

FINAL REPORT

FOR
THE STATE OF CONNECTICUT

DEPARTMENT OF CHILDREN AND FAMILIES
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Foreword

“Working together with families and communities so children will be healthy, safe, smart and strong.” – Joette Katz

Since 2011, the Connecticut Department of Children and Families (DCF) has been engaged in a broad organizational transformation, as reflected in the agency’s new mission – children who are healthy, safe, smart and strong. The agency is focused on working together with families and communities to improve child safety, ensure that more children have permanent families and advance the overall well-being of children. The DCF protects children who are being abused or neglected, strengthens families through support and advocacy, and builds on existing family and community strengths to help children who are facing emotional and behavioral challenges, including those committed to the Department by the juvenile justice system.

Connecticut’s DCF is one of the nation’s few agencies to offer child protection, behavioral health, juvenile justice and prevention services. This comprehensive approach enables the DCF to offer quality services regardless of how a child’s problems arise. Whether children are abused and/or neglected, are involved in the juvenile justice system, or families are experiencing emotional, mental health or substance abuse issues, the Department can respond to these children and families in a way that draws upon community and state resources to help.

The DCF recognizes the importance of family and strives to support children in their homes and communities. When this is not possible, a placement that meets the child’s individualized needs in the least restrictive setting is pursued. When services are provided out of the child’s home, whether in foster care, residential treatment or in a DCF facility, they are designed to return children safely and permanently to their communities.

Each year in Connecticut, nearly 14,000 young people are referred to one of the twelve juvenile courts for charges ranging from status offenses to misdemeanors, and in some cases, serious crimes. Many of these cases are resolved and handled by the Court Support Services Division (CSSD) of the Judicial Branch. In the most serious cases, youth are committed to the DCF for a period of time during which the DCF seeks to provide the resources and supports needed for each youth to develop skills in the areas of vocation, education, employment, personal and emotional well-being. When transitioning back to the community

after involvement with the juvenile justice system, it is crucial that youth be given the necessary supports and services in their community to avoid future recidivism and further their journey toward their greatest potential.

In 2011, Connecticut was one of four states selected from a nationwide applicant pool to participate in the Juvenile Justice System Improvement Project (JJSIP) sponsored by the Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy. The CJJR advances a balanced, multi-systems approach to reducing juvenile delinquency that promotes positive child and youth development, while also holding youth accountable. The JJSIP opportunity has resulted in extensive technical assistance and training designed to help Connecticut improve outcomes for juvenile offenders by better translating knowledge on 'what works' into everyday practice and policy.

This report presents a framework for the DCF to reform our approach to serving our juvenile justice population by achieving a balance between holding youth accountable and reducing recidivism, and promoting positive child and youth development consistent with the DCF's broader agency mission. The guidance and recommendations that Georgetown has provided in this report will enable the DCF to adopt sound policies and practice as we move forward with our reform agenda. The DCF remains deeply committed to improving outcomes for all children we serve. We recognize the important role we play in helping youth successfully transition from the juvenile justice system back to their communities.

Joette Katz

Commissioner,

Connecticut Department of Children and Families

Executive Summary

The State of Connecticut was one of four states selected from a nationwide applicant pool to participate in the Juvenile Justice System Improvement Project (JJSIP) sponsored by the Center of Juvenile Justice Reform, Institute for Public Policy, at Georgetown University. The project involved intensive training of a core team from each state, followed by extensive on-site technical assistance and training.

Connecticut's core team has developed an action plan for the project, which contains areas of performance related to the Court Support Services Division (CSSD) of the Judicial Branch of the State of Connecticut, as well as items specific to the Department of Children and Families (DCF). This report addresses three specific research requests related to the DCF. Specifically, that the action plan calls for a review of:

- 1. The feasibility of using the Standardized Program Evaluation Protocol (SPEP) in DCF programs.**
- 2. The DCF risk assessment instrument and strategies.**
- 3. The DCF's graduated responses policy, as well as its parole revocation processes and procedures.**

This is a report of work begun in September of 2012 and concluded in May 2013. Major findings have led to a series of extensive recommendations for improvement to Connecticut's DCF-Juvenile Services Division (DCF-JSD).

The report is limited in its data analysis. The DCF-JSD was able to provide some data for the report, however the level of data required for in-depth system analysis was unavailable. The information that appears in this report was cobbled together from various sources. It took substantial time and effort to assemble even the most basic data. This is a significant systems limitation.

It is impossible to establish or manage a modern data-driven parole system without valid and reliable data. The DCF-JSD cannot advance significantly without objective data and performance outcomes.

We thank the many professionals who participated in this review and who opened their facilities and practices to our review. There was a general recognition that improvements were overdue and a hopefulness that reforms would result from the study.

The report highlights a system with many strengths and assets. We found many innovative practices, as well as areas in need of focused attention.

We recommend a review of the recommendations of this report, assignment of priority areas for immediate (next six months), short-term (within the next year to eighteen months) and long-term action (a three-year plan). We have confidence in Connecticut's ability to move juvenile justice reform forward through the commitment of leadership, time and funding to develop and implement a plan for addressing the areas highlighted in this report.

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Background of the Report

The State of Connecticut was one of four states selected from a nationwide applicant pool to participate in the Juvenile Justice System Improvement Project (JJSIP) sponsored by the Center of Juvenile Justice Reform, Institute for Public Policy, at Georgetown University. The project involved intensive training of a core team from each state, followed by extensive on-site technical assistance and training.

Connecticut's core team has developed an action plan for the project. It contains areas related to the Court Support Services Division (CSSD) of the Judicial Branch of the State of Connecticut, as well as items specific to the Department of Children and Families (DCF). This report addresses three specific research requests related to the DCF. Specifically, that the Georgetown project:

- 1. Will provide written recommendations regarding the feasibility of using the Standardized Program Evaluation Protocol (SPEP) in DCF programs, including the Connecticut Juvenile Training School (CJTS), and other residential and parole services. If supported and approved by the DCF, it will work with the DCF to prepare those data elements required for SPEP scoring.**
- 2. Review and make recommendations on the DCF risk assessment instrument and strategies.**
- 3. Review and make recommendations to improve the DCF's graduated responses policy, as well as its parole revocation processes and procedures.**

In addition, this report:

- Presents a framework for the organization of the DCF's juvenile services system.**
- Focuses on development of data and quality assurance mechanisms.**
- Presents structural models for the community re-integration of youth placed in congregate care settings.**

Chapter 1: The Connecticut System of Juvenile Justice

The Connecticut system of juvenile justice has been a leader in implementing innovative approaches to juvenile justice. With the enactment in June 1995 of Public Act 95225, Connecticut set out to reform its juvenile justice system. By 1997, juvenile justice system reform was well underway in the state.

In 2006, the Department of Children and Families' (DCF's) Bureau of Juvenile Services and the Judicial Branch Court Support Services Division (CSSD) recognized the need to engage in a joint strategic planning process to expand interagency management efforts, in order to provide greater coordination and services on behalf of children, youth and families involved with the juvenile justice system. The DCF and CSSD entered the strategic planning process with the primary goal of developing an interagency plan that outlined an integrated system for planning, implementation and evaluation of juvenile justice service delivery in Connecticut. This commitment to action led to a 'best practice' strategy for building a better system and a better future for Connecticut's at-risk children and youth. The DCF and CSSD have engaged in formulating a second joint strategic plan that extends from 2013 to 2016.

Most recently, Connecticut was lauded by the Justice Policy Institute as one of five states that were leading the transformation of juvenile confinement systems. The report, *Common Ground: Lessons Learned from Five States that Reduced Juvenile Confinement by More Than Half*, was written by the Justice Policy Institute and published in March 2013. In it, Connecticut was lauded as a top performer among those states that reduced reliance on confinement.

During the period between 2001 and 2010, Connecticut reduced its juvenile confinement rates from 215 per 100,000 to 49 per 100,000. This accompanied a 32.4% decline in the number of juvenile arrests in the state over the same period. However, the report noted that the proportion of minority youth in confinement settings rose from 58% in 2000 to 81% in 2010.

The report also noted that the pattern of offenses associated with confinement had changed over the decade; however, those confined for offenses against persons and property had

remained remarkably constant. See *Table 1: Juvenile statistics from 2001 through 2010, Connecticut*.

The report also notes that technical violations accounted for 20.5% of commitments in 2001 and more than 35% in 2010, making technical violations the largest driver of confinement placements.

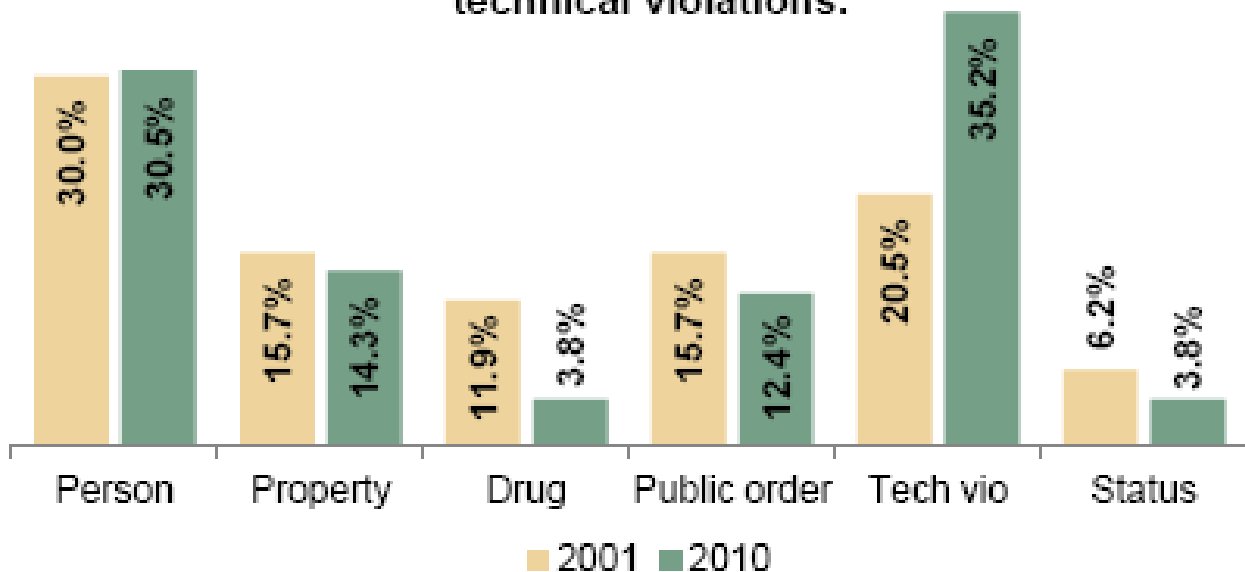
Table 1: Juvenile statistics from 2001 through 2010, Connecticut.

	2001	2010
Juvenile confinement rates, per 100,000	215	49
Minority youth in confinement settings, as percentage of total	58%	81%

Chart 1: Technical violations as a percentage of confined youth in Connecticut, 2010 shows drug offences as a percentage of confined youth in Connecticut for 2010.

Chart 1: Technical violations as a percentage of confined youth in Connecticut, 2010.

Drug offenses accounted for a smaller percentage of confined youth in Connecticut in 2010, however a greater proportion of youth were held for technical violations.



The Importance of a Data-Driven System

The DCF's Division of Juvenile Services (DCF-JSD) was able to provide only the most elementary data for the system analysis in this report. The data that appear in this report were cobbled together from various sources. It took substantial time and effort to assemble even the most basic information. The lack of access to data is a significant limitation in Connecticut's DCF-JSD. It is impossible to establish and manage a modern data-driven system without valid and reliable data. The DCF-JSD cannot advance significantly without objective data and performance outcomes.

Census and demographic data for the Connecticut Juvenile Training School (CJTS) was unavailable for certain years, and sparse in other years. This is not a new problem for the DCF-JSD.

Each chapter in this report notes the specific data limitations that were found during the study for this report.

The Framework for a Data-Driven System

The report, *A Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (Wilson & Howell, 1993; Lipsey, Howell, Kelly, et al., 2010), provides an ongoing framework for promoting effective matches between evidence-based programs and offender treatment needs, as well as management tools that can be used across entire juvenile justice systems. The risk of recidivism is fundamentally linked to the power-of-risk classification; reliability and validity of the data; and the matching of youth with needed services.

Aggregate risk assessment data can guide planning for system capacity. The analysis of needs according to risk level allows for the building of sufficient service capacity at each point in the system, and staffing and workload can be forecast more precisely.

Ultimately, the SPEP analysis of programs discussed in Chapter 4 and the automated case management system will assist the DCF-JSD in identifying which programs and services are most effective and how staff and financial resources could be better allocated.

Macro-level data also provide an opportunity to manage systems and plan services in an outcome-focused manner. The absence of outcome measurement in the Connecticut juvenile system, especially the absence of recidivism data, provides little context for the discussion of system effectiveness.

The DCF is in the process of improving the data system through internal and external mechanisms. There is a consultant working to improve the existing juvenile justice data

system and the ability to collect significant data; the DCF-DJS and CSSD have entered into an agreement to utilize in the future the new electronic record (CMIS-R) being built by the Judicial Branch; there is also an agreement between the DCF-DJS and CSSD to share data and analyze it to measure recidivism rates.

Recommendations

The DCF should:

- **Develop its data capacity in order to optimize the potential of the data system to provide management metrics, guide system improvements and ensure the quality of services to youth and families.**
- **Develop a comprehensive, unified, automated case management data system that includes client demographics, risk and needs data, intervention service types, service frequency and duration, supervision contracts, and those outcome metrics needed for quality assurance, quality management and improvement.**
- **Select and assign well-trained, full-time analytical staff who have experience in the juvenile justice system to manage the juvenile justice system data, conduct advanced analysis and develop the long-term stability of the data system.**
- **Work collaboratively with the CSSD to expand existing data-sharing agreements, in order to align data systems and recidivism data. On an immediate basis, the CSSD should provide aggregate recidivism data for all committed (and previously committed) youth. Over time, whether through legislative or administrative process, the DCF must have access to any and all recidivism data that allow for the objective management of its accountabilities.**
- **The data system should be the foundation of a robust quality assurance and quality improvement effort.**
- **Improve the flow of data reports from the data system to all levels of DCF-JSD staff and key stakeholders.**
- **Create a data-informed learning environment where data are active tools in setting policy objects and charting the path of accomplishment toward system improvement benchmarks.**

Analysis of Serious, Violent, Chronic Juvenile Offenders (SVCJOs)

As part of the work of the JJSIP project, each participating state replicated an analysis of the landmark delinquent cohort study by Dr. Howard Snyder (1998). This was a pioneering analysis of more than 150,000 juvenile offender careers in Maricopa County (Phoenix), Arizona. It was undertaken to provide research support for implementation of the OJJDP (Office of Juvenile Justice and Delinquency Prevention) Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders.

