
LEGISLATIVE PROGRAM REVIEW
& INVESTIGATIONS COMMITTEE

Pre-Trial Diversion and Alternative Sanctions

DECEMBER 2004

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PRE-TRIAL DIVERSION AND ALTERNATIVE SANCTIONS

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Introduction

Pre-Trial Diversion and Alternative Sanctions

Incarceration has long been the traditional response to persons convicted of crimes. Another common sanction is probation, which is a non-custodial sentence of conditional liberty. Convicted offenders on probation are legally subject to the authority and under the supervision of the Judicial Branch. Both incarceration and probation are founded on four criminal justice policy goals: punishment, deterrence, rehabilitation, and public safety.

For a number of reasons, including but not limited to prison overcrowding, great efforts have been made over the past 20 years in Connecticut and nationally to meet these goals through methods other than incarceration, but short of probation. The concept of alternative incarceration has taken root as an acceptable criminal justice system response to a criminal conviction.

In Connecticut, there are three categories of alternative incarceration options: (1) pre-trial diversion; (2) alternative sanctions; and (3) specialized courts. *Alternative sanction* is any punishment more restrictive than traditional probation and less punitive than incarceration.

Arrested persons accused of criminal activity can also impact prison overcrowding. The majority of arrested persons are released under some kind of bond arrangement prior to case disposition. However, a pre-trial defendant who cannot post or is ineligible for bail is incarcerated in the state's jail system until case disposition. In these cases, the alternative incarceration concept was expanded to offer a viable option to augment traditional bail for certain incarcerated defendants. Alternative sanction is also used as a special condition of traditional bail.

As far back as the 1940s, Connecticut recognized in some cases the standard punishment options of incarceration or community supervision may not be in the best interest of an offender, victim, or the public. Diverting a defendant from the criminal justice system to medically supervised treatment for serious mental illness or severe drug addiction or a structured educational program focusing on the consequences of certain criminal behavior were deemed to be more appropriate and effective. This early pre-trial diversion option was within the parameters of the alternative incarceration concept. *Pre-trial diversion* is intended to redirect persons arrested for the first time from further involvement with the criminal justice system by deferring prosecution and ultimately dismissing the charge upon successful compliance with certain court-ordered conditions.

Specialized courts offer an alternative dispute resolution to the standard criminal justice process of prosecution and sentencing.

The primary goal of the alternative incarceration concept clearly was to help control the growth in the inmate population, thus addressing prison overcrowding. Beyond just an overcrowding remedy, however, it was intended to also better address the offender's

rehabilitation and reduce court backlogs. It is important to note the emphasis on alternatives to incarceration was always to be consistent with public safety protection.

While the overall goals of the state's alternative incarceration policy have not changed, there has been a recent shift in focus from a general goal of controlling prison overcrowding to a specific goal of reducing recidivism (Public Act 04-234). The underlying principle of the new direction is that a reduction in the overall recidivism rate will not only help to manage the growing prison population, but eventually will also have a broader public safety impact by addressing the causes of crime rather than simply focusing on prison bed savings. (Appendix A summarizes the development of the major alternative incarceration policies in Connecticut.)

The outcome measures of success have also been redefined to include tracking a reduction in the recidivism rate and determining the adequacy of community-based treatment, vocational, educational, supervision and other service programs. Any savings achieved through a reduction in prison population and greater efficiency of community-based programs are to be reinvested in existing alternatives to incarceration.

Scope of Study

The Legislative Program Review and Investigations Committee voted in March 2004 to study the organization, effectiveness, and efficiency of the state's system of alternative incarceration programs (AIP) including pre-trial diversions, alternative sanctions, and specialized courts. Specifically, the study reviewed the following:

- the public policy establishing pre-trial diversion and alternative sanctions as options to traditional criminal justice sanctions (e.g., incarceration, probation);
- the existing network of pre-trial diversion, alternative sanction, and specialized court programs including client eligibility;
- the state structure within which these programs operate, specifically the Judicial Branch's Court Support Services Division (CSSD); and
- the efficiency and effectiveness of the pre-trial diversion and alternative sanction programs in meeting statutory goals and objectives.

Methodology

A variety of sources and methods were used to gather information and data for this study. Relevant statutes and agency policies, guidelines, and written procedures were reviewed. Public policy and academic research on alternatives to incarceration, community corrections, and sentencing reform were examined. Consultant reports on Connecticut's alternative incarceration system and alternative incarceration laws and programs in other states were also reviewed.

Committee staff conducted interviews with key personnel from the Judicial Branch including judges, CSSD administrators, and probation officers. Administrators and staff from nonprofit agencies under contract with CSSD and national consultants were also interviewed. A

public hearing to elicit information about the state's alternative incarceration system was held by the program review committee on September 29, 2004.

Committee staff examined the pre-trial bonding and post-conviction sentencing processes during which defendants and offenders are referred and admitted to alternative incarceration programs by attending criminal court arraignment and other proceedings and observed the bail and probation supervision processes conducted by bail commissioners, probation officers, judges, state's attorneys, public defenders and private defense counsel, and contracted nonprofit program staff.

Alternative incarceration program capacity, utilization, and client discharge data were analyzed to determine the system's capacity to serve and efficiency. State budget data were used to track the trend in resource appropriations over the past 16 years. Finally, to measure the effectiveness of the alternative incarceration programs, the committee staff collected and analyzed client data. The following section provides a summary of the data definitions and measures used to track recidivism among alternative incarceration program clients.

Recidivism Definition and Measures

The principle measure of AIP effectiveness is recidivism. This report includes the program review committee's detailed analysis of the rate of recidivism among AIP clients.

While this report does not attempt to explain all causes of recidivism, which typically are the result of complex socio-economic and cultural factors that are difficult to quantify, it does provide a baseline rate of recidivism among the AIP client population. The analysis is the first step in determining the effectiveness of alternative incarceration programs. The findings can also serve as the foundation for implementing the Court Support Services Division's new evidence-based program strategy, which is discussed throughout this report. Further, it can be used for continued research of the state's offender population, crime rates, and sentencing patterns.

A summary of the definition and measures of recidivism used for this study is provided below. Appendix B contains a detailed description of the three recidivism measures and methodology used to conduct the recidivism analysis. The program review staff's process to collect the client data and the difficulties, limitations, and other issues surrounding the availability and reliability of CSSD client data are also set forth in the appendix.

Definition. For the purposes of this study, recidivism is defined as new criminal activity by an AIP client after admission to a pre-trial diversion, alternative sanction, or specialized court program. New criminal activity includes criminal offenses as defined by the state's penal code, failure to appear (FTA), violation of probation (VOP), a motor vehicle infraction, or a violation of state law or local ordinance, all of which can result in a court-imposed sanction ranging from prison or probation to a fine or community restitution.

Measures. How recidivism is defined has a substantial impact on the identified rate of recidivism, for which there is no universally accepted method of measurement. The multiple

measures established by the program review committee for its 2001 study *Recidivism in Connecticut* were used for this analysis.

The three measurements tracked to identify the overall rate of recidivism are:

- **re-arrest** for a new misdemeanor or felony offense;
- **reconviction** on those new charges; and
- **incarceration** or sentence to another court-imposed sanction such as probation or pre-trial diversion program.

AIP client sample. The program review committee examined re-arrest, reconviction, and sentence data for accused and sentenced clients admitted between July 1 and December 31, 2002, to develop a representative sample of alternative incarceration programs. There were 4,466 AIP clients in the sample. Appendix C provides the complete list of the selected programs.

Release threshold. New criminal activity was tracked for a one-year period from the client's program admission date (during the six-month period in 2002) through December 31, 2003. The period of time the client is in the community and "at risk" of re-offending is referred to as the **release threshold**.

Since repeat criminal activity is tracked from a specific program admission date from July 1 through December 31, 2002, the release threshold for some defendants and offenders is more than one year. For example, an offender admitted to an alternative sanction program on July 1, 2002 is tracked beginning from that date, which would include the remaining six months in 2002 and the one year from January 1 through December 31, 2003.

Report Organization

The report is organized into eight chapters. Chapter 1 outlines the existing statewide network of community-based pre-trial diversion, alternative sanction, and specialized court programs. Chapter 2 provides an analysis of the capacity of the alternative incarceration network and program utilization and satisfactory client discharge rates. Chapter 3 provides a profile analysis of AIP clients. Chapter 4 contains the detailed analysis of the recidivism rates among the AIP clients. Chapter 5 describes the organization and responsibilities of the Court Support Services Division within the judicial branch, and Chapter 6 summarizes the process to develop, contract for, and monitor the network of contracted alternative incarceration programs. The program review committee findings and recommendations regarding the efficiency and effectiveness of alternative incarceration programs are set forth in Chapter 7, and those regarding CSSD's evidence-based strategy in Chapter 8.

Agency Response

It is the policy of the Legislative Program Review and Investigations Committee to provide agencies included in the scope of a review with the opportunity to comment on the

committee findings and recommendations before the final report is published. A written response to this report was solicited from the Judicial Branch. The response submitted by the Judicial Branch is presented in Appendix H.

Alternative Incarceration Program Overview

The three categories of alternative incarceration options included in the scope of the committee's review are:

- pre-trial diversion programs;
- alternative sanction programs; and
- alternative disposition programs (e.g., specialized courts).

All three are delivered statewide throughout the five CSSD regions: Northwest; North Central; Southwest; South Central; and Eastern.

All pre-trial diversion and alternative sanction programs and one specialized court program (mediation) are provided by community-based, non-profit agencies under contract with CSSD. The Community Court and the drug docket in Bridgeport are administered by the Superior Court for criminal matters. In some cases, professionals under fee-for-service contracts provide clinical services. The Department of Mental Health and Addiction Services (DMHAS), under an agreement with CSSD, contracts for providers of the Pre-trial Alcohol and Drug Education Programs and the drug and alcohol evaluation and treatment services for the alternative sanction programs.

The Court Support Services Division does not directly provide any services. It is solely responsible for case management, which includes intake, assessment, and referral, and the supervision of defendants and offenders. CSSD is further responsible for managing the network of community-based programs including developing, contracting for, and monitoring the programs for efficiency and effectiveness. The division's duties and activities are discussed in detail in Chapters 5 and 6.

This chapter provides a description of the existing network of pre-trial diversion, alternative sanction, and specialized court programs including the client eligibility criteria for various programs. First, the steps within the criminal justice process at which a defendant or offender enters a pre-trial diversion, alternative sanction, or specialized court program are identified.

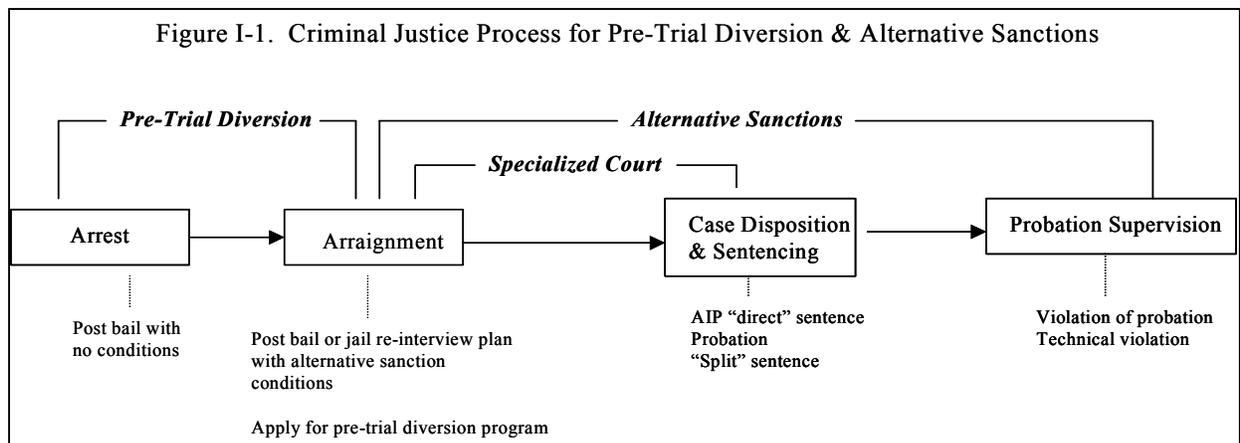
Criminal Justice Process

A person enters the state's criminal justice system through an arrest by state or local police. In general, an arrested person (a defendant) is referred to the criminal court for bail setting, arraignment, case disposition, and sentencing. If guilty and sentenced for the criminal charges against him or her, the person (now an offender) is transferred to the custody of the:

- Department of Correction (DOC), which administers any sentence imposed that includes a prison term; or
- Judicial Branch’s Court Support Services Division, which supervises any sentence that includes probation in lieu of or after a prison term.

Once an offender successfully completes the court-imposed sentence, he or she is discharged from the criminal justice system.

Built into the criminal justice process are options to defer prosecution of pre-trial defendants and to provide sanctions other than incarceration for both pre-trial defendants and sentenced offenders. As shown in Figure I-1, the pre-trial diversion and alternative sanction options affect the custody status and or sentences of persons at different points throughout the criminal justice process. The following description of pre-trial diversion and alternative sanction programs will identify the points at which a defendant or offender can be diverted from prosecution or participate in an alternative sanction program.



Pre-trial Diversion Programs

To be eligible for a pre-trial diversion program a defendant must be charged for the first time with one of the following statutorily targeted offenses:

- driving under the influence of alcohol (DUI);
- possession of drug or drug paraphernalia;
- crime involving family violence;
- violent act by a student taking place in or on school property; or
- crime motivated by bigotry or bias.

Table I-1 summarizes the six pre-trial diversion programs established in state statutes. The table outlines the statutory client eligibility criteria, program components, and fees. A list of existing contracted providers for each program is in Appendix D.

Program fees. As shown in Table I-1, all pre-trial diversion programs except Pre-trial Community Service Labor Program (CSLP) assess a participation fee set in statute. The Pre-trial School Violence Education Program (SVEP) fee amount is not specified in state law; which fee a parent or guardian is required to pay. The current participation fee administratively set by the contracted providers for the program is \$300. The Pre-trial Alcohol Education Program (AEP) charges application, evaluation, and victim impact panel participation fees. However, no eligible defendant may be denied access to any program based on an inability to pay a fee as a judge can waive all or part of any fee.

The fees for the Pre-trial Alcohol and Drug Education Programs are credited to the pre-trial account -- a separate, nonlapsing account of the state's General Fund -- used to finance the two programs. The fees for the Pre-trial Family Violence Education, School Violence Education, and Hate Crimes Diversion Programs are credited to the state's General Fund.

Eligibility. A defendant can apply for a pre-trial diversion program after posting bond at arrest or subsequent to arraignment. All arrested persons, except those charged with a capital felony offense subject to the death penalty, have bail set by the:

- police upon arrest;
- CSSD Intake, Assessment, and Referral (IAR) specialist -- formerly and still called a bail commissioner -- after arrest and prior to arraignment; or
- judge at arraignment.¹

CSSD confirms eligibility and refers a defendant to the appropriate program. The Department of Mental Health and Addiction Services, which contracts for the group education components of the pre-trial alcohol and drug education programs, also evaluates applicants.

Once a defendant is accepted into a program, a judge vacates the bail bond and suspends prosecution of the criminal charges. A defendant then has one year to complete the court-ordered educational component. Defendants must agree to a suspension (tolling) of the statute of limitations for the pending criminal offense and waive the right to a speedy trial. Court files are sealed from the public during the program participation period.

¹ For a detailed description of the bail setting and release process refer to the Legislative Program Review and Investigations Committee final report on *Bail Services in Connecticut* (December 2003). All program review committee reports referred to throughout this report are available at www.cga.ct.gov/pri or from the committee staff offices at (860) 240-0300.

Table I-1. Pre-trial Diversion Programs

Program	Eligibility	Restrictions	Components	Fees
Pre-trial Alcohol Education	Persons charged with DUI	<p>Prior conviction for:</p> <ul style="list-style-type: none"> ▪ manslaughter in the second degree with a motor vehicle (MV) ▪ assault in the second degree with MV ▪ DUI ▪ similar crimes in another state <p>Charged with DUI causing serious physical injury of another person</p>	<p>CSSD confirms eligibility & refers to DMHAS</p> <p>DMHAS evaluates & refers to contracted alcohol intervention program for 1 year</p> <p>Defendants must:</p> <ul style="list-style-type: none"> ▪ complete 10 to 15 counseling sessions ▪ accept placement in treatment program ▪ participate in at least 1 victim impact panel^ if ordered by judge ▪ submit to suspension of driver's license during program 	<p>\$50 application fee</p> <p>Nonrefundable \$100 evaluation fee</p> <p>Nonrefundable \$325 program fee for 10 session program or \$500 fee for 15 session program</p> <p>\$25 victim impact panel participation fee</p>
Pre-trial Drug Education	Persons charged with possession/use of illegal drugs or drug paraphernalia	Prior participation in program or pre-trial CSLP	<p>CSSD confirms eligibility & refers to DMHAS</p> <p>DMHAS evaluates & refers to contracted drug intervention program*</p> <p>Defendants must:</p> <ul style="list-style-type: none"> ▪ comply with all DMHAS conditions including attendance at meetings ▪ accept placement in treatment program ▪ complete 4-day CSLP 	Nonrefundable \$350 program fee
Pre-trial Community Service Labor	<p>Persons charged with possession/use of illegal drug or paraphernalia</p> <p>Limited to participating twice</p>	<p>More than 2 prior convictions for:</p> <ul style="list-style-type: none"> ▪ possession/use of drug paraphernalia ▪ possession of drugs ▪ manufacturing, sale, or distribution of drugs ▪ manufacturing, sale, or distribution of drugs by non-drug dependent person 	<p>CSLP includes a mandatory drug education component (8 sessions)</p> <p>Minimum of 14 days participation for first offense and 30 days for second offense with guilty plea & conviction</p>	None
Pre-trial Family Violence Education	Persons charged with family violence crime**	<p>Prior conviction or prior accelerated rehabilitation (AR) for family violence crime on/after October 1, 1986</p> <p>Prior participation in program</p>	<p>Victim notified of & given opportunity to respond to defendant's application to program</p> <p>1 class (1 ½ hours in length) per week</p>	\$200 program fee

Table I-1. Pre-trial Diversion Programs

Program	Eligibility	Restrictions	Components	Fees
		Charged with class A, B, C, or unclassified felony carrying a sentence of more than 10 years in prison or unless good cause is shown a class D or unclassified felony carrying a sentence of more than 5 years in prison	for 10 weeks Groups divided by gender	
Pre-trial School Violence Education	Public or private secondary school students charged with crime involving use, threatened use, or attempted use of physical violence in or on public or private elementary or secondary school property or at school-sponsored activity	Possession of firearms, dangerous weapons, controlled substances, or other illegal property or materials Prior conviction involving threatened use of physical violence in or on public or private elementary or secondary school property or at school-sponsored activity or conviction for similar crime in another state Prior participation in program	Bail commissioner assesses & confirms eligibility CSSD evaluates & refers to contracted program for 1 year & monitors defendant's compliance & maintains contact with school officials Program includes at least 8 group counseling sessions in anger management & nonviolent conflict resolution	Program fee paid by parent or guardian -- fee not set in statute \$300 fee administratively set by program provider
Hate Crimes Diversion	Persons charged with deprivation of rights, desecration of property, cross burning, deprivation of civil rights by wearing mask or hood, or intimidation based on bigotry or bias in the first, second, or third degrees	None	Released to custody of CSSD to participate in educational & supervised community service components	\$425 program fee

^ Victim impact panel is a non-confrontational forum for victims of alcohol- and drug-related crimes to share the experiences of the impact of the crimes on their lives.

*A person accepted in the pre-trial drug education program may attend an out-of-state program if his or her employment, residence, or attendance at school makes it unreasonable to attend an in-state program.

**Family violence crime contains an element of family violence to a family member, but not an act by parent or guardian disciplining a minor child unless it constitutes abuse. It is defined as a crime that results in physical harm, bodily injury, assault, or threatened violence that constitutes fear or imminent physical harm, bodily injury, or assault between family or household members.

Source of information: Connecticut General Statutes and CSSD

A defendant enrolled in a pre-trial diversion program is not actively supervised by CSSD and is not required to appear before a judge. The program provider reports a client's successful completion to CSSD, which is then reported to a judge.

Upon successful completion of a pre-trial diversion program as determined by the program provider, the criminal charge against a defendant is dismissed. This is an administrative process requiring no formal court proceeding or court appearance by the defendant. The defendant receives written notification of the dismissal of the criminal charge.

If a defendant fails to successfully complete a program, a judge may: (1) re-instate the criminal charges, unseal the court file, enter a plea of not guilty on behalf of the defendant, and refer the case to the state's attorney for prosecution; or (2) for good cause extend the program participation period to allow for completion.

Alternative Sanction Programs

Programs. There are many types of alternative sanction programs. For contracting purposes, they are categorized into seven general areas:

- Alternative Incarceration Centers (AIC);
- Day Incarceration Centers (DIC);
- adult services (now called adult behavioral health);
- residential treatment;
- domestic violence;
- special populations (e.g., sex offenders, Latino youth, women); and
- other programs (e.g., Community Service Labor Program, Zero-Tolerance Drug Program).

Appendix D lists the existing contracted alternative sanction providers by region.

There is overlap in the types of services provided by alternative sanction programs with most offering various types of individual counseling and treatment including: mental health and substance abuse evaluation and treatment; individual, group, and family counseling; educational and vocational counseling and placement; life skills counseling; recreation; case planning; and referral services. What differs among the programs is the setting and client profile. The programs can provide services in a residential or nonresidential setting offering various levels of supervision to persons under different sentencing statuses and custody levels.

There are supplemental services that augment both probation supervision and alternative sanction programs such as electronic monitoring and drug testing. However, they are not defined as alternative sanction programs.

Eligibility. In general, most pre-trial defendants and sentenced offenders are eligible to participate in alternative sanction programs. CSSD or a judge determines a defendant's eligibility during the bail setting process and can order participation in an alternative sanction

program as a special bail release condition. Sentenced offenders are referred to an alternative sanction program one of four ways:

- directly to a specific program as part of a probation sentence based on an Alternative Incarceration Plan (AIP) ordered by a judge;
- direct sentence ordered by a judge upon disposition of the criminal charge(s);
- ordered by a probation officer for a violation of probation as a graduated sanction response in lieu of an arrest warrant and possible incarceration; or
- ordered by a probation officer as part of the probation supervision phase of a “split” sentence, which is a sentence that includes a prison term followed by a court-ordered period of probation.

As will be discussed, some alternative sanction programs target special populations or provide specific services not appropriate for the general client population. CSSD and the provider contractually set the eligibility criteria for those programs. Exceptions to client eligibility will be noted at the end of each program description that now follows.

Alternative Incarceration Centers. The 17 Alternative Incarceration Centers are the cornerstone of the alternative sanction network and were specifically designed to provide an alternative for clients whom, if not for the availability of the service, would otherwise be incarcerated -- the “jail bound” offender population.

AICs monitor defendant and offender behavior and provide structured, center-based, day and evening services such as:

- substance abuse evaluation and counseling;
- educational programming;
- individual, group, and family counseling;
- life skills development;
- job development;
- community restitution;
- recreation;
- housing assistance;
- income maintenance assistance;
- urinalysis testing; and
- assessments for sentence planning.

Community service and transitional housing are integral components of AICs. Transitional housing for up to 30 days is currently provided in the Hartford, Middletown, New Haven, and Waterbury centers, but the beds may be used by any AIC in the state. Often a day-reporting client is placed in a transitional housing bed as a sanction for noncompliance with other conditions of the program.

All court locations are serviced by an AIC liaison responsible for identifying defendants and offenders eligible to participate in the program, developing supervision and service delivery plans, and reporting on clients' progress to judges and CSSD.

Defendants and offenders admitted to an AIC are required to:

- report in person and by telephone to the AIC three times per week for a set period of time if they are employed or attending school, or five times per week for at least three hours each time if they are not;
- participate pre-trial until case disposition or as part of a probation sentence for up to six months unless otherwise ordered by a judge;
- meet program and supervision conditions determined by criminal status, service needs, and risk level;
- spend time at the center participating in group discussions, watching educational videotapes, and planning weekly activities; and
- access case managers, court liaisons, job counselors, crisis intervention workers, substance abuse counselors, community service restitution coordinators, family caseworkers, and on-site Alcoholics Anonymous (AA) meetings.

AICs typically do not accept defendants charged with or offenders convicted of sexual assault or arson offenses or clients with a diagnosed serious mental illness or substance abuse problem. It should be noted, however, CSSD and DMHAS are collaborating to develop a pilot AIC for clients with serious mental illness. The agencies are developing the program under the auspices of the Alternatives to Incarceration Advisory Committee of the Prison and Jail Overcrowding Commission.

Day Incarceration Centers. Day Incarceration Centers provide a combination of control and supervision, treatment, punishment, and community restitution in a more restrictive and punitive setting than an AIC. DICs provide:

- electronic monitoring;
- substance abuse evaluation and treatment;
- vocational and educational groups and classes;
- community service;
- anger management counseling;
- life skills counseling; and
- drug testing.

Pre-trial defendants and sentenced offenders participate in the program up to seven days per week for eight hours per day. Sentenced offenders typically participate in the DIC program for four months unless otherwise ordered by a judge or probation officer, while pre-trial defendants are enrolled until case disposition.

As of June 2004, the DIC program was terminated due to budget cuts. DICs served less than 200 clients statewide and the division decided to close the program due to forced budget reductions rather than negatively impact other programs such as AICs that had larger client populations.

Adult services. Many defendants and offenders involved with the criminal justice system have multiple-service needs. Adult services programs provide a coordinated range of community-based, nonresidential services including:

- substance abuse evaluation and treatment;
- mental health evaluation and treatment;
- individual and group counseling;
- marital and family counseling;
- anger management;
- life skills development counseling;
- vocational assessment and counseling;
- job preparation and employment counseling;
- GED preparation and education services;
- emergency housing; and
- parenting skills.

The adult services programs are less intensive and structured than AICs and do not generally provide supervision nor require scheduled reporting, but clients are required to attend and participate in program sessions.

During 2004, as part of its shift to evidence-based programming (discussed in Chapter 8), the scope of adult services programs, now called adult behavioral health services, was revised to specifically focus on providing: (1) substance abuse assessment; (2) group and intensive outpatient substance abuse treatment; (3) mental health evaluation and treatment; and (4) group anger management counseling. Under the new contract, providers must offer specific evidence-based programs with research to support efficacy such as the anger management curriculum CALM (Controlling Anger and Learning to Manage It) or ART (Aggression Replacement Training).

The other existing services including GED preparation and emergency transitional housing were eliminated under the new contract because they do not specifically target identified criminogenic needs of the client population or provide supervision strategies to reduce the clients' risk of re-offending. For the eliminated services, CSSD instead plans to refer clients to Infoline², a statewide, comprehensive, help-by-telephone service that provides free, 24-hour

² Infoline 2-1-1 originated in 1976 and is funded through a partnership between Connecticut and the United Way. It maintains a computerized database of over 4,000 health and human service agencies offering approximately 38,000 services such as counseling, emergency shelter, basic needs (e.g., food, clothing), crisis intervention, family counseling, child care, financial assistance, disability services, and suicide prevention.

information, community referrals, and crisis intervention to non-contracted, supplemental services.

In October 2004, CSSD awarded the new adult behavioral health services contracts. Program implementation under the new contracts, however, was postponed until January 2005.

Residential treatment. Residential treatment programs are for adult male and female defendants and offenders in need of emergency or short- or long-term placement to avoid incarceration. Residential treatment programs, except for some that service special populations, do not accept clients who may pose a threat to the safety of other clients or program staff due to their history of violent crimes, sexual assault offenses, and arson, or clients in need of emergency psychiatric care or taking psychotropic medication.

Residential treatment services include halfway houses, transitional housing, detoxification, intensive drug treatment (up to 18 months), and special facilities for the mentally ill or those dually diagnosed with mental illness and drug dependency. Table I-2 lists the existing eight types of residential programs serving different target populations, the average length of stay, bed capacity, and services.

Transitional housing programs provide comprehensive supervision to male and female defendants and offenders lacking appropriate living arrangements, which may make them unsuitable for release on bail or probation. In addition to the residential arrangement, the programs generally provide drug testing, substance abuse counseling, community service referrals, and client compliance reporting. This service, often coupled with an AIC for daytime supervision, is provided for up to 45 days.

The residential detoxification programs can last up to seven days depending on the needs of the client. Licensed medical professionals monitor the detoxification process.

The length of intensive, residential drug treatment programs vary from 30 days to 18 months with an outpatient aftercare component. Detoxification services are not provided. Residential programs are highly structured, therapeutic communities that focus on educational or vocational counseling, community service, physical fitness training, life skills, and health related programming.

As show in the table, there are specialized residential facilities for clients dually diagnosed, pregnant, HIV positive, or with dependent children.

Table I-2. Contracted Residential Programs

<i>Program Type (Length of Stay) (# beds)</i>	<i>Target Population</i>	<i>Services Offered</i>
Project Green (4-6 months) (49 beds)	<ul style="list-style-type: none"> ▪ Males age 16 & older residing in New Haven ▪ Addicted/dependent on drugs and/or alcohol ▪ Capable of performing community service labor 	<ul style="list-style-type: none"> ▪ DEP-coordinated community service ▪ Substance abuse education and treatment ▪ Employment readiness ▪ Case management ▪ Resource management ▪ Life skills training
Youthful Offender (4-6 months) (30 beds)	<ul style="list-style-type: none"> ▪ Sentenced male offenders age 16-to-21 	<ul style="list-style-type: none"> ▪ Academic/vocational education (basic skills, GED training, ESL and/or college preparatory work) ▪ Life skills training ▪ Substance abuse education and treatment ▪ Case management ▪ Community service participation ▪ Recreation and physical fitness ▪ Family counseling and support ▪ Community reintegration
Medical Detoxification (3-28 days) (7 beds)	<ul style="list-style-type: none"> ▪ Males and females age 18 & older ▪ Pre-trial, court-sentenced, or alternative to probation and parole violation 	<ul style="list-style-type: none"> ▪ Medically managed/supervised intensive substance abuse treatment/detoxification
Substance Abuse Intermediate Term (3-6 months) (33 beds)	<ul style="list-style-type: none"> ▪ Males and females age 18 & older (16 & 17 year olds accepted at some locations) ▪ Pre-trial and sentenced offenders and alternative to probation/parole violation ▪ Addicted/dependent on drugs and/or alcohol 	<ul style="list-style-type: none"> ▪ Substance abuse treatment ▪ Individual, group and family counseling ▪ Educational/vocational skills development ▪ Crisis intervention ▪ Health intervention ▪ Independent living skills training ▪ Access to recreational opportunities ▪ Pre-release counseling ▪ Aftercare/discharge planning
Substance Abuse Long Term (6-18 months) (150 beds)	<ul style="list-style-type: none"> ▪ Males and females age 18+ (16-17 year olds accepted at some locations) ▪ Pre-trial and sentenced offenders and alternative to probation/parole violation ▪ Addicted/dependent on drugs and/or alcohol 	<ul style="list-style-type: none"> ▪ Substance abuse treatment ▪ Individual, group and family counseling ▪ Educational/vocational skills development ▪ Crisis intervention ▪ Health intervention ▪ Independent living skills training ▪ Access to recreational opportunities ▪ Pre-release counseling ▪ Aftercare/discharge planning

Table I-2. Contracted Residential Programs

<i>Program Type (Length of Stay) (# beds)</i>	<i>Target Population</i>	<i>Services Offered</i>
Halfway House (varies) (16 beds)	<ul style="list-style-type: none"> ▪ Male and female offenders age 16+ ▪ In need of residential supervision in lieu of incarceration 	<ul style="list-style-type: none"> ▪ Pre-trial supervision services for accused individuals ▪ Work release supervision for sentenced (probation and parole) offenders ▪ Interim treatment for those awaiting availability of inpatient treatment
Jail Re-Interview (60-90 days) (18 beds)	<ul style="list-style-type: none"> ▪ Pre-trial male defendants age 18+ (16-17 year olds accepted when necessary) 	Through direct service or referral: <ul style="list-style-type: none"> ▪ Substance abuse treatment ▪ Educational services ▪ Life skills training ▪ Job development ▪ Intensive case management
Women and Children (6-12 months) (60 beds)	<ul style="list-style-type: none"> ▪ Females age 16+ ▪ Pre-trial or sentenced ▪ Substance abusing ▪ Dual diagnosis ▪ Pregnant women and mothers eligible 	<ul style="list-style-type: none"> ▪ Substance abuse treatment ▪ Dual diagnosis treatment ▪ Rehabilitation treatment facility
Source of information: CSSD		

Domestic violence. A family (or domestic) violence crime is statutorily defined as a crime that results in physical harm, bodily injury, assault, or threatened violence that constitutes fear or imminent physical harm, bodily injury, or assault between family or household members except an act by parent or guardian disciplining a minor child unless it constitutes abuse. Adult males convicted of a family violence crime are eligible to participate in the EVOLVE and EXPLORE programs.

EXPLORE is a 26-week group-based program for men convicted of domestic violence crimes against female intimate partners. The focus of the program is education and behavior change for positive interpersonal and conflict resolution and behavior management skills. A client is required to attend a one and one-half hour class per week.

EVOLVE is a 52 session, intensive psycho-educational, peer confrontational, behavior modification group for male offenders convicted of domestic violence crimes against female intimate partners. The pilot program was developed in 2000 at the request of the U.S. Department of Justice to determine the best practices for sanctioning domestic violence offenders and effecting long-term behavior change. Program effectiveness is being determined by independent research funded by the National Institute of Justice.

Clients can participate in any additional alternative sanction programs such as an AIC or outpatient substance abuse treatment concurrent with the two domestic violence programs.

Special Population. Special population programs are designed for certain types of clients who have previously been underserved or have very specific criminal histories or service needs. The identified groups are convicted sex offenders, and female or Latino defendants or offenders. CSSD currently administers only one gender specific program for women and one geared to Latino clients.

Female defendants and offenders often have dependent children, a history of substance abuse, or have been victims of abuse, sexual assault, or violent or domestic violence crimes. They tend to be involved with other social or health care service systems such as the Department of Children and Families.

It is acknowledged that females involved with the criminal justice system have unique service needs that are often expensive to provide and difficult to address. Women represent a small -- but growing -- percentage of the offender population making it inefficient and difficult for agencies to develop and provide a program for only a few clients. Gender specific programs attempt to target women by providing services to reduce the risk of re-offending and meet the client's needs.

Currently STARS (Striving Toward Achievement, Reward, and Success) is the only gender specific program for female defendants and offenders age 16 and older providing intensive supervision and comprehensive services. The STARS program serves as a step-down service from the residential women and children's programs.

There are two programs for Hispanic clients. The Latino Youth Offender Program provides intensive case management and counseling for Latino/Latina defendants and offenders

between 16 and 23 years. The program develops educational, economic, social, and community resources. Project APOYO is an AIC-model program for Spanish-speaking clients.

The treatment and supervision of sex offenders in the community is an important public safety component. The Intensive Supervision Sex Offender Unit model is a victim-centered approach to high-risk supervision and treatment provided in collaboration between CSSD for supervision, The Connection, Inc. for treatment, and the Connecticut Sexual Assault Crisis Services, Inc. (ConnSACS) for victim advocacy. Probation officers, treatment providers, and victim advocates staff each program site.

The program goals are to provide:

- intensive supervision to improve treatment outcomes and probation success;
- specialized evaluation and treatment by expert clinicians;
- crisis intervention;
- representation and advocacy to victims of sex offenders; and
- community safety.

The program serves predominately male offenders at least 16 years old convicted of a sexual offense (primarily child molestation and rape) in need of specialized treatment for sexual disorders. The program offers treatment services for female sex offenders in Hartford and New Haven. Treatment is also available for clients who are developmentally disabled or borderline intellectual functioning. Offenders are likely to have previous treatment failures, a high probability of probation violations and re-arrest, and the potential to be a high risk in the community.

Active supervision caseloads are capped at 45 sex offenders per probation officer. Sex offenders are evaluated pre-sentence or at the beginning of the probation period and are re-evaluated every six months to track progress and determine the supervision level.

Clients are classified for intensive treatment (four days per week, three hours per day), regular treatment, or follow-up. The treatment method is primarily group therapy, but a client may receive individual counseling if he is not yet capable of participating constructively in a group setting or is experiencing certain problems better addressed on an individual basis. The program provides services to bilingual offenders. Families of sex offenders are expected to participate in treatment, and clients are required to undergo and participate in:

- assessment and evaluation;
- treatment;
- scheduled reporting and supervision conditions;
- home visits;
- treatment groups and counseling; and

- in some instances, take certain medications under medical supervision to enhance treatment (e.g., Depo-Provera, Prozac, lithium carbonate).

Other services. There are two programs in this category: Zero-Tolerance Drug Program; and Community Service Labor Program (CSLP), which is a separate program from the Pre-trial CSLP although pre-trial defendants may participate in CSLP.

The Community Service Labor Program provides unpaid supervised work at non-profit community agencies, municipal projects, and civic organizations. CSLP projects are coordinated and supervised by the AICs and include:

- maintenance of state parks, campgrounds, beaches, municipal parks, and athletic fields;
- painting elementary school classrooms and state courthouses;
- graffiti removal from public buildings;
- removal of debris from illegal dumping sites;
- ticket collection and refreshment stand operation at the annual Nutmeg Games and Connecticut Olympic Festival; and
- support services for the Special Olympics.

The AIC screens a defendant or offender to determine interest, skill, and availability for placement and determines the CSLP placement site and schedule. The length of program participation varies according to court order. There is no program cost to the client.

An offender age 18 and older with a history of substance abuse can be ordered by a judge to participate in the Zero-Tolerance Drug Program. Clients enter into a contract with the CSSD agreeing to:

- not use illegal substances;
- submit to random and frequent drug testing; and
- confinement for two days at a residential treatment facility for the first two failed drug tests and imposition of the full sentence upon the third failure.

Specialized Courts

Connecticut established specialized court programs as alternatives to the traditional criminal court process. The programs include: Community Court; mediation; and the drug intervention docket.

Community Court. In 1997 (Public Act 97-199), the Community Court program was established to provide alternative dispositions for misdemeanor offenses except motor vehicle offenses and infractions, violations of local ordinances, and offenses referred from the housing

court. The intention was for the court to deal in an alternative way with a variety of low level, “quality of life” crimes. Table I-3 lists the offenses referred to the Community Court and the recommended sentence.

