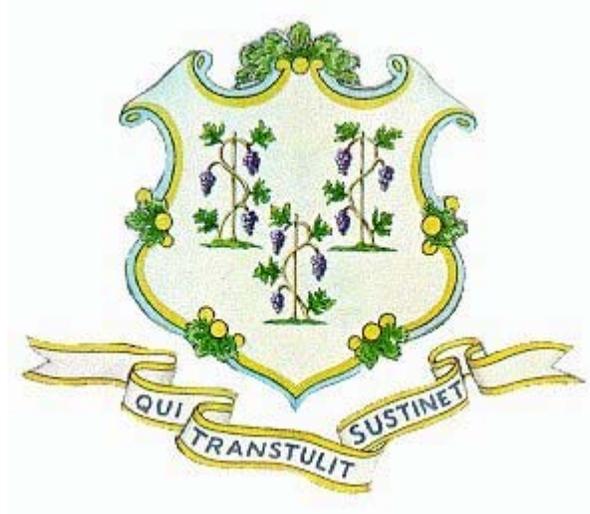


# State of Connecticut



## **Criminal Justice Risk Assessment Strategy**

**Department of Correction  
Judicial Branch-Court Support Services Division  
Board of Pardons and Paroles**

**January 1, 2009**

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Risk Assessment Strategy**

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**Executive Summary**

To meet compliance with PA08-01, the Commissioner of the Department of Correction (DOC) established a working group to clearly articulate the strategy for managing offenders based on evidence based practices related to risk and needs assessments. The goal is to enhance public safety by implementing a system that assesses the risk and needs of each offender, assigns management and supervision requirements of offenders, and targets the needs of offenders through evidence based programs and interventions. This process is imbedded in the DOC Offender Management Plan (OMP) (Appendix A), and the vehicle utilized with the offender is the Offender Accountability Plan (OAP) (Appendix B). The intended result is a reduction in recidivism and engagement of the offender in productive and responsible citizenship.

Other key areas identified as necessary components of the strategy include effective resources allocation, offender reentry services, strategic planning, and strong collaboration among the DOC, the Judicial Branch Court Support Services Division (CSSD) and the Board of Pardons and Paroles (BOPP).

# **State of Connecticut Risk Assessment Strategy**

## **Introduction**

The State of Connecticut recognizes the relevance of integrating a risk assessment strategy into the process of guiding an offender through the criminal justice system. With the objective of implementing a continuum of supervision and intervention model which transitions an offender from incarceration through community reintegration, it is clear that points of contact through assessments provides essential information on the offender for enhancing public safety and reinforcing productive community membership.

## **History**

Public Act 08-1 requires the DOC, CSSD and BOPP to collaborate on a risk assessment strategy that will accomplish the following:

- Utilize a risk assessment that accurately rates an offender's likelihood to recidivate upon release from custody
- Identify the support programs that will best position the offender for successful re-entry into the community

Through the Office of Policy and Management (OPM), Criminal Justice Policy & Planning Division (CJPPD), this strategy will be regularly reviewed in conjunction with the Monthly Indicators Report and recidivism studies.

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**The Assessment Process and Instruments**

The following information highlights the assessment process in the DOC Classification Manual, Assessment Manual (Appendix C), and the Offender Management Plan. When an offender is sentenced to a term over 2 years, the male offender is admitted to the MacDougall-Walker Correctional Institution to begin the 10-day assessment process. Female offenders are admitted to the York Correctional Institution and undergo a gender responsive and trauma informed assessment process at that facility. Male youths under the age of 18 have their youth specific assessment process administered at the Manson Youth Institution. Those offenders sentenced to less than two years are assessed and assigned programs as detailed in the OAP (Appendix B).

The following assessment instruments are utilized for purposes of risk, program needs and interventions, classification, development of the Offender Accountability Plan, facility assignment and discharge planning.

**I. Target High Risk Offenders**

To assess offender risk level and target offenders who pose the highest risk for re-offending, the first assessment instrument administered to offenders is:

- **Treatment and Programs Assessment Instrument (TPAI)**

The TPAI purpose is to target high-risk offenders and provide a simple way to identify offenders with different levels of risk to recidivate. It is anticipated that this will produce a list of about 10-15% of the population with the lowest relative risk. The recommendation would be that individuals in this group be considered presumptive candidates for community release at the earliest time possible. Based on the risk principle, they will not need to be assigned to core programs as detailed in the OAP (Appendix B).

