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BOARD OF PARDONS AND PAROLES  
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## Parole Board Meeting October 22, 2013

### Meeting Minutes

**Present:** Erika Tindill, Chair; John DeFeo; Executive Director, Richard Sparaco, Director; David McCluskey, Board Member; Robert Murphy, Board Member; Foye Smith, Board Member; Kelly Smayda, Board Member; Pamela Richards, Board Member; Carleton Giles, Board Member; Jennifer Zaccagnini, Board Member, David May, Board Member; David Rentler; Supervising Psychologist.

Chair Tindill called the meeting to order at 9:08 a.m.

Chair Tindill made a motion to add a case review for Larry Green inmate #120762 to the agenda. ED DeFeo seconded. VOTE: Unanimous.

Kelly Smayda asked that the following be added to the agenda: When a PO puts "case review" on the docket that they are more specific so Board members know what to review. Chair Tindill made a motion to add this to the agenda. Foye Smith seconded. VOTE: Unanimous. Chair Tindill also requested that ED DeFeo inform managers at their next manager's meeting to notify their staff that with every single case that's not for discretionary parole hearing, to indicate why it is they are being reviewed.

### **Briefing on Planning, Research and Development Unit (PRD) site visit to Pennsylvania Board of Probation and Parole**

Chair Tindill explained that Pennsylvania has a very robust well established PRD Unit. This unit has helped to insulate the decision – making process. She cited the sustainability of the Board giving the example where a police officer was shot by a parolee and the Parole Board survived because the Governor ordered an independent audit of their processes by Temple University and they determined they made the best decision they could. That there was fidelity to their research based processes and their decision making and added how the research conducted by the unit helped them survived severe scrutiny. Director Sparaco and Dr. Rentler went out to do a visit and look at their unit to figure out what components we could use here. Director Sparaco explained that Pennsylvania is probation and parole and has approximately 41,000 people under supervision and they are not only the decision – making body but also oversee all the community supervision. They process about 3,000 hearings a month. Central office has approximately 280 and 9 full time Board Members. They have many levels of how they process hearings. They

have Hearing Examiners, Parole Managers, Parole Agents, and Parole Officers assigned to institutions along with clerical staff. The Board usually conducts their hearing via video. There are several different formats that they use. A decision can be made with a Hearing Examiner and a panel member, or up to 5 panel members; it all depends on the type and severity of the offense. Over the years they have formulated quite a process on how to make decisions. Director Sparaco explained that they met with Fred Clunk, who has been the Director of the unit for the past 8 years. There are two managers under him who supervise Statistical Analysts and Research Associates who are responsible for all performance metrics of the Agency. One of the roles of the unit is to report out on what the officers are doing and how well they are doing it. The second role of the unit is research based. (A book was presented with all the different reports.) Notably, they are still a paper based Agency and it still takes a couple months for the process to be completed. Dr. Rentler explained that each and every offender is interviewed and they get a full write up and report from the DOC called an integrated case summary. The Parole Agents then fill out a whole other series similar to the PSI, and administer the Level of Service Inventory, Revised (LSI-R), which they still use for decision making. They use a screening tool to initially assess low, med and high risk offenders as well as a violence screening tool. They also have 9 categories of offender classification and that is the driving factor for both whom and what decisions can be made by the Board. When the Connecticut Department of Correction starts to use the Prison Intake Tool (PIT), it will serve as the basis to formulate the foundation of what someone's risk and dynamic needs are and what appropriate programs that individual should take while incarcerated. The Board will administer the Supplemental; Reentry Tool (SRT) or the Reentry Tool (RT) at least six months prior to parole hearing. Director Sparaco emphasized that in Pennsylvania, the Planning and Research Unit (actual title is The Statistical Reporting and Evidence-Based Program Evaluation Office) plays a crucial role with the Board and is the foundation for their existence. They help to determine how successful decisions are as well as how well the Board is performing. At our Board, we need to start putting all the pieces together not only involving the release decisions but also in supervision. When SCORES, the Statewide Collaborative Offender Risk Evaluation System that is in the process of being implemented, is up and running, we will no longer use recommended release ranges as with the TPAI (Treatment and Programs Assessment Instrument). The Planning and Research Division is overseeing this implementation and we will need feedback from the Board Members. We would like to know areas that the Board is interested in for studies as well as performance metrics. Director Sparaco concluded that the primary goal of the division will be performance metrics and evidence-based research evaluations.

### **DOC Sex Offender treatment and programming Eileen Redden & Dr. Paul Chaplin**

Chair Tindill explained to Ms. Redden and Dr. Chaplin the Board's need for information on their programs. Mr. Chaplin introduced himself and explained his background. He began by explaining the short term sex offender treatment. The one thing they have been looking at is using the Risk Need Responsivity model for sex offender treatment. The risk portion suggests that we should focus our treatment more on the moderate or high risk offenders and less so for the low risk offenders, so the short term group is in part an answer to that. The other part that the short term is suppose to do is that offenders who have not had treatment before and are leaving soon will go through the short group which is 12 sessions, 2 hours each session. The RREC has increased demand for the program.

