

Greater Hartford Reentry Welcome Center

YEAR 3 Evaluation

September 17, 2020-September 17, 2021

DRC

DIAMOND
RESEARCH
CONSULTING

Greater Hartford Reentry Welcome Center: Year Three Evaluation

September 17, 2020-September 17, 2021

(with brief progress updates through June 2022)

Prepared by Diamond Research Consulting

Sarah Diamond, Ph.D.

Cherell Banks, Research Assistant

Mario Fusco, Research Assistant

Hartford Foundation for Public Giving

Judy McBride, Director of Strategic Partnership Investments

Kate Szczerbacki, Director of Strategic Learning and Evaluation

Community Partners in Action

Amy Arroyo, Resettlement Case Manager

Sandra Bradford-Jennings, Development Director

George Dillon, Supervising Case Manager

Virginia Lewis, Program Manager

Elizabeth Hines, Executive Director

Gordon Lyde, SAMHSA Case Manager

Deborah Rogala, LCSW, Director of Operations

Noely Sanchez Velez, Administrative Manager

Wanda Wesley, SAMHSA Case manager

Jaeya Saunders, Administrative Assistant

The City of Hartford

Susan Gunderman, Reentry Services Specialist

Connecticut Department of Correction

Edward Andrews, Executive Director, Second Chance Reentry Initiative Program

Elisha Chornoby, Director of Re-Entry Services

Joy Vouthounes, Erin Forrest, and Melissa Santiago, Counselor Supervisors

GH-RWC Community Partner Interviewees

Kassandra Agosto, Housing Specialist, Community Health Resources

Dianne Berube, Program Manager, Connecticut Coalition to End Homelessness

Tracie Bernardi, Once Incarcerated Inc.

Judy Dworin, Executive Director, Justice Dance Performance Project

Sarah Fox, Director of Policy, Connecticut Coalition to End Homelessness

Stephen Haynes, Director of Administration, The Open Hearth Association

Robert Herbert, Career Resources Inc.

Mark Jenkins, CT Harm Reduction Alliance

Alissa Johnson, Performance Measure Coordinator, Capital Workforce Partners

Rose Kelly, Senior Data Analyst, Connecticut Coalition to End Homelessness

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

Table of Contents

Executive Summary	1
Greater Hartford Reentry Welcome Center Year Three Evaluation	8
Methods	8
Organization of Report	9
GOAL I: Provide A Centralized Location for Reentry Information and Referrals to Housing, Substance Abuse/Mental Health Services, Employment, Transportation, Basic Needs etc.	10
GH-RWC Program Enrollment Numbers	11
Demographics of GH-RWC Program Enrollees in Year Three	12
Supervision Status of Year Three Participants	12
GOAL II: Provide a Drop-Off Location on Day of Release for People Who are Returning from Prison or Jail Within the City of Hartford	14
GH-RWC Participant Enrollment Data by Quarter for Years One-Three	19
Goal III: Staff the Reentry Welcome Center with Qualified and Trained Case Managers to Support Returning Residents in Accessing the Immediate Services and Resources They Need Post-Release.	29
Goal IV: Utilize a Collective Impact Approach to Develop a “One-Stop Shop” for Returning Citizens to Enroll in Services and Access Community Resources.	40
Goal V: Developing a data-driven and community-led approach to achieve our mission, improve transparency and accountability, and to demonstrate the effectiveness of the Center.	53
Goal VI: Strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Hartford for People Reentering from Prison and Jail	59
Concluding Discussion of Key Process Evaluation Findings	64
Summary of Key Recommendations from Year Two Report with Progress Updates.	68
Appendices	
Appendix A: Definitions of Release Type	73
Appendix B: List of GH-RWC Community Partners & Services from 2022 Partner Survey	75
Appendix C: Summary of Participant Interviews	75
Appendix D: Supplementary Data on COVID-19, Vaccines and CTDOC	79

Executive Summary

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

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

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

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

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

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

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

GH-RWC Program Enrollment Numbers

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

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

Criminal Justice Status

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

Timing of Intakes by Program Type/Supervision Status

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

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

Recommendations

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

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

Need Areas Identified at Intake

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

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

Education Needs

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

Substance Use History

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

Housing Needs

- **83%** (n=40) reported having a history of homelessness.
- Almost all participants (**94%**), said they were currently housing unstable. *This meant they were either living on the street or in a motel, residing in an emergency shelter, couch surfing, or other shelter arrangement.*
- CPA GH-RWC reported having assisted 114 individuals with placement in some form of transitional housing in partnership with CCEH's CTDOC Housing Reentry Assistance Program (DRHAP), including temporary stays in hotels (April 2020-October 2021).

Program Completion Rates and Length of Services

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

Recommendation

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

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

RWC Center Funds for Expansion & Sustainability for Another Three Years

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

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

Relocating

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

New Staffing and Expanded Eligibility

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

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

Recommendations

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

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

CPA has continued to make enhancements to its Salesforce data system to improve case managers' ability to track communication and assistance provided to GH-RWC participants, as well as internal tracking of referrals and referral outcomes. The quality of the CPA's data needed for program evaluation and tracking referrals has significantly improved in Year Three, thereby strengthening CPA's ability to monitor how well the GH-RWC program is meeting its goals. Although focus groups and phone interviews with participants were conducted, a more systematic process of collecting participant feedback could enhance the

evaluation and CPA's continuous quality improvement efforts. Soliciting participants' unique perspectives on what is working and not working is a key aspect of ensuring accountability.

Recommendations

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

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

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

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

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

Purchasing of Shelter Beds Designated for People Transitioning from Incarceration

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

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

Ongoing advocacy efforts on the part of advocacy groups, the regional reentry councils, CPA and its partners led to passage of legislation. Some key legislation is listed below:

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

Concluding Discussion of Key Process Evaluation Findings

The GH-RWC is providing basic needs assistance and a welcoming environment for people as they transition from prison and jail back to the community. Most GH-RWC participants need assistance with basic needs—food, shelter, clothing, identification, transportation along with a livable wage job. The people who are caught up in the criminal justice system and who are most likely to recidivate are those with the highest level of unmet basic needs, and with mental health and substance use problems that our current systems of care are challenged to address.

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

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

Greater Hartford Reentry Welcome Center Year Three Evaluation

This is the third in a series of evaluation reports for a three-year formative evaluation of the Greater Hartford Reentry Welcome Center (GH-RWC) comprising both process and outcome findings. The purpose of this formative evaluation is to identify what is and what is not working well and to provide strategic recommendations for areas needing improvement and to leverage emergent promising practices. This Year Three report provides the data and findings from CPA’s RWC database, observations, surveys, and interviews for the period starting September 17, 2020 through September 17, 2021. The report also includes supplemental findings for the first two quarters of 2022, as the GH-RWC administration began to expand staffing and programming, and to prepare for moving to a new location that could accommodate the growth of the Center.

Methods

The evaluation methods for soliciting information and feedback are described in the table below involving the GH-RWC administration, GH-RWC partners, key community stakeholders and participants.

Administration: Community Partners in Action & the City of Hartford	<ul style="list-style-type: none"> • Two focus groups with Reentry Welcome Center and SAMHSA Program case manager staff in June 2020 and August 2021, and follow up conversations and/or email correspondences to clarify details. • Three in-depth meetings to review accomplishments and challenges with CPA’s lead administration team (CPA’s Executive Director, Director of Operations, GH-RWC Program Manager, Administrative Manager & IT Liaison) and the City of Hartford (COH), Re-Entry Services Specialist. • Two in-depth meetings with the COH Re-Entry Services Specialist. • Five one-on-one meetings and regular correspondences with CPA’s Administrative Manager & IT Liaison.
Participant Feedback	<ul style="list-style-type: none"> • Two focus groups with GH-RWC participants; one with 10 men and another with 8 women. • Brief 20-30 minute phone interviews with 9 GH-RWC participants. • Research assistance provided by two people with lived experience of incarceration and a mother of a young man who was incarcerated, who also each shared their perspectives on reentry.
CTDOC Partnership	<ul style="list-style-type: none"> • Counselor survey. • Attendance at two coordinating meetings with the GH-RWC staff.
GH-RWC Community Partners	<ul style="list-style-type: none"> • Online Partner Survey with 18 respondents from GH-RWC Collaborative partners. • Participant observation of Quarterly GH-RWC Partner Meetings (three meetings) and presentations of interim findings. • 5 In-depth interviews with community partners including CHR, SCRIP, Once Incarcerated, JDPP, and CCEH.

GH-RWC Data Sharing	<ul style="list-style-type: none"> • Regular meetings with Hartford Data Collaborative’s Data Integration Strategist (approximately one to two times a month). • Five joint meetings with Data Sharing Partners, including CPA, CWP, InterCommunity, CCEH. • In-depth interviews with three data sharing partners from CWP, CHR & Intercommunity. • Two presentations to the Hartford Data Collaborative Data Oversight Committee.
Policy Reforms Information Gathering Activities	<ul style="list-style-type: none"> • Reaching Home Prevention Committee & Criminal Justice Subcommittee. • CT Reentry Collaborative Policy forums. • Participation in Katal Center for Health, Equity, & Justice monthly meetings. • Review of public hearings and testimonies for reentry and criminal justice reform legislation. • Review of CJPAC records and presentations. • GHREC housing subcommittee.
Selected Best Practices Research Activities	<ul style="list-style-type: none"> • Ongoing review of pertinent justice best practice publications (Vera Institute, Council of State Governments, Urban Institute, DOJ Bureau of Justice Assistance) and peer reviewed literature pertaining to reentry. • Attendance at the online Peer Services Conference: Bridging Research and Practice on Wednesday, January 19, 2022 by SHARE! and the Society for Community Research and Action (SCRA), Division 27 of the American Psychological Association. • Attendance at the Department of Justice online forum on desistance.

