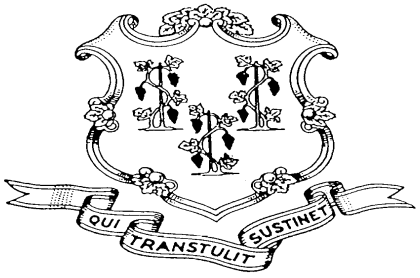
The Prison and Jail

Overcrowding Commission

A Report to the Governor and Legislature

State of Connecticut



January 15, 2005

Prison and Jail Overcrowding Commission
Members

The Honorable Theresa Lantz, Chair
Commissioner
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The Honorable Leonard Boyle
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PRISON AND JAIL
OVERCROWDING COMMISSION

To: The Honorable M. Jodi Rell, Governor
And
Members of the General Assembly

From: Theresa C. Lantz, Chair
Prison and Jail Overcrowding Commission

Date: January 15, 2005

On behalf of the Prison and Jail Overcrowding Commission, I respectfully submit the 2005 Annual Report in accordance with Section 18-87k of the Connecticut General Statutes.

Many of the recommendations adopted by the Commission were developed by the Alternatives to Incarceration Advisory Committee, which was established in accordance with Public Act 03-06, in order to investigate the feasibility and effectiveness of various alternatives to incarceration and make recommendations to the Commissioner of Correction. The Committee is comprised of representatives from the Chief State's Attorney, the Office of Policy and Management, the Judicial Branch, the Office of the Chief Public Defender, the Department of Mental Health and Addiction Services, and members of the General Assembly's Finance, Judiciary, and Appropriations Committees. Two work groups were formed with front line, experienced, and innovative staff who led the Committee to develop recommendations in the areas of behavioral health, substance abuse treatment, and interagency collaboration. An ad hoc work group on alternatives to incarceration for low risk sex offenders was also formed. The Advisory Committee recommendations are woven into the Prison and Jail Overcrowding Commission's report. The Advisory Committee's statutory responsibilities end on February 1, 2005, but it is my intention that the work groups continue to convene in order to implement and expand upon their recommendations, and to report regularly to the Commission on their progress.

The Commission believes that these recommendations are timely, and will serve the best interest of public safety while providing continued public confidence in the integrity of our system. The Commission looks forward to working with the Governor's Office and the General Assembly to develop and implement these recommendations.

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EXECUTIVE SUMMARY

Over the last two years, the criminal justice system in Connecticut has experienced a culture change where collaboration between state agencies and with community providers is viewed as essential, and addressing mental health issues and substance abuse among the offender population is recognized as critical to successful community re-entry. The recommendations included in this report will reinforce public safety by diverting appropriate offenders from confinement into community programs and supervision.

The most significant accomplishments in 2004 include the following:

- Reduction of the inmate population and return of Connecticut inmates from Virginia;
- Consolidation of mental health services at the Garner Correctional Institution in Newtown;
- Consolidation of Community Enforcement and Parole Services under the Department of Correction (DOC);
- Collaboration with state and non-profit organizations for the development of a comprehensive re-entry system;
- Development of a Memorandum of Understanding with the Department of Social Services (DSS) in which the DOC funds two DSS eligibility worker positions who provide eligibility determination and reinstatement of benefits exclusively for offenders so that their benefits are available at the time of release and without delay;
- Merger of Board of Pardons and Board of Parole into the Board of Pardons and Paroles (BPP), located within the DOC for administrative purposes only.
- Hiring of seventeen (17) new BPP parole officers to supervise increased number of offenders becoming eligible for parole review as a result of mandatory parole or reassessments for individuals not released at their seventy five percent (75%) or eighty five percent (85%) mark;
- Re-instatement and expansion of the jail re-interview program for pre-trial population;

- Hiring of one hundred (100) Adult Probation Officers to lower caseloads and focus on decreasing probation violations;
- Establishment of Probation Transition Program and Technical Violation Unit initiatives designed to positively effect prison overcrowding; and,
- Establishment of the Adult Risk Reduction Center as an evidence-based model of program intervention designed to address the targeted needs of high risk probation clients to reduce the number of technical violations and recidivism.

Recommendation 1 (Behavioral Health)

Expand behavioral health services for offenders with mental health needs in lieu of incarceration, which will assist in community reentry. Specific services include:

- Augmenting the Court Support Services Division's (CSSD) Alternatives to Incarceration Centers to include a mental health component;
- Undertaking a systematic review of community-based programs to determine the capacity to provide programs to persons with psychiatric disabilities;
- Developing a residential and day reporting facility for persons with psychiatric disabilities;
- Expanding the Crisis Intervention Team model to all police departments statewide;
- Sustaining funding of women's jail diversion programs;
- Employing specifically trained or clinically licensed professionals to provide community supervision to offenders with psychiatric disabilities;
- Employing at least one clinically trained jail re-interviewer at Garner Correctional Institution; and,
- Implementing access to forensic psychiatric services by the Board of Pardons and Paroles (BPP).

Recommendation 2 (Substance Abuse Treatment*)*

Develop a comprehensive strategy for offenders with substance abuse treatment needs. Developed in conjunction with the Alcohol and Drug Policy Council, the strategy will include:

- Establishment of transitional case management services for all offenders with substance abuse problems.
- Expansion of the modified, court-based drug intervention model.
- Expansion of approaches developed and implemented in the DMHAS General Assistance Behavioral Health Program yielding more effective and efficient care, for persons with serious and prolonged mental illnesses who frequently need

high cost acute care services due to the absence of care management and alternative strategies. Services for these persons account for a disproportionate share of service costs.

- Continued collaborative development and implementation of services for persons with co-occurring mental health and substance use disorders.
- Assessment of the capacity and competence of the current state and private nonprofit service provider system to provide these co-occurring services and support funding needed to correct any shortfalls.
- Expansion of the approaches being developed through Connecticut's Robert Wood Johnson-funded project (referenced in Recommendation 6) so that all levels of services needed to respond to the needs of offenders in the criminal justice system are in place and supported by a full-capacity, highly service effective and cost-managed collaborative system.
- Adoption of policies and implementation strategies being developed by the Alcohol and Drug Policy Council in areas critical to an effective healthcare system for substance use, which include:

    1) Screening and brief intervention strategies for early/less severe substance use, with focus on emergency departments and primary care settings.
    2) State of the Art Prevention approaches for school age populations, K – 12.
    3) Recovery-oriented services found to produce better access and engagement in care, sustained abstinence and integration of persons into their community, and greater use of those in recovery as part of the healthcare workforce.
    4) Gender sensitive programs for women and families that include trauma care and other specialty services that are essential for women who use substances.
    5) Culturally competent approaches at all individual service, care provider, and system levels to assure maximum access, effective treatment and sustained outcomes for persons of color, Latino/Hispanic origin, Asian Americans and other minorities who need services for mental health and/or substance use disorders.
    6) Full support for all PJOC recommendations, and particular focus on the strategies that will diminish homelessness among the criminal justice population.

Recommendation 3 (Court Support Services)

Expand existing Court Support Services Division programs that divert appropriate accused and sentenced offenders from secure confinement. These programs include:

- The Probation Transition Program;
- The Technical Violation Unit; and,
- The Jail Re-interview Program.

Recommendation 4 (Board of Pardons and Paroles)

Implement within the BPP a violation reduction and expedited review program.

- This has the potential of saving up to 50 prison beds per month.

