



Washington Offender Needs Evaluation (Washington ONE): *Evaluating Community Contact Impacts*

In 2017, the Washington State Department of Corrections (DOC) transitioned to a new dynamic risk and needs assessment—the Washington Offender Needs Evaluation (Washington ONE). Assessments are used to classify an individual's risk level or likelihood of reoffending. During a two-year period, DOC transitioned risk level classifications (RLCs) for the population of incarcerated adults and adults under community supervision to the Washington ONE. The DOC contracted with the Washington State Institute for Public Policy (WSIPP) to evaluate how the switch to the Washington ONE affected DOC's distribution of risk level classifications and corresponding requirements for community contacts.

An individual's RLC partially determines whether and with what conditions the DOC supervises an individual in the community. This report examines whether and how RLCs, minimum supervision contact requirements, and actual contacts change with the implementation of the Washington ONE.

[Section I](#) provides an overview of risk and needs assessments used by DOC. [Section II](#) reviews the data and methods for this study. [Section III](#) reviews the findings and [Sections IV](#) and [V](#) discuss the limitations and main conclusions from the analysis.

Summary

In 2017, the Washington State Department of Corrections (DOC) transitioned to a new dynamic risk and needs assessment—the Washington Offender Needs Evaluation (Washington ONE) for adults incarcerated in state facilities or under DOC supervision in the community. During the current phase of implementation, contact requirements for community supervision are based on an individual's initial assessment and are not updated during regularly scheduled reassessments.

DOC contracted with WSIPP to examine how the new assessment impacted risk level classifications and corresponding requirements for community contacts and how these requirements would change if they were updated following regularly scheduled reassessments.

WSIPP found minimal differences between the contact requirements under the previous risk assessment system, the current Washington ONE assessment, and a fully dynamic Washington ONE assessment system. While some individuals did show a reduction in risk level over time, some other individuals showed an increase in risk level.

This study was limited by a short study period and a low rate of reassessment. Future studies using a longer study period would allow for an examination of the full impacts of updating contact levels following reassessments.

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I. Risk Assessment Instruments

An important component of managing individuals under DOC supervision is determining the potential for reoffending. Risk assessment instruments (RAIs) use characteristics of individuals and their previous involvement with the criminal justice system to predict the likelihood (risk) that an individual will recidivate. Risk and needs assessments (RNAs) are a type of risk assessment instrument that determines risk levels based on a combination of risk factors and criminogenic needs. Risk and needs assessments are used to determine the likelihood that an individual will re-offend and to identify individuals' characteristics that could be changed with effective intervention programs (e.g., anger control or pro-social skills).

The use of RNAs in criminal justice has grown substantially over the last 30 years.¹ Many states, including Washington, have implemented RNA systems to more effectively allocate rehabilitative resources and to reduce recidivism.² This section describes the use of RNAs in correctional settings and how they are used by DOC in Washington State.

¹ Andrews, D.A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39.

² Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use. *Criminal Justice and Behavior*, 29(4), 355-379; Hamilton, Z., Mei, X., &

Glossary of Terms

Collateral contact: A check-in with a third-party to validate or verify how an individual is adhering to their conditions of supervision or adjusting to supervision.

Contact level: An individual's required level of supervision and associated contact requirements in the community. The contact level is based on an individual's risk level classification (RLC) and any overrides.

Dynamic risk factors: Characteristics that may change in different directions over time. These characteristics may change as a result of targeted interventions.

KIOSK contact: A check-in using a computer in the DOC field office when individuals come to update their information.

Norming period: The time following initial implementation of the Washington ONE during which reassessments were not used to update contact requirements for community supervision.

Override: A condition of an individual's sentence or current status that is used to determine contact requirements instead of the individual's assessed risk level classification (RLC).

Risk level classification (RLC): Categorization of the likelihood that individuals will recidivate upon release to the community.

Static risk factors: Characteristics that do not change over time, or that change in only one direction over time.

Terms are bolded the first time they appear in the text.

Routh, D. (2018). The static risk offender needs guide—revised (STRONG-R). In J.P. Singh, D.G. Kroner, Z. Hamilton, S.L. Desmarais, & S. Wormith (Eds.), *Handbook of recidivism risk/needs assessment tools*. New Jersey: Wiley.

Risk and Needs Assessments

Risk Assessment Instruments (RAIs) typically classify individuals into different levels of risk, known as **risk level classifications** or “RLCs” (e.g., high-risk, moderate-risk, low-risk), based on the individual’s final risk score.

Risk and needs assessments (RNAs) expand upon RAIs by incorporating consideration of criminogenic needs such as education, employment, prosocial bonds, mental health, and substance use. Needs deficits (e.g., a lack of employment) may suggest that an individual is at a higher risk of recidivism, but they can also help determine which rehabilitative programs are most likely to reduce the individual’s likelihood of recidivism.

For correctional institutions, both RAIs and RNAs provide information about an individual’s risk level, which may help identify the appropriate level of supervision. RNAs provide information on criminogenic needs and can help determine the appropriate allocation of resources by matching programs to different types of needs.

Often, the largest barrier to using RNAs is the high cost of obtaining accurate information about various aspects of an individual’s history. The information must come either from official, administrative databases or through an in-depth interview with the individual. For most RNAs, many of the detailed characteristics require information

that is not included in an administrative database (e.g., who is the individual residing with?) or information that is recorded in administrative databases that are not linked or accessible by the agency conducting the RNA (e.g., education level).

History of DOC Risk Assessments

In 1999, the Washington State Legislature passed the Offender Accountability Act (OAA), mandating that DOC use a risk assessment to determine community supervision requirements. From 2001 to 2008, DOC used the “Risk Management Identification” (RMI) system to classify individuals into four risk levels.³ In 2008, DOC transitioned to the new “Static Risk Assessment” which was later revised as the “Static Risk Assessment-Revised” (SRA2).

The SRA2 classifies individuals based on risk factors that cannot decrease (e.g., criminal history). Since individuals’ risk scores from the instrument can stay the same or increase over time but not decrease, the SRA2 is a **static risk assessment**.⁴ Static RAIs are typically administered only once unless there are significant changes to an individual’s criminal record. These risk scores informed decisions regarding the level of DOC supervision required in the community. Under the SRA2, DOC used a separate needs assessment (the Offender Needs Assessment, (ONA)) to refer individuals to treatment programs. The information in the ONA was not used to inform risk level classifications; risk and needs were considered as independent dimensions.

³ See Aos, S., & Barnoski, R. (2005). *Washington’s Offender Accountability Act: A first look at outcomes* (Doc. No. 05-07-1202). Olympia: Washington State Institute for Public Policy.

⁴ The SRA2 does have one dynamic factor—age. As participants age, their age risk score decreases. However, the

SRA2 is not reassessed without a change to the individual criminal record, so the SRA2 is not recalculated as participants age.

The Washington ONE

In 2013, DOC contracted with Washington State University to develop a comprehensive risk-needs assessment that could become a central component of the organization's new case management system.⁵ The new assessment was initially named the Static Risk and Offender Needs Guide-Revised (STRONG-R) and was later renamed the Washington ONE. The assessment classifies individuals based on a series of static and **dynamic risk factors**. In contrast to static risk factors, dynamic factors are those which can change over time (e.g., drug dependency), particularly in response to targeted interventions.⁶

The Washington ONE differs from the SRA2 in two primary ways. First, the Washington ONE classifies individuals into six RLCs. These classifications provide additional specificity for high-risk classifications by including four different high-risk classifications (High Violent, Property, Drug; High Violent; High Drug; and High Property) rather than two under the SRA2 (High Violent; and High Non-Violent). Second, due to the dynamic nature of this assessment, individuals' risk levels may increase or decrease over time.

The Washington ONE classifies individuals based on responses to questions about the following domains:

- Demographics
- Juvenile Record
- Adult felony and misdemeanor records
- Correctional events
- Residential status
- Education and vocational status
- Employment status
- Relationship status
- Family status
- Children
- Friends
- Leisure time
- Alcohol/drug use—including effect on relationship on family and methods of supporting habit
- Mental health including hospitalization and medication
- Aggression
- Attitudes/Behaviors

Each domain includes a series of multiple-choice questions. Some information for the assessment is gathered through an interview of the individual conducted by a DOC employee and other information is gathered from DOC's administrative records.⁷ The potential responses to each question receive different scores. The final risk classification depends on an individual's cumulative score across all domains.

⁵ Comprehensive risk-needs assessments are referred to as fourth generation, or 4G, assessments. See Andrews, D.A., Bonta, J., & Wormith, S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, 52(1).

⁶ For more detailed information about the evolution of risk and risk and needs assessments in Washington, see Drake, E. (2014). *Predicting criminal recidivism: A systematic review of*

offender risk assessments in Washington State (Doc. No. 14-02-1901). Olympia: Washington State Institute for Public Policy.

⁷ Individuals who are incarcerated in a state facility complete their Washington ONE interview upon admission. Individuals who are under DOC supervision in the community complete the Washington ONE with their community correction officer.

Transitioning to the Washington ONE

In December 2017, DOC began transitioning its populations to the Washington ONE. All new intakes to DOC custody received the Washington ONE instead of the SRA2. For populations already under DOC supervision in December 2017, DOC implemented a gradual caseload conversion plan that incrementally required persons to be reassessed using the Washington ONE.

By June 14, 2018, most individuals incarcerated in state prisons or under DOC community supervision should have received an initial Washington ONE assessment and cases were to have a new case plan by July 14, 2018.⁸

Following the caseload conversion plan, DOC implemented new standards for the timing of initial assessments and reassessments using the Washington ONE. Going forward, for individuals sanctioned with a period of incarceration in state prison, initial Washington ONE assessments must be completed after entering a prison reception center. Individuals are given a reassessment for each of the following conditions:

- When the individual's Criminal Conviction Record (CCR) is updated (e.g., upon receiving sentencing documents for a new conviction);

- Every six months until release to the community;
- Within 30 days prior to a Work Release; and
- Between 60 and 90 days before release to the community from a Work Release.⁹

Individuals sentenced to and screened for DOC supervision must also have an initial Washington ONE assessment.¹⁰ During the norming period, individuals under community supervision were given a reassessment when an individual's CCR is updated or at the discretion of case managers. Case managers were sent notifications to encourage regular time-based reassessments using the following schedule:¹¹

- If they have a previous Washington ONE and are gained to supervision from jail or prison (within 30 days);¹²
- 120 days after their initial intake to community supervision;
- Ten months after initial intake to community supervision and then on a six-month cycle for three years and once per year for subsequent years.¹³

⁸ See [Appendix I](#) for details on the caseload conversion plan.

