CONNECTICUT DEPARTMENT OF CORRECTION

Domestic Violence Evaluation

Submitted to Commissioner James E. Dzurenda

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TABLE OF CONTENTS

PART 1. EVALUATING THE DEPARTMENT OF CORRECTION DOMESTIC VIOLENCE PROGRAM

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Background

The seeds of this evaluation were sown several years ago when a Results First effort was established, co-chaired by Representative Toni Walker and Undersecretary of OPM Mike Lawlor.

It is best to briefly review the history of Results First.[1] The Pew Center on the States (Pew) and the MacArthur Foundation (MacArthur) saw great promise in a research model developed by the State of Washington (Washington). This entailed the utilization of research to identify, "evidence-based policies that provide the best return on taxpayers' investment."[2] Washington paid particular attention to criminal justice. Impressed with reports that Washington reduced arrests and incarceration, all the while saving a good deal of money, Pew, MacArthur, and with additional support from the Annie E. Casey Foundation, set out to assist states to replicate this approach, calling this effort, "Results First."

The Washington model includes the following steps:

1. Analyze all available research to identify what works.
2. Predict impacts of policy options, (such as increasing the use of a particular program).
3. Calculate return on investment and assess investment risk.
4. Rank programs based on costs, benefits, and risks.
5. Identify ineffective programs to be eliminated.

Included in this approach was a description of "Monetary Benefits and Costs of Evidence-Based Public Policies."[3] A meta-analytic approach was used to calculate these results. This resulted in 18 different types of adult criminal justice programs being evaluated. Results suggested that, "Domestic Violence Perpetrator Treatment Programs" have a greater overall cost versus benefit. Thus, this analysis would lead one to believe that agencies need to explain why such a program should **not** be eliminated. This, in a nutshell, is the foundation for the current directive, codified into law, described next.

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[1] Much of the information was based on the January 2012 Issue Brief, *Better Results, Fewer Costs,* produced by The Pew Center on the States and the MacArthur Foundation.
[2] Ibid., p.1.
[3] Aos, S.,Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., Anderson, L., Mayfield, J., & Burley, M. (2011). *Return on Investment: Evidence-based options to improve statewide outcomes to improve statewide outcomes* (Document No. 11-07-1201). Olympia: Washington State Institute for Public Policy.

Public Act 13-247 Sec. 54.
The directive for the Department of Correction to conduct an assessment came directly from this Public Act:

Sec. 54. (*Effective from passage*) (a) Not later than May 31, 2014, the Commissioner of Correction shall assess the effectiveness of each program maintained by the Department of Correction specifically for persons convicted of a family violence crime, as defined in section 46b-38a of the general statutes, who are committed to the custody of the Commissioner of Correction. Such assessment shall consider findings from the Pew-MacArthur Results First Initiative's cost-benefit analysis model with respect to such programs. After conducting such assessment, the Commissioner of Correction shall determine whether any program changes may be implemented to improve the cost-effectiveness of such programs.

(b) Not later than June 30, 2014, the Commissioner of Correction shall submit a report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the judiciary that (1) describes such assessment, (2) identifies any program changes implemented by the Department of Correction as a result of such assessment, and (3) makes any recommendations that the Commissioner of Correction deems appropriate concerning statutory or program changes that may improve the cost-effectiveness of such programs.

Given this charge, the next section will describe a history of the domestic violence program for men. The vast amount of efforts related to family violence involves men assaulting women. Therefore, this analysis is limited to DOC approaches in dealing with men who have assaulted women.

Origin of the DOC Program

The first batterer intervention program in the DOC was initiated in Cybulski Correctional Institution in 1994. Counselor Supervisor Joan Ellis initiated this program with the support of Warden Sandra Sawicki. The program that was started can best be described at that time as a "best practices" model. Since this term has been bandied about a great deal, let us operationally define it in this document as meaning the following. *In the absence of solid research, practitioners rely on what recognized experts say is a good program.* This is a reasonable approach because often experts have a good understanding of "what works" before there is a body of published research that they can rely on. However, sometimes they are wrong. As an example, for a long period of time a best practice in medicine was bloodletting. While it may have been, by our definition, **best practice,** it was certainly not **good practice.**

In the early 1990s I and others in the DOC attended a several-day training program at Emerge, a batterer intervention program in Boston, considered one of the premier programs in the country, i.e., "best practice." Right from the start I had several problems with the training. How we at the DOC dealt with these concerns is important to describe.

‚Based on a good deal of clinical experience, I knew that there were individuals with serious control problems and anger management problems. Not hearing anything in the training about this, I asked. I remember distinctly the reaction of David Adams (founder of Emerge) and others. They said that battering is not about having an anger problem. Rather, it's all about "power and control." They explained that men will often blame their behavior on things like having a temper, but these rationales all serve the purpose of deflecting others from seeing the truth, namely that they are interested in having power and control over women. By now there is a great deal of evidence to support my position.[4]

I was also very aware from my experience that some individuals, when they are drunk, can be very violent. Emerge did not in the training I attended deal with this. I asked about this as I had asked about anger. Once again the answer was the same. It's all about power and control. By now we can reasonably conclude that "heavy drinking is a contributing cause of violence."[5]

Building on the initial program at Cybulski I and others created a standardized program for facilities. Although the initial program that developed was partially based on what has become known as the Duluth model, I began examining the emerging research with the purpose of finding evidence that batterer intervention problems actually worked. The findings were not promising. As a general statement, there was little evidence that these programs had an **impact.**

P.A. 13-347 Sec. 54 directs the DOC to identify any changes that the current assessment would suggest. It is important to recognize, as I noted above, that for a number of years the DOC was cognizant that the typical approach to batterer intervention programs did not have an impact. It was for that reason that early on the DOC program diverged considerably from what was typically offered by batterer interventions programs, adding in components that had research support. It should be noted that the DOC was not alone in recognizing that change needed to occur.

> "[M]odern batterer groups tend to mix different theoretical approaches to treatment, combining feminist theory of power and control as well as specific interventions that deal with anger control, stress management and improved communication skill.[6]

In addition, our program is designed to change the behavior of the highest risk DV perpetrators, that is, the ones whose behavior was so serious that it resulted in a term of incarceration. We know that the vast majority of our offenders have multiple problems. In general, they are willing to "cross a line" that most individuals in the population are not willing to cross.

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[4] Dutton D.G. & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, 7, 457-483.

[5] Leonard, K.E. (2005). Editorial: Alcohol and intimate partner violence: when can we say that heavy drinking is a contributing cause of violence? *Addiction*, 100, p. 423.

[6] Babcock, J.C. Green, C.E., & Robie, C. (2004). Does batterers' treatment work?: A meta-analytic review of domestic violence treatment outcome research. *Clinical Psychology Review*, 23, p.1045, quoted by Dutton & Corvo, op. cit., p. 462.

What line they do cross is, in most cases, partially determined by circumstances and opportunity. Thus, we often see, over a period of years, that these offenders commit a variety of crimes. This arrest may be for DV, the previous arrest may have been theft, etc. Thus, especially for our population, we felt confident that there were a number of underlying problems that had to be addressed, and we couldn't simply address issues related to power and control, even though this is undoubtedly an issue for some of our offenders.

You will note above the use of the word "impact." It is important to differentiate "outcome" from "impact." Let us consider the following. If we study recidivism among inmates who are released at the end of their sentence and compare this rate of recidivism with a group of inmates who are given some time of discretionary release we may find that the recidivism rates are lower in the group who are given a discretionary release. Using evaluation language, their **outcomes** would be different.

