

# IMPLEMENTATION OF THE WEST VIRGINIA OFFENDER REENTRY INITIATIVE: AN EXAMINATION OF STAFF ATTITUDES AND THE APPLICATION OF THE LSI-R

## INTRODUCTION

Preparing prisoners for release continues to be of utmost importance to many jurisdictions in the United States. This is partly due to a sustained increase in prison populations across the country. Over the past decade, the number of persons incarcerated in U.S. prisons and jails rose from 1.6 million in 1995 to over 2.1 million persons by midyear 2005 (Harris and Beck, 2006). A consequence to this growth has been a greater number of inmates being released from correctional facilities each year.

Although admissions to state correctional facilities continue to outpace releases, there has been a sustained increase in the number of prisoners released over the past several decades. Moreover, according to figures released by the Bureau of Justice Statistics (BJS), this trend has continued since 2000. In a recent BJS publication on incarceration, Harris and Beck (2006) report that 672,202 prisoners were released from state prisons in 2004, up from 604,858 in 2000. This translates into an increase of 11.1% in the number of inmates released from state prisons over this five year period. Moreover, it is estimated that roughly half of all these prisoners will be reincarcerated within three years of their release (Langan and Levin, 2002).

West Virginia has contributed to the national trend in prison population growth over the past decade. In fact, WV had one of the fastest growing prison populations in the nation in recent years. According to a recent report published by the BJS, WV was ranked third in the nation with an average annual growth rate of 8.2% between 1995 and 2004 (Harrison and Beck, 2005; 2006). As a result, WV's state prison population

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reached 5,312 inmates at the end of 2005. Moreover, the state's prison population is forecasted to continue growing at a rate of 3.2% per a year on average, reaching 6,010 inmates in 2009.

As the prison population in WV continues to grow, the need for effective reentry programming and post-release supervision becomes even more salient. This is primarily due to the large number of serious, high-risk offenders being released into communities across the state every year. In 2005, the Division of Criminal Justice Services (DCJS) estimated that 2,157 inmates were released from WVDOC custody, up from 1,278 in 2000. As a result, the state of WV experienced a 68.8% increase in the number of prisoners released from WVDOC custody between 2000 and 2005 (Lester and Haas, 2006).

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

Against this backdrop, the WVDOC began implementing a new offender reentry program across the state in 2004. The West Virginia Offender Reentry Initiative (WVORI) provides a continuum of services to offenders as they transition from prison to the community. To provide a systematic mechanism for the delivery of transitional services, the WVDOC developed a new case management system that incorporates the use of empirically-based offender assessments as well as innovative prisoner programs and services. WVDOC's Prescriptive Case Management System (PCMS) is designed to enhance inmate readiness for release by prescribing institutional programming and transitional services based on the individual needs of offenders.

WVDOC's approach to offender reentry is guided by a body of research that is generally known as the "what works" literature. This literature describes a series of evidence-based practices that have come to be known as the principles of effective correctional intervention. These principles identify various characteristics of effective treatment programs, including aspects of proper program implementation and service or treatment delivery. Moreover, this

research views the assessment of offender risk and needs as the first step in identifying appropriate interventions and the development of effective treatment and supervision plans. As a result, the assessment of offender risk and needs serves as the foundation for the WVDOC's PCMS.

However, the implementation of a new program is a complex endeavor — even if the new program is rooted in sound, evidence-based practices. Many barriers or impediments to implementation can come into play when an organization begins to launch a new initiative. In the implementation of any new program or approach, it is necessary to obtain agency-wide commitment. An organization must work to get staff buy-in and ensure that staff are adequately trained on the system and processes. In addition, it is critical that an agency ensure that staff can appropriately apply and implement the strategies or approaches that make up the new program (Street, 2004).

Research has consistently shown that the proper implementation of programs is critical for achieving positive outcomes. For instance, those programs or interventions that depart substantially from the principles known to inform effective correctional programming are much less likely to observe reductions in recidivism (Hubbard and Latessa, 2004; Lowenkamp and Latessa, 2005; Wilson and Davis, 2006). As Rhine, Mawhorr, and Parks (2006: 348) point out, "If a program has been unable to adhere to the salient principles in a substantive meaningful way, the expectation of observing a significant decrease in reoffending is predictably diminished." Such departures include the failure to properly assess offenders using valid risk and needs assessments, the inability to maintain staff buy-in or conformity to the new approach, and the inability to provide adequate training, monitoring and supervision of staff responsible for administering the program (Rhine et al., 2006).

Given that staff such as case managers, counselors, and parole officers interact with prisoners on a daily basis, it is critical that they are supportive of new organizational initiatives and are adequately equipped to perform the tasks necessary for proper implementation. Research has consistently shown that staff have the capacity to influence the success or failure of any initiative undertaken by a correctional organization (Cameron and Wren, 1999; Flores, Russell, Latessa, and Travis, 2005; Cagan and Hewitt-Taylor, 2004; Moon and Swaffin-Smith, 1998). Thus, this process evaluation focuses on the impact of both staff attitudes and performance on the implementation of the WVORI. More specifically, this study examines two factors known to influence the successful

implementation of programs — the attitudes of correctional staff and the reliable and valid application of offender risk and needs assessments to inform case planning and programming decisions.

As the second in a series of research publications designed to convey the results of an ongoing process evaluation, the present study builds on recent efforts to examine the impact of correctional staff attitudes on support for the WVORI. In addition to the assessment of correctional staff attitudes, however, this study focuses on the extent to which the WVORI and its related components (e.g., the Level of Service Inventory-Revised and the Prescriptive Case Management System) have been properly implemented. Additionally, this research offers insight into various characteristics of correctional organizations and staff that have been shown to prevent the successful implementation of new programs.

This report begins with a description of the WVORI and the processes that guided its implementation. This discussion is followed by a review of evidence-based practices associated with the successful implementation of correctional programs. In particular, the role of effective classification for informing successful efforts to manage the treatment and supervision of offenders is discussed. Various barriers or impediments to program implementation are also described due to their importance for explaining why many programs fail to be properly implemented. This report concludes with a presentation of the results and a discussion of the report findings in relation to what is known about successful implementation.

### WV's Offender Reentry Initiative: Program Design and Implementation

The WVORI officially began in July 1, 2004. With the initiation of the offender reentry program, the WVDOC revised their mission statement to include the value of providing "opportunities to prepare offenders for successful reentry" upon release. Given the magnitude of changes in programming and case management services under the new reentry initiative, the implementation plan called for the gradual phasing in of offenders who were eligible to participate in reentry services. In July 2004, the WVORI began with all new intake offenders and all offenders currently housed within the WVDOC with parole eligibility dates between 2004 and 2007.

Prior to the implementation of the WVORI, however, WVDOC administrative staff recognized the need for extensive training of corrections personnel charged with the responsibility of conducting the daily activities that comprise the program (e.g., LSI-R,

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*As the prison population in WV continues to grow, the need for effective reentry programming and post-release supervision becomes even more apparent.*

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*Programs or interventions that depart substantially from the principles known to inform effective correctional programming are much less likely to observe reductions in recidivism.*

*Given that staff, such as case managers, counselors, and parole officers, interact with prisoners on a daily basis, they can determine the success or failure of any initiative undertaken by a correctional organization.*

prescriptive case management, Individual Reentry Program Plan, victim safety training, faith-based mentoring and other treatment programs). Thus, training on the new reentry initiative and its components began September 2003 and continued through December 2004. The WVDOC has since completed the training correctional staff on the specific components of the WVORI. As of July 1, 2005, the WVORI became fully operational with all WVDOC inmates with two years or less remaining before release receiving reentry services. Individual reentry plans have also been developed for all inmates.

The WV Offender Reentry Initiative (WVORI) is a structured program to help inmates make a satisfactory transition upon their release from incarceration. It is designed to provide a continuum of reentry services to offenders as they transition from prison to the community. The WVORI includes an institutional phase, a transition period from the institution to parole services, and a community reintegration phase. These three phases are characterized by extensive institution-based programs, enhanced relationships between institution staff and parole personnel, and strong offender ties with community support systems.

The core components of the reentry initiative are a prescriptive case management system (PCMS) and the use of the Level of Service Inventory-Revised (LSI-R).

The WVDOC services provided via the PCMS include assessment, reentry program plans, substance abuse programs, primary treatment services, transition preparation, parole services, and a parole release plan (WVDOC, 2006). Implementation of the WVORI required revision of the basic structure by which correctional services and programs were delivered. The PCMS was developed and implemented to structure reentry planning.

The WVORI and the prescriptive case management system are consistent with the principles of effective correctional intervention (e.g., risk, need, and responsivity). The PCMS includes: (1) identifying criminogenic needs through an initial assessment with the LSI-R; (2) targeting criminogenic needs through intensive services; and (3) implementing correctional interventions consistent with general responsivity (e.g., cognitive-behavioral based interventions). Also consistent with evidence-based practices, the PCMS includes methods for monitoring offender progress through reassessment and tracking performance using regular progress reports and offender program report cards. Case managers are provided with some guidance in developing case management plans for offenders while in the institution through a matrix that identifies a series of recommended program referrals based on the needs of individual offenders. Consistent with evidence-based practices, the interventions identified in WVDOC's Program Recommendation Matrix are primarily cognitive-behavioral in nature.

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

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

of the LSI-R are targeted for intensive reentry planning and are eligible for direct services through parole upon release (WVDOC, 2006).

The Individual Reentry Program Plan identifies areas of need (e.g., high risk domains) and provides a list of intervention programs and services available to address the needs as well as specific behavioral objectives corresponding to each phase of the reentry initiative. These objectives include: (1) *institutional behavioral objectives*, to be assigned during the span of the offender's incarceration; (2) *transitional behavioral objectives*, to be assigned beginning six months prior to the offender's parole or discharge eligibility date through the first month of parole supervision; and (3) *community behavioral objectives*, to be assigned during parole supervision. Individual reentry plans are reviewed and updated on a bi-annual basis.

The general guidelines and principles for program referral provide case supervisors structure for developing the Individual Reentry Program Plan and for recommending programs. The Program Recommendation Matrix identifies specific areas of need and the corresponding interventions and services appropriate to address the area of need. The areas of need are similar to the LSI-R domains and include: criminal history, family and parenting, education and employment, peer relations, substance abuse, leisure and recreation, antisocial personality and behavior, pro-criminal attitudes and orientations. Following the initial LSI-R assessment the areas of need are identified and prioritized for each individual based on composite scores of the LSI-R domains. The appropriate interventions and services for targeting areas of need are determined by examining the program referral matrix and identifying the corresponding interventions and services. For example, an offender who scores high in the area of attitudes and orientations may be referred to Open Gate, cognitive skills training, critical thinking, problem solving skills, anger management, or other interventions designed to address this need. Likewise, areas identified as strengths on the LSI-R offer ideal areas of support or insulators for transitioning offenders. Program recommendations may also be made based on information gathered by the case supervisor through interviews and/or observation (WVDOC, 2006)

To help facilitate the smooth transition of services while ensuring program integrity, the WVDOC developed and implemented direct service programs within parole throughout the state. The newly developed direct services include addiction and employment services as well as sex offender treatment. Prior to

the implementation of the WVORI, parole services did not offer direct services but relied upon a community brokerage model for referring offenders to continuing treatment. However, the WVDOC wanted greater assurance that interventions following release are fundamentally consistent with institutional-based interventions in theory and application. Such interventions would further ensure a continuum of services from the institution to the community.

This continuum of services also required the development of collaborative relationships between institutional staff, parole staff and the inmate prior to release. These collaborative relationships were also fundamental to ensuring continuity of services and programming. However, the identification of appropriate service and level of supervision after release is contingent upon the accurate assessment of offender risk and needs. Thus, the following section provides an overview of the national research on effective classification and case management which forms the basis for WV's Prescriptive Case Management System.

## Effective Classification and Case Management for Offender Reentry

Proper assessment and classification is an essential component of successful correctional service (Andrews, Bonta, and Hoge, 1990; Fulton, Stone, and Gendreau, 1994). Evaluations of programs that adhere to effective classification have repeatedly shown reductions in recidivism, some of up to 30 percent when programs utilize risk, need, and responsivity assessments (Andrews et al., 1990; Dowden and Andrews, 1999). While there are four identified principles of effective classification (risk, need, responsivity, and professional discretion), most of the research and implementation efforts in the field have focused on the risk principle (Andrews and Bonta, 1998; Kennedy, 1999; McGuire, 2000).

Prediction and matching are the two elements that comprise the risk principle (Andrews and Bonta, 1998). The identification or prediction of offenders that are likely to recidivate is the primary element of the risk principle. Once offenders with the highest risk for recidivism are identified, the risk principle holds that the most intensive services should be provided to this population (i.e., matching level of service and supervision to the risk level of the offender). Although attempts to predict success and failure are not new, many of these prediction instruments are very difficult to administer (Bonta, 1996; Gottfredson and Hirschi, 1990; Loeber and LeBlanc, 1990; Moffitt, 1993; Sampson and Laub, 1993). While developing accurate and valid assessments of human behavior may be an onerous task, it is a beneficial one. Research has consistently shown that objective risk and needs assessments, based on statistical probabilities, are more accurate than personal or staff opinions on the level of risk an offender poses to the public (Gottfredson, 1987).

The second element of effective classification, the needs principle, has received far less attention from the field of corrections, but is essential for guiding intervention decisions. Needs factors are intricately related to an offender's risk of recidivating. There are two types of needs elements: criminogenic and noncriminogenic. Criminogenic needs factors are those that are empirically associated with criminal behavior (Andrews and Bonta, 1998; Andrews et al., 1990). The strongest, most highly correlated of these factors are antisocial personality, antisocial associates, antisocial attitudes and past criminal history (Andrews and Bonta, 1998; Andrews et al., 1990). Past criminal history is considered a static factor – one that can not be changed. However, the prior three – attitudes, personality, and associates, can be modified and the risk they pose can be reduced through

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*To help facilitate the smooth transition of services while ensuring program integrity, the WVDOC developed and implemented direct service programs within parole throughout the state.*

*In WV's system of case management, the identification of appropriate service and level of supervision after release is contingent upon the accurate assessment of offender risk and needs.*

treatment services and appropriate interventions. Noncriminogenic needs represent factors that have not been found to be strongly correlated with recidivism, but may impact the capacity for offenders to engage in treatment.

One of the most widely used instruments to identify such factors is the Level of Service Inventory-Revised (LSI-R). The LSI-R is a third generation risk assessment that assesses both static and dynamic factors and is concentrated on criminogenic needs. The LSI-R “provides meaningful targets for interventions” (Lowenkamp, Holsinger, Brusman-Lovins, and Latessa, 2004: 34). This instrument contains eight domains that assess offenders on a variety of needs: criminal history, education/employment, financial, accommodations, leisure/recreation, companions, alcohol/drug use, emotional/personal and attitudes/orientations. Given that the LSI-R seeks to capture criminogenic risk and needs, it has been found to be predictive of recidivism (Lowenkamp and Latessa, 2002).

While the identification of an offender’s risk level and needs yields important information, it is how this information is used that is most valuable. Utilizing these assessments to develop a case plan for the offender – including placement in services, supervision, and progress measures– is the true value of risk and needs assessments. The WVDOC uses a system of prescriptive case management to link reentry services to the risk and needs of individual offenders.

### *Prescriptive Case Management*

While case management itself is not new to corrections, prescriptive case management is a recently developed concept. However, the notion of prescriptive case management is consistent with evidence-based practices in correctional programming.

Throughout history, supervision of offenders was often based on the individual case manager or probation/parole officer’s “gut instinct”. Placement in services is often the result of open beds or space within specific programs, not on the individual offender’s needs. Traditional practice tries to fit the client to programming, not the programming to the client. This tradition results in a “cookie cutter” treatment approach, failing to individualize treatment services (Sperber, 2006).

Traditional practices such as these violate evidence-based practice or “what works” in corrections. That is, these practices are inconsistent with the principles of effective correctional intervention. Instead, research on evidence-based practices shows that the most successful programs for reducing offender recidivism

begin with the accurate assessment of the unique risk and needs of individual offenders. Thus, assessment of offender risk and needs is the first step in identifying appropriate interventions and the development of reentry case plans. To accomplish this task, the WVDOC adopted the LSI-R as the basis for their prescriptive case management process.

Prescriptive case management is *prescriptive* because a case plan is developed based on the results of an empirical and clinical assessment. Paul Quander, the Director of the Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia (2006), describes that jurisdiction’s process of prescriptive case management as “a list of treatment and supervision recommendations. This plan determines the types of additional assistance the offender will need while under supervision.” The plan is based on the individualized results of CSOSA’s risk assessment. In short, the goal of prescriptive case management is to ensure appropriate linkages between the needs of individual offenders and the services/resources available. This goal is achieved through the preparation of a plan that is based on the assessment of strengths and weaknesses of the offender and his/her situation.

Within a system of prescriptive case management, maintaining service continuity as the offender transitions from the institution to the community is critical. As such, the WVDOC’s prescriptive case management system calls for greater collaboration between case managers and counselors in the institution as well as parole officers in the field. It is anticipated such efforts will help to link inmates with drug treatment programs, mental health services, and social service agencies prior to their release into the community.

To date, little empirical research has focused on prescriptive case management. While much of the “what works” literature advocates that the allocation of services be based on risk and needs assessments (both type of service and intensity of services), the concept of prescriptive case management has not been fully investigated.

The success of a well-designed program, one that is based on empirical research and best practices, can be significantly hampered by implementation difficulties (Mears and Kelly, 2002). Implementation of new strategies, even if these new strategies are evidence-based and proven to be effective, is complicated. Many barriers or impediments can come into play when organizations begin to implement new initiatives. Such barriers can result in many program goals and objectives not being realized due to faulty implementation. Thus, it is often necessary for

organizations to identify and overcome various impediments to change to achieve the successful implementation of a program. The following section provides an overview of many common barriers that some organizations encounter when implementing programs such as the WVORI.

### Barriers to Effective Implementation: Individual, Organizational, and Structural Impediments to Change

Since implementation is a difficult process, it is advantageous to examine issues that may pose barriers to effective implementation. By identifying barriers, strategies can be planned to avoid them. Literature from other disciplines has found many barriers to effective implementation, particularly for those organizations implementing widespread organizational initiatives. These barriers can be classified into three categories: *individual, organizational, and structural*.

#### *Individual Barriers*

Individual barriers to effective implementation represent obstacles that are presented by internal members of the organization, particularly staff. Staff may pose a significant barrier to implementation (Koch, Cairnes, and Brunk, 2000). Individual attitudes and personal opinions toward the new strategy and the implementation of that strategy may be responsible for the success or failure of a new initiative (Gagan and Hewitt-Taylor, 2004). Unfortunately, the role of staff attitudes and correctional orientations are often overlooked in the implementation of new programs.