Recommendation 5 (Access to Behavioral Health Services)

Implement policies and operational approaches to enhance access to behavioral health services and medical services for offenders involved in diversion and/or community reentry programs. This will result in expanded and more effective diversion and reentry service strategies and will decrease offender recidivism in the community. Enhancements include:

- Continued development and systematic, statewide implementation of culturally competent, evidence based and informed interventions and service strategies;
- Creation of a culturally competent system which focuses on dimensions beyond treatment such as training, standard setting, and contracting at the practitioner, provider and system levels; and,
- Development of indicators to measure and adjust interventions and other services to assure successful change, and to identify any subsequent decreases in health care disparities.

Recommendation 6 (Collaboration)

Expand existing partnerships among the DOC, CSSD, and the Department of Mental Health and Addiction Services (DMHAS) to integrate offender assessment, support and supervision within the community, including:

- Development of an evidence-based community supervision model;
- Implementation of compatible validated risk and needs assessment tools;
- Establishment of a shared philosophy and consistent policies and practices for offender supervision and response to technical violations;
- Evaluation of the effectiveness of services, utilizing outcome measures;
- Ensuring the investments in jail diversion and community reentry strategies meet the goal of public safety and result in the expansion and provision of effective services.

Recommendation 7 (Sex Offenders)

Implement a transitional program of parole supervision under the DOC, with mandated treatment, for those offenders with problem sexual behavior who are determined, by a validated risk assessment, to be low-risk, and who are scheduled for release without a period of probation. This ensures supervision and treatment for this population as it re-enters the community.

Recommendation 8 (Community Education)

Develop and implement a community outreach initiative to inform and educate citizens about persons with problem sexual behavior and the efforts to support public safety when such offenders are released into the community with mandated treatment and under parole supervision.

Recommendation 9 (Reinstatement of Benefits)

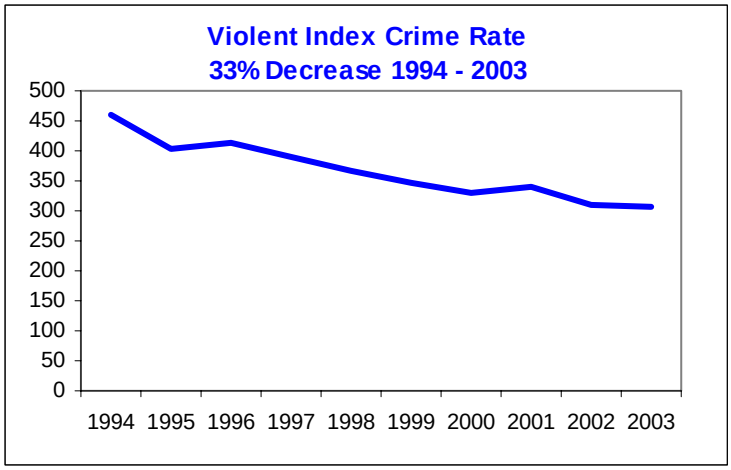
Expand collaboration with the Department of Social Services (DSS) and Social Security providers to streamline the process of eligibility for and reinstatement of benefits for offenders with substance abuse and psychiatric disabilities prior to their release. In addition, state regulations should be amended to allow DSS to suspend, rather than terminate, public assistance eligibility for offenders who are residing in correctional, mental health, or substance abuse treatment facilities.

Section I

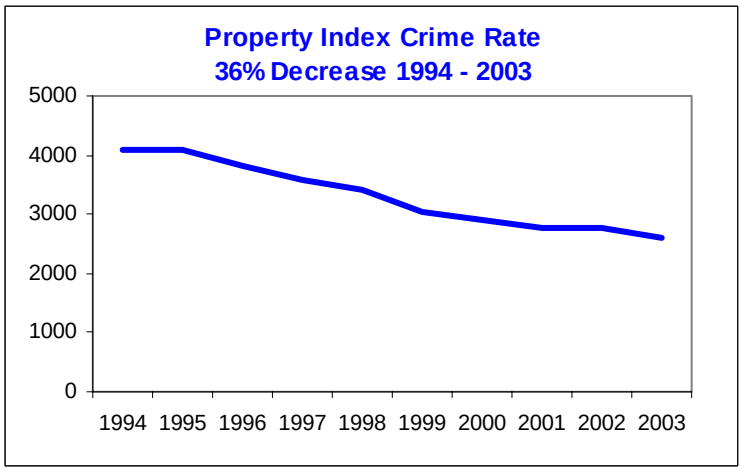
Crime Trends in Connecticut

Reported Crime

Since 1994, the violent index crime rate has dropped 33 percent (from 459 per 100,000 populations to 308.) However, a slight rate increase occurred during 2001, which was two percent higher than the previous year. Violent index crimes include murder, rape, robbery and aggravated assault.

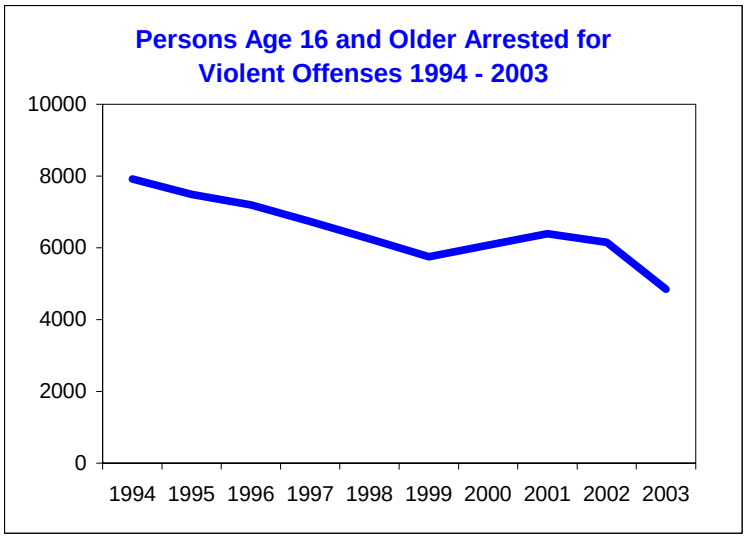


The 2003 property index crime rate was 36 percent lower than in 1994 (from 4,094 offenses in 1994 to 2,607 in 2003.) Property index offenses include burglary, larceny, and motor vehicle theft.

