Greater Hartford Reentry Center Plan:

A Welcome Center for People returning from Jail and Prison

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Executive Summary

I. Introduction

The purpose of this report is to provide recommendations for establishing a reentry center for Greater Hartford. Up to 95% of people who have been incarcerated in Connecticut will return home one day. After release from incarceration, CT residents face many barriers to fulfilling their basic needs for food, shelter, clothing, safety, health and wellness. Smart reentry planning and coordination of services benefits everyone by improving public safety and reducing the collateral consequences as well as the costs of people cycling in and out of the criminal justice system.

Reentry is a local and national priority. According to the Council of State Government Justice Center 2017 bulletin on national progress in reentry, in recent years nearly half of U.S. governors cited reentry and reducing recidivism as priorities in their 'State of the State' addresses[1]. Nonprofit and municipal leaders in Hartford began laying the groundwork for a reentry center several years ago. The vision for what is needed has been clear from the start; there needs to be a coordinated hub in Hartford to facilitate returning citizens access to much-needed resources and services upon release from Connecticut prisons and jails. Another consistent element in earlier proposals has been a focus on individuals who are released at the end of their sentences and are not under any form of community supervision. Overall, this group has a high risk of recidivism and lacks the most basic supports available to individuals who are released to community supervision.

This planning report builds upon prior planning efforts and involves many of the same leaders. It aims to provide a comprehensive assessment of the needs of returning citizens in Greater Hartford and information on best practices in reentry so as to inform the next phase of implementation of a Greater Hartford Reentry Center.

The specific goals of this plan are as follows:

Goal One: To provide a comprehensive quantitative and qualitative review of current policies, challenges, resources and practices impacting residents who are returning from prison or jail to the Greater Hartford region.

Goal Two: to examine best practices in reentry for establishing a reentry center and creating a more comprehensive, coordinated and efficient reentry system that will contribute to reduced recidivism for returning citizens to the Greater Hartford region.

Goal Three: to use the data to propose a basic roadmap for the implementation phase of this center.

With funding from the Hartford Foundation for Public Giving, this planning process was able to utilize an "action research" approach, involving formerly incarcerated individuals as research assistants and as focus group participants, along with advisors from government agencies and key reentry stakeholders from different sectors of the City and State.

[1] *Making People's Transition from Prison and Jail to the Community Safe and Successful: A Snapshot on National Progress in Reentry* (2017). New York: Council of State Governments Justice Center, p.4.

II. What the Numbers Tells Us about the Population of Returning Residents in Greater Hartford

Recidivism Rates for Connecticut.

Despite much recent progress in criminal justice reform, recidivism rates in Connecticut have remained high. In 2011, 63.2% of people who were released from prison or jail were rearrested within three years and 54.4% were convicted of a new crime[2]. This is slightly lower than the national average of 67.8%[3].

Individuals who were released at the end of their sentences (EOS) in 2011 had higher rates of new convictions (25%) at the 12-month rate compared with those who were released to community supervision (21%). At the 36-month rate, the difference in rates narrowed, but still on average the rates were slightly higher for the EOS group (53%) compared with those on community supervision (52%).

Who is Currently Incarcerated from Greater Hartford on July 31, 2017

- The three towns with the highest proportion of inmates of all the towns in Greater Hartford are Hartford (59%), East Hartford (10%) and Manchester (9%).
- By far the majority of inmates from towns in Greater Hartford, excluding Hartford (93.8%) and from Hartford (96.3%) are male.
- Most inmates from Greater Hartford are between the ages of 25-38 (n=1375), or fall into the age groups 18-24 (n=414), or 39-53 (n=833).
- The proportion of pretrial to sentenced inmates for the total current incarcerated population from Greater Hartford was just over one quarter, or 26.5%.
- A majority of individuals who are currently incarcerated from Greater Hartford had a controlling offense classification of either 'persons' (40.6%) or 'public order' (28.3%). Over half (55.5%) were sentenced to between 1 and five years.

Annual Number of Community Releases from Prison or Jail of Greater Hartford Residents

According to data from the Hartford Foundation for Public Giving's Community Indicators Project, from 2009-2015, the average annual number of community releases from CT DOC of Greater Hartford residents was 2,765 and releases of Hartford residents was 1,501. On average, releases of Hartford residents represented 55% of the total releases for Greater Hartford.

Number of Individuals and Number of Releases in 2016[4]

In 2016, the total number of sentenced community releases (not individuals) from a prison or jail of Greater Hartford residents was 2,808. Hartford Correctional Center had the most releases of Greater Hartford residents when compared with all prison or jail facilities in CT, with 538 releases, representing

[2] Kuzyk, I. and Lawlor, M. (2015) Recidivism in CT, 2008 releases. Criminal Justice Policy and Planning Division, Office of Policy and Management. Retrieved August 1, 2017, from: http://www.ct.gov/opm/lib/opm/cjppd/cjsac/20150424recidivsm_report_february_2015.pdf

[3] National Institute of Justice, Recidivism [website] Retrieved August 15, 2017, from: https://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx.

[4] An earlier version of this report over-estimated the number of releases due to the dataset including some individuals who were sentenced in 2017, but released in 2016 without a sentence. All the numbers pertaining to releases and individuals were slightly over-estimated as a result of not excluding these individuals in the initial analysis. This error was discovered and corrections were made In this revised report.

19.2% of the total releases. In 2016, a total of 2,524 individuals from Greater Hartford were released from a prison or jail facility to either community supervision or at the end of their sentence.

- For Greater Hartford, excluding Hartford (n=1218), the racial/ethnic breakdown of returning residents in 2016 was 53.5% White, 28.1% African American, 17.3% Hispanic, 0.7% Asian and 0.3% American Indian.
- For Hartford (n=1306), the racial/ethnic breakdown of returning residents in 2016 was 47.2% African American, 43.7% Hispanic, 8.6% White, 0.3% American Indian and 0.1% Asian.

End of Sentence (EOS) Releases and Individuals

In 2016, there were 1,261 EOS releases from a prison or jail, involving 1,219 Greater Hartford residents. These EOS releases constituted 40.4% of the total releases of Greater Harford residents. A little over half (51.5%, n=650) of these EOS releases were of Hartford residents, involving 623 unique individuals.

Substance Use Treatment Needs

Treatment Programming and Assessment Instrument (TPAI) scores inform us that in 2016, 78.8% of returning residents from Greater Hartford, excluding Hartford and 78.5% from Hartford had a score of 3 or above on their substance abuse assessment indicating a need for some-level of substance abuse treatment. Those who were released EOS had slightly lower treatment needs at 75.5% for Greater Hartford and 76.5% for Hartford.

Mental Health Needs

At least 27.8% of Greater Hartford returning residents, excluding Hartford, and 23.1% of Hartford returning residents had some level of current mental health treatment needs. The percent was slightly higher among the EOS population, with 33.4% of those from Greater Hartford, excluding Hartford and 30.4% of those from Hartford. (Please note that this number does not include those who have had a past mental health illness, but are currently not in need of treatment).

Healthcare Needs

A sizeable percentage of returning residents from Greater Hartford, excluding Hartford (27.6%) and from Hartford (28.7%) had medical needs which require periodic or regular access to nursing care, with a small percentage (under 1.0%) requiring ongoing 24-hour care for possibly an extended period of time. Those who were released EOS appear to have slightly higher medical needs.

Education Levels

Among Greater Hartford returning residents in 2016, excluding Hartford, only 3.6% had attended one or more college courses and 38.4% had obtained a high school diploma, whereas for Hartford only 2.8% had attended one or more college courses and 32.6% had obtained a high school diploma. About half scored at the 9th through 12th grade level, specifically 52.3% of Greater Hartford returning residents, excluding Hartford and 50.2% of Hartford returning residents.

III. Findings on the Resource Gaps and Barriers in the Greater Hartford Reentry 'Eco-System'

In June of 2017, five focus groups were held with returning residents; three focus groups were held at the I-Best headquarters in Asylum Hill neighborhood, one was held at Toivo in the Barry Square neighborhood, and one was held at Capital Community College in downtown Hartford. In total, 48 participants completed a pre-survey prior to taking part in the focus group. A majority of participants were male (85.4%) and either African American (64.6%), Hispanic/Latino (20.8%), or White/Caucasian (10.4%).

Below are some quotes highlighting some of the key focus group findings:

"I think the program needs to start while you are incarcerated. I think that's the best possible way to get people ready for reentry into society…By the time you got out, you dealing with a whole different set of emotions and other problems and you have a whole bunch of other opportunities coming at you. While you are in jail, you have time to put a plan together, a real good plan."

"There are certain programs I got wind of through other inmates. A counselor didn't tell me about the program…It seems that the counselor does not know about the programs, or know who to give the information to."

"When we are incarcerated, we are a family. So when we get home, we go to our other family and they don't know about being incarcerated. They don't have the same problems that we have. They don't know about the programs that we need. If there's a program that we can come home to, that's an extended family, that really understands where we are coming from and where we need to go, that would be great. I mean just one place we can go for this support."

"A lot of people don't even have lunch…so if you had that person that can just direct you and assist you, help you with something as small as that. Like everyone needs to eat. Everyone wants some food stamps, especially if you're coming home from jail and don't have it. But no one knows where to go, no one knows how to get it."

"A lot of guys going to prison or jail, they don't have any type of trade or skill. They don't know what to do, but to do the same thing they were doing."

"I think reentry is also taking back control of your life…And when you get in trouble or whether you get arrested or you got some sort of drug problem, or whatever your vice is in life, you know, you've actually lost that self-control that you had. Therefore, we try to regain our self-control to run our own lives again. You know what I mean. So, that's the actual goal for me. For me to take back control of my life."

Reentry Stakeholders: SWOT Analysis with Greater Hartford Reentry Council Members

Below is a list of the recommendations provided by members of the Greater Hartford Reentry Council through participation in a SWOT analysis conducted in July of 2017. There were 16 recommendations in total. Six of the recommendations pertaining most directly to the reentry center operations are provided below.

1. Improve pre-release reentry planning with DOC.
2. Improve navigation from within to without.
3. Strengthen collaboration between DOC and community-based agencies.
4. Increase coordination and collaboration statewide with the goal of increased efficiency and reduced costs.
5. Make criminal justice reform innovation efforts and decision-making more inclusive of those individuals and communities most impacted.
6. Pursue diversified funding sources for reentry.

IV. Best Practices for Establishing the Greater Hartford Reentry Center

In examining best practices for the reentry center, it is evident that while there is some agreement about what works in reentry, there is no one-size-fits all approach to planning for a reentry center.

The Eight ingredients for post-release success identified by the Urban Institute are: 1) Transportation, 2) Clothing, food, and amenities, 3) Financial resources, 4) Documentation, 5) Housing, 6) Employment & Education, 7) Health Care, and 8) Support Systems.

Other best practice recommendations pertaining to the gaps and needs identified by returning residents and reentry stakeholders are listed below.

- Research shows that investment in pre-release planning in prisons and jails increases the likelihood of successful reentry.
- An updated community service inventory/resource guide should be made readily available by the reentry center for use by release counselors and inmates.
- Research shows that success rates increase when individuals who are incarcerated are able to make direct contact with one or more community-based provider ("in-reach efforts") while they are still inside.
- In combination with having a case manager/navigator/outreach worker, the most systematic way to tailor services for individuals is to use a validated risk and needs assessment tool.
- Having a community-based support system is necessary to prevent returning residents from violating their conditions of release and/or committing another crime.
- Along with facilitating recovery and reducing chances of recidivism, peer supports through mutual self-help groups are considered by SAMHSA's Trauma and Justice Strategic Initiative to be one of six essential components in effective trauma-informed care.

- ❖ Helping to restore a person's health and wellbeing, and assuring they have access to health care and health care insurance are also necessary ingredients for successful reentry.
- ❖ Best-practices for cross-sector coordination to achieve population-level change are provided by FSG's collective impact model[5].
- ❖ Establishing a 'community of practice' is a recommended strategy to engage, motivate, and enhance the skills and quality of the reentry workforce.
- ❖ A collective impact strategy includes the formation of a collaborative data hub to establish shared outcome metrics and accountability among key reentry providers.
- ❖ Ongoing policy reforms, which build upon Governor Malloy's Second Chance Society legislation, are needed to strengthen our reentry system and remove systemic barriers.
- ❖ Having a diverse pool of funding sources, and not being entirely dependent on federal or state funding, will be critical for the Greater Hartford Reentry Center to be able to fulfill its mission over the long-term.

V. Greater Hartford Reentry Welcome Center: Initial Operations Plan

The initial plan is to establish a Reentry Welcome Center for Greater Hartford to help residents who are reentering from prison or jail to access resources and obtain referrals to meet their immediate needs post-release. As the center grows its capacity and its partnership arrangements with other providers, the longer-term goal will be for it to become a "one-stop shop" for the population of returning residents in Greater Hartford.

Who Will be Served?

The Welcome Center will be open to anyone who is formerly incarcerated or who has a family or friend who has been formerly incarcerated and is seeking basic information on programs and resources. A priority, however, will be to provide navigation services for returning residents from a prison or jail who were released at the end of their sentence within the past 90 days.

Administration of the Center

The Center will be operated by Community Partners in Action, a lead nonprofit agency in Greater Hartford with experience in reentry and an established track record of success. The City of Hartford will have a role as a convener of partners and a fundraiser for this initiative, and CPA will be the lead agency serving as the administrator of the Center's operations.

Key Partners

The City of Hartford, the CT Department of Corrections, Capital Workforce Partners, The Office of Policy and Management Criminal Justice Planning Division, the Department of Justice Court Support Services Division, Diamond Research Consulting LLC, the Institute for Municipal and Regional Policy, the Greater Hartford Reentry Council, and returning residents.

Key Innovations of the Center

- The Center will be the first reentry center in the state to serve as a drop-off location for

[5] John Kania and Mark Kramer (2011) Collective Impact. *Stanford Social Innovation Review*. 9(1), 36-41.

individuals released at the end of their sentence.

- The Center will establish a triage system to enable everyone who chooses to utilize the Center to receive some benefits, while reserving certain levels of service and resources for specified groups that are identified as being at higher risk of recidivism, and/or as high utilizers of health care.
- Compared with other community-based reentry services provided by probation and parole, the Center will not have any direct authority to administer sanctions.
- Prior contact inside the prison/jail will not be a requirement to receive case management services on the outside.
- Two returning residents and/or impacted family members will be appointed as members at large to serve on the advisory team for the Center.
- The Center will utilize a collective impact approach to breakdown silos among service-providers and voluntary groups of reentry stakeholders, with the goal of expanding its capacity to serve as a "one-stop shop" for reentry services and contribute to system change.
- A cornerstone of this Collective Impact approach will be the development of a collaborative data hub for tracking and measuring results and making these results transparent to the public.

Goals of the Reentry Welcome Center

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

AIM I: Provide a Basic Level of Service for anyone who is formerly incarcerated or seeking reentry information. (i.e. modeled after New Haven's Fresh Start Reentry Office).
AIM II: Provide tangible, immediate benefits to returning residents who come to the Center.
AIM III: Provide Monthly or Bi-Monthly Reentry Orientation/Release Planning workshops for individuals newly released.

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

AIM I: Establish an "In Reach" Navigation Process for Inmates who are soon-to-be released at the end of their sentence at one or more facilities.
AIM II. Establish A Drop-Off Arrangement with DOC for individuals who are released from prison or jail at the end of their sentence, and want to make use of the drop off services available at the Center the day of their release.
AIM III: Provide resources for their immediate needs (e.g. clothing, meal, shelter, documentation) upon release.

GOAL III: Staff the Reentry Center with Qualified and Trained Case Managers to support Returning Residents in accessing the immediate services and resources they need Post-Release.

AIM I: Provide basic case management services to 150 individuals annually who were released at the end of their sentence within the past ninety days and are from Greater Hartford.
AIM II: Establish Mutual Support Groups for Returning Residents who are EOS in the past 90 days.
AIM III (Longer-term): Seek additional funds to expand case management services to others who are at Medium to High Risk of Recidivating and/or are high health care utilizers (criteria will vary depending on

funding source).

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

AIM I: Co-locate Services at the Center.
AIM II: Explore a Regional Approach to Reentry Planning for the City with other municipalities in Greater Hartford, especially those with the highest number of returning residents.

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.

AIM I: Develop a case management platform for tracking referrals and assessing outcomes.
AIM II: Establish a Data Hub to enhance our ability to efficiently track referral outcomes with partner agencies and share assessment data and other results.

I. Introduction

The purpose of this report is to provide recommendations for establishing a reentry center for Greater Hartford. Up to 95% of people who have been incarcerated in Connecticut will return home one day. A majority of people released from prison and jail in Connecticut will return to one of five metropolitan urban areas: New Haven, Bridgeport, Hartford, Waterbury or New London. After release from incarceration, CT residents face many barriers to fulfilling their basic needs for food, shelter, clothing, safety, health and wellness, which are essential for their successful reintegration back into society. Reentry centers are opening in cities across Connecticut to better serve the needs of returning residents and their families, and to help restore our urban neighborhoods with the highest incarceration rates. Smart reentry planning and coordination of services benefits everyone by improving public safety, and reducing the costs and collateral consequences of people cycling in and out of the criminal justice system. Evidence-based programming can help individuals reintegrate back into society. Researchers Roman and Chalfin[6] have documented that jail reentry programs only have to decrease recidivism rates by 2 percentage points to save taxpayers money. These savings come from reducing both the cost of processing an offender in the criminal justice system and the cost to the victims.

A reentry center in Greater Hartford will not only help ensure the public safety of everyone living in this region, it will also help to improve the region's population health and economic vitality. In 2015, Hartford had the highest number of community supervised offenders (n=737) in Connecticut, even higher than more populous cities of Bridgeport (n=613) and New Haven (n=587)[7]. While overall rates of violent crime have gone down over the years, the economic vitality of Hartford has been severely eroded by the vicious cycle of poverty and high crime rates, further exasperated by the long-term collateral consequences of mass incarceration on its most vulnerable neighborhoods.[8]

Using data from the Connecticut Department of Corrections Offender Based Information System we can estimate the numbers of individuals who are returning to Greater Hartford based on their place of residence prior to incarceration. According to the findings of this report, in 2016 there were 3,121 releases of Greater Hartford residents from prison or jail to community supervision or at the end of their sentence. This computes to 260 releases on average a month of people who potentially are in need of reentry assistance in the region. Although, Connecticut maintains data on the needs of individuals under community supervision and tracks recidivism rates for all returning residents, the state has limited data on what happens to individuals once they are released from prison or jail into the community at the end of their sentences.

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[6] Roman, J., & Chalfin, A. (2006). Jail reentry roundtable initiative. Washington, DC: Urban Institute Justice Policy Center. Accessed at: https://www.urban.org/sites/default/files/roman_chalfin.pdf

[7] DOC parole data for 2015 analyzed by Central Connecticut State University, Institute for Municipal and Regional Policy.

[8] Lopez-Aguado, P. (2016) The Collateral Consequences of Prisonization: Racial Sorting, Carceral Identity, and Community Criminalization. Sociology Compass, 10: 12–23.

It is no secret that Hartford is facing a fiscal crisis of major proportions. However, potential benefits of a reentry center far outweigh its costs. Better coordination of reentry services through having a centralized location to direct people to the appropriate services will save the City and State money by resulting in fewer people committing crimes, enhanced public safety and more efficient use of existing services and resources.

A. Reentry as a local and national priority

Implementing a reentry center in Greater Hartford will also be an important step in reducing recidivism rates for our state. Prisoner reentry became a major focus in Connecticut as a result of prison overcrowding in the early 1990s. Between 1992 and 2003 the prison population in Connecticut increased 82%, from 10,573 to 19,216 individuals. In 2004, under Governor Rell, An Act Concerning Prison Overcrowding (PA 04-324) mandated that the CT Department of Corrections develop a comprehensive strategy to control prison overcrowding and assist prisoners as they transition to the community, while maintaining public safety and supporting victim's rights. Due to a series of policy reforms enacted since this bill, the size of the prison population was reduced to its current low of under 14,400[9], and fear that public safety would be compromised was assuaged as, in fact, violent crime rates in Connecticut steadily dropped[10]. Following his inauguration in 2011, Governor Malloy made criminal justice reform a top priority in his administration, passing "Second Chance Society" legislation aimed at further reducing the prison population and removing barriers to individuals reentering society. For example, legislation passed in 2015 reduced the penalties for drug possession from a felony to a misdemeanor (Public Act Special Session 15-2), which resulted in a 67% drop in the number of prisoners incarcerated for drug possession[11]. Yet, despite the fact that several Connecticut prisons have closed, incarceration and recidivism rates in Connecticut have remained high. Just under two-thirds (64%) of people who are released from Connecticut's prisons and jails are rearrested within three years, and well over one third (37%) are sentenced within three years to another term in prison for a new crime[12].

Connecticut is not the only state with high recidivism rates. According to the Council of State Government Justice Center 2017 bulletin on national progress in reentry, in recent years nearly half of U.S. governors cited reentry and reducing recidivism as priorities in their 'State of the State'

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[9] Office of Policy and Management. Total Connecticut Correctional Facility Count [figure]. Retrieved October 15, 2017, from: http://www.ct.gov/opm/cwp/view.asp?a=2967&q=487584.

[10] Office of Policy and Management-Criminal Justice Policy and Planning Division (2017). *Violent Crime Rates. Retrieved October 15, 2017, from http://www.ct.gov/opm/lib/opm/cjppd/cjabout/20170925* . us_violent_crime_rate_comparison_2017_updated.pdf

[11] Lawlor, Mike. Memo to Governor Malloy. Mid-Year Update on Crime Trends. (September 25, 2017). Retrieved October 18, 2017, from http://www.ct.gov/opm/lib/opm/cjppd/cjabout/20170925ii .

[12] Kuzyk, I. and Lawlor, M. (2015) Criminal Justice Policy and Planning Division, Office of Policy and Management. Recidivism in CT, 2008 releases. Retrieved August 1, 2017 fromhttp://www.ct.gov/opm/lib/opm/cjppd/cjsac/20150424recidivsm_report_february_2015.pdf

addresses[13]. Policies pertaining to prisoner reentry have received bipartisan congressional support, in part because of the huge costs born by the U.S. government of mass incarceration. The U.S. Congress has appropriated over $100 million to reentry initiatives and the federal Departments of Justice, Labor, Health and Human Services, Housing and Urban Development, and Education have pooled funds for reentry. In 2008, President George W. Bush signed the Second Chance Act (Public Law 110-199) into law, which designated funds to improve outcomes for people returning from prison, jail and juvenile facilities. With this act, the National Reentry Resource Center was established under the Council of State Governments Justice Center, which includes a web-based clearinghouse of evidence-based practices in reentry[14] used to inform the plan presented in this report. In 2011, under the Obama administration, Attorney General Eric Holder formed the Federal Reentry Council to bring twenty federal agencies together to coordinate and advance effective policies on reentry. That same year, the Statewide Recidivism Reduction Program, a public-private partnership, was launched to support research-driven planning on recidivism reduction at the state level.

