

State of Connecticut



The State of Connecticut Reentry & Risk Assessment Strategy

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Acknowledgements

The Prison and Jail Overcrowding Working Group has reviewed and updated the State of Connecticut Reentry and Risk Assessment Strategy on behalf of the Criminal Justice Policy Advisory Commission (CJPAC). As evidenced by the criminal justice partnerships that exist across the state, the following agencies are gratefully acknowledged for their contributions to the completion of this report:

- Office of Policy and Management (OPM)
- Department of Correction (DOC)
- Board of Pardons and Paroles (BOPP)
- Judicial Branch, Court Support Services Division (CSSD)
- Department of Mental Health and Addiction Services (DMHAS)

Executive Summary

“All adults involved in the criminal justice system lead productive lives free from crime”,

DOC’s Results-based Accountability Quality of Life Result statement

“The citizens of the State of Connecticut will live in safe communities”,

CSSD’s Results-based Accountability Quality of Life statement

These statements reflect the vision of all the agencies involved in the criminal justice system and specifically in the statewide reentry effort. According to C.G.S. Sec. 18-81w, the Office of Policy and Management (OPM) Criminal Justice Policy and Planning Division, “shall develop and implement a comprehensive reentry strategy that provides a continuum of custody, care and control for offenders who are being supervised in the community, especially those offenders who have been discharged from the custody of Department of Correction (DOC), and assists in maintaining the prison population at or under the authorized bed capacity”.

While OPM is charged with this, what follows is multi-pronged and depicts the partnerships that exist between and among the criminal justice agencies across the state as well as those with communities, including Hartford, New Haven and Bridgeport. The document represents how each agency fits into the reentry cycle; how agencies work

together to facilitate a successful reentry process and identifies goals for future improvements.

Reentry not only involves offenders serving a prison sentence but also defendants who cannot post bond which accounts for approximately 23% (4,000) of the DOC population. The pre-trial population increased 280%, between 1985 and 1999 and has remained relatively stable since, therefore it is imperative that the criminal justice system examine this population and develop strategies to divert more defendants from incarceration while the individual's court case is pending.

Approximately 5,870 offenders are released directly from DOC End-of-Sentence. These offenders may not be appropriate for supervised release programs or may be unable to be placed in a program or residence for a variety of reasons, i.e., sex offenders; type of crime committed; and/or health concerns. The focus with these offenders is to make appropriate placements, such as with a family member or friend as a first priority. Other options include sober housing; Salvation Army with residential programs in Hartford, New Haven and Bridgeport; supportive housing or nursing home for those who are medically compromised; collaboration with Department of Social Services (DSS); and, as a last resort, placement in a shelter.

For the Sex offender population on probation, the local Chief of Police is notified in all cases as well as any address changes when they are on probation and move.

Sex Offenders being released from DOC, are registered with the State Police prior to leaving. The registration process requires new finger prints, DNA swab if one hadn't been taken and a current photo of the individual. Each DOC facility is responsible for getting an address from the offender where he will reside and if they are going to a shelter that address is on the registry paperwork which is sent to the Department of Public Safety (DPS) by certified mail. If they are homeless, do not give us an address, or go to a shelter (which DOC arranges special facility transportation to), this information is also relayed to the State Police and local Police Departments. The inmate is advised that it is their responsibility to notify the State Police of any address change. Level of notification and notification of the public is determined by DPS.

This 2011 revision of the strategy reflects the integration of the Risk Assessment Strategy into the Statewide Reentry Strategy for the first time. The Risk Assessment Strategy, set forth in CGS 18-81z, mandates "utilization of a risk assessment tool that accurately rates an offender's likelihood to recidivate upon release from custody, and

identifies the support programs that will best position the offender for successful reentry into the community”.

The administration of assessment tools begins for some defendants at the time of their arrest, arraignment and sentencing, and for others upon their admission into the DOC, to evaluate levels of risk and need and to assign appropriate programs and suitable services. The BOPP utilizes assessments to assist with release decisions and recommendations for appropriate risk management conditions in the community. Assessments used in the community at both the Department of Correction’s Parole and Community Services Division and the Judicial Branch Court Support Services Division (CSSD) guide levels of supervision and community-based program interventions.

The State of Connecticut recognizes the relevance of integrating a risk assessment strategy into the process of guiding an offender through the criminal justice system. In short, assessment drives reentry, and the two processes must necessarily be linked. The goal of the strategy is to increase public safety by implementing a statewide, multiagency system that assesses the risk and needs of each offender, targets those needs through provision of evidence based programs and interventions, then employs management and supervision techniques in accordance with identified risks requirements of offenders. Inclusion of larger communities in any reentry strategy is also essential in order to coordinate services for the large groups of ex-offenders who reside closest to available public resources, such as the state’s major cities. The intended result is a reduction in recidivism and engagement of the offender in productive and responsible citizenship.

Reentry planning begins upon admission into the criminal justice system and Connecticut criminal justice agencies and community partners work collaboratively to ensure that offenders in the criminal justice system successfully reintegrate into their home communities. The steps of reentry planning are depicted as a cycle; the ultimate goal is to break the cycle and return offenders to their communities to stay.

These steps through the cycle are as follows:

- Arrest / Pre-Trial Services
- Disposition / Sentencing
- Post Conviction Intake / Assessment
- Programs & Treatment Services

- Transition
- Discharge

Key components of the strategy include effective resource allocation, offender reentry services, strategic planning, and strong collaboration among stakeholders listed below.

- ❖ Criminal justice employees across all branches of government, state and federal
- ❖ State agencies that provide services to reentering offenders
- ❖ Cities and Towns of CT
- ❖ Local Law Enforcement
- ❖ Community and Non-profit organizations
- ❖ Offenders
- ❖ Connecticut Citizens
- ❖ Connecticut's Faith based Communities
- ❖ Connecticut Business Communities

Through this collaborative effort, relationships will foster and strengthen a culture change throughout the criminal justice system and follow into the community. This will contribute to the success of an offender's transition from incarceration dependency to responsible community self-sufficiency.