Definitions for Serious, Violent, Chronic (SVC) offender analysis

The Connecticut analysis allowed a macro view of offender career groups for all referrals made to the CSSD. In replicating Dr. Snyder's study, the CSSD used the following definitions for its Serious, Violent, Chronic (SVC) offender analysis:

- ***Chronic offenders* included all youth with four or more official referrals for either misdemeanors or felonies.**
- ***Violent offenders* included all youth who had at least one firearm/weapons charge OR one against-person felony referral.**
- ***Serious offenders* were those youth who had at least one felony offense that was violent.**
- **Serious, Violent, Chronic Juvenile Offenders (SVCJOs) meet all the above criteria. (See Chart 2 below.)**

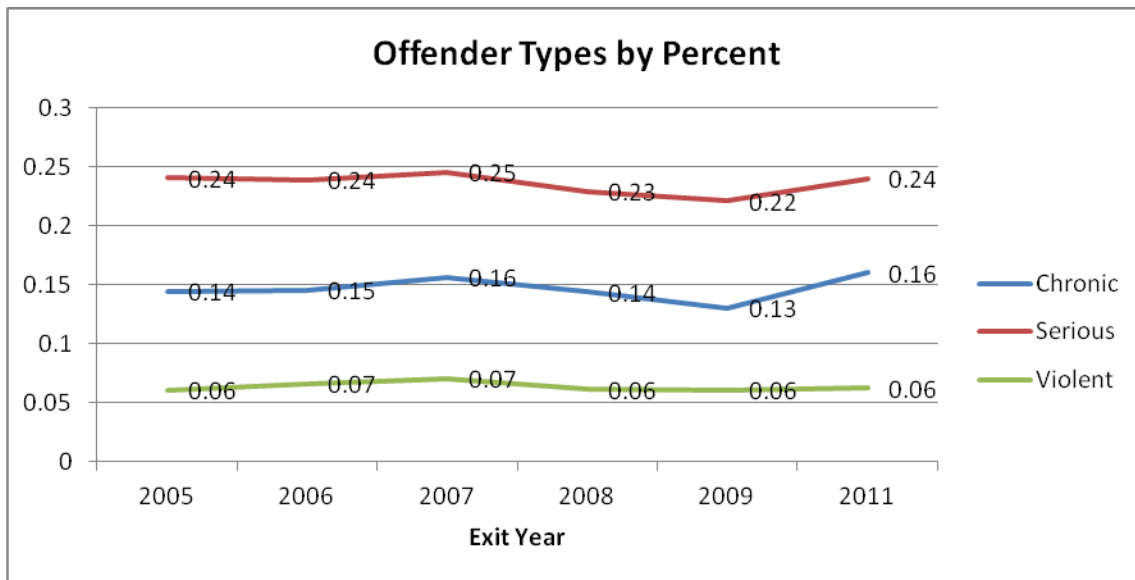
This SVCJO analysis highlighted overall offender career types. All the cases in the analysis are closed, thus it represents a follow-up study.

Of 30,284 juvenile careers from 2005 through 2009 (court referrals), two-thirds (67%) had neither serious property crimes nor violent offenses in their careers and were not chronic offenders (with four or more court referrals). Almost one in four (24%) were serious offenders, 14% were chronic offenders, 6% were violent offenders, and 2% were serious, violent and chronic (SVC) offenders.

Similar percentages were reported for juvenile offenders referred to court in 2011, suggesting no change over the six-year period. However, Connecticut saw an increase in the proportion of serious (+2%) and violent (+3%) offenders referred to court in 2009 and 2011 (CSSD Excel spreadsheet).

Chart 2: Offender types by percent for Connecticut, 2005-2011 provides a view of this data. Although it appears that there was an uptick in 2011, this may be associated with the Raise the Age Initiative, by which the age of jurisdiction was raised by legislation. 2010 and 2013 data are not reported for this reason.

Chart 2: Offender types by percent for Connecticut, 2005–2011.



The findings showed that Connecticut had a low percentage of SVCJOs (1.9%), the second lowest among the four JJSIP states, while 67% of its youth processed by the CSSD were classified as non-chronic, non-serious and non-violent.

In association with this research, the Connecticut CSSD conducted a narrowed analysis, in order to examine youth committed to the DCF. The focus of this analysis was limited to a single year (2011). As previously noted, trend analysis was not feasible because the Raise the Age Initiative caused a discontinuity in data from previous years; the Initiative added cohorts of 16- and 17-year-olds to the population catchment. See over: *Chart 3: Committed youth by offender type, Connecticut, 2010* and the table immediately following.

Chart 3: Committed youth by offender type, Connecticut, 2010.

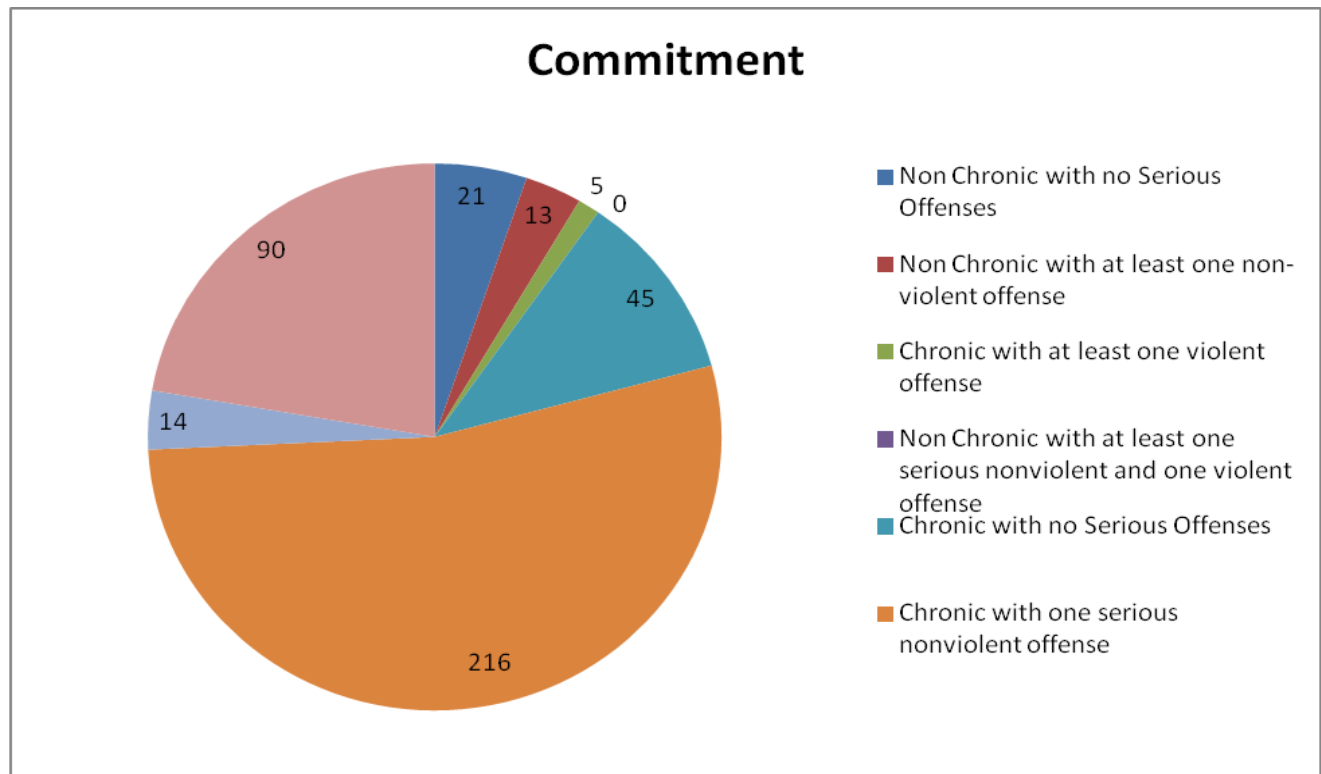


Table 2: Percentage by offender type for committed youth, Connecticut, 2010. (N=404)

Class of Offender	Commitment	Percent
Non-Chronic with no serious offenses	21	5.2%
Non-Chronic with at least one non-violent offense	13	3.2%
Chronic with at least one violent offense	5	1.2%
Non-Chronic with at least one serious non-violent and one violent offense	0	0
Chronic with no serious offense	45	11.1%
Chronic with at least one serious non-violent offense	216	53.5%
Chronic with at least one violent offense	14	3.5%
Chronic with at least one serious non-violent and one violent offense	90	22.3%

The analysis of committed youth in the Connecticut DCF-JSD found that more than half were chronic, with at least one serious non-violent offense, while only 22% were SVCJOs, a group distinguished from the serious offenders by violence. Of the 404 youth in the study, twenty-one were non-chronic, non-serious and non-violent.

Further analysis of those twenty-one cases would be needed to determine why the deepest-end, most intensive services and most restrictive settings were used; and what gaps in the service system these cases represent.

Most research has revealed four main adolescent offender career groups: those whose problem behavior remains low over time; those whose problem behavior increases; those whose problem behavior remains high over time; and those whose problem behavior decreases (Bushway, Thornberry, & Krohn, 2003; Loeber, Farrington, et al., 2008; Farrington, Loeber, Jolliffe & Pardini, 2008).

Connecticut should target interventions toward both moderate and high risk offenders with serious or violent offenses and SVCJOs because research reveals that a relatively small proportion of moderate-risk offenders – which varies from state-to-state – will persist in offending and become SVCJOs. It is advisable to assess all adjudicated chronic offenders with at least one serious offense in their careers for risk of progressing to more serious and potentially violent offenses.

Desistance

The term *desistance* is used by criminologists to consider how an individual on a criminal career path moves off that path into a positive future as a productive citizen; it is at the heart of the justice system's rehabilitative efforts.

A recent study showed that routinely operated juvenile justice systems can promote desistance among most serious and violent offenders. Juvenile justice services and supervision reduced the involvement in antisocial activities of more than one thousand adolescents adjudicated for serious offenses in Philadelphia and in Phoenix (Loughran, et al., 2009). Almost six out of ten offenders, 87% of whom were boys aged from 14 to 17 years, evidenced very low levels of involvement in antisocial activities during the *entire* three-year follow-up period, and less than 9% of the sample consistently reported high levels of re-offending.

This important study also found that longer periods of confinement did not reduce recidivism. Rather, re-arrests were cut in half with only three-to-six months of treatment and

sanctions (Loughran, et al., 2009). However, there seems to be a ‘sweet spot’ because confinement of less than three months resulted in *increased* recidivism in the study, as did stays of longer than nine months (Mulvey & Shubert, 2012). This finding has particular ramifications both for the practice of re-admitting youth into the CJTS for ‘respite’ when conditions of parole have been violated, and for the length of stay in the CJTS. It also will have impact for private contracted residential programs. The DCF’s data demonstrate that girls at Journey House (locked facility for girls) stay there for significant periods of time.

The average-length-of-stay information for Journey House, based on two years of data, is contained in *Table 3: Average Length of Stay for Journey House (Girls) by Region*. The average length of stay is around ten months. If unplanned discharges, such as arrests, are not included, the length of stay is longer. Please note that only thirty youth were served in the two-year period.

Table 3: Average Length of Stay for Journey House (Girls) by Region.

Parolee Status One Year After Release	Days	Number of Youth
Region 1	310	3
Region 2	319	5
Region 3	235	7
Region 4	267	8
Region 5	339	6
Region 6	418	1
ALOS Overall (Average)	288	30

Recommendations

This report makes the following recommendations for the DCF regarding SVCJOs:

- **Make adjustments to further reduce the use of congregate care and focus on strengthening the DCF’s community parole supervision system. There is a high re-entry rate for technical violations, which suggests that further work on the effectiveness of the community supervision system could prevent minor offenders**

from continuing to penetrate and populate its system and produce better outcomes for both juveniles and their families.

- Sanctions should not interrupt reintegration into the community, nor should they interfere with the engagement or participation of youth in community-based treatment or interventions unless there is a clearly elevated public safety risk. In those rare instances where a more restrictive setting is required, every effort should be made to provide continuity of treatment and intervention services.
- Use valid risk assessments to inform the full range of decisions, from individual placement to policy reform.
- Share data with judges, prosecutors and criminal justice professionals in joint training sessions designed to build solutions to the placement and management of serious offenders.
- Develop a holistic vision across all systems, as well as collaborative leadership to implement planned improvements. The second Joint Juvenile Justice Strategic Plan (2013 to 2016) between the DCF and CSSD is designed to have a significant effect in this area.
- Focus efforts on two groups of offenders: chronic serious offenders and serious, violent and chronic juvenile offenders:
 - Develop a continuum of services to intervene with these youth.
 - Develop specialized graduated assessments to adequately match these offenders to services.
 - Develop supervision and managerial protocols to guide practice with these youth and establish outcome metrics by which to judge progress.

Chapter 2: Graduated Response Policy and Parole Revocation

“The Georgetown project will review and make recommendations to improve DCF’s graduated responses policy and parole revocation processes and procedures.”

Note: Due to the absence of data, this chapter is largely a qualitative review and policy audit.

Graduated sanctions have long been demonstrated to be a best practice supervision strategy that reduces recidivism among youth while under supervision, and are more effective when linked with effective services (Howell, 2009). However, what is most pertinent to the parole component of juvenile justice systems is a large-scale study conducted in Florida of graduated sanctions for young offenders committed to residential and non-residential placement. The study established strong support for the effectiveness of graduated sanctions, even with SVC offenders (Johnson, Lanza-Kaduce, & Woolard, 2011).

Failure to use graduated treatment interventions, specifically by leapfrogging over intermediate sanctions in the graduated sanctions continuum, increased recidivism among this sample of juvenile offenders.

