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Assessing the Role of Clinical and Actuarial Risk Assessment in an Evidence-Based Community Corrections System: Issues to Consider

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THE RISK ASSESSMENT process is undergoing major change in federal, state and local community corrections agencies across the country. New assessment instruments are being introduced, case management systems are being redesigned, and the roles and responsibilities of line staff and management in community corrections agencies are being redefined, in large part due to the application of new, "soft" computer technology in community corrections agencies (Pattavina and Taxman, 2006). As Gottfredson and Tonry (1987) predicted in the late 1980s, "both the literature and practical application of science-based prediction and classification will continue to expand as institutions evolve to become more rational, more efficient, and more just" (vii). While rationality, efficiency, and justice are laudable goals for any criminal justice organization, we suspect that ultimately, it is the effectiveness of the community corrections system—both in terms of short-term offender control and long-term offender change—that really matters to the public, and by extension, to policymakers and practitioners. In the following article, we examine three key issues related to assessing the effectiveness of risk assessment procedures that need to be addressed: 1) evidence-based practice and link between risk assessment and risk reduction, 2) the implications of both actuarial and clinical assessment for line staff and management, and 3) the need to combine individual risk assessment and community risk assessment in the next generation of risk-driven community corrections strategies. We conclude by offering three simple recommendations designed to improve the effectiveness of the risk assessment process in federal, state, and local community corrections agencies.

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Issue 1: Evidence-based Practice and the (Missing) Link Between Risk Assessment and Risk Reduction

When the term "best practices" is used, it typically refers to the results of an evidence-based

We offer this assessment based on two related factors: first, there is a large body of research supporting the notion that an individual's risk of re-offending is affected —both positively and negatively—by the community in which he/she resides while under community supervision (Sampson and Bean, 2005; Sampson and Raudenbush, 2004; Pattavina, Byrne, and Garcia, 2006). Second, the treatment resources available to offenders will also likely vary by the "risk level" of the neighborhood, with higher-risk neighborhoods offering fewer (and lower quality) treatment options to offenders living in these areas (Jacobson, 2006). Accuracy of the *individually-based* risk classification system will likely improve with the inclusion of overall community risk level (high vs. low/medium risk, for example, based on offender density and/or the area's crime rate), along with selected community "risk" characteristics (such as unemployment rate, proportion of residents living in poverty, size/characteristics of first generation immigrant population). Similarly, the accuracy of the individually-based *treatment* classification system (linking offenders at different risk levels to appropriate treatment) would also be improved by an assessment of community risk level, because this classification decision could be based on an assessment of the likely impact of community culture (such as attitudes toward substance use, criminal thinking, etc.) on the attitudes and behavior of offenders residing in "highrisk" and low/medium-risk neighborhoods (Sampson and Bean, 2005).

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Concluding comments

While there have been significant improvements in the individual offender assessment procedures used by community corrections agencies over the past two decades, our brief review suggests the following: 1) we need to conduct high quality experimental research on the effectiveness of both risk and treatment classification systems, using risk reduction as our primary outcome measure; 2) we need to consider simpler alternatives to both the general (e.g. LSI-R) and offender-specific (e.g. mentally ill, substance abuser, sex offender) risk assessment devices; and 3) we need to incorporate community-level risk factors into our current assessment system.

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