People Powered Solutions Evaluation Framework

Organization of Report

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



The sixth goal highlights **Opportunities (O)** for policy changes (external) at both the state and municipal levels, as well as ongoing systemic **Barriers (B)** reported by staff and GH-RWC participants that are likely to impact the primary outcome of recidivism, and **Recommendations (R)** for removing these barriers.

Limitations (L) to the evaluation methods are described in the summary section at the end of the report. The summary section includes some broader lessons learned and reflections on the foundation needed for enhancing collective impact to achieve recidivism reduction goals for people reentering to the Greater Hartford region.

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

At the start of Year Three, in the fall of 2020, the United States was still experiencing a rise in COVID-19 cases. Throughout the pandemic GH-RWC case managers continued to meet with people who were newly released from prison and dropped off at City Hall. They were provided with cell phones, backpacks with hygiene products, bus passes, and gift certificates for food and clothing.

Referrals from provider partners to the GH-RWC ceased during the peak period of the pandemic, since CPA began only servicing individuals referred from CTDOC at this time due to Governor Lamont's Emergency Orders. In addition to receiving individuals referred from CTDOC, the GH-RWC also provided general assistance for people who solicited help via phone and in person. By September 2020, CPA case managers had returned to working full time out of City Hall, and the Center began accepting walk-ins by appointment. Due to space limitations and social distancing requirements, only two people at a time were permitted to enter the Center. Other COVID-19 prevention protocols in place at the GH-RWC that continued through the spread of the Omicron variant included screening for COVID-19 exposure upon entry, temperature taking, masking, social distancing, regular 'spray downs' and cleaning by staff, and professional cleaning of the office area.

Many of the people who were released from CTDOC and enrolled in the GH-RWC Program were seeking assistance with housing, especially since shelters were not accepting new participants due to COVID-19. Some of these EOS participants who would otherwise exit to homelessness were provided rapid rehousing assistance through the Connecticut Coalition to End Homelessness (CCEH)'s statewide DOC Rapid Rehousing Assistance Program (DRHAP). This program was implemented in the Greater Hartford region through a partnership with the GH-RWC and Community Health Resources (CHR), which began in April 2020 under pandemic conditions and continued through December 31, 2021. For the DRHAP pilot, CCEH received \$180,000 from a Justice Assistance Grant (JAG) and \$166,000 from philanthropy and a municipal Emergency Solutions Grant (ESG). The Hartford Foundation for Public Giving provided initial funding in support of the pilot of CCEH's DRHAP program in Hartford to supplement GH-RWC participant access to support funds that could be used flexibly to address housing and other basic needs.

AIM I: Provide A Basic Level of Service for Anyone who is Formerly Incarcerated or Seeking Information

GH-RWC Program Enrollment Numbers

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

Reentry Welcome Center Quarterly Enrollment Numbers for Years One and Two provided in the Salesforce Records from the date of opening on Sept 17, 2018.							
	Quarter	Quarter End Date	GH-RWC Participants (incl. drop offs)	Year Total	Annual people transported to the GH-RWC by CTDOC	Cumulative YRS 1-3	
Year One	Q1	12/17/2018	84		60*	84	
	Q2	3/17/2019	27			111	
	Q3	6/17/2019	27			138	
	Q4	9/17/2019	38	176		176	
Year Two	Q1	12/17/2019	51		58*	227	
	Q2	3/17/2020	36			263	
	Q3	6/17/2020	13			276	
	Q4	9/17/2020	13	113		289	
Year Three	Q1	12/17/2020	19		62*	308	
	Q2	3/17/2021	15			323	
	Q3	6/17/2021	13			336	
	Q4	9/17/2021	26	73		363	

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

Demographics of GH-RWC Program Enrollees in Year Three

The breakdown by ethnicity of GH-RWC participants in Year Three was 41% African American/Black, 29% White, 29% Latino(a), and 1% Other. The gender breakdown was 89% men and 11% women, one transgender. Most participants were over age 24, and were in the age ranges of 35-44 (38%), 45-54 (22%), 25-34 (21%), or 55-56 (15%). Only 4% (n=3) were between ages 18 and 24. The median age was 40 and average age was 42. The minimum age was 21 and the maximum age was 64.

Demographics of Year Three Participants (n=73)				
Race/Ethnicity	Percent	Count		
African American/Black	41.1%	30		
White	28.8%	21		
Latino(a)	28.8%	21		
Other	1.4%	1		
Gender	Percent	Count		
Men	89.0%	65		
Women (1 transgender female)	11.0%	8		
Age Group	Percent	Count	Median Age	Average Age
18-24	4.1%	3	40	42
25-34	20.5%	15	MIN Age	MAX Age
35-44	38.4%	28	21	64
45-54	21.9%	16		
55-64	15.1%	11		
65+	0.0%	0		

Supervision Status of Year Three Participants

The GH-RWC Program prioritizes case management services for people who were released at the end of their sentence (EOS) without community supervision. People who were released from incarceration and had a split sentence with probation, and who could benefit from transitional services prior to meeting with their probation officers, were also eligible to enroll in the program for one month. In Year Three, 66% (n=48) of participants met the criteria of having been released EOS and 34% (n=25) were on probation. Of the EOS participants, six participants were enrolled in CPA’s Resettlement Program, and two of the individuals who were on probation were enrolled in CPA’s Resettlement program.

Supervision Status	Percent	Total Count	Resettlement Program
EOS	65.8%	48	6
Probation	34.2%	25	2

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

In Year Three, CPA records show that the GH-RWC staff assisted at least twenty individuals who did not meet the program eligibility criteria. Of these, nine were on parole, one was in a halfway house, and ten had no recorded DOC status. Some individuals who were released time served from court and were receiving housing assistance through CCEH’s DRHAP program, were assisted by the GH-RWC case managers. CPA’s records of the ineligible participants showed that one person seeking assistance was discharged past the 90 days window, the other was released within 90 days, but was classified as non-

eligible. It is not clear from the data why this latter individual who was released EOS from Hartford Correctional Institute was classified as ineligible. Of the “ineligible” program participants, all were provided information and referrals, and seven individuals received backpacks with hygiene supplies and two received cell phones.

Individuals who received assistance in Year Three although they were classified as Program Ineligible		
DOC Status	Count	Percent
Parole	9	41.0%
None (pre-trial or outside the 90-day window)	10	45.0%
Halfway House	1	4.5.0%
EOS	2	9.0%
Total	22	100%

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

Pre-release planning ideally should provide returning citizens an opportunity to set their own goals and prepare for their release with the involvement of family, friends, case managers and others who can provide wrap around supports as they reintegrate back into society. Pre-release planning may also involve counselors and transition planners within CTDOC working with people to connect them to services in advance of their release date.



Pre-Release Planning with CTDOC Counselors for GH-RWC Participants

Prior to the pandemic, the COH Re-Entry Services Specialist and/or the lead GH-RWC Case manager would take part in pre-release orientations organized by the CTDOC Reentry Counselors within the prisons and jails to inform people who were soon-to-be-released of the reentry services available in the community. During the pandemic, pre-release orientations with community providers ceased within prison and jail facilities due to pandemic prevention measures.

In Years Two and Three, the process of intake into the GH-RWC Program began with the CTDOC Reentry Counselors at each facility identifying eligible individuals who were interested in enrolling, and sending their referral form and information via email to the GH-RWC staff and the COH Re-Entry Services Specialist. This referral form provides basic information on their criminal background and reentry needs. The counselor supervisors then scheduled the direct transport for participants to the GH-RWC on the day of their release for those who elected to be dropped off at the Center. Next the counselors scheduled calls for the person with the Housing specialist from CHR for DRHAP. For the few participants who chose not to enroll in DRHAP, the counselors would arrange for a phone call with the GH-RWC Case Manager

prior to release, time permitting. A diagram of this process was provided in the Year Two evaluation report (page 25)².

Throughout Year Three, CPA GH-RWC staff, including CPA's Director of Operations, the COH Re-Entry Services Specialist, and the GH-RWC Program Manager and Case Managers engaged in regular communication with CTDOC Reentry Counselors and the Counselor Supervisors to identify the needs of people who were soon-to-be-released at the end of their sentences and who had agreed to be transported to the GH-RWC. Pre-release planning meetings were held monthly via zoom. During these meetings the team reviewed information provided by counselors on the needs of soon-to-be released participants such as IDs, financial assistance, shelter/housing, mental health and addiction treatment/recovery needs, and the scheduled date and time of transport. This enabled the case managers to provide direct assistance as soon as possible upon release, line up referrals, and manage their day-to-day workflow.