A more recent study by the State of Florida Department of Juvenile Justice demonstrated negative recidivism outcomes for low-risk offenders when they were placed in settings or programs designed for high-risk offenders (Baglivio, 2013).

This chapter introduces a comprehensive framework for the management of juvenile offenders and provides guidance with respect to the tools and processes needed to implement the approach in a confinement and parole environment.

Methodology

There were several steps in this study's review of the DCF's graduated response policy and parole revocation process. They included:

- **On-site visits to several facilities, conducted from 26th – 29th September, 2012.**
- **The review of existing and proposed parole policies.**
- **Interviews with key informants.**
- **The review of case records.**
- **The review of the draft training certification plan.**
- **A limited analysis of data.**
- **A process mapping focus group with regional managers and supervisors, which resulted in a set of recommendations on 14th May 2013.**

The purpose of the visits to facilities was to explore the DCF's services system, including its parole services and residential commitment services. Visits included to:

- **Journey House**
- **Steppingstones Group Home for Girls**
- **Mount St John's**
- **Connecticut Juvenile Training School**
- **Hartford Regional Parole Office**
- **Hartford STEP Program**

The review was designed as a preliminary overview of facilities and services.

Overview

A significant accomplishment by Connecticut over the last decade has been a reduction in the number of youth committed to the DCF. This is all the more significant because, since 2010, the state has been in a major transition because of its Raise the Age Initiative, in which 16- and 17-year-olds have been brought under the purview of the juvenile justice system. Two-thirds of those juveniles committed in 2011 were placed in residential treatment programs, while one-third were committed to the DCF-operated Connecticut Juvenile Training School (CJTS), which is currently limited to males. At the time of our visit, the capacity of the facility was stated as being 140. However, there were only 94 residents at the time, with several housing units not operating. In early June 2013, it was reported that there was actually a full complement of 140 youth at the CJTS. This represented a 40% increase over September of 2012.

The Connecticut Judicial Branch CSSD recently commissioned the Justice Research Center (JRC) to study system services for juvenile offenders, including probation and residential programming (Ryon, Early, & Hand, 2011). All youth disposed from court to either juvenile probation (N=2,823) or commitment to residential placement (N=269), and released between 2005 and 2007, were included in the study. The study concluded that probation supervision is a viable alternative to residential placement for many juvenile offenders.

The JRC study also revealed that younger at-risk youth who are brought into the juvenile justice system have significantly higher odds of recidivism than those who stay out of the system for several years. A Memorandum of Agreement between the CSSD and the DCF is designed to address interventions with very young offenders – those under the age of thirteen.

Taken together, the CSSD analysis of SVC offenders and the JRC study strongly suggest that SVC youth can be prioritized for supervision and services.

The CJTS and Other Residential Commitment Process

Connecticut is unique in the way in which its youth are committed to the CJTS and other residential placements. These are the two portals for placement of youth in the Juvenile Justice Services system, although all commitments are made through a judicial order.

Commitment orders may direct placement to a specific residential treatment provider or commitment to the CJTS. In addition, Conn. Gen. Stat. §17a-7-2 provides the Commissioner of the DCF with responsibility for the residential placement of committed juveniles and for setting the conditions of aftercare.

In recent years, the range of residential commitment options has been limited, while the range of community-based probation and parole services has expanded. This is consistent with a national movement to reduce reliance on confinement and residential placement.

Non-delinquent Placements

The *Code of Connecticut* permits the commitment of cases adjudicated as Families with Service Needs (FWSN)¹ to licensed facilities for up to 180 days. The data we reviewed suggest that this is a rarity. Placement of FWSN cases in the CJTS is prohibited by Code.

¹ A *Families With Service Needs* (FWSN) petition is a basis for responding to the needs of children exhibiting misbehavior considered unlawful only if committed by children younger than sixteen. Misbehavior includes running away, truancy, defiance of school rules, being beyond the control of the parent/guardian, engaging in immoral or indecent conduct, and engaging in certain sexual activities. See: *Conn. Gen. Stat. §46b-120(8)*.

Assignment of Parole Officers

With all cases, a DCF parole officer is assigned immediately following the commitment hearing, which represents best practice. This is because a single parole officer can: engage with both youth and family; provide case management; and ensure a consistent, seamless treatment system from out-of-home provider, through transition and aftercare, to discharge. This is far preferable to changing officers at each point of transition in the system.

Regional Parole Offices

A recent change has seen the establishment of regional parole offices.

For a while, parole officers have been embedded in their youths' home communities, and this change now places them under the regional reporting structure. The parole officer engages with families and completes the Youth COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) risk and needs assessment within thirty days of commitment. The goal is to ensure that the parole officer remains with the family for the life of the case.

Each DCF regional office includes an Area Office Regional Resource Group clinician who is specialized in adolescence, provides consultation to the staff, and facilitates the clinical assessment process of both child welfare and juvenile justice populations. This is an asset of the Connecticut system and represents a promising practice for parole services.

Implementation of a Practice Model

The DCF system is organized around the philosophies of child welfare and restorative justice and implements the Balanced and Restorative Justice (BARJ) model.

In the review of both existing and proposed parole policy, it appeared that the system was struggling to provide a coherent model for its parole services. The influence of being within a large, child-welfare-focused agency was evident in both existing and proposed policies. The questionable assumption is that adolescents' needs are not that different, whether they are in the child welfare system or the juvenile justice system.

We have worked with states such as Pennsylvania and Delaware where child welfare, mental health and behavioral health occur in the same agencies. These states have approached the process with various levels of staff and service integration. In Connecticut,

the effort appears to be more of an overlay of child welfare principles on the commitment and parole population. While this model holds promise, it will need to be well articulated for practice implementation and integrated into evidence-based parole practices and evidence-based services that focus on recidivism reduction.

The best available information suggests that adolescents on parole might have quite different needs than their counterparts in the general population or in the child welfare system. Most significantly, the goal of the juvenile justice system is rehabilitation and public safety through the reduction of recidivism. As demonstrated in the analysis of SVCJOs, the majority of Connecticut's DCF-JSD population has a history of chronic offenses and at least one serious property offense, while a small but significant portion have a history of at least one violent offense.

Risk- and Needs-Focused Practice

In two analyses of Florida's Juvenile Justice SVCJO population, Baglivio (2013) and Hay (2013) found that SVCJO youth have a different risk and needs profile than non-SVCJOs and lower-risk offenders.

Florida uses the PACT (Positive Achievement Change Tool) as its risk and needs assessment tool. The PACT has been validated on Florida's population in both community and residential settings multiple times. In its most recent validation on committed youth, Hay (2013) found that:

- **Some domains are *unimportant* for predicting reoffending:**
 - **Mental health history**
 - **Current mental health**
 - **Employment history**
 - **Alcohol/drug history**
 - **Family history**
- **Some domains were especially likely to *reduce* reoffending:**
 - **Improvements in social skills**
 - **Current academic status (values, excels in education)**
 - **Supervised tasks (performance of tasks in the facility)**
 - **Current relationships (involvement with antisocial peers)**
 - **Current attitudes and behavior (antisocial attitudes/behavior)**

In an additional study of Florida PACT data, Baglivio (2013) found that:

“The results of the current analysis demonstrate the unintended increase in recidivism that accompanies deeper-end placement of low risk youth, using the most recent cohort of Florida DJJ youth available. Results hold for both male and female low risk youth, indicating the deeper the placement, the higher the recidivism rate. While a sub-group of low risk “high needs” youth was identified, that group also evidenced significant increases in recidivism rates for deeper-end placements. Even in instances where placements evidenced statistically equivalent recidivism rates, the resources expended for the deeper-end service would be more effectively used serving higher risk youth, without decreasing public safety. Adherence to the Risk Principle is empirically demonstrated to be the most effective strategy for the youth receiving services, public safety, and in the interest of fiscal accountability to taxpayers.”

Baglivio, 2013. “Briefing Report: The Risk Principle.”

<http://www.djj.state.fl.us/research/fast-facts/delinquency-briefings>

Age Matters

The Process Mapping Focus Group, convened as part of this study, noted that youth over the age of eighteen aptly demonstrate the current problems with integrating needs and services into the existing structural requirements for service planning. Concern was expressed about the conditions of parole and adequacy of services designed to support youth aged eighteen years or older who remain under parole supervision. It was also noted that such requirements as permanency planning and educational attendance do not apply to these youth in the same way as for youth under eighteen.

The group recognized planning for permanency as an important work function, regardless of age; however, persons over eighteen may have a different framework for building familial and social support that constitutes permanency in young adult terms.

Similarly, mandatory educational attendance does not apply to persons over eighteen; however, when a youth is pursuing post-secondary education or other vocational or work interests, it becomes a part of his or her plan, without becoming a mandatory condition for compliance monitoring and/or violation.

This report, and additional analyses, can be used to inform a clear practice model that unifies the mission, objectives, services and processes used by the DCF-JSD. Without a clear evidence-based practice model that details how the DCF-JSD system reduces the risk of recidivism in the high-risk population of serious and violent juvenile offenders, the other aspects of the process cannot move forward with coherence.

Training

The role confusion emerging from the current structure and philosophy seemed particularly evident in this study's review of the proposed Parole Certification Draft Competencies Ten Day Training Program.

The proposed training is organized by training day topics. Much of it focuses on safety issues, relationships with law enforcement and custody procedures. Much of it focuses on safety issues, relationships with law enforcement, and custody procedures. These are important topics but not comprehensive. The proposed training included a minimal focus on client interactions; however, even this is misaligned. For example, a proposed Day One skill is, "To define the importance of reviewing the CPS history of families and children involved in Parole Services to ensure proper identification of needs and safety-related issues." The problem with this is that child protective services history is a static factor that has very little to do with the rehabilitation of juvenile offenders, nor is it predictive of recidivism.

There are also several key topics missing from this training proposal. These include: risk assessment and case decision-making; matching offenders to services; case planning; collaboration with service and treatment providers; alternatives to revocation; the proper application of graduated responses, rewards and incentives; documentation of quality contacts; motivational strategies; and family engagement.

A job task analysis is needed that:

- 1. Identifies the work that is expected of a parole officer on a day-to-day basis.**
- 2. Establishes the core competencies that address these functions.**
- 3. Designs the curriculum or course outline.**
- 4. Identifies supervisory or post-training components that ensure the transfer of knowledge to practice.**

Such training must begin with retraining managers and supervisors. During the Process Mapping Focus Group, these individuals demonstrated a variety of training needs, unfamiliarity with advances in juvenile justice science, and a lack of exposure to evidence-based or evidence-informed parole practices (see: Lipsey, Howell, et al. 2010). Most notably, they lacked sufficient understanding of risk, needs and responsivity principles, as applied to juvenile justice (see: Andrews and Bonta, 2003). They need to be adequately prepared to lead and supervise parole officers. There are indications that this is not currently the case.

Those Hartford parole officers who presented cases in our case review process were asked about the number of years they had spent in parole practice and their most recent training.

While all officers had over ten years of experience in parole, they had received no risk instrument training since the instrument was initiated; had undergone little or no parole-specific training in the past year; but had received training in differential response and safety.

Further, parole officer training should emphasize the importance of evidence-based service delivery and evidence-based parole practices. Parole officers need detailed information about the theory and content of intervention programs. In addition, they must be able to align their interactions to support the wider process and completion of treatment.

There were no on-going DCF-JSD training or continuing education standards in existing or proposed policy. Since most personnel in the parole system are not new hires, consideration is needed for retraining and coaching to support the transformation from a control and surveillance oriented system to a behavioral change, outcome-driven, evidence-based system.

Training efforts should also include the Area Office Regional Resource Group so that these specialized clinicians have competency in the service system for youth on parole. Furthermore, providers of intervention services need to have access to training that assists them to understand the parole process and risk assessment, as well as evidence-based practice focused on the reduction of recidivism. Joint training with parole officers and providers will see great benefit.

Often, the logistics of this are cumbersome. Alternative solutions include direct training of providers. For example, in Pennsylvania, training on case planning that is informed by risk and needs assessment (the YLS) is offered on-site for providers.

Once the practice framework is set, training is a good place to start the process of re-balancing the system toward family engagement, behavioral change and state-of-science parole practices.

Parole Services and Community Re-entry

Juvenile offenders can be released from congregate care placement by the DCF and returned to their homes. However, the juveniles remain committed and come under the supervision of DCF Parole Services until the term of commitment imposed by the court expires.

DCF policy places a strong emphasis on community reintegration; however, there appears to be no practice model for this work. Residential providers noted that parole officers rarely attended routine monthly case planning meetings (either in person or telephonically), nor had they had regular face-to-face contact with the juvenile, except as discharge neared.

Placement Planning and Pre-Release Transition

Placement planning and pre-release transition activities are designed to take place while juveniles are still in residential placement, in order to allow for a gradual and structured return to the community. However, it was reported by residential providers that, since the assignment of parole staff to regional offices, parole officer participation in facility-based case planning and progress management had diminished rather than increased.

Each parolee is given a *Conditions of Parole Statement*. The document is fairly standard, with the exception of the statement, “I also understand that even in the absence of a violation of a parole condition, I could be returned to any institution, resource, or facility of the Department of Children and Families if, in the opinion of the Commissioner or his/her designee, it is no longer in my best interest to remain in placement or on Parole Status.” The criteria for “best interest” are not defined.

Each case we reviewed during the case review process contained a case plan, and each plan included service objectives. The case plan used the term “risk” to apply to needs, thus perpetuating the lack of discrimination between risk and needs. Nor were the objectives of the case plan stated in measurable terms. For example: “Minimize the frequency of reckless or promiscuous sexual behavior,” and “Minimize association with delinquent friends and develop a pro-social network.” Both of these statements could be phrased in more specific and measurable terms.

Clear measurable objectives help clients and their families understand those criteria and accountabilities that will be used to assess their progress.

Further, the reviewed plans did not appear to be comprehensive in nature. They did not address educational expectations, family relationships/supervisory expectations, the frequency of contact with parole officers, and so on.

Standards require case plans to be reviewed, at a minimum, once every six months, or whenever the needs of the child or family dictate. The plans reviewed contained standard elements regularly found in parole plans in other states, but also included terminology not typically associated with parole plans, such as reunification and permanency plans and visitation.

