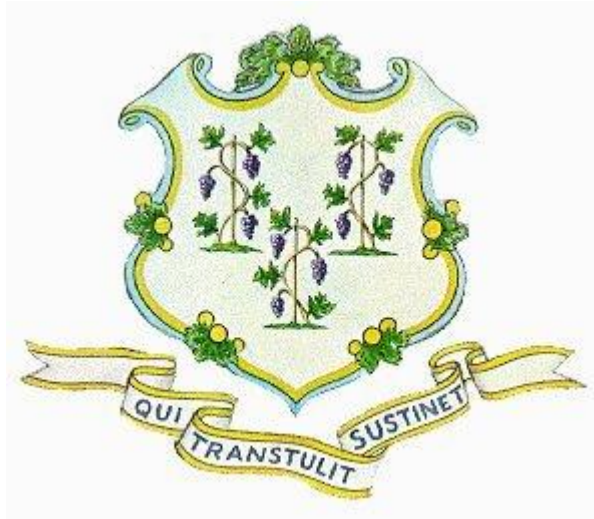


# State of Connecticut



***“Partners in Progress”***

## **The State of Connecticut Reentry Strategy**

**May 2010**

## ***“Partners in Progress”*, Table of Contents**

Acknowledgements.....	3
Executive Summary .....	3
History.....	4
Purpose.....	5
Guiding Principles .....	6
Reentry Goals.....	7
Current Practices.....	8
Partnerships For a Successful Strategy .....	24
Building on Successes.....	25
Summary.....	32

## **Acknowledgements**

The Prison and Jail Overcrowding Working Group has reviewed and updated the CT Reentry Strategy on behalf of the Criminal Justice Policy Advisory Commission (CJPAC). Showing 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
- Department of Correction
- Board of Pardons and Paroles
- Judicial Branch, Court Support Services Division
- Department of Mental Health and Addiction Services
- Office of Chief State's Attorney
- Office of Chief Public Defender
- Vernon Police Department

## **Executive Summary**

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 State of CT Reentry Strategy report reflects the work of the members of the Criminal Justice Policy Advisory Commission (CJPAC) and its working group, the Prison and Jail Overcrowding and Reentry Committee (PJOC). The strategy reveals the practice and progress of this collaboration around reentry, detailing the cycle an offender passes through from entry to the system to return to their community. These steps through the cycle are as follows:

- Arrest / Sentence

- Intake / Assessment
- Programs
- Transition
- Discharge

While the steps are depicted as a cycle, the ultimate goal is to break the cycle and return offenders to their communities to stay. As detailed in the report, each step shows the active partnerships, activities and practices that assist an offender and move them toward reintegration.

Guiding Principles provide a framework within to work and the goals set out ensure all partners are contributing collectively to a stronger strategy and desired outcomes.

Strengthening partnerships with communities across the state is the focus of several initiatives and the statewide reentry strategy updates and continues to reflect the many collaborations between a wide variety of criminal justice and human service agencies and community councils. Highlighting the many activities that have taken place over the past year, the strategy lists goals and accomplishments as well as the setting of new goals for the future in order to continually improve upon public safety and citizen wellness in the state of Connecticut.

## **History**

In 2003, the Department of Correction (DOC) began to move toward the practice of reentry and began to create a strategy to address that shift. In 2004, Public Act 04-234 (now referred to as C.G.S. Sec. 18-81w) 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 reentry. 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 reentry practice as a means of public safety and recidivism reduction, it became apparent that reentry 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 reentry working group was established to assist in fulfilling the CJPAC mission. The passing of PA06-193 moved responsibility for the reentry strategy report from the Commissioner of Correction to the CJPAC.

## **Purpose**

The goal of a statewide reentry strategy is to enhance public safety by reducing recidivism by implementing an integrated, collaborative and cost-effective approach to managing an offender's transition from incarceration to the community. An integrated statewide reentry 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
- ❖ State agencies that provide services to reentering offenders
- ❖ Cities and Towns of CT
- ❖ Local Law Enforcement
- ❖ 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.

## Guiding Principles

The following principles guide the reentry strategy:

- Reentry 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.
- 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.

