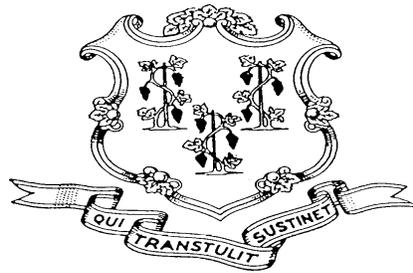


The Alternatives to Incarceration Advisory Committee

A Report to the Governor and Legislature

State of Connecticut



February 1, 2004

Membership

Theresa C. Lantz, Chair
Commissioner
Department of Correction

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

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

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

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
State Representative, 101st District

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 John G. Rowland
Governor**

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Chair, Appropriations Committee**

**The Honorable William R. Dyson
Chair, Appropriations Committee**

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

**The Honorable Andrea L. Stillman
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, 2004**

On behalf of the members of the Alternatives to Incarceration Advisory Committee, I am pleased to submit a report of our progress and the preliminary recommendations of the Committee.

Created by Public Act 03-06, the Committee is charged with advising and making recommendations to the Commissioner of Correction on the feasibility and effectiveness of various alternatives to incarceration. In less than six months of existence, the Committee has reviewed a vast amount of material provided by interdisciplinary, cross-agency Working Groups. These groups have examined state of the art best practices and research, as well as the current state of community alternatives to incarceration in Connecticut

With public safety as the overriding priority, the Committee's recommendations stress collaboration, cooperation, coordination and partnership. In addressing the need for integrated and cost-effective alternatives to confinement, the committee has taken a multidisciplinary approach to identifying issues and offering recommendations for improvement. The Committee views these issues not solely as correctional or criminal

justice concerns but rather as global issues that require broad-based community solutions.

It is important to note that the preliminary recommendations contained in this report are a work in progress. It is the Committee's intent that final recommendations, including a fiscal analysis, shall be contained in next year's report.

The Alternatives to Incarceration Advisory Committee looks forward to exploring these recommendations and working with you to further the dialogue necessary to appropriately address these important matters.

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I. Executive Summary

The Alternatives to Incarceration Advisory Committee, created by Public Act 03-06, is charged with exploring options for diverting offenders from confinement. The Committee created four Working Groups, composed of functional level employees to explore alternatives in the following areas: Community Resources, Field Supervision, Intermediate Sanctions and Mental Health Services. The Working Groups made recommendations for this report. All the recommendations in this report are preliminary and have not been voted upon nor endorsed by members of the Alternatives to Incarceration Advisory Committee. Final recommendations and analysis will be published in the final report of this committee, due no later than February 1, 2005.

The Working Group's recommendations are as follows:

Community Resources Working Group

- *Establish an ongoing committee to reconsider how state agencies contract for substance abuse treatment services.*
- *Increase the number of community programs devoted to treating offenders convicted of domestic violence (DV).*
- *Create a program in which Adult Probation Officers notify inmates being released from custody of split sentences*
- *Expand the Jail Re-interview program*
- *Increase the number of supervised temporary residences for inmates returning to the community.*
- *Implement an employment assistance program in which employment opportunities for inmates would be developed through public and private employers.*
- *Provide case management services for ex-offenders.*
- *Create a transitional supportive housing program for ex-offenders*

Field Supervision Working Group

- *Implement an evidence-based probation and parole supervision model.*
- *Develop a continuum of evidence-based treatment interventions within the state's correctional institutions and community programs.*
- *Utilize compatible and validated offender risk and needs assessment instruments for determining the risk of recidivism, as well as the classification, supervision level and treatment of inmates, parolees and probationers.*

- *Establish a workgroup to research and make recommendations to the Alternatives to Incarceration Advisory Committee on (a) establishing a process by which probation and parole conditions are specifically targeted to the individual offender's assessed risk and needs (b) proposing probation and parole policies and protocols for a graduated response to an offender's non-compliance with community supervision conditions.*
- *Implement Risk Reduction Units to target technical probation and parole violators.*
- *Establish institutional probation Community Transition Officers to work in preparing offenders who are leaving confinement to probation or parole supervision.*
- *Shorten or eliminate halfway house timeframes to allow participants who are in compliance with the program requirements to be transitioned to a non-residential status upon securing an appropriate residence and having a legitimate means of support.*
- *Increase the number of transitional beds available for parolees upon release from incarceration.*
- *Establish community-based residential programs for offenders who have mental health treatment needs and lack a viable residence, or need a more structured environment in lieu of incarceration.*
- *Create a linkage between the probation and parole automated case notes and case management systems.*
- *Create uniform technical violation guidelines via a standardized matrix, and encourage its use by panel members to address technical violators. Additionally, expand the use of the Expedited Revocation process.*

Intermediate Sanctions Working Group

- *Ensure the sharing of procedural information on a regular basis between agencies.*
- *Explore the development of a consistent set of data and data systems to track the status and progress of participants across agency boundaries, specifically to include program participation, outcomes and levels of recidivism.*
- *Promote the education of judges, prosecutors, defense attorneys, service providers and clients about program options available within the justice system.*
- *Apply incremental sanctions and program interventions consistently across agency lines to insure effective consequences for non-compliance.*

- *Explore whether the Community Justice Centers may be utilized as an option for probationers to avoid being charged with Violation of Probation.*
- *Consider standardizing the range of offenses referred to the community courts.*
- *Evaluate the effectiveness of the Alternative Drug Intervention Program (new Drug Court model) for possible expansion to other court locations.*
- *Implement and fund a Community Justice Center (CJC) for male offenders.*

Mental Health Services Working Group

- *Expand the Crisis Intervention (CIT) model now functioning in the New London area and recently expanded to West Haven to all local and state police jurisdictions by creating incentives, in collaboration with the Chiefs of Police Association, to voluntarily adopt this model.*
- *Enhance the Jail re-Interview Program (CSSD) with an additional focus on serving inmates with psychiatric needs.*
- *Provide specialized probation and parole officers trained to identify and supervise persons with psychiatric disabilities in collaboration with treatment providers. Develop graduated sanctions that consider treatment alternatives for individuals who pose no significant risk to public safety.*
- *Develop a mental health residential alternative to incarceration program [Psychiatric AIC/ Community Justice Center].*
- *Create formal procedures with DSS, SSI and DOC to insure that eligible inmates have entitlements available to them upon release. Two DSS staff dedicated to exclusively processing entitlements of DOC inmates prior to release would be needed to enhance this process.*
- *Continue plans for consolidation of treatment services to individuals with serious and acute psychiatric disabilities in one location, which facilitates the development of specialized programs and treatment services, including access to multiple levels of care and specialized re-entry services*

Ad Hoc Subcommittee on Sexual Offenders

- *Increase the number of sex offenders receiving parole supervision who are considered to be statistically at low risk to re-offend. These would be supervised by specially trained parole officers whose caseloads would not exceed 25 parolees. A victim advocate would be hired for every 100 sex offender parolees as well. Access to stable housing and participation in community sex offender treatment would be mandatory. Low risk would be determined by a combination of factors including a low*

risk score on standardized risk assessment tools, admission of offense, first offense, completion of 85 percent of sentence and additional criteria as determined by treatment experts.

- *Create halfway house options for sex offenders with greatest likelihood of being homeless upon release. (This would also include parole supervision, victim advocacy and provisions for treatment mentioned in the previous recommendation.)*

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:

- Expanding the Community Justice Center for women,
- Beginning prison-based and off-site community justice centers for the male population,
- 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.

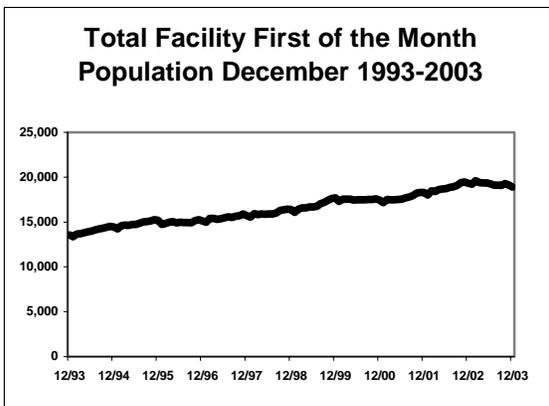
This report, as well as a final report to be submitted not later than February 1, 2005, is also required by the legislation.