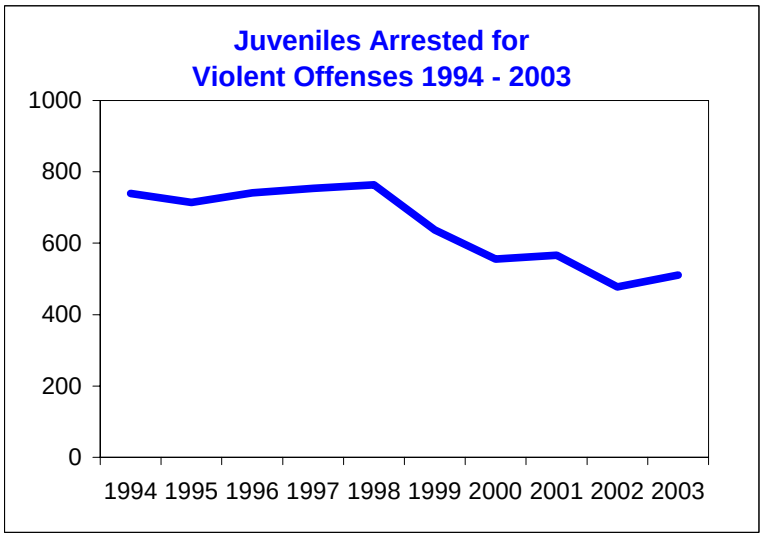


Arrests

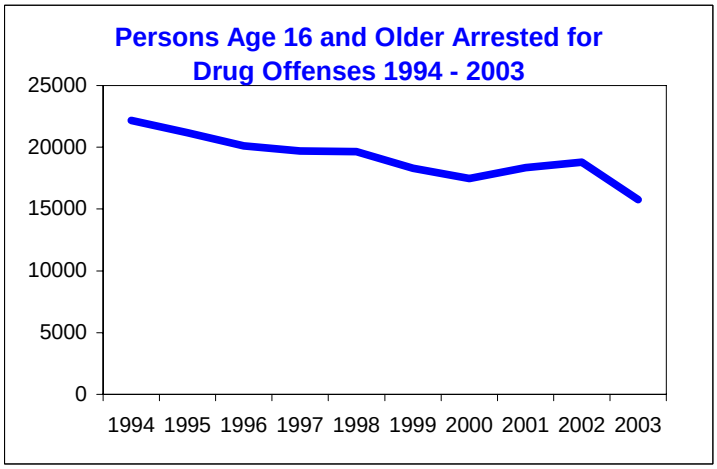
Since not all reported crimes lead to an arrest, the number of persons arrested is a more efficient measure of persons entering or re-entering the criminal justice system. The number of persons sixteen and older arrested for violent index offenses[1] decreased 39 percent (from 7,918 to 4,848) between 1994 and 2003. However, during both 2000 and 2001, the number of adults arrested for violent crimes increased after ten straight years of decline.



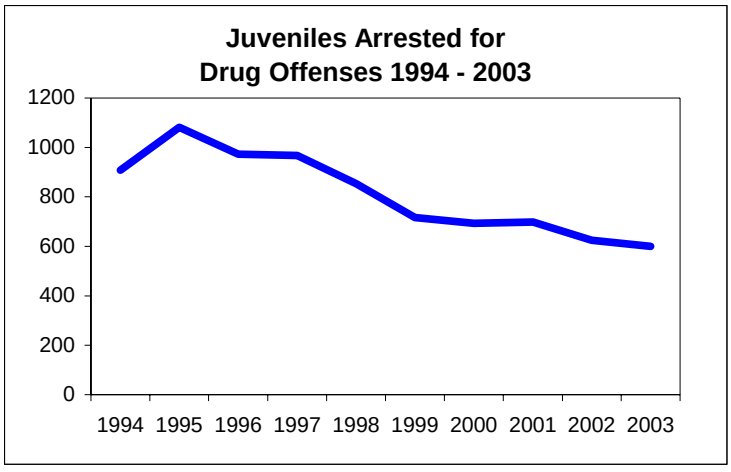
The number of juveniles (age 15 and younger) arrested for violent crimes rose during 1994 thru 1998. Significant decreases were experienced in the following four years, however 2003 saw another increase. Overall, there has been decline of 31 percent (from 739 down to 511) between 1994 and 2003.



[1]Violent index offenses include murder, forcible rape, robbery and aggravated assault



A large number of offenders in the criminal justice system have been arrested for drug offenses. After peaking in 1994, drug offense arrests for persons 16 or older began to decline reaching a low of 15,749 in 2003. This represents a decline of 29% compared to 1994.



Drug arrests for juveniles peaked in 1995, followed by five years of gradual decline. The change between 1994 and 2003 is 308, or 34%.

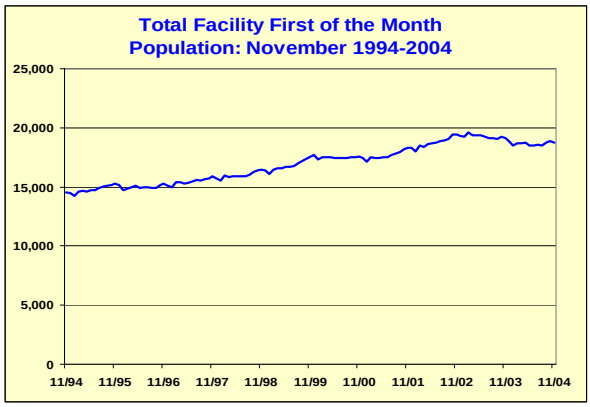
Connecticut Today

Crime rates[2] and the incarceration rate[3] remain lower in Connecticut than in the United States as a whole. The following table compares these rates for 2003.

2003	Property Crime Rate	Violent Crime Rate	Incarceration Rate
United States	3,588	475	482
Connecticut	2,607	308	389
% Less than National Rate	27%	35%	19%

Section II.

A. DOC Facility Populations



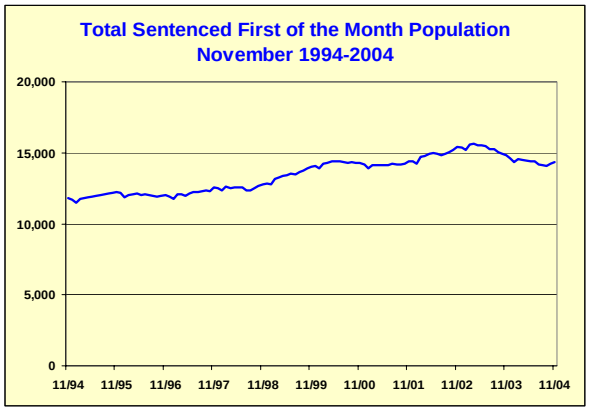
Total Populations

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.

[2] Data obtained from "Crime in the United States 2003", published by the Federal Bureau of Investigation.. Rate is crimes reported per 100,000 population.
[3] From the Bureau of Justice Statistics Bulletin "Prisoners in 2003" released November 2004, Table 4, Pg 4

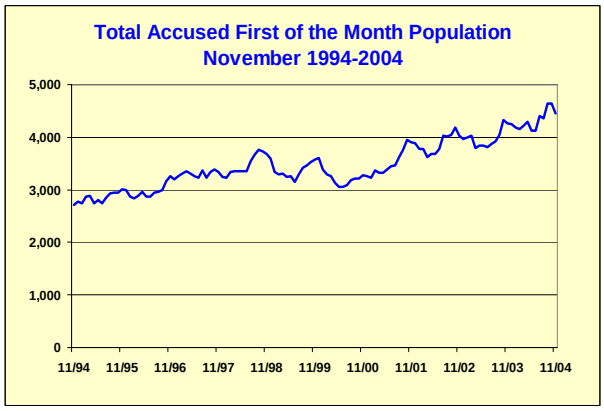
Sentenced Populations

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.

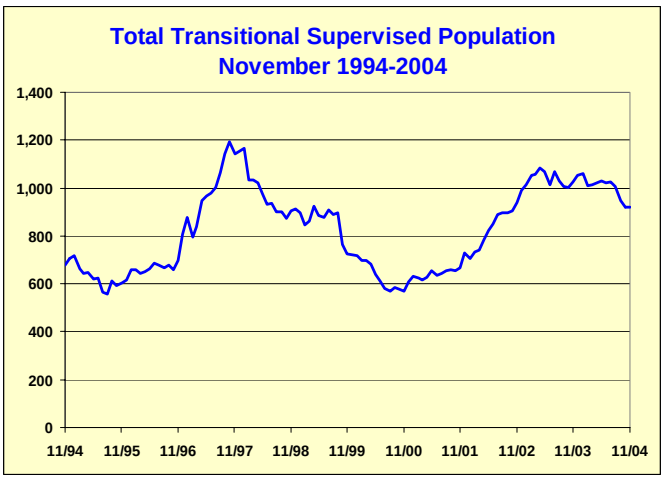


Accused Population

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



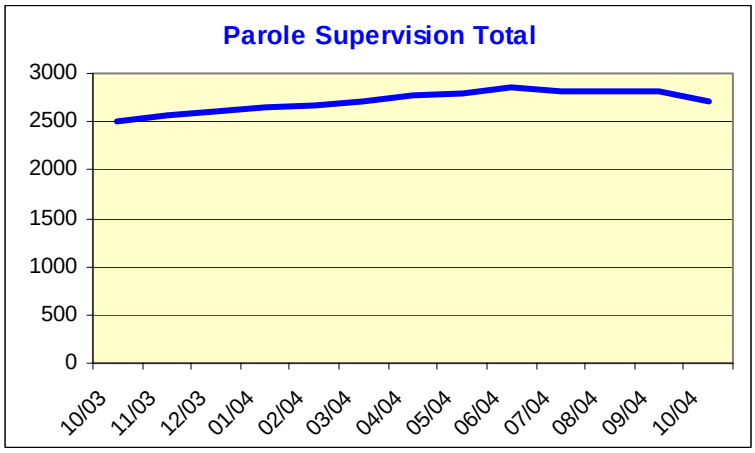
Transitional Supervision (TS) is a discretionary release program under the jurisdiction of the DOC for certain offenders with a sentence of no more than two years. An inmate must have served a minimum of 50 percent of his sentence and must have appropriate institutional conduct to qualify for the program. 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 currently 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.

