



BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT TECHNICAL ASSISTANCE/CLEARINGHOUSE PROJECT

FREQUENTLY ASKED QUESTIONS SERIES: INSTRUMENTS FOR SCREENING AND ASSESSMENT OF DRUG COURT PARTICIPANTS TO DETERMINE RISK, NEED, AND LEVEL OF CARE

Subject: Instruments for Screening and Assessment of Drug Court Participants To Determine Risk, Need, and Level of Care
From: BJA Drug Court Technical Assistance/Clearinghouse Project
Date: January 12, 2015 (rev.); May 15, 2015 (rev.)

The BJA Drug Court Technical Assistance/Clearinghouse Project has received a number of requests for guidance in identifying appropriate screening and assessment instruments to determine “risk”, “need”, and level of care of individuals potentially eligible for drug court program participation and the nature of services they need. In September 2014, we prepared a memorandum to address the most frequently asked questions (FAQs) relating to these functions, including what available instruments measure and how the results should be utilized by drug court programs. Subsequently, we received additional follow up questions, including how to reflect the new DCM-V diagnostic criteria in the assessment process and additional instruments that might be utilized for more specialized purposes, such as identifying social support needs.

The following is a revised list of the questions most frequently asked regarding common drug court assessment functions and commonly available assessment instruments, with responses provided in the section which follows:

QUESTIONS

- (1) Is there a combined instrument that measures both “risk” and “needs?”
If so, is this “risk of using drugs” or “risk of committing criminal offenses?”
- (2) What instruments do you suggest to measure:
 - a. Risk – of reoffending?
 - b. Risk – of using drugs?
 - c. Needs – Criminogenic (housing, education, literacy, social development, etc.)?
- (3) What instruments do you suggest for placement in “appropriate levels of treatment?”
- (4) What specifically does the Risk and Needs Triage (RANT) target?
- (5) What specifically does the Level of Service Inventory-Revised (LSI-R) target?
- (6) Is there a directory of screening and assessment instruments with a brief description of their uses, limitations, etc.?
- (7) Is there a screening tool to help identify persons who are so anti-social that there is little change for them to be successful in a drug court program?

- (8) TCU has a DSM-V instrument called the TCUD V, and I don't think it has yet been validated because the DSM-5 is so new. But since the ASAM criteria is based on the DSM-5, do you think we can use it instead of earlier versions of the TCUD, or is it more important to use a validated instrument?
- (9) None of the TCU instruments addresses leisure time, though the social support test does look at risky leisure activities. Is there a good validated and reliable instrument in public domain that would provide a good measure of use of leisure time, or is the social support one sufficient?
- (10) Can you provide comments on the following instruments drug court practitioners have referenced for screening and assessment and their specific recommended applications in a drug court setting?
- (11) Do the above instruments (discussed in this FAQ) satisfy our need for risk /needs screening and possibly the initial treatment assessment, too?

The responses compiled below represent the comments of Dr. Roger Peters, Chair of the Department of Mental Health, Law, and Policy at the University of South Florida in Tampa, and, relating to level of care, those of Dr. David Mee-Lee, primary author of the revised American Society of Addiction Medicine (ASAM) criteria. It should be noted that the instruments referenced in this "FAQ" address primarily "risk" and/or "need." *Level of care*, however, is a determination that requires a *clinical* assessment by a qualified clinician.

Included as an appendix to this FAQ Memo are the following Tables from "Executive Summary Of A Preliminary Report On Risk Assessment" published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

Table 1: Type of Factors Included in Risk Assessment Instruments

Table 2: Risk Assessment Instrument content Domains

Table 3: Validity of Total Scores in Predicting Different Forms of Recidivism

Table 4: Validity of Total Scores in Predicting Recidivism by Offender

Table 5: Characteristics of Risk Assessment Instruments

QUESTIONS AND RESPONSES

Question Number One: Is there a combined instrument that measures both "risk" and "needs?" If so, is this "risk of using drugs" or "risk of committing criminal offenses?"