Table I-3. Hartford Community Court Accepted Offenses and Sentencing Policies	
<i>Offense</i>	<i># of Community Service Days/Other Sentence Condition</i>
Breach of Peace	1 day
Larceny in the sixth degree	1 day
Disorderly Conduct	1 day
Criminal Trespass	1 day
Simple Possession of Marijuana (first-time charge only)	2 days
Interfering with Police (no injury to police officer)	1 day
Prostitution	30 to 60 day continuance, assessed for Women’s Holistic Health or other appropriate program
Solicitation	5 to 10 days/ men’s health class, mandatory STD testing
Threatening	1 day
Criminal Mischief	1 day
Possession of Liquor by Minor	1 day
Illegal Liquor Sale	1 day; plea is not vacated to allow for possible suspension of liquor sale license after investigation by Department of Consumer Protection
Failure to Appear	Case-by-case, possible incarceration
Public Nuisance	1 day
Loitering	1 day
Public Drinking	1 day
Excessive Noise	1 day
Littering	1 day
Public Indecency	1 day
Illegal Vending	1 day
Curfew	1 day
Hartford Community Court takes similar, although much fewer, local ordinance cases from surrounding municipalities. The sentencing policies are the same.	
Source of information: Judicial Branch	

The court program is operated in Hartford and to a lesser degree in Waterbury. To participate, a defendant charged with one of the eligible offenses is issued a summons and/or arrested. He or she is referred and required to appear at the Community Court within two days of being arrested, excluding weekends and holidays.

Defendants enter a conditional guilty plea to the criminal charge and are sentenced according to the guidelines set forth in Table I-3. Most defendants work between one to five days for eight hours per day on a community service project. After successfully completing the

required number of community service days and any other court-ordered condition and remaining crime-free for one month, the conditional guilty plea is vacated and the charges dismissed.

For repeat offenders, the recommended sentence may be increased from the guidelines to include more community service or a period of incarceration. Also, a judge can terminate a defendant's participation in the Community Court program and impose another sentence including prison.

The court's social services team composed of representatives from the Hartford Department of Human Services, state Department of Social Services (DSS), and DMHAS assesses each defendant's service needs and facilitates access to community-based treatment and social services. In addition, the Community Court has implemented three special programs.

- ***Prostitution Protocol*** is a counseling and education program addressing the criminal, health, and social issues surrounding the crime of prostitution for persons arrested for the offense.
- ***“John” Protocol*** is an education program that addresses the health and social consequences for persons arrested for solicitation of a prostitute.
- ***Sexually Transmitted Disease (STD) Protocol*** requires all defendants involved in sexually oriented crimes to undergo STD testing and treatment, health, and behavior modification education.

Drug intervention docket. In 2002, the drug intervention docket replaced the Drug Court, which was terminated in 2000 due to budgetary constraints. The program establishes a drug intervention docket separate from other criminal matters for defendants with a substance abuse problem in the Bridgeport GA court.

The program accepts: (1) offenders who have violated probation and as a result could be sent to prison; and (2) offenders sentenced directly to the program. Offenders accepted into the program have their prison sentences suspended and must agree to:

- comply with all treatment and aftercare conditions for one year;
- comply with court-ordered treatment and supervision conditions;
- enroll in an outpatient or inpatient substance abuse treatment program;
- participate in job placement services; and
- appear before the drug intervention judge once a month (inpatient treatment clients are excused and the program provider reports to the judge on the client's progress).

If a residential treatment bed is ordered but not available, the offender can await placement in prison or opt out of the program and move onto the sentencing phase.

A defendant admitted for a violation of probation who successfully completes the program has his or her sentence terminated. Defendants directly sentenced to the program in lieu of prison are transferred to an aftercare component to complete any remaining probationary period. The violation sanctions of the drug intervention program include:

- two weeks incarceration and a return to the program for the first and second violation; and
- incarceration for a term determined by a judge for the third violation, failure to appear, or a new crime.

Mediation Services. A 1982 law (Public Act 82-383) created a mediation program for a defendant, the victim, and an impartial third party (mediator) to voluntarily resolve a dispute by developing a mutually acceptable resolution. While the program is voluntary, the defendant does not waive the right to counsel.

Defendants charged with any criminal offense may participate in mediation with the exception of class A and B felonies, family violence, child abuse, and any offense subject to a mandatory minimum sentence.

Mediation services last less than 90 days and cases typically are resolved within one month. The program provides information about the process and the disputants' rights to self-determination in defining issues and outcomes. The program develops procedures to ensure impartiality and neutrality, confidentiality of client information, and compliance with terms of a mediated agreement. There is an emphasis on language and cultural diversity matching ethnicity, race, gender, age of the parties, and the community.

If mediation is successful, the state's attorney can terminate the prosecution. If mediation is unsuccessful or the defendant fails to comply with the terms of the mediation agreement the case is referred to the state's attorney for prosecution. There is no mediation cost to the participants.

Alternative Incarceration Program Capacity and Utilization Analysis

A key area of the program review committee's study was determining the demand for, participation in, and outcomes of alternative to incarceration options. These were identified, for the purposes of the study, as measures of AIP efficiency. Table II-1 summarizes the key points of the detailed data analysis.

The CSSD Quality Control Unit regularly collects from contracted providers the number of program beds and slots, contracted program capacity to serve clients, and the number of client admissions and discharges. Utilization and satisfactory discharge rates are determined based on the aggregate caseload data for alternative sanction and specialized court programs. There are many limitations to the data noted below; however, these were the best available data to track demand, capacity, and client participation.

Alternative Sanctions and Specialized Courts

The total number of residential beds and non-residential client openings (called "slots") determines capacity. The estimated community-based program capacity, considered a fluid number, has generally been difficult to calculate. In analyzing capacity there are several factors that should be considered.

First, typically more than one person can be serviced by a single, non-residential slot, which is a more flexible option than a residential bed that can only be used by one person for a specified period of time. Program duration also impacts capacity. Most programs have a specified length of service, some of which are only a matter of weeks whereas others continue for more than a year. The residential and intensive non-residential programs tend to require longer client participation periods. Therefore, non-residential program capacity is more difficult to calculate than residential program and prison bed capacity, which are definite and finite.

Second, the capacity of residential and nonresidential pre-trial and alternative sanction programs is contractually set and refers in the following analysis to the total number of anticipated clients served during a fiscal year. A fee is assigned to each slot or bed, which determines the monthly CSSD payment to a program provider. Fee-for-service clinical programs also have an anticipated capacity.

Third, contracted capacity is set based on historical use of a program. CSSD tracks the number of defendant and offender admissions to each program and uses the data to project future capacity needs. Judges have a significant impact on capacity through court-ordered referrals and conditions to participate in specific programs. CSSD reports that judges tend to favor certain programs over others and there are trends among the various judicial regions in program use. There have also been some alternative sanction programs that certain judges have not liked and have not used.

Table II-1. Key Points of Data Analysis on Program Capacity and Utilization

Programs	Data	Capacity	Utilization
PRE-TRIAL DIVERSION PROGRAMS	Complete data not available	Reported as unlimited because all eligible clients were served Admissions steadily increased	Always 100% utilization High satisfactory discharge rate
ALTERNATIVE SANCTION PROGRAMS	Contracted slot & bed capacity Capacity to serve Client admissions & discharges	Total capacity considered fluid number, but based on contracted number of nonresidential slots & residential beds No significant growth in contracted capacity, except a decrease due to forced budget reductions in FY 02 Capacity to serve clients increased exponentially (16,000 to 26,000) & greatly exceeds contracted capacity In FY 04, about 5,000 contracted slots & beds served almost 26,000 pre-trial & sentenced clients FY 02 budget crisis negatively impacted trends in capacity & capacity to serve The current statewide ratio between DOC prison bed capacity & CSSD alternative sanction capacity was 4:1, but the ratio between inmates in prison & defendants/offenders in community-based programs was 1:4	The total population was almost evenly divided between sentenced (55%) and pre-trial (45%) clients CSSD set target rates of 90% program utilization & 60% satisfactory discharge Overall, utilization was 100%, but varied between program types from a low of 88% in the residential treatment program to a high of 115% in the Sex Offender Unit Client admission rose between FY 00 and FY 02 to almost 20,000, but dropped by 27 percent (to less than 14,000) in FY 04 Almost two-thirds of all client discharges were satisfactory (meaning client successfully completed the program) meeting CSSD target rate of 60%
SPECIALIZED COURT PROGRAMS	Client admission & discharge	Capacity to serve jumped from about 1,000 in FY 00 to over 15,000 in FY 02	Steady rise in admissions to court programs Maintained a 70% satisfactory discharge rate

Fourth, CSSD allows programs to exceed contracted capacity up to 10 percent. A program's actual capacity may change from one year to the next based on an increase or decrease in clients admitted, but the contracted capacity number does not change unless the contract is amended or a new contract is awarded. If a program exceeds 10 percent capacity, especially for an extended period, then CSSD has in the past increased funding and contracted capacity or has instructed the program provider to limit admissions by creating a wait list.

Lastly, available state resources ultimately control contracted capacity. Many factors impact the state budget both in terms of appropriations and expenditures such as the state's recent budget crisis, which reached its apex in FY 02. The resulting state budget forced reductions in appropriations to all state agencies including the Judicial Branch and thus, CSSD. The division's adult Alternative Incarceration Program sustained the largest reduction of almost \$4 million (66 percent of the total reductions) among the Judicial Branch's budget areas. The FY 03 appropriation reduction authorized by the Office of Policy and Management (OPM), as shown in the following analysis, had a system-wide impact on program capacity and admissions.

In sum, the program review committee analysis presents the capacity of the alternative sanction network and the specialized courts in two ways: (1) **contracted capacity** specifying the actual number of program slots or beds set forth in a contract; and (2) **capacity to serve** representing an estimated number of client admissions that could be served in a fiscal year by the contracted capacity. Together, the data provide the most accurate description of the statewide capacity of the CSSD Alternative Incarceration Program.

Contracted capacity. As shown in Table II-2, there has been no significant growth in contracted capacity for the alternative sanction programs except for the domestic violence program. Beginning in FY 02, CSSD modified its domestic violence program and implemented the EVOLVE and EXPLORE programs.

<i>Table II-2. Contracted Capacity for Alternative Sanction Programs</i>					
<i>Programs</i>	<i>FY 00</i>	<i>FY 01</i>	<i>FY 02</i>	<i>FY 03</i>	<i>FY 04</i>
AIC	1,780	1,714	1,679	1,505	1,398
DIC	80	80	80	55	35
Adult Services	1,744	2,075	2,671	1,568	1,754
Residential Treatment [^]	212	234	426	316	349
Women and Children	62	66	66	60	57
Domestic Violence*	27	180	507	484	493
Specialized Populations ^{^^}	577	847	791	668	775
Zero-Tolerance Drug	188	246	200	150	150
TOTAL	4,670	5,442	6,420	4,806	5,011
[^] Includes beds contracted for CSSD by DMHAS beginning in FY 02. [*] Domestic Violence programs are Domestic Violence Sanctions (ended FY 01), EVOLVE (opened FY 01), and EXPLORE (opened FY 02). ^{^^} Specialized population programs include gender specific, Latino Youth Offender, Latino Treatment Track (ended FY 02), and Sex Offender Unit.					
Source of data: CSSD					

Capacity to serve. Over the past five fiscal years, some programs have been eliminated or merged into existing contracts. For example mental health services were merged into the adult services contract and Day Incarceration Centers, the Latino Treatment Track, and the Domestic Violence Sanctions programs were eliminated while the EVOLVE, EXPLORE, and STARS programs were brought online.

Figure II-1 shows the trend in contracted capacity compared to capacity to serve for alternative sanction and specialized court programs except for the drug intervention docket, which has no capacity data. As shown, the capacity to serve is much greater than the actual number of contracted program slots or beds (contracted capacity). As previously stated, this is because a slot or bed can accommodate several clients throughout a fiscal year and in some programs a slot can service more than one client per day. Capacity to serve, therefore, will always be greater than contracted capacity. The trend lines, as expected, mirror each other.

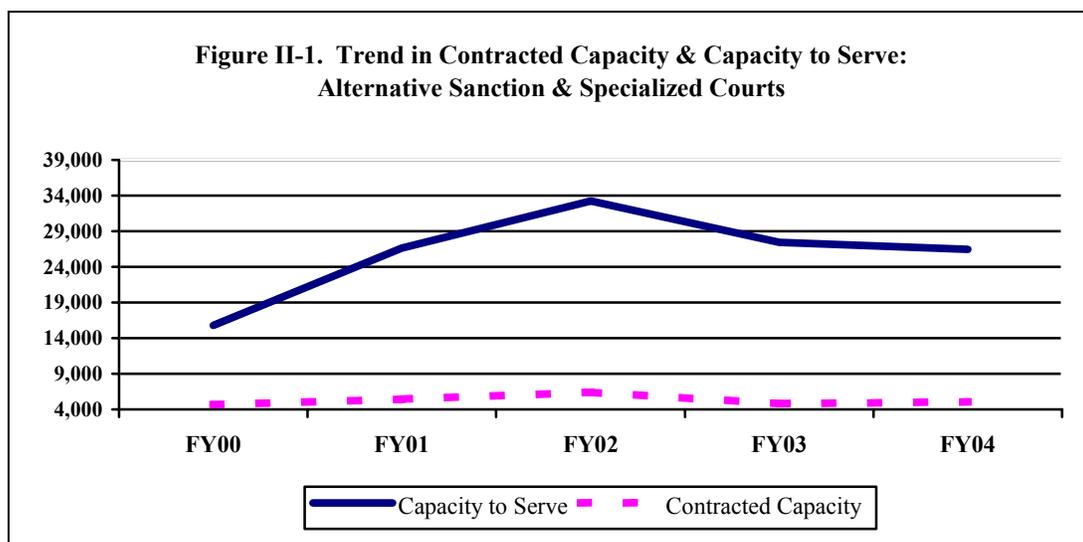


Table II-3 lists the capacity to serve for the two categories of programs for the past five fiscal years. The overall capacity to serve has increased from about 16,000 clients in FY 00 to over 26,000 in FY 04 -- a 63 percent increase. Capacity to serve reached its highest point (about 33,000) in FY 02 followed by a 17 percent drop the next fiscal year. The decrease in capacity to serve can primarily be attributed to the state budget crisis, as discussed earlier, during which forced reductions to state agency appropriations were made to balance the budget. The budget reductions negatively impacted contracted capacity and capacity to serve. Capacity has stabilized over the past two fiscal years.

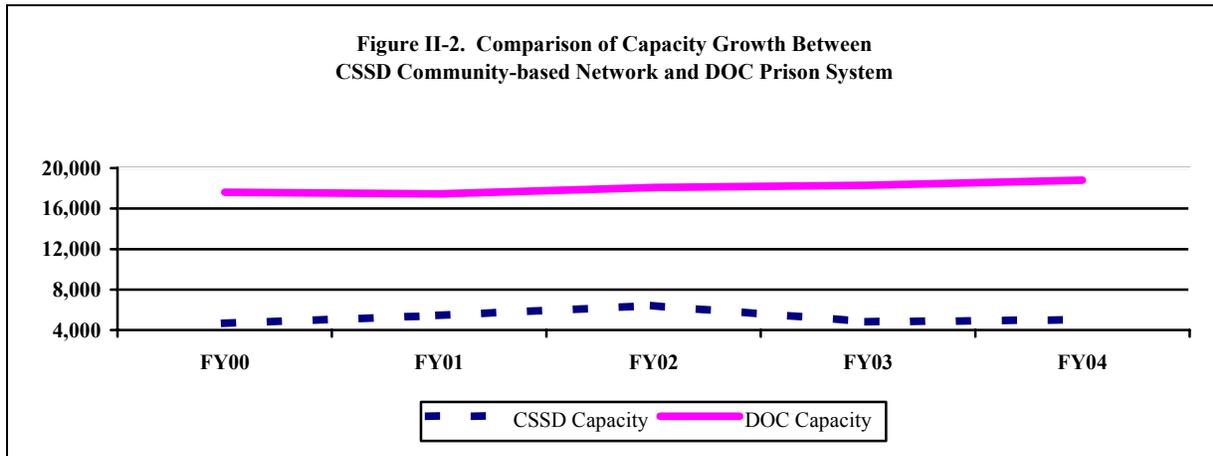
Table II-3. Capacity to Serve for Alternative Sanctions & Specialized Courts					
Programs	FY 00	FY 01	FY 02	FY 03	FY 04
Alternative Sanctions					
AIC	6,554	6,286	6,143	6,105	5,659
DIC	386	442	392	267	126
Adult Services [^]	5,964	5,433	5,244	4,175	5,054
Residential	566	705	1,162	1,115	1,049
Women and Children	143	152	143	151	162
Domestic Violence*	94	923	1,044	995	879
Specialized Populations ^{^^}	414	648	446	545	496
Other**	484	918	3,381	78	98
SUBTOTAL	14,605	15,507	17,956	13,431	13,523
Specialized Courts^{^^^}					
Community Court	NA	9,476	12,826	11,831	11,079
Mediation	1,164	1,659	2,478	2,194	1,849
SUBTOTAL	1,164	11,135	15,304	14,025	12,928
TOTAL CAPACITY	15,769	26,642	33,259	27,456	26,451
[^] Adult services and mental health services admissions are combined during FYs 00 & 01. Mental health services ended in FY 01. [*] Domestic Violence programs are Domestic Violence Sanctions (ended FY 01), EVOLVE (opened FY 01), and EXPLORE (opened FY 02). ^{^^} Specialized population programs include STARS, Latino Youth Offender, Latino Treatment Track (ended FY 02), and Sex Offender Unit. ^{**} Other programs include Zero-Tolerance Drug Program, Fatherhood Initiative (operated only during FYs 01 & 02), and Intensive Youth Services. ^{^^^} Drug intervention docket not included.					
Source of data: CSSD					

The following graphic (Figure II-2) compares the growth in the CSSD community-based contracted capacity and the Department of Correction's prison bed capacity³. Despite dealing with a serious prison overcrowding crisis for the past several years, both systems had almost no growth since FY 00. Relatively few prison beds have been added through small expansion projects at existing facilities. The capacity of the CSSD alternative sanction programs capacity appears to have been negatively impacted by FY 02 budget reductions whereas DOC prison capacity was not impacted.

Figure II-2 represents an interesting system-wide trend in managing the offender population. Currently, less than 25 percent of the total offender population (over 19,000

³ DOC prison bed capacity is a count of permanent prison and jail beds, but does not include temporary or out-of-state beds. Between FY 00 and FY 04, the department contracted for 500 beds in two Virginia prisons. (All inmates were returned to in-state prison facilities by November 2004.) At times during the recent overcrowding crisis, the department has used several hundred temporary beds throughout the prison system. Both out-of-state and temporary beds increase the total prison bed capacity.

inmates) is incarcerated. The remainder of the population -- almost 60,000 sentenced to probation and another 25,000 defendants under some type of pre-trial diversion or supervision program -- participate in community-based alternative to incarceration programs. Yet, DOC capacity is nearly 20,000 permanent prison beds while the CSSD alternative sanction network capacity is only 5,000 community-based slots and beds representing a 4:1 ratio whereas the ratio between inmates in prison and defendants and offenders in an alternative sanction programs is 1:4.



Utilization rate. Client admission and program utilization rate data for the past five fiscal years were analyzed. Together these data along with capacity to serve show the trend in the actual use of alternative sanction and specialized court programs.

Client admission data are counts of the number of persons enrolled in an alternative sanction or specialized court program. It is important to note a person can be admitted to a specific program more than once during a fiscal year and also enrolled in several programs at the same time. Therefore, the number of admissions does not represent the actual number of persons participating in the programs. The total number of client admissions is most likely greater than the actual number of persons served.

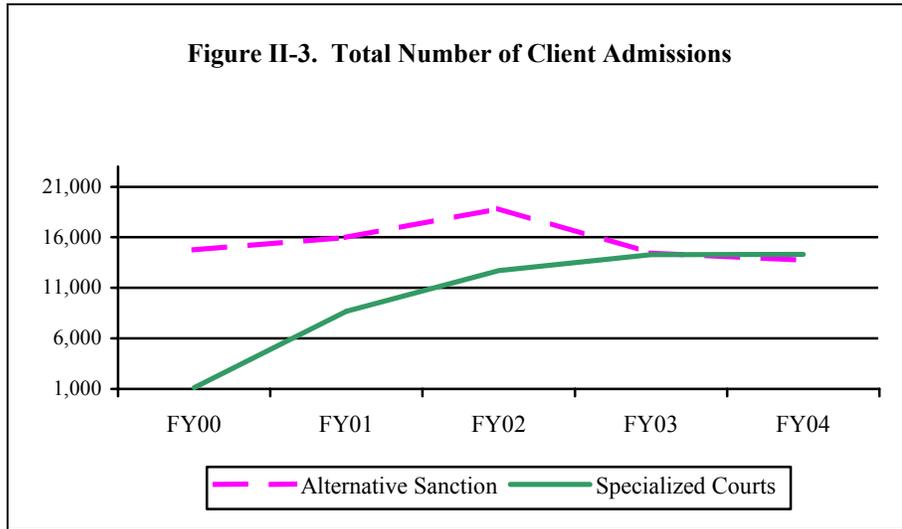
The program utilization rate is the percentage of slots or beds used in a fiscal year. It is calculated by dividing the total client census (e.g., total number of clients admitted to a program) by the capacity to serve and multiplying by 100. CSSD has administratively set a target for contracted programs of at least a 90 percent utilization rate.

The target rate is based on the ideal of 100 percent capacity tempered with the realization that the court process and case disposition cause delays in admitting clients to programs. Often defendants and offenders must wait for a court order to be released from custody and/or to enroll in a program.

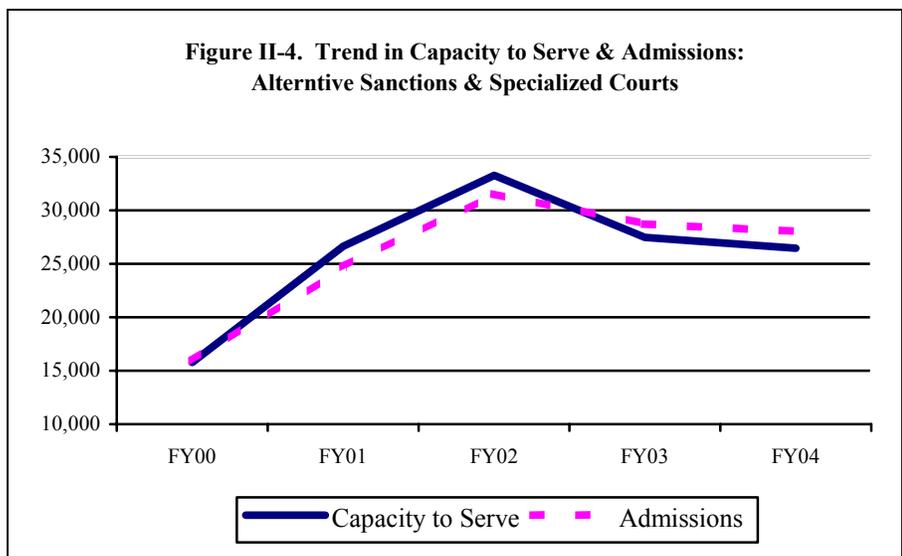
Figure II-3 shows the total number of client admissions for alternative sanction and specialized court programs during the past five fiscal years. Specialized court admissions

steadily rise. The specialized courts can serve many clients due to the short duration of the programs and the types of services provided.

Alternative sanction admissions peaked in FY 02 at almost 19,000 and have since declined in each of the next two fiscal years to a low of about 13,700 (a 28 percent decrease).



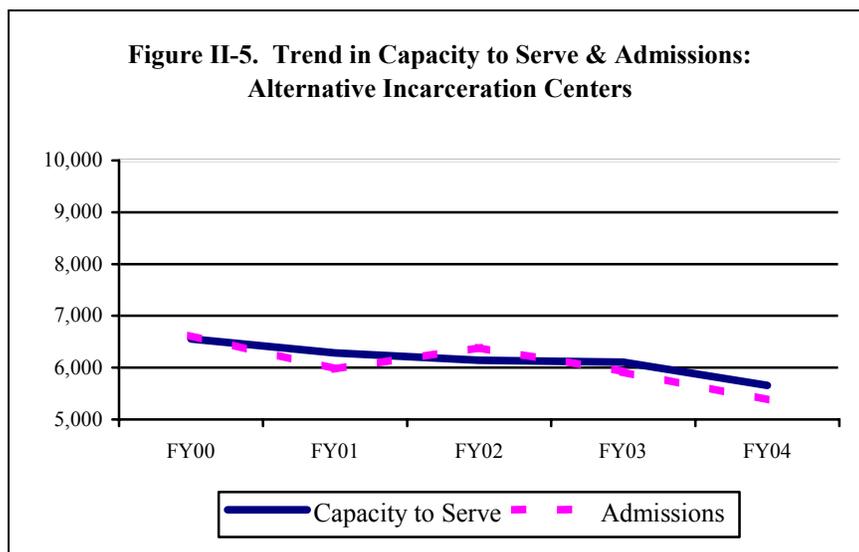
When compared, as shown in Figure II-4, the trend in capacity to serve and client admissions for alternative sanction and specialized court programs tracked for the first three fiscal years with admissions at or slightly less than capacity to serve. In FY 02, after forced state budget reductions decreased the capacity to serve, the trend reversed.



To further explore this trend, the program review committee analyzed the alternative sanction programs with the most client admissions: Alternative Incarceration Centers; adult services; and residential treatment services. The following graphics (Figures II-5, II-6, and II-7) tracked the five-year trends in capacity to serve and client admissions for each program. The trends were then compared to the utilization rates.

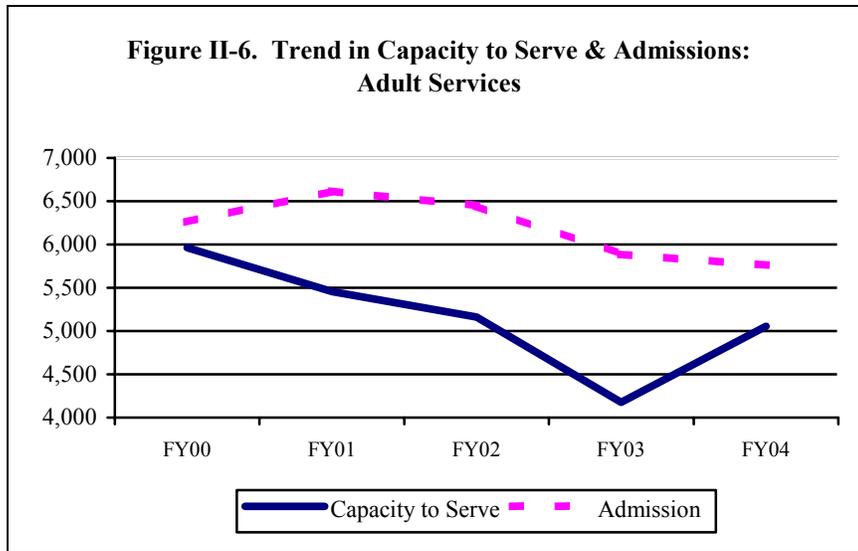
Alternative Incarceration Centers. CSSD reported AICs are one of the most frequently used alternative sanction programs for pre-trial defendants and sentenced offenders. Overall, however, since FY 00, the capacity to serve steadily decreased. As shown in Figure II-5, the capacity to serve dropped from a high of 6,554 AIC clients in FY 00 to 5,659 clients in FY 04 (a 14 percent decrease).

Similarly, there was a downward trend in client admissions, but admissions were only over or under capacity to serve by less than 5 percent in any given fiscal year. The AICs consistently exceeded the CSSD target utilization rate of 90 percent and, in FY 02, were over-utilized (104 percent).



Adult services. The adult services program provides a wide variety of services including anger management counseling and mental health or substance abuse evaluation and treatment. The adult services data include capacity to serve and admissions for the separate mental health services operational through FY 01.

The number of admissions for adult services was consistently well above the capacity to serve during the period under analysis, although the actual number of admissions did not steadily increase. Adult services capacity to serve, as shown in Figure II-6, was reduced each fiscal year until it reached its lowest point in FY 03, when there were slightly more than 4,000 clients. Capacity to serve had a minor recovery in the last fiscal year, reaching about 5,000 clients.



The graphic shows, despite a decrease in capacity to serve, the adult services program served thousands more clients than expected. The program held at well over 100 percent utilization. During FY 01 and FY 02 the program operated at over 120 percent utilization and peaked in FY 03 at 141 percent.

As previously stated, providers are permitted to exceed capacity to serve between 5 and 10 percent for a period of time before CSSD intervenes. For the past five fiscal years, the adult services program has consistently exceeded the limit. The division explained this is because the type of services provided in the program and other funding sources that allow increased client admissions impact the trend.

Over-capacity to serve is caused, in part, because judges frequently order substance abuse and mental health evaluations of defendants and offenders and further require any treatment recommended as a result of the evaluation to be part of the bail, case disposition, and sentencing processes. The adult services program provides both evaluation and treatment services.

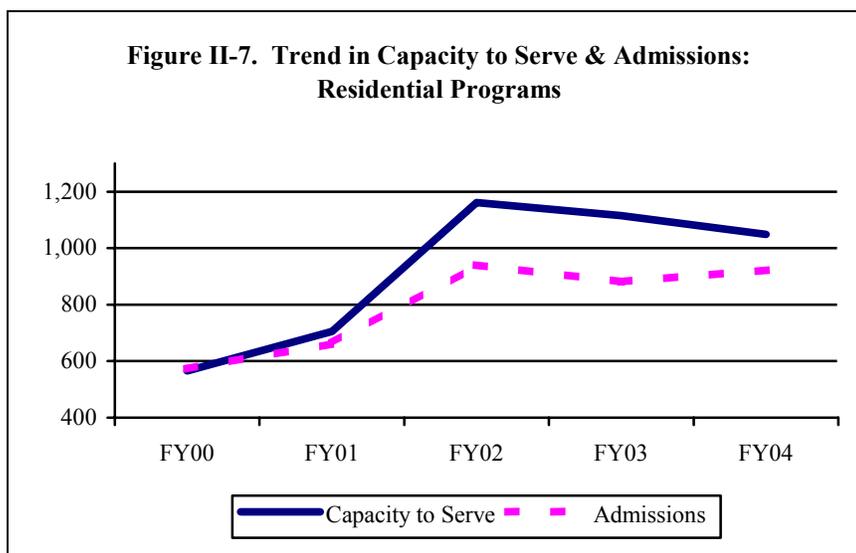
The adult services program accepts third-party payments (e.g., State Administered General Assistance, private insurance) for client evaluation and treatment. CSSD reported many of its clients are eligible for SAGA. The program also receives funds from other state sources such as DMHAS grants-in-aid. The additional funds allow the program to expand its capacity to serve beyond the rate contracted for by the division.

CSSD acknowledged the gap in capacity to serve and admissions is often a financial hardship on the adult services program agencies. In an effort to address the issue, as discussed in Chapter 1, the division has changed the scope of the adult services contract to focus on clinical evaluation and treatment services for substance abuse, mental health, and anger management. The new contracts (awarded in October 2004) exclude services such as transitional housing, GED preparation classes, and other social services. It is believed the scope of the new adult behavioral health services contract will allow for better utilization of resources and management

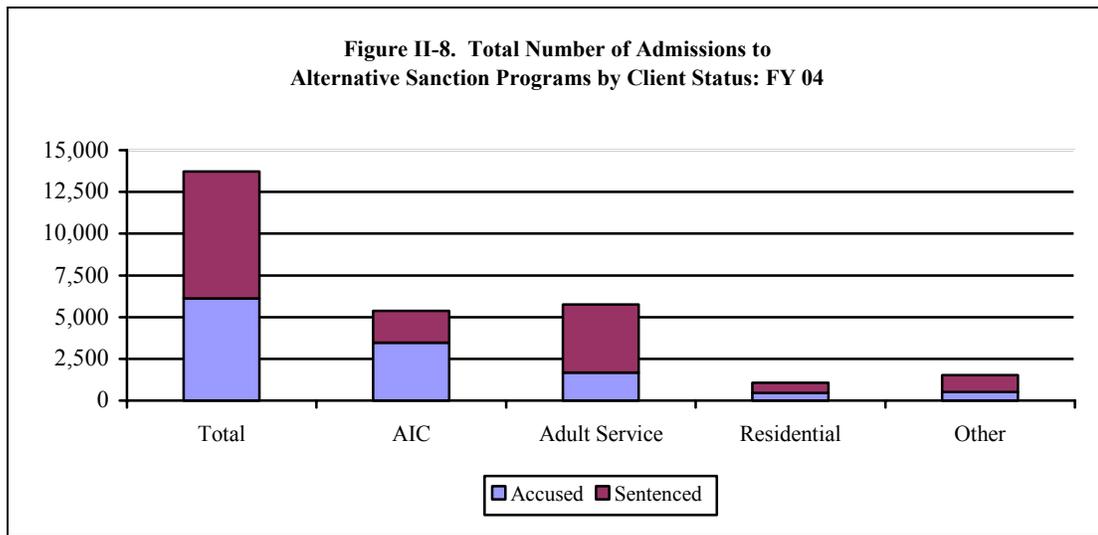
of capacity to serve, although the division stated the gap in the trend between capacity to serve and admissions will most likely continue.

Residential treatment services. Excluding the women and children’s programs, during the first three fiscal years, residential treatment programs more than doubled capacity to serve from about 600 to almost 1,200 client admissions (Figure II-7). Capacity to serve then leveled off. However, except during the first two fiscal years when admissions were at capacity, the utilization rate for residential programs dropped to about 80 percent. In FY 04, the utilization rate increased to 88 percent.

CSSD reported it is always at 100 percent utilization for the community-based residential programs for which there is high demand by judges and criminal justice agencies and need among clients, but historically there has been a serious lack of availability. Typically, the residential programs maintain wait lists with some clients waiting, often in prison, as long as four months to be admitted. The division explained that the gap between capacity to serve and admissions beginning in FY 02 was the result of new residential programs being opened. New residential programs stagger admissions to allow the program and facility to phase-in to full operation over several months. It was reported the lag time in the court and evaluation processes also accounted for the difference in the trends and may suggest an area needing further improvement.



Client status. The following graphic (Figure II-8) shows the total number of client admissions by pre-trial and sentenced status for alternative sanction programs. Because the admission numbers were relatively small, the women and children’s programs are included in the residential treatment category. The “other” category includes DICs, domestic violence, specialized populations, and the Zero-Tolerance Drug programs.



The total client population participating in an alternative sanction program is composed of about 55 percent sentenced offenders and 45 percent pre-trial defendants. As shown in Figure II-8, two-thirds of the admissions to an AIC (3,471) are pre-trial defendants. Over 70 percent of the clients admitted to adult services (4,088) are sentenced offenders. Within the remaining categories, more sentenced offenders than pre-trial defendants are admitted.

Satisfactory discharge rate. Client discharge data represent the number of persons released from a program. Like admission, the number of discharges does not represent the actual number of individual clients because a person can be released from a specific program more than once and discharged from several programs during a fiscal year.

A client can be discharged after satisfactorily or unsatisfactorily completing a program. There are a variety of reasons for unsatisfactory completion such as: failing to attend, participate, or otherwise follow program guidelines; voluntarily terminating enrollment; threatening or assaulting a staff member or client or exhibiting other disruptive behavior; presenting symptoms or problems needing medical or psychiatric attention not provided by the program; or being arrested for a violation of probation or other new crime.

The satisfactory discharge rate is the percentage of clients successfully completing an alternative sanction or specialized court program as determined and reported by the program staff. The rate is calculated by dividing the total number of satisfactory client discharges by the total number of client discharges and multiplying by 100.

The satisfactory discharge rate target is at least 60 percent. CSSD initially set the rate to encourage providers to work toward better client outcomes. The division expects providers to continue serving clients despite some noncompliant behavior; however, serious misbehavior or an arrest for a new crime is almost always grounds for a program to expel a client. To assist programs in meeting the target rate, CSSD offered services to augment the programs such as Project READ and electronic monitoring.

In general, during the five fiscal years under analysis, the alternative sanction programs (excluding the Sex Offender Program, which does not maintain reliable data to calculate the rate) exceeded the 60 percent satisfactory discharge target rate. In FY 01, the satisfactory discharge rate for all programs combined dropped to 54 percent, but during the next fiscal year it rose to 67 percent, the five-year high.

Table II-4 lists the satisfactory discharge rates for each type of alternative sanction and specialized court program. The AIC program is consistently successful in meeting the target satisfactory discharge rate, but the DIC program⁴ failed in four of the past five fiscal years to meet the target rate. Adult services, in comparison, exceeded the target 60 percent satisfactory discharge rate in four of the past five fiscal years. Based on this measure, adult services appear to be the most efficient alternative sanction program.

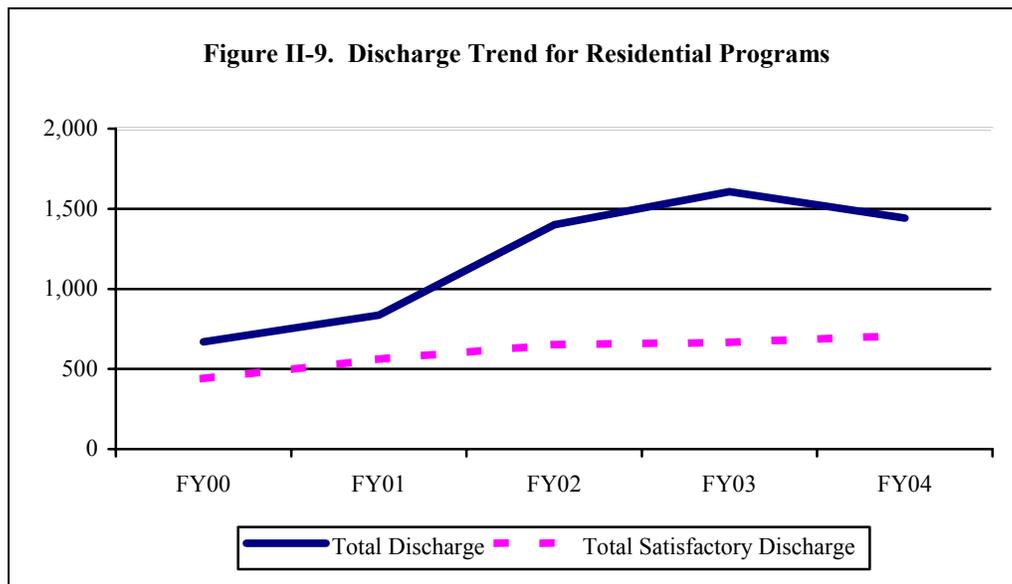
Table II-4. Satisfactory Discharge Rates for Alternative Sanction & Specialized Court Programs					
Programs	FY 00	FY 01	FY 02	FY 03	FY 04
Alternative Sanctions					
AIC	67%	66%	64%	66%	65%
DIC	64%	50%	56%	59%	46%
Adult Services [^]	73%	42%	67%	73%	72%
Residential	66%	67%	46%	41%	49%
Women and Children	55%	47%	69%	62%	65%
Domestic Violence*	100%	45%	44%	53%	52%
Specialized Populations ^{^^}	52%	59%	61%	65%	64%
Other**	58%	55%	91%	58%	50%
SUBTOTAL	68%	54%	67%	65%	65%
Specialized Courts^{^^^}					
Community Court	NA	66%	67%	72%	77%
Mediation	88%	84%	80%	81%	86%
SUBTOTAL	88%	71%	70%	74%	79%
TOTAL CAPACITY	70%	60%	68%	69%	72%
[^] Adult services and mental health services admissions are combined during FYs 00 & 01. Mental health services ended in FY 01. [*] Domestic Violence programs are Domestic Violence Sanctions (ended FY 01), EVOLVE (opened FY 01), and EXPLORE (opened FY 02). ^{^^} Specialized population programs include STARS, Latino Youth Offender, and Latino Treatment Track (ended FY 02). The Sex Offender Program is excluded due to missing data. ^{**} Other programs include Zero-Tolerance Drug Program, Fatherhood Initiative (operated only during FYs 01 & 02), and Intensive Youth Services. ^{^^^} Drug intervention docket not included.					
Source of data: CSSD					

⁴ The DIC program was eliminated as of June 2004.

