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Recent literature on best practices in correctional assessment focuses on three objectives: Resources should target high-risk offenders; programs should address needs related to each offender’s criminal behavior; and case plans should employ strategies that reflect the learning style, motivation, capacities, and circumstances of each offender.

Most assessment systems target high-risk offenders. However, standard risk and needs assessments do not necessarily identify needs that are truly criminogenic for each individual; nor do they address responsivity. This is because these systems do not inherently identify either specific strategies and programs that reflect the learning style of the offender or approaches and programs most likely to motivate each offender to change behavior.

This paper describes a comprehensive approach to assessment, developed by the National Council on Crime and Delinquency (NCCD), that successfully addresses all three objectives listed above. This methodology was originally embedded in the Client Management Classification (CMC) system and Strategies for Juvenile Supervision (SJS) assessment and supervision systems. It currently is embedded in the Correctional Assessment and Intervention System™ (CAIS) and Juvenile Assessment and Intervention System™ (JAIS). These components of CAIS™ and JAIS™ were developed by psychologists with input from both line workers and research staff.

Evaluation outcomes from six separate studies have shown that this methodology significantly reduces recidivism for both probationers and parolees and reduces institutional infractions when used in institutional settings. Results from these studies, which were conducted by different research teams in different jurisdictions across a 25-year timeframe, are summarized in this paper.
What Separates CAIS™ and JAIS™ From Other Assessment Models?

CAIS and JAIS are multidimensional assessment and supervision systems that include actuarial risk assessment and a comprehensive assessment of needs. These assessments are provided within the context of a clinical evaluation of what drives an offender’s criminal behaviors, along with recommended supervision strategies and programs that reflect the attitudes, capacities, and learning style of the individual offender. This approach to assessment acknowledges that determining the existence of a particular need is not sufficient; it is critical to know if the need is related to the criminal behavior of the assessed individual and to identify supervision strategies and programs that will help each offender succeed.

The purpose of the CMC and SJS components of CAIS and JAIS is to provide clinical insight to every case assessed and help supervising officers develop effective case plans to address identified needs. The development of these systems incorporated methods rarely used in corrections. This paper provides a comprehensive summary of the history, development, and future of CAIS and JAIS.

How CMC and SJS Were Developed

CMC and SJS system development was a comprehensive process that went beyond the type of analysis used to develop risk assessment models. First, a team of correctional psychologists scripted an intake interview, which was used to (1) develop a comprehensive portrait of each offender’s characteristics, current circumstances, attitudes, needs, capacities, and learning style; and (2) generate recommendations on how best to supervise and treat each probationer and parolee. New admissions to probation or parole were independently interviewed.

Criminogenic Needs

Recent literature on risk assessment has focused on the importance of identifying criminogenic needs (frequently called dynamic risk factors). Once identified, these needs become central to case planning and offender treatment. Over time, common needs considered to be criminogenic have been referred to as the “big eight,” “big six,” or “big four.”

The way most systems identify and define criminogenic needs is problematic. The term “criminogenic” implies causation, yet needs that are considered criminogenic are simply those with a statistical relationship to recidivism. Correlations between these needs and recidivism are generally modest, making any hint of causation suspect. While correlation is an adequate requirement for inclusion in risk assessment, the simple fact that a particular need exhibits a general relationship to recidivism does not mean it contributed to an individual’s offending behavior. Other needs, though observed less frequently in criminal cases (therefore exhibiting little correlation with recidivism), can be the underlying reasons for criminal behavior and far more important in regards to effective case planning and intervention than those dubbed “criminogenic.” Identifying these factors requires clinical skills and/or systems designed specifically to assist clinical judgment. Most risk assessment systems never make this critical distinction and, hence, conflate the appropriate roles of group and individual data. This difference is what separates CAIS and JAIS (and SCS in Texas) from other approaches to assessment and supervision.
by a correctional psychologist who then developed recommendations for working with the offender in the community. Each interview was recorded and sent on to at least two other members of the team; they independently developed their own set of recommendations. All recommendations were based on explicit predictions of attitudes and behaviors that probation and parole officers were likely to encounter as well as the clinician’s judgment of the factors actually driving each offender’s criminal behavior. Finally, each member of the team developed specific strategies and program recommendations for each offender, all of which were designed to increase success and protect the community. In essence, this represented “responsivity” long before the term became part of the correctional lexicon.

