



Greater Hartford Reentry Welcome Center
YEAR 2 Evaluation

September 17, 2019 - September 17, 2020

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Greater Hartford Reentry Welcome Center Year Two Evaluation September 17, 2019-September 17, 2020

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We would especially like to thank those individuals with lived experience of incarceration, who shared their experiences, feedback, and recommendations in focus groups and interviews. Their names are not included in the report so as to maintain their confidentiality.

Executive Summary

The Greater Hartford Reentry Welcome Center (GH-RWC), located at Hartford City Hall, serves as a centralized hub for anyone with a history of incarceration to receive basic information and assistance, and referrals to other essential services in the Greater Hartford region. The Reentry Welcome Center Program prioritizes care continuity and ongoing case management services for people who are released from prison or jail at the end of their sentence. The goals of this process evaluation report are to document the successes and challenges of implementing the GH-RWC in its second year of operation from September 17, 2019 to September 17, 2020.

Pandemic Context

Beginning in February 2020, our entire nation experienced an unprecedented global pandemic. The spread of the COVID-19 virus in the United States was rapid and its devastation far-reaching. Governor Lamont's emergency response had a broad-reaching impact on social services across the state, and on the people served by the GH-RWC. Rates of COVID-19 among people in Connecticut jails and prisons were higher than the general population due to the congregate living conditions within the facilities, and also to this population's more vulnerable health status. In addition to the health risks posed by COVID-19 while incarcerated, reintegrating back into the community upon release became even more challenging during the pandemic due to a variety of factors discussed in this report.

Throughout this unprecedented time, the GH-RWC and its forty-plus community partners (thirty formal partners with MOUs and other partners with informal agreements) continued to provide information and referrals to people who made calls to the Center seeking assistance, and to provide direct aid to people as they were released from incarceration at the end of their sentences. This report describes the on-the-ground adaptations that Community Partners in Action and the GH-RWC community partners made in response to the pandemic, as they continued to work collaboratively to deliver on their mission of "providing a place where individuals returning home from incarceration would feel welcome," so as to provide resources and support for their successful reintegration and to reduce recidivism. This report also examines some of the implementation goals that the GH-RWC was less successful at achieving in its second year of operations, factoring in the added layer of complexity due to the pandemic. The report concludes with a list of recommendations for how Community Partners in Action, the City of Hartford, and the partners of the GH-RWC can address some of the implementation challenges to strengthen progress in achieving their shared mission, with an eye to ensuring diversity, equity and inclusion as an integral part of this mission.

Methods

This evaluation report of the GH-RWC utilized mixed qualitative and quantitative methods. The lead evaluator hired two part-time research assistants/interns from Greater Hartford with lived experience of incarceration to assist with the evaluation. The process findings were informed by two focus groups with the GH-RWC case management staff in June and in September of 2020, and six meetings with the administrative team, as well as regular email correspondences. The CTDOC counselors

completed a questionnaire and participated in several online meetings with the evaluator and the GH-RWC administrative team. Staff from the GH-RWC partner organizations also completed an online survey in January 2021, reflecting back on the prior year. Four community partner staff were interviewed for the evaluation from three agencies: Capital Workforce Partners, InterCommunity Inc., and the Greater Hartford Harm Reduction Coalition (GHHRC). Individual-level enrollment data was provided by CPA and aggregate results analyzed by the lead evaluator using Microsoft Excel. GH-RWC participants took part in a focus group that was organized by the GH-RWC case manager in September 2020. A series of small focus groups was also held with residents reentering from prison or jail who were receiving aid from the GHHRC in Hartford's North End, some of whom also received services from the GH-RWC.

Overview of the Impact of COVID-19 pandemic on the City of Hartford, the Connecticut Department of Correction, and the Reentry Welcome Center Operations

Governor Lamont issued his first executive order pertaining to COVID-19 on March 10, 2020 prohibiting large gatherings and preparing for the closure of public schools. Throughout the pandemic, CTDOC staff were tasked with maintaining COVID safety for themselves and the people under their custody.

CTDOC COVID Response

On March 13th, CTDOC suspended all social visits, including those of volunteers and staff from the community in efforts to safeguard people who were incarcerated, public and employees from the introduction of Covid-19 into its facilities. People in prison were granted two free phone calls weekly to maintain social contact with their families and friends. In late October 2020, family visitation was resumed at CTDOC. Community-based providers were not able to conduct in-person 'in-reach' within the facilities, however they were able to connect with people who were incarcerated over the phone. The CTDOC counselors worked very closely with the GH-RWC case managers and the City of Hartford Re-entry Services Specialist to coordinate transportation to the Center and linkage to a case manager on the day of release for anyone who elected to enroll in the RWC Program.

During the months of March and April 2020, the CTDOC made a concerted effort to expedite discretionary releases to community supervision. This contributed to a 27% (411 to 522) increase in releases to community supervision statewide and a reduction in the number of people that were released at the end of their sentence. According to the Office of Policy Management Monthly Indicators Report for October 2020, the cumulative number of people released at the end of sentence through October 1, 2020 had dropped significantly by 37%¹ compared with the prior year.

Hartford City and GH-RWC COVID Response

On March 18th, new executive orders from Governor Lamont suspended classes in public schools, closed places of amusement, and expanded telehealth options statewide. Following these orders, most City of Hartford employees began working from home and onsite operations at Hartford City Hall were

¹ <https://portal.ct.gov/-/media/OPM/CJPPD/CjResearch/MonthlyIndicators/2020-MONTHLY-INDICATOR-REPORTS/Monthly-Indicators-Report---2020-October.pdf>

limited to essential services. After April 6th, the general public was provided the option to access City services remotely or by appointment. The GH-RWC continued to operate at its location at Hartford City Hall, however in a controlled capacity to adhere to COVID-19 mandates and guidelines. The GH-RWC was closed to walk-ins without an appointment, and the staff transitioned to working mostly remotely from their homes. CPA continued to provide information and referrals to people over the phone. CPA's GH-RWC Program Manager triaged calls remotely, responding to requests for assistance, providing support/guidance, making referrals and connecting people to a GH-RWC case manager for those eligible for the GH-RWC and other CPA Programs. When necessary, in-person appointments were still made to meet with case managers at the GH-RWC during limited hours.

On June 29, 2020, Hartford City Hall reopened many of its offices to the public, and the staff at the GH-RWC began working part-time in the office in shifts of two, with COVID safety protocols in place. Throughout 2020, the GH-RWC staff continued to be onsite to welcome and meet with individuals who were transported by CTDOC on the day of their release from jail or prison. Despite the fact that fewer individuals were released at the end of sentence from CTDOC, a nearly equivalent number of people were enrolled in the GH-RWC program prior to their release as in the prior year (58 as compared with 60). Staff met with individuals who were transported to the Center in the courtyard area behind City Hall where they conducted an intake and provided them with backpacks containing hygiene products, cell phones with pre-paid minutes, clothing vouchers, bus passes, and other resources to meet their immediate needs. Staff made sure to follow CDC guidelines to ensure maximum protection from COVID-19, including social distancing, masks, and other safety and cleaning protocols. The City of Hartford Re-Entry Services Specialist and GH-RWC case managers worked hand-in-hand with housing specialists from the newly implemented CTDOC Re-entry Housing Assistance Program to help individuals who arrived and were homeless to find some form of transitional housing.

GH-RWC Enrollment Data for Years One and Two

From the opening of the GH-RWC in September 17, 2018 to the end of Year Two staff at the GH-RWC served over 700 individuals.

- In Year One there were 176 enrollees in the GH-RWC Program², and in Year Two the number of enrollees was 113.
- In the first two years of operations the demographics of enrollees were as follows:
 - 87.8% were men, 11.5% were women, and 0.7% identified as transgender.
 - 39.2% identified as African American/Black; 28.7% identified as Latino(a), and 28.3% identified as White. Only two people identified as either Native American or Pacific Islander and 2.8% identified as Other. There were slightly fewer Latino(a)s relative to the population in Hartford, and slightly more Whites.
 - The age range was from 20 to 66 years old. The median age was 40, and 60.1% were over age 38 and 31.1% were over age 48.

² This aggregate number of enrollees for Year One includes ~27 individuals who were either released with a split sentence or were released EOS but past 90 days, and at least one person who was released from federal prison. In the Year Three report CPAs participant enrollment list will be matched with CTDOC to verify the supervision status of individuals enrolled and EOS release dates.

- Almost two thirds (61.2%) reported having a history of substance use.
- At least 73.8% had histories of homelessness and/or were currently homeless.

Key Strengths & Primary Challenges

RWC Operations Strengths

The GH-RWC continued to strengthen its collaboration with the CTDOC and CSSD. CTDOC counselors reported that there was “more open communication” from the start of the referral to discharge when compared with the prior year. They also reported that the communication with the GH-RWC team was very positive, timely and effective.

The CTDOC instituted a policy change to allow for GH-RWC participants to be provided transportation by their Central Transportation Unit (CTU) directly to the GH-RWC located at Hartford City Hall from any CTDOC facility from which they were released. Previously individuals held in CTDOC custody at other facilities had to first be transported to Hartford Correctional Center (HCC) at least one day prior to their release, before being transported to the GH-RWC.

During the pandemic, CPA supplied cell phones with pre-paid minutes to participants to ensure they were able to maintain communication with their case managers when needed, and to facilitate linkages to other services. The five GH-RWC participants who took part in the focus group praised the services they received from the GH-RWC case manager and felt supported by being provided with basic necessities and having been provided shelter in a hotel or other forms of transitional housing. The case managers based at the GH-RWC reported that they felt strongly supported among each other and also from the CPA administration. They worked together closely as a team to meet the needs of their clients.

Community Partnerships Strengths

The GH-RWC strengthened its partnership with InterCommunity Inc. through implementation of the SAMHSA program, a federally-funded program for returning residents with co-occurring mental health and addiction needs, or need for addiction treatment and also with the Connecticut Community for Addiction Recovery for providing peer recovery supports. The GH-RWC formed new partnerships with the Connecticut Coalition to End Homelessness and Community Health Resources Inc for implementation of the CTDOC Re-entry Housing Assistance Program (CTDOC RHAP) to provide people returning from incarceration through the GH-RWC with rapid re-housing assistance, transitional housing and additional wrap-around behavioral health supports.

When asked generally how satisfied are you with your organization’s partnership with the GH-RWC, a majority of partners responding to the survey (N=14) were either *very satisfied* (29%) or *satisfied* (43%). Other partners reported that they were *neither satisfied nor dissatisfied* (26%).

Data and Evaluation Strengths

The GH-RWC and key referral partners have established MOU agreements with The Hartford Data Collaborative (HDC) of the Connecticut Data Collaborative, which will serve as a data integrator for the quantitative data required for the GH-RWC evaluation and potentially facilitate ongoing data sharing

among key referral partners for continuous quality improvements. Diamond Research Consulting submitted two data requests through this process for the recidivism outcome study, and intermediary referral outcomes with community partners.

Main Challenges

RWC Operations Challenges

The CTDOC counselors reported that it is not always feasible for everyone who qualifies for the GH-RWC program to be identified within three weeks of their release. During the pandemic, the GH-RWC case managers and the City of Hartford Re-Entry Services Specialist were no longer able to enter the prison and jail facilities to meet face-to-face with people who enrolled in the GH-RWC program in advance of their release. The courts, probation and parole suspended face-to-face meetings as well. General distrust in programs, not being educated on what the GH-RWC offers, and already having sufficient support on the outside--- are some of the reasons stated by counselors that eligible participants may choose not to enroll in the GH-RWC program. The CTDOC counselors aimed to ensure that everyone had a birth certificate, Social Security card, and a state driver license or non-driver ID prior to their release. However, in response to COVID, the Connecticut Department of Motor Vehicles (DMV) suspended their monthly operations within CTDOC for the application of new licenses, which meant that more people were released without identification than in the prior year.

Community Partnerships & Pandemic Environment Challenges

From the partner survey, 43% of respondents (n=14) reported satisfaction with the referral process, and 57% reported being neither satisfied nor dissatisfied. During the pandemic, many social services transitioned to an online platform, but some reentering residents did not have ready access to services online because they lacked a computer or high-speed internet services. Other individuals lacked the basic computer or smart phone skills needed to access online services. Employment specialists from Capital Workforce Partners reported that because of COVID-19, jobs in the restaurant field and other small businesses that typically hired people with records were less available. During COVID, participants also had reduced access to job training programs, which are often an important stepping stone for them to acquire the skills necessary for gainful employment and for advancing their career opportunities.

For individuals who were sheltered in the hotels, they still needed food assistance as some soup kitchens in the City ceased operating during the pandemic due to emergency orders restricting indoor gatherings. Although people coming out of prison were given the opportunity to enroll in the CTDOC RHAP, some individuals still ended up homeless on the day of their release or in the weeks following their release because they did not let the counselors know of their need or their situations changed after they were released. Although CTDOC RHAP provided much needed access to shelter for people returning home, placing people in hotels was not the safest environment for people with opioid and other serious addictions. Two returning residents died of overdoses while placed in the hotels, despite efforts to provide case management support and Naloxone. A separate evaluation report is being prepared by Community Health Resources pertaining to CTDOC RHAP which will provide more insight into the strengths and weaknesses of this program and its partnerships.

Program retention has been an ongoing challenge for case managers at the GH-RWC due to a variety of factors discussed in the Year One evaluation report, including the unstable living arrangements of many participants. Some improvements in maintaining contact with participants were made in Year Two, with participants being provided cell phones and pre-paid minutes and CTDOC RHAP, through which the RWC case manager was able to visit with participants who were placed in the hotels. In the second year, CPA reported that 71 (62.8%) of participants successfully completed all program requirements and about 28.3% lost contact with their case managers. Further information will be gathered in the Year Three evaluation to evaluate the extent to which GH-RWC participants were successfully linked to key referral partners for essential services.

When asked about service fatigue and how they were holding up, CPA case management staff acknowledged the strain they were under due to the pandemic and the limited resources available to address their clients' basic needs. As one said, "it weighs on your heart. It weighs on your emotion, you know."

Data and Evaluation Limitations

Participant observation and brief intercept interviews with participants were unable to be conducted due to the pandemic, limiting the opportunity for participant feedback. Focus groups were also challenging to implement in Year Two, in part due to restrictions on in-person gatherings during the peak of the pandemic in 2020 and technology limitations of participants. Use of text messaging to deliver a link to an online survey to participants did not prove effective in garnering a sufficient number of responses (only four individuals responded). Other methods and approaches to gathering participant feedback are planned for the Year Three evaluation. CPA staff faced additional challenges with inputting client files during the pandemic as they lacked access to the database from their homes. Once City Hall partially reopened in June 2020, staff would go into their office periodically to input the data into the electronic record system and check their files. It took the remainder of the year for CPA to input all the missing data from paper records into their electronic record system.

List of Key Strengths

- Strengthening of partnerships with CTDOC, CSSD, and community service providers for ensuring care continuity and providing housing assistance and addiction recovery supports.
- Direct transport to the GH-RWC on the day of release.
- Provision of cell phones with pre-paid minutes to people upon their release from prison or jail.
- High satisfaction-level of the GH-RWC participants who took part in the focus group.
- Community partner survey respondents (n=14) were generally satisfied with the GH-RWC collaboration.
- New partnership with the Hartford Data Collaborative to facilitate data integration across key referral partners.

List of Main Challenges

- COVID related restrictions preventing in-person in-reach by community providers. In-reach had to be coordinated by phone.

- Reduced number of people released from CTDOC at the end of their sentence resulting in lower rates of enrollment towards the end of 2020.
- Some eligible participants chose not to enroll in the GH-RWC Program because they did not have a full understanding of the services provided and/or for other undetermined reasons.
- Some GH-RWC eligible participants were released without sufficient advance notice to prepare for their transition.
- Procuring Identification (IDs) for everyone prior to their release.
- Challenges with maintaining contact with enrollees to receive ongoing case management support.
- Limited resources available to meet the needs of clients.

Pandemic-Related Challenges

- Heightened food insecurity.
- Closing of shelters to new clients & limited housing options especially at the start of the pandemic.
- Placing people in hotel rooms alone was not the safest option for people with serious addiction and mental health issues.
- Some participants had limited ability to access wraparound care during the pandemic due to the internet gap and technology limitations.
- Reduced job opportunities and need for more felony-friendly employers.
- Added strain on case managers due to the risks of contracting COVID and increased need for community aid during the pandemic.

Data and Evaluation Limitations

- Limited feedback from participants.
- Timeliness and quality issues of the data from CPA's newly implemented data system.

Key Recommendations

- In-reach at a minimum two times prior to release.
- Increase communication with community partners.
- Improve referral process with partners.
- Increase partner involvement with providing virtual/onsite skills building workshops for participants and facilitating peer support groups.
- Implement an online calendar with partners.
- Increase access to rapid rehousing vouchers through HUD for people exiting prison or jail.
- Improve data management practices.
- Strategic planning with partners for the next three years.

A complete list of recommendations stemming from these findings is provided at the end of the full Year Two report. Community Partners in Action has taken steps to respond to many of the challenges and recommendations in this report. Progress is being tracked and monitored through the Year Three process evaluation which is currently underway.

Reentry Welcome Center Year Two Evaluation Full Report

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The Greater Hartford Reentry Welcome Center Year Two Evaluation Report

Introduction

The goals of this process evaluation report are to document the successes and challenges of implementing the Greater Hartford Reentry Welcome Center in its second year of operation from September 17, 2019 to September 17, 2020. During this period our entire nation experienced an unprecedented global pandemic. The spread of the COVID-19 was rapid and the devastation far-reaching. Epidemiologists tracking the virus discovered early on that risk of severe illness and mortality were highest among the elderly, and over time they learned that these risks were also higher among Blacks/African Americans, Latinx/Hispanic and Native Americans, especially those with pre-existing health conditions. People living in urban areas and in lower-income communities were also at heightened risk of contracting the virus. Rates of COVID-19 among people in jails and prisons were higher than the general population due to the conditions within the facilities, and also to this population's more vulnerable health status. In addition to the health risks posed by COVID-19 while incarcerated, reintegrating back into the community upon release became even more challenging during the pandemic due to a variety of factors discussed in this report.

The response to the pandemic by the government led to rapid transformation in how reentry and other essential social services were delivered. Following executive orders from Governor Lamont and Center for Disease Control guidelines, many non-medical social service providers suspended in-person services and shifted to the use of telecommunications (e.g. websites, email, videoconferencing, text messaging). To mitigate the impact of the pandemic on people's livelihoods, the government distributed emergency relief funds to cities and towns for addressing the increased need for shelter, food, and other basic needs among communities most impacted by COVID-19. With the CARES Act, each U.S. taxpayer was eligible to receive up to \$1,200 from the federal government, and an extra \$500 for each child under age 17 at the end of 2019. After a federal court in October determined that the Internal Revenue Service could not restrict payments to people in prison, they became eligible for these funds as well, although due to various barriers some did not receive their checks. Mutual aid groups in Greater Hartford also mobilized within local communities to distribute food, masks, supplies and other basic necessities directly to families in need.

Throughout this unprecedented time, the Greater Hartford Reentry Welcome Center with its over forty community partners (thirty with MOU agreements and other informal partners) continued to provide direct assistance to people as they were released from incarceration at the end of their sentence. This report describes the on-the-ground adaptations that Community Partners in Action and the partners of the GH-RWC made in response to the pandemic, as they continued to work collaboratively to deliver on their mission of "providing a place where individuals returning home from incarceration would feel welcome." This report also examines some of the goals that the GH-RWC was less successful at achieving in its second year of operations, factoring in the added layer of complexity due to the pandemic. The report concludes with a list of recommendations for how Community Partners in Action, the City of Hartford, and the partners of the GH-RWC can address some of the implementation challenges to

strengthen progress in achieving their shared mission, with an eye to ensuring diversity, equity and inclusion as an integral part of this mission.

Evaluation Methods

For the process evaluation in Year Two, Diamond Research Consulting hired and trained two part-time research assistants with ‘lived experience’ of incarceration, who either had been formerly incarcerated or had a close family member who was incarcerated. The methods that the evaluator and research assistants used for conducting this process evaluation included focus groups with staff and participants, a partner survey, and in-depth interviews with key stakeholders. All of the focus groups and zoom meetings were transcribed using transcription software and proofread by the evaluation team. The transcripts were coded into themes through a combination of inductive and deductive methods for thematic analysis. The final summary from the qualitative findings reflects the information, perceptions, and experiences that were pertinent to the GH-RWC operations and mission, with an effort to report findings that could be corroborated by multiple sources whenever possible. Experiences that could not be corroborated are mentioned as areas for further exploration.

Two focus groups with the GH-RWC staff were conducted online using videoconferencing; one in mid-June 2020 and one in mid-September 2020. Between four and five CPA case managers, whose offices were based in the GH-RWC, participated in these focus groups, including case managers from CPA’s Resettlement and SAMHSA programs. The evaluator also met with the City of Hartford (COH) Re-Entry Services Specialist and CPA’s administrative team to gather input on the Year Two evaluation, and to review and discuss the findings.

