



Greater Hartford Reentry Welcome Center

# YEAR 3 Evaluation

September 17, 2020-September 17, 2021

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# Greater Hartford Reentry Welcome Center: Year Three Evaluation

September 17, 2020-September 17, 2021

(with brief progress updates through June 2022)

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**We would especially like to thank those individuals with lived experience of reentry, who shared their experiences, feedback, and recommendations in focus groups and interviews. To maintain**

## Executive Summary

This is the third in a series of evaluation reports for a three-year formative evaluation of the Greater Hartford Reentry Welcome Center (GH-RWC) comprising both process and outcome findings. The purpose of this formative evaluation is to identify what is and what is not working well and to provide strategic recommendations for areas needing improvement and to leverage emergent promising practices. This Year Three report provides the data and findings from CPA's RWC database, observations, surveys, and interviews for the period starting September 17, 2020 through September 17, 2021. The report also includes supplemental findings for the first two quarters of 2022, as the GH-RWC began the process of expanded staffing and programming and transitioning to a new location. Many of the challenges that were experienced in Years Two and Three are being actively addressed by CPA, so most of the recommendations listed in the Year Three evaluation, are already underway in Year Four.

The following executive summary is organized by the six goals of the RWC and provides a description of the strengths and challenges in achieving these goals, followed a list of recommendations for continuous quality improvement derived from the evaluation.

### **GOAL I: Provide a centralized location for reentry information and referrals to housing, substance abuse/mental health services, employment, transportation, basic needs etc.**

At the start of Year Three, in the fall of 2020, the United States was still experiencing a rise in COVID-19 cases. The priority population for case management services from the GH-RWC Program in Years One-Three continued to be people who were released at the end of their sentence (EOS) without community supervision. However, anyone who sought reentry assistance was provided information and referrals. Several reentry subpopulations received different levels of support in Year Three. Participants with split sentences with a period of probation were supported with basic needs upon release until they met with their probation officer. Staff also routinely addressed the basic needs of people with a backpack filled with hygiene products and gift certificates for clothing and food to everyone who needed one. In addition to receiving individuals referred from CTDOC, the GH-RWC provided general assistance for people who solicited help via phone and in person.

Referrals from provider partners to the Center ceased during the peak period of the pandemic, since CPA began only servicing individuals referred from CTDOC at this time due to Governor Lamont's Emergency Orders limiting public gatherings. By September 2020, CPA case managers had returned to working full time out of City Hall, and the GH-RWC began accepting walk-ins by appointment. Due to space limitations and social distancing requirements, only two people at a time were permitted to enter the Center.

## **GOAL II: Provide a drop-off location on day of release for people who are returning from prison or jail within the city of Hartford**

Throughout the pandemic GH-RWC case managers continued to meet with people who were newly released from prison and dropped off at City Hall. Many of the people who were released from CTDOC and enrolled in the GH-RWC Program were seeking assistance with housing, especially since shelters were not accepting new participants due to COVID-19.

### **GH-RWC Program Enrollment Numbers**

In Year Three there were 74 participants enrolled in case management services through the GH-RWC Program, which was 35% fewer than in the prior year. However, a similar number of participants (n=62) as in prior years were directly transported to the GH-RWC from CTDOC on the day of release; so, the decrease reflects the fact that the Center was closed to walk-in participants. Fewer people also were being released at the end of sentence from CTDOC due to a slowdown in arrests and court proceedings that continued through June 2021. GH-RWC enrollees had the following demographic characteristics:

- 41% African American/Black, 29% White, 29% Latino(a), and 1% Other.
- 89% men and 11% women (1 transgender woman).
- Age ranges of 35-44 (38%), 45-54 (22%), 25-34 (21%), or 55-56 (15%).
- Only 4% (n=3) of the were between ages of 18 and 24.
- Most EOS participants reported being single (73%) or divorced (21%). Only 4% (n=2) said they were in a relationship. As many as 38% (n=18) reported having minor children.

