

STATE OF CONNECTICUT

Results First

Adult Criminal and Juvenile
Justice Evidence-Based
Program Inventory

October 2014



INSTITUTE FOR MUNICIPAL AND
REGIONAL POLICY



Central Connecticut State University

**Connecticut Results First Adult Criminal and Juvenile Justice
Evidence-Based Program Inventory**

Prepared by

Ashley Provencher
Siena College

Mary Janicki
Institute for Municipal and Regional Policy

Stacey Morris
Siena College

October 2014

Connecticut Results First Adult Criminal and Juvenile Justice Evidence-Based Program Inventory

Since 2011, Connecticut has participated in the Pew-MacArthur Results First Initiative (Results First).¹ To date, Connecticut's work with Results First has focused on conducting a comprehensive cost-benefit analysis of the state's criminal justice programs. Results First employs a cutting-edge approach to evidence-based policymaking and an innovative cost-benefit model that helps policymakers make informed decisions about allocating limited resources by estimating the long-term costs and benefits of investments in public programs, allowing policymakers to compare options and invest in those that most effectively achieve intended outcomes with the best value for taxpayers. Connecticut is one of 16 states that are each customizing this approach to reflect their state's program offerings and population and cost data, and using its results to inform policy and budget decisions.

This document provides an inventory of Connecticut's evidence-based, state-funded adult criminal and juvenile justice programs that can be assessed using the Results First model, which subsequently requires estimates of program costs, criminal justice expenditures, and recidivism rates. Additional evidence-based programs may be identified in Connecticut as the model is expanded to assess other policy areas such as child welfare or primary and secondary education. Program level data was provided by staff at Court Support Services Division (CSSD), Department of Children and Families (DCF), Department of Correction (DOC) and Department of Mental Health and Addiction Services (DMHAS).

Overview of the Results First Model

Results First employs a sophisticated econometric model to analyze the costs and benefits of potential investments in public programs. The model, which was originally developed by the Washington State Institute for Public Policy (WSIPP), applies the best available national rigorous research on program effectiveness to predict the public safety and fiscal outcomes of each program category in Connecticut, based on our unique population characteristics and the costs to provide these programs in the state. For each potential investment, the model produces separate projections of benefits that would accrue to program participants, nonparticipants, and taxpayers. These are summed to estimate a total state bottom-line benefit. The model then calculates the cost of producing these outcomes and the return on investment that Connecticut would achieve if it chose to fund each program.

Data Collection

Beginning in 2012, Dr. Ashley Provencher and Christine Geer, as part of the Connecticut Results First team, matched programs included in the national research base (i.e., WSIPP's meta-analysis) with evidence-based programs offered by Connecticut agencies dealing with criminal justice issues: CSSD, DCF, DOC and DMHAS. They gathered information on these programs including the

¹ The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis approach that helps them invest in policies and programs that are proven to work. Results First has also received support from the Annie E. Casey Foundation.

intended client population, the nature of the program (its average duration and the annual number of available openings for participants (capacity), and the annual numbers of those eligible and those actually served along with their average age, as well as the average cost per program participant. These values are summarized by category and program in the attached table.

Limitations and Discussion

Program-level data was not routinely collected for every program in Connecticut. For these programs, cost and utilization estimates were derived in collaboration with program and agency staff in order to complete the table. In cases where data were insufficient to estimate a value, no value is reported (noted as “N/A” on the table). More detailed tracking of program participation and program expenditures is necessary to provide a more complete inventory in the future.

Data limitations also prevented us from verifying that all programs were delivered competently, particularly for those programs based on a formal, published model. Ideally, agency staff would routinely monitor and document program delivery to certify program fidelity. Anticipated effect sizes are based on programs that are delivered with fidelity.

Moreover, nearly all identified programs in Connecticut lacked a rigorous evaluation of effectiveness; in particular, they did not include an assessment of outcomes compared to a control or matched comparison group. As Results First staff expands the list of categories in the model, it will be important for Connecticut’s programs to provide staff with evaluations of effectiveness. This is particularly true for programs in which little or no research has been completed to assess effectiveness. If a program in Connecticut does not have a rigorous evaluation, the Results First staff relies on the effectiveness of programs as assessed in the literature.²

Next Steps

This program inventory identifies those evidence-based programs for adult and juvenile justice that are operating in Connecticut and which are included in the current version of the Results First model. However, state agencies may be, and likely are, offering additional evidence-based programs that currently are not included in the model. Over the next fiscal year, the Results First working group will collaborate with agency staff and utilize the Results First Clearinghouse Database to identify additional evidence-based programs for adult and juvenile offenders that are operating in Connecticut. Program cost and utilization statistics also will be collected for these additional programs. An updated program inventory that identifies all evidence-based adult criminal and juvenile justice programs operating in Connecticut will be released in the next year.