Impact analysis goes one more step beyond an outcome analysis. Impact analysis seeks to determine not just that there was a differential outcome, but that the intervention **caused** that difference. It is conceivable that something other than experiencing a discretionary release accounted for the better outcome as described above. One possible reason is that lower risk individuals were more often given a discretionary release than higher risk individuals.

In the process of repeatedly modifying the curriculum we took steps to determine if changes were occurring. We did this by an (unpublished) "proximal outcome evaluation."

The theoretical mechanism of change in the facility program includes our trying to change some ideas that batterers may have that might contribute to their propensity to commit acts of intimate partner violence. There was some evidence that such changes were taking place as can be seen in this before-the-group and after-the- group analysis. The following are some examples:

Abusing is a choice (strongly agree): before: 37.6%; after: 55.8%.
Partner makes me abusive (agree+strongly agree): before: 28.8%; after: 22.1%.
Partner makes me abusive (strongly disagree): before: 29.5%; after: 40.5%.
Problems make me abusive (strongly disagree): before: 33.1%; after: 45.1%.
Being abusive is my choice (strongly agree): before: 36.9%; after: 48.5%.

Measuring such proximal outcomes is a sound approach in evaluation. If we simply examined recidivism rates and demonstrated that such rates were lower than would have occurred without the program, it leaves uncertain what may have caused this reduction. A good example of this occurred in the MDRC evaluation of the CEO employment program.[7] This research has been touted as demonstrating how assisting individuals to get employed could reduce recidivism. A closer examination, however, raises serious questions about what actually occurred.

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[7] Redcross, Cindy, Megan Millenky, Timothy Rudd, and Valerie Levshin (2012). More Than a Job: Final Results from the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program, OPRE Report 2011-18. Washington, D.C.: Office of Planning Research , and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Although the logic of the program was that increased rates of employment would lead to reduced recidivism, and recidivism for misdemeanor arrests was indeed substantially and statistically significantly lowered, the program **did not generate higher rates of employment in** comparison to a matched group. While there is some speculation about what led to the reduction in misdemeanor arrests, it is just that, speculation.

Likewise, only demonstrating change in proximal outcomes doesn't say anything about intermediate or more distal outcomes. For that reason, the DOC was pleased to use this opportunity to conduct the evaluation described below.

Evaluation Design

An ideal way to assess whether participation in the comprehensive DV program (facility-based group treatment followed by community-base group treatment with parole supervision, including electronic monitoring) would have been to randomly assign individuals who had committed acts of domestic violence to this comprehensive domestic violence program or an alternative. However, since participation in this program would allow offenders an opportunity to have a discretionary release and because we believed it would reduce the probability of committing further acts of domestic violence, we were not comfortable, ethically or politically, to not give everyone the opportunity. It is important to remember that there were serious concerns about allowing these individuals to have a discretionary release. In order to take this step it was necessary to do anything that would plausibly help them stay out of trouble. In addition, we spent a good deal of time talking to victim advocates and DV prosecutors, and we assured them that we would make every effort to minimize risks associated with discretionary release.

Research Collaborators

We contracted with the University of Connecticut's School of Social Work to conduct a quantitative analysis related to time spent in prison and rates of recidivism. Their work was conducted by Melissa Ives, M.S.W. under the direction of Dr. Frank Baker (Research Professor at the University of Connecticut's School of Social Work and Director of Research at the State of Connecticut Department of Mental Health and Addiction Services).

As noted above, the Results-First methodology monetizes return on investment. Dr. Ashley Provencher, formerly of Eastern Connecticut State University and now with Siena College, has been involved in Connecticut's Results-First project from the very beginning and has expertise in the type of econometric analysis that this project requires. Fortunately she was willing and able to join our team.

In addition to our contracted partners we also relied to a great degree on others. We would like to extend our appreciation to the Judicial Branch's Court Support Division, particularly Bryan Sperry, who provided us with not only data we needed but also helped our partners, who did not have nearly as much experience with Criminal Justice data as he. We thank Ivan Kuzyk, of the Criminal Justice Policy and Planning Division of the Office of Policy and Management, who has for a number of years been producing data analysis that has been extremely helpful to all Connecticut both agencies involved in criminal justice and agencies involved in assisting victims and reducing victimization. He was kind enough, on a number of occasions, to give some

assistance to both me and our partners. We are grateful to Director Robert Cosgrove of the DOC Management Information System who made a number of staff available at a time during which they were simultaneously engaged in other critical and time-consuming projects. Mary Lansing, Nancy Dittes and Pradeep Ankaraju provided critical assistance.

It was I who described to our partners my initial proposal plan for the evaluation. Looking back, this initial evaluation plan calls into mind Robert Burns' admonition that the best laid plans of mice and men often go awry. Sometime after 2002 the DOC made a policy decision to allow for the discretionary release of offenders whose instant offense involved intimate partner violence.

Based on discussions with a number of staff, this writer made the decision to examine arrest cohorts from the years 2002 and 2006. The year 2002 was selected because it was thought that no offenders with an instant offense were being given a discretionary release. Not until the analysis of data began did we realize that this assumption was not true. This was not the only surprise that we encountered, making this a very challenging evaluation. One of the biggest challenges had to do with data limitations.

All of these issues will be reviewed. In Part 2, the assignment for the University of Connecticut team was to provide relevant descriptive analysis and outcome analysis. As you will see, a change was necessary, namely to include a discussion about "evaluability." Dr. Baker provides a good and succinct explanation of evaluability, and the reader is encouraged to read this carefully, especially since it plays an important role in this report's recommendations.

In Part 3, Dr. Provencher's assignment was to collect and analyze data that would allow us to monetize findings reported in Part 2. As did the University of Connecticut team did in Part 2, Dr. Provencher describes data issues which limited her ability to conduct the kind of econometric analysis that she and the rest of the research team envisioned.

In Part 4, the writer summarizes the findings and recommendations. Although I wrote Part 1 and Part 4 of this report, I had many discussions with the entire team about what should be recommended. They did not have an opportunity to review Part 4 due to time constraints, and I take complete responsibility for its content, errors, and omissions.

Patrick Hynes, Ph.D.
June 25, 2014

PART 2. EVALUABILITY, DESCRIPTIVE ANALYSIS, AND OUTCOME ANALYSIS

The primary responsibility that the University of Connecticut team had in this evaluation was to conduct a descriptive and outcome analysis. In order to conduct an outcome analysis, certain elements have to be in place. Early on we realized that some of these elements were not in fact in place. It is appropriate at this junction to discuss "evaluability analysis," the process by which a determination is made whether such analyses can in fact take place.

Evaluability assessment (EA) is a systematic process that helps identify whether program evaluation is justified, feasible and likely to provide useful information.[8] EA is concerned with determining whether a program has a basic foundation for an evaluation to take place. It is a first step toward any type of evaluation whether it is an internal assessment of program performance or a large process or outcome evaluation.

This initial assessment of the domestic violence program of the Connecticut Department of Correction asked a number of questions:

1) Was reasonably complete and reliable data available for a period before the current domestic violence (DV) program and for a period after the implementation of the current program?

Two years were selected to identify whether DOC data provided a basis for comparing a year of admissions before policy changed and the following question was asked based on the data that was obtained:

2) Did males incarcerated for a DV offense in 2002 differ with regard to recidivism compared to those who were imprisoned in 2006 after the current program was instituted of taking a DV course while in prison and taking another DV course in the community after release while wearing an electronic monitor.

