# The Alternatives to Incarceration Advisory Committee

## A Report to the Governor and Legislature

### State of Connecticut

**February 1, 2005**

**Membership** through December, 2004

Theresa C. Lantz, Chair
Commissioner
Department of Correction

The Honorable Richard O. Belden
State Representative, 113th District

The Honorable Eileen M. Daily
State Sentator, 33rd District

The Honorable William R. Dyson
State Representative, 94th District

The Honorable Gregory Everett
Chairman
Board of Pardons and Paroles

The Honorable Robert Farr
State Representative, 19th District

The Honorable Toni Nathaniel Harp
State Senator, 10th District

Dr. Thomas Kirk, Jr.
Commissioner
Department of Mental Health and
Addiction Services

The Honorable John A. Kissel
State Senator, 7th District

The Honorable Michael P. Lawlor
State Representative, 99th District

The Honorable Andrew J. McDonald
State Senator, 27th District

The Honorable Peter A. Metz
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Christopher L. Morano
Chief State's Attorney

The Honorable William A. Nickerson
State Senator, 36th District

The Honorable Joseph H. Pellegrino
Chief Court Administrator

Marc S. Ryan
Secretary
Office of Policy and Management

The Honorable Andrea L. Stillman
State Representative, 38th District

Gerard A. Smyth
Chief Public Defender

**ALTERNATIVES TO INCARCERATION**
**ADVISORY COMMITTEE**

**TO:** **The Honorable M. Jodi Rell**
**Governor**

**The Honorable Toni Nathaniel Harp**
**Chair, Appropriations Committee**

**The Honorable Denise W. Merrill**
**Chair, Appropriations Committee**

**The Honorable Eileen M. Daily**
**Chair, Finance Committee**

**The Honorable Cameron C. Staples**
**Chair, Finance Committee**

**The Honorable Andrew J. McDonald**
**Chair, Judiciary Committee**

**The Honorable Michael P. Lawlor**
**Chair, Judiciary Committee**

**The Prison and Jail Overcrowding Commission**

**FROM:** **Theresa C. Lantz, Chair**
**Alternatives to Incarceration Advisory Committee**

**DATE:** **February 1, 2005**

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On behalf of the members of the Alternatives to Incarceration Advisory Committee, I am pleased to submit this final report.

Created by Public Act 03-06, the Committee was charged with advising and making recommendations to the Commissioner of Correction on the feasibility and effectiveness of various alternatives to incarceration. Early in the process, the Committee empowered a number of working groups composed of experts and stakeholders to examine every facet of various alternatives to incarceration. I am proud to say that many of the proposals made in the 2004 interim report were supported by the Prison and Jail Overcrowding Commission and subsequently adopted during the 2004 session of the Connecticut General Assembly.

In a spirit of unprecedented collaboration between government agencies and branches, the Committee has continued to address the need for integrated and cost effective alternatives to secure confinement. The Committee views these issues not solely as correctional or criminal justice concerns but rather global issues that require broad

based community solutions. This report contains 15 wide-ranging recommendations for system improvement.

This report concludes the Committee's activities. In recognition of the progress that has been made, and the desirability of continued collaboration, both the Prison and Jail Overcrowding Commission and the Alternatives to Incarceration Advisory Committee have voted to maintain the Behavioral Health and Offender Supervision and Programs working groups under the former Commission.

On behalf of the Committee, I look forward to working with you to appropriately address these essential public safety initiatives.

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## I. Executive Summary

The Alternatives to Incarceration Committee established two working groups to prepare recommendations for the Committee's consideration. The Committee has endorsed the following recommendations as the final product of the Working Groups and has forwarded the recommendations to the Commissioner of Correction and to the Prison and Jail Overcrowding Commission.

The Working Group's recommendations are as follows:

**Behavioral Health Services Working Group**

1. *The Court Support Services Division of the Judicial Branch (CSSD) and the Connecticut Department of Correction (DOC), in consultation with the Connecticut Department of Mental Health and Addiction Services (DMHAS) or with other behavioral health technical assistance, should undertake a systematic review of current community based programs to determine the capacity of such programs to provide services to persons with psychiatric disorders. The agencies should develop a plan to increase access for such persons to existing alternative or community programs through:*
    - *Program or contract modifications (incentives, hiring of on-site clinical liaisons, formal linkages with community providers).*
    - *Identification and resolution of disincentives or barriers to accepting persons with psychiatric disabilities.*
    - *Development of RFP/RFQ language and review process that addresses need for integrated services.*

2. *CSSD, DOC and DMHAS should partner on the development of a residential and day reporting center for persons with serious and long-term psychiatric disabilities that should serve as a model for development of such programs statewide. This intensive community transition program recognizes the special needs of this population and will use the period of court or DOC supervision as an opportunity to engage the client in a long term recovery plan that will reduce recidivism as well as address the needs of the client*.
3. *Crisis Intervention Teams (CIT) are a partnership program between the local police and the community provider network which provides for a joint response to crisis in*

*the community involving persons with behavioral health disorders, reducing the need for arrest and resulting in safer and more effective outcomes. CIT programs should be implemented in all police departments and their communities statewide. Minimal costs of a program include overtime costs to allow designated officers to attend an intensive week-long training to identify and respond to persons with behavioral health needs, and the cost of hiring a clinical liaison.*

4. *Federal grants support specialized women's jail diversion programs in Hartford and Bristol/New Britain. These nationally recognized model programs provide gender specific, trauma-informed outreach, engagement and intensive community support as an alternative to incarceration for women defendants who by history are at high risk of recidivism if not incarcerated.*
5. *Probation and Parole should employ specially trained and/or clinically licensed professionals to provide community supervision to offenders with psychiatric disabilities or with psychiatric treatment as a condition of probation or parole. Such officers should be trained to act in consultation with the treatment provider network to help offenders successfully complete their period of supervision and to get the services they may need to do so. Caseload to officer ratio should be low, generally no more than 35 active cases per officer. Supervision should utilize intervention strategies and graduated sanctions that reflect the special needs of the offender.*
6. *Employ at least one clinically trained jail re-interviewer to be assigned to Garner Correctional Center. Provide training to all other jail re-interviewers on identification, assessment and development of plans for persons with psychiatric disabilities.*
7. *The Parole Board should have forensic psychiatric services. The Board has very few members with any background in mental health issues nor does the Board have access to a consultant whose mental health expertise might assist the Board in understanding and integrating the medical and psychiatric information provided to them. Such a consultant would (1) facilitate the Board's interpretation of the mental health information, (2) identify relevant risk factors related to the mental health issues and (3) facilitate the development of community supervision plan that would enable the Board to grant parole to otherwise eligible inmates with psychiatric disabilities.*
8. *Two alternatives to drug court programs have been funded by Byrne grants to DMHAS (New Haven and Bridgeport courts) and a new program has recently been established by judicial in the Danielson/Willimantic court. These programs have significantly modified the original drug court program that required a special docket*