⁹ See [DOC Policy 320.400](#). Case managers may also complete reassessments upon a guilty finding for a violation or whenever the case manager determines it is beneficial to case management efforts.

¹⁰ Exceptions to this rule include absconds, warrants, or individuals who are otherwise unavailable.

¹¹ During the norming period, case managers received a notification in DOC's case management system indicating that a time-based reassessment should be completed, but

they were not officially a requirement. M. Kucza, Department of Corrections (personal communication, October 26, 2020).

¹² Individuals are "gained" to supervision when they enter community corrections jurisdiction. This may be directly from the courts following sentencing or following a stay in incarceration in jail or prison. This represents their initial intake to community supervision.

¹³ Individuals are not required to be reassessed when the individual is within 60 days of discharge from supervision.

Washington ONE Risk Level Classifications

RLCs are not intended to be an absolute determination of risk, but rather, depict the likelihood of recidivism compared to the rest of the population for whom the assessment is used. For example, incarcerated individuals classified as “low risk” are thought to be at a lower risk of recidivism than incarcerated individuals who are classified as moderate- or high-risk individuals, but they may still have a higher risk of recidivism than individuals who are not incarcerated.

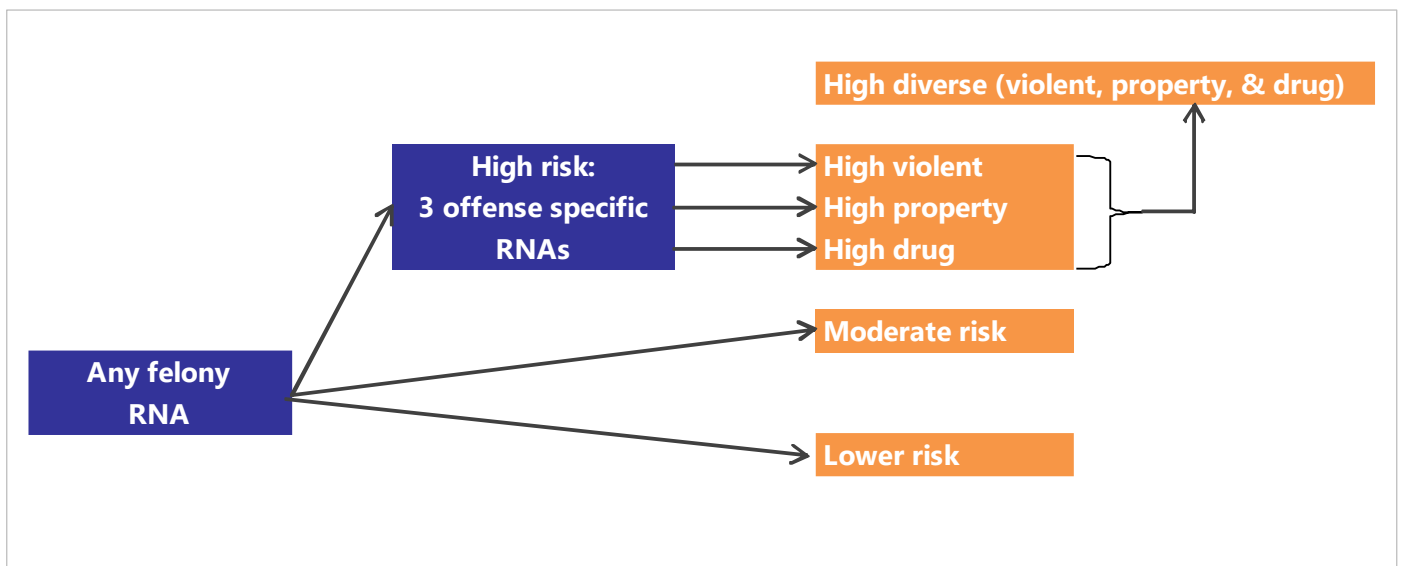
Under the SRA2, DOC classified individuals into four categories:

- 1) High violent felony risk (HV),
- 2) High non-violent felony risk (HNV),
- 3) Moderate felony risk (Mod), and
- 4) Low felony risk (Low).

The SRA2 RLC was based solely on the static risk factors (e.g., age, number of prior convictions) and was not affected by an individual’s Offender Needs Assessment.

Exhibit 1

Washington ONE Risk Classification Hierarchy



The Washington ONE uses a hierarchical classification system to classify individuals based on their likelihood to commit a violent offense, a property offense, drug offense, or any felony offense. The final classification of risk depends on the results from four individual scales. Individuals are classified into six risk classifications:

- 1) High violent, property, and drug felony risk (high diverse; HVPD),
- 2) High violent felony risk (high violent; HV),
- 3) High property felony risk (high property; HP),
- 4) High drug felony risk (high drug; HD),
- 5) Moderate felony risk (moderate; Mod), and
- 6) Lower felony risk (lower risk; Low).¹⁴

[Exhibit 1](#) provides a visual depiction of the Washington ONE's hierarchical classification system. If an individual is considered high risk on the high violent, property, *and* drug risk assessment scales the individual is classified as high diverse (HVPD). If the individual is not high risk on *any* of the violent, property, and drug scales, the individual is classified as either low risk or moderate risk based on the felony risk scale. Otherwise, if the individual is considered a high risk on the violent scale, the individual is high violent.

If one is not high risk on the violent scale but is high risk on the property scale, the individual is high property. Similarly, if the individual is not high violent or high

property but high risk on the drug scale, the individual is classified as high drug.

The risk classifications in the Washington ONE are based on scores for both static and dynamic risk factors, making it possible for risk classifications to increase *or* decrease over time.¹⁵ Additionally, the thresholds for risk levels and weights associated with each factor on the four scales (felony, violent, property, and drug) are different for males and females. Consequently, the Washington ONE is considered a gender-specific risk assessment instrument.

Contact Levels

DOC is responsible for providing community supervision for adults convicted of a felony offense and who are sentenced to a period of community supervision (regardless of whether an individual is also sentenced to prison). Requirements for community supervision contacts depend on the characteristics of an individual's case, their treatment status, and their risk level classification on the Washington ONE. Using the RLC and other individual information, DOC classifies each individual into a specific **contact level**, which outlines their minimum contact requirements.

Most individuals are placed into a contact level based on their low-, moderate-, or high-risk classification. However, some individuals have special contact requirements which we call "**overrides**," which replace the contact level stemming from their RLCs.

¹⁴ DOC uses the classification of "lower" risk instead of "low" risk to emphasize that the lowest classification of risk is relative to other individuals under DOC supervision but that their absolute likelihood of recidivism may still be higher than the general public.

¹⁵ In the Washington ONE, the same characteristics across dynamic domains are used for both the calculation of risk levels and an additional needs classification. However, the factors are weighted differently when determining risk levels and needs deficits.

Regardless of risk, individuals have special contact requirements if they received a Drug Offender Sentencing Alternative (DOSA) and are not in treatment, if they are in inpatient treatment, or if they are homeless.

Individuals who are under supervision following a conviction for a sex offense receive an additional special sex offender risk assessment instrument. Individuals convicted of a sex offense are required to follow the minimum contact standards that correspond with their highest RLC on either of the two risk assessment instruments.

Individuals classified as low risk do not have contact requirements except in instances where the individual is required to register as a sex offender, a participant in the Offender Reentry Community Safety program, is participating in court-ordered mental health treatment, or scores “high need” in the mental health domain of the Washington ONE. When low-risk individuals exhibit one of these special characteristics, their contact requirements are set as if they are moderate-risk.

Following the implementation of the Washington ONE, the DOC initiated a “**norming period.**” During the norming period, individuals were reassessed as per the previously discussed standards, but contact levels were not allowed to change based on the reassessments. The one exception is that individuals’ contact levels may change if the Washington ONE reassessment was initiated due to a change in the individuals’ CCR. As with the SRA2, this means that, during DOC’s norming period, an individual’s contact levels were

largely static and most often would increase but would not decrease.¹⁶

There are different types of contacts requiring different levels of resources:

- Face-to-face contacts—meeting with community corrections officer,
- **Collateral contacts**—verification or validation of behavior by a third party, and
- **KIOSK contact**—computer check-ins.

[Exhibit 2](#) describes the minimum supervision requirements for individuals based on their RLC and other case characteristics. The exhibit displays the minimum contact requirements under the SRA2 system and the minimum contact requirements under the new Washington ONE system.

Study Purpose

DOC contracted with WSIPP to examine how the new scores on the Washington ONE affected the distribution of risk level classifications of the DOC population as compared to the RLCs under the SRA2. In addition, DOC asked WSIPP to examine how the changes in the population’s RLC affected DOC’s workload related to community contacts and how that workload may change if contact requirements were allowed to change upon an individual’s reassessment.

¹⁶ See [Appendix II](#) for more clarification on how updated risk assessments may lead to a decrease in RLC and subsequent contact standards due to changes in age.

Exhibit 2

DOC Contact Levels and Corresponding Minimum Contact Standards

Static Risk Assessment—Revised classifications	Washington ONE classifications	Minimum contact requirements
High-risk violent	High-risk diverse; High-risk violent	3 face-to-face contacts per month, at least 1 of which is in the office and at least 1 of which is out of the office 1 collateral contact per month
High-risk non-violent	High-risk property; High-risk drug	2 face-to-face contacts per month, 1 of which is out of the office 1 collateral contact per month
Moderate risk	Moderate risk	1 face-to-face office contact per month 1 face-to-face contact out of office per quarter 1 collateral contact per month
Low-risk general	Low-risk general	Report using KIOSK whenever changes occur in contact information (e.g., address, phone number) or if they are arrested
Overrides		
Drug Offender Sentencing Alternative not in treatment	Drug Offender Sentencing Alternative not in treatment	1 face-to-face contact per week
In inpatient treatment regardless of risk level or sentence type	In inpatient treatment regardless of risk level or sentence type	1 collateral contact per month
Homeless, except low-risk general	Homeless, except low-risk general	1 face-to-face contact per week 1 collateral contact per month
Only if low risk and: <ul style="list-style-type: none"> • Required to register as a sex offender • Offender Reentry Community Safety program participant • Court-ordered mental health treatment • Those scoring “high need” in the mental health domain • Drug Offender Sentencing Alternative participant 	Only if low risk and: <ul style="list-style-type: none"> • Required to register as a sex offender • Offender Reentry Community Safety program participant • Court-ordered mental health treatment • Those scoring “high need” in the mental health domain • Drug Offender Sentencing Alternative participant 	1 face-to-face office contact per month 1 face-to-face contact out of the office per quarter 1 collateral contact per month

Notes:

This table represents minimum contact standards as outlined in Attachment 1 of DOC policy 380.200.