Brooklyn piloted the 12 sessions in a 6 week program. This was 1 time and was created to catch up. Moving forward they will maintain a short 12 week sex offender group for the low risk inmates or the ones at the end of their sentence. In the past offenders were not motivated to get

treatment but with this program they are. They also want to create through MIS an RT screen for sex offenders which will tell you everything about that offender. Director Sparaco inquired if there is an assessment given to offenders entering treatment and if so which one. The Static 99 has been researched and Dr. Bob McGrath, Internationally known sex offender clinician advised them to use the Static 99R. Osborn will have the Track 1 and Track 2 group, each track is a year long. They will also start using the short term group as well. MYI has a long term group. Going forward how would we decide who would be coming into the program? We need to ensure low risk offenders are low risk. Checking TPAI, SO Risk Offender Guide, LSIR, the stable for dynamic risk factors are a few options. Director Sparaco stated SCORES is a more predictive tool for general offender recidivism. Dr. Rentler stated there needs to be congruence between the assessments and the treatment models used by Special Services in the community and CMHC in the DOC. Ms. Redden added that Dr. Burns wants to be a part of the meeting to discuss better coordination and collaboration between CMHC SO program and Special Services. The meeting is planned for November 20, 2013.

She also expressed that there are all these moving parts and they keep adjusting and changing the way things are done so it will take a while to settle down. Chair Tindill stated that if the Board is releasing someone that the Board needs to know that the offender is as safe as can be to release into the community, and she wants decisions regarding treatment to be evidence-based. Mr. Murphy expressed his thoughts that offender's should be assessed at intake, he felt that was the critical point for identifying and targeting risk and treatment needs of sexual offenders. Chair Tindill explained that the Board wants to be certain the offenders receive proper treatment in the proper dosage to address the offender's dynamic risk/needs. Ms. Redden explained that it's not technically Sex Offender treatment that the offender receives while in the DOC 12 week program - it is preparation for outpatient treatment in the community. The twelve week program is a behavioral short term program. It's not long term treatment like the Track 1 Track 2 programs. As it stands today there is a short term 12 week Track 1 and Track 2 which is 2 years. By November 20<sup>th</sup> there should be a discharge group created. The program will be on the RTM3. There will be another meeting on October 20, 2013 with the Parole Managers to further discuss the details.

#### **Presentation on the Start Now Program with Dr. Heather Gaw**

Chair Tindill welcomed Dr. Gaw (Supervising Psychologist from Willard-Cybulski) and asked her to describe voluntary mental health program to the members of the Board. Willard/Cybulski is where the bulk of the programming is held. The programs, such as START now and the SMARTS "Stress Management" Program are both voluntary; these programs do not show on the OAP but sometimes entered in the RTM3 (entry tends to run behind by several months). Chair Tindill requested that notation of completion of program be documented on the Mental Health Parole Summaries. Mr. McCluskey asked if the Board would be able to recommend an offender to the program. Dr. Gaw expressed that people are in the program voluntarily. If the offender feels that it will lengthen their time, they will drop out. But the Board can suggest it to offenders.

They have a CORP DMHAS Program that is a re-entry program. It's only for DMHAS clients. The offender needs to have a year left to complete. There is also a new group coming up named M-TREM- a trauma program for men. Chair Tindill asked Dr. Gaw to describe the mental health scores. Dr. Gaw explained that a 1 is an offender who reports no treatment history or has treatment or mental health history we don't know about. A 2 is someone who has had prior treatment at any time in their lives but is currently stable and does not currently receive services.

A 3 is someone who is actively being treated and has a treatment plan. They have a diagnosis. Dr. Gaw stated that it is the thought of Dan Bannish that people who have an organic mental health disorder are level 3; people who just had a bad life will need intensive long term treatment – something the DOC is not equipped to provide.

## **Other Business**

### **Case Review – Inmate Larry Green, Inmate #120762**

Chair Tindill made a motion to go into executive session for the purpose of discussing confidential information regarding inmate Larry Green, inmate #120762. David McCluskey seconded the motion. VOTE: Unanimous.

BACK ON THE RECORD regarding Larry Green, inmate # 120762: Chair Tindill made a motion to continue Mr. Green to the next docket when Chair Tindill, Foye Smith and Pam Richards are on the panel to decide whether or not to remove the stipulation for sexual offender treatment. Kelly Smayda seconded the motion. VOTE: Unanimous.

Chair Tindill made a motion to adjourn the meeting at 11:22a.m.; David May seconded the motion. VOTE: Unanimous. Meeting adjourned.