Evidence suggests that successful implementation may be a function of the degree to which the new organizational mission is consistent with individual attitudes and orientations of staff (Van Voorhis, Cullen, and Applegate, 1995; Robinson, Porporino, and Simourd, 1993). For instance, research shows that the level of support and commitment exhibited among staff for organizational change are important factors to the successful implementation of new programming (Lariviere, 2001; Robinson, Porporino, and Simourd, 1993, 1996). When staff are not committed to the organization, substantive changes (and implementation) cannot be made (McGuire, 2004).

However, the culture of the organization and the attitudes and orientations of staff may be intrinsically linked. The overall philosophy of an organization can influence the attitudes and behavior of correctional workers (Clear and Latessa, 1993). On the other hand, it is the commitment of staff to the organization that shapes the behavior of the organization itself (Camp, Saylor, and Gelman, 1995). The atmosphere within an

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organization may be negative because of the organizational culture and that culture may be entrenched in individual staff being very difficult to change (Baker, King, MacDonald, and Horbar, 2003). This can result in a further reduction of commitment among correctional staff for goals and objectives of the organization.

In addition, a staff's commitment to a program or initiative such as the WVORI can be impacted by the implementation process itself. Often staff resistance develops because there are inconsistencies in the stated goals and objectives of the organization or staff do not feel adequately prepared to implement the new approaches. In other cases, staff simply have an unwillingness to adopt new practices because they feel the new mission conflicts with their current role. Thus, successful implementation often involves effectively communicating the new philosophy or mission to staff

and preparing staff to perform the tasks that are necessary to achieve the new mission.

The failure of an organization to effectively communicate the new philosophy or mission and provide adequate training for staff can result in confusion and stress among staff and reduce overall job satisfaction. This conflict between individual values of the staff and the values of the organization can negatively impact the implementation of new strategies (Hatton et al., 1999). Moreover, the presence of such role conflict can result in stress and job dissatisfaction, contributing to a negative organizational culture (Philliber, 1987; Carlson, Anson, and Thomas, 2003). Researchers have found that correctional staff's work adjustment (e.g., job satisfaction, job stress, and organizational commitment) can also influence the level of support for organizational change and, in turn, influence the likelihood of successful implementation (Robinson, Porporino, and Simourd, 1996).

Staff attitudes have also been found to influence the quality of staff interaction and communication with inmates, staff receptiveness to training, and level of organizational commitment — all of which may subsequently influence case outcomes. For example, prior research has shown that probation officer attitudes are important predictors of the decisions they make in dealing with offenders, particularly the decision to revoke (Katz, 1982). Moreover, parole officers with greater punitive orientations have been found to be more likely than their less punitive counterparts to revoke and recommend an offender return to prison (Dembo, 1972).

In many cases, staff attitudes toward change are related to the age and size of the organization (Greiner, 1972). Older organizations, with strong, institutionalized organizational cultures, and larger organizations with more layers of bureaucracy, have more difficulty with communication and coordination. Resistance to change and turf wars are also problematic within organizations (McAlearney, 2000). Often, the implementation of new strategies and initiatives calls for the restructuring of organizations, which is disruptive to the workflow and daily routines of staff (Redfern and Christian, 2003; Stojkovic and Farkas, 2003). In a recent study of 69 jurisdictions implementing reentry strategies, Lattimore et al. (2005) found that turf battles and resistance from facility line staff and supervisors to be among the most commonly cited barriers to implementation.

Such research underscores the need to examine staff attitudes, role orientations, organizational commitment and support for programs during the implementation process. When staff are too consumed by job dissatisfaction, obstacles to effective job

performance, and other organizational issues, it may limit their capacity to focus on the successful implementation of change. However, research also suggests that comprehensive training can instill in correctional workers attitudes more favorable to correctional rehabilitation (Fulton, Stichman, Travis, and Latessa, 1997; Lindquist and Whitehead, 1986). Thus, it is important to identify the attitudes and orientations of staff that serve to make them resistant to change so that potential problems with implementation can be addressed administratively through additional training and morale building.

### *Organizational Barriers*

Organizational barriers represent many difficulties to the successful implementation of an initiative involving widespread organizational change. Lack of administrative guidance; lack of clarity of the mission of the organization; and negative organizational cultures are just a few of the barriers that can impede effective implementation.

The administration of the organization is responsible for many of the daily operations of the organization. However, individuals in these positions are also responsible for developing and maintaining the culture of the organization (Kramer, Schmalenberg, and Maquire, 2004). For this reason, organizational leaders must be aware of and understand the values and attitudes of staff that contribute heavily to the atmosphere of the organization (Stojkovic and Farkas, 2003). While initial assessments can assist in this process, the awareness of obstacles is not enough — efforts must be made to reduce the obstacles that are presented.

Substantial organizational change can disrupt the daily flow and culture of the organization. As with staff, management may become confused and disoriented during the change process. Management must realize that solutions to one problem breed future problems (Greiner, 1972). Therefore, strong mission and values statements are essential. Additionally, organizations must have solid strategic plans to guide the organization through the turbulent change period. These missions, visions and plans can guide behavior of all staff, management and administrators (Wooten and Crane, 2003) and therefore, it is critical that all levels of the organization accept the mission (Stojkovic and Farkas, 2003). In order for these plans to guide behavior, these plans must be communicated effectively to all members of the organization.

The context in which the information is provided is not important, it is the quality of the information communicated that should be emphasized (Hanna

### Report Highlights...

*Conflict between individual values of the staff and the values of the organization negatively impacts implementation strategies.*

*Detachment between staff orientations and organizational values translates into role conflict. Role conflict produces stress and job dissatisfaction, contributing to a negative organizational culture.*

*While many correctional organizations are promulgating implementation of best practices, evidence-based practice and “what works,” the operations of the organization have not followed suit.*

*Organizational culture drives staff behavior and knowledge of what is valued in the organization.*

et al., 2000). Enforcing and reinforcing the mission, values and plans of the organization is of the utmost importance for staff to be successful in implementing change (Gentry and Keilty, 2004; Hanna et al., 2000). Mission and vision statements can be operationalized differently by various members of the organization (McAlearney, 2000). Thus, statements must be consistently delivered by top administrative officials through all levels of leadership down the hierarchical chain to front-line staff.

To have consistent messages conveyed to staff from all administrative staff, communication through scheduled meetings, even daily communication is often required (Gentry and Keilty, 2004). In many cases, those in the leadership or administrative positions of an organization give “lip service” to the changes being made. Staff see the administrators say one thing, but do another: administrators must “walk the walk” (Koch, et al., 2000). Without a strong commitment to implementation, staff are placed in a conundrum. Do they follow the guidance set forth by the words and the verbal cues of administrators or follow the path set forth by administration’s actions?

One example of this disconnect is often seen in performance measurement. While many correctional organizations are promulgating implementation of best practices, evidence-based practice and “what works,” the operations of the organization have not followed suit. Staff are still evaluated on “process measures” (i.e., the number of office contacts, number of assessments

completed, etc.), not on quality measures that are reflective of the organization’s commitment to evidence-based practices (Clark, 2005). Measures such as the quality of assessment, appropriateness of treatment plans, and quality of treatment services delivered are more appropriate measures of staff performance in an evidence-based practice environment. Within this context, it is easy to see why staff focus on meeting basic requirements, not on the quality of the interaction with offenders. As Bertram (1991) suggests, what gets measured gets done.

This confusion is one of the primary reasons for job dissatisfaction, particularly among correctional staff. This *role ambiguity* (not completely understanding the expectations of the job) contributes greatly to correctional staff’s disillusionment (Stojkovic and Farkas, 2003). Further, correctional officer job dissatisfaction and job stress have been found to be empirically related to inconsistency and poor communication, stemming from policy changes (Lombardo, 1989; Philliber, 1987). The increased job dissatisfaction and stress, coupled with the inherent nature of the correctional officer’s job, make for a negative working environment and organizational culture.

Organizational cultures may be responsible for the success or failure of any organization and/or their initiatives. Organizational culture drives staff behavior and knowledge of what is valued in the organization (Wooten and Crane, 2003). Specifically, organizational culture has been linked to outcomes regarding staff, including job satisfaction, stress, and turnover (Gillet and Stenfert-Kroese, 2003). Further, the culture of the organization impacts the quality and level of service delivery by staff (Kramer et al., 2004).

Since line staff are the primary providers of services to clients and primarily responsible for the success of strategies (Flores et al., 2005), negative cultures translate into negative service delivery. Kramer et al. (2004: 44) define organizational culture as “a patterned shared system of values guiding members as they solve problems, adapt to change, and manage relationships.” These values may include “respect, empowerment, independence, and responsibility, quality and excellence, innovation and flexibility, fairness and equity, accountability, valuing of diversity, preserving and promoting health and collaboration” (Cameron and Wren, 1999).

Moreover, individual values also contribute to the way in which members of the organization relate to offenders, clients, stakeholders, and each other. Individual values/orientations may be positive (such as rehabilitation of offenders) or negative (such as

punitiveness). Therefore, to initiate buy-in and adherence to the values and mission of the organization, the values of the organization must include input from all stakeholders, particularly staff (Cameron and Wren, 1999). As noted previously, higher job dissatisfaction and turnover are often the result when a divide is present between individual values and the values of the organization (Wooten and Crane, 2003). In some instances, this in turn leads to a negative organizational culture and work environment.

### *Structural Barriers*

Structural barriers include those issues and pressures that are external to the organization. External stakeholders are one of the most salient of these barriers. Regardless of the size and context of the organization, all organizations are accountable to the public. This accountability is often difficult because the public is unclear about the purpose and constraints placed on correctional institutions. Members of the outside world, particularly the public, must be considered an important part of the process of implementation and the design of the mission of the organization (Hanna et al., 2000). Lim and Fortaleza (2000) suggest that increased public awareness promotes others to become involved with the organization.

Another vital group with interest in the success or failure of correctional initiatives is the legislature and other political officials. Informing the political officials of clearly defined goals, objectives, and successes of the organization can increase the scope of the program and possibly lead to more funding (Lim and Fortaleza, 2000). The list of external stakeholders is long: legislators, governors, media, courts, private interest groups, other criminal justice agencies, and so forth (Stojkovic and Farkas, 2003). Prioritization of the influence of each of these groups on the organization can assist in making the inclusion of these groups in the organization more manageable (Stojkovic and Farkas, 2003).

Given the importance of correctional staff attitudes and orientations for service delivery and the implementation of the offender reentry program, the WVDOC recognized the need for an initial assessment of staff attitudes. Prior to the implementation of this strategy, the WVDOC contracted with Mountain State Criminal Justice Research Services (MSCJRS) to assess the staff's level of readiness to accept these changes. A survey designed to assess correctional staff attitude and the impact of staff attitudes on support for the WVORI was conducted. Selected results from this pre-implementation study are discussed below.

### **The Impact of Correctional Orientation on Support for WV's Offender Reentry Initiative**

The pre-implementation study focused on the correctional attitudes and orientations and support for the WVORI. These attitudinal scales included: punitiveness, support for rehabilitation, human service orientation, job satisfaction, empathy, and organizational responsiveness. In addition, the previous report included two measures of support – support of reentry and LSI-R support.

The results of the first study indicated that the attitudes held by correctional staff did impact the degree to which they supported the reentry initiative. While most attitudinal measures were only significant at the bivariate level, the findings illustrated that attitudes can be important for influencing support for the WVORI. In short, the level of support for the WVORI varied by correctional staff attitudes and orientations, job satisfaction and organizational responsiveness. High levels of support for reentry were related to high levels of support for rehabilitation, higher human service orientation, higher perceptions of organizational responsiveness, and higher levels of job satisfaction. In general, when the attitudes and orientations of correctional staff ran counter to the goals and objectives of the reentry mission, staff were much less likely to be supportive of the program.

As a result, the findings indicated that staff tended to support the WVORI when they were supportive of rehabilitation, were more human service oriented, liked to work with others, liked their job, were empathetic toward inmates, and believed the WVDOC was committed to staff training and professional development. On the other hand, staff that did not support rehabilitation as a correctional goal, did not identify with a human service orientation, were less satisfied in their job, were less convinced that the WVDOC was firmly committed to the reentry initiative, and less empathetic to the plight of prisoners were much less likely to support the reentry program.

The pre-implementation study also identified specific factors predictive of reentry support, even after the effects of all other variables were controlled. These factors included: gender, age, security level of the institution, and support for the correctional goal of rehabilitation. The results showed that older female correctional staff employed in maximum security facilities who also supported the concept of rehabilitation as a correctional goal were significantly more likely to report high levels of reentry support. Staff resistant to the reentry initiative included younger males working in less secure institutions who did not believe in the efficacy of rehabilitation as a correctional goal.

In addition, the initial study concluded that support for the WVORI tended to vary by correctional staff position. Thus, not all occupational subgroups were found to be equally supportive of the reentry initiative. Of all correctional staff, parole officers had the least favorable views toward the current initiative. The results revealed that while parole officers represented the majority of correctional staff having low support for reentry at 43.3%, they comprised only 16.7% of correctional staff who highly supported the reentry initiative. Relative to parole officers, case managers and counselors were found to be much more supportive of the reentry initiative.

Finally, the results revealed that a large majority of correctional staff had a punitive orientation toward offenders, that a rather sizeable percentage of staff did not believe in the efficacy of treatment, and many were not oriented toward a human service career. For example, a majority of correctional staff (62.7%) scored high on the punitiveness scale. Conversely, only slightly more than forty percent (42.8%) of correctional staff scored high on the rehabilitation scale. Given that the degree to which correctional staff support the WVORI was found to be significantly related to their level of support for rehabilitation in general and the extent to which they want to help others (e.g., human service orientation), it is clear that the enhancement of these attitudes is important for engendering support for the organizational goal of reentry.

While many of the staff reported punitive attitudes toward inmates, empathy levels were also high. Thus, it appeared that while one-third of the staff held a punitive orientation toward inmates, they also empathized with the inmates' situations. However, empathy may not be enough to mediate the lack of human service orientation of the staff. Over one-third of the sample did not support rehabilitation as a goal for corrections and a similar percentage were not oriented toward human service (34.6%). These results suggest that the WVD OC staff may be more comfortable with the custody and security roles of their positions. Thus, a substantial change in the human orientation of staff and greater support for rehabilitative efforts may be necessary for achieving greater support for the WVORI among correctional staff.

The present study builds on this research to further explore the impact of correctional staff attitudes on support for the WVORI. In particular, this study monitors the extent to which correctional staff's attitudes, orientations, and support for the WVORI changed subsequent to implementation. In addition to support for the WVORI, measures for the support of the PCMS and the LSI-R are also examined. Moreover, a special

### *Report Highlights...*

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*Staff tended to support the WVORI when they were supportive of rehabilitation, were more human service oriented, liked to work with others, liked their job, were empathetic toward inmates, and believed the WVD OC was committed to staff training and professional development.*

*Older female correctional staff employed in maximum security facilities who also supported the concept of rehabilitation as a correctional goal were significantly more likely to report high levels of reentry support.*

*Staff resistant to the reentry initiative included younger males working in less secure institutions who did not believe in the efficacy of rehabilitation as a correctional goal.*

*Of all correctional staff, parole officers had the least favorable views toward the reentry initiative.*

*A large majority of correctional staff were found to have a punitive orientation toward inmates, did not believe in the efficacy of rehabilitation, and were not oriented toward a human service career.*

*The initial report concluded that a substantial change in the human orientation of staff and greater support for rehabilitative efforts may be necessary for achieving greater support for the WVORI among correctional staff.*

emphasis is placed on the LSI-R and the appropriateness of its use in reentry case planning. It is expected that the results of the present study will aid the WVD OC in assessing the extent to which the WVORI has been implemented according to design.

## DATA AND METHODS

This report is the second in a series of research publications designed to convey the results of an ongoing process evaluation of the WVORI. As a second in a planned series of four reports, this study builds on the initial research by assessing the level of change in support for the WVORI as well as the use of the LSI-R and the newly developed PCMS. A host of correctional staff attitudes found to be related to successful implementation of similar programs are examined. Emphasis is placed on the support and proper administration of the LSI-R given its importance in guiding the prescriptive case planning process and recommendations for service delivery. The following research questions guide the analyses for the present study:

- To what extent has staff's support for the WVORI and its primary components (e.g., the LSI-R and PCMS) changed following implementation of the WVORI?
- How do pre- and post-implementation attitudes among correctional staff vary by employment position?
- How is the LSI-R used in reentry case planning among correctional staff?
- How does the current use of the LSI-R among correctional staff correspond to its intended use by the WVDOC reentry program planners?

It is anticipated that this research will assist the WVDOC administrators and reentry program planners in gauging the degree to which the WVORI has been implemented.

### *Data Collection*

The data for this study was obtained by a mail survey administered to case managers, counselors, and parole officers in February 2006, approximately 18 months after the official implementation of the WVORI. The survey was designed to measure the post-implementation attitudes and orientation of correctional staff and gather information on the application and use of the LSI-R.

To identify participants for the study, the research team obtained a comprehensive list of all case managers, counselors, and parole officers working from the WVDOC central office. The list provided the name and employment position of all staff as well as the facility in which they were assigned. Using the list

obtained from the WVDOC, a packet containing a cover letter, questionnaire, and a pre-paid return envelope was prepared for each correctional staff person. The cover letter described the purpose of the study, each staff member's rights as a participant, and instructions for returning the questionnaire to the research team.<sup>1</sup> The packets were then sealed and delivered to the WVDOC central office for routing to each correctional staff member's mailbox using the normal procedures for distributing mail to the facilities and parole offices.

An amended version of Dillman's total design method (TDM) for mail surveys served as the basis for the administration of the survey. The survey administration procedure included an initial contact letter, an original administration of the survey, and three follow-up mailings. Prior to the initial administration of the survey, however, a letter was sent from program administrators located in the central offices of the WVDOC to the associate wardens of programs in each of the facilities. The purpose of the initial contact letter was to underscore the importance of the survey and to instruct the associate wardens to communicate the importance of the research for improving reentry programming and staff training to correctional staff. In addition, the associate wardens were asked to disclose the voluntary nature of the survey and reassure correctional staff that no WVDOC administrators would come into contact with the completed questionnaires.