## **Reentry Goals**

**Goal #1: Public Safety / Reduce Recidivism:** Enhance public safety by redirecting the offender to law abiding behavior, reducing the number of parole violations and arrests during and following community supervision or discharge.

**Goal #2: Correctional Population Management:** Utilize the finite number of correctional beds for the most serious offenders who must be incapacitated.

**Goal #3: Organizational/Cultural Change:** Create an organizational and cultural environment that supports risk reduction and reentry work with offenders.

**Goal #4: 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 #5: Integrated Treatment:**

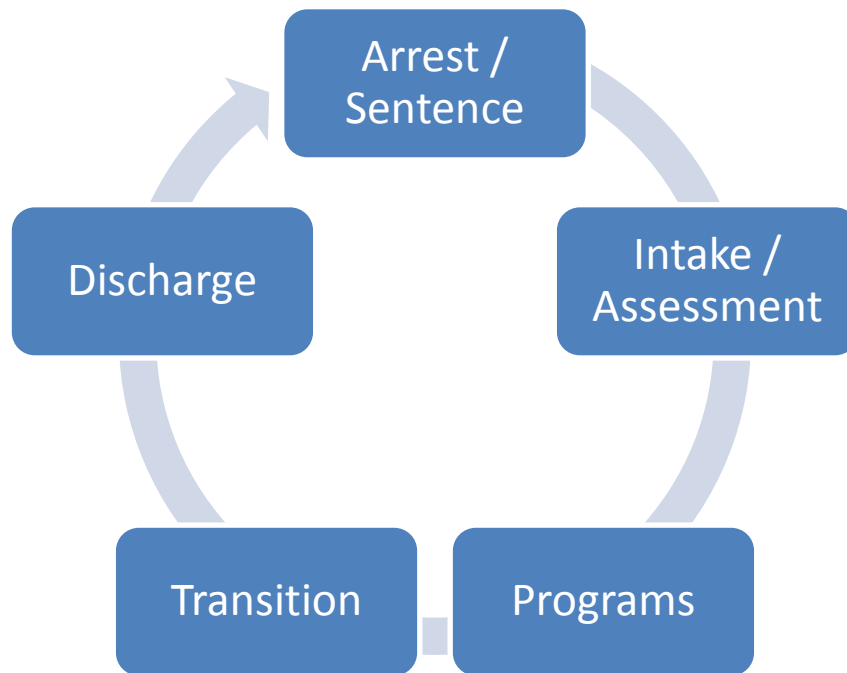
Develop evidence-based treatment models that address multiple needs, including medical, mental health and substance abuse and criminal risk factors as well as transitional planning and connection to ongoing, timely and targeted services upon return to the community.

**Goal #6: Employment:** Increase the ability of offenders to obtain and sustain employment.

**Goal #7: Build Capacity of Local Communities:** Provide community risk reduction services to offenders.

**Goal #8: Community Corrections:** Enlist and engage the participation of other state agencies and stakeholders in the risk reduction and reentry plan.

**Goal #9: Data and Evaluation:** Engage in ongoing monitoring and evaluation of the risk reduction and reentry plan.



### **Current Practices**

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. This could, at times, be a continuous or repeating cycle for an offender, but the goal of all criminal justice agencies is to break the cycle and reintegrate an offender into their community.

As indicated, the Statewide Reentry Strategy focuses on life cycle in the criminal justice system; when the offender moves to ex-offender and then citizen status, the community partners become the primary support system.



## **I. Arrest / Sentence**

a. Partners – Law Enforcement; Judicial; Public Defender; Chief State’s Attorney

b. Activities:

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

Of paramount importance at the onset is the accurate documentation of the circumstances involved in the offenders contact with the system and providing this information, in the form of arrest reports, pre-sentencing interviews, court transcript and mental health evaluations, so that the correct reentry strategy for the offender can be identified from the onset and any corrective actions be taken early on in the offenders incarceration.

This sharing of information by all early stakeholders enables the accurate diagnosis of issues by the DOC and the Department of Mental Health and Addiction Services (DMHAS) so that treatment may begin as soon as possible.

## **II. Intake / Assessments**

a. Partners – DOC, BoPP, UCONN / CMHC, CSSD, DMHAS, Public Defender Office, Community Contracted Providers / Volunteers

b. Activities:

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. 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.

