

**Directive 371.07 Offender Risk Assessment**  
**STATE OF VERMONT**  
**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF CORRECTIONS**

**Directive: 371.07**

**Subject:** Offender Risk Assessment  
**Effective Date:** 12/30/2002 **Review and Re-Issue Date:**  
**Supersedes:** New **APA Rule Number:**

<b>Recommended for approval by:</b> Richard Turner, Director/Correctional Services	<b>Authorized By:</b> Steven Gold, Commissioner
_____	_____
<b>Signature</b> <b>Date</b>	<b>Signature</b> <b>Date</b>

**1. Authority:**

1.1. 28 V.S.A., Sections 101(1)(2); 102(c)(1)(2)(3)(8)(9); 204; 254; 352; 502(a)(b); 601(10); 706; 721; 723; 724; 808.

**2. Purpose:**

2.1. Offenders in the custody of the Vermont Department of Corrections present with a variety of recidivism risk profiles. Vermont offenders are generally heterogeneous and often present with complex behavioral disorders. Assessment procedures assist caseworkers and other staff to determine the appropriate level and duration of custody, program intervention needs, and other correctional services. Risk assessment occurs in the context of offense severity, and these two variables form the basis for offender classification and case management.

2.2. It is the policy of the Vermont Department of Corrections to conduct risk assessments on adjudicated offenders in its custody. These assessments shall be based on valid and reliable research-based measures and instruments. Information derived from these procedures shall form the basis for case planning, classification, supervision level, release decisions and related case management functions.

**3. Applicability/Accessibility**

3.1. All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this directive.

**4. Directive**

4.1. Risk assessment procedures will be conducted on all offenders placed in the custody of the Commissioner of Corrections. The tools and instruments used for a specific offender at a specific point-in-time will be determined by the nature and severity of the offense, the (proposed) sentence, the decision-points in the case, and related DOC protocols and directives. At a minimum, screening risk assessment will be conducted on all offenders entering the custody of the DOC as part of the initial interview.

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- 4.2. Risk assessment will be conducted early in the intake process to assist the courts and the department to determine appropriate resource levels for offenders and prevent either the over-use or under-use of correctional services, consistent with severity of offense considerations. Reassessments may be conducted at subsequent junctures in case planning where updated data will influence the course of the case plan.
- 4.3. There are three levels of risk assessment:
  - 4.3.1. Screening risk assessment which includes the Supervision Level Assessment (SLA) and the Level of Services Inventory – Screening Version (LSI-SV). This is the most basic level of assessment and it serves as a triage procedure (the assigning of priority order to projects on the basis of where funds and resources can be best used or are most needed). CSS staff are trained and supervised to administer these tools and instruments, and this will be a sufficient level of assessment for most offenders who are assigned to CRSU placements. All new sentenced cases entering the DOC system shall receive this level of assessment to assist in determining eligibility for reparative probation and community justice services. Scores which exceed criterion levels on these instruments generally indicate a need for additional assessment as described below. The scores, and the sub-scores which form the basis for the total score, will be entered in the DOC centralized computer data base for the appropriate use of authorized personnel.
  - 4.3.2. General risk assessment which includes the Level of Services Inventory – Revised (LSI-R). All cases deemed high or medium high on the screening risk assessment or referred for intermediate sanction program eligibility, pre-sentence investigation, facility classification, conditional release review or parole summary shall have an initial LSI-R or updated LSI-R on file. Scores on the LSI are relatively stable; reassessment does not need to occur unless the most recent score on file is over one year old or significant new events occur in the case requiring revision of the case plan. LSI scores shall be integrated into classification, consistent with the requirements of Directive 371. Case planning and offender responsibility planning shall reflect data generated by the LSI in terms of treatment needs. The scores, and the sub-scores which form the basis for the total score, will be entered in the DOC centralized computer data base for the appropriate use of authorized personnel.
  - 4.3.3. Specific or clinical risk assessment which includes the Spousal Assault Risk Assessment, the Addictions Severity Index, the Psychopathy Checklist, VASOR, RRASOR, Stattic-99, the Violence Risk Appraisal Guide and other instruments focusing on specific issues. Cases referred for this level of assessment require a more detailed assessment, examining specific risk factors, such as the specific risk of violence, spousal assault, sexual deviance or to determine an offender's degree of psychopathy. This may be necessary for determination of program eligibility (via the Intermediate Sanctions Report), classification designation, or other release decision. Summaries of the scores on these instruments will be added to the DOC centralized computer data base for the appropriate use of authorized personnel. Generally, however, details that form the basis for these scores will not be entered in the database. They will be retained as separate clinical files, protected under Directive 254.01 and 254.02.

