

Minutes
CRIMINAL JUSTICE POLICY ADVISORY COMMISSION
Legislative Office Building Room 1B
December 11, 2008

Members of the Commission Present: Brian Austin, Chair, Undersecretary, Criminal Justice Policy and Planning Division, Office of Policy and Management; Claudette J. Beaulieu, Deputy Commissioner, Department of Social Services; Floyd R. Blair, Deputy Commissioner, Department of Children and Families; William H. Carbone, Executive Director, Judicial Branch's Court Support Services Division; George Coleman, Deputy Commissioner, Department of Education; Rev. Shelley Copeland, Offender Services; Robert Farr, Chairman, Board of Pardons and Paroles; Kevin Kane, Chief State's Attorney; James Kenny, Police Chief; Thomas Kirk, Commissioner, Department of Mental Health and Addiction Services; Nancy Kushins, Victim Services; Theresa Lantz, Commissioner, Department of Correction; LTC Cheryl Malloy, Department of Public Safety (Government Official); Patricia Mayfield, Commissioner, Department of Labor; and Susan Storey, Chief Public Defender;

Chair Brian Austin convened the meeting to order at 9:40am. The members of the Commission introduced themselves.

Minutes of the November 13, 2008 CJPAC Meeting:

DMHAS Commissioner Thomas Kirk noted that he had written edits for the DMHAS Updates and for the Behavioral Health Subcommittee Updates sections that he would submit for inclusion. The Updates for both DMHAS and the Behavioral Health sections are deleted and replaced as follows:

Department of Mental Health and Addiction Services Update

- Received a \$2M grant for jail diversion for Iraq and Afghanistan war veterans. Focused on the southeast sector of the state (New London/Groton area); plan to expand across the state in the future.
- Crisis Intervention Team (CIT) program trained an additional 39 police officers and 6 dispatchers in November 2008 – DMHAS has funded training for 643 police officers and others since 2004.
- DMHAS received additional funds from PJOC and the Crime Bill to expand Jail Diversion, Alternative Drug and Intervention Program, Connecticut Offender Reentry Program, Advanced Supervision and Intervention Support Team, Women's Jail Diversion, and Transitional Case Management programs.
- The Connecticut Offender Reentry Program has been serving Garner CI and York CI for inmates with serious illness returning to Hartford, New Haven, and Bridgeport. It has now expanded to Osborn CI and will expand to serve inmates returning to Waterbury, Stamford, and Norwich/New London. DMHAS staff work with inmates for 6-12 months before an offender released to ensure a smooth transition into the community and reduce recidivism.

The Military Support Program (MSP) addresses the mental health and substance use needs of National Guard and Reserve personnel affected by deployment in Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (Iraq). MSP began in March 2007. Connecticut is the first state in the U.S. to offer mental health counseling services to its approximately 5,000 National Guard and Reserve personnel, sometimes called "Citizen Soldiers," and their families.

Behavioral Health Services Subcommittee Update

- The Subcommittee's 2 working groups (Housing and System Barriers) are composed of members who attend similar committees in other venues. Rather than continue to meet under BHS as well, the group members will conduct their work elsewhere, and report back to the BHS, where these items will remain on the agenda. Pilot study of DOC serious offenders (\$250,000 bond or 10+ year sentence) from New Haven area: very few offenders found who meet study parameters. Will lower parameters to 5+ year sentence, and may have to look outside New Haven area.

The amended November 13th minutes were approved unanimously.

Commission Correspondence: there was no correspondence.

Public Comment: public comment was reserved for the Public Hearing on the ReEntry Strategy, scheduled for the afternoon, in LOB 1B.

