

Is there a waiting list for recovery beds? Can we use opioid remediation funds on treatment beds?

There is a waitlist for treatment beds, 176 between pretrial and probation. There is no waitlist specifically for Recovery House beds. The ARPA money funding these recovery beds expires in December of 2026. According to DMHAS, Opioid settlement money cannot be used to fund treatment beds.

Provide specific case examples to illustrate our targeted case management program.

The Consolidated Appropriations ACT (CAA), allows states to receive Medicaid reimbursement for a number of services that are currently paid for by the state or provided by state employees. One of the reimbursable services is Targeted Case Management. Much of what our existing Juvenile and Adult Probation staff currently do is covered under this. Services that are covered include assessments, case planning, referrals, follow-up office visits to discuss goals and progress in treatment, and case conferencing. It also includes collateral contacts with other community-based providers, field visits to the home etc.

Provide information about how the Medicaid reimbursement process will be implemented and explain how there will be cost savings.

Funding is now divided into two costs, clinical services and Room/Board. For all Medicaid eligible clients, which make up the majority of CJ clients, the clinical cost is billed directly by providers and Medicaid pays. The state (DSS) pays the Room and Board costs. These new rates are significantly higher than what the state previously paid for these services. Rather than the state agency having exclusive access to these beds, agencies now provide grant funding to pay for priority access, and to cover any services not typically covered by Medicaid and/or covered by the Room and Board rate. The state pays both the clinical cost and Room/Board for all uninsured clients. The grant funding referenced above also covers these costs. We would defer to DMHAS and/or DSS.

Provide information on all line items, including program descriptions and information on efficacy.

Below is a list of the line items in the JBCSSD's Other Contracted Expenses (OCE) accounts. These funds are separated into SIDs, or funding streams. Some services are paid entirely through one SID, while other expenses may be shared by two or more SIDs. The Judicial Branch carries considerable legislatively mandated program and service

responsibilities, and manages additional contracts based on feedback from clients, officers, advocates, and data trends.

The attached appendix describes most of the services in the service continuum.

ADULT

SID 12043 is the primary SID through which dollars are availed for services to adults in CT's criminal justice system. The following services are paid in full or part through SID 12043:

Community-Based Programs: Alternatives in the Community (AIC), Adult Behavioral Health Services (ABHS), Community Court, Flex Funding, Hate Crime Diversion Program

Family Services: EVOLVE, EXPLORE, Family Violence Education Program (FVEP), Clinical Supervision

Residential: Transitional Housing and Transportation, Sex Offender Services, ASIST Mental Health Collaborative, DMHAS Residential Drug Treatment Beds, Sierra Center, REACH Beds

Program Support: Electronic Monitoring, Urinalysis, DNA Collection, LEP Services, Training, Technical Assistance, Quality Assurance

Technology: Business Intelligence Consultants, Data Collection System Maintenance and Enhancement, State Police, Client Notification System, 1115 Waiver Consultant

Miscellaneous: Sex Offender Unit Victim Rep, Eligibility Screener, Security, Interstate Compact Fee, Equipment and Software, Accreditation and Training, Rapid ReHousing

SID 90281 includes funds provided by the Department of Correction

Family Services: EXPLORE

Residential: Sex Offender Services

SID 90626 includes funds provided from DMHAS

Community-Based Programs: Alternatives in the Community

Residential: ASIST Mental Health Collaborative

SID 10020 includes funds provided from DMHAS for the State Opioid Response (SOR)

Community-Based Programs: Adult Behavioral Health Services

JUVENILE

There are 3 primary SIDs, or funding streams, through which services are provided to juveniles in the CT justice system.

SID 12105 is sometimes referred to as the Juvenile Alternative Incarceration line. This is the original SID established to provide services to juveniles in CT. Through 12105, the following services are paid in full or in part.