In total, 250 cases (a minimum of 750 independent evaluations) were used to construct each system.

The developers then met to discuss similarities and differences in their evaluations and recommendations and to agree, as a group, on the best approaches to supervision. Over time, five basic “typologies” (four for juveniles) were developed. These typologies were based on substantial similarities noted in both the basic characteristics of offenders and recommended supervision approaches. To enhance clarity, the interview was modified based on experience gained in the development process. A scoring guide was developed to increase inter-rater reliability, and a supervision guide was created that included programs and supervision approaches most likely to result in positive outcomes.

At this point in the development process, all classifications were based on the collective clinical judgment of the development team. The next step was to determine if a scoring system could be developed that would place offenders in the same category selected by the clinical team. The developers determined that scoring should be based not only on each factor’s ability to discriminate between offenders in each grouping, but also on the consistency (reliability) of ratings among team members. The resulting scoring system, based on 256 calculations, placed nearly 99% of the study cohort in the same supervision group selected by the clinical team. Because the scoring system is based on measures of both validity and reliability, it proved to be especially robust. Criteria used for factor weighting are presented in Table 1 (National Institute of Corrections, 2003).

<table>
<thead>
<tr>
<th>Item Weight</th>
<th>Item Validity*</th>
<th>Item Reliability**</th>
</tr>
</thead>
<tbody>
<tr>
<td>± 3</td>
<td>P &lt; .001</td>
<td>.90 +</td>
</tr>
<tr>
<td>± 2</td>
<td>P &lt; .01</td>
<td>.80 +</td>
</tr>
<tr>
<td>± 1</td>
<td>P &lt; .05</td>
<td>.70 +</td>
</tr>
</tbody>
</table>

*Represents the significance level attained in discriminating one group from all others.
**Represents percentage agreement among raters.

Combining validity and reliability criteria to establish the scoring system resulted in correct classifications for 98.8% of the cases tested.
In the 1980s, the National Institute of Corrections (NIC) introduced CMC to probation and parole agencies across the nation as one element of its model probation/parole management program. In the years that followed, CMC was a primary component of the most widely used assessment system in the United States (Flores, Travis, & Latessa, 2004). Several state agencies using CMC—including probation and parole departments in South Carolina, Texas, and Wisconsin—undertook evaluations of the system. The National Institute of Justice (NIJ) also funded an evaluation of the CMC system as a means for supervising offenders in a prison setting in the state of Washington (Austin, Holien, Baird, & Chan, 1990). The South Carolina and Texas studies evaluated CMC’s impact on parolees; the Wisconsin sample included both probationers and parolees, all of whom were rated high risk (McManus, Stagg, & McDuffie, 1988; Eisenberg & Markley, 1987; National Institute of Corrections, 2003). The number of cohorts in these studies ranged from 419 in South Carolina to 2,551 in Texas. All of these studies found that CMC use significantly reduced recidivism or serious misconduct in the institution.

**The Texas Study, 1987**

Nearly half of Texas parole staff had been trained in CMC at the time this study was conducted. Cases assigned to workers not trained in CMC comprised the comparison group. To control for the possible effects of differences in staff capabilities and/or cultural bias, researchers compared staff profiles and determined that, other than receiving CMC training, there were no significant differences in experience, education, or demographics between the two groups of officers. The study group comprised cases released to parole over a two-month period (n=2,551); 1,176 were supervised by officers trained in CMC while 1,375 cases made up the comparison group. The following table compares pre-revocation warrants issued within 12 months of release. While no differences in outcomes were shown for low-risk cases, outcomes for high- and moderate-risk cases on CMC caseloads were significantly better than those recorded for their counterparts in the comparison group.