Response: Most risk assessment instruments address risk of criminal recidivism (i.e., rearrest) and severity of substance use problems. The risk assessment instruments, however, are all different in their coverage of substance abuse 'needs'/severity, but most do not provide a comprehensive analysis that, for example, would determine whether an offender has a DSM-IV "dependence" disorder. Instead there are various 'proxies' used for substance use severity. For a substance-abusing offender populations, where the determination of severity is central to the case planning process,

The following is an example of how the risk assessment tools use "proxy" measures to assess substance use severity, the Ohio Risk Assessment System's (ORAS) Community Supervision Tool (ORAS-CST) includes the following items to determine substance use severity:

- "Age first began using alcohol (under age 17, 17 or older)
- Longest period of abstinence from alcohol
- Ever used illegal drugs
- Drug use caused problems (0-2 scale)
- Drug use caused problems with employment"

These items do not even get close to measuring DSM-IV "dependence" criteria, or the criteria for DSM-V substance

use severity (i.e., mild, moderate, severe). These ORAS-CST items may have been empirically derived from an examination of the best predictors of substance use severity among probationers, using a criterion measure such as the TCUDS substance abuse screen. In other words, the above 5 items may explain the greatest amount of variance in substance use severity among Ohio probationers, but don't assess the full range of severity items that are included in a formal diagnosis or comprehensive assessment of substance use disorders.

I believe that the best option would be to use a risk assessment that is augmented by a standardized substance abuse measure, such as the TCUDS V.

NOTE: The risk of *using* drugs is not specifically addressed by these instruments, as it is the *severity* of use and not relapse potential that is most closely linked to the overall risk for recidivism.

Question Number Two: What instruments should be used to measure:

a. Risk – of reoffending?

Response: As noted above, there are several validated assessment instruments for use in predicting risk for recidivism, each of which includes an examination of substance use severity, which is an independent risk factor for recidivism. Most of the instruments examine a similar combination of 'static' (unchanging) risk factors (e.g., age, age at first arrest) and 'dynamic' or changeable risk factors (e.g., criminal attitudes, beliefs, and peers; substance use severity, education level, employment, family/social supports).

It is recommended that consideration be given to one or more of the Ohio Risk Assessment System

(ORAS) instruments. Many state systems have adapted the ORAS risk screening and assessment instruments, as they are in the public domain and have good psychometric properties (e.g., reliability, validity – classification accuracy).

b. Risk – of using drugs?

Response: See above response to part *a*. Risk assessments generally examine substance use *severity*, and not risk for relapse.

c. Needs – Criminogenic (housing, education, literacy, social development, etc.)

Response: 'Criminogenic needs' is another term used to describe 'dynamic' risk factors (factors that can change). All good risk assessment instruments examine these areas. Several other areas are often included in risk assessment instruments that are not independent predictors of relapse, but that affect an offender's likelihood of successfully engaging in evidence-based services to reduce recidivism. These are often referred to as 'responsivity' factors, and include housing, literacy, gender-specific services, and mental health services. These areas are important in developing case plans/treatment plans, and are clearly important in addressing client/offender problem areas, while indirectly supporting recidivism reduction through facilitating engagement in services to address dynamic risk factors/criminogenic needs.

Unfortunately, many risk assessment instruments do not provide a particularly extensive analysis of the severity of substance use problems and the need for addiction treatment. As a result, it is recommended that offender programs consider using a separate instrument to examine these issues. Examples of such instruments are the Analytical Sensors & Instruments, Ltd. (ASI), the Texas Christian University (TCU) assessment instruments (available at no charge at the TCU - Institute of Behavioral Research (IBR) website: <http://ibr.tcu.edu/>), and the American Society of Addiction Medicine's Criteria for the Treatment of Addictive, Substance-Related and Co-Occurring Conditions (ASAM Criteria, 2013).

Question Number Three: What instruments do you suggest for placement in "appropriate levels of treatment?"

Response: “Level of care” using The ASAM Criteria is a clinical assessment, treatment planning and placement determination in whatever level of care can deliver efficiently and effectively the treatment plan. Available January 2015 however, is a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded standardized assessment for the adult ASAM Criteria that is web-based software compatible with all major Electronic Health Records (EHRs) and developed under the leadership of David Gastfriend, M.D., CEO of Treatment Research Institute. It will be available for use by providers, managed care organizations and funders to facilitate treatment and utilization review decisions.

