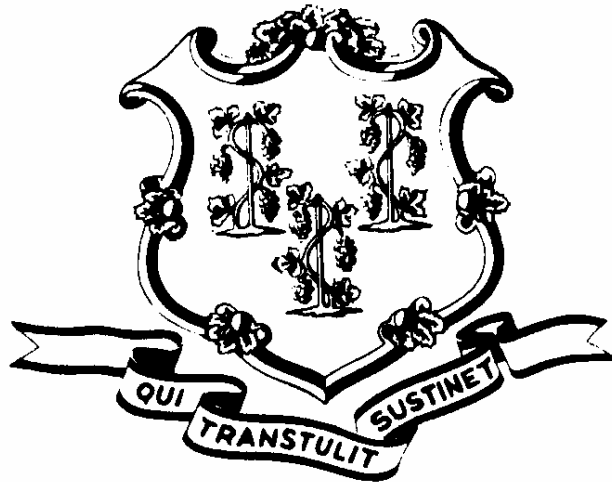


2007

Comprehensive Offender Re-Entry Plan



Prepared by

Office of Policy and Management
Criminal Justice Policy and Planning Division
April 2007

Message from the Under Secretary

The 2007 Comprehensive Offender Re-Entry Plan was developed in response to Public Act 06-193, An Act Concerning Criminal Justice Policy and Planning and the Establishment of a Sentencing Task Force. This legislation requires the Criminal Justice Policy and Planning Division within the Office of Policy and Management to develop and implement a comprehensive re-entry strategy for offenders who are supervised in the community. It also requires this agency to submit an annual report on the success of the reentry strategy based on measures set forth by statute.

The purpose of this first annual report is to provide an update on state agencies progress in developing a strategic plan for assisting offenders with re-entry into the community after release from prison. This report represents the next step of an interagency planning and implementation process that began under the leadership of the Prison and Jail Overcrowding Commission. Going forward, the Criminal Justice Policy and Planning Division will direct the development of a comprehensive, interagency, offender re-entry strategy with advisement from the Criminal Justice Policy Advisory Commission.

The overarching goal guiding the development of the re-entry strategy is to improve public safety by reducing revictimization in our communities. In addition, the re-entry strategy should maximize existing resources by creating interdisciplinary approaches that support offenders' successful re-integration into the community while supporting the rights of victims. It is anticipated that these strategies also will help to maintain the prison population at or under the current authorized bed capacity.

It is important to recognize that many people and organizations across the criminal justice system in the state of Connecticut contributed their ideas and insights for the development of this report. I am grateful for their contributions and wish to offer all of them my sincere thanks for their participation.

Brian Austin, Jr., Esq.
Under Secretary
Criminal Justice Policy and Planning
Office of Policy and Management
April 2007

Executive Summary

Purpose of the Report

Public Act 06-193 requires the Criminal Justice Policy and Planning Division within the Office of Policy and Management to develop and implement a comprehensive re-entry strategy for offenders who are supervised in the community. It also requires this agency to submit an annual report on the success of the reentry strategy based on measures set forth by statute.

The purpose of this annual report is to provide an update on state agencies progress in developing a strategic plan for assisting offenders with re-entry into the community after release from prison. This report represents the next step of an interagency planning and implementation process that began in State Fiscal Year 2003/2005 under the leadership of *the Prison and Jail Overcrowding Commission (PJOC)*.

Legislative Background

There have been three significant pieces of legislation in the previous three years which have had a major impact on policy and planning focused on prison overcrowding, recidivism and re-entry. The full text of these three pieces of legislation is available on-line. Please see [Appendix A: Enabling Public Acts](#) for details on how to download the legislation.

Public Act No. 04-234, An Act Concerning Prison Overcrowding created an array of initiatives to address the state's prison overcrowding problem. The most significant provision of this Act required the Departments of Correction (DOC), Labor, Mental Health and Addiction Services, and Social Services, the Board of Pardons and Paroles (BOPP) and the Judicial Branch's Court Support Services Division, known as CSSD, (adult bail and probation services) to collaboratively develop and implement a comprehensive offender re-entry strategy as a new approach to addressing the prison overcrowding problem. The Act included additional provisions intended to support the operation of the offender re-entry strategy.

Subsequently, **Public Act No.05-249** An Act Concerning Criminal Justice Planning and Eligibility for Crime Victim Compensation and **Public Act No. 06-193**, An Act Concerning Criminal Justice Policy and Planning and the Establishment of a Sentencing Task Force which created the Criminal Justice Policy and Planning Division within the Office of Policy and Management effective July 1, 2006. The new Division was charged with the responsibility of developing and implementing an offender re-entry plan well as a range of additional duties and responsibilities including but not limited to:

- Develop a biennial plan to promote a more effective and cohesive state criminal justice system
- Develop annual population projections for the correctional system for planning purposes

- Develop a monthly reporting system that is able to track trends in admission and releases from prison
- Develop an annual recidivism study of offenders released from prison
- Define outcomes for major programs and annually report these outcomes
- Make an annual presentation to the joint standing committees of the General Assembly having cognizance of matters relating to criminal justice and appropriations
- Designate the Undersecretary of the Criminal Justice Policy and Planning Division as chairperson of the Commission on Prison and Jail Overcrowding
- Assign the development and implementation of a comprehensive reentry strategy to the to the Criminal Justice Policy and Planning Division; report on the status annually
- Change the name of the Commission on Prison and Jail Overcrowding to the Criminal Justice Policy Advisory Commission; added language clarifying the advisory role of the Criminal Justice Policy Advisory Commission and expanding the jurisdiction of the Commission.
- Establish a Connecticut Sentencing Task Force to review criminal justice and sentencing policies and laws of this state for the purpose of creating a more just, effective and efficient system of criminal sentencing; assigned the undersecretary of the Criminal Justice Policy and Planning Division a seat on the Task Force; assigned the Criminal Justice Policy and Planning Division to provide criminal justice data, analyses and technical assistance necessary for the Task Force to carry out its duties.

Criminal Justice Policy and Planning Division (CJPPD) Progress and Products

Public Act No. 04-234 requires the Criminal Justice Policy and Planning Division to annually submit a report to the General Assembly on the success of the offender re-entry strategy based on six statutory measures (1) The rates of recidivism and community revictimization, (2) the number of inmates eligible for release on parole, transitional supervision, probation or any other release program, (3) the number of inmates who make the transition from incarceration to the community in compliance with a discharge plan, (4) prison bed capacity ratios, (5) the adequacy of the network of community-based treatment, vocational, educational, supervision and other services and programs, and (6) the reinvestment of any savings achieved through a reduction in prison population into reentry and community-based services and programs. In the development of this initial annual report these measures have been addressed based on current data availability. Additional data needs have been identified as a result of this report.

Two reports, already being produced as a requirement of Public Act No. 06-193, include data and analysis relevant to the statutory measures of success for the re-entry plan. The first report is the Monthly Correctional Population Indicators. It contains data on current trends and outcomes to assess the long-range needs of the criminal justice system. With regard to the re-entry planning, these monthly reports include data on prison bed capacity and numbers of inmates released to parole, transitional supervision, probation, and other early release programs. The second report is the Recidivism of Offenders. This annual report was released in March 2007 and includes rates of recidivism and information on community re-victimization.

Planning Goals and Objectives

Going forward, the Criminal Justice Policy and Planning Division will direct the development of an Interagency Prisoner Community Re-entry Plan with advisement from the Criminal Justice Policy Advisory Commission (CJPAC).

The overarching goal guiding the development of the re-entry plan is to achieve the objectives identified in Public Act No. 04-234, to improve public safety, support the rights of victims and maximize existing resources by creating interdisciplinary approaches that support prisoners' successful re-integration into the community with a reduction in recidivism.

State agencies will continue their efforts to develop policies and procedures to improve offender accountability and to require personal responsibility for achieving self-sufficiency. Strategies will focus on building a continuum of custody, care, and control for all offenders who are under a community-based supervision sentence and especially those offenders who are discharged from the custody of the Department of Correction. It is anticipated that these strategies will help to maintain the prison population at or under the current authorized bed capacity.

Progress of Interagency Re-entry Initiatives

Since the passage of Public Act No. 04-234, state agencies have engaged in a collaborative process to develop a more comprehensive and coordinated continuum of criminal justice services including supervision programs, behavioral and mental health services and transitional support programs. Many of these programs are considered to be model programs with an ongoing assessment component to determine effectiveness.

Although many of these programs have only been operational for a short period of time, preliminary findings suggest that these model programs are proving to de-escalate criminal behavior, reduce re-arrest and re-incarceration and have led to extended periods of recovery that will significantly increase an individuals chances of success. Although additional time is needed to more fully assess how these models will impact the continuum of criminal justice services. Ultimately, the goal of these initiatives, as articulated **Public Act No. 06-193**, An Act Concerning Criminal Justice Policy and Planning and the Establishment of a Sentencing Task Force, is to reduce revictimization in the community.

Programmatic and policy changes within the prison system may have both intended and unintended consequences across the full continuum of institutional and community based services. Over the next 10 months, the Criminal Justice Policy and Planning Division and the Criminal Justice Policy Advisory Commission will continue to monitor the progress of these model programs to determine their effects on services, early release, discharge planning, prison bed capacity, and the capacity of the community-based service system.

How This Report Is Organized

Baseline Data: Incarcerated Population and the Community Supervision Population

Section I of this report presents relevant baseline data and historical trends in the incarcerated population and the community supervision population in Connecticut. This section also provides the 5 year forecast of the incarcerated population through the year 2012. Also included in this section is a comparative analysis of offense type and need scores for the incarcerated population and the community supervision population.

Recidivism Issues

Section II of this report provides an overview of the relevant issues and current rates of as articulated in the 2007 Annual Recidivism Study. Key issues presented in this section include: recidivism rates for inmates released in 2000, demographics of the study sample, time served in prison and offense characteristics, department of correction need scores, comparison of type of offense and reconviction and the influence of probation supervision following prison.

Existing Release Practices

Section III of this report summarizes the current practice and procedures involved in prisoner release. Also included are relevant definitions and a synopsis of administering agencies and a geographic analysis of releases and discharges.

Inventory of Institutional and Community Based Services

Section IV of the report presents a summary of existing institutional-based (prison) and community based services and programs that facilitate an offender's re-entry into the community. Included is a brief summary of the re-entry preparation process within the prison; DOC provides various opportunities and resources such as education, vocational training and behavioral health services to help offenders "transition" from prison to release. Upon release, offenders may be supervised in the community by DOC, BOPP or CSSD/Probation. Some offenders may have access to various transitional and support services such as housing, substance abuse treatment and mental health treatment.

Victim Services

Section V of this report describes the victim services functions of both the Department of Correction and the Board of Pardons and Parole.

Inventory of Community Based Supervision, Transition and Re-integration Programs

Section VI of this report presents an inventory of community based supervision, transition and re-integration programs provided by the Department of Correction. Per diem, annualized costs are calculated for residential programs and average per client costs are calculated for non-residential programs. The Department of Correction's system wide per diem cost of incarceration is also presented for a comparative analysis of community programming versus cost of incarceration.

Strengthening the Continuum: Innovative Diversionary and Alternative Sanctions Programs

Section VI of this report presents a description of the various innovative collaborative diversionary and alternative sanctions programs currently in place to support re-entry efforts.

The focus of this planning initiative is the incarcerated population; however, we have provided information on innovative programs that address other components and populations within the criminal justice system. Exhibits 32 and 33 include programs that focus on diversion and alternative sanctions. These types of programs and services can prevent the escalation of criminal behavior, reduce recidivism and help control the rise in prison population.

The charts identify “**promising practices**” or “**model programs**” along with research-based findings indicating the potential impact of these newer innovative approaches. The “promising” progress of these programs demonstrate the value and success of partnerships and collaborations among the agencies involved in the criminal justice system—DOC, Judicial Branch/Court Support Services Division (CSSD), Department of Social Services (DSS) and the, Department of Mental Health and Addiction Services (DMHAS).

Framework for Further Development and Analysis of Re-Entry Issues

Section VII presents a framework for the workplan that CJPAC will undertake during State Fiscal Year 2007/2008 to craft a Comprehensive Offender Re-Entry Plan. Given the magnitude and scope of the issues to be addressed, the planning process will, initially, focus on the sentenced adult population.

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Introduction

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Framework for Further Development and Analysis of Re-Entry Issues

Section VII presents a framework for the workplan that CJPAC will undertake during State Fiscal Year 2007/2008 to craft an Comprehensive Offender Re-Entry Plan. Given the magnitude and scope of the issues to be addressed, the planning process will, initially, focus on the sentenced adult population.

I. Baseline Data, Trends, Profiles: Incarceration and Release

Trends in Connecticut Incarceration Data

The State of Connecticut's prison population steadily increased an average of 5% per year from 1985 to 2003 and remained relatively stable from 2004 to 2007. **Exhibit 1** details a trend analysis of historical correctional population in Connecticut's prisons from 1985 to 2006.

While the Connecticut prison population increased 232% from 1985 to 2005, none of the underlying factors traditionally associated with driving prison population growth have had similar increases. The State of Connecticut population only increased 11%, the number of residents living below the poverty level increased 8%, and police arrests for drug offenses increased 23%. Three of these decreased over this time period: Connecticut residents between the ages of 18 and 24 years old (-43%), total number of police arrests (-29%), and number of violent crimes (-46%). **Exhibit 2** provides a relative analysis of these statistics.

Factors Affecting Incarceration in Connecticut

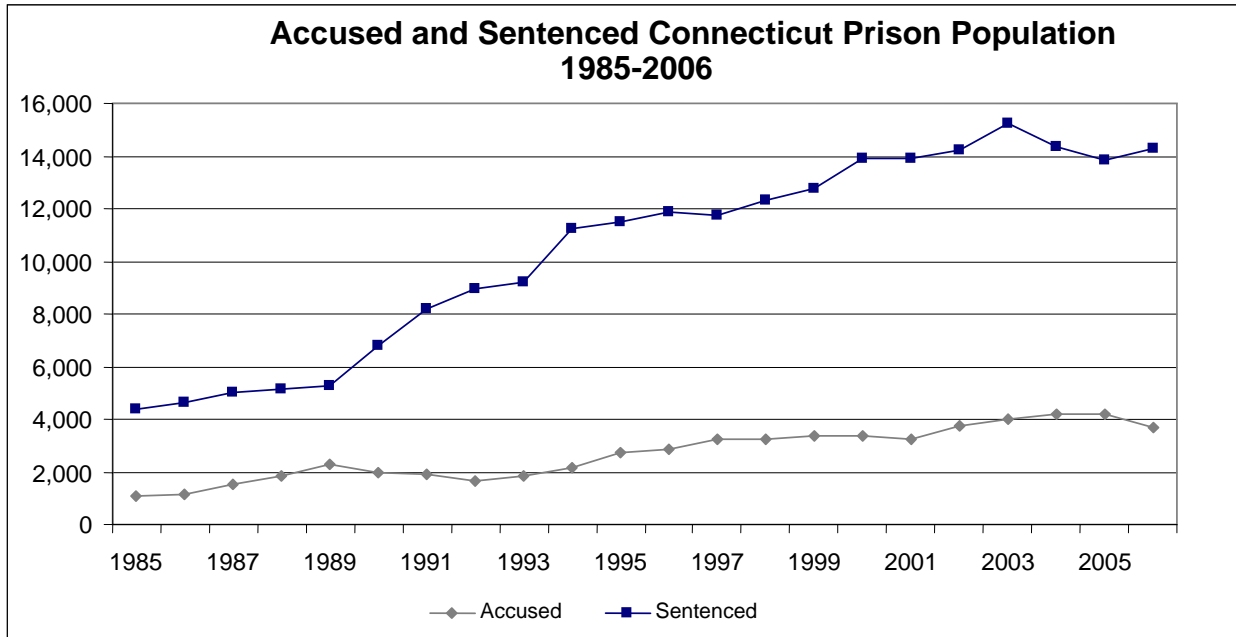
Exhibit 3 provides an overview of the flow of admissions and releases throughout the Connecticut criminal Justice system on an annual basis. During the 12 month period ending January 31, 2007, there were approximately 128,000 criminal arrests were made. During that time frame, approximately 92,000 people were under the supervision the Judicial Branch/Court Support Services Division and the Department of Correction. Also within that time frame, 11,500 offenders reached the end of there sentence (EOS) and were released (discharged) from Department of Correction custody.

Exhibit 4 provides a snap shot of prison population by race and gender.

Five Year Forecast of the Connecticut Prison Population

Assuming there will be no major changes in criminal justice policies, and the projection is calculated population is forecast to remain relatively stable at approximately 19,000 inmates through the year 2012. The use of the previous 5 years data for the forecast is viewed as a more realistic baseline in so far as significant policy and programming shifts have been put into place during that time frame to address prison and jail overcrowding issues. **Exhibit 5** provides a 20-year historic trend analysis and the 5 year prison population forecast to the year 2012.

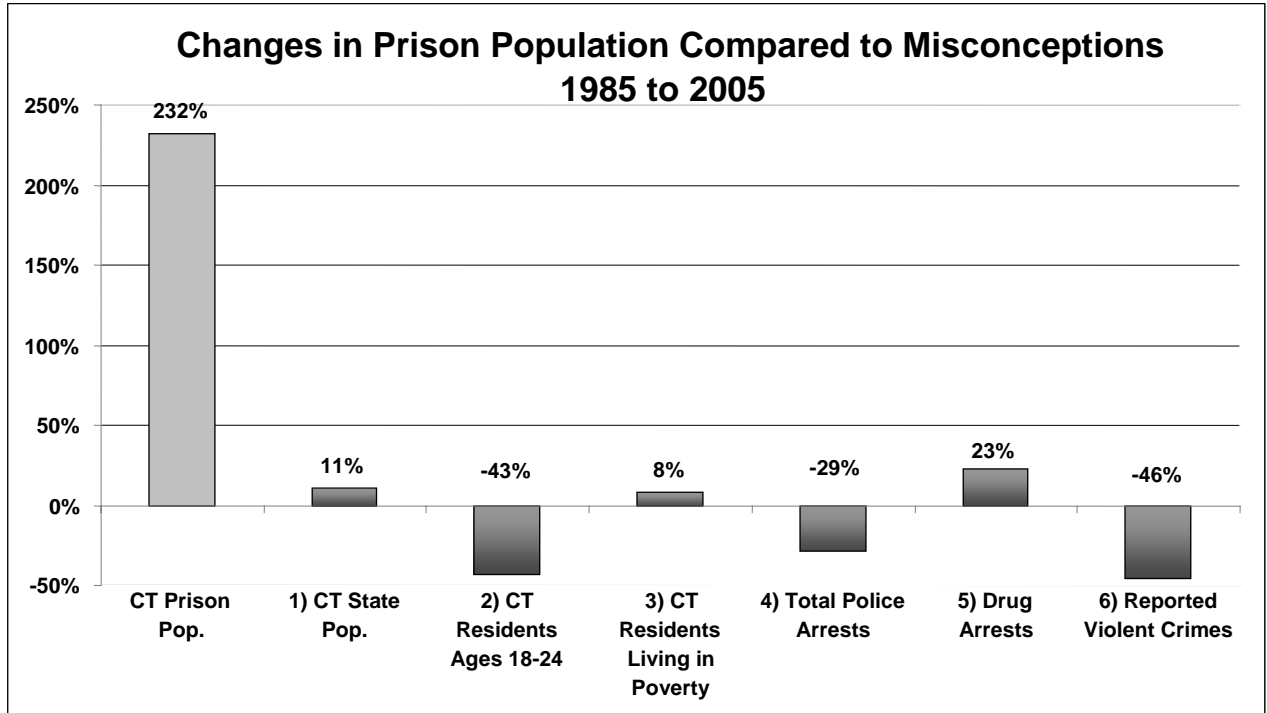
Exhibit 1



Year	Prison Population	Accused Population	% Accused of Prison Population	Rate Change
1985	5,422	1,052	19%	
1986	5,771	1,131	20%	7.5%
1987	6,542	1,498	23%	32.4%
1988	6,923	1,821	26%	21.5%
1989	7,516	2,270	30%	24.6%
1990	8,777	1,998	23%	-12.0%
1991	10,101	1,884	19%	-5.7%
1992	10,573	1,631	15%	-13.0%
1993	11,055	1,851	17%	13.5%
1994	13,384	2,176	16%	17.0%
1995	14,246	2,743	19%	26.5%
1996	14,744	2,868	20%	4.5%
1997	14,996	3,263	22%	13.7%
1998	15,558	3,227	21%	-1.0%
1999	16,104	3,336	21%	3.4%
2000	17,305	3,390	20%	1.6%
2001	17,137	3,233	19%	-4.6%
2002	17,997	3,771	21%	16.6%
2003	19,216	3,996	21%	5.9%
2004	18,552	4,186	23%	4.7%
2005	18,001	4,191	23%	0.1%
2006	17,928	3,668	21%	-12.5%

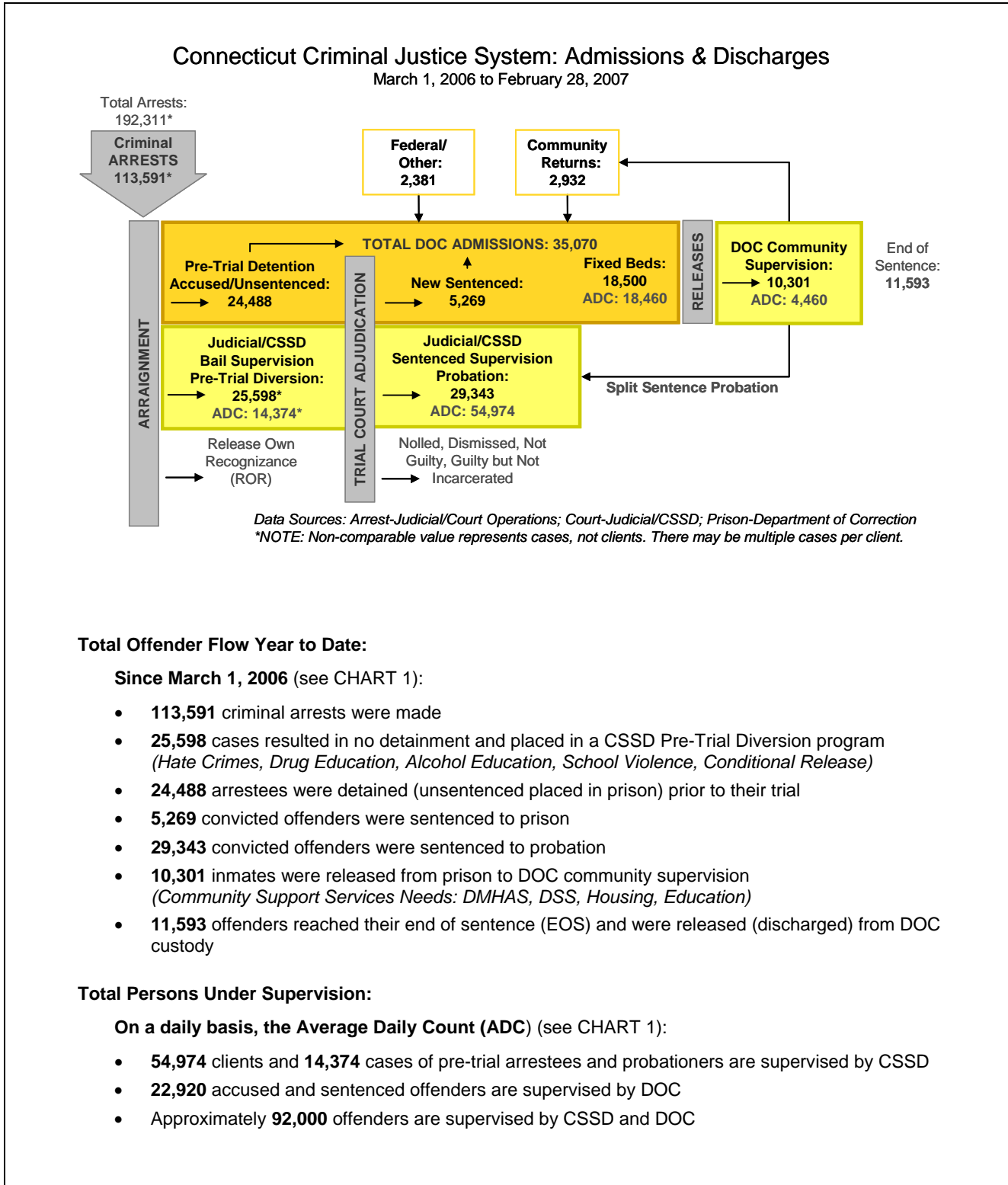
SOURCE: "Prison Population Projections: Annual Report". March 1, 2007. Office of Policy and Management and Connecticut Statistical Analysis Center. State of Connecticut

Exhibit 2



SOURCE: "Prison Population Projections: Annual Report". March 1, 2007. Office of Policy and Management and the Connecticut Statistical Analysis Center. State of Connecticut.

