandmother. The ring was recovered.

B. OTHER ACTIVE CASES: NO

C. DETAINERS / WARRANTS:

**County: Denver
Docket #: XXXXXXXXXXXX
Conviction / Charges: Contempt of Court / False Reporting
Class Felony: N/A
Sentence: Fine / warrant valid in Denver only.
Date of Offense: Not reported
Source: RAP sheet

Brief Description of the Offense According to the PSIR or the Inmate: No information available. Mr. Doe reported he has paid the fine.

D. PENDING CHARGES / REVOCATIONS: NO

E. INS HOLD: NO

F. ADDITIONAL INFORMATION REGARDING RESTRAINING ORDERS: NO

PREVIOUS CRIMINAL HISTORY

<<<INFORMATION AS OF APRIL 15, 2002

A. JUVENILE

Age of First Arrest: 14
Juvenile Arrests / Convictions: YES / drugs, theft
Juvenile Incarceration (s): NO

B. PRIOR ADULT FELONY CONVICTIONS: NO

- C. PATTERNED ADULT CRIMINAL HISTORY: Drug related offenses
- D. ADDITIONAL INFORMATION: Mr. Doe appears to have no prior adult felony convictions.
- E. OTHER ADULT CRIMINAL HISTORY: Refer to the ADS

Assessed by:

XXXXXX XXXXXXXX
CO III – Specialist/Programmer

XXXXXX XXXXXXXX
Manager – Assessment & Classification Section

xc: W & D Files
Mental Health
Jefferson County
Judge XXXX, XXXXX
Docket: XXXXXXXXXX
XXXXXXXXXX

04/15/2002 10:57:18 xxx

Appendix B

Washington Department of Corrections Risk Management Identification Worksheet



DATE:	RMI LEVEL: RM-	VERRIDE REQUESTED: YES	NO
OFFENDER NAME:		LSI-R SCORE:	DOC NUMBER:
STAFF NAME:		SEX OFFENDER NOTIFICATION LEVEL:	

I. Risk Management A Offenders (RM-A)

A. LSI-R 41+ and Violent

- | | | |
|---|----|-----|
| 1. Does the offender have an LSI-R score of 41 or over? | No | Yes |
| 2. Does the offender have a past or current conviction on the Felony Index of Violent and/or Serious Violent Offenses (or comparable offense from another state)? | No | Yes |
- List conviction(s), date, and source:

If both 1 and 2 are Yes, check this box

B. Level III Sex Offender

- | | | |
|---|----|-----|
| 1. Has the offender been designated as a Level III sex offender by the End of Sentence Review Committee (ESRC)? | No | Yes |
| 2. If the offender has been convicted of a sex offense and was not sentenced to a Washington state prison, or the sex offender notification level was not set by the ESRC, has he/she been designated as a Level III sex offender by local law enforcement? | No | Yes |

If both 1 and 2 are Yes, check this box

C. Dangerous Mentally III Offender (DMIO)

Has the offender been designated to be a DMIO by the Statewide Multi-Service Review Committee?

If Yes, check this box

Violent Act: Did the offender commit a violent act that resulted in physical injury or a sexual assault against the victim?

No Yes

Describe act(s)/injury:

Been requested

If Violent Act is Yes, check this box

D. Stranger Violence

- | | | |
|---|----|-----|
| 1. Did the victim of the sexual assault/violent act know the offender for less than 24 hours? | No | Yes |
| 2. Did either the offender or the victim not know basic information about the other? | No | Yes |
| 3. Has the offender committed two or more aggressive acts, separated by time and/or place, which included threats of violence and/or threats with a weapon against strangers? | No | Yes |

Describe acts/threats:

Been requested: No Yes

If Violent Act is Yes and 1 or 2 is Yes, or Violent Act is No and 3 is Yes, review the Criteria Guidelines and Tips.