THE JUDICIAL BRANCH / COURT SUPPORT SERVICES DIVISION

Adult Probation

In 2004, the CSSD developed a four-point strategy to reduce by at least 20% the number of probation technical violators who are incarcerated. This should also result in fewer probation violations for non-technical reasons which will have a positive impact on reduced incarcerations for violations of probation in general. This strategy involves four specific initiatives:

Caseload Management Plan

Since the early 1990's, probation officer caseloads in Connecticut have steadily risen. For example, though the number of probation cases nearly doubled since the early 1990's, the number of officers remained relatively constant or was reduced. The result of this conflict was that probation officer caseloads in 2000 were roughly 250 per officer, putting Connecticut among the top five (5) highest caseloads per officer in the country. Achieving manageable probation officer caseloads is a key ingredient in reducing probation violations. When officers are overloaded with cases, they simply lack the time to identify and follow-up on non-compliance before it reaches a point of a violation warrant.

Since 2001, the Judicial Branch has taken many steps to bring probation officer caseloads to more manageable levels and reduce offender recidivism, including:

- Adoption of a new scientifically validated assessment tool (Level of Service Inventory);
- Establishment of a classification system which differentiates supervision levels according to risk;
- Adoption of contact and supervision standards that are appropriate to each risk level;
- Assignment of low-risk cases to a private contractor for administrative supervision; and,
- The conversion of the network of contracted programs to evidence-based strategies aimed at risk reduction.

In addition to the above, the CSSD has been gradually increasing its probation staff. By January 2004, average caseloads were reduced to approximately 160 per officer. With the addition of nearly 100 new probation officers this fiscal year, the average probation officer caseload will drop to approximately 100 by the summer of 2005. Furthermore, through appropriately triaging cases based on their assessed risk to re-offend, the CSSD is planning to lower caseloads for high-risk probationers to no more than 60 probationers per officer. Lower caseloads, coupled with training on motivational interviewing, new quality contact standards being put into CSSD policy, and improved contracted programs, should result in fewer violations of probation in general, and longer term, bring fewer probationers back into the correctional system by achieving the goal of recidivism reduction.

Response to Non-Compliance Policy Change

CSSD relies on written policy as a means of guiding field officers in the conduct of their work. In the area of Adult Probation Services, more than thirty (30) policies guide field officers in all activities from the maintenance of case files, supervision of clients, and actions to be taken when faced with non-compliance.

The policy on Response to Non-Compliance was reviewed in order to determine opportunities for improvement in the handling of technical violators of probation. A Task Force of managers and supervisors worked over many months to develop a report recommending a series of policy changes intended to improve outcomes with technical probation violators. On August 1, 2004, the CSSD issued a series of policy modifications regarding probation officer response to probationer condition non-compliance. With the goal of reducing the number of probationers who are incarcerated for technical violations of probation, the policy was modified to include:

- A graduated sanctions/response chart which explains the range of possible sanctions or responses that a probation officer may use when responding to violation activity;
- If the probation officer determines that the appropriate response for any violation activity is a warrant, the case must be discussed with and approved by a supervisor prior to seeking a warrant;
- Supervisors must follow a written protocol when reviewing and approving a probation violation warrant;

- New arrests do not require the automatic non-discretionary filing of a probation violation warrant;
- A series of activities through a formal protocol must be followed to locate a possible probation absconder before a warrant can be sought for violation of probation.

In general, these changes will increase supervisory involvement in non-compliance, provide more structure and guidance in the use of graduated sanctions as an alternative to violation, and greater flexibility when faced with new arrest involving probationers who are otherwise compliant with all probation conditions.

Special Probation Projects

During the past legislative session, the Judicial Branch received funding to reduce violations of probation in general and in particular, to reduce the number of technical violations of probation. Funds were provided for 20 officers and treatment services for two populations: split sentence inmates being released from the DOC's custody to probation supervision and probationers whose probation officer has determined that a technical violation of probation warrant is imminent. Over the past several months, the CSSD has been developing projects targeted at these two populations. The projects that have evolved are called the Probation Transition Program and the Technical Violation Unit. With limited appropriations, the programs could not begin statewide. However, they began operation on October 12, 2004 in five (5) locations for the Probation Transition Program, and in six (6) locations for the Technical Violation Unit.

The Probation Transition Program (PTP) targets inmates who have terms of probation upon their discharge from the DOC. This includes those discharging at the end of sentence from a correctional facility, a halfway house, parole, transitional supervision or a furlough. The goal is to increase the likelihood of a successful probation period for split sentence probationers by reducing the number and intensity of technical violations during the initial period of probation.

Two probation officers staff the PTP program at each of five Probation office locations: Hartford, New Haven, Bridgeport, Waterbury, and New London. Each officer carries a maximum caseload of 25. Additionally, Community Partner's in Action (CPA), under a contract with the Judicial Branch, has hired six staff who are assigned to the five PTP

offices. CPA staff receive periodic reports identifying inmates who are to be released from custody within the next 90 days. The list excludes those with sex offenses. (Split sentence sex offender cases are seen on a pre-release basis by probation officers specializing in sex offender case supervision). For those inmates in a correctional facility, the CPA staff go to the facility and meet with the inmate to review the conditions of probation and obligation to report to the probation office on a specific date. An initial screening form is completed which includes information about the current offense, criminal history, behavior while incarcerated, program and education participation, and any identified needs. Additionally, staff collect the intended address of residence upon release, contact person, and any potential employment. This information is transmitted to the probation office in the area of intended residence. For inmates who are already released from a correctional facility, contact with the offender is made by coordinating with the supervising DOC officer or community program.

Inmates who are discharging to one of the five PTP program offices undergo a complete assessment by a PTP probation officer. The officer arranges with the facility or other custodial staff to meet with the inmate to conduct an in-depth assessment through an LSI interview (Level of Service Inventory). The results of the LSI assist the probation officer in identifying the needs and risk level of the individual. At that point, the probation officer begins to identify and arrange for service in the offender's need areas identified. The main areas of focus are: housing, employment, substance abuse, and mental health.

Within the first 72 hours of release the officer meets with the probationer. Given the extent of the pre-release planning, housing, substance abuse, employment and mental health needs should already be in place. The goal is to stabilize the offender during this time and then transfer him/her to a regular caseload.

The Probation Transition Program will screen up to 2,880 offenders who are scheduled to be released from the Department of Correction and have a stipulation of probation. The CSSD will identify 750 of these offenders who are at the highest risk to recidivate to participate in the PTP.

