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Public Policy

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WASHINGTON'S OFFENDER ACCOUNTABILITY ACT: AN EVALUATION OF THE DEPARTMENT OF CORRECTIONS' RISK MANAGEMENT IDENTIFICATION SYSTEM

Summary

In 1999, the Legislature passed the Offender Accountability Act (OAA). The Act amended state law to establish that reducing the "risk of reoffending by offenders in the community" is a goal of Washington's sentencing policy. To implement this policy, the OAA directs the Department of Corrections (DOC) to classify felony offenders according to two factors: the risk they pose to re-offending in the future, and the amount of harm they have caused society in the past.

After offenders are classified, the OAA then directs DOC to deploy more resources to higher-risk offenders and—because state agency budgets must balance—to spend fewer dollars and less effort on lower-risk offenders. The Legislature intended that these and other OAA changes would reduce re-offense rates, and it directed the Washington State Institute for Public Policy to evaluate the results.

It is too early in the implementation of the OAA to measure whether the Act reduces re-offense rates. In subsequent reports to the legislature, the Institute will evaluate this "bottom line" outcome. In this report, we analyze one cornerstone of the OAA: DOC's Risk Management Identification (RMI) system. We test to see if it measures what the Legislature intended.

We analyzed the first substantial group of offenders classified by DOC. We found that DOC's RMI system does a reasonable job of classifying offenders pursuant to the policy directives of the OAA. We also found, however, that under DOC's current RMI criteria, it is possible, although rare, for an offender with a serious violent offense (e.g., murder) to be classified in the groups that will receive the lowest levels of supervision in the community.

In Washington, an adult convicted for a felony crime is sanctioned under the state's determinate sentencing laws, originally passed by the Legislature in 1981. During fiscal year 2001, there were 25,248 felony sentences imposed by the courts. Roughly 30 percent of these sentences resulted in a commitment to state prison, while the other 70 percent resulted in a non-prison sanction, usually involving time in a county jail.[1]

When the Washington State Legislature passed the Offender Accountability Act (OAA) in 1999, it amended existing sentencing statutes adding a new policy directive. The Legislature established that one of the purposes of Washington's sentencing laws is "to reduce the risk of reoffending by offenders in the community."[2]

To implement this new policy, the OAA defines "community custody" and affects how the state allocates its community supervision resources to felony offenders—both to prison-bound felons after they are released from prison, and to offenders sentenced directly to non-prison sanctions.

Fundamentally, the OAA concerns economics; that is, it affects how the Washington Department of Corrections (DOC) spends its budget. It directs DOC to focus more resources on higher-risk

[1] Washington Sentencing Guidelines Commission, Statistical Summary of Adult Felony Sentencing, Fiscal Year 2001, personal communication.
[2] RCW 9.94A.010

offenders and—because state agency budgets must balance—to spend fewer dollars on lower-risk offenders. The Act also gives DOC new authority to hold timely hearings and to sanction offenders who violate conditions of community custody. Additionally, DOC is implementing the OAA by developing a "community-oriented approach to offender management" for higher-risk offenders by establishing risk management teams composed of DOC personnel, victims, law enforcement, families, and other community members.[3]

The Legislature intended that these changes in state policy would produce lower "recidivism." Recidivism rates measure how often offenders re-commit another criminal act.

The Washington State Institute for Public Policy (Institute) was directed by the Legislature to *"conduct a study of the effect of the use of community custody under chapter 196, Laws of 1999. The study shall include the effect of chapter 196, Laws of 1999 on recidivism and other outcomes"* as described in the legislation.[4]

It is too early in the implementation of the OAA to determine if the Act is having an effect on recidivism. The first substantial group of offenders classified by DOC occurred during calendar year 2001. This will be the first OAA group the Institute will evaluate to test whether the Act reduces recidivism. As the OAA is more fully implemented by DOC, additional groups will also be studied. Also, because the OAA is primarily about economics, the Institute will conduct a cost-benefit analysis to measure whether the Act's intended effect of spending more resources on high-risk offenders—and correspondingly fewer resources on lower-risk offenders—produces a net gain to Washington. These analyses of outcomes, costs, and benefits, will be presented to the legislature in subsequent reports on the OAA.

In this report, we evaluate the implementation of one cornerstone of the OAA: the formal process DOC is using to assess the risk levels of offenders—DOC's "Risk Management Identification" (RMI) system. The RMI is fundamental to the OAA because the implementation of the rest of the Act largely depends on how DOC classifies offenders.

This report tests the degree to which DOC's implementation of the RMI system measures what the Legislature intended. We also provide information on the characteristics of the first group of offenders DOC has classified with its RMI system, and we describe the next steps in the evaluation of the OAA.

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[3] *Department of Corrections' 2001-2007 Strategic Plan*, available at: http://www.wa.gov/doc/Introduction.pdf

[4] RCW 72.09.610. All Institute reports follow the statistical definition for recidivism that the 1997 Legislature directed the Institute to establish. See: *Standards for Improving Research Effectiveness in Adult and Juvenile Justice,* Olympia: Washington State Institute for Public Policy, December 1997.

Organization of the Report

Section I. The Department of Corrections' Implementation of Two Key Offender Accountability Act Concepts: "Risk of Re-Offense" and "Harm Done"

In adopting the OAA, the Legislature established the goal of reducing the "risk of reoffending by offenders in the community" as a specific purpose of state sentencing policy. This new principle was added to the existing six purposes of the state's sentencing laws, which had previously been fundamentally reformed in 1981. The current statute now reads that the purposes of Washington's sentencing laws are to:

> *(1) Ensure that the punishment for a criminal offense is proportionate to the seriousness of the offense and the offender's criminal history;*
> *(2) Promote respect for the law by providing punishment which is just;*
> *(3) Be commensurate with the punishment imposed on others committing similar offenses;*
> *(4) Protect the public;*
> *(5) Offer the offender an opportunity to improve him or herself;*
> *(6) Make frugal use of the state's and local governments' resources; and*
> ***(7) Reduce the risk of reoffending by offenders in the community.*** [5]

To give operational direction to the new policy, the Legislature defined risk assessment with this language:

> *"Risk assessment" means the application of an objective instrument supported by research and adopted by the department for the purpose of assessing an offender's* ***risk of reoffense****, taking into consideration the* ***nature of the harm done*** *by the offender, place and circumstances of the offender related to risk, the offender's relationship to any victim, and any information provided to the department by victims.*[6]

With this language, the Legislature indicated that it wanted DOC to classify offenders by taking into account two broad concepts: the "risk of re-offense" and the "nature of the harm done." These two concepts do not necessarily the address the same thing.

The "risk of re-offense" concept is forward looking. A classification system that measures the risk of re-offense is designed to predict whether an offender is likely to commit another crime in the future.

[5] RCW 9.94A.010, emphasis added. In addition to establishing the new seventh purpose, the OAA modified the sixth condition by adding the phrase "and local governments'" to the pre-OAA language.

[6] RCW 9.94A.030(32), emphasis added.

The "harm done" concept, on the other hand, is backward looking. A classification system that measures harm done gauges how much damage an offender has already caused victims and society, regardless of what he or she is likely to do in the future.

DOC designed its Risk Management Identification (RMI) system to include two sets of assessments and decision rules that—*together*—attempt to measure and balance both of these OAA concepts. First, DOC adopted a formal risk assessment tool to measure the likelihood of future re-offending. Second, DOC adopted additional criteria to gauge how much harm the offender's prior criminal activity caused victims and society.[7]

1. DOC's "Risk of Re-Offense" Assessment Tool Prior to the OAA, DOC began using a formal risk assessment tool called the "Level of Service Inventory-Revised (LSI-R)." Canadian researchers had developed this 54-question, copyrighted instrument in the 1980s. There is some previous research (not done in Washington) indicating that the LSI-R is a valid way to predict whether an offender is likely to re-offend.[8] DOC adopted the LSI-R as one of the key parts of its Risk Management Identification system.