Exhibit 3



Total Offender Flow Year to Date:

Since March 1, 2006 (see CHART 1):

- 113,591 criminal arrests were made
- 25,598 cases resulted in no detention and placed in a CSSD Pre-Trial Diversion program (*Hate Crimes, Drug Education, Alcohol Education, School Violence, Conditional Release*)
- 24,488 arrestees were detained (unsentenced placed in prison) prior to their trial
- 5,269 convicted offenders were sentenced to prison
- 29,343 convicted offenders were sentenced to probation
- 10,301 inmates were released from prison to DOC community supervision (*Community Support Services Needs: DMHAS, DSS, Housing, Education*)
- 11,593 offenders reached their end of sentence (EOS) and were released (discharged) from DOC custody

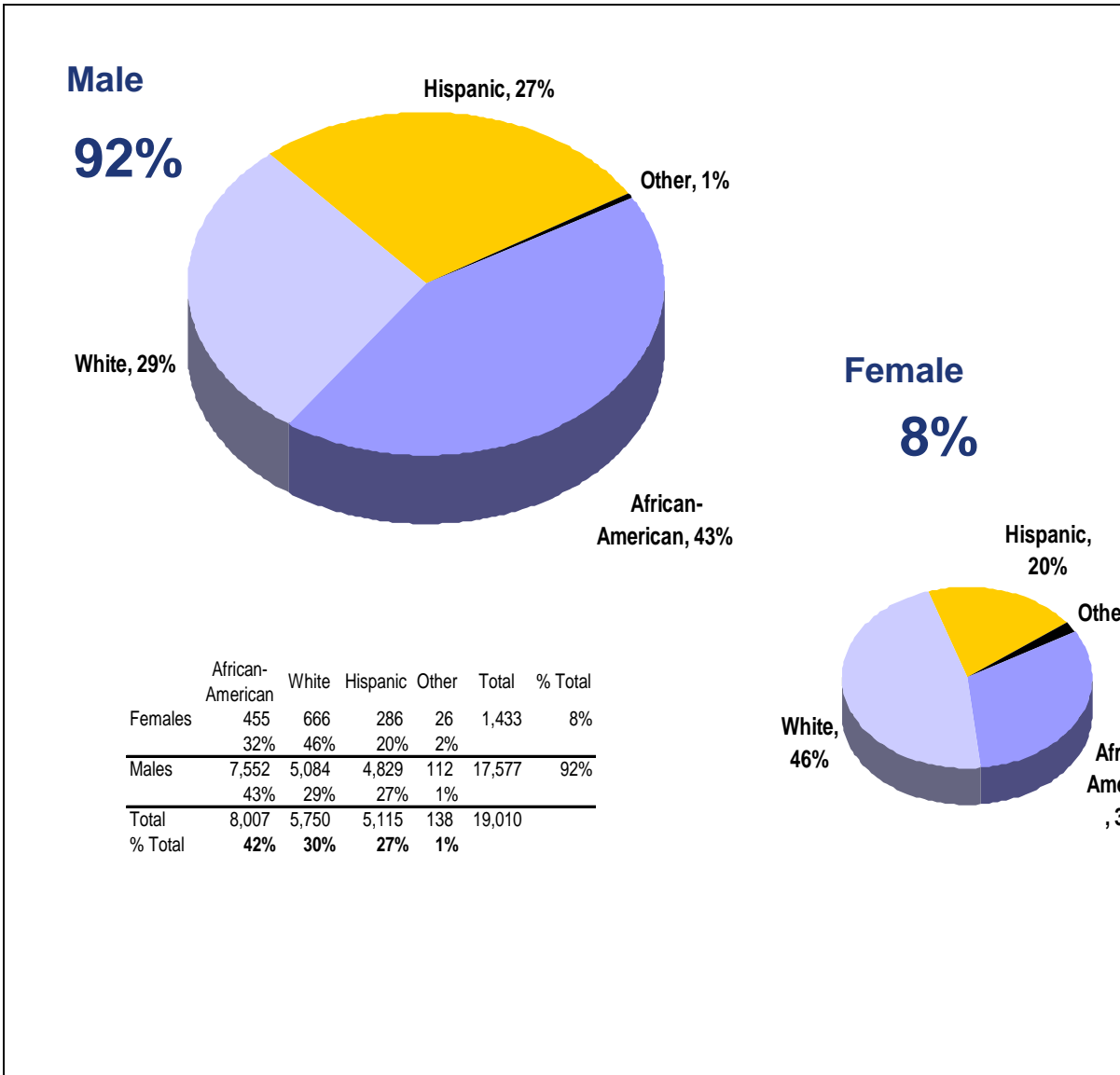
Total Persons Under Supervision:

On a daily basis, the Average Daily Count (ADC) (see CHART 1):

- 54,974 clients and 14,374 cases of pre-trial arrestees and probationers are supervised by CSSD
- 22,920 accused and sentenced offenders are supervised by DOC
- Approximately 92,000 offenders are supervised by CSSD and DOC

Exhibit 4

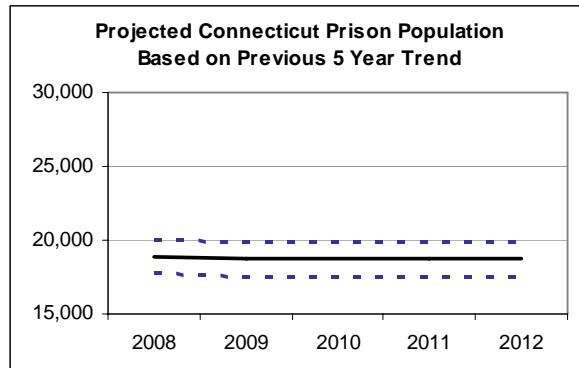
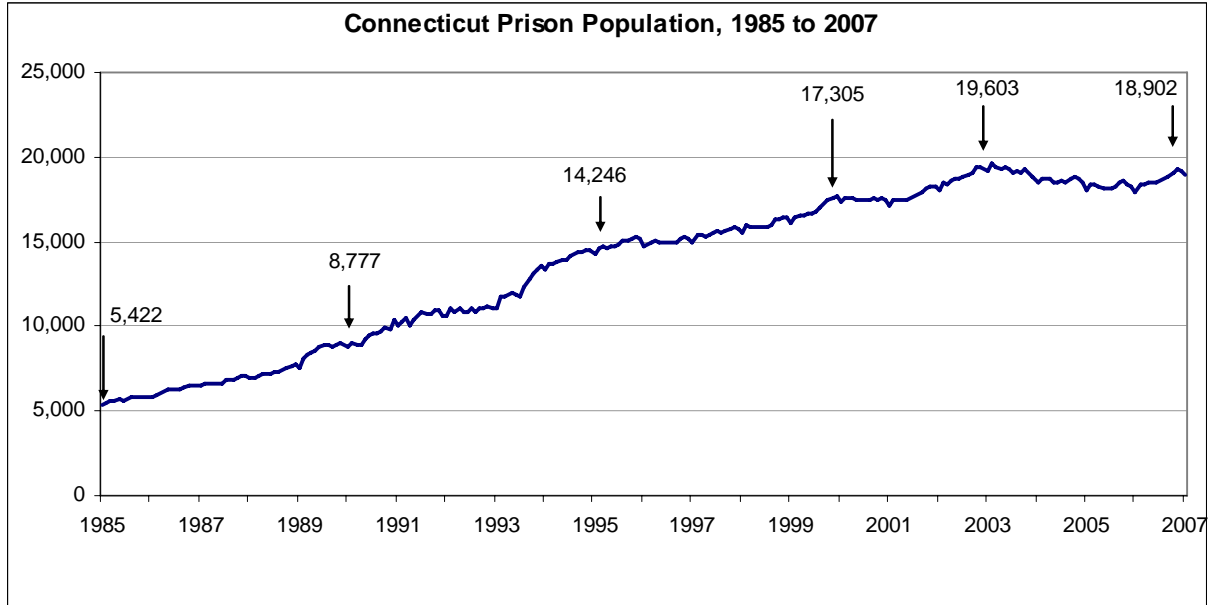
Connecticut Prison Population by Race and Gender



SOURCE: Department of Correction, 2007

Exhibit 5

**Connecticut 20 Year Historical Prison Population Trend
 And 5 Year Projected Prison Population**



Projections Based on 5 Year Trend		
Year	Prison Population Projection	Yearly Rate Change
2008	18,827	0.9%
2009	18,706	0.6%
2010	18,703	0%
2011	18,703	0%
2012	18,703	0%

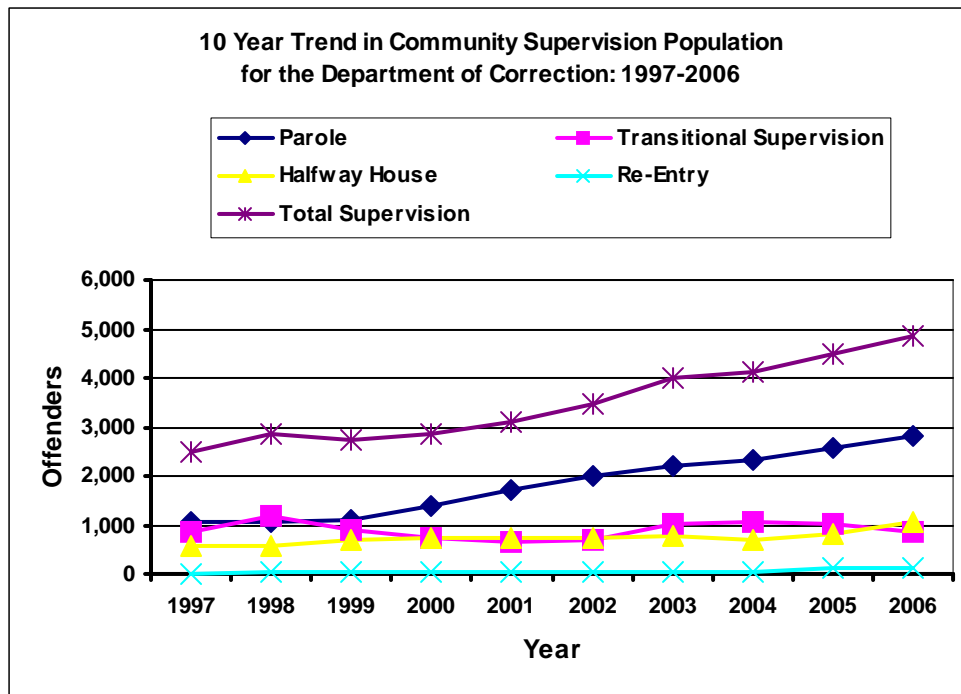
SOURCE: "Prison Population Projections: Annual Report". March 1, 2007. Office of Policy and Management and the Connecticut Statistical Analysis Center. State of Connecticut

Trends in Connecticut Community Supervision/Release Data

The average daily census of offenders under DOC community supervision was approximately 4,460 persons in the 12-month period February 1, 2006 to January 31, 2007 (please see Exhibit 3).

Exhibit 6 details the 10-year trend in community supervision population for the Department of Correction from 1997 to 2006. During that 10 year period, the

Exhibit 6



Year	Parole	Trans. Super.	Halfway House	Re-Entry Furlough	Total Supervision
1997	1,065	876	561	7	2,509
1998	1,049	1,165	588	35	2,837
1999	1,099	896	712	34	2,741
2000	1,381	717	749	25	2,872
2001	1,722	633	738	27	3,120
2002	2,019	705	735	26	3,485
2003	2,199	1,012	759	44	4,014
2004	2,343	1,060	680	47	4,130
2005	2,552	1,005	798	137	4,492
2006	2,796	863	1,048	139	4,846

SOURCE: Connecticut Department of Correction 2007

community supervision population virtually doubled from 2,059 persons to 4,846 people or an increase of approximately 93%.

For the 12-month period ending February 2007, **Exhibit 7** details the monthly release and discharge statistics for the Department of Correction. During that time **11,593** offenders or 53% reached their end of sentence (EOS) and were released from DOC supervision (facilities and community programs) and **10,301** inmates were released to DOC community programs.

Exhibit 7
DOC Releases/Discharges by Release Type
March 2006 to February 2007

	EOS	Parole	TS	HWH	Furlough	Total
MAR	1,032	259	241	176	196	1,904
APR	950	222	174	140	184	1,670
MAY	980	250	276	204	205	1,915
JUN	1,034	258	224	164	210	1,890
JULY	926	241	238	170	323	1,898
AUG	1,067	240	262	196	308	2,073
SEP	1,052	239	185	168	242	1,886
OCT	654	145	158	124	206	1,287
NOV	971	219	217	177	309	1,893
DEC	981	175	234	136	253	1,779
JAN	1,011	229	233	197	289	1,959
FEB	935	208	252	122	223	1,740
Total	11,593	2,685	2,694	1,974	2,948	21,894
% Total	53%					
Non EOS		26%	26%	19%	29%	10,301

SOURCE: Connecticut Department of Correction 2007

For the 12-month period ending February 2007, **Exhibit 8** details the rate of granting parole for the Board of Pardons and Parole. Since March 2006, 82% of full panel hearings and administrative reviews result in the granting of parole. Also 2,959 inmates have been granted parole since March 2006. (A Full Panel Hearings consists of three Board of Parole members. Administrative Reviews are conducted for less serious offenders. A hearing officer interviews the offender and makes a recommendation to the Board of Parole.)

Exhibit 8

Parole Approval (Granting) Rate

March 2006 to February 2007

	Full Panel Hearings*		Administrative Reviews**		Total Granted
	Number Granted	Granting Rate	Number Granted	Granting Rate	
MAR	119	91%	133	88%	252
APR	107	88%	194	85%	301
MAY	96	75%	159	87%	255
JUN	123	86%	138	81%	261
JULY	123	90%	130	81%	253
AUG	52	68%	104	81%	156
SEP	70	69%	136	71%	206
OCT	71	88%	176	80%	247
NOV	78	68%	155	82%	233
DEC	127	86%	128	81%	255
JAN	101	84%	151	82%	252
FEB	126	86%	162	84%	288
Total	1,193		1,766		2,959
Average		82%		82%	

SOURCE: Connecticut Board of Pardons and Parole 2007

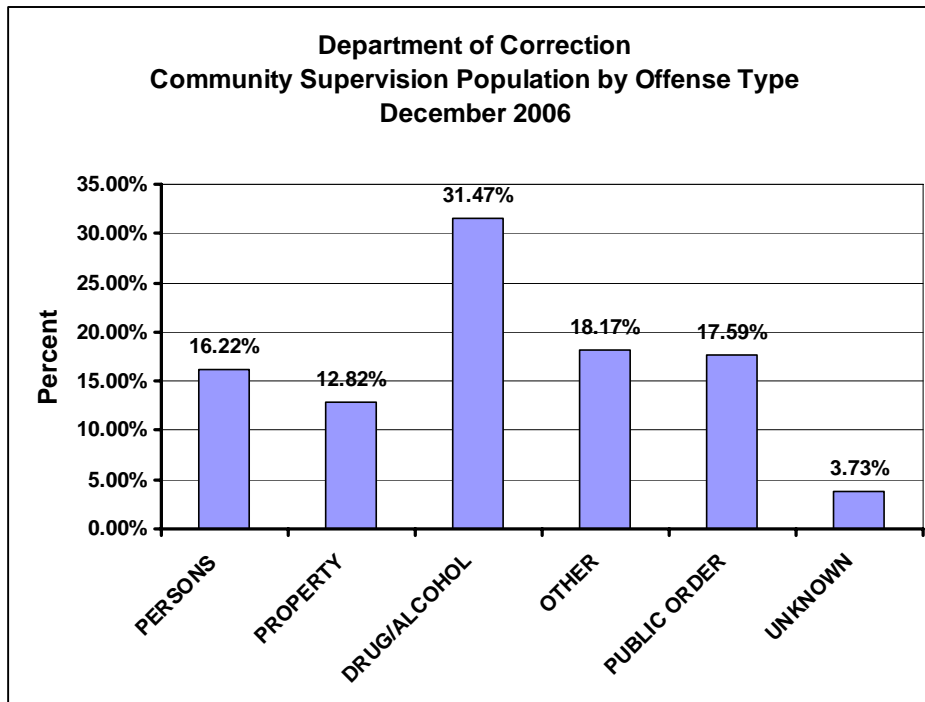
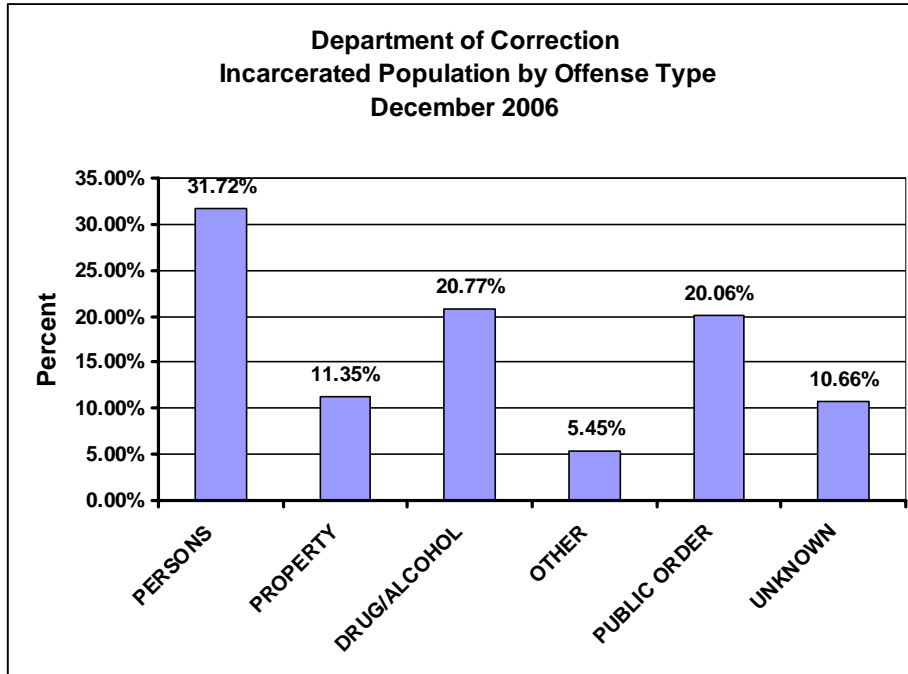
An Analysis of Offense Type and Need Scores for the Community Supervision Population

The following section offers a comparison of offense type and need scores for the community supervision population versus the incarcerated population in the month of December 2006.

Offense Type

Exhibit 9 presents the DOC Incarcerated vs. Community Supervision Populations by offense type for December 2006. Given the data in Exhibit 9, what is immediately apparent is that drug and alcohol related offenses are a significantly greater proportion of the community supervision population than that of the incarcerated population in general. However, this relative proportionality of drug and alcohol offenders released into the community also portends the necessity for more substantial and widespread availability of treatment services as well. (One caveat is that Exhibit 9 does NOT separate out offenders who committed drug and alcohol related crimes who somehow got counted under other offense types such as persons & property.) The offender data is based upon the most serious offense for which that offender is incarcerated.

Exhibit 9
Incarcerated Population vs. Community Supervision Population
Comparison by Offense Type – December 2006



Need Scores

Exhibits 10, 11, 12, and 13 present a comparison of need scores for the incarcerated population versus the community supervision population in the month of December 2006. Need scores are determined through a comprehensive assessment of inmate risk factors and need levels within 30 days of their incarceration. According to the Department of Corrections Classification Manual, a regular schedule of annual and semi-annual reclassification reviews examine the present level of risk and current inmate needs. Classification levels are dynamic. Through reclassification, risk and need levels are monitored and modified.