OPM Criminal Justice Policy and Planning Division Updates

- The Criminal Justice Policy Advisory Commission (CJPAC) is hosting an Informational Forum on research issues, Wednesday, December 17th from 1:00PM to 3:00PM at the Legislative Office Building - Room 1D. The purpose of this event is to inform policy makers and the public about the work and information being produced through the efforts of the CJPAC Research Workgroup. Staff from the Criminal Justice Policy and Planning Division of OPM will provide a detailed presentation about the Monthly Correctional Indicators Report, the correctional population forecast, and all of the information available on the OPM website.
- Pablo Martinez, PhD, Texas State University, who developed the Texas Forecast Methodology, has been invited to Connecticut for a mid-January presentation on prison population forecasting. OPM is trying to finalize the details.
- An application is being developed for submission to the Bureau of Justice Statistics for a \$40,000 grant to generate a data set to track felony cases from arrest to disposition. Steve Cox, PhD, Central Connecticut State University, will spearhead the research project, which will be a collaborative effort of OPM, CSSD, Court Ops, and State Police.

Board of Pardons and Paroles Update

BOPP chairman Robert Farr noted that the Board continued to concentrate on the backlog of cases - those inmates eligible for parole release yet no hearing has been held. The hearings are usually held 6 months before the release date, thereby allowing sufficient time for people to participate in certain programming; there will always be some lag time between the hearing and the release to parole.

The new legislation (PA08-01) requires Board members to have a comprehensive background in criminal justice, especially community release and enforcement; the new Board members have knowledge/experience in law enforcement, corrections, the US marshals, parole, DCF, psychology, etc. In addition, BOPP hired 2 victim advocates and a psychologist. The new Board is receiving training each month; various criminal justice officials (eg, Chief State's Attorney, Department of Correction) are meeting with the Board to provide information about aspects of the criminal justice system, and how the processes can be better integrated; examples include the prosecutors perspective and expectations about parole, and the DOC classification system, etc. Training is also being provided on techniques the Board members can use, such as motivative interviewing, as well as sensitivity to victimization and victim families, especially in murder and drunk driving cases. The Board is very focused on re-entry, and it is important for the Board to know what the releasee will do upon release.

Judicial Branch and Court Support Services Division

CSSD Executive Director Carbone presented statistics on the juvenile court system, and noted that CSSD and DCF were working collaboratively to reduce the number of children in the juvenile court system, and this may indeed affect a reduction in adult cases in the adult court system.

Approximately 15,000-16,000 juveniles enter the juvenile court system yearly. There has been:

- a 16% decrease in all referrals (not distinct clients) from FY 06/07 to FY 07/08.
- a 22% reduction in all referrals (not distinct clients) from FY 97/98 to FY 07/08 (10 years).
- Approximately 3,000 fewer unique children (not cases) entering the juvenile court system

Definitions:

- Delinquents: commit criminal acts
- FWSN (Families With Service Needs): Status offenders (runaways, truants, out-of-control)
- YIC (Youth In Crisis): 16- and 17-year olds who can be petitioned into Juvenile Court

The decrease in FWSN numbers may be reflective of several changes. Previously, if a FWSN minor violated a court order (eg, he had to go to school), the violation was considered a delinquent offense and the minor was placed in detention as a delinquent; the law changed in October 2007, and the court cannot now detain a FWSN minor for a court violation. Secondly, the State opened Family Support Centers (Hartford, New Haven, Bridgeport, Waterbury) which take high-risk FWSN cases and provide them with crisis intervention, family counseling, substance abuse counseling, education and advocacy, so these cases are not now handled by the courts. Also, schools must now document every attempt to get a truant to attend school before the schools can refer truants to the court.

As the state becomes more effective in decreasing the number of children entering the juvenile court system, so the numbers of 16- and 17-year old 'youth' entering the adult court system has slightly decreased:

	FY 05/06	FY 06/07	FY 07/08
# Youth	10,075	9,955	9,785
# Cases Disposed	12,813	13,790	13,636
Probation	4,085	3,345	3,583
Violation	241	787	571

The number placed on probation has increased, consistent with the Judicial Branch's goal of providing age appropriate services. Violations (technical) of probation for this group are also down probably due to several special initiatives in the adult probation system.

