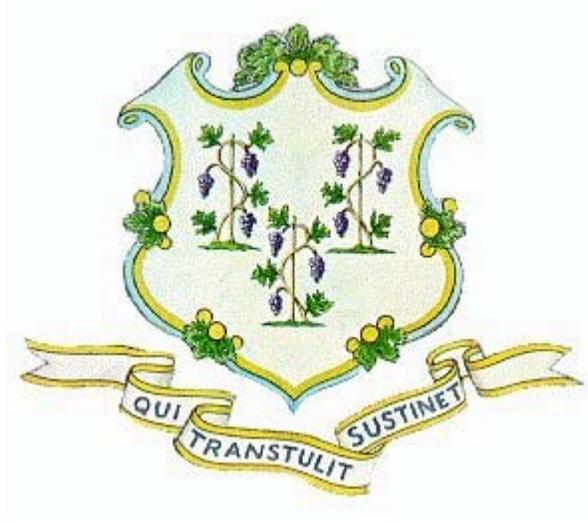


# State of Connecticut



***“Partners in Progress”***

## **The State of Connecticut Re-entry Strategy**

**February 15, 2009**

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## ***“Partners in Progress” Executive Summary***

This statewide re-entry strategy is the product of partnerships between a wide variety of criminal justice and human service agencies. *Partners in Progress* outlines the history of this collaboration, provides the current status of a number of important initiatives, and establishes new goals to enhance public safety and full implementation of the strategy. In general, the strategy incorporates a three-phase approach to the unique issues and challenges presented by the offender: *institutional*, *community-based*, and *discharge*.

With public safety as the overarching goal, this strategy details the best of current practice in Connecticut while providing realistic goals and actions to build upon our success.

## ***“Partners in Progress” Introduction***

The State of Connecticut recognizes that the successful transition of offenders from incarceration to the community necessitates collaboration between the offenders and their families, the state’s criminal justice agencies and partners from the communities in which offenders reside. It requires support and coordinated efforts by the legislative, judicial and executive branches of state government. It is a comprehensive strategy that focuses on offender accountability, and a statewide collaborative approach to increase public safety through recidivism reduction and increased success in the transition of offenders into productive and law-abiding community members.

This document reflects the coordinated efforts of a number of state agencies, working together toward the common goal of creating a statewide re-entry strategy that incorporates the path of an offender in the criminal justice system from admission to incarceration, through end-of-sentence and continued support in the community.

The Criminal Justice Policy Advisory Commission (CJPAC) is charged with developing a comprehensive statewide re-entry strategy through a shared vision of improved and enhanced public safety that integrates the offender, criminal justice agencies and the community, into a continuum of care / case management model.

## ***“Partners in Progress” History***

In 2004, Public Act 04-234 was passed to address the prison population. It also required the Prison and Jail Overcrowding Commission [PJOC] (a statutorily mandated group of criminal justice administrators) to submit an annual report on the state of prisoner re-entry. As chair of the commission, the Commissioner of the Department of Correction was responsible for the delivery of this report.

As criminal justice agencies were advocating re-entry practice as a means of public safety and recidivism reduction, it became apparent that re-entry was not an issue solely defined within the Department of Correction. Under Public Act 05-249, the PJOC was no longer

formally recognized and a new expanded group of professionals was incorporated into the statutorily established Criminal Justice Policy Advisory Commission (CJPAC). The Undersecretary for Criminal Justice Policy and Planning of the Office of Policy and Management was named chair of the new CJPAC, and a prison and jail overcrowding and re-entry working group was established to assist in fulfilling the CJPAC mission. The passing of PA06-193 moved responsibility for the re-entry strategy report from the Commissioner of Correction to the CJPAC.