*and intensively utilized court resources. The Byrne funded alternatives utilize a substance abuse clinical liaison to the court which allows for rapid re-docketing of cases should active intervention/action by the court be needed. Most of the funding, however, goes to fund evaluation and treatment services for the program participant. The target population of participants remains the same as under the former drug court but the ongoing court monitoring is less intense and occurs on an "as needed" basis and no special docket is required. Access to treatment is increased. Any future investment in establishing "drug courts" should avoid replicating the intensive court approach in favor of models that increase treatment capacity and access.*

9. *Paralleling a successful re-entry program model for persons with psychiatric disabilities, a transitional community re-entry program should be established for inmates with significant histories of substance abuse. The program should include: 1) early notification of community providers of potential inmate discharge, 2) joint pre-release development of a recovery-oriented re-entry plan among community provider case manager, DOC counselor, and the inmate and 3) transitional case management by the community to oversee implementation of the plan and to provide initial support and encouragement to the inmate upon release.*
10. *The DOC should establish relationships with Department of Social Services (DSS) and Social Security providers to streamline the process of eligibility and reinstatement of benefits for offenders with psychiatric disabilities prior to their release.*

**Ad Hoc Committee on Sexual Offenders**

*Increase the number of inmates with problem sexual behaviors released to parole services who are determined statistically at low to high moderate risk to re-offend by a validated risk assessment tool. Provide community treatment/victim advocacy services; utilize halfway houses and other housing options; and promote community education about persons with problem sexual behaviors and the benefits to public safety when such persons are released into the community under parole supervision with mandated treatment.*

**Offender Supervision and Programs**

1. *The Department of Correction and the Court Support Services Division should establish a collaborative partnership to align their policy and operations with evidence-based practices. This should include the development of a strategy to*

*implement an evidence-based community supervision model, and establish evidence-based community treatment programs.*

2. *The Department of Correction should continue in its effort to implement the use of a validated risk and needs assessment tool (or tools) for use in program planning, including planning for community supervision. The DOC should collaborate with the CSSD and DHMAS to ensure that this assessment tool is compatible with those employed by these agencies.*
3. *The Department of Correction, Parole and Community Services Unit and the Court Support Services Division should continue the work started by this workgroup to establish a shared philosophy and consistent policies and practices for offender supervision and response to non-compliance*.
4. *The Department of Correction, the Court Support Services Division, and the Department of Mental Health and Addiction Services should identify and collect a common set of process, intermediate and outcome measures for determining the effectiveness of their programs and services.*

## II. Summary of Public Act 03-06, Section 158

The Alternatives to Incarceration Advisory Committee was created by Public Act 03-06, An Act Concerning General Budget and Revenue Implementation Provisions. Membership includes the Commissioner of Correction, the Secretary of the Office of Policy and Management, the Chief Court Administrator, the Chief State's Attorney, the Chief Public Defender and the Commissioner of Mental Health and Addiction Services, or their designees; and the co-chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, judiciary and finance. The Commissioner of Correction serves as chairperson.

The committee was created in order to "investigate the feasibility and effectiveness of various alternatives to incarceration and make recommendations to the commissioner [of the Department of Correction] for implementation."

Specific alternatives to incarceration enumerated in the legislation include:

- Adding probation and parole officers to encourage diversion from incarceration and swifter release of inmates who have served periods of incarceration and making recommendations to improve the probation and parole supervision process,
- The expansion and establishment of drug and community courts,
- Enhancement of drug and other community treatment slots for offenders awaiting release to the community,
- Enhancement of community mental health services for offenders awaiting release,
- Expansion of the jail diversion program and related services to divert individuals with behavioral health disorders accused of nonviolent offenses,
- Enhancement of community support services for offenders leaving incarceration, especially the approximate one thousand four hundred offenders awaiting release who lack adequate support mechanisms to succeed in the community post-incarceration,

- Mechanisms to streamline the parole process in an effort to encourage earlier release of offenders to the community if deemed appropriate by the Commissioner,
- Other innovative pilot programs that will reduce recidivism among offenders under community supervision and reduce the overall rate of incarceration, and
- Examination of the Department of Correction's procedures, policies and classification of inmates.

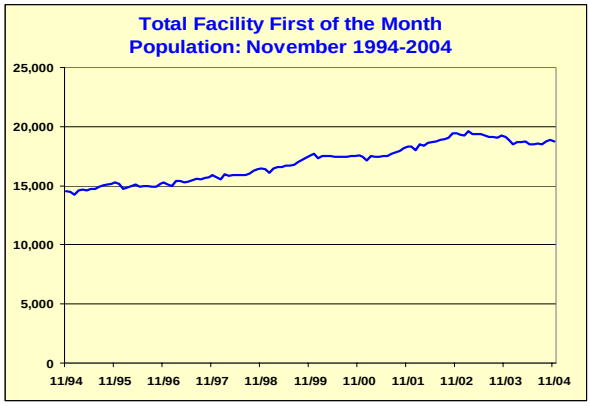
This is the final report required by the legislation.

The text of Public Act 03-06, Section 158 is contained in Appendix A.

## III. Population Summary

The following information, take from the Prison and Jail Overcrowding Commission's 2005 Report, provides a summary of the Department of Correction's supervised population.

## DOC Facility Populations

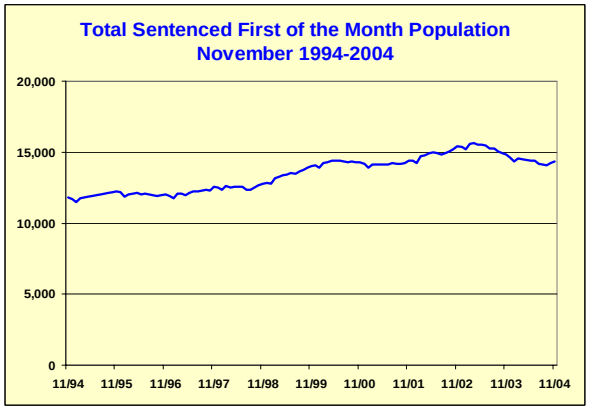



### Total Populations

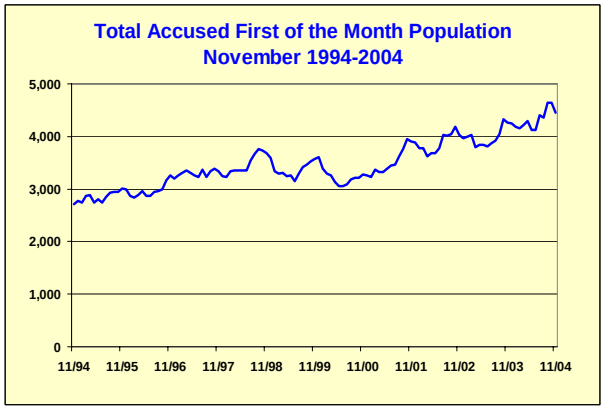
Between November 1994 and November 2004, the total population confined in facilities rose 29 percent, from 14,519 to 18,761. This total has declined slightly in the past year, from 19,102 to 18,761, and is down 4.4 percent from an all time high of 19,589 in January 2003.