Four community partners were interviewed for the evaluation and an online survey was distributed to 42 GH-RWC referral partners to gather their input on the past year’s implementation. Fourteen GH-RWC collaborators (33% of the total invited) completed the partner survey, which was distributed to the GH-RWC partner list via email in January and again in early February 2021. A majority of these respondents held positions of either program manager, program coordinator, or career advisor, with one executive director respondent, and one attorney. There was only one GH-RWC partner meeting held in Year Two, however regular updates by the GH-RWC Director of Operations were provided during the monthly Greater Hartford Reentry Council meetings which were held via zoom. The evaluator participated in four of these meetings to understand the impact of the pandemic on people reentering and the social services supporting their reintegration. The CTDOC reentry counselors completed a detailed questionnaire about their partnership with the GH-RWC in December 2020. A meeting was held afterwards with two CTDOC counselor supervisors, CPA’s administrative team, and the Hartford Data Collaborative to discuss the GH-RWC referral process and to explore ways that data sharing could be improved for the purposes of care continuity for people released at the end of their sentence.

Several focus groups with GH-RWC participants were arranged for the Year Two evaluation. Five GH-RWC participants took part in a focus group via zoom during the regularly scheduled men’s peer support group led by the GH-RWC Case Manager on September 18, 2020. Three of the men had first heard about the program through their counselor in prison, and another heard of the GH-RWC through InterCommunity and the fifth heard about it through a counselor at the halfway house, prior to being remanded to jail.

Most of the men were released within the past several months, with the exception of one man who was released in the previous year and was also a research assistant for this project. Several men voluntarily provided information on the circumstances that led them to prison in introducing themselves to the focus group facilitator. For example, one man stated, “I am proud of my business I ran for 35 years. I suffered a big amount of depression because I lost my parents, my son and my wife. They all died. So, I got myself incarcerated...I started drinking; I got myself a DUI [driving under the influence] and some probation charges...But I am sober today.” This was his first time reentering from prison.

Another Hispanic male participant in his mid-thirties had spent twenty years in prison from the age of fifteen. He introduced himself as follows, “I was released on December of 19, 2019. I've been out what seven months. Now I did 20 years for a conspiracy to commit murder and attempted murder. When I was in there, I took advantage and educated myself the best I could. I got out, started working, and I bought a little car. I got my driver's permit. I got a little apartment.”

A series of community-based focus groups was held in November 2020, which were organized by the Greater Hartford Harm Reduction Coalition (GHHRC). GHHRC is a partner of the GH-RWC and is serving some of the GH-RWC clients who are referred through the GH-RWC and/or their other networks. To participate in these focus groups, individuals had to meet ALL of the following criteria:

- male or female adult, ages 18 and over.
- Is conversant in English.
- has been released from federal or state prison within the past two years.
- currently reside in Greater Hartford
- completed their sentence (EOS) or under community supervision (including probation or parole, or residing in a half-way home).

The primary purpose of these focus groups was to gather input on the GH-RWC from people from Hartford who were recently released from incarceration. The two research assistants each facilitated these focus groups utilizing a guide with questions pertaining to participants’ reentry experience and also the harm reduction model. The focus group guide asked about whether or not they had utilized the services of the GH-RWC, and were there any barriers to utilizing these services?

Thirteen participants were recruited by GHHRC in total. Three separate focus groups were organized by GHHRC on one day, with 4-5 participants each, at a pop-up food distribution site location on Albany Ave, in Hartford’s North End. Focus groups lasted under 45 minutes in a meeting space that could accommodate 6-foot social distancing. Prior to the day of the focus group, the research assistant for this evaluation met with the GHHRC executive director at his office on Wooster St. to sign the Focus Group MOU and arranged to distribute the Consent Agreements. All participants were informed of the risk during COVID-19 pandemic and agreed to follow CDC and state mandated guidelines, including mask wearing (face covering) and 6 feet social distancing. Also, program staff planned spray down of the area between sessions. In dividing up the groups, the GHHRC staff organized the groups by peers that were congregating or known to be cohabitating together.

For steps needed for conducting an outcome evaluation, a plan was developed for data sharing among referral partners of the GH-RWC and also for the recidivism analysis. The lead evaluator and CPA

collaborated with the Hartford Data Collaborative to produce data sharing agreements with the referral partners. Diamond Research Consulting (DRC) submitted two data license requests through the HDC for the data from CPA and several GH-RWC partners. One request was to evaluate the recidivism outcomes and a second request to evaluate intermediary outcomes in the areas of employment, housing, and receipt of healthcare services. Every effort has been made to ensure the most rigorous protections for safeguarding confidentiality and security of personal Identifiable Information (PII) required for this data sharing process.

Organization of Report

The findings from the Year Two process evaluation are organized according to the goals stated in the GH-RWC plan for the first three years. For each of the six implementation goals, an account of the **Strengths (S)** and **Challenges (C)** are provided followed by a list of key **Recommendations (R)**.



The sixth goal highlights **Opportunities (O)** for policy changes (external) at both the state and municipal levels, as well as ongoing systemic **Barriers (B)** reported by staff and GH-RWC participants that are likely to impact the primary outcome of recidivism, and **Recommendations (R)** for removing these barriers. **Limitations (L)** to the evaluation methods are described in the summary section at the end of the report. The summary section includes some broader lessons learned and reflections on the foundation needed for enhancing collective impact to achieve recidivism reduction goals for people reentering to the Greater Hartford region. Many of the recommendations in this report are already underway in Year Three, which began on September 18th, 2020.

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

Background Information on COVID Impact on the Provision of Government Services

The Greater Hartford Reentry Welcome Center continued to operate at its location at Hartford City Hall throughout the pandemic, however in a restricted capacity to adhere to COVID-19 mandates and guidelines. Governor Lamont issued his first executive order pertaining to COVID-19 on March 10, 2020 prohibiting large gatherings and preparing for the closure of public schools. On March 18th, new executive orders suspended classes in public schools, closed places of amusement, and expanded telehealth options. Following these orders, most city employees began working from home and onsite operations at Hartford City Hall were limited to essential services. After April 6th, the general public no longer had access to City Hall, and services were mostly handled remotely. When necessary, in-person appointments could still be made during limited hours. In keeping with these safety measures, the GH-RWC closed its doors to walk-ins without an appointment and the staff transitioned to working remotely from their homes. CPA continued to provide information and referrals to people over the phone. CPA's GH-RWC Program Manager triaged calls remotely, responding to requests for assistance, providing support/guidance, making referrals and consulting with the Center's team to provide basic need services. The GH-RWC staff continued to meet with individuals who were transported by CTDOC on the day of their release from jail or prison. On June 29, 2020, Hartford City Hall reopened many of its offices to the public, and the staff at the Greater Hartford Reentry Welcome Center began working part-time in the office in shifts of two at a time with COVID safety protocols in place.



COVID impact on Connecticut Department of Corrections (CTDOC) Releases

During the months of March and April 2020, the CTDOC made a concerted effort to expedite discretionary releases to community supervision. This contributed to a 27% (411 to 522) increase in releases to community supervision in March and a 28% (425 to 545) increase in April, when compared with the prior year³. In an effort to expand release options, Commissioner Rollin Cook also signed a policy exception in early April 2020 authorizing furloughs up to 45-days for individuals serving sentences of two years or less. "Eligible and suitable offenders in this category, absent any victim impact, are considered for release after serving 40% of their sentence."⁴ In April 2020, there was a 51% increase in discretionary releases for people with six months or more on their sentence compared with April of the prior year. The number of people released at the end of sentence was reduced significantly by 26% in

³ https://portal.ct.gov/-/media/OPM/CJPPD/CjCjpac/CJPAC-Presentations-Folder/2020-presentations/REVISED-May-2020_CJ-Trends-Presentation.pdf?la=en

⁴ <https://portal.ct.gov/-/media/DOC/Pdf/Coronavirus-3-20/Press-Release-re-Populations-Drops-by-2000--060220.pdf>

March 2020 (319 to 237) and 56% in April 2020 (339 to 149) as compared with March and April 2019, respectively.

The Office of Policy Management Monthly Indicators Report for October 2020⁵ included information on annual releases and new admissions for year-end September 2019 as compared with year end September 2020. Compared with the prior year, the number of people released at the end of sentence dropped significantly by 37%. Transfer parole and furlough releases nearly doubled (209% and 190%) and transitional placement releases increased by about 133%. Releases to halfway houses dropped slightly (2%), and releases to transitional supervision dropped 56%. Home confinement DUI releases dropped 93%. Simultaneously, *admissions* from remands, new sentences, pre-trial detention, and technical violations all dropped, resulting in a total reduction in new admissions of 50%.

Compassionate/early release was only allowed for those individuals who were not classified as high-risk violent offenders and who had secure housing upon release. This may have contributed to racial and ethnic disparities in who was granted compassionate/early release. Citing the April DOC data, Melvin Medina, public policy and advocacy for the American Civil Liberties Union of Connecticut, reported that racial disparities in discretionary releases reflected existing inequities in community supports.⁶ He was quoted in the CT Mirror as saying,

“If you prioritize an existing home plan, you’re talking about black and Latino people who have more complicated housing relationships. What sounds like a race-neutral policy actually isn’t because the negative impact of it exacerbates existing disparities,” Medina said. “It’s not enough to identify who has a housing plan; the state needs to take the next step and offer a housing solution.”

According to CTDOC press releases, following voluntary mass COVID-19 testing in Connecticut prisons and jails in June 2020, the CTDOC reported a COVID test positivity rate of 9% among those individuals in the prisons and jails who agreed to be tested. CTDOC also implemented protocols for staff to be tested weekly. About 90% of people who were incarcerated at the time were tested. The prison population experienced a second wave of COVID infections in December of 2020, affecting approximately 5% of prisoners. Correction staff were also infected at relatively high rates (approximately 300 of its 6,000 staff). The CTDOC reported that it had deployed 50 contracted health workers in the facilities in order to help manage the crisis⁷. The Allocations Subcommittee of Connecticut’s COVID-19 Vaccine Advisory Group recommended adding inmates to the second round of inoculations in January 2021.

⁵ <https://portal.ct.gov/-/media/OPM/CJPPD/CjResearch/MonthlyIndicators/2020-MONTHLY-INDICATOR-REPORTS/Monthly-Indicators-Report---2020-October.pdf>

⁶ <https://ctmirror.org/2020/05/01/how-covid-19-is-shrinking-connecticuts-prison-population/>

⁷ <https://www.courant.com/coronavirus/hc-news-coronavirus-covid-19-prisons-cases-deaths-rising-20201225-pw4ymkakwvfancyig6hhfzexme-story.html>

Quarterly Participant Enrollment Data for Years One and Two

The enrollment numbers in the table below were recorded in CPA's data system. For approximately one month in Year One and during the pandemic, the GH-RWC expanded its eligibility criteria for the GH-RWC Program to include individuals who were released end of sentence (EOS) and were on probation (also known as split-sentence). According to CPA's Director of Operations, a lot of the individuals who came to the GH-RWC as walk-ins in the first year were on probation. It would typically take two weeks and up to a month for them to meet with their probation officer. So, the GH-RWC agreed to enroll and provide basic assistance with identification, bus passes and referral services for the first month until individuals were able to connect to their probation officer, who then could refer them to other community services and also access flexible funds to assist with their basic needs.

The number of people who were directly transported to the GH-RWC in the first year of operations was reported by CPA as 60 individuals. The number of people who were directly dropped off from a prison or jail facility was 58 in the second year, only two fewer than in the first year. As CPA's Director of Operations noted, beginning in March 2020—most of the GH-RWC enrollees were transported to the GH-RWC directly from jail or prison, with the exception of some who were "triaged" by the GH-RWC Program Manager after having called the GH-RWC.

Comparing the enrollees each year provides an indication of the flow of participants through the Center and the influence of the pandemic on the number of eligible participants served. In the first year there were a total of 176 enrollees in the GH-RWC Program (including approximately 27 individuals who were on probation or past 90 days from their release), and in Year Two the number of enrollees was 113, representing a drop of about 24%, if one excludes those who were on probation or past ninety days⁸.

Quarter One of 2018, the GH-RWC received the highest number of enrollees (n=84) possibly due to a combination of the publicity surrounding the Center's opening and the high number of referrals from CTDOC. (Generally, CTDOC experiences an increase in releases before the holiday season, which could explain why the first quarter each year received the most enrollees). During the first quarter in Year Two the number of enrollees was about 39% lower than in Year One. The pandemic began unfolding during this quarter and there were fewer EOS releases from CTDOC. In the second quarter of Year Two, the number of enrollees increased by 33% compared with the prior year. In the third and fourth quarters of Year Two, the number of enrollees lowered by about 52% and 66%, respectively, when compared with the prior year. This significant drop was likely due to an increase in supervised releases, and a slowdown in the number of EOS releases overall from CTDOC in 2020 (see CTDOC release data reported above).

⁸ This aggregate number of enrollees for Year One includes ~27 individuals who were either released with a split sentence or were released EOS but past 90 days, and at least one person who was released from federal prison. In the Year Three report CPAs participant enrollment list will be matched with CTDOC to verify the supervision status of individuals enrolled and EOS release dates.

Reentry Welcome Center Quarterly Enrollment Numbers for Years One and Two provided in the Salesforce Records from the date of opening on Sept 17, 2018.

Quarter	Quarter End Date	GH-RWC Enrollees (including drop offs)	Year Total	Annual people transported to the GH-RWC by CTDOC	Cumulative YRS 1-2
Q1	12/17/2018	84		60*	84
Q2	3/17/2019	27			111
Q3	6/17/2019	27			138
Q4	9/17/2019	38	176		176
Q1	12/17/2019	51		58*	227
Q2	3/17/2020	36			263
Q3	6/17/2020	13			276
Q4	9/17/2020	13	113		289

*This is the total number of people transported to the Center reported by CPA from their referral records.

Demographics of GH-RWC Program Enrollees

Most enrollees were men (87.8%), and only 11.5% were women and 0.7% identified as transgender. The race/ethnicity breakdown was 39.2% African American/Black, 28.7% Latino(a), and 28.3% White, with only two people who identified as either Native American or Pacific Islander and 2.8% who identified as Other. Their age range was from 20 to 66 years old. The median age of participants was 40, and 60.1% were over age 38 and 31.1% were over age 48. Almost two thirds of enrollees (61.2%) reported having a history of substance use and 73.8% of enrollees had histories of homelessness and/or were currently homeless.

GH-RWC Enrollee Demographics from Sept 17, 2018-Sept 17, 2020

Gender	
Men	87.8% (n=251)
Women	11.5% (n=33)
Transgender	0.7% (n=2)
Race/Ethnicity	
African American/Black	39.2 % (n=112)
Latino(a)	28.7% (n=82)
White	28.3% (n=81)
Native American/Pacific Islander	0.7% (n=2)
Other	2.8% (n=8)

Age Range	Median Age	Average Age	Ages 15-25	Ages 26-31	Ages 32-37	Ages 38-47	Ages 48 and over
20-66	40	41.5	41.8% (n=11)	13.8% (n=39)	22.3% (n=63)	29.0% (n=82)	31.1% (n=88)

	Substance Use History	Homelessness
Yes	61.2% (n=175)	73.8% (n=211)
No	38.8% (n=111)	26.2% (n=75)

Diversity, Equity and Inclusion Considerations

The Greater Hartford Reentry Welcome Center race/ethnicity breakdown of enrollees somewhat resembles that of the population of Hartford in 2019 based on estimates of the U.S. Census. Over one third (39.2%) of GH-RWC enrollees were African American; as compared with 37.7% in the overall population of Hartford. A slightly smaller percentage of the GH-RWC enrollees were Latino(a) (28.7%) relative to the percentage of their population size in Hartford, which was 44.3%. A question that warrants further exploration is why fewer Latinos accessed the GH-RWC services relative to their population size in Hartford? Were there fewer Latinos(as) being released EOS to Hartford during this timeframe? Did language combined with gender preference pose a barrier to some of the men electing to utilize the services at the GH-RWC? Was the Hispanic/Latino community informed about the Center?

The proportion of Whites in the program compared with Hartford’s population was slightly over their proportion of the population in Hartford. About 28.3% of the GH-RWC enrollees identified as White, however non-Hispanic Whites accounted for about 14.8% of Hartford’s population in 2019. Since the GH-RWC also accepts referrals from towns in Greater Hartford, it is likely that some of the White people accessing services were originally from towns in Greater Hartford which have majority White populations.

A limitation of these population comparisons is that the EOS population demographics released to Hartford from a CTDOC prison or jail may be significantly different from the population of the residents of Hartford recorded in the census data. Future analyses for the evaluation will look to compare the race/ethnicity breakdown of the EOS releases to Greater Hartford and Hartford with the GH-RWC enrollment data to explore issues of diversity, equity and inclusion in more depth.

Additional Recipients of GH-RWC Services: ‘Walk-Ins’ and Calls for Assistance from people who were Ineligible for the GH-RWC Program

In order to be eligible for the GH-RWC Program and to be assigned a GH-RWC case manager, participants were required to have been released EOS within the past 90 days and not be under community supervision.

Anyone who reaches out to the GH-RWC, but does not meet the criteria for the GH-RWC Program, still will receive basic needs services and referrals. CPA records documented 309 ineligible participants who received assistance in the first year alone. Of these ineligible GH-RWC participants, 82.2% (n=254) were men and 17.8% (n=55) were women.

In Year Two, CPA reported that GH-RWC staff assisted 115 individuals who were ineligible for the GH-RWC Program. Of these ineligible participants, 82.6% (n=95) were men and 17.4% (n=20) were women.

A majority of the participants in both years who were ineligible for the RWC Program were under either probation (69%, n=292) or parole supervision (17.7%, n=75). Also, a significant number of people seeking assistance from the GH-RWC had been released for longer than 90 days (56.6%, n=137). Only a small number of those who were ineligible (5.0%, n=21) did not have a criminal record. Another less common reason for ineligibility were that participants were residing in a halfway house (4.7%, n=20).

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 the GH-RWC staff continued to meet with participants who were transported to the Center. Two staff were available on-site five days a week to continue to provide direct services to people on the day of their release. They met with individuals in the courtyard area behind City Hall where they conducted an intake and provided them with backpacks containing hygiene products, clothing vouchers, bus passes, and other resources. Staff made sure to follow CDC guidelines to ensure maximum protection from COVID-19, including social distancing, masks, and other safety and cleaning protocols. Hartford's Re-Entry Services Specialist worked hand-in-hand with the GH-RWC staff to help individuals who arrived and were homeless to find some form of transitional housing. The GH-RWC continued to strengthen its partnerships with the Connecticut Department of Correction, the Court Support Services Division of the Judicial Branch and with community-based non-profits such as InterCommunity Inc. The GH-RWC also formed new partnership agreements with the Connecticut Coalition to End Homelessness, Community Health Resources Inc and the Connecticut Community for Addiction Recovery.

Changes in the Criminal Justice System Due to COVID-19

During the pandemic, CTDOC staff were tasked with maintaining COVID safety for themselves and the people who were under their custody. On March 20th, the CTDOC suspended all social visits, including volunteers, which meant that the GH-RWC Case Manager and the COH Re-Entry Services Specialist were no longer able to conduct face-to-face "in-reach" within the prison and jail facilities. People in prison were granted two free phone calls a month to maintain social contact with their families and friends. The courts, probation and parole suspended face-to-face meetings as well. The counselors coordinated 'in reach' for GH-RWC Case Managers to speak with individuals who enrolled in the GH-RWC Program prior to their release via telephone.

In late October 2020, non-contact family visitation was resumed at CTDOC. In mid-November, Connecticut-based correction unions called for the suspension of the visits as more than ten family members at a time were congregating in the visiting areas, and they also called for increased rates for testing of correctional officers.⁹ On November 16, 2020 CTDOC officially announced a new video visitation program utilizing the Microsoft Teams software application. Visits started to be pre-scheduled and video visits were implemented and rolled out to the facilities. These video visits were to be rolled out first at the Manson Youth, Brooklyn, and Carl Robinson facilities. The program is provided at no cost to the families. In order to participate, a video visitor must have the Microsoft Teams software application on a smart phone, laptop, or tablet that has video and audio capabilities. For the video visits, the people who are incarcerated are allowed one 30-minute video visit per week. A maximum of three authorized adult

⁹ Backus, L. Correction Unions want visitors limited at CT Prisons due to COVID. (Nov 13, 2020) CTNewJunkie.com. Retrieved from <https://Resettlement.ctpost.com/news/coronavirus/article/Correction-unions-want-visitors-limited-at-CT-15726210.php>

visitors may participate in a video visit. In addition, minors may participate if accompanied by a parent or legal guardian. In order to be eligible, potential visitors must be on an approved visiting list.

Discharge Planning Process with CTDOC

A centralized CTDOC Reentry Unit was established in 2015 under Commissioner Semple to ensure that all people who were incarcerated would be prepared for their reentry by assisting them with their transition planning. CTDOC utilizes a form called the 'Discharge Planning Checklist & Transportation Log' for individualized discharge planning. Transition planning for individuals with high mental health or medical needs (Medical or Mental Health scores at three and above) is handled by medical discharge planners. They assist with individuals who require medication and medical or mental health appointments. They coordinate inpatient services and transitional housing with the Connecticut Department of Mental Health and Addiction Services (DMHAS), Department of Social Services (DSS), Department of Developmental Services (DDS) and Social Security Administration (SSA) for individuals with high mental health needs. CTDOC Addiction Services Staff conduct substance use intake assessments, determine substance use treatment plans for people while in prison, and refer clients to DMHAS and contracted community-based treatment and recovery providers.