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

As was stated in the prior section, of the total number of individuals enrolled in the GH-RWC, 64 (85%) were dropped off at the GH-RWC directly upon the day of their release.

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.

"In-Reach"

"In-reach" is a best-practice for providing reentry services. A goal in the original GH-RWC plan was for the GH-RWC staff to have in-person contact with individuals who enrolled in the RWC Program at least three months prior to their release from prison and jail, and preferably as early as six months. Pre-release contact directly with people while they were still incarcerated ideally would provide participants an opportunity to build a trusting relationship, complete intake assessments, engage in goal-setting, and to receive social and emotional support from their case managers as they transitioned back into the community.

Strengths



MOU with CTDOC

During the first three years of operations, CPA had implemented the GH-RWC Program for people who were transported to CTDOC through a long-standing 25-year MOU with CTDOC for CPA's reentry programs, and an MOU agreement specifying CTDOC support of the GH-RWC plan. By the first quarter of Year Four, CPA had executed an updated MOU with CTDOC for the newly awarded BJA grant, which expanded GH-RWC case management services to people under community supervision. CPA

²https://www.hfpg.org/application/files/9016/3837/2795/The_Greater_Hartford_Reentry_Welcome_Center_Year_Two_Evaluation_Sept_2020_FINAL.pdf

also has a long-standing MOU for the Resettlement program at York CI since 1992, which enabled the GH-RWC case managers to establish contact with program participants at York by phone prior to their release during the pandemic.



Coordination with CHR Housing Specialist

CCEH's statewide DRHAP Program had an "in-reach component" for a housing specialist to complete a ten-minute phone call with people who were to be released at the end of their sentences prior to their release. A goal was to connect them to rapid rehousing housing assistance at least three months prior to their release. The CHR housing specialist attempted to place them with family and friends, or some form of government supported housing. If attempts at identifying a housing placement prior to release were not successful, then calls were directly transferred to schedule an intake with the State's Coordinated Access Network (CAN) for housing assistance.

This call with the CHR Housing Specialist was the first touch point for most GH-RWC participants who were enrolled in the program in Year Three. In the majority of cases rapid rehousing placement was not able to be set up prior to release, and arrangements were made for them to be transported to the GH-RWC and then by Uber for a short-term stay at a hotel until other suitable housing arrangements could be made by the CHR specialist and/or the GH-RWC case managers. The GH-RWC staff worked closely with the CHR Housing Specialist to assist with finding suitable housing and plan wrap-around services. If feasible, initial phone calls with GH-RWC case managers were scheduled in advance of their release to provide participants an opportunity to speak directly with the case manager and receive a basic orientation to the program. The case manager would explain what to expect on the day of their release and would answer any questions they had about the logistics and types of assistance they would receive. On the day of release, participants were transported to the Center where they completed their official intake for case management services and each were provided bus passes, Uber rides, cell phone with minutes, and backpacks with hygiene products.



Collaboration with SAMHSA Program

Individuals with identified substance use and mental health needs (SU/MH Scores of 3 and 4) who were soon-to-be released and returning to Greater Hartford were given the option of enrolling in CPA and InterCommunity's SAMHSA program by discharge planners and addiction services staff. This program also operated out of the GH-RWC and had an MOU with CTDOC that explicitly set the expectations for pre-release services. These SAMHSA program participants are not accounted for in the GH-RWC program enrollment numbers as these were tracked in a separate database. Individuals who were released EOS with addiction issues to Greater Hartford, who declined to enroll in the SAMHSA Program and were not enrolled in any other treatment programs, were encouraged by counselors to enroll in the GH-RWC program, particularly if they needed assistance with housing. Case managers reported that some participants with addiction issues declined to enroll in SAMHSA because they heard through word of mouth from other returning citizens that they had the option of being put up in hotels. According to the case managers, participants preferred the hotel option as it gave them more freedom to come and go as they wished. The quarantine restrictions required by treatment facilities during COVID, made participants feel like they were being locked up all over again.

Challenges



Staffing Limitations & CTDOC Reentry Counselor Shortages due to COVID

Beginning in March 2020, COVID-19 restrictions, limited staffing, and the unpredictable timing of releases, made it very challenging for the GH-RWC case managers to establish phone contact with participants prior to release. GH-RWC only had one full-time case manager, and one half-time case manager on staff. (The half-time GH-RWC case manager enrolled participants who were EOS at York CI and also provided assistance for participants with Spanish language preference). Phone calls with participants had to be coordinated by the CTDOC Reentry counselors at each facility, and there was only one reentry counselor assigned to each facility. In Year Three, as the Omicron variant spread, CTDOC also experienced additional staff shortages due to staff contracting COVID-19. The number of CTDOC staff who had contracted COVID-19 had almost tripled by the summer of 2021, and these shortages continued into the start of the new year. A CPA case manager also contracted COVID-19 during this time.

Following the end of enrollments in the DRHAP program in August of 2021, counselors scheduled ten-minute calls for returning residents to connect directly with the GH-RWC case managers prior to their release whenever feasible. During this call a GH-RWC case manager would explain what services were available for participants, especially alerting them to the fact that hotel vouchers from the DRHAP program were no longer available. The case managers made sure to notify participants that they would need to call 211 in advance to schedule their CAN intake and to be verified as homeless to be placed on their emergency shelter list.



Limited Technology Capacity with CTDOC

Video Visitation

Beginning in 2020, the CTDOC rolled out its video visitation program. For the evaluation, the CTDOC reentry counselors were asked whether this new program was assisting with connecting prisoners to friends and family members and ensuring they receive assistance upon reentry. They reported that the video visitation program “Seems to be working well.” Its strengths were that “anyone on the approved visiting list can request a video visit,” and that ‘people who are incarcerated can connect with family/friends that live out of the state/country that they wouldn’t normally have contact with.’ However, a weakness was that “some visitors have trouble navigating the technology.”

In the future, CPA’s Executive Director is interested in utilizing video-conferencing for in-reach services if feasible. At the time the CTDOC questionnaire was completed in January 15, 2022, CTDOC counselors reported that CTDOC did not have any plans to utilize the video conferencing services for in-reach by community providers anytime soon. This was explained as being due to the need for additional funding to purchase more terminals, since the terminals were currently being utilized for social visits.

Access to Tablets within CTDOC

CT DOC has begun supplying tablets to people in the facilities. One GH-RWC participant who was interviewed for this evaluation reported that he was able to learn about jobs prior to his release on a

tablet. A website was setup by the NAACP as part of their million jobs campaign to provide people in the prisons with felony friendly employment opportunities. <https://www.millionjobscampaign.com>. The evaluation did not gather more information on the use of tablets within CTDOC.

Recommendations



Many of the challenges that were experienced in Years Two and Three are being actively addressed by CPA, so the recommendations are ones that are already underway in Year Four.

- ◇ **Hire navigator to provide in-reach services for GH-RWC participants**
CPA plans to hire a navigator staff for Year Four to conduct ongoing in-reach into the prison and jail facilities on a full-time basis once CTDOC reopens access to facilities to community providers (anticipated to resume in the summer of 2022).
- ◇ **Expand eligibility criteria (instituted as of June 2021)**
New funding will also expand the eligibility for the GH-RWC case management services to include individuals who have been released for 90 days and over, and individuals who are released under probation and parole supervision.
- ◇ **Explore opportunities to enhance technology capacity for use of tablets and videoconferencing with GH-RWC participants pre-release**

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.

Strengths



Discharge Planning with CTDOC Reentry Counselors

CTDOC Reentry Counselors were asked ‘if the GH-RWC has improved CTDOC’s ability to provide continuity of care for people released EOS, and if so, how?’ They expressed their confidence in the services provided through the GH-RWC as follows: “When offenders are being referred to the Welcome Center, we know that the discharge plan is going to be followed. The GH-RWC staff are always available and ready to assist with whatever challenges arise. The GH-RWC has proven to us that what they promise to do happens and are in constant communication with us.”



Timing of Intakes by Program Type/Supervision Status

CPA’s Salesforce data captures the date of program intake as well as the release dates of participants. The data in the table below shows that, in Year Three a vast majority of the GH-RWC program participants who were released EOS completed their intake into the program on the same day as their release. Only four GH-RWC Program EOS participants completed their intakes four days after their release and none completed their intakes prior to their release.

The ability for case managers to complete intakes on the day of release is a step toward improving care continuity for people who would otherwise have been dropped off on the street without any linkages to services. While a primary goal of the GH-RWC is for the case management/navigator staff to be able to complete intakes with participants prior to their release, this was not feasible under COVID conditions and also due to limited staffing at the GH-RWC in the first three years. In the future, although in-reach services are planned, conducting an intake prior to release may not be feasible in all cases due factors within CTDOC such as the unpredictable movement of prisoners to different facilities, periodic prison lock downs that restrict access, timing of parole hearings, and short advance notice of EOS releases for people who were remanded or have shorter sentences.

Female participants who were released from York Correctional Institution and were enrolled in the Resettlement Program had their intakes completed in the range of 52 days prior and one day prior to their release, with a median timeframe of fifteen days prior to their release. The completion of intakes prior to release for the women was made possible by the long-standing relationship that CPA had developed with the warden and staff at York CI for the Resettlement program, which had been operating since 1992.