One week after the initial contact letters were delivered to the associate wardens, the packets were sent to correctional staff. A total of 172 surveys were delivered to correctional staff assigned to each of the 12 correctional facilities in the state.<sup>2</sup> The first administration of the survey took place one week after the initial contact letter and included a copy of the survey, a cover letter, and a pre-paid return envelope. One week after the first administration of the survey, a postcard was sent as a reminder to all correctional

<sup>1</sup> To increase the assurance of anonymity for the participants, correctional staff members were asked not to place their names or any other identifying information on the survey. In addition, correctional staff members were asked to place the completed questionnaire in the self-addressed stamped envelope and mail it directly to the MSCJRS research office. The pre-paid envelope made it possible for correctional staff to return the completed survey using any postal outlet, inside or outside of the institution.

<sup>2</sup> Martinsburg Correctional Center and the three employees assigned to the facility (1 counselor and 2 case managers) were excluded from the study population. At the time of data collection, MCC was serving as an intake center and did not have an official security level classification. Excluding these staff members further enhances the comparability of the two groups given that they were not likely to have participated in the pre-implementation study.

**Table 1. Demographic Characteristics of Post-Implementation Correctional Staff (N = 128)**

| Demographic Characteristics        | N          | % <sup>a</sup> |
|------------------------------------|------------|----------------|
| <b>Age</b> (Mean= 40.3; SD = 12.2) |            |                |
| 22 to 29                           | 16         | 17.0           |
| 30 to 39                           | 39         | 41.5           |
| 40 to 49                           | 13         | 13.8           |
| 50 and over                        | 26         | 27.7           |
| <b>Total</b>                       | <b>94</b>  | <b>100.0</b>   |
| <b>Race/Ethnicity<sup>b</sup></b>  |            |                |
| White                              | 104        | 98.1           |
| Nonwhite                           | 2          | 1.9            |
| <b>Total</b>                       | <b>106</b> | <b>100.0</b>   |
| <b>Gender</b>                      |            |                |
| Male                               | 56         | 53.3           |
| Female                             | 49         | 46.7           |
| <b>Total</b>                       | <b>105</b> | <b>100.0</b>   |
| <b>Marital Status</b>              |            |                |
| Married                            | 59         | 62.8           |
| Not Married <sup>c</sup>           | 35         | 37.2           |
| <b>Total</b>                       | <b>94</b>  | <b>100.0</b>   |
| <b>Highest Degree Achieved</b>     |            |                |
| High School Degree                 | 29         | 26.4           |
| Associate's Degree                 | 8          | 7.3            |
| Bachelor's Degree                  | 59         | 53.6           |
| Master's Degree                    | 8          | 7.3            |
| PhD                                | 1          | .9             |
| Other                              | 5          | 4.5            |
| <b>Total</b>                       | <b>110</b> | <b>100.0</b>   |
| <b>Academic Major</b>              |            |                |
| Criminal Justice/Security          | 39         | 47.6           |
| Sociology/Social Work              | 14         | 17.1           |
| Psychology                         | 10         | 12.2           |
| Education                          | 3          | 3.7            |
| Other <sup>d</sup>                 | 16         | 19.5           |
| <b>Total</b>                       | <b>82</b>  | <b>100.0</b>   |
| <b>Population of Residence</b>     |            |                |
| Small Town (under 2,000)           | 44         | 41.1           |
| Town (2,001 to 10,000)             | 34         | 31.8           |
| Small City (10,001 to 50,000)      | 22         | 20.6           |
| Suburban (around city)             | 5          | 4.7            |
| Metropolis (over 50,000)           | 2          | 1.9            |
| <b>Total</b>                       | <b>107</b> | <b>100.0</b>   |

<sup>a</sup>Percents may not total 100.0 due to rounding.

<sup>b</sup>White includes white non-Hispanic. Nonwhite includes African American/Black, American Indian, Alaskan Natives, Asians, Hawaiian, Pacific Islander, Hispanic and multiracial.

<sup>c</sup>Not married includes individuals never married, divorced, separated and widowed.

<sup>d</sup>"Other" academic majors includes business and finance, history, and physical education.

staff.<sup>3</sup> Two weeks after the postcards were sent, a revised cover letter and replacement questionnaire was sent to all correctional staff. This mailing thanked staff who had responded to the survey and sought to encourage others to complete and return the survey. This was followed one week later with a final copy of the survey and new cover letter. A total of 128 surveys were returned for a 74.4% response rate.<sup>4</sup>

### Samples

Two samples are used in this study — the total sample of all post-implementation survey respondents and a matched sample. The post-implementation sample serves as the basis for examining general support for the WVORI and its components as well as the characteristics of correctional staff associated with high support. Moreover, this sample is used to assess the use of the LSI-R among correctional staff in the context of the WVORI. The impact of implementation on the attitudes and support of correctional staff is explored using the matched sample. To isolate the impact of the implementation process itself on staff attitudes, a matched sample of pre- and post-implementation correctional staff is employed to reduce variation among the two groups. The two samples used in this report are described below.

*Post-Implementation Sample.* Tables 1 and 2 display the demographic and employment characteristics for the total post-implementation sample of respondents. Similar to the sample obtained in the previous study, a majority of the correctional staff that comprise the post-implementation sample are white and below the age of 39 years. Only 2 persons or 1.9% of the sample is nonwhite. Nearly sixty percent (58.5%) of the respondents are 39 years old or less. Just over forty percent (41.5%) of correctional staff report themselves as being between the ages of 30 and 39 years of age. The gender of respondents is more equally distributed among the post-implementation sample. While males made up two-thirds (64.6%) of the pre-implementation sample, males constitute only 53.3% of the post-implementation sample.

<sup>3</sup> To further protect the anonymity of the participants, the surveys were not pre-coded or marked in any way by the research team. Correctional staff were further instructed not to place their names or any other identifying information on the survey. Thus, a complete mailing to all correctional staff members was performed for all follow-up mailings given that the research staff was not able to ascertain the identity of correctional staff that returned surveys.

<sup>4</sup> See Haas, Hamilton, and Hanley (2005) for details on the methods of data collection methods and response rate for the initial study as well as the demographic and employment characteristics of the pre-implementation sample.

Post-implementation staff are also very similar to the previous sample in terms of marital status, place of residence, and education (see Table 1). Most staff report that they are married, living in a small town, and have obtained at least a 4-year degree from a higher education institution. Roughly two-thirds (62.8%) of correctional staff are married and nearly three-quarters (72.9%) of respondents report that they reside in areas described as towns or small towns with 10,000 residents or less. Just over 4 in every 10 respondents indicate that they are living in small towns with fewer than 2,000 residents.

In terms of education, most correctional staff report that they have a bachelor's degree and nearly half report that their education is in the field of criminal justice and/or security. Similar to the previous study participants, over fifty percent of the respondents (53.6%) indicate that they have received a 4-year degree from a higher education institution. However, slightly over one-quarter (26.4%) report only a high school degree. Less than ten percent (8.2%) of correctional staff have obtained a master's degree or Ph.D. As noted above, most staff indicate that their education is in the field of criminal justice and security (47.6%), followed by sociology and/or social work (17.1%), and psychology (12.2%). Nearly twenty percent (19.5%) of staff indicate "other" fields of study such as business/finance, history, and physical education.

Table 2 provides the employment characteristics of the post-implementation sample of respondents. As with the previous study, case managers, counselors, and parole officers comprise the population for the present study. Counselors constitute the majority of respondents at 40.8%, followed by case managers (34.7%) and parole officers (22.4%). While a majority (59.8%) of correctional staff report being in their current employment position for less than 5 years, most indicate that they have worked in the field of corrections for several years. Approximately three-quarters (76.6%) of correctional staff report that they have worked in the field of corrections for 5 years or more. Moreover, it appears that most correctional staff obtained their experience in corrections while working in the state of WV. Slightly below seventy-five percent (74.0%) of staff have 5 or more years of corrections experience in WV. The pre-implementation sample had similar corrections experience.

Correctional staff also appear to work in areas that resemble where they work in terms of population. Over seventy-percent (71.9%) of staff report working within facilities located in geographic areas with a population of 10,000 residents or less. Roughly 4 in 10 report living in small towns with fewer than 2,000 residents.

**Table 2. Employment Characteristics of Post-Implementation Correctional Staff (N = 128)**

| <b>Employment Characteristics</b>                                      | <b>N</b>   | <b>%<sup>a</sup></b> |
|--|------------|----------------------|
| <b>Current Employment Position</b>                                     |            |                      |
| Case Manager   | 34         | 34.7                 |
| Counselor  | 40         | 40.8                 |
| Parole Officer   | 22         | 22.4                 |
| Other <sup>b</sup>   | 2          | 2                    |
| <b>Total</b>   | <b>98</b>  | <b>100.0</b>         |
| <b>Years in Current Employment Position</b><br>(Mean = 4.8; SD = 5.0)  |            |                      |
| 0 to 4   | 61         | 59.8                 |
| 5 to 9   | 25         | 24.5                 |
| 10 to 14   | 12         | 11.8                 |
| 15 to 19   | 2          | 2.0                  |
| 20 and over  | 2          | 2.0                  |
| <b>Total</b>   | <b>102</b> | <b>100.0</b>         |
| <b>Years of Corrections Experience</b><br>(Mean = 9.2; SD = 6.2)       |            |                      |
| 0 to 4   | 25         | 23.4                 |
| 5 to 9   | 38         | 35.5                 |
| 10 to 14   | 24         | 22.4                 |
| 15 to 19   | 13         | 12.1                 |
| 20 and over  | 7          | 6.5                  |
| <b>Total</b>   | <b>107</b> | <b>100.0</b>         |
| <b>Years of Corrections Experience in WV</b><br>(Mean = 8.0; SD = 5.4) |            |                      |
| 0 to 4   | 27         | 26.0                 |
| 5 to 9   | 43         | 41.3                 |
| 10 to 14   | 22         | 21.2                 |
| 15 to 19   | 8          | 7.7                  |
| 20 and over  | 4          | 3.8                  |
| <b>Total</b>   | <b>104</b> | <b>100.0</b>         |
| <b>Population of Work</b>  |            |                      |
| Small Town (under 2,000)   | 45         | 43.7                 |
| Town (2,001 to 10,000)   | 29         | 28.2                 |
| Small City (10,001 to 50,000)  | 24         | 23.3                 |
| Suburban (around city)   | 3          | 2.9                  |
| Metropolis (over 50,000)   | 2          | 1.9                  |
| <b>Total</b>   | <b>103</b> | <b>100.0</b>         |
| <b>Security-Level<sup>c</sup></b>                                      |            |                      |
| Minimum Security   | 22         | 21.0                 |
| Medium Security  | 32         | 30.5                 |
| Maximum Security   | 51         | 48.6                 |
| <b>Total</b>   | <b>105</b> | <b>100.0</b>         |

<sup>a</sup>Percents may not total 100.0 due to rounding.

<sup>b</sup>"Other" current position includes 2 aides.

<sup>c</sup>Security level was determined as the security level for the institution where the respondent was assigned.

These findings are consistent with what the staff reported in the 2005 study.

Lastly, most staff are employed in close and maximum security institutions. Nearly fifty percent (48.6%) of the respondents indicate that they are assigned to a close or maximum security level institution compared to 30.5% medium security and 20.9% community or minimum security level facilities. This is considerably different from the distribution reported by participants in the pre-implementation study.<sup>5</sup> Less than twenty percent (19.5%) of the pre-implementation sample reported working in a facility with a maximum security level classification.

*Matched Sample.* For the present study, a matched sample of pre- and post-implementation respondents is used to assess change in the attitudes and orientation of correctional staff. A matched sample reduces the variability between the two samples and helps to better isolate the degree to which attitudes changed prior to and after the implementation of the WVORI. In essence, this procedure makes the two groups more comparable. While there are no methods that guarantee comparability, this is a common method used by researchers to provide some assurances the two groups are comparable.

In this study, the large number of post-implementation respondents that did not report demographic information further necessitated the construction of a paired or matched sample. The matched sample allows us to assess change in the attitudes of staff that reported demographic information and, at the same time, makes it more plausible to examine attitudinal change across the subgroups of correctional staff. Such comparisons will help us isolate the magnitude of change for the total sample as well as which groups of correctional staff have

undergone the most change. The follow section describes the procedures used to construct the matched sample used in the present study.

### *Procedures*

The pre-post samples were matched on three characteristics: current position (case managers, counselors, and parole officers), security level of the institution in which they were currently assigned or worked out of in the case of parole officers (minimum, medium, and maximum), and gender. To lessen the attrition of the sample and ensure an appropriate number of matches between the pre and post samples, security level of the institution was collapsed into the three levels noted above.

These match variables were selected for two primary reasons. First, current position was chosen due to our interest in making subgroup comparisons in pre- and post-attitudinal change. For the present study, we are interested in assessing the impact of attitudinal change for each subgroup on support for reentry and the use of the LSI-R. Second, the security level of the institution and staff's gender were selected because of their importance in predicting support for reentry in the first study. Security level and gender were the only two variables found to be significantly related to reentry support at the bivariate level in the pre-implementation study.

To match the two samples, the post-implementation group was linked to the pre-implementation study participants. The post-implementation sample contained a total of 128 respondents. However, many cases contained missing information on various demographic characteristics, including the three variables selected for the purposes of matching the two samples. Of the 128 respondents, 32 did not provide a current employment position and 23 did not provide security level or gender information. Thus, missing information on current employment position reduced the number of cases eligible to be matched to 96. Once all three match variables were taken into account, 87 post-implementation cases remained eligible for matching with the pre-implementation study participants. A successful match was found for a total of 77 cases.

Once the pre- and post-implementation samples were matched, the two samples were compared on additional demographic and employment characteristics to further assess the similarity in the two groups. The two samples were compared on race/ethnicity, age, highest degree achieved, and years of corrections experience in WV. No significant differences were found between the pre- and post-

<sup>5</sup> These differences are likely due to changes in the official classification levels of WVDOC institutions after the administration of the first survey and slight modifications in the measurement of this variable. In both studies, this variable captures the highest security level for each institution. However, WVDOC revised the security levels classifications for some facilities between the first and second administration of the survey. Moreover, the first questionnaire asked respondents to report the institution in which they were currently stationed. The research team then coded the highest security level for that particular institution based on official classifications provided by the WVDOC at that time. Based on recommendations provided by the Office of Justice Programs Institutional Review Board, the second survey offered a list of correctional institutions and the highest security level associated with each institution. Respondents were simply asked to report the security level for the institution in which they were currently employed based on the list provided. The slight differences in how security level of the institution was measured between the two data collection points may have introduced some measurement error.

implementation samples. The demographic and employment characteristics of the matched sample are described below.

### *Sample Description*

As noted above, the final matched sample consists of 77 correctional staff. This sample represents 60.2% of the total sample of post-implementation respondents and 88.5% of the total number of eligible cases, after excluding cases with missing information. The majority of the matched sample is comprised of correctional staff employed as counselors in maximum security institutions. Counselors constitute slightly less than half of the sample at 48.1%. Correctional staff assigned to maximum security institutions make up slightly over half of the sample at 51.9%. Males and females are evenly represented in the sample at 51.9% and 48.1%, respectively.

White, non-Hispanic staff comprise 96.1% of the pre-implementation sample compared to 98.7% of the post-sample. Little or no difference is present in a comparison of mean age between the two samples (39.5 in the pre-sample compared to 40.1 in the post-sample). Roughly two-thirds of respondents in both the pre- and post-implementation samples report having earned a 4-year university degree or higher (67.5% and 65.7%, respectively). Finally, there is virtually no difference in the mean number of years staff report in terms of corrections experience in WV. The mean number of years for the pre-sample was 7.7 compared to 7.4 years for the post-sample. The following section provides the results in attitudinal change based on the matched sample respondents.

### *Measures*

This study includes multiple measures of correctional orientation and attitudes. All of the measures related to the orientation and attitudes of staff constructed for the initial study are used in the present study, with the exception of organizational responsiveness. Instead, a measure of organizational commitment is substituted for organizational responsiveness. The orientation and attitudinal measure examined in this study include: punitiveness, support for rehabilitation, human service orientation, job satisfaction, empathy, and organizational commitment.

This study also examines three separate support measures related to the WVORI – support for reentry, LSI-R support, and PCMS support. Similar to the 2005 report, this study assesses the level of support for the WVORI and how support of the initiative varies across various characteristics of correctional staff. We also examine how support for the reentry initiative has

changed since the programs implementation. In addition to general support for the reentry initiative, correctional staff's support on two critical components of the WVORI — LSI-R support and support for the prescriptive case management system (PCMS) — is also examined. These two components serve as a central foundation for the operation of WV's offender reentry initiative.

To construct the measures for the present study, we applied a detailed process that involved the use of confirmatory factor analysis and reliability analysis. Most of the scales used in this study are modified from the original source found in the criminological literature. To increase the level of parsimony among the variables, scales were originally constructed from the initial items. Seven correctional orientation and attitude scales and three WVORI support measures emerged with varying degrees of strength and cohesion.

Confirmatory principle component analyses were conducted on the original scales.<sup>6</sup> To determine whether the scales used in the initial study produced acceptable reliability coefficients for the post-implementation sample of staff, Cronbach's alpha was re-calculated for all scales on the post-implementation sample to determine the reliability of each.<sup>7</sup>

Similar to the 2005 study, all items that comprised both the attitudinal or correctional staff orientation and support scales were measured on a five-point Likert scale. Respondents were asked to indicate the degree to which they agreed or disagreed with a series of statements (e.g., strongly agree, agree, undecided, disagree, and strongly disagree). Each of the scales used to measure staff's support as well as their attitudes and orientation are described below.

### *Attitude and Orientation Measures*

***Punitiveness.*** This measure refers to the degree to which correctional workers support retribution and punishment as important correctional goals. The items for this scale were adapted from Bazemore and Dicker's (1994) punitive orientation scale and Melvin,

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<sup>6</sup> The principle components analyses utilized a varimax rotation. Eigenvalues were evaluated based on the Kaiser criterion (Kaiser, 1960), along with a scree examination. See Haas, Hamilton, and Hanley (2005) for more information on the construction of the original scales.

<sup>7</sup> The alpha reliability score provides a measure for the strength of inter-item correlations among the individual items that comprise a scale. As a result, Cronbach's alpha serves as a measure of internal consistency. Alpha reliability scores of .70 or greater are widely accepted to identify scales with an optimal level of internal consistency.

Gramling, and Gardner's (1985) attitude toward prisoners scale. A total of 4 items comprise this scale (Cronbach's alpha = .86). Staff that believe the use of "physical intervention" and "brute force" are effective methods for managing detained inmates are represented by higher scores on this scale.

*Support for Rehabilitation.* This scale measures the degree to which correctional workers believe in the efficacy of treatment and support it as a correctional goal. This construct is measured by a five item scale adapted from Cullen, Lutze, Link, and Wolfe's (1989) rehabilitation orientation scale (Cronbach's alpha = .79). High scores on this scale are associated with greater support for the concept of rehabilitation.