The Technical Violation Units (TVU) are located in Hartford, New Haven, Bridgeport, Waterbury, New London and New Britain. Their goal is to reduce the number of probationers sentenced to incarceration as a result of technical violations of probation. This program focuses on the probationer who is about to be violated for technical reasons - deliberate or repeat non-compliance with: court ordered conditions, reporting requirements, service/treatment requirements, etc. Caseloads are capped at 25 probationers per officer. Services are available to the probationer on a 24/7 basis either directly through the unit's probation officer or another probation officer in the area. Admission to the program is based on a referral, including a case summary, by the current probation officer through his/her Chief Probation Officer to the Chief Probation Officer for the TVU location. The Technical Violation Unit will annually target 75 probation clients at risk of violation of probation.

Research and Evaluation

In order to measure our progress in reducing Violations of Probation in general, and Technical Violations in particular, a baseline is needed representing probationer's performance in this area before implementing any of the measures listed above. To that end, CSSD has negotiated a Memorandum of Agreement with Central Connecticut State University (CCSU) to assist in the development of the Special Probation Projects and CSSD's approach to reducing technical violations. The Institute for the Study of Crime and Justice at CCSU will be responsible for the research aspects of these programs, including an examination of a sufficient number of prior year case files in order to establish a reliable baseline against which to measure progress and a probationer profile aimed at guiding the screening and program contracting efforts. This baseline and profile report should be ready before the end of 2004.

It should be noted that the Institute at CCSU will serve as a liaison for the research aspect of these projects with the Office of Fiscal Analysis and Legislative Program and Review.

Evidence-Based Treatment

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. If targeted in the risk assessment process, they can be translated into treatment objectives and ultimately, into relevant offender interventions.

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

Alternative Incarceration Programs

The Court Support Services Division (CSSD) is a consolidation of six Judicial Branch units: Adult Probation, Bail Commission, Family Services, Juvenile Detention, Juvenile Probation, and Alternative Sanctions. As part of the state's balanced program to alleviate overcrowding in Connecticut, previous PJOC recommendations led to the development of a major network of Alternative Incarceration Programs (AIPs). By diverting less serious offenders to community sanctions and supervision programs, Connecticut ensures that prison space remains available for more serious offenders. In addition to providing safe, effective, and meaningful alternatives to incarceration, the AIP has produced significant cost savings, without jeopardizing public safety. The average cost of a program slot is $11,600 per year compared to $27,860 per year for the average cost of a prison bed in Connecticut.

Connecticut's AIP is considered a national model for effective alternative sanctions. The AIP currently supervises over 5,600 offenders/defendants on a daily basis. The alternative network consists of an array of programs and services contracted out to private non-profit agencies around the state that provide supervision, substance abuse education, education/vocational assistance and community service opportunities. A more lengthy description of these programs can be found in the January 15, 2004 Prison and Jail Overcrowding Report. In summary, these programs include:

- *Alternative Incarceration Centers (AIC)*
- *Adult Service Contracts*
- *Community Courts*
- *Domestic Violence Sanction Programs*
- *Gender Specific Female Program (STARS)*
- *Jail Re-Interview Program*
- *Residential Treatment Programs, including Project Green, Youthful Offender Residence, and Women With Children Services; and,*
- *Adult Risk Reduction Center (ARRC)*

Section III. Recommendations

1. **Expand behavioral health services for offenders with mental health needs in lieu of incarceration, which will assist in community reentry. Specific services include:**
   - Augmenting the Court Support Services' Alternatives to Incarceration Centers to include a mental health component;
   - Undertaking a systematic review of community-based programs to determine the capacity to provide programs to persons with psychiatric disabilities;
   - Developing a residential and day reporting facility for persons with psychiatric disabilities;
   - Expanding the Crisis Intervention Team model to all police departments statewide;
   - Sustaining funding of women's jail diversion programs,
   - Employing specifically trained or clinically licensed professionals to provide community supervision to offenders with psychiatric disabilities;
   - Employing at least one clinically trained jail re-interviewer at Garner Correctional Institution; and,
   - Implementing access to forensic psychiatric services for the Board of Pardons and Paroles.

Augmenting Alternatives to Incarceration Centers

Currently, the CSSD, the Department of Correction (DOC) and the Department of Mental Health and Addiction Services (DMHAS) are collaboratively developing a Mental Health Alternative to Incarceration Center (AIC) to meet the community supervision needs of those criminal justice clients with psychiatric disabilities. This project is designed to monitor, supervise and treat 40 offenders identified by DOC with a mental health score of 4, out five levels, who if not for this program, would remain incarcerated.

CSSD proposes a similar collaboration to address the mental health needs of criminal justice offenders who would otherwise not be eligible for AIC services. Presently, AICs do not provide mental health services and do not accept offenders with psychiatric disabilities. This collaboration would help ease the DOC's prison overcrowding and

provide these offenders with appropriate community care, easing re-integration and fostering systemic behavioral change.

Either through direct service or subcontract, the AIC would provide court, probation, or DOC referrals with appropriate community supervision and case management. A mental health clinician would provide clinical care services in conjunction with the AIC, providing the referral source with an integrated comprehensive case plan.

Program Capacity for Persons with Psychiatric Disabilities

The 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.

CSSD is recommending to the PJOC an approach that would fund DMHAS community based mental health providers to outsource clinicians to current CSSD day reporting programs statewide. Such clinicians will provide evaluation, individualized plans and follow-up for participants with psychiatric disabilities in order to increase program access, successful completion of the period of supervision, and support long term recovery through community living.

Day Reporting Centers

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 a Request for Qualifications (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 the program. The RFQ will be released by February 1, 2005.

Crisis Intervention Team Expansion

Crisis Intervention Teams (CITs) 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, including the current programs as well as one centered in Bridgeport.

Sustaining Women's Jail Diversion Programs

Federal grants to DMHAS 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. It is recommended that the existing programs be sustained with state funds once the federal dollars are no longer available. In addition, it is recommended that the model be expanded.

Nationwide, 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 differ significantly from men. Treatment for trauma is critical, as most female offenders have experienced sexual and/or emotional abuse. Women who have participated in these programs have significantly reduced recidivism.

Use of Clinically Licensed Professionals

Probation and the BPP 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. The 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.

Both Probation and the BPP provide supervision to a large number of individuals daily (e.g., probation supervises over 60,000 offenders daily), and consequently have high case loads and little time to address the individual needs of offenders with psychiatric disabilities, or 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, risking re-incarceration. Such specially trained officers can become internal resources for other probation officers in identifying and referring persons to services or in considering non-traditional graduated sanctions.

Employ Clinical Staff at Garner Correctional Institution (CI)

The Department of Correction should employ at least one clinically trained jail re-interviewer to be assigned to the Garner CI. Training should be provided 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 CI, many of whom are pre-trial. However, Jail Re-Interview does not provide coverage to Garner CI, thus a transfer there for treatment is likely to result in exclusion from the benefit of jail re-interview. A clinical jail re-interviewer can develop expertise in the community services available to this population and serve as an expert resource to other re-interviewers, who can be trained to increase access to this service for persons at other DOC facilities who have behavioral health needs.

Forensic Services for Board of Pardons and Paroles

The BPP should have access to 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 staff in understanding and integrating the medical and psychiatric information provided to them. Such a consultant would (1) facilitate the BPP's interpretation of the mental health information, (2) identify relevant risk factors related to the mental health issues, and (3) facilitate the development of a community supervision plan that would enable the BPP to grant parole to otherwise eligible inmate's with psychiatric disabilities.

This recommendation was made in a legislative report by DMHAS, DOC and Parole (2/11/02) 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 can provide supervision to the specialized parole officers referenced above, and assist in developing appropriate graduated sanctions to prevent technical violations and re-incarceration of persons with psychiatric disabilities.