Contact-Driven Supervision

The evidence has consistently established that a process of contact-driven supervision, surveillance and condition enforcement, by itself, has only a limited ability to change

offender behavior or reduce the likelihood of recidivism (Lipsey, 2009). This is not to say that this approach doesn't have *some* impact on controlling or suppressing an offender's criminal behavior while he or she is under surveillance. Certainly, monitoring and enforcement activities remain important and necessary elements of the supervision process, especially with high-risk offenders.

High levels of supervision activity reduced criminal activity among high-risk offenders, but had little effect on low-risk offenders (Baird, 1991; Eisenburg & Markley, 1987). Lipsey concluded that a balance of supervision and targeted interventions will result in lasting behavioral change.

This represents a significant departure from the traditional approach to parole services.

In addition, consideration should be given to revision of the parole officer's job description. The current general job title is 'social worker,' with no duties specific to juvenile justice. Supervisors will need to be trained and empowered to lead and coach line staff during this significant shift in perspective, accountability and expectations.

The parole officer annual employee evaluation should be tied to outcomes, such as successful completion of parole by assigned parolees, the meeting of case plan objectives by parolees supervised by the parole office, and whether the parole officer has placed youth in services identified as being necessary in the completed risk/needs assessment.

Community-Based Services

There has been a recent re-alignment of community parole services away from the Outreach, Tracking and Reunification Programs, which primarily supported supervision and surveillance functions, toward the Fostering Responsibility, Education and Employment (FREE) service. This service begins while youth are in congregate care and continues for a period of time after their re-entry into the community – typically toward the end of commitment.

FREE involves several core elements: daily programming; an assessment and service planning Parole Services Treatment Team assigned to each youth; and an array of services that are intended to improve life-skills, social, educational, vocation preparation, and employment.

Parolees also participate in community-based services; both Multi-Systemic Therapy (MST) programs and Multi-Dimensional Family Therapy (MDFT) are widely available. However, it was reported that community-based MST capacity is not sufficient to meet the need. This

may be because the array of services does not match the full range of parolee needs. It was also reported that there were wide variations in the continuum of services by region.

It is not clear what range of other services, such as cognitive behavioral programs, is in the service array. There appear to be no objective criteria for the matching of parolees to services, for the intensity of parole officer contacts, or for the duration of treatment and supervision services.

Supervisory contacts with parole officers are required every thirty days and are recorded in the information system. Adherence to these standards was observed throughout the Hartford case review. This is an excellent practice standard.

Length of Stay

The chief concern articulated by Hartford parole staff was not enough time to complete aftercare work in the community because of the lengths of stay in congregate care settings. This was confirmed by the data on average time on community parole supervision: 122 days in 2012.

In our analysis of lengths of stay at the CJTS, we considered only youth who had stays greater than thirty days, in order to eliminate youth admitted for ‘respite.’ We could not account for admissions and lengths of stay that were the result of a revocation. The average length of stay at the CJTS for non-respite admissions in 2012 was 215 days.

There were fifty-nine youth who had a CJTS length of stay of less than ninety days, and forty-six youth with a length of stay greater than 180 days. These forty-six youth are particularly notable in light of Mulvey’s 2012 analysis, which showed that confinement which is too short (under 3 months) or overly long resulted in *increased recidivism*.

This is of additional significance when combined with the average cost-per-day in the CJTS, which was estimated by DCF staff as \$681. This cost-per-day is very high when compared with other JJSIP states.

These 105 youth (fifty-nine plus forty-six) account for 49% of the 214 youth in the data on the CJTS for 2012. The absence of recidivism data and risk data prevents an in-depth analysis of the Connecticut DCF-JSD population.

Note: Analysis of length of stay in other residential settings was also completed. These are reported in Appendix G.

These data suggest a significant opportunity to reduce the length of stay in facilities. The current pattern is likely counterproductive. Elements of the solution are beyond the scope or discretion of the DCF and will involve collaboration with the judiciary, legislature and

others. Nonetheless, there is much that the DCF can do within its existing authority to begin to right-size lengths of stay in congregate care and increase the duration of community-based parole services. Ideally, the length of community reintegration would be increased, and that of CJTS confinement reduced to a proportion where two-thirds (66%) or more of parole time is spent in community-based aftercare and only one-third (33%) is spent in institutional confinement.

Staff were not able to articulate the aftercare model or criteria for decreasing formal control mechanisms and increasing informal social controls through family, mentors and other community involvement.

Both institutional staff and parole staff noted problems youth faced when transitioning to a stable home with appropriate family involvement that would support their supervision plans.

During the visit to the CJTS, it was noted that, on occasion, youth had remained beyond the term of the commitment order because of a lack of an appropriate and viable community-based or home placement. While such anecdotes are likely to represent anomalies in the system, they do point to the need for parole services to fully engage families from the point of first contact. Of the six youth in the study who had lengths of stay in the CJTS greater than eighteen months, two-thirds (four) were older than eighteen.

Our Hartford case review indicated that parole officers were adhering to monthly contract standards and, in most cases, youth in the community had twice-monthly contacts.

Caseloads were under fifteen per worker, a luxury in most systems. Further review of current parole practices is needed to determine to what extent these policies and procedures are in actual practice.

The Hartford office appears to be operating on both new and old policy platforms. The juvenile parole system, as described in the Juvenile Services Division's February 2013 draft of parole policies and procedures, has begun a process of redefining expectations. The draft policy calls for a mix of evidence-based contracted services available for youth returning to the community, focuses on graduated sanctions, and proposes a model that works toward providing for the individual needs of the juvenile parolee. The policy also focuses on a community-centered approach to parole (see: Petersilia, 2002).

Education and Vocation Training

The CJTS and other residential facilities provide a range of educational and vocational training opportunities during a youth's period of custody. The educational transition of

parolees from facilities to community schools and other educational settings is reported to be challenging and time-consuming.

The issues are being addressed in innovative ways. For example, recently, the Commissioner of the DCF strengthened the department's assurance of the educational rights of parolees by creating the Connecticut Child Justice Foundation (CCJF), which provides a force of caring attorneys to champion the educational needs of those children in the purview of the DCF. This service, created in the summer of 2012, encompasses a team of 64 attorneys. To date, the Foundation has received 100 cases, demonstrating the need for and value of this approach.

An educational consultant is stationed in the Hartford regional parole office, which allows parolees to navigate the education system in a manner that allows them to find educational placements that meet their needs.

There is a standard form for the readmission of youth to schools in their home community. A further challenge for the DCF is the notification to schools, as required by Code, about the dangerousness of youth who return to the community. The criteria for "dangerousness" are not defined.

Best practice would support the transfer of information as an active, on-going part of transition planning and stability (within the requirements of the Family Educational Rights and Privacy Act (FERPA)). In general, educational transition planning should take place throughout the term of a parolee's congregated care.

Some states build a step into the parole transition process specifically designed to ensure immediate post-release school admission. They also ensure that academic credits earned during congregated care are transferred. In one state reviewed for this report, school transition planning is required by state law.

In the case review for this study, it appeared that admission to school and educational records exchange were happening in the critical first days following re-entry.

Family Support

It can be critical to the success of structured re-entry for families to receive adequate support during their period of transition. Such support might include 24-hour wrap-around services, as well as additional support services for family members. The goal is to preserve the stability of the home setting and ensure a smooth transition from facility to community.

Violations and Revocation

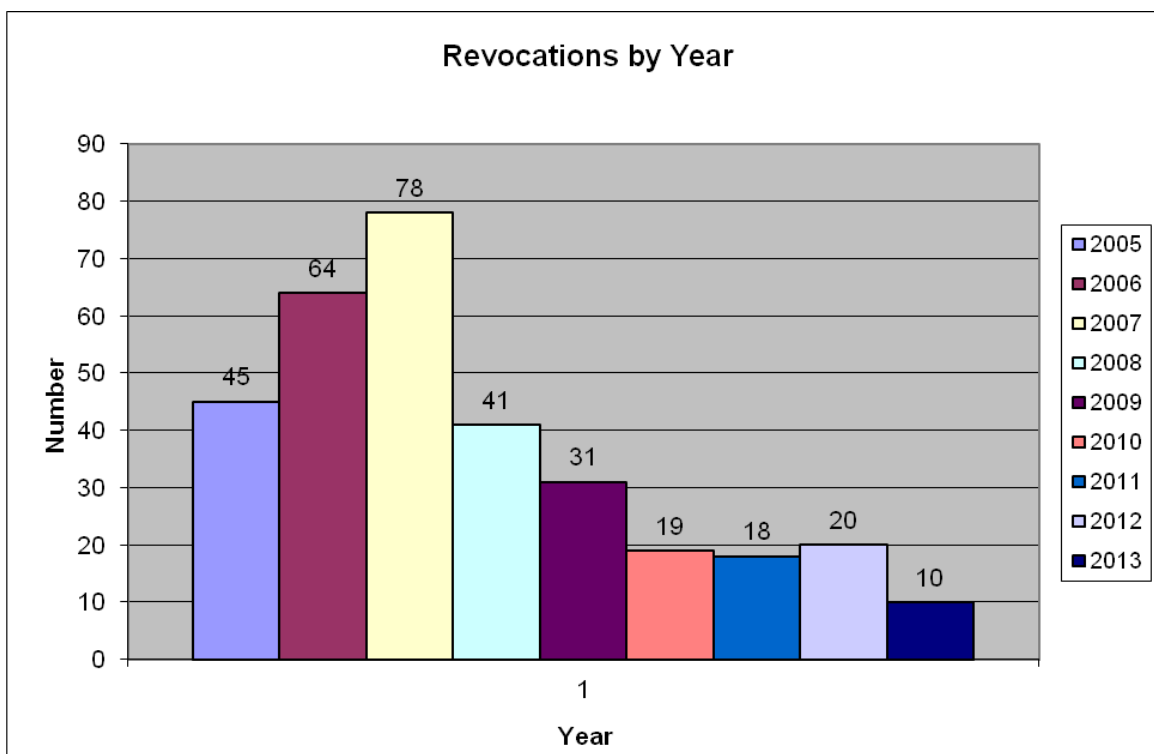
Data on parolees released to the community and their status one year after release suggest an opportunity to prevent and manage parole violations as a critical way to improve the parole system. The data describe both *technical violations*, which are failures to comply with a condition of release, and *non-technical violations*, which mean the youth committed a new offense while on parole. Of those who had a technical violation, 92% were returned to custody in a facility for the violation.

Overall, in Connecticut’s DCF system, the odds of a young offender returning to custody are nearly one in two (49.3%). There are no Connecticut data available that analyzes violations by officer or office. In the future, such data, especially when calibrated by risk level, might shine light on how practices can be improved.

Nearly half (49%) of the residential commitment sample had new violations or non-technical violations. We do not have data on the seriousness of these offenses or that identifies whether youth were previously committed to the CJTS or another residential placement. Nonetheless, the data do suggest that substantial improvements should be contemplated.

There has been a steady decline in the number of parole revocations since 2007. To June 2013, there were ten such hearings. These data could be stratified by the risk level of the juveniles and the severity of the violation if the data were available. See *Chart 5: Revocations by year*.

Chart 5: Revocations by year.



Respite

There are a number of youth who are admitted for ‘respite.’ These are admissions to the CJTS for periods of less than thirty days. No due process hearings occur for these youth.

Our best estimate is that these admissions currently comprise 20% of all CJTS admissions, with a total of twenty-eight such youth in the data set we examined. However, there were an additional fifteen youth who had stays “of less than sixty days.” These could only be informally identified as youth who were in for ‘respite’ but were still in residence longer than the official limitation on respite stays.

Supervisors and managers related to us that respite provided an opportunity to get behavioral control of youth who had not adjusted to their home community; who needed additional case assessment and planning; or who, in some instances, needed medication management and further health assessment.

The term ‘respite’ seemed to sanitize the fact that youth are being admitted to a secure facility built to ACA juvenile maximum standards.

The supervisors and managers informed us there were no less-restrictive alternatives available in the current system. Several participants throughout the process commented that CJTS is the “best we have.” One supervisor was unaware of the security level of CJTS.

There was no discussion during the Focus Group about what could be done to improve community parole practice to prevent the necessity of ‘respite,’ other than removal from the community. It would seem that a range of community and less secure alternative arrangements could be available and that high-level management approval should be required when re-incarcerating an individual, even for a short period of time. In addition, we recommend an examination of the frequency of parole officer contacts with youth offenders during re-entry, the quality of those contacts, the adjustment of the youth to intervention services, and other ‘post-mortem’ analysis of youth who are not successfully reintegrated into the community. This might yield important information.

It is crucial that the DCF determine the function of its ‘respite’ practice, why it is used regularly enough to comprise a significant portion of CJTS admissions, and what are the outcomes. See *Table 4: Parolee status one year after release*.

Table 4: Parolee status one year after release.

Parolee Status One Year After Release	Number	Percent of Sample	Percent of Violation Type
Total Number of Parolees	515	100%	–
Continuous Parole – No Return to Custody	261	50.7%	–
Returned to Custody	254	49.3%	–
Type of Violation			
Technical Violation	52	10.1%	100%
Returned for Technical Violation	48	9.3%	92.3%
Non-Technical Violation	247	48.0%	100%

Another View

It is easy enough to examine these data on their own and conclude that these are very high-risk youth who are destined to violate rules in a variety of settings, including those related to parole.

However, the relatively low number of serious, violent and chronic offenders (SVCJOs) in the parolee population would suggest at least one other explanation: Violations say as much about the quality of parole services as they do about the parolee.

The reality is that adolescents, whether involved in the juvenile justice system or not, are rarely totally compliant. Those involved in the juvenile justice system must be held to accountability standards which protect public safety, but it seems that, at times, they are held to higher standards than the rest of their peers, which may be counter-productive.

Incentive-Based Programming

Connecticut’s DCF-JSD follows the restorative justice approach by enacting a framework of accountability, community protection, and competency development. The Balanced and Restorative Justice-BARJ model promotes competency development as a cornerstone for

prevention and rehabilitation. The Social Development Model (SDM) (Catalano & Hawkins, 1996; Hawkins, Catalano, and Brewer, 1995, p. 51) is compatible with BARJ and may help integrate pro-social skill development services with supervision in a graduated sanctions and incentives framework.