The ASAM Criteria is currently perhaps the most widely used criteria for guiding decisions about level of care/treatment. Dr. David Mee-Lee is the chief editor of these criteria and can provide more extensive comments about the ASAM Criteria. There are other level of care instruments, such as the Level of Care and Utilization System (LOCUS), but the ASAM Criteria approach is used more frequently than other similar instruments.

Question Number Four: What specifically does the Risk and Needs Triage (RANT) target?

Response: The RANT targets both ‘static’(unchangeable/historical) and ‘dynamic’ (factors that can change) risk factors, but uses a streamlined approach. This is a risk screening instrument, and does not examine the static and dynamic risk factors in extensive detail.

Most risk assessment instruments (e.g., LSI-R, ORAS) provide several options that include a brief risk screening instrument and broader, more comprehensive risk assessment. For example, the ORAS provides several different screening versions for use in different criminal justice settings. The RANT does not have a companion risk assessment instrument, and is essentially a stand-alone brief screening instrument to sort individuals into “low” and “high” risk/need categories.

Question Number Five: What specifically does the Level of Service Inventory-Revised (LSI-R) target?

Response: As noted previously, the LSI-R targets both static and dynamic risk factors. As with other similar comprehensive risk assessment instruments, the LSI-R provides an overall risk score, in addition to separate scores to indicate the severity of problem areas related to ‘dynamic’ risk factors, such as education, employment, substance use severity, etc. These other scale scores are helpful in developing case planning/treatment planning.

Question Number Six: Is there a directory of screening and assessment instruments with a brief description of their uses, limitations, etc.?

Response: See “Executive Summary Of A Preliminary Report On Risk Assessment” published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013 and the forthcoming CSG monograph by the same authors. There are also several other compendiums that describe risk screening and assessment instruments. I’ve just completed work on the 3rd edition of a lengthy monograph to be published by SAMHSA’s National GAINS Center, entitled “Screening and Assessment of Co-Occurring Disorders in the Justice System”, which should be available in October or early November 2014 at the GAINS Center web site (<http://gainscenter.samhsa.gov/>). The monograph compares a wide range of screening and assessment instruments in areas related to substance use disorders, mental disorders, co-occurring mental and substance use disorders, trauma/Post Traumatic Stress Disorder (PTSD), motivation, and suicide. The publication provides specific recommendations regarding instruments for use with offenders, and information on how to obtain instruments, costs, time required to administer the instruments, and training requirements.

Attached are the following Tables from the “Executive Summary” referenced above (See Appendix A: *Tables from “Executive Summary Of A Preliminary Report On Risk Assessment” published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.*):

Tables 1 and 2, which summarize relevant instruments;

Tables 3 and 4, which regard the validity of instruments in terms of predicting recidivism; and

Table 5, which summarizes the targeted population for referenced instruments.

Question Number Seven: Is there a screening tool to help identify person(s) who are so anti-social that there is little chance for them to be successful in a drug court program?

Response: The Hare Psychopathy Checklist: Screening Version [(PCL:SV) see link and description below] is a screen that is tailored to identify psychopathy/antisocial characteristics, although it requires significant time to administer (i.e., 45 minutes for the interview). The instrument is moderately highly correlated with recidivism, but there has not been much research regarding prediction of substance abuse treatment outcomes. The construct of antisocial personality/psychopathy is a complicated one, and thus the lengthy time to administer an interview.

<http://www.mhs.com/product.aspx?gr=saf&prod=pcc-sv&id=overview>

“The Hare Psychopathy Checklist: Screening Version (PCL:SV) is an abbreviated and highly correlated version of the Hare Psychopathy Checklist–Revised (PCL–R), that takes approximately half the amount of time to administer. It is an effective screener for psychopathic personality disorders that can be used with general, forensic, or psychiatric populations. This instrument is a cost-effective way to determine whether specific cut off scores warrant administration of the full PCL–R. The PCL:SV Technical Manual supplements the Hare PCL–R Technical Manual and is an effective screener for psychopathic disorders.”

There are also shorter scales that look at criminal thinking, such as the Texas Christian University (TCU) Criminal Thinking Scales (<http://ibr.tcu.edu/>). Although these instruments aren’t highly predictive of recidivism, they might help to identify persons who might not perform as well in treatment. However, there is not much research on the TCU or other criminal thinking scales on predicting substance abuse treatment outcomes.