The 54 questions on the LSI-R cover ten areas of an offender's life. These include: ten questions on an offender's prior criminal history; ten questions on an offender's education and employment; two questions on finances; four questions on an offender's family situation; three questions on an offender's living situation; two questions on leisure and recreation activities; five questions on peers; nine questions of alcohol and drug problems; five questions on emotional or personal problems; and four questions on an offender's attitude.

After DOC staff administers the LSI-R, an offender's combined LSI-R score is tabulated. An offender's LSI-R score can range from 1 to 54, where higher numbers indicate a higher probability of re-offending.

2. DOC's "Harm Done" Criteria The LSI-R was designed to predict whether an offender will commit another crime. It was not, however, constructed to measure the level of prior harm done by an offender—a key requirement in the OAA legislation. To implement this aspect of the OAA, DOC adopted an additional set of rules to gauge how much damage an offender has caused in his or her prior criminality. DOC developed these harm-done rules from recommendations by DOC staff, the Victims Council, and criteria established by the Washington Association of Sheriffs and Police Chiefs.[9]

The Appendix to this report contains a copy of DOC's Risk Management Identification Worksheet, which lists each of the criteria for the harm-done rules. Examples of these rules include the following: Is the offender classified as a Level I, II, III sex offender? Is the offender designated as a Dangerous Mentally Ill Offender? Did the offender commit a violent offense involving a stranger? If an offender scores a "yes" on these conditions, then—regardless of the offender's LSI-R score—the offender is regarded as needing higher levels of community custody.

The Product of the RMI System: RMA, RMB, RMC, and RMD Offender Classifications Together, the LSI-R and the harm-done criteria make up DOC's RMI classification system, and DOC uses the

[7] Washington State Department of Corrections, "Risk Assessment and the Offender Accountability Act, November 5, 2001," presented to the House Criminal Justice and Corrections Committee, November 30, 2001.

[8] Prior research associated with the LSI-R is discussed in: D. A. Andrews & J. L. Bonta (1995) *The Level of Service Inventory-Revised, Manual*. North Tonawanda, New York: Multi-Health Systems, Inc.

[9] Washington State Department of Corrections, "Risk Assessment and the Offender Accountability Act, November 5, 2001."

system to classify each offender. There is also an "override" procedure in the RMI system where an offender can be moved between RMI levels if a DOC officer deems it necessary and receives supervisory approval for the re-classification.

The basic classification criteria are summarized on Table 1. With these scoring rules, each felon under DOC supervision is classified as one of the following: an RMA, RMB, RMC, or RMD offender. The RMA category is the highest risk and harm-done classification, while the RMD category is the lowest risk group.

Why Is the RMI Designation Important?
These classifications are significant because the OAA directs DOC to deploy the bulk of its community-based resources to the higher-risk RMA and RMB offenders, with corresponding fewer resources devoted to the relatively lower-risk RMC and RMD offenders. Whether the OAA works to lower recidivism will depend, in part, on the effectiveness of this resource re-allocation.

The OAA Study Sample Used in This Report

The sample includes all DOC offenders either released from prison or sentenced directly to community custody between January 1, 2001, and September 30, 2001. We then selected only those offenders who had an RMI classification assigned by DOC and a record of at least one prior felony conviction in the Institute's criminal justice database. For those offenders released from prison, we used the last RMI classification before release to the community. For those offenders sentenced directly to community custody, we used the first RMI classification assigned by DOC after placement in the community. These procedures resulted in a sample of 13,175 offenders. From this population, we then selected only those offenders with an RMI completed after May 1, 2001. Some offenders were "RMI-classified" prior to this date but, according to communications with DOC staff, full training of staff on the use of the RMI system was not completed until April 2001. This additional selection criterion resulted in a final sample for this report of 9,319 offenders. We compared the results presented in this report for the two samples and found no meaningful differences between the two samples; that is, either one could have been used for this report.

Table 1 shows the number of DOC offenders that we analyze in this report. About 11 percent are in the highest-risk RMA classification and 15 percent are RMBs. The largest group is the RMC classification with about 44 percent of the total sample. The lowest risk group, the RMDs, make up about 30 percent of the entire sample.

Table 1
RMI-Assessed Offenders in the Study Sample (N = 9,319)

RMI Classification	LSI-R Scores and Harm-Done Conditions	Percent of Sample
RMA	✓ LSI-R of 41 to 54 and conviction for a violent crime, or ✓ Level III sex offender, or ✓ Dangerous mentally ill offender, or ✓ Other indicators of violent history (see Appendix)	10.8%
RMB	✓ LSI-R of 41 to 54 and conviction for a non-violent crime, or ✓ LSI-R of 32 to 40 and a conviction for a violent crime, or ✓ Level II sex offender, or ✓ Other indicators of high level of needs (see Appendix)	14.9%
RMC	✓ LSI-R of 24 to 40 and not classified as an RMA or RMB, or ✓ Level I sex offender	44.2%
RMD	✓ LSI-R of 0 to 23 and not classified as RMA, RMB, or RMC	30.0%
		100.0%

Section II. How Well Does the Department of Corrections' Risk Management Identification (RMI) System Measure the "Risk of Re-Offense" and "Harm Done" Concepts?

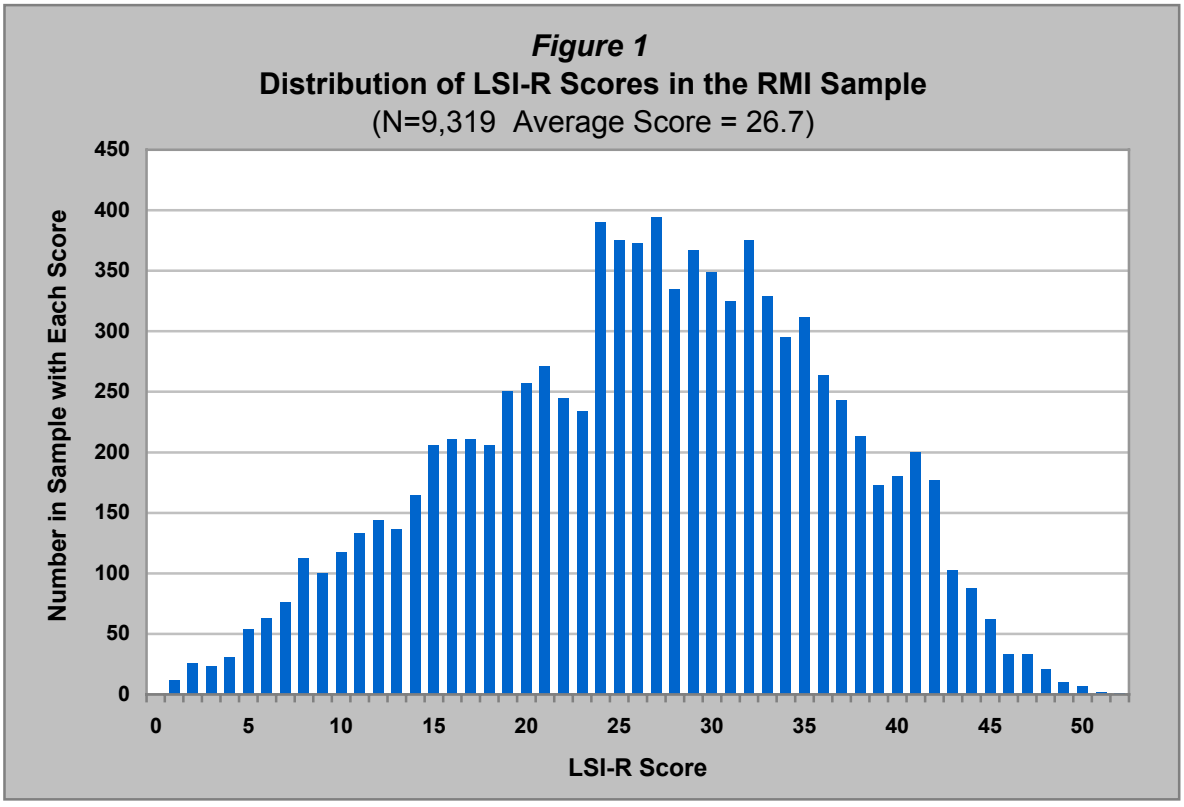
In this section, we provide a statistical snapshot of the first substantial group of offenders DOC classified with the RMI system. This analysis tests the degree to which the Department's RMI assessment system measures the risk of re-offense and harm-done concepts the Legislature established with the OAA.