The SDM highlights three factors that should be present to help competency development during re-integration to the community:

- 1. First, youth must be provided with meaningful, challenging opportunities to contribute to their families, schools, peers, and communities; this helps them feel responsible and significant.**
- 2. Second, youth must be taught the skills they need to take advantage of the opportunities with which they are provided; if they do not have the skills necessary to be successful, they will experience frustration and possible failure.**
- 3. Third, youth must receive recognition for their efforts; such acknowledgment gives them the incentive to continue to contribute and reinforces their skillful performance.**

It may be worthwhile to integrate this broader framework pioneered by Catalano and Hawkins into the DCF's Parole Practice Model in order to place more emphasis on therapeutic programs for developing youths' pro-social skills. This would facilitate a stronger role for parole officers in the management of treatment and behavioral change.

While traditionally parole officers throughout the country have used sanctions as the primary method to respond to, and control, juvenile offenders' behavior, the combination of sanctions and incentives is more effective. In fact, research finds that strategies focused on sanction-oriented control, surveillance and compliance actually *increase* rather than reduce recidivism. The research is now clear that subjecting juvenile offenders to punishment or retributive justice beyond that which is inherent in the level of control necessary for public safety is likely to be counter-productive to reducing recidivism.

Fortunately, we have solid research about how to intervene to promote behavioral changes. The new role of a juvenile parole officer is to help guide and motivate youth and encourage, not only compliance to court orders, but real and lasting behavioral change that will serve the youth for a lifetime.

Graduated responses provide both a structure and the tools to address violations and support positive behavior in a structured, consistent and fair manner, while taking into account an individual youth's risk of reoffending, the severity of the violation, and the juvenile's criminogenic needs, strengths and responsivity factors. Furthermore, incentives and reward structures encourage pro-social behavior through recognition and affirmation.

Parole: Best Practice

Parole Services would benefit from focusing on incentive-based programming. Such programming has a strength-based approach “...with greater concern for a juvenile’s strengths, competencies and possibilities, seeking not only to fix what is wrong but to nurture what is best” (Griffin, et al., 2002).

Balance Incentives and Sanctions

Incentive-based programming not only gathers information from risk and needs instruments, but also ensures that an offender’s input is thoroughly considered. It considers that punishment in the form of sanctions should be immediate and specific. And so should any rewards.

Reinforcement should be designed to increase positive behavior in a youth. For example, some positive reinforcement might be: provision of those special activities desired by a youth; verbal praise; and special certificates awarded for the accomplishment of identified parole plan objectives.

The greatest incentive is to reduce a youth’s time on parole. However, in our Hartford case review, we found *not a single instance* of a parole office going to court to request a youth’s early release from community parole supervision or a facility.

When negative reinforcers are needed, they should be relative to the severity of the behavior that the parole officer is trying to extinguish. The punishment should fit the crime. Such sanctions might include: a tightening of curfew time; further home confinement or other restrictions; an increase in the number of required office visits or contacts with the youth’s parole officer; or an increase in drug screenings (Taxman & Faye, 2004).

However, sanctions should neither interrupt reintegration into the community nor should they interfere with the engagement or participation of a youth in community-based treatment or intervention services, unless there is a clearly elevated public safety risk.

In those rare instances where a more restrictive setting is required, every effort should be made to provide a continuity of treatment and intervention services while a youth is in the more restrictive setting.

We recommend an immediate review of the use of ‘respite’ and the existing parole revocation process, to ensure that all community-based alternatives are exhausted prior to placing a juvenile in institutional confinement. In particular, establishing intermediate sanctions for technical violators should divert many non-SVCJO juveniles from revocation and re-incarceration.

As a means of establishing consistency in parole practice, we recommend a monthly facilitated case review process that includes the administrator, managers and supervisors. This would provide an opportunity to learn lessons from unsuccessful cases, identify gaps in policy and practice, and detect service deficits.

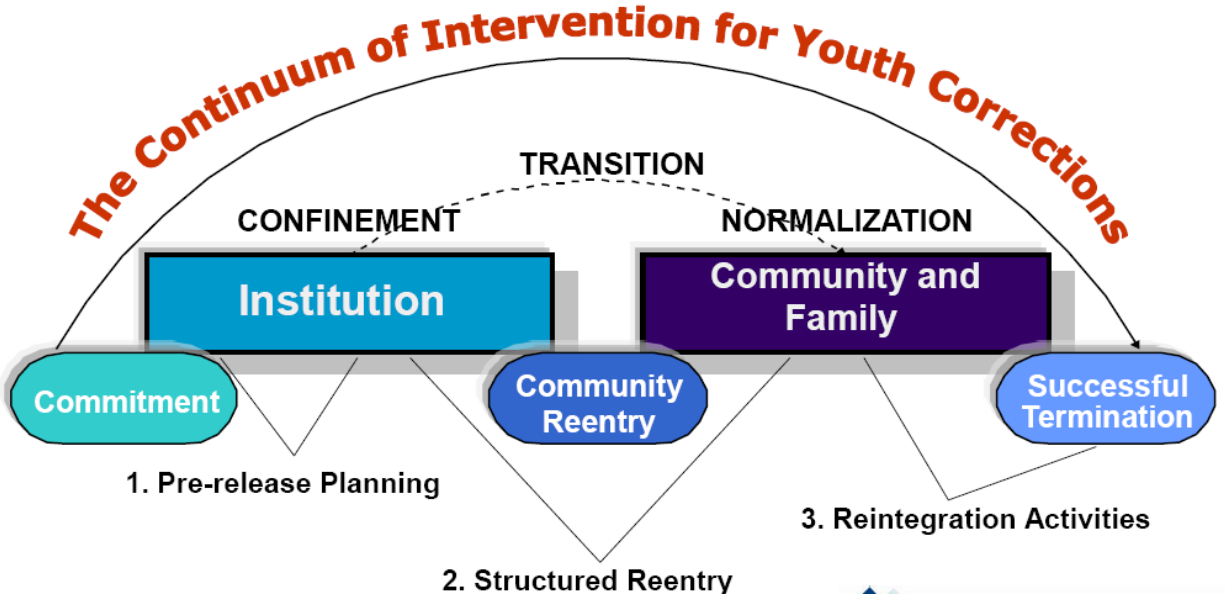
One certain way to gain consistency in practice is to establish a comprehensive quality assurance process that provides information on a youth’s progress to both the parole officer and administration. The comprehensive case management process should include, not just contact information or program referral data, but a process for identifying successful outcomes by the parole officer, supervisor and contract provider.

Transition from Facility to Community Re-entry

There has been considerable national attention given to re-entry processes over the past few years. Strategies include a wide range of family engagement activities, community-based services and integration activities. Work with mentors and faith-based organizations has been important to renormalize youth to their communities. See *Chart 6: Critical structural considerations in re-entry.*

Chart 6: Critical structural considerations in re-entry.

Critical Structural Considerations in Reentry



Recommended Services and Methods

It will be important to structure DCF re-entry services in a more integrated manner. To that end, the following services and methods are recommended:

- **Strengthen Connecticut’s Community-Based Parole Practice Model.**
- **Establish an incentive-based community parole supervision system rather than a sanctions-based system.**
- **Articulate the incentive system within the context of motivational interviewing and family engagement principles. Use youths’ strengths and assets to promote pro-social development.**
- **Set policy and practice standards, such as supervisory and administrative reviews, that limit the imposition of additional sanctions, especially for low- and moderate-risk (of recidivism) offenders.**
- **Prohibit re-incarceration (‘respite’) as an outcome of technical violations or other purposes not related to a new offense. Reserve the return to confinement to those with new offenses who are at high-risk of recidivism and for whom no less restrictive options exist.**
- **Develop a regular case review process to learn from these cases and fashion program improvements.**
- **Develop a Dispositional Matrix, an Incentive Matrix, and a Violation Response Matrix.**
- **Require a clear, comprehensive plan for each youth who is under DCF supervision. Each plan should include risk-based level of supervision, offense severity, intensity of services, milestones for reduction in restrictions, incentives and rewards.**
- **Ensure proper matching of risk level to the number of parole supervision contacts.**
- **Ensure there are proper arrays of community-based parole supervision services that can serve as an alternative to return to custody (intermediate sanctions), in order to meet the needs of offenders. These may include:**
 - **Day reporting/treatment centers**
 - **Home restriction and curfews**
 - **24-hour wrap-around services (virtual residential)**
 - **Electronic monitoring**
 - **Short-term shelter**

- **Develop a clear basic continuum of services for each region that includes a minimum service array available to all regions. All regions would benefit from increases in intermediate sanctions as an alternative to secure confinement and residential placement. This should include a variety of evidence-based practices, such as:**
 - **Cognitive-behavioral programs**
 - **Mentoring, group therapy and counseling**
 - **Behavioral contacting and incentive systems**
 - **Mediation**
 - **Family therapy and counseling**
 - **Restitution**
 - **Academic programs**
 - **Peer counseling**
 - **Individual counseling**
 - **Job-related programs**
- **Work toward a model for the seamless transition of treatment services from institutional to community settings. Develop transition plans that include services, safety and contingency planning, community support, engagement of mentors, and parental aides.**
- **Use needs assessment, specialized clinical assessment and treatment progress to plan the transition of treatment services to community-based service providers. This is sometimes referred to as ‘structured re-entry’ or a ‘soft handoff’, such that the community-based provider is fully engaged with a child and family prior to the end of facility-based treatment. Where multiple service providers are required, a treatment team is formed, a collaborative plan is developed, and services are transitioned seamlessly.**
- **Use Connecticut’s existing Leave policies, which allow for home visits during confinement, as the platform for additional innovation and improvements in the transition to community-based service providers.**
- **Re-conceptualize the role of the parole officer in both community and congregate care settings to include:**
 - **A definition of quality parole contacts.**
Such contacts should focus on behavioral changes and on guiding a case plan to successful completion.
 - **Collaboration in treatment planning, service delivery and case management functions by parole officers and clinicians.**

- **Develop training for the division.** The proposed certification curriculum that was reviewed for this study is not recommended. The need for training managers and supervisors was evident. Recertification should occur at regular intervals.
- **Parole needs to be viewed as a specialized, defined area of practice, where competency needs to be developed and sustained.**
 - Provide training, perhaps joint training with providers, so that parole officers are well versed in all elements of the treatment protocols and are prepared to support progress throughout the course of treatment.
 - Consider training to ensure that providers and clinicians understand the risk level of youth and can alert the parole officer when risk-taking behavior begins to rise.
- **Develop a robust quality assurance system to assess parole performance.**
 - Establish an administrative structure that provides strong oversight and ensures consistency.
 - Monitor both supervisory and parole officer adherence with contact standards and other fundamental metrics necessary for accountability.
 - Ensure the quality and timeliness of data entry.
 - Conduct regular, ongoing case reviews.
 - Provide adequate data-analysis staff who can develop, monitor, analyze and disseminate routine information, data reports and other results, which can then be used to hold parole staff, supervisors, management and administrators accountable.
 - Adjust measurement systems to collect the right data: What gets measured gets done.
 - Create a mechanism to provide feedback for stakeholders and decision-makers, so they can use the results to adjust processes and programs.
- **Administrative review**
 - Conduct a functional analysis of the DCF-JSD system that includes a job-task analysis, workload analysis, and cost and resource analysis. (Allow eighteen months for this process.)
 - Following the functional analysis, conduct a regulatory review of the Connecticut Code and DCF Policy.

Chapter 3: Risk Assessment

“The Georgetown project will review and make recommendations on the DCF risk assessment instrument and strategies.”

Risk and Needs Instruments: An Introduction

To be effective in reducing future delinquency, juvenile justice systems must intervene with higher-risk groups. This requires an accurate assessment of youths’ risk of future delinquency so that resources can be targeted toward the individuals at highest risk and be focused on the assessed criminogenic needs of individual youth.

It is a critical part of the OJJDP’s *Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders* to have an accurate, reliable risk and needs assessment process. This chapter describes the role of such assessments within a comprehensive framework for parole practice. It also addresses the properties of such assessments, reviews the DCF’s current risk and needs assessment for committed youth, and concludes with recommendations for practice.

Principles of Risk Assessment

Actuarial risk assessment instruments are based on statistical associations between offender characteristics and outcomes (recidivism, in this case). The objective of actuarial risk assessment is to classify offenders into subgroups with significantly different rates of recidivism. A combination of ‘static’ factors (e.g., criminal history prior to the current event) and current, ‘dynamic’ factors (e.g., delinquent associates and drug use) tend to produce classifications with distinctly different likelihoods of re-offending (Baird, 2009).

Actuarial risk assessments may contain fewer than a dozen items and can demonstrate high predictive validity in classifying offenders into three or more risk levels (e.g., low, medium, or high risk; Baird, 2009). An actuarial risk assessment can help by:

- **Identifying the most relevant risk factors.**
- **Assigning appropriate weights to those factors.**
- **Determining effective thresholds for classifying placements into groups with distinct likelihoods of subsequent delinquency.**

The importance of regular, comprehensive evaluation of an actuarial risk tool's performance under field conditions cannot be overstated. Risk assessment developers should consider at least four performance criteria when evaluating a risk assessment: reliability, accuracy, equity and utility.

Reliability measures the consistency of responses (case findings) among parole workers, which is crucial for equity; staff should assess risk in the same way when provided with the same case information (this is called *inter-rater reliability*). A reliable risk assessment can increase the consistency of workers' assessments by providing clear decision thresholds against which to measure evidence.

A risk assessment must also be *accurate* to the point of *validity*, in order to help an agency more effectively target resources. Findings of a risk assessment's predictive validity must be consistent across key sample subgroups such as gender and ethnicity; this is evidence that a risk assessment is *equitable*. Finally, the risk assessment must be *useful* to staff, in order to positively impact their case decisions and help reduce the likelihood of future delinquency. The evaluation of whether or not a risk assessment is performing well always requires multiple measures and transparency in methods.

Risk assessment scores can be useful when assessing criteria for the least restrictive environment and for setting the length of stay in facilities, as well as for the level of restriction and supervision in the community. In transition planning from secure/residential settings into a community, a pre-release retest of the risk tool can assist in setting the level of community supervision. (This aspect is explored in detail in the discussion of graduated response policy and parole revocation.)