Guiding Principles

- Reentry is a legitimate community safety strategy
- Reentry is a legitimate business activity for the state
- Risk reduction is as important as risk containment
- All offenders discharging from incarceration could benefit from a period of supervision
- Reentry is not a program – it is a way of doing business
- People can change, and we can have an impact on the ability of offenders to be successful citizens after confinement
- Validated risk and need assessment instruments are essential in developing an offender's incarceration to reentry plan
- Targeting the highest risk offenders will have the most impact on increasing public safety
- Identifying and treating multiple offender criminogenic risk/need areas will lead to the best outcomes
- Interventions should be matched to offenders' risks, needs and their readiness to change
- Case management is the cornerstone of reentry; it must be targeted, individualized, and collaborative
- Offender accountability systems must include reinforcements for positive behavior as well as sanctions for non-compliant behavior
- Reentry efforts must adhere to best practices and, when possible, be evidence-based
- The development of a pro-social community network is a key component of an individual's successful reentry
- Partnering with local law enforcement enhances awareness of reentering offenders and increases collaborative efforts between parole and the community
- The most effective institution-based programs are continued with aftercare services in the community
- Research and evaluation must be part of the process with willingness to course-correct as needed

Offender Reentry – The Communities

The Connecticut Department of Correction (DOC) utilizes a reentry model, focusing on re-entry planning and preparation from day one of incarceration. Focusing efforts on the major cities in Connecticut, the Department of Correction has formed partnerships with Bridgeport, Hartford and New Haven on reentry initiatives.

Bridgeport Reentry Initiative (BRI)

In Bridgeport, the DOC has been working to facilitate the reentry of offenders with the community through the Bridgeport ReEntry Roundtable. In addition, for the past three years, the DOC has contracted with Family ReEntry Inc. a long standing nonprofit provider of reentry services, and worked with its partner agencies: Center for Women and Families of Eastern Fairfield, CO-OP Center/Council of Churches, Bridgeport Legal Aid, and other community agencies to implement the Bridgeport ReEntry Initiative (BRI). The initiative, funded by a President's Prisoner ReEntry Initiative grant from the United States Department of Justice's Office of Justice Programs, Bureau of Justice Assistance has provided pre and post-release services to more than 200 male and female offenders, age 18 and older, who have returned to Bridgeport following incarceration. The initiative has involved close collaboration with the DOC Parole and Community Services Division as well as the Judicial Branch Court Support Services Division (CSSD). Our other grant partner is Career Resources Inc., a community-based employment agency that was awarded a multi-year reentry grant from the United States Department of Labor as a companion to the competitive grant that DOC applied for and received. As our demonstration project draws to an end a plan is being developed to sustain and replicate those practices and activities that grew out of BRI.

New Haven ReEntry Initiative (NHRI)

The Department of Correction received a 2010 Second Chance Act Prisoner Reentry Initiative (Category I State Government) competitive grant from the United States Department of Justice's Office of Justice Programs, Bureau of Justice Assistance for the New Haven ReEntry Initiative (NHRI). The DOC Parole and Community Services Division, is partnering with the Judicial Branch Court Support Services Division, Board of Pardons and Paroles, Department of Mental Health and Addiction Services, Correctional Managed Health Care, City of New Haven, Annie E. Casey Foundation, and others. The NHRI will serve 125 moderate to high risk male and female offenders

annually, who are returning to New Haven following incarceration on Parole, Probation, or End-of-Sentence. Similar to in Bridgeport, the DOC is working with the New Haven Reentry Roundtable to facilitate offender reentry and the community to address safety concerns as well as address the needs of families and victims.

The NHRI demonstration project is designed to:

- Include risk and need assessments and transition plans
- Utilize Gates CI and New Haven CC (males) and York CI (females) as a “Step Down” facility from prison to community
- Engage community providers to provide pre-release “in-reach” and intensive case management services beginning prior to reentry followed by post-release services
- Establish a collaborative Reentry Center model for New Haven
- Provide Continuing Education and Vocational Training
- Support Family Reunification
- Support Entrepreneurial Community Service-Based Reentry Programs

With funding from the federal government and matching aid from the Annie E. Casey Foundation, combined with in-kind support from state and criminal justice agencies, the NHRI is envisioned to build local community capacity to support reentry; enlist the participation of various public and non-profit stakeholders in risk reduction and reentry planning; and promote ongoing monitoring and evaluation of risk reduction.

Hartford Reentry Initiative, Project STARR

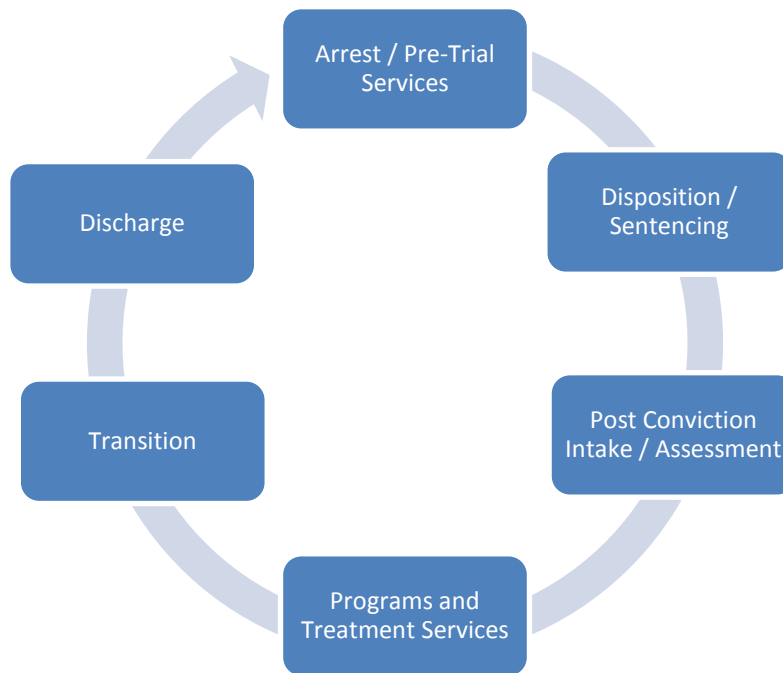
The City of Hartford, with Community Partners in Action Inc., received a 2010 Second Chance Act Prisoner Reentry Initiative (Category II Municipal Government) competitive grant from the United States Department of Justice’s Office of Justice Programs, Bureau of Justice Assistance to support reentry in Hartford. Project STARR (Striving to Attain Recidivism Reduction) operates from the premise that successful transition from incarceration to community reintegration requires a coordinated approach and synchronized plan. Led by the City of Hartford, Project STARR is a collaborative effort involving Community Partners in Action (CPA), Families in Crisis, the Department of Correction, Judicial Branch Court Support Services Division, Judicial Branch, Capital Workforce Partners, and other state and local agencies providing services that meet the reentry needs of offenders transitioning from incarceration to live in Hartford. STARR

providers offer core reentry services to 125 offenders annually, including high risk offenders, domestic violence offenders and sex offenders.