The CTDOC Reentry Counselors are responsible for a number of processes that are intended to ensure that people who are nearing their EOS release date will have access to the services they need upon release. They manage the referrals for participants with lower-level medical and mental health needs. They strive to meet individually with each person, however they report that some individuals refuse their services. Counselors assist with the procurement of identification and medical insurance enrollment. They also make referrals to community-based programs. To stay informed of available services, counselors also participate in the monthly reentry council meetings and other community reentry forums.

For discharge planning within CTDOC, a team approach is used to manage the continuity of care for reentrants with complex, co-occurring needs. The counselors may work with the discharge planners to handle some referrals for people with co-occurring medical and mental health needs requiring treatment, who qualify for CPA and InterCommunity's SAMHSA program which is based at the GH-RWC Center. As the Counselor Supervisor explains, "so we all work together because we may all be working with the same individual." The unsentenced population who are released from jails and prisons, or directly from court are the most underserved. People detained pretrial are often sentenced and released time served by the court on the same day as their court hearing. As CTDOC Reentry Counselors have no way of knowing who will be released in advance of their court hearing, they are not provided an opportunity to coordinate discharge planning for these individuals.

CTDOC Counselors Process of Making Referrals to the GH-RWC

According to the CTDOC Reentry Counselors, the main ways that people who were incarcerated learned about the GH-RWC was through flyers, word of mouth from other inmates or staff (which leads to direct inquiries), or through the discharge planning process. GH-RWC flyers are posted in all prison 'housing units,' and in the main counseling facilities and are distributed

during prison orientation. One counselor described how she initiates the referral process through database queries to identify eligible participants for the GH-RWCs:

“I run a query system to locate eligible inmates for the GH-RWCs. Once I find an eligible inmate I meet face-to-face with them and try to explain how the GH-RWC could help them in a positive way assisting with their transition back into the community. Most of the time the inmate agrees with the referral, but if they don’t I attempt to explain the possible positive outcomes available for the offender which usually sways their opinion.” (CTDOC Reentry Counselor)

People who are incarcerated may make a request to the counselor or will directly contact outside providers by writing a letter. Another counselor stated that she sends out a questionnaire to people in prison who are approaching discharge to ask them about their housing needs and if they are interested in attending the GH-RWC once released.

People who were incarcerated were tested for COVID-19 routinely and the results of the test were sent over to the GH-RWC Case Manager. They were also advised to take the necessary precautions to avoid the spread of COVID (face mask wearing, social distancing, etc.). A counselor from the Re-Entry Unit said that she distributed paperwork to people prior to their release on where to go to get tested in their community¹⁰. As the vaccine rolled out in 2021 (Year Three), if a returning resident had received only their first vaccine shot while incarcerated, the CTDOC Counselors provided information on where and when to receive their second dose when they were released. CPA hosted a vaccine clinic for people who had received their first dose while incarcerated. The clinic operated every Wednesday for about 8 weeks where people came to receive their second dose.

Strengths

S **Policy Change to Permit CTDOC Transportation Directly to the GH-RWC**
In Year Two, the CTDOC instituted a policy change to allow for GH-RWC participants to be provided transportation by the Central Transportation Unit (CTU) directly to the Reentry Welcome Center located at Hartford City Hall from any prison or jail from which they were released. Previously individuals held in CTDOC custody at other facilities had to first be transported to Hartford Correctional Center (HCC) at least one day prior to their release, before being transported to the GH-RWC.

S **CTDOC Re-Entry Housing Assistance Program**
As the result of collaboration that began in Year One, the Coalition to End Homelessness (CCEH) and Community Health Resources (CHR) began working with CPA’s GH-RWC staff to

¹⁰Since January 2021 when the vaccine became available (Year 3), people who are incarcerated have been provided with the opportunity to be vaccinated, however vaccination is optional.

provide people returning from incarceration with rapid re-housing assistance and transitional housing through a program titled the CTDOC Re-entry Housing Assistance Program (CTDOC RHAP). This program was initially funded through a combination of state funding through the Office of Policy Management and a grant from the Hartford Foundation for Public Giving. Additional funding was made available through federal COVID emergency relief. If a person notified CTDOC counselors that they were homeless, the counselor would set up a phone screening with the CHR housing specialist who would try to assist them in being placed with a family or friend. If the specialist was unable to place them with a family or friend or through other transitional services within 30 days of their release, then a 211 intake call would be completed at the same time via a “warm transfer” to get them enrolled in the CAN system. This generally would all happen prior to release (there were a few cases of last minute referrals and the facility would call 211 just prior to release, and the participant would conduct their screening with CHR after release).

Arrangements for housing were ideally made in advance of a person’s release, so that the GH-RWC staff knew where this client was going to be housed and could follow-up with them after their release. Once participants were admitted through the CAN system, this then enabled them to be booked temporarily at a hotel or at a sober house, with funds provided through CCEH/CHR. As CPA’s Director of Operations states:

“The CAN referral [Coordinated Access Network¹¹] is critical because that indicates where they're going to be the night that they get out. So, they're most likely going to be at the hotel right now because there’s no shelters open. Based on most of the referrals that we're receiving, the individual is homeless. And so they would be dropped off at the reentry center, where the GH-RWC staff would do an intake assessment with them.”

Types of housing arrangements included: apartments, room shares, sober houses, treatment beds, and hotels.

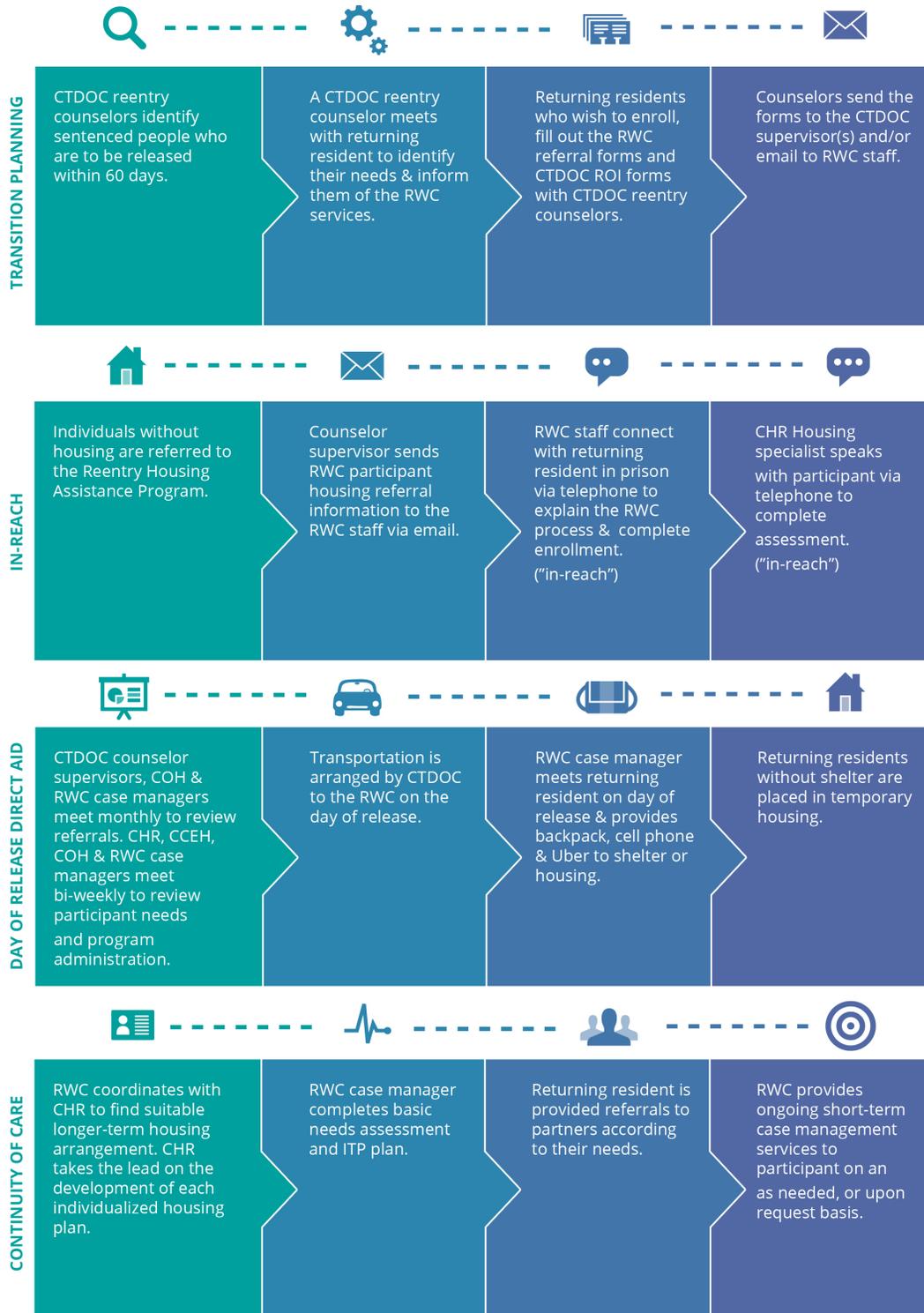
CTDOC Referral and Care Continuity Process for GH-RWC Participants

A visual diagram of the care continuity process from within CTDOC to participation in the GH-RWC program and coordination with the CTDOC RHAP is provided on the next page.

¹¹ Coordinated Access is required by the Federal HEARTH Act, which governs most of the federal funding communities receive to address homelessness, and supported by the State of Connecticut Department of Housing. Coordinated Access Networks (CANs) are regional networks of providers linked to a statewide system by which people experiencing homelessness are assessed and provided access to shelter and other forms of federally-funded housing assistance. Through these CANs, service providers work together to streamline and standardize the process for individuals and families to access housing assistance.



CTDOC Referral and Care Continuity Process for RWC Participants





Improved Communication between CTDOC Counselors, the GH-RWC staff, the City of Hartford, and housing specialists from Community Health Resources and Connecticut Coalition to End Homelessness

During the second year of operations, CTDOC counselors reported that there was “more open communication” from the start of the referral to discharge when compared with the prior year. They also reported that the communication with the GH-RWC team was very positive, timely and effective.

Meetings were held regularly between the CTDOC counselor supervisors and the GH-RWC administrators throughout Year Two and into the present. The City of Hartford (COH) Re-Entry Services Specialist has been the convener of these meetings. There were two types of meetings, one to coordinate the housing assistance provided to the GH-RWC participants and to discuss their wrap around service needs and a second to discuss the administration of the CTDOC RHAP. The meetings regarding individual participants were attended by staff from CHR, CPA/GH-RWC and COH and these same partners attended the administrative meeting along with CCEH. At the beginning of COVID-19, from April 2020 to about mid-September 2020, these meetings with the CTDOC counselor supervisors were occurring weekly. After this period, they shifted to meeting every other week or at least once a month.



Contact prior to release (“in-reach) is able to be established by phone

One counselor specifically praised the communication with the GH-RWC Case Manager from the SAMHSA program, noting that the communication is extremely positive and effective. She said that the case manager reaches out to meet with the person in prison at least twice (by phone) before they are released. She observed that, “this helps ease any stressors” the individual may have in regards to their upcoming EOS date. ‘With in-reach by phone, the case manager was able to answer any questions that the returning resident may have and helped bridge the gap between incarceration and his re-entry to the community.’



Problem-Solving Homelessness among People Released from Court Time-Served

Although pre-trial individuals cannot be identified until after their court hearing, they still needed a safe place to stay and could benefit from the services provided at the GH-RWC. During COVID, they were eligible for the CTDOC RHAP and a temporary housing arrangement was set up for them, bus passes were given, and the GH-RWC Case Manager was available to offer them assistance.

Challenges



Some GH-RWC eligible participants are released without sufficient advance notice to prepare for their transition

The CTDOC counselors reported that it is not always feasible for everyone who qualifies for the GH-RWC program to be identified within three weeks of their release. A counselor explained, “I attempt to locate all inmates even more than three weeks out from when they will be released. Unfortunately, there are times where an inmate gets released early from CTDOC for reasons out of my

control in which I am unable to complete necessary re-entry needs for the individual.” If eligible participants have been sentenced for a month or longer, CTDOC records can project people’s discharge date and they will show up on the queries for that month. However, many individuals with shorter sentences are released too close to the time that they were sentenced, which does not allow for adequate discharge planning. The release date may also change for people who have enough jail credit to be released early.

Some eligible Participants Choose Not to Enroll in the GH-RWC Program

Counselors were asked why they thought some people who were released at the end of their sentences (EOS) may have chosen not to enroll in the GH-RWC program. The main reasons for non-enrollment, that the counselors identified are stated below:

- Lack of trust in the system. They feel they won’t get the help they need.
- They view the GH-RWC as “just another program” to complete.
- They are not educated enough on what the GH-RWC offers them.
- They have support on the outside and they believe they do not need the program.
- They are anxious to “just get home”; no more stops or programs.
- The men who have housing or family support want to see their loved ones that day first.
- Some just want to get out of jail.
- Some have resources already in the community.

The counselors tried to explain as much as they could about what the GH-RWC has to offer, but one counselor also emphasized the importance of “in-reach” prior to the release. In her words, “it is also helpful for the Center to reach out to the inmate over the phone to explain personally what they will be offering them.”

Procuring Identification (IDs) for Everyone Prior to their Release

The counselors strive to ensure that everyone has a birth certificate, Social Security card, and a state driver license or non-driver ID prior to their release. In response to COVID, the Department of Motor Vehicles suspended the monthly DMV trip that allowed for people who were incarcerated to obtain new identification prior to their release. CTDOC was still able to request duplicates and renewals of identification from DMV via mail. In the counselors’ experience, other common obstacles to people getting their identification prior to their release were as follows:

- The people who were incarcerated did not let the reentry counselors know that they need IDs.
- A person has had too many Social Security cards in their lifetime (the limit is 10).
- A person requires a birth certificate from out-of-state or out-of-country. Sometimes, it takes a while for some states to send birth certificates back to the counselors.
- If someone has never had a state ID before, this makes it more difficult to obtain one.

- Money can be a barrier for some individuals. CTDOC will cover the cost of identification for those people in prison who do not have money on their accounts. However, if they have money on their accounts, they are responsible for paying for the IDs. According to a counselor, “This puts them in a bind; they have to decide if they want commissary or their IDs more. Most of the time they choose the former.”
- There was insufficient time to order the IDs. CTDOC protocol is that they only offer ID procurement once the offender is sentenced. So, if a person is held pretrial and is released from court or shortly after their sentence date, this does not provide the counselors enough time to obtain their IDs.



Serving Pre-Trial People who are Released from Court with Time-Served

For individuals held pre-trial, the length of time they were held prior to their court hearing, the length of sentence after their conviction, and the amount of Risk Reduction Earned Credit (RREC) time they earned will determine whether or not there is enough time for them to receive reentry discharge planning services. Arranging for unsentenced individuals under CTDOC supervision, who are released from court, to utilize the GH-RWC services is challenging. Counselors can only start the application if they can verify with an attorney that they will be released unsentenced. Anecdotal evidence suggests that during the pandemic people with short sentences were more likely to be released directly from Court with time served. As the counselor stated, “the pandemic has impacted the ability to know who may be released from court. A lot of these guys have sat unsentenced for so long because of the pandemic and eventually when they go to court the judge gives leniency and releases them without prior knowledge.” During the pandemic, all court houses were closed and court hearings shifted to video conferencing. According to the City of Hartford Re-Entry Services Specialist, individuals who were detained in jail on a low bond and were considered low risk had their bonds reduced to promise to appear, and were given a future date to appear in court and were released back to the community. Some individuals who appeared before the judge via video conference would be released with jail credit/time served based on charges and sentence by the judge. That would mean an individual could be released that same day as their court hearing with no, or minimal, planning on linking them to services within the community. During the pandemic GH-RWC staff and the City of Hartford Re-Entry Services Specialist, would assist individuals who were granted release through the courts and who ended up homeless, so as to connect them to the CTDOC rapid rehousing program.

Recommendations



- ◇ The DMV should be prepared to service the CTDOC facilities for people requiring new identification even under pandemic conditions. In addition to mail-in applications, efforts should be made to facilitate online renewals and to enable people with release papers from CTDOC to receive extended grace periods (as has been granted during the pandemic) and/or reduced fines for renewal of IDs and other payments due.

- ◇ CTDOC should address policy and logistical barriers to ID procurement experienced by people who are incarcerated so that everyone who is released has a state ID upon release.
- ◇ Continue to problem-solve with CTDOC, CSSD and the reentry collaborative how to remove gaps in services (e.g. ID, housing and other assistance) among pre-trial offenders who are jailed and then released from court time served.

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.

The Reentry Welcome Center serves as CPAs hub for the delivery of reentry services. During the start of the second year of operations, CPA was running three community-based reentry programs out of the GH-RWC location based at Hartford City Hall. These programs are funded through a combination of private foundation, federal grants, and a CDBG ('block grant') from the City. The SAMHSA program is a federally-funded program for returning residents with co-occurring mental health and addiction needs and has two peer-to-peer case managers based at the GH-RWC. The GH-RWC Program provides case management for anyone released from CTDOC at the end of sentence within three months, with one full-time case manager and one half-time case manager, with a priority to those without community supervision. The Resettlement Program is a long-standing CPA program that provides case management services to assist men and women with their transition. This program also has one full-time program manager and one part-time case manager. Each of these programs offers wrap around and referral services tailored to the individual needs of the clients.

The City of Hartford Re-Entry Services Specialist and the case managers based at the GH-RWC work with clients to develop a treatment plan and ideally participants are in contact with their case manager daily for the first couple of weeks, and then after being connected to other resources, would meet weekly for another six months, or however long it takes for their situation to become stable.

Success Stories reported by CTDOC Counselors

The CTDOC counselors remarked that they had received "a lot of positive feedback" from people that were referred to the GH-RWC. They were asked if they could share some case examples of individuals who benefited from GH-RWC assistance in the past year, who had a high level of need, without violating confidentiality. The following examples were provided:

1. "A person who was incarcerated and was not very familiar with the Hartford area and had a high addiction score. GH-RWC helped out right away."
2. "Here at CCI, we have quite a few offenders that we release to the community after serving long-term sentences, sometimes with no probation or parole to follow. I try to focus on these individuals in obtaining as much as I can for them i.e. (Identification) before releasing them to the GH-RWC. One specific individual myself and the GH-RWC Case Manager for the SAMHSA program were working with was extremely nervous after serving over 20 years with the CTDOC. He had no cell phone and wasn't sure how he would react to being released to the community after serving so much time. The GH-RWC and Re-Entry Unit at CTDOC worked extremely closely with him and were able to obtain housing, ID's, a cell phone, clothing vouchers etc. to help him with an easier transition back into the community. If the Re-Entry Unit and GH-RWC were not available to this offender I believe he would have had a much more difficult transition back into the community."

3. “One individual, who was also a part of the Resettlement program, had high needs, homeless upon discharge, as well as some mental health needs. She worked with her case manager and myself and we were able to secure a bed with Mercy Housing, through communication and support. The individual was very grateful to have her housing needs met and have supportive housing.”
4. “One individual, who was just recently released, was returning homeless to Hartford and referred to GH-RWC and had an RHAP (rapid-rehousing) referral. It was made aware that CHR was no longer taking referrals¹², which was frustrating. However, the SAMHSA Resettlement staff reached out and they were able to secure a bed for her at a Sober House.”

It is evident from these examples that the GH-RWC staff for CPA’s programs work together as a team to provide housing assistance and other forms of support while people are transitioning back into the community. A primary focus in both Year One and Year Two of the GH-RWC operations has been to make sure people are provided a place to rest their head at night when they return and/or access to addiction treatment beds and services.

Strengths

S Ongoing Delivery of GH-RWC Case management Services throughout the Pandemic
 Even with the pandemic, and after Hartford City Hall closed its doors to the public in April, the GH-RWC Case Manager continued to receive referrals for the GH-RWC Program and to meet with participants on the day of their release in the private entry area in the back of City Hall.

S Provision of cell phone and prepaid minutes to all GH-RWC participants
 The cell phone and prepaid minutes was a new addition to the resources CPA provided GH-RWC participants during COVID, so that they could maintain contact with their case manager. This resource was initially made possible through a generous donation to CPA.

S Providing Uber Services for people on the Day of their Release
 After being dropped off at the GH-RWC on the day of their release, participants were provided with an Uber service to get to the location where they were planning to stay.

S GH-RWC Participants in the Focus Group Reported high satisfaction with their Case Managers
 The five GH-RWC participants who took part in a focus group in mid-September 2020 were each very appreciative of the case management services that they received from the GH-RWC.

A limitation of these findings is that these participants represent a very small fraction of those being served by the Center, and are not necessarily representative of the group as a whole. Those in the peer support group may have been some of the most-engaged and motivated participants. They each praised

¹² This situation occurred in March of Year Three, as the CTDOC Re-entry Housing Assistance Program had reached the maximum number of people they could sustain in ‘transitional housing’ such as hotels and/or sober house.

the GH-RWC Case Manager for the compassionate support they received. As one participant said, “he’s an outstanding guy. He knows about me a lot.” He said he “loves” his case manager and “talks to him every day.” The men were especially grateful for the temporary housing assistance. They also said that they felt that they were being cared for when they were given useful necessities such as the backpacks filled with hygiene products and the clothing voucher. Having a place to live and some basic necessities gave them peace of mind and a foundation from which to look for employment and to start to save money for the down-payment on their rent or for child support payments they owed.