It is not good practice to base the post-confinement level of community supervision on pre-treatment risk scores. A valid and reliable risk assessment can mitigate bias in the decision-making process by helping structure these critical decisions.

Principles of Needs Assessment

Comprehensive assessments of treatment needs are made for the purpose of indicating services that are required to help *reduce recidivism*. These assessments should identify and prioritize services to address circumstances that contribute to delinquency in the family, school, peer, individual and community domains. The main purposes of these tools are to:

- **Provide a simple, easy-to-use overview of an individual's issues for the case manager, program staff and service providers.**
- **Ensure that all staff examine the same treatment issues consistently for all youth.**

- **Ensure that all staff periodically reassess needs, in order to monitor client progress (at least every ninety days).**
- **Enable analyses of aggregate needs data to inform agency decision-making and help set priorities (eg: by identifying gaps in needed services).**
- **Devote more time to cases with higher scores.**
- **Identify key criminogenic treatment needs of juvenile offenders in the following social development domains:**
 - **Family (supervision and relations)**
 - **School (attendance performance, drop out issues, expulsion, long-term suspension)**
 - **Peers (peer delinquency and gang involvement)**
 - **Individual (substance abuse, mental health)**

Caution is urged when adopting a needs assessment process that is geared toward criminogenic needs. Not all needs are criminogenic; they are not all associated with the underlying causes of delinquency or delinquent recidivism.

Some screening instruments include items such as impulsivity, attention problems, sensation seeking, low empathy, low remorse and callousness, all of which are related to chronic offending. However, it is not recommended that the screening instruments attempt such complex diagnostic tasks because these traits can only be assessed with in-depth psychological instruments and assessments designed specifically for that purpose.

Initial needs assessment (pre-screening) instruments are distinct from in-depth clinical assessments. It is not useful to transform needs assessments into clinical instruments because intake workers or probation and parole officers are not trained to make diagnostic assessments (e.g., of mental health problems). We recommend a process of graduated assessments that move from preliminary screening, through full risk and needs assessment, to specialized diagnostic assessments and tools administered and interpreted by specialized professionals.

These diagnostic instruments are useful to explore “a particular aspect of the person more deeply or investigate the risk of a particular type of offender, such as sex offenders”, (Spanjaard, et al., 2012, p. 129).

In contrast to actuarial risk assessment, the clinical diagnostic method comprises constructs rather than actuarial indicators and measures the underlying social and psychological traits of individuals. They are sometimes used to predict recidivism (Skeem & Monahan, 2011) – and often violence – but these tools are far more useful for the development of treatment plans (Olver, Stockdale, & Wormith, 2009).

By and large, these instruments are standardized forensic assessment measures, and the most widely used are the *Structured Assessment of Violence Risk in Youth* (SAVRY); *Child & Adolescent Needs and Strengths* (CANS-JJ); the *Child and Adolescent Functional Assessment Scale* (CAFAS) – or the new juvenile justice version, JIFF; the *Massachusetts Youth Screening Instrument* (MAYSI-II); and the *Global Risk Assessment Device* (GRADcis). But some analysts “have voiced concerns that such measures, in particular youth risk and need measures, have yet to demonstrate adequate validity, reliability, and clinical utility with young offenders”, (Olver, et al., 2009, p. 333). Moreover, not one of these assessment instruments is suitable for the prediction of delinquency recidivism; rather, their use should be restricted to the main purpose for which they were created: screening for serious behavioral health problems and substance use. Misuse occurs when psychological screening instruments such as these are used for classification purposes. Failure to recognize this important distinction has produced unnecessarily complicated schemes for managing juvenile offender risk and needs assessment and service matching (see, for example: Vincent, Guy, & Grisso, 2012).

Current DCF Risk and Needs Practices

The Connecticut parole system uses Youth Correctional Offender Management Profiling for Alternative Sanctions (Youth COMPAS) as its risk and needs assessment instrument. This system was adopted by Connecticut in 2008 to assess key risk and needs factors in its juvenile correctional population. Youth COMPAS was initially based on an adult instrument, COMPAS, which classified adult correctional populations.

The 240-item Youth COMPAS instrument identifies recidivism risk components, which are largely based on static factors, and identifies thirty-two domains of criminogenic needs. The Youth COMPAS Scale provides staff with two summary scores: an overall recidivism risk score; and a criminogenic needs profile. Under current policy, an assessment must be completed by the assigned parole officer within thirty days of a youth’s commitment and at least every six months thereafter, to assess the progress of each case.

The Youth COMPAS Scale Has Not Been Validated for the Connecticut Population

The initial Connecticut norming study for Youth COMPAS, which took place in 2008, had several methodological limitations that were noted by the authors, including a small sample size. The authors recommended that “local evaluation needs...be compiled in Connecticut when a sufficient number of cases and outcome data are available.” (Martinez-Tjaden, L. L.

P., & Tjaden, C., 2008, p.1). Currently, aggregate data is not available from the vendor (Northpointe, Inc.) to do this analysis.

Since 2011, individual assessment data have been entered into Northpointe's mainframe computer, but they have never been interfaced with the DCF's in-house information system. As a result, no data reports have been available.

The vendor is currently changing to a new version of Youth COMPAS (8.0), and has agreed to provide that data to the DCF by July 2013. The problems with the vendor have been sufficient for the department to withhold payment to the company for the past two years.

A Connecticut-based Youth COMPAS validation study is needed to ensure that the tool accurately classifies groups of youth according to the likelihood of subsequent delinquency.

The few validation studies conducted on a COMPAS risk assessment examined the adult instrument for an adult offender population. The adult version of COMPAS demonstrated inconsistent predictive validity findings in most of the studies (with multiple studies demonstrating that validity varied significantly by race and ethnicity), and that there were no tests of inter-rater reliability (Blomberg, Bales, Mann, Meldrum & Nedelee, 2010; Brennan, Dieterich & Ehret, 2009; Farabee, Zhang, Roberts, & Yang, 2010; Fass, Heilbrun, DeMatteo, & Fretz, 2008).

An OJJDP funded validation study examined the predictive validity and reliability of commonly used juvenile justice risk assessments in eight states. The purpose of the study was to compare various instruments in the states, including the PACT, the YLS, and the YAS, as well as Youth COMPAS. This is the only independent source of evidence of validity for Youth COMPAS. This study considered the Comprehensive Risk and Needs Assessment (CRN) a derivative of Youth COMPAS that was developed for the State of Georgia. The CRN was tailored for the Georgia DJJ to aid decisions related to security and to assess youth criminogenic need factors.

The study found that the CRN risk assessment did not perform as expected. It classified almost all (88%) of the youth assigned to probation at disposition to the low-risk classification (Baird et. al., 2013). Just 11% of youth were classified as moderate risk and only 1% as high risk. High-risk youth were twice as likely to be subsequently adjudicated compared to low-risk youth (45.9% and 23.9% respectively), but outcomes were similar for moderate- and high-risk youth (43.3% and 45.9% respectively).

This lack of discrimination between moderate- and high-risk youth lies at the crux of the validation problem in Georgia. The minimum generally expected discrimination would be at least 10% for each category. Georgia has recently decided to stop using the CRN and is in the process of establishing a new risk assessment platform for the state.

In our view, any risk assessment instrument that has not been validated on the specific population for which it is intended is problematic. Juvenile justice systems vary from state to state, as do legal criteria and offender patterns. Use of the results of an instrument that has only been validated on populations in other states to make individual case decisions, especially where there is a liberty interest at stake, is akin to medical malpractice or off-label pharmaceutical usage and arguably misses the mark in any reasonable test of fairness.

There have been a significant number of legal findings that support the use of risk assessment to classify youth in juvenile justice settings; however, this body of work is predicated on the risk assessment instruments being reliable and valid for the population on which the tool is used, and being properly administered and maintained.

Youth COMPAS as Administered by Parole Officers

The DCF does not test how well Youth COMPAS is administered by parole officers. We were told that there was no protocol for testing the reliability/inter-rater reliability of Youth COMPAS. This contrasts with the established standards of sound risk assessment practice and with the practice in Connecticut's probation system.

The Connecticut CSSD has demonstrated exemplary practice in routinely certifying the accuracy of risk administration by probation staff. This protocol began in 2011, when the reliability of its rating instrument, the Juvenile Assessment Generic (JAG), came into question. There is a certification and recertification process that tests competency in the administration and accuracy in scoring of the instrument. Those officers who did not meet required standards were re-trained, provided with support supervision, and retested (see: JAG Certification Report, 2011).

Given the number of items and domains on COMPAS, inter-rater reliability should be of concern, since the greater the number of items, the greater the probability of error.

When there is low inter-rater reliability, both instrument validity and practice utility are reduced. States must monitor the inter-rater reliability of how the tools are administered by individual workers. Some studies have found that those workers who are not regularly monitored for inter-rater reliability will drift from fidelity in the administration of the tools.

The problems that arise from lack of inter-rater reliability monitoring and lack of training were clearly evident during our case review process. Hartford parole officers could not identify the difference between risk and needs scores on the instrument, stating in one instance that, "Risk and needs are the same." During the Focus Group with Managers and Supervisors the same misunderstanding arose.

Those staff who perform assessments must be provided with training, be monitored and be given adequate supervision to bring practice into compliance with expected standards.

How Useful is Youth COMPAS in Case Planning?

To solicit information about how staff use Youth COMPAS findings, residential facility staff, CJTS personnel and parole staff from Hartford were interviewed between September 26th and 29th, 2012. Staff indicated that the Youth COMPAS assessment was too long and too costly, and they questioned the utility of the instrument for case planning. Residential providers indicated that they were not familiar with Youth COMPAS and were not aware that it could be used in their case planning. Multiple juvenile parole officers expressed concern about the instrument itself, as well as the extensive time needed to administer it. Most parole officers did not re-administer Youth COMPAS during the course of their parole work, but did update their original ratings at least every six months. Most staff perceived problems with the validity of the self-report information and expressed a lack of confidence in the instrument and little support for the value of the results. They assessed that many of the items in Youth COMPAS do not correlate with recidivism and require raters to make subjective judgments.

During the focus group for managers and supervisors, all eight participants voiced concerns about Youth COMPAS. A brief survey of their attitudes revealed that none of them rated their confidence in Youth COMPAS within the “Agree” to “Strongly Agree” range. Similarly, none believed that Youth COMPAS supported equity. Only two of the eight agreed that Youth COMPAS was useful in case planning, while two did not have enough information to participate in the survey.

If risk and needs data were available in aggregate form, they could assist with quality assurance efforts and could be connected to recidivism or other outcome data. The DCF staff interviewed did not know of any quality assurance mechanisms that were in place to ensure the accuracy of the Youth COMPAS assessment.

Alignment of risk and recidivism data would require collaboration with other data sets, notably those at the CSSD. It was reported that a data-sharing agreement was established between the DCF and the CSSD, but the agreement is not sufficient to facilitate the level of information that is required for risk-stratified recidivism analysis. The agreement was not available for review.

The DCF has not currently assigned adequate staffing either to the support the tasks at hand or to effect the changes needed to support the integrity of the risk assessment process.

Recommendations

The following steps give a general overview of what is required to happen to improve the risk and needs assessment protocol in the DCF:

- **Use structured decision-making instruments in the institutional and parole decision-making and case management processes.**
These tools should include a risk (of recidivism) assessment, a needs assessment that identifies criminogenic needs, and a Decision-Making Matrix based on risk, needs and severity.
- **Improve the effectiveness of the DCF's services by ensuring that the risk and needs assessment used in the DCF-JSD parole system is accurate, reliable, equitable and useful in the case-planning process.**
- **Insist on a risk assessment instrument that is validated.**
- **Maintain Connecticut juvenile risk data on a platform that is readily accessible in aggregate, as well as in individual case report form.**
- **Require those who administer risk assessment tools to be adequately trained and supervised in the accurate interpretation of those tools.**
- **Train supervisory and managerial staff in the use of the risk instrument as a managerial and administrative tool.**
- **Train parole, institutional and administrative staff in the structured decision-making process.**

Chapter 4: Standardized Program Evaluation Protocol (SPEP) Feasibility

“The Georgetown project will provide written recommendations regarding the feasibility of using the Standardized Program Evaluation Protocol (SPEP) in DCF programs, including the Connecticut Juvenile Training School (CJTS) and other residential and parole services.

“If supported and approved by the DCF, it will work with the DCF to prepare those data elements required for SPEP scoring. Develop a strategy; provide orientation and other training to prepare for SPEP implementation.”

Findings

The Standardized Program Evaluation Protocol (SPEP) is a program-rating scheme that can be used by both service providers and juvenile justice systems to assess their programs for juvenile offenders (Howell & Lipsey, 2012; Lipsey & Howell, 2012; Lipsey, et al., 2010). The SPEP applies to any type of therapeutic intervention for which there is a sufficient body of supporting research in Lipsey’s large meta-analytic database at Vanderbilt University. The SPEP assigns points to programs according to how closely their key characteristics match those associated with the best recidivism outcomes for similar programs, as identified in the meta-analysis.

The maximum number of points available for each rated aspect of the program is proportionate to the strength of that factor for predicting recidivism effects in the meta-analysis. The program aspects rated include the type of services provided (primary and supplemental), the amount of service (duration and contact hours), the quality of service delivery, and the risk level of the youth served.

The program services are classified into different types using descriptive information from the provider and a glossary of service descriptions derived from the associated research studies. They are rated according to the average effect of the respective service type that was

found in the meta-analysis. The target values for treatment amount (duration and hours of contact) are set at the respective medians from the research on the service type being rated.

For those manualized programs supported by research specific to them (e.g., Blueprints programs), the service targets specified by the developer are used instead, if the manual provides such targets.

The *implementation quality rating* is based on information about the program protocol, provider training, and monitoring of service delivery. The risk level of the juveniles served by the program must be determined from a valid risk-assessment instrument administered to each juvenile prior to treatment.

The SPEP allows analysis of both brand-name, evidence-based programs and homegrown programs or services. In addition, it provides guidance on those program areas that need improving, in order to achieve larger recidivism reductions and potentially greater effectiveness of a juvenile justice system's entire program continuum.