### Sentenced Populations

In the past ten years, the sentenced population has increased 21 percent from 11,811 to 14,314. However, over the past 12 months, the total number of sentenced inmates has declined 3.5 percent, or by 528 inmates. Currently, the sentenced population represents 76 percent of the total incarcerated population.



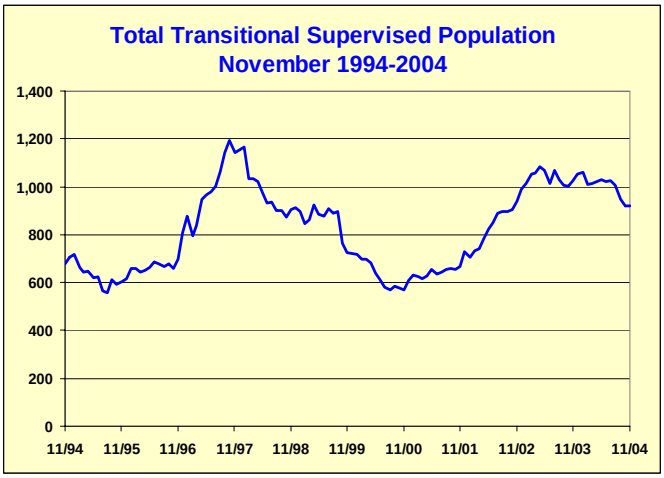

### Accused Population




Since November 1994, the number of inmates on accused status has increased 64 percent, from 2,708 to 4,447. This accused population is up 4 percent since November 2003 and

represents 24 percent of the total incarcerated population.

### Transitional Supervision

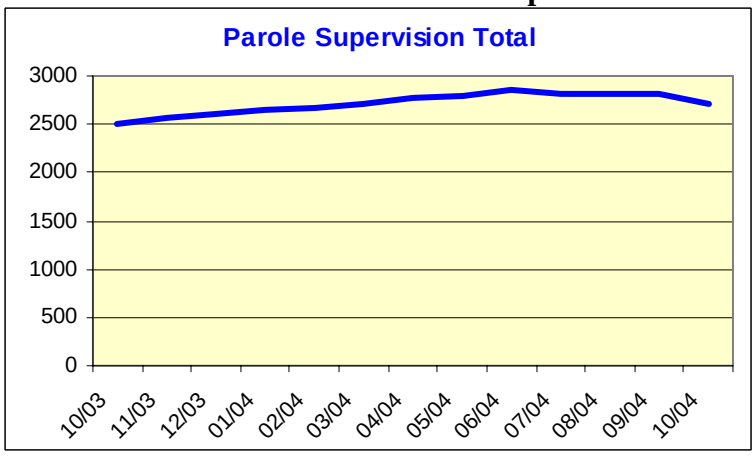



Transitional Supervision (TS) is a discretionary release program under the jurisdiction of the DOC for certain offenders with a sentence of no more than two years. An inmate must have served a minimum of 50 percent of his sentence and must have appropriate institutional conduct to qualify for the program. If the inmate is deemed eligible and appropriate for supervision, he may be released to an approved community residence. Inmates on TS are subject to a range of conditions and supervision regimens. The number of inmates on TS has increased 36 percent since November of 1994.

### Halfway Houses

The DOC contracts for 875 halfway house beds throughout the state as of November 1, 2004. These programs assist offenders in the process of reintegrating into society, and may include employment assistance, substance abuse treatment, mental health and housing assistance.

### Board of Pardons and Paroles Populations




The total number of supervised parolees was 2,717 in October of 2004. That is an increase of 8% from October of 2003. The high point of overall supervised parolees during that time period was 2,947 in June of 2004.

## IV. Process, Mandate and Membership of the Working Groups

The 2004 Report of the Alternatives to Incarceration Advisory Committee contained recommendations from four working groups. The groups were made of functional-level employees and managers who were most familiar with the issues involved in system improvement and were able to proffer recommendations for improvement. The success of this approach is evidenced by the large number of these recommendations that were incorporated into the Prison and Jail Overcrowding Report and, subsequently, into legislation.

Given this success, following that report, the Committee voted to re-focus the working groups and collapsed the four groups into two: the Behavioral Health Services Working Group and the Offender Supervision Working Group. The Working Groups met over the course of calendar 2004 in order to assess the current state of alternatives in several areas and to formulate recommendations. The Committee approved the final reports of the Groups during its December 1, 2004 meeting.

The Working Group chairs and members are as follows:

**Behavioral Health Services Working Group**

| | |
|---|---|
| Daniel Bannish, Co-Chair | Department of Correction |
| Gail Sturges, Co-Chair | Department of Mental Health and Addiction Services |
| | |
| Michael Aello | Court Support Services Division |
| Debra Anderson | National Alliance for the Mentally Ill |
| Tom Behendt | Connecticut Legal Rights Project |
| Martha Brown | Department of Correction |
| John Chapman | Judicial Branch |
| Doreen Delbianco | Department of Mental Health and Addiction Services |
| Judy Dowd | Office of Policy and Management |
| Ken Edwards, Jr. | New London Police Department |
| Gregory Everett | Board of Pardons and Paroles |
| Michael Hines | Judicial Branch |
| Tom King | Department of Mental Health and Addiction Services |
| Beth Leslie | Office of Protection and Advocacy |
| Mike Macniak | Melissa's Project |
| Ed Mattison | South Central Behavioral Health Network |
| Suzanne McAlpine | Public Defender's Office |
| Loel Meckel | Department of Mental Health and Addiction Services |

**Behavioral Health Services Working Group** (continued)

| | |
|---|---|
| Luis Perez | Capital Region Mental Health Center |
| Monte Radler | Public Defender's Office |
| Judith Rossi | Office of the Chief State's Attorney |
| Jerry Stowell | Board of Pardons and Paroles |
| Jan Van Tassel | Connecticut Legal Rights Project |
| Ellen Weber | Psychiatric Security Review Board |