One participant stated that at first, when the reentry counselor told him about the program, he was apprehensive about enrolling in “yet another program.” He said, “And I don’t know if it will work. I don’t know about programs. I always end up walking on out [of jail] and going back.” However, when he met the GH-RWC Case Manager, his mindset shifted. He described the connection he felt with the case manager as follows; “he was cool as hell. He broke it down to me.” The GH-RWC participant said this time reentering was “a whole new experience” compared with previous times he had returned from incarceration. He said,

“Like I never came home and they gave me a cell phone and gave me stuff like hygiene. All that. Helping out a jail bird. Right. They started helping us out. So, it really opened up my eyes. It’s like they really started caring for us. And like I really appreciate everything...The fact that they put us in a hotel and they trying to help us. There are not a lot of people that are open arms and who try to help us out. They always turn it back on us. ‘Oh, he’s a jail bird.’”

He also said that the case manager is “really a helpful person.” He remarked he gave him a clothing voucher when he first came out, because all he had on “was a little sweatpants and a jail shirt.” He summed up his remarks with, “I like this program. It’s really helping a lot.”

When asked about their experiences receiving services at the GH-RWC, a Latina female participant who was also receiving assistance from the GHHRC described the following interaction with her Case Manager. She said, “It was official when I came home and I met this Latina she was actually my first person that I met. I forget her name, but she was a very nice lady.” She described the assistance she received as follows: “They hooked me up; they gave me a certificate for a coat from Burlington coat factory. They helped me out because I had totally nothing when I came home and I was able to get a backpack with cosmetics and stuff.” She also explained that the case manager who assisted her “was from the program that Mayor Bronin ran.” She said that the hygiene products were very useful and helped prevent her from resorting to shoplifting a bar of soap, which risked landing her back in jail. She said that she met the case manager while in jail. After she got home, she met the lead GH-RWC Case Manager, who she already “knew from the community.” He also has been a support for her, and appeared to be someone she trusts.



Strong Teamwork and Support from CPA Administration for Case Management Staff

A GH-RWC Case Manager reported that he was very grateful to CPA management and other staff for the support he receives on a regular basis to assist with clients.

“We never know what's going on, thank God for the team that I work for because we, we stick together. You can call any of us no matter what time of day or night it is. If we're dealing with an issue with one of our participants and we'll fix the problem, right. I hear that everybody doesn't do that. What they're faced with without us, they have nobody.”

The GH-RWC case managers each expressed the viewpoint that CPA management is very supportive and that they feel like the agency “takes care of their people all the way around to the best of their ability to.” They recognized that the company itself has been impacted one way or the other by the pandemic, as nobody was fully prepared for it. The staff remarked that their supervisor had contracted COVID, and CPA leadership has been “on the front line, right along with us,” trying to make sure everyone stays safe and that they are still able to deliver whatever services they can to their clients.

Challenges



Limited Formal Hours of Operation of the GH-RWC

One CTDOC Counselor noted that it could sometimes be challenging to schedule the transportation to the GH-RWC, since it closed at 4:00 PM. In response to this issue of scheduling drop offs, the CPA GH-RWC administration stated that usually arrangements were made in advance of a person’s date of release, for transportation to the GH-RWC in the morning. However, when necessary a GH-RWC case manager would make themselves available to meet someone who was being released after hours or on the weekend. The main challenge was with individuals who were in jail and released from court time served, as there usually was not sufficient advance notice for a staff to arrange to meet them immediately upon their release. These situations were the most difficult to plan for, since they could occur at all hours and times of the day.



Risk of Contracting COVID-19 and Increased Anxiety among Staff

The pandemic placed added strain on community providers, including correctional staff and reentry case managers many of whom have continued to work to provide essential services to people reentering. Protection from the transmission of COVID-19 has been a major concern throughout the pandemic. Having sufficient supply of personal protective equipment (PPE), specifically N95 masks, was an issue for reentry providers across the state when the pandemic first began, but was resolved in short order as the state began to supply PPE and agencies were also able to order their own additional supplies as well.

Although CDC protocols were rigorously followed by the GH-RWC staff and the staff were working mostly from home, two GH-RWC staff contracted COVID-19. Thankfully both the staff were able to social isolate and fully recovered without hospitalization. CPA’s Director of Operations contracted Covid-19 in May 2020, a time when mortality rates were escalating. She surmised that she may have contracted it during her weekly visits to Walmart to purchase cell phones for the clients. Her contracting COVID added to the anxiety of some of the other staff persons at CPA, particularly those who were under her direct supervision. The operations of the GH-RWC continued during the time under the supervision of the CPA Program Manager, who has been managing the ongoing operations of the GH-RWC throughout the

pandemic and has extensive case management experience with people reentering. CPA provided staff with additional resources during the pandemic through CHR's Hero Hotline for front-line workers who could receive mental health support and through offering online meditation and yoga services.

C Limited Resources and Access to Essential Government Services During Pandemic

The pandemic response also affected support and treatment groups in the community until some service providers were able to shift to online services. The ability for reentry service providers to meet the needs of people returning home for shelter, linkages to care, and family unification were all adversely affected during the pandemic. In the staff focus group held in June 2021, a GH-RWC Case Manager explained, "everything is really more of a struggle for people reentering as a result of COVID." She reported the following challenges due to COVID from her experience working with women discharged from York Correctional Institution; The women do not have as much information when they discharge and as a result they feel overwhelmed. Some women did not realize that pretty much everything was closed and a lot of resources were unavailable. When they encountered these added challenges, the women experienced "more pressure" and were "more likely to become frustrated." For example, one participant was having difficulty getting food stamps because of delays in processing her application at DSS. The case manager helped her submit her application and dropped it off in person at the DSS office, yet she was still waiting to receive benefits. Also, while staying in the shelter this woman was fearful of contracting the virus.

C Lack of Identification Creates Barrier to Opening a Bank Account & Employment

During the pandemic more people were being released from incarceration without state identification, since the Department of Motor Vehicles (DMV) had suspended its periodic operations within the prisons. The case managers also had to explain to people upon release that they could not simply go to the DMV or to DSS to procure their IDs because these offices were closed. Not having identification also presented a barrier to people procuring employment. Even if they were fortunate enough to find work, without a state ID they could not open a bank account to be able to deposit and cash their paychecks.

The GH-RWC Case Manager explained the lengths he went through to assist a participant with establishing a bank account so that the participant could receive his Supplementary Security Income (SSI) benefits. This participant's ID had expired about a month before he was released. Even though the DMV granted an extension on expired drivers licenses, the participant went to five different banks and was not able to get his bank account established because the banks would not accept his ID. Eventually a contact person at DSS was able to help, so that the client was able to open an account and receive his SSI benefits.

During the focus group at the GHRC in November, participants were asked by the research assistant, "how many of you left the prison with your basic identification...Social Security card, birth certificate and ID?" Only one participant out of the five responded "I got mine. When I got out." The research assistant facilitating the group remarked that in his experience this is a topic that comes up a lot because often people have difficulty getting their basic needs met upon release because they do not have identification. A Latino male participant remarked, "I'm going to tell you, the best thing they did when

they give you your ID, the picture ID. That's the best thing they did. Before release because a lot of people are being released without that. They do it through that reentry thing you're talking about." This participant then explained that he had accessed this service while he was in jail. Another participant remarked that he was released through the court "so, they had to take me to get my stuff."

C Heightened Food Insecurity During Pademic

For individuals who were sheltered in the hotels, they still needed food assistance as some soup kitchens in the City ceased operating during the pandemic due to emergency orders restricting indoor gatherings. The City of Hartford provided donated meals to individuals in the hotels throughout the height of the pandemic. These donations started April 27th, 2020 and continued through the beginning of June 2020. The City of Hartford's Department of Public Works staff would drop off the meals to the GH-RWC Case Manager at the hotel and then he delivered them to the participants in their rooms. However, it was remarked that these meals were not sufficient to meet the dietary needs of the participants; "We have been able to put them in a hotel. They have no food for dinner. These are grown men and women. And because of this situation, bag lunch, that was an apple and an energy bar. That's food. That's what we're feeding them for breakfast. They get a muffin."

C Restrictions on Accessing Shelter & Housing Assistance Post-Release

Although people coming out of prison were given the opportunity to enroll in the CTDOC RHAP, some of them still ended up homeless on the day of their release or in the weeks following their release because they did not let the counselors know of their need or their situations changed after they were released. These individuals sought assistance from the GH-RWC Case Manager, but limited resources were available to house them once they were released. GH-RWC administrators observed that sometimes people's high levels of need upon release would overwhelm family members or friends with whom they were staying. They also conjectured that while in prison some individuals may have reported that they had a place to live, so as to get released as soon as possible. Others may have anticipated having a place to stay, but discovered upon release that, due to COVID or other reasons, they no longer had a place to stay. Even for those individuals who did enroll in the rapid rehousing program while incarcerated, some were more challenging to place and may have reached their EOS date without the housing specialist having procured them a place to stay in advance. Following CTDOC RHAP, the challenge remains to create more lasting solutions to provide stable housing for returning residents until they are able to become self-sufficient or qualify for rental assistance¹³.

C Placing People in Hotel Rooms Alone Is Not the Safest Option for People with Opioid Addiction Issues

During the pandemic the shelters were closed to new admissions. Although the CTDOC RHAP provided much needed access to shelter for people returning home, CPA's Director of Operations and the GH-RWC Case Manager stated that placing people in hotels, was not the safest

¹³ As of April 2021, the CTDOC Re-entry Housing Assistance Program was no longer taking new participants, due to the fact that all the available slots were full and they were awaiting appropriation of new funds.

environment for people with opioid and other serious addictions. According to the Director of Operations, two returning residents died of overdoses while placed in the hotels, despite efforts to provide case management support and Naloxone. A separate evaluation report is being prepared by Community Health Resources pertaining to the CTDOC RHAP which will provide more insight into the strengths and weaknesses of placing people in hotels through this program and its partnerships.

Lack of Access to Care due to the Internet Gap and Technology Limitations

Continuity of care for people reentering from prison has also been affected by COVID. Many health care providers stopped admitting new patients for non-urgent care. For example, one returning citizen who needed physical therapy reported that he was unable to receive it because of COVID, as they were not taking any new patients. Other services have transitioned to an online platform, but some reentering residents lack a computer or internet access, or lack of high-speed internet services. Other individuals lack the basic computer or smart phone skills needed to access services online. As a case manager explained, “Everybody is not tech savvy. Everybody is not versed in the internet, all of this technology stuff, everybody’s not there. And haven’t been pretty much taught how to do a lot of this stuff. And so, it’s a lot of, it’s a learning curve, you know, in that too.” Also, some people have issues with learning. Some participants are resistant as “either they can’t manage the technology, or they feel it as another form of control.” Also, the literacy programs for people who needed to learn how to read and write were closed due to the pandemic, so the case managers were not able to make referrals for those individuals who had literacy challenges. Even if they did have smart phones, data plans are costly and charges can add up quickly for people who cannot afford to sign up for an unlimited data plan.

Reduced Opportunities to Receive Face-to-Face Care for People in Recovery

During COVID people were staying inpatient for an indeterminate amount of time. As the SAMHSA case manager explained, some individuals were frustrated by new rules that were enforced by in-patient treatment providers requiring that individuals arriving from the community be placed in quarantine for seven days. Because of these safety measures, individuals who had recently left prison were feeling added frustration that made them feel like they were back in prison. As the SAMSHA Case Manager explained, “Again, it’s difficult for the individual to now see that as a different environment from which they came from, in terms of feeling locked down still.” For people who needed medicated assistance treatment (MAT), it was also harder for them to receive the services they would normally have received prior to the pandemic restrictions, which would have included regular in-person visits with their physician, and also in-person group sessions run by a clinician. Due to groups being cancelled, they were told instead that someone would call them to check up on them, which was not the same as receiving in-person services

Reduced Job Opportunities due to the Pandemic and Other Barriers to Employment

During the GHRC focus group, an African American, male participant shared his reentry goals for getting stable and finding employment. He said,

“Well, for me, for me personally, I just want to get stable a little bit. I don't look for no big career job, anything, you know, minimum wage that accommodate me and I feel comfortable with. I can rock with that and I can progress with that. You know, if I can get some help to get situated into a spot, somebody to help me in the right track to get from becoming a non-taxpayer to a taxpayer, be productive in society... I've been in the hole so long and I know what I need to do to stay out of the hole...I just need the help to get out...No one wants to give you chances to get out the hole and that's the hardest part.”

Under normal circumstances it can be challenging for someone with a felony conviction to find work, but COVID made it even harder for people to find jobs once they were released. Participants had to be able to submit job applications online and work remotely with employment specialists. A GH-RWC Case Manager remarked that two of her clients who had difficulty finding work told her that it was easier for them to survive in jail. Both participants ended up back in jail.

Capital Workforce Partners employment specialists reported that because of COVID, jobs in the restaurant field and other small businesses that typically hired people with records were less available. However, some new job opportunities opened up as a result of COVID such as an uptick in distribution warehouse jobs and new positions at COVID testing sites, or as contract tracers. During COVID, participants also had reduced access to job training programs, which are often an important stepping stone for them to gain the skills necessary for gainful employment and for advancing their career opportunities. Some training programs ended during COVID, and others shifted online. Online programs generally require that participants have their own computer and internet connection, which many returning citizens do not have. Through a partnership with the library some individuals could receive laptops on loan for up to six months.

Capital Workforce Partners Free-to-Succeed Career Advisors identified a number of barriers to employment for the people that they served who were released from incarceration. As one advisor stated, “I would say there are individuals out there in perpetual transition.” Referencing the collateral consequences of a criminal conviction, the Career Advisors noted how difficult it is for some individuals to overcome these barriers. As they stated, “They're still negotiating life post their offense, whether they were incarcerated or not incarcerated. And they still have barriers, they still have struggles that they face...And if they are granted the pardon, or their Certificate of Employability, they still have struggles and barriers that are existing.” The advisors noted that even if they receive assistance from them and the GH-RWC, there continued to be barriers “that are beyond us. They're still going to have concerns.”

Other times lack of transportation and housing are major barriers to employment. As a Career Advisor stated, “How are you going to get a job if you're not on the bus route or you don't have transportation?” He mentioned that he has had people who were offered employment, but could not take it because they did not have proper transportation. For those returning citizens who are on probation or parole, “there are restrictions on when you can go work and when you can't go work.” “Some people are fortunate that they are able to reconnect with their family so that they have that as a resource. But what if you don't have a family, where do you go?” The Career Advisors observed that for individuals with sexual assault charges the options for housing and employment can be even further restricted. “For those individuals, housing is always going to be an issue. And, you know, sometimes they end up living in hotels or a car.” Adding to these challenges, some returning citizens who were successfully employed through

the Free-to-Succeed Program had lost their jobs due to businesses closing or laying people off during COVID.



Added Strain on Case Managers due to the Pandemic and the Limited Resources Available to Meet the Needs of Clients

When asked about service fatigue and how they were holding up, CPA case managers acknowledged the strain they were under due to the pandemic and the limited resources available to address their clients' basic needs. As one said, "it weighs on your heart. It weighs on your emotion, you know." This case manager then noted that "when we decided to do this work, this level of work, we kind of take an oath, just as anybody else who are on the frontline or first responders...We take an oath to really invest in helping individuals to regain some sort of momentum in life and really have a shot." Because of their strong commitment to their clients, "we're faced with these difficulties, how do we really help them see that there's a better way? You know, it's like, we're still fighting with some of these things. And so internally it creates a lot. I mean, we're still humans and we still feel, so we have our own anxieties and different things that come as a result of the things that we're facing, you know, the pandemics, the racial discrepancies...the anxiety levels." All the case managers nodded in agreement to this observation.

During this discussion about service fatigue, another case manager further explained the additional challenges in maintaining boundaries with their participants when working out of their homes and via the telephone. He explained,

"When you're in an office setting, you're able to come to the office...you check your home life at the door...Your heart and your mind when you have a sensitivity to the work that you do, of course, yes, it still stays with you, but you're able to really kind of put some separation in between it. But now that you are... working from home...it has its perks, but at the same time, everything kind of starts to merge together too. And trying to find that separate place, because it's like, when you're at home, your phone is going to be on 24/7. Cause you got people that's out here in the community that you gotta make sure that they're okay."

The GH-RWC Case Manager stated that because their clients trust them, they call them whatever time of night, whenever they "may find themselves in a situation." As he explained, "You're their social support, you know, you're their recovery support system right now, where a system has pretty much shut down. So, you're the only resource to a degree. So, if you shut down, then what do they have and what does that set the individual up for?" Because of this trust, the case managers feel compelled to try to "invoke change all around," to find solutions to the question of how to provide the services to the people who are in desperate need of assistance. And the case managers all commented on the fact that it is "really tough" for them to provide services during the pandemic. However, they recognized that it was "even tougher" for the individuals who don't know where they're going to lay their head at tonight. And don't know where their next meal is going to come from."



Challenges with Maintaining Contact with Participants

According to CPA's Director of Operations, a large proportion of enrollees in Year One came to the GH-RWC only one time. A majority of them were transported or walked in to request

services, and received a backpack with hygiene supplies and usually also a bus pass, and referrals to other services. Afterwards many of them did not return to meet regularly with their case manager. Some would return later when they were experiencing a crisis. This was documented in the case note files and interviews with staff, but quantitative data was not gathered on the number of contacts with the case manager. Issues with lack of ongoing engagement with the case management services were documented in the Year One process evaluation. In Year One it was also observed that some participants would drop in regularly to the GH-RWC, without making a formal appointment with a case manager. In Year Two, participants were provided with cell phones and pre-paid minutes and the CTDOC Rapid Rehousing Program was initiated. This facilitated an increased number of GH-RWC enrollees maintaining more regular contact with their case manager. Further information is needed to be gathered in the Year Three evaluation to assess whether or not provision of a cell phone with prepaid minutes will continue to facilitate improved engagement with case management services and will also determine the extent to which individuals were successfully connected to other providers through the referrals.

One case manager reported that she had a slightly better success rate in being able to establish a connection with eligible GH-RWC participants prior to the pandemic, when they were able to meet face-to-face. Under COVID, since the GH-RWC case managers were not allowed to enter the prisons, it became more difficult to establish a personal connection prior to participant's release. On the day-of-release, the GH-RWC Case Manager would meet with participants in the parking area behind City Hall. They also strived to maintain regular communication through weekly check-in calls. But over the phone, they could not see the client's body language nor could the client observe theirs, which made it harder to build trust. Also, depending on whether participants had privacy while on the phone, there could be confidentiality concerns when discussing sensitive information. As another case manager explained, "mind you, we're still dealing with individuals who have had some dishonesty...and don't have a lot of faith in the system. You know." So now, what happens "is because you can't build that trust, you end up losing people along the way."

CPA Data on GH-RWC Program Case Management Outcome

CPA's data system contains a field for reporting 'discharge reason.' The options provided include the following: 1) successfully completed all program requirements; 2) Loss of contact with program, staff made several attempts to contact (letter and phone calls); Moved out of Catchment area/State (specify town in comments); 3) Other (provide details in comments).

In the second year, CPA reported that 71 (62.8%) of participants successfully completed all program requirements. Stated goals for successful completion of the RWC Program, as documented in program logic model, are for the participants to have achieved three outcomes: 1) developed positive coping skills, 2) able to identify their needs to overcome challenges, and 3) have made a meaningful connection with a community provider (see Logic Model in Appendix). The determination of *successful completion* is based on each case manager's subjective assessment of their clients. No formal assessment tools were utilized.

The data shows that 14.2% of participants lost contact with their case managers. In addition, for the "other" discharge category, the comments indicated that 15 out of the 19 participants had also lost

contact with their case managers. If these were recoded as loss of contact with program, then 32 participants lost contact after the initial intake, which equates to 28.3% of the total enrollees in Year Two.

Year Two GH-RWC Program Participants' Discharge Reason (n=113)		
	Number	Valid %
Participant successfully completed all program requirements	71	62.8%
Loss of contact with program, staff made several attempts to contact (letter and phone calls)	16	14.2%
Other (provide details in comments)	19	16.8%
Re-incarcerated	2	1.8%
Moved out of Catchment Area/state	3	2.7%
Incomplete – Death or Serious Health Condition	1	.09%
Missing (No discharge information)	1	.09%

Recommendations



Pertaining to In-Reach within the prisons and the Care Continuity Process

- ◇ The GH-RWC could produce a video that described the services available from the GH-RWC and what to expect when people are released that could be shown within the facilities.
- ◇ The GH-RWC Case Manager should connect at least two times with people prior to their release, preferably in person to explain the GH-RWC services and make them feel more comfortable with the referral. If logistically this is not possible due to COVID restrictions or for other reasons, then the case manager should connect by phone.
- ◇ Another mechanism for strengthening “in reach” would be for CTDOC to expand video-conferencing access for community providers.
- ◇ The GH-RWC should maintain flexible hours for releases that occur after 4:00 PM.
- ◇ The GH-RWC could also provide or participate in the reentry workshops within the prisons.