<table>
<thead>
<tr>
<th>Case Type</th>
<th>High Risk</th>
<th>Moderate Risk</th>
<th>Low Risk</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMC</td>
<td>24.7% (58/235)*</td>
<td>16.9% (103/608)**</td>
<td>12.6% (42/333)</td>
<td>17.3% (203/1,176)**</td>
</tr>
<tr>
<td>No CMC</td>
<td>32.1% (95/296)</td>
<td>25.3% (187/740)</td>
<td>13.3% (45/339)</td>
<td>23.8% (327/1,375)</td>
</tr>
<tr>
<td>Total</td>
<td>28.8% (153/531)</td>
<td>21.5% (290/1,348)</td>
<td>13.0% (87/672)</td>
<td>20.8% (530/2,551)</td>
</tr>
</tbody>
</table>

*Significant at .05 level. **Significant at .01 level.
More recently, additional studies of CMC’s impact on recidivism have further validated earlier findings. In 1998, Florida evaluated the impact of CMC on offenders placed in its community control program. In total, the study included approximately 55,000 community control admissions. Established as an alternative to prison, the program was used for approximately 11,000 offenders a year whose sentencing guideline scores fell in a range that recommended incarceration. The program emphasized control: Caseloads were limited to 25 per officer, frequent contacts with offenders were required, and additional controls such as electronic monitoring were frequently used. Other than CMC, no differences in supervision requirements or services were offered to offenders placed on comparison group caseloads. During the five-year study, about half of all community control admissions were placed with officers who had been trained to use CMC. The remaining admissions made up the comparison group. Although placement was not explicitly randomized, no differences appeared between cases assigned to either group. Four of the five admission groups were tracked for two years (the final admission cohort was tracked for 12 months).

Overall results of the Florida study are presented in Figure 1; in every annual cohort, offenders supervised under CMC guidelines had significantly higher success rates. Among other things, this study demonstrates the possibility of significant economic impact when CMC is combined with a structured alternative to incarceration and applied to large numbers of cases.

Figure 1
Evaluation Results: Florida Revocation Rates, Community Control Program

<table>
<thead>
<tr>
<th>FY 93–94</th>
<th>CMC Group</th>
<th>Non-CMC Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.2%</td>
<td>60.6%</td>
<td>49.6%</td>
</tr>
<tr>
<td>49.7%</td>
<td>61.5%</td>
<td>49.7%</td>
</tr>
<tr>
<td>64.3%</td>
<td>64.3%</td>
<td>45.9%</td>
</tr>
<tr>
<td>FY 94–95</td>
<td>60.6%</td>
<td>49.6%</td>
</tr>
<tr>
<td>FY 95–96</td>
<td>61.5%</td>
<td>49.7%</td>
</tr>
<tr>
<td>FY 96–97</td>
<td>64.3%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Average Difference</td>
<td>62.3%</td>
<td>62.3%</td>
</tr>
</tbody>
</table>

Note: Although the full study included approximately 55,000 admissions, the follow-up period for the last annual cohort was limited to 12 months and therefore is not included in the graph. Results for that cohort were similar to those from the prior four years of admissions.
revocations in 2010 when compared to the year preceding implementation of the system. In addition, the percentage of felony probationers revoked for administrative reasons fell from 54% to 36% over the same period.

Combined, six CMC evaluation studies demonstrate the substantial impact of CMC on success rates for offenders. The system proved robust enough to work well over a significant period of time and across jurisdictions with different policies and approaches to supervision. Further, results demonstrated that the greatest impact was obtained when the system was applied to higher-risk offenders. Finally, although evaluations have not been completed on CMC’s juvenile counterpart (SJS/JAIS), a large proportion of offenders on Florida community control were very young, high-risk offenders. This—coupled with the fact that CAIS and JAIS are identical in purpose, design, and method of development—represents considerable promise that similar results are possible in juvenile justice.

The Council of State Governments, 2011

In 2011, the Council of State Governments Justice Center released a report highlighting the achievements of the Travis County [Texas] Adult Probation Department. Travis County’s use of CSC in their practices to reduce recidivism was promoted as A Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism. CAIS (known as strategies for case supervision, or SCS, in Texas) is a core component of a comprehensive case management system implemented in Travis County. The approach produced a 20% reduction in felony probation

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Regular Supervision (N = 147)</th>
<th>Intensive Supervision (N = 123)</th>
<th>Intensive Supervision With CMC (N = 152)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revoked</td>
<td>29.9%</td>
<td>24.4%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Employed Full Time at Termination</td>
<td>42.4%</td>
<td>48.8%</td>
<td>52.2%</td>
</tr>
<tr>
<td>Income Over $400/Month at Termination</td>
<td>43.6%</td>
<td>46.4%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>

Note: Differences between regular supervision and intensive/CMC supervision are significant at the .05 level.
were automated (except in select jurisdictions such as Travis County) and thus had not kept pace with the increasing role of automation in corrections.