The objective classification system used by the Department of Correction is based on an inmate's risk and treatment needs. In addition to an inmate's overall risk level, inmate needs are assessed in seven areas: Medical, Mental Health, Education, Vocational and Work Skills, Substance Abuse, Sex Offender Treatment, and Family/Residence/Community Resources. For each of the inmate needs, the level of need for treatment or training is evaluated. Using inmate needs, DOC staff in collaboration with the respective professionals working in the field develops treatment and other interventions for each area. Classification is used to best match the individual needs of the inmate with the facilities and programs of the Department of Correction.

The four categories of need presented here for comparison are Substance Abuse Treatment, Education, Vocational Training/Work Skills and Mental Health. The value and definition for the low, middle and high need scores are:

Substance Abuse Treatment Need (Assigned score 1,2,3,4 or 5)

- 5 score = these individuals have an extremely serious substance abuse problem and require a high level of intensive treatment of extended duration, such as DOC residential treatment. These individuals have a very high probability of relapse into active substance abuse.
- 3 score = Individuals receiving this rating have a moderate substance abuse problem that requires treatment.
- 1 score = these inmates do not appear to have a substance abuse problem.

Education Need (Assigned score 1,2,3,4 or 5)

- 5 score = Individuals deficient, even in minimal skill areas, who may be functionally illiterate or need to be referred for a diagnostic educational assessment.
- 3 score = Individuals who have scored at the eighth grade level on standardized tests.

- 1 score = Individuals who have participated in or completed post-secondary education.

Vocational Training/Work Skills (Assigned score 1,2,3,4 or 5)

- 5 score = these individuals have no skill or training in any field. They generally have a low potential to succeed in formal vocational programming provided in groups. These individuals may not have held a job in the community and may have great difficulty meeting even minimum requirements for the world of work.
- 3 score = these individuals have moderate work skills and basic, yet limited, familiarity with one or more vocational skills. They generally have some prior vocational training in a semi-skilled field and possess the capability to learn a skilled occupation.
- 1 score = these individuals are either certified or qualified for certification, in a technical field or would be considered a professional in the field. They are also capable of easily learning other technical/professional trades.

Mental Health Care Need (Assigned score 1,2,3,4 or 5)

- 5 score = Crisis level mental health disorder (acute conditions, temporary classification). Requires 24 hour nursing care.
- 3 score = Mild or moderate mental health disorder (or severe mental disorder under good control); may or may not be on psychotropic medication.
- 1 score = these individuals have no mental health history or current need and may be characterized as emotionally stable.

Substance Abuse Treatment, Education, Vocational Training/Work Skills and Mental Health need scores in the community are almost an exact “mirror” of those need scores presented in the incarcerated population. Offenders released to the community are not re-assessed upon their exit from a correctional facility, but simply carry their last need score assessment made during their period of incarceration with them as they transit into community supervision – whether it occurred within a week of their release or was their last semi-annual assessment.

Exhibit 10
Incarcerated Population vs. Community Supervision Population
Comparison by Substance Abuse Score – December 2006

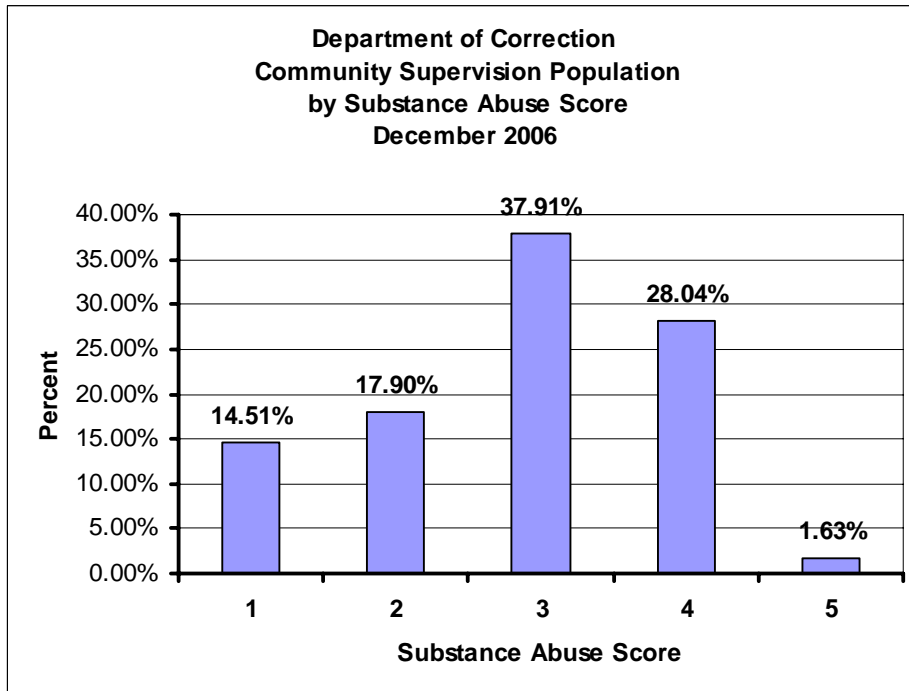
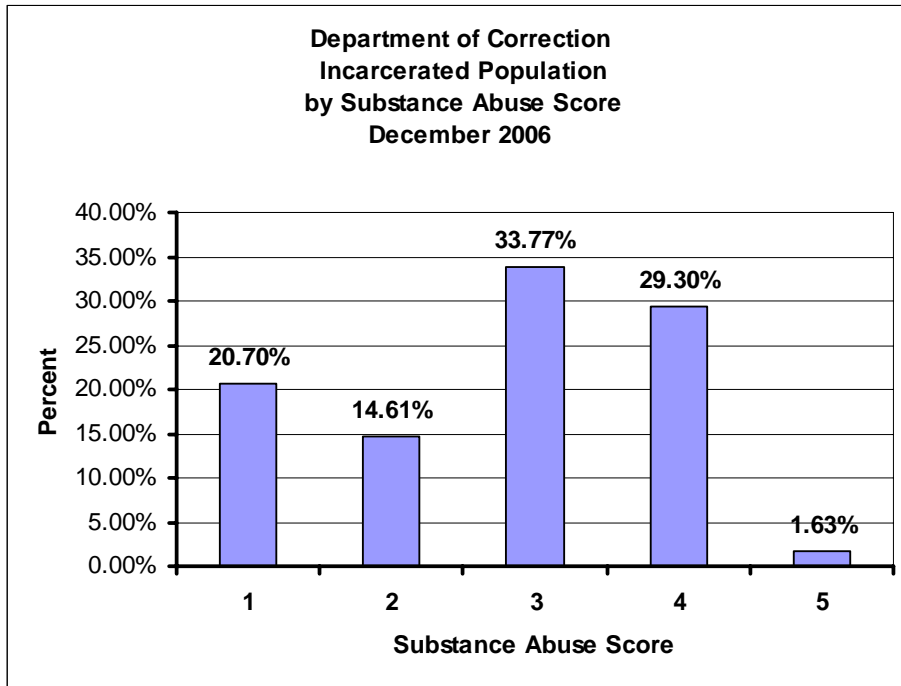


Exhibit 11
Incarcerated Population vs. Community Supervision Population
Comparison by Education Score - December 2006

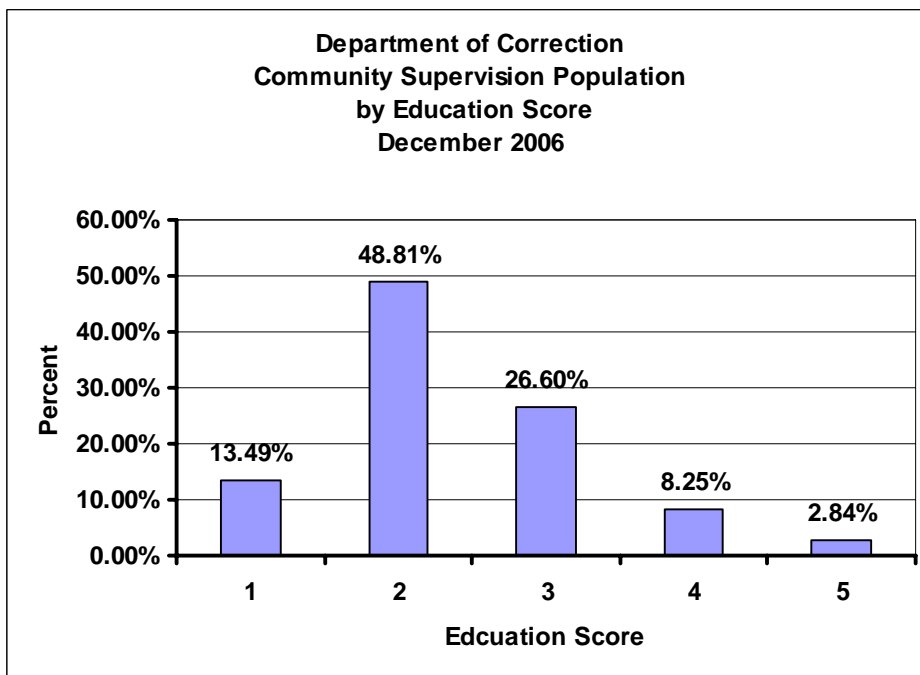
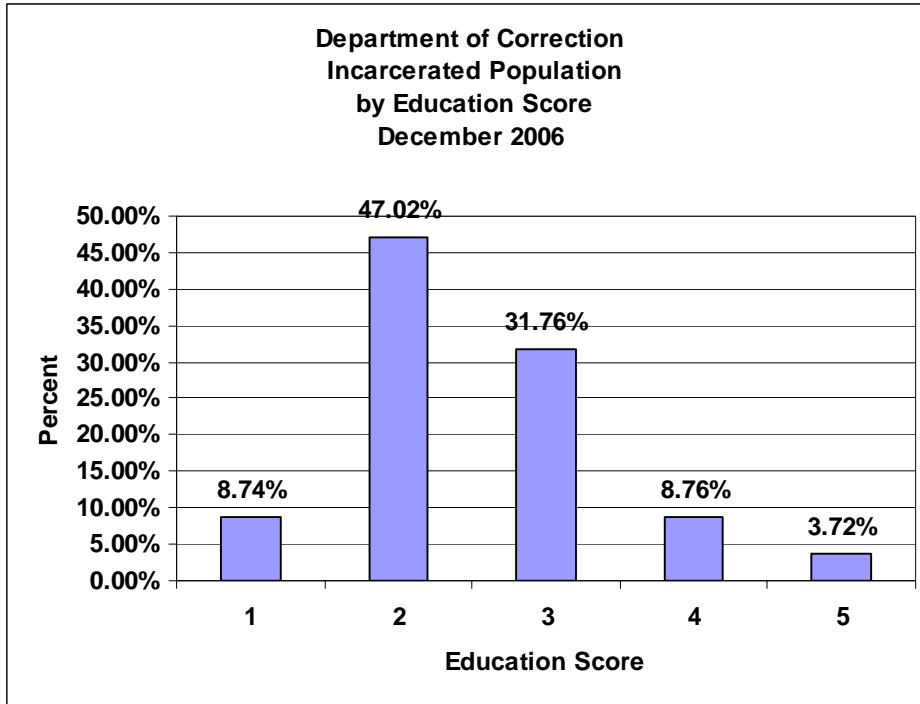


Exhibit 12
Incarcerated Population vs. Community Supervision Population
Comparison by Vocational Score – December 2006

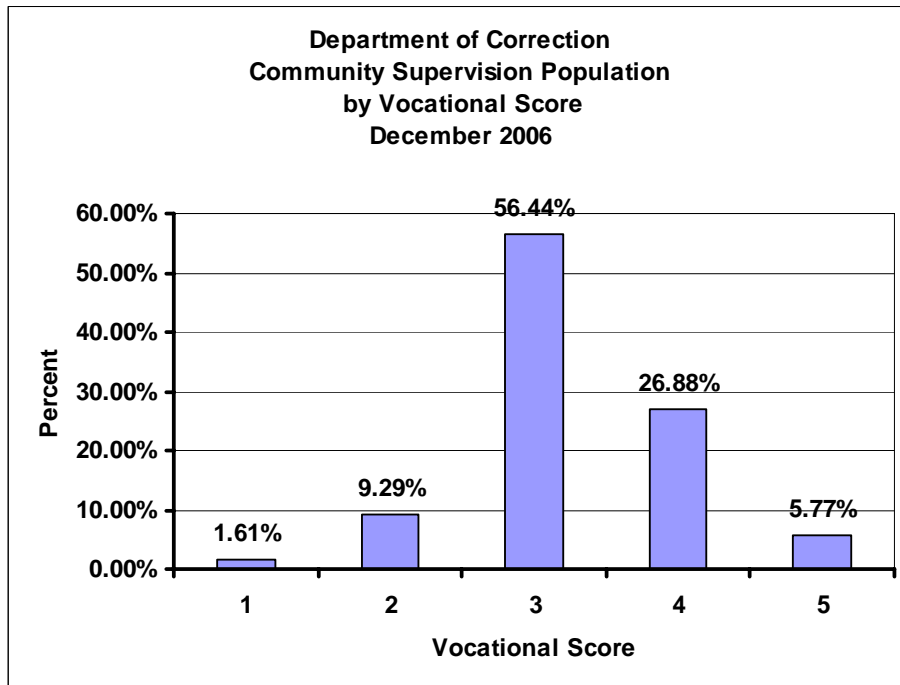
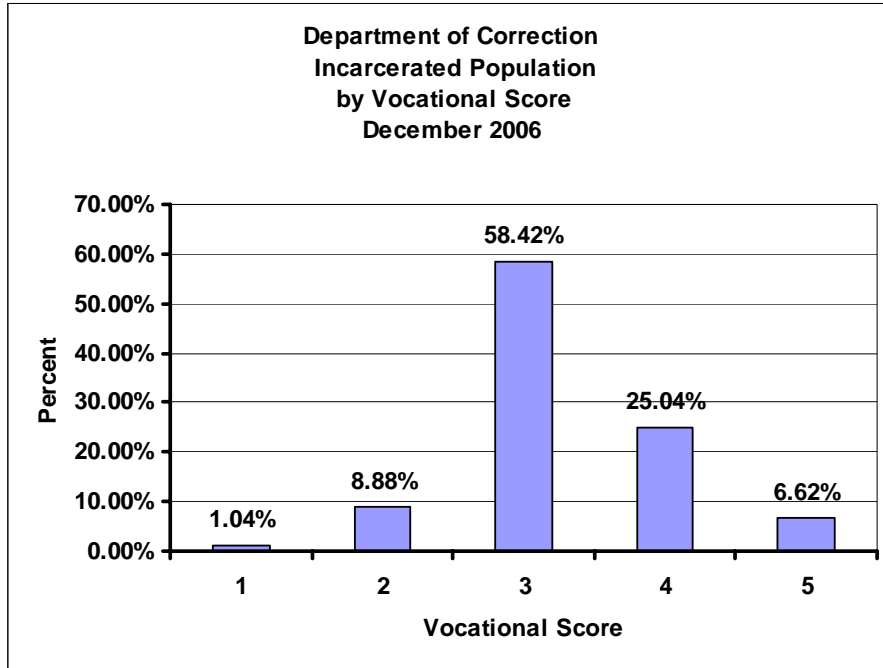
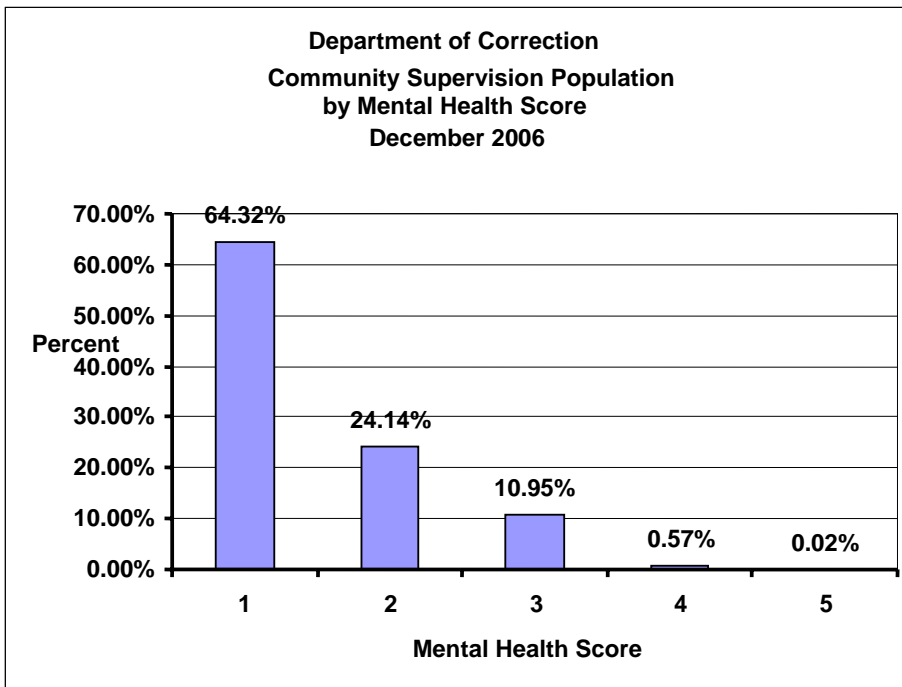
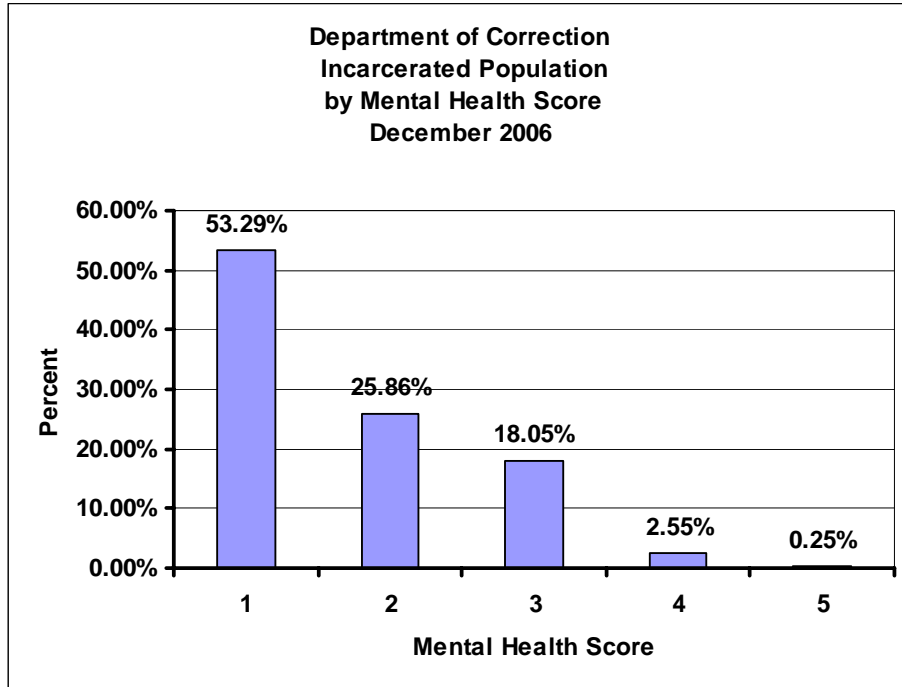


Exhibit 13
Incarcerated Population vs. Community Supervision Population
Comparison by Mental Health Score – December 2006



II. Recidivism

The 2007 State of Connecticut Recidivism Study

The Criminal Justice Policy and Planning Division within the Office of Policy and Management was directed to produce an annual recidivism study in response to the statutory requirements outlined in Public Act 05-249, An Act Concerning Criminal Justice Planning and Eligibility for Crime Victim Compensation. The 2007 State of Connecticut Recidivism Study was prepared by the Connecticut Statistical Analysis Center (SAC). The Connecticut SAC is a collaborative venture between OPM and the Department of Criminology and Criminal Justice at Central Connecticut State University (CCSU). The activities of Connecticut's SAC were directed by Dr. Stephen Cox, Chair of the Department of Criminology and Criminal Justice at CCSU. The full text of the study is available on-line. Please see [Appendix B: OPM Reports](#) for details on how to download the legislation.

The 2007 State of Connecticut Recidivism Study assessed the recidivism rates of 8,221 inmates released from prison during the 2000 calendar year. These inmates were released because they had either completed their court-ordered prison sentence or were placed in a community-based program while remaining under the supervision of the Department of Correction or Board of Parole.

The primary findings of the 2007 Recidivism Study are as follows:

1. The overall reconviction rate for 8,221 inmates released from prison during the 2000 calendar year was **39%** and the overall reincarceration rate was **22%**.
2. Inmates released from prison with no community supervision were most likely to be reconvicted and resented to prison for a new offense.
3. Property offenders and those offenders incarcerated for criminal justice process offenses have the highest reconviction rates.
4. Inmates with probation supervision after completing their prison sentence have lower conviction rates than inmates leaving prison without community supervision.
5. The recidivism rates found in this study are comparable to the 2001 Connecticut Legislative Program Review and Investigations Committee report and to national studies of recidivism.

For the purpose of the 2007 study, reconviction and resented to prison were used as the measures of recidivism. These were selected because they were believed to be the most accurate information available. While arrest data is commonly used as a measure of recidivism, it may not always be accurate. For example, if a person is arrested and the charge receives a *nolle*, the record of this arrest will be erased after thirteen months.

This study followed six different groups of ex-inmates. These groups were created based on their (1) type of prison release (end of sentence or community-based program) and (2) type of community supervision received prior to or immediately following prison release (parole, transitional supervision, DOC community-based program).

Exhibit 14
2007 Recidivism Study Inmate Groups

Study Group	Description of Type of Prison Release
End of Sentence Prison Release	
(1) Release from Prison	Released from prison after completing court sentence without receiving any community supervision
(2) Release from Parole	Released from DOC custody after serving time in prison and completing court sentence in the community under parole supervision
(3) Release From Transitional Supervision	Released from DOC custody after serving time in prison and completing court sentence in the community under transitional supervision
Prison Release with DOC Supervision	
(4) Release to Parole	Released from prison with parole supervision
(5) Release to Transitional Supervision	Released from prison under transitional supervision program
(6) Release to Comm. Program	Released from prison to a DOC community program (halfway house or re-entry furlough)

Demographics of the Study Sample

Almost one-half of the 8,221 inmates (49%) were discharged because it was the end of their prison sentence. Fifteen percent of the inmates were also discharged for end of sentence, however, 6% were discharged after completing parole and 9% were discharged after completing transitional supervision. Fifteen percent of the inmates were released to parole, 8% were released to transitional supervision, and 9% were released to furloughs or halfway house programs. Three percent were released from DOC facilities but were sent to other state or federal agencies (these cases were not included in this study).