*Human Service Orientation.* This dimension examines the extent to which staff like working with people and identify with a human service career orientation. It is one of the major predictors of support for programming and rehabilitation. This scale was adapted from Robinson, Porporino, and Simourd's (1992) human service orientation scale. A total of 6 items comprise this scale (Cronbach's alpha = .70). High scores on this scale are associated with staff who report they like to "help people solve their problems" and gain "a lot of satisfaction from working with people who are less fortunate" than themselves.

*Job Satisfaction.* This global measure captures the individual's overall adjustment in the job and the extent to which he/she finds satisfaction in his/her work. Job satisfaction is measured with a five item scale adapted from the work of Larivière (2001) and the Correctional Services Canada Correctional Staff Survey (1996) (Cronbach's alpha = .94). Staff who report that they "would recommend their job to a friend," believe "WVDOC is a good place to work," and are "proud to tell others that they work at WVDOC" score higher on this scale.

*Empathy.* This scale estimates a correctional service provider's willingness to understand the life situation of an inmate. The scale also includes measures of trust, compassion, and advocacy for offenders. Empathy is measured with a five-item scale (Cronbach's alpha = .75). Two of the items are borrowed from the Correctional Services Canada Correctional Staff Survey (1996). Three items were adapted from Melvin et al. (1985) scale to measure attitudes toward prisoners. High scores on this scale are associated with greater levels of empathy toward inmates.

*Organizational Commitment.* This scale measures the staff's commitment to the organization in terms of loyalty, similarity in values, and allegiance to the organization itself. Organizational commitment is

measured by a four-item scale adapted from the work of Mowday, Steers, and Porter (1979), Larivière (2001) and the Correctional Services Canada Correctional Staff Survey (1996) (Cronbach's alpha = .71). Higher scores on this scale denote a stronger commitment among staff to the WV Division of Corrections.

#### *WVORI Support Measures*

*Support for WVORI.* This scale measures the degree to which staff support the WV Offender Reentry Initiative (WVORI). Using a five-point Likert scale, support for the WVORI is measured by staff ratings on four items (Cronbach's alpha = .90). The items were developed by the authors. Higher scores on this scale are associated with greater support among staff for the reentry initiative.

*Support for LSI-R.* This scale measures the degree to which the staff support the use of the LSI-R and the degree to which staff believe the LSI-R is adequate for the WV population of prisoners. This construct is measured by a two item scale (Cronbach's alpha = .93). Both items were developed by the authors. Higher scores on this scale correspond to greater support among staff for the use of the LSI-R in assessing the risk and needs of prisoners and parolees.

*Support for PCMS.* This scale measures the degree to which staff support the new prescriptive case management system (PCMS) and believe it is a good idea for the organization. It is measured using a two item scale (Cronbach's alpha = .91). Both items were developed by the authors. Higher scores on this scale represent greater support among staff for the newly developed PCMS.

#### *Analytic Plan*

Several analytic strategies and two samples are used to address the primary research questions for this report. Our analyses begin with efforts to ascertain the degree to which correctional staff support the WVORI and its primary components as well as which staff are most highly supportive of the initiative (see Graph 1 and Table 3). Using the total post-sample of respondents (N = 128), these analyses are designed to illustrate the overall level of support among correctional staff for the WVORI, LSI-R, and the PCMS subsequent to implementation. Moreover, they seek to identify the characteristics of correctional staff that are most associated with high support for the WVORI and its components.

To determine the impact of implementation on staff attitudes and orientation, however, it is necessary to compare pre and post differences in the two groups. This requires use of the matched sample of survey

respondents (N = 77). Wilcoxon ranked sum tests are conducted to identify significant differences in pre- and post-implementation attitudes among correctional staff (see Table 4). These differences are further explored by comparing pre and post-attitudinal change across the three subgroups of correctional staff (i.e., case managers, counselors, and parole officers). Graph 2 displays the mean differences in pre- and post-implementation attitudes for each subgroup.

Lastly, research tells us that improper or poor implementation of even the best designed programs can have a tremendous impact on outcomes. Thus, a primary focus of any process evaluation must center on whether key aspects of the program have been implemented in a manner that is likely to produce successful outcomes. To do this, we examine the degree to which the LSI-R, a fundamental component of WV's newly developed PCMS and in which the WVORI is rooted, has been implemented in a manner consistent with its designed purpose. Thus, the final section of this report centers on various issues related to the proper implementation of the LSI-R within the context of the WVORI.

Using a post-implementation sample of correctional staff that have administered the LSI-R (N = 94), a series of analyses are conducted to shed light on the extent to which the LSI-R has been fully implemented. Our analyses begin with a brief assessment of staff training and the level of support for the use of the LSI-R (see Graph 3). Then we turn to how the results of the LSI-R are used in the development of reentry plans. Particular attention is given to the use of LSI-R results in writing reentry plans and generating recommendations for offenders as they reintegrate into the community.

## RESULTS

Based on the total post-implementation sample of respondents, the presentation of the results begins with an analysis of correctional staff's support of the WVORI after implementation. These analyses are designed to ascertain the level of support among correctional staff for the WVORI, the LSI-R, and the PCMS. In addition, this section examines various employment and demographic characteristics of staff and their impact on support for the WVORI and its related components.

### Support for the WVORI, PCMS, and LSI-R

The percentage of respondents reporting support for the WVORI, the LSI-R, and the PCMS for the total post-implementation sample of staff are shown in Graph 1. The results show that correctional staff tend to be more supportive of the WVORI and the PCMS

than the LSI-R. Roughly 4 in 10 correctional staff report high support for the WVORI. Moreover, a similar ratio of staff report high support for the PCMS which serves as the primary means for the delivery of reentry services and case planning. As shown in Graph 1, approximately forty percent of correctional staff reported high support for the PCMS (41.8%) and the WVORI (37.0%). In contrast, however, only one-quarter of staff reported high support for the use of the LSI-R (25.8%).

Roughly three-quarters of staff report moderate to high levels of support for the WVORI (72.4%) and the PCMS (79.5%). This is compared to only 67.7% of correctional staff reporting moderate to high levels of support for the use of the LSI-R. As a result, nearly one-third of correctional staff had low support for the use of the LSI-R after implementation. At the same time, 27.6% and 20.5% of correctional staff report low support for the WVORI and the PCMS, respectively. These results suggest that correctional staff are somewhat less supportive of the LSI-R compared to the WVORI and the PCMS. Likewise, a larger proportion of staff appear to be more supportive of the PCMS than the reentry initiative itself. Almost 3 in 10 correctional staff have a low level of support for the WVORI.

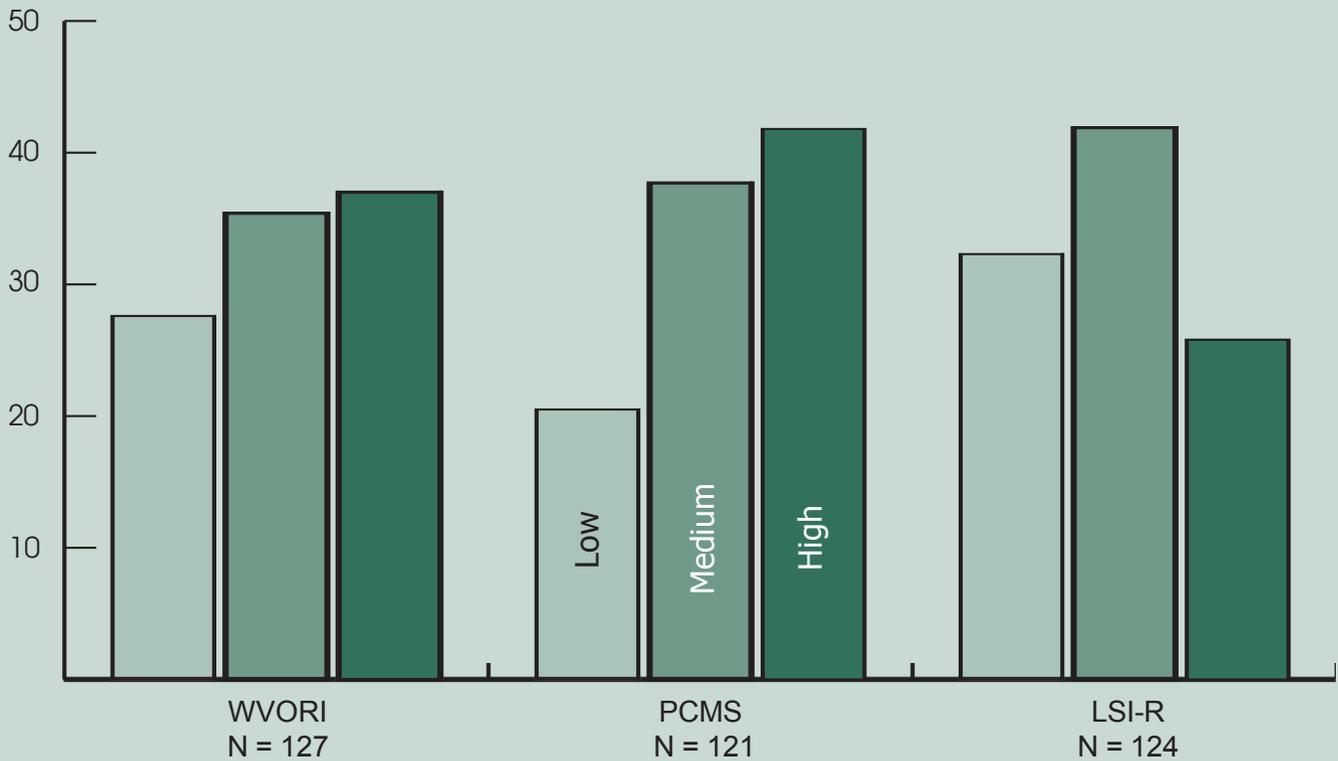
A comparison of pre- and post-implementation attitudes toward reentry support suggests that support for the initiative may be on the rise. Prior to implementation, 31.0% of correctional staff reported high support for the WVORI while 29.7% had low support for the reentry initiative. Approximately 18 months after implementation, however, 37.0% and 27.6% of staff reported high and low support for the reentry initiative respectively. This represents a 6 percentage point increase in staff that report high support for the reentry initiative subsequent to implementation. Staff with low support for the WVORI decreased by 2 percentage points.

### *Demographic and Employment Characteristics Associated with High Support*

To better understand which staff are more or less supportive of the WVORI and its central components, Table 3 displays the frequency and percentage of staff that reported high support for the WVORI, the PCMS, and the LSI-R by various demographic and employment characteristics. Based on the total number of respondents from the post-implementation sample, the results underscore the importance of employment position and experience over the general demographic characteristics as age, gender, and education level for impacting staff attitudes toward support.

As shown in Table 3, the results indicate that current employment position and correctional staff experience

**Graph 1. Percentage of Post-Implementation Correctional Staff Reporting Support for the**



are the most important factors for determining who is more or less likely to support the WVORI and its central components. The findings demonstrate that parole officers as well as more seasoned staff are significantly less supportive than their counterparts. Consistent with the pre-implementation study results, parole officers remain the least likely group to support the reentry initiative. Parole officers are less likely to report high support for the WVORI, less likely to report high support for the PCMS, and *significantly* less likely to report high support for the LSI-R.

As a result, current employment position is significantly related to correctional staff's level of support for the LSI-R. The significant results are due to the small proportion of parole officers that report high support for the reentry initiative. It is clear that parole officers significantly differ from case managers and counselors in level of LSI-R support. Of the 22 parole officers that make up the post-implementation sample of respondents, only 1 highly supports the use of the LSI-R. In contrast, one-third of case managers (33.3%) and one-quarter of counselors (26.8%) report a high level of support for the use of the LSI-R.

Similar to the results for the LSI-R, the results also demonstrate that parole officers are less supportive of the PCMS and the WVORI relative to other correctional

personnel. As shown in Table 3, case managers and counselors are nearly twice as likely as parole officers to report high support for the PCMS. Over half of all case managers (55.9%) and counselors (54.1%) indicate high support for the PCMS, compared to only 27.3% of parole officers. Only 31.8% of parole officers report high support for the WVORI, compared to 54.5% of case managers and 40.0% of counselors.

Table 3 also highlights the impact of staff experience on support. Two measures of support are reported – length of time at the WVDOC and total years of experience in the field of corrections. Both are significantly related to support for the PCMS and the WVORI. The results demonstrate that correctional staff that have worked at the WVDOC for 10 or more years or have 10 or more years of experience in the field of corrections are significantly less likely to report high support for the PCMS *and* the WVORI.

In short, the findings show that as experience on the part of correctional staff increases, support for the PCMS and the WVORI declines. Hence, staff with less than 5 years of corrections experience are nearly twice as likely to report high support for the PCMS compared to their more experienced counterparts. Likewise, staff with less than 5 years of experience are two and one half times more likely than more experienced staff to

**Table 3. Frequency and Percentage of Post- Implementation Correctional Staff Reporting High Support for WVORI, the PCMS, and the LSI-R (N = 128)**

|                                    | Support for WVORI |                     |       | Support for PCMS |                     |       | Support for LSI-R |                     |      |
|------------------------------------|-------------------|---------------------|-------|------------------|---------------------|-------|-------------------|---------------------|------|
|                                    | Total             | N Scoring % Scoring |       | Total            | N Scoring % Scoring |       | Total             | N Scoring % Scoring |      |
|                                    |                   | High                | High  |                  | High                | High  |                   | High                | High |
| <b>Demographic characteristics</b> |                   |                     |       |                  |                     |       |                   |                     |      |
| <i>Gender</i>                      |                   |                     |       |                  |                     |       |                   |                     |      |
| Male                               | 55                | 20                  | 36.4  | 54               | 27                  | 38.9  | 55                | 16                  | 29.1 |
| Female                             | 49                | 22                  | 44.9  | 47               | 21                  | 38.3  | 48                | 11                  | 22.9 |
| <i>Age</i>                         |                   |                     |       |                  |                     |       |                   |                     |      |
| 22 to 29                           | 25                | 9                   | 36.0  | 24               | 9                   | 37.5  | 25                | 5                   | 20.0 |
| 30 to 39                           | 27                | 11                  | 40.7  | 27               | 15                  | 55.6  | 27                | 7                   | 25.9 |
| 40 and over                        | 62                | 25                  | 40.3  | 59               | 23                  | 39.0  | 60                | 18                  | 30.0 |
| <i>Highest Degree</i>              |                   |                     |       |                  |                     |       |                   |                     |      |
| Less than Bachelor's Degree        | 37                | 19                  | 51.4  | 35               | 16                  | 45.7  | 36                | 9                   | 25.0 |
| Bachelor's Degree or Higher        | 67                | 23                  | 34.3  | 65               | 60                  | 46.2  | 65                | 16                  | 24.6 |
| <b>Employment characteristics</b>  |                   |                     |       |                  |                     |       |                   |                     |      |
| <i>Current Employment Position</i> |                   |                     |       |                  |                     |       |                   |                     |      |
| Parole Officer                     | 22                | 7                   | 31.8  | 22               | 6                   | 27.3  | 22                | 1                   | 4.5* |
| Case Manager                       | 33                | 18                  | 54.5  | 34               | 19                  | 55.9  | 33                | 11                  | 33.3 |
| Counselor                          | 40                | 16                  | 40.0  | 37               | 20                  | 54.1  | 28                | 14                  | 26.8 |
| <i>Length of Time at WVDOC</i>     |                   |                     |       |                  |                     |       |                   |                     |      |
| Less than 5 years                  | 27                | 18                  | 66.7* | 24               | 16                  | 66.7* | 26                | 9                   | 34.6 |
| 5 to 9 years                       | 43                | 15                  | 34.9  | 42               | 20                  | 47.6  | 42                | 12                  | 28.6 |
| 10 years or more                   | 33                | 9                   | 27.3  | 33               | 10                  | 30.3  | 32                | 4                   | 12.5 |
| <i>Years in Corrections</i>        |                   |                     |       |                  |                     |       |                   |                     |      |
| Less than 5 years                  | 25                | 16                  | 64.0* | 22               | 14                  | 63.6* | 24                | 8                   | 33.3 |
| 5 to 9 years                       | 28                | 17                  | 44.7  | 37               | 20                  | 54.1  | 37                | 12                  | 32.4 |
| 10 years or more                   | 43                | 11                  | 25.6  | 43               | 14                  | 32.6  | 42                | 6                   | 14.3 |
| <i>Security-Level</i>              |                   |                     |       |                  |                     |       |                   |                     |      |
| Minimum Security                   | 22                | 12                  | 54.5  | 22               | 11                  | 50.0  | 22                | 4                   | 18.2 |
| Medium Security                    | 31                | 11                  | 35.5  | 31               | 13                  | 41.9  | 30                | 8                   | 26.7 |
| Maximum Security                   | 51                | 20                  | 39.2  | 48               | 24                  | 50.0  | 50                | 15                  | 30.0 |

\*p > .05.

Note: Significant differences between low-medium support and high support tested with Chi-square test.

report high support for the WVORI. As shown in Table 3, 63.6% of staff with less than 5 years of experience highly support the PCMS, compared to only 32.6% of staff with 10 or more year of experience. Likewise, 64.0% of staff with 5 years of experience report high support for the WVORI, compared to only 25.6% of staff with 10 or more years of experience.

In terms of length of time at the WVDOC, Table 3 displays similar results. In short, recently hired staff have significantly greater levels of support for the newly developed PCMS and the WVORI than their more experienced counterparts. Again, approximately two-thirds of staff with 5 years of experience or less report high support for the PCMS and the WVORI. This is compared to less than one-third of staff with 10 or more years of experience at the WVDOC. No significant differences are present for years of corrections experience or length of time at the WVDOC and support for the LSI-R. Instead, support for the LSI-R appears to be a function of employment position.

Gender, age, highest degree achieved, and the security level of the institution for which staff are assigned do not appear to be significantly related to any of the support measures. However, it is important to note that gender and security level of the institution were found to be important factors for influencing reentry support at the bivariate level in the initial study. Thus, it may be important to monitor the impact of these factors in the future. Consistent with results from the previous

study, however, age and highest degree achieved did not reach statistical significance for reentry support or any of the other support indicators. These results may imply that it is years of experience, rather than age and education level, that carry the potential to influence support for such initiatives among correctional staff.

### Pre- and Post-Implementation Change in Attitudes and Orientation of Correctional Staff

This section of the report provides the results for the matched sample of pre- and post-implementation survey respondents. These analyses are designed to isolate the impact of implementation on the attitudes and orientation of staff. It is anticipated that the process of implementation, including the information dissemination and trainings that occurred during implementation, may have fundamentally impacted the attitudes and orientation of staff. Our examination begins with a test for the presence of significant changes in the pre- and post-implementation attitudes of staff.