2. **Develop a comprehensive strategy for offenders with substance abuse treatment needs. Developed in conjunction with the Alcohol and Drug Policy Council, the strategy will include:**
    - Establishment of transitional case management services for all offenders with substance abuse problems.
    - Expansion of the modified, court-based drug intervention model.
    - Expansion of approaches developed and implemented in the DMHAS General Assistance Behavioral Health Program yielding more effective and efficient care, for persons with serious and prolonged mental illnesses who frequently need high cost acute care services due to the absence of care management and alternative strategies. Services for these persons account for a disproportionate share of service costs.
    - Continued collaborative development and implementation of services for persons with co-occurring mental health and substance use disorders.
    - Assessment of the capacity and competence of the current state and private nonprofit service provider system to provide these co-occurring services and support funding needed to correct any shortfalls.
    - Expansion of the approaches being developed through Connecticut's Robert Wood Johnson-funded project (referenced in Recommendation 6) so that all levels of services needed to respond to the needs of offenders in the criminal justice system are in place and supported by a full-capacity, highly service effective and cost-managed collaborative system.
    - Adopt policies and implementation strategies being developed by the Alcohol and Drug Policy Council in areas critical to an effective healthcare system for substance use, which include:
        1) Screening and brief intervention strategies for early/less severe substance use, with focus on emergency departments and primary care settings.
        2) State of the Art Prevention approaches for school age populations, K – 12.
        3) Recovery-oriented services found to produce better access and engagement in care, sustained abstinence and integration of persons into their community, and greater use of those in recovery as part of the healthcare workforce.

4) Gender sensitive programs for women and families that include trauma care and other specialty services that are essential for women who use substances.
5) Culturally competent approaches at all individual service, care provider, and system levels to assure maximum access, effective treatment and sustained outcomes for persons of color, Latino/Hispanic origin, Asian Americans and other minorities who need services for mental health and/or substance use disorders.
6) Full support for all PJOC recommendations, and particular focus on the strategies that will diminish homelessness among the criminal justice population.

Transitional Re-entry

Paralleling a successful re-entry program model for persons with psychiatric disabilities, the PJOC recommends establishing a transitional community re-entry program for inmates with significant histories of substance abuse. The program may include: early notification to community providers of a potential inmate discharge; the development of a joint pre-release, recovery-oriented re-entry plan created by the community provider's case manager, the DOC's counselor, and the inmate; and implementation of the plan by the community-based provider, who will provide transitional case management, support, and encouragement to the inmate upon release.

DOC provides substance abuse evaluation and treatment of inmates who are often 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 supporting successful community re-entry, in assisting persons in finding 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 offenders from their communities succeed following release from incarceration.

DMHAS and DOC are currently implementing a federal grant to establish transitional case management programs in Hartford and Waterbury. In addition DMHAS will make program participants eligible for additional treatment and support services under its Access to Recovery grant. DMHAS and DOC are also in the process of implementing a federal grant for transitional case management offender re-entry in the New Haven area. All three programs will be subject to evaluation to determine efficacy of the model.

Modified Drug Intervention Model

Two alternatives to traditional drug court programs are supported with federal grant funds to DMHAS (the New Haven and Bridgeport courts) and recently the Judicial Branch established a new program in the Danielson/Willimantic court. These programs have significantly modified the original drug court program that required a special docket and the intensive utilization of court resources. The newly revised drug courts make use of a substance abuse clinician who serves as a liaison to the court, and who can make recommendations for rapid re-docketing of cases should active intervention/action by the court be needed. Most of the funding allocated to these new drug courts is used to provide evaluation and treatment services for the program participants. The target population of participants remains the same as under the former drug court. The ongoing court monitoring is less intensive and occurs on an “as needed” basis. No special docket is required, and 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.

3. **Expand existing Court Support Services Division programs that divert appropriate accused and sentenced offenders from secure confinement. These programs include:**
   - The Probation Transition Program;
   - The Technical Violation Unit; and,
   - The Jail Re-interview Program.

Probation Transition Program & Technical Violation Unit

During the past legislative session, the Judicial Branch received funding to reduce violations of probation in general and, in particular, to reduce the number of technical violations of probation resulting in incarceration. The CSSD has developed two separate projects (Probation Transition Program and Technical Violation Unit) to address these issues that contribute to the Department of Correction inmate population. On October 15, 2004 the two projects were implemented in New Haven, Hartford, Waterbury, New Britain, New London, and Bridgeport - CSSD's largest volume offices. With limited appropriations, the programs could not be implemented statewide.

The Probation Transition Program (PTP) targets inmates 90 days prior to release who have a term of probation following their discharge from correction custody. This includes those discharging at the end of a sentence from a correctional facility, parole, or transitional supervision. The purpose of the project is to identify a probationer's specific needs prior to release, in order to plan for transition into the community. National research has shown that the first days of release are critical in successful completion of probation.

The goal of PTP is to stabilize probationers during the first few weeks following release and transition them to traditional probation caseloads. Specialized, dedicated probation officers will have caseloads of twenty-five (25) probationers to allow them the time and resources to facilitate this transition.

The second CSSD initiative, Technical Violations Unit (TVU), has been developed to reduce the number of probationers sentenced to incarceration as a result of a technical violation of probation. This project concentrates on the probationer who is close to a

violation for technical reasons; deliberate or repeat non-compliance with court ordered conditions, reporting requirements, etc.

Officers assigned to this project also have capped caseloads of twenty-five (25). Admission to the unit is gained through a supervisor review of the probationer's file. If accepted, the officer currently supervising the case will summarize the case and send it to the TVU.

Officers assigned to TVU are located at Alternative to Incarceration (AIC) sites where the probationer is expected to report regularly for supervision meetings and program participation designed to reduce recidivism.

CSSD proposes to increase these programs to all probation offices statewide by providing appropriate staff and probationer support services following the model currently in place. The need for statewide programming is explained in the chart below.

Annual Probation Cases

Supervision Office	Annual Technical Violations	Annual Split Releases
New Britain		156
Milford	108	216
Danbury	108	156
Manchester	168	324
Bristol	168	144
Norwich	120	120
Bantam	120	168
Middletown	336	276
Norwalk	96	72
Danielson	180	156
Stamford	312	120
Totals	**1716**	**1908**

Jail Re-interview Program

During the past legislative session, the Judicial Branch received funding to expand its residential treatment network by adding 130 new residential beds. This expansion was

intended to alleviate the CSSD's existing wait list for residential services. However, with the re-establishment of the Jail Re-Interview Program, fully operational since April 8th 2004 (1,848 defendants screened – 959 released), the number of CSSD referrals has increased dramatically, causing the waiting list for residential placement to rise from 265 in November 2003 to 379 as of November 2, 2004.

Currently, 168 or 44% of those waiting for residential placement have been waiting over 30 days, adding to the DOC's pretrial population and overcrowding. This long waiting list has caused some defendants to plead guilty, avoiding further pre-trial incarceration, but failing to receive appropriate services necessary to foster successful community re-integration.

Due to the recent expansion of both CSSD and DOC's residential programs, the number of available residential beds for future expansion has diminished. This will make further expansion difficult and if both agencies are required to build capacity, quite costly. Though the court relies heavily on residential services for monitoring and supervision, many defendants can benefit from outpatient services provided there is intensive court supervision to support community placement.

CSSD currently contracts for a wide array of outpatient services including AICs and Behavioral Health Services (BHS). Presently, utilization at both the AIC (101.1%) and BHS (140.6%) are over 100%. These programs provide a multitude of interventions including, but not limited to; substance abuse evaluation and treatment, education, employment counseling, anger management, case management and supervision services in the community.