There are many reasons why recidivism rates have not significantly lowered in Connecticut or nationally. From research on reentry and also some studies on 'desistance theory[15],' we have a good understanding of the common needs and barriers encountered by individuals who were formerly incarcerated. Not only is a person sentenced to prison removed from society for a period of time, losing their rights to freedom and becoming a ward of the state, they also encounter many legal restrictions and social sanctions upon release that deny them access to public benefits and limit their opportunities for successful reintegration. National studies show that people who have been incarcerated generally have a harder time getting a job, earn less, have trouble returning or connecting to school, and experience higher rates of chronic and infectious disease. Most are headed back to families and densely populated neighborhoods already suffering from high rates of poverty, unemployment, limited resources, and health inequities[16]. While all taxpayers across our state are impacted by mass incarceration, we know from studies of racial and ethnic disparities that African Americans/Blacks and Hispanics/Latinos are disproportionately impacted compared with Whites/Caucasians[17]. As public awareness of these disparities has grown, criminal justice reform has become one of the foremost civil rights issues of our times.

[13] Making People's Transition from Prison and Jail to the Community Safe: A Snapshot of National Progress in Reentry, p.4

[14] https://whatworks.csgjusticecenter.org/

[15] Bottoms, A., Shapland, J., Costello, A., Holmes, D., & Muir, G. (2004). Towards desistance: Theoretical underpinnings for an empirical study. The Howard Journal of Crime and Justice , 43 (4), 368-389.

[16] Miller, R. J. (2014). Devolving the carceral state: Race, prisoner reentry, and the micro-politics of urban poverty management. Punishment & Society , 16 (3), 305-335.

[17] Nellis, A. The color of justice: racial and ethnic disparity in state prisons (2016). *Washington, DC: The Sentencing Project.* Accessed at: http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/

B. Overview on Reentry Planning in Connecticut

Unlike most other states, Connecticut has no county government. Hence, Connecticut has a centralized and unified criminal justice system for its 169 municipalities. The Judicial Branch operates a single tier, unified court system with an intermediate appellate court and a supreme court. The Connecticut Department of Correction (CT DOC) utilizes a reentry model that begins at the first day of incarceration. The Offender Management Plan involves a series of assessments and programmatic supports to help enhance public safety and reduce recidivism. The DOC Parole and Community Services Unit provides oversight and supervision for persons who are released to community supervision, and oversees court-mandated treatment and other conditions of release.

The Office of Policy and Management--Criminal Justice Policy and Planning Division (OPM-CJPPD) is statutorily required to develop statewide strategic plans to improve the outcomes and operation of the criminal justice system to enhance public safety. The CJPPD Undersecretary serves as the chair of the Criminal Justice Policy Advisory Commission (CJPAC), which is charged with developing strategies to prevent prison and jail overcrowding and with creating an offender community reentry strategy. The OPM-CJPPD also administers most of the criminal and juvenile justice formula grant programs dispersed by the U.S. Department of Justice, with the exception of the Victims of Crime Act.

The Sentencing Commission was established in February 1, 2011 by state statute (Public Act No. 10-129) and is charged with reviewing "the existing criminal sentencing structure in the state and any proposed changes thereto, including existing statutes, proposed criminal justice legislation and existing and proposed sentencing policies and practices and make recommendations to the Governor, the General Assembly and appropriate criminal justice agencies." From October 24, 2011 to September 24, 2014, the Sentencing Commission had a Recidivism Reduction Committee, which made recommendations specific to reentry and produced several reentry plans for the State.

Under Governor Malloy's "Second Chance Society" initiatives, CT DOC has engaged in ongoing system reform efforts in the area of reentry. In 2015, among other reforms, the Governor announced the establishment of a new Centralized Community Release Unit to streamline the review of release applications and render decisions more transparent and consistent with public safety and risk reduction. In addition to closing two prisons, DOC has established a 600 bed Reunification Unit at Willard-Cybulski CI to provide more comprehensive release preparation, including therapeutic programming, work-release opportunities, and "in-reach" efforts to connect inmates to community providers, for individuals approved for a discretionary release within the next 18 months.

Over the past ten years, Connecticut has formed seven regional reentry roundtables across the state based in Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Danielson. The first reentry roundtable was started as a voluntary association in Bridgeport in May 2007 by Steve Lanza, CEO of Family Reentry and Scott Wilderman, CEO of Career Resources Inc., to bring together community agencies to coordinate resources for people returning to Bridgeport from prison or jail and to exchange

best practices as part of a "comprehensive reentry model" informed by national best practices[18]. The roundtables are mostly volunteer-based, and generally chaired by a person(s) from a local reentry agency and composed of member stakeholders from community-based organizations, universities, representatives from CT DOC, CSSD, and DOJ, and returning residents. They meet on a monthly basis at the regional level and periodically the organizers meet on a statewide level.

On a municipal level in Connecticut, New Haven was one of the first cities to appoint a reentry coordinator to work as part of the City's administration under Mayor John DeStafano, Jr. New Haven was also the first cities to establish an office for returning residents to help direct individuals coming home from prison or jail to available resources. Under Mayor Toni Harp, New Haven's Project Fresh Start Reentry Program, based out of City Hall, expanded to include a full-time director, a program assistant (funded through the Mayor's office), and several part-time program assistants. The program provides a job bank and referral information to anyone who has been previously incarcerated, pardon workshops, and works closely with the City administration to issue City IDs to individuals newly released.

In the past two years, Hartford, Bridgeport and Waterbury have also established a reentry coordinator or director position within City government. In Bridgeport, a formerly incarcerated individual was hired as program manager of the Mayor's Initiative for Reentry Affairs (MIRA). Also, through a donation to the nonprofit Recovery Network of Programs (by a former drug counselor and advocate), a building located on the East Side of Bridgeport was converted into the Jay Brothers Unified Resource Center (JBURC), which is a designated reentry center. The Center offers free office space to reentry service-providers and conference meeting space. Waterbury is also in the process of establishing a reentry office for the City.

C. Overview of the Planning Process, Goals and Methods Used in this Report

Nonprofit and municipal leaders in Hartford began laying the groundwork for a reentry center in Hartford several years ago. In February 2014, the Greater Hartford Reentry Council along with the "Second Chances Team" of Leadership Greater Hartford proposed a plan for a "reentry services office" in Hartford to "provide a centralized, systematic means of matching the services available to meet the needs of men and women released from prison into Greater Hartford." Shortly after stepping into office, in January 2016, Mayor Bronin established a Director of Reentry Services in City administration and convened a Returning Citizens Working Group. Chaired by Community Partners in Action's Director, Maureen Price-Boreland, the group was charged with examining the reentry needs of the city and planning for an Office of Returning Citizens at the city. The vision for what is needed has been clear from the start; There needs to be a coordinated hub in Hartford to facilitate returning citizens access to much-needed resources and services upon release from Connecticut prisons and jails. Another consistent element in both plans has been a focus on individuals who are released at the end of their sentence and are not under any form of community supervision. Overall, this group has a high risk of

[18] Personal communication Dan Braccio, Chair of the Bridgeport Reentry Council [phone] October 12, 2017 and Steve Lanza [email] October 20, 2017.

recidivism and lacks the most basic supports available to individuals who are released to community supervision.

This planning report builds upon these prior planning efforts and involves many of the same leaders. It aims to provide a comprehensive assessment of the needs of returning citizens in Greater Hartford and information on best practices in reentry so as to inform the next phase of implementation of a center.

The specific goals of this plan are as follows:

Goal One: To provide a comprehensive quantitative and qualitative review of current policies, challenges, resources and practices impacting residents who are returning from prison or jail to the Greater Hartford region.

Goal Two: to examine best practices in reentry pertaining to establishing a reentry center and creating a more comprehensive, coordinated and efficient reentry system that will contribute to reduced recidivism for returning citizens to the Greater Hartford region.

Goal Three: to use the data to propose a basic roadmap for the implementation phase of this center.

Funding from the Hartford Foundation for Public Giving made it possible for our planning process to utilize an "action research" approach, involving formerly incarcerated individuals to directly consult with them about their needs and wishes for a reentry center in Greater Hartford, along with key stakeholders from different sectors of the City and State. Under the leadership of Community Partners in Action, an advisory team was formed to support the planning process. This advisory team included the Chief of Staff from the City of Hartford's Mayor's Office, and key agency directors from the CT Department of Corrections, the Connecticut Department of Justice Court Support Services Division, the Office of Policy and Management--Criminal Justice Policy and Planning Division (OPM-CJPPD), along with the Institute for Municipal and Regional Policy of Central Connecticut State University and Capital Workforce Partners. The advisory team met as a group in mid-June and in the end of August, and the lead consultant also met individually or talked by phone with each of the advisors to gather additional input from them on developing recommendations for the plan.

OPM-CJPPD's 2015 recidivism report[19] highlights the importance of gathering data to understand the needs of returning residents. Ivan Kuzyk, Director of OPM's Statistical Analysis Center, states in this report that, "Although we anticipate that 54% of prisoners will return to prison within three years, there are few resources committed to understanding why." For example, "we know precious little about the employment experience of most ex-prisoners. We also lack good aggregate information on the extent and stability of family and social support, income, health or housing." As lead consultant for this project, Diamond Research Consulting (DRC) parsed data from CT DOC's Offender Based Information System to

[19] Kuzyk, I. and Lawlor, M. (2015) Criminal Justice Policy and Planning Division, Office of Policy and Management. Recidivism in CT, 2008 releases. Retrieved August 1, 2017, from: http://www.ct.gov/opm/cwp/view.

understand the annual and monthly flow of returning residents to Greater Hartford and culled data from prior OPM reports on the recidivism risk levels and needs of this population. Four formerly incarcerated leaders from Greater Hartford contributed their expertise on reentry and in designing and conducting a series of focus groups with 49 returning residents of Greater Hartford. Diamond Research Consulting also gathered reentry stakeholder input through a SWOT analysis involving about 30 members of the Greater Hartford Reentry Council and site visits and interviews with reentry directors and coordinators, for similar reentry centers in New Haven and Bridgeport.

II. What the Numbers Tells Us about the Population of Returning Residents in Greater Hartford

A. Recidivism Rates in Connecticut

Recidivism rates are a good indicator of the strength of Connecticut's reentry system. OPM's Criminal Justice Planning division does not routinely calculate recidivism rates by town so we are reliant on statewide recidivism rates as a benchmark for planning purposes. The main reason why recidivism rates by town are not reliable is that upwards of 47% of inmates who are released in any given year are discharged at the end of their sentence and the state does not commonly track where these individuals end up residing. Furthermore, the reentry population tends to be highly transient.

Despite much recent progress in criminal justice reform, recidivism rates in Connecticut have remained high. In 2011, according to OPM, 63.2% of people who were released from prison or jail were rearrested within three years and 54.4% were convicted of a new crime. This is slightly lower than the national average of 67.8%[20]. The chart below from OPM-CJPPD shows the 12-month rate of returns to prison for cohorts released in 2011 and in 2014. The one year return to prison rate only dropped by -1.5% within this time frame. While the rate did not change significantly, the number of events of people returning to prison after having been released was reduced by 19%, since fewer people were entering the system to begin with due to ongoing policy reforms.

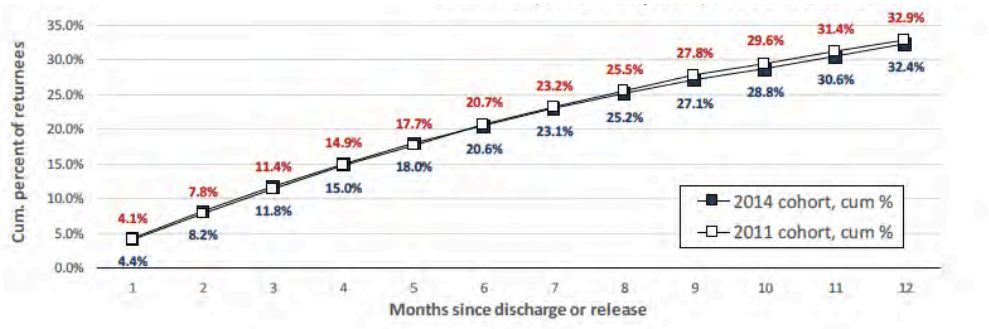

Figure 1. Recidivism, return-to-prison, 2011 and 2014 cohorts[21]

End of Sentence Recidivism Rates

Of particular interest for this plan are those individuals from Greater Hartford who are released at the end of sentence (EOS) without any form of community supervision. As stated in OPM-CJPPD 2015 recidivism report, people who are released EOS encompass a broad range of risk profiles: from relatively low risk offenders with very short sentences to some of the highest risk offenders who did not qualify

[20] National Institute of Justice, Recidivism [website] Retrieved August 15, 2017, from: https://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx.

[21] Kuzyk, I. and Lawlor, M. (2015) Criminal Justice Policy and Planning Division, Office of Policy and Management. Recidivism in CT, 2008 releases.

for placement in community supervision. One might assume that since these individuals have little to no supervision or support upon release, that recidivism rates for them would be higher than those released on parole, probation, or transitional supervision. However, findings of recidivism rates for this subpopulation are mixed.

The one-year return to prison rates for individuals released EOS in comparison are actually lower than those released to community supervision. This is largely due to the fact that individuals released EOS cannot be remanded (returned to prison) for technical violations, whereas those under community supervision have this happen quite frequently. However, if one considers new convictions, then the assumption holds that individuals who are released EOS have higher rates of new convictions (25%) at the 12-month rate compared with others released to community supervision (21%). At the 36-month rate, the difference in rates narrows, but still on average the rates are slightly higher for the EOS releases (53%) compared with those who were released to community supervision on average (52%). Examining the breakdown by age group, for individuals who had served at least three years in prison and who were released EOS in 2008, the three-year recidivism rate for a new offense that resulted in a prison sentence was the highest for those individuals who were 23 years and younger (64%) and also for those ages 24-28 (51%). The rate was slightly lower for those ages 29-35 (38%) and ages 36-43 (42%). The lowest recidivism rate was for men ages 50 and older (24%).

B. Demographics of who is Currently Incarcerated from Greater Hartford

To get a general idea of the size and composition of the prison population in Greater Hartford, DOC provided current data on individuals under CT DOC custody who listed Greater Hartford as their place of residence at intake. On July 31, 2017 there were 2,903 individuals from Greater Hartford who were incarcerated. Hartford residents comprised 59% of the total, or 1718 individuals. The top three towns with the highest rate besides Hartford were Manchester and East Hartford. As the Figure 3 below shows, a vast majority of these inmates are male. In July 31, 2017, there were 81 female inmates in total from Hartford, and 96 from other towns in Greater Hartford.

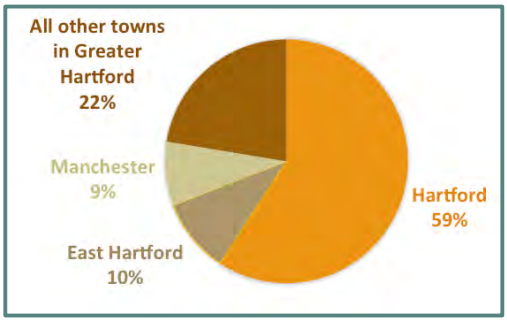

Figure 2. Greater Hartford Towns with the highest number of Inmates in the region

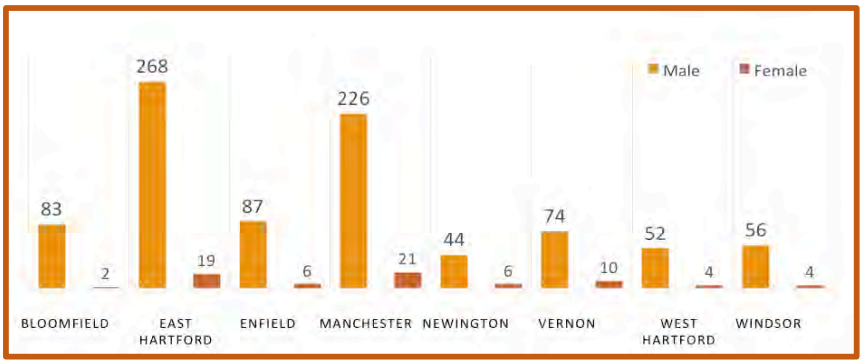

Figure 3. Proportion of Inmates from Greater Hartford by Town & Gender as of July 31, 2017.

Examining the current incarcerated population from Greater Hartford, most inmates are between the ages of 25-38 (n=1375), or fall into the age groups 18-24 (n=414), or 39-53 (n=833). It is important to note that these ages represent a snapshot in time of this population, not the age at which individuals were sentenced to prison or will be released.

Table 1

Number of People Incarcerated in Connecticut Department of Corrections as of July 31, 2017 by Town of Residence at Intake and by Age Group.

	AGE GROUP						
Town Of Residence	**<18**	**18-24**	**25-38**	**39-53**	**54-68**	**>68**	**Total**
Andover	0	1	3	3	0	0	**7**
Avon	0	0	3	1	0	0	**4**
Bloomfield	0	13	36	29	7	0	**85**
Bolton	0	2	3	0	1	0	**6**
Canton	0	0	0	2	0	0	**2**
East Granby	0	0	1	1	0	0	**2**
East Hartford	1	43	119	95	29	0	**287**
East Windsor	0	2	9	3	1	0	**15**
Ellington	0	1	12	6	3	1	**23**
Enfield	0	14	39	29	11	0	**93**
Farmington	0	0	5	2	0	0	**7**
Glastonbury	0	2	11	6	3	0	**22**
Granby	0	0	1	0	0	1	**2**
Hartford	17	247	855	470	122	7	**1718**
Hebron	0	2	2	1	0	0	**5**
Manchester	0	44	103	67	31	2	**247**
Marlborough	0	0	2	0	0	0	**2**
Newington	0	7	25	16	2	0	**50**
Rocky Hill	0	1	2	8	1	0	**12**
Simsbury	0	1	1	1	1	0	**4**
Somers	0	0	5	2	3	0	**10**
South Windsor	0	4	15	6	5	0	**30**
Suffield	0	0	2	2	1	0	**5**
Tolland	0	2	10	4	1	1	**18**
Vernon	0	9	33	31	10	1	**84**
West Hartford	1	7	29	18	1	0	**56**
Wethersfield	0	2	7	11	4	1	**25**
Windsor	1	9	31	12	7	0	**60**
Windsor Locks	0	1	11	7	3	0	**22**
Total	**20**	**414**	**1375**	**833**	**247**	**14**	**2903**

Source: DOC Offender Based Information System

By far the majority of individuals from Hartford (96.3%) and from Greater Hartford (93.8%) who are in Connecticut's prison or jail system are male. The proportion of pretrial to sentenced for the total current population from Greater Hartford was just over one quarter, or 26.5%

Table 2

Current Incarcerated Population from Greater Hartford as of July 31, 2017 by Gender and Sentencing Status

Town of Residence	Female	Male	Sentenced	Pretrial	Total
Andover	0	7	5	2	**7**
Avon	0	4	4	0	**4**
Bloomfield	2	83	60	25	**85**
Bolton	1	5	4	2	**6**
Canton	0	2	2	0	**2**
East Granby	0	2	2	0	**2**
East Hartford	19	268	209	78	**287**
East Windsor	0	15	11	4	**15**
Ellington	1	22	18	5	**23**
Enfield	6	87	72	21	**93**
Farmington	1	6	6	1	**7**
Glastonbury	4	18	11	11	**22**
Granby	0	2	2	0	**2**
Hartford	81	1637	1270	448	**1718**
Hebron	1	4	4	1	**5**
Manchester	21	226	166	81	**247**
Marlborough	0	2	2	0	**2**
Newington	6	44	36	14	**50**
Rocky Hill	3	9	10	2	**12**
Simsbury	1	3	3	1	**4**
Somers	1	9	9	1	**10**
South Windsor	4	26	20	10	**30**
Suffield	0	5	4	1	**5**
Tolland	0	18	13	5	**18**
Vernon	10	74	71	13	**84**
West Hartford	4	52	43	15	**56**
Wethersfield	3	22	21	4	**25**
Windsor	4	56	41	21	**60**
Windsor Locks	4	18	15	7	**22**
Total	**177**	**2726**	**2134**	**769**	**2903**

Source: DOC Offender Based Information System

C. Greater Hartford Controlling Offense Classification and Length of Sentences for the Current Sentenced Population

A majority of individuals who were currently incarcerated from Greater Hartford on July 31, 2017 had a controlling offense classification of either 'persons' (40.6%) or 'public order' (28.3%). Over half (55.5%) were sentenced to between 1 and five years. A small proportion (15%) were sentenced to between just over five and ten years, and almost one fifth (19.9%) were sentenced to between just over ten and twenty years. Based on Connecticut sentencing statutes, most inmates are eligible for parole after completing 50% of their sentence, with the exception of those who have a violent offense and must complete 85% of their sentence before being eligible for parole[22].

Table 3

Breakdown of Controlling Offenses for Greater Hartford inmates

	Total	% Total
Persons	722	40.6%
Property	223	12.5%
Drugs/Alcohol	251	14.1%
Other	78	4.4%
Public Order	504	28.3%
Total	1778	100%

Table 4

Controlling Offense by Length of Sentence in Months for Greater Hartford Inmates

	<12 Months	12-60 Months	61-120 Months	121-240 Months	TOTAL	% Total
Persons	38	258	148	278	722	40.6%
Property	25	129	35	34	223	12.5%
Drugs/Alcohol	37	171	25	9	251	14.1%
Other	6	42	14	16	78	4.4%
Public Order	64	377	46	17	504	28.3%
Total	170	986	268	354	1778	100%
% Total	9.6%	55.5%	15.1%	19.9%	100%	

D. Data Limitations on Returning Residents of Greater Hartford

Using data from the CT DOC Offender Based Information System, we can estimate the number of people who are released to Greater Hartford in any given time period. The information system contains data on the town of residence for persons at intake to prison, but does not contain information on which

[22] Parole Eligibility Information. CT Board of Pardons and Parole. Retrieved July 10, 2016 from http://www.ct.gov/bopp/cwp/view.asp?a=4330&q=508186.

town an individual is released to. While many people who are released from prison or jail elect to return to their town of residence prior to their incarceration, anecdotal evidence suggests that a significant proportion of them do not. People decide to relocate to a new town for a host of reasons, including the availability of a bed in a halfway home, access to public services, proximity (or distance) of family and friends, and not wanting to return to the place where their crime was committed. Also, residents returning from prison and jail tend to be from populations that are more transient even prior to their incarceration. Often individuals from suburban and rural towns will end up relocating to the nearest city due to the concentrated availability of shelters, supportive housing, housing for sex offenders, and other social services for returning residents in urban areas. This is also one of the main reasons why the planned Reentry Center, though based in Hartford, anticipates serving returning residents from the region.

E. Annual Number of Community Releases from Prison or Jail of Greater Hartford Residents

In order to estimate the number of returning residents from prison or jail to Greater Hartford, the Hartford Foundation for Public Giving's Community Indicators Project compiled the following data on community and end of sentence releases from CT DOC data. The chart and table below show the total numbers of *releases* from a Connecticut prison or jail of people who listed Greater Hartford as their town of residence each year from 2009-2015. During this period, the average annual number of releases of Greater Hartford residents was 2,765 and of Harford residents was 1,501. On average releases of Hartford residents represented 55% of the total releases.