Regarding the use of CAAPE-5, (which had been suggested) as an instrument to identify antisocial personality features relevant to drug court participation:

There is no simple or easy way to measure antisocial personality disorder (ASPD), and certainly not through a self-report instrument like the CAAPE-5. The construct of ASPD requires (among other things) an evaluation of the nature of social interactions, usually obtained through an interview or from collateral informants. The CAAPE-5, while providing 7 items to address ASPD, doesn’t examine many of the relevant DSM-5 criteria in much detail, and some criteria are not addressed by the instrument. The CAAPE-5 is also relatively expensive (\$67.50 for 25 copies of the instrument) and includes screens for substance abuse and PTSD/trauma history that are effectively covered by several existing public domain instruments which align with the new DSM-5 criteria. One last item, the CAAPE-5 covers several items in some detail that are of only of secondary interest among high risk/high need offender populations, such as anxiety/phobias and obsessions/compulsions.

In light of the need to provide universal screening for large numbers of drug court clients, typically involving line staff who may not have extensive training in assessment/interviewing. I’d suggest indicating that the CAAPE-5 is one of several instruments that could be used to provide a more thorough assessment of areas related to offender risk and need level. Other instruments would include the ASI, the TCU assessment instruments, the MINI assessment versions, the GAIN assessment versions, and risk assessment instruments such as the ORAS and LSI-R assessment versions.

Question Number Eight: TCU has a DSM-V instrument called the TCUD V, and I don’t think it has yet been validated because the DSM-5 is so new. But since the ASAM criteria is based on the DSM-5, can this instrument be used instead of earlier versions of the TCUD, or is it more important to use a validated instrument?

Response: You are correct. Dr. Kevin Knight at TCU just recently adapted the TCU Drug Screen for DSM5, and validation work has yet to be conducted. However, the adaptation to TCUDS-V did not require many changes to the previous instrument (TCUDS-II), and the psychometric properties (reliability, validity) of the TCUDS-II are excellent. I would go ahead and use the TCUDSV, as the changes to the new DSM-5 criteria (e.g., related to drug/alcohol cravings) are relatively few, but important.

Question Number Nine: None of the TCU instruments addresses leisure time, though the social support test does look at risky leisure activities. Is there a good validated and reliable instrument in public domain that would provide a good measure of use of leisure time, or is the social support one

sufficient?

Response: I'm not aware of a good instrument that examines use of leisure time. Your focus on social support sounds like a good approach.

Question Number Ten: Can you provide comments on the following instruments drug court practitioners have referenced for screening and assessment and their specific recommended applications in a drug court setting?

Response: (See instruments listed below and accompanying comments):

Instrument: ORAS-CSST (for risk of recidivism)

Comment: The ORAS family of risk instruments is a good choice. There are only 2 ORAS risk screens currently available: the Community Supervision Screening Tool (CSST) and the Pretrial Assessment Tool (PAT). I've recommended the ORAS PAT screening instrument, as it covers several more risk-related domains than the CSST (7 items vs. 4 items).

Instrument: TCUD V (for screening addiction and severity)

Comment: Good choice, and I believe this is the only screen that's currently been adapted for DSM5 substance use disorders (see note below, also).

Instrument: TCU Brief Intake

Comment: Easy to use tool and very useful instrument.

Instrument: TCU CEST-Intake (if they are able to take the self-administered test) and if not, would add the TCU treatment needs-motivation)

Comment: OK

Instrument: TCU Health-Mental Health

Comment: OK; also might consider the MHSF-III or the Correctional Mental Health Screen (CMHS - male and female versions)

Instrument: TCU-Trauma

Comment: OK; might also consider the PTSD Checklist- Civilian Version (PCL-C) or the Primary Care PTSD Screen (PC-PTSD).

Instrument: TCU-Social-Family Relationships

Comment: OK. I don't have a lot of information about the validity and usefulness of this instrument.

Instrument: TCU – Criminal Thinking

Comment: Keep in mind that this instrument isn't very effective in predicting recidivism, but is perhaps more useful in identifying persons who need criminal thinking interventions (e.g., specialized CBT groups focused on criminal thinking).

