CONNECTICUT SENTENCING COMMISSION

Pretrial Working Group

Friday, December 19, 2025

1:30 PM - 2:30 PM

Minutes

I. Introduction

II. Minutes
   a. Approve minutes from 12-5 meeting, amend to correct spelling of Dr. Wileden's name.

III. Big Picture and Working Group Navigation: What we've covered and where we're headed.
   a. Andrew Clark Sentencing Commission has produced three reports on pretrial, the first in 2017 requested by Gov. Malloy. Some of recommendations made it into the reform bill that year, including the 10% bond. 2020 report on pretrial diversion programs. 2022 report on no-money bail system. Working on current report, working group formed in light of that. Prior, 2003 Program Review Committee did a study.
   b. Working group began in October, 7th meeting. Look at broad 15 year period, while total prison population has declined, pretrial group has remained stable. Narrowing scope to 2017 reform designed to address misdemeanor population, why has pretrial population not declined? One issue to examine is resources, and if adequate.

IV. Pretrial Length of Stay Trends– Matt Hono
   a. On Commission website, and on OneDrive, all materials we are referencing are available and a good resource.
   b. Data updated nightly, look at inmates held starting July 1, 2016. Calculate length from initial admit date to last day counted associated with that admit date. From 2016 to 2024, daily pretrial misdemeanor count is relatively flat. Post-Covid, a slight increase in population. Daily unsentenced count hover around 3000.
   c. Immediate post 2017 reform – slight decrease in admits. Pretrial admits are generally down in recent years.
   d. Average length of stay – 2016 Q3 87.7 days, 2017 Q3 (post-reform) 85.3 days, 2024 Q3 83.4 days.
   e. Median length of stay 2016 Q3 35 days, 2017 Q3 26 days, 2024 Q3 37 days.

f. Length of stay by bond amount, largest reduction in under $1000 and over $500k. Largest increase in $1k-$5k.
g. Median days detained increased with bond amount.
h. Inmates in 2025 tend to be in custody longer than in 2017.
    i. John DelBarba – The offense you used, does it list all or just most serious?
        1. Matt Hono – It's the controlling offense, not necessarily the highest charged offense.
        2. John DelBarba – That really limits analysis.
    ii. Judge Pavia – Does it tease out misdemeanors and felonies, if not, it's hard to determine if making progress.
        1. Matt Hono- I think the bond amount is helpful to determine that, as higher bond usually more serious crime.
    iii. Joe Greelish – Would be interesting to know composition of crimes on left of line (2017 reform date) vs. right of line – and change in drug laws and that impact.
    iv. Renee Lamark-Muir – Points out need for bigger database like CISS – see if we can quantify other factors judges consider in setting bonds. Need better data.

V. Trends in Judicial Branch/CSSD Resources and Discussion, Michael Aiello, JB-CSSD Deputy Director II – Mike Aiello,
a. 2012 324 residential drug treatment beds, varying length of stay and levels of care. 2025, 187 beds.
b. 2012 had 2760 referrals.
    i. 2025 had 1834 referrals.
c. 2012 had 1166 admits (59% pretrial, 41% probation)
d. 2025 had 774 admits (38% pretrial and 62% probation).
e. Prior to 2022, 1115 S.U.D. Medicaid Waiver, all beds state funded. Allowed state to bill Medicaid, state pays room and board. Provider bills Medicaid direct for treatment. Costs significantly higher, state no longer "buys" the bed and bed costs 6 times more. Now grant funding by state.
f. In 2012, 11% of clients found ineligible. 2025, 27.1% ineligible. Significant loss of beds. If competition between community bed and state bed, community pays more so priority.
g. Only one residential program in state (Sierra Center) that offers primarily mental health – only 14 beds and all male. No female residential MH beds.
h. 1,642 pretrial clients identified as homeless or housing insecure. Alcohol, drug dependency, and mental health issues also need treatment.
    i. Renee Lamark-Muir – Issues driven by Federal Medicaid requirement or by state ideas?

1. Mike Aiello – Both. But state trying to find ways to reduce costs, work with DMHAS.

ii. Renee Lamark-Muir – If services improve, does it lead to better outcomes? Was level of service before less but we were able to put more people in beds?
    1. Mike Aiello – Defer to DMHAS for outcome measures. Won't know if using unless back in our facilities. Clients who complete treatment at similar rates before and after the waiver. Been slight uptick in 12-month recidivism rate for this population. Length of stay has significantly decreased, done by medical necessity. If average stay was 95 days, now 50 days. Treatment wasn't bad before, but it has been enhanced.

iii. Renee Lamark-Muir – Obviously resource issue. If pumping more dollars in, will it be same problems just with more beds?
    1. Mike Aiello – We won't own the beds. But look at specific populations – women or mental health beds. Not black or white, but it will help.

iv. Gary Roberge = Even in 2012, significant wait list, would turn out of D.O.C. and into Judicial programs.

v. John DelBarba – Having only 14 beds for serious mental illness is outrageous and nowhere for women.

vi. Gary Roberge – Statement out there that CT locks up a lot of low level, low risk misdemeanor cases, and I think our data has shown that not to be the case. Can we put that to rest and move beyond it?
    1. Andrew Clark – I think there are questions that remain.
    2. Gary Roberge - We need to stick with that topic until we answer it.
    3. John DelBarba – I think it's how we assess FTAs on the record as risk.

VI. Adjourn at 2:34