Connecticut is one of only six correctional agencies which houses accused and un-sentenced 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 and individuals often have experienced no loss of structure in the community, retaining homes, jobs and families at this point of the incarceration cycle. 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.

<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%
2008	15,949	10, 257 – 64%
2009	15, 548	10,426 – 67%

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. Jail Diversion staff screen over 4,000 defendants per year and approximately 62% are known to have a serious mental illness. The remainder have a less serious mental illness or the severity of mental illness is unknown at the time of screening. Of the total number screened 3,400 defendants are in custody at the time of screening. The court diverts approximately 60% of defendants with serious mental illness who are in custody at the time of screening.

An initial risk and treatment need assessment is conducted within 24 hours of institutional admission to determine appropriate offender classification and facility placement. Offenders with sentences of two years and under will undergo classification and assessment screenings 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 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.

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 reentry 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.

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.

An assessment process is an early activity in this stage 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. For more detailed information regarding assessments, please refer to the Statewide Risk Assessment Strategy, collaboration between the DOC, BoPP and CSSD.

### **III. Programs**

- a. Partners – DOC, Community Contracted Providers / Volunteers
- b. Activities:

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, lack of education, 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 program evaluations and developed a database of programs that are offered within the department 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.

#### **IV. Transition**

- a. Partners – DOC, BoPP, CSSD, DSS, DCF, DOL, Community Contracted Providers / Volunteers, Other community providers, i.e., CCAR, Community Reentry Councils
- b. Activities:

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.

The reentry 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.

A relapse prevention reentry 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 designed for use 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 reentry 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, staff 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.

## **V. Discharge**

- a. Partners – DOC, UCONN / CMHC, Community partners, i.e., housing
- b. Activities:

In the final months prior to release from incarceration, counselors work with offenders to address community resource needs. Reentry 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 also administers the General Assistance Behavioral Health Program (GA BHP) which provides substance abuse and mental health services to eligible recipients of State-Administered General Assistance, including individuals discharged from prison. The General Assistance Intensive Case Management (GAICM) program, as requested by DOC or Judicial Branch Court Support Services Division (CSSD) staff, provides outreach to incarcerated former clients of GAICM prior to or just after release from DOC to reconnect them with community services.

The DMHAS federally funded 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 individuals with substance use disorders being discharged to Community Parole, Transitional Supervision, Project PREP (Hartford only), end of sentence, or specific programs of the Judicial Branch CSSD.

The Department of Correction's 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.

Effective in the 2009 September special session, the 45 day reentry furloughs were reestablished with an enhanced community supervision model as amended by Public Act 09-7, C.G.S. 18-101a. Furloughs are granted to set up a residence, to facilitate treatment services and provide opportunities to see employment for offenders who would otherwise discharge without supervision. A protocol was established between DOC, Parole and Community Services and CSSD for notification of reentry furlough approvals for offenders serving split sentences.

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 two victim advocates, who are employees of CT Sexual Assault Crisis Services (CONNSACS), 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 Department of Correction conducted a holistic review and reassessment of its community dollars in the summer of 2009, with the goal of better addressing the needs of offenders returning to their communities, with an emphasis on the most heavily represented geographic areas. As a result that rebidding of the community network, the number of available residential halfway house beds was reduced from 1277 to 1145. While this reduction would appear to reduce the capacity of the system to reintegrate inmates into their communities, other changes should actually increase the availability of community residential beds. Primary among these changes, the Department was able to substantially reduce the length of service, or time spent in a community residential program. This will result in a more frequent turnover of program space across the state, thus allowing for an increase in the number of inmates released from incarceration. In addition, the newly designed network of services more accurately reflects areas of need, as determined by the Department.

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.

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 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 special and medical needs. Prior to the implementation of the Probation Transition Program, many split sentence clients failed to report to probation leading to technical violations or violated their probation during the first few months of supervision because their basic and criminogenic needs were not met in the community.