After exceeding the target rate during FYs 00 and 01, for the past three fiscal years, the satisfactory discharge rate for residential services is significantly lower than 60 percent. The total number of satisfactory discharges was compared to the total number of discharges from the program (Figure II-9). As the client population increased, the efficacy of the program based on the satisfactory discharge measure, decreased.

CSSD was unable to account for this negative trend. The division did acknowledge that residential programs generally serve clients recently discharged from prison with a wide range of serious problems including homelessness and severe substance addiction and/or serious mental illness. Most of the residential clients have a high failure rate in other nonresidential alternative sanction programs and previous incarcerations, which is the reason for the residential placement. Because of the severity of the clients' criminal histories and service needs and prior record of program failures, residential providers may be less tolerant of noncompliant behavior and may be prone to discharge a client rather than continue the client's treatment. It does not appear from available data or information, however, clients in residential programs in FY 00 were less serious based on criminal history, past program performance, and service need than clients admitted in FY 04.

CSSD further explained clients placed in residential programs, which generally range from 30 days to 18 months, often have difficulty sustaining compliance over these longer periods of time. While residential programs restrict a client's liberty more than a nonresidential program, most facilities are not secure and the client is free to leave the facility without permission and fail to return (abscond). The division believes this is one factor that accounts for the low satisfactory discharge rate.



In comparison, the satisfactory discharge rate for women and children's residential programs has improved after the first two fiscal years during which the program did not meet the target rate. The satisfactory discharge rate for women and children's residential programs in FY 04 was 65 percent. The female client population, especially with dependent children, is growing. CSSD has focused attention on developing gender specific programs to address the unique service and treatment needs of this offender group. This focus may have positively impacted the satisfactory discharge rate.

Finally, specialized courts (especially mediation) are very successful based on this measure, consistently maintaining about a 70 percent satisfactory discharge rate. It should be noted these programs typically serve persons charged with misdemeanors and low level, nonviolent felony offenses and violations of local ordinances. The success may be due, in part, to the client profile rather than the specific program intervention and the relatively short duration of the service (most persons perform one or two days of community service restitution).

Wait list. Clients referred to but not yet admitted to a program are placed on a waiting list. The wait list data determines the demand for alternative incarceration programs, and is regularly collected by CSSD from contracted providers.

Wait list data are reported as the: (1) total number of clients referred to but not admitted to a program; and (2) the subset of those clients who have been waiting more than 30 days for admission. The latter numbers include duplication. For example, a person waiting three months for admission into a program is included in the first 30-day count and again in the over 30 day counts in months two and three. Therefore, the following is an analysis of the total number of clients on a wait list, regardless of wait period.

Because of the reporting method for wait list data, the average wait time for admission to alternative sanction programs, except residential treatment, cannot be calculated by CSSD. However, since the division acts as gatekeeper for residential treatment programs, more detailed information on wait time for this program was available and analyzed separately.

Wait list data was available for the following alternative sanction programs: AICs; adult services; residential treatment including women and children's programs; and domestic violence programs (EVOLVE and EXPLORE). There was no wait list data available for: specialized populations programs (Project APOYO, STARS, sex offender unit); the Zero-Tolerance Drug Program; the specialized court programs (Community Court, mediation); and the pre-trial education diversion program except the Pre-trial Family Violence Education Program.

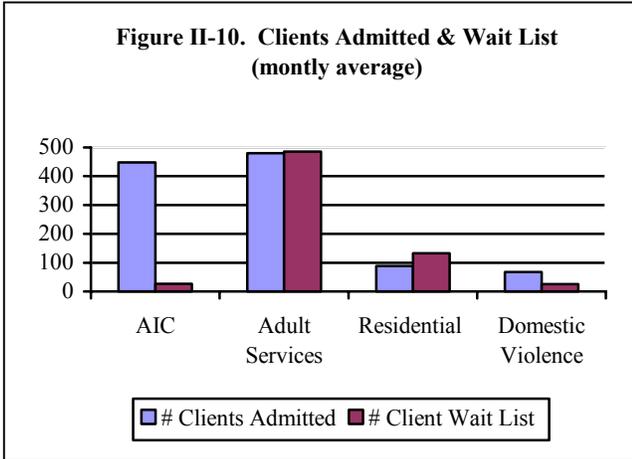
As stated, the FVEP is the only pre-trial education diversion program that collects wait list information. The wait for service varied by contracted provider agency. In FY 04, of the 16 contracted FVEP providers, three agencies reported no wait list and another reported an average wait list of 100 clients.

Table II-6 shows the average wait list among all FVEP provider agencies during the past three fiscal years. The increase in the number of clients waiting to be served during FY 03 is due to forced budget cuts in FY 02, which decreased the capacity to serve of all alternative

Table II-6.. FVEP Wait List	
<i>FY</i>	<i># Clients</i>
FY 02	569
FY 03	621
FY 04	437
Source of data: CSSD	

incarceration programs, but the wait list decreased the next fiscal year to its lowest three-year average.

Figure II-10 shows approximately 670 defendants and offenders per month were placed on a wait for admission to the alternative sanction programs in FY 04. As expected, there is a significant wait list for residential treatment programs for which there is a high demand, but serious lack of resources. More clients are placed on a wait list for these programs than admitted each month.



Adult service programs also have more clients waiting for admission than are admitted each month. These programs provide mental health and substance abuse evaluation and treatment and anger management counseling, which often augment a client’s supervision and treatment through another alternative sanction program such as an AIC. The wait list is composed of clients waiting for an evaluation to determine a treatment plan or those who have been evaluated and are now waiting for

admission to the treatment component. Many of the treatment components such as anger management have a specific duration (e.g., 10 session) and new clients must wait for the program cycle to begin again before being admitted.

Table II-7. Average Wait Period (FY 04 monthly average)		
Program	# of Clients Waiting	
	0 to 30 Days	31+ Days
AIC	23	3
Adult Services	238	248
Residential Treatment	94	39
Domestic Violence	20	5
Source of data: CSSD		

The length of time a client is placed on a wait list is globally captured by under or over 30 days -- the specific number of days is not reported. Table II-7 lists the number of clients under each wait period category. Adult services programs had the most clients waiting over 30 days for service. On average, each month 248 (51 percent) of all referred clients waiting more than 30 days for an evaluation or treatment. Residential treatment maintained a monthly average of 35 clients

waiting more than 30 days for placement. AIC and domestic violence programs appeared to meet the clients’ service need within a 30-day period.

Residential treatment wait list. The residential treatment program waiting lists are updated daily on a CSSD database dedicated solely to this function. The 414 beds currently contracted for by CSSD are tracked by client and contain such detailed information as program referred to, date of referral, identifying information (e.g. date of birth, race/ethnicity, marital status etc.), substance use information, and offense information.

The following is an analysis of residential wait list data for the past five fiscal years on over 13,000 clients. As shown, waiting time ranged from zero to a year or more. For purposes of the study, 365 days (one year) was used as the maximum wait list time.

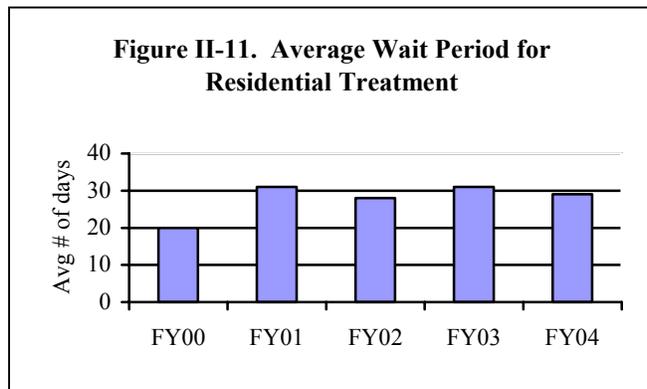


Figure II-11 shows the average wait time for clients admitted to a residential treatment program. The average wait has remained steady at one month for the past four fiscal years and was approximately one week shorter in FY 00.

wait time for service (average of 24 days). Hartford (GA 14) and New Britain (GA 15) had the longest average wait time for service (average of 34 days).

Geographic differences. The amount of time clients waited for residential treatment varied by court. The courts with the largest wait lists, Danielson (GA 11) and Waterbury (GA 4), had the shortest average

Wait time was the same for clients regardless of whether their last known address was in an urban, suburban, or rural area.

Program Differences. The wait for residential treatment program admission varied considerably across the program agencies. For example, some programs had wait times between 50 to 70 days whereas other programs had wait times of less than 20 days.

Demographic Differences. Several differences in wait time were found across the following demographic characteristics:

- male clients waited an average of three days longer than female clients;
- Hispanic clients waited an average of four days longer than African American and Caucasian clients;
- employed clients had the shortest wait (21 days on average); and
- disabled clients waited twice as long (43 days on average) as other clients.

Legal Status. Clients who had previously violated probation waited less time to be admitted to a residential treatment program (an average wait of 23 days) than clients who had not violated probation. This is significantly shorter than the wait experienced by clients admitted to a pre-trial diversion education program (32 day average) or clients admitted to a program under an alternative incarceration plan or a direct sentence (36 day average). Clients who were incarcerated while waiting for admission to a residential treatment program also waited longer -- an average of 11 days longer for program admission than clients who were not incarcerated.

Pre-trial Diversion Programs

Based on available information, the program review committee estimated several thousand defendants participate in the six pre-trial diversion education programs each year. CSSD does not consistently or uniformly collect reliable pre-trial diversion program client data. Therefore, these programs were analyzed and presented separately from alternative sanctions and specialized court programs.

Capacity data were unavailable because CSSD does not set contracted capacity for pre-trial diversion programs. The capacity of these programs is basically unlimited and all eligible defendants are served. The duration of the statutory programs is relatively short and defendants have at least one year during which to complete a program. In some cases, they can even be granted a court-ordered extension so wait lists and overcapacity are negligible. The utilization rate for every pre-trial diversion program, therefore, is always reported as 100 percent.

The division provided client admission and satisfactory discharge data for four of the fiscal years under review, but were unable to provide data for FY 04. The data showed client admissions to pre-trial diversion education programs steadily increased from 12,837 in FY 00 to 15,569 in FY 03. Table II-5 shows the satisfactory discharge rates for the six pre-trial diversion education programs for a four-year period. All pre-trial diversion programs consistently exceeded the 60 percent target satisfactory discharge rate set by CSSD.

<i>Table II-5. Pre-Trial Diversion Program Satisfactory Discharge Rates</i>				
<i>Pre-trial Programs</i>	<i>FY 00</i>	<i>FY 01</i>	<i>FY 02</i>	<i>FY 03</i>
Alcohol Education	85%	86%	86%	90%
Drug Education	86%	86%	85%	86%
Family Violence Education	72%	71%	73%	75%
School Violence Education	83%	98%	94%	93%
CSLP	76%	74%	76%	77%
Hate Crimes	80%	80%	81%	84%
Source of data: CSSD				

Profile of AIP Client Sample

This chapter presents an analysis of client demographic, arrest, conviction, sentence, and Level of Service Inventory-Revised (LSI-R) and Adult Substance Use Survey (ASUS) assessment data to develop a profile of the 4,466 clients admitted to pre-trial diversion, alternative sanction, and specialized court programs between July 1 and December 31, 2002. (Overviews of the division's client assessment tool -- LSI-R and ASUS -- are provided in Chapter 5 and Appendix F).

AIP Client Profile

Table III-1. AIP Client Age Groups			
<i>Age Group</i>	<i>% Pre-trial Clients</i>	<i>% Sentenced Clients</i>	<i>% Total Clients</i>
16 to 21 YRS	47%	27%	34%
22 to 30 YRS	22%	27%	25%
31 to 40 YRS	18%	24%	22%
41+ YRS	13%	22%	19%
Source of data: CSSD			

Age. The average age of AIP clients was 29 years, but pre-trial clients were significantly younger (27 years) than sentenced clients (31 years). Table III-1 shows the breakdown of both pre-trial and sentenced AIP clients by age groups. One-third of the clients were in the age group considered to be the crime-prone years -- between 16 and 21.

Gender. The majority (77 percent) of AIP clients were male and 23 percent female.

Race. The total AIP client population was almost evenly split among Caucasian (49 percent) and minority (51 percent) clients. The minority client population was composed of:

- 32 percent African American;
- 18 percent Hispanic/Latino; and
- 1 percent other race (e.g., Native American, Asian).

Educational level. An analysis of the highest educational level attained among the sentenced AIP clients showed:

- 45 percent did not graduate from high school⁵;
- 43 percent graduated from high school or obtained a GED; and

⁵ It should be noted the client sample includes persons between the ages of 16 and 18 so some clients may still be attending high school and not yet graduated.

- 12 percent attended some college or obtained a college degree.

There were three interesting trends when client demographic data were examined by educational level:

- Hispanic clients had the lowest educational status than either Caucasian or African American clients -- almost 60 percent did not graduate from high school or obtain a GED;
- clients with a grade 10 or 11 educational level were significantly younger than those with a grade 9 or less educational level; and
- 64 percent were expelled from school at least once prior to being arrested.

<i>Table III-2. Employment Status of Sentenced AIP Clients</i>	
<i>Employment Status</i>	<i>% AIP Clients</i>
Currently unemployed	58%
Frequently unemployed	58%
Never employed for full year	40%
Reliance upon public assistance	34%
Source of data: CSSD	

Employment. Table III-2 shows the employment status of sentenced AIP clients. Over half of the AIP clients were currently unemployed at the time of assessment by CSSD. One third received public assistance (e.g., Aid to Families with Dependent Children, food stamps, worker’s compensation, unemployment, disability income).

Marital status. The vast majority (80 percent) of the AIP clients were single (not married). Nine percent were married and 11 percent were divorced, separated, engaged, or widowed.

Substance abuse and mental health status. As part of the assessment process, AIP clients report on their use of alcohol and drugs and mental health status and treatment. Prior to the implementation of the LSI-R and ASUS, the CSSD classification process ranked clients’ substance use/abuse and mental illness status as: (1) none; (2) moderate; or (3) serious, which are more useful descriptors for analysis purposes. The current assessment does not have categories indicating the severity of a client’s substance use/abuse or mental illness. However, based on the LSI-R and ASUS data, at the time of assessment:

- 22 percent had a current drug use problem and 14 percent a current alcohol use problem;
- 75 percent had a prior drug use problem and 51 percent a prior alcohol use problem;
- 48 percent reported a mental health issue had moderately impacted their lives; and
- 16 percent were currently receiving and 36 percent had previously received mental health treatment prior to their target arrest.

Prior criminal history. Based on the LSI-R criminal history data for AIP clients:

- 34 percent were arrested or referred to family court as a juvenile (under 16 years);
- 75 percent were convicted of a criminal offense as an adult prior to the current crime for which they were being admitted to an alternative sanction program; and
- 50 percent were previously incarcerated.

Target arrest. The Court Support Services Division does not identify the specific arrest case that led to a client being admitted to an alternative incarceration program. The division, therefore, provided data on up to six arrests prior to a client's program admission date that may have led to the program admission. For the purposes of the analysis, these arrests are defined as *target arrests*.

Of the 4,466 clients, most (85 percent) had only one target arrest prior to program admission. Of the remaining clients, 12 percent had two target arrests and 3 percent had between three and six target arrests.

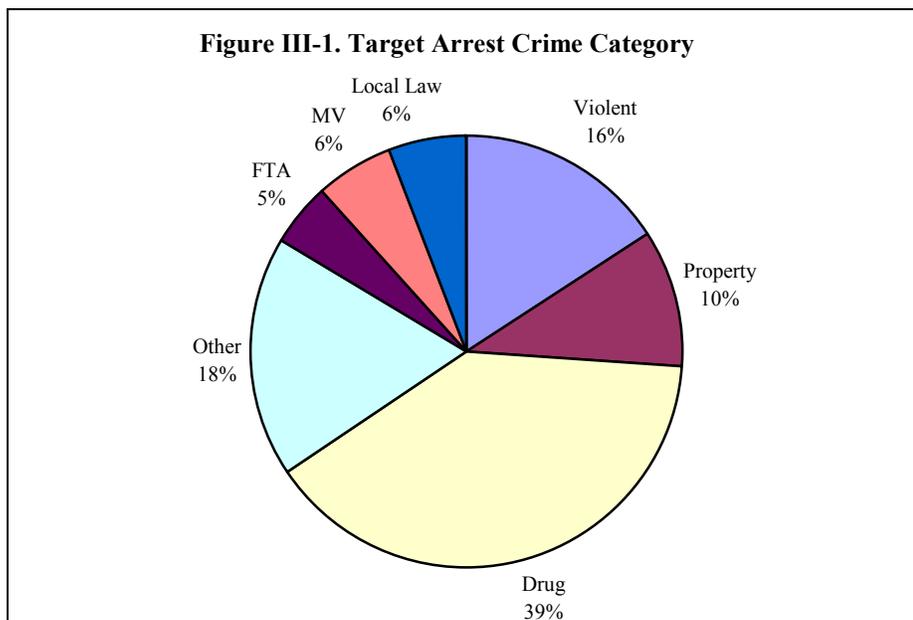
The program review committee attributed only one target arrest to a client's program admission. The most recent target arrest to the program admission date that was not a failure to appear (FTA) or a violation of probation (VOP) became the *primary target arrest*.

A person may be charged with more than one offense per arrest. The most serious criminal charge based on the crime type and severity was selected as the *primary offense* for each target arrest. The primary offense data were then classified into nine crime categories each composed of various types of offenses. These crime categories and types were used throughout the analysis of recidivism data. They are:

- **violent:** homicide, assault, sexual assault, robbery, kidnapping, and arson;
 - **property:** burglary, larceny, forgery, and fraud;
 - **drug:** sale and possession of illegal drugs and paraphernalia;
 - **other crimes:** all remaining offenses such as weapon violations, risk of injury to a minor, reckless endangerment, threatening, harassing, stalking, interfering with a police officer, perjury, and conspiracy to commit a crime;
 - **violation of probation;**
 - **failure to appear;**
 - **motor vehicle:** includes all driving and license violations;
 - **violation or infraction of state law:** includes violations of state firearm, consumer protection, employment, tax, and animal welfare laws; and
 - **violation of local ordinance:** includes excessive noise, loitering, littering, public intoxication, and trespassing.
-

Any comprehensive analysis of crime includes, in addition to the number and type of offenses, a review of the severity of the offense. Severity is measured by the felony or misdemeanor status of the crime. Felony offenses are more serious and under state law punishable by more than one year in prison. Misdemeanors are less serious and punishable by a year or less in prison. Persons convicted of a felony or misdemeanor may, in lieu of or in addition to prison or probation, also be sentenced to conditional or unconditional discharge, community restitution, or a fine. There is a third category of offense severity -- a violation or infraction. These crimes do not rise to the level of a felony or misdemeanor, and are typically a breach of a state law or local ordinance or a motor vehicle offense. They typically result in fines, community restitution, or other alternative resolution such as the Community Court, but can in serious cases be punishable by prison or probation.

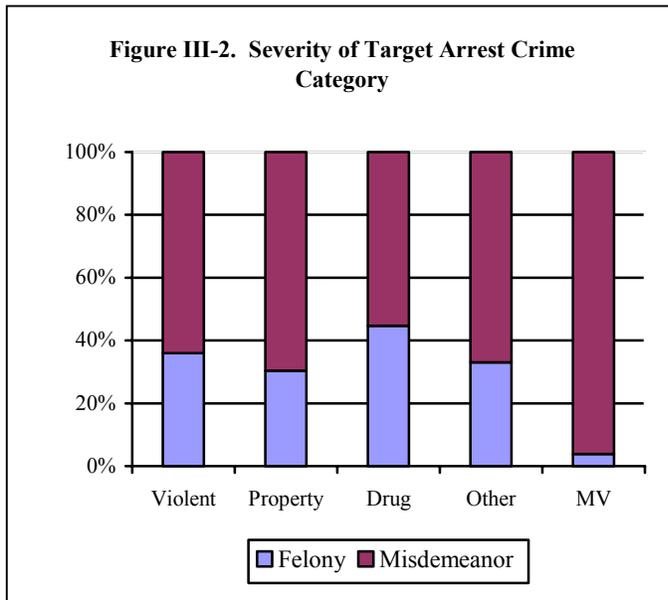
Figure III-1 shows the breakdown by target arrest crime category for clients admitted to alternative incarceration programs. Almost 40 percent of the AIP clients were arrested for a drug sale or possession offense, 16 percent for a violent crime, and 10 percent for a property crime. The “other” crime category includes violations of probation and violations of state law and represents 18 percent of the client sample.



The specific crime types and their ratios within each category are:

- **drug offenses:**
 - 70 percent sale of narcotic, hallucinogenic, or other illegal drug or substance,
 - 30 percent possession;
- **violent crime:**
 - 71 percent assault,

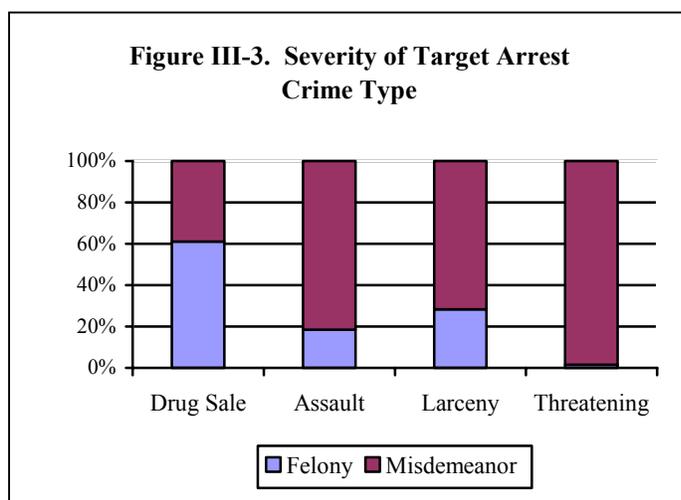
- 15 percent sexual assault,
- 7 percent robbery,
- 6 kidnapping,
- less than 1 percent homicide and arson;
- **property crime:**
 - 74 percent larceny,
 - 19 percent burglary,
 - 7 percent forgery and fraud; and
- **other crimes:**
 - 48 percent stalking, harassment, threatening, and voyeurism,
 - 24 percent risk of injury to a minor and reckless endangerment,
 - 18 percent perjury, bribery, and jury tampering,
 - 6 percent violation of state laws including welfare and insurance fraud, consumer and trade, firearm permit, and liquor control,
 - 3 percent violation of probation,
 - 1 percent all other violations.



Overall, the target arrest crime categories comprised less serious misdemeanor crimes. As shown in Figure III-2, 64 percent of violent crimes were misdemeanors and 36 percent felonies, and 56 percent of property crimes were misdemeanors and 44 percent felonies. The drug crime category was 55 percent misdemeanors and 45 percent felonies. The other crime category was 67 percent misdemeanors and 33 percent felonies. Almost all (96 percent) of motor vehicle offenses were misdemeanors. For this analysis, failure to appear and violations of local ordinances were not included, the majority of which were misdemeanors.

Figure III-3 shows the severity of specific crime types within the crime categories for which the majority of clients were arrested. As shown, the sale of illegal drugs had the highest percentage (61 percent) of felony level arrests. The other crime types were predominately misdemeanors: 82 percent of assaults; 72 percent of larceny; and 98 percent of stalking, harassing, or threatening another person.

Client status. AIP clients were categorized as pre-trial or sentenced. This is referred to as *client status*. Overall, 64 percent of the AIP clients were sentenced and 36 percent pre-trial.



There are differences in the type and severity of the target arrest crime category between the pre-trial and sentenced AIP clients. More pre-trial clients (almost 40 percent) were charged with a felony offense and half were charged with the sale of illegal drugs. A possible explanation for these trends among pre-trial clients is defendants charged with more serious offenses are ordered by a judge to participate in an alternative sanction program as a special bail release condition to financial bail whereas defendants charged with less

serious offenses are not. Also, among the sentenced clients, plea bargaining⁶ often reduces the type and severity of the offense for which a defendant ultimately is convicted and sentenced.

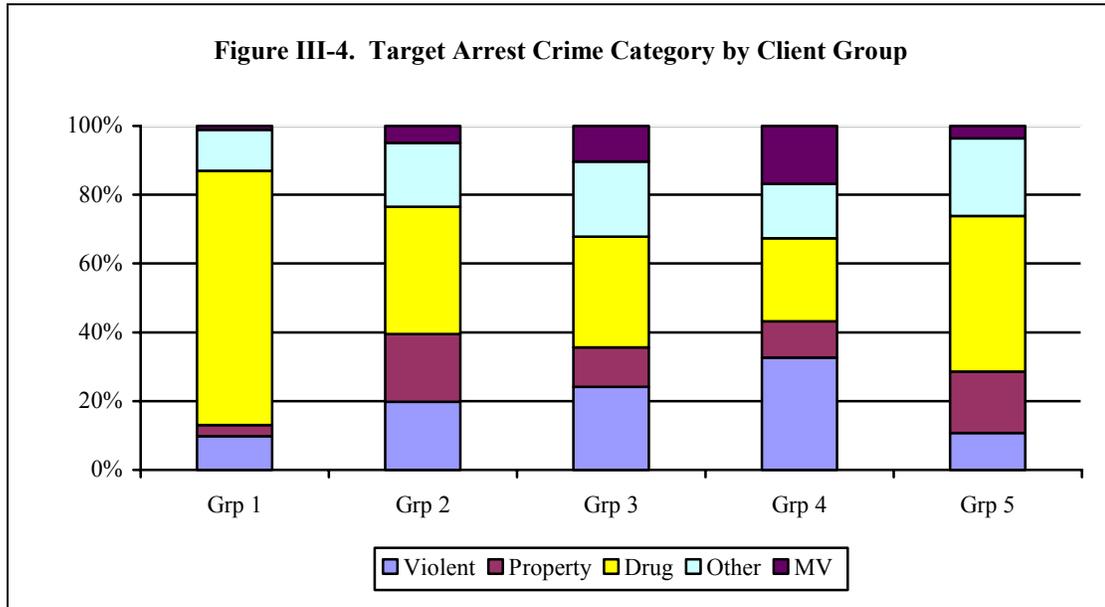
Client groups. The AIP clients were grouped by the program review committee based on the type of sentence and alternative incarceration program to which they were admitted, and this is referred to as the *client group*. A description of the five groups and the percentage of clients within each follows:

- **Group 1:** 23 percent pre-trial defendants admitted to a pre-trial diversion program;
- **Group 2:** 13 percent pre-trial defendants released on bond admitted to an alternative sanction program as a special bail release condition or alternative bail release plan;
- **Group 3:** 30 percent convicted offenders sentenced to probation admitted to an alternative sanction as part of a Alternative Incarceration Plan, a direct sentence, as a condition of probation supervision, or as a result of a technical violation of probation;
- **Group 4:** 8 percent convicted offenders sentenced to a prison term followed by a period of probation (“split” sentence) admitted to an alternative sanction program as a condition of probation supervision; and
- **Group 5:** 26 percent defendants and offenders admitted to a specialized court program (e.g., community court, mediation).

Figure III-4 shows the percentage of each AIP client group arrested for certain target arrest crime categories. As shown, over 68 percent of Client Group 1 (pre-trial clients admitted to a pre-trial diversion program) were arrested for a drug offense. These clients were charged for

⁶ Plea bargaining is the process of negotiation between the state’s attorney (prosecutor) and the defense counsel aimed at reaching an agreed upon disposition of the case. It is based on the state’s attorney’s authority to reduce the criminal charges, dismiss or drop multiple charges, and make sentencing recommendations to the court that may be more favorable to the defendant than the statutorily required sentence.

the first time with a misdemeanor drug possession crime and admitted to the Pre-trial Drug Education Program. The majority of violent offenders were in Client Group 4 (split sentence). Group 5 includes the majority of the property offenders who were admitted to a specialized court program. Most of the property offenses were low-level misdemeanors and “quality of life” offenses.



Target sentence. Sentenced offenders are typically admitted to an alternative incarceration program under two types of sentences: (1) “straight” probation; or (2) “split” sentence.

Generally, in imposing a straight probation sentence, a judge orders a prison term that is suspended and a period of probation. The intent of the sentence is not to incarcerate the offender, but to place him or her under community supervision. The suspended prison term serves as an incentive for the offender to comply with all supervision conditions and to successfully complete the probationary period since a judge may re-instate all or any portion of the suspended prison term for a violation of probation or other criminal activity. In that case, the offender is then incarcerated. If an offender successfully completes the probationary period, the suspended prison term is vacated.

Under a split sentence, a prison term is ordered of which only a portion is suspended followed by a period of probation. The offender first serves the unsuspended prison term, during which he or she is eligible for any Department of Correction early release program (e.g., Transitional Supervision, furlough) or parole. Upon discharge from prison, the offender is immediately transferred to the custody of the Judicial Branch to begin serving the probationary period of the sentence.

To accurately calculate the period of *prison time served* under a split sentence, the suspended portion of the prison term was subtracted from the court-imposed prison term, which is the total prison term ordered by a judge. For example, under a five-year court-imposed prison term suspended after three years with two years probation, the offender would actually serve a split sentence of three years in prison (two years suspended) and two years on probation.

While clients serving a split sentence or straight probation sentence are comparable, there are some notable differences among them most likely due to the nature and severity of their criminal histories. First, simply by the sentence imposed, a judge has established a difference between the offenders. Offenders sentenced to straight probation have been found to be a lesser risk to public safety and can remain in the community whereas offenders sentenced to some period of incarceration under a split sentence were found by a judge to pose a greater threat. Also, AIP clients serving split sentences are nearing the end of their sentences, while offenders sentenced to probation are beginning their sentences. Furthermore, some AIP clients have served time in prison for prior criminal convictions and may have more extensive and serious criminal histories while some have not.

The following is an analysis of the sentences imposed for AIP clients convicted based on a target arrest. Almost 60 percent of the convicted AIP clients were sentenced to straight probation and about 40 percent to a split sentence.⁷

On average, AIP clients under a split sentence served slightly more than three years (41 months) in prison followed by four years (49 months) on probation. The prison time served ranged from 30 days to 16 years and the probationary periods ranged from 10 months to 33 years. Under state law, a judge may impose extended periods of probation (up to 60 years) for certain serious or violent offenses.

The average straight probation sentence was slightly more than two years (29 months) and ranged from six months to over 18 years (224 months).

There are significant differences in the sentences imposed for the target arrest crime categories. Table III-3 shows the average length of the split and straight probation sentences imposed for each target arrest crime category. On average, clients with a split sentence served slightly less than half of the court-imposed prison term.⁸

⁷ There were 370 AIP clients (8 percent of the total sample) not included in this analysis because of incorrect sentence data for the target arrests. These clients were reported as sentenced to a prison term only with no probationary period (a “flat” sentence), which would have made them ineligible for an alternative incarceration program.

⁸ These clients are also eligible for parole or DOC transitional supervision (TS) program, which is a discretionary early release program for inmates sentenced to two years or less. Clients are eligible for parole or TS after serving at least 50 percent of their prison term. Upon completion of the prison sentence including any period of early release supervision, the inmate is automatically transferred to the custody of the Judicial Branch to begin serving the probationary period.

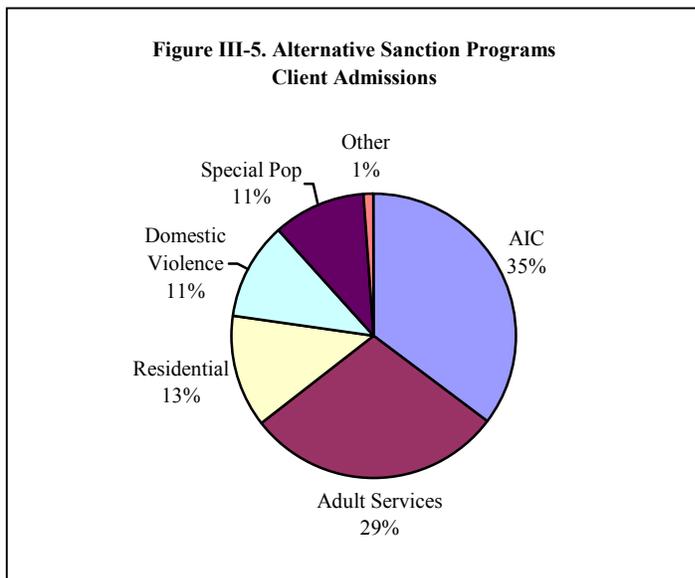
As expected, clients convicted of a violent crime received the most severe (or longest) sentence. Those sentenced to a split sentence received on average a court-imposed sentence of almost two years (23 months), but served 11 months in prison followed by 68 months (5.5 years) on probation. Those convicted of a violent offense and sentenced to straight probation served an average of 14 months.

Table III-3. Average Sentence Length by Sentence Type and Target Arrest Crime Category (in months)

Type of Sentence	Split Sentence			Straight Probation
	Court-imposed Sentence	Time Served in Prison	Probation	
Violent	23	11	68	14
Property	13	5	37	9
Drug	10	4	38	6
All Other	12	5	61	11
Motor Vehicle	6	3	24	10

Source of data: CSSD

Persons convicted of a drug offense and sentenced to a split sentence received a 10-month prison term, but served about four months followed by 38 months (over three years) of probation. Those sentenced to straight probation for a drug conviction served six months.



Alternative incarceration programs. Overall, 51 percent of the sample clients were admitted to an alternative sanction program. The pre-trial diversion and specialized court programs each accounted for approximately one-quarter of the client population.

Figure III-5 shows the breakdown of client admissions by the alternative sanction program category.⁹ As shown, two-thirds (64 percent) of the clients were admitted to either an AIC or the adult services program.

⁹ AIP clients may be admitted to more than one alternative sanction program at any given time during a sentence. For the purposes of this analysis, the client’s earliest admission to a specific program during the six-month period in 2002 was tracked. Any other admissions were dropped as duplicates.

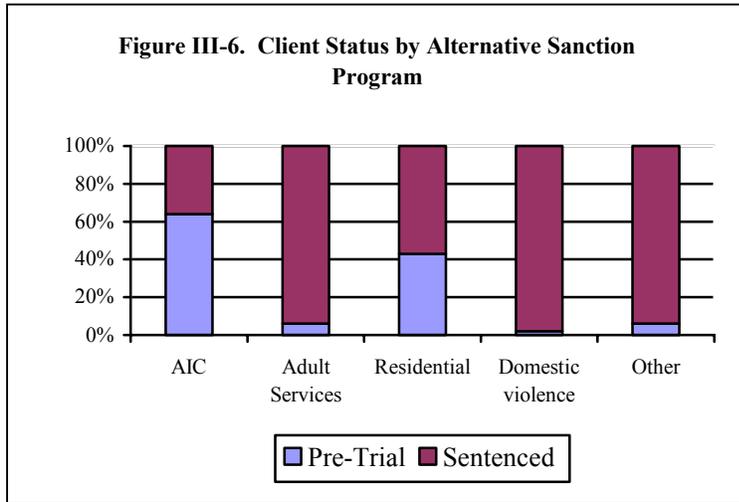
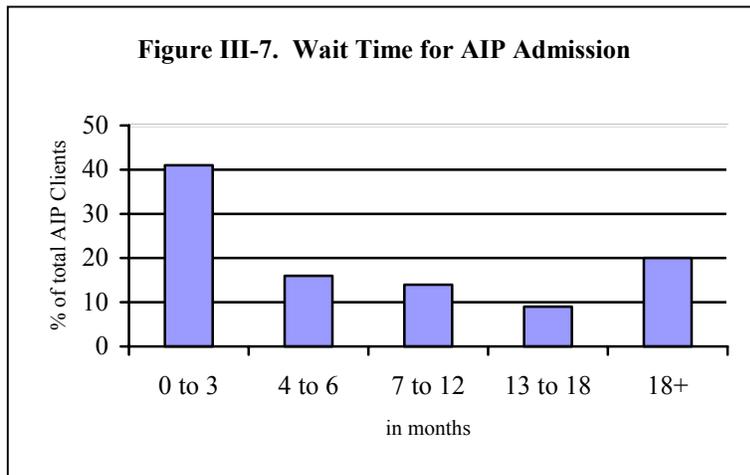


Figure III-6 shows the breakdown of pre-trial and sentenced clients admitted to alternative sanction programs. The majority (69 percent) of clients admitted to an alternative sanction program were sentenced and 31 percent were pre-trial. Most pre-trial clients (73 percent) were admitted to an AIC or a residential treatment program (18 percent).

Sentenced offenders are, of course, ineligible for pre-trial education diversion programs.

Admissions to those programs, therefore, were 100 percent pre-trial clients. All admissions to the specialized court programs were sentenced clients although when initially referred to the specialized court programs, clients were in a pre-trial status.

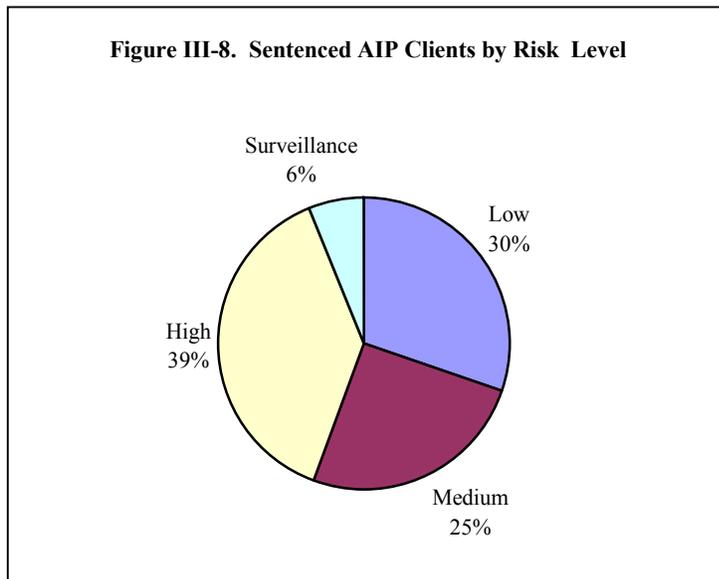
Wait period. The length of time between the target arrest date and program admission date was calculated, and is defined as the *wait period*.



Half of the AIP clients were admitted to a program within four months (130 days) of their target arrest date. Figure III-7 shows about 40 percent were admitted within the first three months and within the first six months almost 60 percent were admitted to a program. Twenty percent of the AIP clients were admitted to a program 18 months or more after their target arrest date.