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

III. Population Summary

In order to evaluate the dynamics involved in the problem of alternatives to incarceration, the committee examined population trends within the Department of Correction, Board of Parole and Court Support Services Division. (It should be noted that Public Act 03-06 also consolidated the Board of Parole under the Department of Correction.) What follows is a summary of some of the salient population issues faced by those agencies. This source of this material is the 2004 Final Report of the Prison and Jail Overcrowding Commission.

DOC Facility Populations

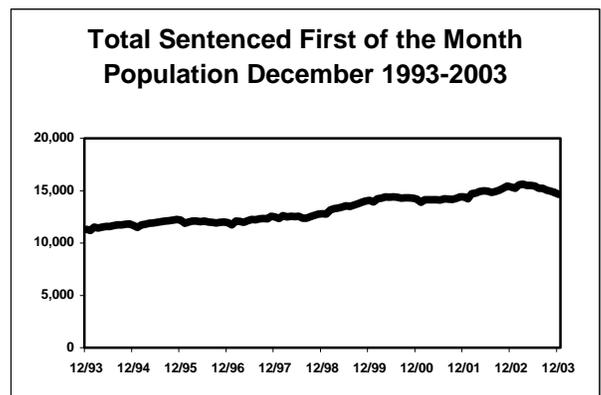


Total Populations

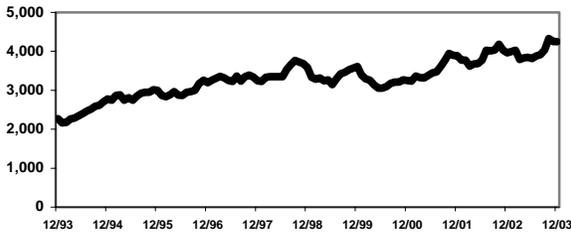
Between December 1993 and December 2003, the total population confined in facilities rose 39 percent, from 13,582 to 18,884. This total has declined slightly in the past year, and is down 3.6 percent from an all time high of 19,589 in January 2003.

Sentenced Populations

In the past ten years, the sentenced population has increased 29 percent from 11,309 to 14,636. However, over the past 12 months, the total number of sentenced inmates has declined 4.6 percent, or by approximately 700 inmates. Currently, the sentenced population represents 78 percent of the total incarcerated population.



**Total Accused First of the Month
Population December 1993-2003**

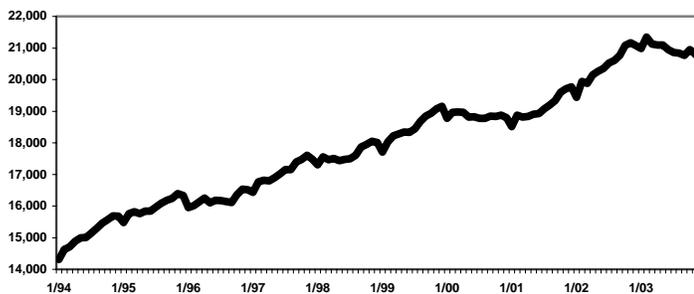


Accused Populations

Since December 1993, the number of inmates on accused status has increased 87 percent, from 2,273 to 4,248. This population has varied considerably over the past 12 months, and is up 7 percent since December 2002. The accused population

represents 22 percent of the total incarcerated population.

**Connecticut Department of Correction
Total Supervised Population Trend
January 1, 1994 - December 1, 2003**



Transitional Supervision

Transitional Supervision (TS) is a discretionary release program under the jurisdiction of the Department of

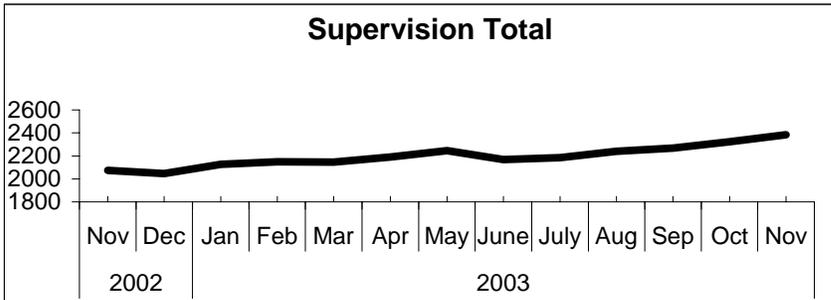
Correction for certain offenders with a sentence of no more than two years. An inmate must have served a minimum of 50 percent of his sentence and must have appropriate institutional conduct to qualify for the program. If the inmate is deemed eligible and appropriate for supervision, he may be released 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 44 percent since December of 2001.

Halfway Houses

The Department of Correction currently contracts for 685 halfway house beds throughout the state as of December 1, 2003. These programs assist offenders in the process of

reintegrating into society, and may include employment assistance, substance abuse treatment, mental health and housing assistance. In January of 2003, as a result of state budget cuts, 95 halfway house beds were eliminated. However, in response to the high demand for halfway house reentry programs, the Department is currently negotiating the addition of 43 new and reduced-cost slots statewide. These beds should be available for use by March 1, 2004.

Board of Parole Populations



As of November 30, 2003 there were 2,385 parolees being supervised in Connecticut. That total is up 13 percent from the same time last year, in part due

to an increase in Special Parole sentences.

Judicial Branch/Court Support Services Division

Adult Probation

The Court Support Services Division currently supervises approximately 52,000 adults. This represents a 60 percent growth rate in probationers throughout the 1990s. From 1997 through 2001, the average caseload per officer remained roughly the same, averaging approximately 194 clients per officer. This figure dramatically dropped in 2002, when the Connecticut General Assembly appropriated funds for the hiring of 60 new probation officers, reducing the average caseload to 136 per officer. However, by the end of 2002, the number began to climb again. Currently, there are approximately 170 clients per officer under active supervision. This figure does not include those clients who are administratively monitored. Compared with 11 other states with unified statewide probation systems, Connecticut ranks the highest in officer caseloads.

IV. Process, Mandate and Membership of the Working Groups

During its initial meeting, the Committee recognized that the most effective way to develop substantive recommendations for alternatives to incarceration would be to utilize functional-level employees and managers who are most familiar with the opportunities and challenges that exist at the present time. Accordingly, Committee members were encouraged to submit names of appropriate staff members to serve in four Working Groups. In a number of cases, a member of the Committee participated in Working Group meetings, but the great majority of the recommendations of the Working Groups were developed by an interdisciplinary group of staff from across a number of agencies. Each group was narrowly focused, given the reporting deadline included in Public Act 03-06, which required relatively short timeframes. Not only were the Working Groups charged with developing suggestions that addressed areas required by the Public Act, they were asked to consider best practices, integration of solutions, and alternatives that are supported by research. The Working Groups were encouraged to be inclusive and to focus on partnership, collaboration, cooperation and coordination rather than competition for resources. Each Working Group was given two opportunities to present interim reports, and the Committee accepted initial recommendations on January 9, 2004.

It should be noted that, given that the Committee and its Working Groups had less than four months from first meeting to reporting date, the recommendations contained here are a work in progress. Further research, revision and evaluation are planned. Final recommendations, including fiscal impact assessments, will be contained in the final report of this Committee, due no later than February 1, 2005.