Regarding reductions in juvenile detainees:

	Distinct Clients by Year			
	FY 02/03	FY 06/07	FY 07/08	FYs 03/08 (% Change)
Total	1,935	1,675	1,291	33%
Avg Daily Population	142	169	130	8% (23%)

- From FY 90/91 through FY 05/06, numbers fluctuated between 1,800 and 2,220.
- 1,935 distinct admissions in FY 02/03 (33% decrease from 5 years ago).
- 2,083 distinct admissions in FY 97/98 (38% decrease from 10 years ago).
- 23% decrease in average daily population from FY06/07 to FY07/08

There has been an overall decrease in detention admissions by year and type:

	FY 06/07	FY 07/08	% Change
Serious Juvenile Offender (SJO)	321	308	4%
Take into Custody (TIC)	835	667	20%
Warrant	466	375	19.5%
Order of Detention (OOD)	939	783	16.6%
Order to Detention (OTD)	68	61	10.3%
Other	54	43	20%
Total	2,685	2,237	16.7%

Because there is a strong relationship between child protection and juvenile justice, many, if not most, of the children in detention centers are involved with the Department of Children and Families; further, DCF staff now are located in the centers and juvenile courts.

The number of days children are in detention awaiting either a residential placement or mental health inpatient services has significantly decreased:

	2001	2008	% Change
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Residential Placement	45	32	29%
Riverview Hospital	60	16	73%

Currently, the wait for Riverview is only 8 days. The *Emily J* lawsuit was the result of children remaining in detention for long periods of time. With the reductions in the number of days children wait in detention for a placement, *Emily J* lawsuits have been resolved.

The number of juveniles taken into custody on probation violation warrants has decreased:

	FY 06/07	FY 07/08	% Change
Total	1,167	855	26.7%
Rockville	28	8	71%
Number per 100 Intakes	7.6	6.5	15%
Rockville	3.3	1	70%

Rockville is specifically included here because it had the highest percent reduction.

The number of children committed to DCF (out-of-home placements) by the Juvenile Court has decreased:

	FY 05/06	FY 06/07	FY 07/08
Total Intake	15,322	15,857	12,920
Total Committed to DCF	338	281	280

The reductions are due to the efforts of the Case Review Teams (the child and parents, DCF, Public Defender, the school and community resources). From November 2006 – August 2008, 76% of the clients had recommendations for community-based services, and 24% of the clients had recommendations for residential services. Out-of-home placements are the alternative of last resort as it is better to keep the juvenile close to home so services can ‘wrap around’ the juvenile.

A one- and two-year followup study shows a lowering of recidivism:

Six Months	12 Months After Intake	24 Months After Intake
Ending 12/31/05	43%	51%
Ending 6/30/06	40%	48%
Ending 12/31/06	42%	??

Lower recidivism means fewer intakes into court, and fewer admissions into detention.

Both CSSD and DCF have been investing heavily in in-home clinical services for high-risk juveniles. *Multi-Systemic Therapy* is a highly regarded juvenile justice intervention. MST is operated by private non-profit providers; it is an intense (4-6 month) in-home program with licensed, masters-level clinicians (3-out-of-4) with low caseloads (no more than 5 cases). There are about 700 high-risk juveniles (family dysfunction, academic failure, negative peers, poor attitude) in this program. Activities include: getting the child up in the morning to go to school, working with the parents on rules and regulations, and on anger management issues. A 2008 study by the Connecticut Center for Effective Practice found:

- a 20% reduction in conviction rates when compared to pre-MST programs
- more than 73% of children who received MST were living at home, attending school or employed, and arrest free at the end of services

Some of the statistical results could not only affect the child, but also siblings.