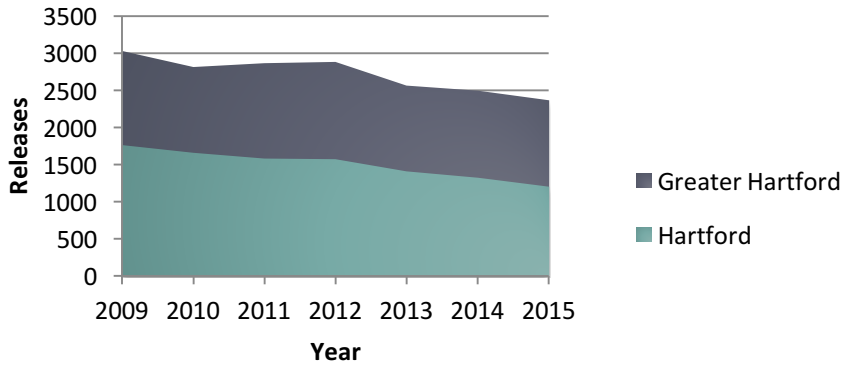

Figure 4. Number of Community Releases from Prison or Jail in 2009-2016

Table 5

Annual Number of Community Releases from Prison or Jail in 2009-2016 for individuals who listed their last place of residence in Hartford

Year	2009	2010	2011	2012	2013	2014	2015	Average
Greater Hartford (All cities & towns)	3025	2814	2865	2879	2562	2494	2363	2765
Hartford	1761	1654	1585	1570	1410	1326	1200	1515

F. Number of Individuals and Number of Releases in 2016

To estimate how many releases there were to the City of Hartford from Connecticut correctional facilities each year, DRC analyzed CT DOC release data from 2016 for individuals with a sentence that resided in Greater Hartford just prior to intake to DOC. In 2016, the total number of sentenced releases (not individuals) from a prison or jail of Greater Hartford residents was 2,808. The number of releases in any given year is higher than the number of individuals released because the same individual may be released more than once. For example, an individual may be released EOS, and then return again to jail under a new short sentence for which they are released that same year. Within the same year, an individual may also be released from a prison or jail to a halfway home or special parole and then be remanded to prison for a technical violation or a new arrest, and then released again from that facility at the end of their sentence.

Table 6

Releases of Greater Hartford Residents by Facility in 2016

Facility	Frequency	% Total
Hartford CC	538	19.2
Willard-Cybulski CI	409	14.6
Osborn CI	404	14.4
Robinson CI	382	13.6
York CI	364	13.0
Manson Youth	92	3.7
All Other Facilities	273	25.2
Total	2462	100

Almost one fifth (19.2%) of all sentenced releases of Greater Hartford residents from any facility were from the Hartford Correctional Center (HCC). In 2016, there were 538 sentenced releases from the HCC. The other top facilities were Willard-Cybulski (14.6%), Osborn CI (14.4%), Robinson CT (13.6%), and York CI (13.0%). Together releases from these five facilities represented 74.8% of the total releases of Greater Hartford residents from any facility. From Manson Youth there were 92 releases of residents Greater Hartford in 2016.

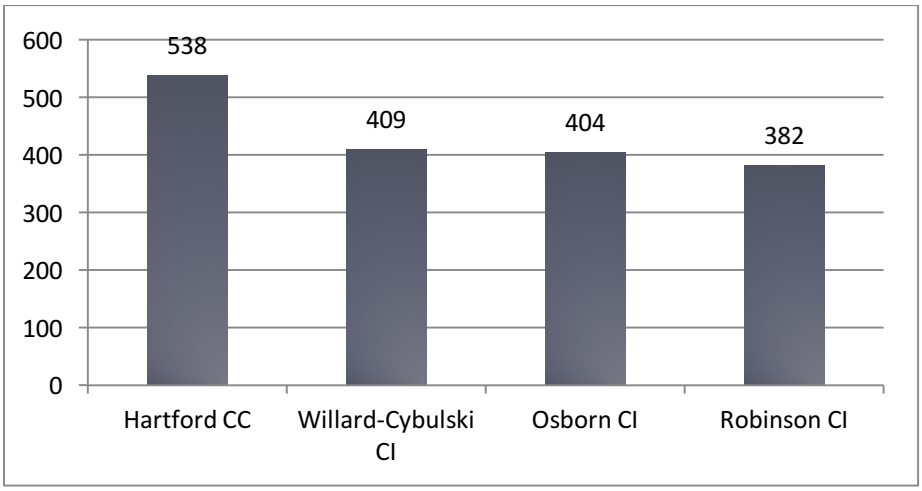

Figure 5. Facilities with the Most Releases of Greater Hartford Residents in 2016.

G. Demographics of Individuals Released in 2016

A total of 2,524 residents of Greater Hartford were released from a prison or jail facility to either community supervision or EOS in 2016. Releases were 12.5% female and 87.5% male. For all residents of Greater Hartford who were released from prison or jail in 2016 (n=2,524), the racial/ethnic breakdown was 38.0% African American, 30.3% White, 31.0% Hispanic, 0.4% Asian, and 0.3% American Indian. For returning residents of Greater Hartford, excluding Hartford (n=1218), the racial/ethnic breakdown was majority White with 53.5% White, 28.1% African American, 17.3% Hispanic, 0.7% Asian and 0.3% American Indian. For residents of Hartford (n=1306), the breakdown was majority African-American 47.3% or Hispanic 43.7%, with only 8.6% White, 0.3% American Indian and 0.1% Asian.

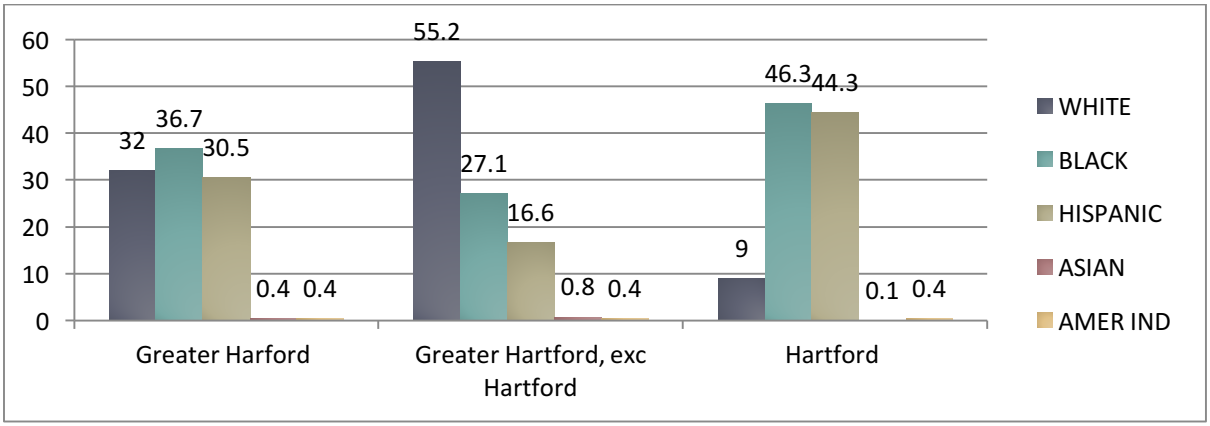

Figure 6. Race/Ethnic Breakdown of Greater Hartford Residents Released from a CT Prison or Jail in 2016.

Table 7

Racial and Ethnic Breakdown for Greater Hartford Returning Residents

	White	Black	Hispanic	Asian	Amer Ind	Total
Greater Hartford	764	960	782	10	8	2524
Greater Hartford, exc Hartford	652	342	211	9	4	1218
Hartford	112	618	571	1	4	1306

The breakdown by age group of individuals released from a prison or jail from all of Greater Hartford in 2016 (n=2,524) was 0.2% ages 18 and under; 12.4% ages 18-24; 47.0% ages 25-38; 30.1% ages 39-53; 9.7% ages 54-68; and 0.7% over age 68. As the figure below shows, the breakdown by age group for Hartford was similar to that of the other towns in Greater Hartford; Hartford residents appeared to be slightly more likely to fall in the 25-38 age range (by 3.5 percentage points), and slightly less likely to fall in the 54-68 age range (by 2.8 percentage points). However, we did not test for whether or not these differences were statistically significant.

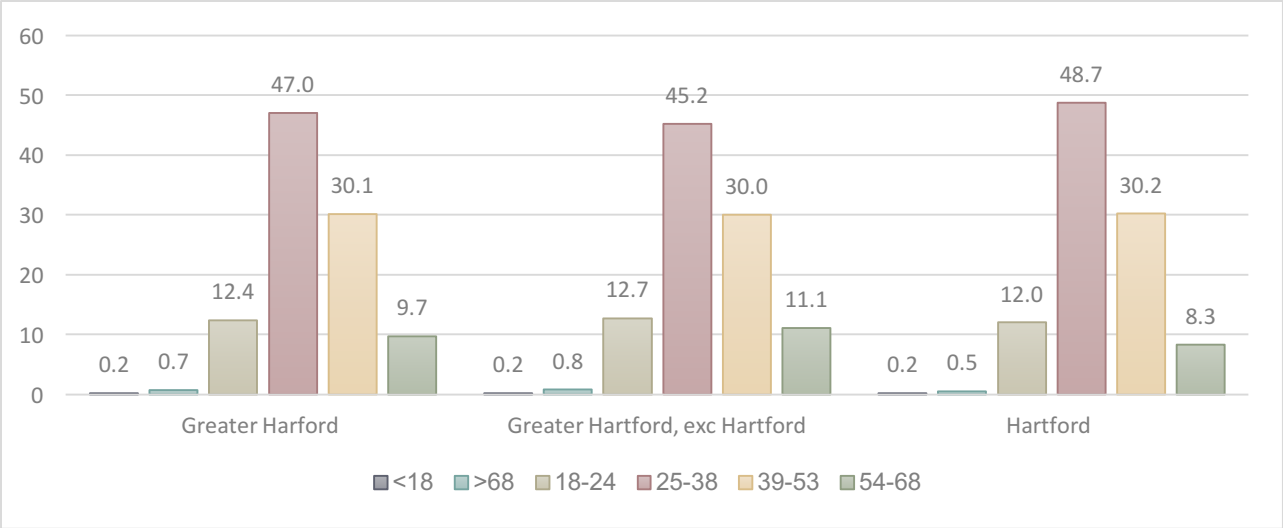

Figure 8. Greater Hartford residents released from CT DOC by Age Group

H. End of Sentence (EOS) Releases and Individuals

Of particular interest for the reentry center plan are those individuals who were released from a prison or jail at the end of their sentences. In 2016, there were 1,261 EOS releases from a prison or jail, involving 1,219 Greater Hartford residents. These EOS releases constituted 40.4% of the total releases of Greater Harford residents. EOS releases were 14.4% female and 85.6% male. A little over half (51.5%, n=650) of these EOS releases were of Hartford residents, involving 623 unique individuals.

Table 8

EOS Releases of Greater Hartford Residents in 2016 by Facility

	Freq.	Percent of Total
Hartford CC	389	30.8
York CI	181	14.4
Osborn CI	181	14.4
Robinson CI	97	7.7
Willard-Cybulski CI	78	6.2
All Other	335	26.5
Total	1261	100

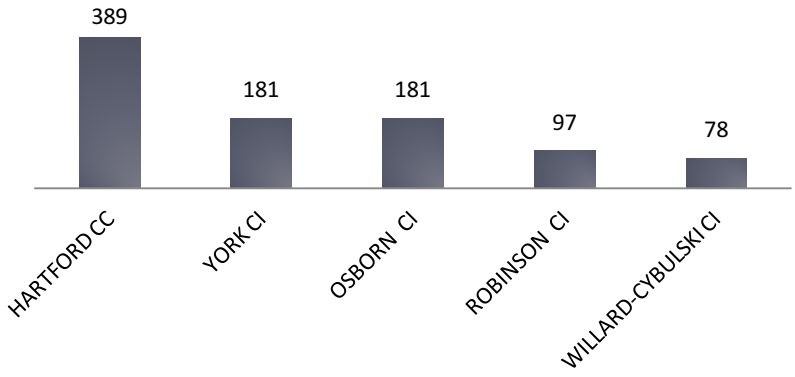

Figure 9. Top Five Facilities for EOS Releases in 2016 of Greater Hartford Residents.

Hartford Correctional Center (HCC) had the highest frequency of EOS releases of Greater Hartford residents in 2016, with 389 releases, which was 30.8% of the total releases of Greater Hartford residents. The next four highest facilities were York CI (14.4%), Osborn CI (14.4%), Robinson CI (7.7%) and Willard-Cybulski (6.2%). Together these five facilities had 73.5% of the total EOS releases in 2016.

I. Monthly Releases

The monthly number of all the *releases* from a prison or jail of Greater Hartford residents ranged from a low of 215 in December to a high of 277 in May and 264 in March. The maximum number of releases was 18% above the monthly average of 234. The monthly number of *EOS releases* from a prison or jail of all Greater Hartford residents ranged from a minimum of 84 in December to a maximum of 122 in May, and of Hartford residents from a minimum of 44 in December to a maximum of 72 in September.

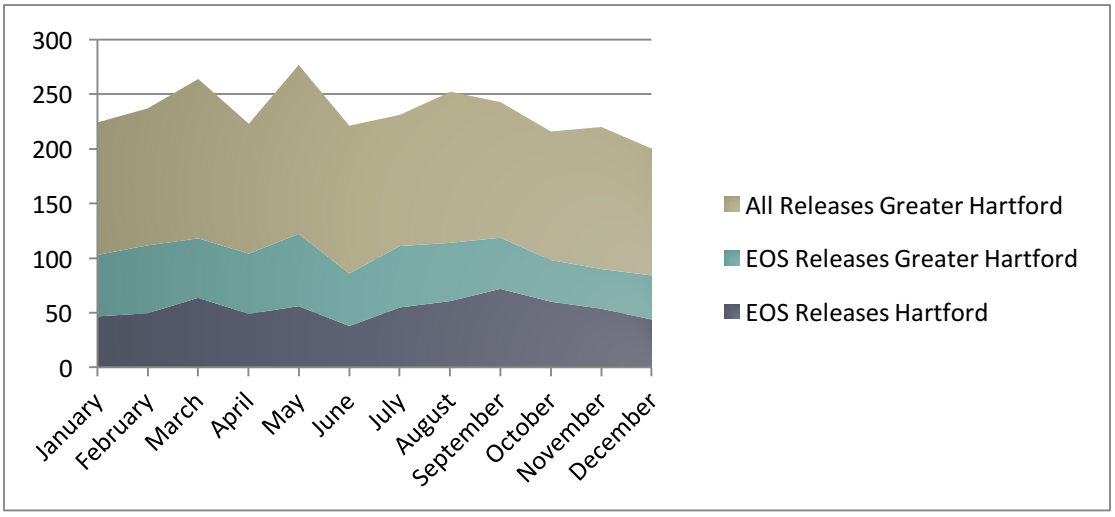

Figure 10. Monthly Releases from a Prison or Jail of Greater Hartford Residents in 2016.

Table 9

Monthly Releases from Prison or Jail of Greater Hartford Residents in 2016

	All Releases Greater Hartford	EOS Releases Greater Hartford	EOS Releases Hartford
January	224	103	47
February	237	112	50
March	264	118	64
April	223	104	49
May	277	122	56
June	221	86	38
July	231	111	55
August	252	114	61
September	243	119	72
October	216	98	60
November	220	90	54
December	200	84	44
Total	**2808**	**1261**	**650**

J. What is the Identified Risk Level of the Released Population?

The CT DOC assigns a risk-score called the TPAI (Treatment Programming and Assessment Instrument) to offenders in its custody. This weighted score reflects the offender's: 1) age at their first DOC admission, 2) the total number of sentences served with the DOC, 3) gender, 4) current age, 5) convictions for violent offenses, and 6) a history of violating of community supervision. The TPAI was validated using data for 32,000 offenders released from state prisons in 2004 and 2005. The scoring system for the TPAI is provided in table 10. A total score of 1-2 is considered low risk of recidivism, 3-5 is considered medium risk, and 6 and above is considered high risk.

Table 10

Treatment Programming and Assessment Scoring System

		points
Age	50+	0
	40-49;	1
	25-39	2
	< 25	3
Gender	Male	1
	Female	0
Prior Adult Convictions to Incarceration	0 or 1 priors	0
	2 priors	1
	3-5 priors	2
	>5 priors	3
Any violent conviction (excluding Assault 3rd degree)		1
Age at first conviction to incarceration as an Adult	Adult <16	1
Violated CJ Supervision	Yes	1

Table 11

Recidivism Rates for Males released from CT DOC in 2008 based on their TPAI Scores

Recidivism - males, 2008 cohort, return to prison with new sentence												
		TPAI										
	males 2008	no score	1	2	3	4	5	6	7	8	9	10
offenders	14420	12	166	444	1045	1598	2097	2647	3140	2241	890	140
12 month return	2001	3	0	5	20	82	194	405	605	453	194	40
12 month rate	14%	25%	0%	1%	2%	5%	9%	15%	19%	20%	22%	29%
24 month return	4062	3	0	5	43	153	401	790	1195	970	422	80
24 month rate	28%	25%	0%	1%	4%	10%	19%	30%	38%	43%	47%	57%

Source: Office of Policy and Management[23]

K. TPAI Scores for Greater Hartford Returning Residents

The chart below (*Figure 11*) lists the TPAI Scores of Greater Hartford residents released from a prison or jail facility in 2016 broken out by gender and place of residence (Greater Hartford or Hartford). It is important to note that TPAI Scores will always be at least one point higher for males than for females, due to the fact that males are scored a point higher just due to their gender. Nonetheless for planning

[23] Hynes, Patrick and Kuzyk, Ivan. The Treatment and Programming Assessment Instrument (TPAI). [power point presentation] March 28, 2012. Retrieved August 1, 2017, from http://www.ct.gov/doc/lib/doc/pdf/tpai201203.pdf.

purposes, it is helpful to get an estimate of the number of individuals likely to be released in each risk level by gender. As is evident from this chart, a majority of those individuals with a TPAI score of 6 or higher are males from Hartford, followed next by males from another town in Greater Hartford. Hartford males overall had the highest average TPAI scores compared with other towns in Greater Hartford.

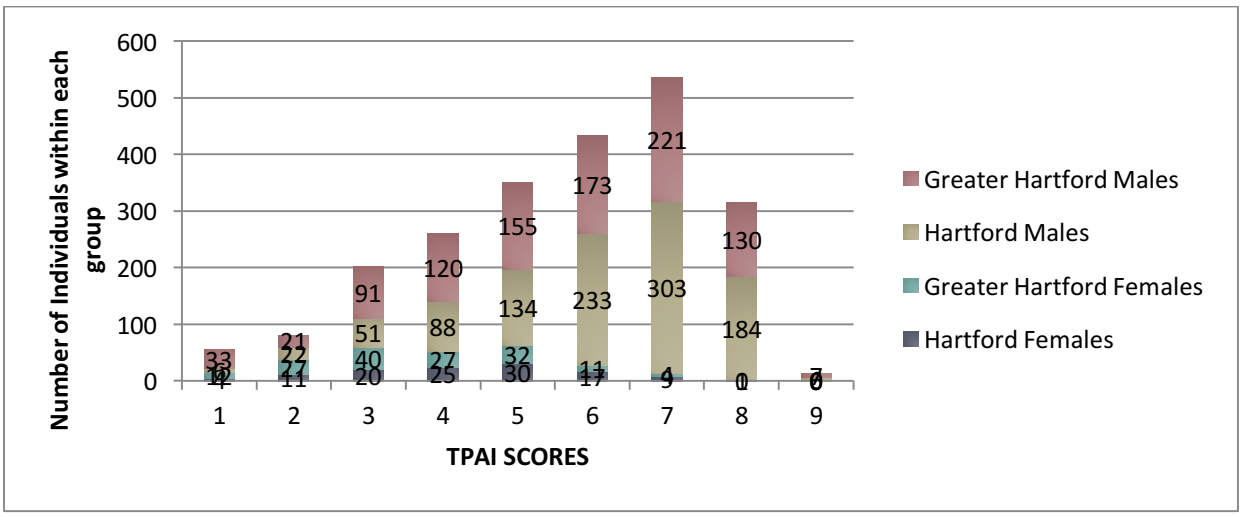

Figure 11. Number of males and females from Greater Hartford (excluding Hartford) and from Hartford released from jail or prison in 2016 broken out by their TPAI Scores.

Table 12

Proportion of each TPAI Score in each Subgroup Broken Out by Place of Residence and Gender

		Hartford			**Greater Hartford, excluding Hartford**		
Recidivism Risk	TPAI Score	Valid % of Females	Valid% of Males	Valid % of Both Genders	Valid % of Females	Valid % of Males	Valid % of Both Genders
Low Risk	1	3.4	0.6	0.9	7.8	3.5	4.1
	2	9.4	2.1	2.9	17.6	2.2	4.3
	3	17.1	5	6.2	26.1	9.6	11.9
	4	21.4	8.6	9.9	17.6	12.6	13.3
Med-Low Risk	5	25.6	13	14.3	20.9	16.3	16.9
	6	14.5	22.7	21.9	7.2	18.2	16.7
Med-High Risk	7	7.7	29.5	27.3	2.6	23.2	20.4
High Risk	8	0.9	17.9	16.2	**0**	13.7	11.8
	9	**0**	0.6	0.5	0	0.7	0.6
		100%	100%	100%	100%	100%	100%

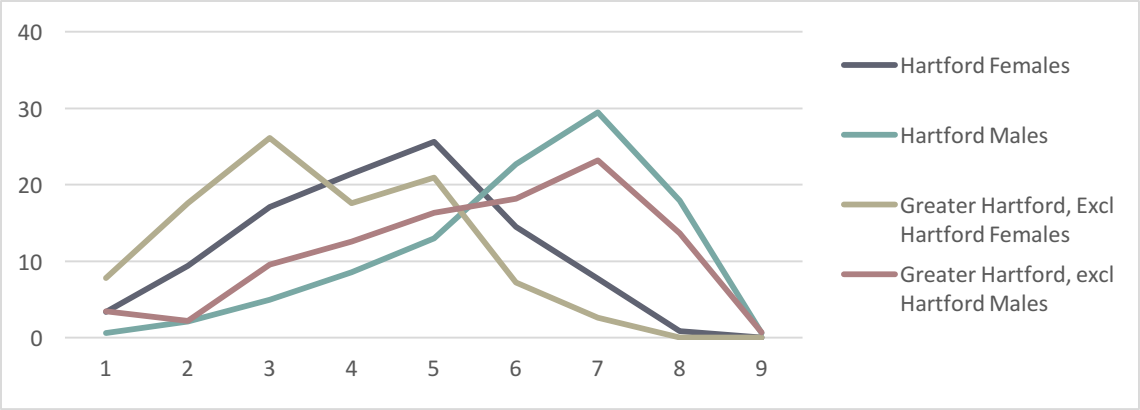

Figure 12. Proportion of TPAI Scores by Subgroup broken out by Place of Residence and Gender

The chart above (*Figure 12*) likewise shows that a higher proportion of males from Hartford scored in the medium to high risk range on the TPAI and the overall distribution is skewed left, whereas the distribution for Greater Hartford males, excluding Hartford, was somewhat slightly less sharply skewed left. Females in general tended to score in the middle range scores, with a greater proportion of females from Greater Hartford scoring in the low-medium range when compared with Hartford females.