The Working Group chairs and members are as follows:

Community Resource Working Group

Patrick Hynes, Chair	Department of Correction
Michael Aiello	Court Support Services Division (CSSD)
Matthew Conway	Department of Correction
Nora Duncan	Connecticut Association of Non-Profits
Elizabeth Graham	Office of Policy and Management
Deborah Henault	Department of Correction
Audrey Holmes	Board of Parole
Pat Kupec	Department of Correction

Barbara Lanza	CSSD
Monique Major	Department of Correction
Catherine Meyer	Office of the Chief Public Defender
Judith Rossi	Office of the Chief State's Attorney
Kimberly Sharpe	Department of Correction
Deborah DelPrete Sullivan	Office of the Chief Public Defender
Baylah Tessier-Sherman	Connecticut Coalition to End Homelessness
John Vining	Prison Fellowship Ministries
Ellen Weber	Department of Mental Health and Addiction Services
Dennis Bouffard	Department of Mental Health and Addiction Services

Field Supervision Working Group

Thomas F. White, Chair	CSSD
Cynthia A. Theran	CSSD
Thomas Hogan	CSSD
Elaine Pacheco	Board of Parole
Christopher Lemay	Office of Policy and Management
Mary Haselcamp	Division of Public Defender Services

Intermediate Sanctions Working Group

Robert Foltz, Chair	Department of Correction
Larry D'Orsi, Chair	Judicial Court Operations
Melanie Kerr	Office of Policy and Management
Deborah DiPrete Sullivan	Office of the Chief Public Defender
Rena Goldwater	CSSD
Joel R. Ide	Department of Correction
Ellen Weber	Department of Mental Health and Addiction Services
Robert Farr	State Representative, 19 th District

Mental Health Services Working Group

Daniel Bannish, Chair	Department of Correction
Gail Sturges, Chair	Department of Mental Health and Addiction Services
Martha Brown	Department of Correction
Michael Hines	CSSD
Ellen Weber	Department of Mental Health and Addiction Service
E. Randy Braren	Parole
Ken Edwards, Jr.	New London Police Department
Suzanne McAlpine	Division of Public Defender Services
Doreen DelBianco	Department of Mental Health and Addiction Services
Kim McKeon	Division of Public Defender Services
Judith Rossi	Office of the Chief State's Attorney

Ad Hoc Subcommittee on Sexual Offenders

Dan Bannish, Chair	Department of Correction
Greg Everett	Board of Parole
Gail Burns-Smith	Connecticut Sexual Assault Crisis Services
Dave D'Amora	Center for the Treatment of Problem Sexual Behavior

V. Recommendations and Discussion

Each Working Group developed recommendations based upon the experience of the members and research completed since the establishment of the groups. It is important to note that all the recommendations in this report are preliminary and have not been voted upon nor endorsed by members of the Alternatives to Incarceration Advisory Committee. During its January 9, 2004 meeting, the Committee voted to publish the preliminary Working Group recommendations subject to further review and analysis for the final report of the Committee due February 1, 2005. The Working Groups' recommendations follow.

Community Resources Working Group

Recommendation 1

Establish an ongoing committee to reconsider how state agencies contract for substance abuse treatment services.

The criminal justice agencies of the State of Connecticut (Court Support Services Division, Board of Parole and the Department of Correction), currently fund a wide array of services for several populations: pre-trial, sentenced (incarcerated) and post release (community re-entry). One specific area to which all three agencies devote many of their respective resources is inpatient substance abuse treatment. All three agencies fund a variety of programs from detoxification through long-term treatment (6-12 months). The need for substance abuse treatment services is clear. Over 85 percent of those incarcerated have been identified as having substance abuse problems.

Offenders leaving prison usually have multiple issues, i.e., substance abuse, housing, education, anti-social behaviors, anti-social companions and employment. Most treatment providers accomplish the intensive alcohol and drug treatment portion of their programs in the first 90-120 days and devote the remaining three to six months arranging continued aftercare, employment, and securing safe affordable housing.

While this does satisfy the initial treatment need, a treatment bed is expensive. However, we inevitably require offenders who may have met their initial treatment need to remain in a high cost treatment bed because of a lack of supervised housing. This reduces the

number of people who can be treated and could adversely affect the offender who may no longer need that particular level of care.

We recommend the establishment of an ongoing committee, which will further consider this idea. This new approach to dealing with limited resources, providing a variety of access points throughout the system and developing a more comprehensive treatment plan for offenders or defendants in the community, is an effective way to reduce violations and prison overcrowding. However, our discussions have led us to believe this concept can not be implemented immediately and will require a long term planning on the part of CSSD, DOC, DMHAS, Board of Parole and community providers.

A suggestion to address these conflicting treatment issues and maximize existing resources would be to modify our current continuum. For example, if we took 100 inpatient substance abuse treatment beds and dedicated 50 of them for inpatient treatment for 90-120 days for our high risk alcohol and other drug users, it would allow us to utilize the remaining 50 beds to decrease or step down services for those offenders who complete the formal treatment component to a less expansive transitional living setting. Step down allows the client to work, search for affordable housing, seek educational opportunities and attend aftercare.

The money saved could fund community based, non-residential programs to address the remaining multiple needs (e.g., skills training) of offenders that when addressed are associated with a decrease in recidivism. This system would put people in the appropriate level of care, increase successful intervention outcomes and provide services to additional offenders who need various intervention services. This system should be flexible, allowing access at any of the 3 identified points for offenders to flow in and out as the need arises. Treatment methods in each of these phases should be evidence-based with verifiable outcomes. A comprehensive approach to continuity of care between our departments would ensure a model that is consistent with best practice.

Recommendation 2

Increase the number of community programs devoted to treating offenders convicted of domestic violence (DV).

The DOC has both facility-based and community-based DV programs. At this time the DOC operates two community-based programs with a total capacity of 30 offenders at any point in time (15 per group). A third group will soon be added in New Haven to the groups already conducted in Hartford and Bridgeport.

On November 5, 2005 the DOC had 644 male inmates approved for community release who also had a DV profile. The DOC does not place such inmates in either halfway houses or approved Transitional Supervision placements unless they participate in a community-based DV program.

In order to increase the number of DV inmates who spend some period of time in the community under supervision and in programming, we propose increasing the number of community-based programs. We believe this would increase public safety and would be fiscally sound.

We also propose that CSSD and DOC program staff collaborate to consider other possible means of increasing the amount of community-based DV programming.

Research suggests that programming can serve to reduce the probability of re-offending in this group, but even more important is monitoring of the “batterer” by a law-enforcement agency. The DOC has been consulting with experts to insure that the program model is consistent with best practice.

Recommendation 3

Create a program in which Adult Probation Officers notify inmates being released from custody of split sentences.

In an ongoing effort to increase reporting and reduce technical violations, the Court Support Services Division recommends a Split Sentence Notification Program. The Department of Correction would provide CSSD with a list of offenders within 90 days of release. A Probation Officer would meet with an inmate prior to the inmate’s release,

remind the offender of the terms and conditions of his probation and provide other necessary information. Implementing this program by hiring Adult Probation Officers would not only remind the offender of their probation and review their court ordered conditions, but also perform the Level of Service Inventory (LSI) to determine risk level and need. With this, the officer could begin to prioritize the offender's identified needs, develop a coordinated pre-release plan, make referrals prior to release and assign the offender to an appropriate level of supervision based on risk. This officer would continue to supervise this case for the first 120 days of probation. This would ease the transition to the community, reduce technical violations, provide crucial intervention during a very sensitive time and ultimately promote public safety.

Recommendation 4

Expand the Jail Re-interview program

In a continued effort to assist the DOC with crowding, CSSD has reinstated the Jail Re-interview program, which was suspended in the previous year. The Jail Re-interview program provides enhanced community treatment plans in an attempt to decrease the period of incarceration prior to sentencing.

It is the intent of CSSD to staff the program with five full time IAR (Intake Assessment Referral) Specialists in the coming months. Currently, CSSD has three staff assigned to the program responsible for re-assessing defendants held on bond at Bridgeport and New Haven Correctional Centers. Since the suspension of this program, DOC's pre-trial population has increased by approximately 400. This has put a significant burden on an already crowded system. This crowding has led DOC to house pre-trial defendants at other facilities not normally covered by the Re-interview Program. Furthermore, with only five re-interviewers, it is impossible to have a court presence during the bond modification process. Often, without this presence these community supervision plans are not granted. These plans allow the accused access to community programs quickly, avoiding long delays while incarcerated.

CSSD advocates expanding this program by hiring five additional IAR Specialists to provide assessments for defendants being held at additional DOC facilities and present these community supervision plans to the court during the bond modification process. In

addition, IAR specialists would be hired who could focus on both the substance abusing population and those individuals with mental health issues.