### ***“Partners in Progress” Purpose***

The goal of a statewide re-entry strategy is to enhance public safety by reducing recidivism, relapse and revocation by implementing an integrated, collaborative and cost-effective approach to managing an offender’s transition from incarceration to the community. An integrated statewide re-entry strategy requires the collaboration of stakeholders who steadfastly reinforce the offender’s responsibility to lead a law-abiding and productive life in the community, and provide the necessary support and intervention to meet that purpose. Stakeholders include:

- ❖ Criminal justice employees across all branches of government, state and federal
- ❖ Community and Non-profit organizations
- ❖ Offenders
- ❖ Connecticut citizens

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.

## ***“Partners in Progress”* Guiding Principles**

The following principles guide the re-entry strategy:

- Re-entry is a legitimate community safety strategy.
- Risk reduction is as important as risk containment.
- All offenders discharging from incarceration could benefit from a period of supervision.
- Re-entry 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 re-entry plan.
- Targeting the highest risk offenders will have the most impact on increasing public safety.
- Identifying 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 re-entry; it must be targeted, individualized, and collaborative.
- Offender accountability systems must include reinforcements for positive behavior as well as sanctions for non-compliant behavior.
- Re-entry 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 re-entry.
- 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.

## ***“Partners in Progress” Re-Entry Goals***

**Goal #1: Reduce Recidivism:** Enhance public safety by reducing the number of parole violations and arrests during and following community supervision or discharge.

**Goal #2: Organizational/Cultural Change:** Create an organizational and cultural environment that supports risk reduction and re-entry work with offenders.

**Goal #3: Risk Reduction Case Management:** Establish system-wide individual risk reduction planning and case management from the time the offenders enter the system to the time they discharge parole supervision.

**Goal #4: Treatment Services:** Develop evidence-based treatment models that address multiple needs and criminal risk factors.

**Goal #5: Employment:** Increase the ability of offenders to obtain and sustain employment.

**Goal #6: Build Capacity of Local Communities:** Provide community risk reduction services to offenders.

**Goal #7: Substance Abuse:** Ensure all offenders who are high-risk for substance abuse are assessed, have timely access to treatment in the facilities, and in the community.

**Goal #8: Offenders with Mental Illness:** Ensure that all offenders with mental health needs have adequate transitional planning and connection to ongoing, timely and targeted services upon return to the communities.

**Goal #9: Community Corrections:** Enlist and engage the participation of other state agencies and stakeholders in the risk reduction and re-entry plan.

**Goal #10: Data and Evaluation:** Engage in ongoing monitoring and evaluation of the risk reduction and re-entry plan.

## ***“Partners in Progress”* Current Practices**

Working within existing resources to the extent possible, the re-entry strategy is threefold:

- I. Institutional Phase**
- II. Community-Based Program Phase**
- III. Discharge Phase**

The framework starts with an assessment process that guides the development of an Offender Accountability Plan (OAP) specific to each offender. This ensures that the offender is personally engaged in the management and transition process, has clearly defined goals and expectations, understands the personal accountability of meeting those goals and expectations, and is afforded access to programs and services specific to assessed risk and needs. The plan integrates the offender with stakeholders and the community to reinforce law-abiding and responsible behavior.

### **I. Institutional Phase**

The Institutional Phase describes actions, events and responsibilities that occur during an offender’s typical term of confinement, from admission to release to the community. The following illustrates the progression of offenders through the DOC system, beginning with the admissions process.

From the first day of incarceration, the DOC Offender Management Plan provides a progressive, systemic approach for the custody, care and treatment of each offender in accordance with state statute and the DOC mission statement. The Offender Management Plan is comprised of the objective classification system and the Offender Accountability Plan.

#### **A. Institutional Assessment and Engagement**

##### **1. Admissions**

Upon admission, health services personnel meet with all offenders. This initial screening seeks to identify individuals with acute medical and mental health issues and those who may be at risk for self-harm. Newly admitted offenders are assigned to an Orientation Unit to provide a period of time for adjustment, and to further assess, monitor and ensure they are in an appropriate correctional setting. Offenders with identified special needs are placed in housing designed to manage the specific issue, such as serious medical or mental health concerns.