The average age was almost the same across the type of release (approximately 30 years old). The majority of inmates were male (90%) and were unmarried (86%). Overall, 45% of the study group was African-American, 29% were white, and 26% were Hispanic.

**Exhibit 15
Demographic Information Across Study Groups**

	Number	Age	Percent Male	Percent Unmarried	Dependents	Percent African-American
End of Sentence Release						
Rel. from Prison	3996 (49%)	31	91%	86%	1.4	43%
Rel. from Parole	514 (6%)	29	88%	84%	1.4	47%
Rel. From TS	734 (9%)	30	82%	85%	1.3	40%
Release with DOC Supervision						
Parole	1233 (15%)	29	92%	84%	1.5	52%
Transitional Supervision	643 (8%)	29	85%	87%	1.3	45%
Community Programs	768 (9%)	30	87%	88%	1.4	50%
Other Discharge	115 (1%)					
Other Non-release	218 (3%)					
Totals and Averages	8221	30	89%	86%	1.4	45%

Time Served in Prison and Offense Characteristics

The majority of inmates served a sentence of two years or less prior to their release from a DOC facility. Specifically, 39% served one year or less and 32% served between one and two years. Less than 1% of the released inmates had served over ten years in prison prior to their release.

**Exhibit 16
Time Served Prior to Release**

	Number	Percentage
One year or less	3,206	39%
One to Two years	2,593	32%
Three to Five years	2,032	25%
Six to Ten years	351	4%
Over Ten years	39	.5%
Total	8,221	100%

End of sentence parolees and inmates released to parole had served the most time prior to release. End of sentence parolees had served an average of 44 months prior to release and inmates released to parole had served an average of 32 months. These lengths of prison stay far exceed the other release types. For instance, end of sentence inmates released straight from prison had served the next highest time of 22 months, with the lowest being transitional supervision inmates (10 months). The large time difference between parole and transitional supervision was not unexpected given the nature of each type of post-incarceration supervision. (Inmates with prison sentences under two years are eligible for transitional supervision while inmates with prison sentences over two years are eligible for parole.)

Furthermore, the average inmate served 68% of his/her sentence prior to their release. End of sentence transitional supervision inmates had the highest average of time served (88%) while DOC-Community had the lowest (46%).

Exhibit 17
Offense and Sentencing Data Across Study Groups

	Sentence Length (Months)	Time Served (Months)	Offense Seriousness	Violent Instant Offense
End of Sentence Release				
Release from Prison	28	22	5	22%
Release from Parole	54	44	6	21%
Release From Trans. Super.	17	15	5	8%
Release with DOC Supervision				
Parole	57	32	6	11%
Transitional Supervision	20	10	5	7%
Community Programs	41	19	5	12%
Averages	34	23	5	17%

The most common offense types across the study groups were drug offenses (53% of parolees and 23% of end of sentence inmates were drug offenders). Weapon offenses, motor vehicle offenses, and sex offenses were the least common offense types.

Department of Correction Need Scores

The Department of Correction need scores were fairly similar across study groups. That is, a small portion of released inmates had mental health problems (highest for the end of sentence prison release), alcohol and drug problems were more prevalent for inmates in all of the study groups (highest for parole and DOC-Community), and very few were sex offenders (no sex offenders were placed in to transitional supervision or DOC-Community supervision programs).

Exhibit 18*
DOC Needs Scores Across Study Groups

	Mental Health (1 to 5 scale)	Alcohol/Drug (1 to 4 scale)	Sex Offender (1 to 5 scale)
End of Sentence Release			
Rel. from Prison	1.56	2.75	1.29
Rel. from Parole	1.41	2.80	1.05
Rel. From Trans. Super.	1.33	2.60	1.00
Release with DOC Supervision			
Parole	1.38	2.94	1.07
Transitional Supervision	1.35	2.68	1.00
Community Programs	1.44	2.94	1.00
Averages	1.47	2.78	1.16

*The higher the need score the most serious the need

Recidivism Rates For Inmates Released In 2000

The 2007 Recidivism study concluded that the overall reconviction rate was 39% and the overall reincarceration rate was 22%. Inmates released from prison without community supervision before or after their release had the highest reconviction and reincarceration rates (47% and 26%) while inmates released to a DOC community program (most commonly a halfway house or re-entry furlough) had the lowest reconviction rate (24%) and inmates released from DOC custody after completing their sentence while on parole had the lowest reincarceration rate (12%).

The average days in the community prior to rearrest (that led to a new conviction) was 255. Inmates released to DOC community program were out of prison the longest (343 days) and inmates released from prison with no community supervision averaged the shortest (238 days) amount of time prior to rearrest.

Exhibit 19 Reconviction Rates by Type of Prison Release

	Number in Study Group	Reconviction Rate	Days to Rearrest	Resentenced to Prison	Resentenced Prison Days
End of Sentence Release					
Release from Prison	3,996	47%	238	26%	1,071
Release from Parole	514	27%	242	12%	1,209
Release From Trans. Sup.	734	37%	255	16%	1,229
Release with DOC Supervision					
Release to Parole	1,233	31%	293	19%	1,243
Release to Trans. Sup.	643	35%	273	21%	945
Release to Comm. Program	768	24%	343	16%	783
Overall Averages		39%	255	22%	1,027

Comparison of Type of Offense and Reconviction

Property offenders and those offenders incarcerated for criminal justice process offenses have the highest reconviction rates (45%). These were followed by violation of probation (42%), weapon offenses (41%), personal offenses (38%), and drug offenses (36%). The offense types with the lowest reconviction rates were motor vehicle offenses (31%) and sexual offenses (22%).

Exhibit 20
Reconviction Rates for Individual Offenses
(based on highest number of offenders within each offense type)

Offense	Total Offenders Released	Percentage Reconvicted		Total Offenders Released	Percentage Reconvicted
Property			Drug		
Larceny	600	43%	Poss. of Narcotics	757	41%
Burglary	529	43%	Sale of Hallucinogen	1,610	34%
CJ Process			Other		
Failure to Appear	170	42%	Conspiracy	232	32%
Escape	107	54%	Criminal Attempt	155	30%
Weapons			Motor Vehicle		
Carrying weapons	100	46%	Oper. under the influence	82	24%
Carrying or sale of dangerous weapon	26	46%	Driving while license susp.	20	20%
Personal			Probation Violation	1,404	42%
Assault	433	40%	Sexual Assault	147	22%
Robbery	396	39%			

The Influence of Probation Supervision Following Prison

It is common practice in Connecticut for judges to sentence convicted offenders to serve a prison term and once this prison term is completed, the offender is sentenced to serve a term of probation. This practice is commonly referred to as a split-sentence and guarantees that these offenders will have some type of community supervision following their release from prison.

The final analysis looked at the effect of split sentence probation on reconviction rates. For this analysis, only inmates who had completed their sentence were included because they were the only group being supervised by probation officers following their release from prison (parolees and transitional supervision inmates were excluded). Over one-third of all inmates released at the end of their sentence had to serve a term of probation to follow (36%).

For the three types of end of sentence inmates, the reconviction rates were significantly lower for split sentence probationers than inmates leaving prison without a probation sentence to follow. Overall, the reconviction rate was 14% higher for inmates who were released from prison following the completion of their sentence who did not have a term of probation to follow (46% to 32%).

Exhibit 21
Reconviction Rates for Split Sentenced Probationers by Type of Prison Release

	Number	Release from Prison	Release from Parole	Release from Transitional Supervision	Overall Averages
Post-Prison Probation	1,878	37%	21%	29%	32%
No Probation after leaving DOC custody	3,366	52%	32%	43%	46%
Overall Averages		47%	27%	37%	42%

III. Summary of Existing Release Practices

Type of Release by Administering Agency

In Connecticut, there are three principle units of government that are responsible for administering community release/supervision programs: Department of Correction (DOC), the Board of Pardons and Paroles (BOPP) and the Court Support Services Division (CSSD) of the Judicial Branch.

Exhibit 22 explains the various types of community release/supervision by administering agency.

Exhibit 22
Types Of Community Release/Supervision By Administering Agency

Who decides if released to community?	Types of Release	Terms	Supervised By
DOC	Transitional Supervision (TS)	Prison 2 years and under	DOC Parole Officers
	Halfway House (HWH)	18 months prior to end of sentence or parole release	DOC Parole Officers
	Re-entry Furlough	30 days from end of sentence or parole release	DOC Parole Officers
BOPP	Parole	Prison over 2 years	DOC Parole Officers
Courts/CSSD	Probation	Not sentenced to prison	CSSD Probation Officers
	Split Sentence Probation	Prison time followed by Probation	CSSD Probation Officers

Definition of Release Practices

The following definitions apply to the release practices used in the State of Connecticut:

TS (Transitional Supervision): Eligible inmates must serve at least 50 percent of a sentence of two years or less. The facility Warden is the designated release authority and the DOC provides supervision and case management, through its Parole and Community Services Unit for offenders on TS status.

HWH (Halfway House): Utilized to provide assistance for those offenders who require greater support and supervision in the community. Offenders who are within eighteen months of release date or have been voted to parole may participate in these structured programs.

Re-Entry Furlough: The release of an inmate to an approved residence for up to 30 days in the final portion of their sentence for the purpose of re-entry support into the community.

Parole: Program available to certain inmates serving sentences of greater than two years. By statute, offenders convicted of non-violent crimes are eligible for parole after serving 50 percent of their sentence. Those offenders convicted of violent crimes must serve 85 percent of their sentence.

Probation: Probation is a court-ordered sanction placed on a person convicted of a crime. An offender is allowed to remain in the community under the supervision of a probation officer.

Split-Sentence Probation: It is common practice in Connecticut for judges to sentence convicted offenders to serve a prison term and once this prison term is completed, the offender is sentenced to serve a term of probation. This practice is referred to as a split-sentence and guarantees that these offenders will have some type of community supervision following their release from prison.

End of Sentence: Sentenced offenders who complete their sentence and are no longer in the custody of the Connecticut DOC.

Synopsis of Administering Agencies

Department of Correction's Division of Parole and Community Services

This division represents the consolidated community supervision and enforcement functions of the Department of Correction and the Board of Parole, which were combined in the fall of 2004 at the direction of the General Assembly. The Division operates under a Community Reintegration Model which supports the offenders successful reentry back into the community by setting expectations, assisting with the attainment of those goals, providing oversight to determine if expectations are being met and when necessary, removing the offender from the community when further confinement is warranted.

Offenders within the Department of Correction may be placed in the community under the supervision of this Division if they meet several specific criteria based on the nature of their offense, behavior while incarcerated, and length of time before the completion of their sentence. Offenders are also approved for community supervision under the discretionary powers and jurisdiction of the Board of Parole. Offenders may be placed with an approved sponsor in the community under Transitional Supervision or in a halfway house bed. The average daily census of offenders under supervision in the 12-month period ending February 2007 was 4,460 offenders.

Board of Pardons and Paroles (BOPP)

The Connecticut Board of Pardons and Paroles is an autonomous agency that receives administrative support from the Connecticut Department of Correction. Since its creation in 1968, the Board has been responsible for the parole decision-making process. The Board also sets conditions for parole to insure effective supervision, risk management and to maximize the potential for offenders to remain crime free. The fifteen (15) Board members are appointed by the Governor. The community oversight of

paroled offenders is carried out by the Department of Correction through its Parole and Community Services Division. During the in the 12-month period ending February 2007, 82% of full panel hearings and administrative reviews result in the granting of parole with a total of 2,959 inmates having been granted parole.

Court Support Services Division (CSSD)

CSSD operates under the auspices of the Chief Court Administrator of Connecticut's Judicial Branch. This division oversees:

- **Office of Adult Probation**
Conducts pre-sentence investigations ordered by the Superior Court and supervises probationers in all cases except juvenile matters.
- **Office of Alternative Sanctions**
Creates and sustains a full range of alternatives to incarceration for both pre- and post-conviction adult and juvenile populations.
- **Bail Commission**
Interviews and investigates individuals accused of crimes to assist the Superior Court in determining terms and conditions of pretrial release.
- **Family Services Division**
Assists the Superior Court in the resolution of problems and the adjudication of cases involving family relationships, family support, child protection and juvenile delinquency. Among the services provided by the Family Division are: mediation of domestic disputes, evaluation of child custody and visitation conflicts, juvenile probation services, divorce counseling, residential placement, restitution and community services.
- **Division of Juvenile Detention Services**
Provides pretrial secure detention and programming services to juveniles accused of delinquent acts.

The average daily census of offenders under sentenced supervision probation in the 12-month period ending February 2007 was 54,974 offenders.

A Geographic Analysis of Releases and Discharges

Exhibits 23 and 24 provide a basic geographic analysis, by county and by "top 10" town, of the location of offender releases and discharges during the calendar year 2006. The location of the release is "self-selected" by the offender. Aggregations by county are used simply to provide another general geographic representation for the data. For a complete list of offender releases and discharges by each of Connecticut's 169 municipalities, please see **Appendix C: Releases and Discharges for Each of Connecticut's 169 Municipalities**.

Exhibit 23
Releases and Discharges by County of Residence: 2006
(Location data self-reported by offenders)

	County	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Percent of Statewide Total Population	Discharges and Releases per 1,000 Residents
	Hartford County	6,698	31%	857,183	25.17%	7.8
	New Haven County	6,461	30%	824,008	24.20%	7.8
	Fairfield County	4,173	19%	882,567	25.92%	4.7
	New London County	1,487	7%	259,088	7.61%	5.7
	Litchfield County	817	4%	182,193	5.35%	4.5
	Windham County	719	3%	109,091	3.20%	6.6
	Middlesex County	594	3%	155,071	4.55%	3.8
	Tolland County	508	2%	136,364	4.00%	3.7
	Unknown	93	0%	0		
Total	Statewide	21,550	100%	3,405,565		

SOURCE: Department of Correction, 2007

Exhibit 24
Releases and Discharges by Top 10 Towns of Residence: 2006
(Location data self-reported by offenders)

Number of Towns	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
1	Hartford	3,059	14.19%	124,121	24.6
2	New Haven	2,357	10.94%	123,626	19.1
3	Bridgeport	2,304	10.69%	139,529	16.5
4	Waterbury	1,756	8.15%	107,271	16.4
5	New Britain	944	4.38%	71,538	13.2
6	Meriden	546	2.53%	58,244	9.4
7	East Hartford	515	2.39%	49,575	10.4
8	Norwalk	417	1.94%	82,951	5.0
9	Manchester	415	1.93%	54,740	7.6
10	Bristol	397	1.84%	60,062	6.6
Total	Statewide	21,550			

SOURCE: Department of Correction, 2007

IV. Summary of Existing Re-Entry Programs

Prisoner Preparation for Community Re-entry

Under Commissioner Theresa C. Lantz, the Connecticut Department of Correction has established as a priority, the enhancement of the agency's commitment to supporting offender reintegration back into law abiding society. This has involved a shift in the agency's correctional mission, from the strict confinement model of the mid and late 1990's to a new Re-Entry model. To reflect this change in priority, the Department's Mission Statement has been changed to read, "The Connecticut Department of Correction shall protect the public, protect staff and provide safe, secure and humane supervision of offenders with opportunities that support successful community reintegration."

While offenders continue to serve 100 percent of their sentences, appropriate inmates are eligible to be released to the community under the supervision of the Department's Parole and Community Services Unit as they near the end of their incarceration. This period of time in the community is intended to not only bridge their successful re-entry, but it also enhances public safety by involving supervision during this crucial period of reintegration.

New Prison-Based Reentry Unit

In recognition that preparation for community re-entry begins in prison, the DOC established the Offender Re-entry Services Unit. The Unit consists of twenty-nine positions dedicated solely to the pursuit of two goals: ensuring that offenders are prepared for release and providing community supervision to appropriate offenders as they re-enter society. The Re-entry Services Unit staffs are strategically placed throughout the Department, in facilities and divisional units, where they provide direct assistance to offenders and serve as re-entry liaisons for facilities, Parole & Community Services, and community agencies.

The Unit also includes eight facility-based Reentry Counselors, who assist offenders with community release programs and housing, and six Program Counselors to facilitate a Re-entry Program, designed to reinforce program principles learned throughout incarceration. Seven Re-entry Teachers assist offenders with obtaining identification, job preparation and pre-employment skill development. Two new positions are opening two new job centers, where offenders receive pre-employment training, resume preparation and utilize the Department of Labor computerized job bank to seek employment. A new Job Developer works in conjunction with this program to increase employment opportunities for discharging offenders.

Preparation and Transition Programs for Inmates

DOC provides an array of offender programs and services to help inmates work toward becoming productive, law-abiding members of society. Programs include educational and vocational training, substance abuse treatment, parenting, anger management, domestic violence counseling, health education, sex offender treatment, religious services and many more. DOC has established a more progressive approach to addressing mental health needs, addiction services, life skill development and self-sufficiency.

Connecticut Department of Correction Unified School District #1

The mission of the Connecticut Department of Correction Unified School District #1 is to provide quality educational programs for incarcerated individuals. Academic knowledge, vocational competencies and life skills integrated with technology are offered to students in a positive environment to foster lifelong learning, multicultural awareness and a successful transition to society. Exhibit 25 provides a summary of the achievements of Unified School District #1 during the year 2005-2006.

Mental Health Services

Specialized treatment services are available for inmates with significant mental health needs. The Garner Correctional Institution in Newtown has been designated as the Department's dedicated mental health facility for adult male offenders requiring significant mental health treatment. Both accused and sentenced offenders who are classified as requiring that level of care are assigned to one of four treatment tracks at the facility which are based on four major mental health diagnoses. The program is designed to return as many of these offenders as is possible to the ability to function in either a general population prison setting or ultimately to life in the community.

Transition to Community Mental Health Treatment

A transition discharge plan is created for offenders with mental health needs offering them a continuum of care in the community upon release. Collaboration with the State Department of Mental Health and Addiction Services will improve these transition plans and will follow 100 discharging offenders in the community to gauge their progress and assess how the program can be further improved. Additionally, Mental Health Transition Counselor positions are expected to be established in each of the Parole and Community Services regions across the state.

Addiction Treatment

DOC has developed a graduated system of substance abuse treatment programs for inmates. More than 85% of the inmates who come into the system have a substance

abuse history indicating a need for some level of substance abuse treatment. Based on the individual offender's need which is determined through a formal assessment, they

Exhibit 25
Achievements of Unified School District #1: 2005-2006

- Duplicated enrollment of 23,061 students
- Unduplicated enrollment of 12,195 students
- Average daily enrolment of 3,062 students
- 621 GED's were awarded, 14 with honors
- 8 students were awarded External Diploma Program (EDP) Certificates of high school completion
- 1,294 students were promoted to higher class levels
- According to the Test of Adult Basic Education (TABE), students demonstrated an average academic gain of 1 year, 8 months in reading, 1 year, 5 months in math and 2 years, 2 months in language arts
- On the Employability Competency System (ECS) test students met the State indicators of program quality by gaining 3.7 scale score points per semester
- Per monthly average, 479 students received programming in Family Education programs
- Per monthly average, 826 students received Transition Skills services
- 124 students returning to the community were placed into jobs, education and training programs or other social service agencies
- 270 students completed college courses within the Federal Youth Offender Grant program
- 27 ABE to College students completed courses within the Nellie Mae Grant program
- 154 students participated in correspondence courses
- 2,405 students received certificates of attendance or achievement in ABE, GED, TESOL, and Vocational Education
- 420 students received certificates of completion in Vocational Education
- 83 Connecticut Career Certificate (CCC) Awards were earned
- Per monthly average, 156 students received tutoring services
- • 64 graduation ceremonies were held to recognize student achievement

may receive treatment in; Tier 1, a six session substance abuse education program; Tier 2, a 10 week, 30 session outpatient program; Tier 3, a 64 session, 16 week daycare program or Tier 4, which is a residential six to 12 month program with an aftercare component.

An evaluation of the Tier Structure, conducted by Brown and Brandeis Universities in 2002, found that inmates who attended any Tier program were significantly less likely to be rearrested. Of those inmates who participated in Tier programming, 32.5% were rearrested within one year compared to a rate of 45.9% for those who did not attend. Additionally, the severity of the crimes committed was also reduced.

Addiction Recovery

The Department also has Addiction Services Counselors at each of its Parole and Community Services offices to provide a bridge of treatment to those offenders who are returning to the community. In addition, there are pre-release programs at many institutions that address relapse prevention, staying clean, coping skills, and community resource referrals. "Bridging the GAP" operates in 16 prisons under the auspices of Addiction Services and Volunteer Services. In this program, hundreds of recovering inmates are linked with a community Alcoholics Anonymous (AA) Group and transition services at the same time.

Specialized Re-entry Services for Women

In June of 2005, the innovative Charlene Perkins Re-Entry Center was opened at the York Correctional Institution. This program prepares appropriate women offenders who are within 18-months of release for their successful reintegration into law abiding society. Approximately 75 offenders are housed in the Center which features intensive programming in areas such as substance abuse, anger management, parenting and other skills that are crucial to break the cycle of incarceration.

Transition Services Program

Inmates may access various resources and tools to help themselves transition back to the community and become self-sufficient. Some of the tools include birth certificates, social security cards and driver's license renewals. It also provides information concerning paternity obligations, community resources, health, mental health and addiction services. All facilities, including jails, are responsible to conduct this program. It is not mandatory that inmates participate, however DOC strongly encourages them to do so. The program consists of a workbook and a video presentation. The video is a series of presentations from private and public service agencies that highlights what the agency does and how an inmate can access their services. The program began as a pilot in three facilities in January of 2004 and is now, fully operational in all facilities, including jails.