The impact of this program has been significant. From January of 2000 through December of 2002, 4,961 of the 7,263 defendants assessed across the state were released through various interventions or supervision plans. Expanding both the number of referrals and the types of offenders offered services would have a substantial impact.

Recommendation 5

Increase the number of supervised temporary residences for inmates returning to the community.

There is a need to increase the number of appropriate community sponsors for inmates approved for Transitional Supervision or Parole. Currently, there are a large number of inmates who meet all criteria for release except for housing. Without an approved sponsor these inmates must remain in the custody of DOC.

We recommend increasing supervised temporary residences for inmates returning to the community. Re-entry programs in DOC facilities could be linked to community-based programs. A model for consideration is the faith-based Life Planning & Mentoring program.

One aspect of the program would be that the organization operating the residence would make reasonable attempts to secure permanent housing for individuals served by this program so that beds may be used as efficiently as possible. Client referrals would be generated from the Department of Correction.

Additionally, the party operating the residence shall provide some staff supervision (bi-weekly reporting and or/ telephone monitoring) and referrals. Referrals would include but not be limited to substance abuse services, mental health counseling, employment readiness, continuing education, and religious/spiritual activities. Residents will also receive pre-release discharge planning as part of the case management component of the program.

Residents would be expected to find gainful employment within a two-week period after their intake. Once they have achieved that, they would be required to pay rent on a weekly basis and establish a savings account.

Faith-based organizational sponsorship of an inmate in a TS house is a recent concept that has been extended to four faith-based organizations. The Community Enforcement Unit of the DOC is studying this approach at the present time.

In addition, the DOC currently has under contract six transitional supervision beds with a community provider and this has been effective. The cost of the program is about half the amount for halfway house beds. This experience suggests that this type of service should be expanded.

Recommendation 6

Implement an employment assistance program in which employment opportunities for inmates would be developed through public and private employers.

The Department of Correction has been developing a program to address the issue of post-release employment. The program consists of four facility-based Job Centers. The Job Centers utilize secure Internet connections that allow offenders to access the Connecticut Department of Labor (DOL) Job Bank to conduct employment searches. DOL maintains a data bank of information about prospective jobs that allows the inmate to search for openings in the areas where they have experience or interest. The Job Centers then attempt to make referrals to businesses to establish employment for the offender following release from prison. The center also provides pre-employment training, transitional counseling, and resume preparation. The purpose of the program is to re-integrate offenders into the workforce.

In addition, Unified School District # 1 (DOC) currently operates a Community Transition Services Program. The Program's mission is to place students in employment and/or vocational/educational programs and to provide each student with a needs-based transition plan prior to release from incarceration.

The area in which the Job Center and the USD #1 Transition Program would most benefit from expansion is in the area of employment opportunity development. A full time Job Developer would greatly enhance this referral system for both programs.

The Job Developer would be responsible for the cultivation of employment opportunities for inmates through contact with public and private employers in Connecticut. This position would then entail feeding the information back to the transition programs and the Job Centers at each facility.

Job duties would include: Plans, develops, and implements an employment program designed to increase employment opportunities for inmates. Conducts actual job recruitment by approaching Connecticut based businesses and companies, in the public and private sector, to develop job opportunities for the prison population. Develops a statewide Employer Bank for offenders, responsible for the conducting of transition activities in support of inmates preparing for release. Maintains the Employer Bank to ensure that it is current and user friendly. Interacts with appropriate organizations like the local Chamber of Commerce to inform the business community of this program. Develops and maintains accurate records of all job related activities and reports regularly to the Counselor Supervisor.

Studies regarding immediate employment after release have found that the potential of recidivism decreases when an offender is employed.

Recommendation 7

Provide case management services for ex-offenders.

Inexpensive resources for unsupervised ex-offenders are needed in order to alleviate some of the burden faced by communities with a disproportionate share of ex-offenders living within their borders. Data shows that Hartford, New Haven, Bridgeport, Waterbury and New Britain are the 5 cities with the largest number of offenders under the supervision of CSSD and the Department of Correction. Resources to help prevent these offenders from recidivating once the sentence is complete will improve the quality of life in these communities.

Connecticut lacks sufficient after-care services for offenders. Current trends in criminal justice are moving to increasing resources for high-risk offenders and decreasing resources for medium and low risk offenders. There are concerns among many that medium and low risk offenders continue to need adequate community resources that will help prevent recidivism.

Multi-disciplinary case management services should be located in high-risk areas for ex-offenders no longer under the supervision of any state agency. There is a need for a central location of services within each of the 5 identified high-risk areas in Connecticut. The services would be contracted to existing programs working with offenders. This would be cost-effective and since staff employed in these programs have a working knowledge of the community resources.

In each high-risk area case managers would work to identify those in need, coordinate services for those requesting assistance, conduct needs assessments, and develop plans, including referrals to community-based services. The central feature of this proposal is that the services would be provided within the locale of the majority of ex-offenders. This pro-active approach of early identification and early intervention has the potential to reduce recidivism in this vulnerable population.

Recommendation 8

Create a transitional supportive housing program for ex-offenders

For a number of years the DOC, along with other departments of correction across the country, has witnessed an increase in the number of offenders who have problems that prevent them from living independently after their release. In some cases these individuals have a multiple problems, typically a mental illness and a substance abuse disorder.

Often these individuals end up in homeless shelters. During the post-incarceration period they may have a number of different problems that bring them into contact with several public agencies. They utilize a disproportionate amount of community resources; especially burdened are local hospitals. Many recidivate and begin the process all over again.

The most pressing need for these individuals is supportive housing. In recognition of this, the Department of Housing and Urban Development (HUD), through grants to community based organizations, began funding housing strategies that supported the homeless in their quest for housing. These strategies included transitional housing consisting of two years of housing and services and permanent supportive housing consisting of housing and services for an open-ended period of time.

In Hartford during 1998, the Community Renewal Team (CRT) launched its second supportive housing initiative, Project TEACH (Training Employment and Community Housing), and began serving single adult homeless individuals from Hartford's adult shelter system.

Project TEACH is a collaboration between CRT, Mercy Shelter and Housing Corporation, Chrysalis Center, Inc., Rushford Center and Capitol Region Mental Health Center. The program has funding for 20 housing subsidies and staff capacity to provide services for 40 individuals.

Support services provided by the program include intensive case management where a 1:15 staff/client ratio is maintained, substance abuse counseling, mental health services and employment assistance and support. Clients are expected to engage in services in order to remain housed through the program.

In addition to CRT's experience with homeless populations through its shelters and supportive housing programs, CRT also works directly with adjudicated individuals in their residential programs (Fresh Start and Pathway Programs) and administers two juvenile justice centers and three alternative incarceration centers. Fresh Start, begun in 1993, is a residential program for up to 20 women and their children, and offers intensive help in mental health and substance abuse counseling in conjunction with the Institute of Living. The Project TEACH Pilot will be able to draw upon the expertise of the existing CRT criminal justice programs in establishing this transitional supportive housing program for ex-offenders.

Transitional and supportive housing may be provided in one physical space or it may be provided in scattered apartments in publicly or privately owned buildings, with services brought in to individuals or families.

There has been some research that has demonstrated that transitional and supportive housing models may offer far more economical options than emergency shelters or institutions such as psychiatric hospitals or prisons.¹ (Glasser and Bridgman 1999).

In a study of the efficacy of a post jail program for homeless individuals, Castelano and Riker (2000) evaluated an intensive program, called the Homeless Release Program (HRP), in San Francisco, California.² It was found to be successful in significantly reducing re-offense and re-arrest rates, when the HRP group was compared with a control group. The program provided temporary housing and intensive case management to the homeless individuals leaving the jail system. HPR staff worked closely with the client in ensuring that he/she complied with all court dates and requirements, and helped the individual access needed health, mental health, and substance abuse services.