The assessment tool could have an immediate impact in that those with the lowest risk scores would not be assigned to programs and services, thus efficiently allocating limited resources to those with high risk and need for intervention. A retrospective study will be conducted to test how well this instrument predicts recidivism.

**II. Assess Criminogenic Needs**

There are problem areas that drive an offender's risk of recidivating. These problem areas are identified through the administration of evidence-based assessment instruments, which target substance abuse, criminal thinking, impulse control / violence, education and vocational needs, problem sexual behaviors and mental health needs, among others.

The following assessments are administered at the MacDougall-Walker CI Assessment Unit and are used to assign programs to address criminogenic needs:

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- The **Addiction Severity Index (ASI)** is used to identify the severity of substance abuse problems and determine the level of treatment required.
- The **Criminal Sentiments Scale (CSS)** is in the process of implementation and will assess the extent of criminal thinking, and be the basis for assignment to the cognitive behavioral Thinking for a Change program.
- In conjunction with the CSS, the **Hostile Interpretations Questionnaire (HIQ)** will be implemented to assess the propensity for impulsivity and violence. This assessment will be used to assign individuals to participate in the Anger Management program.
- **Sex Offender** screening is done with the **Static-99 and Vermont Assessment of Sex Offender Risk (VASOR) instruments**. The Static-99 is used to measure the risk of sexual behaviors. VASOR is used with high-risk offenders to identify the propensity for violent sexual offending. Both assessments will determine the level of treatment needed.
- **Unified School District #1 (USD#1)**, a state vested school district within the Department of Correction (DOC), administers academic and vocational assessments to include: an educational interview, a screening of general intelligence, assessment of academic proficiency levels, and aptitude and work skill levels. In addition to being used for appropriate educational placement, these assessments serve as a foundation for determining an individual's education and literacy proficiency to enhance further program participation.

### **III. Develop Offender Accountability Plan**

The Offender Accountability Plan (OAP) is a prescribed and formal intervention process based on moderate to high need areas identified through assessment results. This process drives the development of a plan that follows an offender through the incarceration period and into the community. It includes both behavioral and programmatic expectations of the offender.

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**The Assessment Process at the Board of Pardons and Paroles**

**Statutory Guidance**

Sec. 54-125a. (a) “A person...may be allowed to go at large on parole in the discretion of the panel of the Board of Parole...if (1) it appears...that there is reasonable probability the such inmate will live and remain at liberty without violating the law, and (2) such release is not incompatible with the welfare of society.”

**Board Mission**

The Connecticut Board of Parole is committed to protecting the public by making responsible decisions. Decisions are based primarily on the likelihood that offenders will remain at liberty, under supervision, without violating the law.

**Connecticut Salient Factor Score (CTSFS99).**

The CTSFS is an objective risk assessment instrument based on a review of available information relative to recidivism. It was designed to assist then Board of Parole (now the Board of Pardons and Paroles) in predicting an offender’s likelihood of violent or other serious recidivism. This behavior is defined as any of the following actions during a three-year follow-up period:

- A new conviction for a violent offense
- A new conviction for any offense that results in a sentence of imprisonment of more than one year
- Any return of an offender from the community for a period of 60 days or more

The original Salient Factor Score was developed and validated by the U.S. Parole Commission in 1972. This tool estimated “group probabilities” of recidivism. The Connecticut Board of Parole began the Salient Factor Score in 1998 after validating the federal model on the Connecticut population. This sample consisted of inmates released from Connecticut’s prisons in 1991. The findings of this study were used as the foundation for the creation of the CTSFS. In 1999 a fifth factor was added, violence, resulting in the creation of the CTSFS99. The current risk assessment consists of:

- Prior Commitments of 60 Days or More
- Age at Commencement of Current Offense
- Recent Commitment Free Period
- Prior Court-Imposed Terms of Imprisonment of More than One Year
- Violence

Central Connecticut State University Department of Criminology and Criminal Justice Center (SAC) conducted a re-validation of the CTSFS in April of 2007. Their findings supported the earlier conclusion that the CTSFS99 is predictive of recidivism, but are limited. They recommend scoring changes to the CTSFS99 and also strongly recommend that the Connecticut Board of Pardons and Paroles look at more recent trends in risk assessment instruments in order