Project STARR is designed to:

- Work with correction's facility staff
- Have CPA staff provide pre-release services including risk and needs assessment and transition planning in the institution in the weeks leading up to release.
- Provide post release services that include case management for at least six months following transition from prison.
- Provide services that include housing, employment, substance abuse treatment, family counseling, and specialized treatment for domestic violence and non-predatory/non-violent sex offenders.

The long-term projected goals of both the New Haven ReEntry Initiative and STARR include a 50% reduction in the recidivism rate of the target population within 5 years and an increase in public safety in the cities of New Haven and Hartford. The financial investment made by the federal government in Connecticut's judicial and correctional system moves us closer in the implementation of the state reentry and risk assessment strategy. Among the State's reentry goals are to reduce recidivism and build capacity of local communities.



Offender Reentry – Model Overview

The diagram above depicts how an offender cycles through the criminal justice system. It is important to note that reentry must be the goal from the beginning of the cycle. At each stage, any given criminal justice state agency could be involved in the work of transitioning an offender to the status of ex-offender and finally law abiding citizen. These stages overlap and integrate within and among the criminal justice agencies. Without intervention, many offenders become involved in a repeating cycle of criminal behavior and overreliance on criminal justice resources as a means of survival; the goal of all criminal justice agencies is to break that cycle and reintegrate an offender into the community as a self sufficient, law abiding citizen.

As indicated, the Statewide Reentry Strategy and Risk Assessment focuses on life cycle in the criminal justice system. As the offender moves first to ex-offender and then to citizen status, the community partners become the primary support system, with the final goal of a symbiotic relationship, where the offender becomes a self sufficient and productive member of the community.

The Commissioner of Correction is currently pursuing an initiative to increase the use of community programs and resources for offenders identified as being low risk for recidivism following release. An internal review of the assessment process and all program placements and stipulations is underway, to ensure resources are being

appropriately utilized. Expected outcomes include targeting the high risk and more serious offenders for facility based programs, while less serious offenders are transitioned to community supervision, to facilitate successful reentry as defined in the state's recidivism report. Program funds for this population will be reallocated to community based providers, which is a more cost effective approach to managing the low risk offender.

A prescribed intervention model for sentenced offenders includes a period of assessment and classification of risks and needs, followed by development of a program plan outlining goals for the duration of the incarceration. Offenders are expected to complete identified goals prior to consideration for supervised release and planning for return to the community.

Offender Reentry – The Stages

I. Arrest / Pre-Trial Services

The life cycle of a defendant in the criminal justice system begins with the defendant's initial contact with law enforcement authorities in their community. Police Officers under state law have the discretion to make an arrest, placing the defendant into the system, or utilize other community based diversion programs if available. If arrest is warranted, then the defendant is introduced into the criminal justice system, where eligibility for admission into pre-incarceration or other diversion programs can be evaluated.

Many defendants are held on bond in a local or state police lock-up facility where they are interviewed and assessed by CSSD-Bail Services staff. This assessment process (Bail-Case Data Record) measures the defendant's risk of non-appearance in addition to identifying certain criminogenic need areas. If the defendant is not released by Bail staff from the local or state police lock-up facility, Bail staff will reexamine the arrest, case circumstances and the Case Data Record (CDR) to determine an appropriate bail recommendation for the Court's consideration at the defendant's arraignment proceeding.

CSSD – Bail Services staff have many community based programs and treatment services to consider when formulating a bail recommendation. If Bail staff identify a mental health need during the bail interview / assessment process a referral to the court-based jail diversion resource (administered by the Department of Mental Health and

Addiction Services - DMHAS) is made to determine if an appropriate community based supervision and treatment plan can be recommended as a condition of release in lieu of a financial bond.

In addition to the Jail Diversion program, Bail services staff has many other pre-trial diversion / release programs to consider, based upon the needs identified during the bail assessment process, when formulating a bail recommendation which include but are not limited to: Alternatives in the Community (AIC), Adult Behavioral Health (ABH) Programs, Electronic Monitoring and Direct Bail Pre-Trial Supervision.

Although many defendant's are released on a non-financial bond subsequent to a Bail interview in a local or state police lock-up facility, or at arraignment, many defendants are held on a financial bond which the defendant cannot post. Approximately 4,000 of the 18,000 (23%) individuals being detained by the DOC are pre-trial detainees. To assist DOC in controlling this population, CSSD administers the Jail Re-Interview Program (JRI) which is responsible for re-interviewing defendant's held on bond to determine, and when appropriate, develop a pre-trial community release plan.

The Jail Re-interview Program was originally established in 1997. This is a collaborative effort with the State of Connecticut Department of Correction (DOC) and the Judicial Branch to assist DOC with prison overcrowding. The Program is designed to allow Bail Commissioners (IAR Specialists) the opportunity to re-interview pre-trial defendants held on bond and determine their appropriateness for community release.

Once re-interviewed, a supervision plan is developed that addresses the specific needs of the defendant and concerns of the court. This plan is then presented to the court in the form of a bond modification for consideration. In 1998 Jail Re-Interview coverage was expanded to cover Hartford, New Haven, York, Corrigan, Bridgeport and Osborn Correctional Centers. To date, Jail Re-Interview also covers Garner and Manson Youth Institute while utilizing video conferencing to facilitate coverage at any outlying DOC facilities as well. The Program has an immediate impact on prison overcrowding. From January 2010 through December 2010, 13,829 defendants were screened with 8,866 or 64% being released through the Jail Re-Interview Program, reserving prison bed space for more serious or sentenced offenders. Due to the significant number of pre-trial defendants incarcerated on bond, recent collaborative teams have been developed. The CSSD, DOC and DMHAS recognized this problem and the Program's potential at

reducing prison overcrowding and providing treatment services to the defendants with substance abuse treatment needs, that they came together to enhance the Program.

In turn, Jail Re-Interview now utilizes an array of services in attempts to divert defendants. Services that are recommended may include but are not limited to:

- Residential Substance Abuse Treatment
- Intensive Outpatient
- Alternative Incarceration Centers
- ASIST Mental Health (Alternative Supervision and Intervention Support Team)
- ASIST Home
- CSSD Advanced Behavioral Health Network
- Electronic Monitoring
- Jail Diversion

Accurate documentation of the circumstances surrounding an offender's contact with the police and judicial system and provision of this information to judicial and criminal justice agency partners is critical for development of an effective reentry plan. The arrest reports, presentence investigations, court transcripts and mental health evaluations are of paramount importance in accurate assessment of risk and needs so that development of a reentry strategy may begin at the onset of incarceration, and any corrective actions are taken early.

This sharing of information by all early stakeholders enables the accurate diagnosis of issues by the DOC and DMHAS so that intervention may begin as soon as possible.