Job Skills Development

A Job Centers Program has been established at six institutions: Willard-Cybulski CI, Bergin CI, Osborn CI, Webster CI, Gates CI, and York CI. Each Center has a full time counselor and access to computers linked to the State Department of Labor Job Bank. This means that soon-to-be released inmates can view available jobs before they set foot out of the institution. In addition, inmates attend job readiness training, and prepare resumes.

The Jobs Centers Program is in the process of being integrated with a number of community-based non-profit agencies who are under contract with the DOC to provide released offenders with employment-related services. A job developer, soon to be added, will round out the DOC's emerging system to assist releasing inmates.

This comprehensive program is relatively new for the department and is based on very solid research evidence that assisting offenders with employment is one of the most promising ways to reduce recidivism.

Transition Counseling

Transition counseling offers guidance at the agency's discharge facilities including Bergin CI, Brooklyn CI, Enfield CI, Manson Youth, Osborn CI, Robinson CI, Webster CI, York CI and Willard-Cybulski CI. At these institutions, many inmates enrolled in school are given instruction in job readiness and leave prison with a written Transition Plan and a resume. Since 1999, Career Fairs have been held each year at these institutions which are attended by prospective employers and community based social service providers. Each year, several thousand inmates are exposed to community services in this way. A "Job Developer" works with businesses throughout the state in an effort to expand the Employment Bank.

Transitioning From Prison to the Community

DOC contracts for more than 1,000 halfway house beds and supervises more than 3,500 additional low risk offenders in the community as a means of supporting a graduated and successful transition back to community self-sufficiency. With the consolidation of the Board of Parole field services into the Department of Correction, the number of offenders who are afforded this opportunity will increase.

DOC administrators are working on a proposal to identify initially 100 half-way house beds in the system as "Employment Beds", a designation which would fast track selected inmates for immediate employment after they completed an employment readiness program prior to release. A new partnership with the State Department of Veteran's Affairs will insure that discharging offenders who are veterans but are without housing will be eligible for housing at the State Veteran's Home and Hospital.

Supportive Housing

Re-entry into the community is a risk factor for becoming homeless, and homelessness may increase the risk of re-arrest and imprisonment. DOC is collaborating with the

Community Renewal Team to operate the Supportive Housing Pilot Program and address the needs of the individuals at high risk for homelessness and re-incarceration. The goal of the program is to reduce re-incarceration and recidivism rates by offering supportive housing to this high risk population. The three year program, which began in 2004, houses 15 individuals at a time leaving the DOC facilities that have a history of homelessness (living in the streets or shelter) before incarceration and who volunteer to participate. The rent-subsidized housing is in the form of scattered site apartments in Hartford, with supportive services that focus on employment and substance abuse treatment. The program includes an evaluation component that indicates that the offenders in the Supportive Housing Pilot Program have lower re-arrest rates than other offenders.

V. Department of Correction Victim Services

Department of Correction Victim Services Unit

A victim of crime, their survivor or representative may confidentially register with the DOC Victim Services Unit, and request notification when an inmate is released, escapes or is scheduled for a sentence review or parole hearing. In addition, victims may obtain information on the status of an inmate through the DOC website or phone.

Currently, the DOC/VSU handles approx. 3,000 victim cases annually with the support of three staff. The staff provides direct services to victims, which includes victim notification. Victims may receive assistance through several other state agencies in addition to the DOC/VSU including the Office of the Victim Advocate, Judicial Branch Office of Victim Services, court-based advocates and community-based advocates.

The DOC/VSU informs registered victims of the status of an offender by phone or letter. Victims need to register with DOC in order to receive information concerning discharge, release, or escape.

DOC usually communicates by letter with victims whose offender is sentenced. Offenders of register victims who are on accused status and who have been released by the court or who have been bonded out are notified by phone. The Connecticut DOC is the only corrections system that notifies victims of the status of offenders on accused status.

The DOC/VSU also notifies victims that an offender is applying for pardon, parole, transitional supervision, halfway house placement, furlough, and re-entry furlough. Victims are invited to send in a VSU impact statement regarding the offender's application. The DOC/VSU reviews the statement and forwards a recommendation to the warden.

The DOC/VSU is dedicated to giving support and "voice" to registered victims. The telephone support with victims goes far beyond merely providing information. Rather, the staff makes every effort to provide an empathic person in whom they can confide their many emotional reactions. In addition, every effort is made to help registered victims express their views regarding pending discretionary release decisions. The staff makes it clear that views of victims are an important factor that is taken into consideration as discretionary release decisions are made.

When such decisions have been made, the staff strives to help victims understand the basis of these decisions, especially if such decisions are not in accordance with the wishes of the victim. In the vast amount of such cases, victims come to understand that such decisions are made in order to help the offender make a successful transition into the community, which hopefully serves to minimize the probability of additional victimization.

The DOC/VSU has built successful collaborations with other state agencies to improve victims' access to assistance and promote public safety.

The DOC/VSU operates the prison-based VOICES programs that enable victims to talk to inmates about the impact of their crime and the consequences of their behavior.

Board of Pardons and Parole Victim Coordinator

The Victim Services Coordinator for the Board of Pardons and Paroles is primarily concerned with the parole and pardon hearing process and assisting (and referring as appropriate) victims through this process from beginning to end. The primary duty and responsibility of the Victim Service Coordinator is to ensure that the victim's right to be heard at the time of the release hearing as provided in statute 54-126a and 54-130d (b).

As the inmates that are voted to parole approach their voted to parole dates, this office makes itself available to victims for the purpose of providing names and contact information for responsible Parole Officers in the community. Working further to ensure that concerns of victims are addressed properly, this office is available to assist the victim in making contact with said assigned Parole Officer should there be difficulty in making contact or if there is an issue between a parolee and a victim.

VI. Inventory of Community Based Supervision, Transition and Re-integration Programs

Residential Programs

The Department of Correction (DOC) also contracts for more than 1,000 halfway house beds and supervises more than 3,500 additional low risk offenders in the community as a means of supporting a graduated and successful transition back to community self-sufficiency. With the consolidation of the Board of Parole field services into the Department of Correction, the number of offenders who are afforded this opportunity will increase.

DOC administrators are working on a proposal to identify initially 100 half-way house beds in the system as "Employment Beds", a designation which would fast track selected inmates for immediate employment after they completed an employment readiness program prior to release. A new partnership with the State Department of Veteran's Affairs will insure that discharging offenders who are veterans but are without housing will be eligible for housing at the State Veteran's Home and Hospital.

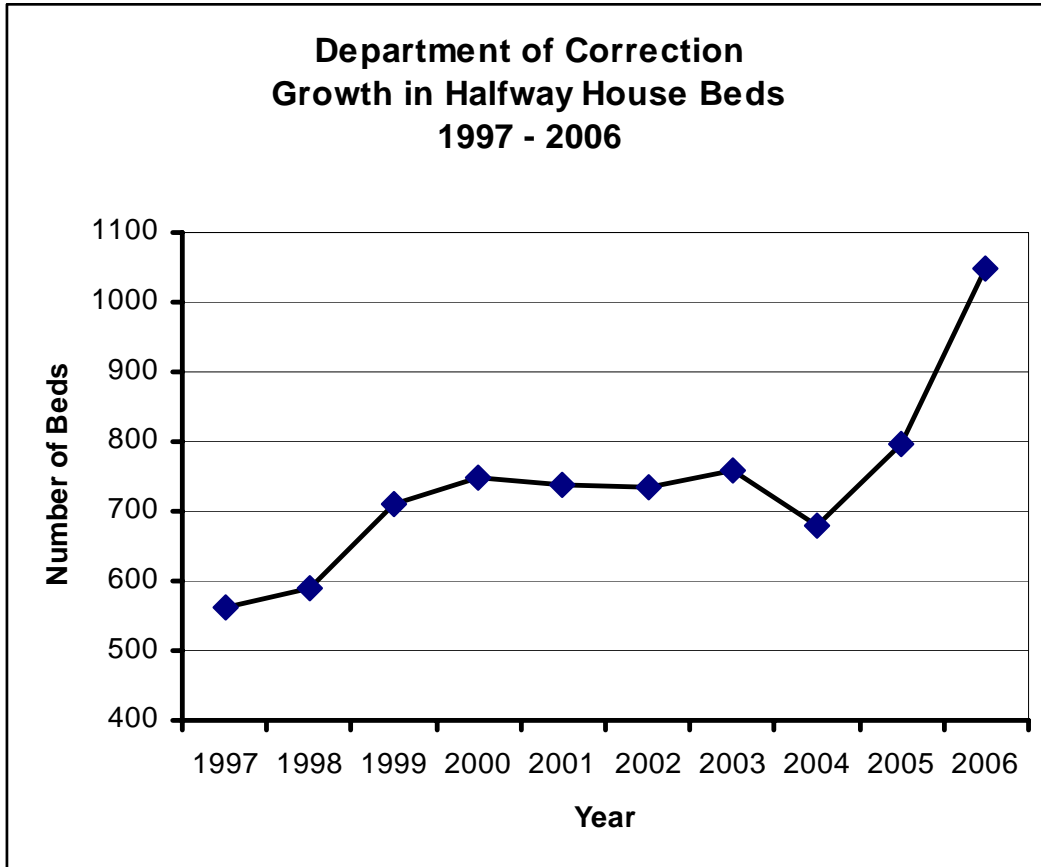
Supportive Housing

Re-entry into the community is a risk factor for becoming homeless, and homelessness may increase the risk re-arrest and imprisonment. DOC is collaborating with the Community Renewal Team to operate the Supportive Housing Pilot Program and address the needs of the individuals at high risk for homelessness and re-incarceration. The goal of the program is to reduce re-incarceration and recidivism rates by offering supportive housing to this high risk population. The three year program, which began in 2004, houses 15 individuals at a time leaving the DOC facilities that have a history of homelessness (living in the streets or shelter) before incarceration and who volunteer to participate. The rent-subsidized housing is in the form of scattered site apartments in Hartford, with supportive services that focus on employment and substance abuse treatment. The program includes an evaluation component that indicates that the offenders in the Supportive Housing Pilot Program have lower re-arrest rates than other offenders.

Halfway House Beds

As of this date, there are approximately 1,127 contracted beds available for halfway house utilization. **Exhibit 26** demonstrates the growth in the halfway house beds over the last 10 years, 1997 – 2006. **Exhibit 27** details the current array of residential programs, the number of beds and an **estimated** cost per bed as an annualized expense and an **estimated** cost per bed on a per diem basis.

Exhibit 26



Source: Department of Correction 2007

**Exhibit 27
Residential Contract Community Programs**

Provider	Program	Location	Contract	Beds	Ratio: Contracted	Projected 07 Expenditure	Estimated Cost	Estimated Cost
			Beds	Online	versus Online		per Bed Annualized	per Bed per Diem
APT Foundation	Daytop	Bridgeport	27	27	100.00%	\$620,556	\$22,984	\$62.97
Chyralis Center	Chyralis	Hartford	6	6	100.00%	\$282,672	\$47,112	\$129.07
CNV Help	Drug Services	Waterbury	10	10	100.00%	\$162,669	\$16,267	\$44.57
CNV Help	McAuliffe Manor	Litchfield	30	30	100.00%	\$802,979	\$26,766	\$73.33
CNV Help	Rogers House	Waterbury	15	15	100.00%	\$544,147	\$36,276	\$99.39
Connection	Connection House	Middletown	7	7	100.00%	\$169,683	\$24,240	\$66.41
Connection	Cochegan House	Uncasville	16	16	100.00%	\$389,063	\$24,316	\$66.62
Connection	Eddy Center	Middletown	28	28	100.00%	\$697,634	\$24,916	\$68.26
Connection	ReEntry	Bridgeport	74	74	100.00%	\$1,076,458	\$14,547	\$39.85
Connection	Roger Sherman	New Haven	61	61	100.00%	\$1,448,110	\$23,740	\$65.04
Connection	Sierra Mental Health	New Haven	8	8	100.00%	\$320,555	\$40,069	\$109.78
Connection	Sierra Work Release	New Haven	22	22	100.00%	\$518,369	\$23,562	\$64.55
CPA	Work Release	Hartford	24	24	100.00%	\$649,925	\$27,080	\$74.19
Crossroads	Crossroads	New Haven	15	15	100.00%	\$419,493	\$27,966	\$76.62
CRT	Project Transition	Hartford	16	16	100.00%	\$516,395	\$32,275	\$88.42
CRT	Supportive Housing	Hartford	15	15	100.00%	\$210,018	\$14,001	\$38.36
CSI	Berman Treatment	Hartford	17	17	100.00%	\$603,218	\$35,483	\$97.21
CSI	Chase Center	Waterbury	39	39	100.00%	\$666,215	\$17,082	\$46.80
CSI	Cheyney House	Hartford	42	42	100.00%	\$1,000,768	\$23,828	\$65.28
CSI	Hartford House	Hartford	18	18	100.00%	\$469,388	\$26,077	\$71.44
CSI	Johnson House	Hartford	24	24	100.00%	\$337,386	\$14,058	\$38.51
CSI	Silliman House	Hartford	24	24	100.00%	\$568,966	\$23,707	\$64.95
CSI	Watkinson House	Hartford	30	30	100.00%	\$476,433	\$15,881	\$43.51
CT Renaissance	Bridgeport WR	Bridgeport	61	61	100.00%	\$1,043,680	\$17,110	\$46.88
CT Renaissance	Drug Treatment	Waterbury	10	10	100.00%	\$271,050	\$27,105	\$74.26
CT Renaissance	Waterbury East	Waterbury	32	32	100.00%	\$549,536	\$17,173	\$47.05
CT Renaissance	Waterbury West	Waterbury	5	5	100.00%	\$141,339	\$28,268	\$77.45
FHM	Fellowship House	Groton	11	11	100.00%	\$295,463	\$26,860	\$73.59
FHM	Hamilton House	Groton	50	50	100.00%	\$605,590	\$12,112	\$33.18
Isaiah	Isaiah House	Bridgeport	45	45	100.00%	\$1,042,903	\$23,176	\$63.49
Isaiah	Mary Magdelene	Bridgeport	15	15	100.00%	\$451,399	\$30,093	\$82.45

2007 Comprehensive Re-Entry Plan
Criminal Justice Policy and Planning Division
Office of Policy and Management
State of Connecticut

Provider	Program	Location	Contract	Beds	Ratio: Contracted	Projected 07 Expenditure	Estimated Cost	Estimated Cost
			Beds	Online	versus Online		per Bed Annualized	per Bed per Diem
LMG	LMG	Bridgeport	0	0	n/a	\$30,919	n/a	n/a
McCall Foundation	Warner	Torrington	11	11	100.00%	\$269,450	\$24,495	\$67.11
Morris Foundation	Morris House	Waterbury	15	15	100.00%	\$355,723	\$23,715	\$64.97
Morris Foundation	Therapeutic Shelter	Waterbury	8	8	100.00%	\$172,712	\$21,589	\$59.15
Neon	Men's Program	Norwalk	27	27	100.00%	\$696,574	\$25,799	\$70.68
Neon	Quinlan Cottage	Norwalk	12	12	100.00%	\$558,858	\$46,572	\$127.59
Neon	Waterbury W&C	Waterbury	19	19	100.00%	\$774,431	\$40,760	\$111.67
New Opportunities	Bishop Street	Waterbury	54	54	100.00%	\$890,931	\$16,499	\$45.20
Open Hearth	Open Hearth	Hartford	41	41	100.00%	\$774,146	\$18,882	\$51.73
Perception	Brooklyn Bridge	Brooklyn	36	36	100.00%	\$1,134,592	\$31,516	\$86.35
Perception	Cottage Place	Willimantic	7	7	100.00%	\$69,413	\$9,916	\$27.17
Perception	Next Step	Willimantic	18	18	100.00%	\$561,054	\$31,170	\$85.40
Project More	Walter Brooks	New Haven	67	67	100.00%	\$1,551,683	\$23,159	\$63.45
CSSD	Parole - AIC	Statewide	15	15	100.00%	\$708,586	\$47,239	\$129.42
	TOTALS		1127	1127		\$25,901,132		
						AVERAGE	\$25,578	\$70.08

SOURCE: Program information: Department of Correction; Estimated cost calculations developed by the Office of Policy and Management, Criminal Justice Policy and Planning Division.

Non-Residential Programs

Non-residential, or out-patient programs are also provided for offenders under community supervision. Services include substance abuse evaluation and treatment, mental health treatment, anger management, counseling, employment assistance, domestic violence counseling, computer literacy training. **Exhibit 28** details the current array of non-residential programs, the total number of clients seen between the 8 month period July 2006 and February 2007 and the estimated average cost per client seen. The client numbers presented in the analysis is a duplicated count. A duplicated count means that one offender may have had 1 or more appointments per treatment or service and is counted each time he/she is seen for that treatment or service.

Exhibit 28

Non-Residential Contract Community Programs: FY 06-07 (Duplicated Client Count)

Provider	Program	City/Town			AVG	Total
			Projected FY07	Expended	Cost per	Clients
			Expenditures	To Date	Client Seen	Seen
			Jul - Feb	Jul - Feb	Jul - Feb	Jul - Feb
Council of Churches	CoOp Center	Bridgeport	\$310,002	\$232,120	\$186.89	1,242
Morris Foundation	CoSats	Waterbury	\$338,843	\$253,715	\$131.39	1,931
Wheeler Clinic	Domestic Violence	Plainville	\$70,623	\$52,880	\$385.99	137
Families in Crisis	Domestic Violence	NH/Bridg	\$95,258	\$71,326	\$377.39	189
Families in Crisis	Domestic Violence	Waterbury	\$50,050	\$37,476	\$269.61	139
OIC	Domestic Violence	New London	\$54,891	\$41,101	\$83.71	491
OIC	Employment	New London	\$99,997	\$74,875	\$608.74	123
CPA	Employment	Hartford	\$106,431	\$79,692	\$310.09	257
Catholic Charities	Ex-Offenders	Hartford	\$103,535	\$77,524	\$530.99	146
Families in Crisis	Family Counseling	Hartford	\$88,256	\$66,083	\$84.61	781
Families in Crisis	Family Matters	Hartford	\$54,968	\$41,158	\$324.08	127
CPA	Family Reunification	Hartford	\$48,226	\$36,109	\$77.99	463
Families in Crisis	Father's Work	Hartford	\$62,386	\$46,713	\$440.69	106
New Opportunities	Jobs Now	Waterbury	\$61,794	\$46,269	\$86.16	537
Catholic Charities	Mental Health	New Haven	\$35,195	\$26,353	\$155.02	170
Community Solutions	Multi Service Center	New London	\$99,077	\$74,186	\$185.00	401
Community Solutions	Offender ReEntry	New Haven	\$135,608	\$101,539	\$197.55	514
Perception	Project 180	Willimantic	\$90,465	\$67,737	\$187.12	362

2007 Comprehensive Re-Entry Plan
Criminal Justice Policy and Planning Division
Office of Policy and Management
State of Connecticut

Provider	Program	City/Town			AVG	Total
			Projected FY07	Expended	Cost per	Clients
			Expenditures	To Date	Client Seen	Seen
				Jul - Feb	Jul - Feb	Jul - Feb
Catholic Charities	Project Bridge	Torrington	\$85,376	\$63,927	\$176.59	362
Neon	ReEntry	Norwalk	\$163,486	\$122,413	\$887.05	138
LMG	ReEntry	Bridgeport	\$196,918	\$147,446	\$475.63	310
CPA	Resettlement	Hartford	\$296,883	\$222,535	\$993.46	224
Connection	Sex Offender	Various	\$441,234	\$330,926	\$421.56	785
Valley Mental Health	Social Services	Ansonia	\$22,968	\$17,198	\$131.28	131
Connection	South Central Counseling	Middletown	\$380,442	\$284,863	\$349.10	816
Community Renewal Team	Substance Abuse	Hartford	\$367,735	\$393,908	\$165.37	2,382
Families in Crisis	Transportation	Hartford	\$56,708	\$42,462	\$44.05	964
Center Women & Families	Women Offenders	Bridgeport	\$92,571	\$69,314	\$267.62	259
Connection	Youthful Offenders	Middletown	\$23,640	\$17,702	\$376.63	47
		TOTALS	\$4,033,566	\$3,139,549		14,534

SOURCE: Program information: Department of Correction (duplicated count); estimated cost calculations developed by the Office of Policy and Management, Criminal Justice Policy and Planning Division.

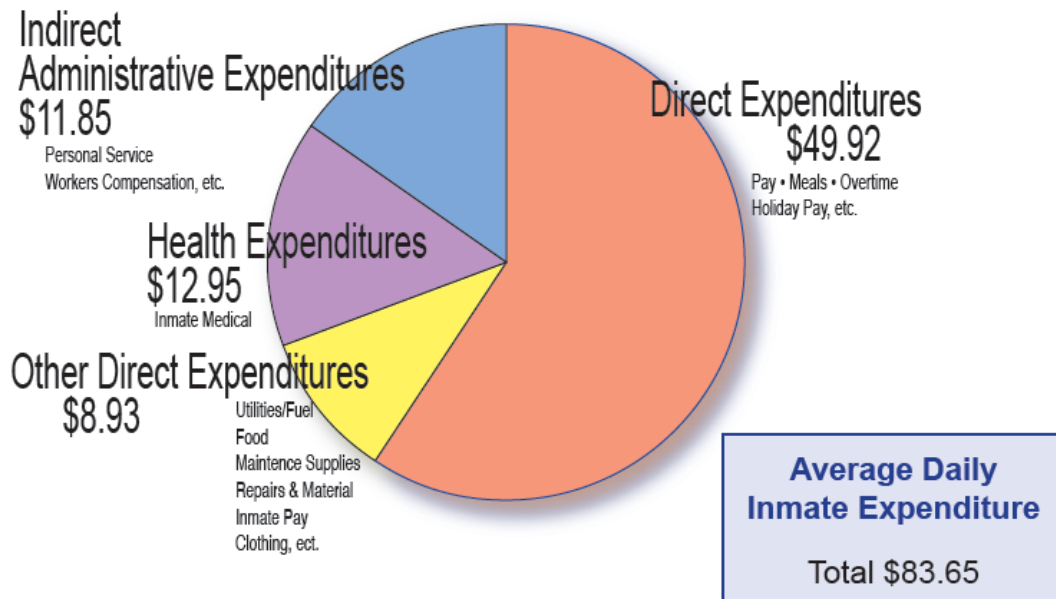
Average Daily Cost of Incarceration

The Department of Correction routinely calculates an average daily cost of incarceration. The year to date cost for the month ended June 30, 2006 is \$83.65. The average daily cost of incarceration is included as a benchmark by which to compare and measure the cost of community supervision programs.