**Ad Hoc Committee on Sexual Offenders**

| | |
|---|---|
| Michael Aiello | Court Support Services Division |
| David D'Amora | Center for Treatment of Problem Sexual Behavior |
| Deborah Delprete-Sullivan | Public Defenders Office |
| Nancy Kushins | Connecticut Sexual Assault Crisis Services |
| Eillen Redden | University of Connecticut Health Center |
| Judith Rossi | Office of the Chief State's Attorney |
| Gail Byrne-Smith | Connecticut Sexual Assault Crisis Services |

**Offender Supervision and Programs Working Group**

| | |
|---|---|
| Patrick Hynes, Co-Chair | Department of Correction |
| Thomas White, Co-Chair | Court Support Services Division |
| Joseph Hagan | Department of Correction |
| Craig Jones | Department of Correction |
| Elaine Pacheco | Department of Correction |
| Cynthia Theran | Court Support Services Division |

## V. Recommendations and Discussion

### Behavioral Health Services Working Group

**Recommendation 1**

***CSSD and DOC, in consultation with DMHAS or with other behavioral health technical assistance, should undertake a systematic review of current community based programs to determine the capacity of such programs to provide services to persons with psychiatric disorders. The agencies should develop a plan to increase access for such persons to existing alternative or community programs through:***

- ***Program or contract modifications (incentives, hiring of on-site clinical liaisons, formal linkages with community providers).***
- ***Identification and resolution of disincentives or barriers to accepting persons with psychiatric disabilities.***
- ***Development of RFP/RFQ language and review process that addresses need for integrated services.***

CSSD and DOC fund an extensive network of community based programs and services from which persons with psychiatric disabilities have been disproportionately excluded because they are perceived as having special needs which make them ineligible or inappropriate for participation. While this may be true for some persons with serious and ongoing psychiatric disabilities, the majority of persons having minor to moderate disabilities could participate in current programs if modified to provide accommodation. Increased access would reduce the pretrial and sentenced incarcerated population and would reduce re-incarceration due to technical violations.

**Recommendation 2**

***CSSD, DOC and DMHAS should partner on the development of a residential and day reporting center for persons with serious and long-term psychiatric disabilities that should serve as a model for development of such programs statewide. This intensive community transition program recognizes the special***

***needs of this population and will use the period of court or DOC supervision as an opportunity to engage the client in a long term recovery plan that will reduce recidivism as well as address the needs of the client*.**
Even if agencies fully integrate services, there will remain some persons who have such special needs as the result of more significant psychiatric disorders that current alternative and community-based programs cannot sufficiently be modified to permit their participation without compromising the integrity of the program or the safety and success of the client. Without a specialized alternative program, these persons with the greatest level of need will continue to be incarcerated longer than similarly charged persons without such disability and are much more likely to reach end of sentence without the benefit of transitional supervision or parole. This specialized program will provide clinical and community support services to such persons, while providing the monitoring required by the court or DOC.

DOC, DMHAS and CSSD have jointly developed an RFQ proposal for a specialized transitional residential and day reporting program. Partial funding from CSSD may be available if committed by end of FY 04-05 and if additional support becomes available beginning FY05-06 to fully fund program.

***Recommendation 3***

***Crisis Intervention Teams are a partnership program between the local police and the community provider network which provides for a joint response to crisis in the community involving persons with behavioral health disorders, reducing the need for arrest and resulting in safer and more effective outcomes. CIT programs should be implemented in all police departments and their communities statewide. Minimal costs of a program include overtime costs to allow designated officers to attend an intensive week-long training to identify and respond to persons with behavioral health needs, and the cost of hiring a clinical liaison.***

CIT models implemented around the country have consistently demonstrated a significant reduction in arrests; workers compensation claims by police and have shown improved response to and outcomes for persons in behavioral health crisis.

A FY 04-05 Byrne grant to DMHAS has allowed enhancement of CITs in New London and West Haven, implementation of a CIT in Waterbury, and planning is underway for one in Hartford and New Haven. DMHAS intends to submit a Byrne grant application for further expansion of the model, by taking a regional approach to the liaison role of the mental health agency. This would facilitate the development of CIT in multiple jurisdictions surrounding an urban mental health provider.

**Recommendation 4**

***Federal grants support specialized women's jail diversion programs in Hartford and Bristol/New Britain. These nationally recognized model programs provide gender specific, trauma-informed outreach, engagement and intensive community support as an alternative to incarceration for women defendants who by history are at high risk of recidivism if not incarcerated.***

Women are a rapidly growing segment of the incarcerated population and yet alternative programs have not kept pace with this new demand. Effective strategies for women in the criminal justice system must be gender specific since the causes of criminal behavior by women often differs significantly from men. Treatment for trauma is key in that many female offenders have experienced sexual or emotional abuse. Women who have participated in these programs have significantly reduced recidivism.

**Recommendation 5**

***Probation and Parole should employ specially trained and/or clinically licensed professionals to provide community supervision to offenders with psychiatric disabilities or with psychiatric treatment as a condition of probation or parole. Such officers should be trained to act in consultation with the treatment provider network to help offenders successfully complete their period of supervision and to get the services they may need to do so. Caseload to officer ratio should be low, generally no more than 35 active cases per officer. Supervision should utilize intervention strategies and graduated sanctions that reflect the special needs of the offender.***

Probation and Parole provide supervision to a large number of individuals daily (e.g., probation supervises over 60,000 offenders daily). Consequently they have high caseloads and little time to address the individual needs of offenders with psychiatric disabilities; to meaningfully supervise compliance with treatment conditions of supervision; or to consider appropriate and effective graduated sanctions for technical violations. Without such support it is often difficult for such offenders to successfully complete probation or parole supervision thereby risking re-incarceration. Such specially trained officers can become internal resources to other probation officers in identifying and referring persons to services or in considering non-traditional graduated sanctions.

**Recommendation 6**

***Employ at least one clinically trained jail re-interviewer to be assigned to Garner Correctional Center. Provide training to all other jail re-interviewers on identification, assessment and development of plans for persons with psychiatric disabilities.***

The Jail Re-Interviewer program has demonstrated success in reducing incarceration days by developing alternative plans for reconsideration by the court and expedited docketing for a hearing. DOC has recently centralized placement of inmates with the highest treatment need at Garner, many of whom are pre-trial. However, Jail Re-Interview does not provide coverage to Garner so a transfer there for treatment is likely to result in exclusion from the benefit of jail re-interview. A clinical jail re-interviewer would develop expertise in the community services available to this population and would serve as an expert resource to other re-interviewers, who should be trained to increase access to this service for persons at other DOC facilities who have behavioral health needs.