In a rigorous evaluation of nine supportive housing programs in Connecticut, Andersen (2002) found that tenants decreased their utilization of acute and expensive in-patient services and increased their utilization of on-going health services and support. Further, only 14 percent of the tenants exited the housing under negative circumstances.³

Funds would be used to pay for 15 housing units and one staff to provide supportive housing services. These new supportive housing funds would then be used to leverage HUD funds to increase the number of permanent supportive housing units.

The DOC would contract with CRT to add up to seven additional transitional housing subsidies for approximately 10 homeless inmates leaving prison and referred to Project TEACH throughout the year. Inmates who are at high risk for homelessness are those who came to prison directly from a homeless shelter or living out of doors. Support services will be provided by the program utilizing HUD funded program staff.

¹ Glasser, Irene and Brigman, Rae (1999). *Braving the Street: Anthropological Perspectives on Homelessness*. New York: Berghahn Books.

² Castellano, Ursula and Riker, Alissa (2000). *Community-Based Treatment: Impact of the Homeless Pretrial Release Project*.

³ Anderson, Arthur (2002). *Connecticut Supportive Housing Demonstration Program: Program Evaluation Report*. The Corporation for Supportive Housing.

CRT will provide an in-depth study of this program to be conducted by their Senior Planning/Research Analyst, Dr. Irene Glasser.

Field Supervision Working Group

Recommendation 1

Implement an evidence-based probation and parole supervision model.

Recently there has been a significant amount of empirically sound research that has established principles of effective treatment and community supervision. In short, the research on correctional effectiveness has established that program interventions that are targeted to the offenders' "*criminogenic needs*" themselves, can substantially reduce recidivism. The research has also determined that with most offenders (especially high-risk offenders), supervision alone, or punishment in and of itself, does not reduce recidivism. Probation and parole agencies must target "*criminogenic needs*" in the risk and need assessment process and translate those risk factors into treatment objectives and ultimately, into relevant offender interventions.

With this in mind, the Field Supervision Workgroup is recommending the development of a comprehensive probation and parole evidence-based supervision model for Connecticut's probation and parole systems. The purpose of the evidence-based supervision model is to increase public safety and decrease recidivism and prison crowding by supervising and treating offenders under probation and parole supervision 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*).

In an analysis of 154 controlled outcome studies of treatment effectiveness, Donald Andrews and others at Carlton University found that programs conforming to the principles of evidence-based supervision and effective treatment showed reductions in recidivism of up to 30 percent. Programs that did not conform to these principles

showed recidivism rates that were 6 percent higher for the treatment group than those in the control group who did not receive treatment did.

There is a growing body of evidence that manageable caseloads, coupled with quality offender contacts and evidence-based treatment, results in significantly lower recidivism rates for high-risk offenders.

Appendix B outlines an evidence based supervision model.

Recommendation 2

Develop a continuum of evidence-based treatment interventions within the state's correctional institutions and community programs.

Recommendation 3

Utilize compatible and validated offender risk and needs assessment instruments for determining the risk of recidivism, as well as the classification, supervision level and treatment of inmates, parolees and probationers.

Research has determined that offenders identified through a validated risk and needs assessment as high-risk with service needs are significantly more likely to return to prison after release, and unsuccessful in completing a sentence of community supervision. Therefore it is imperative that when placed on community supervision or upon admission to a correctional facility, that an assessment of the offender's risk and needs should drive the offender's supervision and service delivery. Risk factors that are "criminogenic" or lead to or cause criminal behavior have been clearly identified. Furthermore, correctional programs and services that decrease these "criminogenic" needs or risk factors and reduce further criminal behavior have been developed. The use of compatible and validated assessment tools by the Department of Correction and Probation and Parole, along with the establishment by the DOC and Judicial Branch of a continuum of institutional and community evidence-based treatment interventions as outlined in this report, could reduce offender recidivism and increase public safety.

Recommendation 4

Establish a workgroup to research and make recommendations to the Alternatives to Incarceration Advisory Committee on (a) establishing a process by which probation and parole conditions are specifically targeted to the individual offender's assessed risk and needs (b) proposing probation and parole policies and protocols for a graduated response to an offender's non-compliance with community supervision conditions.

The development of an evidence-based probation and parole model, coupled with the establishment of manageable supervision caseloads in accordance with the offender's risk and needs, should improve compliance with probation and parole conditions and reduce the number of violations that result in incarceration. As reflected in the above recommendations, there are two (2) decision points within the probation and parole process that can have a direct impact on reducing condition violations, and decreasing the number of offenders who are incarcerated for violation of probation or parole.

The first decision point occurs when the Court or Parole Board establishes an offender's supervision conditions when placing them on probation or parole. For the conditions to be both appropriate and meaningful to the offender, they should be directly linked to the offender's risk and needs. In order for this to occur, the Court and Parole Board would need to be provided with specific condition recommendations that are derived from a validated risk and needs assessment. At the present time, this is not systematically occurring. The application of numerous general conditions or special conditions that are based on the offenders present offense, attitude, institutional adjustment, or a plea agreement, are often unrelated to recidivism reduction and public safety. Within Connecticut's probation system, the determination of the offender's risk and needs through a validated assessment, occurs in most cases after they have been placed on probation with their conditions already established by the Court. Although probation officers are given the authority to add special conditions that are based on risk and needs, they can often be conflicting or not congruent with the Court established conditions.

The second decision point occurs after a violation of a condition, when a determination needs to be made on the appropriate response. The discretion given probation and parole officers, and how they apply their discretion when responding to conditions of non-compliance, can directly impact recidivism reduction and prison and jail crowding. For a response to non-compliance to positively impact recidivism reduction and prison crowding, it must be a graduated response and directly linked to the severity of the non-compliance, the risk of the offender, and the needs of the offender. Non-discretionary and overly prescriptive responses, as well as zero tolerance conditions, can often be an obstacle to changing an offender's behavior and reducing recidivism and prison crowding.

Recommendation 5

Implement Risk Reduction Units to target technical probation and parole violators.

Appendix C contains the 2004 recommendation of the Prison and Jail Overcrowding Commission that addresses Risk Reduction Units.

Recommendation 6

Establish institutional probation Community Transition Officers to work in preparing offenders who are leaving confinement to probation or parole supervision.

Recently in Connecticut's correctional system as well as throughout the United States, there has been an increased focus on the importance of re-entry programs and services for incarcerated offenders who are returning to our communities. Proper transitioning of targeted high-risk offenders that begins months prior to their prison discharge date, has the potential of reducing post-incarceration supervision failure and recidivism. Specialized probation and parole Community Transition Officers (CTO's), should be assigned to cover correctional facilities statewide. They would screen all offenders scheduled for release to probation or parole, and identify the service needs for each individual offender, linking offenders with appropriate services. Specific services to be provided are included in the following three phases:

Phase 1 of services in the correctional facility would include case management ninety (90) days prior to release; linkages to appropriate facility services; administration of the risk/needs assessment tool; individualized post-release planning; and establishment/identification of community-based resources and services for linkages at release. Transitional Officers (TO's), would make connections with neighborhood resources, the Department of Labor, (for employment assistance), and the Department of Social Services, (to facilitate access to entitlements and benefits).

Phase 2 of services would begin 72 hours immediately following release to ensure the start of the most critical services (medical services, registration for benefits, access to appropriate and safe housing, and supervision compliance).

Phase 3 of services would commence within the first week following release, and continue up to 120 days. During this period, emphasis would be placed on ensuring compliance with parole or probation stipulations, and ensuring that appropriate community-based interventions are in place. Transitional Officers would have a capped caseload of 25. Following completion of the third phase of services, TO's would transfer cases to regular probation or parole supervision officers.

At the present time applications are filled out by Correctional Counselors for inmates who need halfway house placement and are being released into Transitional Supervision. Parole Officers submit a different application from the District Field Offices for the same halfway houses. It would be beneficial to have a needs assessment and referral process that would be uniform throughout.

Recommendation 7

Shorten or eliminate halfway house timeframes to allow participants who are in compliance with the program requirements to be transitioned to a non-residential status upon securing an appropriate residence and having a legitimate means of support.