We begin by examining the LSI-R. The LSI-R plays an important role in DOC's RMI system. The score an offender receives on the instrument is the first step in assigning an offender to the RMA, RMB, RMC, or RMD classifications. As noted, the "harm done" conditions can then modify the LSI-R results and move an offender from one RMI classification to another.

Figure 1 shows the distribution of LSI-R scores for DOC offenders in the study sample. The average LSI-R score is 26.7. Figure 1 indicates that the distribution has a fairly statistically "normal" shape, with most offenders in the middle ranges of the distribution and relatively few with very high or very low LSI-R scores.

How Well Does the LSI-R Predict the Risk of Re-Offense? The first major group of offenders classified with the Department's RMI system occurred during calendar year 2001. Over the next two-to-three years, this group will be tracked to see how well the LSI-R predicts their actual re-offense rates. This type of analysis is called a "validity" study. That is, as time passes, we will be able to see how well the LSI-R predicts whether they actually are re-convicted for a new crime after they have been in the community for 12 and 24 months. In that future validity study, we will also test which combination of the LSI-R's 54 questions provides the best recidivism predictors for Washington's adult felon population. This information can then be used by DOC to re-evaluate the 54 questions in the current LSI-R. The purpose

Figure 1
Distribution of LSI-R Scores in the RMI Sample
(N=9,319 Average Score = 26.7)

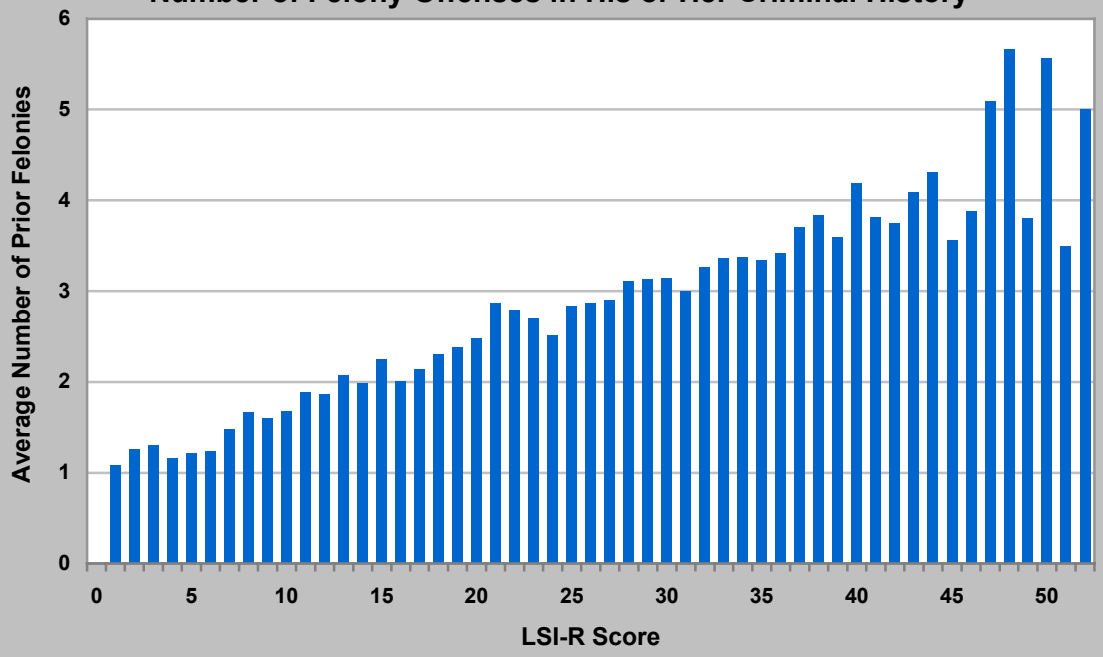


of the re-evaluation will be to make sure that the LSI-R is the best predictive instrument it can be for measuring the re-offense rates of Washington offenders.

While it is too early to conduct that validity study now, it is still possible to gain an early glimpse into how well an offender's total LSI-R score relates to his or her criminality. Since we have information on the prior criminal history of the offenders in the OAA sample, we can measure the relationship between an offender's LSI-R score and his or her *prior* felony offense rates. This provides a reasonable surrogate to a "real" validity study, since one of the best predictors of future offending is past offending.

Figure 2 shows the basic relationship between the LSI-R scores of DOC offenders and the average number of *prior* felony offenses. This statistical measure counts all prior felonies and does not distinguish among the different types of felonies. The chart indicates that there is a clear relationship between these two factors. The LSI-R was designed to predict relationships such as the one shown on Figure 2. Based on these surrogate data, the LSI-R appears to be a promising tool to measure criminal recidivism rates for Washington offenders.[10] Again, we will only be able to measure how it predicts *actual* recidivism rates for the OAA group of offenders after sufficient time has passed.

Figure 2
The Relationship Between an Offender's LSI-R Score and the Number of Felony Offenses in His or Her Criminal History

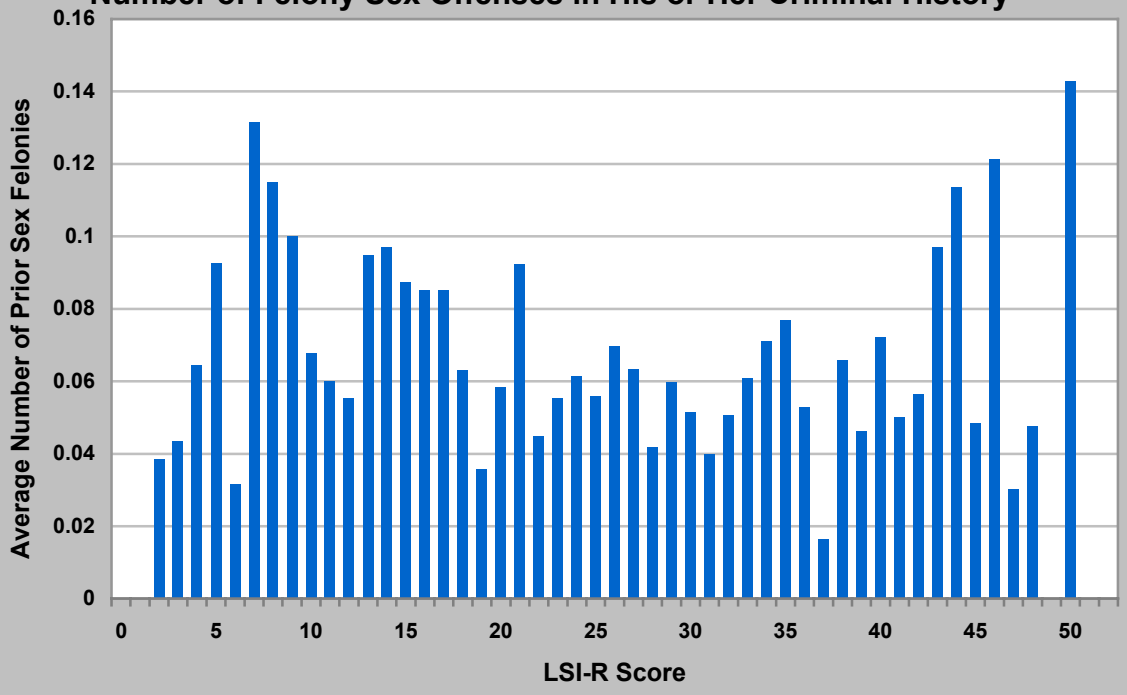


How well does the LSI-R alone measure the harm done by prior offenses? As described previously, the Legislature was interested not only in recidivism rates, but also in the prior harm done by offenders. One question that arises is whether the LSI-R alone is a reasonable measure of the level of prior harm done. We can test how

[10] Technical note: We conducted preliminary multivariate statistical tests (using the LSI-R, age, gender, and ethnicity as independent variables, N=9,319) and found the LSI-R to be a statistically significant predictor for the number of prior felonies. This result was confirmed with three different estimation methods: negative binomial, Poisson, and OLS with the dependent variable logged.