As shown in the graphic, about 30 percent of the AIP clients were admitted to a program more than one year after being arrested. These clients, however, may not actually have been on a wait list for a program for that extended period of time. Most likely, these clients were supervised on probation and then committed misbehavior classified as technical violations of probation. In response to the technical violations, CSSD uses alternative sanction programs rather than arrest as a sanction. For example, after a period of successful compliance with probation, a client is cited for failed drug tests. A probation officer can then admit the client to an alternative sanction drug treatment program to attempt to return the client to a successful compliance status.

Assessment of risk. AIP clients are classified according to their risk of re-offending, which includes failure to appear and violation of probation. The classification level determines the amount of oversight and contact between a probation officer and the client and matches the client's service and treatment needs to an alternative sanction program. There are four CSSD risk levels: (1) surveillance; (2) high; (3) medium; and (4) low (or administrative).



As shown in Figure III-8, almost half (45 percent) of AIP clients were classified at the highest risk levels (high and surveillance). Low risk clients accounted for 30 percent of the population.

In January 2004, CSSD changed the LSI-R point scale range for low risk thereby increasing the number of clients classified as low risk and placed on administrative supervision. Under this new policy the low risk population increased to 42 percent of the total client population. Also under the division's new policy, low risk clients are

ineligible for alternative sanction programs. This issue is discussed in Chapter 7.

Table III-4 lists the re-offending risk levels for clients in each alternative sanction program. Residential treatment and the Zero-Tolerance Drug Program admitted the majority of clients with the highest risk levels (surveillance and high). Almost 80 percent of residential treatment clients were classified at a high or surveillance risk level. Residential treatment is an intensive service. Generally clients admitted to these programs pose the highest risk because they: (1) have just been discharged from prison; (2) are diagnosed with a serious or chronic mental illness or substance abuse problem; and/or (3) have committed serious and repeated violations of probation. Over two-thirds (69 percent) of Zero-Tolerance Drug Program clients were high risk. These clients are admitted to this program because of serious and/or chronic drug abuse and many have prior failures in other alternative sanction programs.

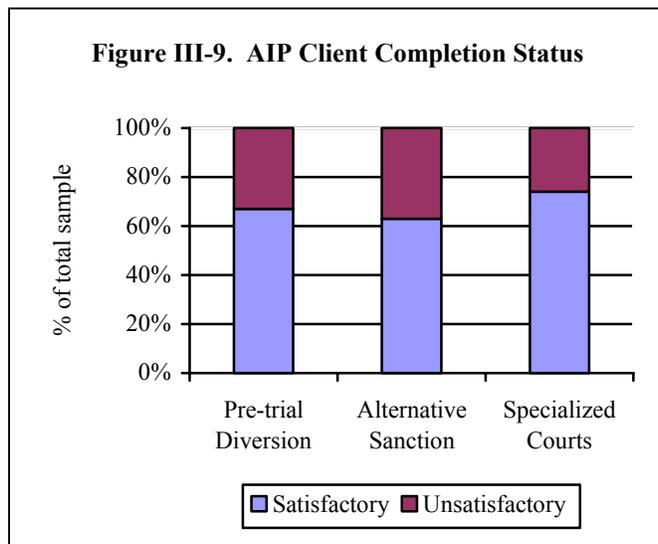
Almost half of the clients admitted to a specialized population program were classified as low risk. This is interesting because the majority of AIP clients within this program category are admitted to the sex offender unit. CSSD supervision and contact standards policy has a separate risk level for sex offenders, which is the highest level. These clients are then classified within that level as either high or medium risk, never low risk. However, the LSI-R generated risk level for many of the sex offenders in the client sample was low risk.

Table III-4. LSI-R Risk Levels for Clients in each Alternative Sanction Program

Type of Program	Level of Risk				
	N=	Administrative	Medium	High	Surveillance
AIC	451	25%	32%	35%	8%
Adult Services	530	36%	25%	36%	3%
Residential Treatment*	176	6%	15%	64%	15%
Domestic Violence	233	33%	26%	35%	6%
Specialized Populations**	167	49%	18%	31%	2%
Zero-Tolerance Drug	19	10%	21%	59%	10%

*Includes women and children’s residential programs.
 **Includes Project APOYO, STARS, and the sex offender program.
 Source of data: CSSD

Program completion. Contracted agencies providing alternative incarceration programs report client program completion status data to CSSD. Program completion is currently reported as either satisfactory or unsatisfactory, but CSSD does not have a standard definition of either status. Clients who fail to complete a program for reasons such as a transfer to another program, re-arrest, move out-of-state, or due to illness or disability may be reported by the provider agencies as satisfactory discharges thereby inflating this number.



CSSD has administratively set a satisfactory discharge rate target of at least 60 percent for all programs. Overall, 68 percent of the clients satisfactorily completed an alternative incarceration program, meeting the division’s target rate. Figure III-9 shows the rates of satisfactory and unsatisfactory program completion for the AIP categories. Specialized courts had the highest satisfactory completion rate (74 percent) followed by pre-trial diversion programs at 67 percent and alternative sanctions at 63 percent.

As expected, AIP clients classified at the low risk level had the highest satisfactory completion rate. Three-quarters of low risk and 67 percent of medium risk clients satisfactorily completed the programs to which they were admitted, meeting the 60 percent target

rate. Only half of the high risk clients satisfactorily completed a program and surveillance risk clients had the lowest rate (45 percent) of satisfactory program completion.

Profile of Nonrecidivist Clients

The client profile analysis determined what a “typical” alternative incarceration program client looked like. Subsequently, the program review committee wanted to know if there were any differences in the profile of clients who were re-arrested and those who were not re-arrested.

It is important to note there are factors that may reduce a client’s predisposition to re-offend that are not included in the database. Most of these factors such as a supportive family, community, or religious structure are not easily quantifiable for analysis purposes. Also, offenders may have moved to another state and/or been arrested in another state or by a federal law enforcement agency and would not appear in the sample database. Finally, some clients may have committed new crimes, but were not arrested during the one-year release threshold.

A comparison between AIP clients who were re-arrested and those who were not showed some interesting differences in their characteristics.

- **Age.** Older clients were less likely to recidivate.
- **Gender.** Females were less likely to be re-arrested. Only 31 percent of female clients were re-arrested compared to 38 percent of males.
- **Race.** Minority clients were more likely to be re-arrested than Caucasian clients. More than half (52 percent) of the clients who did not recidivate were Caucasian, 31 percent were African American, and 17 percent Hispanic.
- **Education.** Clients with a high school or college educational level were less likely to be re-arrested. Clients not re-arrested were less likely to be suspended or expelled from school.
- **Juvenile delinquency.** Clients not re-arrested were also significantly less likely to have been previously arrested or referred to family court as a juvenile.
- **Employment.** Half of the clients not re-arrested were unemployed in comparison to two-thirds of the re-arrested clients.
- **Status.** Pre-trial AIP clients were significantly less likely to be re-arrested than sentenced clients.
- **Risk level.** Clients classified at a low risk level were significantly less likely to be re-arrested.
- **Program.** Clients admitted to pre-trial diversion education programs had the lowest re-arrest rate (25 percent). To be eligible for these programs, the client must be arrested for the first time for one of the targeted offenses. Over 60 percent of the clients admitted to an alternative sanction program were not re-arrested. The specialized court programs had the highest rate (42 percent) of clients re-arrested.

- **Satisfactory discharge.** Clients satisfactorily discharged from a program were less likely to be re-arrested.

Recidivism Among Alternative to Incarceration Program Clients

The main objective of the program review committee study was to determine the effectiveness of existing alternative incarceration programs. The primary measure of effectiveness was recidivism among the AIP client population.

The recidivism analysis focused on five questions. Answers to each based on the committee's research are summarized below. Then a comprehensive analysis of recidivism rates among the AIP client sample is presented.

Summary of Analysis

To what extent are AIP clients arrested for new criminal activity, convicted of those offenses, and sentenced to either imprisonment or other supervision sanction?

- *Within one year of admission to an alternative incarceration program, more than one-third of the clients were re-arrested for a new crime.*
- *Over 20 percent were reconvicted of a new crime.*
- *Very few (1 percent) of AIP clients were sent to prison as a result of a new crime, but almost 10 percent were sentenced again to probation.*
- *With a one-year recidivism rate comparable to the one-year rate found in the 2001 recidivism study, it is anticipated that half of the current AIP clients will also be re-arrested within three years of program admission.*

How do recidivism rates differ between pre-trial and sentenced AIP clients?

- *Sentenced AIP clients were more likely to be re-arrested and reconvicted than pre-trial clients.*
- *The rate of incarceration for a reconviction of a new crime among all AIP clients regardless of status or other factors was low (1 percent).*
- *Sentenced and pre-trial AIP clients were re-sentenced to probation at a similar rate (8 percent).*

How do recidivism rates vary among different categories of AIP clients (i.e., violent, property, drug offenders)?

- *Property offenders were more likely to be re-arrested, reconvicted, and incarcerated, and drug offenders were the least likely to be re-arrested, reconvicted, and incarcerated.*
- *Straight probation offenders had higher re-arrest and reconviction rates than split sentence offenders, but were incarcerated at the same low rate*

What type of new offenses do repeat offenders commit?

- *In general, AIP clients committed a variety of new felony and misdemeanor crimes and did not “specialize” in one type of new crime.*
- *Overall, most of the repeat criminal activity by AIP clients was nonviolent and misdemeanor crimes such as larceny, assault, drug possession, disorderly conduct, threatening, stalking, and motor vehicle infractions.*
- *The severity of the new crimes committed by AIP clients did not significantly increase from the target arrest crime.*

Is recidivism related to AIP clients’ criminal history, demographics, program participation, or other factors?

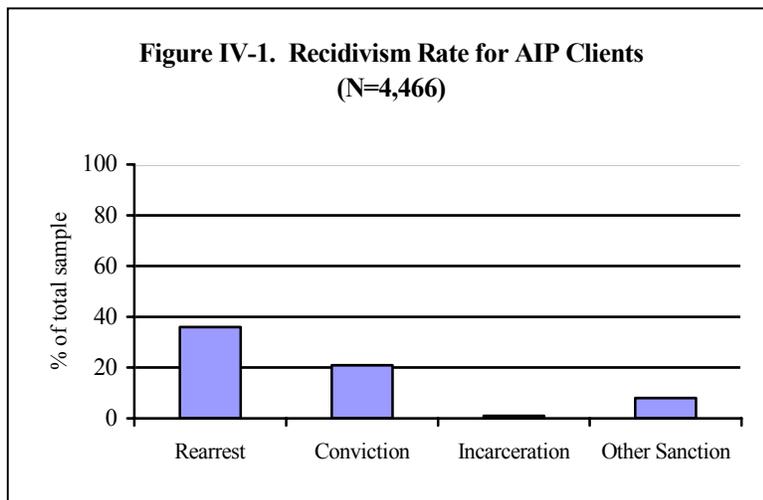
- *Males had significantly higher rates of recidivism than female clients.*
- *High school dropouts and clients with a juvenile arrest or referral to family court had significantly higher rates of recidivism.*
- *Younger clients and minority clients were more likely to recidivate.*
- *Young minorities had higher re-arrest and reconviction rates than older minority clients and Caucasian clients within any age group.*
- *Among pre-trial diversion clients, those admitted to the Pre-trial Family Violence Education Program had the lowest recidivism rates and clients admitted to the Pre-trial School Violence Education and Hate Crimes Diversion Programs had the highest rates.*
- *Alternative sanction programs targeting specialized client populations (Hispanics, women, sex offenders) were the most likely to be effective.*
- *Clients admitted to the Zero-Tolerance Drug Program had the highest recidivism rate among alternative sanction program clients.*
- *Clients unsatisfactorily discharged from an AIP program were significantly more likely to be re-arrested than those who satisfactorily completed a program.*
- *Clients admitted to an AIC or domestic violence program were most likely to be re-arrested during the program (prior to completion).*
- *Mixing pre-trial and sentenced AIP clients in a program was the least effective in reducing recidivism.*
- *Clients with higher recommended treatment levels were re-arrested more frequently.*
- *Missmatched client treatment level and program intensity resulted in higher re-arrest rates among AIP clients.*

Recidivism Analysis

The following section includes the detailed recidivism analysis of:

- overall rates of re-arrest, reconviction, and incarceration;
- rates by specific client demographic or characteristics;
- patterns of repeat criminal activity;
- time at risk in the community;
- reconviction and sentencing; and
- program participation.

As described in the introduction, the rate of recidivism is presented as the percentage of the total AIP clients who were re-arrested, reconvicted, and incarcerated during the one-year release threshold. Recidivism rates for pre-trial and sentenced clients are also presented separately.



Overall rates of recidivism. As shown in Figure IV-1, 36 percent (1,618) of the 4,466 AIP clients were re-arrested at least once for a new felony or misdemeanor crime, and 21 percent (944) were subsequently convicted during the one-year release threshold. A total of 15 percent (659) were sentenced. Only 1 percent (64) were incarcerated and 8 percent (354) received a probation sentence as a result of the new crime.

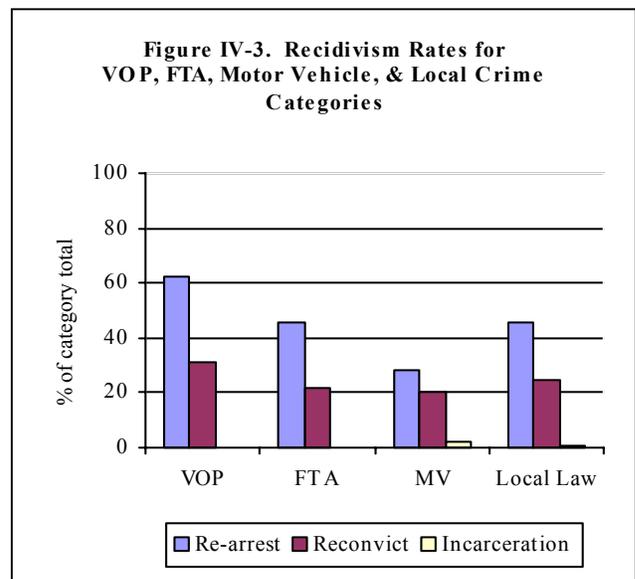
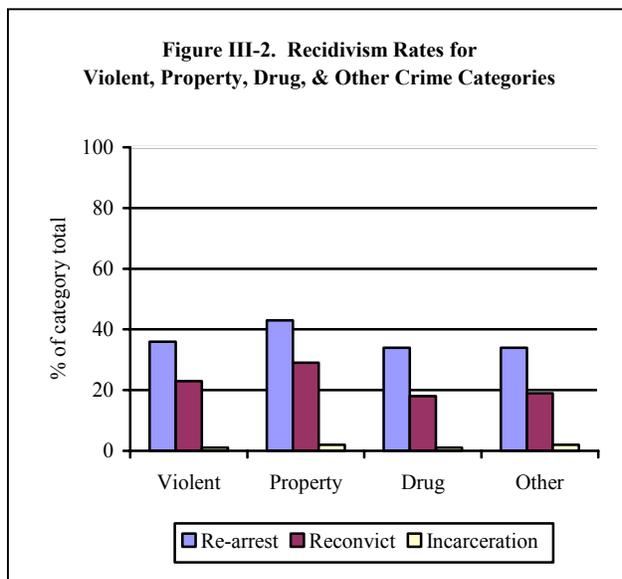
As stated, the release threshold for this study was one year. The trend in AIP client recidivism is comparable, therefore, to the trend among probationers found in the program review committee's 2001 study of recidivism, which used a three-year release threshold. Over a three-year period, it is estimated the re-arrest rate among AIP clients would increase to approximately 50 percent and the reconviction rate about 20 percent, which is similar to that found in the 2001 study.

However, the rate of incarceration for a reconviction of a new crime is different among the AIP clients and 2001 probationer sample. AIP clients were less likely to be sent to prison for a new crime. Rather, they are sentenced to probation.

Rate based on primary offense category and crime type. Figure IV –2 shows the rates of recidivism for AIP clients based on the four most serious target arrest offense categories: violent; property; drug; and all other criminal offenses. The most common offenses within the “other” category for which AIP clients were arrested included risk of injury to a minor, reckless endangerment, weapon offenses, harassment, threatening, stalking, voyeurism, and perjury.

Property offenders were more likely to be re-arrested, reconvicted, and incarcerated than the other AIP clients. As shown, 43 percent of AIP clients originally arrested (target arrest) for a property crime were re-arrested within one year after admission to an alternative to incarceration program, 29 percent reconvicted of the new crime, and 2 percent incarcerated. Drug offenders had a lower recidivism rate: 34 percent re-arrested; 18 percent reconvicted; and 1 percent incarcerated.

Figure IV-3 shows the rates of recidivism for the remaining target arrest offense categories: violation of probation; failure to appear; motor vehicle; and violation of a local ordinance. While these are criminal offenses, they are being analyzed separately from violent, property, drug, and all other criminal offenses because they are generally considered less serious.



As shown in the graphic, AIP clients with a target arrest for VOP had the highest recidivism rates. About two-thirds (62 percent) were re-arrested within the one-year release threshold, 31 percent were reconvicted, but none were incarcerated. Almost half (46 percent) of the clients initially arrested for a local ordinance violation (e.g., excessive noise, littering, loitering, trespassing) were re-arrested, 25 percent reconvicted, and only 1 percent incarcerated.

Repeat criminal activity was also examined based on the AIP clients’ target arrest crime type. Table IV-1 shows re-arrest, reconviction, and sentencing data for these crimes. Clients with a target arrest for robbery, burglary, and larceny were more likely to be re-arrested,

reconvicted, and sentenced to prison or probation than other violent offenders and drug offenders.

Table IV-1. Recidivism Rate Among AIP Clients by Target Arrest Crime Type					
		From Program Admission To First Re-arrest			
<i>Most Serious Crime</i>	N=	<i>% Rearrested</i>	<i>% Reconvicted</i>	<i>% Prison</i>	<i>% Probation Only</i>
VIOLENT[^]	706	36%	23%	1%	8%
Assault	504	37%	24%	1%	9%
Sexual Assault	106	20%	12%	0%	3%
Kidnapping	39	38%	31%	5%	10%
Robbery	49	45%	31%	2%	8%
PROPERTY	459	43%	29%	2%	11%
Burglary	89	45%	29%	2%	11%
Larceny	338	44%	30%	2%	11%
Forgery/Fraud	32	28%	25%	0%	12%
DRUGS	1764	34%	18%	1%	7%
Sale	1233	32%	19%	1%	7%
Possession	531	39%	17%	1%	7%
OTHER	723	34%	19%	2%	6%
Risk of Injury	196	24%	12%	1%	4%
Perjury, Jury Tampering	149	42%	26%	3%	7%
Stalking, Harassment, Threatening, & Voyeurism	378	36%	20%	2%	6%

[^]Homicide and arson were not included because the sample size was too small for analysis purposes (less than 10 clients were re-arrested for these offenses and most were reconvicted and subsequently incarcerated).
Source of data: CSSD

Table IV-2. Recidivism Rates by Client Status & Sentence		
	<i>Re-arrested</i>	<i>Reconvicted</i>
Status		
Pre-trial Clients	32%	19%
Sentenced Clients	38%	22%
Sentence		
Straight Probation	39%	27%
Split Sentence	27%	19%

Source of data: CSSD

Rate based on sentence. Overall, as shown in Table IV-2, sentenced clients were more likely to be re-arrested and reconvicted than pre-trial clients. Among sentenced offenders, clients sentenced to straight probation were re-arrested and reconvicted more frequently than those serving a split sentence. However, the sentencing rate (prison and probation) was the same for AIP clients regardless of their status or sentence.

Rate based on program. Table IV-3 compares the rates of recidivism among AIP clients based on the category and type of alternative incarceration program to which they were admitted. The three categories of programs are: (1) pre-trial diversion; (2) alternative sanction; and (3) specialized courts. The types are listed under each category in the table.

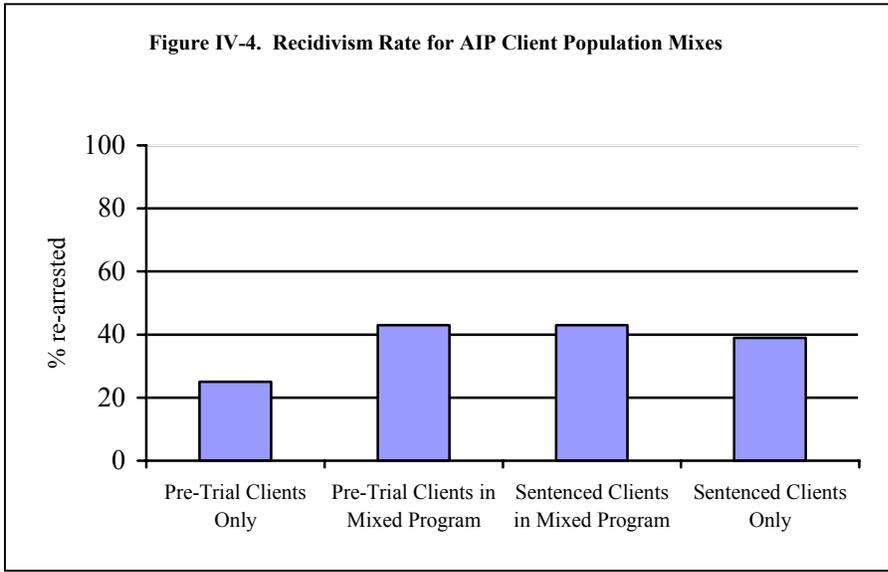
<i>Table IV-3. Recidivism Rates by Alternative to Incarceration Programs</i>				
	<i>Re-arrested</i>	<i>Reconvicted</i>	<i>Incarcerated</i>	<i>Other Sentence</i>
PRE-TRIAL DIVERSION				
Drug Education	25%	13%	1%	7%
Family Violence Education	19%	9%	0%	3%
School Violence Education	64%	7%	0%	0%
CSLP	27%	15%	0%	8%
Hate Crimes Diversion	43%	29%	0%	29%
ALTERNATIVE SANCTIONS				
AIC	44%	27%	3%	9%
Adult Services	34%	26%	2%	9%
Residential Treatment*	41%	29%	1%	10%
Domestic Violence	42%	26%	2%	11%
Specialized Populations **	18%	11%	1%	3%
Zero-Tolerance Drug	66%	59%	7%	21%
SPECIALIZED COURTS				
Community Court	45%	17%	0%	6%
Mediation	38%	19%	1%	8%
*Includes women and children's residential programs. **Includes Project APOYO, STARS, and the sex offender program. Source of data: CSSD				

Among the pre-trial diversion programs, the Pre-trial Family Violence Education Program (FVEP) clients had the lowest rate of recidivism. Only 19 percent were re-arrested for a new crime, 13 percent reconvicted, and 1 percent incarcerated as a result. Pre-trial School Violence Education (SVEP) and the Hate Crimes Diversion clients were the most likely to recidivate.

Among the alternative sanction programs, the specialized population programs (Project APOYO for Latinos, STARS for women, and the sex offender program) had the lowest rate of recidivism. Less than 20 percent of the clients were re-arrested for a new crime within a one-year period after admission to the program, 11 percent reconvicted, and as a result 1 percent sent to prison. It should be noted this rate is driven predominately by the sex offender program, which is an intensive supervision and treatment program.

The Zero-Tolerance Drug program has the highest rate of re-arrest, reconviction, and incarceration. Two-thirds (66 percent) of its clients were re-arrested for a new crime, 59 percent reconvicted, and 7 percent sent to prison.

AICs, residential treatment, and domestic violence programs had similar recidivism rates. Slightly more than 40 percent of the clients in these programs were re-arrested, about one-quarter reconvicted, and 2 percent incarcerated. In comparison, adult services had lower re-arrest (34 percent) and reconviction (26 percent) rates.



Rate based on program and sentence. Some alternative sanction programs serve sentenced clients only while others mix sentenced and pre-trial clients.

Figure IV-4 shows the re-arrest rate for clients in each of these groups. The pre-trial clients served in a pre-trial education diversion program, which admits only

certain pre-trial clients, had significantly lower re-arrest rates than all other groups. The data show mixing pre-trial and sentenced clients in the same program significantly increased the likelihood of re-arrest. It should be noted, there was no difference in severity of target crime between the pre-trial clients in a pre-trial only program and pre-trial clients in a mixed program.

Rate by client demographics. The data show AIP clients re-arrested for a new crime after being admitted to an alternative to incarceration program are significantly younger than those clients who did not recidivate during the one-year release threshold. The average age of re-arrested clients is 28 compared to the average age of 30 for those not re-arrested.

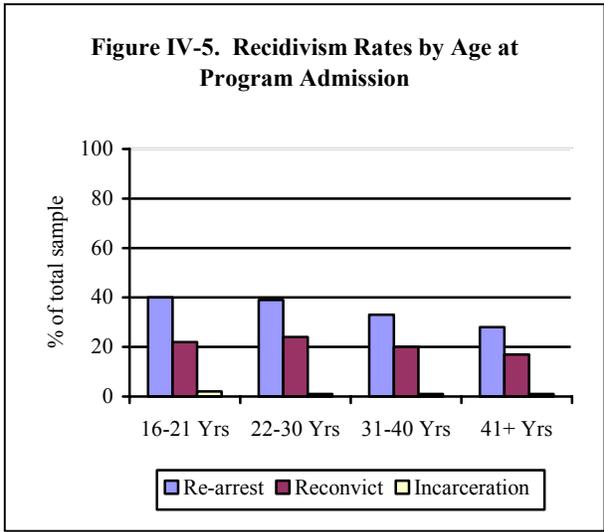
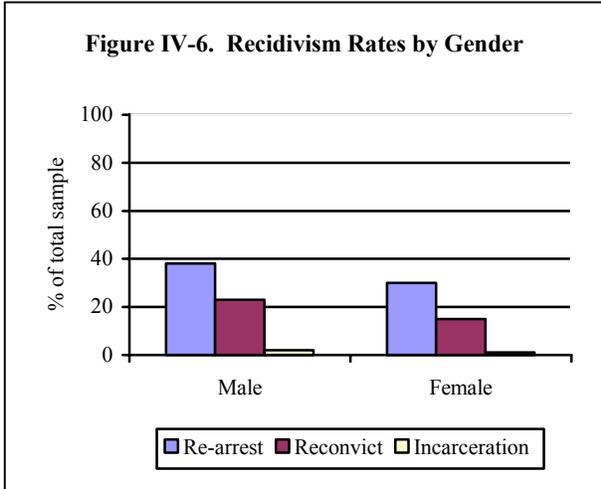
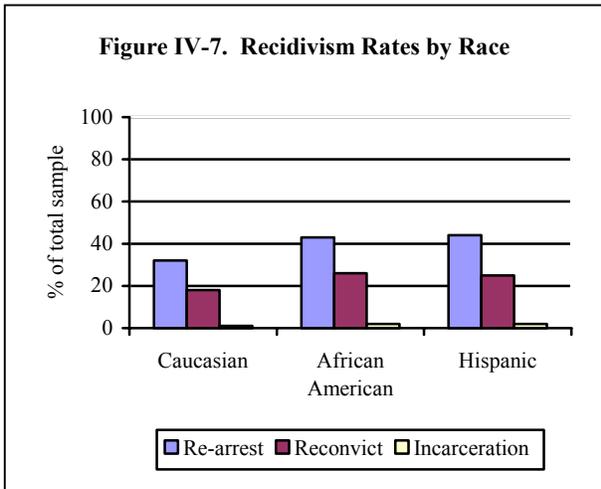


Figure IV-5 shows the recidivism rate based on AIP client age at admission to an alternative to incarceration program. As shown, recidivism rates for all three measures were higher for younger clients than the older age groups. Over 40 percent of all clients between the ages of 16 and 21 were re-arrested within one year of admission to a program, 22 percent reconvicted of a new crime, and 2 percent sent to prison as a result. As expected, those clients over 40 had the lowest recidivism rates.

The data further show AIP clients with a prior juvenile arrest or referral to family court (under the age of 16) were more likely to be re-arrested after program admission than clients who were not arrested or referred as a juvenile. Almost 60 percent of the clients with a prior juvenile arrest or referral were re-arrested compared to 39 percent of clients with no prior juvenile arrest.



Male clients had a higher rate of recidivism than females. As shown in Figure IV-6, almost 40 percent of male clients were re-arrested for a new crime compared to 30 percent of females. Female clients had much lower rates of reconviction than males. Only 15 percent were reconvicted of a new crime compared to 23 percent of the males. The incarceration rate was not statistically different for male and female clients.



The data showed minority clients had higher rates of re-arrest, reconviction, and incarceration than Caucasian clients. In Figure IV-7, African American clients had a 42 percent re-arrest rate and Hispanic clients a 44 percent rate compared to a 32 percent rate for Caucasian clients. (Native American, Asian, and other racial groups again were not included in the analysis because they represented less than 1 percent of the total AIP client sample.)

Minority clients were also more likely to be reconvicted and incarcerated for a new crime committed after their admission to an alternative incarceration program.

AIP client race and age at program admission were analyzed together. The youngest minority clients (age 16 to 21 at time of program admission) were more likely to be re-arrested (49 percent), reconvicted (28 percent), and incarcerated (3 percent) than the older minority clients and Caucasian clients in any age group.

Recidivism by risk level. Table IV-4 shows the recidivism rates by the AIP client risk levels. As expected, low risk clients were the least likely to recidivate and surveillance risk clients the most likely to be re-arrested and reconvicted. However, the sentencing trend continues with a low rate of incarceration among the levels. High and surveillance risk level clients are significantly more likely to be sentenced to probation for reconviction of a new crime.

<i>Table IV-4. Recidivism Rate by Risk Level</i>				
	<i>Re-arrested</i>	<i>Reconvicted</i>	<i>Incarcerated</i>	<i>Other Sentence</i>
Level of Risk				
Administrative	29%	20%	2%	11%
Medium	45%	28%	2%	10%
High	56%	40%	3%	16%
Surveillance	73%	54%	4%	20%
Source of data: CSSD				

does not currently use it in its program referral process. According to the data, only one in ten AIP clients were identified as needing no treatment. One-third were assessed as needing intensive outpatient or residential treatment.

<i>Table IV-5. Recidivism Rate by Treatment Level</i>		
	<i>Re-arrested</i>	<i>Reconvicted</i>
No Treatment	22%	17%
Low Level Treatment (Drug & alcohol ed, urinalysis)	34%	24%
Weekly Therapy	49%	39%
Intensive Outpatient	60%	53%
Intensive Residential	61%	48%
Source of data: CSSD		

recommended treatment level. There were no differences among incarceration rates for the recommended treatment levels -- only 1 percent were sent to prison for a new crime.

Patterns of repeat criminal activity. Criminal justice researchers have studied the general patterns of criminal behavior in addition to measuring the rates of recidivism. This research is often used to determine whether repeat offenders “specialize” in certain types of crime and whether offenders escalate the severity of their new crime.

Table IV-6 shows the re-offense patterns by the target arrest offense categories and types. It compares: (1) the total number of AIP clients by their target arrest primary offense; (2) the number re-arrested for the same exact crime category and type as their target arrest; (3) the number re-arrested not for the exact crime type, but for one in the same crime category as their target arrest; (4) the number re-arrested for any other crime; and (5) the number not re-arrested within the one-year period.

There are limitations to these data. First, a client may be charged with more than one crime at re-arrest. The analysis is based on the client’s most serious charge at re-arrest. Therefore, another charge may be the same or different than the target arrest crime.

Rate by Recommended Treatment Level. Treatment level is calculated based on LSI-R and ASUS assessment information. CSSD collects this data, but

Table IV-5 shows the re-arrest and reconviction rates by recommended treatment level for AIP clients. In general, the risk for re-arrest and reconviction correspondingly increases with the

Table IV-6. Re-arrest Offense Patterns by Target Arrest Offense

From Program Admission Date To First Re-arrest					
<i>Most Serious Crime</i>	<i>N=</i>	<i># Re-arrested Same Crime Type</i>	<i># Re-arrested Within Crime Category</i>	<i># Re-arrested for Any Other Crime</i>	<i># Not Re-arrested</i>
VIOLENT	706	42	20	188	456
Homicide	3	0	0	2	1
Assault	504	39	7	141	317
Sexual Assault	106	0	5	16	85
Kidnapping	39	1	2	12	24
Arson	5	0	2	1	2
Robbery	49	2	4	16	27
PROPERTY	459	36	15	147	261
Burglary	89	7	6	27	49
Larceny	338	28	6	115	189
Forgery/Fraud	32	1	3	5	23
DRUGS	1,764	172	51	368	1,173
Sale	1,233	122	30	232	849
Possession	531	50	21	136	324
OTHER	723	35	26	186	476
Risk of Injury	196	5	4	37	150
Perjury, Jury Tampering	149	7	10	46	86
Threatening,	378	23	12	103	240
VOP	26	1	NA	15	10
MV	257	12	NA	59	186
TOTAL	3,935	298	112	963	2,565

Source of data: CSSD

Second, the analysis is based on the client’s first re-arrest after being admitted to an alternative incarceration program. Many of the clients were re-arrested multiple times during the one-year release threshold and those who did not recommit the same type of crime as their target arrest at first re-arrest may have done so at a later re-arrest.

Overall, there is no significant pattern of repeating the same type of crime. Most clients were not re-arrested for the exact same crime type that resulted in their admission to an alternative incarceration program. Specifically, less than 10 percent of clients initially convicted of assault, larceny, or drug sale were re-arrested for the same type of offense.

Table IV-7 shows the severity of the crime for which the AIP clients were re-arrested. As expected, most of the violent crimes were felonies, except for assault. About 80 percent of assaults were misdemeanors. Based on the data, a large percentage of all violent crimes

committed during the one-year release threshold were for assault, but were of a less serious nature (called “simple” assault).

Table IV-7. Percentage of Crimes by Severity Level at First Re-Arrest				
Most Serious Crime	N=	Felony	Misdemeanor	Other
VIOLENT*				
Assault	167	20%	80%	0
Sexual Assault	7	100%	0	0
Kidnapping	6	67%	33%	0
Robbery	26	100%	0	0
PROPERTY				
Burglary	49	100%	0	0
Larceny	150	25%	75%	0
Forgery/Fraud	21	19%	81%	0
DRUGS				
Sale	295	64%	36%	0
Possession	227	3%	70%	27%
OTHER				
Weapons	7	100%	0	0
Risk of Injury**	29	100%	0	0
Perjury, Jury Tampering	84	8%	92%	0
Threatening***	137	2%	98%	0
VOP	46	41%	39%	20%
MV	108	5%	80%	15%
<p>*Homicide and arson were not included because the sample size was too small for analysis purposes. **Also includes reckless endangerment. ***Also includes stalking, harassment, and voyeurism Source of data: CSSD</p>				

Over half of the property crimes (59 percent) were misdemeanors. Most drug sale offenses were felonies whereas drug possession was mostly misdemeanors. All weapon offenses and risk of injury to a child offenses were felonies, but threatening, stalking, and harassment crimes were misdemeanors.

The target arrest and re-arrest offenses were further analyzed based on a severity ranking for the type of offense and the felony or misdemeanor classification. For this analysis, a violent crime was the most severe and failure to appear the least severe, and a felony offense more severe than a misdemeanor. Severity was then broken down by program.

Table IV-8 shows whether the severity of the re-arrest offense decreased, remained the same, or increased in comparison to the severity of the target offense. Overall, there was a general decrease in severity of new crime among clients admitted to pre-trial education diversion programs. Pre-trial Family Violence Education Program clients had the greatest decrease. As

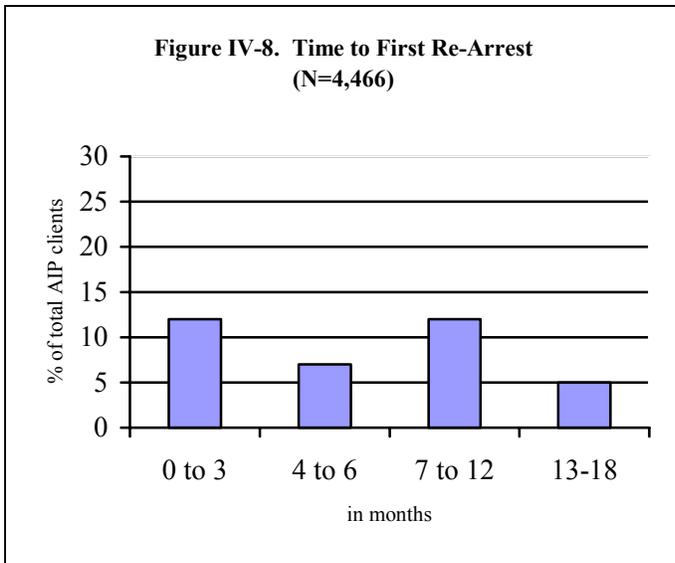
shown, the greatest severity decrease among alternative sanction program clients was found among the specialized client populations (e.g., Hispanics, women, sex offenders). The programs with the greatest number of re-arrests for more severe crimes than the target arrests included the Pre-trial Hate Crimes Diversion and School Violence Education Programs and the Zero-Tolerance Drug Program.

<i>Table IV-8. Severity of New Crime in Comparison to Target Arrest Crime</i>			
	Severity Decreased	<i>Severity Remained the Same</i>	<i>Severity Increased</i>
PRE-TRIAL DIVERSION			
Drug Education	57%	17%	26%
Family Violence Ed	67%	8%	26%
School Violence Ed	22%	22%	56%
CSLP	44%	20%	36%
Hate Crimes Diversion	0%	0%	100%
ALTERNATIVE SANCTIONS			
AIC	42%	26%	31%
Adult Services	44%	17%	39%
Residential Treatment*	51%	14%	34%
Domestic Violence	47%	17%	36%
Specialized Populations **	72%	11%	17%
Zero-Tolerance Drug	32%	32%	37%
SPECIALIZED COURTS			
Community Court	37%	21%	41%
Mediation	41%	13%	46%
*Includes women and children's residential programs.			
**Includes Project APOYO, STARS, and the sex offender program.			
Source of data: CSSD			

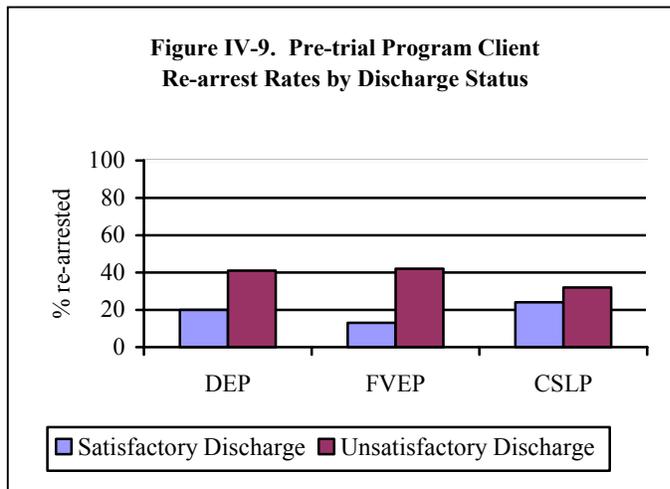
The severity of new crime among most alternative sanction program clients decreased or remained the same as their target arrest offense.

Time to re-arrest. As previously stated, the release threshold for this study is one year from the date an AIP client was admitted to a pre-trial diversion, alternative sanction, or specialized court program. The period of time the offender is in the community (not incarcerated) and had the opportunity to re-offend was calculated as the number of days between the program admission date and the date of the first re-arrest.