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to have an instrument that may better suit its needs. The following excerpt is taken from that 2007 study:

*The Salient Factor Scores (SFS) are an example of a second-generation risk assessment. The SFS is primarily composed of criminal (e.g. number of convictions) type variables with only one socio-demographic variable (age at time of current offense). These types of risk assessments can be useful for classification purposes but have very limited availability in assisting in effective treatment planning and ongoing evaluation of offenders (Simourd, 2004).*

Lastly, it was recommended that Board of Pardons and Paroles consider looking into empirical based instruments that include both static and dynamic factors such as The Level of Service Inventory – Revised (LSI-R).

After passage of PA 08-01, the Board began to look into the feasibility of utilizing the LSI-R at the front end of the system in place of the Salient Factor Score. This was primarily based on the fact that the Court Support Services Division of the Judicial Branch currently used the LSI-R and had validated it on the Connecticut probation population. Additionally, the Parole and Community Services Division of the DOC began implementation of the LSI-R in determining appropriate levels of supervision for parolees.

BOPP was involved with the DOC workgroup for the implementation of the TPAI. The Board is currently awaiting the results of the retrospective study of the TPAI as a measure of recidivism. Additionally, the Board is looking into the possibility of using the static factors of the LSI-R for the decision-making process. It is believed that the latter may offer optimal results given that data already gathered by CSSD could be updated on clients who subsequently are committed to the DOC and apply for parole. Information could then be then passed along to the DOC Parole and Community Services Division for update. Since the goal is to utilize a risk assessment tool that accurately rates an offender's likelihood to recidivate upon release from custody, a modified version of the LSI-R may be a viable solution for consideration.

### **The Assessment Process in the Community**

#### **Selection and Description**

Following consultation with experts from the National Institute of Corrections, the DOC selected the Level of Service Inventory-Revised (LSI-R) and the Adult Substance Use Survey-Revised (ASUS-R) as the principle assessment tools for the Parole and Community Services Division. The LSI-R is a comprehensive, evidence-based tool used in many community corrections systems throughout the United States and Canada. CSSD and many contracted non-profit providers also use it in Connecticut.

The LSI-R, used in conjunction with the ASUS-R, will provide parole officers with a more accurate assessment of not only risk to re-offend, but also how to mitigate that risk by identifying and addressing an individual's primary criminogenic needs.

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### **Policy and Implementation**

Utilization of these new assessment tools has required policy development and revisions in the following areas of the Division's Field Operations Manual:

- Release Planning
- Levels of Supervision
- Case Management Plans

These assessment tools (LSI-R and ASUS-R) are now being conducted by parole officers on all new releases who will have at least six months of community supervision, with case plans that incorporate parole conditions, targeted interventions and appropriate levels of supervision.

### **System Coordination**

DOC is committed to sharing results of these assessments with key system partners:

- Service Providers
  - As offenders are referred to various community-based services (substance abuse, family counseling, etc.)
- CSSD
  - As offenders complete DOC supervision and transition to probation
- BOPP
  - In the event that offenders are returned to custody for revocation and further release consideration

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**Next Steps**

**I. Assessments**

1. Implement the Criminal Sentiments Scale (CSS) and the Hostile Interpretation Questionnaire (HIQ) assessments
2. Enhance trauma informed, gender responsive and youth specific assessments and programs at York Correctional Institution and Manson Youth Institution

**II. Vocational Training / Employment**

1. Implement a strategic plan for Unified School District #1 (USD1) regarding vocational training to employment services
2. Continue collaborative efforts with the Department of Labor (DOL) through the CT Works sites, further enhancing the efforts to guide the offender population toward gainful and stable employment
3. Establish relationships with the Chambers of Commerce to target employment efforts

**III. Collaborations**

1. Build necessary linkages between DOC, BOPP and CSSD to ensure information sharing through the assessment process

**IV. Research and Evaluation**

1. Develop an overall evaluation and quality assurance component that assesses the effectiveness of this Risk Assessment Strategy in collaboration with CJPPD

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**Summary**

The Department of Correction, Board of Pardons and Paroles and the Judicial Court Support Services Division are committed to the successful application, integration and evaluation of the components of this strategy. As outlined in this report, the agencies are administering risk assessments and addressing criminogenic needs. By appropriately addressing both, public safety is enhanced and recidivism reduced.