Figure 3

The Relationship Between an Offender's LSI-R Score and the Number of Felony Sex Offenses in His or Her Criminal History



well the LSI-R measures the harm-done concept in several ways. First, we examine the basic relationship shown in Figure 2, but focus on particular types of harmful offenses (e.g., murder and sex offenses) instead of total offenses.

Figure 3 shows the relationship between the LSI-R scores and prior felony sex offense rates. Even a casual examination of the Figure reveals that the LSI-R is not related to prior offending rates for these serious sex offenses.[11] That is, higher LSI-R scores are not associated with higher levels of prior sex offending. Low LSI-R scores have about the same predictive power as high LSI-R scores for these types of serious offenses. Thus, Figure 3 provides a first indication that the LSI-R is not useful for measuring prior harm done. We also examined this relationship for homicide rates (not shown here) and similarly found no relationship. This should not be surprising since the LSI-R tool was not designed to predict serious offenses such as these.

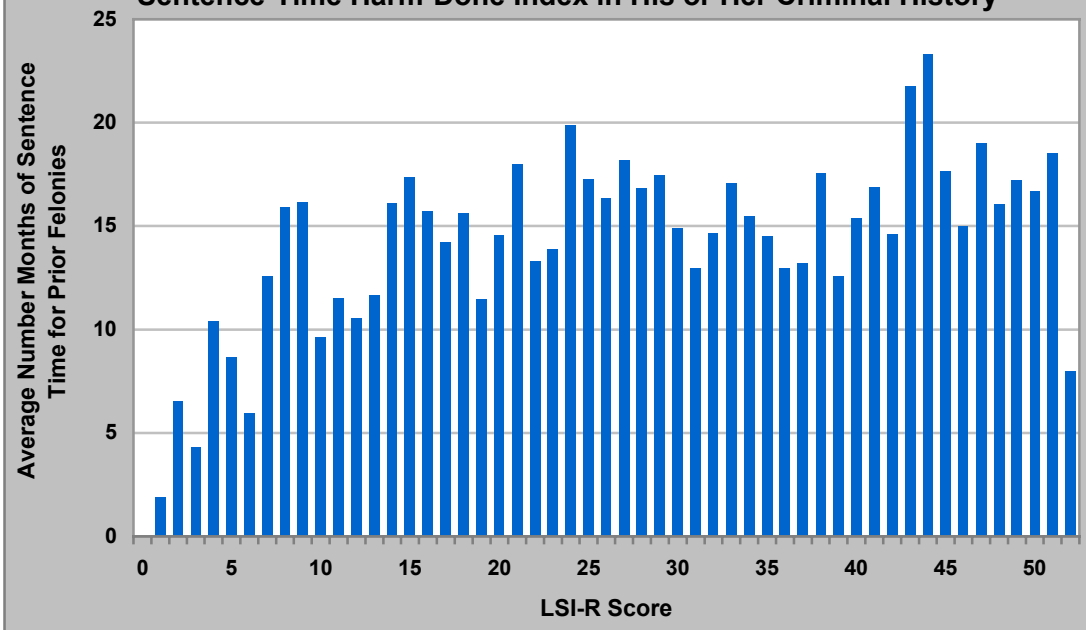
Two Broad Measures of Harm Done To provide a more comprehensive measure of "harm done" than that shown on Figure 3, the Institute constructed two harm-done indices.

The first harm-done index is constructed from the sentencing grid developed by the Washington Sentencing Guidelines Commission (SGC) and adopted by the Legislature. For each current and past Washington law defining particular felony crimes, a "length-of-sentence time score" was assigned based on the midpoint of the *current* sentencing grid.[12] For example, an offense such as Murder 1 carries a midpoint sentence of 23 years and 4 months.

[11] Using similar multivariate statistical tests to those described in footnote 10, we found the LSI-R is not a useful predictor of prior felony sex offenses.

[12] Washington Sentencing Guidelines Commission, Adult Sentencing Guidelines Manual, Fiscal Year 2000, Table 1. Note that we use the "0" offender-score column on the Grid to isolate the sentence for the particular offense being measured.

Figure 4
The Relationship Between an Offender's LSI-R Score and the Sentence-Time Harm-Done Index in His or Her Criminal History



For each DOC offender, we calculated—for each prior offense in the offender's criminal history—the total number of months of sentence time for all of his or her past offenses, given the *current* Washington sentencing grid for those offenses.

Thus, this first harm-done index reflects how Washington's current policy (as developed by the SGC and adopted by the Legislature) assigns sentence time to the seriousness of different types of offenses.

How well does the LSI-R predict this first aggregate measure of prior harm done? Figure 4 plots the information for the DOC sample. The figure shows that the LSI-R scores have only a weak relationship with the sentence-time harm-done index.[13]

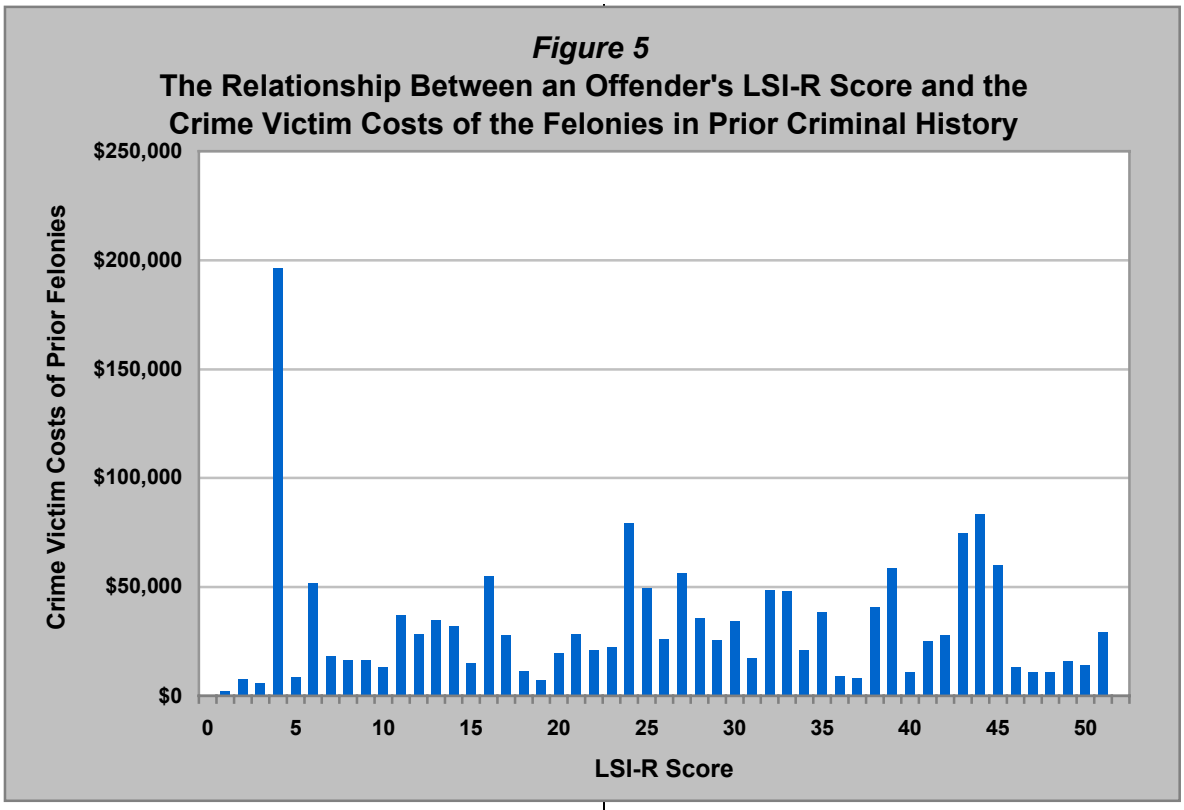
The Institute constructed a second index of harm done as an alternative measure to the sentence-time measure shown on Figure 4. This second measure was constructed using estimates of the cost of crime to crime victims. When a crime occurs, many costs are borne by the victim. Some victims lose their lives. Others suffer direct, out-of-pocket, personal or property losses. Psychological consequences also occur to crime victims, including feeling less secure in society. The magnitude of victim costs is very difficult, and in some cases impossible, to quantify, especially in dollar terms.