Sample

Data for this analysis came from an initial list provided by CSSD of offenders who had been convicted of a DV offense within one of the cohort years (2002 N=1776) and 2006 (N=2489) and who also had received at least one day of jail time. This information included all occurrences of such an arrest within the year and a number of individuals were arrested multiple

[8] Juvenile Justice Evaluation (2003). Evaluability Assessment: Examining the Readiness of a Program for Evaluation. Washington, DC: Justice Research and Statistics Association.

times within the year. A total of 229 individuals (13%) received 308 arrests in 2002 and 354 (14%) received a total of 467 arrests in 2006. In these cases, the first arrest date was used.

CSSD also provided a dataset of the arrest history by individual charge of each individual identified in the original list. The Connecticut Department of Correction (DOC) provided demographic data, release date most closely following the verdict from the arrest data, and the movements of individuals into, out of and between DOC facilities. DOC also provided most recent scores prior to that release date for: mental health, alcohol/drug medical, educational, violence history, and overall risk. Most inmates (98%) had scores that were determined within the year prior to the release date.

Since DV convictions alone generally result in a maximum sentence of 2 years, and to avoid an overlap between the 2002 follow-up and the 2006 index cohort year, records were subset to only individuals released within the 3-year window following the index cohort year. Records where the match between arrest and incarceration data was not possible were also excluded at this time. Result: 1669 (94% in 2002) and 2367 (95% in 2006) records.

Since it is possible that a person was arrested and bonded out, and later came back to serve the related sentence, we included only those release dates associated with a movement code of End of Sentence (EOS), Transitional Supervision (TS), Community Supervision (CS) (halfway house), or Parole (P). Releases other than EOS were considered 'Discretionary Releases'. Outliers with apparent data errors (e.g. several incarcerations from the community with no release, index admission in the 1990, and no release during which the arrest occurred) were excluded at this time. As table 1 below shows, this accounted for 1072 (61%) of records) in 2002 and 1274 (51%) in 2006 records. It should be noted that 30 individuals who were part of the 2002 cohort were also part of the 2006 cohort and these individuals were included in the analysis.

Table 1: Index Release Type by Cohort year

	2002	**2006**	Total
EOS	783 (73%)	870 (68%)	1653 (70%)
TS	131 (12%)	224 (18%)	355 (15%)
CR	81 (8%)	122 (10%)	203 (8%)
Parole	77 (7%)	58 (5%)	135 (6%)
TOTAL	1072 (100%)	1274 (100%)	2346 (100%)

Methods

Movement data were matched with the Release Date identified by DOC to determine the movement details for the specific Index Release (i.e. the release that was associated with the

arrest for DV within the cohort year). The admissions associated with DV arrest were identified. All movements between the index admission and index release were counted as part of the index episode. Movements prior to the index admission were omitted from this analysis. Movements after the index release were counted as recidivism via re-incarceration. The first movement following the Index Release that represented a move from the community into a facility was identified as the first re-admission and the days between that date and the index release date were counted as the days to re-admission. For individuals who were not re-admitted, this value was calculated as the time between the index release and the date the data were pulled (March 21, 2014) and counted as censored data in the survival analysis.

The arrest record file was consolidated to select only the first arrest record within the 3 years post index release for each individual. The number of days from index release to either that first re-arrest date or the end of the data period (3/21/2014) was calculated and an indicator was set for whether that re-arrest was for a DV charge or not. These resulting values were added to the file containing demographics, scores, index episode data and days to first readmission. Data for demographics and risk scores for each individual were combined with their identified index episode admission, release, days incarcerated, and days to first readmission. That data was combined with each individual's indicator of any arrest 3-years post-index release, days to first re-arrest, whether the first re-arrest included a DV charge.

Using the final group of 2,346 individuals, the average age at release was 33.6 years; the average age of first incarceration was 23.3. Most were US citizens (98%), almost 40% were African America, 37% were Caucasian and 24% were Hispanic (other races comprised, <0.5%). Some of the demographic characteristics were self-reported including: 71% reported at least 1 dependent, 16% self-reported as married, 10% reported having medical insurance, 5% were veterans , and 87% identified a religion.

Results

There was no significant difference in the average length of stay in the index episode by cohort year. **This was a surprise since the DOC plan was to move more of these individuals out under discretionary release such as TS.**

Survival analyses were conducted to determine if the time to re-arrest, re-incarceration or any recidivism (either re-arrest or re-incarceration) differed by cohort year and or release type. Let us examine several of the findings.

- The rate of any recidivism within the 3 years post-release was the same for each cohort year (85% were either re-arrested or re-incarcerated).
- There was no difference in length of stay between the 2002 cohort and the 2006 cohort, a surprise as noted above.

- The re-incarceration rate in 2006 was 16%, a jump from the 10% rate in 2002.
- The re-incarceration jump cannot be explained by an increase in arrest rates from 2002 to 2006.
- Examining 2002 the median time to arrest for TS releases was 1 month later than EOS. In 2006 the difference increased to 3.5 months. When we compare the cohort change with the EOS group we find that the median time to arrest increased by 82 days. (p=.078).

Table 2: Recidivism, Re-Arrest, & Re-Incarceration

				Cohort Year					
	Recidivism	**Sub—group**		**2002**	**2006**	**Sig b/w years**	**Sig b/w EOS and TS**	**2002**	**2006**
	Median Days to:							N	N
	Any recidivism			177.9	126.3	***		1072	1274
	Re-arrest			367.8	405.0			1072	1274
	Re-incarceration			270.0	165.8	***		1072	1274
		Release Type							
	Any recidivism	EOS		268.3	168.8	***	***	783	870
		TS		64.5	85.7	***	***	131	224
		CR		121.4	122.7			81	122
		Par		128.8	126.7			77	58
	Re-arrest	EOS		344.1	351.3			783	870
		TS		375.0	457.5	(.078)		131	224
		CR/Par	ns					783	870
	Re-incarceration	EOS		517.5	321.7	***	***		
		TS		66.4	87.6	***	***	131	224
		CR/Par	ns						

To explore further, we focused on the 1274 individuals in the 2006 cohort and compared their time to re-arrest by whether they were rearrested with a DV charge or not. There was no

difference in time to any recidivism or re-incarceration between those rearrested on a DV charge and those arrested on other charges. Staying with the 2006 cohort, it is striking that median time to arrest was 196 days (6.5 months) later among the TS releases than the EOS releases.

On the other hand, when we examine re-incarceration rates we have a different picture, with time to re-incarceration occurring 161 days (5.4 months) sooner with the TS group. While there are challenges associated with explaining what is driving this difference, the later time to arrest may suggest a program effect, but re-incarceration entails another issue.

When we examine overall returns, we are probably seeing an effect of remands among the TS group, whereas the EOS are not at risk of being remanded. As evidence of this, in the 2006 cohort, there were 149 individuals re-incarcerated for any reason among the TS group. Of the 149, 93 (62%) were brought back on a technical violation, not a new arrest. This is a higher rate than in the in the 2002 cohort, with 45 of the 96 TS releases back on a technical violation (47%).

Table 3: Median Days to Re-arrest on a DV Charge

EOS and TS Releases	
Release Type	**2006**
EOS	199 days
TS	395 days
Difference	**196 days**

Next we obtained the completion status for each of the three program components. See Table 4. Of the 224 TS releases, 111 (50%) had completed the facility based DV program. Of these, 42 (38%) had also completed the electronic monitoring program and the community-based DV program and 62% had completed the facility based program alone or with only one of the other parts of the full program.

Table 4: DV level of completion for TS releases

		% of TS releases	% of DV complete
Facility DV completed only	50	22%	45%
Facility DV + Electronic Monitoring	16	7.1%	14.4%
Facility DV + Community DV	3	1.3%	2.7%
FDV or CDV program	**69**	**23.5%**	**62.2%**
Full Program: All 3	**42**	**18.8%**	**37.8%**
None	113	50%	
Total	224	100%	

By a process of sampling cases and checking the paper records, it was determined that the 2006 cohort had more accurate and complete records of the DV program completion status. Thus, we continued analyzing just the 2006 data.