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**Appendix**

- A. Department of Correction, Offender Management Plan; Administrative Directive 10.7  
<http://www.ct.gov/doc/lib/doc/pdf/offendermanagementplan.pdf>
- B. Department of Correction, Offender Accountability Plan Manual  
<http://www.ct.gov/doc/lib/doc/pdf/offenderAccountabilityplan.pdf>
- C. Department of Correction, Offender Classification & Population Management, Assessment Manual  
<http://www.ct.gov/doc/lib/doc/PDF/PDFReport/AssessmentManual.pdf>
- D. Department of Correction, Offender Classification Manual  
<http://www.ct.gov/doc/lib/doc/PDF/PDFReport/ClassificationManualLibraryCopy.pdf>
- E. “Adult Male Assessment & Offender Accountability Model” (*document attached*)
- F. York Correctional Institution Assessment Process (*page 13*)
- G. Manson Youth Institution Assessment Process (*page 16*)

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**York Correctional Institution Assessment Process**

**Inmate Orientation**

The Janet S. York Correctional Institution is a Direct Intake Facility for all women (as young as age 14) incarcerated in the state of Connecticut. Inmate Orientation is conducted daily at YCI for all offenders that have been received. (Youthful Offenders are referred to the facility's multidisciplinary team specializing in the unique needs of adolescent women). YCI is in compliance with the requirements in AD 10.12. (Inmate Orientation) We show all of the videos to include a new PREA video for women. Procedurally, it is notable that female correction officers conduct all strip searches and all correctional staff are annually trained in gender specific mental health information with particular regard to the orientation process.

Additionally, Department of Children and Family contacts are made, as are necessary referrals for the care of children. A DCF Ombudsman is on site and reviews all new admissions to ensure continuity of care for incarcerated youth as well as children of incarcerated mothers.

The Janet S. York Correctional Institution provides gender-specific, trauma-informed comprehensive care for the offenders housed at YCI. Female offenders have different needs in adapting to prison. The care that is provided at YCI reflects the unique, intrinsically different needs of female offenders. The following services and procedures are in place upon intake to address these needs.

Components of the Inmate Orientation/Assessment also include participation from several other Departments at YCI. A committee has also been recently formed to explore the implementation of a Gender Responsive Classification System. Below is a summary of the Assessment Tools that are utilized at YCII for our unique population:

**Education Department**

**General Education Testing:**

- TABE (Test of Adult Basic Education) ~ Assessment, placement & Promotion
  - 9/10 Survey - Level M (moderate) or E (easy) Assessment & Placement
  - 9/10 Survey Full Battery Level E, M or D (difficult) level appropriates
- ECS (Employability Competency System) ~ Required component for CARS public school information database
- Pre-GED ~ GED readiness
- GED ~ HS Diploma based Standardized Test (National)

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### **Special Education Students Only:**

- WISC (Wechsler Intelligence Scale for Children) ~ IQ Score
- WIAT (Wechsler Individual Achievement Test) ~ Academic skills
  
- Woodcock-Johnson ~ IQ & Achievement testing
  
- BASC (Behavioral Assessment System for children) ~ Questionnaire distributed to specific member of the Team including student

### **Vocational Assessment:**

- Career Scope

### **Mental Health**

The Mental Health Unit administers the following assessment tools in order to vet the women's needs and ensure they are engaged in the most appropriate programs:

- a. Wechsler Adult Intelligence Scale 3rd edition (WAIS-III)
- b. Visual Motor Gestalt Test
- c. The Neurobehavioral Cognitive Status Examination (COGNISTAT)
- d. Slosson Oral Reading Test (SORT-R3)
- e. Trail Making Test
- f. Beck Depression Inventory (BDI)
- g. Thematic Apperception Test(TAT)
- h. Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
- i. Structured Interview of Reported Symptoms(SIRS)
- j. Rorschach Test
- k. Vineland Adaptive Rating Scale
- l. Traumatic Events Screening Inventory-Adult Screening(TEsia-Adult m. Version)
- n. PTSD Checklist - Civilian Interview (PCL-C)
- o. Stress Reactions Checklist for DESNOS

Referrals are then made upon intake to gender specific programs to include:

- TARGET
- Parenting Groups
- Survivors of Sexual Assault

Additionally, all reports of sexual assault include referrals to medical and mental health services; Brief individual counseling is provided by Clinical Social Workers to address adjustment needs; Assessment Units provide gender specific, relational-oriented adjustment groups (“*Sisters*

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*Standing Strong*”) facilitated by a Clinical Social Worker and selected peer mentors and psycho-educational handouts reflective of female needs are provided.

