Brief Report Series

Inmate Pre-Release Assessment (IPASS)

Criminal Justice | Drug Abuse Treatment Studies
A project of the National Institute on Drug Abuse, National Institutes of Health
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Rationale and Objectives. Although at least two valid assessments currently exist to inform decisions regarding level of supervision for paroling offenders (e.g., Level of Services Inventory [Andrew & Bonta, 1995]) or modality of treatment for substance abusers in the community (e.g., American Society of Addiction Medicine [ASAM] criteria), neither was developed specifically for substance-abusing parolees who are encouraged or required to participate in treatment after they are released from prison. One of the CJ-DATS research priorities is therefore to develop and test a protocol for the *Inmate Pre-Release Assessment* (IPASS) that will have documented effectiveness as an aftercare placement tool (Farabee & Knight, 2001). More specifically, it will be a pre-release risk measure specifically designed for prison-based substance abuse treatment graduates that takes into account the inmates' historical drug use and criminal activity, as well as performance in prison-based treatment. The aims of this study will be to –

- test the ability of the IPASS to predict relapse and recidivism using a prospective design, and

- assess its use in matching offenders to a particular level of aftercare.

Overview of the IPASS. Prior to an offender's leaving a correctional institution, decisions must be made regarding recommendations and provisions of post-release services. For those who have received drug treatment services while incarcerated, these decisions often include assessing the need for continued substance abuse treatment.

The IPASS consists of four parts. Part 1 is designed to provide a quick assessment of criminal risk based on pre-incarceration risk factors. Similar to the Salient Factor Score (Hoffman & Beck, 1974), this part of the IPASS focuses heavily on criminal history, with questions about arrest and incarceration history, revocation history, and age of first criminal activity. Part 2 of the IPASS is designed to provide a quick screen for pre-incarceration drug use severity. It is based on the first 10 items of the TCU Drug Screen II (see www.ibr.tcu.edu for the TCU Drug Screen instrument), with the items corresponding to Diagnostic and Statistical Manual (DSM) classification criteria for Drug Dependence.

Whereas Parts 1 and 2 provide a baseline need for treatment based on static measures, Parts 3 and 4 center on dynamic factors that are used to determine whether the Baseline need for treatment should be adjusted. IPASS placement recommendations are based on the assumption that those at the same baseline level who do well in the prison phase of treatment and successfully meet treatment goals should not require as intensive post-release treatment as those who do not do well and fail to meet treatment goals.

Part 3 begins by asking inmates if they want to enter a drug treatment program after leaving prison; and if so, which treatment modality is preferred. Those who are motivated to receive these services, compared to those who do not want to continue receiving treatment services after leaving prison, are more likely to benefit from post-release treatment and therefore should receive placement priority (Hiller et al. 2002; Knight et al., 2000). Likewise, research has demonstrated that offenders who do well in treatment typically are the ones who report having established a good rapport with their treatment staff (Simpson et al., 1995).

Part 4 is to be completed by the inmate's primary counselor and begins by recording the number of major disciplinary acts an inmate committed prior to and during their time at the treatment program. Inmates who continue to commit infractions are likely to be the ones who need the most intensive levels of services and supervision once released from prison (Lattimore, Visher, & Linster, 1995). In addition to these 2 items, there are 9 items where the primary counselor is asked to rate the quality of interactions with the inmate during the course of treatment. These items include whether the inmate was easy to talk to, honest and sincere, cooperative, hostile or aggressive, manipulative, motivated to recovery, able to get along with other inmates, liked by staff, and making acceptable progress.
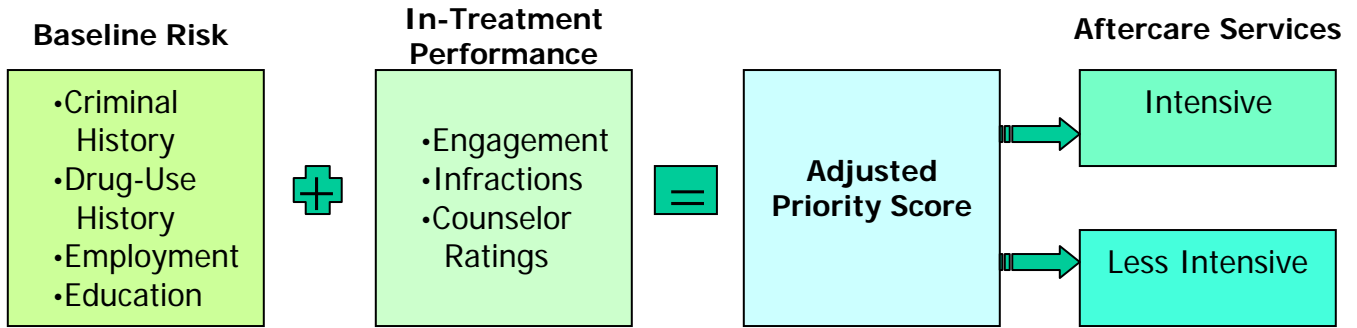
Validation of the IPASS Using Passive Matching. CJ-DATS Research Center (RC) staff participating in this study will administer the IPASS to small groups of inmates who are within 90 days of release from prison-based treatment programs in four states. They will also be responsible for administering the counselor section of the IPASS to each inmate's primary counselor. It is important to note that the IPASS will not be administered or scored by the transitional counselor; rather referrals will be made according to existing practices and the IPASS forms will be mailed to the Lead Center for entry and analysis. In addition to the IPASS, the transitional counselor will complete a placement form indicating whether the inmate was referred to aftercare, what level of care was recommended, and how important it was for the inmate to receive continued care. In the analysis phases, parolees who received an aftercare placement consistent with what the IPASS would have recommended will be compared with those receiving a "discordant" placement. The primary outcomes will be aftercare attendance (according to program records) and recidivism (based on arrest records and return to custody).

The target sample for this study will be 600 subjects. Only inmates who are expected to participate in some form of aftercare (either because they volunteer or are mandated to do so) will be recruited for participation in the study. At each of the selected in-prison treatment sites, subjects will be recruited at the time when the aftercare planning process normally begins (typically around 90 days prior to release).

Clinical Applications. The majority of corrections-based substance abuse treatment programs encourage (or require) former clients to participate in aftercare in the community. Unfortunately, the characteristics that should determine the best client-program "match" have yet to be established. The present study addresses this important issue by examining how certain client characteristics interact with various types and levels of aftercare to produce the optimal results (with regard to aftercare attendance and recidivism).

The practical goal of this study is therefore to empirically establish aftercare matching strategies and criteria for substance abusers completing prison-based treatment and develop a simple pre-release assessment that can facilitate post-release placement decisions.

IPASS Matching Procedure

Baseline Risk		In-Treatment Performance		Aftercare Services
•Criminal History •Drug-Use History •Employment •Education	✚	•Engagement •Infractions •Counselor Ratings	= Adjusted Priority Score →	Intensive / Less Intensive

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