As can be seen in Table 5 those who completed all 3 prescribed parts of the DV program for Transitional Release took longer to recidivate than either those who had completed the facility program alone or in combination with one other part, or those who had completed no parts of the program.

Table 5: Completion of Parts of DV Program for TS Release and Days to Recidivate

DV level complete	None completed (113)	FDV or CDV (69)	All 3 (42)	
Any Recidivism	75.6	80.3	125.0	***
Re-arrest within 3 years	375.0	337.5	502.5	(.085)
Re-incarceration	78.3	81.6	132.0	***

The graphs that follow graphically showing the results of the survival analysis clearly demonstrate that those who completed the facility DV course, the community DV course, and wore the electronic monitor had better recidivism outcomes.

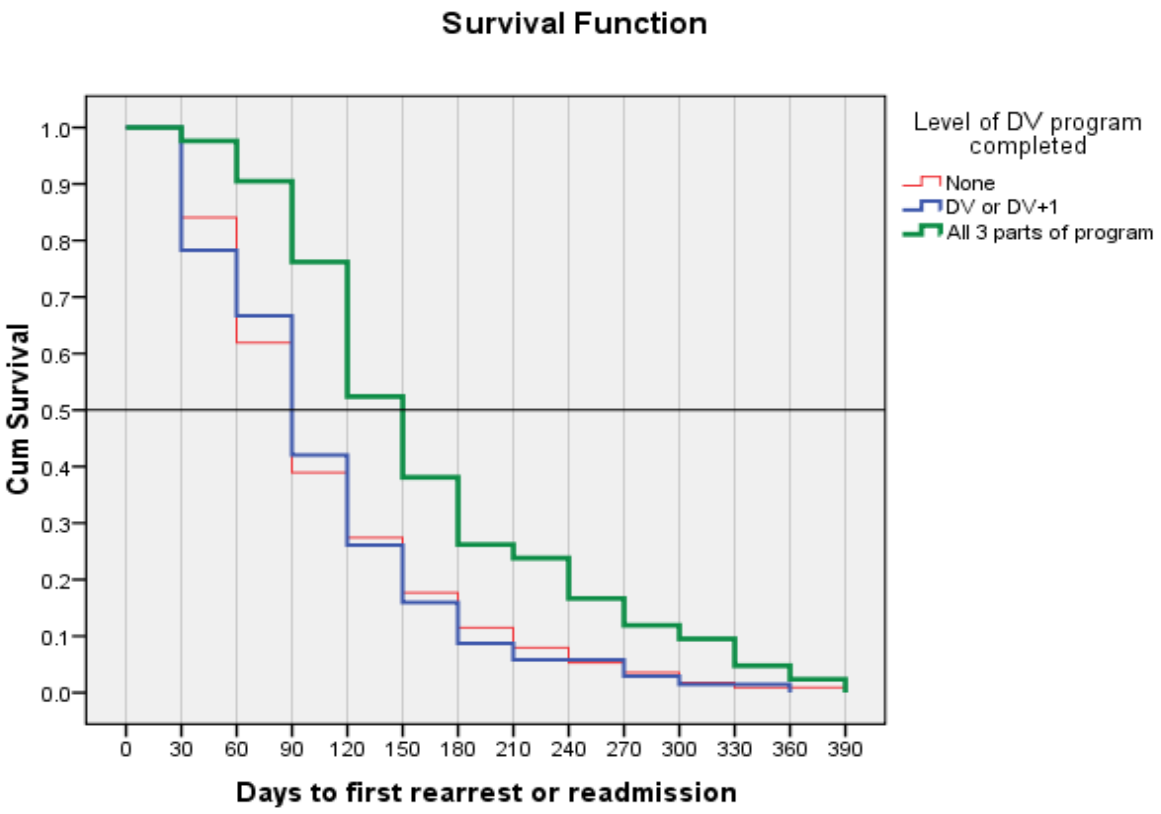


Figure 1

Re-Arrest within 3 year

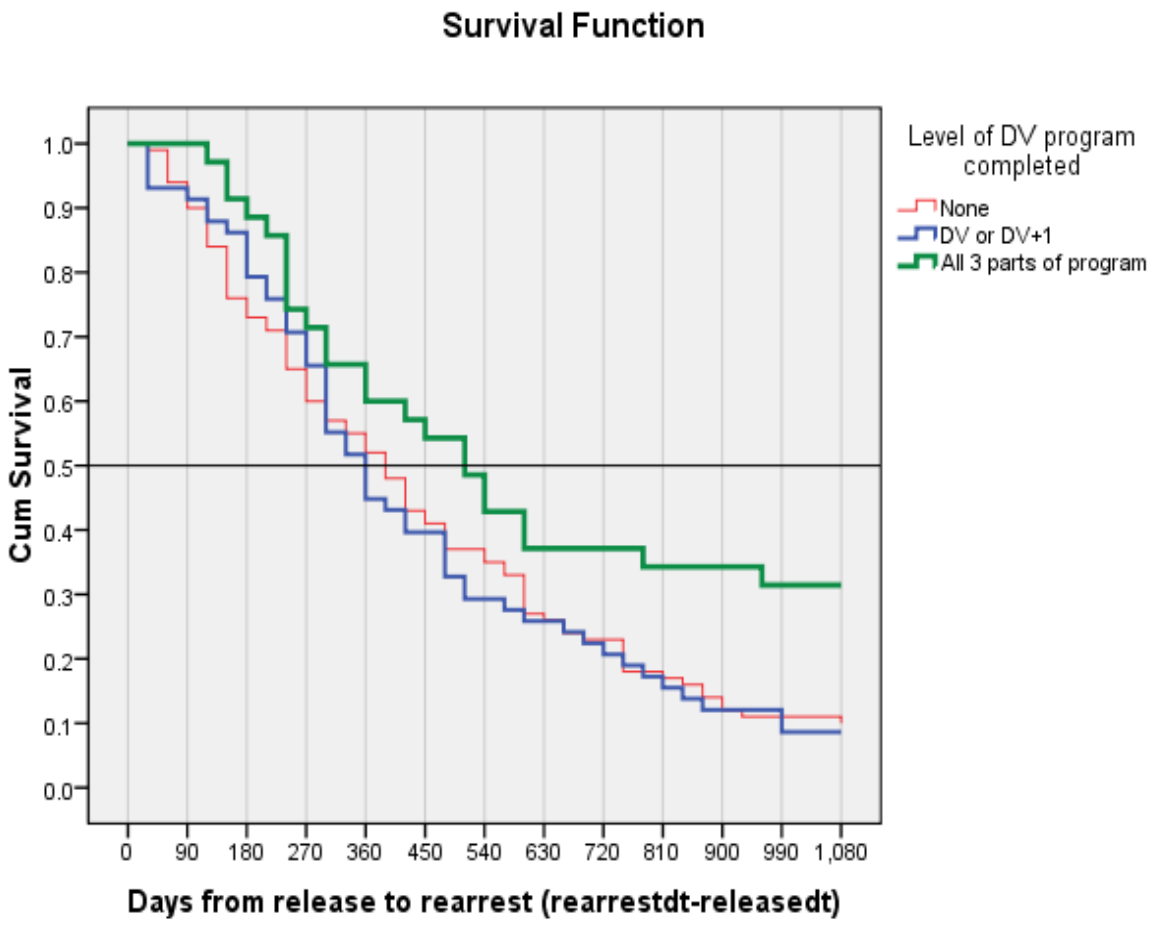


Figure 2

Re-Incarceration

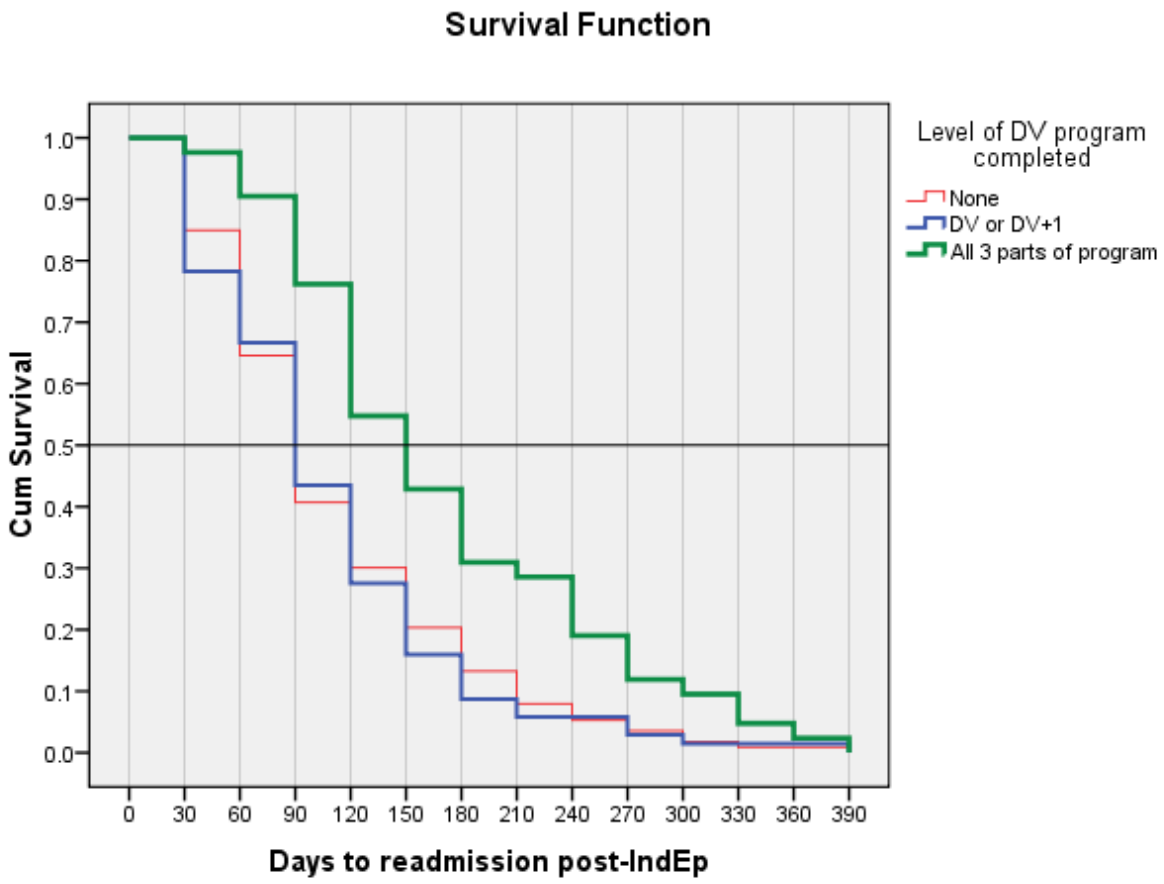


Figure 3

Discussion and Conclusions

This evaluability assessment posed two major questions: the first question was most basic and dealt with whether data were available that were sufficiently complete and reliable that would allow examination of the DOC domestic violence program. The data from DOC was not readily accessible and when validity was checked by comparing computerized data against paper records, errors were identified. An inmate's eligibility to participate in a community release program such as transitional supervision depends on a complicated set of factors including length of sentence, nature of convictions in addition to DV, institutional conduct, percentage of time served, changing policy related to issues of overcrowding and a number of other issues which are difficult to track. The adequacy of record keeping with regard to program planning and evaluation is less than what would facilitate making informed evidence-based decisions regarding offering services that produce desired outcomes for targeted populations such as offenders with domestic violence issues.

The second question dealt with whether the data that was brought together from DOC and CSSD could provide a basis for comparing a cohort of DV offenders who were incarcerated in a year before and a year after DOC implemented its 3-part criteria release under transitional supervision: 1) taking a course in-house before being released from prison, and 2) post-release taking a DV course in the community, and 3) wearing an electronic monitor. The available data showed that half of those with TS release had met none of the three criteria. Even with the concerns identified above with regard to the adequacy of record keeping, the level of completion of the 3 criteria at less than 20% for those with transitional supervision in the 2006 cohort is clearly not consistent with the policy that was perceived as having been established.

The survival analysis presented above showed those who completed all 3 parts of the DV program had a better outcome with regard to recidivism which provides some support to the value of the original policy and encourages further effort to improve the implementation of this program. More needs to be done to increase offender motivation to participate in the in-house DV program as well as in the community program. Also, the participation of offenders in other programs such as anger management should be encouraged and examined in relation to outcomes. Other program elements such as motivational interviewing should be considered for addition to the programs offered by DOC since motivation is clearly identified as a key factor to changing behavior that is at a low level as indicated in low offender participation in the present DV program.