In recent years, however, national studies have taken significant steps in estimating crime victim costs. One U.S. Department of Justice study by Miller, Cohen, and Wiersema divides crime victim costs into two types: a) *Monetary* costs, which include medical and mental health care expenses, property damage and losses, and the reduction in future earnings incurred by crime victims; and b) *Quality of Life* cost estimates which place a dollar value on the pain and suffering of crime victims.[14] In that

[13] Using similar multivariate statistical tests to those described in footnote 10, we found that the LSI-R is only a marginally meaningful predictor of the sentence-time index for prior offenses.

[14] Ted R. Miller, Mark A. Cohen, Brian Wiersema, *Victim Costs and Consequences: A New Look,* Research Report, Washington DC: National Institute of Justice, 1996.

Figure 5
The Relationship Between an Offender's LSI-R Score and the Crime Victim Costs of the Felonies in Prior Criminal History



study, the quality of life victim costs are computed from jury awards for pain, suffering, and lost quality of life; for murders, the victim quality of life value is estimated from the amount people spend to reduce risks of death. Previously, the Institute used these victim cost estimates in a study of the costs and benefits of programs to reduce crime and the victim cost estimates used here are described in that report.[15]

For this report, we used these crime victim cost estimates to sum the total dollar amount of harm caused to victims by each offender in the OAA sample. That is, just as we did for the first harm-done index, for each DOC offender we calculated—for each prior offense in the offender's history—the dollar value of crime victim costs incurred for all of his or her past offenses, based on the Miller and Cohen estimates.

How well does the LSI-R predict this second aggregate measure of harm done? Figure 5 plots the data for the DOC sample. As we found for the sentence-time harm-done index, the LSI-R is not associated with this alternative harm-done index. That is, there is no statistically valid relationship between low or high LSI-R scores and the level of prior harm done by the offenders.[16]

Our conclusion from these analyses is that the LSI-R does predict *total* offending rates. Again, in this study we could not measure *future* re-offending rates and will only be able to do so in the next few years. Using *prior* criminal offenses as a surrogate, however, the LSI-R appears to provide a reasonable measure for *overall* offending rates. Thus, the LSI-R seems to be a promising predictive tool for one of the two concepts the Legislature adopted with the OAA: the risk of re-offense.

[15] Steve Aos, Polly Phipps, Robert Barnoski, Roxanne Lieb, *The Comparative Costs and Benefits of Programs to Reduce Crime*, Washington State Institute for Public Policy, May 2001, available at: *http://www.wa.gov/wsipp/crime/pdf/costbenefit.pdf*

[16] Using similar multivariate statistical tests to those described in footnote 10, we found that the LSI-R is not a meaningful predictor of the dollar-value harm-done measure.

As Figures 3 through 5 demonstrate, however, the LSI-R is not related to the amount of prior harm done by DOC offenders. Thus, DOC's decision to add the specific harm-done criteria (rather than just using the LSI-R) to its RMI classification system was sound. If DOC had just used the LSI-R, it would not have been able to reflect the intent of the OAA legislation to base community supervision levels, in part, on the amount of prior harm done by offenders.

The RMI Levels: Characteristics of the Offenders and the Relationship to the Measures of Harm Done

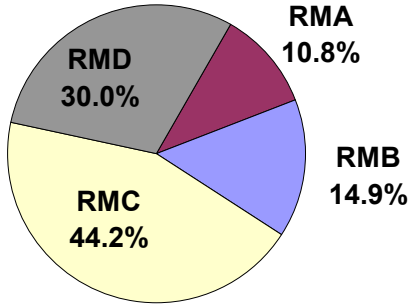
As noted, DOC developed "harm done" criteria to accompany the results of the LSI-R. These two measures determine whether the offender will be classified—*and, more importantly, supervised*—as an RMA, RMB, RMC, or RMD offender. There is also an override procedure DOC has developed that allows a corrections officer to re-classify an offender, if approval is obtained from the officer's supervisor.[17]

In Table 2, we present basic statistics on the offenders DOC has classified with its RMI system.

Distribution of Classification Levels As discussed on page 5, our study sample includes 9,319 offenders. As shown in Table 2 and Figure 6, 10.8 percent of these offenders are classified as RMA offenders, the highest risk/harm done group, and 14.9 percent are classified as RMB offenders. The Legislature intended that these two classifications receive the most community supervision under the OAA. The RMC classification is the largest at 44.2 percent of all offenders, while the RMD classification—the lowest risk group—contains 30.0 percent of DOC offenders.

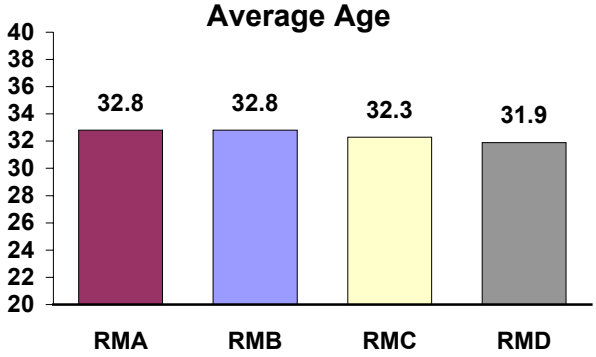
[17] See the Appendix for DOC's RMI scoring worksheet.

Figure 6
Distribution of RMI Levels
N = 9,319



Age, Gender, and Ethnicity by RMI-Levels As shown in Figure 7, there is only a slight difference in the average age of classified offenders; the higher risk RMA group averages about a year older than the lowest risk RMD group.

Figure 7
Average Age



There is, however, a significant difference in gender between the four RMI designations—about 93 percent of RMAs are male compared with 73 percent of RMDs.

Figure 8
Percent Male

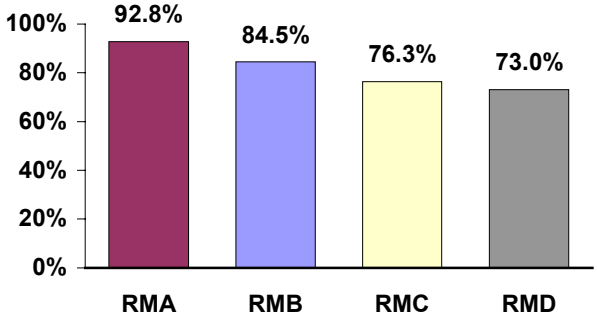


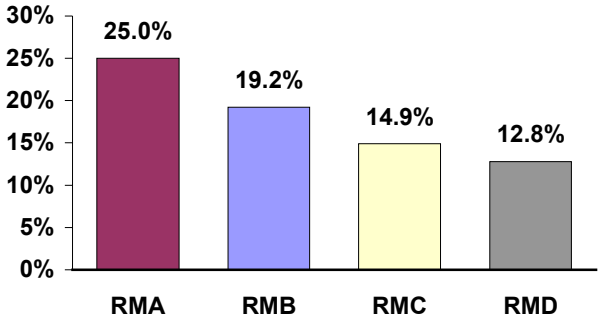
Table 2
Characteristics of RMI-Assessed Offenders in the Study Sample*