Arrestees are initially detained in "local lockups," pending case review and ongoing assessment. It is at the local lockups where DMHAS implements the Jail Diversion Program, where clinicians in the DMHAS Jail Diversion (JD) program screen defendants with serious mental illness who are in custody in every criminal court in the state to determine their need for clinical services. Based on the treatment recommendation developed by judicial staff the judge may elect to divert the defendant to treatment rather than incarcerate the defendant on a bond. JD staff members then facilitate referrals to community services, provide support to increase successful diversion, and report compliance to the court. For those defendants who are incarcerated on a bond, JD staff forward clinical information to the jail mental health staff to promote continuity of care. The court diverts approximately 60% of defendants with serious

mental illness who are in custody at the time of screening, offering a more appropriate venue for intervention for approximately 60% of defendants with serious mental illness who are in custody at the time of screening.

II. Disposition / Sentencing & Probation Supervision Services

In accordance with Connecticut General Statute 54-91a, CSSD probation officers complete pre-sentence investigations (PSIs) when ordered by the Court. Probation officers complete approximately 3,000 PSIs per year. Pre-sentence investigations are in-depth, detailed reports concerning a person who has been found, or pled, guilty and is awaiting sentencing by the Court. The pre-sentence includes but is not limited to the following sections:

- ◆ Offense Summary – This section includes the date, time and general location of the arrest; actions leading up to the arrest, values of items taken and the extent of any injuries the victim may have experienced. Victim information such as name and address are not included.
- ◆ Offender's Version – This section provides the offender the opportunity to provide his or her version of the offense.
- ◆ Victim Attitude – This section allows the victim or the victim's family, in cases involving death, to make a statement and / or sentencing request for the Court's consideration.
- ◆ Criminal History / Record – This section contains all convictions and pending matters in adult criminal court. Information pertaining to the disciplinary history from DOC will be included in a summary paragraph at the end of this section.
- ◆ Current Personal History – This section contains detailed information regarding the offender's family background, relationships / children, education / vocation, employment / financial, housing, medical / mental health, substance abuse, military and any other relevant personal history information.
- ◆ Evaluations & Recommendations – This section contains substance use, mental health or sex offender evaluation information (or any other evaluation information ordered by the Court). The probation officer will also recommend whether a period of probation supervision is appropriate and any specific conditions to address the risk and need factors identified during the assessment process.

The pre-sentence investigation report is entered in CSSD's automated Case Management Information System (CMIS) and is ultimately made available to DOC and the Board of Pardons and Parole five (5) days after sentencing. This document is one of the primary assessment tools utilized by DOC upon admission and classification of the offender into DOC, as well as the Board of Pardons and Parole during the parole hearing process.

In cases when the Court sentences an individual to probation supervision, CSSD provides the following risk assessment and community reentry services.

Level of Service Inventory – Revised (LSI-R)

CSSD utilizes the Level of Service Inventory – Revised (LSI-R), Adult Substance Use Survey – Revised (ASUS-R) and the What I Want to Work (WIWW) On Questionnaire during the adult probation risk assessment, classification and case planning process. The LSI-R, which is the primary assessment tool, is a validated dynamic risk classification instrument and is the most widely used criminal justice assessment and classification tool in the country today. The ASUS-R is a self administered assessment tool that provides information concerning the probationer's substance use, emotional and mood disorders, defensiveness and anti-social values. The ASUS-R also provides a recommended level of treatment services for probationers with a history of substance abuse. The WIWW is a self administered questionnaire that identifies the issues that are most important to the probationer and assesses and reinforces the probationer's motivation and readiness to change.

The LSI-R contains 54 questions and 10 subscales. The LSI-R measures the probability of the probationer to re-offend in addition to identifying the need areas (criminogenic) most closely associated with the individual's future criminality. CSSD's supervision classification system is based upon the results of the LSI-R. Individuals who score 0-21 are supervised by our administrative monitoring unit, individuals who score 22-28 are supervised within medium supervision classification and individuals who score 29 and above are supervised in the high classification level. When necessary, a probation officer may use their professional discretion to initiate a case classification override to a higher level of supervision based upon other case circumstances. Each classification level has supervision standards to which adult probation officers must adhere. Individuals sentenced to a period of probation supervision for a registerable sex offense are

supervised in the sex offender classification regardless of the probationer's score on the LSI-R.

Other Assessments

In addition to the LSI-R, probation officers also utilize specialized risk screening tools for domestic violence and youth offender cases. Probation officers administer the Domestic Violence Screening Instrument (DVSI) in cases where a probationer is placed under probation supervision for a domestic violence offense. The DVSI is a validated assessment which contains 11 questions and measures the risk of the probationer to re-offend against an identified victim or others. The Massachusetts Youth Screening Instrument – Version 2 (MAYSI) is a validated mental health screening instrument for justice-involved youth administered by probation officers to screen for and triage youths with potential mental/emotional disturbance or distress. Appropriate referrals for youth specific mental health consultation and evaluation are completed when risk factors are identified during the mental health screening process.

Throughout the assessment, classification and case supervision process, adult probation officers engage clients through a positive reinforcement supervision model. Motivational interviewing, client engagement and collaborative case planning are primary activities probation officers use to develop positive working relationships with the probationers to increase the likelihood that probationers attend and ultimately complete their treatment services.

III. Post Conviction Intake / Assessment Intake

Objectives related to the assessment process include:

1. **Target High Risk Offenders:** Assess offender risk level and target those who pose the highest risk for re-offending
2. **Assess Criminogenic Needs:** Criminogenic needs, or problem areas that drive an offender's risk of recidivating, are identified through the administration of evidence-based assessment instruments. Common problem areas include substance abuse, criminal thinking, impulse control / violence, inadequate education and vocational skills, problem sexual behaviors and mental health needs, among others

3. **Develop Intervention Plan:** A plan is developed based on assessed need areas, and implemented throughout the duration of the offender's incarceration period and into the community, setting behavioral and programmatic expectations

The Department of Correction oversees Connecticut's jails, or correctional centers, where most unsentenced and pre-trial offenders are initially admitted. Here, an offender's risk levels and immediate treatment needs are assessed, and an initial incarceration plan is implemented. Correctional centers generally house presentence individuals, and the focus consists of managing immediate needs and facilitating disposition of cases. The population has a very high turnover, with numerous admits and discharges daily.

Judicial outcomes vary at this point, and some individuals are released immediately on dismissed charges or alternative sanctions such as probation, time served or conditional discharge.

The high turnover rate and frequent immediate release of many presentence individuals at Correctional Centers significantly limits reentry planning by the Department of Correction. The responsibility for reentry at this point in the system, rests more with the judicial system and other agencies that provide alternative incarceration services like the Jail Diversion Program.