A recidivism (defined as re-conviction) study of the MST program showed:

	Months Post Intervention		
	6 months	12 months	18 months
Post Non-Evidence-based Interventions (CPEC study, 2002)	26%	41%	56%
Post MST (CCEP study, 2008)	17%	29%	37%

Some families drop out of the MST program because they find the daily in-home visits too intrusive. The master-level clinicians are educationally competent, but with more minority staff (especially Latino) the program would be more culturally competent.

Another promising program used in the juvenile system is *IICAPS* - a 6-month Yale program for those juveniles with serious psychiatric problems. Juveniles who, 6 months prior to entering IICAPS, had an inpatient admission, an emergency room admission (ED), or a residential placement were compared to progress in IICAPS. The statistics show that the vast majority of these juveniles are able to remain at home, with their families, with significant service support allowing them to remain at home without inpatient or emergency room admissions.

FY 07/08 Service Utilization, 575 clients:

	6 mos. prior	During IICAPS	% Decrease
Inpatient:			
# Admissions	241	132	45.2%
# Patients	179	104	41.9%
# Days	6,048	2,982	50.7%
ED Visits:			
# Admissions	246	188	23.6%
# Patients	185	131	29.2%
Residential:			
# Admissions	25	14	44.0%
# Patients	23	14	39.1%

Because these statistics are based on a short time period, there is not yet a trend. The Judicial Branch will continue to monitor volume and outcome indicators.

In recent years, the Governor's budget allowed the creation of Juvenile Review Boards (Hartford, New Haven, and Bridgeport). These boards have diverted/deflected approximately 350-410 minor delinquent offenders away from those courts, and have dealt with disproportionate minority over-representation.

Chair Brian Austin noted that the statewide Juvenile Justice Advisory Committee (JJAC) has been in existence for about 27 years. The JJAC's has a federally-required Disproportionate Minority Contact Subcommittee (DMC) which is developing a research report - *Re-Assessment of Minority Over-Representation in the Connecticut Juvenile Justice System*; the recommendations have been approved and the report should be completed by March.

There was some discussion about developing a tracking system for those juveniles who 'age out' of the juvenile/DCF system and enter the adult/DOC system. Currently, DOC has about 450 inmates aged 14, 15, 16, and 17 years. Such a tracking system might yield information on the continuity of services and how important that is. CSSD has been working with CJPAC's research working group and the State Police to track juveniles from the juvenile system into the adult system.

Department of Mental Health and Addiction Services Update

DMHAS Commissioner Thomas Kirk reported that there were many people in both the CSSD probation system and the DOC system who had major mental health problems, who required constant attention to maintain stability, and were not good candidates for release because of the lack of proper supports; these people needed a residential program with a step-down into a day reporting center. In collaboration with DOC and CSSD, it was decided to add mental health components to CSSD's Alternatives to Incarceration Centers (AICs) in association with clinical expertise from DMHAS' Community Mental Health Centers. Mental health components were added to AIC's in 7 locations: Hartford, New Haven, Bridgeport, Middletown, New London, New Britain, and Waterbury. The goal is to decrease the number of people on probation who are being violated due to mental illness, and to decrease the number of persons on parole who get remanded back due to mental illness.

Behavioral Health Services Subcommittee Update

It was announced that the next meeting of the Subcommittee will be February 5th, 2009.

Department of Correction Update

Commissioner Theresa Lantz reported that the total incarcerated population continues to decrease due to seasonal trends, probation decisions, parole hearings, and the halfway house network:

INCARCERATED POPULATION	DEC 2007	NOV 2008	DEC 2008
Unsentenced/Accused	4,475	4,345	4,221
Sentenced	15,200	15,061	15,051
TOTAL	19,675	19,406	19,236

These reductions are about 400 less than last year, about 170 fewer than last month, and about 150 below the CJPAC projection of 19,386. Total supervised population is 23,521. Halfway house beds remain filled.