Table 4 presents the results of the Wilcoxon signed-ranked test for pre- and post-attitudinal change. As shown in Table 4, the findings indicate that significant changes have in fact occurred in the attitude and orientation of correctional staff since the implementation of the WVORI. The results further suggest that staff attitudes have changed in a manner that is more in line with the goals and objectives of the WVORI. For instance, the results clearly show that job satisfaction, human service orientation, support for rehabilitation, empathy, and organizational commitment have all increased after the implementation. Meanwhile, the punitive orientations of correctional staff toward inmates have been reduced considerably subsequent to the implementation of the WVORI.

The changes in human orientation, punitiveness, and support for the reentry initiative among staff are all significant at the .05 probability level. The findings indicate that there has been a statistically significant increase in the human service orientation (mean difference = 1.18) of correctional staff and, at the same time, a statistically significant reduction in the punitive attitudes (mean difference = -1.29) of staff toward inmates. Both of these changes are more in agreement with the attitudes and orientations associated with successful implementation of correctional treatment and service delivery programs such as the WVORI.

As somewhat anticipated, it is important to underscore that the fundamental changes in correctional staff attitudes and orientation produced significant increases in reentry support. Thus, as correctional staff became more human service oriented and less punitive in their attitudes toward inmates, they

#### Report Highlights...

*Correctional staff that have worked at the WVDOC for 10 or more years or have 10 or more years of experience in the field of corrections are significantly less likely to report high support for the PCMS and the WVORI.*

*Parole officers as well as more experienced staff are significantly less supportive than their counterparts.*

*Parole officers are less likely to report high support for the WVORI, less likely to report high support for the PCMS, and significantly less likely to report high support for the LSI-R.*

*Of the 22 parole officers that make up the post-implementation sample of respondents, only 1 highly supports the use of the LSI-R.*

became more supportive of the reentry initiative itself. This finding further supports the notion that correctional staff attitudes and orientation can have an impact on correctional staff's support for such programs.

As shown in Table 4, the mean level of support for reentry increased from 9.88 prior to implementation, to 10.61 approximately 18 months after implementation (mean difference = .73). This change in support is significant at the .05 probability level. Given that staff attitudes have been found to impact the implementation of correctional treatment programs, it is anticipated that this increase in staff support will translate into better service delivery on the part of staff.

On the other hand, however, the impact of these increases in reentry support may be tempered by reduction in LSI-R support. Support for the use of the LSI-R – a crucial component of WVORI – has declined over the past 18 months. Although the reduction is *not* statistically significant, it is clear that support for the LSI-R has declined among correctional staff since its implementation. This finding is important given the crucial role this instrument plays in the newly developed prescriptive case management system. Moreover, the LSI-R serves as a predominant guide for deriving programming recommendations for offenders in the WVORI.

Graph 2 displays the mean differences in pre- and post-attitudinal change by the employment position (i.e., case managers, counselors, and parole officers). This analysis is designed to further delineate which subgroup(s) of correctional staff are contributing most to the significant changes for the total sample. For the most part, the findings show that there are universal changes in attitudes across all three subgroups on many of the measures. With the exception of job satisfaction and organizational commitment, change tends to occur for all subgroups in the same direction when it is present.

As shown in Graph 2, empathy, human service orientation, and support for rehabilitation increased after implementation for each subgroup. In terms of human services orientation, the statistically significant pre and post change may have largely been driven by parole officers. The pre and post mean difference for parole officers as a group is nearly 2 points, from a mean of 13.9 to 15.7 for the post-implementation sample. The pre and post mean difference for case managers and counselors is much less pronounced, but is in the same direction. The mean levels on human service orientation scale for case managers changed from 16.1 to 17.0. Likewise, counselor's score on the human services orientation scale increased from 15.9 to 17.0 after the implementation of the reentry initiative. In spite

of the increase in the mean levels on this scale for parole officers, they continue to have lower pre and post mean scores on the human service orientation scale compared to case managers and counselors.

Support for the concept of rehabilitation also increased subsequent to the implementation of the WVORI among correctional staff. However, the changes are not statistically significant. Nevertheless, the results show considerable change in the levels of support for rehabilitation among parole officers as well as case managers. While the mean levels of support for rehabilitation are slightly less among parole officers compared to the other groups, parole officers' mean scores on this scale increased from 10.9 to 12.3 after implementation. Similar increases in support for rehabilitation are present for case managers.

The findings further show an increase in the level of empathy toward inmates for all three subgroups of correctional staff. Although the changes are less than what was observed for human service orientation and

### *Report Highlights...*

*Roughly 4 in 10 correctional staff report high support for the WVORI (37.0%) and the PCMS (41.8%).*

*Only one-quarter of staff reported high support for the use of the LSI-R (25.8%).*

*Roughly 1 in 4 correctional staff reported high support for the use of the LSI-R (25.8%).*

*A comparison of pre- and post-implementation attitudes toward reentry support suggests that support for the initiative may be on the rise.*

*Current employment position and correctional staff experience are the most important factors for determining who is more or less likely to support the WVORI and its central components.*

*Case managers and counselors are nearly twice as likely as parole officers to report high support for the PCMS.*

*One-third of case managers (33.3%) and one-quarter of counselors (26.8%) report a high level of support for the use of the LSI-R.*

**Table 4. Results for the Wilcoxon Signed-Rank Test for Pre- and Post-Attitudinal Change in Correctional Staff Orientation and Support (N = 77)**

|  | Pre-Test Sample |      | Post-Test Sample |      | Difference in Means | Wilcoxon Rank Sum Z | Wilcoxon Rank Sum p |
|--|-----------------|------|------------------|------|---------------------|---------------------|---------------------|
|  | Mean            | SD   | Mean             | SD   |                     |                     |                     |
| <b>Correctional Attitudes and Orientations</b> |                 |      |                  |      |                     |                     |                     |
| LSI Support                                    | 4.57            | 1.86 | 4.23             | 2.02 | -.34                | 1.27                | .203                |
| Support for Reentry                            | 9.88            | 2.80 | 10.61            | 3.21 | .73                 | 1.99                | .047                |
| Punitiveness                                   | 5.48            | 2.40 | 4.19             | 2.62 | -1.29               | 3.39                | .001                |
| Job Satisfaction                               | 12.46           | 4.38 | 13.23            | 4.98 | .77                 | 1.22                | .221                |
| Human Service Orientation                      | 15.62           | 3.21 | 16.80            | 3.20 | 1.18                | 2.63                | .009                |
| Support for Rehabilitation                     | 12.61           | 3.78 | 13.52            | 3.47 | .91                 | 1.48                | .138                |
| Empathy  | 12.60           | 2.72 | 13.24            | 3.31 | .64                 | 1.23                | .217                |
| Organizational Commitment                      | 11.39           | 3.50 | 11.58            | 3.31 | .19                 | .304                | .761                |

Note: The Wilcoxon signed-rank test is a nonparametric test of statistical significance based on comparing differences between average or mean ranks rather than means (and standard deviations). Means and standard deviations are reported here for ease of interpretation.

rehabilitation support, the findings show modest increases in empathy. Case managers exhibited the most change, followed by parole officers and counselors. Mean empathy scores for case managers increased from 12.7 to 13.7 for a mean difference of 1.0, twice the change observed for parole officers and case managers.

The increase in human service orientation, support for reentry, and empathy among correctional staff coincided with a decline in punitive attitudes toward inmates. As noted in the previous report (see Haas, Hamilton, and Hanley, 2005), punitive attitudes were inversely related to support for the reentry initiative. Thus, as the level of punitiveness declined among correctional staff, there was an increase in the level of reentry support.

The current results clearly indicate that the punitive orientation of correctional staff toward inmates has declined for all three subgroups. The decline in punitive attitudes among case managers is particularly pronounced. The change between pre and post measures of punitiveness for case managers is significant at the .01 probability level. As a result, case managers have a lower mean post-implementation score on the punitiveness scale compared to other

correctional staff. The mean level of punitiveness for case managers declined from a pre-implementation mean of 5.4 to 3.2 for a mean difference of 2.2. While not statistically significant, parole officers also experienced a similar reduction in punitiveness from a pre-implementation mean of 6.8 to 4.9 (mean difference = 1.9). Thus, these findings suggest that case managers may be primarily responsible for the significant changes in punitiveness observed for the total sample of correctional staff. To a lesser extent, parole officers also contributed to the reduction in punitive attitudes toward prisoners.

The findings for pre-post mean differences on both the organizational commitment and job satisfaction scales are mixed. Although parole officers' mean levels of organizational commitment and job satisfaction increased substantially, case managers' and counselors' levels of organizational commitment and job satisfaction declined after implementation of the WVORI. As shown in Graph 2, the mean level of job satisfaction for parole officers increased by 3 points prior to and after implementation of the initiative from 10.9 to 13.9. In contrast, the pre and post difference in means for case managers was much more modest (mean difference 1.1). While the result is not statistically

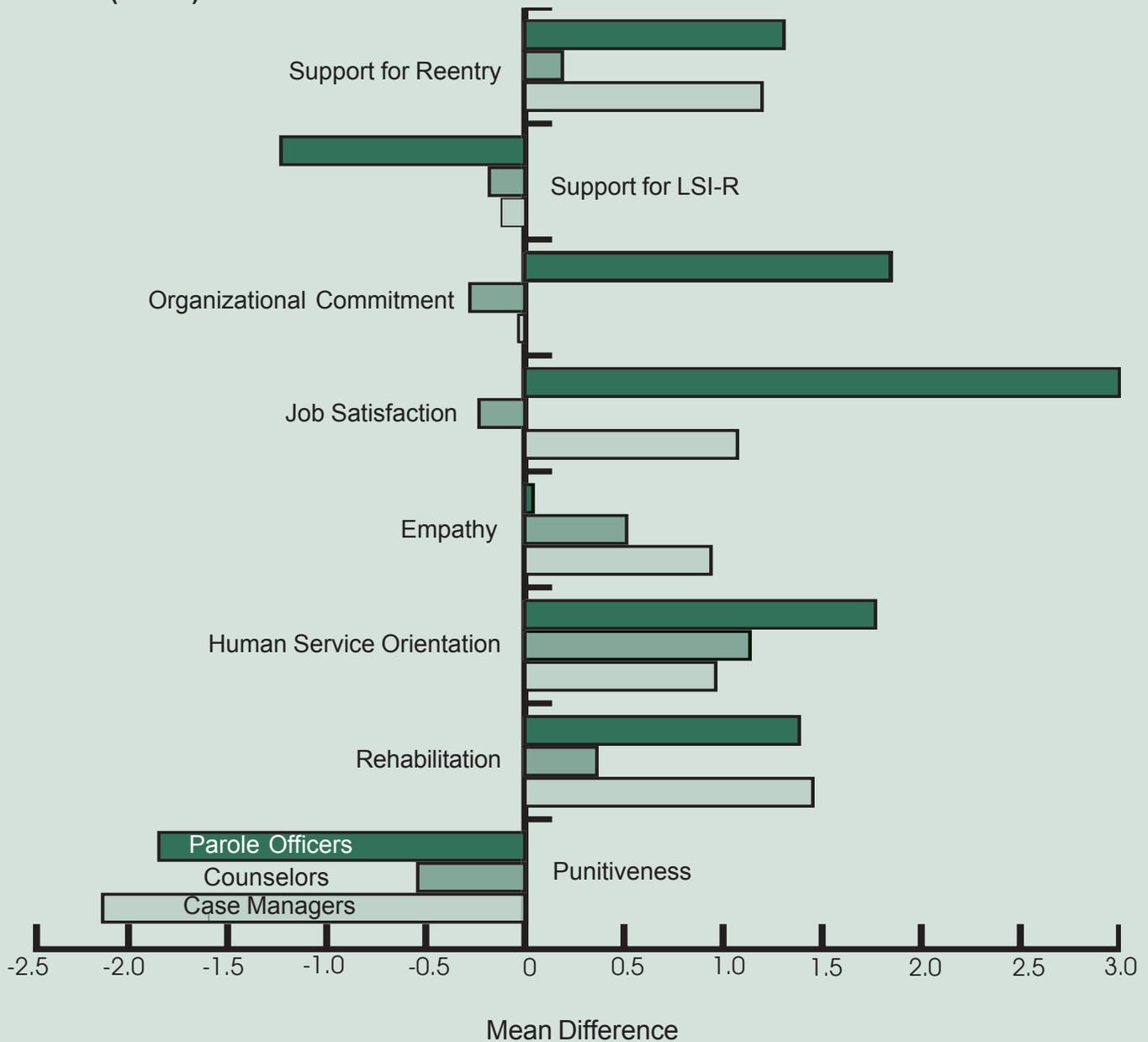
significant, counselors experienced a slight decline in job satisfaction subsequent to implementation.

Similar to job satisfaction, organizational commitment increased considerably for parole officers and declined slightly for case managers and counselors after implementation. Parole officers' level of organizational commitment increased substantially after implementation of the reentry initiative from a pre-implementation mean of 10.5 to 12.3 (mean difference = 1.8). In contrast, however, the organization commitment of case managers and counselors declined after implementation. Even though the declines are small for both groups, counselors experienced the

largest reductions in organizational commitment compared to case managers.

Lastly, the results presented in Graph 2 display mixed findings for the two support measures. As noted previously, level of support for the reentry initiative increased as result of the significant changes in the human service orientation and punitiveness of staff. The results in Graph 3 clearly show that support for the reentry initiative increased considerably for all three subgroups of staff. At the same time, however, all three subgroups are less supportive of the LSI-R since the implementation of the WVORI.

**Graph 2. Pre-Post Sample Differences in Means for Correctional Orientation Scales by Staff Position (N = 77)**



While all three subgroups show an increase in reentry support, it is evident that parole officers as well as case managers contributed most to the significant changes in support. Both groups have become notably more supportive of the WVORI. Among parole officers, mean level of support increased from 8.8 to 10.2 for a mean difference of 1.4. Similarly, case managers' support levels increased from 10.1 to 11.3 for a mean difference of 1.2. Counselors experienced only a slight change in the mean level of support for the reentry initiative. In spite of the positive changes among parole officers and counselors, however, case managers remain slightly more supportive of the WVORI compared to the other correctional staff.

Nonetheless, post-implementation increases in support for the WVORI did not correspond to similar increases in LSI-R support among correctional staff. In fact, LSI-R support declined for all three subgroups of correctional staff. In particular, support among parole officers declined considerably after implementation of the WVORI. Parole officers' mean level of support for the LSI-R declined from a pre-implementation level of 3.8 to 2.6 after initiation of the WVORI for a mean difference of 1.2.

Parole officer's reduction in LSI-R support is considerably more pronounced than the declines observed for case managers and counselors. While case managers' and counselors' support for the LSI-R also declined, the reductions in support were rather small. It is also important to note that case managers and counselors continue to remain much more supportive of the LSI-R compared to parole officers. At post-implementation, mean level of support for the LSI-R was 4.4 for counselors and 4.8 for case managers compared to 2.6 for parole officers. The following section begins our close examination of LSI-R and its use in reentry case planning and supervision.

### Reentry Case Planning and Supervision: Application and Support for the LSI-R

This section of the report describes the nature and extent of how the LSI-R is used and applied within the context of the offender reentry initiative. As noted previously, the LSI-R is intended to serve as the foundation for the WVDOC prescriptive case management system. In particular, the LSI-R was adopted by the WVDOC to assist in guiding decisions about reentry case planning as it relates to treatment programming. The following analyses seek to determine how the LSI-R is used by correctional staff. Emphasis is placed on how actual use corresponds to its intended use by the WVDOC administrative planners and the developers of the LSI-R.

#### Report Highlights...

*Staff attitudes have changed in a manner that is more in line with the goals and objective of the WVORI.*

*As correctional staff become more human service oriented and less punitive in their attitudes toward inmates, they also become more supportive of the reentry initiative itself.*

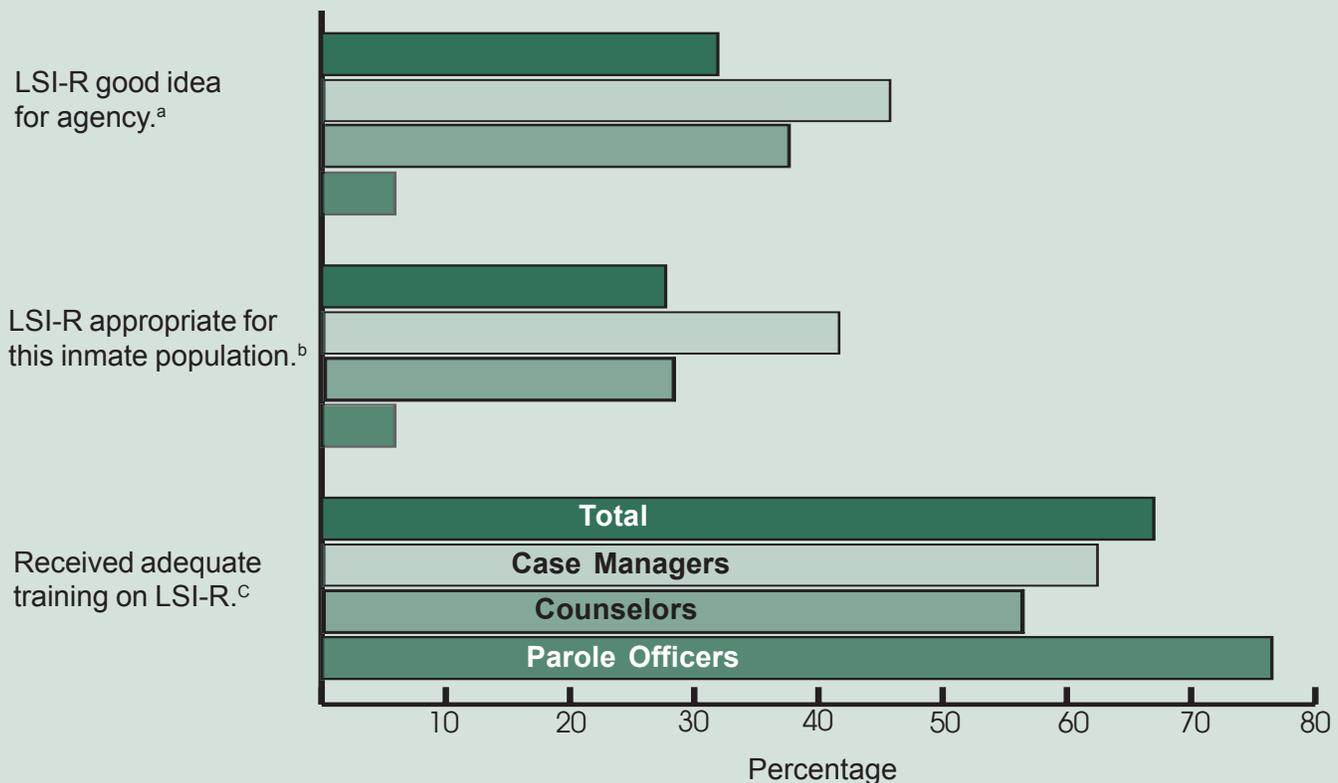
*Support for the reentry initiative increased considerably for all three subgroups of staff. At the same time, however, all three subgroups are less supportive of the LSI-R since the implementation of the WVORI.*

*In spite of the positive changes among parole officers and counselors, however, case managers remain slightly more supportive of the WVORI compared to the other correctional staff.*

The presentation of the results begins with an examination of correctional staff attitudes toward the appropriateness of the LSI-R for the WVDOC inmate population and the quality of training they received. This discussion is followed by how the LSI-R is used in the development of reentry plans for offenders. However, it is important to note that the following analyses are based solely on correctional staff that *have actually administered* the LSI-R. A total of 94 respondents reported that they had administered the LSI-R on an offender or prisoner.<sup>8</sup>

<sup>8</sup> Of the 128 correctional staff that responded to the survey, only 123 indicated whether or not they had been trained on the instrument and 110 responded to the question of whether they had ever administered the LSI-R on an offender or prisoner. A total of 14 or 11.4% of the 123 correctional staff indicated that they had never been trained on the instrument, while 16 or 14.5% of the 110 correctional staff reported that they had never administered the LSI-R on an offender or prisoner. A total of 5 staff members indicated that they had administered the LSI-R on an offender, but had not actually been trained.