Individuals convicted of a sex offense also receive a sex offender risk assessment. Individuals’ minimum contact standards may increase if their classification on the sex offender risk assessment is higher than their assessment on the general risk assessment instrument.

After the conclusion of this study, DOC modified contact requirements in response to ongoing public health and safety concerns due to the COVID-19 pandemic. For more information, refer to the memos attached to DOC policy 380.200.

II. Data and Methods

Data for this project come from the Department of Correction's Offender management Network Information (OMNI) system. WSIPP receives updated OMNI records quarterly as a part of the ongoing management of WSIPP's Criminal History Database (CHD).¹⁷ DOC authorized the use of these records for the current project.

WSIPP selected the OMNI records for all individuals under DOC supervision (either in prison or in the community) from December 2017 to December 2019. For this project, WSIPP used information associated with adult's demographic characteristics, all risk assessments completed while under DOC supervision, and all required and completed contacts with the Community Corrections Department (CCD).

Individuals who entered DOC custody after December 2017 were assessed using the Washington ONE instead of the SRA2. To assess differences in the RLC for individuals using the SRA2 and the Washington ONE, WSIPP calculated the hypothetical SRA2 score using records from the CHD.¹⁸

¹⁷ WSIPP's Criminal History Database (CHD) receives court records from the Administrative Office of the Courts, incarceration and community supervision data from DOC, and juvenile confinement data from Juvenile Rehabilitation/Department of Children, Youth, & Families. WSIPP links the records from the independent databases to create a comprehensive database that links individual's records from conviction to release from state custody from both the juvenile and adult systems. The CHD is updated quarterly.

¹⁸ WSIPP consulted with the DOC to ensure that the algorithm used to calculate the hypothetical SRA2 RLC was consistent with the model used by the DOC prior to December 2017.

Sample

The difficulties of implementing new risk assessment instruments are well documented.¹⁹ DOC included quality control protocols as it implemented the new instrument to monitor the quality and consistency in the measurement of RLCs using the new assessment.²⁰

DOC began a gradual caseload conversion plan in December 2017. The full DOC caseload was not assessed using the Washington ONE until June 14, 2018.²¹ We excluded this seven-month period where the full caseload did not receive the Washington One, limiting our analysis to individuals under DOC supervision (either in prison or in the community) starting in July 2018.

From July 1, 2018, to December 31, 2019, we identified 62,057 unique "trips"—or periods of DOC custody—among 61,046 individuals for individuals who had a DOC community supervision record. Among this population, we matched 41,665 (67.0%) of the individual trips to risk assessment data provided by DOC.²² Since the Washington ONE is a dynamic risk assessment, each trip may be associated with multiple RLCs.

¹⁹ Brennan, T. (1999). Implementing organizational change in criminal justice: Some lessons from jail classification systems. *Corrections Management Quarterly*, 3, 11-27.

²⁰ See [Appendix I](#).

²¹ *Ibid.*

²² Many of those who we did not match to the assessment data were on inactive supervision and would not have had a Washington ONE completed. This includes individuals who are in confinement for a subsequent conviction, are out of state, are in a different jurisdiction for more than 60 days or who are on warrant status for more than 60 days after the date of the warrant.

We matched every trip identified in both the field supervision and assessment data to the advanced corrections database that monitors everyone's contact requirements for community supervision.

The purpose of this study is to understand how resource needs changed when DOC switched their entire population from one system to another. We compare the RLCs of individuals under the new Washington ONE system to the RLCs the same individuals would have received under the former SRA2 system.²³

Risk Assessment Scores

For each individual in the sample, we identified their first Washington ONE assessment. For individuals under DOC custody before December 2017, their initial Washington ONE should have occurred before July 1, 2018. For individuals entering DOC custody after December 2017, their initial Washington ONE should have been prior to (if incarcerated) or shortly after their initial intake to community corrections.

The Washington ONE includes some factors that were considered under the SRA2. However, some factors were a part of the SRA2 and not in the new Washington ONE. Due to these differences, we relied on WSIPP's Criminal History Database to calculate individuals' SRA2 scores.²⁴

²³This report does not include tests for statistical significance that readers may be familiar with from other WSIPP reports. Tests of statistical significance are used to determine the likelihood that the results found in one random sample of individuals would be the same in the full population of eligible individuals.

²⁴ See Appendix II.

²⁵ For cases involving an individual convicted of a sex offense, their contact standards are based on the higher of the scores

As a dynamic risk assessment instrument, the Washington ONE may be administered multiple times and subsequent assessments may result in an increase *or* decrease in an individual's RLC. We identified all Washington ONE assessments administered to individuals in our sample to assess changes in RLC over time.

Contact Levels

An individual's score on the Washington ONE initially determines his or her contact standards.²⁵ Contact levels are determined based on the Washington ONE and characteristics of the individual's sentence or current living conditions. An individual's contact level may change as they move in and out of different conditions of their sentence or living situation, making the contact level more dynamic than the assessed RLC.

Individuals' contact requirements may change throughout their supervision for reasons unrelated to their scores on the Washington ONE. For example, individuals' contact requirements may change if they are placed in inpatient drug treatment, if they fail to report for a community corrections check-in and their whereabouts are unknown, or if they are temporarily confined as a result of violating their terms of supervision.²⁶

on the RAI used for the general population and a special sex offense risk assessment instrument.

²⁶ DOC uses a policy called "swift and certain" (SAC) to respond to violations of an individual's terms of community supervision. During our study period, certain violations automatically lead to a term of confinement in a local jail for up to 30 days. SAC policies were modified in the 2020 Legislative Session. For more information, refer to [Substitute House Bill 2417, Chapter 82, Laws of 2020](#).

During the timeframe for this study, contact requirements were only allowed to change due to an override or when the Washington ONE was issued after a change in an individual's CCR.²⁷ Excluded from this are those dynamic reassessments of the Washington ONE.

Each contact level is associated with certain contact requirements, which may be made on a weekly, monthly, semi-annual, or annual basis (See [Exhibit 2](#)). DOC calculates the timeframe for each contact period based on an individual's initial date of intake to community corrections.

We calculated each individual's contact requirements based on the number of contacts required for each day in the contact period. For example, if individuals were required to make one weekly contact, then their contact requirement for each day following their initial intake was 1/7 (0.14 daily contacts). Similarly, if individuals were required to have one contact per month, their contact requirement for each day following their initial intake was calculated as 1/30 (0.03 daily contacts). We then calculated the total daily contact requirements for the population of individuals under community supervision by DOC. We further subdivided the contact requirements into face-to-face contact requirements and collateral contacts. We do not consider KIOSK contacts for this study because they are required only when an individual's information changes.

²⁷ Changes to an individual's CCR occur when the individual is arrested and/or convicted for a new offense. Corrections officers are required to report behaviors that constitute a new criminal offense and prosecutor's offices determine whether new charges should be filed. Individuals may also have pending cases when they enter DOC custody that may be resolved while they are under DOC custody. During the

We calculated the total contact requirements for each individual in three ways:

- 1) Based on a hypothetical RLC from SRA2 scores,
- 2) Based on the initial Washington ONE assessment, and
- 3) Based on each of their Washington ONE assessments (this represents how the policy will be implemented in the future).

We used information from the DOC records to identify individuals whose contact requirements were not the result of their RLC. These differences between the RLC and the contact requirements are due to special conditions set forth by an individual's status in other programming or treatment (i.e., an override). For example, individuals participating in in-patient treatment are required to have one collateral contact each month, regardless of the risk level. These overrides existed under both the SRA2 and Washington ONE systems. Thus, we adjust contact requirements under the hypothetical SRA2 score based on these overrides if the overrides were present in the Washington ONE records.²⁸

norming period, DOC established a mechanism to manually reset a CCR if an issue was discovered with a Washington ONE assessment. This manually updated CCR would allow the updated assessment to change an individual's contact level even if their CCR had not actually changed.

²⁸ See [Appendix II](#) for more details on the calculation of the SRA2 scores

III. Findings

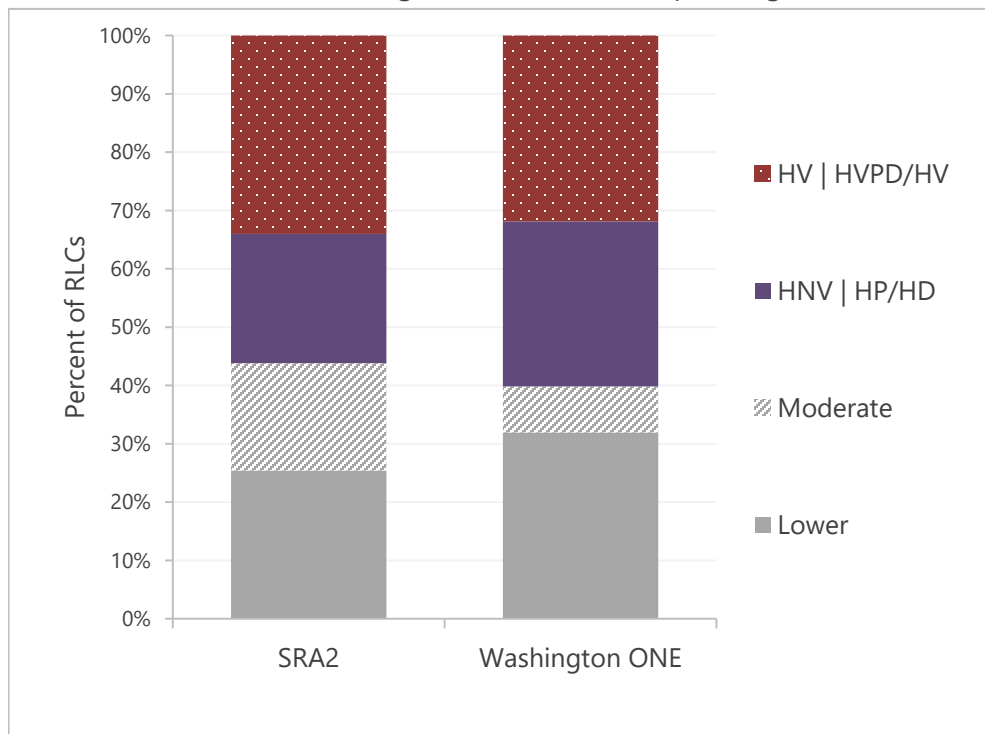
Risk Level Classifications

We began with a review of the risk level classifications (RLC) for all individuals in our sample. Exhibit 4 presents the RLCs for the full population under the SRA2 and the Washington ONE, relying only on their initial Washington ONE assessment.