The average period prior to the first re-arrest among all AIP clients was six months (172 days) from the program admission date. Figure IV-8 shows 12 percent of all AIP clients were re-arrested within the first three months after their admission to a program. By the end of the first six months, 19 percent of AIP clients were re-arrested, and within one year after program admission, over 30 percent were re-arrested at least once.



Of the 1,627 AIP clients who were re-arrested during the release threshold, 21 percent (921) were re-arrested only once. Fifteen percent (706) were re-arrested more than once.



Recidivism rate by program discharge status. Overall, 68 percent of AIP clients were satisfactorily discharged from a program. Figure IV-9 shows the re-arrest rates for clients discharged from the three largest pre-trial programs based on the discharge status: satisfactory or unsatisfactory. Pre-trial education diversion clients satisfactorily discharged

from the three programs were significantly less likely to recidivate. Clients unsatisfactorily discharged from the Pre-trial Family Violence Education Program had the highest rate (42 percent) of re-arrest. Interestingly, CSLP had the highest re-arrest rate among clients satisfactorily discharged (24 percent).

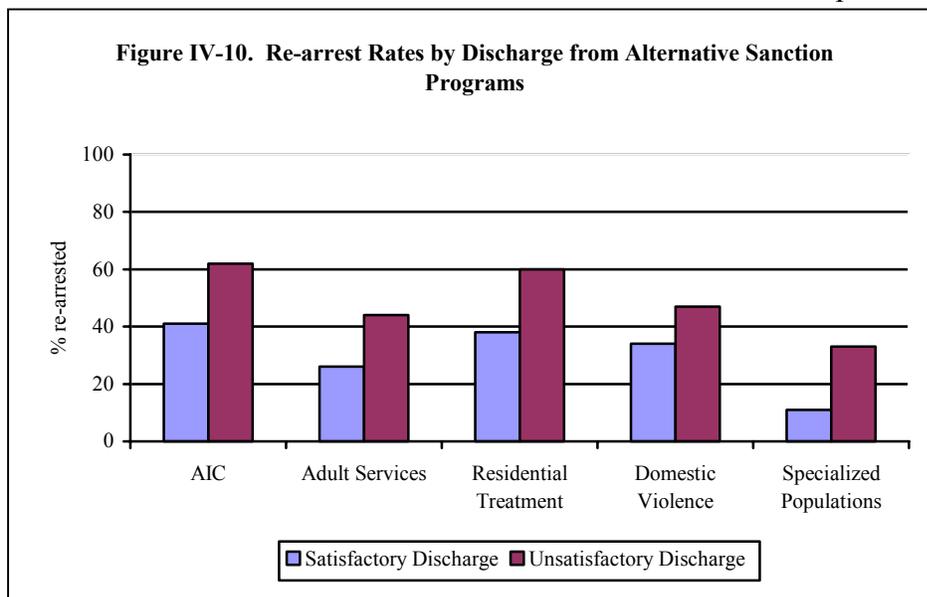
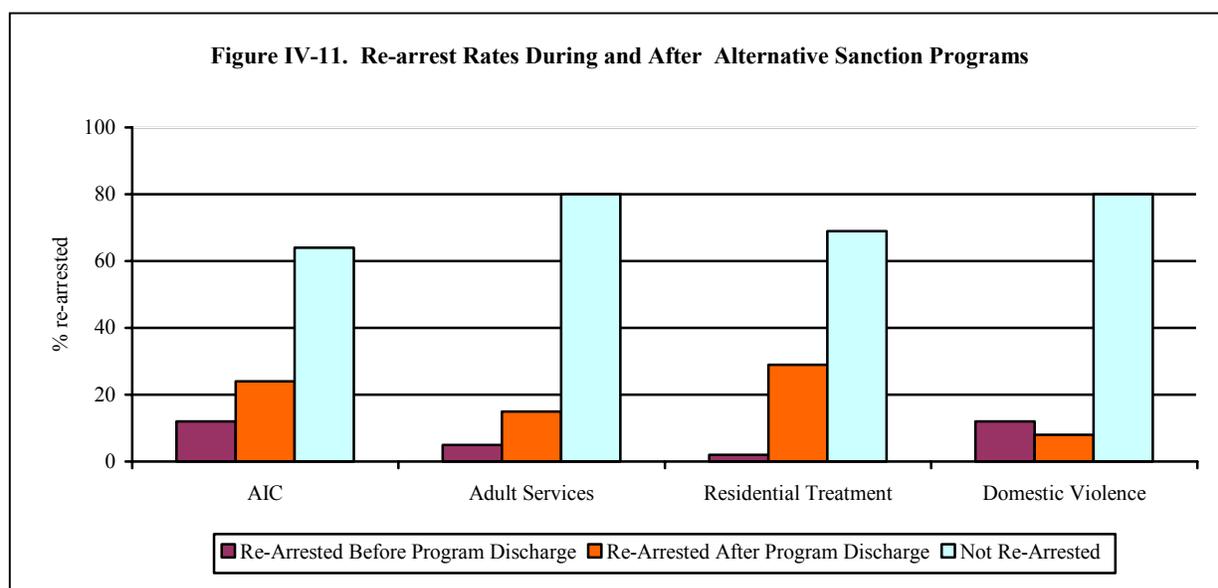


Figure IV-10 shows the same analysis for clients discharged from the six alternative sanction program categories. There continues to be a strong relationship between discharge status and the likelihood of re-arrest.

Clients satisfactorily discharged from specialized populations programs had the lowest re-arrest rate (11 percent) followed by adult services clients (26 percent). Clients unsatisfactorily discharged from an AIC (62 percent) were most likely to be re-arrested

followed by clients unsatisfactorily discharged from a residential treatment program (60 percent).

The re-arrest rate was analyzed by when re-arrest occurred, either during program admission or after discharge (either satisfactorily or unsatisfactorily). Figure IV-11 shows these rates. Approximately one in 10 AIC and domestic violence program clients were re-arrested while participating in the programs (prior to discharge). In comparison, only 2 percent of residential treatment clients and 5 percent of adult services clients were re-arrested prior to program discharge.



Recidivism rate by recommended treatment level. As previously stated, the recommended treatment level is calculated by combining LSI-R and ASUS information. The five levels of program or treatment intensity include: (1) no treatment; (2) low intensity treatment (drug and alcohol education, urinalysis); (3) weekly therapy (individual or group therapy); (4) intensive outpatient treatment; and (5) intensive residential treatment.

As shown in Figure IV-12, clients assessed with a high recommended treatment level were more likely to be re-arrested. Only 22 percent of clients with no recommended treatment level were re-arrested compared with 61 percent of clients with a recommended intensive residential treatment level.

Matching client needs and program intensity. As will be discussed in Chapter 7, matching a client’s recommended treatment level with the intensity of program services is critical. Inappropriate treatment assignments include a client with high recommended treatment level admitted to a low intensity program or a client with a low recommended treatment level admitted to a high intensity program.

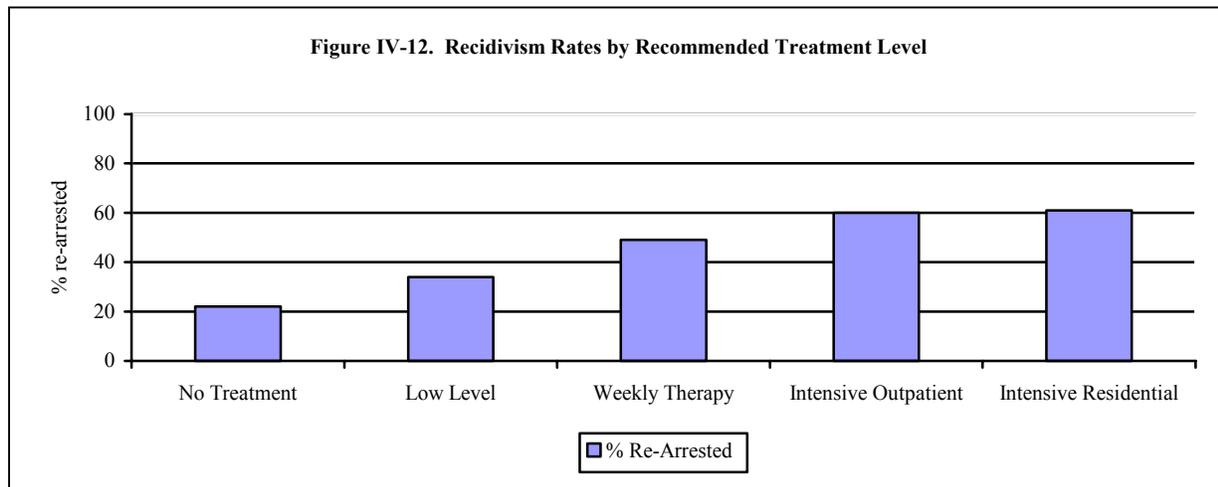


Table IV-9 shows the re-arrest rates for clients appropriately and inappropriately matched to programs with high and low treatment intensity. For this analysis, residential treatment was used as the high intensity program and AIC the low intensity program.

Table IV-9. Re-arrest Rate by Client Need and Program Intensity			
		Program Intensity	
		<i>Low (AIC)</i>	<i>High (Residential Treatment)</i>
Treatment Need	<i>Low</i>	35%	58%
	<i>High</i>	72%	47%

Source of data: CSSD

As shown, clients with a low recommended treatment need level in a low intensity program and clients with a high recommended treatment need level admitted to a high intensity program were the least likely to be re-arrested. In comparison, more than half of the

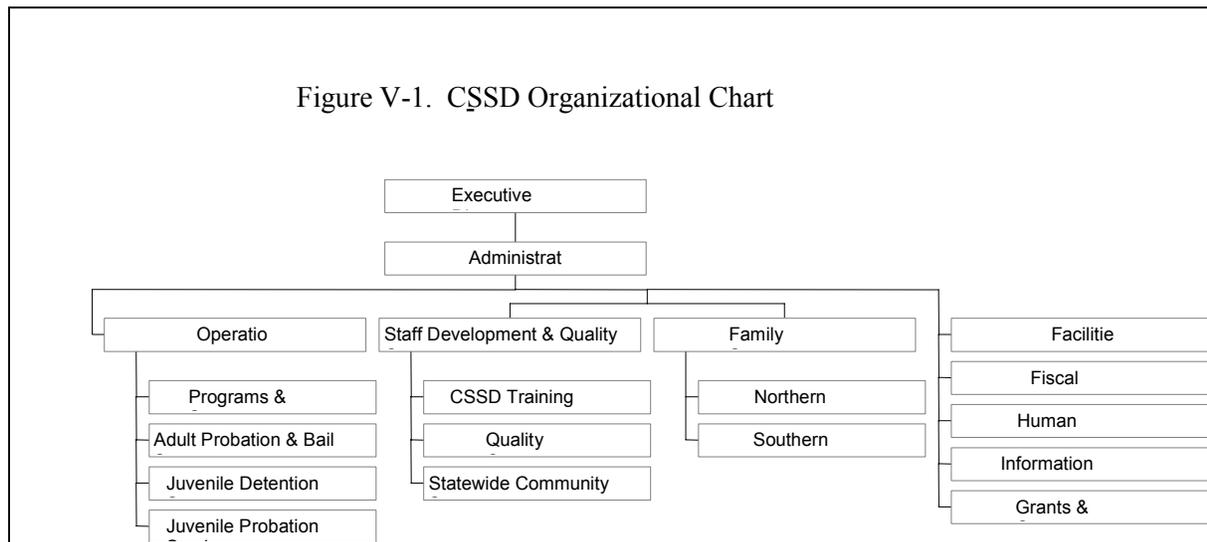
clients with a low treatment need level admitted to a high intensity program were re-arrested. Further, the worst re-arrest rate (72 percent) occurred for clients with a high recommended treatment need level in a low intensity program.

Court Support Services Division

The Court Support Services Division within the judicial branch has the primary responsibility for the administration of bail and probation services and pre-trial diversion, alternative sanction, and specialized court programs for adult defendants and offenders. CSSD is also responsible for family and juvenile matters. However, those services are not included in the scope of this study. (A brief description of the judicial branch criminal court system is contained in Appendix E.)

Figure V-1 shows the Court Support Services Division organization, which is headed by an executive director, and is divided into four primary divisions each headed by a director:

- Operations;
- Staff Development and Quality Control;
- Administration; and
- Family Services.



The four units within the Operations Division are: (1) programs and services; (2) adult probation and bail services; (3) juvenile probation services; and (4) juvenile detention services. A deputy director is assigned to oversee the operations of the programs and services and adult probation and bail services units, which are the two units with direct responsibility for pre-trial diversion and alternative sanction processes and network of programs.

Programs and Services Unit

The Programs and Services Unit is divided along three functional lines: (1) program development and design; (2) quality assurance; and (3) statewide contract oversight. Staff from the three areas participate in a “Center for Best Practices” dedicated to designing, developing, and implementing new programs and evidence-based strategies.

Program development. The unit’s primary responsibility is the development and design of the community-based alternative sanction programs. It also drafts the program provider contracts and monitors new programs in collaboration with the Grants and Contracts Monitoring Unit within the Administrative Division.

The unit recently established a “Center for Best Practices” to consolidate research on evidence-based programming. The key goal of evidence-based programs is to reduce recidivism among the high and medium risk supervised population.

Quality assurance. To augment program development and design, the unit established a quality assurance process. However, to date, this process focuses on providing training to probation officers to, in effect, change the probation supervision culture to adopt new evidence-based processes such as motivational interviewing and offender assessment tools including the Level of Service Inventory-Revised (LSI-R). (A description of the offender assessment tools and motivational interviewing is provided in Appendix F.)

Implementing the new evidence-based or “best practices” model requires training to ensure reliability of programs and assessment strategies (e.g., motivational interview). The quality assurance function, therefore, is focusing on this first phase of implementation, which is staff training. The training also includes a follow-up component that provides probation officers with feedback and “booster” training sessions.

Statewide contracts. The final function of the unit consolidates the oversight of a series of program contracts for drug testing, electronic monitoring, administrative level probation supervision, residential treatment, and the pre-trial alcohol education program, along with special projects including the jail re-interview project, DNA testing for felony offenders, and the Interstate Probation Compact. To date, these contracts and projects are not being adapted to include evidence-based practices and strategies and are administered and monitored separately.

Adult Probation and Bail Services Unit

The Adult Probation and Bail Services Unit is responsible for the day-to-day, community-based case management and supervision of pre-trial defendants with bail release conditions and offenders sentenced to probation in the custody of the judicial branch.

The unit is divided along two functional lines: (1) intake, assessment, and referral (IAR); and (2) probation supervision. Its primary functions are:

- performing intake, assessment, and referral of defendants and offenders for bail, sentencing, and pre-trial diversion, alternative sanctions, and probation supervision;
- supervising of defendants and probationers;
- liaison with contracted program providers for referrals and monitoring of the clients' compliance with and completion of the programs; and
- reporting to Superior Court judges on defendant and offender compliance and completion of court-ordered conditions of bail release and probation supervision.

Intake, assessment, and referral. The criminal justice system process to collect and verify information about a person charged with a crime begins at arrest and continues throughout the administration of a court-imposed sentence. As the person moves through the criminal justice system, the information collected about him or her becomes more descriptive, accurate, and useful to the custodial agencies. The CSSD pre- and post-conviction intake, assessment, and referral process begins shortly after a person is arrested for bail setting purposes and continues until he or she is discharged from a sentence.

A pre-trial defendant is assessed for the purposes of bail to determine the likelihood of appearance for scheduled court proceedings and, depending on the facts and circumstances of the offense, the potential danger he or she poses to others. The key points at which a pre-trial defendant may be subject to assessment by a bail commissioner (also called an IAR specialist) to set bail and special release conditions and/or to determine program eligibility are:

- after arrest;
- at arraignment;
- upon application to a pre-trial diversion; and
- as part of the jail re-interview project.

CSSD is statutorily required to use a “written uniform weighted” release criteria to standardize pre-trial bail decisions. The risk assessment tool¹⁰ scores a defendant based on eight factors set out in state law:

- nature and circumstances of the crime;
- record of prior criminal convictions and failure to appear in court while on bond;
- family and community ties, employment record, financial resources;
- character, mental condition, and history of substance abuse;

¹⁰ During 2003, the judicial branch examined the validity of its existing risk assessment tool used for bail decision-making. The study evaluated the point scale system to determine which factors are predicative of bail decisions and outcomes and to identify additional factors to improve the validity of future risk assessment tools. Based on the study's recommendations, the judicial branch implemented a revised point scale system.

- number and severity of pending criminal charges;
- history of violence;
- record of previous convictions for similar offenses committed while on bail;
and
- likelihood the defendant will commit another crime while on bail.

The assessment process for the sentencing and supervision phases is more comprehensive and is intended to assist a judge in imposing the most appropriate sentence to meet punitive and rehabilitative purposes and determine the level of community-based supervision, if that is part of the sentence, based on an offender's risk of re-offending and treatment and service needs. The points at which a convicted offender may be assessed are:

- prior to sentencing as part of a court-ordered Alternative Incarceration Plan (AIP) or a sentence recommendation;
- upon transfer to CSSD to begin serving a probation sentence;
- upon admission or discharge from a residential or specialized alternative sanction program (e.g., sex offender program) to an outpatient program or supervision; and
- at various points throughout a sentence (e.g., after a violation of probation) to identify changes in the offender's level of risk or need for services.

Beginning in 2002, as part of the IAR process, CSSD adopted a validated, objective, quantifiable assessment tool called the Level of Service Inventory (LSI). The short version of the LSI (LSI-SV) identifies those offenders posing a low risk and need level. The full version (LSI-R) is used for offenders identified as posing a medium to high risk and need level based on the LSI-SV score.

Each offender sentenced to probation is scheduled for an LSI interview, which takes about two hours and is conducted by a probation officer. Offenders also complete a self-administered Adult Substance Use Survey (ASUS) to assess alcohol and drug use and addiction. A probation officer can assist an offender who is illiterate, does not speak English, or has a learning or other disability that makes it difficult for him or her to complete the ASUS.

The calculated scores of the LSI and ASUS determine an offender supervision level (or classification) and treatment plan. Based on the treatment plan and any court-ordered condition, an IAR specialist refers the offender to the appropriate alternative sanction program(s). The offender is then transferred to the Supervision Unit for case management and supervision.

Alternative Incarceration Plan. As part of the sentencing phase, a judge may order an alternative incarceration plan (AIP) that provides a community-based sentencing option to incarceration for an offender who is found guilty of a crime that carries a statutory prison sentence or pleads guilty to a crime and negotiates a sentence that includes a period of

incarceration. An AIP may be ordered for an offender convicted of a misdemeanor or felony except for:

- a capital or class A felony;
- the sale of drugs by a nondependent person;
- the sale of drugs;
- manslaughter in the first or second degree;
- manslaughter in the second degree with a motor vehicle;
- misconduct with a motor vehicle;
- criminally negligent homicide;
- sexual assault in a spousal or cohabitating relationship; or
- any other offense carrying a mandatory minimum sentence.

An AIP is similar to a pre-sentence investigation report (PSI)¹¹ except that it provides an alternative sentence to probation and admission to one or more alternative sanction programs rather than incarceration whereas a PSI may recommend a prison term, alternative sanction, or both. The AIP can recommend placement in an intensive probation program and/or any community-based residential and nonresidential contracted alternative sanction program that provides supervision, employment counseling, psychiatric or psychological evaluation and counseling, and drug and alcohol treatment. It can also propose special probation conditions such as electronic monitoring, drug testing, and restitution.

In completing the AIP, an IAR specialist assesses the offender based on the LSI and ASUS and reviews the circumstances of the offense, the attitude of the victim or immediate family in cases resulting in the death of the victim, and the offender's criminal and psychosocial history and present condition. The AIP may, at the discretion of a judge, also include a physical and mental examination of the offender. A victim impact statement, which summarizes the victim's feelings about the offense, the damages suffered including medical expenses, loss of earnings, and property loss, and the victim's opinion about the sentence recommendation, is also part of the AIP.

An offender is required to comply with all conditions and probation supervision ordered as part of the alternative to incarceration plan; this is referred to as a "direct" alternative sanction sentence.

Probation supervision. The adult probation and bail unit is also responsible for case management and supervising defendants in pre-trial diversion programs and with special bail release conditions, and supervising convicted offenders sentenced to probation. The level of supervision, based on the IAR process, determines the amount of oversight and contact between

¹¹ State law requires a pre-sentence investigation (PSI) report for offenders convicted for the first time of an offense, except a capital felony, that may result in a prison term of more than one year. However, a judge may order a PSI for any offender except those convicted of a capital felony. An offender with the consent of a judge and the state's attorney may waive the pre-sentence investigation.

a probation officer and offender. Supervision contacts range from in-person meetings between a probation officer and offender to telephone calls or written correspondence. Table V-1 outlines the five probation supervision levels and contact standards from the highest to lowest.

Table V-1. Five Probation Supervision Levels and Contact Standards	
<i>Level</i>	<i>Standards</i>
Sex Offender	<p>HIGH RISK</p> <ul style="list-style-type: none"> ▪ Minimum of 4 contacts per month with at least 3 in-person and at least 1 occurring in field location such as offender's home ▪ Minimum of 1 collateral contact per month with person/agency providing treatment ▪ Minimum of 1 collateral contact per month with other persons/agencies that can provide information about offender's activities & compliance with conditions ▪ Home visit within 10 days of any change of residence <p>MEDIUM RISK</p> <ul style="list-style-type: none"> ▪ Minimum of 2 contacts per month with at least 1 in-person in a field location such as offender's home ▪ Minimum of 1 collateral contact per month with person/agency providing treatment ▪ Minimum of 1 collateral contact per month with persons/agencies that can provide information about offender's activities & compliance with conditions ▪ Home visit within 10 days of any change of residence
Surveillance	<ul style="list-style-type: none"> ▪ Initial in-person contact with offender within 5 days of case transfer ▪ Minimum of 3 contacts per month in-person with at least 1 contact occurring in the field every other month ▪ Minimum of 1 collateral contact per month with person/agency providing treatment ▪ Minimum of 1 collateral contact per month with persons/agencies that can provide information about the offender's activities & compliance with conditions
High	<ul style="list-style-type: none"> ▪ Initial in-person contact with offender within 5 days of case transfer ▪ Minimum of 2 contacts per month with at least 1 occurring in the field during the first 2 month of supervision ▪ Minimum of 1 collateral contact with person/agency providing treatment
Medium*	<ul style="list-style-type: none"> ▪ Initial in-person contact with offender within 10 days of case transfer ▪ Minimum of 1 contact per month
Administrative^	<ul style="list-style-type: none"> ▪ Drug/alcohol testing taken every 3 months at AIC ▪ Call in to report
<p>* Offenders placed in residential treatment are subject to the medium level supervision while in the program. Upon discharge from the residential program, the offender is reassessed and reclassified. ^CSSD contracts for administrative supervision services on a statewide basis.</p>	
Source of information: CSSD Supervision Services Policy No. 4.11	

A probation officer is also required to make collateral contacts with persons involved in providing treatment or services to the offender and persons such as a spouse, family, friends, and

employer who have knowledge about the offender's activities and compliance with special conditions.

A classification reassessment may be conducted at any time if a probation officer believes the circumstances of the case have changed and the offender would benefit from a higher or lower level of supervision. However, if the reassessment tools do not reflect the proposed change in risk or need, a probation officer may request a classification override from a supervisor.

Offenders who did not have a LSI assessment during the IAR process and were classified either at the surveillance, high, or medium supervision level may be reclassified with supervisory approval. An offender must have been supervised at the current classification level for a minimum of six months, be in compliance with all conditions of probation, have no pending criminal charges, and not been arrested for a new crime within the past year.

Upon successful completion of the probation sentence, an offender is discharged from state custody. However, if arrested again at any time after discharge, the criminal justice process begins again.

Alternative sanction programs. As stated, as a condition of bail or sentence of probation, almost any offender may be ordered to participate in any alternative sanction program described in Section Two. CSSD, however, has recently focused the contracted alternative sanction programs at primarily high- and medium-level defendants and offenders. It refers low level defendants and offenders to Infoline for information, referral to services, and crisis intervention.

In addition to participating in an alternative sanction program, an offender may also be ordered by a judge or probation officer to comply with special probation conditions such as electronic monitoring, curfew, drug testing, no contact with a co-defendant, restitution, community service, and employment or attendance at school. An offender may also have a court-ordered restraining or protective order that prevents him or her from having contact with a specific person, usually a victim, and/or frequenting a specific location.

Violation of probation. The conditions of probation are violated whenever an offender is arrested for a new crime, does not comply with the special conditions imposed by a judge, or fails to abide by CSSD supervision rules and conditions. When a violation occurs, a probation officer has discretion to report the violation to the court thereby initiating the arrest warrant process -- a violation of probation (VOP) is a new felony offense -- that may result in revocation of probation and incarceration.

Once arrested, an offender appears before a judge who determines if the offender is guilty of a violation of probation and, if so, may:

- continue the original probation sentence;
- modify the conditions of probation supervision;
- extend the period of probation supervision;

- revoke the original sentence and impose a prison term for all or part of the original probation term; or
- revoke the original sentence and impose a new sentence.

Technical violation. A technical violation of probation is noncompliance with court-ordered supervision conditions by an offender under supervision that is not by itself a criminal offense. It is generally a violation of a release condition imposed by a judge, a supervision condition monitored by a probation officer, or a program condition overseen by a contracted provider and reported to a probation officer such as failing to report for a scheduled office or home visit, failing to attend a treatment or program session, missing a curfew, lack of employment, and testing positive for drug use.

A technical VOP does not usually result in a new arrest, but a series of relatively minor technical violations can indicate an offender's unwillingness to abide by the probation release conditions and may result in a more punitive response. Probation officers have a range of graduated sanctions available to respond to a technical violation including a verbal reprimand and increased reporting to referral to an alternative sanction treatment or service program. Ultimately, however, a probation officer can request an arrest warrant for a VOP if the sanctions fail to modify an offender's misbehavior.

Staff Development and Quality Control Division

The Staff Development and Quality Control Division is composed of: (1) the Training Academy; (2) the Quality Control Unit; and (3) the Statewide Community Services Unit. The Training Academy provides pre- and in-service staff training and development programs for CSSD adult, juvenile, and family services personnel. The Statewide Community Services Unit schedules and coordinates large, public community service labor projects such as the Nutmeg Games, Special Olympics, Senior Games, building handicap accessible playgrounds in municipal parks, the Department of Children and Families' Suitcases for Kids project, and provides work crews for mass mailings and fund raising events (e.g., walks and marathons) for nonprofit groups such as the American Cancer Society.

Quality control. The Quality Control Unit measures the effectiveness of contracted pre-trial diversion, alternative sanction, and specialized court programs. As discussed in Chapter 2, the unit tracks capacity, the number of client admissions and discharges, and utilization and satisfactory discharge rates to determine compliance with the administrative target rates of at least 90 percent for program utilization and at least 60 percent for satisfactory discharges.

The quality control data analysis is evaluated to estimate capacity and service need by the CSSD executive team composed of the executive director, division directors, and regional managers and supervisory staff.

Administration Division

The Administration Division, as expected, is composed of the Human Resources, Budget, Facilities, and Information Technology Units. It is also responsible for monitoring provider agency compliance with grants and contracts.

The Budget Unit is responsible for developing the CSSD budget, processing alternative sanction contract and fee-for-service payments, and managing offender restitution accounts. The Information Technology Unit is currently developing a new automated case management information system (CMIS) for adult probation, bail, and family services. Most CMIS functions are on-line with several additional functions in the planning and testing stages.

Contract monitoring. This unit oversees the Grants and Contracts unit responsible for the day-to-day monitoring of provider compliance with alternative sanction program contracts. A detailed description of this process is included in Chapter 6, which also discusses the relationships between program development, contracting, and contract compliance monitoring processes. The program review committee used these processes and data to measure the effectiveness of pre-trial diversion, alternative sanction, and specialized court programs.

Family Services Division

While the majority of the responsibilities of the Family Services Division do not fall within the scope of this study, its responsibility to oversee family violence programs is included. The division manages the Pre-trial Family Violence Education Program and two alternative sanction programs aimed at persons convicted of a domestic violence crime: EVOLVE and EXPLORE.

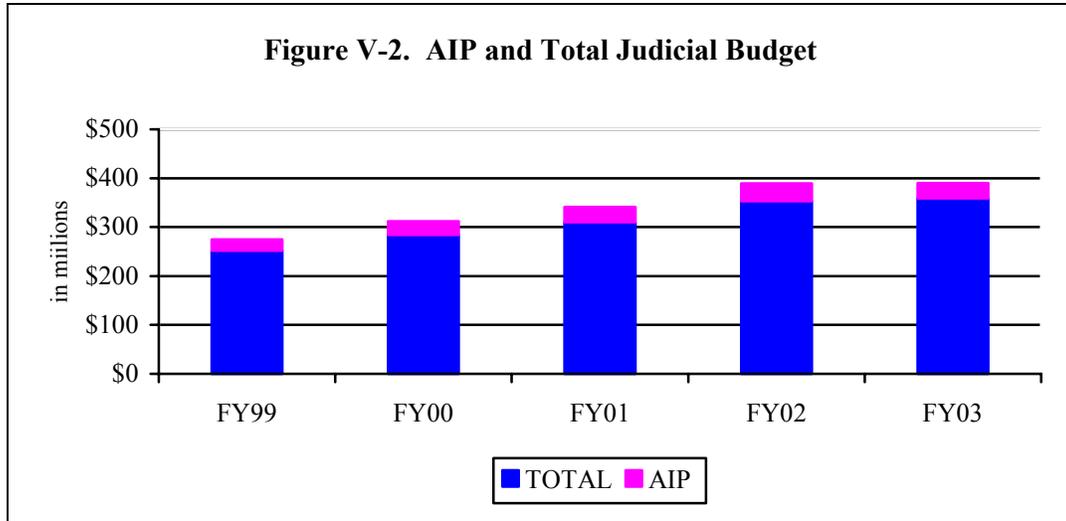
Court Support Services Division Budget

The Alternative Incarceration Program (AIP) is a separate line item in the judicial branch budget. It covers the costs of contracted pre-trial diversion, alternative sanctions, and specialized court programs, excluding CSSD staffing costs. As shown in Figure V-2, over the past five fiscal years, AIP (for adults only) represented less than 10 percent of the total judicial branch appropriated budget, which was almost \$359 million in FY 03.

In FY 96, the Juvenile Alternative Incarceration Program (JAIP) was established, becoming a separate budget line item. When combined, the two programs represent about 15 percent -- totaling approximately \$50.6 million in FY 03 -- of the total judicial branch budget.

Figure V-3 shows the trend in the total amount appropriated for the AIP budget for each fiscal year since FY 90. The trend in the AIP budgeted appropriation has generally increased over the past 14 years. The program's budget appropriation dropped and leveled off for a four-year period after the General Assembly, in 1995, passed a series of "Truth In Sentencing" laws intended to increase time served of prison sentences and the state became eligible for federal Violent Offender Truth In Sentencing Act (VOTIS) funds geared to adding prison and secure residential program beds. The budget trend climbed again between FY 99 and FY 02 but

declined after forced reductions were imposed on state agencies as a result of the state's budget crisis.



Overall, CSSD spends the total amount budgeted. Only during the first three start-up years of the program (FYs 90 through 92) and the last two fiscal years (FYs 02 and 03), has the budget appropriation for AIP not been spent.

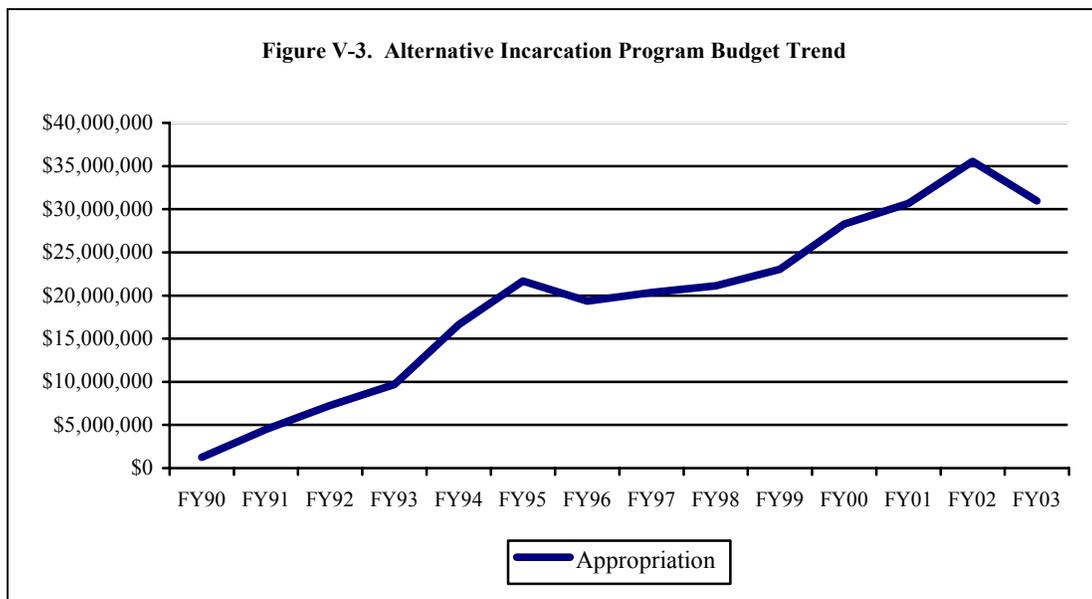
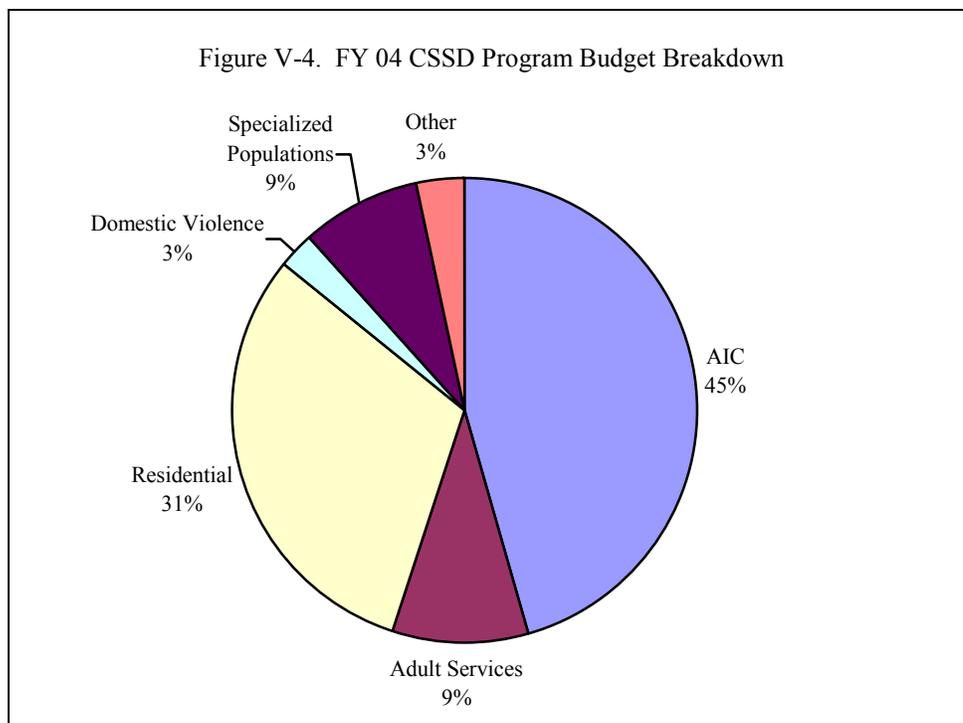


Figure V-4 shows the breakdown of the division's FY 04 budget between the types of alternative sanction programs. For this analysis, the AIC category includes DICs and the new Adult Risk Reduction Center. The residential category includes halfway houses, jail re-interview, medical detoxification, Project Green, intermediate and long-term substance abuse treatment, and women and children's programs. The specialized population category includes the gender specific programs, Latino Youth Offender Services, and the Sex Offender Unit, and the "other" category consists of the Zero-Tolerance Drug Program, the Community Court, and the Mediation Program.

As shown, the AICs account for almost half (over \$14 million) of the FY 04 alternative to incarceration program budget, which totaled almost \$32 million. Each of the 17 Alternative Incarceration Centers averaged \$788,917 in expenditures for the fiscal year.

The residential programs totaled over \$8 million (31 percent) and varied from a low of \$327,195 for a single halfway house contract to a high of \$3.5 million for six long-term substance abuse treatment programs. Adult services, which admit the bulk of pre-trial and sentenced clients, accounts for less than 10 percent of the total FY 04 program budget.



Alternative Incarceration Program Development and Evaluation

Since 1990, state law has required the Judicial Branch to plan and establish alternative sanction programs. The Judicial Branch is further mandated to evaluate the effectiveness of alternative sanctions and their impact on offenders, prison overcrowding, court backlogs, and community safety. To meet the expansive objectives of its mandate, the Judicial Branch, through CSSD, has implemented three distinct processes:

- program development and design;
- contract development and award; and
- contract monitoring.

In addition, as discussed in Chapter 2, a supplementary quality control process tracks target rates for program utilization and satisfactory discharge based on capacity and client admission and discharge data. The data are used to monitor the program network efficacy in terms of caseload and capacity to serve clients.

The CSSD infrastructure responsible for these processes includes the Program Development and Design Unit including the “Center for Best Practices” and Quality Assurance, the Quality Control Unit, and the Grants and Contract Monitoring Unit. As discussed in the previous chapter, the units are administered within three separate divisions and are not formally linked in terms of policy or process.

Evidence-based Program Strategy

The Court Support Services Division is currently spearheading a shift in its philosophy and process to develop and contract for community-based alternative sanction programs for high and medium risk defendants and offenders. Its focus is now on “*evidence-based programming*,” which is a term used nationally to refer to principles and best practices scientifically shown to improve outcomes such as reducing recidivism. The strategy is supported by evidence of the causes of crime, and research supporting correctional programs and practices proven to positively change criminal and deviant behavior. A detailed summary of the evidence-based strategy is provided in Chapter 8.

Risk factors. Risk factors are divided into: (1) static, unchangeable variables (e.g., age, gender, criminal history); and (2) dynamic or changeable factors targeted for rehabilitation (e.g., substance use or abuse, family or marital problems, educational level, employment status). Static risk factors are important in assessing long-term recidivism probability. Dynamic risk factors, also called *criminogenic needs*, are important in choosing the most appropriate treatment, service, and/or supervision program. The strategy supports the likelihood recidivism decreases when criminogenic needs are addressed.

Program Development

As discussed in Chapter 5, program development and design is done under the auspices of the Operations Division, in particular its “Center for Best Practices.” The center identifies specific program interventions or curricula previously shown to be effective in addressing particular criminogenic needs, which are offender characteristics (e.g., substance abuse, criminal or anti-social peers, dysfunctional family relations, anti-social attitude) directly linked to criminal behavior that, when changed, reduce the probability of recidivism. To meet evidence-based standards, the selected “pre-packaged” programs must be implemented according to the established intervention or curriculum and provided to the target client population. CALM and ART are two evidenced-based anger management programs that will be delivered under the new adult behavioral health services contracts once providers are selected.