Question Number Eleven: Do the above instruments satisfy our need for risk /needs screening and possibly the initial treatment assessment, too?

Response: I believe that, with the TCU Brief Intake instrument and the other screens described above, good coverage of the key areas related to assessment is provided.

A few additional comments:

As far as *risk assessment*, the ORAS screens (either CSST or PAT) provide a very brief risk screening that will be helpful in initially sorting persons into high risk/low risk categories. Optimally, you'd then identify the high risk cases as preferred candidates for drug court, and provide a follow-up risk assessment (e.g., using one of the ORAS risk assessment instruments, the LSI-R, etc.) to examine each of the separate domains related to dynamic risk factors that contribute to recidivism (e.g., employment, education, family/social support, substance abuse; antisocial values,

beliefs, peer networks).

This latter, more comprehensive risk assessment would be very helpful in developing a drug court treatment plan/case plan, and would inform the type of interventions that you should target in both treatment and supervision. The more comprehensive risk assessment could (should) be readministered approximately every 6 months while in drug court to examine whether participants' risk level has changed; and if so, the types of interventions addressed in the treatment/case plan should also be revised.

Lower risk levels over time may also signal an opportunity for considering early discharge/ graduation from the drug court program, contingent upon the participant successfully fulfilling all other obligations within the program.

We welcome any additional information and/or perspective readers may have on this topic.

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APPENDIX

Tables from “Executive Summary Of A Preliminary Report On Risk Assessment” published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

Table 1: Type of Factors Included in Risk Assessment Instruments

Table 2: Risk Assessment Instrument content Domains

Table 3: Validity of Total Scores in Predicting Different Forms of Recidivism

Table 4: Validity of Total Scores in Predicting Recidivism by Offender Sex

Table 5: Characteristics of Risk Assessment Instruments

APPENDIX:

Table 1: Type of Factors Included in Risk Assessment Instruments. from "Executive Summary Of A Preliminary Report On Risk Assessment" published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

Table 1: Type of Factors Included In Risk Assessment Instruments				
INSTRUMENTS	TYPES OF ITEMS			
	Risk	Protective	Static	Dynamic
COMPAS				
IORNS				
LSI-R				
LSI-R:SV				
ORAS-PAT				
ORAS-CST				
ORAS CSST				
ORAS-PIT				
ORAS-RT				
PCRA				
RMS				
SAQ				
SFS74				
SFS76				
SFS81				
SPin-W				
STRONG"				
WRN				
WRN-R				

•The STRONG includes three parts: Static Risk Assessment, Offender Needs Assessment, and Off under Supervision Plan; values reflect only the first part, which is the component used to assess risk of recidivism.

Appendix: Table 2: Risk Assessment Instrument Content Domains from "Executive Summary Of A Preliminary Report On Risk Assessment" published by Dr. Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

TABLE 2: Risk Assessment Instrument Content Domains

INSTRUMENTS	Attitudes	Associates/ Peers	History of Antisocial Behaviour	Personality Problems	Relationships	Work/School	Recreation/ Leisure Activities	Substance Use Problems	Mental Health Problems	Housing Status
COMPAS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IORNS	✓	✓	✓	✓	✓	✓	✓	✓	✓	
LSI-R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LSI-R:SV	✓	✓	✓		✓	✓		✓	✓	
ORAS-PAT			✓			✓		✓		✓
ORAS-CST	✓	✓	✓	✓	✓	✓	✓	✓		✓
ORAS-CSST		✓	✓			✓		✓		
ORAS-PIT		✓	✓	✓	✓	✓	✓	✓	✓	✓
ORAS-RT	✓		✓	✓	✓	✓		✓	✓	
PGRA	✓	✓	✓		✓	✓		✓		
RMS	✓	✓	✓	✓	✓	✓		✓	✓	✓
SAQ	✓	✓	✓	✓				✓		
SFS74			✓			✓		✓		✓
SFS76			✓			✓		✓		
SF581			✓					✓		
SPIn-W	✓	✓	✓		✓	✓	✓	✓	✓	✓
STRONG ^a			✓					✓		
WRN	✓	✓	✓		✓	✓		✓	✓	
WRN-R	✓		✓		✓	✓		✓	✓	

^a The includes third parts, Static Risk Assessment, Offender Needs Assessment, and Offender Supervision n Plan; values reflect only the firstpart.