The Judicial Branch-Court Support Services Division (CSSD) created the PTP Project as an effort to reduce the number of probationers' sentenced to incarceration as a result of a technical violation of probation. PTP officers screen and assess offenders prior to their release from the DOC. This process allows probations staff to identify and address issues and circumstances in the offenders' lives which are barriers to successful community reentry. PTP clients face multiple problems and challenges such as; housing, employment, staying drug free, reuniting with family members, establishing benefits, and rebuilding one's own life. Officers assigned to this unit provide vital resources and services to help clients address their needs in an effort to stabilize and maintain the client in the community and lessen some of the factors that lead to criminal activity. CSSD has established effective linkages to programs (substance abuse, educational services and employment services) in the community that contribute to the success of these clients. The DOC recently started a program, Time Out Program (TOP), at the Carl Robinson Correctional Institution. TOP is as an incremental sanction to address the large population of technical violators who are incarcerated. Many times, when an offender is on supervision in the community, they may be struggling with one area of their

management plan, while succeeding in others. An individual may have permanent housing, for example, and a full time steady job, which may be threatened by relapse. Repeated relapse to drug and alcohol use may lead to a technical violation of supervised release, and reincarceration. So, while we violate to address the drug use, the offender also loses the stable things in his life, like a home and job.

The TOP program is designed to address the slip in a short period of time, in an attempt to get the offender back on track in a successful pattern in the community, with minimal disruption to the steady successful areas in his / her life, and with minimal use of institutional bed space.

An independent study conducted by Central CT State University found that the reincarceration rates for PTP clients was 17% versus 41% for the PTP Comparison Group during the initial year of the program. This study also concluded that PTP clients had significantly lower probation violation rates than the PTP Comparison Group. Based on these findings, CSSD expanded the program to ensure that all inmates with a term of probation beginning upon release from the facility will be interviewed prior to their release from the DOC by CSSD staff to review the conditions of probation, schedule an initial probation appointment in the community, assess the client's needs and make appropriate referrals.

A discharge plan is developed with 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. Reentry Counselors develop discharge plans, and, along with CMHC discharge planners address any exigent issues such as housing, health care, etc. In the case of a sex offender, Parole will assist with arrangements. Case conferences may also be held for interdisciplinary attention to any offender needs.

## 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 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	<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 – 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	
<b>Legislative Committees and Commissions</b>	<b>Federal Government</b>
Sentencing Taskforce	Bureau of Justice
Commission on Children	Entitlements / Grants / Other funding sources as available
CJPAC	Social Security
	Immigration Community Enforcement



## **Building on Successes**

The following action steps were identified through the 2009 development process and are aligned with the applicable reentry strategy goal. Following each are tasks and activities that have been accomplished through the past year.

### **Goal #1: Public Safety / Reduce Recidivism:**

- ✓ The criminal justice partners continue to work together to develop the strategy and achieve the goals below

**Goal #2: Correctional Population Management:** Utilize the finite number of correctional beds for the most serious offenders who must be incapacitated.

- ✓ Ongoing collaborative efforts of DOC and Parole exist to transition inmates into the community thru use of the following:
  - Community release
  - Transitional supervision
  - Reentry furloughs
- ✓ DOC uses an objective classification system to assess offender risk to classify offenders and house them in the appropriate custody level facility
- ✓ Collaboration of DOC and CSSD with the Jail Re-interview program
  - ✓ *Increase use of TOP program and other incremental sanctions for technical violators **Continuing activity***

### **Goal #3: Organizational/Cultural Change:**

- ✓ Recommend needed public policy to the Governor and Legislature
  - ✓ *Section 35 of PA 09-07, September special session, reinstated reentry furloughs for a period of up to 45 days for any compelling reason consistent with rehabilitation. **Completed***
- ✓ Transition the PJOC Working Group into the Statewide Reentry Task Force to provide oversight and guidance to the statewide reentry strategy action and implementation plan
  - ✓ *The PJOC meets regularly and continues to provide oversight to the reentry strategy. **Continuing Activity***
- ✓ Develop an action and implementation plan from the strategy with assignments and timelines overseen by the CJPAC
  - ✓ **Continuing Activity**
- ✓ 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
- ✓ *This is an ongoing effort through CJPAC and PJOC. **Continuing Activity***
- ✓ Monitor the Office of Legislative Research reports on criminal justice for reforms under consideration by the legislature. **Continuing Activity**