Appendix D contains the 2004 recommendation of the Prison and Jail Overcrowding Commission that addresses the authority of the commissioner to move an offender to an appropriate residence after a period of successful halfway house performance.

Recommendation 8

Increase the number of transitional beds available for parolees upon release from incarceration.

Frequently inmates who have been voted to parole lack a viable residence and are placed on a waiting list for a halfway house bed. Unfortunately this sometimes results in inmates who never leave the institution. A common reason for this is that the inmate has no family or friends willing to take him or her into their home, or family is willing to accept the person, but they may not be able to, if it is subsidized housing. These inmates in Vote to Parole (VTP) status are then queued up for placement in a halfway house. The Board of Parole statistician recently examined cases past their VTP date, and determined that 36 percent of these cases were not released solely because of lack of residence. In terms of actual numbers, this translates at the present time, to between 145-150 inmates statewide whose VTP date has passed, yet remain in correctional facilities. It is also not unusual for a month or more to pass from the time of referral to a decision on the application. This situation is further exacerbated with the increasing number of Special Parole cases which are released on the day their Special Parole becomes effective, whether or not they have a viable residence.

Recommendation 9

Establish community-based residential programs for offenders who have mental health treatment needs and lack a viable residence, or need a more structured environment in lieu of incarceration.

Inmates identified with significant mental health problems who leave the correctional facilities on Transitional Supervision Probation or Parole, frequently require more interaction and intervention on the part of the supervising officer than an offender who does not have significant mental health needs. The more pronounced the offender's mental health need is, the more difficult community placement of the offender becomes. The establishment of community-based residential programs for offenders with significant mental health needs would help address this problem. Additionally, a more structured residential setting would be helpful for those offenders who are in violation of their community supervision conditions, but who the supervising officer feels could best be addressed in a more structured setting without being violated.

Both Probation and Parole supervise offenders within specialized units who have a history of problematic sexual behavior. Again, placement in the community can be extremely difficult. For Parole, a query of the officers assigned to the unit revealed approximately 30 offenders a year max out within a correctional facility, because the offender was not able to be placed in the community, either through an appropriate residence, or a halfway house. A mental health community residential facility which could accept this type of offender would address this problem.

Recommendation 10

Create a linkage between the probation and parole automated case notes and case management systems.

At the present time there are a number of offenders who are placed on parole and also have a probation sentence to serve at the end of their term of parole. These offenders are often involved in programs to address needs and/or comply with parole conditions at the point they are transitioning from parole to probation supervision. No formal process exists by which critical client information is shared between parole and probation in these cases. This, at times, has resulted in a disruption in services and supervision continuity that can lead to a violation of probation conditions. An automated system needs to be developed for exchanging case notes and other critical information between parole and probation officers. CSSD and DOC should work together to establish such a system. In the meantime, both agencies should agree on a standardized process and protocol for the exchange of information between parole and probation prior to a case being transferred to probation.

Recommendation 11

Create uniform technical violation guidelines via a standardized matrix, and encourage its use by panel members to address technical violators. Additionally, expand the use of the Expedited Revocation process.

The creation and use of a standardized matrix would provide guidelines to assist panel members during hearings for technical parole violators. Presently, similar parole

violators may experience disparate revocation outcomes. This would be useful for most technical parole violators, for whom an Expedited Revocation would not apply, but it is not recommended for sex offender technical violations.

The Expedited Revocation option can be used when a parolee voluntarily agrees to fully accept responsibility for his or her conduct, admits to the parole violation(s), and waives a final revocation hearing in return for a specific sanction determined by the Board. If a proposed Expedited Revocation disposition is offered to a parolee by the Board, the parolee may accept or reject the Expedited Revocation disposition without modification. If the parolee accepts the proposed revocation disposition, the revocation disposition becomes the official Board action. If the parolee rejects or fails to respond to the Expedited Revocation disposition, the offer becomes null and void. The parolee will then have a final revocation hearing. The eligibility for an Expedited Revocation is applicable for parolees who are charged with technical violation(s) and/or criminal offense(s) that have not resulted in a newly committed sentence of more than six months. An Expedited Revocation disposition may provide for any sanction of up to one year of imprisonment from the date the parolee was taken into custody on the violation charge, and shall contain a specific future date of re-release (subject to the parolee's avoidance of disciplinary infractions in the institution and development of an approved release plan.)

Intermediate Sanctions Working Group

Recommendation 1

Ensure the sharing of procedural information on a regular basis between agencies.

The Department of Correction and the Board of Parole are in the process of consolidation. This presents a unique opportunity to streamline the process of supervision. At the same time, C.S.S.D. is actively involved in an internal Best Practices initiative. The Department of Correction is considering a contract to establish performance measures for its community services.

Recommendation 2

Explore the development of a consistent set of data and data systems to track the status and progress of participants across agency boundaries, specifically to include program participation, outcomes and levels of recidivism.

Need and impact data is essential in analyzing the costs and benefits of program initiatives. Recent program audits cite the absence of recidivism data.

Recommendation 3

Promote the education of judges, prosecutors, defense attorneys, service providers and clients about program options available within the justice system.

Judges, attorneys, service providers and clients need a consistent understanding of available options and limitations.

Recommendation 4

Apply incremental sanctions and program interventions consistently across agency lines to insure effective consequences for non-compliance.

The expectation of consequences for non-compliance must be reinforced.

Consequences should be as consistent as possible within each agency's specific mission.

Recommendation 5

Explore whether the Community Justice Centers may be utilized as an option for probationers to avoid being charged with Violation of Probation.

Participation by probationers in a Community Justice Center requires that the court return them to Department of Correction custody. This is not consistent with the CJC goal of interceding when an individual is in danger of failing, rather than after.

Participation in the CJC by probationers prior to filing a violation of probation does not appear possible because the probationer does not have the option to leave at will, as the CJC is a locked facility.

Recommendation 6

Consider standardizing the range of offenses referred to the community courts.

The spectrum of services that can be brought to bear in a community court setting offers intervention that may:

- Expedite the handling of minor offenses.
- Prevent escalation from minor to more serious offenses.
- Provide consequences when none might otherwise follow.

Recommendation 7

Evaluate the effectiveness of the Alternative Drug Intervention Program (new Drug Court model) for possible expansion to other court locations.

The current Drug Court model has the potential to succeed without creating a prohibitive demand for additional resources. Performance results should be analyzed in the coming fiscal year.

Recommendation 8

Implement and fund a Community Justice Center (CJC) for male offenders.

The Community Justice Center model supports intermediate sanctions for offenders that may be most appropriately managed in a short-term residential facility. Specifically, the male Community Justice Center would:

- Provide short-term housing and treatment for technical violators of community-based supervision programs (Department of Correction, Parole and Probation) in lieu of extended re-incarceration.
- Provide release planning and other treatment services for offenders ending a period of incarceration.
- Serve as an additional pre-trial alternative to incarceration for low risk and/or drug dependant offenders

The success of the women's CJC model will serve as a benchmark for the development of a men's center.

Mental Health Services Working Group

Recommendation 1

Expand the Crisis Intervention (CIT) model now functioning in the New London area and recently expanded to West Haven to all local and state police jurisdictions by creating incentives, in collaboration with the Chiefs of Police Association, to voluntarily adopt this model.

CIT programs provide clinical alternatives to arrest/incarceration by partnering specially trained police officers with local social agencies. Critical to the success of this program is the voluntary participation of motivated and interested police departments. Volunteer officers are screened and receive intensive training on how to identify and intervene with persons with psychiatric issues. DMHAS has used grant money to provide a clinician to consult with, ride along with responding officers, and act as liaison between the police and community services for the New London program. This program reduces arrest by providing clinical alternatives and social service solutions. Expansion costs are those associated with the training of officers, and the hiring of a clinical liaison. Additionally, some funding should be provided to develop a “drop off” to a clinical program for those persons who do not require inpatient intervention, but for whom more intensive services are needed to develop an appropriate community treatment service plan.

Recommendation 2

Re-establish the Jail re-Interview Program (CSSD) with an additional focus on serving inmates with psychiatric needs.