CSSD proposes the following for Jail Re-Interview clients in lieu of residential placement:

- Introducing an assessment tool that will allow the Jail Re-Interview staff to determine the appropriate level of treatment required by the defendant (residential vs. outpatient)
- Increasing capacity at the existing AIC and BHS outpatient programs in six (6) of Connecticut's major cities New Haven, Hartford, Bridgeport, Waterbury, New London, and New Britain to provide access to these services

- CSSD would estimate that up to1/3 of all Jail Re-Interview clients could be diverted to this less expensive community based treatment/supervision alternative. This would reduce CSSD's residential wait list, increase the number of defendants released from prison and increase access to appropriate community based services

This intensive pre-trial program would decrease the courts reliance on CSSD's residential network, reducing the long waiting list while still providing community interventions without jeopardizing public safety.

4. Implement within the BPP a violation reduction and expedited review program.

The establishment of this unit would require 3 additional parole hearing officers and a parole supervisor who would be responsible for: performing a comprehensive review of each parole violation warrant prior to the warrant being issued; ensuring a review in all cases of technical violations for potential re-parole within two to six months; and diverting appropriate cases to sanctions other than revocation and re-imprisonment. Currently, the average stay in jail following remand for violation of parole until resolution, (in circumstances not involving criminal charges) approaches one hundred twenty (120) days. By the end of the second year of operation, this unit could reduce the time spent in pre-decision violation status by one-half, down to under 60 days.

Public Act 04-234 requires that the number of parolees returned to prison for technical violations be reduced by 20 percent. Manageable caseloads and sufficient community support services will reduce the number of technical violators that are returned to prison, but it is also critical that the BPP further minimize returns to prison for technical violations by carefully scrutinizing all requests for violation warrants.

If upon review, a determination is made that some alternative short of return to prison is more appropriate, the BPP may decline to issue a warrant and recommend some alternative program, up to and including residential treatment in the community.

The BPP would require an additional parole supervisor position dedicated to reviewing the increased number of warrants associated with having a substantially larger number

of parolees in the community. After review, the parole supervisor would make recommendations to the Board for approval. This supervisor would also be responsible for overseeing the expedited revocation and diversion program described below.

Expedited Revocation and Diversion

The BPP recently established an expedited revocation program, whereby appropriate offenders are revoked and re-paroled within 2 to 6 months after their re-admission to prison. It is also critical that the BPP further minimize returns to prison by dedicating experienced staff to scrutinize all warrant requests for possible diversion from the revocation process.

Staff will identify and review those cases where probable cause to support a violation exists as well as where criminal charges are dismissed or nolled. A determination will then be made as to whether a sanction other than revocation and re-imprisonment is appropriate. The violation reduction program will utilize a graduated sanctions system that includes intermediate sanctions for parole violations including short-term re-imprisonment, placement in a residential treatment program, or some other community based sanction. It is estimated that the diversion program would free up an additional 50 prison beds per month. The proposed expedited revocation and diversion programs could be effectively implemented by hiring three additional hearing officers.

5. **Implement policies and operational approaches to enhance access to behavioral health services and medical services for offenders involved in diversion and/or community reentry programs. This will result in expanded and more effective diversion and reentry service strategies and will decrease offender recidivism in the community. Enhancements include:**
    - Continued development and systematic, statewide implementation of culturally competent, evidence based and informed interventions and service strategies;
    - Creation of a culturally competent system which focuses on dimensions beyond treatment such as training, standard setting, and contracting at the practitioner, provider and system levels; and,

- Development of indicators to measure and adjust interventions and other services to assure successful change, and to identify any subsequent decreases in health care disparities.

Health disparities are systematic differences in healthcare practices and patterns of service utilization that are related to race, culture or gender and not due to a health condition. Health disparities occur when there are significant barriers to accessing services, to using the most effective strategies for intervening and engaging persons in services, and to receiving the highest quality of treatment and recovery-support services for persons of color, of Hispanic and Latino origin, and other minorities.

According to the Report of the U. S. Surgeon General (1999) and of the Freedom Commission on Mental Health (2003), national/Connecticut studies of the demographics of the offender population (2004), and studies of disparities related to mental health or substance abuse services in Connecticut and the nation, persons of color and Hispanics/Latinos:

- Are disproportionably represented in the offender population;
- Have less access to the most available, effective and culturally competent mental health and substance abuse treatment and recovery-support services in the community;
- Are too often underrepresented in mental health and substance abuse research, and
- Experience a greater burden of disability due to their mental health, substance abuse and related health conditions.

6. **Expand existing partnerships among the DOC, CSSD, and the Department of Mental Health and Addiction Services (DMHAS) to integrate offender assessment, support and supervision within the community, including:**
   - Development of an evidence-based community supervision model;
   - Implementation of compatible validated risk and needs assessment tools;
   - Establishment of a shared philosophy and consistent policies and practices for offender supervision and response to technical violations;
   - Evaluation of the effectiveness of services, utilizing outcome measures;

- Ensuring the investments in jail diversion and community reentry strategies meet the goal of public safety and result in the expansion and provision of effective services.

Evidence-Based Community Supervision

The DOC, CSSD and DMHAS are developing a collaborative partnership to align their policy and operations with evidence-based practices. This includes the development of a strategy to implement an evidence-based community supervision model, and establish evidence-based community treatment programs.

A standing policy-level committee should be established to promote the development and implementation of evidence-based practices. The Commissioner of DOC and the Executive Director of CSSD should serve as the co-chairs of this committee. The committee will report regularly to the PJOC on its progress. There are two areas that should be included in the committee's work.

First, there is emerging scientific literature about what correctional programs are effective in reducing recidivism. Despite the emerging evidence, the evidence-based literature is complicated. A great deal of work will need to be done to identify and modify existing programs conducted directly by the agencies and those provided by non-profit agencies.

Second, in order to develop both knowledge and capacity, organizational structures must be in place to support this development. Key staff from both agencies should work toward the goal of establishing intra-agency and inter-agency structures to support this effort.

Validated Risk and Needs Assessment Tools

Emerging research indicates that in order to reduce recidivism certain programs need to be provided to certain types of offenders. "Risk" is one of the important factors that needs to be assessed. Risk refers to the probability of the person re-offending. The following is a concrete example of why this assessment is important: *If a program*

involves low-risk individuals along with high-risk individuals, the effect may be to actually ***increase*** *the rate of recidivism among the low-risk individuals.* In addition, evidence suggests that programs are most effective when intensive services are provided to those with the highest risk.

Traditionally, treatment or program staff would assess offenders based on intuition or "clinical judgment." Research indicates that clinical judgment alone is not effective in predicting risk. It is for this reason that assessment tools based on statistical assessment of recidivists is recommended. It is this type of "actuarial" assessment that needs to be used by agencies in a way that can be shared.

In addition to sorting offenders by risk, it is necessary to identify the specific problem areas that offenders have that lead them to commit crimes. These problem areas are referred to in the literature as "criminogenic needs" (needs that tend to lead to future criminal behavior if not addressed) such as anti-social values and attitudes; lack of self control; poor anger management; anti-social peer associations, and dysfunctional family systems.

CSSD, DOC and DMHAS serve individuals who move from one agency to another. One of the most important things that needs to happen is to facilitate the transition from one agency to another. Utilizing compatible risk and need assessment will go a long way to reaching this goal.

Establishment of Consistent Policies and Practices

The DOC's Division of Parole and Community Services and the CSSD should continue the work started by the Alternatives to Incarceration Advisory Committee Work Group on Offender Supervision and Programs to establish a shared philosophy and consistent policies and practices for offender supervision and response to technical violations.