Pertaining to Public Awareness of the GH-RWC and educating the public on the needs of GH-RWC Participants.

- ◇ Continue to work with CCEH, CHR, the City of Hartford and other advocates from the GHREC, and with the City, to encourage landlords to rent to returning residents and to identify felony-friendly landlords.
- ◇ Continue to raise community awareness of the services available at the GH-RWC, particularly among those soon to be released and their family members.

- ◇ Continue to use CPA's public platforms to disseminate images that promote a positive view of returning residents and to combat stigma and fear in the general public.



Pertaining to Case Managers

- ◇ During the COVID pandemic 'stay at home' orders, the 90-day window for people to receive case management services should be extended to at least six months, the GH-RWC was no longer accepting walk-in clients and people had fewer other avenues for receiving assistance.
- ◇ Track number of contacts and dates of contact with the case managers in Salesforce.



Pertaining to Program Retention

- ◇ Hosting skills building workshops in their areas of interest could be another way to strengthen engagement.
- ◇ Strengthen the ability to follow up with participants through referral partners.
- ◇ Organize community events and outings for returning citizens. Case managers and returning citizens participating in events organized by other partners not only will role model community engagement for other clients, this also builds a sense of belonging to a shared community. [Due to the pandemic it may not always be feasible or advisable to organize social gatherings, so other options for increasing community engagement online or outdoors will need to be considered]
- ◇ Find more ways to incorporate arts as an integral part of community building activities with partner organizations.

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

The GH-RWC involves a collaboration with thirty formal partners and an additional twelve or more informal community provider partners. Many of these partner agencies have long-standing relationships with CPA and take part regularly in the monthly meetings of the Greater Hartford Reentry Council. Of the 42 community partners who were distributed a survey by the City of Hartford Re-entry Services Specialist via email in January-February of 2021, fourteen responded-- including one case manager of CPA’s Resettlement program, who also works half time with clients in the GH-RWC Program. This is a response rate of 33.3%. Respondents each described their partnership with the GH-RWC, as stated in the table below.

Description by Provider Partners of their Partnership with the GH-RWC	
1. Connecticut Talent Assistance Cooperative (CONNTAC)	CONNTAC provides educational assistance centered around assisting clients with FAFSA, FSA ID, and other college resources. Our aim is to see that all are able to have a smooth transition when wanting to pursue a college education.
2. American Job Center/EDSI	Located at Hartford Public Library (limited access due to COVID19), we assist referrals in accessing services through the American Job Center to obtain employment, including resume preparation, information on local job market, direct job leads, services under WIOA to include possible scholarship funding and online trainings.
3. Hands On Hartford	We operate a Community Meals Day Program where folks can come in for meals and day shelter. Also, if requested our staff can assist individuals with locating resources.
4. Hartford Public library	We serve Hartford residents with the Crossroads to Connectivity program. The C2C program enables individuals with HPL cards, aged 24 or older who are enrolled in WIOA, SNAP and/or Adult Ed programs to borrow laptops and hotspots for a six-month period.
5. Capital Community College	We hope to establish a cohort group where individuals can participate in any of our courses offered through the SNAP Program. Also, to connect with community outreach agencies to help our community stay strong.
6. Center for Children's Advocacy	We are a legal services organization providing re-entry related civil legal services to young people re-entering from incarceration up through the age of 24; services include understanding your legal rights around public education, benefits and services, rights around record erasure/expungement, navigating systems that should serve them, among other things.
7. Judy Dworin Performance Project	We work with returning citizens from York and Cybulski in two arts interventions and with their families. We have a longstanding partnership with CPA.

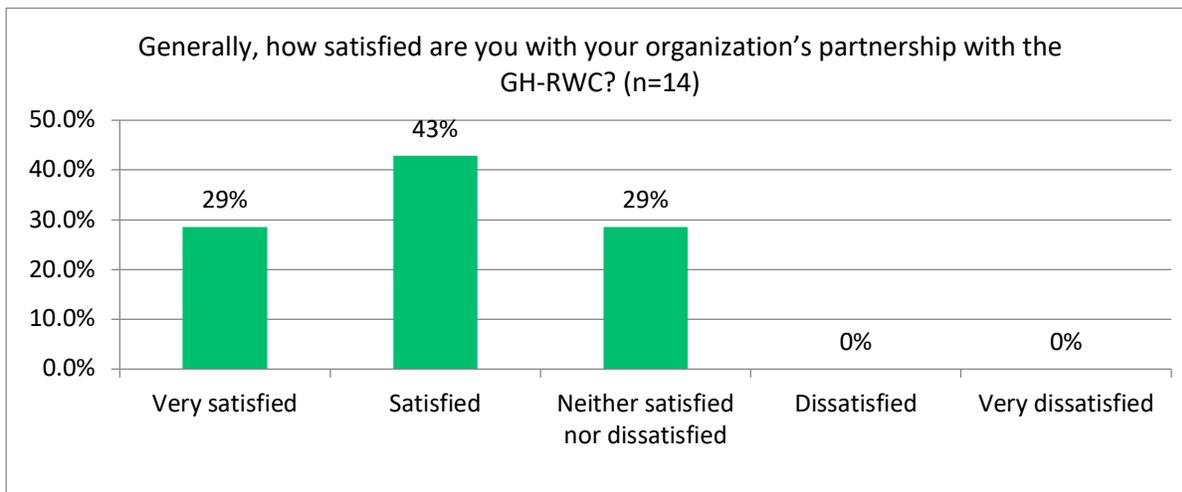
8. Alternatives to Violence Project	We do workshops in CT prisons on dealing with conflict without using violence.
9. Community Health Resources	We have an MOU and collaborate on DOC RHAP
10. Urban League of Greater Hartford	Urban League of Greater Hartford is a resource partner for the GH-RWC. ULGH provides Workforce Development, Entrepreneurial Programs, clothing for men, services for men and women who have children ages 0-5years, Adult Education/GED/College Preparation Programs and Economic Enrichment services such as financial planning and financial literacy.
11. CT Association for Human Services	Coalition member
12. Chrysalis Center	The agency provides several programs to address homelessness, food insecurity, mental health, and provide case management. However, most programs have strict eligibility criteria, which is pretty targeted and/specific. We are a resource for referrals, case management, and provision of programming when eligible referrals are presented.
13. Greater Hartford Legal Aid, Inc.	GHLA accepts referrals to assist individuals with certain civil legal problems.
14. Community Partners in Action	I am a Resettlement Program's Case Manager. The Resettlement Program is a Reentry Program working in collaboration with the GH-RWC, both are CPA programs. The Resettlement Program provides services to individuals discharged from CTDOC to the Hartford area. The program offers basic needs, referrals into the community to help them to achieve their goals as well as support to move to a better life and not coming back into prison.

Strengths



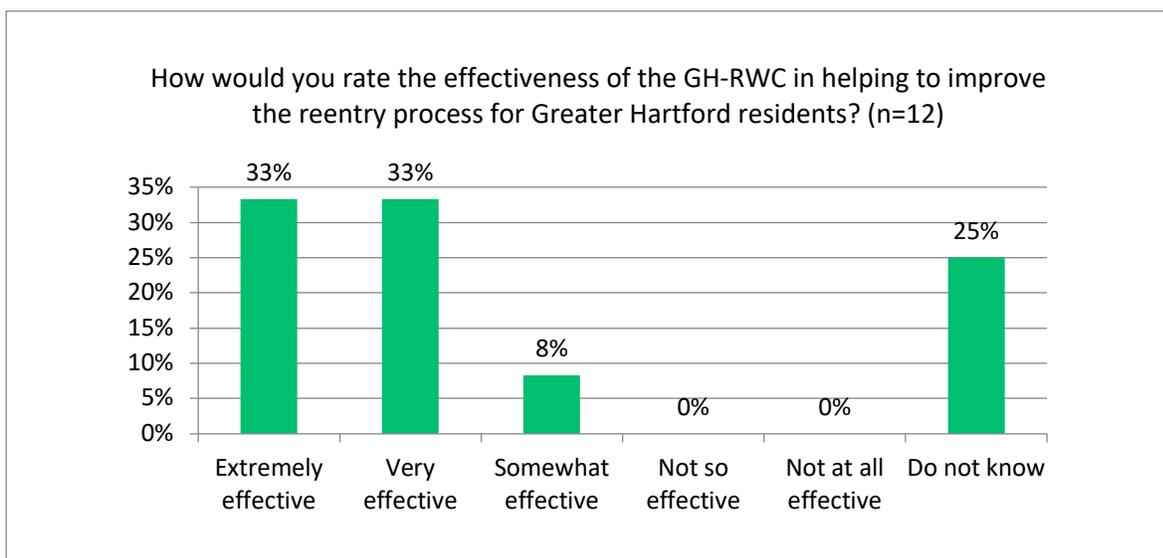
Partnership Satisfaction with Reentry Welcome Center Collaboration

When asked generally how satisfied are you with your organization’s partnership with the GH-RWC, a majority of partners were either *very satisfied* (29%) or *satisfied* (43%). Other partners reported that they were *neither satisfied nor dissatisfied* (26%) with their partnership. None of the partners reported being *dissatisfied* or *very dissatisfied*. While these partnerships are generally rated as satisfactory, it is also evident from these responses that there is still room for improvement.



Regarding the overall effectiveness of the GH-RWC in helping improve the reentry process, most participants who responded, reported that it was either extremely effective (33%, n=4) or very effective (33%, n=4), and one person felt that it was somewhat effective (8%, n=1). Another three participants responded that they did not know how effective it was (25%, n=3). Additional open-ended comments on the Survey to the question of the GH-RWC effectiveness were as follows:

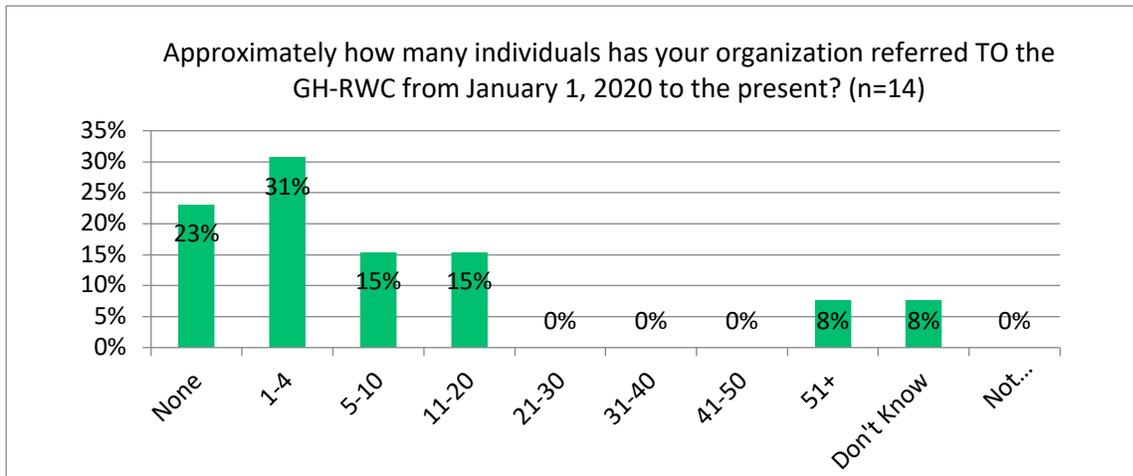
- “I can't judge the effectiveness of the GH-RWC or answer the set of questions in #11. I do not have info to answer honestly.”
- “I'm very impressed with GH-RWC effectivity.”
- “Extremely Effective.”
- “The GH-RWC will be more effective with the support and better communication from CTDOC, Parole, etc. Continue receiving support from the City as well as grants to help homeless populations.”





Partners Are Referring Returning Citizens to the Reentry Welcome Center

Partners reported having referred individuals to the GH-RWC over the past year. (Please note that the data on the number of referrals reported below are based upon self-report by individual staff at the agencies who completed the partner survey. These numbers may not represent the total number of referrals from each partner agency). Four partners reported having referred one to four participants to the GH-RWC. Two reported having referred 5-10 and 11-20 participants, respectively. One partner reported having referred over 50 individuals and another reported not knowing how many participants they had referred. The partner who referred over 50 commented that: “Prior to COVID19, I routinely presented to inmates at several facilities and would highlight services at the Hartford GH-RWC and others throughout the state, encouraging those [who were released] end of sentence to use the services available to them.” Another partner who referred between 11-20 stated, “Due to COVID it was very hard to refer individuals directly to the GH-RWC. We weighed heavily on 211 and other community resources who were serving individuals.” (CPA was still accepting referrals during the pandemic, but participants had to call to make an appointment). The partner who had referred between 1-4 individuals explained that this was the number of people she had personally referred to the GH-RWC, but others at her agency also made referrals through their intake line.



Ongoing Coordination with Housing Specialists

The GH-RWC Case Managers worked closely with the CHR housing specialists from the CTDOC Re-entry Housing Assistance Program to support the GH-RWC participants in accessing the other vital services they needed during their hotel, sober house or shelter stay. A goal of the CHR housing specialists and GH-RWC Case Manager was to move people from temporary shelter or hotel arrangements into longer-term, more stable housing solutions. For those who were able to procure their own apartments, the GH-RWC Case Manager would help them with basic items needed to get settled and support them with their personal reentry goals (ITP plan) to help them fully reintegrate. For those identified as having disabilities, case managers would help them complete their application for disability benefits through DSS.



Partnership with Connecticut Community for Addiction Recovery

Due to the pandemic, the GH-RWC peer support groups were not in operation for much of Year Two. A coordinated effort was made to pair GH-RWC participants who were in recovery with coaches from the Connecticut Community for Addiction Recovery (CCAR), who supported them by phone. The process evaluation did not obtain information on how many GH-RWC participants accessed these online support groups. CCAR does not record data on participant attendance, as they have an “open door” policy allowing them to utilize their services without being asked any questions.



Capital Workforce Partners Partnership

The Capital Work Partners’ Career Advisors assist returning citizens seeking employment and refer them to services at the American Job Center, the WIOA program (funded through the Workforce Innovation and Opportunity Act), the Free to Succeed Program, the Best Chance Program and any other employment assistance programs that are available.

Usually the first thing that the Career Advisors direct GH-RWC participants seeking employment towards is assistance with their resumes. A CWP co-worker helps them with their resumes. If they do not already have a resume prepared for review, this co-worker will have more intensive contact with the client. During normal times she would meet with them face-to-face, but due to the suspension of in-person services during the pandemic, this co-worker will email them a worksheet to complete and they will exchange information back and forth via email and telephone to help them produce the resume. During the pandemic, after people completed their resumes, the GH-RWC staff would provide the participants with a printed copy, since the library and the American Job Center location both were closed.

Capital Workforce Partners’ Free to Succeed Program is designed to help former offenders who are working. This program assists with expenses such as rental assistance, cost to get licenses, certifications, things to help with stability in their life. It is funded by a donor-sponsored grant from the Hartford Foundation for Public Giving. Recruiting returning citizens who are employed can be challenging so the Career Advisors will work with reentrants prior to employment to establish a relationship, with the hope that they will enroll in the program once they become employed.

The Free to Succeed program provides a Career Advisor for up to two years. They work with participants to create an action plan for achieving their longer-term career goals. They will ask them, “what do you want to accomplish in the two years that you’re with us?” If they would like to further their education, they help them to enroll in training programs that they would be eligible for outside of WIOA. Participants are encouraged to pursue additional certifications to qualify for jobs with better pay and that put them on a career path. They also may receive assistance with applying for a Certificate of Employability from either the Board of Pardons and Parole or the Judicial Branch-Court Support Services Division. An ultimate goal is that after completing the two-year cycle participants will be eligible for a pardon. So, Career Advisors also provide information about how to obtain a pardon.



Partnership with the Greater Hartford Harm Reduction Coalition (GHHRC)

In order to find assistance and stay safe, and to avoid going back to prison some GH-RWC participants seek out assistance from the Greater Hartford Harm Reduction Coalition. This Coalition is organized by and for members of Hartford’s North End community who operate according to

harm reduction principles. The GHHRC Executive Director (ED) described how community leaders and the nonprofits located in the North End have been organizing throughout the pandemic to distribute free food, COVID-testing sites and other forms of direct aid. The GHHRC established a “popup” site on Albany Ave to give out free vegetables, soda and other necessities, in addition to their ongoing work in providing clean needles, Narcan kits, and condoms. The harm reduction model is driven by what participants feel they want. As the director says, “We are here to help, not to force anything on you that you don't want.” The harm reduction environment is built upon a self-help and mutual aid model. It is not just about individuals helping themselves, but rather each person helping others in their community (peer support). The model is also about listening and not judging. The GHHRC ED stated that the most important thing about the harm reduction framework is that it is community driven, community-led, no judgement, no restrictions.

The GH-RWC Case Manager and the GHHRC ED worked closely together during the pandemic to coordinate services and assistance for returning residents who were struggling with opioid addiction. They exchanged resources and knowhow and communicated about clients who were connected to both programs. According to the GH-RWC clients who were also being served by the GHHRC, a harm reduction approach was especially helpful in reducing their risk of dying of an overdose on the streets particularly when they were awaiting treatment, or after having been kicked out of a treatment program due to noncompliance. Although the SAMHSA program provided people with mental health and addiction disorders with immediate connection to a recovery bed and treatment, some GH-RWC clients refuse to go into treatment, and others may be waitlisted for treatment. Some who go to detox and then enter into transitional housing, may still end up relapsing and requiring assistance. As they struggle with their recovery and other needs, assistance provided by both the GH-RWC Case Manager and the GHHRC staff assistance can be life-saving. The GHHRC staff offer a non-judgmental and supportive environment and provide direct aid in the form of clean needles, information on safety, food donations, transportation, domestic violence support and shelter placement.

Focus group participants who were recruited by the GHHRC were asked to share their thoughts on the pros and cons of the ‘abstinence only’ versus the ‘harm reduction’ approach to recovery. As some were not familiar with the terms,” the research assistant explained to them that “Abstinence only means you are getting services, but you can't be using, you can't be using no kind of drugs or alcohol.” A participant remarked that the abstinence-only approach meant that if he messed up, he would lose his housing. Then he said, “It's like, what you call that? The domino effect, everything just going to fall, trickle down, because everything is connected to that trickle down. So, once I, I know if I do this, I'm gone, I'm done.” Another African-American male participant shared his experience with being in a methadone program. He warned others in the group of the risks of using other drugs while on methadone. As he said, “There it's like, you can't mess with benzos. You can't mess with cocaine. You, you can, smoke weed. They care, but they rather, you not, you know. But they'll excuse that [marijuana]. But no cocaine, no benzos, no pills, none of that. You can get kicked out. You can have like two dirty urines with that stuff.” He said, and “I can't afford that, because when you get kicked off, they detox you fast, real fast.” He described the physical pain of detoxing. Because the side effects are so bad, this can lead people to “trying to get some money so he can hustle to keep that habit. You know what I mean? Cause if you don't get it, you can be sick depending on your body.”

While Medication Assistance Treatment programs for opioid addiction are a recommended best practice, several participants reported still using illicit drugs while in these treatment programs. Thus, harm reduction strategies can also serve as a complement to other types of treatment programs. Individuals who end up relapsing are at high risk of losing their housing, which is another reason why case managers at the Reentry Welcome Center are an important resource for people who are returning home at the end of their sentences.

In being asked about the harm reduction philosophy, participants spoke about how the harm reduction services benefited them in staying healthy and safe. A Latina woman stated, "The beauty of this program is that they hear everything. They let you know everything they don't pick and choose." An African American man responded, "This place, this community center is right here, it helps you a lot. Because if you out in the street and you using, they give you clean works...They try to talk you out of using, but if you still active. You know, they try to help you. You know what I'm saying?" They provide people with clean needles and they instruct them not to share needles. He explained, "They give you condoms, they tell you to practice safe sex, all that stuff. Once you get clean, like you're in a program, you get clean." He also commented that, "without harm reduction resources participants will be more at risk...They're trying to help others and are also providing social and emotional support." The GHRC also does direct outreach in the community, which enables them to maintain contact with the clients they serve who are transient and living on the streets.



Partnership with Transitions Clinic, InterCommunity Inc.

The Transition Clinic has been a close partner with the GH-RWC since its opening and offers a range of behavioral health and primary health care services through its different programs, including recovery and detox services, mental health treatment and social support from a community health worker with lived experience of incarceration. The Community Health Worker (CHW) from InterCommunity's Transitions Clinic was new to the position back in December 2020 when he was interviewed for the evaluation, but he was not new to the GH-RWC or the recovery community. His previous position was as a sound healer working for Toivo, and he had provided these services to the reentry community on a regular basis. After COVID hit, the CHW continued to provide services and also to facilitate peer support groups online. After the peer groups resumed in late September 2020, the Transitions Clinic CHW began working closely with the GH-RWC Case Manager to coordinate jointly facilitated web-based peer support groups.

During an in-depth interview for the evaluation, the Transitions Clinic CHW spoke of the importance of trauma-informed services for people returning home from incarceration. As he stated,

"From my own personal experience and professional experience, there's a lot of traumatized human beings that's incarcerated, you know, and oftentimes they get retraumatized through the criminal justice system and they come out even more traumatized, but without any support, without any resources, and often not knowing that they are traumatized... they keep going, doing the same thing over again, getting the same results and not understanding they're in this vicious cycle."