Concerned that this valuable approach to supervision would be lost unless revised to reflect realities of the computer age, NCCD made needed improvements to CMC and SJS. Full development of the updated system took approximately two years. To differentiate the advanced systems from earlier versions, the assessment models were renamed Correctional Assessment and Intervention System (CAIS) and Juvenile Assessment and Intervention System (JAIS)—the names that are currently in use.

Automation led to innovations that were not possible in a manual system. Additional advances were made when AutoMon, a computer software firm with a substantial track record in corrections, added CAIS and JAIS to its suite of products. CAIS and JAIS now include:

- A well-validated actuarial risk assessment embedded in each interview. Moreover, if an agency has a risk instrument already in place, the system provides the needed flexibility to replace NCCD’s risk scale with the agency’s instrument. The system also allows use of the risk instrument as a pre-screen if agency resources only allow the full CAIS or JAIS to be completed for higher-risk cases.
- Computerized scoring. All components of the system are automatically scored, and a report recommending specific strategies and programs is instantaneously produced upon completion of the assessment.
- Greater specificity in the CAIS/JAIS report. Reports generated by the system link the risk level and major needs identified for each offender with gender-specific supervision strategies and programs most likely to produce positive results. Recommendations are produced for community supervision, institutions, and school personnel.
- Updated recommendations that reflect current knowledge regarding evidence-based practice. Much has been learned about effective programming over the last decade, and all supervision strategies and case planning recommendations were updated to reflect this advancement.
- Cross-referencing of recommendations. In a small percentage of cases—about 5%—scores for two different strategy groups are within three points. For these cases, the report lists primary and alternative supervision strategies and recommended programs for case planning purposes. In essence, if one approach does not produce the desired results, workers are provided with an alternative course of action.
- An automatically generated Title IV-E report. Data captured by JAIS are “mapped” into structured Title IV-E report format, saving workers time while still allowing them to make any necessary revisions prior to submission.
- A reassessment module. This was added to enable revising of recommendations based on progress made in the case plan, emerging needs, or changes in the risk level of the offender.
- Web-based training curriculum. In addition to traditional face-to-face training, web-based (or “eLearning”) courses have been developed to reduce training costs and provide greater
Responsivity
In recent years, researchers in juvenile and adult corrections have identified “responsivity” as a core principle guiding the development of risk assessment systems. Responsivity is defined as tailoring case plans to the individual characteristics, circumstances, and learning style of each offender. While an effective case management system obviously should allow tailoring of case plans, it is not at all clear how responsivity can be addressed with standard approaches to risk assessment. Despite some statements to the contrary, NCCD believes that no risk assessment model can legitimately claim to address responsivity—including those developed by NCCD.

Historically, turning assessment data into an effective case plan relied solely on the clinical skills of a case manager or supervising officer. However, attempts have been made to systematize the process. The most elaborate of these was the I-Level System developed for the California Youth Authority by Marguerite Warren and her colleagues. Though promising, the I-Level System required substantial training and ultimately proved too expensive and time-consuming when dramatic increases in correctional populations strained available resources.

The I-Level experience, as well as the subsequent development of CAIS and JAIS, demonstrate that creating an assessment model that adequately addresses responsivity is a complex undertaking; it requires far more analysis than that needed to develop standard risk and needs assessments. In essence, it requires an attempt to provide a systematic clinical consultation for every case assessed. While critical to improving success rates, it should be acknowledged that responsivity is a principle that cannot be addressed by risk assessment alone.

flexibility to agencies to train new staff or provide refresher training when needed.

- A state-of-the-art data reporting package. Reports aggregate data for planning, evaluation, and budgeting purposes. All analytic reports are “real time,” which means case data is included in reports immediately after completion of any assessment.

Because the recommendations produced by CAIS and JAIS are comprehensive, the system can be used in jails, prisons, and juvenile facilities as well as with offenders on probation and parole. This allows a continuum of care where each component of the correctional system shares goals and objectives for each offender, regardless of initial placement.