### **Criminal Justice Involvement**

- Over one-third of GH-RWC participants (35%, n=26) were released from the Hartford Correctional Center (the local jail).
- The GH-RWC also received some referrals from the Community Reintegration Center and from the higher-level security prisons as well.
- 65% (n=48) met the criteria of having been released EOS and 31% (n=23) were on probation.
- About one third were convicted of a Property Offense (31%), and the second most common Controlling Offense was Assault (21%)<sup>1</sup>.

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<sup>1</sup> Primary offense means the offense or enhancement for which any sentencing court imposed the longest term of imprisonment. Other categories of primary offense in the data supplied by CPA are: failure to appear, robbery, drug offense, homicide, unknown/missing.

### Timing of Intakes by Program Type/Supervision Status

The vast majority of GH-RWC program participants who were released at the end of sentence completed their intake into the program on the same day as their release. Four completed their intake four days after their release and six who were enrolled in CPA's Resettlement Program and released from York Correctional Institution completed their intakes in the range of 52 to 1 day(s) prior to their release.

### Recommendations

- ◇ *Hire navigator to provide in-reach services for GH-RWC participants (in progress).*
- ◇ *Explore opportunities to enhance technology capacity for use of tablets and videoconferencing with GH-RWC Participants pre-release.*
- ◇ *Continue to problem solve the gaps in Transitional Housing for people returning from Jail and prison and advocate for systems changes to address this gap.*

## **GOAL III: Staff the Reentry Welcome Center with qualified and trained case managers to support returning residents in accessing the immediate services and resources they need post-release.**

### Need Areas Identified at Intake

A central aim of the GH-RWC is to provide for assistance with basic needs such as clothing, food, transportation, and documentation for people upon release, many of whom are starting their lives out with no or very limited resources, and are reliant on support from family and friends, and government assistance. One of the most critical needs of people enrolled in the GH-RWC Program is for shelter and/or housing. The GH-RWC offers a range of housing supports through its various housing partners, including placement in transitional housing, emergency shelters, sober houses, rental assistance, in-patient treatment beds, and assistance with signing up for Section 8 housing.

### CPA's Intake Information on Participant Risks and Needs for EOS participants

#### *Education Needs*

- **35%** did not have a high school diploma, and another **38%** had either a high school diploma or a GED.
- Over one quarter (**27%**) had some college or had graduated from college.

#### *Substance Use History*

- **79%** had a history of alcohol use and **69%** a history of marijuana use.
- **67%** reported having used at least one illicit drug other than alcohol or marijuana, including Heroin/Opiates, Hallucinogens, and Uppers/Amphetamines.

#### *Housing Needs*

- **83%** (n=40) reported having a history of homelessness
- Almost all participants (**94%**), said they were currently housing unstable.  
*This meant they were either living on the street or in a motel, residing in an emergency shelter, couch surfing, or other shelter arrangement.*

- CPA GH-RWC reported having assisted 114 individuals with placement in some form of transitional housing in partnership with CCEH’s CTDOC Housing Reentry Assistance Program (DRHAP), including temporary stays in hotels. (April 2020-October 2021)

**Program Completion Rates and Length of Services**

- **40%** of participants (n=17) who remained in the catchment area post-release and were not referred to probation, successfully completed all program requirements.
- Similar to last year, over one quarter (**26%**, n=19) of the participants lost contact with the program.
- The average number of days that the EOS RWC participants were enrolled in the program from the time of their intake to discharge was **162**.
- The median number of days to discharge was **139**. The minimum number of days enrolled was 0 (for the ‘No show’ participant) and the maximum number of days a participant was enrolled was 444.

**Recommendation**

- ◇ *Apply uniform criteria for Successful Completion (in progress).*
- ◇ *Continue to provide Basic Needs Assistance, Shelter/Housing & Education, Employment and Behavioral Health Recovery/Treatment Supports among other essential need areas.*
- ◇ *Assess needs for Family Reunification, Legal Assistance, and Health Care (including disability).*
- ◇ *Conduct Narcan trainings with new staff; continue to provide Narcan kits; and find ways to prevent overdose deaths with GH-RWC partners.*

**GOAL IV: Utilize a Collective Impact approach to develop a “one-stop shop” for returning citizens to enroll in services and access community resources.**

**RWC Center Funds for Expansion & Sustainability for Another Three Years**

CPA has been actively raising funds to expand its capacity to provide resources and services to the participants of the GH-RWC, and to grow the Center into a referral hub. The following is a list of new funding that was procured in Year Three.