Complete evidence-based programs are not always available to address a particular service need or client population. The center, in these instances, relies on strategies purported to be effective based on available research. The gender specific STARS program for women, operating in Bridgeport, is research-based. Since its shift in programming philosophy, CSSD has implemented both research- and evidence-based programs.

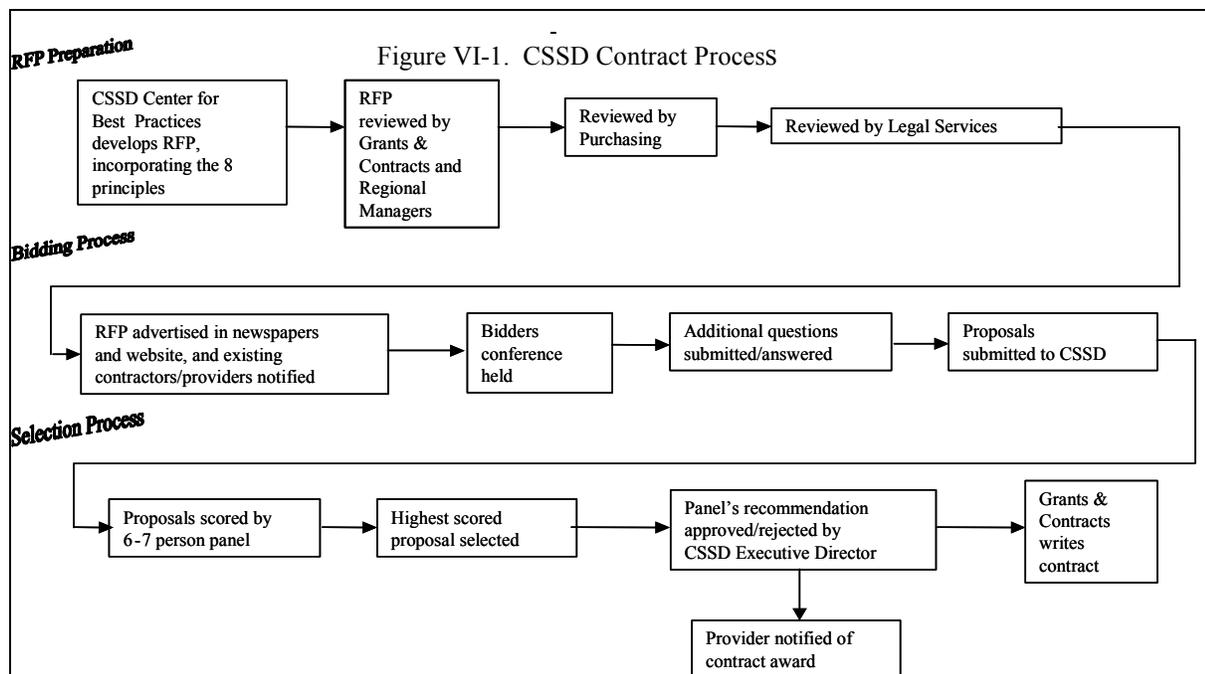
A key component of evidence-based program development is identifying outcome measures linked to program goals, which for the CSSD alternative sanction program includes reducing recidivism among the client population. Collection of reliable outcome data, therefore, is necessary to monitor progress toward achieving the program goal of reduced recidivism.

Contract Development and Award

CSSD follows the statutory state contracting process as shown in Figure VI-1. Program contracts are typically awarded for a three-year period with an option for two one-year extensions.

Contract award process. After a program has been designed, an RFP is drafted and published in all major Connecticut newspapers, posted on the judicial branch website, and forwarded to existing contracted providers. Within 10 to 14 days after publication, a bidders conference is held during which CSSD briefs potential bidders on the contract award process and responds to questions. It also responds to any written questions submitted up to three days after the conference.

Bid proposals are due within 30 days from the RFP notice publication date. A seven-member contract review panel, composed of staff from the purchasing, program development and design, grants and contracts monitoring, and regional probation officers, scores each proposal. The lowest cost, qualified bidder is awarded the contract.



Performance measures. Currently, CSSD does not have performance-based contracts with clearly defined outcome measures for any alternative sanction programs. It has not set a target recidivism rate for the programs to gauge effectiveness. It appears, at this point, that there is not a viable way to assess efficacy and incorporate this information into managerial decision-making.

Contract Management

Contract management (or monitoring) encompasses all actions taken to assure compliance with contract terms after the award phase. The primary goal of contract management is to ensure that quality services are received on time and at a reasonable price. The Grants and Contracts Monitoring Unit, within the Administrative Division, is responsible for management of programmatic and fiscal compliance of agencies and persons under contract with CSSD.

The monitoring process was centralized in 2003 and is carried out by three compliance teams each consisting of two sanction monitors and an accountant. The teams are assigned to oversee and audit specific contracting agencies rather than on a regional or service basis.

Comprehensive monitoring. Contracted provider agencies are subject to either comprehensive or administrative monitoring. Agencies in their first contract year or with contracts larger than \$50,000 are comprehensively monitored.

The process includes a monthly site visit conducted by a compliance team during which the provider is assessed on performance and compliance in nine specified areas including: maintenance of client files; facility and equipment condition; quality of the food service; programming; and staffing. If found in noncompliance, an agency is required to submit a

corrective action plan for any identified deficit areas, and the team tracks compliance during future site visits.

In addition, agencies under comprehensive monitoring undergo an annual program audit in accordance with the division's financial guidelines. As part of the audit, the agency's budget and quarterly financial reports are reviewed.

Administrative monitoring. Administratively monitored contracted agencies meet at least one of the following conditions:

- contract award is under \$100,000;
- accreditation, certification, or licensure occurs through another government agency (e.g., Department of Mental Health and Addiction Services, Department of Public Health);
- contract involves purchase of 20 percent or less of the services provided by the program;
- contract is already comprehensively monitored by another site or program;
- service is purchased per unit; or
- monitored by another division of the judicial branch with full responsibility for the program services contract agreement.

The administrative monitoring process consists of as-needed visits and an annual monitoring report that includes overall contractor performance, financial status, program accomplishments, program contract compliance, CSSD satisfaction, and any recommendations proposed by the monitoring team.

During 2004, there were 96 CSSD contracts requiring comprehensive monitoring and 55 under administrative monitoring.

Performance measures. Although the contract monitoring process described above seeks to assess contract performance based on the efficiency of administrative processes, the contracts do not contain clearly defined outcome measures against which program performance, or effectiveness, could be measured. One such measure is a target recidivism rate, which the division has not yet set, but is provided in this report. It appears, at this point, the division has no viable way to assess efficacy and incorporate this information into managerial decision-making.

On another criminal justice front, though, the ability to measure and reduce recidivism will become vital. New legislation (Public Act 04-234) requires the judicial branch, the Departments of Correction, Labor, Mental Health and Addiction Services, and Social Services, and the Board of Pardons and Paroles to collaborate to develop and implement a comprehensive offender re-entry strategy to provide a continuum of custody, care and control for offenders who are discharged from prison. The strategy is intended to:

- assist in maintaining the prison population at or under the authorized bed capacity;
- promote the successful transition of offenders from incarceration to the community;
- support the rights of victims; and
- protect the public.

The legislation sets out an array of measures with which the success of the offender re-entry program is to be evaluated:

- rates of recidivism and community re-victimization;
- 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; and
- reinvestment of any savings achieved through a reduction in prison population into reentry and community-based services and programs.¹²

To be successful, the offender re-entry strategy must rely on the existing alternative sanction programs to target reducing recidivism and provide evidence of that reduction. CSSD, therefore, will play an important role, but currently lacks the ability to track recidivism.

The division's current program development and evaluation efforts do not integrate recidivism information into program monitoring, contracting decision-making, nor data collection systems. Consistent with the new legislative mandate, the division had previously adopted evidence-based programming, a strategy that relies on collecting and monitoring outcome measures. However, while recidivism information is part of the division's new automated case management information system (CMIS), it has not built the capability to link outcome data on an ongoing basis with participation in pre-trial and alternative sanction programs.

A focus on recidivism will help to manage the growing prison population, but is intended to eventually have a broader impact by addressing the causes of crime rather than simply

¹² It should be noted, under Public Act 04-234, the Legislative Program Review and Investigations Committee and the Office of Fiscal Analysis are required to report, no later than January 2006 and 2008, on the effectiveness of the offender re-entry strategy based on the statutory measures. In addition, no later than January 2005 and annually thereafter, the Department of Correction is also required to submit a report on the program's effectiveness.

focusing a prison bed savings. Recommendations aimed at refocusing the division's program development, monitoring, and assessment and managerial decision-making are set forth in the next two chapters.

Contracted performance studies. CSSD has relied on outside, contracted consultants to conduct short-term studies about its program's impact. The first three-year longitudinal study¹³, completed in 1996, conducted on a sample of defendants and offenders participating in alternative incarceration programs found, in general, the clients admitted to carefully supervised community-based programs in most instances posed less risk as measured by new arrests than offenders in a comparison sample who were released from prison. Currently, the division has contracted with an organization called JSAT to conduct a multi-year evaluation of selected alternative sanction programs and the new Probation Risk Reduction Program, which was initiated in response to a provision in Public Act 04-234 mandating a 20 percent reduction in the number of offenders incarcerated for a violation of probation. The scope of the longitudinal study, begun in July 2002, is to determine what impact the alternative sanction programs have on recidivism rates. (Appendix F provides a summary of the scope and findings of both evaluation projects.)

Such isolated studies as the Longitudinal Study and JSAT projects will not lead to a sustained effort to collect and monitor recidivism on a regular basis as required by the new offender re-entry strategy. By investing in building the capability into regular, ongoing CSSD functions such as quality assurance and program development, the division will have a greater chance of achieving their goals.

¹³ *Longitudinal Study: Alternatives to Incarceration Sentencing Evaluation*, Justice Education Center (1997).

Alternative Incarceration Program Effectiveness

The program review committee based its determination of the effectiveness of alternative incarceration programs on the principle measure of recidivism as defined by the rates of re-arrest, reconviction, and incarceration. There are certain client and program factors associated with recidivism. A summary of the best predictors of recidivism among AIP clients is presented followed by a detailed discussion of the committee's findings and recommendations.

In general, the program review committee found there is a similar re-arrest rate in the first year for AIP clients compared to inmates discharged from prison and offenders sentenced to straight probation as found in the committee's 2001 study of recidivism. *Overall, while assisting to ease prison overcrowding, alternative incarceration programs have mixed results in terms of reducing recidivism. There are certain identified factors that lead to alternative incarceration programs being more effective.*

The committee findings, however, are interpreted with caution since recidivism is only one measure of the AIP network's -- and the criminal justice system's -- performance. Responsibility for the rate of recidivism cannot be assigned to one agency within the criminal justice system. There are many examples of ways in which policy, resource allocation, or agency procedures impact the effectiveness of a program. For example, law enforcement investigative practices, the plea bargaining process, and sentencing practices of judges can increase or decrease the rates of re-arrests, reconvictions, and incarceration among the AIP client population. These factors are beyond the control of CSSD, which supervises AIP clients.

Best Predictors of Recidivism

Based on the analysis, four factors were found to be the best predictors of recidivism among AIP clients.

- ***Program Discharge Status.*** Clients unsatisfactorily discharged from a program were twice as likely to recidivate.
- ***Match Between AIP Program Intensity and Recommended Treatment Level.*** Clients with a miss-match between the alternative incarceration program intensity and recommended treatment level were almost twice as likely to be re-arrested.
- ***Level of Program Specialization.*** Clients admitted to programs targeting specialized populations (e.g., sex offender program) were much less likely to be re-arrested than clients admitted to programs with a more general focus (e.g., AIC).
- ***Substance Use and Abuse Problem.*** Clients who did not currently have a self-reported drug or alcohol problem were less likely to be re-arrested than clients reporting a current drug or alcohol problem.

Based on the recidivism analysis, demographic characteristics such as age, gender, education, and race were not significant predictors of re-arrest. However, there are several other key factors impacting the rate of recidivism among AIP clients.

- ***Mixing Pre-trial Defendants and Sentenced Offenders.*** Mixing pre-trial and sentenced AIP clients in a program is significantly less effective than targeting these clients separately in a program.
- ***Barriers to Re-entry.*** A client's unmet educational, employment, housing, and other needs are associated with higher re-arrest rates.
- ***Services for Low Risk and Pre-Trial Clients.*** Recidivism rates among pre-trial and low risk AIP clients are high enough that adequate attention must be paid to this population.

Program discharge status. *Overall, the single best predictor of effectiveness is whether an AIP client was satisfactorily discharged from a program.* Clients reported as satisfactorily discharged from a program were the least likely to be re-arrested within the one-year release threshold after admission to a program. Clients unsatisfactorily discharged from a program were twice as likely to recidivate.

As stated, CSSD does not have standard definitions for satisfactory and unsatisfactory discharge. In some cases, the program review committee found clients were re-arrested on the day they were satisfactorily discharged from a program. The lack of uniformity in reporting by contracted provider agencies may actually inflate the rate of satisfactory discharge. Despite this, the satisfactory discharge factor was the single best predictor of client recidivism.

The Court Support Services Division shall: (1) establish standardized definitions of satisfactory and unsatisfactory program discharge and an “other” discharge status category; (2) regularly and consistently collect the data on all AIP clients from contracted provider agencies; and (3) analyze the data as a measure of alternative incarceration program effectiveness.

Any improvements to the consistency of this important measure will make this factor an even better predictor of recidivism and program effectiveness. This information is key to shaping existing programs and evaluating new programs as they are introduced.

Matching recommended treatment level and program intensity. *A key predictor of recidivism program effectiveness is the correct match of a client's criminogenic risk and treatment need level with appropriate program intensity.* AIP clients admitted to a program not matching their treatment needs were twice as likely to be re-arrested within the one-year release threshold. This includes clients with low treatment needs placed in high intensity programs and high treatment need clients admitted to low intensity programs. This finding is consistent with the evidence-based strategy risk principle that using more intense programs with low risk clients actually increases the likelihood of re-offending and should be avoided.

AIP clients with a low treatment need admitted to an AIC, which is a low intensity program, were the least likely to be re-arrested. Almost 60 percent of the clients with a low treatment need level admitted to a high intensity program were re-arrested. Conceivably, these clients may have fared better in a non-residential, less intense program such as an AIC. The clients most likely to be re-arrested, however, were those with a high treatment need level placed in a low intensity AIC program.

The division's standardized LSI-R and ASUS assessment instruments calculate the recommended treatment level. However, at this time, CSSD does not use this information in its client assessment and program referral process.

CSSD shall use the recommended treatment levels calculated by the LSI-R and ASUS client assessment tools to formulate treatment plans and make appropriate program referrals. The division shall also identify the intensity level of all contracted alternative incarceration programs consistent with the LSI-R and ASUS treatment levels.

The importance of matching client treatment need levels with program intensity is necessary for the most efficient and effective use of finite community-based program resources. In line with the division's new evidence-based program strategy, the correct matching of treatment needs and program intensity should lead to reduced recidivism.

Level of program specialization. *Alternative incarceration programs most likely to reduce recidivism have services, treatment, and/or supervision targeting a specific or specialized population with shared characteristics.* The client populations may have committed similar offenses (e.g., sexual assault) or have other characteristics (e.g., women, sex offenders, domestic violence offenders, pre-trial defendants) or risk level in common.

Among existing alternative incarceration programs, the most effective was the sex offender unit program, which had the lowest client recidivism rate (17 percent). Sex offenders as a group typically pose the highest risk and present other strong factors of recidivism (e.g., severity of the crime). The program review committee believes, therefore, it is the intensity of the program rather than any client characteristic that make it effective. The sex offender program caps active supervision caseloads at 25 per probation officer and 50 clients per relapse prevention officer. Clients are involved in intensive treatment (four days per week, three hours per day) and subject to daily supervision. The program's team approach to supervision and treatment includes the probation officer, relapse prevention officer, clinical staff, victim's advocate, and municipal police.

The Pre-trial Family Violence Education Program was the most effective pre-trial diversion with a 20 percent client re-arrest rate. This program targets a specific client population -- persons arrested for the first time for a domestic violence offense -- and provides an educational component. The division is successful with this client group in matching treatment level to program intensity.

As another example, the AIC program was not particularly effective when compared to other alternative sanction programs. Typically, AICs serve as the "catch-all" program for both pre-trial defendants and sentenced offenders. The program does not provide specialized services

or target a specific population. The AICs and other more general programs such as the adult services programs may benefit from specialization to the extent it is possible and affordable. This issue is discussed in more detail in the following chapter.

Substance use and abuse. *Not unexpectedly, clients who did not currently have a drug or alcohol problem were less likely to be re-arrested than those clients who reported a current drug or alcohol problem.* Drug offenders were significantly more likely to be re-arrested especially for another drug crime.

The Zero-Tolerance Drug Program had the highest recidivism rate of any alternative incarceration program. About two-thirds of the clients were re-arrested within one year of admission to the program. The Zero-Tolerance Drug Program requires clients to agree to not use illegal substances and submit to random drug testing. The program intensity rises only after a client has failed a drug test. For each of the first two failed drug tests, a client is confined for two days in a residential drug treatment facility. The third failed drug test results in the imposition of the full court-imposed sentence, which may include a prison term.

Substance abuse is a chronic, relapsing behavior. As such, the duration of CSSD's existing residential drug treatment programs ranges from 90 days to over one year. A two-day confinement period is not a sufficient amount of time to complete the full treatment program. A treatment strategy of short-term, punitive residential confinement does not appear to be effective.

- Because so many AIP clients are identified as having a substance use or abuse problem and there is a strong relationship between recidivism and having a drug problem, the program review committee encourages CSSD to expand programming to effectively address clients' substance abuse needs. By placing particular emphasis on this segment of the AIP continuum of services, the likelihood of reducing recidivism is strengthened. Adopting suitable evidence-based drug treatment programs and/or encouraging program providers to use drug treatment strategies with research to support their efficacy will further reduce the recidivism rates for the general AIP population.
- The program review committee acknowledges CSSD and the Departments of Correction and Mental Health and Addiction Services are working to provide coordinated and comprehensive substance abuse (and mental health services) to the pre-trial and sentenced offender population. This issue is also a particular focus of the state's Prison and Jail Overcrowding Commission (PJOC).
- **Mixing pre-trial and sentenced clients.** *Overall, sentenced offenders had a higher re-arrest rate than pre-trial defendants.* It was also found that, with the exception of the Pre-trial School Violence Education and Hate Crimes Diversion Programs, clients admitted to pre-trial education diversion programs generally had lower recidivism rates than pre-trial clients in the alternative sanction programs.
- A potential explanation for this trend may be a difference in severity of the target arrest crime. As stated, pre-trial education diversion programs admit only pre-trial defendants arrested for the first time with a targeted offense (e.g., DUI, domestic violence, drug possession, violence taking place on school property, or crime motivated by bigotry or bias) whereas pre-trial and sentenced clients arrested for or convicted of various felony and misdemeanor offenses are admitted to alternative sanction programs. However, this

explanation was not supported in the current sample. The crime that led to program admission (target arrest) was not more serious for the pre-trial clients in alternative sanction programs in comparison to the pre-trial clients in the pre-trial education diversion programs.

- Certainly, the pre-trial clients participating in these two types of programs may differ in other ways, but given the information available, these findings suggest that pre-trial defendants will be less likely to be re-arrested if they are kept separate and not mixed with the sentenced clients. Ideally, this separation would occur by having separate program sites or sessions. However, the committee acknowledges resources may not be available for this option.

Barriers to re-entry. *A client's basic economic needs (e.g., housing, employment, education, transportation) must be met before higher order needs such as anger management counseling or drug treatment can be successfully and fully addressed.* This study and other studies regarding prison overcrowding and recidivism conducted by the program review committee¹⁴ found that reducing the barriers faced by defendants and offenders as they transition back to their communities decreased the likelihood of re-arrest.

AIP clients who were unemployed and clients who reported financial problems or relied on social assistance programs were significantly more likely to be re-arrested. Related to unemployment, clients who did not graduate from high school or obtain a GED were significantly more likely to recidivate. AIP clients living in areas designated as “high crime neighborhoods” were also re-arrested more frequently.

However, under its new adult behavioral health services program, CSSD has eliminated funding for services and supports for basic client needs such as employment, education, and housing. GED preparation courses, emergency transitional housing, and vocational and job skills counseling programs have not been contractually included. Clients needing these services are referred instead to the state’s Infoline, a statewide, comprehensive, help-by-telephone service that provides free 24-hour information, community referrals, and crisis intervention by non-contracted, supplemental services. While the committee acknowledges defendants and clients should take responsibility for their behavior, a majority of the AIP client population may be unable or unwilling to initiate or follow through with voluntary services.

Given that the identified barriers to satisfactory completion of a program and successful community re-entry increase the likelihood a client is re-arrested, CSSD shall examine ways to provide within its evidence-based program network the auxiliary services to address basic economic needs including, but not limited to employment, education, and housing.

It is counter-intuitive to the division’s new evidence-based strategy to eliminate basic economic services for clients especially those assessed as high risk and/or treatment level. The strategy simply will not work as intended if a client’s basic needs are not met. In fact, the research shows basic need prevention services positively impact low risk clients.

¹⁴ Refer to the Legislative Program Review and Investigation Committee’s reports on *Factors Impacting Prison Overcrowding* (2000) and *Recidivism in Connecticut* (2001).

Reducing the barriers faced by offenders as they attempt to successfully return to their communities and refrain from criminal activity thereby reducing recidivism, is the basis of the new offender re-entry strategy enacted by the legislature in 2004.

Low risk and pre-trial clients. *Since 2003, the division has focused alternative sanction programs on high and medium risk clients without adequate consideration of the potential risks among low risk clients.* In fact, CSSD has changed its classification definition of low risk thereby increasing the number of clients in this level and decreasing the overall number of clients eligible for services.

Under the former, narrower definition of low risk, almost one-third of the AIP clients admitted to an alternative sanction program were classified as low risk. While these clients were less likely to be re-arrested than higher risk clients, almost one-third were re-arrested for a new crime, 20 percent reconvicted, and 13 percent sentenced to either prison or probation as a result.

Pre-trial clients are admitted to either pre-trial education diversion programs in lieu of the traditional criminal justice process or alternative sanction programs as part of bail. Pre-trial defendants as a client population have received little attention from CSSD in many aspects of the alternative incarceration concept.

As discussed in Chapter 2, the division administers the pre-trial education diversion programs, but it does not regularly monitor or assess those programs for efficiency or effectiveness. Even though several thousand clients (24 percent of the total AIP client population) are annually admitted to these programs, the division collects almost no data on these clients. In fact, it knows little about the client profile, service needs, or rates of recidivism for this population.

The division does pay slightly more attention to pre-trial clients admitted to alternative sanction programs as part of bail, mostly because in many cases it is required by a judge to monitor client compliance with the bail release condition. CSSD reports it is difficult to analyze this population because of their pre-trial status, meaning they are presumed innocent until convicted of a crime. The division is careful to not impose any condition or criteria that may appear to be punitive.

The division does collect useful information on pre-trial alternative sanction clients such as bail assessment, utilization and satisfactory discharge, and criminal history data. It does not, however, analyze the data to determine the criminogenic risks and needs of the population.

As previously stated, not giving adequate consideration to the potential risks among pre-trial and low-risk sentenced clients is counterproductive to the overall evidence-based strategy adopted by CSSD. At the very least, the available data could be used to identify the predictors of recidivism that might turn today's low-risk clients into tomorrow's high-risk clients.

As part of its evidence-based program strategy, CSSD shall develop a comprehensive understanding of the client profile, service needs, supervision requirements, and baseline recidivism rate for pre-trial clients and low risk sentenced clients, which account for almost half of the total AIP client population.

Data Management

Obviously, an evidence-based program strategy cannot exist without data, which is the evidence. *The Judicial Branch and CSSD have an abundance of quantitative data on defendants and offenders, but currently does not have the capability to accurately and readily link recidivism outcome data (criminal history) to program utilization, satisfactory discharge, and client assessment data.* The process used to compile the client data necessary to conduct the committee's recidivism analysis proved this.

The program review committee assumed the division had compiled a client recidivism database as part of its ambitious implementation of an evidence-based program strategy, but it had not. The data collection process to produce the database was unnecessarily cumbersome and time consuming given the branch's existing automated case management systems. Program review staff, CSSD, and contracted program provider agencies went through a great deal of effort. (For a detailed explanation of the process and problems encountered refer to Appendix B.)

In general, there were three main problems encountered when compiling the recidivism data. First, the necessary data were maintained in two separate automated information systems with no reliable way to link the data. Client assessment and program data are maintained by CSSD in the case management information system, which is client-based. Criminal history (arrest, conviction, and sentence) data are maintained in the Superior Court's automated criminal and motor vehicle system (CRMV), which is case docket-based.

Since a person may be arrested more than once during a given time period, he or she can have several case dockets. However, when sentenced to probation, CSSD focuses on the client rather than his or her case dockets. Often several sentences (either served consecutively or concurrently) imposed on one offender are combined into one probation supervision case.

Currently, there is no unique client identification number to link the systems. The CMIS system, which issues a client identifier number, does not record case docket numbers or even track arrests for bail and probation clients. The CRMV system, which issues the case docket numbers, does not record the CMIS client number for each case docket. Therefore, there is no way to readily and accurately list the criminal case dockets for each probation client. This process is further constrained by client aliases or name variations (e.g., Robert, Bob, Rob) and missing or incorrect data for client identifier variables such as name, date of birth, Social Security number, State Police Bureau of Identification (SPBI) number, and Department of Correction inmate number.

Second, CSSD has not fully implemented all the capabilities of CMIS and some necessary data were just not available. For example, CSSD does not require basic assessment and program data for each client entered into the system. CMIS has data fields to identify the specific alternative incarceration program to which a client is admitted, but field probation staff are not required to enter the information. To compile a list of AIP clients admitted to programs during the selected six-month period in 2002, CSSD had to request the data from its contract

provider agencies even though it had referred the clients to those programs and was responsible for their supervision and case management.

Making this process even more difficult is the fact that CSSD does not typically provide a client identification number, case docket number, or other tracking information as part of its client referral to a program. Much of the data necessary to locate a client in the automated systems were not available either through CSSD or the contracted provider agencies. Also, many contracted provider agencies do not maintain automated information systems.

Third, different units within CSSD collect and analyze various client and program performance data. Some units are collecting the same data, but maintain it separately. This is a duplication of effort for both CSSD and the contracted provider agencies, and can lead to errors. The program review staff found inconsistencies, errors, and miscalculations in several of the databases used for this study.

While it was ultimately feasible to compile existing automated criminal history and assessment data for a representative sample of AIP clients, over half of the approximately 8,500 clients admitted to programs during the selected timeframe were not included in the analysis due to missing or incorrect criminal history data. The representative sample was initially much lower because criminal history data was not found for over 2,000 clients. CSSD increased the sample size (to 4,466) by using field probation officer staff to match the clients to the correct criminal history data. *However, for all the data, the division had an unacceptably high data error rate.*

The Court Support Services Division shall improve and integrate its two automated data management systems (CMIS and CRMV) to readily, reliably, and accurately: (1) analyze and track recidivism among the AIP client population; (2) develop new evidence-based programs; and (3) meet its statutory mandate to evaluate and determine the effectiveness of alternative incarceration programs. It shall consistently use the CMIS client identification number in both systems.

The division shall collect and maintain client-based program performance data including, but not limited to:

- **all alternative incarceration programs to which a client is admitted during pre-trial or sentenced supervision by CSSD;**
- **date of referral, admission, and discharge;**
- **discharge status (e.g., satisfactory, unsatisfactory, other); and**
- **AIP contract monitoring and compliance information.**

CSSD shall standardize the definition of terms and centralize the process used to collect AIP client performance data from contracted provider agencies. It shall continue to collect this data on a monthly basis. The data shall be maintained in the division's case management information system.

The program review committee acknowledges improvements in automated data management and analysis have been thwarted by budget cuts and a lack of adequate staffing. It is understandable certain administrative functions such as data management become less of a priority as probation caseloads increase and program resources are reduced. The daily management of clients obviously takes precedent. However, the Judicial Branch and CSSD administrators as well as policymakers need to be aware the system will continue to be unable to provide certain information as long as the data systems are inadequate. Until an adequate investment is made to develop quality information, the evidence-based strategies, state policies, and budgetary decisions will continue to be based on estimates, anecdotes, and imprecise and sporadic analyses.

Data Analysis

As stated, an evidence-based strategy is supported and confirmed by evidence of program effectiveness. Without the evidence (data analysis), the successfulness of the strategy simply cannot be tracked and improvements monitored. Lacking this evidence, therefore, defeats the underlying objective of providing only those programs scientifically proven to be effective.

By state statute and CSSD policy, program effectiveness is now measured by a reduction in the recidivism rate among Connecticut's pre-trial and sentenced client population. This was also the primary measure for program effectiveness used in this study. Obviously to measure a change in the recidivism rate, the baseline rate must first be calculated.

To reduce recidivism, evidence-based programs target clients with the highest probability of re-offending and focus on addressing their criminogenic risks and needs. This study identified the key factors that are predictive of recidivism. Identifying and tracking such predictors as LSI-R recommended treatment level and substance abuse allows for a more effective management of available resources.

As stated, evidence-based philosophy suggests using more intensive programs with low risk clients may actually increase the likelihood of re-arrest. Intensive treatment and supervision should be given only to medium and high-risk clients.

These analyses are critical components of the evidence-based strategy. The data and information are used to develop programs, target client populations with the most likelihood to recidivate, and establish program outcome measures.

It is apparent by adopting the evidence-based strategy the division recognizes the importance of data analysis. CSSD has allocated resources and staff to develop the technology to establish an automated data system, but it has not yet prioritized or given adequate resources to the data analysis (evidence) function. As discussed, the division allocates resources to this function, but depends on outside, contracted consultants for sporadic research projects. Only two such projects have been undertaken by CSSD in the past 15 years.

Because it has outsourced this function, CSSD has not established an internal, coordinated, and objective data analysis unit or process and, to date, has not conducted any of

these analyses.¹⁵ The division is inexperienced in compiling data and conducting the sophisticated analysis necessary for effective managerial decision-making and efficient use of its resources. Without this capability, the division's implementation and assessment of an evidence-based strategy is seriously constrained.

The program review committee's report does, however, provide the division with much of the necessary preliminary data analyses on the effectiveness of its existing alternative incarceration programs. Prior to the program review committee's study, CSSD did not have a base from which to track the rates of recidivism or to determine whether new evidence-based alternative incarceration programs were any more effective. The division also lacked a comprehensive, data-driven AIP client profile. As stated, it does not currently use the LSI-R and ASUS client assessment process to identify recommended treatment level, and has not identified service intensity level for its contracted alternative incarceration programs. CSSD, therefore, does not use available data to match a client's treatment level and program intensity.

While the division was cooperative, the program review committee staff was hindered by CSSD's inability to completely understand the complexities of the methodology used to analyze recidivism. Coupled with the technology problems cited above, CSSD had difficulty in managing the study's data collection and analysis process. The larger issue, however, is without an on-going, objective data analysis function, CSSD will not have the necessary information and evidence to effectively implement an evidence-based program strategy.

Center for Best Practices

Under its current organizational structure, CSSD has the functional components needed to improve data management and provide data analysis, but they are not operationally linked. In an evidence-based program strategy, the responsibilities of these components and functions are closely related and interdependent.

The division's "Center for Best Practices" and its Quality Assurance, Quality Control, Information Technology, and Grants and Contract Monitoring Units are within three different divisions: Operations; Staff Development and Quality Control; and Administration, each with its own director.

The Operation Division's Programs and Services Unit is divided along three functional administrative lines: (1) program development and design; (2) quality assurance; and (3) statewide contract oversight. Staff from all three areas participate in the "Center for Best Practices" dedicated to identifying or designing, developing, and implementing new evidence-based strategies.

The Quality Control Unit, within the Staff Development and Quality Control Division, measures efficiency of contracted alternative incarceration programs. Administrative target rates have been established. The unit tracks capacity, the number of client admissions and discharges, and utilization and satisfactory discharge rates to determine compliance with the target rates of at least 90 percent for program utilization and at least 60 percent for satisfactory discharge. Quality

¹⁵ Some aspects of these analyses are being conducted by JSAT, but will not be completed until 2006.

control data, which is collected monthly from provider agencies, is evaluated to determine capacity and service needs.

The Grants and Contract Monitoring and the Information Technology Units are within the Administration Division. The Grants and Contract Monitoring Unit is responsible for the day-to-day monitoring of provider agency compliance with alternative sanction program contracts. It does not oversee pre-trial education diversion or residential treatment program contracts. The monitoring process was centralized and redesigned in 2003. The comprehensive audits examine contractor intake and assessment, referral processing, staff qualifications and training, program elements and evaluations, and fiscal compliance. The unit's audit process is discussed later in the report.

The Court Support Services Division shall allocate resources and focus on developing an in-house alternative incarceration program review and analysis process and/or unit and establish a formal link between the division's Center for Best Practices and the Quality Assurance, Quality Control, Grants and Contract Monitoring, and Information Technology Units.

The division shall conduct a comprehensive, ongoing analysis of: (1) AIP client profiles; (2) service needs and treatment levels; (3) determination of program intensity level; (4) program discharge status and other predictors of recidivism; (5) baseline and trend recidivism rates; and (6) alternative incarceration program effectiveness for pre-trial and sentenced clients.

While not recommending a specific reorganization plan within the division's central office, the program review committee strongly suggests the division examine merging the Quality Assurance, Quality Control, and Grants and Contract Monitoring Units within its Center for Best Practices or at the very least within the same central office division (e.g., Operations Division). This will provide a common mission, coordinate responsibilities, and provide consistent oversight for the data analyses functions.

It is also recognized CSSD will need to retain experienced analysts and information technology staff.

The recommended data analysis will also assist contracted provider agencies in the programs they offer. It can be used to better assess clients, make appropriate program placements, and track client compliance and program completion. The data are necessary for program development, monitoring, evaluation, and improvement.

CSSD shall share data with contracted provider agencies on a client basis, a program basis, and an aggregated basis including, but not limited to:

Client data upon referral:

- **CMIS client identification number**
 - **full LSI-R and ASUS client assessment including recommended client treatment level; and**
-

- **client status (pre-trial or sentenced), criminal conviction and sentence including docket numbers.**

Program data quarterly:

- **utilization rate (and capacity);**
- **satisfactory discharge rate; and**
- **recidivism rate.**

Aggregate AIP measures annually:

- **utilization rate (and capacity);**
- **satisfactory discharge rate;**
- **recidivism rate; and**
- **contract program performance outcomes.**

The recommended annual aggregate analysis shall combine the individual statistics of similar programs such as AICs for provider agencies to have a context for understanding their individual program statistics.

Further, CSSD shall include in its request for proposals (RFPs) for new and existing alternative incarceration programs comprehensive data analysis including, but not limited to:

- **profile of target client population including aggregate LSI-R and ASUS data for these clients;**
- **utilization and satisfactory discharge trends for the target client population and program category or type;**
- **baseline recidivism rate;**
- **predictors of re-arrest among target client population; and**
- **measures for identified contract performance outcomes (e.g., target recidivism rate).**

Sharing the data will help strengthen the partnership between CSSD and the contracted provider agency network. It will also result in better services and improved client outcomes.

Contract award and monitoring. The AIP contract award process is split within the Judicial Branch between CSSD and the Judicial Purchasing Unit. After developing a program, CSSD is responsible for the RFP, bid review, and provider selection and notification processes. Judicial Purchasing Unit is responsible for authorizing the provider selection and contract award. It has its own contract review process separate from CSSD.

Program provider agencies are required to submit duplicate bid proposals and supporting documents to both CSSD and judicial purchasing. They also respond to requests for further information from both entities. In some cases reviewed by program review staff, CSSD provisionally notified a bidder it had been selected for a contract award, but judicial purchasing then disapproved the award.

The bifurcated contract award process is confusing, cumbersome, and results in unnecessary delays in alternative incarceration program start-up.

The Judicial Branch shall establish one comprehensive uniform contract process within CSSD that includes representatives from the Judicial Purchasing Unit in the bid review and contract award processes.

During a recent audit, the state Auditors of Public Accounts found although the division's program monitoring system was reorganized and improved, some issues remained.¹⁶ Specifically, during fiscal year 02, the state auditors found some programs did not receive a specific program monitor review and report. When the division's monitoring requirements were reduced from quarterly to annually, some programs reviewed under the old schedule were not included in the new schedule.

The state auditors recommended CSSD evaluate whether the annual monitoring provides adequate assurance of service and program quality. Further, it recommended the division ensure all programs are properly reviewed and required reports submitted.

The division addressed the state auditors' findings and recommendations. *It appears, however, the division may have exceeded the state auditors' expectations and recommendations.* The division's current contract monitoring process is extensive. It is time consuming and cumbersome for the division and the contracted provider agencies under review. The audit process narrowly focuses on fiscal and administrative compliance with contract requirements. It does not evaluate program effectiveness. Provider agencies feel micro-managed by CSSD. They are required to submit detailed records for typical administrative functions such as minor expenditures and staffing changes.

CSSD shall establish and implement a contract audit schedule to allow contracted provider agencies with six months of continuous compliance to be audited semi-annually (once every six months) rather than monthly. The annual audit schedule shall remain in effect for all agencies.

¹⁶ *Performance Audit Alternative Incarceration*, Auditors of Public Accounts (September 25, 2003).

AIP Policy and Evidence-based Strategy

Alternative Incarceration Policy

The original goal of the alternative incarceration concept clearly was to help control the growth in the inmate population thus addressing prison overcrowding. Beyond just an overcrowding remedy, however, it was also intended to better address offender rehabilitation and reduce court backlog. It is important to note the emphasis on alternative incarceration was always to be consistent with public safety protection.

As the analysis in Chapter 4 shows, recidivism among AIP clients shows some positive trends. During the six-month period in 2002, over 8,500 pre-trial defendants and sentenced offenders were admitted to a representative sample of alternative incarceration programs selected by program review staff (not all alternative incarceration programs were included). Absent these programs, a percentage of these clients would have been incarcerated. The alternative incarceration options allow judges, bail commissioners, and probation officers to structure bail, sentences, and supervision plans to meet the broad objectives of offender rehabilitation and public safety in a community-based setting rather than prison. Other findings are as follows:

- About two-thirds of AIP clients satisfactorily completed the alternative incarceration programs to which they were admitted. There were differences in satisfactory completion rates among the program types, but generally the programs met or exceeded the 60 percent satisfactory completion target rate set by CSSD.
- The analysis further showed almost two-thirds of the AIP clients were not re-arrested for a new crime within a one-year period of their admission to a program. However, it was estimated that over a three-year period this rate would decrease to about 50 percent.
- Most AIP clients who were re-arrested committed less serious new crimes than their original target arrest offenses. These less serious new crimes were nonviolent, misdemeanors including “quality of life” crimes, motor vehicle violations, failure to appear, and violation of probation.
- One percent of the AIP clients were incarcerated as a result of a reconviction for a new crime. Most clients reconvicted and sentenced were returned to probation supervision (8 percent).