When offenders are sentenced to a period of incarceration, they are subject to an assessment cycle commensurate with the length of sentence. Offenders with shorter periods of incarceration, less than two years, will generally be transferred to a sentenced facility, or correctional institution, where classification and assessments will be conducted. Male inmates serving sentences greater than two years are transferred to the Walker Building to participate in a 10 day assessment process. In general inmates are transferred from the direct intake facilities to Walker after they are medically cleared for transfer.

Assessment

The Assessment Process consists of two parts: classification of risk and need scores for management during incarceration, and the administration of objective assessments to facilitate treatment and program assignments. The population of incarcerated offenders has a very large percentage of individuals with significant need for treatment. With limited resources to address an overwhelming need, the Department of Correction utilizes the Treatment Program Assessment Instrument (TPAI) to assess offenders' risk for

recidivism following release to the community, and to determine the level of programming recommended for each sentenced offender. Validated by more than 14,000 cases, the TPAI is comprised of six questions related to factors associated with likelihood of recidivism to criminal behavior, such as age, gender, age at first incarceration, violence record and violations of criminal justice supervision programs. The TPAI identifies three levels of program need, to include low, moderate and high. Offenders who score in the moderate to high risk range are prioritized for programming.

Classification

Classification is the ongoing process of collecting and evaluating information about each offender to determine the offender's risk and need level for appropriate confinement location, treatment, programs, and employment assignment whether in a facility or the community.

The system is based upon objective principles and criteria designed to reduce arbitrary or inconsistent decisions. Classification decisions should balance offender, departmental, and public interest while preparing offenders for their reintegration to society.

The classification system is designed to objectively assess an offender's security, custody, and treatment needs. The objective classification system is used by facilities for all offenders regardless of legal status or sentence length. The classification ratings track an individual throughout the term of commitment.

Each offender is assigned seven risk and seven need scores. In order to determine an inmate's overall risk level during intake, all seven risk scores are calculated and the highest rated score will determine his/her overall risk level. The need scores will determine which services must be provided to the inmate and which facility would be able to provide such services.

As an offender progresses through the commitment period, individual behavior is monitored as well as the time remaining on the sentence. A regular schedule of classification reviews will examine the present level of risk and current offender needs. Classification levels are dynamic. Through reclassification, risk and need levels are monitored and modified as required.

Treatment Planning – The Offender Accountability Plan

In collaboration with the Board of Pardons and Paroles, each offender admitted to the DOC receives a comprehensive objective assessment of treatment and programming

needs. Based upon these assessments, an Offender Accountability Plan (OAP) is developed for each offender.

The OAP is a treatment and behavioral plan completed in partnership by staff from the Department of Correction staff and the Board of Pardons and Paroles along with the offender. Information collected from police and judicial reports, the classification process and the application of standardized assessment tools is utilized to identify and address the specific areas that need to be modified in order to assist the inmate in a successful reintegration to the community. In addition to participation in identified treatment, education and vocational programs, the OAP addresses safety and security issues, including behavioral expectations. Additional components may include development of spiritual, family, and community support systems. The plan is signed by both the offender and the parole officer with the expectation that compliance with the identified expectations will result in a positive record to present to the Unit Administrator and Board of Pardons and Paroles for consideration of a period of supervised release in the community prior to discharge.

The foundation of the OAP is accountability, with each individual accepting responsibility and accountability to engage in productive actions. Correctional personnel review and modify the OAP with the inmate on a regular basis throughout the term of incarceration in order to assess progress and reinforce achievement of OAP goals.

Upon conclusion of the inmate's orientation and development of the individualized OAP, the inmate is transferred to an institution commensurate with the assigned security level and programmatic offerings to address the recommendations from the OAP.

IV. Programs & Treatment Services

The DOC provides offenders with the opportunity to participate in a wide array of treatment programs and services designed to address identified needs. In addition to provision of health care services, the agency offers specialized treatment in mental health, addiction services and treatment for problem sexual behaviors, on both an inpatient and outpatient basis. Offenders are strongly encouraged to participate in programs identified in their OAP to better prepare themselves for the opportunity for discretionary release and successful community reintegration.

These programs target issues identified as common to much of the offender population, such as substance abuse, illiteracy, anger and aggression, antisocial behavior,

cognitive deficits, domestic violence and parenting skills. The DOC maintains a Compendium of Programs and Services for the offender population.

In addition to the programs and treatment services mentioned, additional services are offered to involve inmates in educational and vocational services, and to help them work toward high school diplomas, GED's and state certifications. Participation in education services is mandated for all inmates under the age of 18; special educational services are mandated until age 21. Many facilities also provide secondary education courses through correspondence and community colleges.

Recognizing the importance of faith based services in the reentry process, the Religious Services Unit provides worship and activities among various religions, to include Catholic, Jewish, Muslim, Native American and Protestant. Extensive volunteer and community outreach services provide inmates with opportunities to connect with individuals and develop personal networks to facilitate positive community ties. Authorized spiritual advisors, fellowship sponsors, and general community members provide mentoring services to the inmate population.

V. Transition

DOC Facility Transition Process

As the offender proceeds through the period of incarceration, the programs identified through assessment at the onset of the sentence are completed, and the focus shifts to the final phase of the OAP, which prepares the inmate for transition into the community, either by way of a supervised community release program or full discharge from the sentence.

The first six months following release are a critical period, especially for those offenders who were incarcerated for a lengthy period of time, and intensive preparation for the transition is critical.

Transitional Services

The DOC offers inmates the opportunity to participate in transitional services programs to identify and address community resource needs. Available transition services include job centers, where offenders can develop resumes and apply for real time jobs via secured Internet, interview coaching, relapse prevention programming and referrals to community substance abuse and faith based support services.

Staff assists offenders with coordinating housing, employment and necessary identification and governmental entitlements. The DOC also has dedicated discharge

planners to assist those releasing inmates who have serious medical and/or mental health problems. The discharge planners ensure that follow-up services and medications are available upon release. The DOC also funds Department of Social Services Entitlement Specialists who ensure offenders who need government entitlements following incarceration have these in place prior to release.

Many offenders are released from prison with little resources, both financially and personally, and are doing so armed only with newly adopted coping strategies. A period of supervision offers assistance and support, and greatly increases the chance of successful community return. Building a support system prior to release is a helpful tool available through criminal justice partnerships.