L. Need Levels for Returning Residents from Greater Hartford and Hartford

The CT DOC conducts assessments of offenders under their custody using several validated risk assessment tools. The only aggregate data that we were able to access was their TPAI Scores for determining the level of need of the returning residents in Greater Hartford. The newly utilized Statewide Collaborative Offender Risk Evaluation System (ORAS) and the Women's Risk and Needs Assessment (WRNA) were not yet available in electronic form. These are dynamic risk assessment tools, which were developed by the University of Cincinnati and are now used by CT DOC facilities, Parole and Community Services offices and the Board of Pardons and Paroles. This past August, the CT DOC launched an electronic filing system for this data, so in the near future it is anticipated that this information would be made available to the Reentry Center so as to better anticipate the needs.

i. Substance Abuse Treatment Needs

Table 13

Substance Abuse Treatment Needs (TPAI T1-5, Percent with a Score of 3 or above)

Greater Hartford, exc Hartford	Greater Hartford, exc Hartford EOS	Hartford	Hartford EOS
78.8	75.5	78.5	76.5

Based on their most recent TPAI assessment scores recorded by DOC for sentenced releases in 2016, we can somewhat anticipate the level of need for returning residents to Greater Hartford and Hartford. These scores tell us that, 78.8% of returning residents from Greater Hartford (excluding Hartford) and 78.5% from Hartford had a score of 3 or above on their substance abuse assessment indicating a need for some level of substance abuse treatment. Those who were released EOS had slightly lower rates of substance abuse treatment needs at 75.4% for Greater Hartford 76.6% for Hartford.

ii. Mental Health Needs

Regarding mental health needs, 27.8% of Greater Hartford returning residents (excluding Hartford) and 23.1% of Hartford returning residents had some level of current mental health treatment needs. The percentage was slightly higher among the EOS population, with 33.4% of those from Greater Hartford and 30.4% of those from Hartford. This number does not include those with a past history of mental health illness, but not currently needing treatment.

Table 14

Mental Health Treatment Needs (TPAI MH1-5, Percent with a Score of 3 and above)

Greater Hartford, exc Hartford	Greater Hartford, exc Hartford EOS	Hartford	Hartford EOS
27.8	33.4	23.1	30.3

iii. Medical Needs

A sizeable percentage of returning residents from Greater Hartford, excluding Hartford (27.6%) and from Hartford (28.7%) also had medical needs which require periodic or regular access to nursing care, with a small percentage (under 1%) requiring ongoing 24-hour care for possibly an extended period of time. Those who were released EOS appear to have slightly higher medical needs.

Table 15

Medical Needs (TPAI M1-5, Percent with Score of 3 and above)

Greater Hartford, exc Hartford	Greater Hartford, exc Hartford EOS	Hartford	Hartford EOS
27.6	31.4	28.7	30.6

iv. Education Needs

Regarding education levels, among Greater Hartford returning residents (excluding Hartford) only 3.6% had attended one or more college courses and an additional 36.6% had obtained up to the level of a high school diploma; whereas for Hartford, 2.8% had attended one or more college courses and 30.0% had obtained up to the level of a high school diploma. About half scored at the 9th-12th grade level, specifically 52.3% of Greater Hartford returning residents and 50.2% of Hartford returning residents.[24]

Table 16

Education Need Scores (based on TPAI Education Scores)

	Greater Hartford, exc Hartford	Greater Hartford, EOS	Hartford	Hartford EOS
E-1 College Level	3.6	2.5	2.8	2.3
E-2 High School Diploma	38.4	33.7	32.6	27.2
E-3 Grade Level 9-12	52.3	60.2	50.2	59.0
E-4 Grade Level 5-8.9	4.1	2.9	9.2	7.2
E-5 Grade Level 0-4.9	1.5	0.7	5.2	4.3

[24] According to the Bureau of Justice Statistics, 13 percent of parolees have an education level below eighth grade and 45 percent have an education level between ninth and eleventh grades (Bureau of Justice Statistics 2000).

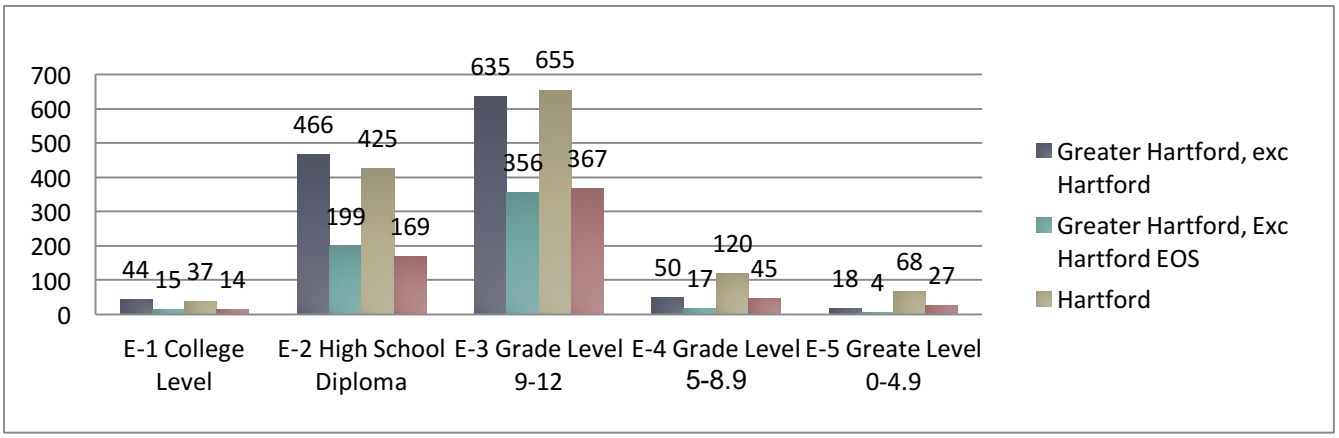

Figure 13. Education Levels of Returning Residents from Greater Hartford and Hartford

M. The "Churners": Individuals Released EOS More than Once from HCC in a Three Year and Six Year Time Span

Churners are those individuals who cycle in and out of jail or prison, mostly on short sentences. In order to identify these so-called "churners" we examined EOS releases from the Hartford Correctional Center in 2016, and how many of them were released EOS multiple times within approximately the past three and six years.

Of the 374 Greater Hartford residents who were released EOS from HCC in 2016, 127 (34.0%) had previously been released at the end of a sentence within about the past three years and could be referred to as "churners." Of these individuals who were released EOS in 2016, between 1/1/2013 and 12/31/2016, 83 (22.2%) were released EOS two times, 31 (8.3%) were released EOS three times, 9 (2.4%) were released EOS four times, 3 (0.8%) were released EOS six times, and one individual (0.3%) was released EOS seven times. Of the 127 individuals who were released EOS more than one time in approximately the past three years, 68 (53.5%) were residents of Hartford.

Of the 374 Greater Hartford residents who were released EOS from HCC in 2016, 176 had previously been released at the end of a sentence within approximately the past six years, or since 1/1/2010. And of those released from HCC EOS in 2016, between 1/1/2010 and 12/31/2016, 104 (27.8%) were released EOS two times, 36 (9.6%) were released EOS three times, 21 (5.6%) were released EOS four times, 7 (1.9%) were released EOS five times, and 1 (0.3%) was released EOS six times, 4 (1.1%) were released EOS 7 times, one (0.3%) was released 8 times, and two (0.5%) were released EOS eleven times. Of the 176 individuals who were released more than one time in approximately the past six years, 95 (54.0%) were residents of Hartford.

Table 17

"Churners": Greater Hartford Residents released EOS from Hartford Correctional Center in 2016 with prior EOS releases within the past three or six years by Town of Residence

	Total # Individuals Released		Individuals released EOS more than one time between 1/1/2013 and 12/31/2016		Released EOS more than one time between 1/1/2010 and 12/31/2016	
Resident Town	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Avon	3	.8	1	.8	2	1.1
Bloomfield	14	3.7	6	4.7	9	5.1
Bolton	1	.3	0	0	0	0
East Hartford	46	12.3	17	13.4	21	11.9
East Windsor	2	.5	0	0	0	0
Ellington	7	1.9	2	1.6	2	1.1
Enfield	21	5.6	4	3.1	6	3.4
Farmington	1	.3	0	0	0	0
Glastonbury	3	.8	2	1.6	2	1.1
Hartford	176	47.1	68	53.5	95	54.0
Manchester	36	9.6	9	7.1	12	6.8
Marlborough	3	.8	0	0	0	0
Newington	7	1.9	2	1.6	3	1.7
Rocky Hill	7	1.9	1	.8	1	.6
Simsbury	1	.3	1	.8	1	.6
Somers	1	.3	1	.8	1	.6
South Windsor	7	1.9	2	1.6	1	.6
Tolland	3	.8	.8	.8	2	1.1
Vernon	11	2.9	2.4	2.4	2	1.1
West Hartford	5	1.3	1.6	1.6	5	2.8
Wethersfield	8	2.1	3.1	3.1	3	1.7
Windsor	10	2.7	.8	.8	6	3.4
Windsor Locks	1	.3	0	0	3	1.7
Total	374	100.0	127.0	100.0	176.0	100.0

N. Demographics of Greater Hartford Residents Released EOS in 2016 from Hartford Correctional Center

All of the individuals who were released EOS from HCC in 2016 were male (n=374) (this facility is for males only), and a majority were in the age range of 25-53 (80.7%). Individuals from Greater Hartford who were released EOS from HCC had a range of TPAI risk scores from a low of 1 to a high of 9, with about one-third of valid percent falling into the low risk range (scores between 1 and 4), about one-third falling in the medium-low risk range (scores of 5 or 6), and about one-third falling in the medium to high or high-risk range (7 or above).

Table 18

Age Breakdown of Individuals Released EOS from HCC in 2016

Age Group	Frequency	Valid Percent	Cumulative Percent
18-24	30	8.0	8.0
25-38	177	47.3	55.3
39-53	125	33.4	88.8
54-68	42	11.2	100.0
Total	374	100.0	

Table 19

TPAI Scores of Individuals Released EOS from HCC in 2016

TPAI Score	Frequency	Percent	Valid Percent
1	15	4.0	4.5
2	8	2.1	2.4
3	44	11.8	13.1
4	40	10.7	11.9
5	50	13.4	14.9
6	64	17.1	19.0
7	74	19.8	22.0
8	40	10.7	11.9
9	1	.3	.3
Total	336	89.8	100.0
System	38	10.2	
	374	100.0	

III. Findings on the Resource Gaps and Barriers in the Greater Hartford Reentry 'Eco-System'

In order to assess the resource gaps and systemic barriers to reentry in Greater Hartford, we conducted a series of focus groups with returning residents. Five focus groups dispersed throughout the city were held in the month of June in 2017. Three focus groups were held at the I-Best headquarters in the Asylum Hill neighborhood, one at Toivo in the Barry Square neighborhood, and one at Capital Community College in downtown Hartford. Criteria for participation were that individuals had been released from prison or jail within the past three years and resided in Greater Hartford. Participants were given a light meal and $20 for their participation. Many participated without knowing about the small incentive, as this was not emphasized in the recruitment. Four community leaders with prior histories of incarceration collaborated as research assistants in creating the focus group guide, recruiting participants and in facilitating the focus groups.

In total, 48 participants completed a pre-survey prior to taking part in the focus group. A majority of participants were male (85.4%) and either African American/Black (64.6%), Hispanic/Latino (20.8%), or White/Caucasian (10.4%). Participant demographics are provided in the table below. The systemic barriers described in the next section are derived from the experiences of returning residents on their pre-surveys and discussed during the focus groups.

A. Demographic Information of Focus Group Participants, including their Criminal Justice Background and Supervision Status

Table 20

Demographics of Focus Group Participants

	Males	Females	Total
Gender	85.4% (n=41)	14.6% (n=7)	100% (n=48)
Age			
Median	35.0 (n=41)	39.0 (n=7)	36.5 (n=48)
Range	18-56	19-56	
Race/Ethnicity			
African American	65.9% (n=27)	57.1% (n=4)	64.6% (n=31)
Hispanic/Latino	19.5% (n=8)	28.6% (n=1)	20.8% (n=10)
White/Caucasian	9.8% (n=4)	14.3% (n=1)	10.4% (n=5)
West Indian	4.9% (n=2)	0%	4.2% (n=2)
Other	4.8% (n=2)	0%	6.3% (n=3)
missing data	2.4% (n=1)	0%	2.1% (n=1)
Neighborhood			
Central Hartford	2.4% (n=1)	0%	2.1% (n=1)
Asylum Hill/West End	7.3% (n=3)	0%	6.3% (n=3)
Barry Square/Frog Hollow	24.4% (n=10)	57.1% (n=4)	29.2% (n=14)
Blue Hills	26.8% (n=11)	14.3% (n=1)	25.0% (n=12)

North Meadows/Clay Arsenol/North East	12.2% (n=5)	14.3% (n=1)	12.5% (n=6)
South End/South West	2.4% (n=1)	14.3% (n=1)	2.2% (n=2)
Greater Hartford*	20.5% (n=8)	0%	17.4%
missing data	4.9% (n=2)	0% (n=0)	4.2% (n=2)
Felony Conviction			
Has a felony conviction	80.5% (n=33)	71.4% (n=5)	79.2% (n=38)
missing data	4.9% (n=2)		4.2% (n=2)
Federal or State Prison			
State Prison	95.1% (n=39)	100% (n=7)	95.1% (n=1)
Federal Prison	2.4% (n=1)	0%	2.4% (n=1)
missing data	2.4% (n=1)	0%	2.4% (n=1)
Supervision Status			
EOS	34.1% (n=14)	14.3% (n=1)	31.3% (n=15)
Probation	36.6% (n=15)	42.9% (n=3)	37.5% (n=18)
Parole	9.8% (n=4)	28.6% (n=2)	12.5% (n=6)
Special Parole	2.4% (n=1)	14.3% (n=1)	4.2% (n=2)
Furlough	0%	0%	0%
Halfway Home	19.5% (n=8)	28.6% (n=2)	20.8% (n=10)
US. Citizenship			
Yes	85.4% (n=35)	100% (n=7)	87.5% (n=42)
No	2.4% (n=1)	0%	2.1% (n=1)
missing data	12.2% (n=5)	0%	2.1% (n=1)
Children			
Yes	46.3% (n=19)	71.4% (n=5)	50% (n=24)
No	39% (n=16)	28.6% (n=2)	37.5% (n=18)
missing data	14.6% (n=6)		12.5% (n=6)
Median Age of First Arrest	17	17	17
Times Reentering			
0	9.8% (n=4)	28.6% (n=0)	12.5% (n=6)
1-2	34.2% (n=14)	57.2% (n=4)	37.6% (n=18)
3 or more	32.6% (n=13)	0%	35.1% (n=13)
missing data	24.2% (n=10)	14.3% (n=1)	22.9% (n=11)

*Greater Hartford Towns represented: Bloomfield (n=3), Bristol (n=2), East Granby (n=1), East Hartford (n=1), Weathersfield (n=1)

B. Returning Residents Definition of Reentry

As a collective activity, the focus group participants were asked to discuss whether or not they agree with the statement, "My reentry began at the time of my arrest." Then they divided into two groups for those who agreed and those who did not. In most cases the participants were about equally divided between those who agreed with the statement and those who did not. Reasons for agreeing generally were because they felt that being arrested was when they first realized they needed to make a change in their life. One returning resident with addiction issues expressed the view that being arrested and going to prison had saved his life. Those who disagreed, typically either felt that they were wrongly accused, were not ready to admit that they had done something wrong until after they had been sentenced, or did not start planning for their reentry until they knew that they were going to be released.

Next, each subgroup (agreed and disagreed groups) discussed their definitions for reentry and then the reconvened to try to come up with a single definition for reentry for the entire group. The final definitions for each of the focus groups were as follows:

- Fresh start, fresh mind, joining, reentering community and getting on your feet, new opportunities, clean slate.
- Staying focused on goals, set for self-evaluation, being given a second chance.
- Reentry is the process of change, which rebuilds trust, family, life choices and justice.
- Reentry is restoring oneself, overcoming challenges and fears to start from scratch, and taking back control of your life to be independent.
- Getting your life together.

C. Reentry While in Prison

> *"I think the program needs to start while you are incarcerated. I think that's the best possible way to get people ready for reentry into society…By the time you got out, you dealing with a whole different set of emotions and other problems and you have a whole bunch of other opportunities coming at you. While you are in jail, you have time to put a plan together, a real good plan." Returning resident from Hartford*

In all five focus groups conducted with returning residents from Greater Hartford, a commonly expressed view was that they wanted more opportunities while in prison to receive reentry programming to teach them the life skills necessary to be law-abiding citizens and to help them regain control over their lives through drug treatment and other types of programs.

Several returning residents acknowledged that when they first went to prison they lacked the basic skills and understanding of the law required to live a crime-free life. For example, one man stated that as a teen, he did not even know that a license was legally required to drive a car. One returning resident who was incarcerated for over 30 years mentioned that within his prison he had advocated for there to be a requirement that inmates without a high school diploma receive educational programming towards their GED while incarcerated. (The widespread need for remedial education is also reflected in the TPAI scores for Greater Hartford residents).

One participant expressed the view that the risk and needs assessment they received in prison was intended mainly to determine their level of supervision, rather than their rehabilitation needs. Another similarly felt that the programming was mostly a way to kill time while in prison. As he commented, "When you get a sentence, you go to Walker, they look to you what you need…and they try to put together a program which is mostly BS. It's basically just you are going to kill your time while you are incarcerated. Most of it is just normal. It's just keeping yourself busy."

However, those who received treatment in prison for drug addiction all seemed to find that it benefited them. As one man said, the Osborn drug program was "one thing the DOC did right." He noted, "I don't commit crimes when I don't do drugs." Several returning citizens noted that while they had tried to get substance use treatment and other programming in jail, they were unable to access the program because of long wait lists. Another agreed and also observed that "there were hundreds of people on the waitlist for the program." Similarly, a participant explained, "Lots of people want to do it [substance use program], but no space and funding."

D. Pre-Release Planning

> *"There are certain programs I got wind of through other inmates. A counselor didn't tell me about the program…It seems that the counselor does not know about the programs, or know who to give the information to." Returning resident from Greater Hartford*

Participants in the focus groups were asked whether or not prior to their release from prison they were provided with information on where to go for the services that they needed. They were given four different response options to choose from. Of the forty participants that responded to this question, half (50%) reported that a counselor met with them and gave them helpful information. Only 10% reported that they were given a booklet with information. Almost a quarter (22.5%) reported that they were instructed to call 211. And 37.5% reported that they were not provided with any information or assistance prior to their release.

Table 21

Survey responses to Question about Pre-Release Planning in Prison or Jail

Survey Question: Prior to your release from prison, were you provided with information on where to go for the services you needed? (n=40)	
Response Items	**% (n) of participants selecting each item**
Yes, a counselor met with me and gave me helpful information	50.0% (n= 20)
Yes, I was given a booklet with information	10.0% (n=4)
Yes, I was instructed to call 211.	22.5% (n=9)
No, I was not provided any information or assistance prior to my release.	37.5% (n=15)

Although DOC assigns all facilities a counselor to assist inmates with pre-release planning, some inmates received more comprehensive pre-release support than others. Returning citizens speculated that this had to do with varying capacities of the facilities. Those inmates who had the opportunity to attend a reentry class felt that the instruction they received and help with paperwork while inside was very helpful in preparing them for their release. But as with other DOC programming, it was noted that these classes are considered a privilege and are not provided to all inmates. One young man explained that because he received a disciplinary infraction for a fight just prior to his release, he was not permitted to attend the reentry class.

E. Types of Assistance Needed Upon Release from Prison or Jail

Participants (n=48) were asked to select the types of assistance they needed from the government or nonprofits upon release from prison. The items that received the most frequent responses in ranked order were as follows:

Table 22

Most Frequently Identified Needs of Returning Residents (n=48)

1)	Food	(81.6%, n=31)
2)	Housing	(68.4%, n=26)
3)	Employment	(65.8%, n=25)
4)	Clothing	(60.5%, n=23)
5)	Healthcare	(60.5%, n=23)

Table 23

Other Needs of Returning Residents (n=48)

Substance Use Relapse	(23.7%, n=9)
Medication	(15.5%, n=6)
Court Fines/fees	(10.5%, n=4)
Family Reunification	(7.9%, n=3)
Child Custody	(7.9%, n=3)
Child Support Payments	(7.9%, n=3)
Other Legal Aid	(2.6%, n=1).

On their pre-surveys, focus group participants were asked if they experienced any barriers to getting the assistance they needed once they had been released. Of those who responded, 52.8% reported that they had experienced barriers to reentry. Seventeen participants described the barriers in an open response field on their pre-surveys. Many of these same barriers were also discussed during the focus groups.

One participant observed with irony how efficient the intake process was for individuals being admitted to prison in comparison with how difficult and slow the process was to get assistance upon reentry.

> You know when you get arrested and they put you to the AP room when you first get there, in about a half-hour time, they have you stripped search, they take photographs of you, they find out if you are in a gang or not, they have an ID for you, a bed roll, you got a housing unit, all in about thirty minutes….Then when you get home, you got to go over here to get an ID, you got over here for this, you got to go over here for that...It's like in thirty minutes they got everything in your life figured out, but as soon as you walk out this door, they got eighteen pass to get what they do in 30 minutes.

In several focus groups, participants expressed the cynical view that the prison administration wanted them to fail in their reentry, so that the prison could continue to make money off of them as a business. In another focus group, a participant described the experience of being dropped off upon release as, "they sent me to the meat wagon and court house and cut me loose." Another individual said, "I did twenty years and qualified for no programs because I am not on probation. They didn't even give me a bus pass."

i. Obtaining Information and Referrals to Reentry Services

Focus group participants consistently reported problems upon reentry with not having up-to-date and pertinent information about where to go to receive services. For example, one participant described his

experience with a reentry class at his prison as follows: "Eighteen month before discharge, they come get you, you do this program. Unfortunately, the information they provide is outdated." Another participant likewise stated, "I took the program, although I am incarcerated for a while. This is valuable information. This phone number doesn't exist anymore, these people don't operate anymore."

Most participants were aware of the United Way 211 info line, however they complained about the long wait time for a call back to receive a referral to essential services such as shelter or drug treatment. As one participant remarked, "When you call 211 they give you an appointment a week or two later. What do you do in meantime?" Also, callers typically have limited cell minutes on their phone and thus being put on hold for a long time before speaking with someone or having to wait several days for a callback was a drain on what little resources they had, or they simply could not be reached.