There is a sustained high demand for alternative incarceration options. While contracted program capacity has not significantly grown since FY 00, the AIP network’s capacity to serve clients has dramatically increased. On average, approximately 26,000 clients per year are served through 5,000 alternative sanction residential beds and nonresidential slots statewide.

Each year since 1991, the Prison and Jail Overcrowding Commission (PJOC) has reported the AIP network has been a critical factor in managing the long-standing prison overcrowding crisis in Connecticut.¹⁷ The AIP system has been credited with significant prison bed savings; almost 4,000 offenders per day who could have been incarcerated were instead placed in community-based supervision and treatment programs. The commission reported the AIP network also annually increased its capacity and thereby the number of clients served.

Offender re-entry strategy. While the overall goals of the state's alternative incarceration policy have not changed, there has been a recent shift in focus from controlling prison overcrowding to reducing recidivism (Public Act 04-234) -- referred to as the new offender re-entry strategy. The underlying principle of the new strategy is that a reduction in the overall recidivism rate will have a broader public safety impact by addressing the causes of crime rather than simply focusing on prison bed savings.

The outcome measures of success include tracking of reduction in the recidivism rate and determining the adequacy of community-based alternatives to incarceration including treatment, vocational, educational, supervision, and other service programs. Any savings achieved through a reduction in prison population and greater efficiency of community-based programs are to be re-invested in improving and expanding existing alternative incarceration programs. The new offender re-entry strategy heavily relies on the existing alternative incarceration network to implement many of the initiatives to reduce recidivism.

Connecticut's alternative incarceration system appears to meet the statutory objectives of controlling prison overcrowding, punishing and rehabilitating offenders, reducing court backlog, and protecting public safety. Since its inception, the alternative incarceration system has benefited from consistent and committed leadership within the Judicial Branch and Court Support Services Division. As a result, the alternative incarceration concept has evolved from a way to simply address prison overcrowding to a vital component of the state's new initiative to reduce recidivism.

CSSD mandate. *With the enactment of the state's alternative incarceration concept in 1990, the Court Support Services Division was mandated to evaluate the effectiveness of alternative sanction programs. It has failed on an on-going basis to meet that mandate.*

CSSD has made sporadic attempts, but predominantly relies on estimates, anecdotes, and outside, contracted consultants to conduct short-term studies. To date, it has completed one longitudinal study¹⁸ and is currently overseeing another scheduled for completion in 2006¹⁹.

As stated, the offender re-entry strategy further requires CSSD, along with other criminal justice and social service agencies, to determine the strategy's effectiveness primarily through a

¹⁷ Refer to *Prison and Jail Overcrowding Commission Annual Report: 1991-1995, 2000-2004*, (no reports issued 1996-1999).

¹⁸ *Longitudinal Study: Alternatives to Incarceration Sentencing Evaluation*, Justice Education Center (1997).

¹⁹ *Connecticut Probation Re-engineering Toward Risk Reduction: Evaluation Study*, Justice System Assessment and Training Company (JSAT) (status reports issued in February 2003 and September 2004).

reduction in recidivism. Given its past practices, CSSD will be unable to meet this mandate as well unless it addresses the issues set forth in the previous section.

Alternative Incarceration Program Target Client Population

In the early 1990s, the client population for alternative sanction programs was defined narrowly as sentenced offenders who, absent the alternative sanction program, would have been incarcerated. These clients became known as “jail bound” offenders. CSSD limited the program to those clients who would be diverted from prison, thereby having the most immediate impact on prison overcrowding.

Over the past 15 years, the alternative incarceration concept in Connecticut has expanded in three significant ways. First, the alternative sanction program, which began primarily with alternative incarceration centers, added a variety of new programs such as the sex offender unit, residential treatment, and specialized programs for certain client populations such as women and Hispanics.

Second, the alternative incarceration concept expanded by implementing new pre-trial education diversion and specialized court programs to divert certain clients away from the traditional criminal court process (i.e., prosecution and sentence). These programs recognize in some cases conventional punishment (e.g., prison, probation) may not be in the best interest of the public or defendant. Generally, the programs require the defendant participate in an educational component or participate in a short period of community service and refrain from further criminal activity. If a defendant successfully completes the program, then the criminal charges are dismissed, leaving the defendant with no criminal record.

Third, CSSD broadened the alternative incarceration concept to include pre-trial defendants on bail and “non-jail bound” sentenced offenders, including offenders convicted of crimes that do not typically result in a prison sentence. The “non-jail bound” offenders are sentenced to straight probation.

Finally, technical probation violators have been added as AIP-eligible clients and alternative sanction programs are being used as a graduated sanction response for a technical violation of probation²⁰ rather than arrest and incarceration.

Any person arrested for a criminal or more serious motor vehicle offenses (e.g., DUI) has the potential to be incarcerated for a variety of reasons related to bail such as failure to appear, violation of a bail release condition, or sentencing including a violation of probation. Further, any defendant released on bail or a convicted offender serving a community-based sentence, is potentially at risk of committing a new crime (recidivism). Thus, in general, any arrested person can be defined as “jail bound”.

²⁰ A technical violation of probation is misbehavior by an offender under supervision that is not by itself a criminal offense and generally does not result in arrest (e.g., failing to report for a scheduled office visit, missing curfew, lack of employment or attendance at school, testing positive for drug or alcohol use, or contacting a victim or co-defendant). Serious technical violations or a pattern of misbehavior while on probation, however, can result in arrest and incarceration.

During the early implementation of the alternative incarceration concept, the rationale for the focus on “jail bound” offenders was to have the most immediate impact on controlling prison overcrowding, which in the early 1990s had reached a crisis point. The program was based on the assumption straight probation without alternative sanction programs was sufficient for the general offender population under community-based supervision. However, the new focus on reducing recidivism requires a broader population be targeted for treatment and services aimed at addressing criminogenic needs to reduce repeat criminal activity.

Over one-third of the AIP clients are pre-trial defendants, of which 13 percent are admitted to an alternative sanction program as part of their bail. Bail commissioners and judges commonly use alternative sanctions to augment traditional bail to meet appearance and public safety standards. Almost two-thirds of the AIP clients (64 percent) are sentenced offenders. For these clients, the alternative incarceration programs are used:

- in lieu of a prison sentence;
- to better meet the supervision and service needs of probationers; and
- as a graduated sanction response to a violation of probation.

Absent these programs, a percentage of these clients would have been incarcerated.

CSSD has appropriately expanded the AIP network beyond the original target “jail bound” offender population. Since all pre-trial defendants and sentenced offenders are potentially at risk of re-arrest, the focus only on the original “jail bound” offender is not a logical distinction and would, in fact, be shortsighted especially given the state’s new focus on reducing recidivism.

The program review committee acknowledges CSSD is limited in the number of clients it can serve by the available resources. The division’s current policy is to admit the most at risk clients into alternative sanction programs. Therefore, while the definition of an AIP-eligible client may be all encompassing, the admission to services is based on the client’s supervision requirements, treatment and service needs, and capacity to serve.

Evidence-based Strategy

Criminogenic risks are offender characteristics directly linked to the causes of crime and the probability of re-offending such as age, gender, criminal history, substance use and abuse, mental health, and educational level or employment status. Evidence-based programming is based on scientific interventions or curricula previously shown to be effective in addressing these risks. CSSD has recently shifted its philosophy regarding community-based alternative sanction programs for medium and high risk clients to an evidence-based strategy.

Evidence-based principles. Risk factors are divided into: (1) static, unchangeable variables (e.g., age, gender, criminal history); and (2) dynamic or changeable factors targeted for rehabilitation (e.g., substance use or abuse, family or marital problems, educational level or employment status). Static risk factors are important in assessing long-term recidivism

probability. Dynamic risk factors, also called criminogenic needs, are important in choosing the most appropriate treatment, service, and/or supervision program. The strategy supports the likelihood that recidivism decreases when criminogenic needs are addressed.

Based on evidence-based programming research, CSSD identified and targeted six primary criminogenic needs:

- dysfunctional family relations;
- criminal or anti-social peers;
- substance abuse;
- low self-control;
- anti-social attitudes and values; and
- criminal or callous personality.

The four principles of evidence-based programming based on the criminogenic risks and needs of the offender population are:

- | | |
|--------------------------------------|--|
| Risk Principle | <ul style="list-style-type: none">• Target offenders with higher probability of re-offending (“high risk offenders”²¹);• More intensive treatment and supervision should be given to medium to high risk offenders; and• Avoid using more intensive programs with low risk offenders because the likelihood of re-offending may then actually increase. |
| Need Principle | <ul style="list-style-type: none">• Programs and services most likely to help an offender address criminogenic needs;• Changing criminogenic needs can lead to a reduced likelihood of re-offending; and• Targeting non-criminogenic needs (e.g., low self-esteem and anxiety) may actually be associated with slight increases in recidivism. |
| Responsivity Principle | <ul style="list-style-type: none">• Match offender characteristics (e.g., learning style, ability, motivation, gender, age, and culture) with specific treatment programs. |
| Relapse Prevention Strategies | <ul style="list-style-type: none">• Teach participants ways to anticipate and cope with high-risk situations;• Train family and friends to provide reinforcement for positive behaviors; and |

²¹ High risk offenders are those who have a greater likelihood of committing significantly more crimes (i.e. had a higher recidivism rate) than lower risk offenders during similar periods of time.

- Hold “booster” sessions following the formal treatment program.

CSSD adapted the evidence-based program strategy into a framework for implementing its alternative sanction programs. Based on the four primary principles noted above, the division’s “Center for Best Practices” (discussed in Chapter 5) established its own eight program development principles to address the network of existing programs and the client population in Connecticut. These program development principles are to:

- assess an offender’s criminogenic risks and needs;
- enhance offender motivation;
- target interventions;
- address cognitive-behavioral functioning;
- provide positive reinforcement;
- provide on-going support and relapse prevention;
- measure outcomes; and
- provide quality assurance.

The program review committee agrees in theory with CSSD that evidence-based efforts are the most likely method to effect a systematic change in the way community-based alternative incarceration programs have traditionally been developed and administered. Any improvements aimed at targeting specific client populations and/or their needs will better supervise and serve AIP clients. Thus, CSSD will be more likely to make progress toward its overarching goals of reducing recidivism, controlling prison overcrowding, and protecting the public.

The premise of the evidence-based strategy makes sense. However, the national research supporting evidence-based programming is limited. The evidence particular strategies or programs will be effective with the Connecticut offender population has not yet been determined. Existing studies have focused on client populations that typically do not match the Connecticut client profile. While the basic study methodology was sound, the client sample does not compare to the state’s AIP clients and, therefore, the evidence from this study may not transfer to the Connecticut population.

For example, ART, one of the evidence-based anger management programs endorsed and adopted by CSSD, was originally based on and developed for high school students. CALM, the other anger management program, was tested on predominately Caucasian males between the ages of 22 and 26 residing in Canada. Minority clients were not included in the analysis because there was not a sufficient representative sample. Both CALM and ART are “close-ended” groups, meaning clients might have to wait as long as 26 weeks until a new group begins to receive service if the programs are implemented as the model requires. Once deviations are made to the evidence-based program, previously gathered evidence no longer applies.

The program review committee has concerns about the Court Support Services Division's implementation of the evidence-based strategy. In general, as set forth in this report, the division has not sufficiently completed the preliminary analysis stages or established the proper organizational structure to implement and administer an evidence-based program strategy as intended by the original research and criteria. Without the proper foundation, the strategy's long-term success will be undermined.

Program development. The development and implementation of the evidence-based strategy nationally is still in its infancy. Proven evidence-based programs targeting all types of offenders are not available. Many evidence-based programs currently being administered are, in fact, based on academic research that suggest programs with particular characteristics will be more effective with certain target client populations than others.

National research and the program review committee analysis show programs that combine treatment, service, and/or supervision intensity and a focus on a particular client population with a criminogenic risk and/or need in common are most effective in reducing recidivism. After a period of operation, researchers and administrators will be able to measure the evidence to determine effectiveness and validate the programs. A research-based program, therefore, is the necessary precursor to an evidence-based program.

To date, CSSD has implemented only one program under its evidence-based strategy. The STARS program²² is a research-based program based on national research on the particular risks and needs of young female clients and the types of services that appear to work best with this population.

In January 2005, the division will initiate its second program under the evidence-based strategy. The new adult behavioral health program (previously called adult services) will focus on providing substance abuse and mental health evaluation and treatment and anger management counseling. Under the new contracts (awarded in October 2004, but delayed until January 2005), provider agencies must offer specific evidence-based programs with research to support efficacy such as the anger management curriculum CALM or ART²³. The new adult behavioral health program does not include GED preparation, emergency transitional housing, and other basic life skills and auxiliary services, which were part of the prior adult services program. These services were eliminated during the program development process although they have been identified as criminogenic needs of the client population.

Outcome measures. Existing alternative incarceration program contracts are monitored to determine compliance in nine specified administrative areas including: maintenance of client files; facility and equipment condition; quality of the food service; programming; staffing; and budget. However, the contracts do not set forth standards or outcome measures of effectiveness.

²² STARS (Striving Toward Achievement, Reward, and Success) is a gender specific program for female defendants and offenders age 16 and older providing intensive supervision and comprehensive services. It serves as a step-down service from the residential woman and children's programs.

²³ CALM is Controlling Anger and Learning to Manage It and ART is Aggression Replacement Training.

The contracts for the two new programs developed under the evidence-based strategy (STARS and adult behavioral health) include the administrative measures, but do not contain standards or outcome measure of effectiveness in reducing recidivism. However, the contracts contain a provision requiring a CSSD representative and the provider agency to establish such measures during the term of a specific contract. To date, no outcome measures have been developed for either program.

Establishing standard outcome measures contained in all evidence-based program contracts is essential for the division to meet the mandate of determining whether alternative incarceration programs are successful in meeting statutory and administrative goals and objectives.

The division's move to develop new programs under the evidence-based strategy is understandable. But while the Center for Best Practices is relying on national trends and outcomes to develop these new programs, it lacks a baseline recidivism rate, a comprehensive offender profile analysis, or a scientific determination of the effectiveness of existing alternative incarceration programs to determine whether the new programs will reduce recidivism more effectively. *It has not identified a standard set of contractual outcome measures for evidence-based programs. Without this information, the division will not be able to take corrective action to modify or develop evidence-based programs.*

Strategic Plan for Recidivism Reduction

CSSD has a complex mandate to reduce recidivism through an efficient and effective system of alternative incarceration options. It has articulated an evidence-based strategy intended to achieve its goals. *It has not, however, established a long-range strategic plan to identify the fundamental decisions and actions that will guide the implementation of the evidence-based strategy, evaluate its success, and improve upon its failures.*

There are a number of benefits to strategic planning. First, the process of strategic planning is as important, if not more so, than the plan itself because decision makers develop a deeper understanding of the programs. Second, strategic planning allows decision makers to focus attention on the critical issues and challenges the organization faces in determining solutions, thereby improving decision-making. Third, this process enhances organizational responsiveness, ideally allowing CSSD to clarify and address major issues and respond wisely to internal and external demands and pressures, and deal with rapidly changing circumstances.

The Court Support Services Division shall develop a three-year strategic plan for the state's alternative incarceration concept and implementation of the new evidence-based program strategy. The plan shall identify the objective criteria and procedures for prioritizing AIP client needs and system expenditures based on the existing objectives of the program and the goals of the offender re-entry strategy (P.A. 04-234) to: (1) assist in maintaining the prison population at or under the authorized bed capacity; (2) promote the successful transition of offenders from incarceration to the community; (3) support the rights of victims; and (4) provide public safety.

During the strategic planning process, the division shall examine, but not be limited to, the following areas:

- **current AIP network capacity and capacity to serve;**
- **opportunities to expand including locations, types of programs, and enhancements to existing programs;**
- **client treatment levels, service intensity, and risk and supervision levels based on client profile and baseline recidivism rates;**
- **capacity of the contracted provider agency network to expand current services, enhancements to existing services, and provide new services;**
- **measurable objectives; and**
- **resource allocation.**

In reviewing expansion of the contracted provider agency network, the strategic planning process shall consider and address elements normally outside the division's control including, but not limited to, municipal zoning and siting issues, local tax issues, opposition from "host" communities, and use of state bonding funds for AIP facility acquisition, expansion, and improvement.

The strategic plan shall be submitted to the Appropriations and Judiciary Committees by January 1, 2006. Annual progress reports on strategic plan implementation shall be submitted to the Appropriations and Judiciary Committees by January 1 of the subsequent three years. The strategic plan shall be used to assist the General Assembly and Judicial Branch in determining and prioritizing the expansion of the alternative incarceration program and the re-investment of existing and new resources in the AIP network under the state's offender re-entry strategy (Public Act 02-234).

During its study, the program review committee found most contracted provider agencies agree with the basic principles of evidence-based programming, but view CSSD's implementation process as fragmented and punitive. Contracted provider agencies understand the preliminary analysis of the client profile, baseline recidivism rate, and effectiveness of existing programs is fundamental to this strategy. Without the data, however, the network believes CSSD has assumed that existing programs do not work and only new evidence-based programs will be effective. Further, contracted agencies are skeptical the current validation study (conducted by JSAT²⁴) will be completed in time to be useful in the division's aggressive schedule to implement the strategy.

The provider agencies cite their partnership with CSSD as critical to the initial development, expansion, and success of the alternative incarceration concept during the 1990s. The agencies have expertise and experience in program development and administration, and knowledge of the client population that they believe is critical to implementation of the new

²⁴ Justice System Assessment & Training Company (JSAT) has been contracted by the Judicial Branch to conduct an evaluation study to measure the effectiveness and efficiency of alternative sanction programs. The four-year study is scheduled for completion in 2006.

evidence-based strategy. However, CSSD has not included the network in the program planning or development process.

In general, the field probation officers also have not fully accepted the new evidence-based strategy. CSSD central office is committed to the strategy, but has not garnered a “buy-in” from its field staff. Many field probation officers have not implemented the evidence-based assessment tools (LSI-R and ASUS) using the motivational interviewing technique as intended. This negatively impacts the availability and reliability of data.

The lack of partnership and coordination between CSSD central office and its field probation staff and contracted provider network will hinder implementation and the overall success of the evidence-based strategy. The strategic planning process will assist CSSD in communicating the shift in philosophy and procedure to an evidence-based strategy to the field probation staff and the contracted provider agency network. Including field probation staff and contracted provider agencies in the strategic planning process will help to strengthen the necessary relationship between all three entities.

Other Recommendations

Bonding funds. In the past, the Judicial Branch has not included alternative incarceration program facility acquisition, expansion, or improvements as part of its state bond requests. These projects, however, are eligible to receive state bond funds.

The Judicial Branch should include alternative incarceration program facility acquisition, expansion, and/or improvements as part of its 2006 request to the Connecticut Bonding Commission.

COLAs. Contracted, nonprofit provider agencies are eligible for state authorized cost of living adjustments (COLA) as part of the state contracts. New contract agencies typically are not eligible for a COLA during the first year of a contract cycle.

CSSD defines a “new” contract agency as: (1) an agency under contract for a program for the first time; or (2) any agency in the first year of a contract cycle even if the agency had been under contract to previously provide the program. Under its current definition, many established provider agencies do not receive an authorized COLA during the first year of a renewed contract cycle.

This practice is viewed by contract provider agencies, which are general nonprofit organizations, as fiscally punitive and unfair. It harms the partnership between CSSD and its AIP network.

CSSD shall amend its definition of a “new” contract provider agency and award COLA adjustments to agencies continuing a previous contract if the service and general contract requirements remain the same in the new contract.

Development of Alternative to Incarceration Policies

Probation, which could be considered the original alternative sanction, was codified in Connecticut in 1903. Thus, for more than a century, prior to any prison capacity concerns, Connecticut has acknowledged that incarceration is not the only legitimate response to criminal behavior.

As far back as the 1940s, however, Connecticut statutes allowed persons with serious mental illness to be diverted at the pre-trial stage from prosecution and possible sentence to prison to the mental health treatment system. Recognizing in some cases punishment may not be in the best interest of the public or a mentally ill defendant, a judge is authorized to order residential treatment under medical supervision for up to two years for an arrested person diagnosed with a serious mental illness. A judge can, upon successful completion of treatment: dismiss the criminal charge; continue the court-imposed residential treatment; or reinstate the charges and refer the case for prosecution. During the past 20 years, the deferred prosecution provision was expanded to include persons with a serious drug addiction.

Beginning in 1958, Connecticut statutes first authorized another pre-trial diversion tool -- accelerated rehabilitation (AR). This tool diverts a defendant from the normal disposition route by suspending prosecution in exchange for a year of acceptable behavior from the defendant. If successful, the individual has no criminal record.

During the late 1960s, the state legislature enacted two alternatives to incarceration in recognition that in some circumstances an inmate and the public would be better served by allowing the inmate a temporary release from prison: a work release and educational release program for convicted offenders (1967) and a prisoner furlough program (1969). Under the first, inmates would attend sites off prison grounds for work and school and return to the prison facilities at night. As the Senate sponsor of the bill noted, the bill went “along with the entire new concept of the department of corrections in the state of Connecticut... It will enable the commissioner of corrections to help the rehabilitation process.”²⁵ Under the furlough program, prison wardens were authorized to allow prisoner furloughs, releasing inmates for up to 15 days²⁶ for any reason consistent with rehabilitation.

A pre-trial diversion concept focusing on educating persons arrested for specific offenses about the consequences of the crimes rather than punishment developed in Connecticut in the 1980s. The programs allow for the suspension of prosecution and ultimately a dismissal of the charge upon successful completion of the program by an eligible defendant. The pre-trial education programs were developed following high profile cases including the Tracy Thurman case and the 1999 Columbine high school shooting incident that focused public and political attention on the criminal and social issues surrounding drunk driving, domestic violence, and violence by students.

²⁵ Sen. Jackson, Senate Proceedings, June 6, 1967 (p. 2283)

²⁶ Public Act 04-234 extended the furlough period to a maximum of 30 days.

The 1980s

1980 marked the advent in Connecticut of the “alternative sanction” as a viable response to a criminal conviction, largely because prison overcrowding had become an issue. By the 1980s, Connecticut’s correction facilities were over capacity as a whole.²⁷ The state had been sued successfully in federal court for federal law violations related to capacity. A sentencing commission established by the legislature had just recommended the state change from an indeterminate sentencing system to a determinant one, which would ultimately exacerbate overcrowding. These events and others, led then-Governor Grasso to appoint a task force to address the problem of prison overcrowding.

Prison and Jail Overcrowding Commission. The task force issued a report in 1981, and was succeeded in 1982 by the statutorily created permanent Prison and Jail Overcrowding Commission that exists today. The task force’s summary of its recommendations describes the framework for the direction the PJOC took in subsequent years:

The recommendations [in this report] are based upon a sound foundation which takes into consideration the system-wide origins of correctional overcrowding and the subsequent need for systemwide solutions...[and provide] for humane incarceration where incarceration is deemed necessary for the future protection of the community or the individual, and alternative sanctions for those better served in the community.

From 1982 until 1989, the PJOC made a series of recommendations demonstrating a commitment to “managing overcrowding through a balanced approach of alternatives to incarceration and new and expanded prison facilities.” These include:

- expanding pre-trial release initiatives involving bail commissioners;
- expanding bail interviews to accused persons post-arraignment (now called the jail re-interview project);
- increasing number of halfway house beds (every year);
- authorizing the DOC commissioner to transfer inmates to approved community residences (known as the Supervised Home Release program, which was statutorily phased-out by 1993);
- establishing a statewide intensive probation program to place persons in the community under close supervision and restriction to ensure public safety, reduce prison overcrowding and contribute to the rehabilitation;
- establishing an “intensive community residential release” program;

²⁷ Refer to *Factors Impacting Prison Overcrowding*, Legislative Program Review and Investigations Committee (December 2000).

- authorizing sentence options of community service and restitution to establish a community service labor program as a condition of probation;
- establishing alternate sentence planning program by public defenders office (precursor to statutory Alternative Incarceration Plan);
- creating alternative detention facilities for low risk, short sentenced offenders (began with a federal grant in 1986; now called Alternative Incarceration Centers);
- establishing an electronic surveillance program (1987); and
- developing additional prison beds (every year).

During this time period, the PJOC annually reported on the growth of alternative sanction instruments in place and their effectiveness, measured primarily by the numbers of prison bed spaces saved. It reported most of its recommendations -- or versions of the recommendations -- were adopted by the state legislature and the criminal justice system.

Other initiatives were started in the 1980s as well. The Pre-trial Alcohol Education Program, enacted in 1981, was aimed at persons arrested for the first time for driving under the influence of alcohol (DUI). In 1986, the Pre-trial Family Violence Education Program was enacted to target persons arrested for the first time for a domestic violence crime. Additional pre-trial education diversion programs followed: the Community Service Labor Program (1990); Pre-Trial Drug Education Program (1997); Pre-Trial School Violence Education Program (1999); and most recently the Hate Crimes Diversion Program (2000).

In the early 1980s, Connecticut established the state's first alternative dispute resolution program within the criminal justice system: the Mediation Program. An alternative to the traditional criminal case disposition process of prosecution and trial, the Mediation Program allows a defendant, the victim, and an impartial third party (mediator) to voluntarily resolve a dispute arising from a criminal arrest by developing a mutually acceptable resolution. Again, the state recognized the available criminal sanctions (e.g., prison, probation) may not be in the best interests of the public, victim, or defendant in certain cases. The concept was broadened to include other specialized court programs: the Drug Court (1995) and the Community Court (1997).

Alternative Incarceration Program. In 1989, the legislature broadened the goal of alternative sanctions beyond just an overcrowding remedy by establishing an Alternative Incarceration Program (AIP) for persons convicted of certain crimes (Public Act 89-383). Under the new provision, a judge could impose a direct sentence to a particular kind of alternative sanction in lieu of incarceration.

At his or her discretion, a judge could order an assessment of a convicted offender for placement in an alternative to incarceration program. The Office of Adult Probation, within the judicial branch, conducted the assessment. If the plan recommended an offender be placed in an AIP, then the judge could suspend any prison sentence and make the AIP participation a condition of probation.

The act provided that an alternative incarceration program could include but not be limited to:

- an intensive probation program;
- any community service program;
- any residential or nonresidential program that provides care, supervision, and supportive services such as employment, psychiatric and psychological evaluation and counseling; and
- drug and alcohol dependency treatment.

Under its establishing legislation, the alternative sanction program was only to be in effect until July 1, 1994. In 1994, however, Public Act 94-128 reenacted the program provisions without a termination date.

Office of Alternative Sanctions. The Office of Alternative Sanctions (OAS) was established in the Judicial Branch via Public Act 90-213 “in response to a widely held view that alternative sanctions would improve court operations and relieve prison and jail overcrowding. The Office is an outgrowth of a multi-year trend in Connecticut to develop a range of court-based sanctions in addition to traditional incarceration and probation sanctions...”.

The Office of Alternative Sanctions had the overall responsibility to oversee and coordinate implementation of alternative sanctions and many of its other duties related to program evaluation and criteria for suitable offenders. The program goals were to effectively impact:

- the offender;
- prison and jail overcrowding;
- court backlogs; and
- community safety.

According to the OAS mission statement, the “definition of alternative sanctions would include any punishment which is more restrictive than straight probation and less punitive than confinement.” Under this definition alternative sanctions are intended for persons who would otherwise be “jailbound,” not for persons who a judge believes are eligible for traditional probation, with monitoring by a probation officer.

Under its enabling legislation, the duties and responsibilities of OAS were to:

- oversee and coordinate the implementation of alternative sanctions;
- evaluate the effectiveness of alternative sanctions and their impact on offenders, prison and jail overcrowding, court backlogs and community safety;
- plan and establish new alternative sanctions;

- develop criteria for determining the types of offenders appropriate to receive alternative sanctions and for determining the effectiveness of those sanctions for specific offender populations;
- report annually to the general assembly on its evaluation of alternative sanctions;
- contract with nonprofit organizations providing alternative incarceration programs, halfway houses and other similar services;
- contract for independent evaluations with respect to the use of alternative sanctions;
- apply for, receive, allocate, disburse and account for grants of funds made available by the United States, the state, foundations, corporations and other businesses, agencies or individuals;
- enter into agreements with the United States which may be required to obtain federal funds, and do all things necessary to apply or qualify for, accept and distribute any state and federal funds allotted under any federal or state law for alternative incarceration programs;
- enter into contracts and cooperate with local government units and any combination of such units to carry out the duties imposed by this act;
- enter into agreements necessary, convenient or desirable for carrying out the purposes of this act with foundations, agencies, corporations and other businesses or individuals; and
- accept gifts or donations of funds, services, materials or property from any source and use such gifts or donations as is appropriate to implement the provisions of this act.

Further, in the same public act, an advisory committee to the office of alternative sanctions was also established in 1990. The committee consisted of nine members appointed by the chief state's attorney, including a superior court judge, representatives of the offices of adult probation and bail commissioner, the corrections department and the criminal justice division, along with representatives of private nonprofit agencies serving offenders and providing alternative sanction programs and public members.

An early recommendation of OAS was to change the term "alternative sanctions" to "judicial sanctions" to reinforce the idea that optimally all possible responses to criminal behavior should be seen as a continuum of rational response. Ultimately, the change in terminology was seen to be too confusing and not pursued.

From 1990s to Present

During the 1990s, OAS continued to develop alternative sanction programs. The office prepared strategic plans identifying specific office goals and objectives, began publishing a newsletter, and made its annual reports to the general assembly. The office also commissioned a longitudinal study to assess the effectiveness of both the pre-trial and post-sentence programs. (Refer to Appendix G for a summary of the study scope and findings.)

Court Support Services Division. Over the last five years, alternative sanction operations have been subject to structural and administrative changes. However, virtually all the substantive statutory responsibilities related to alternative sanctions, first codified in 1990, remain.

In 1999, the legislature established by statute a Court Support Services Division (CSSD) within the Judicial Branch. The impetus behind the CSSD reorganization was a recommendation from the National Center of State Courts (NCSC) management study of the Connecticut Judicial Branch completed in 1998.

This new division was to consist of the transferred duties of the Office of Adult Probation, the Office of Alternative Sanctions, the Office of Bail Commission, the Family Division, and the Juvenile Detention Services Division. Those offices and divisions, all of which were statutory, were repealed with the creation of the CSSD. Further, the Judicial Branch was given the authority to “establish such job titles and assign the units and functions formerly assigned to the offices, divisions and personnel which comprise the CSSD in order to efficiently and effectively carry out the duties of the CSSD.” The bill sponsors explained the creation of CSSD as one of several technical revisions to court operations the judicial branch sought that year.

Finally, in 2002, the OAS statute was amended to reflect the dissolution of Office of Alternative Sanction as a separate office by replacing the reference to the OAS with the Court Support Services Division (PA 02-132). The only other change was the elimination of the annual reporting requirement to the General Assembly.

Prisoner re-entry strategy. Under Public Act 04-234, the judicial branch, the Departments of Correction, Labor, Mental Health and Addiction Services, and Social Services, and the Board of Pardons and Paroles are required to collaborate to develop and implement a comprehensive offender re-entry strategy to:

- assist in maintaining the prison population at or under the authorized bed capacity;
- promote the successful transition of offenders from incarceration to the community;
- support the rights of victims; and
- provide public safety.

The legislation further states the success of the offender re-entry strategy will be measured by:

- rates of recidivism and community re-victimization;
- 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; and
- reinvestment of any savings achieved through a reduction in prison population into reentry and community-based services and programs.

The new offender re-entry strategy heavily relies on the existing alternative sanction network to implement many of the initiatives to reduce recidivism. CSSD, therefore, will play an important role.

AIP Client Sample and Recidivism Measures

Program review committee staff worked closely with the Court Support Services Division to develop a representative sample of pre-trial and sentenced clients participating in more than a dozen alternative incarceration programs. (A list of the selected programs is presented in Appendix C.) For purposes of this study, a database was built to evaluate the effectiveness of pre-trial diversion, alternative sanction, and specialized court programs. The principal measure of effectiveness was recidivism, which is defined as an arrest for a new criminal offense after admission to a pre-trial diversion or alternative sanction program. Reconviction and sentencing information was also collected to develop a comprehensive understanding of recidivism.

AIP Client Sample

Sample selection process. Accused and sentenced clients admitted between July 1 and December 31, 2002, to a representative sample of AIP programs were selected for analysis. In instances where the randomly selected contracted provider within a particular program type was unable to provide the requested information, an alternative contracted provider was selected. CSSD cooperated with the program review staff to find a workable solution to collecting the data. However, issues remained with the reliability of the data and several factors controlled and impacted the selected client sample.

First, CSSD was unable to identify the defendants and offenders admitted to the selected AIP programs. Program admission for defendants and offenders is not yet readily accessible from CMIS, the division's new case management information system. In July 2002, CSSD brought CMIS on-line to track adult bail, probation, and family services clients and to maintain LSI-R and ASUS assessment data. Prior to CMIS, client data were maintained separately for bail, probation, and family services cases using different technology. All data maintained in the separate systems have now been merged and maintained on CMIS. There are gaps and missing data, however, and some information is inconsistently reported in the automated probation officer case notes.²⁸

Therefore, not all data necessary to complete a comprehensive analysis of recidivism and program effectiveness are available from CMIS. While most CMIS functions are on-line, not all require mandatory entry of data such as the specific program to which a client is admitted. Several additional CMIS functions are in the planning and testing stages.

Inconsistent use of CMIS by probation officer field staff also impacted the availability and reliability of the data. Use of computers by probation officers is uneven with some

²⁸ In conducting past studies such as *Factors Impacting Prison Overcrowding* (2000) and *Recidivism in Connecticut* (2001) the committee staff attempted to collect data from adult probation case notes and files with very limited success. The committee staff did not rely on the case note information for the *Pre-trial Diversion and Alternative Sanctions* study (2004) since it appeared the same issues regarding consistency and reliability of the data are present.

probation officers rarely using computer screens to input client information. As discussed in Chapter 5, field probation officer staff are not consistently or correctly using the LSI-R and ASUS tools, which negatively impacts the availability and reliability of the data.

An overlap between existing and new automated case management technology and the implementation of the new client assessment process limited the timeframe in which certain data variables would be available for analysis. Beginning in June 2002, CSSD implemented two new client assessment (or classification) tools: the Level of Service Inventory-Revised (LSI-R) and Adult Substance Abuse Survey (ASUS). The LSI-R and ASUS collect and quantify information about a sentenced client's criminal history, substance use, mental health status, education level, employment status, family and community connections, and motivation to participate in programs. The assessment scores determine a client's service and treatment needs.²⁹

CSSD reported that the LSI-R and ASUS data was only consistently available from CMIS beginning in September 2002. Many of the clients admitted to AIP programs in July and August 2002 (the first two months of the six-month sample period) did not have LSI-R or ASUS data. CSSD was, however, able to provide LSI-R and ASUS data on approximately one-third of the sample.

No single, statewide database currently exists for tracking recidivism. Therefore, data for this study was extracted and compiled from three sources: contracted program providers and the judicial branch's two automated information systems, CMIS and CRMV.

The division maintains and has access to an abundance of data, but at this point it does not have the capability to readily link the client- and case-based systems to track an individual defendant or offender. CSSD maintains a client-based case management information system to track bail and probation assessment and supervision data. The judicial branch maintains a case-based system to track criminal case history, dispositions, and sentences.

Inconsistent use of client identification numbers. CSSD issues each client a unique identification number (called the CMIS number). It was assumed that this information would allow CSSD to match a client with his or her criminal history record, probation assessment and supervision information. CSSD does not, however, provide the contracted agencies with these identifying numbers in its client referral documents. The agencies, therefore, cannot report CMIS numbers per client. The CRMV system does not record a CMIS number for each docket. Program review staff also found some clients in the CMIS database did not have a CMIS number.

AIP client sample. Ultimately, the process used to compile the database involved the division requesting a representative sample of contracted program provider agencies to collect and submit client admission data from July 1 through December 31, 2002. The provider

²⁹ The division also uses a validated bail assessment tool for pre-trial defendants, but that data are not currently automated in its case management information system. Therefore, no assessment analysis for pre-trial clients was included.

agencies submitted as much of the following identifying client information as was available in their records:

- client name;
- date of birth; and
- State Police Bureau of Identification (SPBI) number, Department of Correction (DOC) inmate number, or criminal court case docket number.

Again, there were challenges in using each of the selected client identification numbers. First, the SPBI number identifies a chronological record (“rap sheet”) of a person’s criminal activity. The number is assigned to a person upon the first arrest for which he or she is fingerprinted and tracks that person during any future arrests. Fingerprints positively identify a person since name, date of birth, and other information are often not reliable or verifiable. The state or local police, however, are not required to fingerprint an arrested person. For resource reasons, many police departments only fingerprint persons arrested for a felony or serious misdemeanor or persons known to be repeat offenders. Arrests not supported by a person’s fingerprints are not officially linked to a specific individual.

Second, a person also has only one Department of Correction (DOC) inmate number. The inmate number is assigned upon the first admission to the jail or prison system and tracks the person during any future terms of incarceration. If an AIP client was never incarcerated, he or she did not have a DOC inmate number. However, many AIP clients have been incarcerated pre-trial or upon conviction of a crime, but CSSD does not routinely record DOC inmate numbers for those clients.

Third, all arrests are assigned a docket number to manage the Superior Court calendar and to track the dispositions (or outcomes) of criminal cases. Since a person may be arrested more than once, he or she may be associated with several dockets during a specified time period. The judicial branch’s existing automated systems do not link individual defendants with case dockets. It is difficult to accurately list all dockets with a specific defendant without a SPBI or DOC inmate number and even then cases in which the defendant was not fingerprinted may not be linked. This process becomes even more challenging when a defendant uses variations of his or her name (e.g., using Robert, Bob, or Rob or giving a middle name rather than a first name), or provides an incorrect birth date. Further, there can be data entry errors in the files.

For these reasons, the division was not easily able to link the client sample provided by the contracted program providers to the judicial branch’s automated criminal information. The division made several attempts to match as many clients as possible. As previously stated, however, missing client identifiers, name variations, and different dates of birth made it difficult to match clients and criminal history data.

Client sample size. The original sample from contracted provider agencies included 8,512 clients admitted during the six-month period in 2002. Of the total sample, CSSD eliminated 2,898 clients (34 percent of the total sample), most of whom (2,384) were admitted to the Pre-trial Alcohol Education Program (AEP). CSSD does not automate AEP client data. The division also eliminated duplicate clients so that an individual was counted only once.

CSSD initially provided complete criminal history data for about half of the remaining clients. The division attempted to increase the match rate of the sample by assigning probation officers to research the case records to link clients with the correct criminal history information.

CSSD ultimately provided complete data for 5,041 clients. The program review staff eliminated 559 clients with no criminal history data and another 16 for various reasons (e.g., juveniles and Accelerated Rehabilitation offenders). The remaining sample used for recidivism analyses includes 4,466 clients.