PART 3. ESTIMATING PROGRAM COSTS

The Results First model considers both a program's benefits and costs in order to estimate a program's return on investment. Benefits are measured by evaluating the recidivism rates of program participants (following completion of the program). As outlined in the previous section of this report, additional data collection is required to assess the impact of UDV on the recidivism rates of program participants. Costs are estimated using the marginal cost to deliver a program to an offender. In this section, we assess the cost to deliver UDV during the sampling frame, 2002 to 2009. Multiple metrics of program costs are discussed as data were limited for the utilization of UDV during the sampling frame.

Note: cost estimates presented in this section were calculated based on fiscal year expenditures, not calendar years.

Cost Estimates

In 2002, UDV operated primarily as a facility-based program. Some locations offered programs in the community for participants who had completed the facility-based program and were transitioning into the community. However, community-based programs were not offered state-wide and were not formally part of UDV until 2005. Program participants who successfully completed the facility-based program were eligible for early release from the facility and expected to attend a program in the community. (We were unable to verify that those who were granted early release actually participated in the community-based program due to incomplete electronic records.) Transitional supervision included radio frequency (RF) monitoring, drug testing, and meetings with a community supervisor (e.g., parole officer).

This change in program structure altered the cost to deliver the program. While facility based program costs remained constant, transitional supervision aimed to reduce the cost of incarceration for program participants. However these cost-savings were reduced by expenditures to deliver community-based programming, to supervise participants on parole, and, in some instances, to house program participants.

Facility-Based Program

We use the bottom-up method to estimate the cost of leading a group for each cohort. This method relies on estimates of variable costs, those costs that change as additional groups are offered, to assess the marginal cost of offering one more group of UDV.[9] We assume that a counselor's labor cost is the only variable cost for a group as the number of counselors is directly dependent on the number of program participants.

Data limitations prevented us from completing a comprehensive cost analysis. For instance, our analysis excludes material costs because invoices detailing such material and training expenses and the number of groups offered during the sampling frame could not be provided. Materials such as notebooks and videos are routinely used during the program. However, invoices could not be supplied and the frequency of such purchases could not be confirmed. (The most recent purchase was in 2013, when approximately 50 videos were purchased at $22 each.) Likewise, on

[9] For a more detailed description of the bottom-up method, see Henrichson and Galgano (2013).

occasion, the Department of Correction contracts with an external firm to provide training for staff. David Mandel and Associates competed the most recent training during 2011-2013. We are unable to estimate the discounted value of these expenses per group during our sampling frame due to incomplete information regarding the number of groups offered since 2006.