Residential Programs and Detention Support Services: Transitional Living, Enrichment Program, Juvenile Detention Enrichment Program, Ombudsperson, Continuous Quality Improvement (Medical), Electronic Medical Records, Community Diversion and Respite Center, Intermediate Residential Programs, Restorative Justice, Mental Health Services, Mobile Imaging, Emergency Oxygen.
Community-Based Programs: Linking Youth to their Natural Communities (LYNC), MultiSystemic Therapy (MST), Adolescent Sexual Behavior Treatment and Education Program, Flex Funds, Juvenile Services Quality Assurance, School-Based Diversion Initiative (SBDI), Trauma-Focused Cognitive Behavioral Therapy, Functional Family Therapy (FFT), Educational Support Services, Summer Youth Employment
Clinical and Educational Services: Continuous Quality Improvement of Juvenile Court-Order Evaluations, Credential Verification, Competency Evaluations
Program Support: Electronic Monitoring, Limited English Proficiency Services, Training, Technical Assistance, Security, CT Children's Alliance (CCA is legislatively-named)
Technology: Business Intelligence Consultants, Data Collection System Maintenance and Enhancement, Equipment, Software

SID 12616 (formerly 16043) are funds that were directed to the JB CSSD following the JJ Transfer in 2018. This SID is named Juvenile Justice Outreach. The following services are paid in full or part through this SID:

Residential Programs and Detention Support Services: Juvenile Detention Enrichment Program, Medical Services, Pharmacy, Mobile Imaging, Dental, Food, REGIONS Secure, REGIONS Staff Secure, Per Diem Treatment Beds, MST-FIT, Medical Services, Labs, Substance Testing, Driving Permits, Vocational Training
Community-Based Programs: Flex Funds, MST for Emerging Adults, MST EA QA, Educational Support Services, Credible Messenger
Program Support: Training
Technology: Equipment

SID 12617 (formerly 16138), also known as Board and Care Short-Term Residential, was also passed to the JB from the DCF in 2018. The following services are paid in full or part through this SID:

Residential Programs and Detention Support Services: Community-Based REGIONS Mental Health Services, REGIONS Limited Secure (Girls), REGIONS Secure, REGIONS Staff Secure

SID 12555 (YVPI), also known as Youth Violence Prevention Initiative. These funds are for legislatively identified recipients throughout the state to provide services for youth targeted to address violence prevention. Judicial is a pass-through of these funds and does not conduct audits or outcome evaluations. The list of recipients can be found in CT Public Act 25-168.

SID 12559 (YSP), also known as Youth Services Programs. These funds are for legislatively identified recipients throughout the state to provide services for youth. Judicial is a pass-through of these funds and does not conduct audits or outcome evaluations. The list of recipients can be found in CT Public Act 25-168.

EFFICACY

Many, but not all, of the expenditures the JBCSSD manages have measurable outcomes. Most of the data that is available is process-oriented (how much was done, or how well was it done). Lacking are true evaluations that include randomized control groups. Funding does not permit large-scale evaluations of this nature, and the service saturation is sufficiently deep that there are few clients who do not get services to put in a control scenario (the comparison group).

That said, JBCSSD invests heavily in evidence-based programs. These are program models that have been proven through rigorous clinical trials, to have a strong likelihood of reducing recidivism. Cognitive behavioral groups such as are offered in AIC and LYNC programs, among others, are some of the most effective interventions for desistance from antisocial behavior. The family- and home-based juvenile interventions, such as MST and its derivatives, as well as FFT, are highly recommended by institutions such as the Washington State Institute for Public Policy, the US Surgeon General, and other compendiums of effective interventions.

Further, anecdotal information available suggests the programs are well utilized and effective. Adult clients, for example, who complete AIC services have lower recidivism than clients who do not complete the service. The JBCSSD boasts a robust data collection system, and managers meet no less than quarterly in each discipline to review process measures, and outcomes, to the extent they are available, and knowing that arrest behavior

is a function of police behavior, and varies by location. Where underperforming is noted, performance improvement strategies are put in place.