- CPA’s Annual Fundraiser held at the end of October 2021 raised over \$35,000 from private donations.
- In July 2021, CPA renewed its contract for another three years through the Hartford Foundation for Public Giving and procured additional funding through the American Rescue Plan Act of 2021 (ARPA) allocated by the City of Hartford.
- CPA also announced in December 2021 that it had procured an additional \$750,000 in funding through a highly competitive federal grant from the Bureau of Justice Assistance, which will be divided up between the Hartford and Waterbury Reentry Welcome Centers over the next three years, with enrollments starting in January 2022. The total amount allocated to the GH-RWC for this grant is \$121,000 per year.

## Relocating

- The GH-RWC is relocating its base of operations to a larger building located at 716 Windsor Street to accommodate an increased number of staff, participants and its many community partners who wish to provide workshops and wrap-around services on-site.

## New Staffing and Expanded Eligibility

- With the City ARPA funds, the eligibility criteria for case management services at the GH-RWC was expanded to not only include people who were released EOS within the past 90 days, but also people who were released for 90 days or over.
- Funding from the BJA grant will support GH-RWC case management services for another 50 individuals who are reentering per year, who meet the medium-to-high risk criteria on the SCORES risk assessment tool, including individuals under probation or parole supervision.
- The BJA grant will also fund a reentry navigator position to conduct in-reach within the facilities.
- CPA is also supporting people who are pre-trial and who are experiencing homelessness through a partnership with CSSD and Mercy Shelter.

With the expanded enrollment criteria and new location, there is an even greater need for effective coordination of participant recruitment and referrals with partners, so as to most efficiently and effectively meet the needs of participants as they transition back to the community. Advancement of equity and inclusion, crosscuts each of the GH-RWC goals, however the evaluation points to equitable community partnerships as a foundational element to strengthening this goal especially for reaching participants that have distrust of government and other institutions. With ongoing collaboration between partners and increased complexity due to expanded eligibility criteria it is worth exploring the advantages of adopting Collective Impact best practices—including evaluation and data plans aligned with this approach (See also Goal V below).

### Recommendations

- ◇ *Continue to recruit participants in need of reentry services and seek opportunities to collaborate with partners and make referrals to their programs.*
- ◇ *Develop a shared online calendar for participants with program information from partners to increase coordination and improve collaboration.*
- ◇ *Continue to advance practices to foster equity and inclusion with partners*
- ◇ *Develop an evaluation plan for collective impact.*
- ◇ *Additional steps to ensure referrals between partners are successful are listed in the full report.*

## **Goal V: Developing a data-driven and community-led approach to achieve our mission, improve transparency and accountability, and to demonstrate the effectiveness of the Center.**

CPA has continued to make enhancements to its Salesforce data system to improve case managers' ability to track communication and assistance provided to GH-RWC participants, as well as internal tracking of referrals and referral outcomes. The quality of the CPA's data needed for program evaluation and tracking

referrals has significantly improved in Year Three, thereby strengthening CPA's ability to monitor how well the GH-RWC program is meeting its goals. Although focus groups and phone interviews with participants were conducted, were limitations to these approaches and a more systematic process of collecting participant feedback could enhance the evaluation and CPA's continuous quality improvement efforts. Soliciting participants' unique perspectives on what is working and not working is a key aspect of ensuring accountability.

#### **Recommendations**

- ◇ *Hire a data analyst (in progress)*
- ◇ *Increase opportunities for participant feedback.*

### **Goal VI: Strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Hartford for People Reentering from Prison and Jail**

A repeated theme from both the male and the female GH-RWC program participants is that having a safe and stable place to live is an essential component to their wellbeing and ability to maintain sobriety and gain full-time employment. Removing barriers to gainful employment and increasing supports to help participants successfully retain employment long-term are other steps needed to help reduce recidivism. Some recent changes in the reentry ecosystem hold promise for addressing the critical component of safe and stable housing for returning citizens and removing barriers to employment. There has also been progress to addressing other barriers to reentry including better collaboration with the CT Department of Motor Vehicles for identification documentation as well as passage of key reentry bills in the CT legislature addressing other structural barriers to successful reintegration.