² See Ashley Provencher and Christine Geer. (August, 2012). “A guide to the meta-analytical process used in the Results First initiative.” *Institute for Municipal and Regional Policy*.

DESCRIPTION OF PROGRAM CATEGORIES

The Results First model identifies 23 categories of evidence-based programs for convicted adult offenders and 15 categories for convicted juvenile offenders. In Connecticut, programs are offered in 12 of these categories for adults and five categories for juveniles. We describe each of these categories for Connecticut below.^{3,4} Then, in the attached table, we identify the specific programs offered by category. Program cost and utilization data from 2011 and 2012 are also included in the table.

ADULT CRIMINAL JUSTICE

Cognitive Behavioral Therapy

Cognitive-behavioral therapy (CBT) emphasizes individual accountability and teaches offenders particular cognitive skills which will enable them to think and behave in a more pro-social manner. Programs delivered specifically as sex offender treatment are excluded. Treatment is commonly delivered via group meetings using audio-visual presentations, reasoning exercises, games, and group discussion techniques. The program's staff may consist of correctional officers, case workers, mental health counselors, or clinical psychology graduate students.

Program fidelity should be enforced through a rigorous training program designed for program staff and regular evaluation of staff performance. A scripted manual explicitly stating the content and objectives of each of its sessions may be used.

³ At the time that this program inventory was completed, there were four categories for convicted adult offenders and four categories for convicted juvenile offenders that are included in the Results First model but for which a program has not been identified in Connecticut: for adults, these categories are Cognitive Behavioral Therapy (CBT) for Sex Offenders in Prison, CBT for Sex Offenders in the Community, Drug Courts, and Supervision with Risk Need and Responsively Principles; for juveniles, these categories are Coordination of Services, Drug Court, Scared Straight, and Victim Offender Mediation. As of July 2014, seven categories for convicted adult offenders and six categories for convicted juvenile offenders were added to the Results First model. These categories for adult convicted offenders are case management for substance abusing offenders (swift and certain and not swift and certain), community-based and facility-based inpatient drug treatment, community-based and facility-based therapeutic communities, and therapeutic communities for offenders with co-occurring disorders. For convicted juvenile offenders, drug treatment, functional family parole, multisystemic therapy (MST) for substance abusing juvenile offenders, other chemical dependency treatment, sex offender treatment (non-MST), and therapeutic communities for chemically dependent juvenile offenders. In the near future, the Results First working group plans to work with agency staff to identify any evidence-based programs operating in Connecticut which might match these categories.

⁴ Additional categories may be added to the Results First model as studies are identified to estimate the effect of programs in this category. For more information on how studies are assessed, see Provencher and Geer. (August, 2012). The Connecticut Results First Research Team continues to expand its list of programs in Connecticut as new categories are added to the model and state agencies identify relevant evidence-based programs. As of now, a program can only be evaluated using the Results First model if a category exists. In the future, the Research Team hopes to add new categories to capture existing evidence-based programs in Connecticut.

Correctional Education in Prison

Correctional education programs typically consist of classes for offenders in Adult Basic Education (ABE), General Educational Development (GED) preparation, Special Education, English as a Second Language (ESL), and post-secondary education (college-level courses) for persons in prison.

Correctional Industries in Prison

Correctional industries are prison jobs where offenders earn a wage for their work. Industries can include private sector, non-profit, or institutional support jobs.

Domestic Violence Perpetrator Treatment Programs

Treatment programs for domestic violence offenders most frequently involve an educational component focusing on the historical oppression of women and emphasizing alternatives to violence. These programs may include a variety of treatment methods including group meetings to discuss perpetrator attitudes and values regarding women and violence toward women, group meetings with domestic partners and other couples, and individual counseling for perpetrators.

Drug Treatment in the Community

This broad grouping of programs includes outpatient and long-term residential programs in the community for offenders who are diagnosed as chemically dependent. These programs often are offered to offenders as a means to divert them from prosecution to a community-based outpatient treatment program. Drug programs may vary in eligibility, duration, objectives, and methods on the basis of the type and severity of the offender's drug use. Treatment may be delivered through some combination of random drug testing, educational seminars, and individual or group counseling.

Drug Treatment in Prison

This broad grouping of programs includes outpatient and long-term residential programs in the prison for offenders who are diagnosed as chemically dependent. These residential programs are often referred to as therapeutic communities. Treatment is often delivered in a structured, residential setting that may be operationally and physically separate from the prison system. Participants often are paroled and transferred to a community-based residential aftercare program for a period of time following completion of the institutionally-based program.

Electronic Monitoring

Electronic Monitoring programs rely on computer-based tracking devices to electronically monitor the location of an offender. Devices are either radio frequency or Global Positioning System (GPS) units. Offenders are generally required to remain at home except for approved activities such as work, school, or treatment.