An individual's RLC can change over time under both the SRA2 and during the Washington ONE norming period. For both systems, assessed RLCs may increase if an individual's CCR changes while under supervision. The distribution of RLCs under the Washington ONE showed far fewer individuals classified as moderate-risk, and more individuals classified as high risk or lower risk. Among those classified as high risk, the scores on the Washington ONE showed an expansion of individuals classified as high non-violent, which includes both high drug and high property.

Exhibit 4

Initial RLC under Washington ONE and Corresponding SRA2 Score



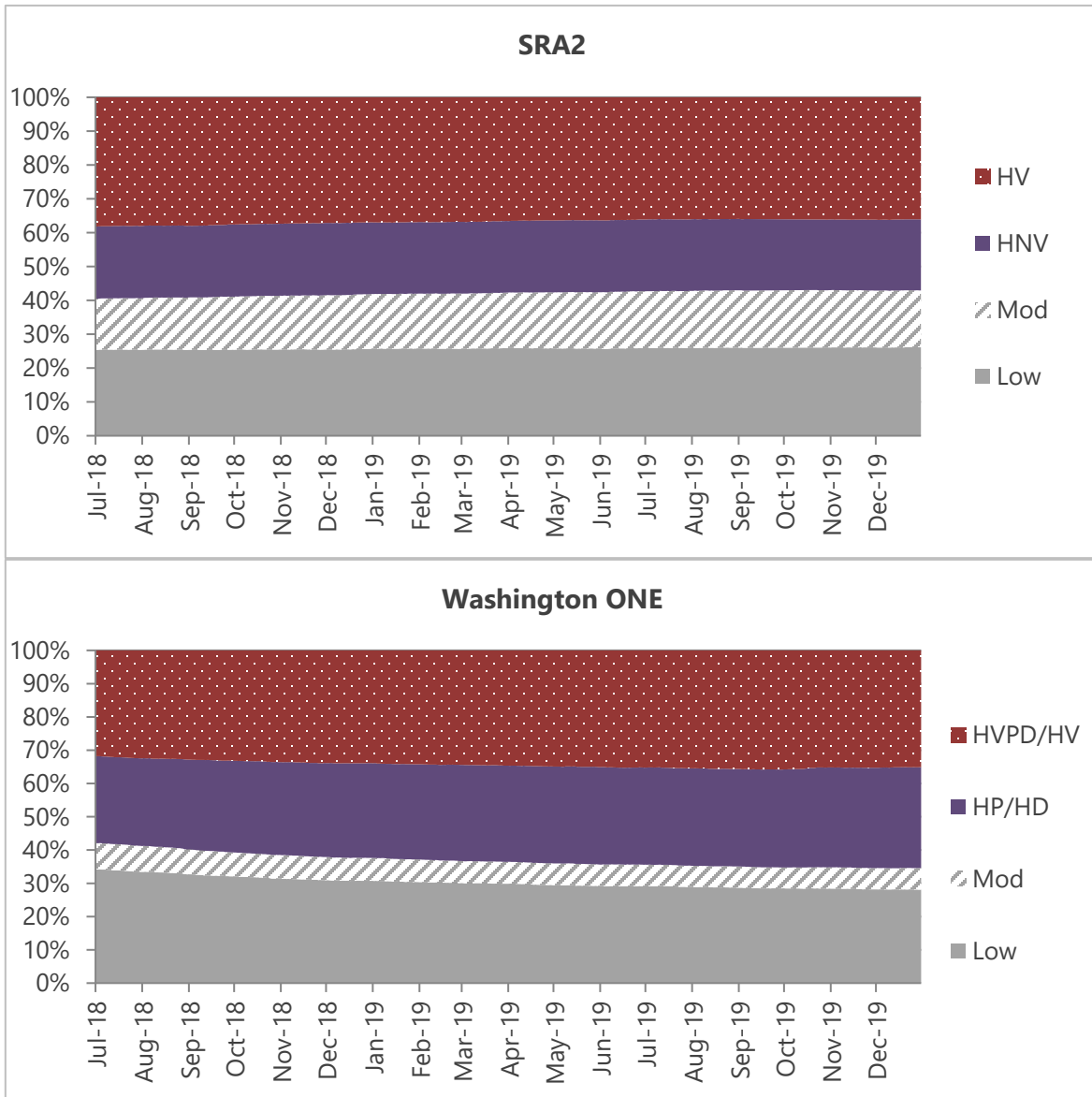
Notes:

HV = SRA2: High Violent | HVPD/HV = Washington ONE: High diverse/high violent
HNV = SRA2: High non-violent | HP/HD = Washington ONE: High property/high drug

For the Washington ONE, individuals assessed RLC could be updated upon completion of a regularly scheduled reassessment. In addition, the distribution of RLCs in the population may fluctuate over time as individuals move in and out of community supervision.

Exhibit 5 depicts the distribution of RLCs for the community supervision population during our sample timeframe. For the SRA2, we only changed an individual's score if there was an increase in the individual's criminal history record, suggesting that a new CCR was likely initiated.

Exhibit 5
Daily Distribution of RLCs



Notes:
 HV = SRA2: High violent
 HN = SRA2: High non-violent
 HVPD/HV = Washington ONE: High diverse/high violent
 HP/HD = Washington ONE: High property/high drug

For Washington ONE assessments, we included all completed assessments during the study period. The daily distribution shows the general stability of RLCs under the SRA2 system and the residual transition into the Washington ONE system during the last six months of 2018.²⁹

During the current Washington ONE implementation, time-based reassessments are encouraged but not required. In addition, some individuals moved off active supervision during the study period.³⁰ Overall, only 52% of the cases in our sample had more than one Washington ONE.

[Exhibit 5](#) shows that the RLC distribution under the Washington ONE was relatively stable over time. We examined how many individuals had a change in their RLC under the Washington ONE during the study period. RLCs may increase or decrease over time. In our sample, 5.8% of the unique trips showed a decrease in RLC between their initial Washington ONE and final Washington ONE. However, in 5.7% of unique trips, we found an increase in RLC between the initial Washington ONE and final Washington ONE. In total, 11.5% of all unique trips exhibited a change in RLC during the study period.

Contact Levels

As discussed earlier, a contact level is the combination of the RLC and overrides. For those classified by RLC, the switch to the Washington ONE could affect contact requirements if their assessed RLC on the

Washington ONE was different from their assessed RLC on the SRA2. As with the changes in the assessed RLC over time, contact levels may change as populations move in and out of community supervision. During the norming period, contact levels under the Washington ONE changed only when an individual's CCR was updated.

For many of the individuals supervised under one of the contact override classifications, their contact levels may have been the same under both the SRA2 and Washington ONE systems. However, low-risk individuals with special conditions (i.e. overrides) are placed into the moderate-risk contact level while low-risk individuals without special conditions are placed into the low-risk contact level and have no in-person or collateral contact requirements.

[Exhibit 6](#) shows the daily distribution of contact levels under the SRA2 and the Washington ONE systems for those whose contact levels were not established by an override (e.g., in inpatient treatment). Individuals who had a low-risk RLC but who were supervised as though they were moderate-risk due to other characteristics (e.g., court-ordered mental health treatment) are included with the moderate-risk contact level.

[Exhibit 6](#) reports the contact requirements as implemented during the norming period, relying only on an individual's initial Washington ONE (or subsequent Washington ONE assessments following a

²⁹ Although the conversion plan sought to have all individuals switched to the new Washington ONE, there were still individuals under supervision who did not have their initial Washington ONE until after the end of the conversion period. For example, individuals who were on inactive supervision and who moved back to active supervision status following the

conversion would not have had a Washington ONE completed while they were inactive.

³⁰ For example, individuals could move off active supervision if they are on warrant status or if they are incarcerated for a new offense.

CCR update). For the SRA2, the chart represents what the contact levels would have been if DOC used only the SRA2 score calculated on the same date as the initial Washington ONE, and only allowed the SRA2 score to change following an increase in criminal history.

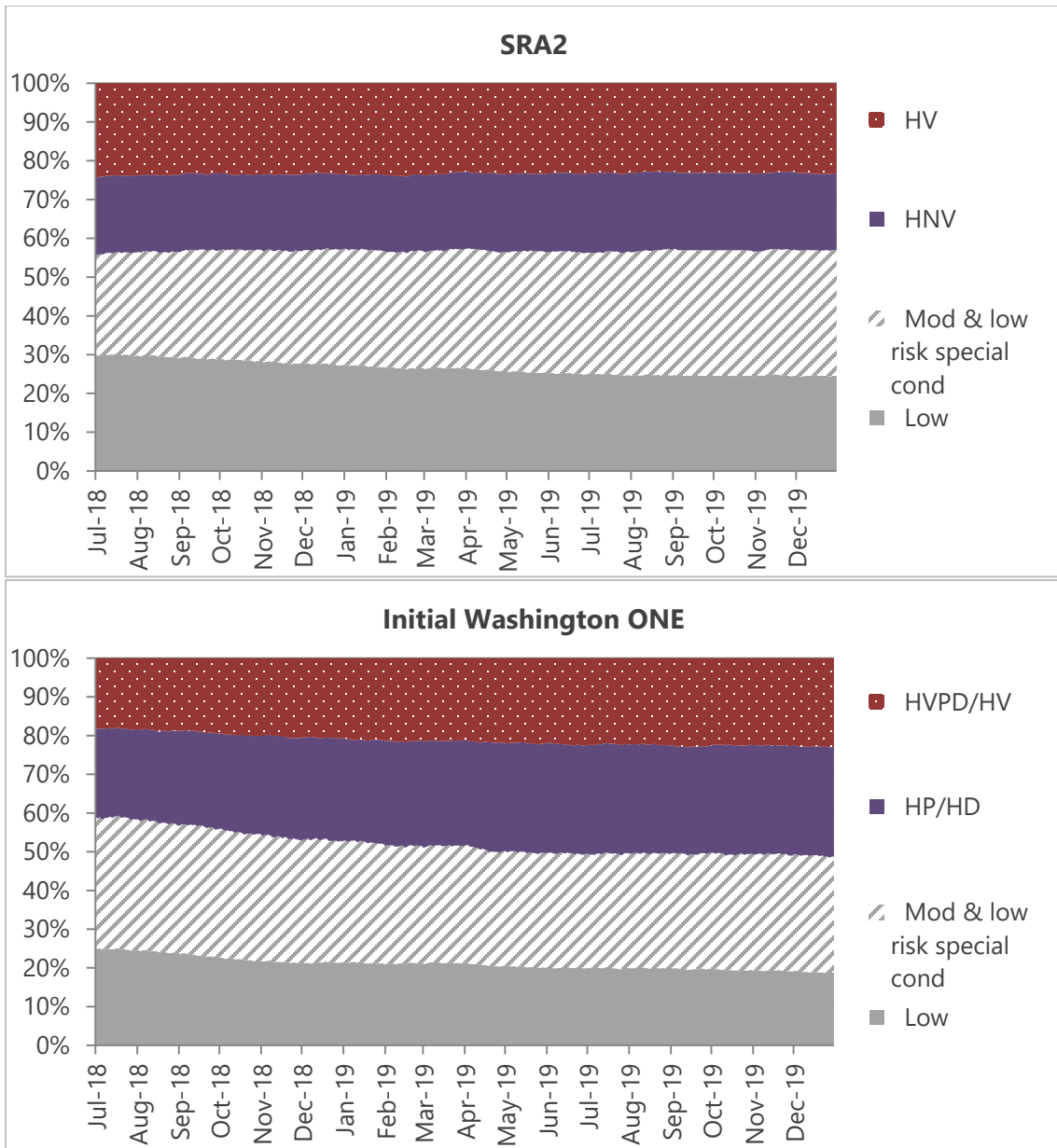
Under the Washington ONE, the population of individuals supervised in one of the two high-risk contact levels slowly increased. This likely reflects a continuation of the norming period during which time DOC was still transitioning its population to the Washington ONE assessment. By the end of our sample period, the proportion of individuals in one of the high-risk categories under the Washington ONE was significantly

greater than the proportion of individuals in one of the high-risk categories on the SRA2.