The need for trauma-informed services and trauma treatment for people coming home from incarceration came up in many of the conversations with reentry providers and community members. As we know from the CTDOC needs scores for returning residents to Greater Hartford, many of them are dealing with multiple layers of trauma and health care needs simultaneously, particularly if they have been in and out of prison for many years and are older in age.

Challenges

C Availability of Safe Shelter and Housing Options for People Reentering with Substance Use Disorders Who Relapse

Through the SAMHSA program, CPA and InterCommunity have six recovery beds available for people who need in-patient addiction and/or mental health services. However, some returning residents choose to live outside during the warm weather; the executive director of the GHHRC explains, ‘Some just don’t like the shelter...So, the GHHRC staff and volunteers engage them where they are. They provide them with the things they need: food, clothing, sleeping bags, blankets. Through making this connection and building trust, they are then also able to connect them to other services.’ People who are living in the streets also often will turn to the GHHRC when they decide that they need shelter. During the evening the GHHRC ED assists women and families with shelter placement. He is able to verify that they are indeed homeless and then if there is a bed available he is able to assist with connecting them to those services through relationships he has built over the years. His philosophy in running his organization is that if he identifies there is a need initially, he and the volunteers at GHHRC will do their best to fill that need and then they look to identify potential sources of funding.

C COVID-19 Impact on Services Provided by Community Partner Organizations

Provider partners were asked questions about the impact of COVID on their services. Most of the providers who responded to the GH-RWC Partner Survey reported that they did not have to suspend their programs, although two reported suspending some or all of their reentry programs due to COVID. Five providers reported that they were continuing to deliver face-to-face reentry services with PPE and other protections in place. And seven other providers reported that they had continued to provide services using a combination of web conferencing and phone.

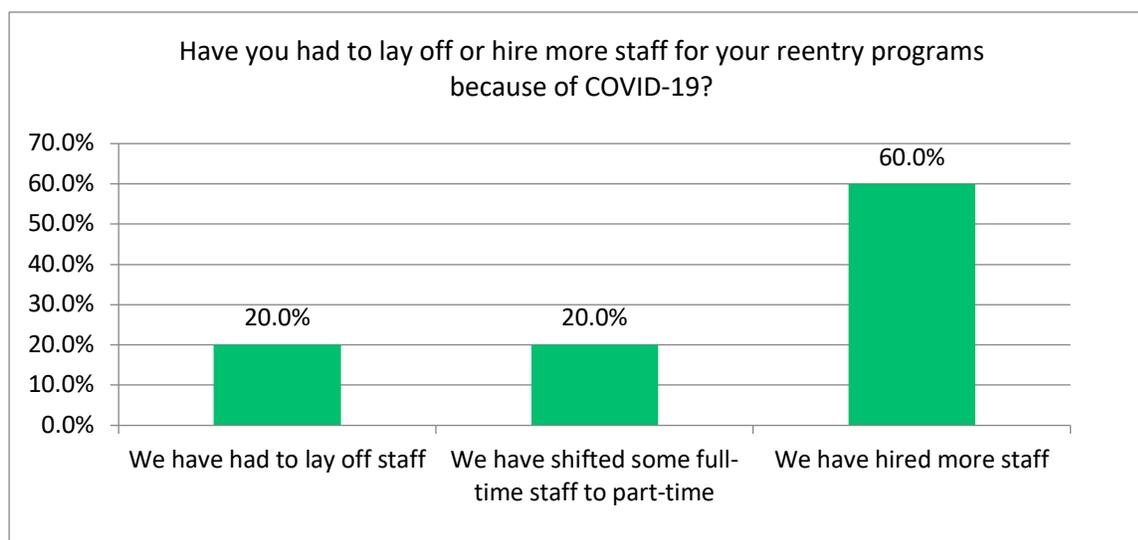
Did your organization continue to provide services to people reentering since COVID-19 and if so, how?			
	Not Applicable	Temporarily	Longer-Term (ongoing)
We have had to suspend All of our reentry programs due to COVID-19.	85.7% (n=12)	0.0% (n=0)	14.3% (n=2)
We have had to suspend some of our reentry programs due to COVID-19.	85.7% (n=12)	0.0% (n=0)	14.3% (n=2)

We have continued to provide face-to-face reentry services with PPE and other protections in place.	42.9% (n=6)	21.4% (n=3)	35.7% (n=5)
We have continued to provide remote reentry services using a combination of web conferencing and phone.	50.0% (n=7)	7.1% (n=1)	42.9% (n=6)

Over half of the partners reported that they saw a reduction in the number of reentry clients they served, and another half saw an increase. Three program staff reported experiencing both a reduction and an increase in the number of reentry clients. A possible explanation for these contradictory responses is that they referred to two different programs at the same agency.

Have you seen a reduction or increase in the number of reentry clients you serve as a result of COVID-19? (n=12)						
	Small (under 10%)	Medium (11%-25%)	Large (26%- 50%)	Very Large (51%-75%)	Extra Large (76%- 100%)	Exponential (more than 100%)
We have seen a reduction	42.86% (n=3)	14.29% (n=1)	28.57% (n=2)	0.00% (n=0)	14.29% (n=1)	0% (n=0)
We have seen an increase	25% (n=2)	37.5% (n=3)	37.5% (n=3)	0.00% (n=0)	0% (n=0)	0% (n=0)

Regarding the impact of COVID 19 on staffing at their organization, three respondents reported having to hire more staff for the programs due to COVID-19. Among those agencies that saw a reduction in clients, two reported having to lay off staff or shift those staff to part-time work. Nine respondents skipped this question, likely either because they had no changes in staffing levels or possibly because they were unsure of the impact of staffing at their agency.



How has COVID-19 impacted your ability to provide services for people returning home from incarceration? (n=9)

When asked about the impact of COVID-19 on their ability to provide services to people returning home from incarceration, the following are some of the changes that were noted as a result of COVID-19.

Changes in Service-Delivery System due to Pandemic

- Working remotely (n=9)
- Using phone and zoom to run group connections (n=1)

Barriers to Accessing Services due to Pandemic

- Not able to meet face-to-face (n=9)
- Technological issues, connectivity issues-no WIFI, unable to use computers (n=4)
- Increased competition and barriers to seeking employment (n=3)
- More difficult to make personal connection with clients when working virtually (n=4)
- Returning citizens face greater barriers to accessing housing (n=2)
- Not able to go to locations (n=2)
- Reduced ability to make referrals for resources & services to programs that closed down (n=2)
- Slower intake process (n=1)
- College is operating virtually, which limits access to computers, WIFI and courses. (n=1)
- Fear of contracting COVID (n=1)

Benefits of Virtual Services During COVID

- Using virtual platforms has expanded our geographical reach, as location is less of a barrier (n=1)

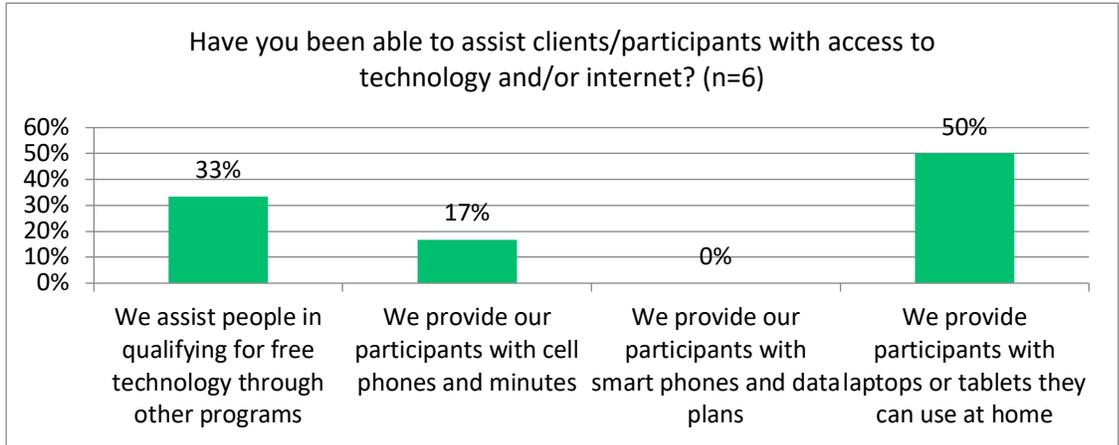
CPA Administration listed the following additional benefits:

- Having a human connection during the pandemic was critical to participants' wellbeing.
- Services were able to be delivered while maintaining safety.
- Can see more clients/patients more efficiently.
- Reduces time spent driving or traveling for service providers.
- Give ability to assess client's wellbeing when compared with only phone contact.
- Some clients feel safer with being in their home and communicating online.



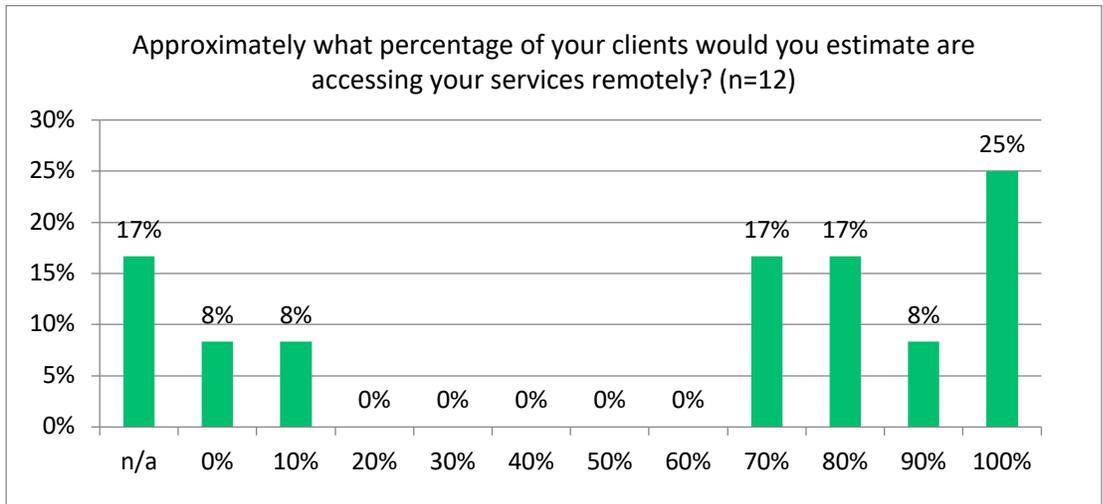
Returning Residents Access to Internet Resources

Access to technology of people who are returning from incarceration has always been a serious barrier, however this barrier became more pronounced during COVID. The ability of some providers to provide technology to clients, especially when the public library was closed, was a strength. Several providers were able to assist people with qualifying for free technology through other programs. One provider was able to provide cell phones and minutes and three providers were able to provide participants with laptops or tablets that they could use at home.



Remote access to Services

A majority of the service providers (9 out of 12) reported that in the range of 70% to 100% of their clients were accessing services remotely. This question did not specify if they were accessing services by phone or the internet.



Connecting Returning Citizens to Peer Support Groups

Providing peer support groups to returning citizens is a goal of the GH-RWC¹⁴. Research supports the idea of peer support groups as effective. A number of partnerships with the GH-RWC include a component of peer support, including the services provided by Connecticut Community for Addiction Recovery (CCAR), InterCommunity’s Transition Clinic, the Greater Hartford Harm Reduction Coalition, the Judy Dworin Performance Project, SCRIPs, HangTime and GOODWorks, Inc. Pre-pandemic

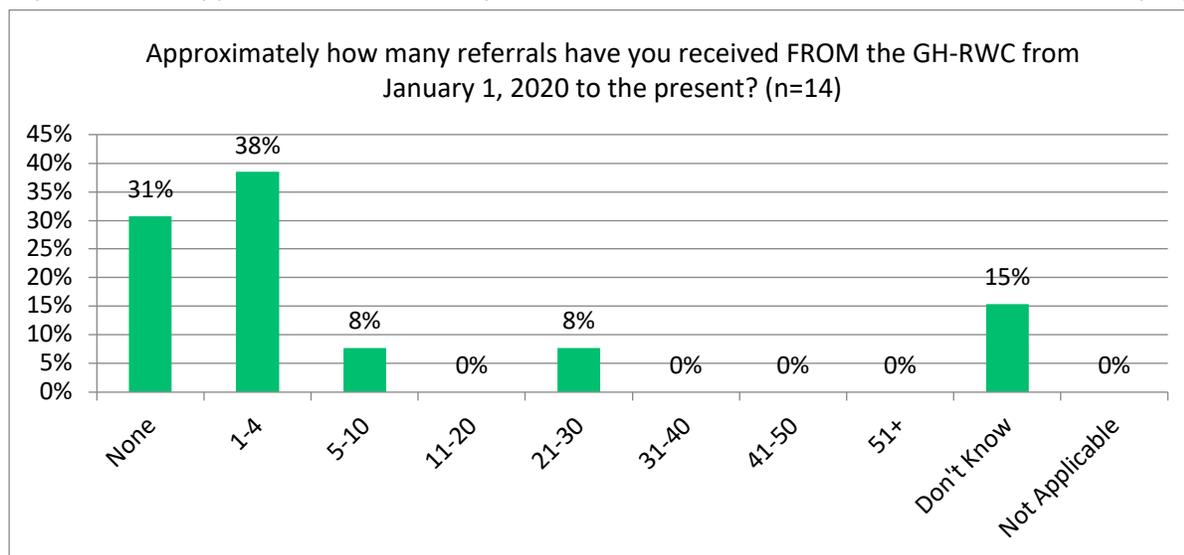
¹⁴ Serving others can help to provide people with a sense of purpose. According to an article written in the Washington Post "Another meta-analysis of 10 studies involving more than 136,000 people found that having purpose in life can lower your mortality risk by about 17 percent — about as much as following the famed Mediterranean diet." and "if we find purpose and meaning in the current gloom, we may end up not just happier but healthier and longer-lived — and perhaps more resilient in the face of covid-19 stress, too."¹⁴

participation in peer support groups organized by the GH-RWC case managers was limited to once a week for men and women. These groups served only a small number of participants relative to the overall enrollees, in the range of 8-9 men and 9-12 women each week. Post-pandemic, the peer support groups were temporarily suspended through mid-June 2020, after which time they reconvened weekly online via zoom. Still a relatively small number of participants took part in these weekly groups on a consistent basis. Some participants have a hard time following through with commitments that do not involve tangible returns, because their primary needs for food, shelter, employment and maintaining relationships with family/friends who can support them takes priority over peer support groups with people whom they do not yet have relationships. Also, the timing of the peer support groups in some cases conflicted with participants' work schedules or with the other programs/services with which they were engaged. For the next year, the GH-RWC plans to expand referrals to peer support groups organized through its partners who will receive small grants for this purpose.



The Estimated Number of Referrals from the GH-RWC ranged by Partner from None, to in the Twenties and up to thirty.

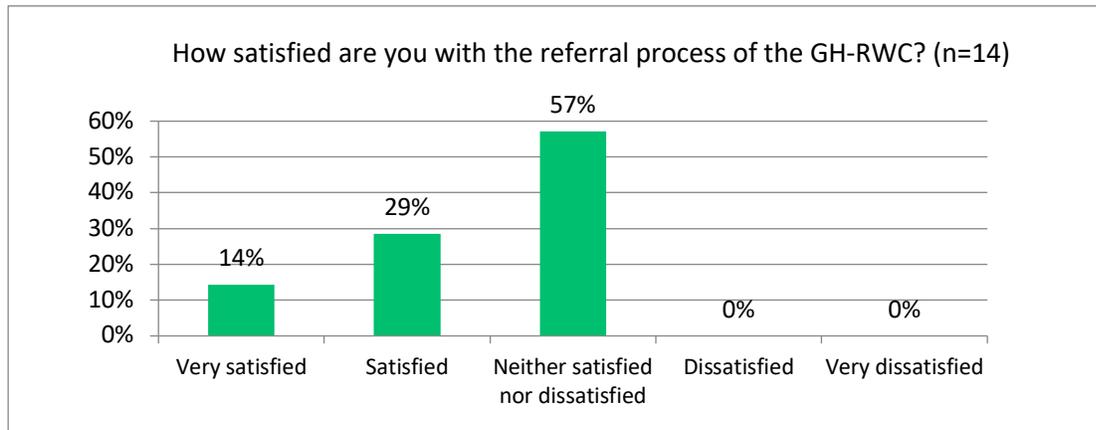
(Please note that this data is based upon self-report by individual staff who completed the survey. These numbers may not represent the total number of referrals to each partner agency surveyed). Of the 14 partners who completed the questions about referrals on the survey, most reported that they had received between one and four referrals over the prior year (38%, n=5), or no referrals (31%, n=4). Four partners (15%) reported having received either between 5-10 referrals (n=2) or between 21-30 referrals (n=2). Others did not know how many referrals were received (15%). One partner remarked, "We have not been a part of the referral process." Several community partners stated that the GH-RWC is a valuable source of referrals. One stated that it assisted with digital access for individuals released from prison. Another stated that "Referrals come through emails or more recently, through my presentation to the weekly women's group. It has been difficult to provide services via phone only as we continue to work remotely." Another partner stated, "I'm not aware of any barriers in the referral process." Two partners expressed disappointment that they had not received more referrals to their program.





Process for Making and Receiving Referrals received Mixed Reviews

From the partner survey, 43% of respondents reported satisfaction with the referral process, and 57% reported being neither satisfied nor dissatisfied. For those partners who reported being *neither satisfied nor dissatisfied* with their partnership with the GH-RWC, their main concerns had to do with the referral process. As one partner stated, “It feels like we could have more of a partnership with the organization and with other partners in the organization—regarding referring returning citizens to our program or brainstorming ways that the arts can contribute and can in fact make a vital contribution. With COVID it has been difficult, but it would be nice to see it grow when it can.” Likewise, another partner stated, “Our pipelines can be better connected, somehow when individuals arrive at the GH-RWC.” They requested that the GH-RWC referred participants to them to be a support for the individuals who are being released into the community. Another partner remarked that they have not received referrals except for when they organized an event together earlier in 2019. CPA noted that the referrals provided by the case managers are based on the client requests, which often are for services that will assist with their basic needs such as shelter/housing, food, transportation, employment, health care and addiction recovery supports.



The Referral Process with Capital Workforce Partners (CWP) Free to Succeed Program

Two staff at Capital Workforce Partners, in the position of Career Advisors, described the current referral process with the GH-RWC involving a “warm hand-off”. The GH-RWC Case Manager gives participants the contact information for the CWP ‘Free to Succeed’ Career Advisor. He also emails the CWP Career Advisor the participant’s name and contact information to let them know about the referral. Previously, CWP would get an email with a referral form attached, but that was no longer happening during the pandemic. This change occurred after CPA’s online referral data system was set up. The CWP Career Advisors do not reach out to contact the participants. They wait for the participants to either call or email. They keep an informal list of the people that have been referred by the GH-RWC in a MSWord file, and also use a referral ‘tracker’ in CWP’s case management system. When they schedule an appointment with a GH-RWC participant, the Career Advisor will let the case manager know via email about the appointment and whether or not the participant showed up. Ideally, the GH-RWC Case Manager will follow-up with participants to make sure they made it to their appointments. Having an electronic referral process with partners (with fillable electronic forms and automatic reminders) could

help the GH-RWC case managers keep track of participants who need follow-up reminders and provide CPA's case management platform the ability to track referral outcomes. Continuing to provide cell phones with prepaid minutes will also help the case managers remain connected with participants so as to follow-up on referrals.



Communication with Partners had both Strengths and Weaknesses

The level of the communication between the GH-RWC and the partners received mixed reviews. One community partner remarked “I appreciate being included in the GH-RWC as it allows a better communication flow between our organizations which results in better access for our shared clients.” Several other partners requested more regular check ins. One partner acknowledged that the communication with the GH-RWC “is a two-way street” and “it was more challenging during COVID,” indicating that they also were responsible for staying in touch with the GH-RWC staff. Another partner recommended “implementing a regular line of communication...to ensure consistent/relevant cross referrals. We know that the age group that we serve, under 25 years old, are not a big portion of the clients served by the Center, so would look to the Center to let us know what frequency of communication would be appropriate.” [note: there were seven enrollees under age 25 in the two years of operations]. Strengthening communication, connectivity, and community awareness were other areas of practice transformation that were specifically recommended by respondents to the community partner survey.



Partner Feedback on Eligibility Criteria and Range of Services

Two provider partners were not fully informed about the availability of services provided by the GH-RWC for people who did not meet the eligibility criteria. One partner expressed the view that the GH-RWC would be more effective, “if they served a broader population of returning citizens, and provided services aside from basic needs items and referrals.” Another partner expressed a similar view that “It would be great if folks who were past the 90 days end of sentence or who are on either probation or parole could access services as well.” The priority given to people who were released end of sentence for the GH-RWC Program was intended to fill an important gap in resources and services for this population not under community supervision. However, since the start of the program CPA staff have provided information and referrals to anyone who requests reentry assistance through the GH-RWC. Another community partner thought that the GH-RWC was closed during the pandemic, stating: “To my knowledge and according to their website, the Center has been closed, or at least inaccessible to those in need, for most of the last year.” Although the GH-RWC was closed to walk-ins off the street due to COVID safety precautions, the case managers continued to provide services via telephone and by appointment to anyone who sought assistance.