Please see [Appendix D: Average Daily Cost of Incarceration per Facility](#) for individual facility costs

Exhibit 29

Average Daily Inmate Expenditures Breakdown



SOURCE: Department of Correction 2006 Annual Report, p. 10

VII. Strengthening the Continuum: Innovative Diversionary and Alternative Sanctions Programs

Innovative Diversionary and Alternative Sanctions Programs

The focus of this planning initiative is the incarcerated population; however, there are innovative and promising programs that strengthen other components of the continuum and assist in reducing entrance into prison.

DMHAS, CSSD and DOC have collaboratively developed programs that focus on diversion, alternative sanctions and probation violations; these types of programs and services can prevent the escalation of criminal behavior, reduce recidivism and help control the rise in prison population. During the past three years, the state agencies have been planning and implementing programs focused on special populations: mental health initiatives and addiction initiatives. The mix of services offered through these initiatives provides the support and treatment necessary to bridge the gap for the majority of individuals to successfully transition to productive lives in the community - at a considerable cost savings to the state over their incarceration or long-term hospitalization.

Exhibit 30

Collaborative Programs For Diversion, Alternative Sanctions and Probation Violations

DOC and DMHAS Collaborative Programs: Substance Abuse and/or Mental Illness	Connecticut Offender Re-entry Program (CORP)
	Transitional Case Management (TCM)
	Interagency DOC/DHMAS program
CSSD and DMHAS Collaborative Programs: Substance Abuse and/or Mental Illness	Pretrial Alcohol Education System (PAES)
	Pretrial Drug Education Program (PDEP)
	Specialize Diversion Program for Trauma Survivors (JDT)
	Women's Jail Diversion program (JDW)
	Alternative Drug Intervention (ADI)
DOC, CSSD, and DMHAS Collaborative Programs: Substance Abuse and/or Mental Illness	Mental Health Alternative to Incarceration Center (MHAIC)
	Mental Health Day Reporting Center (MHDRC)
	Jail Diversion (JD)

CSSD and DMHAS Collaborative Programs: Probation Violations	Probation Transition Program (PTP)
	Technical Violation Unit (TVU)
	Access to Recovery/Recovery Support Services
CSSD Programs: Pre-Trial Release	Pre-Trial Decision Aid Tool Jail Re-Interview Program
DMHAS and Law Enforcement: Pre-booking	Crisis Intervention Team (CIT)

Mental Health Initiatives:

The increasing numbers of persons with psychiatric needs, involved in the criminal justice system, have been well documented within CT and nationally. An estimated 8% to 16% of the national prison population and 10% of the national jail population have at least one identified serious mental disorder and are in need of treatment. A large proportion of these individuals also have addictions that must be treated in an integrated manner with mental health treatment. In CT, approximately 12% of the jail and prison population are in need of mental health treatment.

Many of the persons with psychiatric needs who are in the criminal justice system are arrested for behaviors that are directly or indirectly related to their psychiatric disorders and/or use of alcohol and other drugs. In some cases they are arrested because that is the only option available to law enforcement personnel for dealing with these problem behaviors. They are often people who have had difficulty engaging in or remaining engaged in existing community services and, instead, have been served when in crisis with expensive services in hospital emergency rooms and commitment to hospital psychiatric units. In the community they often need intensive outreach, innovative engagement and treatment approaches, specialized housing, a rapid response to changing needs, and a coordinated multi-system approach to care in order to stabilize.

Nationally about 98% of all incarcerated offenders will eventually be released to the community. In CT, 35,000 offenders are released annually, including sentenced and pretrial releases.

- **Mental Health Day Reporting Center in New Haven.** The target population includes persons with the most complex psychiatric conditions who are pre-trial, referred as a condition of early release from the Department of Correction (DOC), or persons on probation or parole pre-violation. A currently funded effort in Hartford demonstrated a reduced incarceration rate for this high risk population when they received additional supports.

- **Women’s Jail Diversion Programs.** Women’s Jail Diversion gender-specific and trauma-informed jail diversion programs in Bristol/New Britain for criminal justice-involved women who have co-occurring mental health and substance use disorders and psychiatric consequences of trauma. The target population includes women who are pretrial or at risk of probation violation; typically, they have histories of extensive arrests and incarcerations. Touted nationally as an outstanding service model, it is both cost and service effective, i.e., arrests cut in half in pre-post program analyses, significant improvement at 6 and 12 months in overall health and mental health, and 60% avoid incarceration.

- **Crisis Intervention Team (CIT)/Pre-Booking Program.** The CIT, a well-documented approach, employs specially trained law enforcement officers, in partnership with behavioral health specialists, to act as primary or secondary responders. The calls serve to divert to treatment, prior to arrest, persons with psychiatric needs. At present, 19 police departments (219 officers) have received the five-day specialized training, as have 38 mental health providers, and three emergency medical staff. These are pre-diversion program models that bridge the barriers between the behavioral health and law enforcement systems and effectively connect individuals with treatment and supportive services. Nationwide, CIT programs have resulted in significant reduction in arrests, reduced injuries to police and individuals with psychiatric disorders, reduced workers’ compensation claims for police, reduced incidents of “suicide by cop,” improved engagement for consumers, and enhanced skill sets for law enforcement officers in de-escalation and problem solving.

Exhibit 31

Connecticut Police Departments That Have Received CIT Training

Bridgeport
Farmington
Groton
Hartford
Mashantucket Pequot Tribal Nation
Meriden
Middlebury
New Britain
New Haven
New London
Norwich
Plainfield
Trumbull
Waterbury
West Haven

Westport
Willimantic
Windsor
Yale University

- **Connecticut Offender Re-entry Program.** This partnership of DMHAS, DOC, Parole and State Workforce Board implemented the U.S. Department of Justice-funded Community Re-entry Program in the Cities of Hartford, New Haven, and Bridgeport beginning in November 2004. The Connecticut Offender Re-entry Program ensures continuity of care by providing pre-release planning and life skills training for individuals with serious mental health and co-occurring substance use disorders 6-12 months pre-release from prison. Once released, the Program provides integrated clinical treatment for substance abuse/mental illness, case management, entitlement assistance, vocational, and housing supports. Focus is on offenders with serious co-occurring mental health and substance use disorders. To date, CORP has served 140 individuals, of whom 47 have been discharged to the community. Only six have been rearrested and only eight reincarcerated. These rates are far lower than the traditional rates, absent this type of program.

Substance Abuse Initiatives

- **Alternative Drug Intervention Program.** The Alternative Drug Intervention Program, is a collaborative between DHMHAS and CSSD in New Haven. The Program provides case management and immediate access to outpatient substance abuse treatment services to individuals with substance use disorders. It is an Intensive Outpatient Treatment model, along with Motivational Enhancement approaches to improve engagement and retention in services.
- **Sobering Centers.** “Sobering Centers” focus on persons with cocaine and “crack” substance disorders who are in need of an initial stabilization and then follow-up services. Typically, such persons would not have access to detoxification centers since there is no formal approved protocol for cocaine/crack detoxification. The model plays off a successful service in a DMHAS-funded, northwest CT service site. Two future sites are planned.
- **Transitional Case Management and Access to Recovery program.** Additional prison and jail overcrowding-related initiatives, such as the Transitional Case Management program in Waterbury and Hartford, and the federally supported statewide Access to Recovery program, which has clearly demonstrated the value-added benefit of non-clinical recovery support services per se, as well as when these are coupled with clinical services.
- **General Assistance Behavioral Health Program.** The General Assistance Behavioral Health Program continues to develop and implement intensive care management and alternative approaches for persons with serious and prolonged mental illness and those

with substance use disorders who tend toward repetitive use of high-cost acute care services. Thus, individuals with criminal justice involvement – who have GA entitlement – have access to these effective care strategies.

Research and Data Analysis Initiative

- **CT Criminal Justice-DATS Research Initiative.** DMHAS, through the CT Criminal Justice-Drug Abuse Treatment Services (CJ-DATS) Research Initiative (funded by the National Institute on Drug Abuse), has also worked with DOC, including Parole, to test integrated services and treatment for offenders with a history of drug abuse who are re-entering the community following incarceration. Two randomized trials testing interventions for re-entering prisoners (Targeted Case Management and integrated parole/treatment) are currently underway.

DMHAS Biennial Report on the Collection and Evaluation of Data Related to Substance Use, Abuse and Addiction Programs

Connecticut General Statutes (CGS) Section 17a-451(o) requires the Department of Mental Health and Addiction Services to establish uniform policies and procedures for collecting, standardizing, managing, and evaluating data related to substance use, abuse, and addiction programs administered by state agencies, state-funded community-based programs, and the Judicial Branch. As part of this charge, DMHAS maintains a central data repository of substance abuse services and submits the biennial report (once every two years) to the General Assembly, the Office of Policy and Management, and the Connecticut Alcohol and Drug Policy Council. Today, nine state departments, the Office of Policy and Management, the Judicial Branch and Board of Pardons and Paroles work collaboratively to fulfill the state mandate. This report includes: a) client and patient demographic information; b) trends and risk factors associated with alcohol and drug use, abuse and addiction; c) effectiveness of services based on outcome measures; and d) a statewide cost analysis.

The Report includes updates on the Data Sharing Project, initiated in December 2000, which draws data from seven state agencies and the Judicial Branch. This project has been highly successful in generating statistical information including access to treatment trends for the past five years. Analyses have been instrumental in measuring the "population overlap" of Connecticut's substance abuse treatment system with criminal justice, and health and human service systems.

A series of reports have been produced which include a count of persons in each state agency population, the percent and number of persons served in both systems, and demographics such as age, race and gender. Findings from the reports continue to demonstrate the need to increase outreach and access to care in Connecticut's most vulnerable populations including criminal justice and welfare.

Information contained in the biennial 2007 report is meant to inform and guide policy and decision-making on the addiction services system, including the programs serving the criminal justice population.

Technical Violations and Re-incarceration

As required by PA-04-234, the Judicial Branch has developed programs and practices to reduce by 20 percent the incarcerations resulting from technical violations in an effort to address prison and jail overcrowding. In October 2004, the Branch implemented two special probation programs in the states largest cities – Hartford, New Haven, Bridgeport, Waterbury, New Britain (TVU Only) and New London.

The Probation Transition Program and the Technical Violations Unit

- **Probation Transition Program.** The Probation Transition Program targets inmates who have terms of probation supervision upon their discharge from the Department of Correction. The goal is to increase the likelihood of a successful probation period for split sentence probationers by reducing technical violations during the initial period of probation. Studies showed this split sentence population to be highly needy and particularly vulnerable to violation in the first few months after prison release.
- **Technical Violation Units.** The Technical Violation Units target probationers who have not committed new offenses but are in non-compliance with their probation conditions, and are at the point of violation and therefore at risk for incarceration.

In each special program, ten highly trained, experienced Probation Officers have caseloads of twenty-five probationers and have priority access to a wide variety of evidence-based community and residential treatment programs. The average length of time spent in these intensive supervision programs is four months.

An evaluation conducted by Central Connecticut State University in September 2006 indicated that each program has had a significant, long-term impact on reducing technical violations and incarceration. A one year follow-up evaluation from placement in the Probation Transition Program or a Technical Violation Unit indicated the following:

- Probation technical violations for the PTP participants was 14%, compared to 26% for the matched group of split sentenced probationers. This represents a 46% reduction in technical violations for probationers placed in the PTP.
- Probation technical violations for TVU participations were 31%. Given that 100% were at the point of being technically violated when they were placed in the program this is a significant reduction.
- At the one year follow-up evaluation period, the reincarceration rate for the PTP participants was only 7% compared to 23% for the matched group. This is a 70% reduction in reincarceration for the PTP clients that were violated after placement in the program.
- Although there was no matched control group, the incarceration rate for probationers that were placed in a TVU, and were subsequently technically violated, was only 12%.

Following the positive results from the Central Connecticut State University evaluation, the legislature allocated funds to expand the PTP and TVU to each of the state's probation offices. Twenty-four probation officers were hired in February 2007 to backfill the positions of veteran officers who will staff these programs. When the new officers complete pre-service training in June 2007, veteran officers will begin to take caseloads in each program.

The expansion of these programs will make the PTP available to an additional 900 split sentence probationers and 900 probationers at risk of technical violation annually. In total, including the original program sites, approximately 3,300 probationers will be served by these programs annually (1,650 in each program).

Though the programs will be available in all probation offices across the state, there remain a significant number of probationers who will not be served by these programs due to the capped caseloads. For example, based on Judicial Branch estimates, current staffing will reach about 50% of the eligible split sentence cases and only about 45% of probationers at risk of technical violation.

Jail Reinterview Program

The Jail Reinterview Program was re-established in 2003 with the primary goal of assisting DOC to reduce the pretrial incarcerated population. Jail Reinterviewers have two primary functions: (1) to conduct bond screening in an effort to identify inmates who may be able to make bond and (2) to identify inmates who can remain in the community with appropriate services, pending the disposition of their case.

Since 2004 this program has had an increasing positive impact on reducing jail overcrowding. In calendar year 2006, the Jail Reinterview Program interviewed 9,868 pre-trial detainees that resulted in 68% (6,696) being released to the community. Historically, approximately two thirds of those interviewed by the Jail Reinterview staff are released. This has a significant impact on reducing the pretrial population under DOC custody. Furthermore in 2006, 82% of the detainees released through this program were not charged with a new offense or rearrested while in the community awaiting disposition of their case.

One of the significant factors impacting the number of clients that can be released through the Jail Reinterview Program is the long waiting list for residential treatment. There are currently over 460 pretrial and sentenced offenders on CSSD's residential waiting list. This can result in some pretrial detainees remaining incarcerated for an additional 2 to 3 months before space in the program becomes available.

In an attempt to reduce this waiting list, the Judicial Branch, through an appropriation received in 2006, established an alternative Intensive Pretrial Community Supervision Pilot Program. This program will be implemented shortly and will offer the court an alternative to jail by providing intensive supervision by a probation officer in conjunction with outpatient treatment services. This program specifically targets those pretrial detainees awaiting residential treatment who can have their treatment needs met through a combination of intensive supervision and outpatient services.

Specialized Caseloads For Probationers With Mental Health Needs

Another important new program is the establishment of specialized caseloads for probationers with mental health needs. A review of assessment data suggests that this population re-offends at a significantly higher rate than the general probation population. The Branch hired 10 probation officers who will have capped caseloads of 35 clients, and will work collaboratively with the Department of Mental Health and Addiction Services (DMHAS) to provide intensive community treatment and supervision for probationers with mental health and co-occurring disorders. These 10 officers will serve approximately 350 probationers annually.

Matrix of Programs Addressing Populations Involved in the Criminal Justice System

The following chart identifies “promising practices” or “model programs” along with research-based findings indicating the potential impact of these newer innovative approaches. The “promising” progress of these programs demonstrate the value and success of partnerships and collaborations among the agencies involved in the criminal justice system—DOC, CSSD, DSS, DMHAS.

Exhibit 32

Matrix of Programs Addressing Populations Involved in the Criminal Justice System

Program & Purpose	Agencies	Program Site	Target Population	Assessment	Key Outcomes
Crisis Intervention Teams	DMHAS Local police	Waterbury - Hartford - New London - Norwich -Groton New Haven and West Haven	Pre-Arrest	DMHAS	Four CIT clinicians provide support to seven police departments. CIT clinicians assisted police with over 1700 individuals.
Alternative Drug Intervention	DMHAS CSSD	New Haven	Pre-trial	Yale University	95% of clients did not incur any new arrests or violations/infractions during participation.
Women's Jail Diversion	DMHAS CSSD	New Britain and Bristol	Arraignment Pre-Trial Probation	DMHAS	Decrease in numbers of arrests and number of nights in jail.
Specialized Diversion Program for Trauma Survivors	DMHAS CSSD DOC	Hartford	Arraignment Pre-Trial Probation	DMHAS/UCONN	Federal grant awarded in 2006; first clients accepted in early 2007; no outcome data is available yet.

2007 Comprehensive Re-Entry Plan
Criminal Justice Policy and Planning Division
Office of Policy and Management
State of Connecticut

Program & Purpose	Agencies	Program Site	Target Population	Assessment	Key Outcomes
Jail Diversion	DMHAS CSSD DOC	All 20 GA Courts	Arrestment Pre-Trial	DMHAS	Diverted 2,321 offenders in FY05/06
Mental Health Alternative Incarceration	DMHAS CSSD DOC	Hartford	Arrestment' Pre-Trial Probation	DMHAS	Over 51% discharged successfully.
Mental Health Day Reporting Center	DMHAS CSSD DOC	New Haven	Arrestment' Pre-Trial Probation Parole	CCSU	No outcome data since the contract was awarded in January 2007; first clients to be accepted June 2007.
DOC-DMHAS Referral to LMHA	DMHAS DOC All LMHAs	N/A	Sentenced in Jail/Prison- Pre-release	DMHAS	277 referrals in SFY06
Probation Transition Program (PTP)	CSSD DMHAS DOL	Bridgeport – Waterbury Hartford - New London and New Haven	Probation	CCSU	Lower technical probation violation and re-incarceration rates.
Technical Violation Units (TVU)	CSSD DMHAS DOL	Bridgeport – Waterbury Hartford - New Haven - New Britain and New London	Probation Violators	CCSU	Success rate for avoidance of re-incarceration was 88%.
Pretrial Decision Aid Option Program	CSSD	New Britain Waterbury	Bail	CCSU	Increase in number of pretrial releases. Reduction in the failure to appear rate.
Access to Recovery/ Recovery Support Services	DMHAS Funded Providers CSSD	Statewide	Probation	DMHAS	Recovery supports funded by ATR have been very effective for clients
Connecticut Offender Reentry Program	DMHAS DOC	New Haven - Bridgeport and Hartford	Services in DOC facilities and after release	UCHC	Decrease in number of re-arrests, re-incarcerations.
Transitional Case Management	DMHAS DOC	Waterbury and Hartford	Services in DOC facilities and after release	CCSU	Preliminary data shows approximately a 15% recidivism rate which is lower than the state average.

DMHAS Service System

In addition to the above programs developed specifically for persons involved in the criminal justice system, the larger DMHAS community service system also provides a broad range of mental health, substance abuse, and recovery support services throughout the state. This community service system has been accepting and continues to accept referrals from law enforcement agencies, courts, probation officers, jails, prisons, and parole officers. As an

example, Jail Diversion Program clinicians, present in all 20 GA courts refer all of their diverted clients to the larger DMHAS system. In SFY05, approximately 7% of persons served by community mental health services and approximately 14% of persons served by community substance abuse services were admitted to or discharged from a DOC facility during the year.

Profiles of Re-Entry Programs

In this Section, the following re-entry programs are profiled in summary:

Judicial Branch - Court Support Services Division

- Probation Transition Program (PTP)
- Technical Violation Units (TVU)
- Pretrial Decision Aid Option

Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

- Crisis Intervention Team (CIT)
- Mental Health Alternative to Incarceration Center (MHAIC)
- Mental Health Day Reporting Center (MHDRC)
- Jail Diversion Program (JD)
- Specialized Diversion Program for Trauma Survivors (JDT)
- Women's Jail Diversion Program (JDW)
- Pretrial Alcohol Education System (PAES)
- Pretrial Drug Education Program (PDEP)
- Transitional Case Management (TCM)
- Alternative Drug Intervention (ADI)
- Substance Dependency Evaluation (SDE)
- Civil Commitment in Lieu of Restoration to Competency to Stand Trial
- Connecticut Reentry Program (CORP)

Probation Transition (PTP) Program Profile

Administering Agency: Judicial Branch/ Court Support Services Division

Program Description

The primary goal of the program is to reduce the rate of probation violation by split sentence probationers (inmates with terms of probation after discharge from the Department of Corrections) and re-incarcerations due to technical parole violations. The program provides split sentence inmates with immediate access to needed community services such as housing, employment, substance abuse counseling as well as 120 days of close supervision by Probation Officers with reduced caseloads (maximum is 25) while probationers are in the community.

Target Population

- Split sentence inmates
- Probation Officers for special training

Entry Point into the Interagency Continuum

- 90 days prior to release when assessments are conducted by Parole Officers

Other Involved Agencies

- DOC
- DMHAS

Program Model

This model uses intensive case management, integrated mental health and substance abuse treatment services, state and local employment services and available affordable community housing to provide probationers with immediate services and support to aid in the prevention of parole violation and re-incarceration of split sentence inmates.

Program Sites

Pilot PTP units are located in:

- Bridgeport
- Waterbury
- Hartford
- New Haven
- New London

Evaluation/Outcome Data

In September of 2006 an evaluation of the program was conducted by the Department of Criminology and Criminal Justice at Central Connecticut State University. There were 917 PTP participants served at the pilot locations. The participants were tracked from October 1st of 2004 through June 1st of 2006. The results of the study indicate that the re-incarceration rate for the study group was 17%; whereas the comparison group of non-PTP participant re-incarceration rate was 41%. The results further indicate that this program has long term positive outcomes for split sentence parolees.

- PTP participants had significantly lower technical probation violation and re-incarceration rates one year after release from prison when compared to non participating split sentence parolees across all risk levels as assessed by the LSI.
- The CSSD goal of decreasing the number of technical violators returning to prison by 20% was met.
- The decrease in technical violations did not result in an increase in new arrests.
- Current service levels for the split sentence probationers in urban areas are only at 25%.

Technical Violation Units (TVU) Program Profile

Administering Agency: Judicial Branch/ Court Support Services Division

Program Description

The primary goal of the program is to reduce the number of probationers sentenced to incarceration as a result of technical violations of probation through the implementation of enhanced treatment services, other needed community services and close supervision for 90 to 120 days by Probation Officers with reduced caseloads (maximum of 25). The TVU serves as the final avenue for avoiding incarceration for these probationers. 100% of these violators would be violated without the TVU program.

Target Population

- Probationers on the verge of violation for technical reasons
- Probation Officers for special training

Entry Point into the Interagency Continuum

- When it is determined that, in lieu of a warrant for violation of probation, a probationer might benefit from the TVU program.