Does the Stranger Violence designation still apply? No Yes

E. Predatory Violence

- | | | |
|--|----|-----|
| 1. Did the offender use a position of public trust to facilitate the sexual assault/violent act? | No | Yes |
|--|----|-----|

- 2. Did the offender develop the relationship for primary purpose of victimization? No Yes
 - 3. Did the offender observe the victim for a period of time to learn their movements, patterns, and habits prior to committing the sexual assault/violent act? No Yes
- List source of information:
Been requested: No Yes
- If Violent Act is Yes and 1 or 2 or 3 is Yes, review the Criteria Guidelines and Tips.
- Does the Predatory Violence designation still apply? No Yes

F. Vulnerable Victimization

- 1. Has the offender committed a sexual assault/violent act in which the victim was 5 years old or younger? No Yes
- Age of Victim:
- 2. Was the victim of the sexual assault/violent act selected due to visible disability such as in a wheel chair, using crutches, Downs Syndrome, etc.? No Yes
- Describe disability:
Been requested: No Yes
- If Violent Act is Yes and 1 or 2 is Yes, review the Criteria Guidelines and Tips.
- Does the Predatory Violence designation still apply? No Yes

G. Hate Crimes

- 1. Has the offender committed a violent act or made threats of violence against a person, group or institution, which was motivated in whole or in part, by the offender's bias, against a race, religion, disability, sexual orientation, or ethnicity/national origin? No Yes
- List source of information:
- 2a. Is the offender a member of an organization whose primary purpose is to promote animosity, hostility, and/or malice, motivated in whole or in part by the organization's bias, against a race, religion, disability, sexual orientation, or ethnicity/national origin? No Yes
- List organization offender is a member of?
Source of information:
List group offender targeted:
Source of information:
- 2b. Has the offender played a primary role in their organization, planning activities that have resulted in violence? No Yes
- Describe activities:
Source:
Been requested: No Yes
- If Violent Act is Yes and 1 or 2a and 2b are Yes, review the Criteria Guidelines and Tips.
- Does the Hate Crime designation still apply? No Yes

H. Imminent Threat

1. Is the offender currently demonstrating fixated/threatening behavior toward past or future victims? No Yes
Describe threatening behavior and target victim:
2. Is the offender's current conviction for domestic violence or sexually assaultive behavior AND the offender continues to pursue a relationship with the victim, with or without the victim's consent? No Yes

If 1 OR 2 is Yes, check this box

II. Risk Management B Offenders (RM-B)

A. High Need RM-B

1. Has the offender's high level of needs been identified by a qualified service provider? (This may include seriously mentally ill and developmentally disabled offenders.) No Yes
2. If 1 is Yes, does the provider indicate the offender requires ongoing services in order to transition to, or be maintained in the community? No Yes
List name(s) and location of provider:
List the offender's need of special services (e.g. mental health, medical, DD) and type of services required.
Been requested No Yes

If 1 AND 2 are Yes, check this box

B. LSI-R Score

1. Does the offender have an LSI-R score of 41 or over without a conviction on the Felony Index of Violent or Serious Violent Offenses (comparable offense from another state)? No Yes
2. Does the offender have an LSI-R score of 32 to 40, with a conviction on the Felony Index of Violent or Serious Violent Offenses (comparable offense from another state)?
Conviction:

If 1 OR 2 is Yes, check this box

C. ISRB

1. Is the offender under the jurisdiction of the ISRB? No Yes

If 1 is Yes, check this box

D. Level II Sex Offender

1. Has the offender been designated as a Level II sex offender by the End of Sentence Review Committee (ESRC)? No Yes
2. If the offender has been convicted of a sex offense and was not sentenced to a Washington state prison, or the sex offender notification level was not set by the ESRC, has he/she been designated as a Level II sex offender by local law enforcement? No Yes

If 1 OR 2 is Yes, check this box

E. RM-B Level I Sex Offender

1. Is the offender a Level I Sex Offender whose Judgment and Sentence or OAP requires him/her to participate in a sexual deviancy evaluation/treatment? No Yes

- 2. Is the offender a Level I Sex Offender who is out of compliance with his/her treatment obligations and/or OAP conditions related to targeted risk factors? No Yes
- 3. Is the current offense a SSOSA sentence in which the offender has been in treatment less than 6 months? No Yes