The printed resource guide produced by the United Way in 2016, while appearing very comprehensive, reportedly has outdated information and is difficult to utilize especially for individuals with low literacy. Also, criteria to qualify for the various services are not clearly spelled out. Participants expressed frustration at calling places and reaching only an answering machine, and going out of their way to reach a service provider by phone, or to travel in person to a provider, only to learn that they did not qualify for the program or service being offered. One participant recommended that the resources be centralized. "If I am at Carl Robinson and you are at MacDougall, we should all have the same updated information. So that when he leaves MacDougall comes to Hartford, that information should be the same information when I leave Carl Robinson."

ii. Obtaining Documentation/IDs

On the pre-survey, three of seventeen individuals said that their biggest barrier was getting their ID, driver's license, or getting their paperwork in order. This issue came up repeatedly in the focus groups. At present CT DOC does not issue a State ID card to inmates, as is done in some other states. Proper identification in the form of a state-issued driver's license or photo ID, social security cards, birth or marriage certificate are required to secure housing, open a bank account, be eligible for employment, obtain health and other benefits, and enroll in higher education and other programs. It is common for licenses to expire while a person is incarcerated and returning residents often encountered difficulty in getting the paperwork needed to renew their license or to get a state ID. Several of them noted that they could not afford the fees. Challenges were compounded for individuals still under parole supervision who were from another state and also for individuals who emigrated from other countries. For example, one woman was very upset that she was not able to get an ID. As she explained, "Like, I'm not originally from here, I'm from Illinois, so trying to get my birth certificate without an ID is just a pain in the ass and I can't get an ID without my birth certificate." Another legal immigrant from Nigeria had a similar issue in trying to obtain his birth certificate after his license had expired.

iii. Transportation

Lack of transportation is another widespread issue. Even for those individuals who have a valid driver's license, many were unable to afford a car and car insurance. Public transportation can be difficult to navigate, especially for individuals who have been confined for long periods. Several returning residents described times they ended up taking the wrong bus and having to walk long distances to get to their destination. By way of example, a participant commented, "So, I was in a halfway house and they were like "um, yeah, just get on the bus and go down here...I ended up in Windsor, but they was telling me [to go] Downtown [Hartford]." Non-English speakers and individuals with disabilities were especially likely to find it difficult to utilize public transportation. One Hispanic woman residing at a halfway house said she regularly accompanied another elderly Spanish-speaking woman with a disability on the bus to assist her in getting to her mental health appointments. Some individuals with DUI offenses have had their licenses suspended or revoked or are mandated to purchase breathalyzer equipment for their car in order to drive, which is another expense they may not be able to afford.

Not having access to reliable transportation is a contributor to individuals being remanded or rearrested. For those under community supervision, if they are late to their probation or parole officer meetings or they miss mandated drug treatment sessions, they risk violating the conditions of their release. One participant suggested the reentry center make transportation available for people to attend job trainings and also even to get together with family and friends. His logic was as follows:

> Like a van that could help people out. Kind of like the Uber, but not an Uber, where government funding is paying for everything, the drivers included. I think that would be really important for certain people, especially when you've got a bunch of kids and stuff or friends or whatever the case may be and you don't want to drive an unregistered car or [drive with] no license in the car. You could just be like, 'you know what, I ain't taking that chance. Let me go in here [and]sign up.

Indeed, according to probation data for Greater Hartford, driving with a suspended license was one of the main charges for people violating their probation.

iv. Housing

Six out of the seventeen individuals (35%) who listed barriers on their pre-survey mentioned difficulties with finding a place to live or housing. Housing is essential for an individual's successful reintegration. Those who do not have a stable place to live often find themselves back on the streets. Although staying with friends and family was an option for some, sometimes these environments too were unsafe because of drug use, conflict, or other risky activities. In each of the five focus groups, one or two individuals out of the group acknowledged that they lacked a place to stay when they were released. Some ended up sleeping on the streets, while others found their way to a shelter. One young man who did not have a place to live was on the streets at first until he was able to rekindle a relationship with a former girlfriend in order to have a place to stay. When others in the room snickered at his actions, he

explained, "That's the only way I know, I wasn't going to go to one of my boys like 'I need to go sleep in your house.'" Another man said he slept in back hallways until he was able to reconnect with some old friends.

Federal regulations do not consider a person who is incarcerated or in a halfway home to qualify as homeless, so under the new, centralized 211 shelter intake system individuals who are released have problems getting into shelters. Although special programs exist in CT to tackle veteran homelessness and the CT DOC has set up an agreement with the State Veteran's Home and Hospital to offer beds to discharged veterans, one returning resident said he was living on the streets, under bridges for several months during the winter before he learned that he qualified for veteran's housing assistance.

Even if a person does manage to find a shelter, they generally only provide for a place to sleep at night, forcing individuals back on the streets during daytime hours. Trauma triggers abound in and around shelters, increasing the likelihood that individuals with substance use or mental health problems will find themselves repeating old patterns of behavior that landed them in prison to begin with. Several returning residents said they preferred to sleep on the streets than in a shelter for safety reasons and to avoid the risks of being around other drug users. As one woman explained, "I walk the streets at night. I can't do shelters. The shelters were worse than jail for me. Dirt men be trying to talk to you; it's not a comfortable place to be, bed bugs. Rules; had to be out by the crack of day, and stay out all day.**"** These remarks are consistent with findings in other studies. The Urban Institute cited several studies demonstrating that, "Shelters and welfare residences offer short-term options, but many of these are dangerous and not conducive to clean-and-sober and crime-free living or to medication and treatment adherence."[25]

Housing Status upon Release
Participants were asked if they had a place to live upon release, and if so where? 58.3% (n=28) reported that they had a place to live upon release, whereas 31.3% (n=15) reported that they did not have a place to live. Five participants (10.4%) did not answer this question.

Those who had a place to live, said they either resided with their mother (34.4%), an aunt or uncle (6.3%), or a sister (4.2%). Other responses (one-time mentions) included: father, grandmother, girlfriend, friend, and the Crysalis Center. Nine participants did not describe where they lived.

A total of 12.5% (n=6) reported that their time in prison was lengthened due to their not having a residence to go to upon release. Most 70.8% (n=34) did not report having their time spent in prison lengthened due to not having a residence, however 16.7% of the participants (n=8) did not respond to this question.

Current Living Situation
Regarding the stability of their current living situation, almost half (41.7%, n=20) reported having a stable place to live for at least a year. Also, 20.8% (n=10) reported that they were presently living in a halfway house or sober home. A small percentage of 12.5% (n=6) said that they had a temporary place to live for less than a year. Another 12.5% said that they had an unstable living arrangement with a family member or friend. And 4.2% (n=2) reported that they were living in a shelter, and another 4.2% (n=2) reported that they were likely to be homeless within the next year.

Denied a place to live because of their record
Almost one fifth of the participants, 18.8% (n=9), reported that they had ever been denied a place to live because of their record. Eight participants skipped this question.

[25] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups*. Washington, D.C.: Urban Institute, p.14.

v. Technology and Life Skills

Lack of technological know-how and access to computers or the internet is another common reentry barrier. Many public agencies now expect people to be able to download and fill out forms online. Inmates coming out after long sentences typically struggle to learn the latest technology. Some noted that they were embarrassed to have to ask for help. For example, one man described how he felt about not knowing how to use the new technology and fill out applications on a computer.

> That's the thing for…people who…done a lot of time, just being able to come back to learn all the new technologies. I had to sit down and really watch people fill out the application on the computer, you know, catch on myself because I didn't want to feel stupid; like I ain't know how to do this. So, I sat and observed before I did anything. So, I basically just caught on like that and I know I'm not dumb.

Access to a phone also was a challenge for some inmates. While low-income individuals can qualify for discounted phone service under the Federal Communications Commission LifeLine program, this program only permits one phone per household—so individuals residing in halfway homes, congregate living arrangements, or shelters mostly cannot qualify.

vi. Employment and Educational Opportunities

Almost all of the focus group participants talked about wanting to receive job training and help finding a job. As one returning resident remarked, “A lot of guys in prison or jail, they don’t have any type of trade or skill. They don’t know what to do, but to do the same thing they were doing.” On their pre-survey, fourteen individuals mentioned barriers to getting a job; one participant specifically mentioned being denied jobs due to his felony conviction and another simply mentioned his felony conviction as a barrier to employment. At least two focus group participants had jobs in which they felt they were mistreated by an employer because of their conviction and ending up having to quit in order to avoid a confrontation likely to land them back in prison. One young man discovered that an energy company that employed him upon release was a scam operation, and once he found out he immediately quit the job and called back the people he had enrolled to notify them to cancel their agreements.

Participants greatly appreciated any opportunities they received for job skills and training. One participant explained how helpful it was for him to receive assistance from a staff person on how to conduct himself during a job interview when it came to talking about his criminal background. As he stated:

> I'm 32, man and I came out the same way. I'm like, "damn, what do I say at a job? What do I say to an employer?" You know what I mean? And I met a brother..and…we rehearsed some stuff that I could say to an employer regarding my background, if he ask about my felony or about my past history.

Several other participants in I-Best talked with pride about the value of having received a college degree and certificates in manufacturing. For example, one man said, "I got introduced to this program, the I-Best program and it was like, it changed my life around, like, it was the best thing that could've happened to me. Me and my brother right here, we graduated college. We're now working, you know, manufacturing jobs." Individuals who received job readiness and other employment support from other agencies such as STRIDE, CPA, Salvation Army also were grateful for the assistance. They felt that this opportunity should be made available to more returning residents.

Several participants spoke of wanting to have an assessment process to help direct them to the appropriate job training or employment resources that matched their specific career goals and skills. Another recommendation was that there be a central location where they could go to find out which local employers were willing to work with ex-offenders and to find job openings. A few also described needing assistance to enroll in a local community college and apply for financial aid. Also, returning residents in several groups talked about the need to educate employers about the benefits of hiring returning residents and helping them to understand the realities individuals face upon release, so employers may be more understanding of their situation until they had a chance to get back on their feet.

vii. Basic Needs, Finances and Benefits

Many of the participants said that they struggled just to acquire basic articles of clothing and to have enough food to eat after they were released. For example, one man remarked, "A lot of people come out, they don't got nothing; socks they don't got nothing." And another man talked about people needing food and help signing up for food stamps.

> A lot of people don't even have lunch, so you know…so if you had that person that can just direct you and assist you, help you with something as small as that, like everyone needs to eat. Everyone wants some food stamps, especially if you're coming home from jail and don't have it, but no one knows where to go, no one knows how to get it.

The participants in the I-Best program were very grateful for the stipends they received while in the program. The $100 weekly payments helped them pay for basic essentials while they were in the job training. Also, many of them faced pressure from family members to contribute as soon as they are released. An issue several of the men experienced was that family members had unrealistic expectations of their ability to step into the role of provider immediately upon release. This put pressure on them and also forced them to prioritize making money over other needs they might have for recovery, education, or mental health services[26]. One individual who took part in the focus group,

[26] In Connecticut, convicted drug felons are eligible for welfare benefits such as cash, medical, nutrition, and heating assistance if they are otherwise eligible. But convicted drug felons under Temporary Family Assistance, the program that provides cash assistance to families, cannot receive benefits unless they (1) have completed a court-imposed sentence, (2) are serving a probation period, or (3) are participating in a mandatory substance abuse treatment or drug testing program.

who was not a citizen, remarked that his biggest barrier was that he was unable to qualify for food stamps or cash assistance.

viii. Help Managing Finances and Bills

Wanting to make money to have food, shelter and provide for their family, were some of the most common reasons why the men said they resorted to selling drugs and other crimes. For example, one man commented, "A lot of people coming out they want to sell drugs again, they need some form of life, they need to live, they got to feed their kids, pay rent, so what does that lead, people getting back into trouble, going back to jail again." Several returning residents mentioned that they struggled to pay off financial obligations, such as child support payments and other court fines and fees, immediately upon their return to the community.

Pertaining to finances, one focus group participant said that he felt that he needed help with managing his finances and hope that the Center could provide a financial planning workshop. As he said, "Yeah, that's another thing, we need financial guidance, man. I can't save money for nothing. As soon as I get it, it's like my bad habits, I spend it. Even if I have to give it away, I got to get rid of it. I think there should be a program to teach you how to save your money." He also spoke of food being used as a reward in prison, and of wanting not to over-indulge in food after he got home, as an analogy for why he needed assistance with managing his money more wisely. Another returning resident who was facilitating the meeting remarked, "I'm a recovering drug dealer, doesn't know how to budget paycheck at times, but still learning." In this same focus group participants described not trusting the bank with their money. The reason for this were the fees that the banks charged to maintain an account.

ix. Halfway Home

Returning residents had mixed experiences with the halfway houses. Some felt that if it were not for the recovery support they received from the halfway house they would have returned to their old ways. Others felt that the halfway house placed too many restrictions on them, especially when it came to family visits. One young man explained that his father lived nearby the halfway house and was a positive source of social support, yet he was denied visits with his father because his father had been arrested too. On the pre-survey, two individuals mentioned other constraints they encountered while being in a halfway house. One said that the halfway house makes it difficult to schedule appointments for job interviews and to get information on job leads. Another felt that the halfway house did not provide her with timely assistance in finding housing.

Another issue that was mentioned by one of the program staff was that halfway houses garner a percentage of the wages earned by the returning residents once they are released, and even the small $100 stipend they received from I-Best was income that they had to report. It had to be explained by staff, that it is a federal requirement that a certain portion of their earnings be garnered in the payment of court-ordered debts, including supervision fees, court costs, victim restitution, and child support.

x. Mental Health and Addiction Services

Three individuals mentioned staying sober or drug recovery as their biggest barrier. Long wait times to enroll in outpatient substance abuse treatment programs were mentioned as a barrier to successful reentry. If treatment programs were available, especially ones that provide supportive housing and other wrap-around services, individuals struggling with addiction issues said that they would want to access these services. Those who were receiving substance abuse counseling all seemed to appreciate it, and many wished that these services had been more readily available to them while they were incarcerated as well.

A few individuals mentioned the need for mental health services. One explained how the prison experience itself was traumatic for him.

> With mental health, just being incarcerated for a certain period of time. They say that you got mental health problems, you know what I mean. But me, personally, just being in there -- nothing bad, just being away from your family -- that stuff leads to like, you know what I mean, just want to be alone and have the awful thoughts.

Participants in at least one focus group seemed to be uncomfortable with discussing mental health issues, as was evident when men on the side snickered after one of the men mentioned mental health as one of the building blocks for reentry. When asked by the facilitator about their response, a participant indicated that he understood the term to refer to people who were either "mentally retarded" or "crazy." But, when mental health was explained in broader terms by the facilitator, he acknowledged the need for mental health services for helping people cope with the prison experience. As he explained:

> I think it's [the laughter] a mechanism, too. I mean that's like with rejection. If somebody rejects you, you kind of laugh it off. It's like it doesn't affect you, but you know it [the prison experience] has a change, so this is the way you cope with it. And then when you see other people in that state, it is a sad situation that, you know, kind of life you don't want to be around that and you exclude yourself from it. You kind of laugh about it, but you do have issues yourself, too.

Others in this group seemed to relate to what he said. In response to the discussion that ensued, the facilitator who herself had been in recovery commented, "If you don't feel heard, then how are we going to get treatment if we don't feel heard, or get our needs met." In several of the other focus groups, the participants spoke more openly about the need for therapeutic supports and help with recovery. When asked what the men did to cope with the prison experience, one young man explained that he self-medicated by way of smoked marijuana as a means of coping. Others found sports to be a therapeutic support, along with having the support of family and friends, or their religious faith. While other specific medical or health concerns were not brought up, one participant did mention problems with getting his medication after he was released to a halfway house and noted that a lot of people experience this.

xi. Need for Social Supports

Returning residents repeatedly emphasized the importance of social support in helping them through their transition. For example, one participant stated:

> When we are incarcerated, we are a family. So, when we get home, we go to our other family. And they don't know about being incarcerated. They don't have the same problems that we have. They don't know about the programs that we need. If there's a program that we can come home to that's an extended family, that really understands we are coming from and where we need to go, that would be great. I mean just one place we can go for this support.

In another focus group, a young man explained that it was the lack of social support to begin with that had contributed to his ending up in prison. As he said, "I never had no support. That's the whole point of me going in." Most of the men shared the view that they wanted to have support from others who had been through the experience. Having a sympathetic ear was something the men said that they wanted, "To have the program opportunities, the work skill, the housing opportunities or just somewhere to go where I need someone to talk to who understands my place in society. That would be wonderful." Several expressed the view that only someone else who had been to prison, could fully understand what they were going through. People with higher education degrees may know a lot about the programming, but that did not mean they were the best people to counsel them. As one focus group participant stated, "They should have more people that went through the struggle before the people that they're helping and counseling."

A quarter of FG participants (25%) reported that they had *strong* family support, and almost one fifth reported that they had *very strong* family support (18.8%). However, 8.3% reported that they had *no* family support, and another 10.4% reported that they had *poor* family support. Another 18.8% reported having somewhat strong family support. So altogether, approximately 37.7% of participants were likely to require additional social supports.

Low self-esteem was another issue that was brought up. On their pre-survey, four individuals mentioned internal issues pertaining to how they viewed themselves and their abilities, such as gaining self-confidence, learning how to do regular daily activities, and staying focused and positive (not getting distracted). During the focus groups, several men also expressed issues with feelings of low self-worth or low self-esteem as a result of having been to prison. One man described how the stigma associated with being a drug addict, reflected in the phrase "once a dope-head, always a dope head," made it hard for him to build up his self-esteem. Another man talked about being teased by his friends and feeling regret at not being able to be a better role model for his younger sister.

> And you beat yourself up a lot, because when I came home I was thinking about my little sister, like "damn, like, now they look at me different because I'm the oldest and I've got to set that example. Now they look at me like, "damn, my brother been in jail, so, like, is that the right way to go for me?" And then it's like, your friends look at you different now like, "ughh, jailbird!" like [they] crack little jokes. It's a lot of self-issues and you start looking like, damn.

The feeling of stigma and judgment from others came up repeatedly, as many felt that being labeled a

felon was something of which they were constantly reminded; it seemed that society was not really set up to provide them with a second chance. As one man described,

> As a felon, I am stigmatized, so when I come back to society, when I reenter society, I am not reentering. If I wasn't a felon before I left, when I reenter, now I am felon. So now I have a different stigma. There's no way to remove that stigma in society.

This same man, however, went on to suggest that with the proper supports in the community the label could be used to improve his likelihood of success if others were willing to provide assistance and a second chance for people with felony convictions and if he was willing to put the effort in to change.

xii. Other Barriers to Reentry reported by Returning Citizens and Stakeholders

Other types of challenges the men talked a lot about had to do with the inner process of transformation required to turn their lives around. In discussing the definition of reentry, one returning resident proclaimed:

> Yah, I got something cause I think reentry is also taking back control of your life. You got to take back control of your life. And when you get in trouble or whether you get arrested or you got some sort of drug problem, or whatever your vice is in life. You know, you've actually lost that self-control that you had. Therefore, we try to regain our self-control to run our own lives again. You know what I mean. So, that's the actual goal for me. For me, for me to take back control of my life.

Other men in the group talked about how difficult it was for them to trust others, and many of them expressed a strong need and desire to be able to be self-sufficient. As one man explained, "Sometimes I don't want the help; I want to do things on my own." While the men wanted to be independent, they also recognized that they needed help with their transition, and as one man stated, "A real man knows how to ask for help when he needs it." As noted previously, most of them expressed a great deal of appreciation for the assistance that they had received from halfway houses and programs. However, the men distinguished between some program staff who were genuinely helpful, caring and supportive of them and others who made them feel like they were simply there for the paycheck. As one man said, "Don't turn me into a paycheck."

Another man talked about needing structure in his life, and feeling that without any kind of structure, he would fall back into his old patterns of behavior. Other research has likewise shown that many former prisoners, particularly those who completed lengthy sentences, "have adapted to an environment in which their entire days are planned out and may have difficulty making decisions and managing their free time once on their own"[27]. They may also have unrealistic expectations concerning life on the outside and feel they can subsist without following the conditions of their release. Help with time

[27] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups. Washington, D.C.: Urban Institute, p.14.

management was another skill that was brought up as a barrier to reentry.

F. Returning Citizens Recommendations for the Services to be provided at Center

Across the five focus groups, there were many common suggestions for what returning residents said they would like provided at the Center. Everyone seemed to like the idea of a 'one-stop shop' to make it easier for them to acquire an ID, enroll in certain essential programs and services, get job training, and information. Below is a list of what the focus group participants said that they would like provided at the Center.

Employment
Job readiness (e.g. help with resumes), training and placement
Job fairs
Skill training and Certificates for trades jobs
Job Bank.
Have a relationship with Temp agencies.
Vocational training (trades and new skills)

Basic Needs and Amenities
Food/Stipends
Clothing
Stuff for your kids
Computers (Computer room)
Internet Access
Phones

Housing
Assistance getting into a shelter
Help finding stable housing
A comfortable and safe place to seek shelter during the day, without a membership fee (like a YMCA, but without the fees)

Education and Skills
Assistance in applying for financial aid
Financial literacy
Time management, goal setting, and focus
Guidance and Support to adhere to the conditions of their release

Identification
Licensed to produce City IDs
Help getting driver's license

Transportation
Bus passes

Uber-like service for getting to job fairs or job interviews, and for getting connected with family.

Social Services/Pro-Social Supports
Anger management assistance
Domestic Violence counseling
Social Support/Mentors (i.e., buddy system, People to talk to)
Counseling/therapy
Support groups
Provide some sort of structure/consistency/daily routine

Health and Wellness
Mental Health services
Having a list of physicians who are accessible
Help with getting medication
Sports

G. Other Recommendations for the Center
Other recommendations that came out of the focus group discussions pertaining to the overall operations of the Center were as follows:

- *Timeliness and Accessibility*
  To succeed in meeting the immediate needs of people newly released from prison, social services must deliver the supports that the individuals and their families need, when they need them most urgently. Timeliness is critical because we know that individuals who are released from prison are at very high risk of returning to prison in just the first few weeks that they are released and also at risk of other harms to their mental and physical health.
- *Information on Reentry Providers and Services Needs to be Current, Complete, and Easily Accessible*
- *Provide Tangible Benefits.*
  People have to know about the services and also want to use them. They likely won't utilize the service unless tangible benefits are provided because they are struggling simply to have their immediate survival needs met.
- *Provide a Safe Community Space, which Merits Trust*
  One way to provide a safe space is to provide community-building activities to help bridge social divisions such as interactive games or community meals.
- *The Physical Environment is Safe and Secure*
  It should have lots of cameras, where people can gather, but also have security, and they can feel safe to bring their children.
- *Good Communication, Transparency and Accountability*
  Having good communication and being responsible in following-through with commitments on the part of the staff is important to those receiving services at the Center.

- *Staff Qualifications*

  Awareness--being aware that the people that are coming here are trying to succeed in society and not relapse and/or return to prison.

  Trustworthiness----should be able to talk to returning residents with respect, be consistent and reliable.

  Positivity–believes in the potential for change of returning residents and has a hopeful outlook on life; models positive thinking.

  Empathy--Somebody that understand returning residents, who has had similar experiences, and is from a similar background (generally someone without a higher education degree).

  Genuine Caring---treats everyone with respect, caring, compassion, and love.