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

offenders' non-compliance, although the policy/protocol of the agencies differ somewhat. DOC and CSSD are committed to establishing a model process of responding to the violations of stipulated conditions of probation and parole ("technical violations"). This approach to supervision will include a shared philosophy, collaboration, informed and consistent policies and quality control.

This effort will lead to consistent responses to technical violations that are based on the assessment of the offender's risk, treatment needs, and attendant risk to public safety. There is evidence that such an approach leads to the better utilization of existing resources and increases the accountability of offenders under supervision.

Evaluation of Effectiveness

DOC, CSSD, and DMHAS are all separately working on the evaluation of their programs and policies. There is a great deal of overlap in the individuals who are involved with these agencies, the types of programs that are being delivered, and the utilization of non-profit agencies in the delivery of these programs.

Much can be gained from program evaluators working together in this arena. One benefit can be the reduction in duplication. A collaborative effort would avoid the necessity of three separate agencies essentially conducting the same research and evaluation review. Working collaboratively and beginning from a common knowledge base, the three agencies would be better positioned to craft a program approach that is evidence-based and that would allow for the smooth transition of individuals from one agency to another.

Measurable Results

Connecticut was selected a few years ago to be the recipient of a competitive award from the Robert Wood Johnson Foundation (RWJ) to identify and implement procedures that would result in collaborative ventures among state agencies in defining, purchasing, and securing substance abuse treatment and recovery support services.

RWJ Partners include:

- Community Services and Support Division of the Judicial Branch,
- Four executive branch state agencies
    > Children and Families,
    > Correction,
    > Mental Health and Addiction Services, and
    > Social Services.

In addition, some partners, e.g. CSSD, DMHAS, and the Department of Children and Families (DCF) had previously piloted or experimented with innovative, but preliminary purchasing and quality-monitoring efforts outside of the RWJ- funded project.

Significant gains have been made to date in this effort. It reflects the fact that these agencies individually purchase outpatient, residential and other services - often identical or similar in type - from some of the same private nonprofit service providers. The agencies tend to use different purchasing practices and procedures, vary in their service definition, cost structures and service outcomes. These variations add burdens for the service provider and do not reflect the most efficient administrative practices for the state agencies. Further, as utilization of the existing service system has been increasingly well managed over the last few years, the available capacity for expansion of some types of services, e.g. residential programs, has been increasingly limited.

The PJOC offers new opportunities to capitalize and expand on the collaborative purchasing and related work to date. These efforts – while maintaining the individual mission and independence of the respective state agencies should result in more effective and efficient pricing, contract procedures, and outcomes monitoring.

7. **Implement a transitional program of parole supervision under the DOC, with mandated treatment, for those offenders with problem sexual behavior who are determined, by a validated risk assessment, to be low-risk, and who are**

scheduled for release without a period of probation. This ensures supervision and treatment for this population as it re-enters the community.[4]

In order for this effort to be successful, services must be in place for these offenders immediately upon return to the community, including: community treatment and victim advocacy, halfway houses, and other housing options, excluding homeless shelters. The DOC currently houses over 3000 inmates classified with problem sexual behavior. Nearly 60% of those inmates currently incarcerated fit into the statistically low to low-moderate range to re-offend. Approximately 250 inmates were scheduled for release in 2004 without probation or parole supervision. These inmates had no mandated sex offender supervision or treatment, and may have ended up housed in homeless shelters.

Currently there are 25 higher risk offenders being effectively managed under special parole. Their parole officers receive special training and have smaller caseloads. Treatment services are mandated and provided by the 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 closely supervise caseloads of low-risk parolees with problem sexual behavior would enhance the connection with treatment and other community services, including housing, and thereby improve public safety. Prior to release, the BPP will determine the length of parole and stipulations for supervision and treatment, based on a risk assessment done by the Center for the Treatment of Problem Sexual Behavior. 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 U.S. Department of Justice also indicate that offenders with problem sexual behavior are significantly less likely than other offenders to recidivate. New research on persons with problem sexual behavior 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

[4] Persons with problem sexual behavior are those persons as defined in the final report of the Sexual Offenders Policy Advisory Committee (SOPAC), submitted October 15, 2001 to the Governor and the Joint Legislative Committees on Human Services, Public Safety, Public Health, Judiciary, Appropriations, and the Select Committee on Children.

systems further increases likelihood of recidivism and creates an additional impediment for individuals to access appropriate treatment services and resources. (Presently, it is estimated that inmates with problem sexual behavior account for 20% of homeless shelter admissions.)

Additional parole supervision, using established and validated risk assessment instruments, along with mandatory treatment services, will further maximize successful, safe community reentry for those inmates who are statistically at low risk to re-offend. 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 behavior would incorporate process and outcome goals to measure success. Victim advocates (1per 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.

8. **Develop and implement a community outreach initiative to inform and educate citizens about persons with problem sexual behavior and the efforts to support public safety when such offenders are released into the community with mandated treatment and under parole supervision.**

Currently, there is a lack of appropriate information available to the public about persons with problem sexual behavior and the levels of risk they pose. As a result, the public often responds with fear and apprehension to any mention of persons with problem sexual behavior being managed in the community. Communities need to be educated on the kinds of treatment services that are mandated and provided by the Center for Treatment of Problem Sexual Behavior. In addition, they should understand the process undertaken by the BPP, where the length of parole and stipulations for supervision and treatment are determined, based on a risk assessment done by the Center for the Treatment of Problem Sexual Behavior. Information on the intensity of community supervision and the impact it can have on relapse prevention should also be provided. A multi-disciplinary team of DOC, probation, parole, treatment, and victim advocates should be established to promote community education efforts and work with

communities in accessing correct information, current research, and other resources to better understand this complicated issue.

9. **Expand collaboration with the Department of Social Services (DSS) and Social Security providers to streamline the process of eligibility for and reinstatement of benefits for offenders with substance abuse and psychiatric disabilities prior to their release. In addition, state regulations should be amended to allow DSS to suspend, rather than terminate, public assistance eligibility for offenders who are residing in correctional, mental health, or substance abuse treatment facilities.**

Many inmates with substance abuse and 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 of eligibility at the Department of Social Services (DSS) or Social Security offices *following release*. This time lapse between offender discharge and actual receipt of benefits negatively impacts on successful recovery, and often results in the use of more expensive services such as: over utilization of emergency room services, over utilization of homeless shelters, poor health outcomes, and increased recidivism.

Eligible inmates often have co-occurring medical, substance abuse and/or mental health problems that require the immediate availability of entitlements. It is important that the treatment begun with the DOC continue after they are released. In addition to the need for them to receive appropriate treatment, they need to resume public assistance immediately upon release. With the option of suspending, rather than terminating benefits, it is possible to resume benefits immediately, and individuals are much more likely to receive the care that they need. It should be noted that a similar recommendation will be included in a report to the Governor from the Interagency Council on Supportive Housing and Homelessness.

The DOC has recently developed a Memorandum of Understanding (MOU) with DSS in which DOC funds two DSS eligibility worker positions to provide benefit eligibility

determination and reinstatement of benefits for offenders so that these benefits are available at the time of release without delay. The DOC and the Correction Managed Health Care discharge planning staff have engaged in training provided by the Social Security Administration regarding benefit reinstatement and will engage in similar training with DSS. However, the volume of inmates leaving confinement and re-entering the community without benefits in place is so significant that even more staff are needed to reinstate benefits for this population in a timely manner.

Fiscal Analysis

At this writing, no comprehensive fiscal analysis of the recommendations has been completed by the Commission, its staff or associated agencies. Analysis of the proposals continues and individual agencies continue to develop fiscal impact estimates.