**Recommendation 7**

***The Parole Board should have forensic psychiatric services. The Board has very few members with any background in mental health issues nor does the Board have access to a consultant whose mental health expertise might assist the Board in understanding and integrating the medical and psychiatric information***

***provided to them. Such a consultant would (1) facilitate the Board's interpretation of the mental health information, (2) identify relevant risk factors related to the mental health issues and (3) facilitate the development of community supervision plan that would enable the Board to grant parole to otherwise eligible inmate's with psychiatric disabilities.***

This recommendation was made in a legislative report by DMHAS, DOC and Parole as a way to "significantly enhance the ability of the parole board to consider the needs of persons with psychiatric disabilities in making decisions regarding parole approval." Additionally, this consultant could provide supervision to the specialized parole officers in Recommendation 5 above, and assist in developing appropriate graduated sanctions to prevent technical violations and re-incarceration of persons with psychiatric disabilities.

**Recommendation 8**

***Two alternatives to drug court programs have been funded by Byrne grants to DMHAS (New Haven and Bridgeport courts) and a new program has recently been established by judicial in the Danielson/Willimantic court. These programs have significantly modified the original drug court program that required a special docket and intensively utilized court resources. The Byrne funded alternatives utilize a substance abuse clinical liaison to the court which allows for rapid re-docketing of cases should active intervention/action by the court be needed. Most of the funding, however, goes to fund evaluation and treatment services for the program participant. The target population of participants remains the same as under the former drug court but the ongoing court monitoring is less intense and occurs on an "as needed" basis and no special docket is required. Access to treatment is increased. Any future investment in establishing "drug courts" should avoid replicating the intensive court approach in favor of models that increase treatment capacity and access.***

The former drug court model required an extensive amount of court resources for proportionately few clients and thus was very costly. The alternative model maintains the court oversight, but shifts the resources to the community treatment providers. Recovery from significant substance abuse/dependence is a long term, sometimes life-long

process. By shifting primary responsibility to the treatment system rather than the court, the goal shifts to achieving and sustaining recovery for the long term beyond completion of the court program.

**Recommendation 9**

***Paralleling a successful re-entry program model for persons with psychiatric disabilities, a transitional community re-entry program should be established for inmates with significant histories of substance abuse. The program should include: 1) early notification of community providers of potential inmate discharge, 2) joint pre-release development of a recovery-oriented re-entry plan among community provider case manager, DOC counselor, and the inmate and 3) transitional case management by the community to oversee implementation of the plan and to provide initial support and encouragement to the inmate upon release.***

DOC provides substance abuse evaluation and treatment of inmates who often are at high risk of relapse during the critical re-entry period when establishing the necessary daily living supports such as housing and employment challenge the individual's recovery. Providing referrals for outpatient treatment upon release is insufficient to help the ex-inmate meet this challenge. Transitional case management has proven effective in assisting persons find safe living arrangements, employment, ongoing treatment, and non-substance using social supports including peer support. Community providers should be funded to provide the case management necessary to help citizens from their community succeed following release from incarceration.

DMHAS and DOC are currently implementing a Byrne grant to establish transitional case management programs in Hartford and Waterbury. In addition to funding the case management services of community providers as described above DMHAS will make program participants eligible for additional treatment and support services under its Access to Recovery grant.

**Recommendation 10**

***The DOC should establish relationships with DSS and Social Security providers to streamline the process of eligibility and reinstatement of benefits for offenders with psychiatric disabilities prior to their release.***

Many inmates with psychiatric disabilities had been receiving entitlement benefits prior to incarceration. These benefits were suspended or cancelled during incarceration and are not reinstated until the offender has completed extensive paperwork and verification at DSS and Social Security offices following release. The time lapse between discharge and receiving benefits impacts successful re-entry and often results in use of more expensive services such as hospital emergency rooms and DMHAS emergency services. Eligible inmates have co occurring medical and substance abuse problems and require more detailed discharge planning that includes use of entitlements.

The DOC has developed an MOU with DSS in which the DOC funds two DSS eligibility worker positions to exclusively deal with benefit verification and reinstatement so that offenders have benefits available upon release to the community. DOC/CMHC discharge planning staff have engaged in training provided by the Social Security Administration regarding benefit reinstatement and will engage in similar training with DSS to identify information and processes needed to meet eligibility requirements.

## Ad Hoc Subcommittee on Sexual Offenders

**Recommendation**

***Increase the number of inmates with problem sexual behaviors released to parole services who are determined statistically at low to high moderate risk to re-offend by a validated risk assessment tool. Provide community treatment/victim advocacy services; utilize halfway houses and other housing options; and promote community education about persons with problem sexual behaviors and the benefits to public safety when such persons are released into the community under parole supervision with mandated treatment***.

The DOC currently houses over 3000 inmates classified with problem sexual behaviors.

Nearly 60% of those inmates currently incarcerated fit into the statistically low to low-moderate range to re-offend. Additionally, roughly 250 of inmates scheduled for release in 2004 will receive no probation or parole supervision upon release. A number of these inmates will have no mandated sex offender supervision or treatment and may be housed upon release in homeless shelters.

Currently there are 25 higher risk offenders being effectively managed under special parole. These parole officers receive special training and have small caseloads. Treatment services are mandated and provided by Special Services Center for Treatment of Problem Sexual Behavior. The program has a proven record of success and public safety has not been compromised. Increasing the number of parole officers to supervise caseloads of not more than 25 low-risk parolees with problem sexual behaviors would enhance the connection with treatment and other community services including housing and thereby improve public safety. Treatment providers and victim advocates strongly endorse close community supervision as a support to relapse prevention and discouragement of re-offending behavior.

Current research supports the use of supervision to maximize public safety. National statistics released from the United States Department of Justice (DOJ) also indicate that offenders with problem sexual behavior are significantly less likely than other offenders to recidivate. New research on persons with problem sexual behaviors indicates that increased incarceration actually could increase an individual's probability to re-offend. Likewise, releasing inmates into the community without adequate housing options and support systems further increases likelihood of recidivism and jeopardizes public safety, as well as creates an additional impediment for individuals to access appropriate treatment services and resources. (Presently, it is estimated that, of the inmates who are discharged from DOC supervision and enter shelters, 20 percent have a history of problem sexual behaviors.)

With additional parole supervision and mandatory treatment services, identifying inmates who are statistically at low risk to re-offend would further maximize successful, safe community re-entry. Currently there are approximately 300 low risk inmates that could be considered for discretionary parole supervision. Any new program involving early release of inmates with problem sexual behaviors would incorporate process and

outcome goals to measure success. Victim advocates (1 per 100 parolees) would also be an integral part of any program to ensure that victims and their families have appropriate information; are able to voice concerns; and have access to victim services.