Other Involved Agencies

- DMHAS
- DOL

Program Model

This model uses intensive case management coupled with community based services to reintegrate probationers into the community and to aid in the prevention of technical violation of probation and re-incarceration.

Program Sites

TVU facilities are located at the Alternative Incarceration Centers (AIC). AIC(s) refers to sites of community based programs that provide monitoring, supervision and services to people who would otherwise be incarcerated

- Bridgeport
- Waterbury
- Hartford
- New Haven
- New Britain
- New London

Evaluation/Outcome Data

In September of 2006 an evaluation of the program was conducted by the Department of Criminology and Criminal Justice at Central Connecticut State University. From October 1st, 2004 through June 1st, 2006 approximately 900 probationers were served by the TVU from the pilot locations. A one-year effectiveness analysis was conducted for participants. Results of the analysis include the following:

- The one-year program rate for technical violations for the sample of 349 probationers was 31%. The success rate for avoidance of re-incarceration was 88%. These are impressive figures when compared to the projected failure rate of 100% without the program.
- Those probationers most likely to re-violate and be re-incarcerated had higher education/employment needs and higher alcohol/drug problems than non-violators. This led TVU offices to indicate a lack of employment and substance abuse treatment opportunities as a common problem.

Pretrial Decision Aid Option Program Profile

Administering Agency: Judicial Branch/ Court Support Services Division

Program Description

The Pretrial Decision Aid Option has been developed to help Bail staff in making appropriate conditional pre-trial release recommendations. Conditional recommendations by staff are made within the context of the overall risk assessment. If it is determined that a client might be released on a bond or a promise to appear, the Decision Aid option assists staff in identifying areas of client need. The staff might then suggest conditional release recommendations that meet the client's need(s). The Decision Aid is designed to be used in conjunction with the initial interview and a Risk Assessment tool. The intent of the combined risk assessment tool and decision aid option is to release more pretrial defendants while at the same time reduce the risk for those defendants failure to appear. It is also intended to increase the consistency in recommendations across staff and courts.

Target Population

- Pretrial defendants who are determined to be at a no-risk or low-risk of not appearing at his/her trial date
- Bail staff

Entry Point into the Continuum

- Pretrial, after initial interview and risk assessment is made

Other Involved Agencies

- None

Program Model

This model is based on interviews with pretrial staff, analysis of existing conditions data and identifying best practices. Pretrial conditions are intended to prevent recidivism, ensure appearance in court and address mitigating factors that may have led to the offence and are based on assessing the following:

- personal needs – e.g. mental health issues, lack of employment
- compliance needs – e.g. social support, prior compliance
- safety risks – e.g. charge type, prior record

Program Sites

The Decision Aid Option was piloted in two courts:

- New Britain
- Waterbury

Evaluation/Outcome Data

The Decision Aid was developed and implemented in 2005 with the assistance of researchers at Central Connecticut State University to be used in conjunction with a revised risk tool to assess

a defendant's suitability for release back into the community pending his/her next court appearance. Risk for failure to appear and a client needs assessment are combined to support recommendations for conditions for pretrial release.

When compared to cases prior to implementation, the Decision Aid showed:

- Significant increases in the likelihood of recommending conditions (76% vs. 55%)
- Increase in the percentage of recommendations that matched judge's orders (63% vs. 47%)
- Additional pretrial releases
- Reduction in the failure to appear rate from 13% to 8%

Crisis Intervention Team (CIT) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program Description

The Crisis Intervention Team (CIT) provides 40 hour intensive training to law enforcement personnel about mental illness and skill development to enable officers to have additional techniques when responding to calls involving individuals with mental health disorders. The program also provides trained clinicians in four Local Mental Health Authorities (LMHA) located in Hartford, New Haven, Norwich, and Waterbury to work collaboratively with CIT trained officers, providing Mental Health evaluations and recommendations when responding to crisis calls. Clinicians also provide ongoing consultation for Police Departments and follow up where appropriate to facilitate access to services.

Target Population

- Citizens who have apparent mental health issues needing police intervention.
- Police officers and mental health clinicians for specialized training.

Entry Point into the Interagency Continuum

- Prior to criminal act
- Prior to arrest

Other Involved Agencies

- CT Alliance to Benefit Law Enforcement, Inc. provides training
- Municipal Police Departments
- LMHA

Program Model

- Currently employ program based on the Memphis CIT Model
- Provides 40-hour training and one-day refresher for police officers on dealing with persons with psychiatric disorders
- Current model also employs clinician at four LMHAS to provide on-site evaluation and follow-up, and clinical consultation to local police

Program Sites

- Waterbury
- Hartford
- New Haven
- West Haven
- New London
- Norwich
- Groton

Evaluation/Outcome Data

Since October 2004:

- 263 individuals have received the 40-hour training,
- 248 individuals have received daylong training in a refresher course representing approximately 19 departments,

For the period July 1, 2006 – November 30, 2006

- 589 individuals have been served with 334 hours of direct contact and 639 hours of indirect contact,
- 195 hours of program development provided, including additional training for police and community stakeholders,
- Four CIT clinicians provide support to seven police departments.
- In SFY 06 CIT clinicians assisted police with over 1700 cases.

Mental Health Alternative to Incarceration Center (MHAIC) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Mental Health Alternative to Incarceration Center (MHAIC) is operated by Chrysalis Center and serves up to 20 individuals who would not otherwise be diverted from or released from incarceration if not accepted into the program. This intensive day reporting program provides daily monitoring and structured skill building and recovery support services for participants. Services are provided in collaboration with clinical services at Capital Region Mental Health Center (CRMHC) to ensure comprehensive and individualized treatment.

Target Population

- Under a court-order and assigned to the MHAIC by Court Support Services Division (CSSD)
- Assigned by the Department of Correction (DOC) as a part of his/her condition of release from the correctional system
- Persons with serious mental illness who would not be released from DOC without these services
- Pretrial defendants
- Parolees and probationers who are at risk of violation

Entry point into the Interagency Continuum

- Pre trial
- Re entry from correctional system
- Pre violation of parole or probation

Other Involved Agencies

- CRMHC
- CSSD
- DOC

Program Model

- Intensive day reporting and support center
- Clinical services
- Community support/development of independent living skills

Program Site

- Hartford

Evaluation/Outcome Data

For the period July 2005- November 2006:

- 70 clients served

- 57 (over 51%) discharged successfully
- CCSU evaluating data related to discharge and additional involvement with the criminal justice system

Mental Health Day Reporting Center (MHDRC) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Mental Health Day Reporting Center (MHDRC) is targeted to begin in late Spring 2007 as a collaboration between The Connection Inc., Fellowship Place, the Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Mental Health Center which is the Local Mental Health Authority (LMHA) in New Haven. The program will serve up to 30 individuals who would not otherwise be diverted from or released from incarceration if not accepted into the program. The intensive day reporting program will provide daily monitoring and structured skill building and recovery support services for participants. Services are provided in collaboration with clinical services at the LMHA to ensure comprehensive and individualized treatment.

Target Population

- Pre trial individuals who would have remained confined in lieu of bond
- Individuals for whom program represents sentence, in lieu of incarceration
- Individuals in need of supervision and/or support as condition of Parole or Transitional Supervision
- Individuals requiring supervision and/or support as a result of a probation or parole pre-violation

Entry point into the Interagency Continuum

- Pre trial
- Re entry
- Pre violation of parole or probation

Other Involved Agencies

- Court Support Services Division
- Department of Correction
- LMHA

Program Model

- Intensive Day Reporting Center
- Minimum of 30 slots
- Structured skill building and recovery support services
- Motivational Enhancement Therapy Groups
- Treatment to address Criminogenic Needs

Program Site

- New Haven

Evaluation/Outcome Data

- There is no outcome data because the contract was awarded in January 2007 and the program is not yet implemented. Evaluation plan includes the monitoring of outcome data such as program utilization and rate of successful completion.

Jail Diversion Program (JD) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program Description

In the Jail Diversion Program (JD) clinicians at the Local Mental Health Authorities (LMHA), located in all 20 Geographical Area Superior Courts, provide clinical screening of clients at any point from arraignment through sentencing, and if clinically appropriate, offer a treatment option to the client and court for consideration in lieu of incarceration.

Target Population

- Adults involved in the Criminal Justice system at the pre-trial phase who have serious psychiatric disabilities
- Adults with less severe psychiatric disabilities who may be eligible for screening and referral

Entry point into the Interagency Continuum

- From arraignment to resolution/disposition of a defendant's case
- Assist with Firearm Hearings
- Assist with inmate re-entry on release from DOC
- Assist with clients found Not Competent to Stand Trial
- Assist with continuity of treatment by providing essential information to the jails for pre-trial defendants who get incarcerated
- Assist with acquittees on Conditional Release under the jurisdiction of the Psychiatric Security Review Board (PSRB) (not all JD programs)

Other Involved Agencies

- LMHA and other DMHAS funded private not-for-profit agencies
- Court Support Services Division
- Department of Correction

Program Model

- One or more clinicians located in each court for screening and referral.

Program Sites

- Statewide in each of the 20 Geographical Area Superior Courts; staffed by a DMHAS operated or funded LMHA.

Evaluation/Outcome Data

For FY 2005-2006:

- Evaluations: 4,760
- Diverted: 2,321
- Total served: 10,313 – this includes consultations for non-eligible defendants

Specialized Diversion Program for Trauma Survivors (JDT) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program Description

The Specialized Diversion Program for Trauma Survivors (JDT) provides highly flexible trauma-informed services that are individualized and strength-based. This program is an expansion of one of two federally funded Women's Jail Diversion Programs.

Target Population

- Men and women at risk of incarceration with a history of trauma and the psychiatric consequences of trauma.

Entry point into the Interagency Continuum

- Pre trial
- Probationers who are at risk of violation

Other Involved Agencies

- Court Support Service Division (CSSD) and court staff
- Capital Region Mental Health Center

Program Model

- Model will be similar to that used by the Women's Jail Diversion Programs
- Trauma-informed services and treatment
- Highly flexible approach to service delivery in order to accommodate each client's strengths, assets, and needs and rapid changes in their situations
- Tenacious outreach and engagement services
- Extensive support in the community
- Integrated mental health and substance abuse treatment including methadone maintenance
- Training in life skills and relationship skills
- Medication management
- Financial and logistic assistance in procuring basic necessities
- Linkages to other community services such as parenting classes, entitlements, housing, medical services, battered women services, education/vocational training, and transportation

Program site

- Hartford

Evaluation/Outcome Data

- This contract was awarded April 2006 and there are currently 10 clients being served in the program. No outcome data is available at this time.

Women's Jail Diversion Program (JDW) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program Description

The Women's Jail Diversion Program (JDW) uses a highly flexible service delivery model that is individualized, strength-based and trauma-informed since many women offenders have experienced sexual, physical or emotional abuse. The program uses a highly flexible service delivery in order to accommodate each person's strengths, assets and needs especially in light of any rapid changes in their situations. . The Hartford program was expanded with federal funds and now offers similar services to both men and women as the Specialized Diversion Program for Trauma Survivors (JDT).

Target Population

- Women at risk of incarceration, substance abuse, history of trauma and psychiatric consequences of trauma. These women generally have extensive arrest and incarceration histories.
- Women and Men are served in the Hartford program.

Entry point into the Interagency Continuum

- Pretrial
- Probationers who are at risk of violation

Other involved agencies

- Community Mental Health Affiliates, Inc.
- Court Support Services Division and court staff

Program model

- Trauma-informed services and treatment
- Highly flexible and individualized approach to service delivery
- Tenacious outreach and engagement services
- Extensive support in the community
- Integrated mental health and substance abuse treatment
- Training in life skills and relationship skills
- Medication management
- Emergency housing
- Financial and logistic assistance in procuring basic necessities
- Linkages to other community services such as parenting classes, methadone maintenance, entitlements, housing, medical services, battered women services, education/vocational training, and transportation

Program Sites

- New Britain, Bristol and Hartford

Evaluation/Outcome Data

- The average number of days using illegal drugs in the past 30 days decreased from 14 days before the target arrest to 2 days at 12 months
- Overall health and mental health indicators showed significant improvement at 6 and 12 months
- Number of times arrested, number of times arrested for drug offenses and number of nights spent in jail, decreased significantly
- Arrests were cut in half: 12 months prior to the program, the average number of arrests was just over 2, and in the year following enrollment, it was 1.
- Participants did receive significantly more outpatient treatment for mental/emotional difficulties, as well as for substance abuse at 6 months than at baseline. This increase is likely related to enrollment in the diversion program, which provided access to services that participants had not previously been receiving
- In the site-specific data collected, participants displayed significantly lower scores on the Stress-Reactions Checklist (DESNOS) at both 6 and 12 months, indicating symptom improvement over both time points
- At the 12-month period, participants also had significantly higher scores in existential well-being and HOPE, while improvements in hardiness approached statistical significance.

Pretrial Alcohol Education System (PAES) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Pretrial Alcohol Education System (PAES) provides behavioral intervention programming (15 or 22.5-hours) using “Stages of Change” to both educate and to affect future decision making and behavior regarding operating (a) motor vehicles, (b) boats, (c) snowmobiles or (d) all-terrain vehicles under the influence of alcohol/drugs. PAES also provides access to treatment in cases where substance abuse/dependence has been determined.

Target Population

- First offenders
- Offenders with no Operating Under the Influence (OUI) offenses within the preceding ten (10) years
- No prior convictions

Entry point into the Interagency Continuum

- Pretrial

Other Involved Agencies

- Connecticut criminal courts
- Court Support Services Division
- 11 private, contracted providers
- DMHAS –approved General Behavioral Health Providers
- Advanced Behavioral Health (ABH)

Program Model

- Clinical evaluation that generates a report to the courts with recommendations for appropriate intervention
- Therapeutic-education groups - Level One, 10-week, 15-hour
- Therapeutic-education groups - Level Two, 15-week, 22.5-hour
- Substance abuse treatment, as per court , according to CT Client Placement Criteria (CCPC) – frequent levels of care include:
 1. Intensive outpatient
 2. Standard outpatient
 3. Day/evening partial hospital
 4. Inpatient/residential
 5. Detoxification

Program Sites

- Available statewide

Evaluation/Outcome Data

In SFY 2005-06 there were:

1. 7621 evaluations completed
2. 3548 individuals involved in Level One therapeutic educational groups
3. 2998 individuals involved in Level Two therapeutic educational groups
4. 185 individuals ordered into treatment:

71	standard outpatient
12	partial hospital
1	inpatient detoxification
87	intensive outpatient
11	inpatient treatment
3	"other"

5. A departmental database is currently being implemented that will greatly enhance the ability to administer and monitor the program. There are elements built into the database that will simplify quality-assurance and improvement processes, and facilitate collaboration with the Department of Motor Vehicle for long-term outcome evaluations such as recidivism rates.

Pretrial Drug Education Program (PDEP) Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Pretrial Drug Education Program (PDEP) is a behavioral intervention model using facilitated group interactions to both educate and effect behavioral change connected to the use of illicit drugs and/or alcohol for underage offenders.

Target Population

- First-time drug possession offenders who are referred by the courts directly into the program or via “Community Service Labor Program” (a program of the Judicial Department)

Entry point into the Interagency Continuum

- Pretrial

Other Involved Agencies

- Connecticut courts
- Court Support Services Division
- 11 private, contracted providers

Program Model

- Clinical evaluation
- 8-week, 12-hour, therapeutic-education groups as per court order

Program Site

- Available statewide

Evaluation/Outcome Data

In SFY 2005-06 there were:

- 3865 evaluations completed
- 3809 individuals involved in therapeutic-education groups

¹ A departmental database is currently being implemented that will greatly enhance the ability to administer and monitor the program. There are elements built into the database that will simplify quality-assurance and improvement processes.

Transitional Case Management (TCM) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Transitional Case Management (TCM) Program meets with inmates up to three months prior to release to complete a comprehensive strengths based inventory, as part of the Strengths Based Case Management Model. The strength based inventory provides the basis of the inmate's transition plan. Case management and engagement occurs during this time and substance abuse treatment and recovery support services follow for approximately four months post-release. Staff uses Motivational Enhancement Therapy (MET) within the Strengths Based Case Management Model and the Integrated Dual Disorder Treatment Model.

MET is based on principles of cognitive and social psychology. Counselors seek to develop a discrepancy in the client's perceptions between current behavior and significant personal goals. Emphasis is placed on eliciting from clients self-motivational statements of desire for and commitment to change. The working assumption is that intrinsic motivation is a necessary and often sufficient factor in instigating change.

As applied to drug abuse, MET seeks to alter the harmful use of drugs. Because each client sets his or her own goals, no absolute goal is imposed through MET, although counselors may advise specific goals such as complete abstinence. A broader range of life goals may be explored as well.

Target population

- Men, with primary substance abuse disorders, transitioning from Security level 2 correctional facilities to Hartford or Waterbury

Entry point into the Interagency Continuum

- Up to three months prior to release. All participants have been sentenced and are serving time within a correctional facility.

Other Involved Agencies

- Department of Correction, Addiction Services Division
- Morris Foundation in Waterbury
- Community Renewal Team in Hartford.

Program Model

- Comprehensive strengths based inventory
- Case management and engagement
- MET
- Integrated Dual Disorder Treatment

Program Sites

- Hartford

- Waterbury

Evaluation/Outcome Data

The program is working with Central Connecticut State University on an outcome evaluation which should be completed by the end of next summer. Preliminary data shows approximately a 4% rearrest rate during the 4-5 months they are in the community and active in the program after release from DOC.

Alternative Drug Intervention (ADI) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Alternative Drug Intervention (ADI) Program offers intensive outpatient substance abuse treatment using Motivational Enhancement Therapy to improve engagement and retention of the participants. Intensive case management related to treatment planning, basic needs, employment, education, and linkage to 12 step groups contribute to the participant's successful completion of the program.

Target Population

- Primary substance abuse (may also have mild to moderate mental health disorders) needing intensive outpatient substance abuse treatment

Entry point into the Interagency Continuum

- Pre trial diversion
- Pre violation of parole or probation

Other Involved Agencies

- Court Support Services Division
- New Haven Court – Family Relation Division
- Public Defender's Office
- Yale University in collaboration with DMHAS Local Mental Health Authority

Program Model

- Intensive Outpatient Treatment
- Intensive case management
- Linkage to 12 step groups

Program Site

- New Haven

Evaluation/Outcome Data

- 87 clients admitted into the program in SFY06, 77 (88%) successfully completed the 3-6 months duration of outpatient treatment. Average length of stay was 3 months.
- 95% of clients did not incur any new arrests or violations/infractions during participation.
- 72% of the clients reported being unemployed or having employment problems at the onset of treatment. At discharge 94% reported gainful employment.

Substance Dependency Evaluation (SDE) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program Description

The Office of Forensic Evaluations conducts court-ordered evaluations, per Connecticut General Statutes, regarding Substance Dependency.

Target Population

- Offenders with substance abuse/dependence
- Judge orders the evaluation to determine if they do meet criteria

Entry point into the Interagency Continuum

- Pre-trial: granted as a suspension of prosecution; defendant goes to treatment rather than jail or other sentence
- Post-conviction as part of the sentence; defendant does part of their sentence in treatment facility

Other Involved Agencies

- Addiction Services Division (Merritt Hall) of Connecticut Valley Hospital
- Other substance use treatment facilities that receive DMHAS funding

Program Model

- Court ordered evaluation is completed for the defendant.
- If they are substance dependent and motivated for treatment a recommendation is made for the appropriate level of treatment.
- It is up to the court whether diversion to treatment is granted.

Program site

- Statewide

Evaluation/Outcome

- FY 2006 Evaluations Done: 497
- Number of people found to be substance dependent: 430
- Number of people recommended for treatment by evaluator: 425 *
- Of the 425 people, 32% were recommended for outpatient, 56% to short term residential and 12% to long term residential treatment

*DMHAS does not have data on number of people that judge gave treatment options to in lieu of incarceration nor how many of them successfully completed treatment.

Civil Commitment in Lieu of Restoration to Competency to Stand Trial Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) - Division of Forensic Services

Program

The Office of Forensic Evaluations conducts court-ordered evaluations, per Connecticut General Statutes, regarding Competency to Stand Trial. Most defendants found Not Competent to Stand Trial are committed to inpatient restoration for a predetermined period of time (2 months or longer). The Civil Commitment option reduces the amount of time that these defendants spend in the hospital, does not create a criminal record; hospital staff can focus on mental health treatment not on restoration, reduces court time, and avoids incarceration.

Target Population

- Low level charges [misdemeanor or less than a C felony]
- Meet criteria for commitment to an inpatient psychiatric unit
- Competency evaluation and a judge found them not competent to stand trial with probability of being restored to competency

Entry point into the Interagency Continuum

- Pre-trial: Competency evaluations often ordered at arraignment or during early pre-trial.

Other Involved Agencies

- DMHAS-operated Whiting Forensic Division/Connecticut Valley Hospital.
- LMHA Jail Diversion staff monitor these cases after discharge from the hospital to services in the community.

Program Model

- Evaluation is done by a team of 3 [MD, Ph.D. and LCSW] or an individual psychiatrist.
- If evaluator opinion is that the defendant is not competent but restorable, has a mental illness, is committable, and would benefit from clinical rather than restorative treatment, recommendation is made for Track 2.
- If court agrees with this recommendation, the defendant goes to Whiting Forensic Institute and civil commitment proceedings are initiated [either defendant signs in voluntarily or is committed through the Probate Court].
- Clinical treatment is provided with the goal of getting the defendant back out into the community with mental health and other needed services.
- At completion of court supervision (18 months or less), if client has been compliant the charges are *nolled* or dismissed.

Program Site

- Statewide

Evaluation/Outcome Data

- Approximately 20 clients have been released to the community since the 54-56d statute was modified to allow this 2 years ago and none have been arrested while under court supervision.

Connecticut Reentry Program (CORP) Program Profile

Administering Agency: Department of Mental Health and Addiction Services (DMHAS) -
Division of Forensic Services

Program Description

The Connecticut Offender Reentry Program (CORP) provides services for offenders with psychiatric disabilities returning to the community after an extended period of incarceration. CORP staff facilitates groups within the Department of Correction for 6-12 months prior to release and utilize a set of psycho-educational modules designed so that inmates will learn and obtain skills and tools to assist with their community reentry. The men and women served by CORP may also have a co-occurring substance abuse disorder. The program's emphasis is on reducing recidivism by identifying and intervening with the greatest need such as integrated mental health and substance abuse treatment and linkages to recovery supports in the community.