Timing of GH-RWC Intakes from Release Date from a CTDOC Facility			
RWC Program-End of Sentence			
Number of Days from Release to Intake		Pre-Release	0
MEDIAN	0	Day of Release (DOC Drop Offs)	37
MIN	1	Post-Release	4
MAX	14		
Walk-Ins			
Number of Days to Intake		Walk-Ins Day of Release	7
MEDIAN	0	Walk-Ins Post-Release	4
MIN	1		
MAX	19		
RWC-Probation			
Number of Days to Intake		Pre-Release	0
MEDIAN	0	Day of Release	17
MIN	1	Post-Release	0
MAX	19		
Resettlement Program (EOS & Some Probation)			
Number of Days to Intake		Pre-Release	8
AVG	-22.5	Day of Release	0
MEDIAN	-15	Post-Release	0
MIN	-52		
MAX	-1		



Wide Range of Facilities from which Participants were Released

CPA’s data for Year Three shows that over one-third of GH-RWC participants (32%, n=23) were released from the Hartford Correctional Center (the local jail). The GH-RWC also received some referrals from the Community Reintegration Center based at Willard-Cybulski Correctional Institution, and from the higher-level security prisons as well. Another 12% (n=9) were released from Robinson Correctional Institution; 9% (n=7) from Cheshire Correctional Institution; and 9% (n=7) from York Correctional Institution. Other CTDOC prison facilities referred in the range of 3-5 participants to the GH-RWC, with the exception of Manson Youth which only referred one participant. Four participants (5%) were released from a Halfway House.

Facility Prior to Release for Year Three GH-RWC Enrollees (n=73)		
Facility	Percent	Count
Hartford Correctional Center	31.5%	23
Robinson Correctional Institution	12.3%	9
Cheshire Correctional Institution	8.2%	7
York Correctional Institution	9.6%	7
Brooklyn Correctional Institution	6.8%	5
Garner Correctional Institution	5.5%	4
Osborn Correctional Institution	4.1%	3
Willard-Cybulski Correctional Institution	5.5%	3
Corrigan-Radgowski Correctional	5.5%	3
MacDougall-Walker Correctional Institution	4.1%	3
Manson Youth	1.4%	1
Halfway House	5.5%	4
TOTAL	100.0%	73

Total Number Released at the End of Sentence to Hartford.

CTDOC data on the total number of individuals released from CTDOC EOS from 2018-2021 who were from Hartford shows a steady drop in EOS releases over the past four years. People released from Hartford represented 13% of the total EOS releases statewide in 2020, and 20% of the EOS releases statewide in 2021 (see table on p. 20).

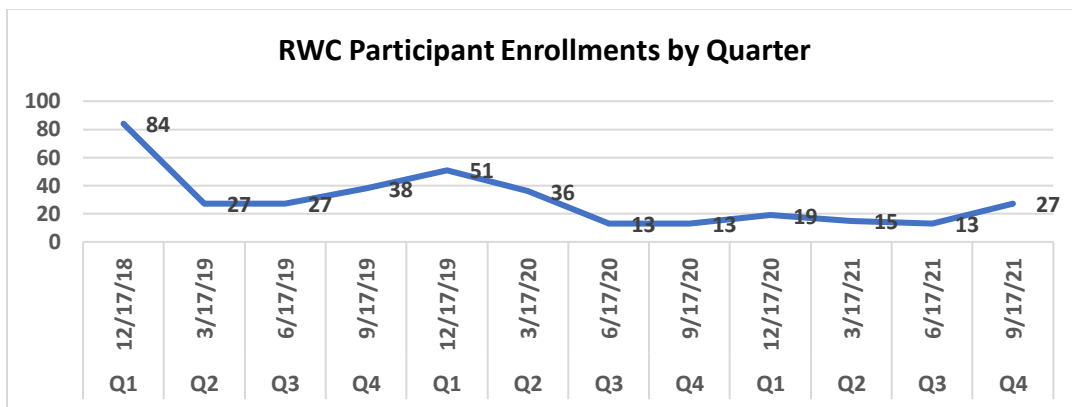
Annual Number of Releases from CTDOC to Hartford								
YEAR	2018		2019		2020		2021	
Release Type*	Female	Male	Female	Male	Female	Male	Female	Male
DUI	1	10	1	15	0	6	0	2
END SENT	66	471	69	456	24	262	21	171
FURLOUGH	0	12	0	13	4	39	0	11
Halfway House	33	145	29	170	11	122	4	78
PARCOM	0	2	0	5	0	3	0	1

PAROLE	2	85	2	59	1	46	5	58
Special Parole	12	266	5	216	6	133	1	115
Transitional Placement	0	0	2	0	0	0	0	0
Transfer Parole	1	9	0	4	2	17	0	3
Transitional Supervision	27	125	25	113	8	60	1	19
SUBTOTAL	142	1125	133	1051	56	688	32	458
TOTAL	1267		1184		744		490	

*Definitions of release type are provided in the Appendix B

Quarterly GH-RWC Participant Enrollment Data by Quarter for Years One-Three

Similar to the decline in EOS releases to Greater Hartford, the GH-RWC experienced a drop in their enrollment numbers at the start of the pandemic in Year Two, Quarter Two, and enrollments continued to decline in the summer months of 2020 and remained low through June of 2021, with the numbers increasing again slightly beginning in September 2021.



Challenges



Reduction in Number of End of Sentence Releases During the Pandemic

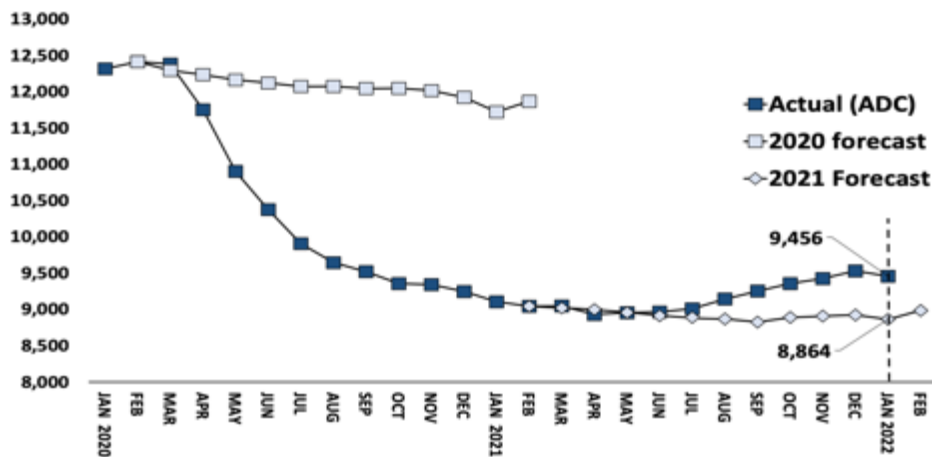
In the charts below, we provide some additional data regarding the decline in CTDOC’s prison and jail population during the pandemic and the resulting decline in the number of people released at the end of their sentences without community supervision. This data is pertinent since it affected the enrollment numbers for the GH-RWC Program and also influenced CPA’s decision to expand the program criteria to allow for people who are under community supervision to be eligible for case management services through the GH-RWC.

Drop in CTDOC Prison Population

Connecticut’s correctional population declined from the start of the pandemic. As OPM stated in its monthly indicators report, “the prison count hit its annual low point the first week of January 2021.” This was attributed to comprehensive disruptions to justice operations during the pandemic. This decline

continued through June 2021, after which there was a steady increase in the prison population and the population began to level out in January 2022.

Chart 1 – Actual Correction Population Against the OPM Forecasts
January 1, 2020 through February 1, 2022



Drop in EOS Releases Statewide

The total annual number of EOS releases from a CTDOC jail or prison statewide in 2020 was 2178 and this number dropped by 56% to 959 in 2021.

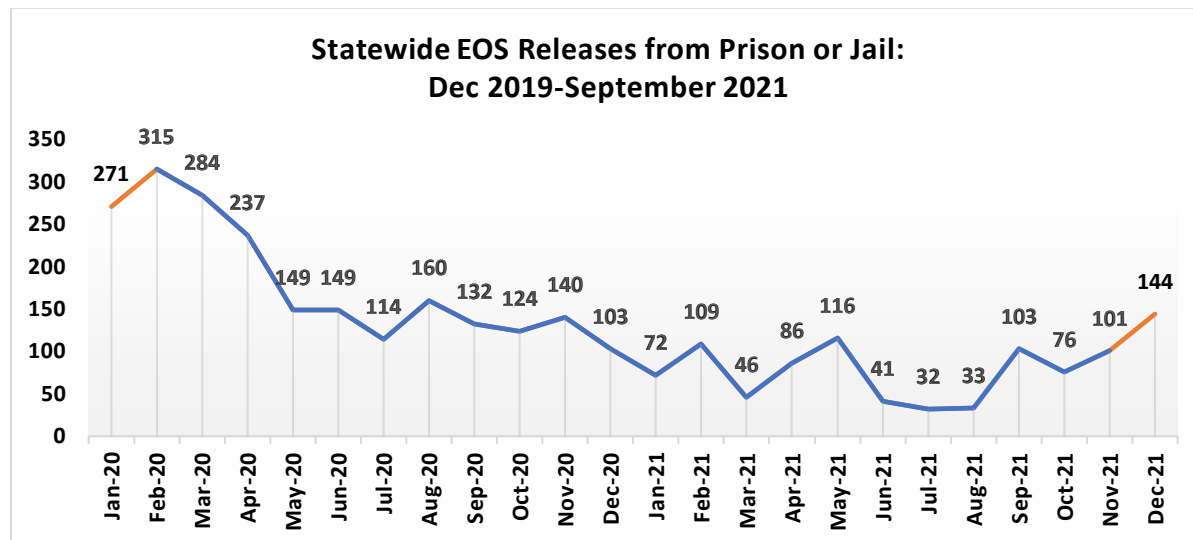
OPM *Monthly* Indicator reports show that the number of EOS releases statewide from a CTDOC prison or jail lowered dramatically in the months of May and June of 2020 by about 37% (n=149) from just the prior month in April (n=237). By the month of July 2020 the number had lowered even further to 52% (n=114) of the total from April 2020.