#### **Goal #4: Risk Reduction Case Management:**

- ✓ Systematize approach to case management / continuum of care with a variety of agencies
  - ✓ *The Criminal Justice Risk Assessment Strategy, submitted to the Legislature in February 2010, outlines a systematic plan for managing offenders across the DOC, BoPP and Judicial, CSSD. **Continuing Activity***
  - ✓ *The DOC, BoPP and OPM are currently working closely to cross validate a number of assessment tools. **Continuing Activity***
  - ✓ *The DOC and BoPP have coordinated extensively with the Judicial Branch and signed a Memorandum of Agreement to access juvenile and youthful offender records. **Completed***
  - ✓ *The DOC has increased and improved electronic monitoring capabilities and is working with probation and the vendor to further improve that process. **Continuing Activity***
  - ✓ *DOC / Parole and Community Services has added specialty units to facilitate management of offenders with specific needs and identified risks. **Completed***
  - ✓ *The DOC has developed and implemented the Time Out Program (TOP), a collaboration with the Community and BoPP for offenders who may need programs / incremental sanctions during their parole period. **Completed***
  - ✓ *To expand TOP program to York CI. **New in 2010***
  - ✓ *The DOC / Parole and Community Services has applied for a Department of Justice grant to fund polygraph examinations to enhance the supervision and treatment of sex offenders in the community. **Continuing Activity***
  - ✓ *DOC issued an RFP for a 12 bed staff secure residential sex offender program.*
  - ✓ *The DOC collaborated with the BOPP on the development of an incremental sanctions policy that was piloted in several parole districts. The policy is currently in final draft form and is being reviewed by the Chairman of the BOPP. **Continuing Activity***
  - ✓ *Explore ways of addressing reentry needs of special populations to support their supervised transition to the community. **New in 2010***

#### **Goal #5: Integrated Treatment:**

- ✓ Provide holistic care and increase efficiencies and effectiveness
  - ✓ *The DOC is conducting 3 pilot programs for integrated care utilizing teams to develop the workforce. **Continuing Activity***
  - ✓ *There is a 10 state implementation study being conducted through CJDATS, Drug Abuse Treatment Studies. **Continuing Activity***
  - ✓ *The DOC is conducting a pilot to develop and implement a predictable reentry system for offenders with less than 5 years being assessed for level of need for*

- addiction; identified 4's and 5's will work with BoPP for presumptive eligibility for parole dates if they complete Tier 3 / 4 programming. **Continuing Activity**
- ✓ The DMHAS began drafting the state substance abuse plan that is due July 1, 2010. The DMHAS will consult with the CJPAC and will reference the state reentry plan in creating the state substance abuse plan. **New in 2010**
  - ✓ The DMHAS Transitional Case Management program funds providers whose staff regularly go to five DOC facilities to meet with male inmates with addictions who are returning to Hartford, Waterbury, New Britain, Bristol, Norwich and New London. Program staff develop discharge plans, assist with obtaining housing and employment and provide substance abuse treatment services after release. **Continuing activity**
  - ✓ The DMHAS and CSSD collaborative contracting for residential substance abuse treatment beds allows for continued access of this community resource for individuals involved with the criminal justice system. **Continuing activity**
  - ✓ The DMHAS implemented the Residential Supports Program in Hartford, New Haven, and Bridgeport to assist clients of DMHAS Forensic Services programs with establishing and maintaining independent living. **New in 2010**
  - ✓ The DMHAS Forensic Services staff have been meeting with the DOC mental health staff for training to identify inmates with serious mental illness who qualify for services at the DMHAS Local Mental Health Authorities. **Continuing activity**
  - ✓ The DMHAS funds Crisis Intervention Team training for police officers to learn about individuals with psychiatric disorders and to develop effective skills to deal with such individuals. **Continuing activity**
  - ✓ The DMHAS, DOC, and CSSD collaboratively fund and manage the ASIST program which pairs treatment and support services with criminal justice supervision for individuals with mental illness who might otherwise be incarcerated. **Continuing activity**
  - ✓ The DMHAS is piloting a manualized program, developed by UConn Correctional Managed Health Care, to address criminogenic need in offenders with serious mental illness. This program is based on similar programs that have been effective at reducing recidivism for offenders without mental illness. **Continuing activity**
  - ✓ Staff of the DMHAS CT Offender Reentry Program (CORP) provide independent living skills groups to sentenced inmates with serious mental illness in four DOC facilities. In addition to the groups, staff work to engage clients, plan for discharge and provide support post discharge. Sentenced inmates who do not qualify for CORP services are connected directly to their community LMHA at least three months prior to discharge to develop discharge plans. **Continuing activity**
  - ✓ Several DMHAS programs that serve offenders include transitional housing to permit rapid diversion or reentry for offenders with mental illness. **Continuing activity**
  - ✓ The DMHAS Jail Diversion program has clinicians present in every GA court to assist with diversion of defendants with mental illness, continuity of care for defendants who are taken to jail or released from jail. **Continuing activity**
  - ✓ The DMHAS began collaborating with the New Haven GA court to provide rapid inpatient treatment to defendants with acute psychiatric symptoms for whom competency to stand trial has been questioned. In many cases these individuals would have spent at least one month in jail. **New in 2010**