The proportion of the population supervised at a moderate-risk contact level under the Washington ONE is initially larger than the population classified as moderate risk based on the RLC from the SRA2. This difference is largely due to the increased supervision requirements for low-risk individuals who met other special conditions requirements. Under the SRA2, we did not initially have the data to tell whether a low-risk individual would be supervised as moderate risk because of an override. The issue decreases near the end of our sample period. For more information see [Appendix II](#).

Exhibit 6

Distribution of Weekly Average Contact Levels
Excluding Contact Levels not based on RLC



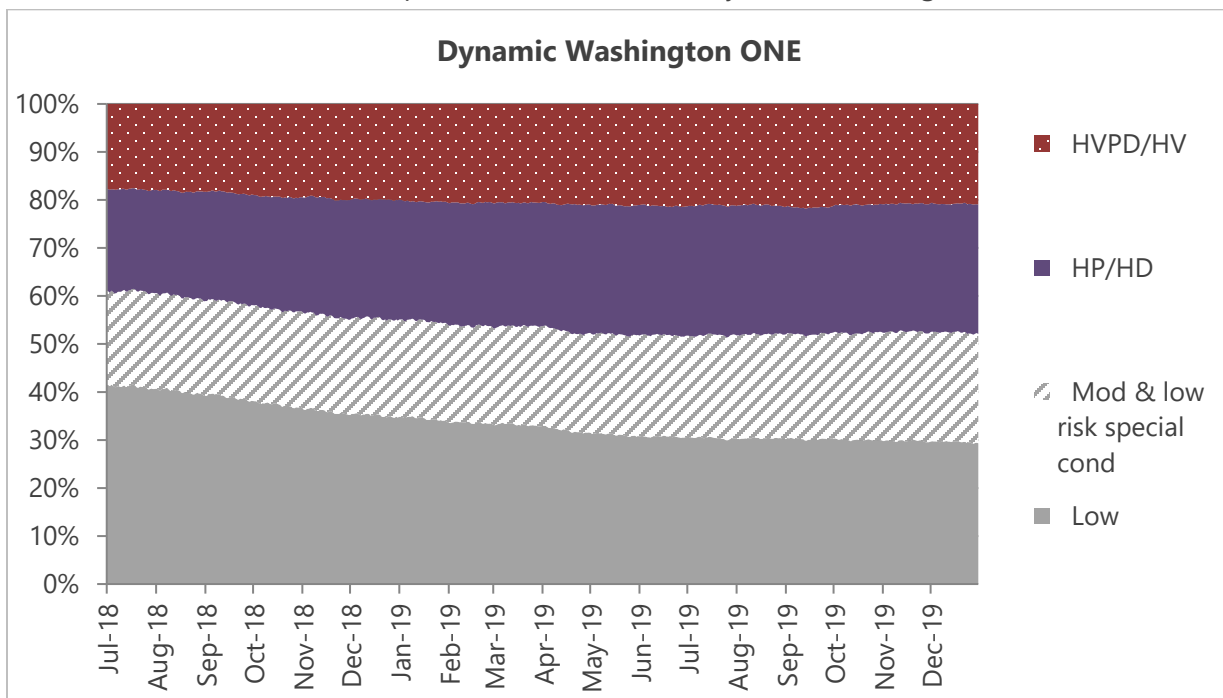
Notes:
 HV = SRA2: High violent
 HNV = SRA2: High non-violent
 HVPD/HV = Washington ONE: High diverse/high violent
 HP/HD = Washington ONE: High property/high drug

Dynamic risk assessments allow DOC to assess whether an individual’s risk level changes over time. Thus, it is possible that some individuals’ assessed RLCs could decrease over time, resulting in a lesser need for strict contact requirements. Exhibit 7 replicates the information from Exhibit 6 but allows an individual’s contact levels to change following a reassessment with the Washington ONE whether during the norming period or the initial assessment period.

Allowing contact levels to change upon reassessment under the Washington ONE showed a slight change in the distribution of contact levels by the end of the study period.

Compared with the actual contact levels during the norming period shown in Exhibit 6, the simulated dynamic contact levels in Exhibit 7 showed fewer individuals supervised as moderate risk and more individuals supervised as low risk. Overall, this could reflect a slow decline in the severity of the population’s RLCs over time. However, our analyses were also limited by a lack of data necessary to determine which low-risk individuals should be supervised as moderate risk because of other special conditions. Thus, the increase in those supervised as low risk may simply reflect our inability to categorize them correctly due to data limitations.

Exhibit 7
Comparison of Distribution of Weekly Average of Contact Levels for Those Supervised Based on RLC Dynamic Washington One



Notes:
HVPD/HV = Washington ONE: High diverse/high violent
HP/HD = Washington ONE: High property/high drug

Contact Requirements

Some contact levels require weekly or monthly check-ins, while others require only annual or semi-annual check-ins. [Exhibit 8](#) displays how the minimum total daily average number of contacts changes over time for our sample using the initial Washington ONE, the corresponding SRA2, and a fully dynamic Washington ONE system. [Exhibit 8](#) also displays the actual number of in-person and collateral contacts made with individuals in our sample during our sample time frame.

The number of required contacts gradually increased under all three risk assessment systems. This increase is driven in part because of the increase in the population of individuals under DOC custody who have ever had a Washington ONE assessment.³¹ Similarly, the number of actual contacts made during our study time frame also increased.

Between the three risk assessment systems, the daily contact requirements were lowest under the dynamic Washington ONE system. Some of this difference may be driven by the data limitations regarding low-risk classifications described in the previous section. However, contact requirements under the dynamic Washington ONE were still lower than the SRA2 and initial Washington ONE systems after accounting for these data limitations.³² As an individual's risk levels are updated to reflect changes in their characteristics (e.g., aging, decreases in substance use, changes in employment), RLCs may decrease, reducing the individual's contact level and subsequent number of required contacts. Different contact levels also have different types of contacts that are required within varying contact periods. [Exhibit 9](#) displays the differences in the risk assessment systems with regards to the in-person (e.g., office or field) contacts and collateral contacts during the study period.

³¹ [Exhibit 8](#) represents actual contacts and is not adjusted based on population changes. The increase in contacts over time may represent an increase in the number of individuals requiring any contacts rather than an increase in the number of contacts per person.

³² Differences persisted at the end of our study period even when we assumed that all low-risk individuals missing override indicators were supervised as moderate-risk.