The CSSD Jail Re-Interview Program was highly successful in developing community based plans for pre-trial inmates and rapidly re-docketing the case for expedited court approval, thereby reducing incarceration time. The program was beginning to develop linkages with mental health services, especially the DMHAS jail diversion programs at the time it was cut due to budget issues. This program should be re-instated and training provided to enhance this service to inmates with psychiatric disabilities. Collaboration between CSSD, DMHAS, and Public Defender’s Office is critical to the success of such an expanded target population to allow coordinated discharge planning through multi-agency resource options. It is important that recommendation #4, Psychiatric

AIC/Community Justice Center, be an alternative placement resource for those inmates with psychiatric disabilities for whom the court believes require more intensive supervision than the community treatment service system can provide.

Recommendation 3

Provide specialized probation and parole officers trained to identify and supervise persons with psychiatric disabilities in collaboration with treatment providers.

Develop graduated sanctions that consider treatment alternatives for individuals who pose no significant risk to public safety.

A recent legislative report on Parole and mentally ill inmates determined that persons with psychiatric disabilities were less likely to be paroled, and recommended the development of internal expertise to increase the numbers and success of such persons on parole. Both probation and parole supervision represent an opportunity, given strong collaboration with treatment providers, to create motivation and incentive for persons to engage in treatment for at least the period of supervision. This allows treatment providers to engage the client in his/her own treatment and recovery, so that even when the criminal justice supervision terminates, s/he is more likely to stay in treatment. In addition to training, such probation/parole officers would have comprehensive knowledge of the local service system, and lower case loads to reflect the needs of their clients. These probation/parole officers would provide consultation to other officers regarding the identification of & response to questions regarding mental health needs of clients. This would reduce technical violations for persons who, because of their disabilities, have historically had difficulty complying with conditions of community supervision. The availability of graduated sanctions that recognize the need for treatment and encourage continuation in treatment rather than incarceration for minor offenses would increase the options available to these probation/parole officers.

Recommendation 4

Develop a mental health residential alternative to incarceration program [Psychiatric AIC/ Community Justice Center].

Currently existing AIC residential programs cannot accommodate persons with serious psychiatric disabilities because of their special needs. Thus persons, who would otherwise be eligible for consideration of such alternative, must instead be incarcerated

for lack of a comparable program. A collaborative interagency pilot should be established that would provide the supervision and containment required by the court, together with a range of clinical programs that focus on community re-entry. The sources of referral would be both pre-trial (court diversion, referral from probation/parole) and post conviction (DOC transition, parole, graduated sanction for technical violation). The committee recommends a small locally based AIC to facilitate long-term community integration of a population with multiple service needs, including engagement with the local community mental health providers. Should fiscal or other concerns preclude the local option, any centralized model must provide specialized housing within the facility, programming, and staff for intensive engagement and community integration services.

Recommendation 5

Create formal procedures with DSS, SSI and DOC to insure that eligible inmates have entitlements available to them upon release. Two DSS staff dedicated to exclusively processing entitlements of DOC inmates prior to release would be needed to enhance this process.

Presently inmates receiving DSS and SSI benefits have those benefits suspended or discontinued upon their incarceration. Reinstating the benefits can be a lengthy process taking up to 3 months post release. The delay in benefits especially for inmates with mental illness often impacts housing and treatment resources. Inmates who leave the DOC in stable condition will often deteriorate and require a greater level of care. More expensive emergency room or crisis resources will be utilized while the individual waits for entitlements to be released. Developing relationships with local SSI offices using existing discharge planning resources to streamline paperwork and establish clear timelines is needed. Having staff available to exclusively deal with processing DSS related materials for DOC inmates would be a cost effective means to preserve treatment benefits, enhance continuity of care, reduce expensive community emergency services and inappropriate use of the local shelter system.

Recommendation 6

Continue plans for consolidation of treatment services to individuals with serious and acute psychiatric disabilities in one location, which facilitates the development of specialized programs and treatment services, including access to multiple levels of care and specialized re-entry services.

Centralization of individuals with special psychiatric treatment needs will create the opportunity to maximize clinical programming with an emphasis on a recovery-oriented model of care. This will allow for the timely access to appropriate clinical interventions based on an individual's changing needs, foster the development of clinical responses to the management of disruptive behavior related to psychiatric conditions, and enhance the discharge planning process in collaboration with DMHAS to promote successful community transition.

Ad Hoc Subcommittee on Sexual Offenders

Recommendation 1

Increase the number of sex offenders receiving parole supervision who are considered to be statistically at low risk to re-offend. These would be supervised by specially trained parole officers whose caseloads would not exceed 25 parolees. A victim advocate would be hired for every 100 sex offender parolees as well. Access to stable housing and participation in community sex offender treatment would be mandatory. Low risk would be determined by a combination of factors including a low risk score on standardized risk assessment tools, admission of offense, first offense, completion of 85 percent of sentence and additional criteria as determined by treatment experts.

Parole has effectively supervised a relatively small percentage of sex offenders released to the community with specially trained staff who have lower caseloads. In addition sex offender treatment services are stipulated and provided by Special Services (Center for Treatment of Problem Sexual Behavior). Public safety has not been compromised.

Nationally, recently released DOJ statistics indicate that sex offenders as a group are significantly less likely than non-sex offenders to recidivate. Identifying inmates for parole who are at statistically low risk relative to other sex offenders to re offend would further maximize successful, safe community reentry especially with the additional parole supervision and mandatory sex treatment services. Additionally, the use of victim advocates will assist the victims of these released parolees to have appropriate information and access to services. Another consideration is that roughly one half of sex offenders are released at the end of their sentence with no parole or probation supervision. The additional parole supervision would enhance the connection with the treatment system and other community services and thereby improve public safety. Up to 300 low risk sex offenders could presently be considered for special parole supervision. The DOC presently houses over 3000 inmates classified with sex treatment needs. Approximately 600 will be released to the community in 2004 and many at the end of their sentence. Of those roughly one half will have no probation or parole supervision upon release. Preliminary data from homeless shelters suggests that sex offenders account for 20 percent of direct admissions from DOC. There are about 100 sex offenders presently followed by parole officers of which 25 are on special parole. Sex offender risk level data indicates that almost 60 percent of sex offenders presently incarcerated fit in the statistically low to low moderate range to re-offend.

Recommendation 2

Create halfway house options for sex offenders with greatest likelihood of being homeless upon release. (This would also include parole supervision, victim advocacy and provisions for treatment mentioned in the previous recommendation).

Release of sex offenders to community shelters particularly if they have no parole or probation supervision is the least preferred way to connect these individuals to appropriate services and resources. Current treatment of sex offenders strongly supports close community supervision as a support to relapse prevention and discouragement of re offending behavior. The Connecticut Sexual Assault Crisis Services Victim Advocates endorse this comprehensive approach as well. Sex offenders who are at a statistically high risk to re offend and otherwise have no

supervision and treatment follow up post sentence should especially be targeted given that the alternative would not improve public safety.

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.

APPENDIX B

EVIDENCE-BASED PROBATION/PAROLE SUPERVISION MODEL

Goal

To contribute to public safety by controlling and changing an offender's behavior through an integrated system of sanctions, field officer interactions, and evidence-based treatment interventions, that are aligned with the offender's risk and needs.

Objectives

1. Monitor and facilitate the probationer's compliance with probation/parole supervision conditions.
2. Facilitate the probationer/parolee to change his/her anti-social and criminal behavior.

SUPERVISION PROCESS

Process Phases

1. Engagement of the offender in the process of change through the assessment of criminogenic factors and development of a Case Plan to address these factors.
2. Initiate change through the use of targeted services and controls.
3. Sustain change through compliance management techniques.

PROBATION / PAROLE OFFICER / OFFENDER

CONTACT ACTIVITIES AND FOCUS

Phase 1 – Engagement

1. The engagement process begins with the completion of a risk and needs assessment process to put together a Case Plan that responds to the offender's assessed criminogenic risk factors.
2. The engagement process should be focused on getting the offender ready to address these criminogenic factors by explaining to the offender how the factors contribute to their behavior.