These comments from referral partners demonstrate a need to enhance communication with community partners through the quarterly partner meetings and announcements, and also for including the partners in the strategic planning process for the next phase of operations. In its implementation plan, goals of the GH-RWC included providing peer support groups and skills building workshops for returning residents. The implementation of these components was slowed down by COVID and the need for more space to host partners, but CPA resumed the peer support groups in August 2020 and is organizing career readiness workshops with Career Resources.

Recommendations

R

Pertaining to the GH-RWC Collaboration with Partners

- ◇ Create an interactive/online referral system with a feedback loop to find out if people are connected to the resources to which they are referred. This interactive system preferably should not require partners to login to a separate system to input their data; instead they should be able to respond via an electronic questionnaire administered through their email. Encourage partners to correspond via the online referral system regarding “warm hand-offs,” so case managers know if the people they refer show up and engage in services. In the interim, while the online referral system is being established, partners can notify case managers directly via email.
- ◇ Continue to hold quarterly partner meetings and keep partners informed of the GH-RWC implementation through GHREC meetings and email correspondences. Preferably send out meeting notes after the meetings or recordings for people who may have missed the meeting.
- ◇ Involve GH-RWC partners in decision-making for the GH-RWC through engaging them in a strategic planning process and problem-solving when systemic issues are identified and/or when policy changes may result in modifications to the implementation plans.
- ◇ Revise and update MOUs as needed, so as to formalize any new agreements or modifications to agreements with partners.

R

Pertaining to Services Co-located at the Center

- ◇ For individuals seeking employment, utilize the results from Career and Academic Assessments to better direct each individual to their Career and Academic Pathway.
- ◇ When the Center reopens for services, have a Greater Hartford Legal Aid attorney onsite at the GH-RWC at specified times.
- ◇ Provide opportunities for active participation in the GH-RWC programming for people on Medication Assisted Treatment (MAT) and continue to collaborate with GHHRC in providing peer support groups for individuals who are actively using drugs based on the harm reduction model.

R

Pertaining to Community Outreach and Engagement

- ◇ Create an online calendar that lists upcoming events/opportunities available to Greater Hartford returning citizens.
- ◇ Incorporate elements of the mutual aid/peer support model, especially when the GH-RWC reopens its doors. Some ideas include:
 1. Continue partnerships with local organizations providing peer support groups for people in recovery and/or reentering.
 2. Implement a buddy system for individuals lacking a strong social support system.

3. Invite participants to design posters or fliers to advertise the services available at the Center or to be part of the organizing committee for reentry programs and events.
4. Organize gatherings with food to help build a stronger sense of community connection.



Pertaining to Expanding Eligibility Criteria

- ◇ CPA provided short-term (30 days) assistance to people released from probation under its current model. If CPA expands eligibility criteria for case management to include people seeking assistance who are on probation and parole, a clear set of intermediary outcome goals should be established and the scope of responsibilities for the case managers re-examined based on the lessons from the first two years.
- ◇ CPA should continue to solicit input from people with lived experience and examine the latest best practice research concerning the dual-supervision model.

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

GH-RWC Salesforce Data System

The Reentry Welcome Center data system is a newly developed electronic and cloud-based system that is integrated with data for several of CPA's other community-based reentry programs. The data system includes basic demographic data, the GH-RWC needs assessment, as well as referral information and discharge reason. It also allows for entry of brief case notes. The Salesforce System was being built out during the first year of operations, and a professional data system developer was subcontracted starting in November 2019. CPA's administrative team has continued to make improvements to the fields and process for collecting the data throughout Year Two, including adding drop down fields to track referrals in September 2020.

Strengths



Partnership with Connecticut Data Collaborative

The Hartford Data Collaborative (HDC) of the Connecticut Data Collaborative, is serving as a data integrator for the quantitative data required for the GH-RWC evaluation. HDC is a shared data infrastructure that facilitates data sharing, integration, and analysis to optimize services and outcomes for Hartford Residents. The HDC links and integrates data from multiple service providers using data sharing agreements to protect individual's privacy and data security. DRC has submitted two data license requests to the HDC for the purposes of the GH-RWC evaluation, which lay out the technical steps required to conduct the evaluation. The first data license request focuses on the recidivism analysis and involves data sharing agreements between key partners namely: Community Partners in Action, the CT Department of Correction, the Coalition to End Homelessness, and the Court Support Services Division. The second data license request is to assess the intermediary outcomes and involves key referral partners of the GH-RWC including Capital Workforce Partners, InterCommunity, the Connecticut Coalition to End Homelessness, and potentially also the Department of Labor. The plan will be to expand this to other referral partners as well in the future.

A longer-term goal of working with the HDC for the GH-RWC evaluation is to lay the groundwork for ongoing data sharing across member agencies of CPA's Reentry Welcome Center Collaborative. The purpose of this data sharing is to increase the efficiency and effectiveness of the GH-RWC services, including the case management, referral process and continuity of care for GH-RWC participants and to track participant intermediary and long-term outcomes tied to successful reintegration and reduced recidivism.

Challenges



Ongoing Challenges with Data Input into Electronic Record System

During the first year of operations, CPA's electronic data system for the GH-RWC was still being developed and staff were being trained in utilizing the system. A reoccurring challenge was that the internet connection was not stable at City Hall, and participant data would appear not to be saved, resulting in duplicate entries. In developing the data system, there was also an issue with the way the race/ethnicity field was set up at first, so this data was missing for a good portion of the year-one data set. During the second year, the data system development and training was disrupted due to limited face-to-face contact due to safety requirements during the pandemic, and CPA staff faced additional challenges with inputting client data as they lacked access to the electronic database from their homes. Also, client paper files were not allowed to be brought to their homes for confidentiality and data security reasons. Once City Hall partially reopened in June 2020, staff would go into their office periodically to input the data and check their files. In Year Two, effort went into entering any missing data from paper records into the electronic record system. Another ongoing challenge that was documented in Year One is that it is often not possible to complete the full intake process with people on their day of release, since the priority is to make them feel welcome and respond to their most pressing needs. Also, some people may be reluctant to share sensitive information until they build a closer relationship with the case manager.

Beginning in June 2021, CPA instituted improvements to their data management capacity for the GH-RWC including: ongoing training of CPA's Administrative Manager in Salesforce and hiring a Program Operations Director with data management experience who will assist with ensuring that CPA is able to collect quality data for the GH-RWC. CPA has also created automated reports that will be reviewed on a regular basis to identify and problem solve missing data sooner with the case management staff.

Recommendations



Recommendations Pertaining to Data Collection and Management

- ◇ Make sure a record is kept in the data system of who has completed the Release of Information (ROI) form and who has declined.
- ◇ Ideally, the completion of the GH-RWC intake forms and Individual Service Plan (ISP) should occur prior to the participant's release from incarceration, and this data should be inputted into the system prior to their release as well.
- ◇ The case managers requested more training on inputting the data into the Salesforce data system (the training began in July 2021).
- ◇ The GH-RWC forms and *data system format* should be examined to look for ways to streamline the data entry process. The forms should be reviewed to make sure participants know to select a response and not skip over items. Check boxes should include a yes and no option, to make it easier to determine whether or not a particular

item is missing or was not filled in because it did not apply. Also, the data system should have only one homeless history field preferably following the same screening format as is being utilized by CSSD and/or CTDOC.

- ◇ To address missing data, CPA should examine the process flow for inputting data and, following staff recommendations, have a regularly scheduled time each week set aside for staff to be in the office to manage the paperwork and data input (this is in place as of July 2021).
- ◇ The Program Manager or some other staff onsite at the GH-RWC should review the files and be able to identify and problem-solve with the staff the challenges they have in either getting participants to complete the forms, requesting the information verbally from participants, and/or inputting the requisite data into the system.
- ◇ A CPA staff person should run biweekly reports to identify missing data fields and should notify staff of the missing data (this is in place as of July 2021).
- ◇ Continue to work with key referral partners on ways to improve data sharing and reduce duplicate entry of data to reduce service fatigue and increase opportunities for building relationships with clients.

GOAL VI: Strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Hartford

Overview of Systems Change in the Context of a Global Pandemic

The GH-RWC Collaborative aims to implement process improvements that facilitate stronger alignment of activities and efficiencies to reduce the recidivism rates, particularly among the EOS population. Improvements in the Greater Hartford reentry eco-system require cross-sector solutions, which involve diverse stakeholders working across silos to better meet the needs of people returning to our communities from incarceration, and to match individuals to the appropriate evidence-based programs. “Systems-level factors matter and affect individual- and organizational-level factors of implementation and sustainability of EBPs.¹⁵” (EBP refers to evidence-based practices). To achieve population-level change in EOS recidivism rates takes commitment from multiple stakeholders in our community to work together—recognizing that no one agency or person can achieve the systems change that is needed on their own.

The classic parable that is used for systems change thinking is as follows:

“Imagine a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, “Where are you going? There are so many people that need help here.” To which the man replied, “I’m going upstream to find out why so many people are falling into the river.” Resettlement—Saul Alinsky

In 2020-2021, the coronavirus pandemic had a considerable impact on the services and people being served through the GH-RWC Collaborative. The pandemic further complicated reintegration for people returning from incarceration to high-poverty, distressed communities as more people across the City were struggling to have their basic needs met for housing, food, employment, etc. Centers for Disease Control and Prevention data indicate that counties whose residents experience high poverty rates and crowded housing units were more likely to become COVID-19 hotspots¹⁶. African American, Hispanic/Latinx and Native American Indian communities have borne the brunt of the virus in Hartford and elsewhere in Connecticut due to a combination of factors linked to social determinants of health, occupational exposure and systemic racism. As small businesses were forced to lay off workers and front-

¹⁵ Gleitcher, Lilly (January 29th, 2020). “Best Practices” in Corrections: System-Level Challenges to Implementing Evidence-Based Science. Retrieved from <https://robinainstitute.umn.edu/news-views/“best-practices”-corrections-systems-level-challenges-implementing-evidence-based>.

¹⁶ Dasgupta S, Bowen VB, Leidner A, et al. Association Between Social Vulnerability and a County’s Risk for Becoming a COVID-19 Hotspot — United States, June 1–July 25, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1535–1541. DOI: http://dx.doi.org/10.15585/mmwr.mm6942a3external_icon.

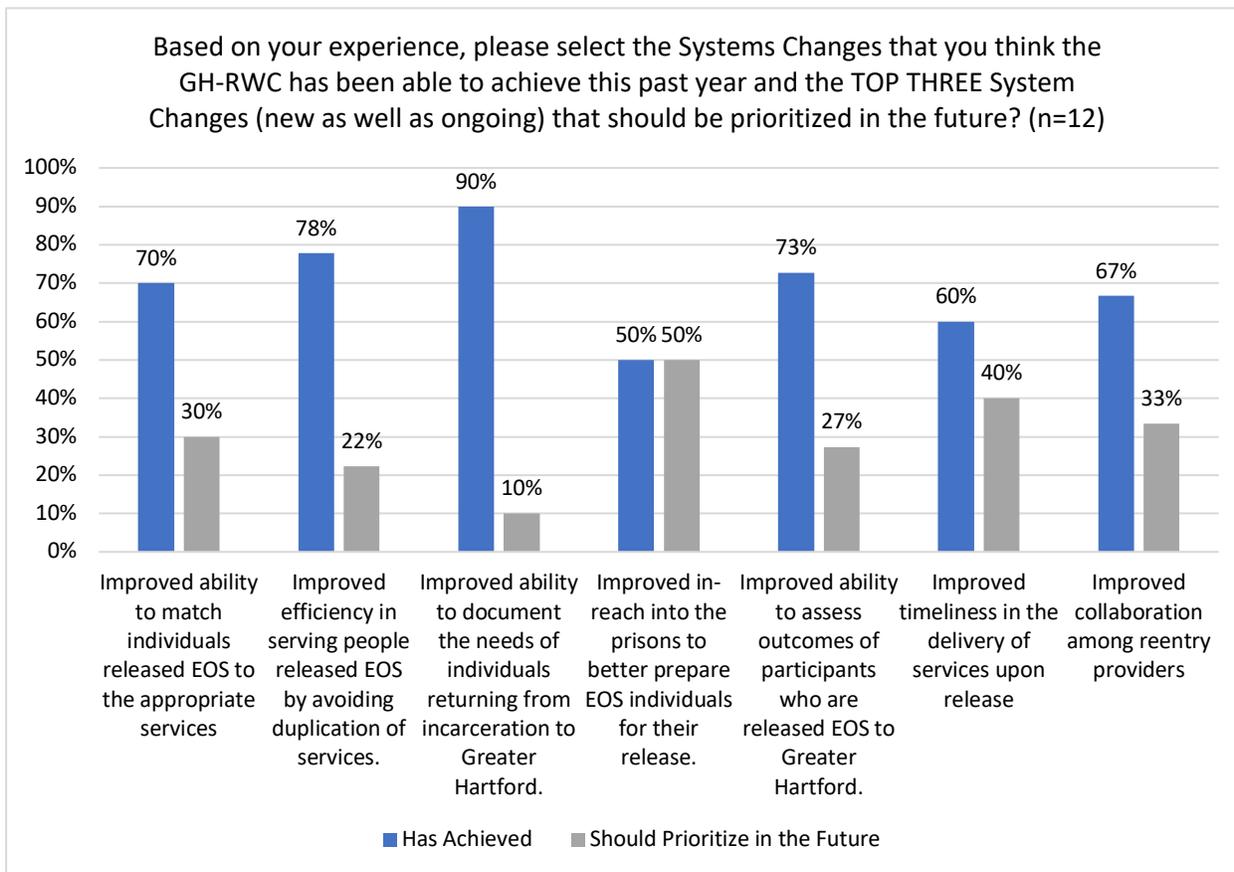
line workers suffered from contracting COVID, more people in the City of Hartford and the surrounding towns needed food assistance and other basics. Families faced the possibility of being evicted from their homes each time the eviction moratorium was set to expire, and shelter beds were functioning at reduced capacity. The legal aid community and agencies working to end homelessness documented a large increase in homelessness due to COVID. SNAP benefits did not cover the cost of hygiene products, soap, sanitizer, gloves or masks. Thus, people exiting incarceration, were being exposed to a pandemic they were ill-equipped to combat. Mental health issues were also exasperated due to the pandemic. It is well documented that many people became more isolated, anxious and/or depressed. People struggled to manage their own health risks and cope with illness, hospitalization and heightened mortality among family members, friends, and in their communities.

S Partners' Feedback Regarding Systems Changes that have been achieved by the GH-RWC Collaborative

The arrangement with CTDOC to begin to transport people who were released EOS directly to the GH-RWC on their day of release has been an important step towards creating a more seamless process for connecting people to services and giving them access to case management support directly on the day of their release. The GH-RWC also represents a strong alliance with municipal government, which has sustained over time. The City of Hartford Re-Entry Services Specialist coordinates the meetings with CTDOC RHAP. The process of providing care coordination through the GH-RWC also was strengthened with the SAMHSA program, involving a high-risk, high-need population with substance use disorders and/or co-occurring mental health needs. The participants sign a release of information that allows CTDOC to provide information on their mental health and substance use, and general health care needs to the GH-RWC Case Manager.

In serving as a central hub for people released EOS, CPA case note files contain information on the needs of people returning home for individuals enrolled in their three programs. Partner agencies agreed that the GH-RWC has improved the ability to document the needs of individuals returning from incarceration to Greater Hartford (90%). Many also think that the GH-RWC has improved efficiency by avoiding duplication of services (78%). Respondents also think that the GH-RWC has improved the ability to assess outcomes of participants who are released EOS to Greater Hartford (73%), as well as improved the ability to match individuals released EOS to appropriate services (70%).

Partners were also asked a separate question about the top three areas that the GH-RWC should prioritize in the future. The top three areas to prioritize for the GH-RWC in the future, according to the survey respondents were: 1) improved in-reach into the prisons to better prepare EOS individuals for their release (50%), 2) improved timeliness in the delivery of services upon release (40%), and 3) improved collaboration among reentry providers (33%). (Please note that these 'priority areas for the future' do not necessarily mean that the GH-RWC is not functioning well in these areas, since many of these same partners also reported that these areas were ones that the GH-RWC has improved).



Opportunities



Partners Recommendations for Policy Reform

Providers were also asked “What are the top three policies or practices that you recommend to improve the efficiency and efficacy of the reentry ecosystem for Greater Hartford?” There were a range of responses touching on a variety of areas including improvements to the discharge and referral process, conducting assessments on career and academic pathways, to providing trauma trainings and technology training, and also removing barriers to housing and employment. Providing workforce development, banking access and legal services also were recommended. When asked about policy recommendations, one respondent to the provider survey praised the current leadership and efforts stating, “Keep doing the great job that you are doing! It is really impressive and the tone and energy is stellar at the meetings when we can all come together. I sense that happens in other forums. It is a fabulous project and should only continue and expand! Thank you for your incredibly hard work.”



Partnership Diversity, Equity and Inclusion Efforts

Responses from the partner survey suggest that provider partner agencies are undergoing transformation in the area of diversity, equity and inclusion. Societal pressure has been growing to hold nonprofits more accountable to undoing systemic racism and other forms of structural violence that are experienced by diverse groups in our nation. There is growing public recognition of the ways that Black/African-American people and other minority groups in U.S. society have been systematically disenfranchised, marginalized, and criminalized (e.g. prohibited from voting, not provided adequate legal defense, borne the brunt of prejudice, hatred and implicit bias) through legislation and unfair application of the law, as well as other ongoing societal injustices.

Below are community partners' responses to the question of how their organizations are advancing diversity, equity and inclusion (DEI). GH-RWC partners reported that they have taken steps toward more consciously addressing these racial and social inequities by forming committees on diversity, racial equity and inclusion (DEI), hiring DEI consultants, setting DEI goals in their strategic plans, and other key action steps. When respondents to the Partner Survey were asked, "What, if anything, is your organization doing to advance diversity, racial equity and inclusion (DEI)?", eight providers each responded as summarized below:

Diversity Equity and Inclusion Action Steps Among GH-RWC Provider Partners

- Internal diversity, equity and inclusion committee (n=5)
- Continuing/expanding outreach to diverse communities (n=3)
- Revamping recruitment and hiring (n=1),
- Affinity groups (n=1),
- Review of policies & procedures
- DEI work prioritized in Annual Strategic Plan (n=1)
- Diversified Board of Directors (n=1)
- Engaged a DEI consultant (n=1)
- Survey and conversation with community partners to examine how to better serve the Black community (n=1)
- Focused programming featuring black artists and BLM issues (n=1)

Partners also listed recommendations for diversity equity goals for their own organizations as follows: "More minorities be held in better positions that does not include clerical or maintenance work."; "More diverse folks in leadership roles."; "Increase the diversity of our administrative and teaching artist staff."; "A more diverse staff." One partner also specifically stated that "Improving Increased sharing of information related to program access" would be a step toward improving diversity, equity and inclusion goals of the GH-RWC.

Equity considerations are paramount in the GH-RWC partnership arrangements and referral processes. Equity should be factored into, for example, consideration of how GH-RWC resources are allocated among partner organizations, and in the navigation and alignment of activities. In June 2020 CPA launched its organization-wide Diversity, Equity and Inclusion initiative with the following commitment to:

- Examine our culture, objectives, and practices for bias, with our initial focus on the cultural and racial bias;
- Identify the current state of the organization as it relates to DEI;
- Pinpoint our blind spots and learn to navigate difficult conversations;
- Identify resources to assist us and support this work;
- Develop a strategy to address our biases and build a more inclusive environment;
- Create a dynamic process that is continuously monitored and evaluated to ensure that our strategy will be useful as CPA and society’s cultures evolve.

As of July 2021, CPA has also contracted with Thought Partner Solutions for an 18 month, in-depth racial equity diversity and inclusion (REDI) assessment and training process. This process will involve CPA’s board, management team, staff, and program participants. REDI has three phases that will run through Summer 2022.



Advocacy Efforts with Clean Slate Legislation and other Bills Addressing Homelessness and Reentry Supports

Members of the Greater Hartford Reentry Council and the GH-RWC Collaborative played a leading role in criminal justice reform alongside the American Civil Liberties Union’s Smart Justice campaign, the Connecticut Association for Nonprofits, Katal, the Voices of Women of Color, Congregations Organized for a New Connecticut (CONNECT) and many other allies and stakeholder groups. The Connecticut Reentry Collaborative Policy Working Group, composed of members from the ten reentry roundtables, worked together to support and advocate for specific reentry policies in Connecticut. The goals of the Policy Work Group are “to consolidate and coordinate the efforts of various organizations and stakeholders working on behalf of returning citizens in order to maximize our impact and achieve legislative improvements for the reentry community statewide.” Their policy goals reflect many of the ongoing advocacy efforts underway and endorsed by a range of advocacy groups across the state¹⁷.