- ✓ *The DMHAS Jail Diversion Program collaborates with CSSD to screen and refer defendants who have applied for the Supervised Diversionary Program. **Continuing activity***
- ✓ *The DMHAS funds the Yale Alternative Drug Intervention (ADI) to provide substance abuse services and case management to defendants who are diverted from New Haven GA court. ADI was implemented when the New Haven drug court was discontinued. **Continuing Activity***
- ✓ *The DMHAS funds Women's Diversion Programs for Hartford, New Britain, Bristol, and New Haven courts. These programs provide specialized services for women who have the psychiatric consequences of physical, sexual, and emotional abuse. **Continuing activity***
- ✓ *The DMHAS funds the CREST program in New Haven for pretrial defendants, probationers, and parolees with serious mental illness who need a highly structured therapeutic setting with criminal justice supervision to succeed in the community and avoid incarceration. **Continuing activity***
- ✓ *The DMHAS with assistance from OPM is leading a CJPAC Behavioral Health Subcommittee project to develop a Memorandum of Understanding among relevant state agencies to facilitate acceptance of interagency releases of information which will improve the flow of clinical information that is important to continuity of care for shared clients. **Continuing activity***
- ✓ *Following passage of legislation in 2009 the DMHAS worked with CSSD to expand the Pretrial Drug Education Program to increase the service options for defendants with minor drug charges. **New in 2010***
- ✓ *The DMHAS Pretrial Alcohol Intervention Program collaborates with CSSD to place Operating Under the Influence offenders in appropriate services. **Continuing activity***
- ✓ *The DMHAS and DOC are collaborating with the Corporation for Supportive Housing to implement the federal grant-funded "Frequent User Service Enhancement" (FUSE) pilot for individuals in Hartford, New Haven and Bridgeport who have significant homelessness and multiple jail admissions. FUSE will provide housing plus supportive services and many of these individuals are expected to qualify for services at DMHAS mental health agencies. **New in 2010***
- ✓ *Collaborate with the CT Alcohol and Drug Policy Council on recommendations and activities as applicable. **New in 2010***

**Goal #6: 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*
  - ✓ *The DOC offers job training and employment services, whose focus is to provide offenders with access to employment in the community. **Continuing Activity***
  - ✓ *The DOC is currently working with the DOL to refine reporting and tracking of offenders successfully obtaining employment upon release from incarceration and/or parole. **Continuing Activity***
  - ✓ *The DMHAS Recovery Oriented Employment Services (ROES), managed by Alcohol and Drug Recovery Centers (ADRC) in conjunction with the Connecticut*

*Community for Addiction Recovery (CCAR), is operational in the North Central and Eastern regions of Connecticut. The program provides employment services to individuals 18 years of age and older who are currently participating in substance abuse treatment and who desire to assess their readiness and options for employment or education, including individuals with criminal justice involvement. Participants attend a weekly vocational education and support group which includes a seven-module curriculum developed to address a variety of topics from writing resumes, to managing a paycheck. The ultimate goal is to connect people in addictions recovery to employment. In its first year ROES has connected approximately 50% of the 358 participants in the program with jobs.*  
**Continuing Activity**