	RMI-Level Assigned by DOC				
	RMA	**RMB**	**RMC**	**RMD**	**Total**
Number of Offenders in Sample*	1,009	1,393	4,118	2,799	9,319
Percent of Total	10.8%	14.9%	44.2%	30.0%	100.0%
Average Age (Years)	32.8	32.8	32.3	31.9	32.3
Percent Male	92.8%	84.5%	76.3%	73.0%	78.3%
Ethnicity					
Percent European	65.9%	74.2%	79.1%	80.5%	77.3%
Percent African	25.0%	19.2%	14.9%	12.8%	16.0%
Percent Native	3.3%	1.7%	1.5%	3.7%	2.4%
Percent Asian	5.2%	4.0%	3.1%	1.6%	3.0%
Percent Unknown/Missing/Other	0.7%	0.9%	1.4%	1.5%	1.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Average LSI-R Score	31.4	35.8	29.9	15.8	26.7
Two Aggregate Measures of Prior Harm Done					
Average SGC Sentence Time (Months) Associated with Prior Felony Offenses	38.7	21.2	12.6	8.2	15.4
Average Crime Victim Costs Associated with Prior Felony Offenses	$123,981	$57,580	$19,320	$9,496	$33,420
Prior Criminal History					
Average Number of Felony Offenses	3.2	3.6	3.1	2.2	2.9
Percent of Group with Felony Convictions for:					
Violent Offenses	86%	55%	28%	20%	36%
Homicide Offenses	3%	1%	0.4%	0.2%	1%
Sex Offenses	21%	13%	4%	1%	6%
Robbery Offenses	22%	11%	4%	3%	7%
Assault Offenses	47%	31%	16%	13%	21%
Property Offenses	38%	54%	55%	52%	52%
Drug Offenses	28%	46%	57%	42%	48%
Percent Arrested Under the Age 16	52%	56%	43%	21%	39%
Other Characteristics (from the LSI-R)					
Frequently Unemployed in Last Year	65%	80%	71%	31%	60%
Did Not Finish High School	69%	76%	70%	47%	64%
Moved 3 or More Times in Last Year	39%	51%	39%	14%	34%
Lives in a High Crime Neighborhood	46%	51%	38%	16%	34%
Absence of Pro-social Friends	46%	56%	35%	9%	31%
Alcohol Problem, ever	69%	76%	62%	37%	57%
Drug Problem, ever	75%	88%	88%	55%	77%
Active Psychosis	16%	22%	7%	3%	9%
Psychological Assessments in Last Year	48%	56%	30%	12%	30%
Poor Attitudes Towards Sentence	71%	76%	59%	28%	53%
Criminal History in Family	59%	66%	56%	35%	52%

* The sample includes all DOC offenders either released from prison or sentenced directly to community custody between January 1, 2001, and September 30, 2001, who had an RMI classification assigned by DOC after May 1, 2001, and a record of at least one prior felony conviction in the Institute's criminal justice database (see text box on page 5).

Ethnicity data, as recorded in the DOC information, reveal that African-Americans make up a higher-than-expected share of the RMAs; they represent 16 percent of all offenders in the total sample, but 25 percent of the RMAs. The data on Table 2 indicate that European-Americans, on the other hand, are 77.3 percent of all DOC offenders, but 65.9 percent of the RMA classification.

Figure 9
Percent African American

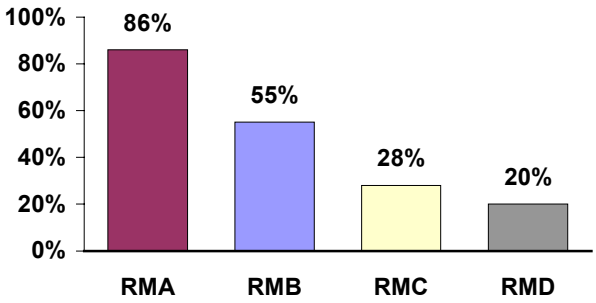


How Well Do DOC's RMI Classification Levels Measure the Harm Done by the Offenders? One of the two fundamental concepts adopted by the Legislature concerns the level of harm done by offenders. The next several statistics provide an indication that the RMI system does distinguish higher and lower harm-done levels for DOC offenders.

Prior Criminal History by RMI Levels The information in Table 2 contains various indicators of the criminal histories of the RMI-classified offenders, including the percentage of offenders in each RMI classification that have ever had a conviction involving different types of felony offenses.

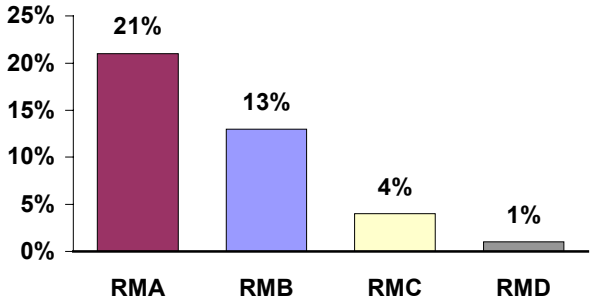
For example, Figure 10 plots the percentage of offenders with convictions involving *any* violent felony offense (homicide, sex, robbery, or assault). Eighty-six percent of the RMAs have had a violent conviction in their past, compared with 55 percent of the RMBs, 28 percent of the RMCs and 20 percent of the RMDs. Thus DOC's RMI system does include a higher percentage of violent offenders in the higher risk and higher harm RMA and RMB categories.

Figure 10
Pct. With Prior Violent Offenses



The data in Table 2 also show that for each of the individual violent offenses, offenders with a violent offense are much more likely to be designated as an RMA offender than the other classifications. As an example of this, Figure 11 plots the data for those offenders with prior felony sex offenses. Twenty-one percent of the RMAs had a prior felony sex offense compared with only 1 percent of the RMDs.

Figure 11
Percent with Prior Sex Offenses



Average Harm-Done Index Values by RMI-Levels Figures 12 and 13 show the results for the Institute's two aggregate measures of harm done, discussed earlier. Figure 12 plots the data for the harm-done index that measures the sentence time for all prior offenses. This measure indicates that DOC's RMI system does distinguish

prior harm done: the RMAs have much higher index scores than the RMBs, which in turn have higher scores than the RMCs and RMDs.

Figure 12
Harm-Done Score: Sentence Time (Months)

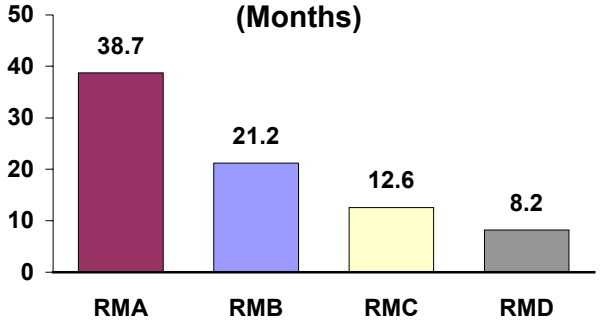
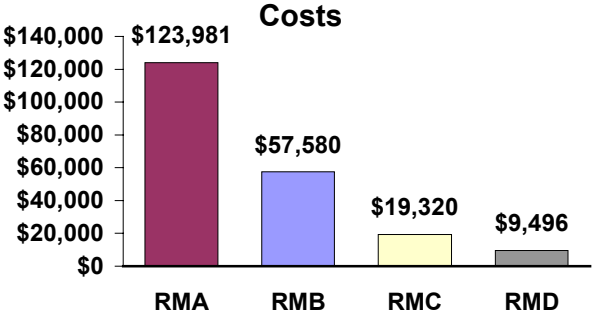


Figure 13 plots the data for the Institute's second aggregate harm-done measure: the crime victim costs associated with prior criminal history. As we saw for the sentence-time measure, this statistic also shows that the RMAs have clearly the highest prior harm-done scores.