### **Medical**

The medical intake process/assessment includes the requisite intake physical, and public health screening provided to the adult male population, however, the YCI medical staff also provides Obstetrics and Gynecology services; pregnancy testing, a SAMSHA Accredited Methadone Maintenance program for pregnant women as well as continuity of care for individuals involved in Methadone Maintenance programs in the community who are maintained for appropriate tapering of doses. YCI also acquires consent to treat from the legal guardian for those under the age of 17.

### **Addiction Services**

At YCI we utilize the A.S.I. (Addiction Severity Index) to assess the appropriate treatment score for the initial assessment.

In Addition, YCI incorporates trauma sensitive, gender responsive, developmentally appropriate programs such as Covington and Bloom’s “*Beyond Trauma*” and “*Young Women’s Lives*” to its addiction services program components.

### **Initial Assessment (Classification)**

No unique instruments utilized for the IN process.

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**Manson Youth Institution Assessment Process**

**Inmate Orientation**

Manson Youth Institution (MYI) is a Direct Intake Facility for male offenders ages 14-20. Inmate Orientation is conducted daily at MYI for all offenders that have been admitted. MYI is in compliance with the requirements in Administrative Directive 10.12 Inmate Orientation ([www.ct.gov/doc](http://www.ct.gov/doc)). An additional orientation video presented is the new Prison Rape Elimination Act (PREA) video for Juvenile Detention facilities called ‘Keeping our Kids Safe’. MYI has also introduced a facility specific video in “kid language” to review important information that those who are non-readers may not be able to learn from the Inmate Handbook. In addition, great care is taken when assessing the offender’s readiness to enter general population through an assessment interview after the 14 days in the Orientation Unit.

Components of the Inmate Orientation/Assessment also include participation from several other program areas and services at MYI. Below is a summary of the Assessment Tools that are utilized at MYI for this special population:

**Education Department**

**General Education Testing:**

- TABE (Test of Adult Basic Education) ~ Assessment, placement & Promotion
  - 9/10 Survey - Level M (moderate) or E (easy) Assessment & Placement
  - 9/10 Survey Full Battery Level E, M or D (difficult) level appropriate
- ECS (Employability Competency System) ~ Required component for CARS public school information database
- Pre-GED ~ GED readiness
- GED ~ HS Diploma based Standardized Test (National)

**Special Education Students Only:**

- WISC (Wechsler Intelligence Scale for Children) ~ IQ Score
- WIAT (Wechsler Individual Achievement Test) ~ Academic skills
- Woodcock-Johnson ~ IQ & Achievement testing
- BASC (Behavioral Assessment System for children) ~ Questionnaire distributed to specific member of the Team including student.

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### **Vocational Assessment:**

- Career Scope

### **Mental Health**

Great emphasis is spent on obtaining collateral information from multiple and potential sources of information including parents/caregivers, previous community treatment providers, Department of Children and Families, past and present school involvement, etc.

- a. ADHD Rating Scale-IV
- b. Inventory of Callous and Undifferentiated (ICU) re: Conduct Disorder
- c. Mood Disorder Questionnaire (MDQ) Bipolar Disorder Screen
- d. Quick Inventory of Depressive Symptoms (QIDS)
- e. Beck Depression Inventory (BDI)
- f. Dissociate Experiences Scale-Adolescent Version
- g. Hamilton Anxiety Rating Scale
- h. Overt Aggression Rating Scale-Modified
- i. Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)

### **Medical**

The medical intake process/assessment is no different than the process we use with the adult population, with the exception of requesting consent to treat from the legal guardian for those under the age of 17. Otherwise, screening questions may be tailored to accommodate age appropriate, gender responsive, and culturally sensitive issues.

### **Addiction Services**

- The T.A.S.I. (Teen Addiction Severity Index) is used to assess the appropriate treatment score for the initial assessment.
- In Addition, MYI has recently introduced the ‘matrix’ program as part of a revised youth specific Evidence Based Curriculum to address teenage substance abuse.