Finally, given a lack of appropriate information about persons with problem sexual behavior and the levels of risk, communities often respond in an extreme manner to any mention of persons with problem sexual behaviors being managed in the community. Therefore, it is crucial that a multi-disciplinary team of DOC, probation, parole, treatment and victim advocates promote community education efforts and assist communities in accessing correct information, current research, and other resources critical for effective management to be maintained.

## Offenders Supervision and Programs Working Group

**Recommendation 1**

***The Department of Correction and the Court Support Services Division should establish a collaborative partnership to align their policy and operations with evidence-based practices. This should include the development of a strategy to implement an evidence-based community supervision model, and establish evidence-based community treatment programs.***

Implementation of these evidence-based practices requires correctional agencies to change the way they operate and rethink the way they do business, which is no easy task. This level of change requires dynamic and committed leadership with the ability and willingness to place equal focus on evidence-based practices, and organizational development and collaboration. These three components, when implemented together, form an integrated model for system reform.

Evidence-based principles provide the content for effective service provision. Organizational development is required to successfully implement systemic change. To implement evidence-based practices, organizations must: rethink their missions and values; gain new knowledge and skills; adjust their infrastructure to support this new way of doing business; and transform organizational culture.

Collaboration enhances internal and external buy-in in the change process, supporting successful implementation in the complex web of public safety agencies, service providers, and other stakeholders.

Unfortunately, very few organizations have successfully implemented or been able to sustain implementation of evidence-based principles throughout their operations. While some organizations may have developed a certain breadth of implementation, many have not managed to achieve the depth necessary to change the organizational culture and attain desired outcomes. As a result, change efforts often lose focus, stagnate, and are not institutionalized. An integrated approach to implementation provides the depth and breadth necessary to ensure lasting change.

Using this integrated model as an overarching framework, a standing policy level committee should be established to develop and implement evidence-based practices within the state's correctional agencies. The Commissioner of Correction and the Executive Director of the Court Support Services Division should serve as the co-chairs of this committee. The Prison and Jail Overcrowding Commission would serve as the vehicle to report the committee's progress and any recommendations to the Governor and Legislature.

As stated earlier, recent research efforts based on meta-analysis have provided the criminal justice field with much needed information about how to better reduce offender recidivism. This research indicates that certain programs and intervention strategies, when applied to a variety of offender populations reliably produce sustained reductions in recidivism.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing the skills, tools, or resources that science indicates are necessary for risk and recidivism reduction. Despite the evidence that indicates otherwise, probation and parole officers continue to be trained and expected to meet minimal contact standards which emphasize rates of contacts. These standards largely ignore the opportunities these contacts provide for reinforcing behavioral change.

The biggest challenge in adopting these evidence-based practices is to change our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

The following evidence-based community supervision model should be fully implemented within the state's probation and parole system:

| EVIDENCE-BASED COMMUNITY SUPERVISION MODEL | | |
|---|---|---|
| *Main Components* | *Responsible Individuals* | *Objectives* |
| Offender Risk and Needs Assessment | Probation Officer / Parole Officer / Correctional Counselor | To conduct an accurate Risk and Needs Assessment |
| Probation / Parole Conditions | Parole Board / Court Personnel | To match the term of probation and parole supervision, and probation and parole conditions to the levels of offender risk, and to require treatment interventions congruent with criminogenic needs. |
| Offender Case Plan | Probation / Parole Officer | To develop a Case Plan that delineates the offender's criminogenic needs, appropriate programmatic interventions, offender's motivation to address identified needs, offender responsibilities, and field officer case activities.<br><br>To make appropriate program referrals. |
| Offender Supervision | Probation / Parole Officer | To monitor compliance with probation and parole conditions and to facilitate the implementation of the Case Plan.<br>To decrease the offender's ambivalence, defensiveness, and resistance to stopping his/her pro-criminal and anti-social behavior. |
| Offender Treatment | Program Provider | To provide the appropriate type of evidence-based treatment which focuses on the offender's criminogenic needs, enhance offender motivation, and provide positive reinforcement and relapse prevention. |
| Quality Assurance | Supervisors and Administrators | To model and facilitate organizational alignment with the principles of evidence-based supervision.<br><br>To provide staff training that increases their knowledge and skills in evidence-based practice, and support and reinforce knowledge and skill application. |

There has been a significant amount of empirically sound research that has established principles of effective correctional treatment. In short, research on treatment effectiveness has established that program interventions that are targeted to address an offender's criminogenic needs (needs that are related to crime causation), can substantially reduce recidivism. Correctional agencies must target criminogenic needs in the risk and need assessment process, and translate those needs into treatment objectives and ultimately into relevant offender interventions.

With this in mind, the Judicial Branch has undertaken the development of a comprehensive Risk Reduction Program for Adult Probation. The purpose of the Probation Risk Reduction Program is to supervise and treat offenders under the jurisdiction of the Judicial Branch according to the risk they pose to public safety, matching the degree or level of supervision and treatment to their level of risk *(the risk principle)*; choosing appropriate targets of evidence-based rehabilitative programming that address the offender's identified criminogenic needs *(the need principle)*; and employing styles and modes of treatment interventions that are consistent with the ability and developmental level of the offender *(the responsivity principle)*.

The opening in 2004 of an Adult Risk Reduction Center (ARRC) by the Judicial Branch was the first step toward developing a program network that addresses criminogenic needs. The ARRC as designed by the CSSD is an evidence-based program model that is based on the principles that have been found to achieve meaningful reductions in recidivism. This program model:

- Accepts only high-risk probation referrals;
- Accepts male and female referrals, ages 16 and above;
- Provides differential evidence-based services that are gender specific and age appropriate;
- Provides the appropriate amount of services, supervision and evidence-based interventions as determined by the individual's assessed risk and need;
- Employs principles of effective treatment programs

The expansion of this evidence-based treatment program to serve high-risk probation and parole clients throughout the state would be a major step toward reducing recidivism and prison overcrowding.

Although by implementing evidence-based practices there is the potential for substantial savings to the State of Connecticut through the reduction of offender recidivism, an estimated cost-benefit at this time can only be calculated for the expansion of the ARRC evidence-based treatment program.

CSSD operates twenty-one (21) probation offices throughout the state. A review of the risk scores for those offenders placed on probation supervision indicates that approximately 60% of all high-risk probationers reside in the following locations: Hartford, New Haven, Bridgeport, Waterbury, New Britain, New London, Manchester, and Middletown.