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- 4.4. The determination by a caseworker as to which offender gets what level of assessment at what point in time is governed by case specifics in the classification process: offense, point of contact in system, classification requirements, and court requests. Additionally, caseworkers shall use their discretion to determine when additional information is needed in a case and make referrals for acquiring that information accordingly. The decision to conduct a clinical risk assessment is governed by both the caseworker and designated program personnel with expertise in the use of these tools.
- 4.5. Practices involving the use of clinical risk assessment measures will be determined by the clinical director in conjunction with the directors of the specific programs (sex offender program, addictions treatment, cognitive restructuring, domestic violence, and mental health programs). The educational, experience and credentialing requirements for the use these instruments varies. The clinical director will determine eligibility for the use of these instruments, including training.
- 4.6. Upon written request, the Department will release assessment score or summary forms to attorneys representing offenders. Due to the technical nature of these instruments, copies of the actual assessment score or summary forms should only be provided to attorneys or licensed clinicians representing the offender to limit misunderstanding and potential confusion over results. Notes taken during the assessment, interview forms and other documents are generally considered raw data and are not to be released in the absence of a court order or direction from the Legal Division.

### **5. Training Method**

- 5.1. Risk assessment is a required activity assignment for correctional service specialists and their supervisors. Training, support and supervision in the use of risk assessment measures are critical to their proper, valid use. It shall be the responsibility of HRD and the clinical director to coordinate a program of training and support to ensure that these instruments administered by DOC staff (eg. SLA, LSI-SV, LSI-R, ASI) are being utilized correctly
- 5.2. Each site shall have local access to support, training and consultation in the use of the certain measures such as the LSI-R and LSI-SV. The local trainers shall be supported and provided necessary skills and materials by HRD. It shall be the responsibility of superintendents to insure that local trainers are available and fully supported to accomplish this role. If through personnel changes a local trainer leaves his/her position, it is the responsibility of the superintendent to coordinate the development of a replacement through HRD.

### **6. Quality Assurance Processes**

- 6.1. Scores and other data from screening and general risk assessment measures shall be entered into the department's data base as part of the offender data management system. Access to this record shall be governed by related MIS directives and Directive 254.01 (Access to Offender Case and Criminal History and Treatment Information).
- 6.2. The Department shall adopt procedures and practices to ensure the accuracy, reliability and proper use of assessment information, consistent with DOC Policy 371.

### **7. Financial Impact:**

- 7.1. The cost associated with this is variable depending on the assessment. Clinical assessments must be completed by clinicians, there is a fee associated with this as well as for using the copyrighted material.

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### **References**

- 7.2. Title 28 V.S.A., Sec. 701, 701(b).
- 7.3. DOC Directive 254.01 (Access to Offender Case and Criminal History and Treatment Information)
- 7.4. D'Amoura, D. (2001). Risk Assessment – An Overview. Association of Paroling Authorities International (APAI) Conference, Washington.
- 7.5. McGrath, R., Hoke, S., Livingston, J. & Cumming, G. (in press).

### **8. Responsible Director and Draft Participants**

This directive was drafted by Thomas Powell, Ph.D., Clinical Director

**Appendix A: Assessment Matrix**

<b>CSS Functions</b>	<b>No Assessment</b>	<b>Screening Assessment</b>	<b>General Assessment</b>	<b>Specific Assessment</b>
<b><u>Intake from Court</u></b>				
- New Case		<b>CRSU</b>	<b>CCSC; Facility</b>	
- Previous LSI >12 mos ago			<b>CCSC; Facility</b>	
- Pre-classification		<b>CRSU<sup>1</sup>;CCSC<sup>2</sup></b>	<b>CCSC<sup>3</sup></b>	
- Listed Offenses			<b>CCSC<sup>4</sup>; Facility<sup>5</sup></b>	<b>CCSC</b>
PSI			<b>CRSU; CCSC</b>	<b>CCSC</b>
ISR			<b>CCSC</b>	<b>CCSC</b>
Case Planning			<b>CCSC</b>	<b>CCSC<sup>6</sup></b>
- ORP Classification			<b>Facility</b>	<b>Facility<sup>7</sup></b>
<b><u>VOP</u></b>				
- Condition #1		<b>CRSU</b>	<b>CCSC<sup>8</sup></b>	
- Technical Violation		<b>CRSU</b>	<b>CCSC<sup>9</sup></b>	
<b><u>Discharge/Conditional Rel.</u></b>				
- Release/Parole			<b>Facility; CCSC<sup>10</sup></b>	

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<sup>1</sup> discretionary  
<sup>2</sup> discretionary  
<sup>3</sup> discretionary  
<sup>4</sup> > 30 days to serve  
<sup>5</sup> ≤ 30 days to serve  
<sup>6</sup> discretionary  
<sup>7</sup> discretionary  
<sup>8</sup> discretionary  
<sup>9</sup> discretionary  
<sup>10</sup> discretionary