**Graph 3. Percentage of Correctional Staff that Agree with Selected LSI-R Support Measures by Total Sample and Staff Position (N = 73)**



<sup>a</sup>Chi-Square = 7.75;  $p = .021$

<sup>b</sup>Chi-Square = 6.42;  $p = .040$

<sup>c</sup>Chi-Square = 1.95;  $p = .377$

Note: A total of 21 cases contain missing information.

Graph 3 provides results on the general attitudes of correctional staff toward the LSI-R for the total post-implementation sample. Each item is measured on a Likert scale with response categories ranging from strongly disagree to strongly agree. The percentage of staff that agree or strongly agree with each of the statements are presented in Graph 3. Less than one-third of all staff that had actually administered the LSI-R on an offender or prisoner agree it is a good idea for the agency (31.9%) and that the LSI-R is appropriate for their population of offenders (27.7%). On the other hand, most correctional staff report that they received adequate training on the administration of the LSI-R. In fact, 67.7% of correctional staff indicate that they received adequate training.

In addition, there is considerable variation in staff responses to each of these items by employment position. In particular, the results show a statistically significant difference in the degree to which staff believe the LSI-R is a good idea for the agency and whether it is appropriate for WVDOC's inmate population by employment position. Over forty percent of case

managers indicate that they believe the LSI-R is both a good idea for the agency (45.8%) and that it is appropriate for their inmate population (41.7%). A slightly smaller percentage of counselors report that they agree the LSI-R is a good idea (37.5%) and is appropriate for WVDOC's inmate population (28.1%). Parole officers are by far the least likely group to agree that the LSI-R is both a good idea for the agency and appropriate for their offender population. Only 5.9% of parole officers or 1 out of the 17 parole officers agree with these two statements.

On the other hand, a majority of correctional staff believe they are adequately trained on the application and use of the LSI-R, regardless of employment position. However, a greater percentage of parole officers report that they are adequately trained on the LSI-R compared to other correctional staff. Over three-quarters of parole officers (76.5%) indicate that they received adequate training on the LSI-R, compared to 62.5% of case managers and 56.3% of counselors. Nevertheless, these results are not statistically significant.

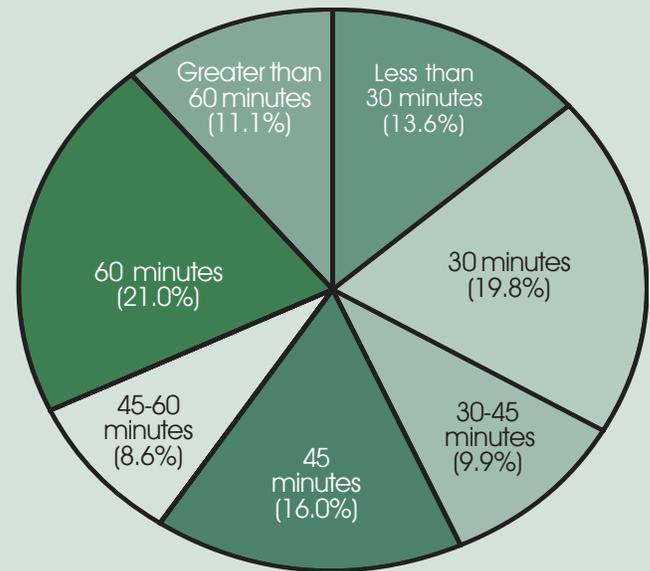
### Time to Administer the LSI-R

Graph 4 displays the amount of time correctional staff report it takes to administer the LSI-R. Based on these results, it is clear that there is a great deal of variation in the amount of time it takes different correctional staff to complete the LSI-R. As shown in Graph 4, the minimum and maximum amount of time ranged from 10 to 180 minutes or 3 hours. However, a vast majority of correctional staff indicate that it takes them 60 minutes or less to administer a LSI-R assessment. Nearly ninety percent of correctional staff (88.9%) report that they spend 60 minutes or less per assessment. On average, staff indicate it takes 47 minutes to complete the LSI-R with nearly sixty percent of staff (59.3%) reporting a time of 45 minutes or less. One-third of staff (33.3%) reveal that it takes them 30 minutes to complete the administration of the LSI-R, while 13.6% of staff appear to spend less than 30 minutes per assessment.

### Use of the LSI-R in the Performance of Reentry Activities

There is also a considerable amount of variation in how correctional staff apply the results of the instrument when performing reentry activities (see Table 5). Of all correctional staff that have actually administered the LSI-R, a rather substantial proportion has never used the instrument to perform a wide range of reentry activities. For instance, nearly one-third of correctional staff report that they have never used the LSI-R to set conditions of supervision (38.3%), assess treatment progress (33.0%), determine an offender's risk for recidivism (33.0%), or establish a supervision plan for an offender (29.8%). On the other hand, over three-quarters of staff report using the instrument at least once

**Graph 4. Time to Complete the LSI-R (N = 81)**



Mean = 47.43, Median = 45.0, SD = 26.2

Minimum = 10, Maximum = 180

Note: A total of 13 cases contain missing information.

to determine risk level (88.3%), to identify sources for referral (79.8%), to determine supervision level (78.7%), and to develop a treatment plan (77.7%).

In addition, the instrument tends to be used differently based on the employment position of correctional staff. As anticipated, over ninety-five percent (95.8%) of case managers report that they have used the results of the LSI-R to determine the risk level of an offender and develop a reentry plan. Case managers also tend to use the LSI-R when developing treatment plans (87.5%) and identifying referral sources (83.3%). Far fewer case managers use the LSI-R to help guide decisions related to setting conditions of supervision (50.0%), determining appropriate classification levels for offenders (66.7%), ascertaining an offender's risk for recidivism (58.3%), and establishing supervision plans (62.5%).

Counselors tend to use the LSI-R to determine prisoner risk levels and develop treatment plans. Over eighty percent of counselors (81.3%) that have administered the LSI-R report that they have used the instrument at least once to assess an offender's level of risk and to develop a treatment plan for an inmate. Yet, it is important to note that 18.8% of counselors have never used LSI-R to develop a treatment plan. Moreover, 28.1% of counselors report that they have not used the LSI-R to assess an offender's progress in treatment.

### Report Highlights...

*LSI-R support declined for all three subgroups of correctional staff.*

*In particular, support among parole officers declined considerably after implementation of the WVORI.*

*Parole officers as well as case managers contributed most to the significant changes in support.*

*Parole officers' reduction in LSI-R support is considerably more pronounced than the declines observed for case managers and counselors.*

**Table 5. Percentage of Correctional Staff Reporting Use of the LSI-R in the Performance of Various Reentry Activities.**

| Activity                       | Total |               | Case Manager |               | Counselor |               | Parole Officer |               |
|--------------------------------|-------|---------------|--------------|---------------|-----------|---------------|----------------|---------------|
|                                | Never | At least once | Never        | At least once | Never     | At least once | Never          | At least once |
| Determine risk level           | 11.7  | 88.3          | 4.2          | 95.8          | 18.8      | 81.3          | 0.0            | 100.0         |
| Develop a treatment plan       | 22.3  | 77.7          | 12.5         | 87.5          | 18.8      | 81.3          | 35.3           | 64.7          |
| Identify referral sources      | 20.2  | 79.8          | 16.7         | 83.3          | 25.0      | 75.0          | 17.6           | 82.4          |
| Determine supervision level    | 21.3  | 78.7          | 20.8         | 79.2          | 28.1      | 71.9          | 0.0            | 100.0         |
| Establish a supervision plan   | 29.8  | 70.2          | 37.5         | 62.5          | 31.3      | 68.8          | 11.8           | 88.2          |
| Set conditions of supervision  | 38.3  | 61.7          | 50.0         | 50.0          | 34.4      | 65.6          | 29.4           | 70.6          |
| Assess treatment progress      | 33.0  | 67.0          | 29.2         | 70.8          | 28.1      | 71.9          | 52.9           | 47.1          |
| Determine classification level | 27.7  | 72.3          | 33.3         | 66.7          | 37.5      | 62.5          | 0.0            | 100.0         |
| Determine risk for recidivism  | 33.0  | 67.0          | 41.7         | 58.3          | 32.1      | 68.8          | 17.6           | 82.4          |
| Develop a reentry plan         | 26.6  | 73.4          | 4.2          | 95.8          | 28.1      | 71.9          | 41.2           | 58.8          |

Note: Total N = 73; Case Manager, N = 24; Counselor, N= 32; Parole Officer, N = 17. A total of 21 cases contain missing information.

The results in Table 5 further underscore the importance of supervision and risk management for parole officers. It is clear that parole officers generally do not use the LSI-R to develop reentry and/or treatment plans and they do not tend to reassess an offender's progress in treatment. On the contrary, all 17 parole officers report that they had used the LSI-R at least once to determine the risk level of an offender, decide on the appropriate level of supervision for an offender, and determine an offender's classification level. Moreover, it is important to highlight the fact that many parole officers are using the instrument to identify appropriate referral sources for offenders (82.4%). Likewise, most parole officers use the LSI-R to establish supervision plans for offenders on their caseload (88.2%).

With that said, the two most salient patterns depicted in Table 5 relate to the use of the LSI-R for the assessment of offender progress in treatment and in the development of reentry plans. An important element of the LSI-R is its capacity to help reentry personnel to monitor change in an offender's risk and need levels over time. Reassessment helps staff to better allocate resources to offenders with the highest risk/need levels

and gauge the progress of offenders in achieving treatment objectives as they prepare to reintegrate into the community. Based on the results presented in Table 5, however, it is not entirely clear the instrument is being used to monitor change and assess offender progress. For example, nearly thirty percent of case managers (29.2%) and counselors (28.1%) as well as over one half of parole officers (52.9%) report that they have never used the LSI-R to assess offender progress.

In addition, the findings suggest that parole officers are utilizing the LSI-R far less than counselors and case managers in the development of offender reentry plans. While the development of reentry plans is a central function of case managers, the WVORI plan developed by the WVDOC sought to facilitate greater collaboration on the part of parole officers and case managers in the establishment and implementation of transitional services. These results suggest there may continue to be disjuncture between case managers and parole officers when it comes to the development of offender reentry plans. The following section specifically focuses on the use of the LSI-R among correctional staff in reentry planning.

### The Use of the LSI-R in Reentry Planning

This section of the report seeks to further delineate the extent to which the LSI-R is used in the development of reentry plans. It is anticipated that these results will illustrate the degree to which a key component of the prescriptive case management system was implemented within the context of the WVORI. This section begins with an examination of the extent to which the LSI-R is used in reentry planning for the total post-implementation sample of correctional staff and by employment position.

Graph 5 displays the percentage of correctional staff that report the use of the LSI-R for the purpose of developing reentry plans. Staff were asked to indicate the extent to which they agreed with the statement "I use the results of the LSI-R to determine the reentry plan for my caseload." The percentage of staff that agree or strongly agree with the statement is shown in Graph 5.

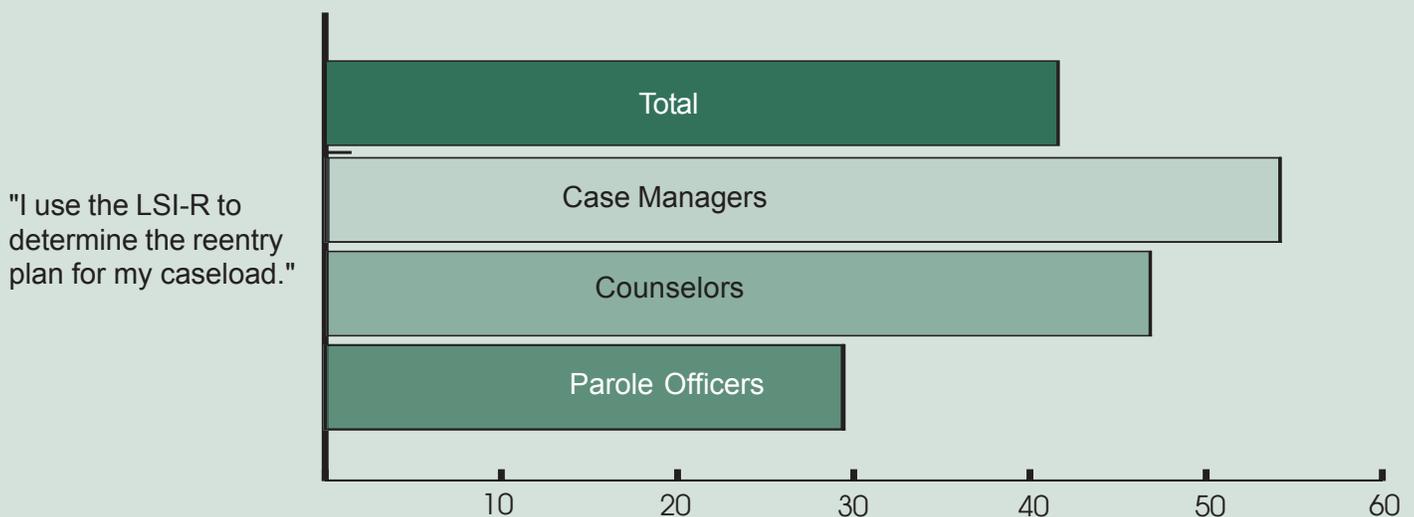
The results indicate that a majority of correctional staff do not apply the results of the LSI-R when developing reentry plans. In fact, only 4 out of 10 correctional staff indicate that they use the results of the LSI-R to develop reentry plans. As a result, nearly two-thirds of correctional staff do not place emphasis on the use of an empirically validated risk and needs instrument such as the LSI-R when engaging in the reentry planning process.

Although the results are not statistically significant, the emphasis placed on the use of the LSI-R in reentry planning does vary by subgroup. Parole officers are

clearly the least likely group of correctional staff to use the LSI-R in the reentry planning process. This may be partly due to the fact that the previous analysis suggested that many parole officers may be detached from the reentry planning process. Less than thirty percent of parole officers (29.4%) agree or strongly agree that they used the results of the LSI-R to determine the reentry plan for their caseload. Case managers appear to rely most heavily on the results of the LSI-R followed by counselors. Over one half of all case managers (54.2%) express that they utilize the LSI-R in the development of reentry plans, compared to 46.7% of counselors.

Consistent with these results, it is also evident that most correctional staff are not referring to specific outcomes of the LSI-R assessment when writing reentry plans. Staff were asked to report how many times, on average, a reentry plan that they had written for a single offender specifically referred to a domain on the LSI-R. As shown in Graph 6, 65.5% of correctional staff indicate that the reentry plans they write for an offender never specifically refer to any LSI-R domain. Over three-quarters of parole officers (77.8%), 64.3% of case managers, and 55.7% of counselors indicate that their reentry plans typically do not refer to a specific LSI-R domain score. As a result, it is likely that many reentry plans are being written and developed without a clear rationale rooted in an objective assessment of an offender's level of risk and needs. An additional 10.3% of correctional staff report that a reentry plan they have written only tends to refer to a

**Graph 5. Percentage of Correctional Staff that Agree They Use the LSI-R to Develop Offender Reentry Plans by Staff Position (N = 89)**



Chi-Square = 2.517;  $p = .284$ , n.s.

Note: A total of 5 cases contain missing information.

LSI-R domain score once. This is followed by an average of two times (12.1%) and three or more times (12.1%) per an assessment.

While most correctional staff do not specifically refer to the LSI-R in the development of their reentry plans, it appears that they are more likely to refer to certain domains over others. Table 6 displays the self-reported likelihood of correctional staff to refer to each LSI-R domain when writing a reentry plan. Staff were asked to indicate how "likely" they were to specifically refer to each LSI-R domain when writing a reentry plan. The findings highlight the fact that some risk and need factors are thought to be more important than others when making supervision and programming decisions for offenders.