Connecticut is one of only six states whose correctional agency houses accused and unsentenced populations, presenting unique challenges for offender management. Despite

the fact that the majority of accused offenders spend a relatively short time in DOC custody, they may participate in many of the same services available to the sentenced population. Due to the transient nature of this population, formal release planning may be problematic, as many offenders are released on bond or discharged from court with little or no notice to the DOC. Many pretrial offenders are referred by public defender staff and bail commissioners and are reviewed for potential release through collaborations with Court Support Services Division's (CSSD) Jail Re-interview Program and Department of Mental Health and Addiction Services' (DMHAS) Jail Diversion Program. These programs were developed to screen low-risk offenders or offenders with mental health issues so they may be better managed in a less restrictive environment.

The Jail Re-interview Program (JRIP), administered through CSSD, works closely with the DOC and the Division of Public Defender Services to develop community based alternative release plans for defendants held on bond. The data clearly illustrate the proficiency of the JRIP program in successfully identifying defendants who can be supervised in the community while their criminal cases are pending and ultimately assisting the DOC with regard to prison and jail overcrowding.

New enhancements to the JRIP program are:

- Specialized DOC Populations
- Intensive Pre-Trial Supervision Track (IPST)

These initiatives target pre-trial defendants with a mental health disorder as well as offenders with substance abuse problems. Additional mental health treatment and case management services in the Alternative Incarceration Centers have enabled the JRIP to develop community release plans for defendants with mental health disorders who would have otherwise continued to be held on bond. In addition, the ability to combine intensive outpatient substance abuse treatment and intensive pre-trial supervision services through the IPS officers has resulted in more offenders being released. As the data below suggests, the Jail Re-interview Program continues to have a substantial impact on reducing the pretrial population in the DOC.

<b>Fiscal Year</b>	<b>Offenders Interviewed</b>	<b>Released from DOC</b>
2007	10,885	7,468 – 69%
2006	9,801	6,371 – 65%

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 JD staff the judge may elect to divert the defendant to treatment rather than incarcerate the defendant on a bond. JD staff facilitate a referral 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. For those defendants who remain on pre-trial status, an initial risk and treatment need assessment is conducted within 24 hours of institutional admission to determine appropriate offender classification and facility placement. Those offenders whose sentences are two years and under will receive their

classification and assessment at the pre-trial facilities. Subsequent transfer to sentenced facilities occurs shortly thereafter, whereupon the receiving facility will develop and implement the Offender Accountability Plan (OAP).

Newly sentenced offenders serving sentences greater than two years will be transferred to a correctional institution and placed in an orientation unit, where they will participate in a 10-day assessment cycle, consisting of an extensive medical and mental health work-up, a substance abuse evaluation, educational and vocational assessment and sex offender treatment needs review.

The Department utilizes a number of assessment instruments to objectively identify the level of service needs for individual offenders. In addition, the offender is reviewed for custodial and security risk management. During this orientation process, a community resource needs evaluation determines the level of priority/intervention required for the sentenced offender to receive assistance with pre-release and discharge planning.

The DOC recognizes the need for discharge planning to begin upon admission, and structures the initial treatment plan accordingly. The DOC works with each offender to provide the opportunity to gain necessary skills to facilitate a successful transition into the community. The offender is given information about all DOC community release eligibility opportunities. Separate from the DOC orientation, a representative from the Board of Pardons and Paroles meets with each eligible offender to review criteria and expectations for the earliest possible discretionary release.

## **2. Classification**

An offender is assigned to a particular facility based on objective classification principles and criteria. Classification decisions balance offender, DOC, and public interests while preparing offenders for re-entry into society.

