Center for Court Innovation: Digest of Evidence-based Assessment Tools

Comprehensive Risk Needs Tools[1]

Name (hyperlink to additional information)	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
The Level of Services Inventory- Revised	Yes	Yes	Oldest of the comprehensive tools (most often validated); is open-ended and allows for interviewer discretion in rating risk; can be incorporated into existing data tracking systems or a the LSI standard system can be purchased	Requires in-depth clinical training; may take longer to administer than close ended tools; requires that the user pay per completed assessment	Yes
The Level of Services Inventory- Case Management Inventory	Yes	Yes	Oldest of the comprehensive tools (most often validated); is open-ended and allows for interviewer discretion in rating risk; contains an administrative/ case management component; can be incorporated into existing data tracking systems or a the LSI standard system can be purchased	Requires in-depth clinical training; may take longer to administer than close-ended tools; requires that the user pay per completed assessment	Yes
The COMPAS	Yes	Yes	Close-ended questions only and does not require clincial knowledge or extensive training; Quicker to administer than some open-ended tools; Comes in a web-based, self-scoring format	Close-ended questions mean less discretion on part of the interviewer to assess risk; Less clinically focused than some other comprehensive tools; may need to be supplemented with clinical tools; scoring system is proprietary	Unknown
The Ohio Risk Assessment System	Yes	No	Only comprehensive system in the public domain; Contains tools specifically for different stages of processing (pre-trial; prison intake; community supervision; reentry)	Requires some clinical training at a cost; may take longer to administer than close-ended tools	Yes
The RANT (Risk and Need Triage)	Yes	Yes	Specific to drug-involved populations; Allows for a simple treatment matching based on four categories (high risk/low need; low risk/high need; high risk/high need; low risk/low need	Validation literature is new compared to other tools; relatively expensive; may not include all eight crimogenic needs; scoring system is propietary	Unknown

Short RNR Screeners

Name	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
The Criminal Court Assessment Tool	Yes	No	Brief and efficient for early case processing or overloaded dockets; Pubic Domain; Provides a raw score and risk category	Provides needs "flags" but no in-depth information about treatment needs; still in early validation	N/A

Static Screeners

Name	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
The Arnold Public Safety Assessment	Yes	No	Also predicts failure to appear and violent offending; static (does not require a defendant interview; just relies on demographic and criminal history information); can be completed in a short period of time - ideal for pretrial environment; training is required, but no clinical expertise needed	Requires collaboration and working directly with tool developer; provides no information on risk reduction or criminogenic needs	N/A
Virginia Pretrial Risk Assessment Instrument	Yes	No	Static (does not require a defendant interview; just relies on demographic and criminal history information); can be completed in a short period of time - ideal for pretrial environment; training is required, but no clinical expertise needed	Requires collaboration and working directly with tool developer; provides no information on risk reduction or criminogenic needs	N/A

Short Addiction Screeners

Name	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
Texas Christian University Drug Screen (TCUDS)	Yes	No	Based on DSM-IV criteria *and* validated to predict recidivism; In the public domain; easy to score and integrate in to exisiting data systems		N/A
Addiction Severity Index2	Unknown	No	Covers addiction and related pyschosocial factors; has been used extensively in correctional and other settings	Lengthy, but not a focused addiction screener or a comprehensive risk-need-responsivity tool	N/A
GAIN Short Screener (GAIN-SS)2	No	Yes	Very efficient combined short screener for addiction and mental illness (including internalizing and externalizing disorders)	Requires training at cost and is proprietary; Not originally designed for justice-system involved populations	N/A

Mental Health

Name	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
GAIN Short Screener (GAIN-SS)2	No	Yes	Very efficient combined short screener for addiction and mental illness (including internalizing and externalizing disorders)	Requires training at cost and is proprietary; Not originally designed for justice-system involved populations	N/A
Brief Mental Health Jail Screen2	No		Public domain, no training required, easy to score; Looks at current active symptoms that may be related to justice system involvement	Not as accurate for female detainees than for male	N/A

Trauma Screeners

Name	Statistically Validated to Predict Recidivism?	Proprietary?	Pros	Cons	Screening Version Available?
Texas Christian University Trauma Form	No	No	Covers the primary trauma symptoms without asking about specific traumatic experiences; Is close-ended and could be used without clinical training; Public domain	Not necessarily valid as a predictor of PTSD diagnosis	N/A

Trauma Symptom Checklist[2]	No	No		Not explicitly for justice system populations	N/A
Criminal Thinking Scales					
Texas Christian University CTS	No	No	Only separate criminal thinking scale that is not part of a separate comprehensive screener; public domain; easy to score	Statistically valid for predicting progress in treatment but not criminal recidivism	N/A

[1] Covers the eight criminogenic domains: Criminal History, Criminal Thinking, Antisocial Behavior, Antisocial Peers, Education/Employment, Family/Marital, Social Isolation, Substance Abuse

[2]Validated to accurately predict clinical diagnosis but not risk of recidivism