Prior to a new group beginning, program staff often meets individually with participants to discuss their willingness to participate in the program and outline expectations for the program. Staff also reviews the police reports of each participant, particularly those reports for a domestic violence offense. Staff suggested that this preparation takes approximately six hours to complete.

Each session lasted 90-minutes and operated as a group meeting for 12 to 15 participants. Staff reported sessions frequently lasting closer to two hours for informal, individual meetings prior to or following the formal session. We could not confirm the average number of participants in each group for each cohort so we assume the minimum number of participants per group.

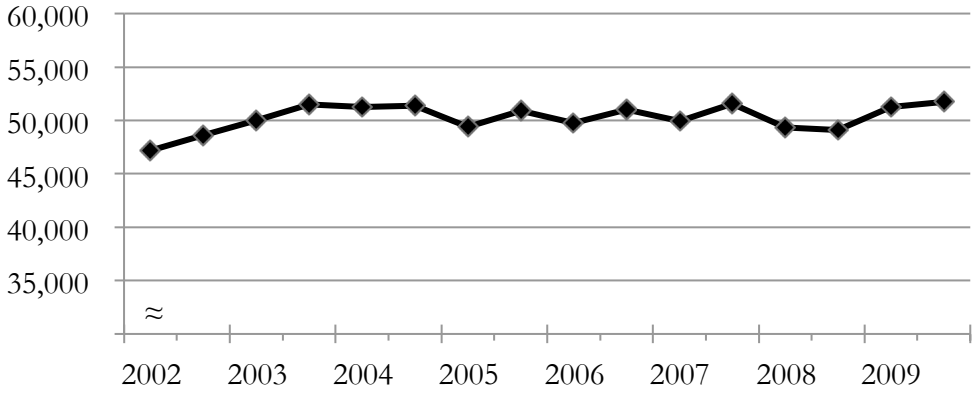
From 2002 to 2005, UDV included 10 sessions that were held at least once a week (some staff reported hosting two or three. In 2006, the program was expanded to include two more sessions. (The facility-based program has consisted of 15 sessions since 2012.) We assume that one counselor leads the group meeting, though two counselors may run a session on occasion. In addition to the formal group meetings, we assume that the counselor requires one hour to prepare for the meeting and to reflect on the previous week's meeting.

Following the final session of a group, staff again meet individually with participants and record the participant's completion in his master file (e.g., update the participant's file in the RT3M system). These end-of-group duties take approximately five hours to complete.

Thus, we estimate that a counselor spends 41 hours delivering one group to the 2002 cohort, and 47 hours to lead a group to the 2006 cohort.

Since counselors who could deliver the program may be paid different salaries (due to tenure or credentials), we reviewed the range of salaries paid to counselors for each fiscal year from 2002 to 2009. Chart 1 illustrates the average annual salary of counselors who could have delivered the facility-based UDV program over the sampling frame. Nominal annual dollar amounts were adjusted to 2002 dollars using the United States Implicit Price Deflator for Personal Consumption Expenditures from the U.S. Department of Commerce, Bureau of Economic Analysis.

Chart 1: Average annual salary of counselors who are eligible to lead a facility-based program, 2002 dollars: Fiscal years 2002 to 2009



The average annual salary paid to a counselor who could have led a group for UDV was $50,235 (2002 dollars) from 2002 to 2009. (The average salary paid to a counselor from 2002 to 2005 was not statistically different from the average salary paid from 2006 to 2009 ($p>0.10$).)

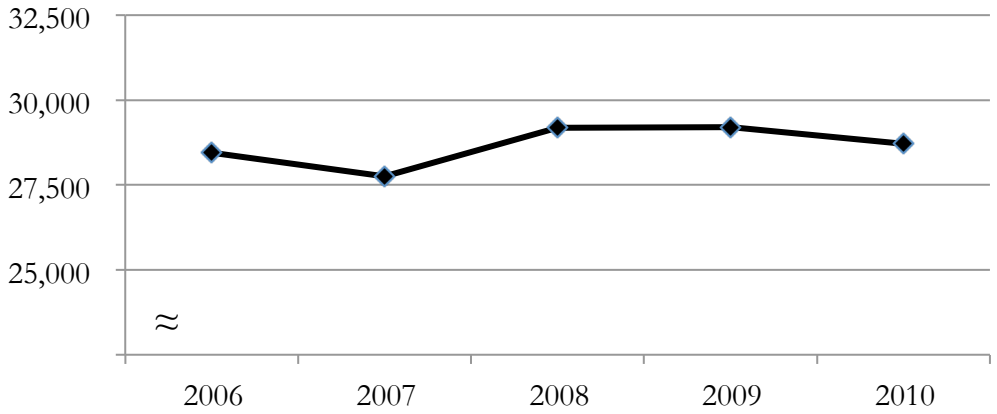
The cost of the facility-based group was estimated as the product of the percentage of a counselor's time spent leading and preparing for a group and the average annual salary paid to a counselor. We assume that a counselor works full-time for 1,812.5 hours per year (or 36.25 hours a week for 50 weeks a year). For the 2002-cohort, a counselor spent 2.3 percent of work-time delivering a group of UDV, or $1,136 in labor expenditures. The facility-based program cost $1,303 for the 2006-cohort (or 2.6 percent of the counselor's work-time). We assume the marginal cost of adding one more participant to UDV is zero until a new group is created.

Community-Based Program

Some sample participants in the 2006-cohort were granted discretionary release. While in the community, these men were required to participate in a group-based program for UDV and wear a RF device (for at least part of their time on discretionary release). (Given data limitations, we were unable to identify which members of the 2006-cohort participated in the community based program and to verify that all participants wore a RF device.) The primary costs of the community-based program are wages for counselors to lead group sessions, rent to house some of the men, wages for community supervision (often administered by a parole officer), and rental fees for RF devices.

We estimate labor costs for counselors and community supervisors using the same approach as applied to estimate labor costs for counselors delivering the program in facilities. The community-based program consists of an intake meeting, an assessment, and 24 sessions. Each session lasts one hour. We assume that counselors require an additional hour to prepare for a session. We estimate that a group takes 50 hours to deliver, or 2.8 percent of a counselor's annual work-time (assuming counselors who lead community-based programs work an equal number of hours to counselors who lead facility-based programs). (The intake meeting and assessment take an additional hour.) A case manager's average salary is $28,659 (in 2002 dollars). Therefore, we estimate the facility-based program to be $791 per group. We again assume no cost for materials.