At the start of Year Three in September 2020, the number of monthly EOS releases statewide still remained low relative to prior years at 132 releases. The number fluctuated in 2021, but generally continued to be much lower than in the years prior to the COVID-19 pandemic. In March 2021 there was another dramatic reduction to only 46 EOS releases. The months of June and August 2021 had the lowest number of EOS releases of 31 and 40, respectively³.

The CTDOC counselors were asked on the evaluation questionnaire in January 2022, why there were far fewer people released at the end of sentence when compared with the prior year. They deduced that there were fewer arrests and fewer people remanded to DOC custody from parole and the courts. The courts were also giving more PTAs [promise to appear], so fewer people were being admitted to CTDOC or detained in DOC custody until sentencing. Data from OPM Monthly Indicator Reports confirms these observations.

³ It is also important to note that CTDOC definition of EOS release includes individuals who are released who are on probation, which is generally just under half the total EOS releases.

The summer of 2021 saw a slight uptick in arrests and a large increase in sentencing and reduction in individuals who were released Time Served from the courts. This helps to explain the return to higher end of sentence releases in September and October of 2021 after the courts began processing more cases. By the start of Year Four, the number of EOS monthly releases statewide had gone back up to 144.



AIM III: Provide resources for their immediate needs (e.g. clothing, meal, shelter, documentation) upon release.

A central aim of the GH-RWC is to provide people who are reentering with immediate assistance with basic needs such as clothing, food, transportation, and documentation. Many participants are trying to rebuild their lives with no or very limited resources, and are reliant on basic needs assistance from family and friends, and the social service sector. Most GH-RWC participants had very limited financial support, due to having been incarcerated from a young age, growing up in poverty, parents and family members being deceased, and/or being far from home.



CPA’s RWC Intake Process⁴

When a person participates in the intake, enrollment and orientation process, he or she is greeted warmly by staff. The staff member facilitating the process works to establish rapport with the participant. The participant is made to feel comfortable and welcome. Staff convey to the participant that he/she is important.

The participant’s file is established during this process, and all necessary paperwork is signed. Program services are explained; the participant is given a tour of the Reentry Welcome Center and

⁴ Extracted from CPA’s *Planning & Implementation Guide FY2021 Second Chance Act Community-Based Adult Reentry Program, Category 2: Organizations Serving Nonrural Communities.*

introduced to staff; fire and emergency procedures are explained to the participant. Staff take the necessary time to ensure the participant has a full understanding of the program and the services in which he/she is expected to participate. Staff also elicit change talk from the participant at this time about why they are here and what they want to get out of the program.

An important role of staff is to identify early on, during the intake, enrollment and orientation process, any barriers the participant may have that are pertinent to achieving a successful program completion/successful transition home from prison. Staff are trained to be alert to barriers and/or challenges throughout the participant’s program participation and address them as necessary. CPA recognizes that effective collaborative relationships with staff are paramount for our participants. Participant engagement is crucial for our population, as is addressing their multiple criminogenic needs via the Individual Service Plan.

Strengths



Case Managers Record Intake Information for Use in Creating Individual Service Plans and Making Referrals

Primary Offense classification

The primary offense classification was provided on the CTDOC referral form⁵. This information provides case managers with an understanding of the type of crime for which their participant was convicted. The most common type of primary offense for which participants were convicted was a Property Offense (31%), and the second most common type of offense was Assault (21%).

Education Level

CPA’s Intake form also includes self-reported information regarding education level. About 35% of GH-RWC program participants who were released EOS and not on probation, did not have a high school diploma, and another 38% had either a high school diploma or a GED. Over one quarter (27%) had some college or had graduated from college.

EOS Participants Highest Charge		
	Percent	Count
Property Offense	31.3%	15
Assault	20.8%	10
Failure to Appear	12.5%	6
Robbery	10.4%	5
Drug Offense	4.2%	2
Homicide	4.2%	2
Unknown/Missing	16.7%	8
<i>Total</i>	100.0%	48

EOS Participants Level of Education		
	Percent	Count
Grade School	8.3%	4
High School	27.1%	13
High School Diploma	22.9%	11
GED	14.6%	7
Some College	22.9%	11
College	4.2%	2
<i>Total</i>	100%	48

⁵ Primary offense means the offense or enhancement for which any sentencing court imposed the longest term of imprisonment.

Discussion of Education findings

The number of GH-RWC with high school diplomas or GED is consistent with the findings from the State of Reentry Report, in which 37% of people soon-to-be released from the Hartford Region had a high school diploma (or equivalent). However, the percentage of people with some college was much higher among the GH-RWC participants compared with the soon-to-be released population, with 27% of GH-RWC participants reporting some College or a College degree, versus only 6% of the overall soon-to-be released population for Hartford. This indicates that individuals with higher levels of education may have been more likely to enroll in the GH-RWC services relative to their less educated peers who were reentering. Some of these individuals with degrees may have earned their degrees while incarcerated and thus have a limited work history. Data regarding employment history from the State of Reentry Report⁶ suggests that most people who are incarcerated have a very sparse employment history. Only 10% of soon-to-be release individuals reported having been employed or having vocational training beyond a total of five years.

Relationship Status and Number of Minor children

EOS Participants Relationship Status		
Status	Percent	Count
Single	72.9%	35
Divorced	20.8%	10
In a relationship	4.2%	2
Missing	2.1%	1
<i>Total</i>	100.0%	48

Regarding their relationship status, most EOS participants reported being single (73%) or divorced (21%). Only 4% (n=2) said they were in a relationship. As many as 38% (n=18) of the EOS participants reported having minor children. Of those participants with minor children, eight had one child, and ten had two or more minor children. Of those with minor children, only one participant reported having joint custody of their child, and the other participants reported no custody (n=8), or that their child

was under DCF custody (n=2) and/or a family member had custody (n=4).

Substance Use History

Most of the GH-RWC EOS participants reported having a history of substance use with alcohol and marijuana being the most commonly mentioned substances. A large proportion, 67% reported having used an illicit drug other than alcohol or marijuana—either a form of heroin/opiates, hallucinogens, or uppers/amphetamines. It is unclear from the intake data how many participants had an immediate need for substance use treatment and addiction services. This information is documented in case notes, and when referrals are made for services (referral data is forthcoming). GH-RWC case managers were guided by CPA’s Director of Operations to utilize motivational interviewing techniques with participants to discuss their plans for maintaining sobriety when back in the community, even if they said they had not used any illicit substances while they were incarcerated.

⁶<https://careerresources.org/wp-content/uploads/2022/03/State-of-Reentry-Report-3.14.2022-FINAL-For-Public.pdf>

EOS RWC Program Substance Use History (n=48)		
Substance	Percentage	Count
Alcohol	79.2%	38
Marijuana	68.8%	33
Cocaine/Crack	41.7%	20
Heroin/Opiates (Morphine, Methadone)	31.3%	15
Hallucinogens (Acid, Mushrooms, Ecstasy, PCP, Ketamine)	25.0%	12
Uppers/Amphetamines (Ritalin, Dexedrine, Crystal Meth)	6.3%	3
No substance reported	8.3%	4

Housing Insecurity

CPA reported that for the period of September 2018 to April 2020, the GH-RWC case managers recorded 87 individuals in the RWC Program who were identified as housing insecure and out of the 87, 83 received direct housing assistance with a referral or placement in a shelter, sober house, or transitional housing. Another four individuals had lost contact or moved out of the catchment area.

Year Three EOS RWC Program Participants (n=48) With Housing Instability		
Current place of residence	Percent	Count
Street Homelessness (Outside, Car, Tent, etc.)	31.2%	15
Couch Surfing	10.4%	5
Emergency Shelter	8.3%	4
Other Shelter	8.3%	4
Motel	35.4%	17
Missing/Blank	6.25%	3
<i>Total</i>	100.0%	48

From the Year Three data outputs, of the 48 people who were released EOS who were enrolled in the GH-RWC Program, 83% (n=40) reported having a history of homelessness and 15% (n=7) reported no history of homelessness. Of the total EOS participants, 94% (n=45) said upon intake that they were currently housing unstable.