If 1 and 2 are Yes, or 3 is Yes, check this box

F. Domestic Violence

- 1. Is the offender's current offense Domestic Violence related and an assessment of imminent risk has not yet been determined? (for Offenders residing in the community or jail (not prison) only) list current DV related offense: No Yes
- 2. Does the offender have two or more Domestic Violence related arrests within the past five years, while living in the community? No Yes
- 3. Does the offender have an LSI-R score of 32 or greater? No Yes
- 4. Does the offender meet all three of the following criteria? No Yes
 - a) Childhood history of witnessing or being the victim of Domestic violence? No Yes
 - b) History of alcohol abuse? No Yes
 - c) Any history of violence outside of a domestic relationship? No Yes

If 1 is Yes, or 2 and 3, and all of 4 are Yes, check this box

III. Risk management C Offenders (RM-C)

A. LSI-R Score

- 1. Does the offender have an LSI-R score of 32 to 40, without a Conviction on the Felony Index of Violent or Serious Violent Offenses? No Yes
- 2. Does the offender have an LSI-R of 24 to 32? No Yes

If 1 OR 2 is Yes, check this box

If the sex offender notification level was not set by ESRC or local law enforcement, request the information from law enforcement, indicate the date requested and source of information requested from on the last page, and consider the offender Level I, until the notification level has been set.

B. RM-C Level I Sex Offender

- 1. Is the offender a Level I sex offender who does not meet the criteria for RM-A or RM-B? No Yes
Been Requested: No Yes
- 2. Is the offender in compliance with the OAP conditions (if any) related to targeted risk factors? No Yes
- 3. Does the offender meet one of the following criteria? No Yes
 - a) Was not ordered sexual deviancy treatment? No Yes
 - b) Has provided written documentation from a certified sexual deviancy provider that treatment is not deemed necessary? No Yes
 - c) Is participating in sexual deviancy treatment? No Yes
 - d) Has successfully completed sex offender treatment, with a certified sexual deviancy provider, since his most recent sex offense? No Yes
 - e) Is not required to register as a sex offender and treatment information is not available. No Yes

If 1 and 2, AND any of 3 are Yes, check this box

C. Domestic Violence

- | | | |
|---|----|-----|
| 1. Does the offender have two or more Domestic Violence related arrests
Within the past five years, while living in the community? | No | Yes |
| 2. Does the offender meet all three of the following criteria? | No | Yes |
| a) Childhood history of witnessing or being the victim of domestic
violence? | No | Yes |
| b) History of alcohol abuse? | No | Yes |
| c) Any history of violence outside of a domestic relationship? | No | Yes |

If 1 and ALL of 2 Yes, check this box

IV. Risk Management D Offenders (RM-D)

To be designated RM-D, an offender must meet the criteria in this section.

- A. Offenders who do not meet the criteria to be assigned to RM-A, RM-B, or RM-C, with an LSI-R score of 0 to 23, will be assigned to Risk Management Level D.

NOTE: Sex offenders will be supervised no lower than RM-C.

If the offender meets this criteria, check this box

DESIGNATED RMI LEVEL:

NOTE: Upon completion of this form, enter the RMI level at the top of the first page.

Will an override be requested? No Yes
Rationale:

Note: Overrides for RM-A/B field cases must be approved by the Field Administrator (FA).
Overrides for RM-A/B prison cases must be approved by the Community Protection Unit (CPU).
Overrides for RM-C/D cases must be approved by the Supervisor with the rationale forwarded to the FA for field cases or CPU for prison cases.