Issues addressed in the CAIS report include primary case planning approaches, general issues facing the offender, the caseworker/offender relationship, recommended techniques of supervision, the offender’s risk level, and the principal service needs. The JAIS format is similar, but focuses on juvenile supervision issues.

The CAIS™ and JAIS™ Assessment Process
CAIS and JAIS use a structured interview to classify each offender into one of four supervision strategy groups. Generally, this interview takes approximately 45 minutes to complete and, once entered into the web-based system, produces a comprehensive assessment report that includes supervision strategies, program and case planning recommendations, the individual’s risk level, principal needs to be addressed, and notes on special issues identified during the assessment interview. The report is designed to enhance responsivity, increase offender success, protect the community, improve institutional behavior, and provide critical guidance for developing case plans tailored to the individual characteristics, circumstances, and learning style of each offender.
Supervision Strategies

After the assessment interview is completed, the system provides supervision strategies and case planning recommendations for each strategy group. Although important differences in the supervision of adults and juveniles exist, the key descriptors of the CAIS and JAIS case types and recommended supervision strategies are substantially similar. A brief description of the four case types and recommended supervision strategies follows.

Selective Intervention

The Selective Intervention (SI) group is characterized by a generally pro-social value structure and stable lifestyle. The offense history is usually limited, with the current offense often being the first. Criminal conduct is generally the result of an isolated stressful event or situation (Selective Intervention-Situation, or SI-S) or in response to a specific neurotic need (Selective Intervention-Treatment, or SI-T). As such, the criminal behavior is at variance with the individual’s usual values structure and response to stress.

Under supervision, these individuals tend to present the fewest problems and require the least amount of staff contacts. These offenders tend to make good use of insight and reality-oriented counseling with the officer and usually are found to be honest and reliable in their reporting. Caution must be observed with the SI group in that they will sometimes minimize their criminal behavior and their responsibilities under supervision.

SI-S offenders may need assistance in resolving the crisis that precipitated the offense or crisis created by the offense. SI-T offenders often require treatment to deal with their specific issue (chemical abuse, serious neurosis, etc.). Caseworkers or supervising officers must confront any denial and insist that the offenders get treatment when warranted.

In the institution, SI inmates may experience excessive sensitivity about their crimes and incarceration. Depression may occur, especially during the early stages, and may include suicidal thoughts and extreme swings from self-blame to denial of all responsibility. Withdrawal and depression may be intense, often followed by equally intense attachments to other inmates. This may be the result of the SI inmate’s perceived need for protection or acceptance and will often result in exploitation by the more criminally oriented or sophisticated peer.

Casework/Control

The Casework/Control (CC) group is characterized by chronic and generalized instability that is often the product of chaotic and abusive childhoods. In adulthood this instability may be manifested in chemical abuse, serious emotional problems, frequent changes in residence and employment, and attachment to others who are equally unstable. Although CC offenders typically have average intelligence and possess reasonable vocational skills, success is often blocked by emotional problems, chemical abuse, self-defeating behavior, and negative interpersonal attitudes.

In an institution setting, individuals in the CC group frequently encounter interpersonal problems with peers and staff alike. Authority problems and generally negative responses to others often result in institution misconduct. As with the criminal behavior of this group, institutional misconduct may range from the
trivial to the serious and is often the result of chemical, emotional, or interpersonal problems. During periods of stress, self-mutilation or suicide attempts may occur.

Programming for CC offenders should include long-term treatment to resolve the chemical, emotional, or interpersonal problems that can block successful adjustment. Staff should be realistic in attempts to work with CC offenders, targeting the most serious problems; referring to appropriate programs; and monitoring closely for attendance, participation, and respective behavior changes in their daily lives.

Environmental Structure

The Environmental Structure (ES) supervision group is characterized by a lack of social and vocational skills. These individuals are easily influenced and frequently encounter criminal difficulties through association with more criminally oriented and sophisticated peers. Intellectual deficits can be found in this group and may contribute to the general lack of social, vocational, and survival skills. Involvement in crime is generally impulsive, unsophisticated, and frequently motivated by a desire to be accepted by others. Although behavior of individuals in this group can be dangerous and assaultive, their motivation is seldom malicious.