Exhibit 8

Community Corrections Department Contact Requirements, by Assessment Type

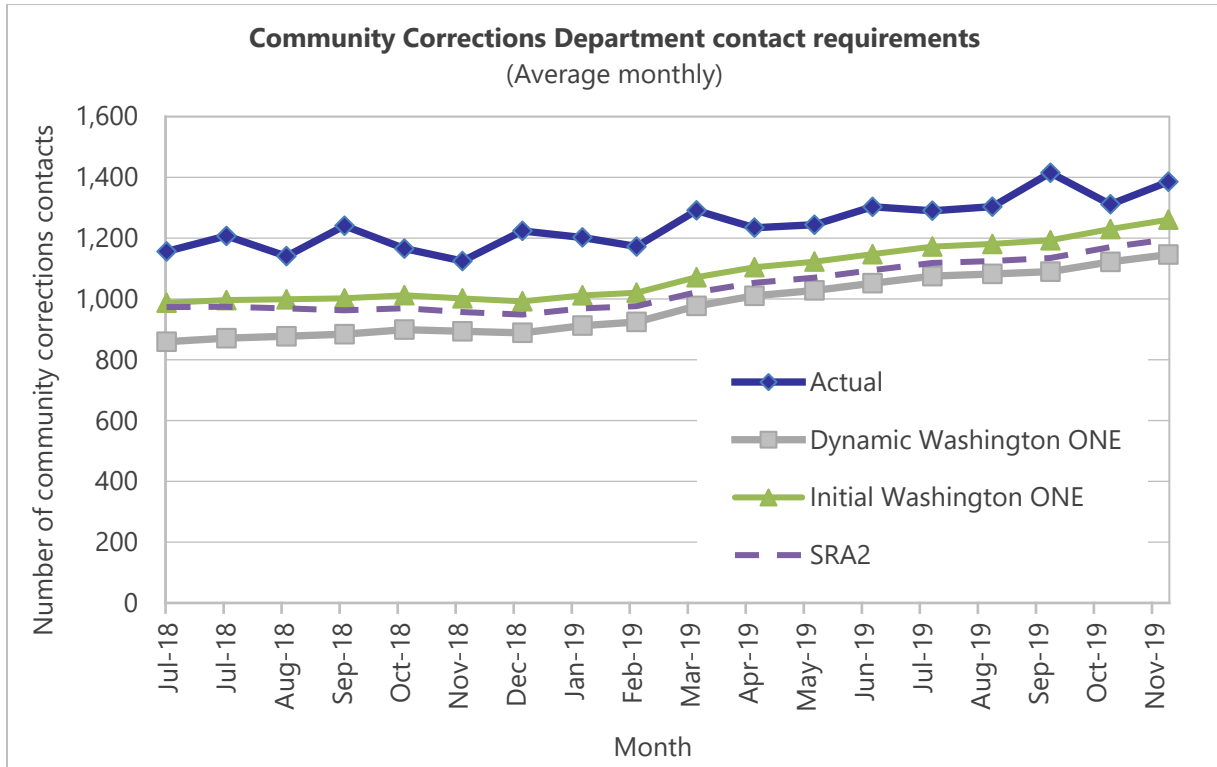
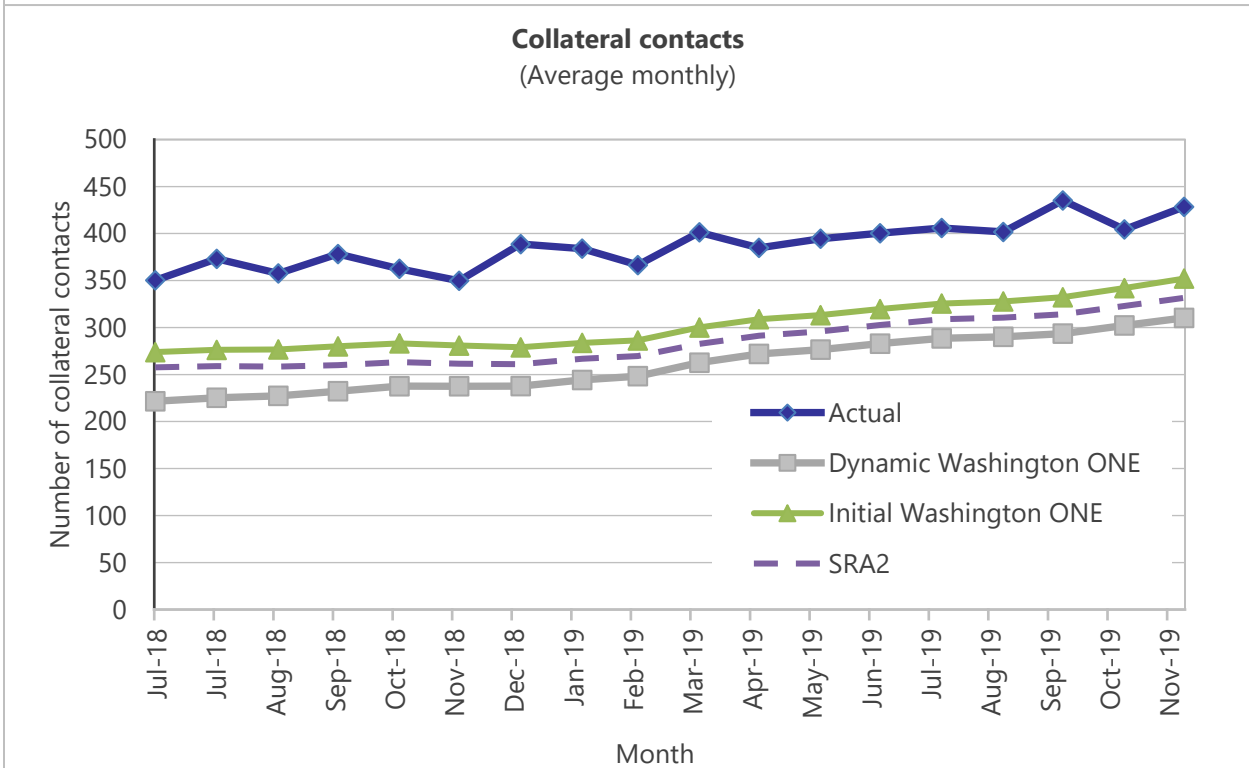
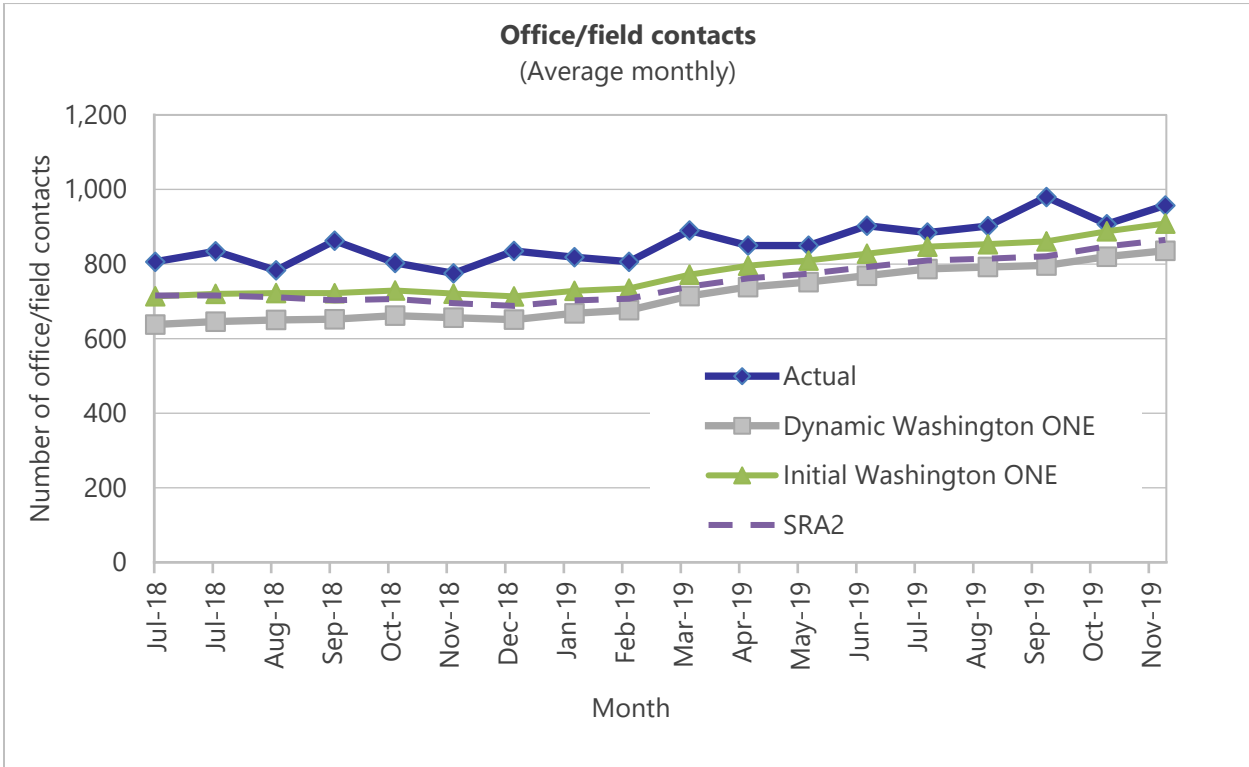


Exhibit 9

Community Corrections Department Contact Requirements
Average Monthly CCD contacts by contact type



IV. Limitations

The findings of this study were limited by a lack of data indicators in the early portion of our sample time frame, a low percentage of cases with reassessments, and a relatively short time frame for analysis.

Data Limitations

DOC created a separate data table for indicators necessary to identify which low-risk individuals had special conditions that would require them to make community contacts with DOC. These individuals are low risk but are supervised as if they were moderate risk. The indicator data table was established in January 2018. Individuals were not entered into this special condition table until they received a change in contact level. Prior to the integration of this table, case managers were expected to select the correct contact level for low-risk individuals based on their knowledge of these special conditions.

Without the special condition indicators, we could not distinguish which low-risk individuals should be supervised at a moderate-risk contact level until a change in contact level was submitted after January 2018. As a result, our findings for the contact levels and required contacts under the dynamic Washington ONE system may underestimate the true number of contacts required for this population. We did review the data at the end of our sample time frame (when the Washington ONE data was most complete), and we removed individuals who still had no record in the special condition indicator table. The resulting required contacts under the dynamic Washington ONE still showed a slight decrease in contact

levels and required contacts compared to the initial-only Washington ONE system and the SRA2.

Reassessment Limitations

Our findings may underestimate the potential change in contact requirements compared to a Washington ONE system with required time-based reassessments. During our study period, case managers were notified when a time-based reassessment may be appropriate, but they were not required to complete these reassessments under DOC policy.

Only 52% of the individuals in our sample had more than one Washington ONE assessment. As the number of Washington ONE reassessments increases, future analyses could evaluate how RLCs change given more reassessments.

During this norming period, case managers were required to complete a reassessment following a CCR update. Reassessments following a CCR update may be more likely to result in an increase in RLCs as they occur when an individual has increased their criminal history.

Many of the questions on the Washington ONE that are not related to an individual's criminal history ask about a person's living conditions, lifestyle behaviors, and social networks during their last six months in the community. Individuals' initial Washington ONE, completed while in prison or upon first entering community supervision, may not reflect their living conditions, lifestyle behaviors, or social networks as they reenter

the community. Continued reassessments would reflect their current experiences in the community and may lead to more changes in RLCs as individuals' responses on the Washington ONE elements are updated. These changes may increase or decrease individual's RLCs depending on how their relationships and behaviors change after release.

Time Frame Limitations

Our study captured potential changes in risk assessments over a two-year period.³³ Given the relatively short period for our study, we were unlikely to capture large numbers of individuals exhibiting significant enough demographic or socioeconomic change to reduce or increase an individual's RLC. The longer an individual is on supervision, the more likely it becomes that their RLC and associated contact levels may decrease due to aging or due to changes in lifestyle and behavior (e.g., earning a GED or college degree).

Additional analyses are necessary to know how much of the community supervision population did show an improvement in lifestyle conditions or behaviors that would lower their overall risk score, even if the reduction was not substantial enough to change the individual's RLC. It is possible that there were individuals who were significantly improving their living conditions over time, but their RLC is unlikely to change due to the unchanging nature of the criminal history portion of the risk assessment instrument.

³³ Our study analyzed daily distributions over an 18-month period, but we did draw upon information from Washington ONE assessments completed in the 6 months before the start of our sample. For example, individuals who were under

community supervision on July 1, 2018 may have had an initial Washington ONE completed in February 2018 as a part of DOC's caseload conversion plan.

V. Conclusion

The purpose of this study is to assess changes in RLCs for individuals under DOC community supervision and consequent changes in DOC's workload associated with contact requirements. Overall, the differences between the contact requirement workload under the SRA2 system and the Washington ONE system are minimal. Given that some contact levels are determined by factors other than an individual's RLC and that the Washington ONE was developed to identify a similar distribution of high-, moderate-, and low-risk individuals under both systems, these findings are not surprising.

The findings in this report do show that overall contact requirements may be reduced if contact levels are allowed to change upon reassessment under the Washington ONE. As individuals age or if characteristics about their social and economic conditions improve over time, then individual risk levels may decline, subsequently reducing their contact level and the overall number of required contacts.