Appendix C

Pennsylvania Department of Corrections Classification Summary



PA DEPT. OF CORRECTIONS
BUREAU OF DATA PROCESSING
REMOTE PRINT TIME 9:52

CLASSIFICATION SYSTEM
CLASSIFICATION SUMMARY

RUN: ZRXXXXX
DATE: 04/16/2001
PAGE: 1

INMATE NAME: DOE, JODI A. SID: 9999999 1
INMATE NUMBER: XX9999 RACE: WHITE SEX: FEMALE DOB: 01/05/1964

INITIAL CLASSIFICATION DATA

DATA ENTERED BY: XXXXX XXXXXXXX

STAFF NAME: XXXXX XXXXXXXX TITLE: CC
CLASSIFICATION DATE: 04/16/2001 RE-CLASSIFY IN 12 MONTHS

CUR OFF(S): CC0003 – MISDEMEANOR I

PRE OFF(S): CC4101 – FORGERY
CC3922 – THEFT BY DECEPTION
CS13A30 – MANUFACTURE/SALE./DELIVER OR POSSESS W/INTENT TO

ESCAPE HISTORY: NO KNOWN ESCAPE HISTORY
INSTITUTIONAL ADJUSTMENT: GOOD
NUMBER OF PRIOR COMMITMENTS: 2
TIME TO EXPECTED RELEASE: THE INMATE HAS 6 MONTHS TO SERVE
AGE: 37
MARITAL STATUS: DIVORCED
EMPLOYMENT: STEADILY EMPLOYED FOR 6 MONTHS OR MORE

RAW SCORE: 10
CUSTODY LEVEL: 2
OVERRIDE CUSTODY LEVEL: NONE
PROGRAM CODES (S); O OBSERVATION

PA DEPT. OF CORRECTIONS
BUREAU OF DATA PROCESSING
REMOTE PRINT TIME 9:52

CLASSIFICATION SYSTEM
CLASSIFICATION SUMMARY

RUN: ZRXXXXX
DATE: 04/16/2001
PAGE: 2

INMATE NAME: DOE, JODI A. SID: 9999999 1
INMATE NUMBER: XX9999 RACE: WHITE SEX: FEMALE DOB: 01/05/1964

INITIAL CLASSIFICATION DATA
NEEDS ASSESSMENT SUMMARY

DATA ENTERED BY: XXXXX XXXXXXX

EMOTIONAL: ACTIVE PRT AND MH/MR ROSTER – D
DATE OF MOST RECENT S RATING: 12/17/2001
DRUGS: ABUSE- OUTPATIENT SERVICES
D/A SCORE: 5
DETERMINED BY: SELF REPORT D/A TOOL PSI

EDUCATIONAL: GRADE 8 OR BETTER – DID NOT GRADUATE
DETERMINED BY: SELF REPORT

VOCATIONAL: UNSKILLED
DETERMINED BY: SELF REPORT PSI

SEXUAL PROBLEMS: NONE KNOWN
RELATED TO:

REMARKS/OTHER NEEDS:
NEEDS INTENSIVE OUTPATIENT AOD TREATMENT, STRESS/ANGER/SELF-ESTEEM GRPS,
GED/VOCATIONAL COURSES, PARENTING CLASSES, MENTAL HEALTH COUNSELING,
CONSIDER ABUSE TREATMENT.

User Feedback Form

Please complete and return this form to assist the National Institute of Corrections in assessing the value and utility of its publications. Detach from the document and mail to:

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1. What is your general reaction to this document?

Excellent Good Average Poor Useless

2. To what extent do you see the document as being useful in terms of:

	Useful	Of some use	Not useful
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Developing or implementing new programs			
Modifying existing programs			
Administering ongoing programs			
Providing appropriate liaisons			

3. Do you believe that more should be done in this subject area? If so, please specify the types of assistance needed. _____

4. In what ways could this document be improved? _____

5. How did this document come to your attention? _____

6. How are you planning to use the information contained in this document? _____

7. Please check one item that best describes your affiliation with corrections or criminal justice.
 If a governmental program, please also indicate the level of government.

- | | |
|--|--|
| <input type="checkbox"/> Citizen group | <input type="checkbox"/> Legislative body |
| <input type="checkbox"/> College/university | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Community corrections | <input type="checkbox"/> Police |
| <input type="checkbox"/> Court | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Department of corrections or prison | <input type="checkbox"/> Professional organization |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Other government agency |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Other (please specify) |

8. Optional:

Name: _____

Agency: _____

Address: _____

Telephone: _____

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