Employment Training/Job Assistance in the Community

Employment and job training programs teach job preparedness and skills that are necessary for the workplace, such as effective job searches, applications, and resumes. Some programs may specifically address barriers to employment for convicted offenders.

Intensive Supervision

In this broad grouping of programs, intensive supervision probation/parole (ISP) emphasizes a higher degree of surveillance than traditional supervision in the community. Programs target parolees currently under supervision who have the highest probability of returning to prison. Supervision may include face-to-face contact, phone calls, monitoring or employment checks, drug

tests, curfews, house arrest, electronic monitoring, or halfway house placement. ISP could be delivered in lieu of incarceration, as a conditional release from incarceration in the form of parole, or as a probation sentence. ISP programs may also require participants to receive treatment from rehabilitative programs. Participants may be returned to prison for violating program rules.

Mental Health Courts

Mental health courts (MHC) divert offenders with mental health issues (e.g., schizophrenia, bipolar disorder, depression, etc.) from incarceration to community-based treatment. Participants may be referred to MHC by various individuals including judges, family, mental health professionals, and prison or probation staff. In general, program participants had been charged with a felony or misdemeanor and were diagnosed with a serious and pervasive mental illness. Defendants agree to follow a treatment plan and be monitored by the court with the expectation of a reduction in charge or sentencing. Time to graduation varies.

Vocational Education in Prison

Vocational education programs delivered in prison involve instruction for a specific trade, occupation, or vocation such as welding, auto repair, building maintenance, and graphic arts. The primary goal of vocational education is to help offenders develop marketable job skills upon release to the community. Certificates or college credit can be earned for some vocational programs.

Work Release

Work release programs are a form of partial confinement that enables certain offenders to serve all or a portion of their prison sentence in a residential facility while employed in the community. Inmates may work within the secure facility or within the community without constant supervision (e.g., work release). Participants typically are nearing the end of their sentence. During nonworking hours, prisoners return to prison facilities or community residential facilities.

JUVENILE JUSTICE

Aggression Replacement Training

Aggressive Replacement Training addresses impulsive, angry, or anti-social behavioral issues. Treatment is typically delivered through guided group discussion and repetitive learning techniques. Groups meet one to three times a week (depending on the program).

Program fidelity should be encouraged through a quality assurance process, training curriculum, and procedures manual.

Family Integrated Transitions (state institutionalized population)

Family Integrated Transitions (FIT) is designed for juvenile offenders with the co-occurring disorders of mental illness and chemical dependency who are entering the community after being detained. Youth receive intensive family- and community-based treatment targeted at the multiple determinants of serious antisocial behavior. The program strives to promote behavioral change in the youth's home environment, emphasizing the systemic strengths of family, peers, school, and neighborhoods to facilitate the change.

Functional Family Therapy

Functional Family Therapy (FFT) is a structured, family-based intervention program used to increase families' protective factors and reduce risk factors of future criminal offenses. Trained therapists work with the juveniles and their families and probation officers for up to three months though shorter treatment periods are possible.

Multisystemic Therapy

Multisystemic Therapy (MST) addresses serious antisocial behaviors, such as issues with peers or community factors, family relation issues, and deficits in the adolescent's cognitive processes (i.e., denial, distortions). For this reason, MST is commonly administered to juveniles convicted of serious offenses including sexual offenses and other violent crimes. Treatments often include therapy and disengagement from the individual's deviant peers to try to form more beneficial and healthful relationships. Participants typically meet once a week for six to twelve months.

Program fidelity is important to the program's effectiveness. Available studies have shown that intensive quality assurance protocol to support community MST sites proved vital to the most beneficial outcomes.

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is an intensive therapeutic foster care alternative to institutional placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. MTFC activities include skills training and therapy for youth as well as behavioral parent training and support for foster parents and biological parents.