Demonstration projects with the SPEP have been conducted in the state juvenile justice agencies of North Carolina and Arizona, and another is underway in Tennessee. Two validation studies of SPEP scores were conducted in Arizona: an initial study in a five-county pilot test (Lipsey, 2008); and a second study with data from the statewide implementation (Redpath and Brandner, 2010). In both cases, the actual recidivism rates for the juveniles served by each program were compared with rates predicted for them based on their risk profiles and prior delinquency history. In both studies, the ratings of individual SPEP factors were correlated with the difference between actual and predicted recidivism: when the SPEP ratings were higher, the actual recidivism rate was lower relative to predicted recidivism.

See Appendix D for the SPEP scoring scheme.

Seven Steps of the SPEP Process

The SPEP process involves seven discrete steps:

- 1. Identification of the array of programs.²**
- 2. Matching programs with research-based program types (classification).**
- 3. Obtaining risk, dosage and quality of service delivery data for each service.**

² Of note is that a program is a specific service, not a facility or agency; thus a facility could have multiple programs within the facility, which could feasibly be rated using the SPEP system.

4. **Entering data from a cohort of juveniles served by the program into the SPEP model to generate a SPEP baseline score.**
5. **Analyzing areas for improvement based on SPEP component scores and overall scores.**
6. **Developing and implementing programmatic and systemic improvements plans that are informed by SPEP scores across the full program array.**
7. **Rescoring programs at regular – generally annual – intervals to track progress, effectiveness and the impact on recidivism.**

The SPEP in Connecticut

There are several factors that Connecticut needs to consider when its leaders decide how to implement the SPEP process for services within the purview of the DCF-JSD. In the focus group of parole managers and supervisors, it was evident that there is a need for some method of comparative evaluation of interventions. They contended that the CJTS was the best treatment program available in Connecticut, but could not articulate any evidence or study to support their contention. This assumption about the quality of the CJTS program may result in a preference for placement at the CJTS rather than in other residential establishments (especially those that are less restrictive), or for reliance on confinement-based rather than community-based programming.

By far the largest challenge is data. Their absence was observed throughout the DCF-JSD system and is discussed elsewhere in this report. In particular, risk assessment data are needed for adequate analysis.

Risk assessment is the area that has the greatest potential to impede SPEP implementation in Connecticut. The state's DCF system currently employs Youth COMPAS as its assessment instrument, but the data provided by this risk assessment tool are not currently available in an automated format for analysis, so classification of risk is severely restricted.

To mitigate this, it may be feasible for risk assessment data to be hand-gathered for specific cohorts of service recipients. However, further data on the amount of service received from each program service for each juvenile would still need to be gathered. The requirement is to obtain sufficiently reliable client-level dosage data that includes the frequency (total number of hours) and duration (total number weeks) received by each juvenile from each individual service to which the SPEP applies.

Classification of Services

The classification of services into SPEP program types will be the easiest SPEP requirement for the DCF to meet. Several programs within the CJTS are ‘blueprint-style,’ evidence-based programs (EBP). In addition, the interventions used in residential placements have been described as evidence-based programs. The exact programs being implemented have not been classified by program type nor examined for the criteria of the EBP model.

Community-based parole services include a mix of evidence-based, name-brand programs, such as Multi-Systemic Therapy (MST), as well as programs that have been developed locally .

The evidence behind the SPEP is that both homegrown and name-brand programs can significantly reduce recidivism if they are well implemented, targeted at high-risk youth and delivered with sufficient duration and intensity to meet dosage standards.

The Quality of Service Delivery

The measures of quality of service delivery warrant consideration. Those used by the SPEP require an overall rating of how well the service is being implemented. The items rated for this purpose must cover the following features:

- **The existence of, and extensiveness of, a written program protocol or manual.**
- **Training of service delivery personnel in the program model and its associated protocol.**
- **Monitoring the quality of program delivery for adherence to program protocol (fidelity).**
- **Organizational procedures for responding to departures from the protocol.**

The quality of service delivery measure employed by the SPEP is limited to these few items about the organizational context and procedures that are supported by the research on programs that reduce recidivism. That measure is not intended to supplant existing quality assurance or continuous quality improvement functions, and is best implemented by fitting it within existing quality assurance measures and procedures.

It appears that Connecticut does not have a well-developed quality assurance system, either for its parole supervision services or for its residential confinement system. It appears that the current quality assurance review is an additional layer of individual case compliance review rather than a quality assurance system.

A quality assurance case review is required at least every six months. However, there is no evidence that either Youth COMPAS results or rescoring are used in the case review process. Furthermore, there was no assessment of parole officer contact with the child, with the family or with the residential facility staff. Nor was there documentation of compliance with required standards.

The quality assurance report provided by a residential facility focused on items such as use of seclusion, (residential) in-school suspensions, medication errors, resident injuries, resident grievances, CPS complaints, runaways and suicide attempts. No aggregate quality assurance reports were provided, even though they would have facilitated a macro assessment of the quality of services or an indication of those areas in need of improvement.

Array of Services

An additional consideration is the array of services within the DCF's Juvenile Justice Services. The DCF directly operates the CJTS. Other congregate care and residential services are provided by the private sector. Their record keeping and billing are linked to the Connecticut Behavioral Health (Value Options) utilization review process. In addition, there are contracted community-based interventions for parolees.

These services vary by region or locality. A listing or mapping of the continuum of parole interventions is required. Such a listing would begin to identify and document gaps that may exist in the service system.

The alignment of the service continuum to identified needs of youth under parole supervision is an important cornerstone of a parole system.

Feasibility

The CJTS would be a good place to start with the SPEP because of the availability of risk and service data. There are several services within the CJTS, as well as other community-based services that could be examined using this method. These include evidence-based programs (such as Dialectical Behavior Therapy, Aggression Replacement Training, Trauma-Focused Cognitive Behavior Therapy, Multisystem Family Therapy and Multi-Dimensional Family Therapy) and psycho-educational groups and individual services.

While many of these programs are evidence-based and well-constructed, the analysis in the Court Support Services Division (CSSD) found that the targets set by the EBP developer

(frequency of contacts and duration of services) were often not achieved and that some quality measures could be improved.

Other privately-operated community-based and residential programs could also be subject to SPEP analysis. While the same data requirements would exist, they may require additional layers of complexity since dosage data and risk data would need to be retrieved from a variety of data sources, such as the Values Options³ managed care system. Retrieval of data from such sources might be a challenge, but would be mitigated by the importance of ensuring that the services are effective.

Ultimately, the SPEP should be considered in relation to recidivism impacts. Recidivism data are currently available through the CSSD, so some cooperation between the CSSD and the DCF is essential if the flow of data necessary for management decision-making and case management is to improve.

Recommendations

If Connecticut's DCF desires to have an evidenced-based juvenile parole service system, we recommend the implementation of the SPEP for CJTS programs, residential services and community-based interventions. We recommend:

- **The establishment of quality treatment measures for all program types and services.**
- **The immediate establishment of a minimum requirement that all programs or services have:**
 - **A written program protocol or manual.**
 - **Clearly established criteria to account for the frequency and duration of services, stated in terms of contact hours and weeks of service.**
 - **Training of service delivery personnel in the program model and its associated protocol.**
 - **Supervision and monitoring the quality of program delivery for adherence to program protocol (fidelity).**
 - **Organizational procedures for responding to departures from the protocol.**
 - **A protocol to gather data on risk.**
 - **Access to the SPEP in the context of a comprehensive quality assurance and quality improvement system.**

³ Value Options is a managed care provider in Pennsylvania, another JJSIP site.

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Appendix A: Recommendations from Parole Managers and Supervisors – Focus Group, May 14th 2013

In conjunction with the Juvenile Justice System’s Improvement Project, Connecticut requested two specific tasks be completed by May 30, 2013:

1. **Review and make recommendations on the DCF risk assessment instrument and strategies.**
2. **Review and make recommendations to improve the DCF’s graduated responses policy, as well as its parole revocation processes and procedures.**

To that end, five DCF supervisors and four managers, as well as two CSSD representatives, participated in a day-long focus group meeting on May 14th, 2013.

At the conclusion of the day, participants developed recommendations for inclusion in our report. The following summary describes the recommendations, supported by the observations leading to those recommendations.

The recommendations covered five areas:

- **Risk**
- **Continuity of Practice and Policy**
- **Data**
- **Strengthening the Array of Services**
- **Administration and Organization**

Risk

1. The DCF can improve the effectiveness of its services by ensuring that *the risk and needs assessment used in the DCF-JSD parole system is accurate, reliable, equitable and useful to staff*. A risk assessment should be validated for a specific population to ensure that it accurately classifies youth, and that findings are equitable across key subgroups, such as region, gender, ethnicity and race. It is critical to validate Youth COMPAS on Connecticut’s own committed youth.
2. DCF-JSD staff at all levels must be *trained in the risk assessment instrument* and must understand the difference between classification of risk for re-offending (the Overall Recidivism Risk Score) and Needs (the Criminogenic

Needs Profile). This includes the administrative, management, supervisory and line staff levels.

3. While participants varied in their rating of the importance of Youth COMPAS to Parole Services, the group was not confident in the quality of the results of Youth COMPAS. No rating was above 3 on a 5-point scale that ranged from strongly disagree (1) to strongly agree (5); the average rating was 2.4. Similarly, the participants rated the objectivity of the instrument and its usefulness in guiding case planning at 2.7 on the same 5-point scale.
4. Several participants questioned if Youth COMPAS should continue to be the DCF's risk instrument, while others wanted to establish a link between it and the JAG. Some in the group noted that the JAG is currently undergoing a process of revision.

Practice Consistency and Policy

1. There needs to be a policy analysis regarding the appropriateness of blending CPS and Child Welfare criteria for the parolee population. While the blended framework is holistic in its intent, policy needs to be clear in the parole practice arena. *There are some clear differences between CPS and Juvenile Justice commitment and parole practice.* For example, the standard conditions of parole include items that are not applicable to youth over the age of eighteen, who, as a result of the Raise the Age Initiative, warrant consideration.
2. Each region has a different system that guides decision-making. Each supervisor has adapted to their respective system. While services may vary by region *the fundamental decision system needs to be consistent and a basic service array should be available in all regions.*
3. In order to effectively target resources, *use of valid, reliable risk and needs information has to be integrated within a more comprehensive framework of DCF practices* that best supports accurate, consistent decision-making by DCF staff on behalf of youth.

Once the DCF has an accurate classification of the risk of recidivism and the needs profile, it can be used by officers for case planning purposes. The risk classification can then be developed into a matrix with offense severity, in order to enable recommended supervision and treatment strategies. Policy can be developed to set risk-based classifications that will inform secure placement recommendations, length of stay guidelines, re-integration and step-down plans, the intensity of supervision, and discharge planning.

Similar structured approaches can be developed to strengthen the consistency of responses to technical violations and align monthly contact standards, in order to help improve the consistency with which sanctions are imposed.

4. Supervisors and managers need *training and guidance* in making decisions where their review or approval is required.
5. In order to effectively use valid risk information to target resources to youth with the greatest likelihood of re-offending, *the implementation of risk assessment should be part of a more comprehensive parole practice framework* that is grounded in evidence-based principles. Focus group participants advocated the use of valid, reliable risk and needs information to structure recommendations for critical case decisions for youth because this practice has the potential to reduce over-representation, increase the effectiveness of DCF practices, and provide basic metrics on which to track results-based accountability of DCF services.
6. The focus group participants observed that the availability of services and other types of support varied by region. While regional variations can be beneficial, there should be at least a *minimum level of continuum across services* that are available in all regions. All regions would benefit from more alternatives to secure confinement and residential placement as a response to youth delinquency (such as electronic monitoring and day treatment, or reporting programming).
7. The focus group observed that *the consistency of DCF practice could be improved* and that *more effective communication* between, education of, and support for DCF staff would increase the likelihood of better decision-making.

Training

1. *Training for parole has not been developed.* A certification process has been proposed, but not adopted or implemented.
2. Parole needs to be viewed as a *specialized area of practice*, where competency needs to be developed and sustained.

Data

1. It is important for the DCF to *make information easily available to officers, supervisors and managers to help improve the effectiveness of services.* DCF staff must work across three different information systems – Northpointe

(COMPAS), LINK (an electronic record and payment system), and Conduit (the JJ information system). Case Planning and COMPAS data are not linked within the system.

The focus group told us that the data we presented to them at the beginning of our discussion was the first data that they had seen regarding their system. It was also reported to us that there were inconsistencies between regions as to what was entered into the LINK system.

2. Focus group participants observed that aggregate information from Youth COMPAS was not available for use, and that management and supervisory tasks were being impeded by this. DCF managers could use risk and needs information to measure workload, identify gaps in both service array and service capacity, and monitor outcomes to measure the impact of specific programs on subsequent delinquency.

Strengthen the Service Array

1. A critical task is to ensure that there is *an adequate continuum of services that is focused on reducing recidivism and equipping juvenile parolees for a positive future*. Using accurate risk and needs information, the DCF (in conjunction with other agencies, such as the CSSD and DOC) could provide a continuum of sanctions for delinquent youth and strengthen the array of services where gaps exist.

Focus group participants recommend an examination of the array of services and service capacity. They indicated that there was a need for additional resources for committed females, sexually reactive youth, substance abuse treatment services and moderate-risk males. They also wanted to explore the need for transitional housing and independent living, as well as vocational and educational development options.

2. There was concern about policy requirements and services to support youth aged eighteen years or older who remain under parole supervision, noting that *such requirements as permanency planning and educational attendance do not apply to those youth in the same way as they do for youth under eighteen*.

A specific concern was the *current format and design of the Permanency Planning document and process*. The group recognized planning for permanency as an important work function regardless of age; however, persons over eighteen may have a different framework for building familial and social support that constitutes permanency in young adult terms.

Similarly, *mandatory educational attendance does not apply for persons over eighteen*. However, when older youth are pursuing post-secondary education or other vocational or work interests, it becomes a part of their plan, without being a condition on which they might be violated.

3. Re-entry to the CJTS occurs in two ways – ‘respite’ and revocation. ‘Respite’ is supposed to involve stays of less than thirty days, during which case plans, services and other community supports are reviewed and modified. In addition, the facility is used for behavioral stabilization, as well as medication management and evaluation.