The goals of the DOC classification system are to:

- a) Ensure the safety and well-being of the community, facility, staff and the offenders;
- b) Apply a consistent and reliable classification and assessment system that assigns offenders to a level of confinement consistent with the protection of the community, facility, staff, and offenders;
- c) Recommend offender programs and activities according to specific needs;
- d) Involve the staff and offender in developing an incarceration plan and a plan for community release and reintegration (OAP), where appropriate;
- e) Develop, record and analyze data necessary for individual decision-making and program and facility planning;
- f) Ensure that staff and offenders understand the procedures and criteria used in the classification process.

## **3. Offender Accountability Plan (OAP)**

The OAP assists DOC staff in articulating behavioral and programmatic expectations with offenders. The OAP works in conjunction with Classification to set realistic

performance objectives that are tied to reasonable expectations about discretionary release in accordance with the DOC mission with the outcome of successful reintegration to the community. An Offender Accountability Plan is designed with each offender, formulating treatment, programmatic and behavioral expectations for the duration of the offender's incarceration. The offender, DOC and the Board of Pardons and Paroles endorse its recommendations.

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 offender on a regular basis throughout the term of incarceration in order to assess progress and reinforce achievement of stated goals.

In addition to participation in identified treatment, education and vocational programs, the OAP addresses safety and security issues, to include behavioral expectations. Additional components may include development of faith-based, family, and community support systems.

Upon conclusion of the offender's orientation and development of the individualized OAP, the offender is transferred to an institution commensurate with the assigned security level and programmatic offerings to address the recommendations from the OAP. The final phase of the OAP prepares the offender for transition into the community, either by way of a supervised community release program or full discharge from the sentence.

## **B. Institutional Services**

### **1. Treatment, Programs and 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 individualized 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. A complete listing and full description of these programs is available on the agency website at: [www.ct.gov/doc](http://www.ct.gov/doc). In addition to the programs and treatment services mentioned, other services are offered to involve offenders 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 offenders who do not have a high school diploma or GED and are 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 diversity

within the offender population, 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 offenders 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 offender population.

The Offender Programs and Victims Services Unit provides a comprehensive evaluation of all programming offered by the department in relation to the mission statement. The unit has developed a database of programs that are offered within the department in order to facilitate analysis and has invested a considerable amount of resources into the development of a management information system. This system will be able to determine dimensions of correctional program performance through measurable outcomes. The research section of this unit collects information and enters it daily into the offender database for modeling and analysis.

### **C. Re-entry Preparation**

DOC offers transitional programs and services as part of an overall plan to successfully reintegrate offenders back into society. A priority is to provide opportunities and resources for offenders to become successful, beginning the very first day they enter facilities and continuing to the day they are released. How well offenders are prepared to enter society will directly impact their chances for success.

Research has shown that when offenders are properly equipped prior to discharge, it increases their chances for a successful reintegration. This research has shown that recidivism is reduced when transition and aftercare services are provided.

The services are designed to increase the offender's ability to take responsibility for acquiring the necessary skills in order to procure employment, housing and transportation. Also, there is assistance to the offender for acquiring vital documents including identification cards, birth certificates, social security cards and driver's licenses and information regarding referrals in the community.

#### **1. Community Release Outlook**

The re-entry process is a critical component in helping an offender successfully transition back into their community. This includes consolidating treatment gains the offender has made during the period of incarceration, providing linkages to community-based services, and placing the offender into appropriate community release programs.

It is the DOC policy that participation in pre-release preparation and programming services is one of the most essential components to the successful reintegration of the offender to the community.

The DOC underwent a fundamental shift in its utilization of community services by collaborating with sister agencies to better integrate programs received while incarcerated with the supervision that is provided following release.

A relapse prevention re-entry program is offered to ensure continuity of treatment upon release. Designed to assist the offender in identifying high risk situations that threaten stability in the community, the program participants compile a workbook that is utilized by staff in facilities and in halfway houses, and by parole and probation staff supervising the offender in the community.