CSSD provided client demographic, criminal history, sentencing, and assessment data for each client. The program review staff found a significant amount of missing or incorrect client data, which highlights the serious deficiencies in the division's case management systems and its ability to meet its mandate to determine the effectiveness of alternative to incarceration programs. *The program review staff was able, however, to ultimately compile good quality recidivism data.*

Program admission period. The six-month admission period between July 1 and December 31, 2002 was selected to: (1) include as many offenders with LSI-R and ASUS data as possible; and (2) allow for at least one year during which clients were at risk of re-offending.

Client categories. The client sample is categorized as follows:

1. pre-trial defendants with suspended prosecutions admitted to a pre-trial diversion program;
2. pre-trial defendants released on bond, admitted to an alternative sanction program as a special bail release condition or alternative bail release plan;
3. convicted offenders sentenced to probation, admitted to an alternative sanction program as part of a Alternative Incarceration Plan, a direct sentence, as a condition of probation supervision, or as a result of a technical violation of probation;
4. convicted offenders sentenced to a prison term followed by a period of probation ("split" sentence), admitted to an alternative sanction program as a condition of probation supervision; and
5. defendants and offenders admitted to a specialized court program (e.g., community court, mediation).

Six categories of CSSD clients were not included for review. They include:

- pre-trial defendants released on a bond with no alternative sanction program requirement;
- pre-trial defendants diverted to the Department of Mental Health and Addiction Services (DMHAS) for court-ordered commitment to residential mental health or substance abuse treatment in lieu of prosecution (C.G.S. §§17a-691 through 17a-701);
- pre-trial defendants admitted to the Pre-trial Alcohol Education Program (CSSD was unable to provide data for these clients);

- defendants under an Accelerated Rehabilitation (AR) and Youthful Offender (YO) status;
- convicted offenders sentenced to probation with no requirement to participate in an alternative sanction program; and
- convicted offenders sentenced to prison³⁰ without any period of probation.

Accelerated rehabilitation and youthful offender status, and the deferred prosecution for mental health or drug treatment, are alternative dispositions that fall within the broad parameters of the alternatives to incarceration concept. However, they refer to the legal status of an offender and are not a specific program. In general, AR and YO result in a *nolle prosequi*³¹ for a defendant who is not arrested for a new crime during a specific period of time and, if ordered by a judge, successfully completes community service or treatment or makes restitution.

Recidivism Measures

Definition. How recidivism is defined has a substantial impact on the identified rate of recidivism, for which there is no universally accepted method of measurement. Based on its prior study on *Recidivism in Connecticut* (2001), the program review committee staff in this study used multiple measurements in its analysis rather than relying on a single method. Each measure has strengths and weakness, but combined the three are a more comprehensive and accurate means to measure the rate of recidivism.

Release threshold. The basis for the committee staff's analysis was re-arrest, reconviction, and sentencing data for pre-trial defendants and convicted offenders admitted to a pre-trial diversion, alternative sanction, or specialized court program. The committee staff tracked new criminal activity from the client's program admission date -- occurring sometime from July 1 through December 31, 2002 -- through December 31, 2003. The period of time the client is in the community and "at risk" of re-offending is referred to as the release threshold.

Generally, recidivism is tracked for a three-year period because there is agreement among researchers and criminal justice administrators that this is a sufficient follow-up period to identify the majority of persons who would eventually be re-arrested for a new crime. Given the limitations of the CSSD automated case management system and the availability and reliability of certain data, a shorter release threshold was defined. The release threshold for this study is January 1 through December 31, 2003; a one-year period. However, since repeat criminal activity is tracked from a specific program admission date from July 1 through December 31, 2002, the release threshold for some defendants and offenders is more than one year. For example, an offender admitted to an alternative sanction program on July 1, 2002, is tracked beginning from that date, which would include the additional six months in 2002 and the one year from January 1 through December 31, 2003.

³⁰ DOC and CSSD contract with many of the same community-based providers for similar programs and services. However, DOC uses the programs and services to supervise and assist in an inmate's transition from prison back to the community (e.g., parole, transitional supervision) and not as an alternative to incarceration option as defined for this study.

³¹ *Nolle prosequi* (nolle) is a formal court motion by a state's attorney stating the case will not be prosecuted any further.

Measures. The three measurements tracked to identify the overall rate of recidivism are:

- re-arrest for a new misdemeanor or felony offense;
- reconviction on those new charges; and
- incarceration or sentence to another court-imposed sanction such as probation or pre-trial diversion program.

Re-arrest data. The re-arrest rate was examined because an arrest is the initial response of the state against a person suspected of committing a crime, and it begins the criminal justice process. Arrests are an accepted measure of criminal activity and are used in other research and reporting requirements (e.g., the federal Uniform Crime Report).

Arrests are a valid measure of recidivism even though some arrests do not result in convictions. In general, the overall arrest rate tends to be higher than the conviction rate, in part, because of the court's lag time in disposing of cases. This means during the study timeframe the dispositions for some cases were not included.

It should be noted a defendant or offender might be re-arrested more than once during the one-year period. The program review committee analysis included a review of up to six re-arrests per person. Also, an offender may be charged with more than one offense per arrest. The analysis included an examination of up to three charges per arrest incident.

Reconviction data. Reconviction data indicate a new arrest did occur and that, in fact, the person was found guilty of the charge against him or her. It is measured by the court disposition (or verdict) for each criminal case. As previously stated, a person may be charged with more than one crime per case. The reconviction rate was measured based on a guilty verdict for the most serious charge per arrest under analysis.

Reconviction data do not always indicate the seriousness of the offense, typically because of the practice of plea-bargaining in which a reduction in the charge is usually the incentive for a defendant to plea guilty. However, the program review committee staff analysis examined the differences in the crime for which a person was arrested and the crime for which he or she was convicted.

A reduced number of convictions can be attributed to the widespread practice of plea bargaining, the diversion of cases out of the criminal courts to pre-trial programs, revocations of probation rather than prosecution for a new crime, reluctance of witnesses to cooperate, and due process issues (rather than the innocence of the person arrested.)

Sentencing data. Sentencing data are the narrowest measure, indicating a new offense occurred and the court imposed a sanction against the offender. The analysis includes a review of any sanction imposed by the court, the types of sentences (i.e., prison, probation), and the length of the sentence.

CSSD provided sentencing data for clients who were reconvicted of a new crime. However, it only included information for prison and probation sentences. There are several

sentencing options such as conditional and unconditional discharges, community restitution, and fines that were not included. Therefore, the sentencing rate among AIP clients re-arrested and reconvicted for a new crime is most likely under-reported.

Interpreting Recidivism Data

The recidivism data included in this report should be interpreted with caution. Recidivism is only one measure of the AIP network's -- and the criminal justice system's -- performance. Responsibility for the rate of recidivism cannot be assigned to one agency within the criminal justice system. There are many examples of ways in which policy, resource allocation, or agency procedures impact the effectiveness of a program. For example, law enforcement investigative practices, the plea bargaining process, and sentencing practices of judges can increase or decrease the rates of re-arrests, reconvictions, and incarceration among the AIP client population. These factors are beyond the control of CSSD, which supervises AIP clients.

Additionally, there was also no way to verify program admission data. CSSD relied on the accuracy and conscientiousness of contract providers to complete data information forms with the previously mentioned client identification variables. It was clear that some providers had more advanced internal automation systems and/or put more effort into the task at hand and had much less missing information than other providers.

Another issue is that the matching of CSSD clients to target arrest data was not 100 percent accurate. In a data set that contained thousands of variables, there is bound to be "noise" or occasional formatting issues that make a particular variable or case unusable. In some instances, for example, sentencing dates were missing the month of sentencing and, therefore, could not be included in the analysis. Overall, however, a significant effort was made on the part of the program review committee staff, CSSD, and the AIP network provider agencies to develop a database that was as accurate as possible given the previously mentioned limitations.

This study relied on official records of criminal activity and only measured offenses that were reported to or observed by the police and resulted in arrests. Many crimes go unreported or remain unsolved and do not result in an arrest. There is no way to accurately count the number of unreported crimes. The recidivism rate based on re-arrest, therefore, may underestimate repeat criminal activity by pre-trial and sentenced AIP clients.

Also, because of the one-year release threshold selected, some clients may not have been convicted or sentenced yet, but would be in the future; that data are not available in the system. This is true especially for those clients arrested late in 2003 or those arrested for serious felony offenses, which often take longer to dispose of. The lag in the court process may then decrease the reconviction and sentence rates reported.

Further, the assumption was made that no information about re-arrest meant the client had not recidivated. However, any missing data will result in an under-reporting or estimation of recidivism.

Finally, it should be noted the Day Incarceration Center (DIC) program was not included in this analysis. While DICs were operational in 2002 and 2003, they were eliminated in 2004 by CSSD. The provider agencies that had been contracted to administer the DICS were not able to collect the data.

Appendix C

Table C-1. Selected Alternative Incarceration Program Sample					
	<i>Eastern</i>	<i>North Central</i>	<i>Northwest</i>	<i>South Central</i>	<i>Southwest</i>
PRE-TRIAL EDUCATION DIVERSION PROGRAMS					
<i>Drug Education</i>		<ul style="list-style-type: none"> New Directions (Enfield) 	<ul style="list-style-type: none"> McCall Foundation (Torrington) 	<ul style="list-style-type: none"> Rushford Center (Meriden) 	<ul style="list-style-type: none"> CT Renaissance (Norwalk)
Family Violence Education	<ul style="list-style-type: none"> United Services (Dayville, Willimantic) 	<ul style="list-style-type: none"> North Central Counseling (Enfield) 	<ul style="list-style-type: none"> Association of Religious Communities (Danbury) 	<ul style="list-style-type: none"> Non Violence Alliance (Middletown) 	<ul style="list-style-type: none"> Family Re-Entry (Norwalk)
School Violence Education		<ul style="list-style-type: none"> The Village for Families & Children (Hartford) 	<ul style="list-style-type: none"> Catholic Family Svcs (Waterbury) 		<ul style="list-style-type: none"> CT Renaissance (Norwalk)
Community Service Labor	<ul style="list-style-type: none"> CPA (Manchester) 	<ul style="list-style-type: none"> CRT (Bristol/Hartford) 	<ul style="list-style-type: none"> CSI (Torrington) 	<ul style="list-style-type: none"> Project More (New Haven) 	<ul style="list-style-type: none"> Norwalk Economic Opportunity Now (Norwalk/Stamford)
Hate Crimes Diversion	<ul style="list-style-type: none"> Justice Education Center (Statewide) 	<ul style="list-style-type: none"> Justice Education Center (Statewide) 	<ul style="list-style-type: none"> Justice Education Center (Statewide) 	<ul style="list-style-type: none"> Justice Education Center (Statewide) 	<ul style="list-style-type: none"> Justice Education Center (Statewide)
ALTERNATIVE SANCTION PROGRAMS					
AIC	<ul style="list-style-type: none"> Perception Program (Willimantic) 	<ul style="list-style-type: none"> CPA (New Britain) 	<ul style="list-style-type: none"> CRT (Milford) 	<ul style="list-style-type: none"> Connection Inc (Meriden) 	<ul style="list-style-type: none"> CJM (Bridgeport)
Adult Services		<ul style="list-style-type: none"> Network CT (New Britain) 	<ul style="list-style-type: none"> LNV (Ansonia) 	<ul style="list-style-type: none"> Connection Inc (Middletown) 	<ul style="list-style-type: none"> Regional Network of Programs (Bridgeport)
Residential (including Women & Children)	<ul style="list-style-type: none"> CPAS (Willimant.) Perception Prog. (Willimantic) SCADD (Lebanon) 	<ul style="list-style-type: none"> CSI Cheney House (Hartford) Farrell (New Britain) Open Hearth Assoc (Hartford) CRT (Hartford) 	<ul style="list-style-type: none"> CT Renaissance (SALT) (Waterbury) HELP (Waterbury) McCall Found (Torrington) CSI Chase Ctr (Waterbury) 	<ul style="list-style-type: none"> CSI (New Haven) Project MORE (New Haven) Rushford Ctr (Middletown) The Connection New Haven) 	<ul style="list-style-type: none"> APT (Bridgeport) Liberation-Meridian-Guenster (Stamford)
Domestic Violence	<ul style="list-style-type: none"> FIC (Manchester) (EXPLORE) OIC (New London, Willimantic) (EXPLORE) 	<ul style="list-style-type: none"> Wheeler (Hartford, Plainville) (EXPLORE) 	<ul style="list-style-type: none"> FIC (Waterbury) (EVOLVE) 	<ul style="list-style-type: none"> Community Consultation Bd (New Haven) (EVOLVE) NoVA (Middletown, New Haven) (EXPLORE) 	<ul style="list-style-type: none"> FIC (Bridgeport) (EVOLVE) CSI (Stamford) (EXPLORE)
Specialized Populations	<ul style="list-style-type: none"> SOS/The Connection (Statewide Sex Offender Unit) 	<ul style="list-style-type: none"> SOS/The Connection (Statewide Sex Offender Unit) 	<ul style="list-style-type: none"> SOS/The Connection (Statewide Sex Offender Unit) 	<ul style="list-style-type: none"> Catholic Family Services (New Haven) (APOYO) SOS/The Connection (Statewide Sex Offender Unit) 	<ul style="list-style-type: none"> Career Resources Inc. (Bridgeport) (STARS) SOS/The Connection (Statewide Sex Offender Unit)
Zero Tolerance				<ul style="list-style-type: none"> Project MORE (New Haven) 	
SPECIALIZED COURT PROGRAMS					
Community Courts			<ul style="list-style-type: none"> CSI (Waterbury) 		
Mediation		<ul style="list-style-type: none"> Hartford Area Mediation Program (HAMP) 		<ul style="list-style-type: none"> Community Mediation (New Haven) 	<ul style="list-style-type: none"> Dispute Settlement Cntr (Bridgeport, Norwalk)

Appendix D

Table D-1. Network of Contracted Providers: Pre-Trial Diversion

Programs	<i>Eastern</i>	<i>North Central</i>	<i>Northwest</i>	<i>South Central</i>	<i>Southwest</i>
Pre-trial Alcohol Education Program (AEP)	<ul style="list-style-type: none"> Community Prevention & Addiction Services (Willimantic) Paces Counseling Associates (E. Htfd) Stonington Inst. (Groton) 	<ul style="list-style-type: none"> Catholic Family Svcs (Hartford) New Directions (Enfield) Wheeler Clinic (Plainville) 	<ul style="list-style-type: none"> McCall Foundation (Torrington) MidWestern CT Council on Alcoholism (Danbury) 	<ul style="list-style-type: none"> ALSO-Cornerstone (New Haven) MidState Behavioral Health (Meriden) Rushford Center (Middletown) 	<ul style="list-style-type: none"> Connecticut Renaissance (Norwalk)
Pre-trial Drug Education Program (DEP)	<ul style="list-style-type: none"> Community Prevention & Addiction Services (Willimantic) Paces Counseling Associates (E. Htfd) Stonington Inst. (Groton) 	<ul style="list-style-type: none"> Catholic Family Svcs (Hartford) New Directions (Enfield) Wheeler Clinic (Plainville) 	<ul style="list-style-type: none"> McCall Foundation (Torrington) MidWestern CT Council on Alcoholism (Danbury) 	<ul style="list-style-type: none"> ALSO-Cornerstone (New Haven) MidState Behavioral Health (Meriden) Rushford Center (Middletown) 	<ul style="list-style-type: none"> Connecticut Renaissance (Norwalk)
Pre-trial Community Service Labor Program (CSLP)	<ul style="list-style-type: none"> Offered at AICs 	<ul style="list-style-type: none"> Offered at AICs 	<ul style="list-style-type: none"> Offered at AICs 	<ul style="list-style-type: none"> Offered at AICs 	<ul style="list-style-type: none"> Offered at AICs
Pre-trial Family Violence Education Program	<ul style="list-style-type: none"> United Services (Dayville) M. Varanko (Groton) 	<ul style="list-style-type: none"> Catholic Family Svcs (Bloomfield) Community Solutions Inc (Windsor) North Central Counseling (Windsor) Wheeler Clinic (Plainville) 	<ul style="list-style-type: none"> Association of Religious Communities (Danbury) M. Christiano (Torrington) 	<ul style="list-style-type: none"> Community Consultation Bd (New Haven) Non-Violence Alliance (Middletown) 	<ul style="list-style-type: none"> Family Re-Entry (Norwalk)
Pre-trial School Violence Education		<ul style="list-style-type: none"> Clinical Consultants (New Britain) The Village for Families & Children (Hartford) Wheeler Clinic 	<ul style="list-style-type: none"> Catholic Family Svcs (Waterbury) 		<ul style="list-style-type: none"> Connecticut Renaissance (Norwalk)

Table D-1. Network of Contracted Providers: Pre-Trial Diversion

Programs	Eastern	North Central	Northwest	South Central	Southwest
		(Plainville)			
Hate Crimes Diversion	<ul style="list-style-type: none"> Justice Education Center 				
Source of information: CSSD					

Table D-2. Network of Contracted Providers: Alternative Sanctions

Programs	Eastern	North Central	Northwest	South Central	Southwest
Alternative to Incarceration Centers (AICs)	<ul style="list-style-type: none"> Community Partners in Action (Manchester) Community Solutions Inc (New London) Perception Prog (Willimantic) 	<ul style="list-style-type: none"> Community Partners in Action (New Britain/Hartford) Community Renewal Team (Bristol, Enfield) 	<ul style="list-style-type: none"> Community Renewal Team (Milford) Community Solutions Inc (Danbury/Torrington) New Opportunities for Waterbury 	<ul style="list-style-type: none"> Connection Inc (Meriden, Middletown) Project MORE (Model Offender Reintegration Experience) (New Haven) 	<ul style="list-style-type: none"> Corporation for Public Management (Bridgeport) CTE Inc (Stamford) Norwalk Economic Opportunity Now (Norwalk)
Adult Services	<ul style="list-style-type: none"> Community Prevention and Addiction Services (Danielson, Willimantic) Community Solutions Inc (New London) B. Grover (Norwich) Paces Counseling Associates (E. Htfd) Perception Prog (Willim./Daniels.) Town of Stafford 	<ul style="list-style-type: none"> Community Solutions Inc (Htfd) Community Partners in Action (Htfd) Families in Crisis (Hartford) Network CT (Htfd, New Britain) Wheeler Clinic (Plainville) 	<ul style="list-style-type: none"> Associated Psychotherapists (Danbury) Danbury Youth Services Lower Naugatuck Valley (Ansonia) Network Connecticut (Torrington, Waterbury) 	<ul style="list-style-type: none"> Connection Inc (Middletown) 	<ul style="list-style-type: none"> Council of Churches of Greater Bridgeport Connecticut Renaissance (Norwalk/Stamford) Family Re-Entry (Norwalk/Stamford/Bridgeport) Norwalk Economic Opportunity Now (Norwalk/Stamford) Regional Network of Programs (Bridgeport)
Residential	<ul style="list-style-type: none"> Community Partners in Action (Willimant.) Perception Prog. (SAI) (Willimantic) Southeastern Council on Drug and Alcoholism and Drug 	<ul style="list-style-type: none"> Community Solutions Inc (HH) (PG) (Hartford) Farrell Treatment Center (New Britain) Open Hearth Assoc (SALT) (Hartford) 	<ul style="list-style-type: none"> Connecticut Renaissance (SALT) (Waterbury) Help Inc (SALT) (Waterbury) McCall Found (SAI) (Torrington) Morris Found (MD and 	<ul style="list-style-type: none"> Community Solutions Inc (YO) (New Haven) The Connection (JRI) (New Haven) Crossroads (SALT) (New Haven) Project MORE 	<ul style="list-style-type: none"> APT Foundation (SAI) (SALT) (Bridgeport) Liberation-Meridian-Guenster (SALT) (Stamford)

Table D-2. Network of Contracted Providers: Alternative Sanctions

<i>Programs</i>	<i>Eastern</i>	<i>North Central</i>	<i>Northwest</i>	<i>South Central</i>	<i>Southwest</i>
	Dependence (Lebanon)		SAI (Waterbury)	(Model Offender Reintegration Experience) (PG) (New Haven) • Rushford Ctr (MD) (Middletown)	
Women and Children (residential programs)		• Community Renewal Team (Hartford)	• Community Solutions Inc (Waterbury)	• Connection Inc (New Haven)	• Liberation-Meridian-Guenster (Bridgeprt)
Evolve (52 wk domestic violence program)			• Families in Crisis (Waterbury)	• Community Consultation Bd (New Haven)	• Families in Crisis (Bridgeport)
Explore (26 wk domestic violence program)	• Families in Crisis (Manchester) • Opportunities Industrialization Center (New London, Willimantic)	• Wheeler (Hartford, Plainville)	• Assoc. of Religious Communities (Danbury)	• Non-Violence Alliance (Middletown, New Haven)	• Community Solutions Inc (Stamford)
Sex Offender	• Northeast Clinical (via The Connection)			• SOS/The Connection (Middletown)	• Sterling (via The Connection)
Latino Youth Offender				• Catholic Family Svcs (New Haven)	
Gender Specific Program (STARS)					• Career Resources Inc. (Bridgeport)
Community Service Labor Program (CSLP)	• Offered at AICs	• Offered at AICs	• Offered at AICs	• Offered at AICs	• Offered at AICs
Zero Tolerance				• Project MORE (Model Offender Reintegration Experience) (New Haven)	

Source of Information: CSSD

Table D-3. Network of Contracted Providers: Specialized Courts

<i>5 Regions</i>	<i>Eastern</i>	<i>North Central</i>	<i>Northwest</i>	<i>South Central</i>	<i>Southwest</i>
Community Courts		<ul style="list-style-type: none"> Community Partners in Action (Hartford) 	<ul style="list-style-type: none"> Community Solutions Inc (Waterbury) 		
Drug Intervention Programs					<ul style="list-style-type: none"> Bridgeport Drug Docket (no contracted provider)
Mediation		<ul style="list-style-type: none"> Hartford Area Mediation Program (HAMP) 		<ul style="list-style-type: none"> Community Mediation (New Haven) 	<ul style="list-style-type: none"> Dispute Settlement Ctr (Bridgeport, Norwalk)
Source of information: CSSD					

Judicial Branch

The state structure within which pre-trial diversion, alternative sanction, and specialized court programs operate is the judicial branch, specifically the Superior Court and the Court Support Services Division. The judicial branch's mandate includes the responsibility to develop and oversee a graduated system of alternative disposition and sentencing options.

Superior Court. The state judicial branch is composed of the Superior Court for civil, family, and adult and juvenile criminal matters, the Appellate Court, and the Supreme Court. The Superior Court for criminal matters is divided into Judicial District (JD) and Geographical Area (GA) courts. JD (Part A) courts adjudicate and dispose of the most serious criminal cases; typically class A felonies. GA (Part B) courts handle all other criminal and motor vehicle cases.

The state is divided into 13 JD courts: Ansonia-Milford; Danbury; Fairfield; Hartford; Litchfield; Middlesex; New Britain; New Haven; New London; Stamford-Norwalk; Tolland; Waterbury; and Windham. There are 20 GA courts: Bantam; Bridgeport; Bristol; Danbury; Danielson; Derby; Enfield; Harford; Manchester; Meriden; Middletown; Milford; New Britain; New Haven; New London; Norwalk; Norwich; Rockville; Stamford; and Waterbury.

Judicial support divisions. The judicial branch also operates the following divisions:

- Court Operations;
- Court Support Services;
- Administrative Services;
- Information Technology; and
- External Affairs.

The Court Operations Division is responsible for functions and services related to the operations of the courts, Superior Court records, the Central Infractions Bureau, court reporters and interpreters, judges support services, Judicial Marshal, legal services, support enforcement services, and the Office of Victim Services. The Administrative Services Division handles the branch's budget, human resources and personnel, equipment, and auditing services. The External Affairs Division oversees legislative affairs, communications and media relations, and programs for volunteers and interns and the Information Technology Division is responsible for the branch's automated information systems.

CSSD Assessment Tools

Level of Service Inventory. In 2002, the Court Support Services Division adopted new offender assessment tools, the Level of Service Inventory (LSI) and the Adult Substance Use Survey (ASUS). The LSI and ASUS assess a sentenced offender's risk of re-offending and need for services and treatment based on a weighted scoring system. The LSI and ASUS scores determine the level of supervision (classification) best suited to meet the needs of the offender and provide public safety.

There are two versions of the LSI. The LSI-Short Version (LSI-SV) is an abbreviated assessment of six criminogenic risk factors. All offenders are initially assessed through the LSI-SV, which is intended to identify the offender posing the lowest risk of re-offending and having minimal service needs. Offenders classified as high or medium risk are further assessed based on the LSI-Revised (LSI-R), which is a longer, more comprehensive version scoring over 50 criminogenic risk factors.

The LSI tool focuses on the following offender risk factors:

- criminal history;
- education level and employment status;
- financial status;
- family and marital status;
- residential arrangements and accommodations;
- leisure and recreation activities;
- companions (e.g., number of criminal and anti-criminal friends and acquaintances);
- alcohol and drug use;
- emotional and personal status; and
- attitude and orientation toward service and treatment.

Adult Substance Use Survey

The Adult Substance Use Survey assesses an offender's alcohol and drug use. The ASUS is a self-reported questionnaire completed by an offender after the LSI interview process.

Scores are calculated for the following areas:

- lifetime involvement with 10 types of drugs;
- disruptive consequences and problems related to drug use;
- social and antisocial attitudes and behaviors impacted by drug use;

- emotional distress and other mental health issues;
- total involvement in drug use;
- drug use and disruptive consequences within past six months;
- defensive about assessment;
- motivation to receiving treatment and services for drug use and abuse; and
- probation officer's assessment of the offender's drug involvement and disruptive consequences.

Motivational Interviewing. Probation officers -- also called Intake, Assessment and Referral (IAR) specialists -- are trained in a motivational interviewing technique to complete the LSI based on self-reported information from an offender. The LSI interview is conducted after an offender has been sentenced to a period of probation, and re-assessments can be done throughout the supervision period.

Motivational interviewing has grown in use nationally over the past decade, including use during emergency room intakes, in adolescent mental health and within the criminal justice system. It is purported to lead to less client defensiveness, noncompliance, and program dropouts.

Motivational interviewing strategies:

- ask open-ended questions not easily answered with a single word or phrase;
- listen reflectively to an offender and repeat what was said back to him or her;
- summarize information to insure details were not omitted before moving on to the next topic;
- affirm the offender's recognition of a problem behavior and intention to change and support his or her strengths, motivation, intentions, and progress; and
- elicit self-motivational statements from the offender that recognize his or her problems and express an intent to change.

Contracted Evaluation Studies

Since 1990, state law has required the judicial branch, now through the Court Support Services Division, determine the effectiveness of its alternative sanction programs to positively impact the offender, prison overcrowding, court backlog, and community safety. To date, in meeting its mandate, the division has relied on one completed and one on-going evaluation project, both conducted by contracted consultants.

Longitudinal study. In 1991, the Judicial Branch contracted with the Justice Education Center, Inc., to conduct a three-year longitudinal study comparing a sample of pre-trial and sentenced offenders participating in alternative sanction programs with a similar group not participating in any programming. The center concluded in its final report (*Longitudinal Study: Alternatives to Incarceration Sentencing Evaluation*, September 1996) that while the results “are not fully conclusive, they are highly suggestive and provide an argument for expanded use of carefully supervised sentences to community-based alternative to incarceration programs.”

In general, the center found:

- pre-trial defendants released with a court-ordered condition to participate in an alternative to incarceration program posed less risk to the community of new arrests and failure to appear in court than defendants who were ordered to post bond without additional conditions;
- convicted offenders sentenced to community-based programs in most instances posed less risk of being re-arrested over time than the comparison sample of inmates released from prison;
- the category of offenders who typically are the source of greatest concern to the public and policy-makers -- those convicted of violent or drug crimes -- did better after three years than other types of offenders under community supervision; and
- substantial short-term jail bed and cost savings have been accomplished by pre-trial alternative to incarceration programs.

JSAT Study. Since the 1996 longitudinal study, the only other evaluation project to measure the effectiveness of alternative sanction programs is the current study being conducted by a contracted criminal justice consulting firm, the Justice System Assessment & Training Company (JSAT). CSSD has contracted for a four-year evaluation of its alternative sanction programs and the new Probation Risk Reduction Program. The study is scheduled to be completed in 2006.

The overall scope of the JSAT study, begun in July 2002, is to determine the impact of the alternative sanctions programs on the recidivism rate among its sentenced clients. Specifically, the study will focus on:

- validating the LSI and ASUS offender assessment tools to predict recidivism;
- efficiency of probation and contracted program systems in implementing treatment and recidivism reduction programs; and
- effectiveness of treatment and recidivism reduction programs.

JSAT is focusing on a sample of 2,000 adult and 900 juvenile offenders within six specific populations:

- women and girls;
- sex offenders;
- domestic violence offenders;
- non-English speaking offenders;
- cultural minorities; and
- offenders 16 to 21 years old.

Data on the offender sample is being collected in three annual waves from nine local probation sites, five of which are identified as “experimental” or “demonstration” sites. Program providers in the demonstration sites are given enhanced training by JSAT to deliver services in a manner consistent with the evidence-based strategies designed to reduce recidivism whereas providers in the remaining four sites do not receive the training.

Performance information is collected by JSAT from individual alternative sanction program providers, probation officers, and the criminal courts. The offender outcome data includes: (1) termination and discharge status; (2) official recidivism (re-arrest) records; (3) self-report deviant behavior; and (4) self-report grade and employment retention.

Judicial Branch Response to Report

The Judicial Branch's response to the recommendations contained in the report are addressed below:

Recommendation # 1. The goal of the Judicial Branch's Court Support Services Division (CSSD) is to provide sufficient and effective services to its clients. Auxiliary services are a key aspect of our alternative sanctions network. While we are fortunate that current funding levels allow us to provide an extensive array of services to sentenced and pretrial clients, the demand for services far exceeds our contract capacity.

In an effort to maximize existing resources, and in an effort to enhance public safety and reduce recidivism, a triage approach has been implemented in which service delivery is prioritized by level of risk. The validated risk assessment tool we use (the LSI) provides an actuarial assessment of predictive risk factors in the sentenced population.

Over the past year, there has been a substantial effort to address the transitional housing needs of our clients. Recently, the legislature has provided additional funding which has allowed us to address several of our client's economic needs through the transitional and technical violation units. We are hoping to receive supplemental funding to expand these services throughout the state.

In addition, CSSD, in collaboration with the Department of Mental Health and Addiction Services (DMHAS), has been able to expand access to auxiliary services through the Federal Access to Recovery Grant. Services include vocational/educational assistance, childcare, housing, transportation and other fundamental needs. This initiative began in January of 2005 and a limited number of service slots will be available in every region within the next several months.

Similarly, CSSD has become a partner in the Building Bridges project in New Haven. The objective of this project is to provide key auxiliary services. CSSD welcomes collaboration with other state and local agencies to assist in addressing the economic needs of our clients, including employment, education and housing.

In the coming year, our Alternative to Incarceration Center (AIC) model will be reshaped to include job readiness and job placement initiatives. CSSD is also planning to implement a process in which all clients referred to an AIC will be administered a needs assessment, so as to ensure the appropriate level of service is being delivered.

Recommendation # 2. The Judicial Branch fully supports this recommendation and efforts are underway to accomplish the stated objectives. As mentioned earlier, all disciplines within CSSD are now utilizing the most reliable and modern assessment tools available.

With respect to the pre-trial population, Bail/Intake Specialists and the Family Violence Intervention currently utilize assessment instruments specifically designed for and tailored to the Connecticut population. These tools not only enhance the assessment process, but have been automated in order to capture baseline information.

Recommendation # 3. CSSD is committed to developing the capacity to conduct on-going analysis and research on the effectiveness of our Alternative Sanctions Programs. We believe that we have met and continue to meet, our "statutory mandate to determine the effectiveness of alternative incarceration programs". Our enabling statute, § 54-123a, specifically addressed the need for conducting "independent evaluation".

In 1993, an evaluation of our pretrial alternative to incarceration programs was completed that compared defendants in the community on conditional release to a comparison group of defendants released without conditions.

In 1996, an evaluation was completed that compared offenders sentenced to alternative to incarceration programs to offenders sentenced to incarceration, as well as those receiving sentences that combined incarceration with community programming

In 2003, CSSD began a multi-year evaluation to study the effectiveness of our staff and our alternative sanction programs. An independent contractor is currently conducting this study. The contractor is selecting thousands of clients each year for three years, measuring recidivism rates and other social and behavioral changes. This study will compare a group of offenders who participate in the programs being evaluated with those who do not. Furthermore, it will identify what programs and practices are, or are not, reducing recidivism and why.

With respect to the goal of conducting recidivism studies, several studies are currently underway. The basic infrastructure has been constructed and the basic baseline data on bail, family and probation clients has been established. The process for conducting recidivism studies on clients at CSSD will need to be further defined and clarified. Measurements, such as the success over time of clients in various levels of probation, cases at GSSC, referrals to family, criminal and certain pretrial programs like community service can be developed. However, limited staff for data design, programming and analysis restricts moving onto the next steps.

The recommendation to improve and integrate two of the Judicial Branch's automated data management systems, the court-based Criminal Motor Vehicle System (CRMVS) and the CSSD's Case Management Information System (CMIS) would have a substantial fiscal and operational impact on the Judicial Branch and is not a project that we are undertaking. However, we are undertaking two technology initiatives that will facilitate communication between CMIS and CRMVS.

Recommendations # 4 & 5. CSSD began implementation of CMIS in July of 2003 with the bail, family, and adult probation functions. This system is still being rolled out, and in 2005 juvenile court operations, juvenile detention and juvenile probation are expected to be in production. In early 2004, one of the initiatives established by CSSD was to bring restitution and contractor providers onto CMIS.

The design phase for contracted providers has begun with the identification of the challenges for bringing providers onto the system. This process has identified an expectation of data being client-based, with providers reporting on referral information, discharge information, attendance and compliance.

Furthermore, the proposed design will result in CSSD staff submitting information about the client including the Level of Service Inventory (LSI), Adult Substance Use Survey (ASUS), Juvenile Assessment Guide (JAG), criminal history and all other relevant information to providers. This initiative will have substantial fiscal implications, and presently there are no identified funding sources. The cost of such an initiative is enhanced by the need to be build a complex and robust interface that will accommodate a large volume of information, while at the same time being compatible with individual provider systems and ensuring that appropriate security provisions are in place.

Recommendation # 6. Given the recent, national development of research into the area of recidivism, and the ever changing and improving developments in information technology, CSSD supports the generation of specific resources in order to assemble an in-house research unit. Such a unit would be made up of researchers and operational analysts. A key component of this unit's success is information technology, and additional programming resources in this area are also necessary to accomplish the stated goal.

Recommendation # 7. With the creation of a formal Research Unit, and enhanced informational technology resources, CSSD fully supports the notion of evaluation. This effort however, should not be limited to, or confined by, the elements mentioned above. Given the evolving research and developments in criminal justice field, it is recommended that we seek input and guidance from national criminal justice organizations in determining the factors and measurements to be studied.

Recommendation # 8. This recommendation is largely covered by item 4. The addition appears to include the sharing of this information with contractors. There is expected to be a report system built into the design, which would allow for any analysis of data on a contractor to be shared with CSSD staff and their contractors.

Recommendation # 9. Prior to the issuance of this report, CSSD had taken initial steps to review the data collected from the Alternative Incarceration Programs. The request for proposals (RFPs) are currently in the re-design phase for the upcoming fiscal year (06). With the implementation of the Quality Assurance Project for contracts, described more fully under recommendation 11, the ability to incorporate many of these suggestions now exists. A critical component to fully effectuating this level of analysis is directly linked to the creating an adequately resourced Research Unit/Process as mentioned earlier (recommendations 6&7).

Recommendation # 10. While it may appear that the contract award process is bifurcated from an external viewpoint, the division of duties and responsibilities are defined internally, and set the stage for a team approach. The Judicial Branch's Materials Management unit is responsible for the coordination of bid review and contract award process throughout the Branch. This has been consistent since the CSSD process was shifted to them in FY 01. The Grants and Contract Unit of CSSD is involved in the process at every step.

Additionally, the Grants and Contract Unit, in conjunction with the Materials Management Unit, has formed a working committee to assess, clarify and streamline the procedures required in order to purchase contracted services.

Recommendation # 11. In the fall of 2004, the Grants and Contracts Unit was charged with the responsibility to develop a Quality Assurance Monitoring system for all contracted services.

As a direct result, a new contract monitoring policy has been developed that outlines the specific procedures to be utilized in a Quality Assurance Monitoring process. These procedures specify staff assignments and responsibilities and incorporate a series of required actions that must be taken in order to ensure that every Judicial Branch/CSSD contract is monitored for Quality Assurance. The foundation for these procedures are the principles of effective intervention for programs delivering services to CSSD Clients as well as a clearly identified assessment process that links the client to the appropriate service. The first phase of this Quality Assurance Monitoring system that incorporates the shift in monitoring process and staff assignments is scheduled to begin on March 1, 2005 with full implementation scheduled for July 1, 2005. This shift will also incorporate the change from a monitoring system based on a monthly schedule to one based on a quarterly schedule with significantly more stakeholder inclusion and feedback.

In addition, as a second phase to this project, each contracted program will have a series of outcome measures identified that clearly focus on program results and the impact the program services did or did not have on subsequent client behavior. These outcome measures will be incorporated into the monthly reporting system and will be regularly shared with program staff, referral sources, CSSD staff and other stakeholders to provide a system of feedback and adjustment as necessary.

The Grants and Contracts Unit has also redesigned the general contractor database in order to provide an increased capacity for data analysis and the ability to provide comprehensive reports on the status of contracted services. As a function of this effort, a contractor report card has been developed that provides a concise record of contractor performance during a fiscal year. The database for one of our largest evidence based programs, MST, has also undergone significant enhancements in order to provide CSSD with more extensive outcome data that can be incorporated into custom reports on demand.

Recommendation # 12. CSSD supports the concept of receiving technical assistance and consultation from national criminal justice researchers and practitioners in the development of a strategic plan. This recommendation does have a fiscal impact though, and given the appropriation and contract award process, the projected timeframes may need to be adjusted.

Recommendation # 13. Any discussion of the Judicial Branch's involvement in the pursuit of bond funds for facility repairs and improvements is more appropriately referred to OPM. The issue of bond funds transcends any single state agency or branch, since there would be concerns about funding overlap without some central coordination concerning the distribution and use of such monies.

Recommendation # 14. CSSD supports COLA awards for continuation contracts. There is potential conflict however, for new bids. Providing a COLA to a new provider, if that provider held the contract for those services prior to the bid, would essentially undermine the competitive bidding process. If a potential bidder knew in advance that they would be offered a COLA in addition to their bid if they were to be awarded the bid, they would be in a position to submit a proposal at a cost lower than that required to operate the program. This places them in a position to essentially underbid all potential bidders thereby circumventing the bid process. Also, all COLA dollars are added to the total dollars available for the bid for a specific service. In this way the COLA is in fact "distributed" to all new providers of the service.