DMHAS Reentry Services

The Department of Mental Health and Addiction Services (DMHAS) operates two reentry programs in DOC facilities. Starting 6-18 months prior to release, the **Connecticut Offender Reentry Program (CORP)** provides life skills groups twice a week and discharge planning to men and women with serious mental illness who are returning to Hartford, New Haven, Bridgeport, Waterbury, and the New London/Norwich areas. CORP continues to provide support after release. For other men and women with serious mental illness who have shorter sentences or are returning to other areas in the state, a clinician from the DMHAS Local Mental Health Authority meets with the offender prior to discharge for engagement and planning and to arrange for community services. The 12-month rearrest / reincarceration rate for CORP clients after discharge is approximately 18% compared to approximately 50% for similar individuals who do not participate in CORP.

The second DMHAS reentry program, Transitional Case Management (TCM), is for men with substance abuse disorders who are returning to the Hartford, Waterbury, New Britain/Bristol, and the New London/Norwich areas. For three to four months prior to release, TCM staff meet regularly with offenders to develop a discharge plan. After release, TCM staff provide substance abuse counseling, case management, and assistance with obtaining housing, employment, insurance, and other necessities. In SFY10, 128 (82%) of 152 discharging participants completed the program successfully and were not incarcerated.

As a result of the Affordable Care Act, all individuals previously eligible for State-Administered General Assistance (SAGA) became eligible for Medicaid for Low Income

Adults (LIA) on April 1, 2010. Medicaid LIA covers a vast array of behavioral health services provided to eligible recipients, including individuals discharged from prison.

DMHAS also administers the Recovery Supports Program (RSP), which provides behavioral health and recovery support services to eligible Medicaid LIA recipients. These services are currently not covered by Medicaid and include services such as substance abuse residential treatment, housing, and basic needs assistance. When requested by DOC or Judicial Branch Court Support Services Division (CSSD) staff, the RSP Intensive Case Management program, provides outreach to incarcerated former frequent service utilizers prior to or just after release from DOC to reconnect them with community services.

The federally funded Access to Recovery (ATR) program provides funding for a range of substance abuse treatment and recovery support services, including basic needs and housing, for individuals with substance use disorders being discharged at the end of their sentence, or on parole or transitional supervision, or in Project PREP (Hartford only), or specific programs within the Judicial Branch CSSD.

For individuals who are working on recovery from mental illness and/or substance abuse a major obstacle is the insufficient supply of safe, appropriate, and affordable housing. As a result, many of these people are homeless or in unstable housing, are living in locations that expose them to victimization, criminal activity, and re-traumatization. These circumstances significantly increase the likelihood of criminal justice involvement. In some communities across Connecticut, community opposition has prevented such housing from being established.

Judicial Branch – CSSD - Probation Transition Program:

In accordance with Public Act 04-234, CSSD implemented the Probation Transition Program (PTP) in 2004 to decrease the number of technical violations of probation for individuals who serve a period of incarceration prior to their community probation supervision. Initially, the PTP program was only operational in certain pilot sites but has since been expanded to each probation office in the state. Dedicated PTP officers' interview and assess individuals who are serving a sentence of more than 120 days in a Department of Correction (DOC) facility using the same process and instruments noted above.

The objective of the PTP program is to identify and address barriers to reentry which may lead to a technical violation of probation within the first 6-9 months of the probationer's transition back into their community. PTP officers routinely communicate with and obtain information from DOC counselors concerning DOC case file and programming / treatment information that are relevant and important when developing the probation supervision case plan. Collaboration between the DOC and CSSD concerning the need areas of the offender prior to release is an essential component of the Probation Transition Program.

An evaluation by Central Connecticut State University found that split-sentenced probationers in the PTP had statistically lower technical violation rates and were statistically less likely to be sentenced to prison for technical violations than similar groups of probationers.

Program Outcomes:

- The percentage of technical violations was reduced
 - 15% in pilot sites and 26% in comparison group (a 73% decrease)
 - 11% in expansion sites and 16% in comparison group (a 31% decrease)
- The percentage of technical violators going to prison was reduced
 - 8% in pilot sites and 23% in comparison group (a 65% decrease)
 - 5% in expansion sites and 11% in comparison group (an 55% decrease)
- Public safety was not compromised by the decrease in technical violations
- Key components appeared to be lower caseloads and greater scrutiny of technical violations

Another significant component of the PTP program which has recently been implemented is the sex offender re-entry assessment and evaluation process. Specially trained sex offender reentry officers' interview and assess individuals who are serving a prison sentence for a sex offense and will be released to probation supervision. The re-entry officers complete the probation assessment process 6 months prior to the DOC end date. Once the probation assessment process is completed, a referral is made to CSSD's sex offender treatment provider who is then responsible to complete the sex offender assessment / evaluation process, and prepare a report for the supervising probation officer prior to the individual's release from incarceration. The contracted treatment provider

evaluation includes but is not limited to; Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), Static 99 – 2002, Vermont Assessment of Sex Offender Risk (VASOR), Screening Score for Pedophilic Interests, Violence Risk Appraisal Guide (V-RAG) Outpatient Sex Offender Treatment Needs and Progress Score and the HARE PCL: SV Psychopathy Scale. The sex offender reentry specialist reviews and considers all of the assessment and evaluation information; sex offender evaluation information, probation supervision assessment information and any information obtained from DOC counselors and / or DOC case file when preparing the community transition and case plan.

VI. Discharge

Community Based Programming

The DOC provides an extensive number of community-based services, both residential and non-residential, to assist in inmates' transition into the community. All offenders under the jurisdiction of the DOC are supervised by Parole Officers, who supervise and monitor offenders and make referrals to meet the offenders' assessed needs.

The following are community release programs that an offender may be eligible for.

Transitional Supervision (TS): Per statute, eligible inmates must serve at least fifty percent of a sentence of two years or less. The facility Warden is the designated release authority and the DOC provides supervision and case management, through its Parole and Community Services Unit for offenders on TS status.

Parole: The Board of Pardons and Paroles is the discretionary releasing authority for offenders serving sentences of greater than two years. These offenders are eligible for parole consideration after having served either 50% (non-violent offenders) or 85% (violent offenders) of their sentence. The following exceptions (for crimes committed after 10/1/81) apply: Offenders serving definite sentences for the crimes of Murder (53a-54a), Capital Felony Murder (53a-54b), Felony Murder (53a-54c), Arson Murder (53a-54d); Aggravated Sexual Assault (53a-70a) are not eligible for parole consideration. Offenders released to parole are supervised by officers belonging to the Parole and Community Services Division of the Department of Correction.

Transfer Parole: is the discretionary transfer by the Chairperson of the Board of Pardons and Paroles of an offender who has been granted parole by a panel of the Board and is within 18 months of the voted to parole date.