In facilities with a large number of discharging inmates, the Department of Correction's Unified School District #1 offers a 21-session re-entry curriculum that includes a variety of real world skill building such as job search, interview preparation, and procurement of identification. The student leaves the facility with a portfolio of resources used to ease the transition to the community.

Six DOC facilities offer Job Centers, a collaborative effort with Department of Labor (DOL), to provide offenders who are nearing release the opportunity to search for real time jobs with employers willing to hire ex-offenders. Job Centers offer secured Internet access for job searches, instruction on completing computerized applications and resume development.

In advance of a discretionary release date, members of The Board of Pardons and Paroles meet with an eligible inmate to review both conduct and program participation in relation to the plan implemented at the beginning of the sentence. A decision to release an inmate to discretionary parole (or other supervision) will be impacted positively or negatively based on this evaluation.

## **2. Transitional Services**

In the final months prior to release from incarceration, counselors work with offenders to address community resource needs. Re-entry counselors are assigned to facilities with the greatest number of discharges, to assist with coordination of housing, employment and necessary identification and governmental entitlements.

The DOC also has dedicated discharge planners to assist those releasing offenders 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 that offenders who need government entitlements following incarceration have these in place prior to release. A detailed description of available transitional services can be found on the agency's website at [www.ct.gov/doc](http://www.ct.gov/doc).

The Department of Mental Health and Addiction Services (DMHAS) operates two reentry programs in DOC facilities. The Connecticut Offender Reentry Program (CORP) provides life skills groups twice a week to men and women with serious mental illness in York CI, Garner CI, and Osborn CI who are returning to Hartford, New Haven, Bridgeport, Waterbury, and the New London/Norwich areas. 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 will visit with the inmate prior to discharge for planning and to arrange engagement with community services.

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 inmates to develop a discharge plan. After release, TCM staff provides substance abuse counseling, case management, and assist with obtaining housing, employment, insurance, and other necessities.

DMHAS administers the General Assistance (GA) Behavioral Health Program to provide substance abuse and mental health services to recipients of GA, including discharging inmates. The GA Intensive Case Management (GAICM) program provides outreach to incarcerated former clients of GAICM prior to or just after release from DOC to reconnect them with community services.

The DMHAS Access to Recovery (ATR) program provides funding for a range of substance abuse treatment programs and community recovery supports, including basic needs and housing, for inmates with substance use disorders being discharged to Community Parole, Transitional Supervision, Project PREP (Hartford only), end of sentence, or CSSD's Probation Transition Program.

## **II. Community-Based Program Phase**

### **A. Post-Release**

The Parole and Community Services Division plans, develops and supervises a case-management counseling program of supervision and services in order to protect the community and foster offenders' successful community reintegration. Preparation for case management community supervision begins on the first day of incarceration based on the OAP. It continues with a consistent program methodology and monitoring in the community. The model relies on the parole officer to develop and monitor a comprehensive individual case plan for all offenders emphasizing concepts of risk assessment, relapse prevention, life skills, incentives as well as appropriate sanctions and treatment interventions. The program is intended to assist the offender with community reintegration and emphasizes the effective use of contracted community based residential and non-residential programs.

The Division provides supervision and services to offenders who are released on Parole, Special Parole, Transitional Supervision (TS) and Transitional Placement, or who are released via DOC's community release authority to a contracted residential program. The level of offender supervision in the community ranges from intensive (weekly reporting along with electronic monitoring or GPS tracking) to minimal (once monthly reporting) supervision.

The Division is comprised of five district offices in Bridgeport, Hartford, New Haven, Norwich and Waterbury. In addition, a statewide residential services unit provides placement and oversight of all offenders in community based residential programs. Parole managers and officers guide the progress of offenders and their adherence to release conditions set forth when they are released from department facilities.

## **B. Community Integration**

The Division manages a myriad of other community supervision functions through the following specialized units: standards and compliance, central intake, special management, mental health, and fugitive investigation. These specialized units work in concert with the district offices to enhance offender accountability and public safety.