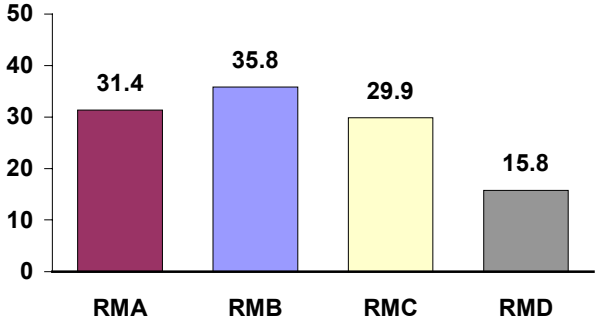
Figure 13
Harm-Done Score: Crime Victim Costs



From these two harm-done indices, we conclude that DOC's RMI system does a reasonable job of distributing higher harm-done offenders to the RMA and RMB classifications.

Average LSI-R Score by RMI-Levels One indication of the degree to which DOC's RMI system moves lower risk offenders into the highest harm-done category can be seen by comparing the results shown on Figure 14 with those plotted on Figures 12 ands 13. Figure 14 shows the average LSI-R scores for the four RMI levels. For the risk to re-offend OAA concept, Figure 14 shows that there is not a continuous stair-step increase running from the RMD to the RMA levels; that is, the RMAs have a *lower* average risk to re-offend than the RMBs. On the other hand, we observe from Figures 12 and 13 that, for the harm-done OAA concept, there is a continuous stair-step relationship—each successive RMI category has a higher harm-done score than the previous category. Thus, DOC's RMI system balances the two OAA concepts by focusing the RMA category on harm-done, rather than risk to re-offend.

Figure 14
Average LSI-R Score



Offenders With Serious Violent Offenses in the RMC and RMD Classification Levels While the analysis shown here demonstrates that DOC's RMI harm-done criteria classifies most offenders who have serious violent prior offenses into higher RMI categories, there are exceptions. For example, it is possible under DOC's current RMI classification system that a person with a homicide offense—who happens to score low on the LSI-R assessment—to be classified as an RMD offender. RMDs will receive the lowest level of supervision in the community. In the DOC sample we examined for this study, we found a few cases where this has happened.

This possibility, though apparently rare, may not be what the Legislature intended. We believe DOC should ensure that this is consistent with legislative intent and, if it is not, then DOC should modify its harm-done RMI criteria.

Section III. Conclusions

In this report, we analyzed how well the Department of Correction's Risk Management Identification (RMI) system measures what the Legislature intended with the OAA. The Legislature wanted DOC to measure an offender's "risk to re-offend" and an offender's prior "harm done" to victims and society. DOC developed its RMI system to measure both of these legislative goals. DOC adopted the LSI-R as its assessment tool to gauge the risk to re-offend, and it established other criteria to measure the level of prior harm done.

We found that the RMI system does a reasonable job of classifying offenders based on the harm they have caused in their prior criminal convictions (see Figures 12 and 13).

Further, we found that the LSI-R appears to be a promising tool to assess the risk to re-offend, but this conclusion can only be regarded as tentative until, at a later point in the Institute's evaluation of the OAA, we can use actual recidivism data to test the validity of the LSI-R for Washington offenders.

We also found that under DOC's current RMI criteria, it is possible, although rare, for an offender with a serious violent offense (e.g., murder or manslaughter) to be classified in the DOC groups (RMC and RMD) that will receive the lowest levels of supervision in the community. DOC should ensure that this is consistent with legislative intent and modify its harm-done rules if it is not.

Appendix: Next Steps in the Evaluation of the Offender Accountability Act

The Legislature intended that the 1999 Offender Accountability Act (OAA) would produce lower recidivism. The Legislature directed the Washington State Institute for Public Policy to *"conduct a study of the effect of the use of community custody under chapter 196, Laws of 1999. The study shall include the effect of chapter 196, Laws of 1999 on recidivism and other outcomes."*[18]

The legislative interest in knowing whether the OAA works to lower recidivism remains pertinent. In the Institute's review of all the formal criminal justice evaluations conducted in the United States since 1975, we found that very few states ever evaluate whether what they do has any effect on basic outcomes such as recidivism.[19] Thus, the Legislature's desire to measure whether the OAA is effective is quite unique among the states.

The Institute first published its research approach to the OAA in January 2000 when the implementation of the OAA was in its infancy.[20] Now that the OAA is more fully implemented, the evaluation methods the Institute will use to determine if the OAA lowers recidivism can be more precisely defined.

We believe that our planned methods will provide the legislature with valuable information on whether the OAA works (or does not work) to lower recidivism and improve other outcomes. We believe that this evaluation information will be useful for subsequent budget and policy initiatives of the legislature.

The next steps in carrying out the evaluation of the OAA are these:

Research Design 1 (Step A): Selection of the Pre-OAA Comparison Group The next step in the evaluation is to create a pre-OAA comparison group that will be used to assess whether the OAA is successful in influencing recidivism and non-crime related outcomes. As with any outcome evaluation, the key to the validity of the OAA evaluation hinges on how well the comparison group matches the program group in all areas except one: the treatment group receives the OAA levels of supervision, treatment, and sanctioning, while the comparison group does not. In an ideal research design, offenders would be randomly assigned to the OAA and non-OAA groups, thereby increasing the chance that the only observed difference between the two groups is the effect of the OAA. As in most "real world" situations, random assignment is not possible for this evaluation.

To create the pre-OAA comparison group, we will construct a statistical model that predicts which OAA offenders are classified as RMA, RMB, RMC, or RMD by DOC. This model will be developed with the data set we described in this report, including actual RMI levels, LSI-R scores, and other variables.

This post-OAA model will then be used to estimate which offenders would have likely been identified as RMA, RMB, RMC, or RMD offenders *prior* to implementation of the OAA. This pre-OAA group will be drawn from those DOC offenders who had LSI-R scores, but who were released from community custody prior to changes in staffing and other resource changes brought about by the implementation of the OAA.

Research Design 1 (Step B): Evaluation of the Outcomes for the OAA and Pre-OAA Comparison Groups After the comparison group is created, the evaluation of outcomes can begin. The Institute will use its criminal justice database to measure recidivism, and use data from

[18] RCW 72.09.610.
[19] Aos, et al. (2001) *The Comparative Costs and Benefits of Programs to Reduce Crime*.
[20] Steve Aos, Polly Phipps, Robert Barnoski, Roxanne Lieb, *Evaluation Plan for the Offender Accountability Act*, Washington State Institute for Public Policy, January 2000, available at: *http://www.wsipp.wa.gov/crime/pdf/offenderacctact.pdf*

DOC, the Department of Social and Health Services, and the Employment Security Department to measure the other outcomes for the evaluation. The Institute will then begin to compare the two groups at 6-month, 12-month, 18-month, and 24-month intervals to determine whether the OAA has produced differences in outcomes.

We will follow the first OAA group as well as additional OAA cohorts. The full implementation of the OAA by DOC is not yet complete and the subsequent cohorts of OAA offenders will allow a fuller evaluation of all aspects of DOC's implementation of the OAA.

Research Design 2, Additional Evaluation Strategy DOC's implementation of the RMI system has provided a unique opportunity to evaluate the OAA using a powerful statistical procedure. In addition to the evaluation strategy outlined in research design 1, the Institute will use this additional approach to the evaluation of OAA recidivism outcomes. As described in this report, part of the RMI system DOC is using to classify offenders is designed to measure prior harm done, in addition to the future likelihood of recidivism. Some of the RMI harm-done criteria, however, do not appear to be related to future recidivism. Thus, these RMI harm-done conditions allow the use of (in the parlance of econometrics) an "instrumental variables" (**IV**) approach to evaluating the effect of the OAA on recidivism.[21] That is, the RMI harm-done criteria affect how offenders are being classified and supervised by DOC, but they do not appear to be related to the key outcome of interest (recidivism) identified by the Legislature for the evaluation. In situations such as these, it is possible to use the statistically powerful **IV** technique to help isolate any effects of the OAA on recidivism.