#### **CSSD Partnership and Provision of Services to People Through the Courts (Time Served)**

In 2020, The Connecticut Judicial Branch, Court Support Services Division (CSSD) began to implement a screener for homelessness for individuals detained pre-trial. The screener was created with the assistance of CCEH and the Partnership for Strong Communities as part of the statewide 'Reaching Home campaign' homelessness prevention efforts. Beginning in 2022, CSSD will be investing in a housing navigator at the Hartford Correctional Center and this person will work with Mercy Shelter Corporation and CPA's GH-RWC case managers to make sure pre-trial individuals in need of housing or shelter are connected to resources.

#### **Purchasing of Shelter Beds Designated for People Transitioning from Incarceration**

CPA leadership has worked very hard to find housing solutions for people reentering. As of a verbal agreement in May 2022, CSSD and CTDOC have agreed to commit additional funds for eight emergency shelter beds operated by Mercy Shelter Corporation to provide transitional housing for people returning from incarceration. The allocation of these funds by CTDOC was accomplished through the advocacy of the GH-RWC administration, the City of Hartford (COH) Re-Entry Services Specialist, and CSSD leadership.

#### **Key Criminal Justice Legislation in Connecticut Affecting Reentry that Passed in 2021 & 2022**



Ongoing advocacy efforts on the part of advocacy groups, the regional reentry councils, CPA and its partners led to passage of legislation.

- *Clean Slate Legislation (PA 21-32, S.B. 1019) will require automatic expungement of select crimes after a person has been crime-free in the community for a specified period.*
- *Abolishing Prison Gerrymandering (Public Act 21-13).*
- *The PROTECT Act (Public Act 22-18) will establish a Commission for Correctional Oversight and regulate the use of solitary confinement and other measures*
- *Require CTDOC to prepare a plan Concerning the delivery of health care and mental health care services for people confined in its facilities (Public Act 22-133).*
- *Removal of certain collateral consequences of criminal convictions on occupational licensing (Public Act 22-88)*

### **Concluding Discussion of Key Process Evaluation Findings**

The GH-RWC is providing basic needs assistance and a welcoming environment for people as they transition from prison and jail back to the community. Most GH-RWC participants need assistance with basic needs—food, shelter, clothing, identification, transportation along with a livable wage job. The people who are caught up in the criminal justice system and who are most likely to recidivate are those with the highest level of unmet basic needs, and with mental health and substance use problems that our current systems of care, and society as a whole, are not well equipped to address.

One of the strengths of CPA's implementation of the GH-RWC model is that the administration and the staff are responsive to the evolving needs of participants and community partners on the ground. CPA has been very successful at procuring funding from philanthropy, private donations, and government funding to enhance the resources it can provide to people who are reentering to Greater Hartford, not only for the end of sentence population, but for people under community supervision and pre-trial as well. By co-locating services at the new and expanded location on Windsor Street in Hartford, the goal will be to create a welcoming environment where people who were formerly incarcerated can receive support from multiple service providers and can also support one another through participating in peer support groups and other types of mutual support activities. The GH-RWC staff continue to work hard to enhance the resources they can provide participants through fundraising, partnerships, and advocacy. CPA has made some important advances in becoming more data-informed through enhancing their capacity to track and monitor GH-RWC participant enrollment and engagement through their electronic system, including documenting the needs of walk-in participants to the Center.

Improvements still could be made to the referral process with key partners and providing direct linkages to services that may be offered onsite. If COVID-19 remains relatively under control in the ensuing months and GH-RWC staff will be able to conduct in-reach into the prisons, they may be able to recruit more participants who can benefit from the diverse array of services provided by community partners. The GH-RWC can also work with its partners to expand the range of programming available to assist with other needs such as family reunification for returning residents with minor children.