This study does not account for the DOC workload requirements associated with conducting regular time-based reassessments for all individuals under community supervision. It is possible that the reduction in workload associated with fewer contact requirements would be offset, at least in part, by the workload increase associated with more frequent reassessments. However, our analyses did show that there were both individuals who increased and individuals who decreased their RLC over time. Thus, allowing for dynamic changes in contact levels over time may lead to a more efficient and appropriate allocation of DOC contacts.

By regularly assessing individuals for dynamic changes in risk, DOC may be able to adaptively shift its contact requirements from individuals with behaviors associated with lower levels of recidivism to better target individuals who may be showing an increase in risk level and a need for increased contacts. Future research could assess whether these dynamic changes in contact requirements could facilitate more early interventions for individuals who appear to be increasing their risk level and whether those interventions and increased support from DOC could lower overall recidivism rates for the community supervision population.

Appendices

Washington Offender Needs Evaluation (Washington ONE): *Evaluating Community Contact Impacts*

Appendices (Include titles of sections)

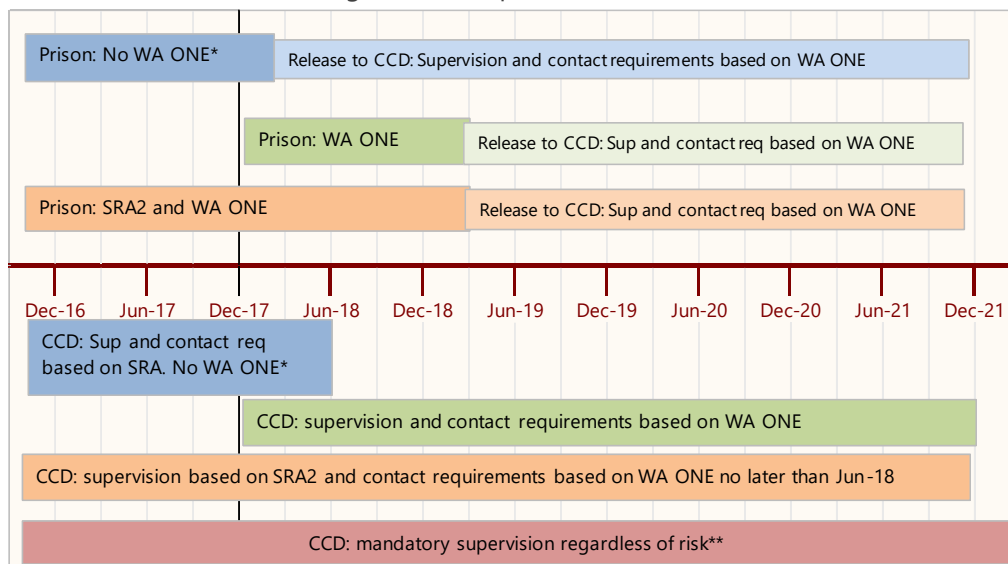
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I. Washington ONE Implementation

The Washington Department of Corrections (DOC) transitioned from the Static Risk Assessment-Revised (SRA2) to the Washington Offender Needs Evaluation (Washington ONE) in the fall of 2017. DOC’s Washington ONE Assessment Caseload Conversion Plan was based on a gradual conversion to the new Washington ONE assessment protocol. All new intakes after December 15, 2017, were assessed using the Washington ONE. However, individuals who were incarcerated before December 15, 2017, and who were scheduled to be released on or before March 14, 2018, were not required to be assessed under the Washington ONE. Similarly, individuals who were under CCD supervision before the implementation of the Washington ONE and who were scheduled to be released from supervision before June 14, 2018, were not reassessed under the Washington ONE. All other individuals who were incarcerated before December 15, 2017, (and scheduled for release on or after March 15, 2018) or who were already on community supervision (and scheduled for release on or after June 15, 2018) were reassessed under the Washington ONE (Exhibit A1).

Exhibit A1

Washington ONE Implementation Schedule



Notes:

*Incarcerated persons scheduled for release before March 14, 2018, and individuals on community supervision scheduled for release from supervision before June 14, 2018.

**Through all periods, some individuals face mandatory supervision, regardless of RLC on SRA2 or WA ONE.

For Washington ONE eligible individuals incarcerated or under community supervision before December 15, 2017, the DOC established gradual reassessment goals for the first six months of the norming period. The DOC Conversion Plan stipulated that one-third of the current caseload should have a Washington ONE completed by February 14, 2018, two-thirds of the current caseload should have a Washington ONE completed by April 14, 2018, and the full caseload should have a Washington ONE completed by June 14, 2018 (Exhibit A2). Given the incremental implementation timeline, the Washington ONE RLC distribution for the full DOC population was not expected until June 15, 2018.

Implementation Consistency

DOC took steps to measure the consistency of early Washington ONE assessments. Following the initial implementation of the Washington ONE, DOC worked with case managers to assess consistency within completed Washington ONE assessments. During the norming period, DOC "reviewers" conducted three types of Washington ONE assessment reviews. First, DOC reviewers selected a random sample of assessments for review every month ("random reviews"). Second, DOC reviewers reviewed assessments that were referred to their office by front line staff ("referred reviews"). Third, DOC reviewers conducted pre-closure reviews for cases in which the individual scored low enough to be released without DOC supervision ("pre-closure reviews").

Upon review by DOC personnel, assessments could be accepted as completed or identified for reset. If an assessment was identified for reset, Case Managers were required to complete a new assessment. Upon reassessment, the RLC could increase to cause supervision (for pre-closure reviews), increase the contact requirements, or remain the same. Assessments were reviewed for consistency but not for accuracy. That is, personnel reviewed the scores for items in the assessment to ensure that the values were consistent with the scores for related items, but copies of the original interviews from which the item values were determined were not reviewed by DOC personnel.

As of November 1, 2018, the DOC completed 1,478 pre-closure reviews, 692 random reviews, and 198 referred reviews. The total number of reviews gradually declined from March through July and stabilized from August through October. The month of March had the most assessment reviews resulting in an increase in RLC (N = 24) while July had the fewest (N = 2). Overall, the number of referrals for DOC review, the number of reviewed assessments referred for reassessment, and the number of reviewed assessments for which the RLC was increased all appeared to stabilize in or after July 2018.

The difficulties of implementing new risk assessment instruments are well documented.³⁴ The relatively high number of assessments referred for review in the first seven months of the Washington ONE norming period and the absence of complete Washington ONE data for the DOC population suggests the potential for inconsistencies in the initial assessment data. To ensure this study provides an accurate assessment of the projected changes to RLCs and associated DOC workload under the new Washington ONE, WSIPP excluded Washington ONE data from the first seven months of the norming period (December 2017 – June 2018). The study for this sample begins with offenders under DOC supervision after July 1, 2018 and continues through December 31, 2019.

³⁴ Brennan, T. (1999). Implementing organizational change in criminal justice: Some lessons from jail classification systems. *Corrections Management Quarterly*, 3, 11-27.

Exhibit A2

DOC Caseload Conversion Plan for Washington ONE Norming Period (Beginning December 2017)

	Incoming	Pre-existing caseload	Releasing to supervision	Discharging
Prison	All incoming (new and re-admits)*	<p>Individuals (with supervision or Work Release) after 03/14/18, do in order of release date.</p> <p>All other cases by earliest release date. The goal is: 1/3 of caseload done by 02/14/18 2/3 of caseload done by 04/14/18</p> <p>All outgoing facility to facility transfers to be completed by outgoing case manager (exception—Transfer orders built before 12/14/17)</p>	Complete Washington ONE on all individuals releasing to any supervision (including tolling) after 03/14/18. All individuals releasing before 03/14/18, the Washington ONE will be done in the community.	Based on SRA2/Supervision Screening Eligibility Tool. If individual is MONETARY and releasing before 06/14/18, there is no Washington ONE needed.
	Work release	All incoming	Closest releasing individuals (with supervision) after 03/14/18, all individuals releasing before 03/14/18, the Washington ONE will be done in the community	Complete Washington ONE on all individuals releasing to supervision after 03/14/18. All individuals releasing before 03/14/18, the Washington ONE will be done in the community.
CCD		All intakes (prison and CCJ)	<p>Complete all cases on caseload by 06/14/18. The goal is: 1/3 of caseload by 02/14/18 2/3 of caseload done by 04/14/18</p> <p>Before requesting an ICOTS transfer</p> <p>By events—i.e., violations, new convictions</p>	

Note:

*Reception staff will complete the Washington ONE for individuals admitted after 12/15/17 and their current cases who have not completed an ONA. Reception counselors will not convert their current cases that were classified with the ONA, conversion will be done at the parent facility.

II. Data Processing

This study relies on several data tables provided by DOC. To assess changes in RLCs, changes in contact levels, and changes in actual contacts, we had to construct a single analytic dataset that combined data from different DOC data tables. This appendix details the steps we took to process the data for this evaluation and any coding decisions made along the way.

Sample Identification

Field supervision intakes and subsequent movements, risk level classifications, risk assessment responses, changes in contact levels, indicators for the components of contact level classifications, and actual contacts are stored in individual tables. Although some tables have unique identifiers allowing them to be easily combined, we had to rely on dates of different events to connect many of the data tables.

We began by identifying all individuals in DOC's field movement data who had a community corrections field movement record indicating they were under supervision at some point following the switch to the Washington ONE (December 1, 2017). The field movement table includes a record for every move associated with a cause prefix. Cause prefixes are associated with a cause number. For any given case, an individual may have multiple cause numbers, and any given cause number may include multiple cause prefixes.

To identify each unique community custody period, we combined cause prefixes associated with the same DOC number (a unique person identifier used by DOC) into a single trip if the intake and discharge dates overlapped. For example, if an individual had separate intake dates for cause prefixes "AA" and "AB," but the cause prefixes had the same discharge date, we combined cause prefixes "AA" and "AB" into a single trip identifier. If individuals had an intake record for a new cause number and cause prefix before being fully discharged from a previous cause number or cause prefix, those records were also collapsed into a single trip identifier.

In total, we identified unique trip ids for individuals under supervision from December 1, 2017 – December 31, 2019. The sampling period for our study was July 1, 2018 – December 31, 2019. Consequently, we removed trips if the final discharge date was before July 1, 2018. In total, there were 62,057 unique trips associated with 61,046 individuals from July 1, 2018 – December 31, 2019.

We then processed DOC's Washington ONE risk assessment tables to identify all risk assessments completed for individuals in our sample. We included assessments completed before the start of our sampling period since individuals in custody before the switch to the Washington ONE and those who entered community custody in the first six months of 2018 should have had a Washington ONE completed before the start of our sample period.