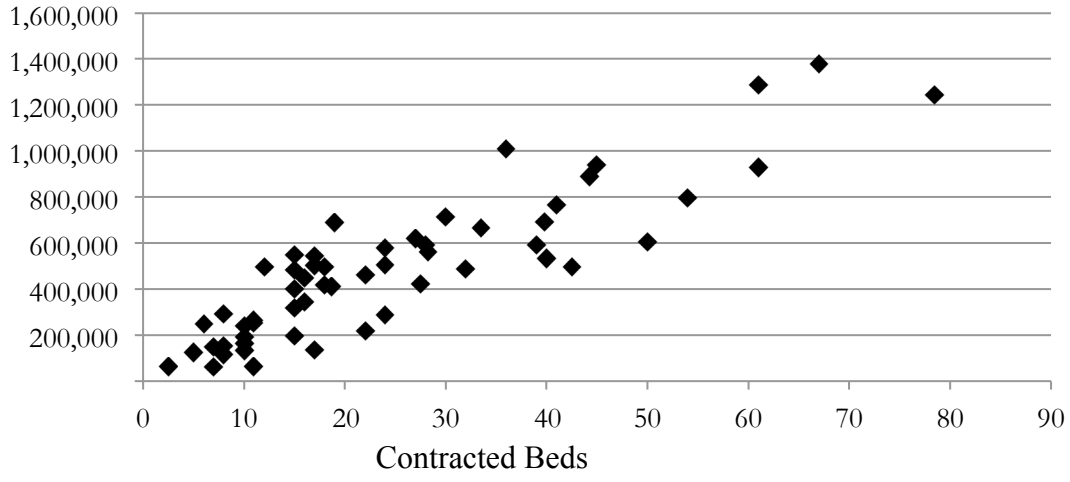
Chart 2: Average annual salary of counselors who are eligible to lead a community-based program, 2002 dollars: Fiscal years 2006 to 2009



In addition to attending the community-based program, participants must be supervised in the community via an electronic monitoring device and a community supervisor. The daily rate for a RF device in 2013 was $7.81 per day per inmate, or $6.26 in 2002 dollars. (Data were not available to more accurately estimate the daily price of a RF device during the sampling frame. Data were also insufficient to estimate the average number of days that a DV offender was on a RF device.) We assume that the participant was on the RF device for 28 weeks (the maximum number of weeks a participant might take to complete the community-based program), or 196 days. This would amount to $1,227 per participant. If there are 12 participants in a group, then $14,724 would be spent on RF devices for the group.

Some of the participants may reside in a halfway house or other state-funded residence following re-entry. However, we were unable to identify the number of participants who received such housing during our sampling period. Cost data were sufficient to examine the distribution of annual expenditures to residential home providers by the number of contracted beds (see chart 3).

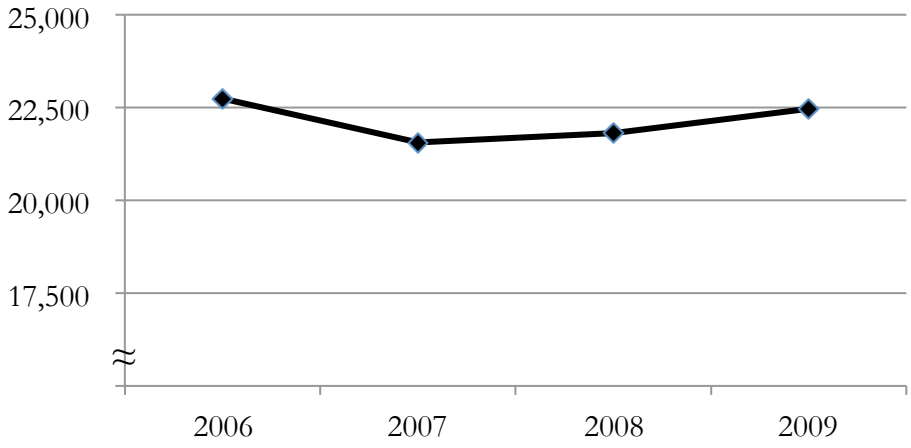
Chart 3: Annual dollars allocated to residential provider by contracted beds, 2002 dollars: Average for 2006 to 2009



For an estimate of the average operating cost of residential homes (e.g., halfway houses), we analyzed annual program-level data for state funds allocated to providers for all 55 programs in Connecticut from 2006 to 2009. Allocated funding and number of beds under contract were provided by the Department of Corrections.

We computed the statewide average cost per contracted bed (in 2002 dollars) for 2006 to 2009 and plotted the results (see chart 4).

Chart 4: Average cost per contracted bed, 2002 dollars: Fiscal years 2006 to 2009



The average costs declined from 2006 to 2007 ($p<0.01$), increased from 2007 to 2008 ($p<0.01$), and was unchanged from 2008 to 2009 ($p>0.10$). Over the sampling period, the average statewide cost was $21,226 per contracted bed.

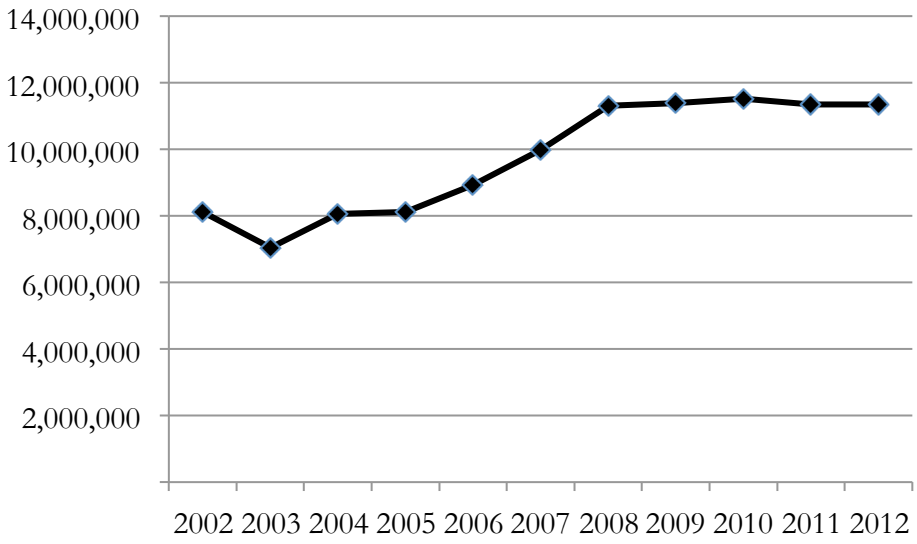
Community supervisors monitor participants who are on supervision and so the time of supervisors should be monetized and included in the cost of the community-based program. However, we were unable to estimate this cost given data limitations.

An evaluation of Parole & Supervision was completed in 2001 (Hoffman, 2001) to determine efficiencies in supervision. Specifically, Hoffman (2001) documented the tasks of field parole officers in Connecticut and the time spent completing those tasks in order to assess the number of parolees that a parolee officer could effectively supervise given time constraints (e.g., a shift of work). Hoffman (2001) estimated that each case on average accounts for 2.3 percent of a parolee officer's time per month. DOC staff suggests that parolee officers handled an average of 50 cases during the sampling frame. We were unable to validate this estimate using administrative records.

Quarterly expenditures for Parole & Community Services (aggregate and by facility) were provided for the sampling period (see chart 5). However, data were unavailable to assess parolee officer salaries or changes in caseloads by year for the sampling period.

Furthermore, we were unable to estimate the cost of drug testing for participants in the community. Program participants complete drug testing but tests are not regularly scheduled and the frequency of testing may vary by participant.

Chart 5: Average quarterly expenditures for Parole & Community Services, 2002 dollars: Fiscal years 2002 to 2012



Note: Board of Parole merged with the Department of Correction beginning in fiscal year 2004.

Comparison of Costs Across Program Structures

Table 1 summarizes the total cost to provide one group of UDV by cohort. We estimate that it would cost $1,136 to administer one group of UDV for the 2002 cohort and $4,617 for the 2006 cohort.

Table 1: Estimated Cost to Deliver UDV to a Group by Cohort, 2002 dollars

	2002-Cohort	2006-Cohort
Item		
Facility-based program	$1,136	$1,303
Community-based program		791
RF monitoring		14,724
Reduced days incarcerated		(12,201)
Estimated cost	$1,136	$4,617

Notes: Negative values reported in parentheses. Costs for supervision and housing assistance are excluded from the analysis due to data limitations.