H. Conclusion Regarding Focus Group Findings with Returning Residents

In sum, the focus groups findings demonstrate that returning residents in Greater Hartford struggle to have their basic needs met for food, shelter, clothing and to acquire the means necessary to be self-sufficient through gainful employment. Participants expressed a genuine desire to make changes in their lives and to avoid old patterns of destructive or harmful behavior. They welcome genuine support and want more access to treatment programs, and also to have support from others who had gone through similar experiences of having been incarcerated. Their enthusiasm about the idea of a reentry center demonstrated that: "Contrary to prevailing stereotypes about ex-offenders, many desire a life free of crime, provided a clear and feasible path to doing so is made available."[28] At the end of each focus group, the returning residents said that the dialogue and discussion about establishing a reentry center for Greater Hartford had given them hope that more will be done to support them. Without prompting, after every group, several individuals expressed a desire to volunteer their time to help out at the Center so as to assist others who are newly released.

i. Limitations

It is important to note that this planning process mostly reflected the needs of the majority population of returning residents in Greater Hartford who are adult males. Although the focus groups included several young adults, women, immigrants and at least one transgender person, the particular needs of these populations of returning residents were not specifically examined. In the future, further research should examine the distinct needs of each subpopulation. Furthermore, although we did have representation of individuals who were released from a prison or jail at the end of their sentence, most participants were still under some form of community supervision. It was difficult to recruit individuals for the focus groups who were released at the end of their sentence, due in part to the stigma which made it socially unacceptable to randomly ask individuals if they have ever been to prison. Hence most participants were recruited from some form of reentry programming, or were referred to the program through a halfway house or parole officer. When we recruited participants from a nearby park and

[28] In testimony before the House CJS Committee in March, George T. McDonald, founder and president of The Doe Fund, a non-profit that provides transitional work program.

shelter, some did not end up meeting the criteria of being released in the past three years and only about two-thirds actually participated in the discussion. Others appeared to be nodding off from lack of sleep, food, or from coming down off of a high. These issues are not insurmountable, but the timeframe and budget did not allow us to recruit additional EOS participants for this phase of the planning process.

I. Greater Hartford Reentry Council Stakeholder Feedback on Gaps in Resources and Systemic Changes that are Needed

A SWOT analysis (Strengths, Weaknesses, Opportunities Threats) was conducted with the Greater Hartford Reentry Council members at a meeting in July 2017. The members broke into small groups and discussed areas of improvement for the reentry system in Greater Hartford.

A widespread view expressed by returning citizens, government officials, and reentry practitioners is that our system for reentry in Greater Hartford is broken. While there are many agencies and providers delivering much-needed services to returning citizens, one of the most common concerns is that they tend to work in silos. Another concern is that programs lack transparency, independent oversight and accountability. Furthermore, many programs are underfunded to meet the high level of need.

Poor coordination among providers of services for the reentry population is the most common complaint. To the best of our knowledge, over the past ten years or more the City and region has not engaged in a comprehensive strategic planning process for its reentry eco-system as a whole. Most local reentry planning efforts in Greater Hartford to date have occurred in a piece meal fashion to establish specific programs. On the flip side, some of the most effective programs have involved close collaboration between state agencies and local nonprofits such as DOC, CSSD, DMHAS, DSS, the police and community-based organizations and universities.

Returning citizens noted that their ability to access resources was often hampered by not knowing about the available resources and/or by overly stringent criteria to qualify. They also complained of long wait times to receive services and many seemingly pointless bureaucratic barriers, often due to federal or state restrictions. From the provider perspective, it was noted that many providers lack the capacity needed to serve the level of need of the population, and/or have difficulty meeting their enrollment numbers due to stringent criteria for acceptance and limited funds for marketing and outreach to the population they aim to serve.

Understandably, many reentry initiatives have targeted the highest risk individuals who pose the greatest public safety risk. Use of risk assessments is widely recognized to be a best practice in reentry and an efficient way to make use of limited resources. However, this also means that some individuals who are classified as low to medium risk are falling through the cracks of the reentry system—churning back into the criminal justice system until over time they too eventually may end up as higher risk.

Connecticut's leadership under Governor Malloy and DOC Commissioner Semple have displayed a strong commitment to bringing about a 'Second Chance' society,' and this is perceived as a strength of

the reentry eco-system. However, as a result of the last several years of fiscal woes at the state and municipal levels, the reentry system in Greater Hartford is in danger of further collapse. One statewide reentry organization in Hartford, Families in Crisis, recently closed its doors due to not being able to withstand the latest round of funding cuts. They were a key resource in providing transportation to and from prison for family visits and parenting programs. The STRIDE program based at Quinebaug Valley Community University, which helped navigate individuals from prison, also had to close its doors temporarily due to delays in passage of the state budget. As this plan is being written, more budget cuts are looming and the City of Hartford itself is at risk of bankruptcy. Despite the gloomy fiscal outlook, key stakeholders involved in this planning process displayed a strong sense of purpose in pursuing the vision of establishing a reentry center for Greater Hartford to help create a stronger and better-coordinated reentry system for our region.

Another aspect of our broken reentry system in the Greater Hartford region is that there is limited involvement/participation of the private sector. While an increasing number of corporations and small businesses have embraced the idea of second chances, anecdotal evidence suggests that many have not followed through in terms of their actual hiring practices. The restaurant sector has been one of the largest employers of formerly incarcerated individuals, yet many other sectors in Connecticut such as insurance, finance, information technology, defense, home health care industries have policy restrictions that prevent individuals with felony records from being hired. Many vocational licenses continue to have restrictions for individuals with felony convictions[29]. Hence some reentry job training programs, while highly valuable, have had limited success in actually placing people in gainful employment in fields for which they were trained. For example, at Kathy Malloy's Reimagining Justice Conference in 2017, one returning resident spoke about his experience with being trained as a home health aide while in prison, but then being told he could not be hired as a home health aide due to his felony conviction after his release. While providing subsidies to employers can incentivize hiring of people with felony convictions, once the subsidy period runs out, employers are not obligated to maintain those employees.

A list of the recommendations that came out of the SWOT analysis is provided below. For more details on specific activities that were proposed by reentry stakeholders from GHREC, see the SWOT analysis summary in the Appendix.

1. Sustain and strengthen CT's Second Chance legislation and increase appropriations in support of reentry.
2. Advocate for federal legislation in support of second chances.
3. Increase employment opportunities for returning citizens for living wage and long-term employment.
4. Increase housing access for individuals reentering to Hartford.
5. Increase timely access to substance use services.

[29] Connecticut restricts 30 occupational and professional licenses and certificates from people convicted of felonies, according to the Alliance for a Just Society, a left-leaning network of not-for-profits. As reported in Ricks, Markeshia. Next "Second Chance Target": Hair. (March 28, 2017) New Haven Independent. Retrieved on October 2, 2017 from http://www.newhavenindependent.org/index.php/archives/entry/barber_licenses/.

6. Increase training in evidence-based, trauma-informed treatment models among substance use, mental health, and reentry providers.
7. Increase educational opportunities inside prison.
8. Educate the public about mass incarceration (to influence policy, increase fundraising, volunteerism and strengthen community support).
9. Increase access to transportation.
10. Increase availability of gender-specific reentry & recovery programs in community.
11. Improve pre-release reentry planning with DOC.
12. Improve navigation from within to without.
13. Strengthen collaboration between DOC and community-based agencies.
14. Increase coordination and collaboration statewide with the goal of increased efficiency and reduced costs.
15. Make criminal justice reform innovation efforts and decision-making more inclusive of those individuals and communities most impacted.
16. Pursue diversified funding sources for reentry.

Following this initial planning phase for the Center, DRC plans to work with GHREC to prioritize four of five of these areas for concerted action, in partnership with other local advocates for policy reform, including members of the state legislature and Hartford City Council.

IV. Best Practices for Establishing the Greater Hartford Reentry Center

This section attempts to answer the question: "what are the recommended best practices for the CT Department of Correction, City of Hartford and Community Agencies course of action for a *more effective coordination* and *support* for returning citizens?"

Most reentry centers nationally, at the county or city-level, have involved cross-sector planning and complex partnership arrangements with correctional facilities, government agencies as well as community-based organizations so as to better coordinate services and lower recidivism rates. However, there is not a one-size-fits-all approach to the best method of coordinating reentry services that applies to all contexts. Because the population of individuals who have been to prison or jail is so large and their needs tend to be so great, reentry centers often end up housing programs that target a select subpopulation of returning residents, focusing in on a narrow set of one or two short-term outcomes (e.g. job training, job placement, or housing assistance, or healthcare access and insurance enrollment), with recidivism reduction being the ultimate goal. Also, many reentry centers are built around existing reentry programs, coalitions, and partnerships in that specific region, so as to build on what is working and not reinvent the wheel. For both political and fiscal realities, this makes a lot of sense.

This section is by no means intended to be a comprehensive list of best-practices for reentry, but rather an overview of some of the core elements of effective reentry and release planning, navigation, and cross-sector coordination demonstrated to achieve recidivism reduction results in other states. The areas highlighted also were selected because they pertain to core areas for potential improvement in CT's reentry eco-system identified by returning residents, reentry stakeholders, and advisors during the planning process.

A. Reentry Planning and Programming in Prison and Jail

Correctional officials widely hold the view that: "Offender reentry begins *at the point of entry* into the corrections system. And an effective pre-release process should occur well before offenders transition from custody to community and reintegrate into their new lives.[30]" Returning residents from Greater Hartford also expressed this perspective. A best practice of corrections institutions is for offenders to develop *individualized treatment plans* upon incarceration, in consultation with mental health, social

[30] Corrections Corporation of America Research Institute. (no date) *Corrections Corporation of America on Pre-Release and Reentry Services.* White paper. Retrieved August 1, 2017 from: https://ccamericastorage.blob.core.windows.net/media/Default/documents/CCA-Resource-Center/09-0910-ResearchInstitute-WhitePaper.pdf

services, health services, security and administrative staff. This is already being done by CT DOC using their assessment protocol and the Treatment Programming and Assessment Instrument.

Research supports the benefits to public safety of delivering programming in prison as measured by recidivism reduction outcomes. For example, a Rand Corporation meta-analysis study found that individuals who had completed correctional education programs were 43% less likely to reoffend and 13% were more likely to secure employment compared to those who did not participate in these programs.[31] A study of CT DOC's Tier Substance Abuse Treatment Program found that 32.5% who attended the Tier Program were re-arrested within one year of release compared to 45.9% who did not attend the program[32]. Other research has shown that inmates who participated in vocational or occupational training in prison were 33% less likely to recidivate. [33] Best practice research also tells us that reentry programs should be evidence-based. For example, cognitive behavioral therapy is a recommended evidence-based treatment for addressing 'criminogenic thought patterns' exhibited by many medium-to-high risk offenders.

According to the Council of State Government Justice Center 2017 national 'snapshot' on reentry, "A significant gap still exists between recidivism-reduction science and routine policy and procedure. But states and localities are increasingly translating current recidivism-reduction research into practice." [34] While many of CT DOC program offerings are evidence-informed, only some qualify as evidence-based[35]. The Connecticut Sentencing Commission Recidivism Reduction Task Force put forth a compendium of evidence-based programs for recidivism reduction, which is a useful resource for the DOC and the Reentry Center for making referrals, or provision of programming[36].

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[31] Lois M. Davis, Bozick, R., Steele, J.L., Saunders, J., Miles, J. (2013) Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults. Santa Monica, California: The RAND Corporation. retrieved July 10, 2017 from https://www.bja.gov/publications/rand_correctional-education-meta-analysis.pdf.

[32] *Substance Abuse Treatment for Connecticut Prisoners Reduces Rearrest Rates and Is Cost Effective* (2006) Program Results Report. Robert Wood Johnson Foundation, Retrieved August 1, 2017 from https://www.rwjf.org/content/dam/farm/reports/program_results_reports/2006/rwjf68831

[33] Lappin, Harley G., "Statement of Harley G. Lappin, Director, Federal Bureau of Prisons, before the Subcommittee on Commerce, Justice, Science and Related Agencies," Committee on Appropriations, U.S. House of Representatives, March 10, 2009. Retrieved June 1, 2017 from http://appropriations.house.gov/Witness_testimony/CJS/harley_lappin_03_10_09.pdf

[34] *Making People's Transition from Prison and Jail to the Community Safe and Successful: A Snapshot on National Progress in Reentry* (2017). New York: Council of State Governments Justice Center, p. 7.

[35] Personal communication Karl Lewis, DOC Director of Programs and Treatment Division

[36] Connecticut Sentencing Commission, Recidivism Reduction Committee. (n.d.) *Evidence-Based Reentry Initiatives: A Guide to Strengthening Positive Social Relationships*. Retrieved on July 10, 2017 from http://www.ct.gov/ctsc/lib/ctsc/reentry_doc_current_draft_9_15_12_SRLH.pdf

B. Ingredients of Post-Release Success

Most returning residents are in need of multiple wraparound social services to simply begin the process of reentry. Essential services which they most commonly need include shelter or housing assistance, mental health and substance abuse treatment, educational programming, job training and placement, and medical care. According to the Urban Institute[37], offenders returning to the community must have 8 ingredients to achieve successful reintegration represented in the chart below.

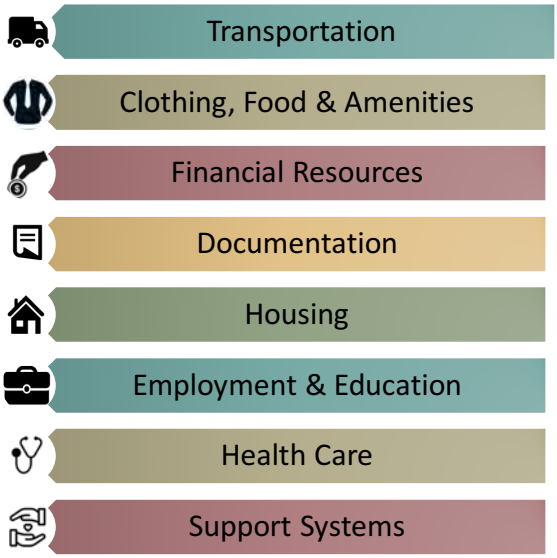

Figure 14. Ingredients for Successful Reintegration[1]

The Re-Entry Policy Council[38] states that providing immediate post-release programming is critically important for reducing recidivism. They cite research showing that the level of supervision and support that a person needs are the highest in the first month following release. This is also a risky time for drug overdose deaths to occur[39]. A study of inmates from Washington State found that the adjusted relative risk of death within the first two weeks after release was 12.7 times higher than that among other state residents (95% CI, 9.2 to 17.4). Another study of Medicare beneficiaries found that released inmates had a 2.5-times higher odds of being hospitalized in the first week of being released and had a two-times higher odds of dying thirty days after release compared with the control group[40].

Our focus groups identified many areas where returning residents were struggling to acquire the key ingredients of success. Ideally, a more comprehensive needs and resource gaps study could assess where there are gaps in services and needs in Greater Hartford. This would best be accomplished using a collective impact approach, working with key provider partners in the region and also representatives of other state agencies besides criminal justice, such as the CT State Department of Social Services,

[37] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups*. Washington, D.C.: Urban Institute, p. 2. Retrieved on July 1, 2017 from https://www.ncjrs.gov/pdffiles1/bja/222041.pdf

[38] Re-entry Policy Council & Council of State Governments. (2005). *Report of the re-entry policy council: Charting the safe and successful return of prisoners to the community*. Washington, D.C.: Council of State Governments, p.55.

[39] Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. *Addiction Science & Clinical Practice*, *7*(1), 3. http://doi.org/10.1186/1940-0640-7-3

[40] Wang, E. A., Wang, Y., & Krumholz, H. M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. *JAMA internal medicine*, *173*(17), 1621-1628.

Department of Mental Health and Addiction Services, and the Connecticut/US Department of Housing and Urban Development. Agency policies that place restrictions on returning residents accessing these basic requirements for post-release success in Connecticut should be reexamined, and removed wherever possible, without jeopardizing public safety. A sentence to a term in prison should not be a sentence for life—simply due to having been labeled a felon. Furthermore, creative means of addressing these needs could include entrepreneurial social enterprise ventures or other forms of business cooperatives that help returning residents become self-sufficient so as to be able to provide for themselves and their families, and not to be solely dependent on government assistance or philanthropy. The Delancy Street model[41] is a well-known example of this type of entrepreneurial approach, elements of which could potentially be replicated with assistance/or as an outgrowth of a reentry center of Greater Hartford.

C. Pre-Release Planning and Navigation from within the Prison (aka "in-reach" efforts)

Research shows that investment in pre-release planning in prisons and jails increases the likelihood of successful reentry. Ideally, each prison facility has dedicated reentry staff such as a reentry coordinator, discharge planner, case managers, social workers, a benefits specialist, and employment specialists. Smaller facilities may not have the resources to hire a full-time reentry coordinator. However, it is important for someone to be assigned the responsibility of overseeing reentry for a facility. One possible way to overcome resource limitations for pre-release planning within some Connecticut facilities, recommended by the Jail Administrator's Toolkit, "is using community-based service providers and volunteers to help offset the workload and share the responsibilities of implementing reentry strategies."[42]

Release planning can be arranged anywhere from a year to as little as one week prior to release. Planning activities usually increase as the day of release gets closer. Timing depends upon factors such as: the availability of resources, the relationship between corrections and social services, and the extent to which the DOC can predict the inmate's release date. The availability and duration of reentry release planning for individuals detained in jail is typically much more limited than in prisons. This has to do with the shorter sentences and the difficulty of predicting release dates for those awaiting trial. In fact the CT DOC explains that for those who are accused and unsentenced in jail, "Due to the transient nature of this population, formal release planning may be problematic, as many inmates are released on bond or discharged from court with no prior notice to DOC."[43]

The Urban Institute's specific recommendations for pre-release planning[44] in each of the key areas for

[41] http://www.delanceystreetfoundation.org/

[42] Mellow, J., Mukamal, D. A., LoBuglio, S. F., Solomon, A. L., & Osborne, J. W. (2008). *The jail administrator's toolkit for reentry*. Washington, DC: Urban Institute.

[43] *State of Connecticut Department of Correction Offender Management Plan Corrections to the Community*. Retrieved July 10, 2017 from http://www.ct.gov/doc/lib/doc/pdf/offendermanagementplan.pdf

[44] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for*

post-release success are summarized in an appendix of the report. They also provide an assessment tool that could be used by CT DOC to determine the quality of pre-release planning at each facility and to establish benchmarks for improvements. As they recommend, release activities for *every* inmate should include, at a minimum, an *individualized pre-release risk and needs assessment* and a *written release/discharge plan*. In addition to covering housing and employment needs, the assessment should also identify medical (substance abuse history and treatment, post-release mental and physical health care, current and future prescription medications), driver's license and other identification, and income and benefits need. The plans should include contact names, phone numbers, and addresses of referrals and resources. The assessment should also identify inmates from Greater Hartford who have the greatest need for services and support after release, who are not being serviced by existing programs, and who could benefit from navigation assistance from staff at the Reentry Center. A national survey of DOC's about their pre-release planning process, which was conducted by the Urban Institute[45], examined the top eight needs that were most commonly assessed by DOCs. These are listed in the figure below.

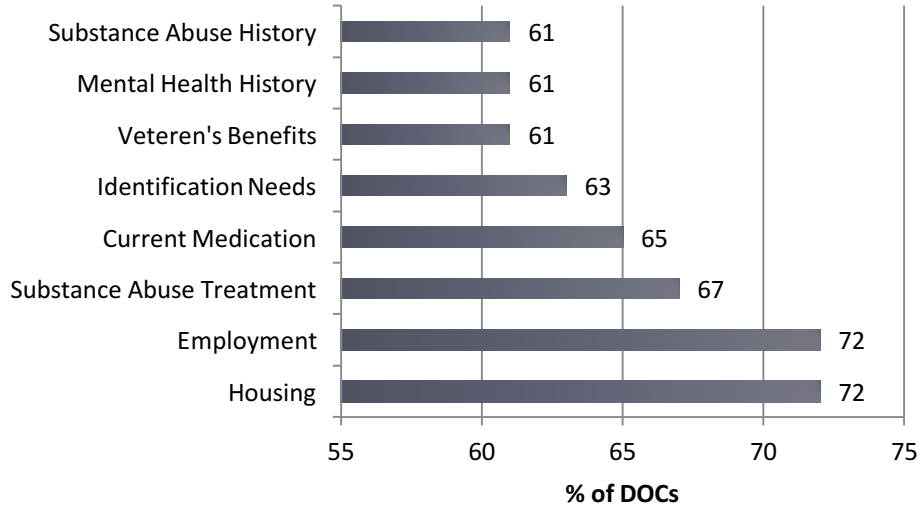

Figure 15. Top Eight Needs Assessed by DOCs Nationally based on Urban Institute survey[46]

Another common practice is to provide inmates with the opportunity to participate in classes specifically for reentry, discharge or pre-release planning. Participants usually take part in these once their release date has been secured. Such classes are usually offered two-three months before release and are

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Corrections, Service Providers, and Community Groups. Washington, D.C.: Urban Institute, p. 2. Retrieved on July 1, 2017 from https://www.ncjrs.gov/pdffiles1/bja/222041.pdf

[45] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups*. Washington, D.C.: Urban Institute, p. 2. Retrieved on July 1, 2017 from https://www.ncjrs.gov/pdffiles1/bja/222041.pdf

[46] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups*. Washington, D.C.: Urban Institute, p. 2. Retrieved on July 1, 2017 from https://www.ncjrs.gov/pdffiles1/bja/222041.pdf

taught by staff from within the institution or from community-based service providers. Although we did not formally assess the availability of these classes, the general consensus was that more returning residents from Greater Hartford should have the opportunity to participate in these classes. The Reentry Center staff could present information to the existing classes or potentially could arrange to conduct its own classes within the facility as part of "in reach" activities for connecting individuals who are EOS to the Center.

Research shows that success rates increase when individuals who are incarcerated are able to make direct contact ("in-reach efforts) with one or more community-based providers while they are still inside. Ideally, a case manager or outreach worker is able to build a trusting relationship with the inmate before he is released, and then is able to help him/her navigate the process of reentry and maintain continuity of care from within the facility to without. Research shows at least a six-months timeframe prior to release is beneficial for establishing a trusting relationship and for the most effective navigation, although it is understood that this may be very difficult to achieve within a jail setting. The Reentry Center staff will ideally engage in "in-reach" efforts to assist in navigating individuals, especially those who are soon to be released at the end of their sentence and are likely to have a high level of unmet needs when they return to the community.

The best available evidence we have tells us that even for those individuals who receive services within prison or jail, without sustained reentry programming in the community, many who are released will end up returning within the next three years. For example, rigorous research has shown that, "Drug treatment in the community can cost as little as $600 per individual and can reduce reoffending by 9%."[47] In addition to linking individuals to community-based services, the Reentry Center could also assist state agencies such as DMHAS in documenting the level of need for these services and their accessibility for returning residents from Greater Hartford through establishing a data hub (see also recommendations for establishing a data collaborative in sections H & J below).

Pertaining to release planning resources, an updated community service inventory/resource guide should be made readily available by the Reentry Center to release counselors and inmates. The guide should include specific information including, services offered, contact information, days and hours of operation, and admittance criteria in a readily usable format. To be useful, this guide needs to be updated and verified on a regular basis. As the Jail Administrator's Toolkit[48] states, it is important to confirm that the providers listed are all willing to work with returning inmates. "Nothing makes an inmate more frustrated than being sent to an agency that isn't willing or able to work with him or her." This frustration can add to their already vulnerable mental state, and increase the likelihood of landing back in prison or jail. CPA has a reentry resource guide that could be distributed more widely and efforts are underway through GHREC to create a website for returning residents, which could potentially

[47] Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and offenders*, *4*(2), 170-196.

[48] Mellow, J., Mukamal, D. A., LoBuglio, S. F., Solomon, A. L., & Osborne, J. W. (2008). *The jail administrator's toolkit for reentr*y. Washington, DC: Urban Institute, p.28.

become a valuable resource. Having a centralized location where Greater Hartford returning residents can go for information about services will be helpful as well.