Those who were housing unstable reported that they were either living on the street, or in a motel, with a smaller proportion either residing in an emergency shelter, couch surfing, or other shelter arrangement.



Benefits Enrollment for GH-RWC Participants and Walk-Ins

Prior to the pandemic, the Connecticut Department of Social Services (DSS) assigned a benefits enrollment specialist to be on site at the GH-RWC one day a week. However, the number of people utilizing the services was not sufficiently high, so it was decided instead for the GH-RWC case managers to assist participants with their enrollment online. DSS provided a contact person that GH-RWC staff could work with to problem solve any issues that might arise. According to the GH-RWC Program Manager, when people come to the GH-RWC, getting them enrolled in benefits for food stamps and insurance generally is “a seamless process.” The GH-RWC does the paperwork for SSI and submits this through DSS’s online portal on behalf of the returning citizen and their food stamps typically

start within ten days on average⁷. For people who do not have a stable address, they use the GH-RWC address, or the participant can pick up their card directly from DSS. Sometimes DSS requests a phone interview for participants to provide additional information, for example, if on their last intake they reported that they were working. If a person requires assistance with receiving social security disability Insurance (SSDI) and they have not received it previously, they have to establish regular meetings with a doctor to qualify and the doctor has to complete the paperwork for their eligibility. For individuals coming out of prison who require SSDI enrollment, the GH-RWC also has a contact at DSS who can assist participants with submitting this paperwork.

S **Assisting Homeless participants with Housing and Collaborating with Housing Partners**
As stated in prior evaluation reports, one of the most critical needs for people enrolled in the GH-RWC services is for shelter and/or housing. The GH-RWC offers a range of housing supports through its various housing partners, including placement in transitional housing, sober houses, and in-patient treatment beds. Through the GH-RWC's collaboration with CHR in implementing CCEH's DRHAP, CPA reported that approximately 114 participants were provided temporary shelter and/or housing. Throughout Year Three and the start of Year Four, CPA case managers have continued to problem solve participants' housing needs in collaboration with housing partners. Progress in systems change pertaining to housing resources for participants is discussed further under Goal VI, pertaining to the reentry ecosystem. A concerted effort was made by the City of Hartford Re-Entry Services Specialist and CPA staff to mitigate crises of pre-trial individuals who were released to homelessness through the Courts, and identified as being in desperate need of assistance by the local police. Through these efforts the groundwork was then laid with the Judicial Branch Court Support Services Division and the City of Hartford to expand the GH-RWC services in Year Four to individuals who need housing assistance after having been detained in a CTDOC facility pre-trial.

Challenges

C **Challenges with Pre-Release Planning During the Pandemic**
When asked on the questionnaire about how the pandemic impacted CTDOC's ability to provide reentry support for people inside the prison, and as they transition back into the community, a CTDOC Reentry Counselor Supervisor responded that:

A lot of community programs and offices have been closed for in-person meetings. It is hard to make appointments and make a plan. Offices will close suddenly due to COVID-19 outbreaks and we could have no notification of the closure. A lot of services can be applied for online, but DOC does not have the infrastructure or technology to be able to assist with this. Once individuals are released, they may not have access to technology or might not know how to use technology to be able to apply for these services online. Shelters are at limited capacity and have long waiting lists.

⁷ This average is based information supplied by CPA's Program Manager.

CTDOC reentry counselors stated that they were “unable to address these issues in the community besides staying in communication with the different providers to stay up to date on their current policies.”



High Cost of Placing People in Hotels and Expenditure of DRHAP Funds

Once the DRHAP funds for hotel placements were expended, people who were released to the GH-RWC were instructed by case managers to call 211 and enroll in the Coordinated Access Network (CAN) System. Participants could place a call to 211, 48 hours prior to their release from CTDOC to schedule their CAN appointment, and be placed on a waiting list for an emergency shelter. Some of these individuals ended up homeless and on the streets.

Beginning in the month of December 1, 2021 and for the remaining winter months through March 2022, a majority of the GH-RWC participants who were homeless upon release were being directed to stand in line for a bed at the warming shelters. They had to utilize the warming shelter until they were assigned an emergency shelter bed through the CAN system, or were able to qualify for a sober house placement or another housing arrangement could be made, often with support from their GH-RWC case manager and/or the Reentry Specialist for the City of Hartford.



Challenges with Finding Housing Placements

The DRHAP program was intended to provide rapid rehousing services to place people with family and friends, or other government supported housing. But the pilot study demonstrated that the number of people who could be placed in transitional housing prior to their release was very limited, and most participants ended up being placed temporarily in hotels. According to interviews with CPA administration as well as with CCEH and CHR administrators of the DRHAP program, many of the people who were placed in hotels ended up staying there for six months or longer, and some of them were unable to transition into more stable housing situations even after the six-month hotel stay.



Challenges in Housing Placement for Participants with Sexual Offense Charges & Arson Charges

The CHR housing specialist for the DRHAP program was interviewed in September 2021 prior to the end of the program. She reported that some of the most challenging people to place in transitional housing were those with prior sexual offense charges. CPA’s executive director explained some of the added hurdles for finding housing for someone with a sexual offense history who is on the registry. They need to be in touch with parole and probation because they need to inspect the place and make notifications. There are additional requirements; the property cannot be near a school, a day care or a playground. The GH-RWC staff described a sixty-year-old man, who came out at the beginning of the pandemic, who needed assistance with housing and could not qualify for senior housing because of his sexual offense charges. He also needed a handicap accessible unit. Eventually he was able to enroll in the DRHAP program and they paid \$500 a month toward his hotel stay. He was in a hotel for more than a year until he was able to be placed in a suitable housing arrangement. The CHR housing specialist also reported challenges with housing people that had an arson charge. Landlords are less willing to rent to these individuals, especially in multi-unit properties.



Lack of Stable Housing Impedes participants from benefiting more fully from Other Reentry Services and from Gainful Employment Opportunities

“How are you going to be able to focus on moving forward to getting a job, to do better in your life, if the main problem right now is not knowing where you're going to sleep at night, or where you're going to wake up to have a meal? How are you going to wake up and take a shower to smell good to go get a presentable job?” GH-RWC participant

The interviews with GH-RWC participants shed further light on some of the barriers to participants exiting the hotel system. Barriers to finding steady employment while staying in a hotel included lack of transportation for jobs at night, scheduling conflicts with mandated treatment and other programming, jobs being part-time or seasonal, and not being able to save enough money from their earnings to afford rental deposits. Landlords rejecting their applications for housing was another barrier. Once participants found any form of work, they were expected to contribute a portion of their earnings toward the cost of their hotel stay. This made it hard for them to save funds for the rental deposit on an apartment. Essentially participants found themselves in a double bind; without jobs they could not find stable housing and without safe and secure housing they could not hold down a steady job.

A repeated theme from both the male and the female program participants is that having a safe and stable place to live is essential to their wellbeing and ability to maintain their sobriety. For example, one participant described his daily struggles as follows:

Sometimes it is difficult just trying to get help so I can get on my feet. Being able to have the funds to be able to be put up in a room and get a good night's sleep. Being able to wake up tomorrow and get some work...Today, I found myself shuffling. My food stamps don't come till tomorrow...There is nothing for nothing out here.

A woman in the focus group spoke of her challenges with housing as well. She said, “You can't really do nothing, if you don't have somewhere to live. You have got to worry about where you're going lay your head at night.” The men and women in the focus groups, who lacked stable housing explained that while they wanted to make use of the peer support, mental health and employment services that were available to them through referral partners, they found it difficult to follow through when they were scrambling to find housing.



Increased Risk of Participant Overdose Due to Street Drugs being laced with Fentanyl

Many participants in the focus groups, especially in the women's group, talked about struggles they were having to maintain their sobriety. Some specifically discussed their addiction to heroin. At least one participant is known to have overdosed, who was sheltering in a hotel at the beginning of the pandemic. The Executive Director of the CT Harm Reduction Alliance (CTHRA) reported that over a six-month period, at their drop-in center in Hartford's Albany Ave, they were doing random tests of heroin for fentanyl in 2022. Of about 200 tests, about 62% (n=123) tested positive for fentanyl and just 15% (n=29) tested negative. Furthermore, he explained that a negative test result does

not necessarily mean the drug does not have fentanyl; it could have an analogue of fentanyl that the test does not measure. The average amount of fentanyl present was between 3% and 5%. A drug laced with ten percent fentanyl is enough to cause an overdose. Based on these test results and the increase in overdoses in Hartford, it is evident that fewer and fewer of the heroin on the streets is pure, and the risk of overdose for people who are addicted and on the streets is high.

Recommendations



- ◇ **Continue to problem solve the gaps in transitional housing for people returning from jail and prison and advocate for systems changes to address this gap.**
- ◇ **Conduct Narcan trainings with new staff; continue to provide Narcan kits; and find ways to prevent overdose deaths and other health risks for people exiting prison and jail with GH-RWC partners.**

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

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.

A core goal of the GH-RWC is to provide quality case management services to people who are transitioning from jail and prison back to the community. When the GH-RWC opened, CPA initially had funding for one full-time case manager and one half-time case manager position. The same case manager has been functioning in the lead case manager role since the fourth quarter of Year One. The half-time case manager position is also filled by a bi-lingual staff person, who has served in this capacity since the opening of the GH-RWC in 2018, and who also works half-time for CPA's Resettlement Program.