The Special Management Unit (SMU) incorporates a full time victim advocate as an integral part of the management and supervision of sex offenders. The advocate, an employee of Connecticut Sexual Assault Crisis Services, initiates contact with sex offenders being released to parole. Parole, sex offender treatment and victim advocacy entities collaborate to insure that offenders meet the conditions of parole and work as a unit to inform decisions related to where sex offenders live and work as well as what activities they may participate in. A risk and needs approach is utilized based on sex offender specific assessments. The unit uses a containment model that emphasizes close collaboration between parole officers, law enforcement, clinicians and victim advocates. Supervision may also include GPS tracking, polygraph examinations and monitoring of an offender's computer.

A Central Intake Unit (CIU) was established to improve efficiency and accountability for TS and parole releases. This unit has streamlined communication between DOC facilities and the division and has effectively served as a single point of contact for facilities to access information regarding pending cases. Release coordination teams were also established in each district parole office to carry out pre-release home investigations and a variety of release planning duties. This allows caseload officers to focus more on the active supervision of offenders. The release teams interact with CIU to manage all releases in a timely manner.

The Division's Fugitive Unit is responsible for investigating and apprehending all persons who escape from TS and as requested, persons who escape from half way houses, in addition to their work with parole absconder investigations. The Fugitive Unit consists of officers who conduct regular monthly operations targeting multiple fugitives (parole fugitives and other wanted persons). The unit participates in extraditions and conducts all fugitive work for parole absconders, transitional supervision escapees and other cases deemed high profile. The unit has conducted operations with the Connecticut State Police, Federal Bureau of Investigations, Alcohol Tobacco and Firearms, Drug Enforcement Administration, the State Department, Immigration and Customs Enforcement, Massachusetts State Police and other local agencies in Connecticut.

A Mental Health Unit within the division provides supervision and support for offenders who have a history or current diagnosis of significant mental health disorder(s). Officers in this unit receive specialized training provided by DMHAS and DOC mental health treatment specialists. Topics include case management, mental health diagnosis, medications (including interaction/side effects) and de-escalation techniques.

The number of contracted residential program beds has increased especially in transitional housing. In addition to receiving counseling, employment assistance, substance abuse and mental health treatment, offenders in community residential

programs maintain employment, pay taxes, rent, victims' compensation and child support.

Nonresidential programs provide a variety of services to offenders including outpatient substance abuse counseling, mental health evaluation and treatment, anger management, domestic violence education, employment assistance, individual, couples and family counseling, family training, child care education, transportation and other social services.

### **C. Probation Transition Program Project**

Offenders being released on "split sentence" supervision are leaving Connecticut correctional facilities in increasing numbers. There are thousands of offenders each year serving a split sentence of incarceration at one of Connecticut's Department of Correction facilities, with a stipulation of probation or special parole at the time of their release.

The majority of split sentence offenders can be categorized as non-violent and many have a poor quality of life due to a myriad of social and medical needs. Many split sentence clients fail to acknowledge their probation stipulation and either do not report or otherwise fail to comply with conditions.

Research has shown that timely response to this population -- called "front loading" services and intensive supervision within the first four months of release including the critical first 72 hours -- is effective in promoting successful re-entry and reducing the likelihood of violations.

## **III. Discharge Phase**

### **A. Discharge Planning**

A discharge plan is developed with all offenders 45 days prior to discharge, to address the following:

- Discharge funds
- Transportation arrangements
- Clothing
- DNA/ Sex Offender registration
- Housing
- Employment
- Any special treatment needs

All discharging offenders also receive a discharge card, with contact information for community resources.

Parole officers assist with discharge plans for offenders who are transitioning to community release. In the event an offender discharges at the end of sentence without the benefit of community supervision, the DOC makes every effort to address the community needs of the offender.