As shown in Table 6, correctional staff tend to place emphasis on the LSI-R domains related to substance use, criminal history, and need for education and employment. Of all the LSI-R domains, an offender's score on the alcohol and drug domain is by far the most likely factor to be referred to by correctional staff when developing individual reentry plans. Nearly sixty percent of all correctional staff (57.1%) report that they are most likely to refer to the substance use domain. Alcohol and drug use is followed by the LSI-R domains of

### Report Highlights...

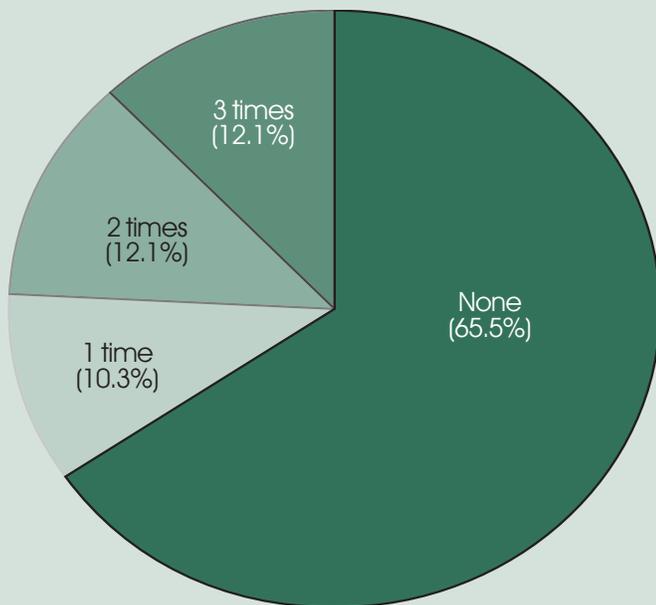
*Less than one-third of all staff that had actually administered the LSI-R on an offender or prisoner agree it is a good idea for the agency (31.9%) and that the LSI-R is appropriate for their population of offenders (27.7%).*

*Over three-quarters of parole officers (76.5%) indicate that they received adequate training on the LSI-R compared to 62.5% of case managers and 56.3% of counselors.*

*Sixty percent of parole officers report that they are "very likely" to refer to the criminal history score on the LSI-R when writing a reentry plan, compared to only 40.7% of counselors and 31.6% of case managers.*

*Only 4 out of 10 correctional staff indicate that they use the results of the LSI-R to determining the reentry plan for their caseload.*

**Graph 6. Number of Times Correctional Staff Report Referring to the LSI-R to Develop Reentry Plans (N = 58)**



Mean = 0.95; SD = 1.84; Min. = 0; Max. = 10.  
Note: A total of 36 cases contain missing information.

criminal history (42.9%), education and employment (35.1%), and the emotional/personal needs of offenders (31.2%).

In contrast, correctional staff are least likely to refer to the LSI-R domains related to an offender's leisure and recreation, finances, companions, accommodations, and attitudes. Only 11.8% of staff indicate that they are very likely to refer to the leisure and recreation domain of the LSI-R when developing a reentry plan. Leisure and recreation was followed by an offender's finances (18.4%), companions (20.8%), family and marital relationships (22.1%), attitudes (23.4%), and accommodations (26.0%).

In terms of difference among correctional staff, little variation in the weight given to each domain is present. However, parole officers are more likely to refer to the criminal history of an offender than case managers and counselors. Sixty percent of parole officers report that they are "very likely" to refer to the criminal history score on the LSI-R when writing a reentry plan, compared to only 40.7% of counselors and 31.6% of case managers.

On the other hand, case managers and counselors report placing greater emphasis on the criminal sentiments or attitudes of offenders when writing reentry plans. Over one-quarter of case managers (26.3%) and counselors (25.9%) state that they are "very likely"

**Table 6. Percentage of Correctional Staff's Self-Reported Likelihood of Referring to Specific LSI-R Domains When Developing a Reentry Plan (N = 94)**

|                      | Not Likely | Not too Likely | Likely | Very Likely | N  |
|----------------------|------------|----------------|--------|-------------|----|
| <b>LSI-R Domains</b> |            |                |        |             |    |
| Criminal History     | 6.5        | 13.0           | 37.7   | 42.9        | 77 |
| Education/Employment | 5.2        | 16.9           | 42.9   | 35.1        | 77 |
| Financial            | 10.5       | 31.6           | 39.5   | 18.4        | 76 |
| Family/Marital       | 7.8        | 15.6           | 54.5   | 22.1        | 77 |
| Accommodations       | 9.1        | 23.4           | 41.6   | 26.0        | 77 |
| Leisure/Recreation   | 14.5       | 44.7           | 28.9   | 11.8        | 76 |
| Companions           | 10.4       | 22.1           | 46.8   | 20.8        | 77 |
| Alcohol/Drug         | 5.2        | 6.5            | 31.2   | 57.1        | 77 |
| Emotional/Personal   | 7.8        | 19.5           | 41.6   | 31.2        | 77 |
| Attitudes            | 9.1        | 20.8           | 46.8   | 23.4        | 77 |

to refer to the LSI-R domain that relates to offender attitudes. Only 6.7% of parole officers indicate that they are “very likely” to refer to an offender’s score on the attitude domain when preparing a reentry plan.

Based on these results, there appears to be a disconnect in what factors are referred to when writing reentry plans and what is known about offender recidivism. For instance, antisocial associates (companions) and attitudes of offenders make up two of the “big four” risk factors determined to be most predictive of offender recidivism in empirical research. However, nearly one-third of correctional staff indicate that they are “not too likely” and “not likely at all” to refer to these domains when developing their reentry plans.

Conversely, many staff report that they are either likely or very likely to refer to the alcohol and drug use domain when considering an offender's reentry plan. While an offender’s level of substance abuse is a very important factor to consider, research shows that substance abuse is less predictive of recidivism than the attitudes and companions of offenders. To further assess the application of the LSI-R in reentry planning, the following analysis examines the variation in correctional staff ratings and recommendations based on specific LSI-R domains using a series of case scenarios.

### Assessment of Offender Needs and Correctional Staff Recommendations for Reentry Services and Supervision

This section of the report focuses on how LSI-R assessments are used to guide recommendations for offenders as they return to the community. A primary objective of any prescriptive case management system is to establish a clear connection between the risk and needs of individual offenders and the services recommended and provided. This is achieved through the preparation of a reentry plan that is based in part on an objective risk and needs assessment such as the LSI-R.

The LSI-R is one of a host of offender assessments used by the WVDOC in their prescriptive case management system to assist correctional staff in developing reentry plans for offenders. However, the LSI-R is the primary tool for assessing the general risk and needs of offenders. Moreover, WVDOC staff were trained to make program recommendations for offenders after reviewing the composite scores of the LSI-R.

Given that the LSI-R serves as a primary tool for guiding judgments on appropriate reentry services and strategies, the following section seeks to provide a better appreciation for actually how the LSI-R is used

## Figure 1. LSI-R Case Scenarios for Correctional Staff Ratings and Recommendations

*Drug/Alcohol Use.* Your client has a history of smoking marijuana and has consumed, on average, 2 beers a day for the past 4 years.

*Accommodations.* An offender has a stable residence with his mother upon release. He is 18 years old and is being released from a drug trafficking conviction after serving 6 months. His mother is employed full-time and has a stable income. She has no criminal history and lives a sober lifestyle. The offender's brother is also residing in the home. He has a lengthy criminal history (theft and drug offense convictions spanning approximately 10 years) and is actively using alcohol. The oldest brother is 31 and associates with a different crowd than the offender. The brothers do not "hang out" on a routine basis other than being in the same house.

*Companions.* You are assessing an offender's attitude. He is relatively cooperative, although he appears nervous and scared. This is his first incarceration. When you ask him about his friends, however, his back straightens and he becomes very bold. His language changes, his hand movements change and he is very open about his "relationships" with his friends. He states "they are my boys. They'd take a bullet for me and I would take one for them." Specifically, he is referring to three individuals, who between them have multiple convictions for theft, drug trafficking and assault. He voluntarily associates with his uncle who is a pastor at a local church and is very respectful toward his uncle.

*Emotional/Personal.* A female offender is being released in the next two weeks. She has three children (ages 13, 9, and 5) who are currently residing with her mother, who works a full time and part time job. The offender has shown signs of depression while in the institution and has a history of outpatient treatment for depression and one prior suicide attempt as a teenager. She is apprehensive about returning home and is concerned about the welfare of her children.

*Family/Marital.* An offender on your caseload has been observed fighting with his wife in the visiting room each of the last three weeks. She has left the institution crying and he has returned to his cell very agitated. You have asked him about the problem and his response is "same old thing." He has been married for 5 years and has 3 children, two of them with his wife. The offender, his wife and these two children reside in the same home. In the past, he has stated that he would leave if he had somewhere to go. His father passed away five years ago and his mother is abusive toward him. He has a sister who lives with a man who is well known to the police as a gang leader and drug trafficker.

by WVDOC staff to assess the needs of offenders transitioning to the community. In addition, the analysis examines a critical aspect in the use of the LSI-R and its use — the degree to which the assessments provided by correctional staff are congruent with subsequent recommendations for reentry referrals and services.

The central objective of this exercise is not to conclude that one assessment or recommendation is more accurate than another; rather it is to ascertain the degree to which assessments and recommendations vary among correctional staff. A high degree of variability in initial assessments among correctional staff and/or a lack of congruence between assessments and the recommendations of correctional staff may suggest the need for further guidance in how to best apply an instrument such as the LSI-R in the newly developed PCMS. If either of these two conditions are present, it can have a significant impact on the extent to which offenders receive needed services and program referrals.

To assess how the LSI-R is applied in the reentry planning process, correctional staff were asked to assess the seriousness or severity of the problem and then provide the most appropriate recommendations for addressing the offender's need or situation. The case scenarios used to examine the LSI-R assessments are displayed in Figure 1. A total of five scenarios were given to correctional staff. Each scenario related to a specific domain measured in the LSI-R. These domains include: drugs/alcohol, accommodations, companions, emotional/personal, and family/marital situation.

Once staff offered an initial assessment of the seriousness or severity of the offender's problem or need, they were asked to offer a recommendation. Staff were given a host of options and asked to choose the most appropriate recommendation for the offender. While in actual practice referrals and recommendations are made based on the complete "picture" of the offender, these case scenarios can provide a tool for

**Table 7. Frequency and Percentage of Correctional Staff Case Scenario Assessment Ratings (N = 94)**

| Case Scenario Ratings                  | N         | %            |
|--|-----------|--------------|
| <b>Drug/Alcohol</b>                    |           |              |
| No drug/alcohol problem                | 1         | 1.1          |
| A small drug/alcohol problem           | 4         | 4.3          |
| A moderate drug/alcohol problem        | 50        | 54.3         |
| A severe drug/alcohol problem          | 37        | 40.2         |
| <b>Total</b>                           | <b>92</b> | <b>100.0</b> |
| <b>Accommodations</b>                  |           |              |
| Acceptable                             | 9         | 9.9          |
| Adequate                               | 18        | 19.8         |
| Inadequate                             | 27        | 29.7         |
| Unsatisfactory                         | 37        | 40.7         |
| <b>Total</b>                           | <b>91</b> | <b>100.0</b> |
| <b>Companions</b>                      |           |              |
| A social isolate                       | 5         | 5.6          |
| Some criminal acquaintances            | 8         | 8.9          |
| Some criminal friends                  | 48        | 53.3         |
| Few anticriminal acquaintances         | 5         | 5.6          |
| Few anticriminal friends               | 24        | 26.7         |
| <b>Total</b>                           | <b>90</b> | <b>100.0</b> |
| <b>Emotional/Personal</b>              |           |              |
| No interference                        | 2         | 2.2          |
| Moderate interference                  | 61        | 67.0         |
| Severe interference                    | 28        | 30.8         |
| <b>Total</b>                           | <b>91</b> | <b>100.0</b> |
| <b>Family/Marital</b>                  |           |              |
| Dissatisfaction with marital situation | 63        | 71.6         |
| Nonrewarding, parents                  | 5         | 5.7          |
| Nonrewarding, other relatives          | 6         | 6.8          |
| Criminal family/spouse                 | 14        | 15.9         |
| <b>Total</b>                           | <b>88</b> | <b>100.0</b> |

assessing how particular information is used when staff are making decisions about referrals and services. The assessment ratings offered by staff for each of the five case scenarios are presented in Table 7.

#### *Correctional Staff Assessment of Offenders' Needs*

The first case scenario involved an offender with a history of smoking marijuana and continues to consume, on average, four beers a day. Staff were asked to rate the severity of this offender's alcohol/drug problem.

The results suggest that correctional staff may not be entirely sure how to rate the severity of the offender's alcohol/drug problem. While few staff rate the offender as either not having a problem or a very small drug/

alcohol problem, many are mixed on their assessment of whether the scenario depicts a moderate to severe need for the offender. Over one half of correctional staff assess the offender as having a moderate drug/alcohol problem (54.3%). At the same time, however, roughly 4 in 10 staff believe the offender's alcohol/drug problem is severe. Thus, these results show that there is variation in how correctional staff appraise the drug and alcohol needs of offenders.

Similar to drug/alcohol use, staff may differ in how they assess the appropriateness of housing accommodations for offenders upon release. To examine how information on housing accommodations is used, staff were asked to consider a case involving the release of an 18 year old offender back to his mother's house. As depicted in this case, an 18 year old male is scheduled to be released from prison for a drug trafficking conviction to his mother's house where his 31 year old brother also resides. His brother has a lengthy criminal history that includes both theft and drug offense convictions. Staff were asked to evaluate the appropriateness of the post-release housing accommodation that the offender had established.

As shown in Table 7, assessments on the part of correctional staff vary from the housing accommodation being acceptable to it being unsatisfactory/not acceptable. While most correctional staff deem the release of the offender to his mother's house as either inadequate (29.7%) or unsatisfactory (40.7%), nearly thirty percent of staff believe the housing accommodation to be acceptable (9.9%) or adequate (19.8%). As a result, staff appear to be unsure about what constitutes an appropriate housing situation for newly released prisoners.

#### *Report Highlights...*

*Most correctional staff do not refer to specific outcomes of the LSI-R assessment when writing reentry plans.*

*Over three-quarters of parole officers (77.8%), 64.3% of case managers, and 55.7% of counselors indicate that their reentry plans typically do not refer to a specific LSI-R domain score.*

*Of all the LSI-R domains, an offender's score on the alcohol and drug domain is by far the most likely factor to be referred to by correctional staff when developing individual reentry plans.*

Research consistently shows that the presence of antisocial associates is one of the strongest predictors of criminal behavior and recidivism. As a result, the developers of the LSI-R consider the presence of antisocial associates to be one of the “big four” as it relates to predicting future criminal behavior. For the LSI-R, however, it is not simply a matter of an offender having criminal friends and/or acquaintances but also having few anticriminal friends and/or acquaintances in an offender’s life to counterbalance criminal influences. To better understand how staff evaluate information on this important LSI-R domain, they were provided a case scenario that depicted an offender that verbalized support and loyalty for a group of three criminal friends.

Most correctional staff assess this offender as either having some criminal friends or few anticriminal friends (see Table 7). Over fifty percent of correctional staff rate this offender as having some criminal friends (53.3%), while roughly one-quarter rate this offender as having few anticriminal friends (26.7%). At the same time, however, nearly fifteen percent of staff rate the offender as having some criminal acquaintances (8.9%) or few anticriminal acquaintances (5.6%), even though the scenario did not provide information on acquaintances or other contacts. Moreover, just over five percent of correctional staff deem this offender to be a social isolate (5.6%).

The extent to which emotional and/or personal difficulties might interfere with the reintegration process is also another important risk and/or need factor to consider when assessing offenders. To examine how offenders with a history of emotional and/or personal difficulties are evaluated by correctional staff, a case scenario involving a soon-to-be released female offender was provided to staff. The female offender is a mother of three children and is known to have struggled with depression while in the institution as well as prior to going to prison. Staff were asked to indicate the level of interference that this offender’s mental illness may present as she returns home.

The results suggest that correctional staff are mixed on whether the symptoms described for the offender may result in either moderate or severe interference in the reintegration process. Nearly one-third of staff indicate that the offender’s depression will result in severe interference (30.8%), while over two-thirds report it may pose a moderate level of interference (67.0%). Very few correctional staff believe that the offender’s depression will pose no interference as she reintegrates into the community. Less than three percent of correctional staff believe that the depression would result in no interference (2.2%).

Finally, correctional staff were asked to provide an assessment of an offender’s family and/or marital situation. Family and marital relationships can be a valuable source of social support for offenders and serve as interpersonal sources of reward for prosocial behavior. However, when conflict or other dysfunction is part of the family or marital context, family members can act as models and direct supports for antisocial or criminal behavior. Therefore, it is important for correctional staff to assess the procriminal and anticriminal dynamics of family and marital relationships when developing reentry plans for offenders.

To examine how correctional staff rate the family and marital needs of offenders, staff were given a case scenario that described an offender who had been observed fighting with his wife in the visiting room of the institution. The fighting had taken place during each visit over the past three weeks. The offender seems to dismiss the problem as the “same old thing.” Moreover, his father had passed away five years ago, his mother is alive but was abusive, and his sister lives with a person with a criminal record. Staff were asked to provide an assessment of the family and marital situation.

As shown in Table 7, nearly three-quarters of staff believe the scenario depicts a dissatisfied marital relationship (71.6%). However, the results are mixed for other assessment options. Some staff focus on the fact that the offender has nonrewarding parents or other relatives, while others concentrate on the presence of some family members that are involved in criminal activity. Roughly fifteen percent of correctional staff point out that a family member or spouse is involved in crime (14.9%). Others note that the offender has a nonrewarding relationship with his parents (5.7%) or nonrewarding relationships with other relatives (6.8%).

In short, these results indicate that there is a substantial amount of variation in how correctional staff use information to ascertain the risk and needs of offenders. As shown above, staff may place greater or lesser emphasis on particular problems in an offender’s situation or certain criminogenic needs depending upon the nature of the individual case. The proper identification of an offender’s needs is the first step to providing proper and adequate services to offenders that will eventually reintegrate into the community.

While the accurate identification of an offender’s risk level and needs is important, however, it is equally important to understand how these assessments are used to formulate recommendations for reentry

**Table 8. Frequency and Percentage of Correctional Staff Recommendations based on Selected Assessment Ratings**

| <b>Case Scenario Recommendations</b>   | <b>N</b>  | <b>%</b>     |
|--|-----------|--------------|
| <b>A severe drug/alcohol problem</b>   |           |              |
| Educational drug/alcohol program that is 4 hours in length                           | 1         | 3.0          |
| Outpatient drug/alcohol program-- 2 hours once per week                              | 5         | 15.2         |
| Intensive outpatient drug/alcohol program-- 2 hours, 3 times per week                | 5         | 15.2         |
| 30 day residential drug/alcohol program  | 4         | 12.1         |
| 90 day residential drug/alcohol program  | 7         | 21.2         |
| AA/NA meetings   | 11        | 33.3         |
| <b>Total</b>   | <b>33</b> | <b>100.0</b> |
| <b>Unsatisfactory</b>  |           |              |
| Do not release to mother's address-- release to shelter until accommodations secured | 26        | 70.3         |
| Release to mother's address with condition that housing need is severe               | 6         | 16.2         |
| Release to mother's address with condition that other housing should be sought       | 4         | 10.8         |
| Release to mother's address as stable residence                                      | 1         | 2.7          |
| <b>Total</b>   | <b>37</b> | <b>100.0</b> |
| <b>Some criminal friends</b>   |           |              |
| Enter cognitive behavioral treatment for criminality                                 | 8         | 16.7         |
| Find a housing situation away from the "old neighborhood" and friends                | 19        | 39.6         |
| Find another mentor for the offender   | 1         | 2.1          |
| Request that a condition of release be a "stay away order" from the friends          | 20        | 41.7         |
| <b>Total</b>   | <b>48</b> | <b>100.0</b> |
| <b>Severe interference</b>   |           |              |
| Psychological Assessment   | 5         | 18.5         |
| Outpatient Mental Health Treatment   | 8         | 29.6         |
| Intensive Outpatient Mental Health Treatment   | 7         | 25.9         |
| Long Term Residential Mental Health Treatment (90 days or longer)                    | 7         | 25.9         |
| <b>Total</b>   | <b>27</b> | <b>100.0</b> |
| <b>Dissatisfaction with marital situation</b>  |           |              |
| Suggest the offender return home to his wife and children                            | 2         | 3.2          |
| Suggest the family attend counseling   | 44        | 69.8         |
| Suggest the offender live with his mother  | 2         | 3.2          |
| Suggest the offender find a shelter after release                                    | 15        | 23.8         |
| <b>Total</b>   | <b>63</b> | <b>100.0</b> |

services and supervision. These recommendations serve as the basis for the development of effective reentry plans for offenders. Using the assessments provided by correctional staff on each of the case scenarios above, the following analyses illustrate the nature of the recommendations offered by staff.