D. Use of Validated Risk and Needs Assessments

As extensive research on recidivism has shown, the type and level of services needed upon reentry varies from person to person[49]; some individuals require minimal to no treatment and/or supervision others require extensive supports. In combination with having a case manager/navigator/outreach worker, the most systematic way to tailor services is to use a validated risk and needs assessment tool. Research using the evidence-based 'Risk, Needs, Responsivity model' has shown that when community corrections tailors resources based on a person's measured *risk* to reoffend, treatment *needs*, and his or her motivation, abilities, and learning styles--or what is termed *responsivity* to the services being offered, then reoffending can be reduced by as much as 16%.[50] Conversely, when supervision and services are poorly matched to an individual's needs, the system can reduce their chances of success.

Several validated RNR assessment tools are already being used by CT DOC for community supervision purposes. Specific tools designed to target so-called "criminogenic needs," or those static (unchangeable) and dynamic (changeable) factors that are scientifically proven to predict reoffending, include the SCORES (modeled after the Ohio Risk Assessment Scale or ORAS) and the Women's Risk and Needs Assessment (WARNA) (both these tools are used by CT parole) and also the LSI-R (used by CT Probation).

The Reentry Center is likewise advised to utilize an intake form and a systematic process for efficiently referring individuals to the most appropriate services based on their level of risk, needs, and responsivity factors. Validated assessment tools could also be used by the case management staff at the Center to screen individuals for mental health and other needs, and to identify certain individuals for more intensive case-management services requiring more urgent linkages to services such as shelter, health care, mental health etc. Also, following best practices, effective quality assurance should be put in place, such as testing how well risk and needs assessments are conducted, observing the types of interactions staff are having with people they are serving, and assessing how well programs are being delivered[51].

[49] *Making People's Transition from Prison and Jail to the Community Safe and Successful: A Snapshot on National Progress in Reentry* (2017) Council of State Governments Justice Center, p.6.
[50] Ziedenberg, J. (2014). *Community Corrections Collaborative Network: Safe and smart ways to solve America's correctional challenges*. Washington DC: National Institute of Corrections.
[51] Ziedenberg, J. (2014). *Community Corrections Collaborative Network: Safe and smart ways to solve America's correctional challenges*. Washington DC: National Institute of Corrections, p.22.

Strength-Based Assessments in Reentry Planning

Less commonly used assessments, but equally important for the purposes of developing reentry plans are those that identify a person's assets and strengths. This type of assessment can help returning residents build resiliency traits and social capital as foundations to reach their personal financial, health, wellness, family, social and job/career goals. The Good Lives model[52] is one example of a validated assessment that utilizes a strengths-based or assets-based approach for reentry planning. Aspects of this model might be adapted for use by the Center.

As researchers at the Urban Institute have noted, the field of criminal justice tends to be dominated by negative outcomes, such as violations or revocations of probation, and may thus inadvertently set up a mindset of failure[53] among staff and returning residents alike. Differing from community-based supervision, utilization of the Reentry Center will be voluntary, and thus a positive framework that emphasizes restoration and healing, and where success stories and accomplishments of returning residents are acknowledged and celebrated could motivate returning residents to utilize the Center. During the focus groups, several returning residents were interested in volunteering at the Center, and thus the Center should recognize returning residents for the strengths and assets (not just risk and needs) that they have to offer their community. Providing professional growth opportunities for returning residents who volunteer could also be a step towards their becoming gainfully employed by the Center or by others in the social services or health care sector.

E. Building a System of Social Support for Returning Residents and their Families

Having a community-based support system is necessary to prevent returning residents from violating their conditions of release and/or committing another crime. Without positive social supports to help returning residents feel worthy and accepted back in society, being labeled a criminal can feel like a scarlet letter for life. Research makes it clear that individuals with insufficient social supports and resources, who have a past history of criminal justice involvement, have a high risk of committing a new crime and landing back in prison. As the National Reentry Resource Center states:

> Research and fiscal cost-benefit analyses have shown that punishment alone is not effective in changing behavior, but should be accompanied by evidence-based programming and treatment both before and after release for the greatest impact. And to be most effective at reducing recidivism, programming and treatment should focus on

[52] Purvis, M., Ward, T., & Willis, G. (2011). The Good Lives Model in practice: Offence pathways and case management. *European Journal of Probation*, *3*(2), 4-28.

[53] Mellow, J., Mukamal, D. A., LoBuglio, S. F., Solomon, A. L., & Osborne, J. W. (2008). *The jail administrator's toolkit for reentry*. Washington, DC: Urban Institute.

> changing criminal thinking, increasing prosocial relationships and activities, treating substance use disorders, and ensuring a stable living environment.[54]

Similar to a Functional Family Probation Therapy model, an approach that also engages the family and community in a person's reentry could be adopted by the Reentry Center to build upon the strengths and assets available to that individual[55]. The Center could also engage returning residents with a track record of success as peer mentors to provide pro-social supports for those in need of this connection. Evidence for the effectiveness of this approach is found in the Cure Violence model[56], and in recovery groups for ex-offenders (see also examples of therapeutic support groups in the next section below).

Peer mentoring as a component of reentry is considered a promising practice, in need of further exploration and evaluation[57]. For example, the New York City nonprofit organization Exponents trains peer mentors to help people returning to the community from incarceration. Peer mentors in this program are trained prior to placement, and receive ongoing education, training, and supervision. They provide participants with "education, information, and direct assistance with navigating the complex health and human services systems." Among other programs locally, the CT Judicial Branch, Court Support Services Division in partnership with The Governor's Prevention Partnership have utilized volunteer mentors to support juvenile offenders referred by probation or family support centers and a similar volunteer-based model could be considered for adults as well[58].

As well as facilitating recovery and reducing chances of recidivism, peer supports and mutual self-help groups are considered by SAMHSA's Trauma and Justice Strategic Initiative to be one of six essential components in effective trauma-informed care[59]. Support groups have been used in many reentry initiatives to support returning residents in not only addiction recovery, but also a host of other issues pertaining to their incarceration. For example, one reentry program has organized what they call "*Winners' Circles,"* which are peer-led support groups created to address the unique needs of people who are in recovery from alcohol or other drug addictions and who also have been incarcerated. They offer a "safe, positive, non-judgmental, relaxed places for participants to develop healthy lifestyles,

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[54] *Making People's Transition from Prison and Jail to the Community Safe and Successful: A Snapshot on National Progress in Reentry* (2017) Council of State Governments Justice Center, p.6.

[55] Connecticut Sentencing Commission, Recidivism Reduction Committee. *Evidence-Based Reentry Initiatives: A Guide to Strengthening Positive Social Relationships*. Retrieved on July 10, 2017 from http://www.ct.gov/ctsc/lib/ctsc/reentry_doc_current_draft_9_15_12_SRLH.pdf

[56] Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: a public health model to reduce gun violence. *Annual review of public health*, *36*, 39-53.

[57] Unmez, C. De la Cruz, J Richey, M., & Albis, K. (2017) *Mentoring as a Component of Reentry: Practical Considerations from the Field*. Washington, D.C.: Urban Institute.

[58] Diamond, S. (2014). *Connecticut Juvenile Justice Mentoring Network: Year One Evaluation Report*. Hartford: Governor's Prevention Partnership.

[59] SAMHSA'S Trauma and Justice Strategic Initiative (2014) *SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved August 12, 2017 from https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

learn and practice life and community skills, and share support, encouragement, and success with others at similar places in their lives."[60]

F. Connection to Behavioral Health, Mental Health and Health Care Services

Helping to restore a person's health and wellbeing, and assuring they have access to health care are also necessary ingredients for successful reentry. We know from national studies as well as local research in Connecticut that the prevalence of communicable disease, mental illness, and substance abuse is much higher among former prisoners than the general population. As the Jail Administrators Toolkit states, "Jails are the new mental health institutions and drug treatment centers of our nation…Without proper planning, many released jail inmates wind up on the street and in homeless shelters, and as their medical condition worsens, so does their danger to public health."[61] Combining 2016 data from the Connecticut Office of Chief Medical Examiner (OCME) and DOC's Offender Information System, OPM concluded that, "overdoses are probably the single most common cause of death among prisoners within 60 days of release from prison." Up to 52% of all overdoses were from individuals who had been previously admitted to a prison or jail[62].

According to the U.S. government social security regulations, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) payments generally aren't payable while a person is incarcerated and a person is not automatically qualified after their release. If a person receives Social Security, their benefits will be suspended if they are convicted of a criminal offense and sent to jail or prison for more than 30 continuous days. These benefits can be reinstated starting with the month following the month of your release. However, if a person's confinement lasts for 12 consecutive months or longer, their eligibility for SSI benefit s will terminate and they must apply for a new application for benefits. They need to provide proof of their release from prison, in addition to a new application and other documents.

Social Security Administration (July 2017) Publication No. 05-10133

Inmates are constitutionally guaranteed health care while incarcerated, whereas once they return home the essential health care services are no longer treated as a basic human right. Since most released prisoners do not have access to private health insurance and are barred from accessing federally-funded programs while incarcerated, they are likely to need assistance enrolling in the ACA, Medicaid or Medicare benefits as part of release planning. Too often, individuals who are on prescribed medications while incarcerated are released with a limited supply of drugs or with no medications at all. Likewise, assistance may be needed to help returning residents re-enroll in disability insurance and get to their medical appointments. National research shows that "about two-thirds of state prisons report providing at least a referral for community mental health services upon release, however few help prisoners establish appointments with treatment

[60] Roth, J. D., White, W. L., & Kelly, J. F. (Eds.). (2016). *Broadening the Base of Addiction Mutual Support Groups: Bringing Theory and Science to Contemporary Trends*. Routledge.

[61] Mellow, J., Mukamal, D. A.,LoBuglio, S. F., Solomon, A. L., & Osborne, J. W. (2008). *The jail administrator's toolkit for reentry* . Washington, DC: Urban Institute.

[62] Lawlor, Mike. Memo to Governor Malloy. Mid-Year Update on Crime Trends. (September 25, 2017) Accessed at http://www.ct.gov/opm/lib/opm/cjppd/cjabout/20170925ii._2017_mid_year_memo_rev_09252017.pdf

providers in the community"[63]. As reentry experts at the Urban Institute state, "…there is an opportunity to maximize the investment made in in-prison mental health, medical and substance abuse care by linking individuals to follow-up treatment in the community."[64]

Inmates who face "dual and triple diagnoses (for substance abuse, mental illness, and HIV infection, for example)" have particularly acute health care needs, which can be highly complex and difficult to manage. Their needs may be best addressed through linking them to a coordinated system of specialized care and case management/community health services offered through a network of providers. Establishing a formal arrangement with a Federally Qualified Health Center, payer, or clinic serving this high-needs population can improve efficiency in the health care sector and result in overall improvements in population health in communities with the highest health disparities.

Our research for this plan did not specifically ask returning residents about their medical needs, however during the planning process at least two instances of individuals not having medication upon discharge were identified and 60.5% of focus group participants reported on their pre-survey that they needed assistance with health care upon release. Adopting a public health framework for the reentry center by facilitating more timely linkages to health care would help to advance population health in Greater Hartford, in addition to maintaining public safety. Proper discharge planning that ensures that at the time of their release a person is enrolled in health insurance, will have access to any medication they need, and has a primary health care provider-- should be a public health priority. While CT DOC has protocols in place for people with medical needs to receive discharge planning and be enrolled in health care[65], the short stays and unpredictability of release dates for the jail population may make it difficult for them to access these services while in jail.

Reentry centers operating at the county level have often involved partnerships between community health centers or clinics, and jails. For example, the Hampden County project is a collaborative effort between the county jail, four community health centers, and other agencies in Massachusetts, which allows the same health care providers to care for patients in jail and after release in the community. Although establishing continuity of care while a person is locked up might be the ideal arrangement, it is not always feasible. The Transitions Clinic developed in the Yale School of Medicine is another model that employs formerly incarcerated community health workers to help link individuals to care upon their

[63] Mellow, J., Mukamal, D. A., LoBuglio, S. F., Solomon, A. L., & Osborne, J. W. (2008). *The jail administrator's toolkit for reentry*. Washington, DC: Urban Institute, p.84.

[64] La Vigne, N., Davies, E., Palmer, T., & Halberstadt, R. (2008). *Release planning for successful reentry. A Guide for Corrections, Service Providers, and Community Groups*. Washington, DC: Urban Institute.

[65] Ryan, J. Pagel, L., Smali, K. Connecting the Justice-Involved Population to Medicaid Coverage and Care: Findings from Three States. Washington, D.C.: The Henry J. Kaiser Family Foundation. Retrieved October 18, 2017 from https://www.kff.org/report-section/connecting-the-justice-involved-population-to-medicaid-coverage-and-careissue-brief/

release[66]. This model has recently begun operating out the Jay Brothers Reentry Center in Bridgeport and could potentially be expanded to the Greater Hartford Reentry Center.

G. Engaging in a Collective Impact Approach to Reentry Planning

Best-practices for achieving coordination of services that will result in population-level change in recidivism rates, and potentially also in population health, are provided by the collective impact model. Collective impact is defined as "the commitment of a group of cross-sector actors to a common agenda for solving a complex social problem."[67] The approach involves cross-sector leaders joining together and strategically organizing all of the relevant groups in a community to accomplish a population-wide outcome. FSG, a nationally-recognized consulting firm whose mission is to guide leaders on how to achieve lasting social change, has conducted extensive research on best practices for achieving collective impact. Out of this research they identified five core elements of successful collective impact projects. These five elements are:

- *Common agenda:* All participants agree on a shared vision for change and mutual understanding of the problem and are willing to come up with a joint approach to solving it through collective action.
- *Shared measurement:* All participants agree on a systematic method to measure and report on progress, with a brief number of shared indicators to drive learning and improvement.
- *Mutually reinforcing activities:* A diverse set of stakeholders, usually across multiple sectors, coordinate a set of differentiated and mutually reinforcing activities.
- *Continuous communication:* All players engage in frequent, organized communication to build trust, assure mutual objectives, and maintain momentum on the issue.
- *Backbone support:* An independent, dedicated staff provides support and key functions for the sustained operation of the collective impact initiative. (For more detail on the core functions of the backbone entity, see the Backbone Starter Guide.)

According to FSG no single element is more important than another; a collective impact effort needs all five elements to effectively drive and accelerate long-term, population-level change. In the Backbone Starter Guide created by the Collective Impact Forum[68], the authors provide the example of a collective impact project in New York state, in which a group of cross-sector leaders were able to take joint action leading to a 45 percent drop in the number of incarcerated youth over the past 3 years, with no decrease in public safety.

[66] Wang, E. A., Hong, C. S., Samuels, L., Shavit, S., Sanders, R., & Kushel, M. (2010). Transitions clinic: creating a community-based model of health care for recently released California prisoners. *Public health reports*, *125*(2), 171-177.

[67] John Kania and Mark Kramer, "Collective Impact," *Stanford Social Innovation Review*, Winter 2011.

[68] Juster, J.S., Tighman, L., Cohen, J., Bradi, S. (2016) Backbone Starter Guide. Boston: Collective Impact Forum and FSG.

Cross-sector engagement is one of the criteria to qualify for Smart Reentry grants, which aim to aid government entities in reducing recidivism. Those awarded the grant are required to engage in a year of collective planning using "action research" to develop a coordinated reentry process from pre-release to post-release targeting medium-to-high risk offenders utilizing validated risk assessment tools and evidence-based treatment practices. If the Greater Hartford Reentry Center utilizes a collective impact approach, the Center could apply for Smart Reentry grant funds to help expand its capacity and also measure its results. Other examples of collective impact projects are provided in the table below.

Table 24

Examples of Collective Impact and use of Regional Coalitions for Reentry planning

Boston Reentry initiative	https://whatworks.csgjusticecenter.org/program/boston-reentry-initiative-bri	Boston Police Department in partnership with the Suffolk County Sheriff's Department (SCSD).
reentry/reintegration in Contra Costa County, CA.	http://www.contracosta.ca.gov/DocumentCenter/View/30064	the Reentry Solutions Group
Philadelphia's Reentry to Workforce Partnership (RTW)	http://fncphilly.org/docs/reentry_to_workforce_exec_summary.pdf http://www.scattergoodfoundation.org/roots-re-entry-job-training-program-report-0#.Weaq2YZryi4	Federation of Neighborhood Centers, & Strategy Arts Collective Impact consultant
New York State Juvenile Justice system	http://www.towfoundation.org/wp-content/uploads/2015/05/NYS_Juvenile_Justice_Progress_Report.pdf http://ctacny.org/sites/default/files/trainings-pdf/CTAC%20Webinar%20Andriola%20-%20Collective%20Impact%2C%20Part%203%20%281%29.pdf	NYS Office of the Deputy Secretary for Public Safety, the Office of Children and Family Services (OCFS), and the Division of Criminal Justice Services (DCJS)
The San Diego Gang Prevention & Intervention	https://www.sandiego.gov/sites/default/files/legacy/gangcommission/pdf/07strategicplan.pdf	San Diego Commission on Gang Prevention and Intervention
King County Government	http://www.kingcounty.gov/~/media/health/MHSA/documents/2011-RPT0042_A__Offender_Reentry_Plan_March_2011.ashx	

<u>Case Example of the use of Collective Impact for a Reentry Center in Philadelphia County:</u>

Philadelphia's Office of Public Safety[69] in partnership with several coalitions utilized a collective impact approach to produce a five-year countywide plan to improve reentry with a measurable goal of reducing recidivism by 25%. They estimated that if they could reduce Philadelphia's recidivism rate by just 10%,

[69] Rosenstock, L.O, Tevah, A. and Leblanc, (2015). *A Home for Good: A Five-Year County-Wide Plan to Improve Reentry In Philadelphia*. Retrieved July 30, 2017, from: http://www.philadelphiareentrycoalition.org/home-forgood.

they could save taxpayers $44.7 million a year. The planning process brought together two major collaboratives: the Philadelphia Reentry Coalition and the Philly PRISON, in a combined effort. While these efforts are still underway, their approach illustrates key tenants of the collective impact model. Specifically, their stated tactics are as follows:

1. Strengthen our foundation to support a unified, collaborative approach to reentry, because our individual efforts are not as effective as our collective efforts.
2. Apply a shared methodology that is proven to be effective: the Risk Needs Responsivity Model.
3. Engage all sectors of the community and work side-by-side with people with lived experiences.
4. Leverage our collective voices to engage leaders in the community to change critical policies that inhibit successful reentry.
5. Align our resources by mapping the reentry system, conducting gap analyses of what and who are missing to implement a seamless and effective reentry system, and use data and an evidence-based approach to match services to needs.[70]

The Reentry Center for Greater Hartford could benefit from the establishment of a backbone agency and a collaborative, cross-sector planning process involving key provider partners in coming up with shared outcomes and metrics towards the goal of improving coordination across agencies and reducing recidivism.

H. Communities of Practice to Educate the Reentry Workforce

As the Community Corrections Research Institute notes, "Providing a policy framework for research-driven practice does not, in and of itself, change the approach that hundreds of thousands of people working for corrections, supervision agencies, and service and treatment providers take to their jobs. Engaging, motivating, and enhancing the skills and quality of this workforce requires a concerted, long-term effort."[71] The Philadelphia Reentry Coalition, for example, decided to implement the three prongs of the Risks, Needs, Responsivity Model in its aligned efforts. They determined that this would require "extensive training and organizational development support by the Coalition so that each and every stakeholder becomes RNR experts."

At present, the reentry roundtables in Connecticut are serving as communities of practice in a rather informal way. More could be done to utilize these groups to disseminate best practices for reentry and to involve them in collective impact planning for developing regional or statewide reentry plans. The

[70] Rosenstock, L.O, Tevah, A. and Leblanc, (2015). A Home for Good: A Five-Year County-Wide Plan to Improve Reentry In Philadelphia . Retrieved July 30, 2017, from: http://www.philadelphiareentrycoalition.org/homeforgood.

[71] Corrections Corporation of America Research Institute. (no date) Corrections Corporation of America on Pre-Release and Reentry Services. White paper. Retrieved August 1, 2017 from https://ccamericastorage.blob.core.windows.net/media/Default/documents/CCA-Resource-Center/09-0910-ResearchInstitute-WhitePaper.pdf

SWOT analysis conducted for this plan with the Greater Hartford Reentry Council yielded many potential areas of system reform that require concerted action, advocacy, as well as cross-sector leadership. However, since GHREC is largely volunteer-run, what is missing currently is a backbone organization with dedicated staff to support these broader efforts.

I. Increase use of Data-Informed Decision-making, Transparency and Accountability

Having quality data and establishing common metrics for measuring success is key to any collective impact approach. It is widely recognized that evaluation is needed on a programmatic level to measure success and ensure funds are efficiently allocated. As the Council of State Government Justice Center states, "More and more, state and local governments are structuring contracts to make clear that providers are being paid not simply to deliver services but to improve outcomes."[72] In its 2015 recidivism report, OPM-CJPPD reported that, "Although significant resources are expended on re-entry, the failure to collect critical information on offenders once they leave prison makes it almost impossible to measure the quality and effectiveness of state-funded prisoner reentry initiatives.[73]" The Institute for Municipal and Regional Policy at Central Connecticut State University is mandated by 2015 legislation, CGS §§ 4-68r and -68s (Public Act 15-5, June special session) to analyze cost-savings of DOC, JB-CSSD, DCF and DMHAS programs through the Pew-MacArthur Results First initiative.[74] However only a few state-funded reentry programs have adequate data to assess cost-savings outcomes using this advanced methodology[75]. A collective impact strategy would include the formation of a data hub to establish shared outcome metrics and bring together data from different service providers in Greater Hartford serving the reentry population, so as to better understand what is working to reduce recidivism and what is not, and to hold everyone jointly responsible to work together to achieve stronger results.

J. Removing Systemic Barriers to Reentry via Policy Reform

Pertaining to system level changes, there is no doubt that policies at the federal and state level play a major role in either enhancing opportunities or presenting barriers for the success of returning residents of Greater Hartford. We are fortunate that Connecticut, in many respects, has been on the cutting edge of criminal justice reform nationally. Nonetheless there is still much work to be done in the policy area to strengthen our reentry system and remove barriers. Several specific policy reform recommendations

[72] *Making People's Transition from Prison and Jail to the Community Safe and Successful: A Snapshot on National Progress in Reentry* (2017). Washington, DC.: Council of State Governments Justice Center, p. 6.

[73] Kuzyk, I. and Lawlor, M. (2015) *Recidivism in CT, 2008 releases*. Criminal Justice Policy and Planning Division, Office of Policy and Management. Retrieved August 10, 2017 from http://www.ct.gov/opm/cwp/view.asp?a=2967&Q=382106&opmNav_GID=1797

[74] http://www.pewstates.org/projects/pew-macarthur-results-first-initiative-328069.

[75] State of Connecticut Results First Benefit and Cost Analysis of Adult Criminal and Juvenile Justice Evidence-Based Programs (2016). Institute of Municipal and Regional Policy at Centeral Connecticut State University. Retrieved August 1, 2107 from http://resultsfirstct.org/wp-content/uploads/2017/04/Benefit-Cost-Analyses-November-2016.pdf.

gathered from reentry stakeholders from the Greater Hartford Reentry Roundtable through the SWOT analysis included federal laws pertaining to qualifying for housing assistance (specifically the definition of homelessness used to refer individuals to shelters), as well as policies of our local housing authority that make it difficult for individuals to qualify for subsidized housing. The Greater Hartford Reentry Center, if structured as a collective impact project, with the involvement of cross-sector partners including members of GHREC and the City of Hartford, could spearhead certain policy reform areas identified as most likely to reduce recidivism rates for returning residents to the region.