## ***“Partners in Progress” Partnerships For a Successful Strategy***

The DOC, in partnership with the organizations listed below as well as others, will work collaboratively to implement this statewide re-entry strategy to ensure effective transition for offenders into the community.

<b>State Agencies</b>	<b>Non-Profits</b>
Department of Correction	Network of Residential / Non-residential providers
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	Work Release Half-Way Houses
Department of Education	<b>Community</b>
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 / Office of Adult Probation	Social service providers
Board of Pardons & Paroles	Employers
Office of the Chief Public Defender	Chambers of Commerce
	Re-entry Councils
<b>Legislative Committees and Commissions</b>	<b>Federal Government</b>
Sentencing Taskforce	Bureau of Justice
Commission on Children	Entitlements

## ***“Partners in Progress” Building on Successes***

The following action steps were identified through this process and aligned with the applicable re-entry strategy goal:

### **Goal #2: Organizational/Cultural Change:**

- ✓ Recommend needed public policy to the Governor and Legislature
- ✓ Transition the PIOC Working Group into the Statewide Re-entry Task Force to provide oversight and guidance to the statewide re-entry strategy action and implementation plan

### **Goal #3: Risk Reduction Case Management:**

- ✓ Systematize approach to case management / continuum of care with a variety of agencies

### **Goal #5: Employment:**

- ✓ Increase employment opportunities for offenders through the three phases providing appropriate education / programs while incarcerated and connections with employers during community integration and discharge planning

### **Goal #6: Build Capacity of Local Communities:**

- ✓ Leverage and integrate federal funding opportunities, i.e., Food Stamp Employment and Training Program (FSET); Bureau of Justice Assistance, Community Safety through Successful Offender Re-entry; Justice Center, Second Chance Act; Access to Recovery

### **Goal #9: Community Corrections:**

- ✓ Develop a Re-entry Council in each large urban area, expanding on the current work in Bridgeport and carrying out the policies and goals set forth in this strategy; the areas are to include:
  - New Haven
  - Hartford
  - Waterbury
  - New Britain
- ✓ Continue to build and enhance partnerships and collaborations
- ✓ Enhance information sharing between agencies and community partners
- ✓ Enhance outreach with crime victims and offenders who are released from prisons, jails or juvenile facilities
- ✓ Enhance coordination efforts with families / sponsors of offenders
- ✓ Ensure racial and gender parity throughout the criminal justice system and community-based services

## **Goal #10: Data and Evaluation:**

- ✓ Implement this strategy using the Results-Based Accountability (RBA) methodology
- ✓ Embed integrated research and evaluation practices into the re-entry strategy

### ***“Partners in Progress” Next Steps***

- Develop an action and implementation plan from the strategy with assignments and timelines overseen by the CJPAC
- Incorporate identified measures of success and establish means to assess performance outcomes and engage in ongoing evaluation
  - Rates of recidivism and community revictimization
  - Number of inmates eligible for release on parole, transitional supervision, probation or any other release program
  - Number of inmates who make the transition from incarceration to the community in compliance with a discharge plan
  - Prison bed capacity ratios
  - Adequacy of the network of community-based treatment, vocational, educational, supervision and other services and programs
  - Reinvestment of any savings achieved through a reduction in prison population into re-entry and community-based services and programs
- Meet with partner agencies to establish improvement / implementation plans to include:
  - Department of Mental Health and Addiction Services – addiction and mental health services
  - Department of Motor Vehicles – offender identification
  - Department of Labor – employment assistance
  - Department of Transportation – public transportation
  - Department of Correction / Judicial Court Support Services Division / Board of Pardons and Paroles – risk assessment strategy
- Meet with community partners and local governments to establish plans of action around such topics as:
  - Re-entry Councils
  - Local law enforcement / community safety
  - Housing
  - Healthcare access
  - Family support
  - Child welfare / support
  - Victim support

## ***“Partners in Progress” 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 re-entry 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.