In addition to these direct costs, our cohort analysis suggests that men who were incarcerated for a DV-related offense in 2002 were housed at a DOC facility for an average of 337 days while

similar offenders who were arrested in 2006 were incarcerated for fewer days (315 days, p=0.056). We monetize these days-saved using the marginal cost to incarcerate an offender in Connecticut. The Results First research staff estimate the marginal cost to incarcerate an offender in 2011 was $16,869 annually (in 2002 dollars), or a daily marginal cost of $46.22. Therefore, the 22 day difference in average length of stay monetizes to $1,017 saved per participant. For a group of 12 participants, this would amount to $12,201.

LIMITATIONS & SUGGESTED FUTURE RESEARCH

Our cost estimates are based on a number of key assumptions. Relaxing these assumptions may alter our estimates. For instance, in our analysis, we assume that a counselor requires one hour of preparation to deliver a session. In practice, a counselor may operate more than one group in a given week and take advantage of efficiencies in preparation. For instance, a counselor administering two groups may require less than two hours preparing for that week's sessions.

Second, a group may be delivered by more than one counselor. DOC staff suggested that, particularly for large groups (18 to 20 participants), two counselors may run a group. The RT3M system provided estimates of the number of groups offered over the sampling frame (see table 2). DOC staff, however, did not consistently record program offerings in the RT3M system and paper files are also incomplete. As such, the estimates presented here should be interpreted with care.

Table 2: Program utilization: 2002 to 2009

Fiscal year	Participants who started the program	Participants who completed the program	Groups offered
2002	0	0	0
2003	2	2	2
2004	112	109	13
2005	753	599	67
2006	818	554	76
2007	1,222	976	97
2008	1,147	952	98
2009	1,357	1,138	97

Third, the ideal analysis would account for differences in resources required to supervise specialized caseloads (including offenders with a mental health problem, DUI home confinement offenders, and sex offenders) or cases in different geographies (e.g., rural versus urban communities) unless these caseloads are randomly and normally distributed across all supervisors.

Fourth, we assume that all of the participants wear a RF device for 28 weeks. In fact, the length of time may vary by participant. Additional research should be conducted to determine the utilization of electronic monitoring as this service has the potential to greatly increase program costs if the participant remains on the device for a prolonged period of time.

Our analysis assumes that participants only attend UDV, failing to consider the effect or cost of other programs in which he might participate. Combinations of programs may alter the effect of UDV. Future analyses should control for the attendance to and dosage of other programs attended by participants, and adjusts cost estimates to reflect these additional program expenditures.

Finally, we assumed that a group in the community consisted of 12 participants. Data could not be provided to estimate the number of participants per group. Such information should be routinely collected to complete cost-analysis and, more importantly, to ensure program fidelity.

We suggest that any future evaluation of UDV include regression analysis to estimate the marginal cost to deliver UDV. This analysis will require complete information about the number of groups provided, the number of program participants (completers and non-completers), and days incarcerated for program participants and non-participants (with similar offenses). This information should be collected for each fiscal year by facility and counselor, if possible; the DOC does not routinely collect this data.

Ideally our analysis would assess the distribution of days spent at a halfway house among program participants on supervision relative to non-program participants. Using a quasi-experimental design, we could estimate the number of days that UDV program participants on supervision would be expected to reside at a halfway home, and whether this value is statistically different from the expected number of days for non-program participants.

Additionally, a more detailed analysis of the frequency and cost of drug testing and time spent supervising participants are necessary.

REFERENCES

Henrichson, Christian and Sarah Galgano. (2013). A guide to calculating justice-system marginal costs. Vera Institute of Justice.

Hoffmam, Peter. 2001. TA01C1023. Connecticut Board of Parole, Unpublished agency memo.

PART 4. DOMESTIC VIOLENCE EVALUATION

Summary and Recommendations
Patrick Hynes, Ph.D.

The first finding was that although staff responsible for programs and treatment in the DOC had articulated what the comprehensive DV program should be, to a large extent, the model was not followed.

Recommendation #1.
Dr. Frank Baker and Dr. Patrick Hynes have already been reviewing available research about domestic violence programming. They should engage in what the evaluation literature calls a "process formative evaluation." Dr. Baker in the area of anger management and Dr. William Barta in the area of DUUI Home Confinement are already engaged in this process with DOC staff. It is going well.

This entails working with key stakeholders, certainly including program providers to consider research findings to determine if program modification should take place. This can include process change, curriculum change, and a change in training, adding quality assurance measures, and modifying measurements.

The second finding is that there has been no reliable mechanism to insure that policy is being followed. This may be the case for several reasons. One reason is that there is sometimes a disconnect between operations and programming. Another reason is that when the DOC, like other prison systems, are crowded, the push to get people out trumps doing this the right way. There is clear evidence that to some extent this had been the case here.

Recommendation #2.
Take advantage of the changed structure within the DOC. Given the now titled Deputy Commissioner of Operations and Rehabilitative Services and recent presentations by the Commissioner, it appears that there is a real interest in a better collaboration between Programs and Operations. When Recommendation #1 is completed we recommend that the participants conduct a presentation to the executive staff, and that there be a strong message that from the very top of the organization there is a commitment to follow the refined model.

We encountered significant difficulties in this evaluation because staff does not accurately record information. This was encountered when examining master files, examining the RT3M system, and Case notes.

Recommendation #3
We recommend that all data that needs to be collected have an audit system in place to ensure that the data is in fact being recorded. If there is no audit function and no accountability, we will be in the same predicament down the road. If the Commissioner and Deputy Commissioners are

fully committed to this, we stand a very good chance of having a clear and perhaps substantial program effect.

We had considerable difficulty providing Dr. Provencher with the data she needed to monetize return on investment. This is a technical area that will require assistance from an economist. Dr. Provencher, as I note in the introduction, has been involved in Connecticut's Results First effort since its inception.

Recommendation #4
We need to contract with Dr. Provencher so that over a period of time we have a much better handle on costs. She has already developed positive relationships with staff from different divisions. We should not wait until the next evaluation. Instead, invest in this now. The legislature is fully invested in the Results First model so we need to also embrace it fully.

Parole staff are not integrated into the DV program, but they have a good deal of experience in doing so in other specialty areas. We see this integration with mental health, sex offenders, gender responsive caseload, and DUI Home Confinement.

Recommendation #5
As this model is refined, parole should be an integral component, replicating with DV offenders what parole has been doing so well in these other areas. They should assign someone as a liaison to this program.

There are a lot of moving parts that need to be monitored to make this comprehensive program work. There is much to orchestrate, including training, quality assurance, and supervision.

Recommendation #6
As soon as feasible, a staff person such as a counselor supervisor should be brought on as a coordinator.

Research findings tell us that there are much bigger treatment effects with community-based programs. In order to insure that we have a truly integrated program, it must include the community-based program.

Recommendation #7
As the process formative evaluation unfolds, it should include community-based providers. They should be told that the DOC is going to develop a model community program, and that they can play a role in developing that program if they wish. We will explain that training will be provided, and that the expectation will be that once this program is finalized that they will have to use this program. Moreover, as does CSSD now, we should put out an RFP to hire an outsider to conduct the quality insurance. They will learn how to do this in conjunction with the staff who conducted the process formative evaluation.

Changes in the appropriations language now allow us to fund training in this integrative fashion, so I believe we can find the resources to develop a truly first-rate program. Contracts staff need to be included in this development.

Finally, as we pore through the data, there are some indications that we may be having some program effect, but our current lack of evaluability, does not allow us to definitively state that our efforts are in fact having an impact. If we are prepared to make this commitment I believe that down the road, we have the potential of being a national model for jail and prisons systems.