The ARRC program, (excluding booster sessions), is approximately four (4) months in length and can serve approximately 375 clients annually. From October 2003 to October 2004, 4,200 high-risk offenders were placed on probation supervision in the above locations. Although at the present time offenders placed on parole are not assessed to determine their risk level, it would be logical that they would risk out on a validated tool at a higher level than offenders placed on probation. In the above eight (8) locations, 45% of the probationers have been assessed as high-risk, and it is believed that if the same risk and needs assessment was used in parole with the same risk categories, approximately 60% would be high-risk offenders. It has been projected that between July 2004 and July 2005 approximately 4,000 offenders will be placed on parole. If similar to probation, 60% of those parolees were high-risk, there would be 1,440 high-risk parolees in these locations. Between probation and parole in these locations, this would total 5,640 high-risk offenders placed on community supervision on an annual basis. This would translate to a need for fifteen (15) ARRC's to be opened in the above eight (8) locations. Based on these statistics, the number of ARRC's for these locations would break down as follows: Hartford –3; New Haven – 3; Bridgeport – 3; Waterbury – 2; New Britain – 1; New London – 1; Manchester – 1; and Middletown – 1.

**Recommendation 2**

***The Department of Correction should continue in its effort to implement the use of a validated risk and needs assessment tool (or tools) for use in program planning, including planning for community supervision. The DOC should collaborate with the Court Support Services Division (CSSD) and the Department of Mental Health and Addiction Services (DHMAS) to ensure that this assessment tool is compatible with those employed by these agencies.***

When researchers and practitioners talk about an offender's risk level, they mean an offender's likelihood of committing another offense. It generally does not distinguish between type of offense (e.g., personal, property, felony, and misdemeanor), but just whether they might be rearrested for criminal conduct. There are generally three methods used to determine risk:

- An actuarial tool that uses risk factors that can be measured and weighted to give an overall risk score;
- Professionals using professional judgment based on their experiences; and
- A combination of actuarial tool and professional judgment.

Research has established that actuarial tools are better predictors than professional judgment. However, when professional judgment is used along with actuarial tools, one is most likely to get the best prediction of reoffense. There are a number of validated risk tools on the market and many jurisdictions have done their own research and validation to determine which risk factors are most important in determining reoffense in their jurisdiction. The better risk tools like the LSI-R have high levels of predictability and use risk factors that are dynamic in nature. Static risk factors cannot change (e.g., age at first conviction or whether there is a history of child abuse/neglect), and therefore cannot be targeted for intervention. Certain criminogenic risk/need areas are dynamic and just as valid in terms of predicting reoffense, and can be used to develop a sentencing or supervision / treatment strategy.

It is critical that criminal justice practitioners know and understand what the risk factors are before making decisions around arrest, diversion, bail, sentencing, supervision,

placement, or revocation. The failure to take into account risk can result in a variety of negative consequences creating a set of conditions that increase the likelihood of:

- Reoffending
- Missing opportunities to protect the public
- Putting predatory offenders on the street without adequate structure/programming

The CSSD has been using the LSI-R for the past four (4) years, and has developed an automated application. Furthermore, an automated Case Plan that is derived from the assessment results is presently being piloted by the CSSD. Through a collaborative effort between the DOC and CSSD, a cost-effective implementation strategy could be developed.

**Recommendation 3**

***The Department of Correction, Parole and Community Services Unit and the Court Support Services Division should continue the work started by this workgroup to establish a shared philosophy and consistent policies and practices for offender supervision and response to non-compliance.***

The Department of Correction, Parole and Community Services Unit, has developed and utilized a variety of graduated sanctions. These sanctions were formulated to more effectively deal with an offender's non-compliance to the conditions of release. The sanctions utilized are based in part on available resources and are similar in nature to those currently employed by the Court Support Services Division. The sanctions include community service, increased supervision levels, enhanced substance abuse monitoring, electronic monitoring, residential housing, AIC day reporting, inpatient addictive treatment, and mental health services. One of the challenges the Department of Correction currently faces is determining which sanctions are appropriate for each individual offender. To reduce the possibility of disparity in the imposition of sanctions, a "Sanctions Matrix" was developed in 2003 for field supervision officers. The matrix was developed as a guideline for officers to use when determining appropriate responses for an offender's non-compliance. The matrix was developed as a beginning step in the process of reducing unnecessary technical violations through the proper use of

appropriate incremental sanctions. In addition to the above, another component of the process is the Board of Pardons and Parole's adoption of an expedited review process for all technical violations that resulted in reincarceration. The expedited review process has made the decisions more equitable and should also help to reduce the number of parolees serving extended periods of incarceration for technical violations.

The next logical step and primary need is for the Department of Correction to adopt a validated objective risk instrument as discussed earlier in this report. Such an instrument will further assist field supervision staff in appropriately defining the target group of offenders who can safety and effectively be supervised using evidence-based practices while promoting the more appropriate use of available resources. The adoption of such an instrument will require a change in the current method of supervision utilized by the Department of Correction, Parole and Community Services Unit. Currently the supervision model is "contact driven." All offenders, regardless of needs and criminal history, are released to a maximum supervision level. Reduction in supervision levels is based on compliance with reporting schedules, time under supervision, and compliance with special conditions. The adoption of a validated risk instrument would allow the more appropriate assignment of supervision levels utilizing evidence-based practices, offender needs, and available resources. The approach would also allow for a more effective and efficient deployment of staff resources by strategically triaging caseloads based on offender risk of recidivism.

The Court Support Services Division has developed and implemented a comprehensive Risk Reduction Program that is aimed at reducing recidivism and improving public safety. Offenders are categorized based on risk and needs assessment, and supplemental information is obtained from official records and other sources of information. Each category, or level of supervision, requires standards for the intensity of supervision with regard to contact standards and response to non-compliance. This allows officers to prioritize the higher risk offenders and their corresponding criminogenic need(s).

When providing community supervision, the Court Support Services Division had found that non-compliance with conditions is commonplace and that policy was needed to respond accordingly. It has been determined that the responses should be graduated,

based on the severity of the violation and the risk level of the offender. That increased certainty of a response to violation behavior deters future deviance. Timeliness is also a factor, for future violations are prevented when there is little delay between behavior and response. When continuous violations receive an increased sanction in response, future violation can be reduced. Also, offender compliance will increase when the offender views responses as impartial and logical.