The characteristic skill deficits evident in the ES offender also are seen in the institution setting, as is the tendency to be led by others. In the housing unit, ES inmates are susceptible to manipulation and exploitation by others. They are often motivated by a desire to be accepted and have difficulty differentiating between positive and negative influences. Given the likelihood of intellectual as well as skill deficits, ES inmates frequently have difficulty being accepted as equals in the housing unit. They may experience isolation, except when they are used and manipulated by others.

Because an offender in the ES group is likely to lack insight, counseling and therapy must avoid abstraction and generalization. The development of social skills should be stressed, as well as assertiveness and the constructive use of leisure time. Appropriate intellectual and vocational testing is essential so that unrealistic goals are not developed. Basic education or remedial education often is necessary with this group; in many cases, planning should aim toward sheltered work situations.

Limit Setting

The Limit Setting (LS) group is best characterized by a criminal orientation and a general lack of commitment to pro-social values. These individuals often appear motivated toward success in crime and have little interest in applying their skills or talents to socially acceptable endeavors. Criminal behavior within this group is generally motivated by money, excitement, and power. Criminal histories can be lengthy and marked by numerous felonies and violent or aggressive offenses. LS offenders are usually well-known to the criminal justice system and experience a fair amount of comfort in correctional institutions.

Individuals in the LS supervision group may adapt well to institutions because of previous involvement with the criminal justice system and a well-developed ability to manipulate a familiar environment. These inmates may dominate the more desirable jobs and/or program placements. LS inmates oftentimes emerge in leadership roles within the inmate power structure; therefore, impressionable or vulnerable inmates (such as ES inmates) should be protected from this group.
Planning for the LS offender must recognize the potential for danger to the public, manifested in high-stakes property offenses and violence. Public protection and officer safety are important concerns in community supervision. Supervision must focus responsibility on the offenders, helping them see the difficulties their criminal lifestyle has created for them. Limits and consequences for misbehavior must be detailed in advance and all rules enforced consistently. Where possible, attempts should be made to foster an interest in legal means to meet financial, power, and excitement needs and provide control and surveillance when appropriate.

**Enhancing Responsivity Through Case Planning**

A critical step in the CAIS and JAIS process is the development of individualized case plans. The case planning process is an effective means for involving the offender in the goals of supervision. It provides a mechanism for decreasing conflict and ambivalence, while increasing individual motivation for change. The principal service needs and identified strengths captured by CAIS and JAIS are “mapped” into a structured case plan. Identified needs are then prioritized by the officer in collaboration with the offender and converted into behavioral objectives using an adaptation of Dr. Todd Clear’s work on objective-based case planning (Clear, n.d.). A complete, individualized case plan contains comprehensive problem and long-range goal statements and specifies measurable objectives to achieve the long-range goals—with action steps for each one—and timeframes for achieving them. The case plan provides a document for measuring the offender’s progress and becomes the focus for the dynamic process of supervision and behavioral change.

Reassessments of risk and needs are done in accordance with agency policy and require the reassessment worker to answer a brief series of questions in order to report on the current status of the case; again, the system generates an updated assessment report. This information also provides valuable outcome data for the agency and a mechanism for revalidation of the risk assessment.
Conclusion

While risk and needs assessments are critical to sound correctional practice, adding the case management strategies built into CAIS and JAIS provides workers with better and more complete information for case planning and intervention. These strategies directly relate programs and treatment modalities to offender characteristics and learning styles.

The value of the CAIS/JAIS approach is documented in evaluations conducted over a 25-year period by different researchers from different jurisdictions. Combined, these studies create an evidence base that is difficult to ignore, ranging from small studies conducted in the 1980s to the large Florida community control study published in 1998 and the Travis County initiative championed by the Council of State Governments in 2011. All have demonstrated that the CAIS approach to supervision is remarkably effective in reducing recidivism. Further, these studies show that CAIS works for high-risk probationers and parolees, particularly when supervising officers are provided with the time and resources needed to effectively implement recommendations produced by the model.

While we have little doubt that any investment in CAIS/JAIS will quickly pay dividends in reduced recidivism rates; reduced use of incarceration; and improved management of prison, jails, and juvenile facilities, NCCD is committed to making the system accessible to as many agencies as possible. We have streamlined training, designed cost-effective computer applications, and provide support at the lowest possible cost. As a nonprofit research organization, our mission is to improve social services throughout the country; CAIS and JAIS are central to this commitment.