Strengths



Hiring and Retaining Staff with Lived Experience

CPA administration has demonstrated the ability to hire and retain qualified case managers with prior lived experience of incarceration/addiction. Their case managers have a good track record of being able to engage participants and they also have strong relationships and knowledge of the social service providers and the community. They are able to provide tailored services to meet the needs of participants, while also advocating for systemic change at the policy level. The case managers consistently report feeling backed up and supported by CPA's executive management team. Case managers reported that the management are very knowledgeable and very engaged in ensuring the

wellbeing of front-line staff and participants, and everyone works together as a team to support the needs of participants who are engaged in services.



Case Manager Staff Trainings

CPA GH-RWC staff received two trainings during 2021 one from the CTHRC (formerly GHRC) on Narcan administration and the second three-hour training on trauma-informed services for people returning from incarceration provided by the SCRIP director, Edward Andrews and Amberly Prykhodko, Director of Clinical and Professional Services for the Institute for Justice Research and Development Florida State University. Her biosketch states that she is a seasoned clinician and trainer with extensive knowledge of the neurobiology of trauma.



Most Participants Who Were Interviewed Expressed High Satisfaction with the Case Management Services

During brief phone interviews, participants were asked if they had any recommendations for improving services at the GH-RWC. Seven out of the nine participants interviewed reported being satisfied or highly satisfied with the services. Three participants explicitly praised the case manager for the personal help he provided them with their reentry. For example, one participant said the “RWC is doing excellent” and another person said the case manager is “on it.” He explained that when he had “a situation,” the case manager “drove up to where I was staying and worked it out.” Another male participant said emphatically, “If it wasn’t for them, guys like me wouldn’t have a chance.” A woman who was recently released said that she had just met her case manager for the first time, and was supposed to have a zoom call with her after she returned from vacation.



“Success” Stories Reported by GH-RWC Case Managers

During their annual Halloween fundraiser, CPA’s GH-RWC case managers described some of the successes and challenges that they have had in working with participants. The supervising case manager described working with a gentleman who had been in and out of incarceration at least five times. He said that he “watched him rebuild his life from emergency housing to permanent housing to getting up every day to try to better his life.” He also assisted another gentlemen who had spent forty years in prison go through the housing system, to get permanent housing. He said, “Now he has reconnected with his siblings and family in Puerto Rico and is looking for his own one-bedroom apartment.”

An account from CPA’s Executive Director demonstrates the extent to which GH-RWC staff will go out of their way to assist participants. CPA received a call from an attorney for someone who had a CTDOC classification of high mental health needs. The woman who was detained pre-trial was refusing to take a plea deal even though she would have been released time served. Her reasoning was that if she took the plea deal, she would have ended up homeless. A CPA case manager met with the woman at York CI and showed up at her Court hearing on the day she was released. The case manager arranged for her to take an Uber to get reconnected to InterCommunity to have a treatment bed, and receive mental health and addiction services.

A case manager for the SAMHSA program recalled a young lady who said to her, “I want to be better than I was and how can you help me do that?” She wanted a job, so the case manager connected her to the American Job Center, and they helped her to prepare her resume. Three days later she called the case manager and said she had obtained a job. The case manager observed that she was very motivated, and let her know that she thought she was doing a great job. Later, when this participant encountered some setbacks, she called the case manager to talk about how she was feeling. When she fell short of her goals, the case manager reported saying to her, “Hey listen, mistakes happen. So, what do we do now to change this; to not continue in the spiral?” The case manager summarized her approach as follows, “Encouraging you beyond the mistake, that’s what we do here at Community Partners in Action.”



New Partnership with City of Hartford, The Open Hearth Association, and Greater Hartford Reentry Welcome Center

A new partnership between The Open Hearth and the City of Hartford has been developed to provide multi-tiered support for participants of the GH-RWC who are newly released Hartford residents and are homeless or housing insecure. This program is called the Re-Entry Transitional Jobs program funded by a Community Development Block Grant (CDBG) from the City of Hartford. The Open Hearth provides job readiness training, case management and connection to wrap-around services in the community. OSHA 10, Forklift, Flagger, and First Aid/CPR trainings are also provided.

Due to The Open Hearth’s intensive combination of shelter, recovery supports, employment and long-term living arrangements for people with criminal records, they are able to provide the types of closely coordinated services that this highly vulnerable population needs to remain sober and gradually become more self-sufficient. The staff at The Open Hearth collaborate with CPA case managers to make sure participants have additional supports around them if they are needed.

Once individuals have completed their job training, they are hired by Open Hearth Works as Neighborhood Ambassadors to provide beautification services such as litter/weed removal and graffiti identification throughout 11 neighborhood commercial corridors in the City of Hartford. Participants earn sixteen dollars an hour and are employed five days a week. The goal is to create a talent pool of individuals ready to take on full-time, permanent employment opportunities. The Neighborhood Ambassador program is part of the City’s Love Hartford Initiative, which was funded in part by the Hartford Foundation for Public Giving and the American Rescue Plan.

Challenges



Successful Completion vs Loss of Contact Rates

CPA’s data system contains a field for reporting ‘discharge reason.’ In the Third Year, CPA’s Salesforce records indicated that 40% of participants who remained in the catchment area post-release successfully completed all program requirements⁸. This percentage was

⁸ Stated goals for successful completion of the GH-RWC Program, as documented in the RWC program logic model, are for the participants to have achieved three outcomes: 1) developed positive coping skills, 2) able to identify their needs to overcome challenges, and 3) have made a meaningful connection with a community. The determination

calculated by removing those individuals who were referred to probation, moved out of the catchment area or to another state, or had not yet discharged from the program (n=30).

About 7% of the GH-RWC participants relocated out of state or to a town outside of the Greater Hartford region. Twenty-three participants who were released at the end of their CTDOC sentence, but had split sentences, were assisted with basic needs immediately upon release and then were referred to their probation officer. Similar to last year, over one quarter of the participants lost contact with the program (26%). Two participants were known to have been reincarcerated and one participant was reported to have died. Case notes explain that this participant was found unresponsive in the hotel room in which he had been placed through the DRHAP program.

In addition to those participants that were discharged after successfully completing the program, case managers reported that one participant was successful on his own in finding employment and another was successful in connecting to a community resource. One participant who was dropped off by CTDOC at the GH-RWC, did not return to complete the intake. Two participants had not yet discharged from the program.

The statistic listed in the table below of 2.7% who were re-incarcerated is based on case manager notes regarding discharge reason, and does not necessarily reflect the actual recidivism rate within a specified timeframe. The two-year re-arrest rate for Years One and Two GH-RWC participants will be calculated utilizing CSSD data in a final evaluation report with recidivism outcomes in 2023.

Discharge Reason	Percent	Count
Referred to Probation	31.5%	23
Moved out of Catchment area (specify town in comments)	5.5%	4
Moved out of State (specify which state in comments)	1.4%	1
Incomplete-Participant Did Not Connect to Community Resources	1.4%	1
Not yet discharged	2.7%	2
Re-incarcerated	2.7%	2
Deceased	1.4%	1
Obtained Employment	1.4%	1
Incomplete-No Show	1.4%	1
Successfully Connected to Community Resource	1.4%	1
Loss of contact with program, staff made several attempts to contact (letter and phone calls)	26.0%	19
Participant successfully completed all program requirements of Total	23.3%	17

of *successful completion* was based on each case manager’s subjective assessment of their participants. No formal assessment tools were utilized.

Participant successfully completed all program requirements of Subtotal (excluding probationers, & those who moved or were not yet discharged)	39.5%	17
Total	100.0%	73

The average number of days that the EOS participants were enrolled in the program from the time of their intake to discharge was 162. The median number of days to discharge was 139. The minimum number of days enrolled was 0 (for the no show participant) and the maximum number of days a participant was enrolled was 444.

Time from Enrollment to Discharge	Days
Average # Days for EOS	161
Median Days to Discharge	139
MIN Days	0
MAX days	444



Characteristics of EOS Population and Discharge Findings

“For our participants we have to stratify success; for success for me is much different than success for another individual. Success for one of our participants might be staying out of prison for one week, or not using drugs or alcohol for two days, and that is success for that individual. And so, we really help individuals define what their own success is, define what those goals are, and help those goals become a reality.”

CPA’s Director of Operations

People who are released from prison at the end of their sentences generally fall into three high risk categories for recidivism; some may have been denied parole, others remanded due to a technical violation while under community supervision, and others may have been incarcerated for a brief period of time. The motivation to change is generally different for people who were incarcerated for longer periods of time. As CPA’s Program Director states, those who completed longer sentences, “have been there long enough to want to change and to have their lives be different and they are more mentally geared for success.” A subgroup of participants exhibits a pattern of cycling in and out of jail on short bids (sometimes referred to as “churners”). A majority of the individuals who enrolled in the GH-RWC Program in Year Three also were housing insecure (93% of the EOS participants).