The Quality of the Two Proposed Research Designs Not all program evaluations are of equal quality and this greatly influences the confidence that can be placed in the results from any study. Some studies are well designed and implemented and the results can be viewed as accurate representations of whether a program works. Other studies are not designed as well and less confidence can be placed in any reported results. In particular, studies of inferior research design cannot completely control for sample selection bias or other threats to the validity of reported research results.

To judge the quality of different research designs, the Institute uses a 1-to-5 point scale that measures the quality of a study's research design.[22] The scale is based on the 5-point scale developed by researchers at the University of Maryland and was also used in a previous study by the Joint Legislative Audit and Review Committee.[23] [24] On this 5-point scale, a rating of "5" reflects a random assignment evaluation in which the most confidence can be placed. As the evaluation ranking gets lower, less confidence can be placed in any reported differences (or lack of differences) between the program and comparison groups.

We can use this 5-point scale to judge the quality of the Institute's two research designs proposed for the OAA evaluation. The research strategy described in research design 1 will produce a "level 3" study on the 5-point scale, while the second evaluation design can produce a higher design-quality "level 4" study on the University of Maryland scale. Neither study involves random assignment (rarely obtainable in the "real world"), so a "level 5" study cannot be performed on the OAA.

[21] See: William H. Greene, (2000). *Econometric Analysis*, Fourth Edition, New Jersey: Prentice Hall, Chapter 16.

[22] This scale is described in Aos, et al. (2001) *The Comparative Costs and Benefits of Programs to Reduce Crime*, pp. 39-41.

[23] L. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Reuter, S. Bushway (1997*) Preventing Crime, What Works, What Doesn't, What's Promising*, Washington: U.S. Department of Justice, Chapter 2.

[24] 1998 Performance Audit report on the Department of Corrections prepared by Washington's Joint Legislative Audit and Review Committee (JLARC). JLARC retained the University of Maryland researchers to judge the overall results and methodological quality of different research studies that have been done in the United States in the adult corrections field.

Both of our studies, however, will provide reliable evidence of the degree to which the OAA achieves key outcomes identified in the Act.

Additional Products of the Institute's Evaluation of the OAA The two evaluation designs will produce what the Legislature requested for the study: an evaluation of the main outcomes from the OAA. During the course of the Institute's work on the OAA, however, we will also prepare two other types of studies.

1) Evaluation of OAA Subcomponents
The OAA includes several elements: supervising and providing rehabilitative treatment to higher risk/harm-done offenders (with fewer resources spent on lower risk offenders); sanctioning offenders in a more timely manner; and deploying a community-oriented approach to supervision involving non-DOC people. The Institute's approach will evaluate whether the OAA, *as a whole,* produces changes in recidivism and the other outcomes specified by the Legislature. The legislature may also be interested in knowing whether particular OAA sub-elements, such as substance abuse treatment programs, are successful.

The degree to which particular sub-components of the OAA can be evaluated depends on the types of offender information DOC records in its OMNI database system. If DOC does not record certain types of information in OMNI—for example, contact hours, indicators of treatment programs, sanction compliance—the Institute will be limited in its ability to evaluate particular subcomponents of the OAA.

2) Cost-Benefit Analysis of the OAA
Once the effects of the OAA are determined, the Institute will estimate the costs and benefits of the changes. The Institute will use its criminal justice cost-benefit model to estimate the "bottom line" impact of the effects.[25]

To summarize how the cost-benefit model works, the Institute begins by estimating what a "unit" of crime is worth (long-term present value) to Washington taxpayers. This basic accounting includes information on both state and local marginal criminal justice costs, and case processing and sentencing probabilities in Washington. These marginal taxpayer costs include both operating and capital costs. Additionally, since most crime "units" are officially recorded crime measures such as the number of convictions or arrests, the model also estimates the number of criminal victimizations that are likely to be associated with the officially recorded crime. The model then applies estimates of the value per victimization (again, in present value terms) to the estimated number of victimizations avoided. Thus, the benefit side of the cost-benefit model includes both taxpayer resources saved and victimization costs avoided.

After estimating the benefits, the Institute's model subtracts the program costs from the benefits. As part of the OAA evaluation, the Institute will estimate the costs of implementing the OAA and its component parts. Once all benefits and costs are estimated, the calculation of standard investment measures—such as benefit-to-cost ratios, net present values, internal rates of return, and years to positive cash flow—can be calculated.

Timing of Institute Reports The legislation requiring the Institute's study requires annual reports through the year 2010. The Institute will provide outcome evaluations in each of these upcoming reports.

[25] Aos, et al. (2001), *The Comparative Costs and Benefits of Programs to Reduce Crime*.

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

RISK MANAGEMENT IDENTIFICATION FORM

SECTION 1: INITIAL ASSESSMENT

OFFENDER NAME	DOC NUMBER	LSI-R SCORE
CC / CCO NAME		DATE

LSI-R 41+ Violent	
DMIO	
Sex Offender Level III	

VIOLENCE TYPE			
Stranger	Y	N	DK
Predatory	Y	N	DK
Vulnerable Victim	Y	N	DK
Hate Crime	Y	N	DK
Imminent Threat	Y	N	DK

DECISION BOX

Risk Management Assignment

RM-A	
RM-B	
RM-C	
RM-D	

See criteria on Page 2

VIOLENCE CRITERIA

	OFFENSE TITLE	DATE	SOURCE	COMMENT
Stranger				
Predatory				
Vulnerable Victim				
Hate Crime				
Imminent Threat				

Request for Additional Assessment

VRAG _____ Other _____

Requested by: _____

Date: _____

Completed by: _____

Date: _____

Findings:

Override

Recommendation:

Rationale:

CC / CCO _____ CUS / CCS APPROVAL _____

DATE _____ DATE _____

Directions for CC / CCO

For every YES on the violence criteria, indicate offense title, date, and source.

Indicate additional relevant information in the Comment field.

For every DK, give a brief explanation in the Comment field.

Review decision with Supervisor.

Directions for CUS / CCS

1. Review the selection criteria.
2. Clarify basis of classification decision.
3. Review for override criteria.
4. Authorize selection.

CRITERIA FOR RISK MANAGEMENT LEVELS A – D

RISK MANAGEMENT A (RMA)

Offenders will be assigned Risk Management Level A if they meet one or more of the following criteria:

1) Offenders with an LSI-R score of 41 or over and have been convicted of a violent crime;
2) Level III sex offenders;
3) Offenders who have been designated as Dangerous Mentally Ill Offender (DMIO) by the CPU; and / or
4) Offenders who do not meet the above criteria but through documented history meet any of the following:
   a) Have committed a violent act involving a victim who was unknown to the offender.
   b) Have committed a predatory act of violence directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization.
   c) Have committed a violent act where the victim was vulnerable due to age (5 years or younger), physical condition, mental disability, or ill health where the victim was incapable of resisting the offense, or with significantly impaired ability to protect him / herself.
   d) Have committed violent acts or made threats of violence directed toward institutions or groups in the community, including, but not limited to, religious, ethnic, or racial groups.
   e) Have a history of violent acts and continue to exhibit behavior demonstrating a current threat to the victim(s) including, but not limited to, domestic violence or sexual offenses.

RISK MANAGEMENT B (RMB)

Offenders who do not meet the criteria to be assigned to RM-A, will be assigned Risk Management Level B if they meet one or more of the following criteria:

1) Have an LSI-R score of 41 or over;
2) Have an LSI-R score of 32-40 and have been convicted of a violent crime;
3) Level II sex offenders; and / or
4) Offenders with identified high level of needs including, but not limited to, those who are developmentally disabled or seriously mentally ill as determined by a qualified service provider.

RISK MANAGEMENT C (RMC)

1) Offenders who do not meet the criteria to be assigned to RM-A or RM-B, with a LSI-R score of 24 to 40, will be assigned to Risk Management Level C.
2) Level I sex offenders will be assigned to RM-C.

RISK MANAGEMENT D (RMD)

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