

Having operated residential reentry centers (RRCs) serving FBOP referrals for over nine years, I am writing to share my thoughts regarding the status of current BOP risk and needs assessment practices and intervention strategies. As a long-time community corrections practitioner who is familiar with the guiding principles of effective reentry practices, I have been concerned with clinical hand-off of FBOP inmates from the institution to RRCs. While I do not speak for all RRC service providers, as past president of the International Community Corrections Association, I can state confidently that most fully utilize evidence-based risk assessment instruments and evidence-based intervention practices. We understand the importance of assessing individual risk of recidivism and we conduct such assessments as soon as we receive referrals, but this foundational work can and should begin in the institution. Conducting the assessment before release could better inform the RRC placement process by providing much better information about who is most likely to recidivate, which criminogenic factors need to be targeted and treatment dosage requirements based on risk level.

Custodial classifications consider an individual's risk of violent or disruptive behavior in the institution, whereas the RRC assessments look at risk of recidivism. Clearly, the criteria for each of these decisions will differ and a finding of 'high risk' in the former does not readily translate into 'high risk' in the latter.

After too often witnessing the disconnect between institutional staff speaking of risk in terms of custody classification to RRC providers who spoke in terms of recidivism risk, I was hopeful after a 2012 FBOP forum during which I heard leadership speak more about evidence-based practices than at any time in the past. Unfortunately, no action or communication regarding science-

based assessment or intervention followed. So instead of continuing proven intervention strategies that began in the institution, the RRCs start them when they come to our door so that these individuals are more prepared for successful reentry when we hand them off to U.S. Probation Officers. The practice of assessing for risk of recidivism continues with the probation officers as they utilize the PCRA assessment system and use cognitive behavioral intervention strategies much like those used by most RRCs.

While I am encouraged by several aspects of Senate Bill 1675 (Recidivism Reduction and Public Safety Act), I hope the FBOP personnel responsible for selecting or developing a risk assessment tool receive all of the necessary motivation, knowledge and/or resources to develop such a tool on their own even with appropriate consultation. The current FBOP custody classification system should not be used in making decisions related to cognitive behavioral programming or direct home confinement placement. Early direct home confinement placement based on a custody classification tool could actually result in increased recidivism. If this bill becomes law, it might be wise to establish an advisory panel of national experts to review progress to make sure this important work stays on track.