There are some situations in which an individual would not have had a Washington ONE completed even though they were included in our field moves sample. For example, individuals who were on inactive supervision (e.g., warrant status or transferred out of state) would not be available to complete a Washington ONE. In total, we matched 41,665 of the unique trips to a DOC assessment record. We considered an assessment a match to a supervision trip if the assessment was completed after the initial intake date, or within 18 months before the initial intake to community custody. We made the latter

selection because individuals may have had a Washington ONE completed while they were incarcerated before their intake to community custody.

Across all unique person trips in our sample, 51.9% had more than one Washington ONE assessment completed during our sample period. In most cases, the individual's RLC stayed the same between assessments. Overall, 5.7% of unique person trips were associated with an increase in RLC over time, and 5.8% of unique person trips were associated with a decrease in RLC over time. The rate of change varied by sex and race. [Exhibit A3](#) shows the number of unique person trips with an increase and decrease in RLC by sex and race.

Exhibit A3

Percentage of Person Trips with a Change in RLC From Initial Washington ONE to Final Washington ONE in Sample

	Increase RLC	Decrease RLC
Males	5.81%	6.00%
Females	5.19%	5.17%
White	5.58%	5.84%
Black	6.60%	6.01%
Other race	5.31%	5.70%
Total sample	5.71%	5.85%

After matching assessment records to trip ids using assessment completion dates, we then matched contact level records from the advanced corrections database to our sample of field trips and Washington ONE assessments. Each time an individual's contact level is changed, a new record is created in the contact history table. The contact level records are linked to a separate contact level indicator table that includes information necessary to calculate contact levels including characteristics such as whether the individual was homeless, participating in inpatient treatment, required to register as a sex offender, etc.

Importantly, the contact level indicator table was not available before January 1, 2018. However, the contact history table was available beginning in 2016. For contact levels that were effective before January 1, 2018, we did not have access to the contact level indicators (N= 12,561). In some instances (N = 10,145), individuals in our sample had contact levels that were effective before January 1, 2018 and were still effective after July 1, 2018. In these instances, we know what the contact level was, but we did not have all the details about an individual's status at the time that the contact level was calculated.

We allowed multiple assessment records to match a single contact level record. Because the contact level was not always updated following a reassessment during the norming period, multiple Washington ONE assessments may have been completed while a particular contact level was in effect. For us to simulate the contact levels under a fully dynamic Washington ONE system, we needed each of the contact level indicators (e.g., homeless, in inpatient treatment) in place when each Washington ONE was completed. Similarly, we needed to know every contact level calculated in between risk assessment completion dates to track how an individual's status changed over time and to calculate updates in contact levels associated with changes in characteristics such as homelessness rather than changes in RLCs.

We matched each contact to specific risk assessments within a trip. We considered contact level records to be a match to our sample if the contact records met one of the four following conditions:

- 1) If the contact level was effective after the submission date for a risk assessment in our sample, but before the discharge date for the associated trip.
- 2) If the contact level was effective after the initial intake record for a trip but before the submission date for the first Washington ONE assessment, and the contact level had not expired or expired after the first Washington ONE assessment but before a subsequent assessment.
- 3) If the contact level was effective before the submission of an assessment completion date, and the contact level expired after the assessment completion date and before any subsequent assessment completion date.
- 4) If the contact level was effective before the submission of an assessment completion date and the contact level had either not expired or expired after the assessment completion date.

We matched at least one contact record associated with each Washington ONE risk assessment in our sample.

Status Risk Assessment Calculation

We used WSIPP's criminal history database to calculate the Static Risk Assessment-Revised (SRA2) score for each trip in our sample. This study seeks to understand how contact requirements differ under the SRA2 and Washington ONE risk assessment systems. Under the SRA2 system, individuals' contact levels were set using their initial SRA2 score. Updated SRA2 scores were conducted only when an individual's Criminal Conviction Record (CCR) was updated.

Age is an important characteristic in both the SRA2 and Washington ONE assessment systems. If individuals were incarcerated several years before the switch to the Washington ONE, differences in their initial SRA2 score and their initial Washington ONE score may reflect changes in age rather than real differences in the assessment systems. For example, if an individual initially entered DOC custody (prison) at the age of 19 in 2007, the age component of the SRA2 would have been scored a value of 5. With a weight of +7 on the felony score, their total age component would have a value of 35. If that same individual had an SRA2 completed in 2018 at the age of 30, they would have been scored a value of 3 for age, creating a total value of 21 for the age component. If all other characteristics of an individual's criminal history remained the same (e.g., if they were incarcerated during this period and committed no new offenses), the 14-point change in the age factor on the SRA2 could be enough to change an individual's RLC.

Because each individual under DOC supervision during the transition to the Washington ONE had an updated RLC that reflected their age during the norming period, the most accurate comparison between the Washington ONE and SRA2 systems is one that compares the contact levels under the SRA2 and the contact levels under the Washington ONE on the same date of completion. We calculated the SRA2 score for each individual on each date in which they had a Washington ONE assessment completed. Since the SRA2 would be updated only if the CCR was reset, we removed SRA2 assessments if the criminal history record for the individual did not change from the previous assessment.

Our final dataset included an SRA2 score calculated on the date of the initial Washington ONE assessment for each unique trip identifier and subsequent SRA2 scores if an individual's criminal history increased. This eliminated SRA2 scores that reflected only a change in age. Upon reassessment under the SRA2, an

individual's RLC may have increased if the increase in criminal history increased the scores for SRA2 components enough to cross the threshold for a higher RLC. Importantly, each SRA2 was calculated independently from any prior SRA2. Thus, it was also possible that an updated SRA2 initiated following a change in criminal history could have led to a decrease in the individual's RLC if changes in the individual's age reduced the scores attributable to age enough to lower the overall scores enough to cross an RLC threshold.

Calculating Contact Levels

Our dataset included each contact level as calculated by DOC during the study period. Following the implementation of the Washington ONE, contact levels were updated to reflect the new Washington ONE RLC. Contact levels were subsequently changed if an individual's status changed (e.g., if they entered or exited inpatient treatment, if they became homeless, or if they were reincarcerated). Contact levels were not changed following a new Washington ONE risk assessment unless the reassessment was initiated due to an update in the CCR. Thus, the contact levels in the advanced corrections database reflect the static implementation of the Washington ONE during the norming period.

We calculated two additional contact levels. First, we calculated what the individual's contact level would have been using the SRA2 RLC. Second, we calculated what the individual's contact level would have been using the most recent Washington ONE assessment. We used the contact level indicators for each contact level period and the RLC score from the SRA2 and most recent Washington ONE to determine a person's contact level.

We used the DOC High-Level Design (HLD) document to code contact requirements. The HLD outlines the coding processes used by DOC databases to determine contact requirements. Using information about the risk level and other status characteristics, individuals are coded into the following 11 contact levels:

0. Low – KIOSK only
1. Inmate – semi-annual office
2. Inmate – annual office
3. HVPD/HV – 1 office per month, 1 field per month, 1 office/field per month, 1 collateral per month
4. HP & HD – 1 field per month, 1 office/field per month, 1 collateral per month
5. Moderate – 1 office per month, 1 field per quarter, 1 collateral per month
6. DOSA (not yet entered treatment) – 1 office/field per week
7. Homeless – 1 office/field per week, 1 collateral per month
8. <blank>
9. No contact
10. Field in-patient treatment – 1 collateral per month
11. Inmate past ERD – 1 office per month

Using DOC's HLD, contact levels were determined in the following order:

1. Contact levels 1, 2, and 11 for individuals who were incarcerated;
2. Contact level 9 for individuals who were unavailable (e.g., bench warrant, escape, jail, failure to report);
3. Contact level 7 for individuals who were homeless;
4. Any contact level determined based on a discretionary override;
5. Contact level 10 for individuals in inpatient treatment;
6. Contact level 6 for DOSA individuals who were not in treatment;
7. Contact level 9 for individuals pending from out of state;
8. Contact level 3 for individuals who were High Violent risk or High Violent, Property, Drug risk on the Washington ONE or who were High or Very High risk on the Sex Offender Treatment Program Risk Assessment;
9. Contact level 4 for individuals who were High Property risk or High Drug risk or who were Moderate High risk on the Sex Offender Treatment Program Risk Assessment;
10. Contact level 5 for individuals who were Moderate risk;
11. Contact level 5 for individuals who were lower risk *and* who were DOSA and in treatment, required to register as a sex offender, a participant in the ORCS program, who received court-ordered mental health treatment, or who scored High Need in the mental health domain of the Washington ONE;
12. Contact level 0 for all other lower-risk individuals who did not meet the above criteria.

For contact levels effective before January 1, 2018, we did not have the indicators for an individual's program or current condition status which may affect the contact level. For purposes of calculating the hypothetical SRA2 and dynamic Washington ONE contact levels, we used their contact level as reported in the advanced corrections database if it was contact levels 1, 2, 11, 9, 7, 10, or 6. We were unable to determine if a contact level of 5 indicated a true moderate RLC or if it represented a lower risk individual who was required to register, was an ORCS participant, had court-ordered mental health treatment, was a DOSA individual who was in treatment, or who scored high needs on the Washington ONE. We opted to code these individuals based on their low-risk status until the indicators were available in their first contact level record effective after January 1, 2018.

[Exhibit A4](#) depicts the number of individuals in our sample who have ever had a contact level determined by the various DOC overrides. Since individuals may experience multiple contact levels during their supervision period, the override estimates are not mutually exclusive. For example, an individual could have been in inpatient treatment at the beginning of their supervision term and then homeless during a later portion of their supervision term.

Exhibit A4

Number of Instances Where an Override Changes the Contact Level Within a Trip

Type of override	N
Homeless	12,066
Discretionary override	141
In-patient treatment	2,696
DOSA—No treatment	4,159
From out of state—Pending	27
DOSA—in treatment	635
Required to register	2,245
ORCS participant	29
Court-ordered mental health treatment	1,128
High-need mental health domain	769

Calculating Actual Contacts

Contacts are recorded in a separate DOC database. For each individual in the contact database, we identified all contacts recorded between July 1, 2018, and December 31, 2019. We flagged office/field contacts separately from collateral contacts. In addition, we calculated a total contact measure combining office/field and collateral contacts. We did not include contacts recorded as an attempt or Case Management Team contacts since those do not count toward an individual's minimum contact standards as per the High-Level Design.

Across our dataset, we calculated the total number of actual contacts made each day for the three separate categories of contacts (office/field, collateral, and total contacts) for the individuals in our sample. The results presented in the report represent the total number of contacts made for individuals included in the same sample used for other analyses included in the report.

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