Appendix: Table 3: Validity of Total Scores in Predicting Different Forms of Recidivism. from "Executive Summary Of A Preliminary Report On Risk Assessment" published by Dr. Sarah Desmanas and Dr. Jay Smgh with the Council of State Governments (CSG) in 2013.

Table 3: Validity of Total Scores in Predicting Different Forms of Recidivism					
INSTRUMENTS	OUTCOMES				
	<i>k</i>	General Offending (including violations)	<i>k</i>	General Offending (excluding violations)	<i>k</i> Violations Only
COMPAS			5	Good	1 Fair
LSHR	3	Good	26	Fair-Good	7 Good
LSHR:SV			2	Fair-Good	
ORAS-PAT	1	Fair	2	Fair	2 Good
ORAS-CST			1	Excellent	
ORAS-CSST			1	Excellent	
ORAS-PIT			1	Good	
ORAS-RT			1	Good	
PCRA			2	Excellent	
RMS			1	Good	1 Good
SFS74					
SFS76	1	Excellent			
SFS81	6	Excellent			
SPin-W	1	Poor			
STRONG			1	Excellent	
WRN			8	Fair-Good	1 Excellent
WRN-R			1	Good	

Notes. *k* =number of samples. General Offending= new arrest, charge, conviction, or incarceration; Violations= technical violation, probation revocation, or breach of conditions.

Appendix

(4) Table 4: Validity of Total Scores in Predicting Recidivism by Offender Sex Instruments. from *"Executive Summary Of A Preliminary Report On Risk Assessment"* published by Dr.Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

INSTRUMENTS	Table 4. Validity of Total Scores in Predicting Recidivism by Offender Sex			
	Male		Female	
	<i>k</i>		<i>k</i>	
COMPAS	2	Good	2	Good
LSI-R ³	9	Good	8	Fair
LSI-R:SV	2	Fair-Good	1	Fair
ORAS-CST	1	Excellent	1	Good
ORAS-CSST	1	Good	1	Excellent
ORAS-PIT	1	Good	1	Good
ORAS-RT	1	Good	1	Excellent
SFS76b	1	Excellent		
SFS81'		Good-Excellent		
SPin-Wd,e			2	Good
STRONG	1	Excellent	1	Excellent
WRN	1	Fair		

Appendix:

(5) Table 5: Characteristics of Risk Assessment Instruments. from "Executive Summary Of A Preliminary Report On Risk Assessment" published by Dr.Sarah Desmarais and Dr. Jay Singh with the Council of State Governments (CSG) in 2013.

Table 5. Characteristics Of Risk Assessment Instruments					
INSTRUMENTS	CHARACTERISTICS				
	k	Items	Intended Population(s)	Intended Outcome(s)	Time (minutes)
COMPAS	3	70	Any Offender	General Offending & Violations	10-60
IORNS	1	130	Any Offender	General Offending & Violations	15-20
LSI-R	25	54	Any Offender	General Offending & Violations	30-40
LSIR:SV	2	8	Any Offender	General Offending & Violations	10-15
ORAS-PAT	3	7	Any Offender	General Offending	10- 15
ORAS-CST	1	35	Any Offender	General Offending	30- 45
ORAS-CSST	1	4	Any Offender	General Offending	5-JO
ORAS-PIT	1	31	Any Offender	General Offending	Unknown
ORAS-RT	1	20	Any Offender	General Offending	Unknown
PCRA	2	56	Any Offender	General Offending & Violations	15- 30
RMS	2	65	Any Offender	General Offending	Unknown
SAQ	2	72	Any Offender	General Offending	15
SFS74	3	9	Parolees	General Offending	Unknown SFS76
Parolees			General Offending	Unknown SFS81	8 6 Parolees
General Offending			Unknown SPin-W	2 100	Any Offender General Offending
Unknown STRONG	1	26	Any Offender	General Offending	Unknown
WRN	9	53	Any Offender	General Offending	Unknown
WRN-R	1	52	Any Offender	General Offending	Unknown