Participants indicated that there was *no alternative or less restrictive setting in which the ‘respite’ work could take place*. There was *no due process or administrative hearing for respite*; however, there was an administrative hearing with full due process rights for revocation. The CJTS is a secure correctional setting. Recommitments can also occur by a new court order, generally for an eighteen-month period.

Administrative and Organizational Considerations

1. The participants in the focus group recognized that Parole and the Division of Juvenile Services are only small parts of a very large agency. Participants voiced concern that *Parole was a ‘step-child’ in the agency*. Nonetheless, they hoped that problems within the Commitment and Parole system would *receive immediate attention and priority*.
2. The DCF should *examine the career path for personnel working in the DCF-JSD system*. Parole officers and supervisors are in hazardous duty positions, while management positions are not.
3. *Management staff need to have experience and expertise in juvenile parole practice*. Their lack of such experience impedes fulfillment of their leadership and managerial roles and turns the decision-making chain upside down, putting parole staff in a position of educating and justifying role responsibilities. This is also reflected in the lack of growth in internal systems and the absence of parole-specific staff development. Progress in critical areas such as policy, practice, program development, data collection and staff training are affected.
4. Participants indicated that they were eager to engage in solutions that built and supported reforms in the parole system. Finally, they also welcomed the prospect of increased communication.

Appendix B: Parole Matrix Tools – Virginia Example

This Appendix tabulates the parole matrix tools currently employed in Virginia. It acts as a useful comparison.

Table B1: Juvenile Parole Supervision Matrix.

	High Risk	Moderate Risk	Low Risk
First 30 days following release from the JCC	Level 4 Supervision	Level 3 Supervision	Level 2 Supervision
After 30 days following release from the JCC	Level 3 Supervision	Level 2 Supervision	Level 1 Supervision
Suggested period of parole	12 months (9 months min.)	9 months (6 months min.)	6 months (4 months min.)

Table B2: Seriousness of parole violations.

Parole Rule	Minor Violation	Moderate Violation	Serious Violation
New crime	N/A	Misdemeanor	Felony
School suspension for behavior	N/A	Single incident	Frequent/Repeated
School/work attendance	Minor/First absence	Continued absence	Refuses/Terminated
Supervision contacts	Minor/First absence	Continued absence	Repeated failure
Curfew violations	First violation	Continued violations	Frequent/Repeated
Drug or alcohol use	First violation	Continued violations	Frequent/Repeated

Table B3: Model system of sanctions for parole violations.

Sanction	Minor Violation	Moderate Violation	Serious Violation
VOP/Recommend recommitment	N/A	N/A	✓
VOP/Recommend for detention	N/A	Up to 10 days	11-30 days
Placement in day reporting program	N/A	✓	✓
Electronic monitoring/ House arrest	N/A	Short term	✓
Increase supervision level until next 90-day review	N/A	✓	✓
Curfew and activity restrictions/Loss of privileges	Short term	Extended	N/A
Community service	✓	✓	N/A
Drug screens/New or increased frequency	✓	✓	N/A
Increase treatment services or programs	✓	✓	N/A

MULTNOMAH COUNTY CONTINUUM OF PROBATION SANCTIONS FOR VIOLATION BEHAVIOR

RISK LEVEL	LOW			MEDIUM			HIGH		
	Minor	Moderate	Serious	Minor	Moderate	Serious	Minor	Moderate	Serious
Warning	*								
Problem Solving	*	*		*			*		
Written Assignment				*					
Community Service	* 1 day	* 1-2 days	* 1-5 days	* 1 day	* 1-2 days	* 1-6 days	* 1 day	* 1-2 days	* 1-5 days
Mediation		*							
Court Watch	*	*		*					
Office Report	*	*		*					
Home Confinement		*	*		*				
Parent Supervision		1-3 days	3-5 days		1-5 days				
Home Confinement Department Supervision			*		*	*			
			3-5 days		1-5 days	5-10 days			
Day Reporting			*	*	*	*	*	*	*
			2-7 days	2-4 days	4-14 days	7-14 days	4-10 days	7-21 days	21 days
Electronic Monitoring			*			*		*	*
			5 days			5-8 days		8 days	8+ days
House Arrest						*		*	*
						up to 4 days		up to 8 days	8+ days
Forestry Project					*	*		*	*
					1 weekend	1-2 weekends		2 weekends	2 weekends
Court School				*	*	*	*	*	*
Detention						*		*	*
						1-4 days		2-5 days	2-8 days
AITP					*	*	*	*	*
Extend Probation			*			*		*	*
Commitment						*		*	*

Note: The above matrix is related to probation violations. It has been included to demonstrate the kind of precision that is possible when stating the range and duration of sanctions based on severity and risk level.

Appendix C: Programming at the Connecticut Juvenile Training School

Programming at the Connecticut Juvenile Training School (CJTS) includes the following:

- ***Clinical services:*** These include individual therapy and family therapy; a family support group; Seven Challenges (a substance abuse treatment program); Aggression Replacement Training; and various time-limited, psycho-educational groups.
- ***Rehabilitation:*** Programs provided by the Rehabilitation Department include intramural sports; art therapy and music therapy; off-grounds trips, such as a fishing trip and attendance at sporting events; a media production group; and recreational and life-skills programming offered in collaboration with the Boys and Girls Club.
- ***Residential:*** Programs offered by residential staff includes athletic events; passive leisure time activities; and Positive Peer Culture (PPC), an evidence-based program utilized by adolescent residential facilities throughout the world. The PPC program, developed by Dr. Larry Brendtro and Harry Vorath, seeks to establish a therapeutic milieu based on the notion that young people have the ability to work together to solve their problems.
- ***Educational:*** The Walter G. Cady School offers a full range of academic courses; it offers literacy programs and a variety of vocational programs, including culinary arts, building trades, horticulture, graphic arts, advanced computer application, electronics and commercial cleaning.
- ***Project Choice Mentoring Program:*** Residents are paired with mentors from both the staff at the CJTS and the community.
- ***Family Nights:*** The facility sponsors family nights where family members join staff and residents on grounds for an evening meal and programs. The highlight of this program was a holiday event in December that was attended by 206 family members.
- ***Department of Labor and Trades Union Apprenticeship Program:*** Collaboration with the Connecticut Department of Labor and the Trade Union Apprenticeship Program allows eligible CJTS residents to visit local apprenticeship programs and places several residents in these programs at discharge.
- ***Boys and Girls Club:*** Saturday programming was provided to all residents for three months by area Boys and Girls Club staff. In February 2006, this was expanded to twenty hours a week of on-site programming and a pilot re-entry project that currently provides intensive case management to fifteen residents pre- and post-discharge.

Appendix D –Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders[©]

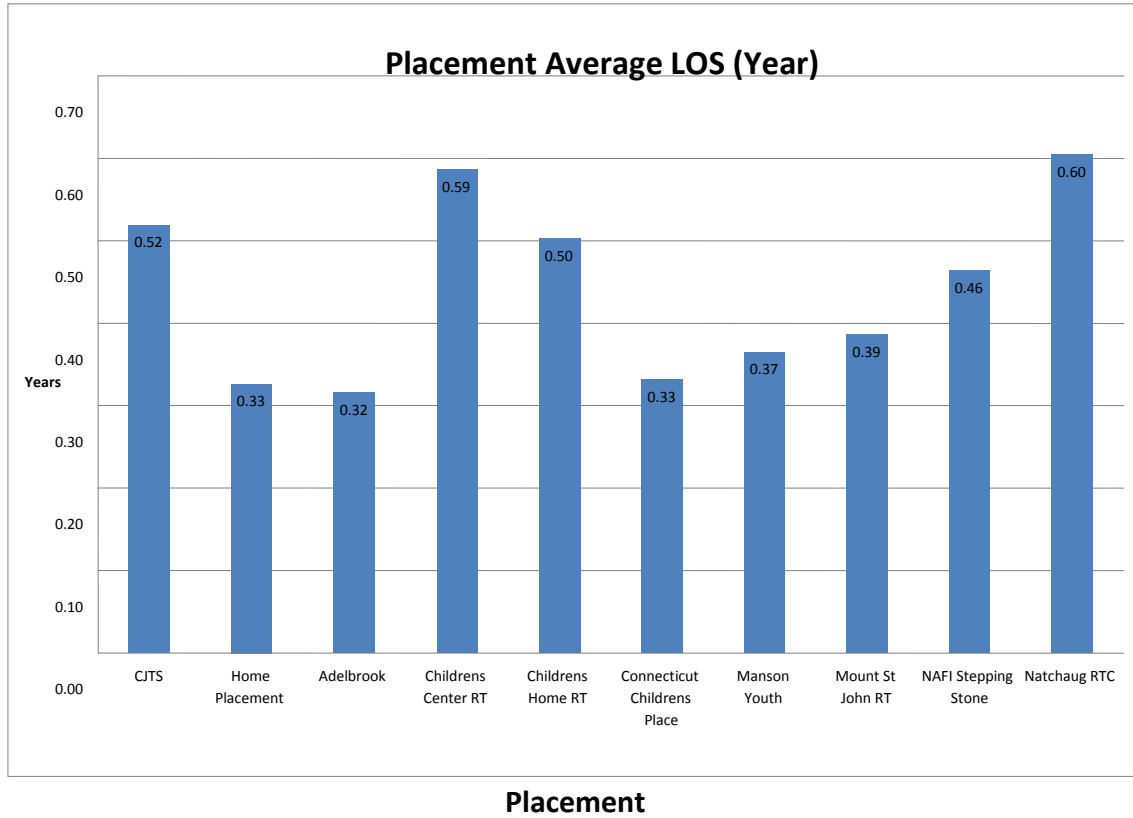
	Points Possible	Points Received
Primary and Supplemental Service Types		
Primary Service Type for Program Being Rated Group 1 services (5 points) Group 2 services (10 points) Group 3 services (15 points) Group 4 services (25 points) Group 5 services (30 points)	30	
Supplemental Service Type Qualifying supplemental service used: Yes (5 points) No (0 points)	5	
Quality of Service Delivery		
Rated quality of services delivered: Low (5 points) Medium (10 points) High (20 points)	20	
Amount of Service [Determined from data for the qualifying group of service recipients.]		
Duration [Target number of weeks specified for each service type] % of youth who received at least the target weeks of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10	
Contact Hours [Target number of hours specified for each service type.] % of youth who received at least the target hours of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10	
Risk Level of Youth Served [Risk ratings on a valid instrument for the service recipients.]		
% of youth with at least the target risk score set for the JJ system: 0% (0 points) 60% (15 points) 20% (5 points) 80% (20 points) 40% (10 points) 99% (25 points)	25	
Provider's Total SPEP Score	100	(Insert Score)

Appendix E: Length of Stay Analysis, 2012

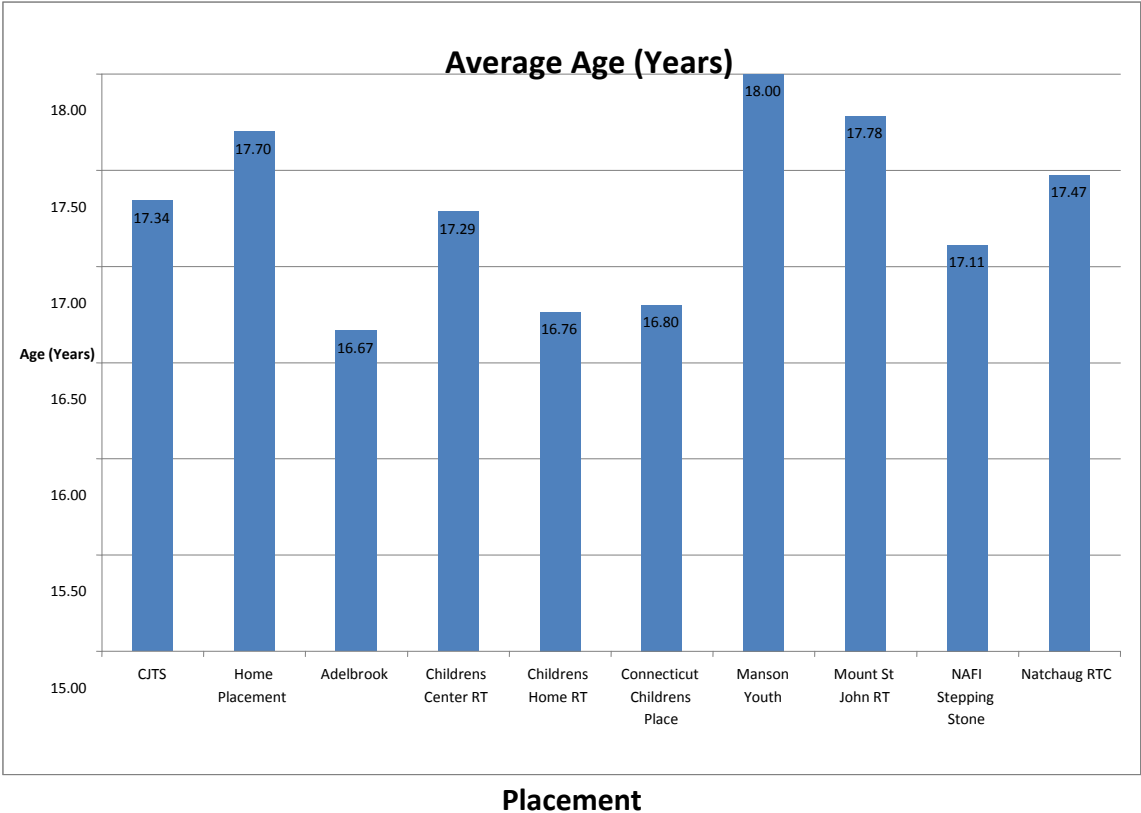
Table 1: Average age of juvenile offenders in Connecticut, length of stay, and type of placement, 2012.

Placement	Average LOS (Year)	Average Age (Years)
CJTS	0.52	17.34
Home placement	0.33	17.70
Adelbrook	0.32	16.67
Children's Center RT	0.59	17.29
Children's Home RT	0.50	16.76
Connecticut Children's Place	0.33	16.80
Manson Youth	0.37	18.00
Mount St John RT	0.39	17.78
NAFI Stepping Stone	0.46	17.11
Natchaug RTC	0.60	17.47

Graph 1: Placement average LOS (year).



Graph 2: Average age (years).



Graph 3: Placement average and LOS (year).