The Court Support Services Division has implemented a Response to Non-Compliance Policy, which requires officers to respond to all incidents of non-compliance in a manner that is consistent and directly related to the risk of the offender and the severity of the violation. The development of this policy has allowed for statewide consistency in implementing alternatives to violation of probation warrants when appropriate and the issuance of such warrants when needed. Officers investigate all violation behavior and response in a timely manner based upon the risk level of the probationer. Warrants are expedited when public safety is the overarching factor. In the vast majority of cases where officers have detected violation of community supervision conditions, graduated sanctions are imposed. Again, the violation response is clearly dictated by the supervision level of the probationer and the severity of the violation. Thus, a high-risk offender known to have committed a high severity violation requires the officer to impose a high range response. Responses directly target the offending behavior and in most instances, address the highest corresponding criminogenic need. For example, a probationer with a history of substance abuse, who has continued to test positive for the illicit use of narcotics, despite being engaged in outpatient treatment and reporting to his probation officer, can be required to enter an inpatient substance abuse treatment program. He would also have to adhere to aftercare discharge plans as recommended. The goal is to swiftly and effectively address the non-compliance and improve the situation while utilizing only the necessary resources to accomplish the task. In cases where a violation of probation warrant is to be applied for, supervisors must first consider the following: the current level of supervision, the severity of the violation, number/frequency of prior violations, the threat a probationer poses to the community and the graduated responses available. Other factors considered include criminal history, prior probation/parole outcomes and/or willingness to comply with alternatives. In many instances, cases presenting in violation status will result in an increase in the level of supervision, while further assessment or reassessment occurs.

By having adopted this policy, the CSSD has allowed probation officers to safety manage probation violators in the community and to issue arrest warrants for offenders who cannot be safety managed. When officers address behaviors that can lead to criminal acts and utilize progressive alternative sanctions, there is a direct cost savings in a lower incarceration rate. Increasing the opportunity for the successful outcomes for offenders on community supervision, will yield even greater cost savings in lowering costs associated with criminal justice services and increasing the number of productive citizens.

As evidenced by the preceding paragraphs, DOC and CSSD currently provide community supervision for offenders living in the community who are under their jurisdiction. Both agencies supervise offenders based on existing policy. Furthermore, both agencies utilize a graduated response to offender's non-compliance, although the policy/protocol of the agencies differ somewhat. The Department of Correction and Court Support Services Division are committed to establishing a model process with regard to formulating a graduated response to non-compliance. This approach to supervision will include a shared philosophy, collaboration, informed and consistent policies and quality control.

Both agencies will continue to work to develop informed and consistent policy that will move toward standardized supervision practices to the extent that each agency can and will continue to carry out it's primary mission. This will allow for consistent response to noncompliance based on offender risk level and the corresponding need. This shared philosophy and principle will guide supervision officers and promote public safety.

Continued collaboration between DOC and CSSD will allow for professionals (parole and probation officers), to better utilize existing resources and increase the accountability of offenders under supervision. This teamwork approach will lead both agencies to develop policy based on evidence-based practice and "what actually works" in the field of community supervision.

**Recommendation 4**

***The Department of Correction, the Court Support Services Division, and the Department of Mental Health and Addiction Services should identify and collect a common set of process, intermediate and outcome measures for determining the effectiveness of their programs and services.***

Few among us would dispute the need to measure program outcomes. The time when agency and program funds could depend solely upon political skill and professional networking is rapidly giving way to a demand for performance-based budgeting, accountability, proficiency testing, and additional evidence of program effectiveness. Program and agency survival clearly depends upon our ability to show stakeholders our accomplishments.

Recidivism (e.g., rearrest, reconvictions, returns to prison) has been and will continue to be the most important measure of the effectiveness of community corrections. Understandably a program is not considered to be "working" unless it reduces criminal behavior. The capacity to collect and analyze data that is clearly linked to offender recidivism and improved public safety has not been well developed with correctional agencies. The result has been that many of the services that we provide have not been able to be evaluated. To address this problem, the state's correctional agencies need to focus on measuring outcomes that will improve adherence to evidence-based practice. The National Institute of Corrections and the National Institute of Justice have jointly developed a recent white paper, that delineates a series of performance, process, and outcome measures that are essential to the effective management of offenders on community supervision. A collaborative effort as articulated in the above recommendation should be undertaken to ensure the collection and dissemination of evidence-based outcome measures.

**APPENDIX A**

TEXT OF PUBLIC ACT 03-06, SECTION 158

(*Effective from passage*) (a) For the fiscal years ending June 30, 2004, and June 30, 2005, there is established an Alternatives to Incarceration Advisory Committee. The committee shall consist of the Commissioner of Correction, the Secretary of the Office of Policy and Management, the Chief Court Administrator, the Chief State's Attorney, the Chief Public Defender and the Commissioner of Mental Health and Addiction Services, or their designees; the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, judiciary and finance. The Commissioner of Correction or the commissioner's designee, shall serve as chairperson. The committee shall meet not less than quarterly. The Department of Correction shall provide administrative support to the committee.

(b) The committee shall advise the Commissioner of Correction on expending any appropriation to the Department of Correction for Prison Overcrowding for the fiscal years ending June 30, 2004, and June 30, 2005. The committee shall investigate the feasibility and effectiveness of various alternatives to incarceration and make recommendations to the commissioner for implementation including, but not limited to: (1) Expanding the community justice center for women at the Niantic facility, (2) beginning prison-based and off-site community justice centers for the male population, (3) adding probation and parole officers to encourage diversion from incarceration and swifter release of inmates who have served periods of incarceration and making recommendations to improve the probation and parole supervision process, (4) the expansion and establishment of drug and community courts, (5) enhancement of drug and other community treatment slots for prisoners awaiting release to the community, (6) enhancement of community mental health services for prisoners awaiting release, (7) expansion of the jail diversion program and related services to divert individuals with behavioral health disorders accused of nonviolent offenses, (8) enhancement of community support services for prisoners leaving incarceration, especially the approximate one thousand four hundred prisoners awaiting release but who lack adequate support mechanisms to succeed in the community post-incarceration, (9) mechanisms to streamline the parole process in an effort to encourage earlier release of

prisoners to the community if deemed appropriate by the commissioner, (10) other innovative pilot programs that will reduce recidivism among offenders under community supervision and reduce the overall rate of incarceration, and (11) examination of the department's procedures, policies and classification of inmates. In addition, the committee shall advise the commissioner and the chairperson of the Board of Parole on the integration of the two agencies.

(c) The Commissioner of Correction shall, within available appropriations for such purpose, implement alternative to incarceration initiatives to reduce prison population which may include implementation of the recommendations of the committee. The commissioner shall give great weight and deference to ensuring the safety of the public in assessing and implementing initiatives to reduce prison population.

(d) The committee shall report its findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, judiciary and finance, to the Governor and to the Commission on Prison and Jail Overcrowding established under section 18-87j of the general statutes not later than February 1, 2004, and February 1, 2005. The commissioner shall include a report on initiatives to reduce prison population, including any committee recommendations, that have or are in the process of being implemented.