Presentation: Re-Entry Strategy - Cheryl Cepelak

CJPAC is statutorily charged with developing a comprehensive re-entry strategy which is to be submitted to the Governor and General Assembly by February 15th. The Prison and Jail Overcrowding and Reentry Working Group met numerous times and developed the draft presented here, and which will be presented again in the afternoon at a public hearing. The draft describes a system of continuum of care starting with arrest, through incarceration, and then re-integration back into the community. Members of the Working Group were acknowledged and appreciated for their efforts in developing the draft.

Re-entry is not just the responsibility of one state agency, but is a multi-agency, multi-jurisdictional and multi-disciplined approach with participation and collaboration - hence the name *Partners in Progress*. Highlights of the powerpoint presentation include:

History

- Public Acts
 - 04-234
 - 05-249
 - 06-193
 - 08-1
- CJPAC incorporated PJOC to assist in fulfilling mission of CJPAC
- CJPAC responsible for re-entry strategy report

Purpose

- Enhance public safety
- Integrated, collaborative, cost-effective approach
- Manage an offender's transition from incarceration to the community
- Provide necessary support and intervention
- Foster a culture change

Success = An offender's transition from incarceration dependency to responsible community self-sufficiency

Reentry Goals

- Recidivism
- Organizational / Cultural Change
- Risk Reduction Case Management
- Treatment Services
- Employment
- Capacity of Local Communities
- Substance Abuse

- Offenders with Mental Illness
- Community Corrections
- Data and Evaluation

Current Practices

- Institutional Phase
- Community-Based Program Phase
- Discharge Phase

Institutional Phase

- Institutional Assessment and Engagement
 - Admissions
 - Classification
 - Offender Accountability Plan (OAP)
- Institutional Services
 - Treatment, Programs and Services
- Re-entry Preparation
 - Community Release Outlook
 - Transitional Services

Community-Based Program Phase

- Post-Release
 - Parole and Community Services (PCS)
- Community Integration
 - PCS / Specialized Units
 - Residential / Non-residential programs
- Probation Transition Program Project
 - Split Sentence Supervision

Discharge Phase

- Discharge Planning
 - Discharge plan for all offenders prior to release
 - Connect with community resources
 - Continuum of care with parole officers

Partnerships for a Successful Strategy

- State Agencies
- Legislative Committees & Commissions
- Community
- Non-Profits
- Federal Government

Building on Successes

- Organizational / Cultural Change
 - Public Policy
 - Re-entry Task Force
- Risk Reduction Case Management
 - Case Management / Continuum of Care
- Employment
 - Employment Opportunities for Offenders
- Capacity of Local Communities
 - Federal Funding Opportunities
- Community Corrections
 - Re-entry Councils
 - Partnerships and Collaborations
 - Information Sharing

- Outreach with victims and offenders
- Coordination with families / sponsors
- Racial and Gender Parity
- Data and Evaluation
 - Research and Evaluation Practices

Next Steps

- Action and Implementation Plan
- Measures of Success
- Meetings with Partner Agencies
- Meetings with Community Partners and Local Governments

Measures of Success

- Rates of recidivism and community revictimization
- Number of inmates eligible for release on parole, transitional supervision, probation or any other release program
- Number of inmates who make the transition from incarceration to the community in compliance with a discharge plan
- Prison bed capacity ratios
- Adequacy of the network of community-based treatment, vocational, educational, supervision and other services and programs
- Reinvestment of any savings achieved through a reduction in prison population into re-entry and community-based services and programs

Timeline

- February 15, 2009 - presentation to legislature
- February 24 - 26, 2009 - Bureau of Justice Assistance, Community Safety through Successful Offender Re-entry Symposium
- March 2009 - Reconvene transitioned PJOC - Statewide Re-entry Task Force to begin action and implementation plan

There was some discussion about the importance of the Reentry Councils, and that not only does the person have to find employment, but sustain it. Commission members can provide their comments directly to Cheryl Cepelak at Cheryl.Cepelak@po.state.ct.us or 860-692-7658.

Adjournment: Meeting adjourned at 11:18am.