3. The end goal of the engagement period is a Case Plan that moves the offender into an action plan to address criminogenic needs through the use of evidence-based services and programs.
4. The Case Plan should include: any probation special conditions; the offender's assessed needs and problem areas; program referrals to address each identified problem; and the offender's responsibilities to comply with the Case Plan.

Phase 2 – Initiate Change

1. The role of the probation/parole officer in this period is to facilitate offender compliance and change. The stronger the rapport between the offender and probation/parole officer, the greater the degree of compliance and change.
2. Commitment to change will be illustrated by three (3) variables:
 - a. Compliance with the Case Plan;
 - b. Compliance with supervision conditions;
 - c. Retention in the recommended programs. The probation/parole officer can determine the offender's level of commitment to behavior change by assessing how well the offender is progressing in the referred program.
3. The probation/parole officer should respond to the two main factors that prevent the offender from making a commitment to change, namely, defensiveness and ambivalence.
4. The probation/parole officer should recognize and reinforce offender change talk and self-efficacy.
5. The tools of graduated sanctions should be used to address problems of non-compliance and ambivalence.
6. To facilitate the change process the contacts between the offender and probation officer must enhance communication. Through the use of Motivational Interviewing Skills, Case Plan compliance and behavior change can be enhanced by the following:
 - a. Expressing empathy for the offender's situation and the difficulty of achieving small gains (e.g., being crime-free, being drug-free, obtaining and retaining a job, etc.).

- b. Avoiding non-productive arguing with the offender on any conditions or requirements of supervision. Argumentation is generally a threat to the power of the probation officer and begins to erode at the validity of the Case Plan. It is critical, as part of the process, that the probation officer reviews the case information and risk/need factors that support the agreed-upon Case Plan.
- c. Rolling with resistance by recognizing that some negative attitudes and rigidity are part of the defense mechanisms. The process of behavioral change is difficult for the offender and, therefore, some resistance is considered part of the ambivalence. By focusing on the Case Plan and commitment to the components, and not over-responding to the offender's negativity, attention can be focused on measurable outcomes.
- d. Addressing discrepancies that may occur but focus on the compliance issues. In many ways, the offender may use several discrepancies to divert the attention of the probation officer on less important issues. When this occurs, focus on the Case Plan and progress towards the goals and objectives.
- e. Supporting the offender with reinforcement through verbal affirmations for positive behavior and verbal statements.

Phase 3 – Sustain Change

1. Sustained change will be evident by offender improvements in key areas such as employment, family, housing, peer associations, substance abuse, self-control, and attitudes and values.
2. It is during this stage that a revised Case Plan is needed that focuses more on relapse prevention or maintenance goals – sustaining the change. The focus of the contact should be on discussing and rehearsing with the offender the skills gained to prevent problem behaviors and reinforcing positive behavior through verbal affirmations.

APPENDIX C

PJOC RECOMMENDATION REGARDING RISK REDUCTION UNITS (2004)

The PJOC recommends the establishment of Risk Reduction Units (RRUs) which will intensively supervise and ensure services for probationers whose regular probation officer has determined that a technical violation of probation warrant is imminent. These cases will be screened and referred to specialized probation officers that will be housed at the local Alternative to Incarceration Centers (AIC). Their caseloads will be capped at 25, and their location at the AIC will assure ease of access to a wide range of employment, education, housing, substance abuse treatment, and other services. Nine Risk Reduction Probation Officers and one supervisor with specific skills will be stationed at these AICs, two each in New Haven, Hartford and Bridgeport and one each in Waterbury, New Britain, and New London.

Currently, there are approximately 52,000 probationers being supervised by the Judicial Branch/CSSD. The Connecticut DOC incarcerated population for 2002 was nearly 20,000 offenders, 25 percent of whom were admitted for violating community supervision conditions (probation, parole or transitional supervision). About 2,200 probationers per year are sent to prison due to violations of their conditions of probation. Recent CSSD research regarding probation violators found that approximately 50 percent of those incarcerated for violation of probation were the result of technical non-compliance with probation conditions, and not for the commission of new criminal offenses. In fact, the DOC identified violation of probation inmates as the largest group of incarcerated offenders. Technical violations typically involve absconding, failure to show for appointments, failure to comply with treatment conditions, and substance abuse relapse as determined by urinalysis. In addition many of these offenders lack basic essentials such as housing and employment. These violators require significant attention and time from Probation Officers. With average caseloads that exceed 170, it is impossible to provide the necessary intensive supervision and services. Consequently, their behavior does not change and the result is the issuance of the warrant for violation of probation. A 2003 study conducted by the Hartford CSSD Office of Adult Probation identified the following challenges for this population of offenders:

- 90 percent of the technical violation warrants issued were for failure to comply with substance abuse treatment conditions, and/or absconding or failure to report as required.
- Non-compliance with substance abuse treatment conditions occurred for two main reasons: because offenders either did not stay in treatment (retention) or relapsed into drug use after successful completion.
- The majority of VOP offenders had housing issues with nearly 50 percent listing local shelters as their address at the time the VOP warrant was issued.
- A majority of clients had quality of life issues (substance abuse disorders, lack of employment) that research has identified as major risk factors, which if un-addressed, increase the likelihood of future criminal activity.

It is anticipated that probation violators can be successfully diverted from violation behaviors if they are provided with appropriate support and services that address their needs. Probation risk reduction research shows that appropriate levels of supervision, together with evidence-based services (i.e.; cognitive behavioral therapy) targeted to probationers' criminogenic risk factors (substance abuse, low self-control, anti-social attitude, anti-social peers, dysfunctional family relations, and callous personality) can decrease the likelihood of incarceration.

RRUs will be established in the following Alternative to Incarceration Centers (AIC): New Haven, Hartford, Bridgeport, Waterbury, New Britain, and New London. These sites have been identified because an estimated 70 percent of the 1,000 technical violators come from these major cities. Services at these AICs will be enhanced in order to meet the immediate needs of this new probation population and collaborations with other state and local agencies will be established. Probationers will remain in the unit for four months at a time, after which it is anticipated that they will be returned to their original Probation Officer to complete the remainder of their supervision period. The Probation Officer Supervisor will oversee the project statewide. A primary role of the supervisory officer will be to insure that the offenders referred to *Risk Reduction Units* would otherwise be jail-bound based, on factors such as criminal history; and that they are properly assessed, as to their risk to public safety.

APPENDIX D

PJOC RECOMMENDATION REGARDING COMMUNITY PLACEMENT AFTER SATISFACTORY HALFWAY HOUSE PERFORMANCE (2004)

The PJOC recommends amending existing legislation in order to expand the authority of the Commissioner of Correction to place offenders in a community or private residence after a period of satisfactory residential program participation, and upon an assessment of the offender's individual needs.

This proposal would authorize the Commissioner to release an inmate to an approved residence, subject to conditions of release and the supervision of a community services officer, after a period of successful performance in a halfway house. The intent of this recommendation is to more appropriately utilize the number of halfway house slots contracted through non-profit agencies by the Department of Correction. Currently, the Commissioner may place an offender in a halfway house at her discretion. Under current conditions, those offenders serving sentences greater than two years may not transition from a halfway house to a community residence. This proposal will allow the offender to benefit from all of the services afforded by the halfway house (i.e. employment assistance, help in finding a residence, if necessary) without having to remain in the halfway house until discharge (typically no less than six months). In addition, this will allow for the better utilization of a finite number of halfway house beds. A full review and assessment of the offender will be performed prior to any transition to a community program.

In order to implement this recommendation, C.G.S. § 18-100 subsection (e) should be revised as follows:

If the Commissioner of Correction deems that the purposes of this section may thus be more effectively carried out, he may transfer any person from one correction institution to another or to any public or private non-profit halfway house, group home or mental health facility OR TO ANY APPROVED COMMUNITY OR PRIVATE RESIDENCE AFTER A PERIOD OF SATISFACTORY RESIDENTIAL PROGRAM PARTICIPATION. [with the concurrence of the warden, superintendent or person in charge of the facility which said person is being transferred.] Any inmate so transferred shall remain under the jurisdiction of said commissioner.