*Recommendations of Correctional Staff Based on LSI-R Assessments*

Table 8 displays staff's recommendations based on the risk and needs assessments for the offenders described in each of the case scenarios. To conduct

this analysis, the recommendations offered by correctional staff are examined in relation to a single assessment rating for each of the five case scenarios. The most common and, in some instances, the most extreme assessment ratings provided by staff is used in the analysis. By choosing the most common assessment ratings, we are able to ensure a sufficient number of responses to draw conclusions and better illustrate the range in the recommendations offered by staff.

For the LSI-R domain of substance use, the recommendations of staff that assessed the offender

as having a severe drug/alcohol are examined. As noted in Table 8, the recommendations are nearly evenly distributed across all available options. While one-third of correctional staff recommend the attendance of AA/NA meetings for the offender, many others recommend residential treatment programs. Roughly one-third of correctional staff recommend either a 90-day (21.2%) or a 30-day (12.1%) residential program for the offender. Meanwhile, another one-third of correctional staff recommend an intensive outpatient drug/alcohol program (15.2%) or an outpatient drug/alcohol treatment program (15.2%). No staff suggest that the offender not receive any treatment and only 1 staff person recommends a 4 hour educational program.

The variation in staff recommendations is less pronounced, but still present when considering proposals for housing upon release. Of the correctional staff that rated the mother's house as an unsatisfactory accommodation, a vast majority recommend that the offender should be released to a shelter until other accommodations can be made. Slightly more than seventy percent of correctional staff made this recommendation (70.3%). However, over one-quarter of staff suggest that the offender should either be released to the mother's residence with a condition that other housing should be sought (10.8%) or released to the mother's address with a condition that housing need is severe (16.2%). Only 1 staff person recommends that the offender be released to the mother's address as a stable residence.

Staff also appear to be unclear on what to recommend for offenders that express a degree of loyalty for criminal friends. In the case of the offender who communicated strong verbal support for a group of friends heavily involved in crime, the recommendations range from finding a mentor to requesting a "stay away order" from the friends as a condition of his release or supervision. Most staff prefer that the offender stay away from the criminal friends either through the issuance of a "stay away order" (41.7%) or assisting the offender in finding a housing situation away from the "old neighborhood" and friends (39.6%). However, far fewer correctional staff recommend the more substantive treatment options for the offender. Only 16.7% of staff believe the offender should enter a cognitive behavioral treatment program and only 1 person would find a mentor for the offender.

Perhaps one of the most difficult situations for a case manager or parole officer to deal with is an offender that has a mental health condition that may interfere with their ability to acclimate into their respective prosocial roles on the outside. The difficulty

### *Report Highlights...*

*There is a substantial amount of variation in how correctional staff use information to ascertain the risk and needs of offenders.*

*There is little agreement among staff about what to recommend for reentry services and planning after they have made an assessment on the seriousness or severity of the offender's risk or need.*

*Correctional staff may require greater guidance when forming recommendations for reentry planning.*

in developing a reentry plan for such an offender is evidenced by the results presented in Table 8. Staff recommendations are nearly evenly distributed across all the available options for recommendation.

As shown in Table 8, there is little agreement on what programs or services to recommend for offenders with severe depression. While one-half of the staff suggest long-term residential (90 days or longer) or intensive outpatient mental health treatment is most appropriate, the other half only recommend a psychological assessment or standard outpatient mental health treatment. One-quarter of staff that believe the offender's depression will result in severe interference recommend that the offender enter a long-term residential treatment program (25.9%). At the same time, however, slightly less than twenty percent of staff recommend a psychological assessment (18.5%). These results imply that correctional staff may benefit from greater guidance in how to handle cases involving offenders with mental illnesses which may hamper their efforts to reintegrate into society.

Lastly, correctional staff were asked to provide a recommendation for a soon-to-be released offender that was having marital problems. The offender expressed a degree of dissatisfaction with the marriage and he had been observed fighting with his wife in the visiting room of the institution for each of the last three weeks. The marriage had produced children and they were living at home. Staff needed to determine whether it was best for the offender to return home or find an alternative place to reside upon release.

Over two-thirds of correctional staff recommend that the offender return home to his wife and children, but also receive counseling (69.8%). On the contrary, however, nearly one-quarter of staff suggest that the offender find a shelter after release (23.8%). As a result, these findings illustrate that correctional staff are mixed on whether to allow the offender to return home or find a shelter after release. Greater clarification on the conditions that should be considered by correctional staff when making plans for offenders returning home may be warranted. Very few staff suggest that the offender should return home without counseling (3.2%) or live at a relative's house upon release (3.2%).

In general, the findings presented in Table 8 reveal that correctional staff may require greater guidance when forming recommendations for reentry planning. It is clear that there is little agreement among staff about what to recommend for reentry services and planning after they have made an assessment on the seriousness or severity of the offender's risk or need. The recommendations offered by staff vary considerably for most scenarios, particularly for those offenders depicted as having a severe alcohol and drug problem, a housing need, or a serious mental health issue such as depression.

## DISCUSSION AND CONCLUSIONS

Beginning in midyear 2004, the West Virginia Division of Corrections (WVDOC) began the process of implementing a statewide offender reentry program designed to help inmates make a satisfactory transition upon their release from incarceration. The West Virginia Offender Reentry Initiative (WVORI) represents a comprehensive effort on the part of the WVDOC which resulted in the development and application of an entirely new system of case management. The newly devised prescriptive case management system (PCMS) is heavily rooted in the principles of effective intervention and is accompanied by a new approach to offender assessment. The WVDOC adopted the Level of Service Inventory-Revised (LSI-R), an assessment instrument designed to assess the risk and needs of offenders and for guiding correctional staff when making programming and supervision decisions.

A foremost goal of the newly developed PCMS is to ensure an appropriate linkage between the needs of individual offenders and the services/resources available prior to and after release from the institution. Maintaining service continuity as the offender transitions from the institution to the community is deemed to be

a primary objective of the WVORI. As a result, the implementation of the WVORI has led to the development of new interventions and services.

These new strategies involve the expansion of supervision and treatment services such as the delivery of direct services to offenders transitioning to parole. The expansion of direct services includes enhanced substance abuse and addiction services, more employment services, and the development of sex offender treatment programs for offenders on parole. However, prior research has demonstrated that difficulties with implementation can significantly hamper the success of even well-designed programs that are based on empirical research and best practices (Mears and Kelly, 2002; Rhine et al., 2006).

As one might expect, the implementation of a statewide offender reentry initiative is a significant undertaking. A strong commitment from staff at all levels is necessary to produce the organizational change necessary for successful implementation (Lariviere, 2001; McGuire, 2004). Effective implementation results only from a broad and deep commitment throughout the organization, relentless attention to the vision, support for the change process, removal of barriers, and careful monitoring and adjustment of the change process (Joplin et al., 2004). Multiple issues come into play when making systemic, organizational changes on such a wide scale. Problems can arise at various stages in the implementation process and at various levels within the organization. Barriers such as communication, lack of appropriate or adequate training, attitudes of workers, insufficient resources, and others can prevent the effective implementation of programs such as the WVORI.

As part of a broader process evaluation of the WVORI, this study set out to examine both the attitudes of correctional staff and the application of a key component of offender reentry program, the LSI-R. The current report builds on the 2005 study by examining the extent to which correctional staff support the WVORI as well as the PCMS and the use of the LSI-R. In doing so, this research explores two common impediments or barriers to change found in the correctional literature — the attitudes and values of staff and the application of an empirically validated offender risk and needs assessment to inform case planning and programming decisions.

Research underscores the fact that staff attitudes and values can significantly impede the successful implementation of any new approach when they run counter to the mission of an agency (Gagan and Hewitt-

Taylor, 2004). In the same regard, outcome research underscores the need for the proper implementation of evidence-based practices in order to observe reductions in recidivism. A growing body of literature is beginning to demonstrate that a program's likelihood of achieving successful outcomes is substantially diminished if staff do not properly assess offender risk and needs and/or an agency fails to achieve fidelity in the use of such tools among staff (Hubbard and Latessa, 2004; Lowenkamp and Latessa, 2005; Wilson and Davis, 2006). By examining these known impediments to change, it is possible to draw conclusions about the degree to which the WVORI is likely to have been implemented according to widely accepted evidence-based practices in the field of correctional intervention.

The findings of the current evaluation suggest that attitudes and values of correctional staff may be having an impact on the implementation process. While most correctional staff were moderately supportive of offender reentry program, only 4 in 10 correctional staff reported high support for the WVORI (37.0%) and the PCMS (41.8%). Moreover, nearly 3 in 10 correctional staff reported low level of support for the WVORI. In the same regard, even fewer correctional staff reported support for the use of the LSI-R as the new tool for assessing offender's risk and needs. Only one-quarter of staff reported high support for the use of the LSI-R (25.8%), while nearly one-third reported low support for the LSI-R (32.3%). Although staff support of the WVORI may not be at an optimal level, the results of this study suggest that the attitudes and values of staff may be moving in a direction that is more in line with the goals and objectives of WVORI. As a consequence, support for the WVORI has significantly increased for all occupational subgroups of correctional staff.

Based on a comparison of pre- and post-implementation attitudes toward reentry support, this study found that support for the WVORI has increased since its implementation. In fact, support for the reentry initiative increased considerably for all three subgroups of staff. Prior to implementation, 31.0% of correctional staff reported high support for the WVORI while 29.7% had low support for the reentry initiative. Approximately 18 months after implementation, however, 37.0% and 27.6% of staff reported high and low support for the reentry initiative respectively. This resulted in a statistically significant change in the mean level of support for WVORI among correctional staff. We found that parole officers as well as case managers contributed most to the significant changes in support.

Perhaps this increase in WVORI support is the result of substantial changes in the attitudes and values

of correctional staff. Job satisfaction, human service orientation, support for rehabilitation, empathy, and organizational commitment all increased among staff after the implementation of the WVORI. At the same time, there was a considerable reduction in the punitive orientation of correctional staff toward inmates. In particular, the changes in human orientation and punitiveness were found to be statistically significant.

These findings illustrate that as correctional staff become more human service oriented and less punitive toward inmates, this can result in greater support for programs rooted in evidence-based practices such as the WVORI. Moreover, it is anticipated that this will translate into better service delivery on the part of staff as such changes continue to take place. In spite of these significant changes, however, parole officers remained less human service oriented and more punitive toward inmates compared to other correctional staff. As a consequence, parole officers were the least likely group of correctional staff to report high support for the WVORI, less likely to report high support for the PCMS, and *significantly* less likely to report high support for the LSI-R.

The WVORI required the implementation of new approach to offender assessment and case management. The implementation of such strategies and initiatives often requires substantive changes and the restructuring of an organization. This can create a substantial disruption to the daily workflow and routines of staff (Redfern and Christian, 2003; Stojkovic and Farkas, 2003). Prior research has shown that older organizations, with strong, institutionalized

### *Report Highlights...*

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organizational cultures, and larger organizations with more layers of bureaucracy, have a harder time navigating through these changes due to difficulties with communication and coordination. As a result, new approaches are often confronted with a resistance to change among staff because of entrenched attitudes (McAlearney, 2000).

Consistent with results from previous research, this report demonstrated that staff with longer histories in the field of corrections and at the WVDOC had considerably lower levels of support for the WVORI as well as the PCMS and the use of the LSI-R. Correctional staff with 10 or more years experience either in the field of corrections or at the WVDOC were *significantly* less likely to report high support for the PCMS and the WVORI. Although not statistically significant, correctional staff with 10 or more years of experience were also considerably less likely to support the LSI-R. On the other hand, staff with fewer than 5 years of experience were twice as likely than their more experienced counterparts to support all aspects of the WVORI. This support may be attributable to the notion that these more recently hired staff have not yet been oriented to the informal culture of the organization and therefore are more accepting of change.

In addition, we also found a considerable lack of support among staff for the use of the LSI-R to assess offender risk and needs. Of those staff that had actually administered the LSI-R, less than one-third felt that the adoption of the instrument was a good idea for the agency (31.9%) and that it was appropriate for their population (27.7%). Moreover, it is clear that staff's support for the LSI-R had declined since the implementation of the WVORI. While LSI-R support decreased for all three subgroups of correctional staff, parole officers' reductions in LSI-R support were considerably more pronounced than the declines observed for case managers and counselors. Of the 22 parole officers that comprised the post-implementation sample, only 1 indicated that they highly supported the use of the LSI-R. In contrast, roughly one-third of case managers (33.3%) and one-quarter of counselors (26.8%) reported a high level of support for the use of the LSI-R.

These findings are particularly important given the crucial role that the LSI-R plays in WVDOC's system of management system. A primary goal of the PCMS is to ensure appropriate linkages between the needs of individual offenders and the services/resources available. This is achieved through the preparation of a reentry plan that is based on the assessment of strengths and weaknesses of the offender and his/her situation. However, the inability to secure staff's

support for the instrument may impede the WVDOC's efforts to successfully implement the PCMS and thereby effectively assist offenders in preparing for release and transitioning back to the community.

Furthermore, the results are noteworthy given that the proper assessment of offenders is a fundamental prerequisite for effective case management (including both the supervision and treatment of offenders). Research has demonstrated that proper case management can reduce recidivism or relapse, improve community reintegration, and enhance public safety (Enos and Southern, 1996). Yet, the efficacy of case management is largely dependent upon the accurate assessment of offender risk and needs. Little support for the use of the LSI-R among correctional staff, however, may result in staff being more susceptible to violating the risk principle (as well as other evidence-based practices dependent upon proper classification). Research suggests that, at a minimum, level of risk must be recognized as an important factor in determining program recommendations and supervision strategies.

The risk principle tells us that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders. Furthermore, the application of high intensity treatments and supervision strategies on low-risk offenders tends to produce little, if any, net positive effects on recidivism rates (Andrews and Friesen, 1987). However, if staff are not accurately assessing offender risk (i.e., under- or overestimating) or ignoring the results of such assessments in case and supervision planning, they are in all likelihood either wasting agency resources or placing the public at greater risk. Based on the available evidence, it is clear that objective risk and needs assessments are more accurate than personal or staff opinions on the level of risk an offender poses to the public (Gottfredson, 1987).

Although the accurate assessment of offender risk level and needs yields valuable information, it is equally important that the information be applied properly when developing case plans. The results of this study imply that staff may not be utilizing the LSI-R as it was intended by the WVORI program planners. For instance, one-third of staff indicated that they had *never* used the LSI-R to assess offender progress in treatment. Likewise, most correctional staff reported that they do *not* refer to specific outcomes on the LSI-R when writing reentry plans. Less than thirty percent of parole officers agreed or strongly agreed that they used the results of the LSI-R to determine the reentry plan for their caseload (29.4%). Meanwhile, only 54.2% of case managers and 46.7% of counselors reported that they utilized the LSI-R in the development of reentry

### *Report Highlights...*

*Consistent with results from previous research, this report demonstrated that staff with greater corrections experience had considerably lower levels of support for the WVORI as well as the PCMS and the use of the LSI-R.*

*The results of this study imply that staff may not be utilizing the LSI-R as it was intended by the WVORI program planners.*

*It is clear that staff's support for the LSI-R has declined since the implementation of the WVORI.*

*The inability to secure staff's support for the LSI-R may impede the WVDOC's efforts to successfully implement the PCMS and the WVORI.*

plans. In all, only 4 out of 10 correctional staff indicated that they used the results of the LSI-R to determine the reentry plan for their caseload. As a result, it is likely that many reentry plans are being written and developed without a clear rationale that is rooted in evidence-based practices.

Finally, the results of this study suggest that staff may benefit from greater guidance in the assessment of offender needs and the development of recommendations for offenders as they transition to the community. Although the WVDOC has developed a matrix for program recommendations to be used by case managers within the institution, more work in this area may be needed. A substantial amount of variation was found in how correctional staff use information to ascertain the risk and needs of offenders in this study. In addition, there was little agreement among staff in what to recommend as part of the reentry plan once an assessment was complete. Greater consistency among staff recommendations may be achieved through the further development of a system that systematically links offender assessment information, basic knowledge of “what works” and the principles of effective intervention with treatment and supervision strategies.

Two such systems include the Matrix system developed by the Sixth Judicial District of Iowa and the Maryland Offender Case Planning Software for Empowerment (MOCPSE). Both the Matrix and MOCPSE pull together all of the information in the “what

works” literature (including principles of effective correctional intervention), individual offender assessment information, and effective case management practices to provide staff with the information necessary to design consistent case plans based on risk, needs, and responsivity. Such systems help to ensure greater consistency in staff assessments and recommendations and serve as a quality control mechanism. In addition, these systems may contribute to the development of policy and procedures which in turn result in best practices for managing scarce resources (Street, 2004).

In short, the WVDOC has accomplished a great deal with development and implementation of the WVORI. The implementation of a statewide offender reentry program was a significant undertaking that involved the development of a new system of case management and the adoption of a new offender risk and needs instrument. However, it is a significant challenge for any organization that seeks to implement the principles of effective intervention into practice. To properly implement these principles requires the development of staff knowledge, skills, and attitudes that are congruent with evidence-based practices. In addition, it requires the adequate implementation of key components of effective intervention such as proper use of empirically validated offender assessments. Lastly, both of the above require the routine monitoring of staff performance based on “quality” measures that are reflective of an evidence-based practice environment (Clark, 2005).

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