Halfway House: Halfway houses are utilized to provide assistance for those offenders who require greater support and supervision in the community. Offenders who are within eighteen months of their release date or have been voted to parole may participate in these structured programs. Generally, placement in a halfway house is made for those who have need for housing, education or employment assistance, or intensive residential substance abuse treatment.

Transitional Placement: A program in which certain offenders may be transferred by the Commissioner of Correction or designee to an approved community or private residence after satisfactory performance in a residential program pursuant to Connecticut General Statute. This program will be utilized for Parole ineligible offenders or those offenders who would benefit from a period of structured supervision following halfway house placement.

The Parole & Community Services Division lies between an offender's transition to the community and discharge. The transition period prepares the offender for release and supervision and, ideally, the supervision period prepares the offender for success beyond discharge.

Current practice is to assign the offender for supervision by the appropriate district office (Bridgeport, Hartford, New Haven, Norwich, or Waterbury) based on his proposed residence or, as needed, specialized unit (Mental Health, Special Management, or Residential) based on any significant identified needs (mental health, problem sexual behavior or residential program stipulation or housing, respectively). Prior to the offender's release, a pre-release investigation is conducted to determine a suitable release plan for the offender. Assessments are done either prior to the offender's release (in the case of supervision by a specialized unit) or within 30 days of the offender's release to the community. These assessments are utilized to determine the offender's risks and needs and drive the case management plan for the offender's supervision to include the intensity of supervision and referrals to appropriate treatment as needed.

Some of the Division's more significant recent successes in this realm include the following:

- The inception of the Central Intake Unit and release teams to facilitate and standardize the release process;

- The creation and development of the Mental Health Unit to provide more effective and appropriate supervision of offenders with mental health needs;
 - The implementation of assessments state wide including the LSI-R and ASUS-R;
 - The recent “Big Bang” overhaul of our residential contracts to better suit the agency’s needs and better serve the population;
 - Improved training to better prepare our officers to perform their duties;
 - The use of GPS technology to better monitor our high-risk offenders; and
 - The creation of a multitude of policies that more clearly define our objectives and practices.
- Future goals include the following:
 - The possible roll out of the LSI-R trailer for women state wide (currently a federally funded pilot program);
 - The continued update and revision of policies as needed;
 - The continued collaboration with the BOPP to create and update joint policies;
 - An increased staffing complement to ensure adequate caseload ratios;

Currently, OPM has assisted us with determining recidivism rates and trends with our population, including technical vs. criminal violations. A study was also done regarding the population of offenders who have had the opportunity to participate in our halfway house network. Efforts to better utilize our halfway house beds (more offenders served) have been made and initial reports appear to show these efforts have been successful. The changes have been cost effective because offenders stay in these beds for less time resulting in increased turnover. In particular, most inpatient stays are shorter and these are our most expensive beds.

- One area of increased expense is electronic monitoring of offenders. Reports show that more offenders are being monitored via electronic devices. Efforts will be made to explore potential changes to policy/practice to ensure that the appropriate offenders are monitored to ensure that this resource is used efficiently.

- The sooner that appropriate offenders are identified and prepared for reentry into the community the better the Department’s resources can be used to release them in a timely and responsible manner. A current grant is assisting the BOPP to ensure stipulations are meaningful and appropriate. Referrals can be made to appropriate programs as identified through the use of assessments to determine areas of need and risk. The BOPP and the P&CS Division will continue to work collaboratively to continue to streamline the process from hearings to release to reduce redundancy of programming and ensure appropriate and meaningful supervision. The TOP will continue to be a resource as the highest level sanction for appropriate instances of misconduct and as a means by which to reduce technical violations and the workload caused by subsequent revocation hearings.

Parole and Community Services Division – Assessment Tools

- The **Level of Service Inventory-Revised (LSI-R)** is a computer scored risk-needs assessment instrument comprised of 54 static and dynamic items across ten sub-scales. It is used by Parole and Community Services to guide levels of supervision and community-based program interventions. This evidenced-based tool is used in many community corrections systems throughout the United States and Canada. In Connecticut, it is used by CSSD and many contracted non-profit providers.
- The **Adult Substance Use Survey-Revised (ASUS-R)** is a substance abuse questionnaire completed during the community supervision risk/needs assessment process for offenders age 18 or older, to assess alcohol and other drug use involvement and provides referral guidelines for various levels of services.

The combination of the LSI-R and ASUS-R provide parole officers with an effective means to reduce recidivism by addressing an individual’s primary criminogenic needs. Administered on all offenders with at least six months of community supervision, these assessment tools assist in the development of case plans that incorporate parole conditions, targeted interventions, and appropriate levels of supervision.

End of Sentence

In certain cases, individuals are not appropriate for supervised release programs or may simply be unable to be placed in a program or residence for a variety of reasons. Some of these individuals serve “Split Sentences”, meaning they have a period of

probation or special parole to follow the period of incarceration. In these instances, Probation officers may come into the facilities prior to discharge to plan for the imminent release from prison (see PTP procedures outlined earlier).

Other individuals will discharge with no period of supervision. For these individuals, the focus of reentry planning will be on securing housing, financial assistance and entitlements to offer a secure foundation for transition. Because DOC staff are inside facilities, there is significant reliance on partners in the communities and other state agencies, such as Department of Social Services.

Some critical issues to address with discharging offenders include:

Identification

Inmates in need of valid identification are offered assistance from CTDOC staff to procure Birth Certificates and Replacement Social Security Cards. CTDOC covers the costs associated with procuring these documents if inmates lack the resources to pay themselves. CTDOC also collaborates with the Department of Motor Vehicles to provide a unique program allowing eligible inmates to procure state identification. This program is provided within correctional facilities for inmates within 6 months of their release, who are deemed eligible by DMV.

Discharge clothing

Many offenders have very little possessions upon onset of sentence, and for those who have served a significant sentence, may have no possessions, including clothing. DOC relies heavily on support from contracted providers and community advocates to assist with clothing. Some community agencies offer gift certificates to chain department stores for clothing, others provide used outerwear at no or very low cost. (A community roundtable (Windham) has initiated a coat drive through the Quinebaug Valley Community College.)

Discharge Resources

Each inmate is issued a Discharge Resource Card at the time of discharge. These cards include updated information about where to seek assistance with housing, clothing, legal services, community health center access, welfare and other social services and employment assistance. Additionally, contact information within the DOC is provided for matters of medication, property and funds.