The Connecticut Reentry Collaborative Policy Working Group prioritized and organized forums to mobilize people to testify and submit letters of support around the following legislative priorities:

1. Clean Slate
2. Anti-Discrimination in Employment
3. Anti-Discrimination in Housing
4. Reentry Housing Assistance Program
5. Restoration of Voting Rights

Long-Term Policy Goals identified by the group are:

1. Justice Reinvestment
2. Standardized Identification Policy
3. Healthcare Continuity
4. CJPAC Reentry Representation
5. Statewide Reentry Coordinator Position

¹⁷ <https://drive.google.com/file/d/1BIYB8J63YbFtv3aJonlpKB2ppb0pjJW-/view>

The Connecticut Reentry Collaborative Policy Working Group gathered input in developing these policy recommendations from chairs of the reentry roundtables from across the state, and from its members through various meetings and forums. This process of gathering input was facilitated by a Yale history student, who also worked as a GED tutor with the Yale Undergraduate Prison Project. Another recommendation from a GH-RWC partner is for the Connecticut Reentry Collaborative Policy Working Group to utilize a more systematic and/or transparent process (i.e. reporting out on the process and methods used) for gathering input from all of the members of the reentry roundtables to determine the policy priorities of the Collaborative.

Systemic Barriers

B Impact of the Pandemic on the Reentry Eco-System

The findings previously discussed in this report show that while people returning to Greater Hartford communities from incarceration faced a more uncertain and riskier environment due to the pandemic and intensified psycho-social stress, some were able to benefit from the homelessness assistance and expanded telehealth services put in place for COVID relief efforts. Systems change efforts to address the gaps in housing services that were spearheaded by a strong collaboration between reentry and housing advocates across Connecticut, benefitted many of the people who enrolled in the GH-RWC program. The staff at the GH-RWC also began to distribute cell phones with prepaid minutes to participants during the pandemic so as to maintain contact and assist with their needs. However, individuals who were released from incarceration with limited internet access and/or who were technically challenged had less access to social services such as recovery supports, benefits, job applications, and job training programs as a result of the pandemic. Thus, the pandemic also further exasperated existing inequities for many people returning from incarceration.

B Competing Mandates Can Interfere with Interagency Coordination

There are a number of potential barriers to interagency coordination and to moving toward upstream solutions with respect to the goals of the GH-RWC—namely conflicting mandates from funders, competition for funding, and increased time/effort and communication needed for effective collaboration. As one commentator noted, “Interagency coordination seems like it would be tricky to arrange, since everyone’s already got a full plate, and conflicting mandates.”

Some systems changes could involve shifting resources and priorities from one service area or agency to another; for example, the CTDOC Reentry Housing Assistance Program is providing vital resources to facilitate housing and yet it is unclear the extent to which housing service providers are equipped to respond to the specific needs and barriers faced by returning residents. A team approach has been ideal in this case. This requires close coordination among providers which is also time consuming. Even with a team approach, participants may still have to complete multiple assessments and report to multiple providers in order to receive the assistance they need. Much of this reporting is mandated by federal as well as state funding sources.

Recommendations

R

Provider Partner Recommendations Pertaining to CTDOC and Pre-Release Planning

- ◇ Better discharge planning for individuals prior to being released to the community, EOS or parole. (pertains to both CTDOC and/or community partners)
- ◇ Have CTDOC work with the Department of Motor Vehicles to come up with a better solution to ensure everyone leaving prison is able to have an ID.

R

Recommendations to Improve the Reentry Eco-System

These recommendations were not made with specific reference to CPA or any single agency, but were provided by the partners when asked about recommendations for improvements to the reentry eco-system.

- ◇ Increase diversity of staff, particularly those in leadership/upper level management roles
- ◇ Less repetition of services that strain minimally available resources.
- ◇ Employer participation.
- ◇ Mentor system.
- ◇ Trauma remediation. Institute classes that will help drill down to the incidents and accidents that birthed trauma in a person's life.
- ◇ Banking Access for returning residents.
- ◇ Workforce Development (Including EST and College Prep).
- ◇ Increased sharing of information related to program access.
- ◇ Equity considerations should be a priority and equity goals should be established with clear benchmarks as part of strategic plans and the outcomes evaluated.

R

General Policy Related Recommendations

- ◇ Policies and practices aimed at removing collateral consequences of a criminal record that impede a person's opportunity for successful reintegration. Clean Slate legislation (automatic expungement of records after remaining crime free for a specified period of time) without carveouts for people charged with violent crimes or people who have committed sexual offenses.
- ◇ Policy changes at the state and local housing authority level are needed to increase access to housing, such as:
 - 'Ban the Box for housing' to prevent unfair discrimination based on a person's criminal record.
 - Work with the local housing authorities to increase opportunities for returning residents to stay with family members with Section 8 housing.
 - Providing funding for more sober house beds in the Greater Hartford area, particularly for men.
 - Sustain elements of the CTDOC Reentry Housing Program through legislation and/or resources that support the housing needs of people re-entering. Utilize findings from the CHR evaluation and the GH-RWC evaluation to assess the strengths and

weaknesses in the implementation of this program and to make ongoing improvements.

- ◇ Problem solve how best to provide transitional services for people who are released Time Served from the Court system.
- ◇ Connecticut Reentry Collaborative Policy Working Group could utilize a more systematic and/or transparent process (e.g. reporting out on the process used to make recommendations) for gathering input from all the members of the reentry roundtables to determine the policy priorities that are set for each year.

Summary Remarks

In the face of the coronavirus pandemic or other community crises, people who were released from prison or jail in Connecticut faced increased health and social risks. As a result of the coronavirus restrictions, shelter beds were closed to new admissions and emergency response teams were initially overwhelmed by the number of calls for assistance. Many of the food pantries were initially closed as well. Individuals coming home from incarceration faced an overtaxed healthcare system with limited ability to provide hospital and/or treatment beds for people in need of medical attention. Individuals who were released with a long-history of substance use and who lacked access to housing or preventive hygiene, were at heightened risk of contracting the virus and had fewer resources available to draw upon. They also could be subjected to street-level policing while they were living on the streets.

Effective responses to a global pandemic require local action. From observation of the social dynamics among those reentering, it was evident that many reentrants who had a high level of need and low level of family support, connected with services most strongly when they felt that the people providing those services had a genuine connection and commitment to them personally and/or were known by their peers. It is this combination of informal relationships (also sometimes known as ‘natural supports’ in the community) and more formal programs that together formed the network of care for people coming home from prison or jail. People with mental health and addiction issues, whose lives have been impacted by crime and incarceration, and who were homeless, were actively seeking material assistance in a variety of forms in order to survive and also seeking out non-judgmental human connection. The GH-RWC is one resource they can turn to for some basic material assistance and ongoing support from a case manager. However, because the Center was closed to walk-ins during the pandemic—some of the ability to forge stronger connections with the GH-RWC case managers were curtailed. People were unable to drop in to the Center and had to rely more on phone contact to receive support from their case managers.

The GH-RWC case managers’ ability to deliver ongoing support to people seeking assistance was strengthened after participants were supplied cell phones with prepaid minutes and the CTDOC Reentry Housing Assistance Program facilitated arrangements for people to be provided with transitional shelter/housing. By providing a place to rest their head at night, people who would otherwise have been homeless were more likely to maintain a meaningful connection with their case manager and, anecdotal evidence suggests, this also made it more possible for them to connect to employment opportunities as well. Placing people in hotels, however, was not the safest environment for people with opioid addiction.

According to CPA's Director of Operations, two returning residents died of overdoses while placed in the hotels, despite efforts to ensure their safety by providing naloxone kits in the backpacks. A better option for people with opioid addiction that was recommended by CPA's Director of Operations and the GH-RWC case managers would be to place people directly into a sober house and/or to pair people up with roommates and provide wrap around supports, if housed independently. According to CPA's case managers there is a need for more sober house beds in the Greater Hartford area, particularly for men. Increased access to rapid rehousing vouchers through HUD would greatly benefit people transitioning from Connecticut's prisons and jails who are striving to find work and reintegrate.

Limitations of the Year Two Evaluation Findings



Inability to Conduct Participant Observation and Brief Intercept Interviews

For the Year Two evaluation, participant-observation and brief intercept interviews with GH-RWC participants and people who walked-in seeking assistance were not feasible due to restrictions on face-to-face contact due to COVID-19. Some planned activities such as partner meetings did not occur on schedule due to the high demands during the pandemic placed on the GH-RWC operations to maintain safety and help with navigating people into housing.

A plan was initially agreed upon with CPA administration for the outside evaluator to follow-up with GH-RWC participants via phone, but this plan changed due to CPA's concern that sharing their personal contact information would violate participants' privacy. Instead a plan was agreed upon to implement a survey via CPA's automatic text messaging system. The research assistants prepared an initial set of questions for the online survey, which was revised and simplified with input from several staff from the Hartford Foundation for Public Giving and CPA's GH-RWC administrative team. Working out the permissions, technical details and the revisions to the survey took additional time and this process was not implemented until Year Three. The survey was designed to solicit feedback from participants who had enrolled in the program and received case management services anytime in the prior two and a half years.

CPA piloted the text message process utilizing their newly developed cloud-based data system. The message was distributed to CPA's entire GH-RWC project list on April 21, 2021. This list included both those who were eligible for case management services and were enrolled in the GH-RWC Program and those who received assistance through the GH-RWC as "walk-ins." There were 273 participants (including both Walk-In Clients and GH-RWC Program Participants) on this list that were sent the automated text message with the survey link. According to the system, 182 text messages were delivered and 91 bounced back. Only four survey responses were received. All four participants reported being "very satisfied" on the response options of (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, and very dissatisfied), however since there were so few survey responses, these results are insufficient to draw conclusions about participant satisfaction in general. At the end of this brief survey, participants were given the option to opt in to an in-depth interview with the evaluator. Through this process three survey respondents consented (two agreed and one replied maybe) and they provided their contact information for a follow-up interview. An email invitation was sent to all three to schedule the interview and follow-

up phone calls were placed. One in-depth interview with an GH-RWC participant was held in April of 2021. The other two individuals did not respond to the follow-up requests for an interview.

L Challenges in Conducting Focus Groups with Reentry Welcome Center Participants

Focus groups were originally planned to occur face-to-face with participants in the GH-RWC peer support groups. However, during Year Two CPA's GH-RWC peer support groups ceased functioning for a period due to COVID-19. Eventually in August 2020 the peer support groups were re-initiated remotely. In an effort to gather data from participants and/or individuals who would have been eligible to receive services at the GH-RWC, a series of brief focus groups were organized with the Greater Hartford Harm Reduction Coalition in October 2020. Efforts to maintain everyone's safety by limiting contact, requiring masks, and having a shorter time allotted for each focus group--made it more difficult than anticipated to gather meaningful feedback during these focus groups. There was not sufficient time for follow-up questions to clarify some of the statements made by participants about the GH-RWC. Only three participants stated that they had received or attempted to receive services from the GH-RWC, although observations indicated that many of them knew the GH-RWC Case Manager from his many years of work "in the community" and his involvement with the GHHRC.

L Timeliness and Availability of Data Needed for the Evaluation

Another challenge involved the onboarding of the Hartford Data Collaborative (HDC) as the data integrator responsible for developing data sharing procedures and implementing the legal data sharing agreements with CPA and provider partners for the evaluation. Working with the HDC was new to the evaluator, CPA and many of the provider partners. Over the course of the year, the HDC established data sharing agreements with the CTDOC and CSSD, which required additional meetings and time to work through all the data fields and legal considerations that come with a project of this scope (intended to enhance collective impact of community services for people who are justice-involved). Furthermore, the collective impact structure pertaining to the GH-RWC Collaborative for this project is still in its early stage of development. With all these factors combined, it took over a year for HDC to finalize the legal data sharing agreements with each agency.

R Recommendations for Collecting Participant Data & Remaining Questions to be Explored

Many questions remain from this Year Two process evaluation regarding the experiences of the majority of participants who received services at the GH-RWC and their degree of satisfaction with the services they received. Examining the referral outcomes in the three-year evaluation will assist with understanding if people who were referred through the GH-RWC received services at the provider partner agencies or not. In order to gather direct feedback from participants, another plan will be to distribute an online survey via social media. The results from the two-year recidivism analysis (to be completed in Year Four) will also provide an opportunity to examine whether or not recidivism rates for participants in the GH-RWC program were lower than a comparison group of non-participants, and potentially also to explore how recidivism rates were impacted by COVID-19.

Lessons Learned Pertaining to Collective Impact

R Change Management

The process of creating a reentry hub to strengthen the continuity of care for returning residents requires a backbone team with the ability to establish and maintain strong linkages across multiple provider partners. When evidence-based programs are newly implemented, an understanding of organizational change management processes can be applied to ensure that they are effectively implemented and able to be sustained¹⁸. Staff training is only one dimension of change management when planning a new program or collective impact initiative. Consideration should include review of internal processes (e.g. protocols and policies, organization staffing and management structure, inter-agency communication etc.) required for collaboration across programs to be sustained, ideally beyond the programmatic funding cycle. Most importantly, implementation should apply mechanisms for adapting the array of programs to best serve the needs of the clients that the initiative aims to serve, as well as for informing, influencing and responding to the broader policy environment of intersecting systems which both clients and the program staff must navigate. A lead backbone team with expertise and agility is all the more critical when reentry providers of services and participants are having to navigate systems undergoing transformation both internally (within their workforce & institutional policies) and externally (within the public policies and politics governing them).

R Strengths and Challenges of Diversified Funding Streams

CPA has served as the lead administrative organization for the Reentry Welcome Center, building upon its long-term relationships with the CTDOC, CSSD and other state agencies and community partners. While diversified funding streams are an advantage that enables providers often to fill in gaps in services, this strategy can also present challenges to providers. Unless various funders and providers align in support of a collective impact model, reentry programs or initiatives that involve diverse funders are often challenged by different program requirements and outcomes that need to be measured and reported to each funder.

A related problem that commonly arises pertains to logistical barriers to data collection and management, and to data sharing across multiple organizations. There can be legal hurdles to overcome to sharing data, and challenges in merging data from various data sets across providers. This is evidenced with CPA's data system for the GH-RWC, which contains separate sets of data for people enrolled in its various programs operating out of the centralized location, according to the requirements for each grant. Improved alignment of activities and measurement of outcomes can occur when multiple funders and agencies share a common vision, strategic plan, and outcome goal(s), and are able to pool their resources and are willing to move beyond thinking and operating at the individual organizational level towards broader, long-term collaborative, systems-level goals. An overarching structure (e.g. backbone team) is

¹⁸ Lehman, Resettlement. E., Simpson, D. D., Knight, D. K., & Flynn, P. M. (2011). Integration of treatment innovation planning and implementation: strategic process models and organizational challenges. *Psychology of Addictive Behaviors*, 25(2), 252.

needed to guide and unify efforts and to maintain communication and trust among provider partners and funders. Additional funding is generally needed to provide for the staffing of the backbone organization or team, beyond direct service operations.

Summary of Key Recommendations

The key recommendations are summarized in the table below. Please note that the order of these recommendations and the numbering is not intended to indicate priority nor ranking of significance. The recommendations that are listed as mid-term to long-term were grouped by the evaluator to distinguish those items that are likely to require additional resources or staff time. Many of these recommendations have already been implemented. A star (*) indicates that these action steps are ongoing or are underway as of Year Three.

Program Implementation Recommendations (Internal)		
	SHORT-TERM	MID-TERM TO LONG-TERM
<i>Facility</i>	<ol style="list-style-type: none"> 1. Conduct a periodic safety and security audit to make sure safety protocols are maintained and security system is functioning properly.* 2. Continue to provide cell phones.* 3. Maintain flexible hours for releases that occur after 4:00 PM.* 	<ol style="list-style-type: none"> 4. Expand the available space to be able to better serve the needs of the reentry population to accommodate more staff, to host more workshops, trainings, and potentially co-locate other services from collaborating partners.*
<i>Program Level (GH-RWC Operations)</i>	<ol style="list-style-type: none"> 1. Continue to raise community awareness of the GH-RWC services.* 2. Continue to promote a positive view of returning residents to combat stigma and fear in the general public.* 3. In-Reach at a minimum two times prior to release. 4. Expand eligibility criteria to be able to assist with IDs and other basic needs for anyone with a criminal record.* 5. If CPA expands eligibility criteria for case management to include people on probation & parole, a clear set of intermediary outcome goals should be established. 6. Extend case management services to six months.* 	<ol style="list-style-type: none"> 7. Produce a brief video describing the GH-RWC services available.* 8. The GH-RWC can also provide or participate in the reentry workshops within the prisons. 9. Create a buddy/mentor system.
<i>Institutional Level (partnerships)</i>	<ol style="list-style-type: none"> 1. Increase partner involvement with providing virtual/onsite skills building workshops for participants and peer support groups. <ol style="list-style-type: none"> a. Workforce development (e.g. EST & College Prep). 	<ol style="list-style-type: none"> 1. Develop an online calendar. 2. Work with housing partners to identify landlords willing to rent to people with a record.*

- b. Employer participation.
- c. Increase banking access.
- d. Organize community events & gatherings w/ food for returning citizens.
- e. Find more ways to incorporate arts.
- 2. Work with partners to improve the referral process.*
- 3. Engage in a strategic planning process.
 - a. Involve key provider partners
 - b. Include equity goals.
 - c. Set goals for data sharing, including information related to program access.

Data System Recommendations (Internal)

SHORT-TERM

1. The partner referral form should have fillable fields.
2. Ideally, the completion of GH-RWC intake, the ISP plan & inputting the data into the electronic system should occur prior to release from incarceration.
3. Implement data management processes such as bi-weekly review of missing data; training of staff on data input; problem-solve data challenges with staff.*
4. Implement bi-annual exchange of data w/ key referral partners and reporting out to partners.
 - a. Collaborate w/ partners on developing a shared data measurement plan.
5. Revise and update data fields in SF system. (e.g. What was your last permanent address prior to your incarceration?).
6. Produce a data management manual for the GH-RWC.

MIDTERM TO LONG-TERM

7. Implement quarterly exchange of data w/ key referral partners and reporting out to partners.
 - a. Collaborate w/ partners on developing a shared data measurement plan.

Policy Recommendations (External)

1. *For the Department of Motor Vehicles:*
 - a. Should be prepared to service the CTDOC facilities even under pandemic conditions.
 - b. Enable online driver license renewals and enable people with release papers from CTDOC to receive grace periods and/or reduced fines for renewal of IDs and other payments due.
2. *For the Connecticut Department of Correction:*
 - a. Continue to work with the Department of Motor Vehicles to ensure everyone leaving prison is able to have an ID.
 - b. Continue to improve discharge planning for individuals prior to being released to the community, EOS or parole (pertains to both CTDOC and/or community partners).

- i. Expand video-conferencing access for community providers.
 - ii. Implement housing screener and track homelessness status upon release.
 - iii. Make available more opportunities for returning citizens to be cleared by CTDOC, so that they can go back into the correctional facilities to work with the men who are coming out.
- 3. *For the Connecticut Department of Justice, Court Support Services Division:*
 - a. Continue to problem-solve with CTDOC and the GH-RWC how to remove gaps in services (e.g. ID, housing and other assistance) among pre-trial offenders who are jailed and then released from court time served.*
- 4. *For the Connecticut Reentry Collaborative Policy Working Group:*
 - a. Implement survey to gather input from all the members of the reentry roundtables to determine the policy priorities that are set for each year.
- 5. *For the Department of Mental Health and Addiction Services:*
 - a. Fund more sober house beds in the Greater Hartford area, particularly for men returning from incarceration.
- 6. *For Criminal Justice Policy and Planning Division:*
 - a. Continue to pursue policies and practices aimed at removing collateral consequences of a criminal record that impede a person's opportunity for successful reintegration. * Clean Slate legislation* (automatic expungement of records after remaining crime free for a specified period of time) without carveouts for people charged with violent crimes or people who have committed sexual offenses.
 - b. Provide increased funding for Transitional Housing for Reentry: Best practice people go from CTDOC to a bed with a program wrapped around with individually tailored supports that they need. Allow for at least 60-day stay.*
 - c. Sustain elements of the CTDOC RHAP to facilitate shelter/housing for people exiting prison who would otherwise become homeless. Utilize findings from its evaluation to make improvements.
 - d. Monitor how changes in Medicaid benefits will impact access to treatment beds for people transitioning from jail or prison.
- 7. *For Connecticut Department of Housing & Local Housing Authorities:*
 - a. 'Ban the Box for housing' to prevent unfair discrimination based on a person's criminal record.*
 - b. Rapid re-housing vouchers through HUD.
- 8. *For the City of Hartford:*
 - a. Expand shelter and housing opportunities for the reentry population.
 - b. Work with the local housing authorities to increase opportunities for returning residents to stay with family members with Section 8 housing.
 - c. Take some of the abandoned buildings around the City, and employ people who are homeless and/or reentering and needing work, to fix them up and convert them into low-income co-housing or supportive housing units.

Evaluation Plan Recommendations (External)

1. Continue to train and collaborate with research assistants with lived experience, who represent a variety of reentry experiences and backgrounds*.
2. Implement an online survey distributed via social media to returning citizens for the purposes of evaluating the GH-RWC and identifying gaps/needs in services, and recommendations for systems change to reduce recidivism and strengthen opportunities for successful reintegration.*
3. Examine best-practices literature on dual-supervision model.
4. Continue to interview key partners to evaluate and enhance collective impact strategies*.
5. Continue to work with Hartford Data Collaborative to explore processes for strengthening data sharing for the purposes of ongoing case management and evaluating outcomes.*

This concludes the second-year evaluation report.

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