Connecticut Results First: Evidence-Based Adult Justice Programs

Results First Program Category Program Name	Oversight Agency	Primary Participant Population	Avg. Duration (Days)	Annual Capacity	Total Eligible	# of Participants Served	Avg. Age of Participants	Avg. Cost per Program Participant
Cognitive Behavioral Therapy								
Alternative in the Community								
Reasoning and Rehabilitation	CSSD	Supervision	50	N/A	N/A	3,695	28	\$524
Treating Alcohol Dependence	CSSD	Supervision	50	N/A	N/A	2,962	28	\$562
Moving On	CSSD	Supervision	94	N/A	N/A	191	29	\$1,156
ESG	CSSD	Supervision	27	N/A	N/A	2,621	28	\$391
Cognitive Self-Change	CSSD	Supervision	119	N/A	N/A	19	26	\$612
Start NOW	DMHAS	Prison	112	N/A	N/A	N/A	32	\$516
Good Intentions/Bad Choices	DOC	Prison	30	N/A	N/A	24**	27	N/A
Tier 2	DOC	Prison	70	N/A	4,089	1,798**	32	\$6,202
Start NOW	DOC	Prison	133 to 266	464	N/A	393**	33	N/A
Correctional Education in Prison								
Unified School District #1								
Post-secondary	DOC	Prison	Varies	4,000	7,897	6,645	30	\$2,385
Non-GED/HSD	DOC	Prison	Varies	4,000	8,628	6,645	30	\$2,385
Correctional Industries in Prison								
Correctional Enterprises	DOC	Prison	365	360	All inmates	342	43	\$1,216
Domestic Violence Perpetrator Treatment Programs								
Evolve	CSSD	Supervision	118	800	N/A	380	33	\$1,888
Explore	CSSD	Supervision	134	1,900	N/A	809	33	\$1,171
Understanding Domestic Violence	DOC	Supervision	105	N/A	N/A	1,276**	35	\$2,064
Intimate Partner Violence	DOC	Supervision	60	N/A	N/A	N/A	N/A	N/A
Drug Treatment in the Community								
Adult Behavioral Health Services								
Relapse Prevention	CSSD	Supervision	72	N/A	N/A	1,840	35	\$2,091
Substance Abuse Group	CSSD	Supervision	73	N/A	N/A	4,008	32	\$2,055
Intensive Outpatient Treatment	CSSD	Supervision	48	N/A	N/A	3,375	33	\$5,815
DUI Home Confinement Program	DOC	Prison & Supervision	N/A	N/A	N/A	338**	N/A	\$17,986
Drug Treatment in Prison								
Tier Four	DOC	Prison	182 to 365	N/A	1,286	656**	32	\$17,000

Connecticut Results First: Evidence-Based Adult Justice Programs

Results First Program Category Program Name	Oversight Agency	Primary Participant Population	Avg. Duration (Days)	Annual Capacity	Total Eligible	# of Participants Served	Avg. Age of Participants	Avg. Cost per Program Participant
Electronic Monitoring								
Electronic Monitoring	CSSD	Supervision	365	N/A	General Population	33,000**	28	\$826
Electronic Monitoring	DOC	Supervision	N/A	N/A		N/A	N/A	N/A
Employment Training/Job Assistance in the Community								
Re-Entry Program	DOC	Prison & Supervision	N/A	N/A	3,043	2,661**	34	\$1,835*
Prospective Apprenticeship	DOC	Prison & Supervision	N/A	N/A	N/A	143**	N/A	N/A
Alternative in the Community – Employment Services Group	CSSD	Supervision	27	N/A	N/A	2,621**	28	\$391*
Intensive Supervision: Surveillance								
Intensive Supervision	DOC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health Courts								
Jail Diversion Program	DMHAS	Prison	93	N/A	N/A	N/A	36	\$1,151**
Vocational Education in Prison								
Unified School District #1								
Post-secondary	DOC	Prison	Varies	4,000	7,897	6,645	30	\$2,385
Non-GED/HSD	DOC	Prison	Varies	4,000	8,628	6,645	30	\$2,385
Work Release								
Work Release/Halfway House Program	DOC	Prison	147	757	N/A	N/A	28	\$20,452

Note: Cost data reported for FY2011 unless otherwise noted: * indicates data from FY2010 and ** indicates data from FY2012. Some data were not available (N/A).

Connecticut Results First: Evidence-Based Juvenile Justice Programs

Results First Program Category Program Name	Oversight Agency	Primary Participant Population	Avg. Duration (Days)	Annual Capacity	Total Eligible	# of Participants Served	Avg. Age of Participants	Avg. Cost per Program Participant
Aggression Replacement Training								
Youth Equipped for Success	CSSD	Committed	80 days	N/A	1,128	40	15	\$2,858
Aggression Replacement Training	DCF	Committed	70 days	N/A	150	20	16	\$6,779**
Family Integrated Transitions								
Multi-Systemic Therapy – Family Integrated Transitions	DCF	Committed	182 days	60	N/A	52	16	\$13,654**
Functional Family Therapy								
Youth Equipped for Success	CSSD	Probation	115 days	N/A	N/A	97	14	\$4,740
Functional Family Therapy	DCF	Committed	90 days	533	N/A	528	15	\$3,483
Multisystemic Therapy								
Multisystemic Therapy	CSSD	Probation	120 days	235	N/A	623	15	\$8,240
Multisystemic Therapy	DCF	Probation	120 days	212	N/A	215	15	\$9,652
Multidimensional Treatment Foster Care								
Multidimensional Treatment Foster Care	DCF/CSSD	Committed	182 to 300 days	20	N/A	29	16	\$88,485

Note: Cost data reported for FY 2011 unless otherwise noted: ** indicates data from FY 2012. Some data were not available (N/A).