Housing

There are very few residential resources available that are willing to accept individuals convicted of certain crimes (sex offenses, violent crimes) and there are other cases where

community resources are unable to accept certain individuals (arson history will affect insurance liability, some residential programs are unable to provide sufficient services for individuals with certain health concerns//medical compromises). In these cases, a concentrated effort is made to find acceptable placements. Some common efforts include:

Individual Address: The first action for End of Sentence (EOS) offenders is to attempt to identify a family member or friend with whom the offender may reside. Some offenders, especially those with very short sentences, may still have a home and/or family to return to. This would be the ideal case. In some circumstances, the offender does identify a place to live. This may be a temporary situation, but a discharging offender has no obligation to provide information about intended whereabouts.

Sober Housing: The Connecticut Community for Addiction Recovery (CCAR) sober house system offers a significant source of reputable housing for offenders in recovery from substance abuse addiction. Their findrecoveryhousing.com network is frequently used, and as of very recently, no longer requires a license fee for users. CCAR sober house owners have agreed to abide by a set of agreed upon standards of quality, and are generally very reliable. The downside of sober housing is that relapse to substance use or inability to pay rent may result in immediate eviction, so placement is restricted to those individuals with a record of treatment or who indicate commitment to sobriety and those with financial resources or employment.

Access to Recovery (ATR III): is also available to assist with funding for qualified individuals. If approved, ATR III will assist new residents with up to two full months of paid rent. This allows newly released inmates a chance to get a job, save up some money and get back on their feet before they are required to assume full responsibility for paying monthly rent. However, ATR III only funds a certain number of beds with approved sober house organizations. Waitlists can be lengthy and a bed cannot be guaranteed to be open on the date an inmate discharges. Also, effective with ATR III, if an individual has used all allotted ATR funds in the past twelve months, they cannot reapply for at least twelve months, at which time additional funding is allowed on a case by case basis.

Salvation Army: Operates three men's residential programs in Hartford, New Haven and Bridgeport. Requirements may include employment with Salvation Army in exchange for room and board and a time commitment. They are also unable to accept individuals on certain medications and with a history of suicide attempts within the last two years

Nursing Home/Skilled Facilities/Supportive Housing: Reentry Counselors work with Health Services and CMHC Discharge Planners to place individuals who may be too medically compromised for traditional work release halfway houses. DOC Health Services Unit also works with DMHAS to place offenders who have significant mental illness. There are not many nursing home placements available, and this specialty population requires a very significant period of time and staff attention to develop an effective residential plan.

DSS Collaboration: DOC Facility Counseling staff and Reentry Services Counselors may work directly with DSS workers on cases where an offender is discharging with nowhere to go, if there is a history of receiving entitlements and/or having a DSS Identification number. Oftentimes, DSS Workers may have access to a whole different network of providers that DOC staff does not have access to.

Shelters: Once all other alternatives are exhausted, placement in a shelter is a last resort. Because shelter placements are first come first serve, there is tentativeness to the security of obtaining a bed. Additionally, the EOS population forced to resort to a shelter may include those with medical needs, violent offenses or individuals with so little resources that temporary placement is not the best option. In these events, DOC, Parole and Community Services and CMHC Health Services work together closely to try to develop wraparound services for these individuals and in cases of violent offenders, Parole and Community Services staff will complete community notifications.

Health Procedures for Discharge Planning

Prior to release, UCONN Correctional Managed Health Care staff review medical files for all offenders. Those who have prescription medication are issued a two week supply or a prescription, along with instructions, to ensure continuity of treatment until they are seen at a health services follow-up, which is also arranged prior to release. Health Services Discharge Planners also complete comprehensive discharge plans for offenders with significant health or mental health care issues. Follow-up appointments for critical medical or psychiatric services are arranged prior to release.

Partnerships For a Successful Strategy

The list below reflects the partners that will continue to work collaboratively to implement and make improvements to this statewide reentry strategy to ensure effective transition for offenders into the community.

State Agencies	Non-Profits
Department of Correction	Network of Residential / Non-residential providers, including Work Release Half-Way Houses
Office of Policy and Management	Foundations
University of Connecticut Health Center / Correctional Managed Health Care	Family Services
Department of Labor	Housing / Shelters
Department of Public Health	Faith Organizations
Department of Mental Health and Addiction Services	
Department of Education	Community / National Organizations
Department of Children and Families	City government
Department of Social Services	Law enforcement: federal / state / local
Office of Chief State's Attorney	Legislature
Office of the Victims' Advocate	Focus groups
Judicial Branch – Court Support Services Division	Social service providers
Board of Pardons & Paroles	Employers
Office of the Chief Public Defender	Chambers of Commerce
Department of Developmental Services	Reentry Councils
Department of Motor Vehicle	National Institute of Corrections (NIC)
	Council of State Governments
	Center for Effective Public Policy
	Vera Institute
	Annie E. Casey Foundation
Legislative Committees and Commissions	Federal Government
Sentencing Taskforce	DOJ Bureau of Justice Assistance
Commission on Children	Entitlements / Grants / Other funding sources as available
CJPAC	Social Security
	Immigration Community Enforcement

Challenges

- Exchanging basic assessment, behavioral, legal and health data between agencies for case management purposes due to differing IT infrastructures and/ or established data exchange protocols
- Evaluation of the effectiveness of the Reentry and Risk Assessment Strategy
- Coordination of programming in the community across agencies to ensure continuum of care for offenders transitioning from one agency to another
- Housing that is safe, affordable, and appropriate for early and/or successful reentry for individuals with mental health and/or substance abuse needs, including special populations in the community such as security risk group members, medically compromised and sexual offenders
- Continuing to develop community partnerships and integrate them into our reentry planning

Goals

- Continue to develop community initiatives, planning for sustainability upon completion of grant funding
- Expand housing partnerships, with a focus on special populations
- Develop and implement Results-based Accountability methodology to measure and assess strategy
- Persist in data sharing activities with criminal justice partners
- Increase programming collaborations in the community to ensure continuum of care from custody to and through reentry

Summary

The partners involved, criminal justice agencies and community organizations, are dedicated to enhancing public safety with effective supervision of offenders that promotes law-abiding behavior. The statewide reentry and risk assessment strategy is designed as a systemic approach to ensure that the mission and goals of public safety, staff safety and maintaining safe, secure and humane supervision of offenders are met both in the Department of Correction facilities and within the community.

Resources

BlumShapiro, *Connecticut Regional Institute for the 21st Century*, July 2010

DOC Program Compendium -
www.ct.gov/doc/cwp/

DOC Offender Accountability Plan -
www.ct.gov/doc/lib/doc/PDF/offenderAccountabilityplan.pdf

www.ct.gov/doc, February 2011

www.ct.gov/doc/bopp, February 2011

www.ct.gov/dmhas, February 2011

www.ct.jud/cssd, February 2011

www.ct.gov/opm, February 2011