Target Population

- Significant mental health disorder and dual diagnoses i.e., mental health and substance abuse disorders
- At least one year left to serve before their release
- Are returning to the communities of New Haven, Hartford or Bridgeport.

Entry point into the Interagency Continuum

- Re-entry

Other Involved Agencies

- Department of Corrections
- Department of Labor
- Court Support Services Division
- Office of Parole
- Board of Pardons and Parole
- Department of Social Services

Program model

This program involves Intensive case management, integrated mental health and substance abuse treatment and community linkages to recovery support services.

Program sites

- New Haven
- Hartford
- Bridgeport

Evaluation/Outcome Data

- 13.6% (6/44) clients were rearrested but only 9.0% resulted in re-incarcerations
- 11.0% (8/44) clients were re-incarcerated for technical violations that did not result in new charges

VIII. Framework for Further Development and Analysis of Re-Entry Issues

The final section of the report identifies significant issues and challenges involved in the development of an offender re-entry plan and provide a framework for further development, analysis and/or implementation.

Returning prisoners confront a number of challenges that make it difficult for them to gain access to jobs, benefits, or services that might assist in their transition back into the community. During the SFY 07/08, OPM CJPPD will continue to work with the CJPAC and other state agencies on analyzing the barriers and challenges to offender re-entry into the community and develop policies and practices to facilitate a successful re-entry.

The CJPAC has been engaged in various collaborative planning projects focused on systems barriers. The Behavioral Health Sub-committee is an example of this effort. They have identified specific cross-system issues (health care, corrections and social service systems) and are exploring ways to implement changes across various points of each system. The Criminal Justice Policy and Planning Division have identified the following issues that present barriers to the successful offender re-entry.

Data and Information Sharing

Criminal justice agencies and community based service providers have a significant potential to reduce recidivism, address offenders needs and reduce costs when they are able to share information, data and analysis. In some particular circumstances, there are legal constraints and procedural barriers to sharing client information and outcomes among agencies.

The state agencies have made significant progress in developing ways to overcome barriers and maximize the use of available data. Still there is more work to be done to provide the range of information most beneficial to decision making.

Effective Policies and Programs

During the past two years, the state agencies have collaboratively planned and implemented new innovative programs and revised interagency policies and practices aimed at reducing recidivism and controlling the prison population. Many of these programs include an evaluation component to determine the effectiveness of the models. However, there are other re-entry related programs and services that need to be assessed but the state agencies may lack the infrastructure, technical expertise and data analysis resources to determine the impact on recidivism.

Mental Health Training for Criminal Justice System Staff and Providers

Connecticut is a national leader in addressing the mental health needs of individuals that come into contact with the criminal justice system. Model program such as CIT, which has a mental health training component for law enforcement officers, have proven to be effective in de-escalating criminal behavior. Other components of the criminal justice system, including judicial agencies and prosecutors need to develop a better understanding of defendants with serious psychiatric disorders and co-occurring serious psychiatric disorders and substance use disorders.

Difficulty Obtaining State-Issued Identification

Many prisoners are released without state-issued identification or without the documentation (e.g., birth certificate, social security card) that would allow them to obtain state-issued identification. Lack of identification documents presents additional barriers to employment and housing. The DOC is establishing a new prison-based re-entry unit which includes, among other functions, designated staff to assist offenders with obtaining identification documents that are necessary to support a successful transition back into the community.

Barriers to Public Assistance and Medical Care

Prisoners are restricted from eligibility for food stamps and cash benefits under the Temporary Assistance for Needy Families (TANF) program, food stamps, supplemental security income (SSI), Medicaid and public housing. Access to public benefits, including medical care and SAGA, supports successful reentry by helping returning prisoners support themselves and their children without resorting to illegal activities. When offenders are released from prison without access to prescription medications to address their mental health conditions they are at high risk for committing criminal acts and re-entering the criminal justice system. The Behavioral Health Subcommittee has been developing interagency policies and procedures to expedite ex-inmates access to benefits and services which can help to achieve self-sufficiency and successful community re-entry.

Victim Safety and Family Re-unification

While ex-prisoners must find employment, comply with parole stipulations, or complete treatment programs, they quickly confront another set of difficulties in reuniting with their families. There may be changes in family roles, shifts in dynamics, and difficulty re-entering the family. Prisoners and their families dealing with these challenges may stumble on unrealistic or unfulfilled expectations of reunification. If not addressed, these challenges may lead to violence that threatens the family and the ex-prisoner's successful reunification and re-entry.

This challenge is compounded by the additional stress of underemployment, lack of educational opportunities, poor health care, poverty, and chronic community violence. Formerly violent ex-prisoners may face extreme challenges in remaining non-violent in the community. Of the

stresses of the barriers and challenges create conditions that lead to violence in the home and may pose a safety risk for victims. Research shows that social, institutional, and situational stresses like these lead to increased family violence.

Prisoners who have *not* been convicted of family violence crimes still may exhibit patterns of abusive behavior that remain hidden from those who supervise them. Behaviors that are sometimes indicators for harm or even potential homicide—intimidation, threats, stalking, emotional abuse, even physical and sexual assault—may go unaddressed because corrections and parole officers, for example, are simply not trained to spot them.

Barriers to Employment

Research shows a clear relationship between work and criminality. For example, research shows that higher rates of labor force participation correspond to lower crime rates among returning offenders. Additionally, as wages go up, criminal behavior decreases, and as legitimate earning increases, illegitimate earnings decrease for this population. Conversely, research shows that job instability leads to higher arrest rates.

Housing Access

At least 10 percent of returning prisoners are homeless both before and after incarceration. The rate is twice that—20 percent—for those with mental illness. For those prisoners returning to major cities, the rates are substantially higher—30 to 50 percent. Several preliminary studies indicate that returning prisoners with more stable housing may be less likely to be re-incarcerated/re-offend.

Supportive housing, programs specifically targeted toward people leaving incarceration, presents an extremely promising way to improve the odds of successful reintegration. Subsidized housing, used in concert with a continuum of treatment and social services, links recently released people to treatment, jobs, education, and assistance around family reunification, all components of successful reintegration and self sufficiency.

The challenges to accessing housing for offenders go beyond providing the physical structure. State agencies face significant challenges in establishment of offender halfway housing, housing for person with mental illness, sex offender housing facilities and housing for other special populations. State agencies have had access to funds to establish the housing facilities and support services but have been unable to negotiate agreements with municipalities and neighborhoods.

There are a number of existing interagency workgroups, projects and policies pertaining to supportive housing for various populations. The criminal justice population is addressed specifically in a small number of these projects. However, it is clear that ex-offenders are being served in many of these projects. There is however, a need to address housing for the criminal justice population specially, to determine and respond to particular needs of this population. Several housing initiatives have been developed through federal grants and cooperatives between CSSD, DOC and DMHAS to serve the housing needs of substance abusing CJ clients.

Many of these initiatives, such as the **Access to Recovery Project** and the **Supportive Housing Pilot Project** include an evaluation component to determine the effectiveness of these projects.

The Council of State Governments' Report of the Re-Entry Policy Council: ***Charting the Safe and Successful Return of Prisoners to the Community (RPC)*** contains a blueprint for initiating a coordinated effort among all stakeholders that calls for supportive housing strategies (stable housing with other supports needed to live in the community) for returning offenders.

Next Steps

During coming year OPM will address the six statutory success measures of the re-entry plan:

1. The rates of recidivism and community revictimization
2. The number of inmates eligible for release on parole, transitional supervision, probation or any other release program,
3. The number of inmates who make the transition from incarceration to the community in compliance with a discharge plan
4. Prison bed capacity ratios
5. The adequacy of the network of community-based treatment, vocational, educational, supervision and other services and programs
6. The reinvestment of any savings achieved through a reduction in prison population into reentry and community-based services and programs.

In addition, OPM will assess impact of the recently implemented model programs.

Appendices

Appendix A: Enabling Public Acts

There have been three significant pieces of legislation in the previous three years which have had a major impact on comprehensive criminal justice issues as they relate to policy and planning activities for prison overcrowding, recidivism and re-entry in Connecticut. The complete texts of these public acts are available online:

Public Act No. 04-234, An Act Concerning Prison Overcrowding

This 22 page document is available at the following link:

<http://www.cga.ct.gov/2004/act/Pa/2004PA-00234-R00HB-05211-PA.htm>

Public Act 05-249, An Act Concerning Criminal Justice Planning and Eligibility for Crime Victim Compensation

This 5 page document is available at the following link:

<http://www.cga.ct.gov/2005/ACT/PA/2005PA-00249-R00HB-06976-PA.htm>

Public Act 06-193, An Act Concerning Criminal Justice Policy and Planning and the Establishment of a Sentencing Task Force

This 7 page document is available at the following link:

<http://www.cga.ct.gov/2006/ACT/PA/2006PA-00193-R00HB-05781-PA.htm>

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Appendix B: OPM Reports

The following reports are available in PDF format on the home page of the Office of Policy and Management web site:

Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106-1308

<http://www.opm.state.ct.us/>

1. **Current Correctional Population Indicators - March 1, 2007** (19 pages)
2. **2007 Comprehensive Plan for Connecticut's Criminal Justice System** (155 pages)
3. **2007 Prison Population Projections Annual Report** (13 pages)
4. **2007 Recidivism Study Annual Report** (15 pages)

Appendix C: Releases and Discharges for Each of Connecticut's 169 Municipalities.

	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
1	Hartford*	3,059	14.19%	124,121	24.6
2	New Haven	2,357	10.94%	123,626	19.1
3	Bridgeport	2,304	10.69%	139,529	16.5
4	Waterbury	1,756	8.15%	107,271	16.4
5	New Britain	944	4.38%	71,538	13.2
6	Meriden	546	2.53%	58,244	9.4
7	East Hartford	515	2.39%	49,575	10.4
8	Norwalk	417	1.94%	82,951	5.0
9	Manchester	415	1.93%	54,740	7.6
10	Bristol	397	1.84%	60,062	6.6
11	New London*	392	1.82%	26,185	15.0
12	Danbury	385	1.79%	74,848	5.1
13	Stamford	383	1.78%	117,083	3.3
14	West Haven	379	1.76%	52,360	7.2
15	Norwich	334	1.55%	36,117	9.2
16	Torrington	334	1.55%	35,202	9.5
17	Middletown*	306	1.42%	45,563	6.7
18	Windham	287	1.33%	22,857	12.6
19	Hamden	252	1.17%	56,913	4.4
20	Stratford	211	0.98%	49,976	4.2
21	Vernon	198	0.92%	28,063	7.1
22	Bloomfield	171	0.79%	19,587	8.7
23	Groton	169	0.78%	39,907	4.2
24	Enfield	154	0.71%	45,212	3.4
25	East Haven	153	0.71%	28,189	5.4
26	Ansonia	152	0.71%	18,554	8.2
27	Naugatuck	150	0.70%	30,989	4.8
28	Windsor	130	0.60%	28,237	4.6
29	Killingly	127	0.59%	16,472	7.7
30	Wallingford	126	0.58%	43,026	2.9
31	West Hartford*	119	0.55%	61,046	1.9
32	Milford	114	0.53%	52,305	2.2
33	New Milford*	113	0.52%	27,098	4.2
34	Southington	105	0.49%	39,728	2.6
35	Plainville	103	0.48%	17,328	5.9
36	Plainfield	88	0.41%	14,619	6.0
37	Newington	81	0.38%	29,306	2.8
38	Stonington	81	0.38%	17,906	4.5
39	Winchester	79	0.37%	10,664	7.4
40	Shelton	76	0.35%	38,101	2.0

	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
41	Wethersfield	76	0.35%	26,271	2.9
42	Griswold	75	0.35%	10,807	6.9
43	Stafford	74	0.34%	11,307	6.5
44	Montville	71	0.33%	18,546	3.8
45	Fairfield	68	0.32%	57,340	1.2
46	Waterford*	67	0.31%	18,638	3.6
47	Derby	60	0.28%	12,391	4.8
48	Putnam	60	0.28%	9,002	6.7
49	Glastonbury	57	0.26%	31,876	1.8
50	East Lyme	56	0.26%	18,118	3.1
51	Bethel	55	0.26%	18,067	3.0
52	Branford	55	0.26%	28,683	1.9
53	Ledyard	55	0.26%	14,687	3.7
54	Watertown	55	0.26%	21,661	2.5
55	Farmington	52	0.24%	23,641	2.2
56	Newtown	52	0.24%	25,031	2.1
57	Plymouth	51	0.24%	11,634	4.4
58	South Windsor	50	0.23%	24,412	2.0
59	Wolcott	50	0.23%	15,215	3.3
60	North Haven	49	0.23%	23,035	2.1
61	Windsor Locks	49	0.23%	12,043	4.1
62	Seymour	48	0.22%	15,454	3.1
63	Coventry*	45	0.21%	11,468	3.9
64	Colchester	44	0.20%	14,551	3.0
65	Ellington	42	0.19%	12,921	3.3
66	Cromwell	41	0.19%	12,871	3.2
67	East Windsor	41	0.19%	9,818	4.2
68	Old Saybrook	39	0.18%	10,367	3.8
69	East Hampton*	38	0.18%	10,956	3.5
70	Rocky Hill	38	0.18%	17,966	2.1
71	Clinton	37	0.17%	13,094	2.8
72	Trumbull	34	0.16%	34,243	1.0
73	Brookfield	33	0.15%	15,664	2.1
74	Southbury	32	0.15%	18,567	1.7
75	Greenwich	31	0.14%	61,101	0.5
76	Thompson	30	0.14%	8,878	3.4
77	Guilford	29	0.13%	21,398	1.4
78	Berlin	28	0.13%	18,215	1.5
79	Hebron	28	0.13%	8,610	3.3
80	Lebanon	27	0.13%	6,907	3.9

	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
81	Mansfield*	27	0.13%	20,816	1.3
82	Ridgefield	27	0.13%	23,643	1.1
83	Thomaston	27	0.13%	7,503	3.6
84	Willington	27	0.13%	5,959	4.5
85	Monroe	25	0.12%	19,247	1.3
86	Old Lyme	24	0.11%	7,406	3.2
87	Cheshire	23	0.11%	28,543	0.8
88	Portland	23	0.11%	8,732	2.6
89	Tolland*	23	0.11%	13,086	1.8
90	Madison	22	0.10%	17,858	1.2
91	Simsbury	22	0.10%	23,234	0.9
92	Litchfield	20	0.09%	8,316	2.4
93	New Fairfield	20	0.09%	13,953	1.4
94	Oxford	20	0.09%	9,821	2.0
95	Somers	20	0.09%	10,417	1.9
96	Bethlehem	19	0.09%	3,422	5.6
97	North Branford	19	0.09%	13,906	1.4
98	Beacon Falls	18	0.08%	5,246	3.4
99	Orange	18	0.08%	13,233	1.4
100	Canterbury	17	0.08%	4,692	3.6
101	Haddam	17	0.08%	7,157	2.4
102	Pomfret	17	0.08%	3,798	4.5
103	Suffield	17	0.08%	13,552	1.3
104	Ashford	15	0.07%	4,098	3.7
105	Barkhamsted	15	0.07%	3,494	4.3
106	Lisbon	15	0.07%	4,069	3.7
107	Middlefield	15	0.07%	4,203	3.6
108	North Stonington	15	0.07%	4,991	3.0
109	Sterling	15	0.07%	3,099	4.8
110	Westbrook	15	0.07%	6,292	2.4
111	Westport	15	0.07%	25,749	0.6
112	Woodbury*	15	0.07%	9,196	1.6
113	Canton	14	0.06%	8,840	1.6
114	Chester	14	0.06%	3,743	3.7
115	Preston	14	0.06%	4,688	3.0
116	Prospect	14	0.06%	8,707	1.6
117	Sprague	14	0.06%	2,971	4.7
118	Woodstock	14	0.06%	7,221	1.9
119	Bolton	13	0.06%	5,017	2.6
120	Brooklyn	13	0.06%	7,173	1.8

	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
121	Burlington	13	0.06%	8,190	1.6
122	Canaan	13	0.06%	1,081	12.0
123	Marlborough	13	0.06%	5,709	2.3
124	Voluntown	13	0.06%	2,528	5.1
125	Avon	12	0.06%	15,832	0.8
126	Deep River	12	0.06%	4,610	2.6
127	Granby	12	0.06%	10,347	1.2
128	Chaplin	11	0.05%	2,250	4.9
129	East Haddam	11	0.05%	8,333	1.3
130	Essex	11	0.05%	6,505	1.7
131	Harwinton	11	0.05%	5,283	2.1
132	Killingworth	11	0.05%	6,018	1.8
133	New Canaan	11	0.05%	19,395	0.6
134	Eastford	10	0.05%	1,618	6.2
135	Salem	10	0.05%	3,858	2.6
136	Darien	9	0.04%	19,607	0.5
137	New Hartford	9	0.04%	6,088	1.5
138	Bozrah	8	0.04%	2,357	3.4
139	East Granby	8	0.04%	4,745	1.7
140	Scotland	8	0.04%	1,556	5.1
141	Bethany	7	0.03%	5,040	1.4
142	Goshen	7	0.03%	2,697	2.6
143	Hampton	7	0.03%	1,758	4.0
144	Kent	7	0.03%	2,858	2.4
145	Middlebury	7	0.03%	6,451	1.1
146	Warren	7	0.03%	1,254	5.6
147	Columbia	6	0.03%	4,971	1.2
148	Easton	6	0.03%	7,272	0.8
149	Morris	6	0.03%	2,301	2.6
150	Colebrook	5	0.02%	1,471	3.4
151	Salisbury	5	0.02%	3,977	1.3
152	Washington*	5	0.02%	3,639	1.4
153	Wilton	5	0.02%	17,633	0.3
154	Woodbridge	5	0.02%	8,983	0.6
155	Andover	4	0.02%	3,036	1.3
156	Durham	4	0.02%	6,627	0.6
157	Hartland	3	0.01%	2,012	1.5
158	Norfolk	3	0.01%	1,660	1.8
159	Redding	3	0.01%	8,270	0.4
160	Roxbury*	3	0.01%	2,137	1.4

	Towns	Discharges and Releases	Percent of Statewide Total	Population per 2000 Census	Discharges and Releases per 1,000 Residents
161	Sharon	3	0.01%	2,968	1.0
162	Cornwall	2	0.01%	1,434	1.4
163	Lyme	2	0.01%	2,016	1.0
164	North Canaan	2	0.01%	3,350	0.6
165	Sherman	2	0.01%	3,827	0.5
166	Bridgewater	1	0.00%	1,824	0.5
167	Franklin	1	0.00%	1,835	0.5
168	Union	1	0.00%	693	1.4
169	Weston	1	0.00%	10,037	0.1
170	Unknown	93	0.43%		
	Statewide Total	21,550	100%	3,405,584	

* Corrected Census 2000 population as of 27 December 2002 as a result of the U.S. Census Bureau's Count Question Resolution (CQR) Program. Revised county population counts have not been issued.

Appendix D: Average Daily Cost of Incarceration per Facility

**DEPARTMENT OF CORRECTION
AVERAGE DAILY INMATE EXPENDITURES
YEAR TO DATE MONTH END: June 35, 2006**

SECURITY LEVEL	FACILITY NAME	DIRECT EXPENDITURES AS OF June 30, 2006	(B) AVERAGE YTD DAILY POPULATION	(C) YTD INMATE DAYS	(D) P.S. DIRECT EXPEND.	(E) OTHER DIRECT EXPEND.	(F) DIRECT/INDIRECT HEALTH EXPEND.	(G) INDIRECT ADMIN. EXPEND.	(H) AVERAGE DAILY EXPEND.
5	NORTHERN	18,850,759	378	137,863	125.06	11.67	18.20	28.13	\$183.06
4	GARNER	20,414,756	575	209,896	84.76	12.50	52.65	19.88	\$169.79
4	M.Y.I.	22,120,927	650	237,170	80.50	12.77	11.32	19.04	\$123.63
2-5	YORK	32,944,610	1,358	495,606	56.09	10.39	23.95	13.44	\$103.86
4	HARTFORD	23,146,707	992	362,102	56.05	7.87	16.15	12.91	\$92.98
4	BRIDGEPORT	21,009,574	909	331,940	54.56	8.73	14.57	12.78	\$90.64
4	NEW HAVEN	18,003,057	815	297,430	52.82	7.71	15.00	12.20	\$87.73
4/5	MACDOUGALL/WALKER	43,763,995	2,122	774,375	46.65	9.86	14.97	11.36	\$82.85
4	CHESHIRE	29,321,610	1,352	493,325	50.21	9.23	6.29	11.97	\$77.70
3	ENFIELD	16,282,830	725	264,807	52.39	9.10	3.74	12.40	\$77.63
3/4	CORRIGAN/RADGOWSKI	29,441,966	1,497	546,329	46.82	7.07	9.55	11.12	\$74.56
2	J.B. GATES	17,305,959	857	312,697	47.71	7.64	4.38	11.12	\$70.84
	OSBORN	31,911,549	1,929	704,104	35.40	9.93	12.29	9.02	\$66.64
3	C.R.C.I.	21,668,582	1,221	445,538	40.13	8.51	6.38	9.71	\$64.73
2	WEBSTER	8,160,313	457	166,651	41.58	7.39	5.39	9.78	\$64.14
3	BROOKLYN	8,221,282	457	166,834	41.57	7.71	4.45	8.83	\$62.56
2	BERGIN	15,704,320	957	349,150	38.25	6.73	4.10	8.95	\$58.03
2	WILLARD/CYBULSKI	15,931,709	1,103	402,626	32.37	7.20	10.10	7.82	\$57.49
TOTAL:		\$394,204,506	18,352	6,698,443	\$49.92	\$8.93	\$12.95	\$11.85	\$83.64

AVERAGE DIRECT P.S EXPENDITURES:	\$49.92
AVERAGE DIRECT OTHER EXPENDITURES:	\$8.93
AVERAGE HEALTH EXPENDITURES:	\$12.95
AVERAGE ADMINISTRATIVE EXPENDITURES:	\$11.85
AVERAGE DAILY INMATE EXPENDITURE:	\$83.64