**Goal #7: 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 Reentry; Justice Center, Second Chance Act; Access to Recovery
- ✓ *The DOC was unsuccessful in its 2009 attempt to apply for the Second Chance Act funding and has recently re-submitted for the 2010 cycle – this is a continuing relationship with the City of New Haven roundtable to improve planning and communication for offenders reentering that community.*
- ✓ *If the Second Chance Act grant is received, the New Haven Reentry Initiative (NHRI), will serve 100 to 125 moderate to high-risk male and female offenders returning to New Haven following incarceration and is designed to:*
  - *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 intensive case management services*
  - *Establish a 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 and the City of New Haven, the NHRI is envisioned to reduce recidivism by 50% over the next 5 years; enhance public safety; 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.* **Continuing Activity**
- ✓ *The DOC and BoPP are working together to upgrade and enhance their present information technology system through a \$600,000 Federal Stimulus Grant.*  
**Continuing Activity**

## **Goal #8: Community Corrections:**

- ✓ Continue to build and enhance partnerships and collaborations, meeting with community partners and local governments to establish plans of action around such topics as:
  - ✓ Reentry Councils
  - ✓ Local law enforcement / community safety
  - ✓ Housing
  - ✓ Healthcare access
  - ✓ Family support
  - ✓ Child welfare / support
  - ✓ Victim support
  - ✓ *Reentry Councils currently exist in New Haven, Bridgeport, Hartford and Windham County. **Continuing Activity***
  - ✓ *This is an ongoing effort, with the Bridgeport Reentry Initiative and the New Haven Round Table serving as models. **Continuing Activity***
  
- ✓ Enhance information sharing between agencies and community partners
- ✓ *This is evidenced through joint initiatives to transmit police reports; electronically linked technology systems (JEB, Casenotes); partner grant opportunities (Second Chance Act); shared assessment tools (TPAI, LSI-R) and offender records (juvenile and youthful offender files); criminal justice cross training conferences; etc. **Continuing Activity***
  
- ✓ Enhance outreach with crime victims and offenders who are released from prisons, jails or juvenile facilities
- ✓ *The BoPP hired two victim services advocates. **Completed***
- ✓ *The CT-SAVIN system is expected to be up and running this year. **Continuing Activity***
  
- ✓ Enhance coordination efforts with families / sponsors of offenders
- ✓ *The DOC with its Parole and Community Services Division works to involve the family and/or sponsor of offenders early in the reentry process. **Continuing Activity***
- ✓ *CJ agencies are involved in numerous working groups and commissions with the focus on building healthy families. **Continuing Activity***
  
- ✓ Ensure racial and gender parity throughout the criminal justice system and community-based services
- ✓ *This is an ongoing effort. **Continuing Activity***

## **Goal #9: Data and Evaluation**

- ✓ Implement this strategy using the Results-Based Accountability (RBA) methodology and incorporate identified measures of success and establish means to assess performance outcomes and engage in ongoing evaluation
  - ✓ *Work has begun to report on this strategy through the standard RBA questions. **Continuing Activity***
  - ✓ *Process has begun to establish reports to measure the recidivism rate for offenders released to reentry furloughs. **Continuing Activity***
  - ✓ 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 reentry and community-based services and programs
  - ✓ *Measures will be used in reporting through the RBA standard questions. **Continuing Activity***
- ✓ Embed integrated research and evaluation practices into the reentry strategy
  - ✓ *This is an ongoing effort. **Continuing Activity***

## 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. As stated in the OPM 2010 Forecast Report, the decline in the State's prison population, during the last year in particular, reflected a series of smaller, incremental factors coming into alignment.

These factors included:

- A gradual increase in the number of offenders released each month into community supervision programs;
- A steady reduction of the offender backlog (that began in 2007) through discharges and releases into community programs;
- Fewer-than anticipated monthly admittances of un-sentenced offenders, particularly during the summer and fall;
- Increased efficiency in pre-trial diversion programs;
- Optimized population management;
- Greater accountability and improved operational efficiency;
- And expanded collaboration between various criminal justice agencies including the Board of Pardons and Paroles, CSSD, and DOC.

To the last point especially, the statewide reentry 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.