K. Sustained Funding

Budget cuts at the state level in Connecticut are having an adverse impact on the ability of community corrections to function at an optimal level, and are having an even bigger impact on many of the smaller nonprofit agencies providing the much-needed services for the returning residents in Greater Hartford. As more individuals are diverted away from prisons and prisons are closed, it is important that Connecticut shifts some of those cost-savings into the reentry support systems that are needed in communities for those returning home. As a 2010 report commissioned by the non-partisan Connecticut Regional Institute for the 21rst Century states[76]:

> Policy makers must confront the reality that, for the foreseeable future, roughly seven out of every ten offenders will continue to serve all or part of their sentences in the community. Ensuring public safety and balancing a budget, then, require states to strengthen badly neglected community corrections systems, so they can become credible options for more of the lowest risk offenders who otherwise would be in prison.

The CT21 report recommended that, "The current Department of Correction re-entry programs *both internal and community based* need to be funded and sustained." They also warned at the end of their report that the state must "resist temptation to reduce funding for these programs" for the reasons stated above.

In regards to funding for reentry centers, many of the more comprehensive reentry initiatives in Connecticut as well as elsewhere have been reliant not only on municipal funding, but also on state and federal funding, local foundation support, as well as donations from local businesses. For example, the reentry centers in New Haven and Bridgeport received Second Chance funding through the Smart Reentry grants provided by the Department of Justice along with ongoing funding from the Community Foundation for Greater New Haven, which has made funding in the area of reentry one of its top priorities[77]. Just this past year, the Boston Reentry Initiative, one of the oldest models for working with the most violent offenders on reentry, lost its federal funding and as a result, has had difficulty sustaining its operations. Having a diverse pool of funding sources, and not being entirely dependent on

[76] BlumShaprio (2010) Connecticut Regional Institute for the 21st Century. Assessment of Connecticut's Correction, Parole and Probation Systems. Retrieved on May 12, 2017 from https://ctregionalinstitute.files.wordpress.com/2010/10/prisonreportppt.pdf

[77] Community Foundation of Greater New Haven [website] https://www.cfgnh.org/LeadingOnIssues/IncarcerationandReentry.aspx

federal or state funding, will be critical for the Greater Hartford Reentry Center to be able to fulfill its mission over the long-term. Furthermore, although much can be done to strengthen reentry through existing initiatives and better coordination of services, one of the ingredients for a successful collective impact project is that there is a backbone agency with dedicated staff responsible for the sustained operation of the collaborative, which will require dedicated funds in support of these staff as well as to support the day-to-day operations of the Center.

IV. Greater Hartford Reentry Welcome Center

Initial Operations Plan

Everyone involved in the planning process supported the idea of a reentry center serving as the hub for a healthy and well-functioning reentry eco-system for Greater Hartford. In a well-functioning system, using a collective impact model, each provider works alongside other providers and the individual and his or/her family to help move that individual along the pathway towards successful community reintegration. In pragmatic terms this requires interagency collaboration, partnerships and cross-agency coordination. Based on the data gathered on best practices, from returning residents, and the stated goals of the reentry center in the initial proposal plan, the advisory team supports the following initial operations plan.

In order to establish a realistic plan for the startup phase of the Greater Hartford Reentry Center, the initial focus of the reentry center will be on ensuring that those individuals who are released at the end of their sentence from prison or jail to Greater Hartford have their immediate needs met in the weeks following release in an efficient manner to set them up for longer-term success in reintegrating back into the community over time. The Center also aims to address the need for there to be a centralized hub where returning residents can go to seek information on the programs and services that are available. DRC recommends that to better reflect this scope of services in the initial phase that the center be termed a Reentry Welcome Center. As the Center grows its capacity and partnership arrangements with other providers, the longer-term goal will be for it to become a "one-stop-shop" for the population of returning residents to Greater Hartford as a whole.

A. Who Will be Served?

The Welcome Center will be open to anyone who is formerly incarcerated or who has a family or friend who one has been formerly incarcerated and is seeking basic information on programs and resources. A priority, however, will be to provide navigation services for returning residents from a prison or jail who were released at the "end of sentence" within the past 90 days.

B. Administration of the Center

The Center will be operated by Community Partners in Action, a lead nonprofit agency in Greater Hartford with experience in reentry and an established track record of success. The City of Hartford will have a role as a convener of partners and in raising funds for this initiative, and CPA will be the lead agency serving as the administrator of the Center's operations.

C. Key Partners

The City of Hartford, the CT Department of Corrections, Capital Workforce Partners, The Office of Policy and Management Criminal Justice Planning Division, the Department of Justice Court Support Services Division, Diamond Research Consulting LLC, the Institute for Municipal and Regional Policy, the Greater Hartford Reentry Council, and returning residents.

D. Key Innovations of the Center

- The Center will be the first reentry center in the State to serve as a drop-off location for individuals released at the end of their sentence. This will enable it to provide timely and responsive services to meet the immediate needs, post-release of people returning from prison or jail.
- The Center will establish a triage system to enable everyone who chooses to utilize the Center to receive some benefits, while reserving certain levels of service and resources for specified groups that are identified as being at higher risk of recidivism, and/or as high utilizers of health care.
- Compared with other community-based reentry services provided by probation and parole, the Center will not have any direct authority to administer sanctions (e.g. case managers at the Center will not have the authority to remand or return inmates to prison).
- Unlike reentry navigation systems administered under the Smart Reentry Grant, prior contact inside the prison/jail will not be a requirement to receive case management services on the outside. Although the Center will engage in 'in-reach" activities to notify inmates of available services at the Center, removing the pre-release requirement for navigation will facilitate provision of services to the more numerous and transient jail population.
- Two returning residents and/or impacted family members will be appointed as members at large to serve on the advisory team for the Center.
- The Center will utilize a collective impact approach to breakdown silos among service-providers and voluntary groups of reentry stakeholders, with the goal of expanding its capacity to serve as a "one-stop shop" for reentry services and contribute to system change.
- A cornerstone of this Collective Impact approach will be the development of a collaborative data hub for tracking and measuring results and making these results transparent to the public.

E. Goals of the Center

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

AIM I: Provide a Basic Level of Service for anyone who is formerly incarcerated or seeking reentry information. (i.e. modeled after New Haven's Fresh Start Reentry Office). Provide information on services and resources via a face-to-face assistant, and public bulletins and email listserv (functions much like the librarians and American Job Center services provided at the Hartford Public Library). Basic intake form (aka. Sign-in sheet) for everyone who accesses information/resources at the Center.

AIM II: Provide tangible, immediate benefits to returning residents who come to the Center such as.

- Computers with ability to print, internet access.
- Free use of phones.
- Access to an updated job bank of employers willing to hire ex-offenders (maintained in partnership with CWP, American Job Center and Reentry service providers).
- Access to a list of affordable apartments for rent.
- Enrollment forms for different benefits including Husky.
- Maps for public transit system.

AIM III: Provide Monthly or Bi-Monthly Reentry Orientation/Release Planning workshops for individuals newly released.

Other ideas:

- Enlist student volunteers to assist Inmates with learning how to use the computer/smart phones, procuring IDs, discounted cell phones & plans (e.g. 'Obama phone'), completing paperwork etc. Make this a service-learning project in partnership with a local university.
- Host an annual community gala event—celebration with meals, honoring the successes of returning residents and those who volunteer for the Center.
- Periodic Workshops on the following:
  - Job readiness skills (with CWP) (interviewing, communication, time management etc.)
  - Anger management
  - Health and Wellness workshops (e.g. Toivo, DMHAS, and HHS)
  - Financial management
  - Decision-Making Skills
  - Intimate Partner Violence Prevention
- "Warm line" number to call for emotional support/needs to be supported.

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

AIM I: Establish an "In Reach" Navigation Process for Inmates who are soon-to-be released at the end of their sentence at one or more facilities.

- Notification can be by distributing marketing materials for the center, a letter (as was done with Bridgeport's MIRA), or hosting "in-reach" workshops by the Center staff (as is done by Family ReEntry), or all three approaches depending on resources.
- Ideally contact will be made at least one to two weeks prior to an inmate's release date and individuals will be dropped off at the Center on the day of their release, or shortly thereafter.
  - Confirm that a person has a release plan and a place to stay upon release. If not, notify counselors at the facility.
- Host regular one-hour workshops in the jail and/or prison facilities to help prepare individuals who are within three to six weeks of discharge (EOS) for reentry.

- Help them develop a release plan.
- Inform them of the services available at the Reentry Center.
- Inform them of how to enroll and access other essential services (e.g. work in collaboration with CWP I-Best program and the AJC to provide information on workforce development services and help navigate individuals to the service that best fits their need).
- Include basic intake form for them to fill out (e.g. with their family contact information, housing needs), so this information can be entered into the system and utilized to help navigate them once they are released.
- Ideally, meet a second time with individuals who were in the workshops one-two weeks prior to release (see above).
- Build trusting relationships inside the prison to help with referrals.
- Provide them with an interactive pre-release planning guide.
- Give them a wallet sized card with a phone number to call for the Center when they are released from prison, if they have nowhere to go/stay or are in need of support.

AIM II. Establish A Drop-Off Arrangement with DOC for individuals who are released from prison or jail at the end of their sentence, and want to make use of the drop off services available at the Center the day of their release.

- The Center will be notified by DOC at least one day prior of who will be dropped off at the Center.
- Initially the plan is to begin with the Hartford Correctional Center. The Center will work with DOC to establish the process for day of release and coordinate with CT DOC transportation assets for individuals to be dropped off from HCC.
- The methods described in AIM I will be utilized to identify prospective candidates to be dropped off.

AIM III: Provide Resources for their Immediate needs upon Release.

- Provide basic necessities such as personal items, bus passes, food vouchers, and weather appropriate clothing.
- Other potential benefits e.g. free membership to the YMCA, Uber vouchers or van transport to attend job interviews or job fairs, a gift bag for those with young children (e.g. gift card to the Science Center), a list of activities they can engage in with their children (e.g. suggestions of some arts-based activities and fun activities to do with their kids—ala the Judy Dworin Performance Project).
- Establish a partnership with a local shelter to provide short-term housing (1-2 days) for individuals who are dropped off at the Center from prison and have nowhere else to stay.

GOAL III: Staff the Reentry Center with Qualified and Trained Case Managers to support Returning Residents in accessing the immediate services and resources they need Post-Release.

AIM I: Provide basic case management services to 150 individuals annually who were released at the end of their sentence in the past ninety days or less and are from Greater Hartford.

- The goal is for these to be the same individuals who are dropped off, however walk-ins could also be admitted on an as available basis for those individuals who qualify as EOS within 90 days.
- Prior to the launch of the Center, a case manager protocol will be established covering mandated reporting requirements, and other privacy, safety and security measures.
- Schedule an intake interview with the returning resident either pre-release or post-release with the case manager/counselor to assess their immediate needs and make appropriate referrals.
- A triage system will be developed to determine the level of case management services that are required based on specified criteria in the intake/assessment tool. Establish a more Intensive Level of Service for those EOS with the highest need, particularly those individuals with little to no friends or family support, possibly because they've burned too many bridges along the way. A high number of these individuals are likely to have mental health/recovery/nursing needs. This could involve providing interim case management supports until a person can be matched with other providers serving the higher risk population e.g. either sober homes, those with high mental health needs, and or with a clinical partner (e.g. St. Francis Hospital's Burgdorf Clinic).
- A case management system will be developed to track referrals and outcomes (see Goal V below).

AIM II: Establish Mutual Support Groups for Returning Residents who are EOS in the past 90 days.

- Co-facilitated by vetted returning citizens and an LCSW (potentially modeled after the Citizen's Groups at Yale School of Psychiatry, or "Step it Up")
- Preferably, no more than 15 individuals per group for cohorts of individuals (loosely based on the quarter period in which they were released—e.g. Q1 of 2016). E.g. Sign up for a support group according to the day of the week.
- At least 4 support groups a week, at different days and times, lasting for up to a year.
    - Y1Q1 2 groups, Q2 4 groups, Q3 6 groups, Q4 8 groups
    - Groups that graduate can elect to continue on their own reconnaissance.
    - Individuals who do not qualify as EOS, but wish to join a support group are put on a wait list. Individuals who are EOS within 90 days can join an existing group, if space is available, or wait until the next group begins for the Q.
    - Provide healthy food during these groups or small stipend as an incentive to attendance and a means of assisting with food needs.

AIM III (Longer-term): Seek additional funds to expand case management services to others who are at Medium to High Risk of Recidivating and/or are high health care utilizers (criteria will vary depending on funding source)

GOAL IV: Utilize a Collective Impact Approach to develop a "One-Stop Shop" for Returning Citizens to enroll in services and access community resources.

AIM I: Co-locate Services at the Center

- Convene a meeting of agencies willing to work out an arrangement to co-locate services at the Center and/or to develop a more streamlined referral system (e.g. shared intake tool) through the Center. Potential Services might include:
    - A DSS staff person based at the facility one day a week to enroll individuals in Benefits.
    - A DMHAS staff person available to assess MH needs and assist with referrals.
    - A clinician to aid with medical needs and navigation to health care.
    - An ACA assister to enroll individuals in health insurance.
    - A person from the DMV to handle driver's license paperwork
    - A person from the City to give out municipal IDs.
- If need be, prepare a cost/benefit analysis of this arrangement to show added cost-savings and value to the State or City.
- Develop partnership agreements with other service providers to deliver services at the Center.

AIM II: Explore a Regional Approach to Reentry Planning for the City with other municipalities in Greater Hartford, especially those with the highest number of returning residents.

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.

AIM I: Develop a case management platform for tracking referrals and assessing outcomes. This data system should be capable of the following:

- Develop an Intake Instrument for assessing Greater Hartford EOS population immediate post-release needs & strengths and for making appropriate referrals.
    - Sample Intake tools from Bridgeport and New Haven are provided in the Appendix.
    - Other brief Screening tools are provided in the Jail Reentry Toolkit (pgs 33-39)
    - Consider assessing some strength-based items, and responsivity items, including a brief screen to determine motivation level to gauge appropriateness of referrals.
    - Consider using a validated 4-item mental health screen for depression and anxiety, and identify also a brief screening tool for PTSD.
- Establish a data platform that will at minimum be capable of the following:
    - Simple upload of DOC data for EOS releases into the data system (including TPAI, and other assessments)
    - Web-based interface for inputting standardized intake data.
    - Have standardized fields for tracking referrals.
    - Real-time reporting capabilities

- Ability to track client progress in getting essential needs met and alerts/flagging key areas for follow-up.
- Input recidivism data from DOC/CSSD system to track recidivism.

AIM II: Establish a Data Hub and enhance ability to efficiently track referral outcomes with partner agencies and share assessment data and other results.

- Explore the potential of tying the data hub in with the City's ETO system and/or Hartford's Opportunity Youth Collaborative.
- Establish a data sharing agreement with key partners.
- Identify an appropriate technology vendor with the City.
- Develop shared outcome metrics related to employment, health care insurance enrollment, access to mental health or substance use treatment etc.
- Explore pros/cons of utilizing instruments already in use by DOC and/or Probation for assessing outcomes (for dynamic factors), namely the LSI-R, SCORES, and WARNA.
- Capabilities of Data Platform
  - Input data from multiple access points.
  - Variable permission levels
  - Be able to facilitate real-time communication with providers via phone alerts, emails, etc.
  - Other potential innovative features: A client-facing portal, so clients can complete and submit the intake form online; Potential to track email, phone and text correspondences with Client; Ability for reentry centers to collaborate/coordinate data-sharing statewide for those individuals who move from one city to the next.

F. Staffing Requirements

1. A Director of the Center who is in charge of daily operations and establishing and maintaining partnerships. Should have experience working with returning residents, and ideally also be certified in drug counseling and/or have a social work degree. Preference should be given to an individual who is either a returning citizen and ideally has had supervisory experience and a proven track record.

2. A Case Manager Supervisor who supervises the returning citizens providing peer supports and provides additional supports for returning citizens who are EOS. [Initially, in the start-up phase---the Director may also serve as the case manager or this may be a part-time position]. This person should be a licensed clinical social worker.

3. An Administrative Assistant. Should be someone with experience in providing reentry support services and excellent organizational skills, familiar with data entry, and information systems. Needs to be available at the Center during operating hours to answer phone and questions, and provide referral information, and assist in coordinating use of the space for workshops.

4. Two returning citizens who run the mutual aid groups, and can assist with 'in-reach' and navigating individuals from within the prison to outside. (initially these may need to be volunteer or part time

positions, until additional funds are procured. These positions could take advantage of Federal Department of Labor work subsidies for hiring ex-offenders).

G. Facility Needs

- Central location, on a bus route, preferably downtown
- Onsite receptionist and security
- A welcoming reception area for individuals to be dropped off, and for family members/friends to meet them there, preferably with a mini-kitchen area (sink, microwave etc.)
- A community room where returning citizens (enrolled in the support groups, or other services) can congregate and information can be posted on bulletins boards
- A computer room or nook.
- Space for storing clothing/shoes and supplies
- Changing room area/bathroom.
- Phone booths (like they have in co-working spaces).
- Several private offices for intake and case management services, also outfitted with phones.
- A conference room for support groups to be held.
- Additional meeting rooms and offices for Partners to Provide Services or for support groups to be held (tbd).

H. Other Opportunities for improving the Reentry 'eco-system' and Improving the Success of the Reentry Center

i. Enhancing Pre-Release Planning at DOC facilities

Community partnerships with DOC to improve availability of pre-release planning assistance for individuals returning to Greater Hartford. Jim Boucher of CWP has observed, "There should be an immediate policy that all individuals must be released with a service plan (the outcomes of individuals gaining employment appears to be much better with individuals reentering with service plans."

ii. Statewide Reentry Planning across Reentry Centers

While regionalism is the logical approach to take at this stage, in fact a statewide coordinated approach to assessing and providing for the needs of returning residents across all our towns is advisable as well, since individuals from our urban areas tend to move from city to city in our state, and individuals in rural towns often end up relocating to cities contingent on where they get a job and also where close family, partners and friends live.

Case Management in reentry refers to the activities of a professional or team of professionals in the social service field who is/are charged with the responsibility of assisting people coming home from prison with accessing a range of services and providing some level of coaching and/or guidance on how to be successful in navigating various systems, achieving self-sufficiency, achieving personal life goals.

Cognitive-Behavioral Therapy (CBT) is an evidence-based, structured (manual driven) counseling course that is designed to increase awareness of one's thoughts, behaviors, and actions, and the consequences of each. CBT is typically used to address specific problem areas such as anger management, moral reasoning, criminal thinking, addiction, relapse prevention, and relationships.

Continuum of care in reentry involves the coordination between corrections administrators and community-based partners to ensure that when an inmate is released, they can be linked to services and resources in the community that they need to successfully reintegrate.

Criminogenic needs is a term that is widely used in the criminal justice field to refer to factors of an individual's personality and environment that are considered predictors of new offenses based on statistically-validated predictive models for a specified population.

Discharge The release of an inmate from the custody of the Commissioner of Correction upon completion of time sentenced by the court.

Best practices are replicable series of activities that are known to work either through evidence-based research or through practical knowledge in the field (practice-based knowledge).

Evidence-based (see also best practices*)* refers to programs and practices that have demonstrated effectiveness based on rigorous *research* standards. Randomized control trials are generally considered the gold standard for scientific research for demonstrating effectiveness, however under certain conditions this method is not feasible and other methods are more appropriate.

Greater Hartford is defined based on the definition provided by the Hartford Foundation for Pubic Giving. It includes twenty-nine cities and towns. Twenty-five of the towns are within Hartford County and three in Tolland County (Hebron, Vernon, Somers, and Tolland). New Britain, Suffield, and Hartland, though part of Hartford County, are not considered a part of Greater Hartford.

"In-Reach" refers to contact made by community-based service providers and/or volunteers with inmates prior to their release in the facility.

Navigation refers to the process of assisting returning residents in their pre-release process as well as the process of establishing a continuum of care, linking them with resources and services in the community, post-release.

Offender Based Information System is Connecticut Department of Correction's primary source of information concerning offenders. It contains information for inmates starting from their initial intake into DOC custody to their eventual release back to the general public.

Pre-release planning (or release planning) refers to the individualized treatment plan developed with an offender in preparation for his/her release, as well as any information, preparation and referrals to community-based services provided to offenders several months, weeks or days prior to their reentry. Its primary purposes is to ensure success at the moment of release and in the days and weeks that follow. It is one phase in reentry planning.

Releases are occasions when someone under DOC custody is returned to the community under a new supervisory status. The definition includes those occasions when a person is still under CT DOC community supervision (e.g. parole, special parole or transitional supervision) and occasions when a person is at the end of their sentence and no longer under any form of DOC supervision. Releases can include occasions when a person's parole term ends as well. The primary focus of the analysis in this report is of releases from a prison or jail facility.

Recidivism is measured by criminal acts that resulted in the re-arrest, reconviction, or return to prison with or without a new sentence during a specified period (generally three years) following the prisoner's release.

Reentry refers to the transition of offenders from prison or jail to the community, whether under community supervision or not. This includes persons released to the community from state prisons or jails, federal prisons, or discharged from state parole, federal parole, or federal supervised release. Persons released from local jails who served time for a sentence are considered part of the reentry population, but those who are released without having been convicted of a crime (e.g. pretrial detainees) are not.

Reentry planning begins at the time of intake/admission and extends beyond the time of release to prepare prisoners for long-term post-release success. Some criminal justice officials have noted that a prisoner's reentry process actually begins at the time of arrest. However, for CT DOC's purposes, reentry planning begins the first day of incarceration.

Reintegration is defined using the definition given by Jeremy Travis, president of John Jay College of Criminal Justice as follows: "connecting returning prisoners with the indicia of citizenship, including work, family, peer groups, community and democratic responsibilities and participation, such as voting."[78]

Returning resident (also returning citizen) is used in this report to refer to an individual released from prison or jail to (or from) community supervision or at the end of their sentence.

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[78] Travis, Jeremy, "Testimony of Jeremy Travis, President of John Jay College of Criminal Justice, Before the U.S. House of Representatives Committee on Appropriations, Subcommittee on Commerce, Justice, Science, and Related Agencies, on "What Works" for Successful Prisoner Reentry" (2009). CUNY Academic Works. h p://academicworks.cuny.edu/jj_pubs/102

Risk-Need-Responsivity (RNR) model is an evidence-based method involving the use of one or more validated assessment tools to assist in determining the level of supervision, environments, and types of services a person with a criminal conviction should receive so as to reduce their likelihood of recidivism.

State parole includes the conditional release of offenders under the jurisdiction of a State agency or authority.

Time served. In most cases, the court-imposed sentence is different from the actual time served in prison. Actual time served in prison, which is often less than the court-imposed sentence, is not within the jurisdiction of the state's attorney or the sentencing judge, but instead is driven by statutory parole eligibility and time-served standards and DOC administrative early release policies.

TPAI (Treatment Programming and Assessment Instrument) is a weighted risk-assessment tool used by CT DOC at intake to aid in assigning the level of supervision.

Appendix

A. Intake form for MIRA, Bridgeport
B. Pre-Release Planning Assessment Tool
C. GHREC SWOT Analysis