Given these characteristics of GH-RWC participants, it is not surprising that the rate of successful completion is relatively low, and loss of contact with participants more frequent when compared with other types of programs in which participants have more stable housing. As CPA’s executive director wrote in the BJA Planning & Implementation Guide: “Success and completion will look different from one

participant to the next depending on their backgrounds, needs, coping skills and protective factors.” The lead GH-RWC Case manager explained the definition of success as follows:

How do we label success, let us start with, ‘I am not back in jail.’ That is the first success that we see. And as we see that success that they don’t reoffend, they continue to show up and better themselves.



CPA Case Managers Are Tasked with Responding to Crises Encountered by People with Criminal Records and Pre-Trial Individuals who are released from the local jail

An ongoing challenge in working with the reentry population is the fact that participants in the program often will turn to the GH-RWC when they are encountering a crisis, such as having just lost their housing, dealing with family and other disputes, having had their identification or possessions stolen, been denied identification or other benefits, experiencing a death or other loss, and/or are on the verge of a mental health breakdown. Community partners will also sometimes refer participants who are in crisis to the GH-RWC case managers. Examples include a male who had serious mental health problems and was released from court without medication. He ended up on the streets, and was brought to the GH-RWC by the local police. Another woman was referred to the GH-RWC by a hospital after having been discharged. She had recently experienced a sexual assault and needed housing assistance. Although the GH-RWC does not operate emergency shelter beds, they often are tasked with finding shelter/housing solutions for individuals in these crisis situations. Because the case managers have established relationships with other community providers and experience in assisting people with criminal records they do their best to assist with problem-solving these challenging situations.



Some Participants Became Frustrated or Angered when the GH-RWC Case Managers Cannot Assist them with Shelter/Housing Needs

One participant who was interviewed by phone reported that the GH-RWC staff needed an “attitude adjustment.” This participant was struggling due to being homeless and was upset when the staff told him that they were not able to provide him with a hotel voucher. Another participant described the situation he experienced living on the streets and how lack of housing increased his risk of relapsing.

No. I wish I could get some assistance with that right now. I need assistance with housing. The [hotel] arrangement expired...I am not able to consistently keep up with jobs because I am more worried about where I am going to stay at. When the storm came in, I had to shuffle to get a place a stay at night. That becomes very difficult. You can find yourself out on the streets. More people in the same situation. You can find yourself on drugs cause that’s all you are around. Sometimes it can drive your mind crazy.

Interviewer: Does it help to have someone you can talk to?

You can talk that’s just a part of it. Being able to get some help [with housing is what is needed].

Although it helps to have someone to talk to about the situation, people who are homeless are desperately seeking immediate help with shelter needs from the GH-RWC staff, and many are not satisfied with having to call 211 and go through the CAN process, only to be put on a wait list.

Recommendations



◇ **Apply a uniform definition for successful completion (this is in progress as of Year Four)**

In CPA's Planning and Implementation Guide which was completed in April 2022 for the BJA grant, CPA further clarified their criteria for successful program completion for medium to high risk RWC Program participants served by the BJA grant to be as follows:

- ✓ No new arrests
- ✓ Legitimate source of income
- ✓ Stable housing
- ✓ Identification is secured
- ✓ If mental health is identified – connected to and participating in mental health services
- ✓ If substance use is identified – connected to and participating in substance use services
- ✓ Communication with Case Managers – at the onset of program participation, weekly case management sessions will occur; once stable, sessions can reduce to bi-weekly then monthly for approximately 6 months to one year

For Year Four, this data is being collected in the RWC case management system in a manner that can be outputted to determine if these criteria were met by each participant. Participants that are rearrested can re-enroll again in the program after having been discharged, and CPA case managers will work with each individual to try to find ways to better support their successful completion in the future.

◇ **Continue to provide Basic Needs Assistance, Shelter/Housing & Education, Employment and Behavioral Health Recovery/Treatment Supports among other essential need areas.**

◇ **Assess needs for Family Reunification, Legal Assistance, and Health Care (including disability).**

◇ **Evaluate strengths and challenges of the City's Neighborhood Ambassadors Program and the Partnership with the Open Hearth and the GH-RWC**

Another related recommendation pertaining to the evaluation is to monitor referral sources and progress of participants enrolled in the Neighborhood Ambassadors Program with Open Hearth.

◇ **Year Four evaluation plan updates**

With the expansion of eligibility criteria for the GH-RWC program, the Year Four evaluation will examine CPA's relationship with probation and parole and halfway house partners to document efforts to avoid duplication of services and overall coordination across existing reentry support services.

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

Peer Support Groups

CPA runs their own peer support groups led by the case managers. These groups had halted during the pandemic, but resumed in Year Three. They were arranged via zoom. COVID-19 restrictions on face-to-face group meetings remained in effect through the end of Year Three and into the first quarter of Year Four. According to staff, about 4-5 male participants, on average, were attending the peer support groups online in any given week.

Strengths



Number of Community Partners Providing Peer Support

At least six of the GH-RWC community partners also run peer support groups. CPA provided some small grants (\$3,000) to partners to provide peer support group services to GH-RWC participants. CPA provided information on the services by distributing fliers and word of mouth. Organizations providing peer support that received funds included The Connecticut Community for Addiction Recovery (CCAR), GoodWorks, Justice Dance Performance Project, and Once Incarcerated. The evaluation was not able to collect data on how many participants took part in the peer support groups provided by the partners, as this referral data is currently not being tracked by CPA case managers.



Participant Feedback Regarding GoodWorks Women's Empowerment Group

Several of the women in the focus group spoke positively about their participation in a women's empowerment group through an ongoing partnership between the Resettlement Program and GoodWorks. As one woman described, "I went to my first group with them...so, this is all new to me, but it does sound like that is a very beneficial program that they do have. And they're very supportive emotionally, mentally." Another explained that the group helps you "to speak and talk." And the women in the group, "had each other's backs." She described the in-person group meetings she attended before COVID-19, as follows "we'll give the person a hug, because we've been down that road...our program is to help each other." A third woman described the importance of being receptive to the feedback they receive in order to benefit the most from the peer support.

It's good to let things out as far as getting as much feedback as you can. You might hear a lot of things that you don't want to hear. But a lot of times the thing that you don't want to hear, is what you *need* to hear...You're always gonna get something from it, if you're willing to open up your mind and your heart.

During COVID-19 pandemic the groups met on zoom or over the phone, but were not able to take excursions together. As the program participant explained, "while we are on zoom, where we still do activities and stuff over the phone. But when it was in person, we did a whole lot more stuff. Like every August we would take a field trip, but since COVID-19 we have not been able to take fieldtrips."

Challenges



Low Attendance in Peer Support Groups

During focus groups, participants were asked why they did not regularly attend the peer support groups. The reasons they provided varied. Some did not know about the groups, while others said they had conflicting work schedules, or their lives were too chaotic. One GH-RWC participant who was interviewed explained that having PTSD prevented him from attending groups. He also said he dropped out of a recovery program at The Community Renewal Team (CRT), because they were requiring that he take pills for his diagnosis, which he refused to do.

Recommendations



◇ Colocation and creation of an online calendar

Colocation of peer support groups at the new space on Windsor Street may make recruitment and referrals easier. The GH-RWC case managers can make referrals to these groups, and potentially cofacilitate some groups so as to engage participants in a broader range of community supports. The establishment of an online calendar and enrollment process may also help participants know when and how they can join peer support groups.

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).

The five-year grant for the SAMHSA Program with InterCommunity has continued to serve people who are newly released from prison or jail and have co-occurring addiction and mental health disorders. Another high-risk group in need of services identified by the GH-RWC planning process is the pre-trial population who are detained in jail and then released from court. This population receives minimal services while incarcerated and also experiences high rates of homelessness, addiction and mental health needs. According to a 2020 study conducted by the CT Coalition to End Homelessness of the 17,226 people utilizing the shelter network in the past three years, 20% (n=3,652) had been released from CTDOC prison or jail in the past three years, and of these 1799 were detained pre-trial.

Strengths



RWC Center Funds for Expansion of Services & Sustainability for Another Three Years

CPA's Annual Fundraiser held at the end of October 2021 raised over \$35,000 from private donations, which was double the amount CPA generally raised from their prior Halloween fundraising events. The fundraiser was held online and provided testimonies from a participant who had received services from the GH-RWC and the case managers and staff who described how their lived experiences informed their work. All of the funds raised will go to providing basic needs assistance: food,

clothing, and shelter/housing assistance for people reentering through the Greater Hartford and Greater Waterbury Reentry Welcome Centers.

In July 2021, CPA renewed its contract for another three years through the Hartford Foundation for Public Giving and procured additional funding through the American Rescue Plan Act of 2021 (ARPA) allocated by the City of Hartford. With this new funding, the eligibility criteria for case management services at the GH-RWC was expanded to not only include people who were released EOS within the past 90 days, but also people who were released for 90 days and over. CPA also decided to further expand support to people on parole and probation to address the gap in services upon release before they connect to their community supervision officers, which sometimes can be delayed. Reentry populations supported through the Center will also include people who are pre-trial as part of a HFPG supplemental December 2021 grant, which also supports the Center’s relocation.

With these combined funds from the City and the HFPG, the GH-RWC will be moving its headquarters to a larger building located at 716 Windsor Street with more offices and meeting space to accommodate an increased number of staff, participants and to be able to colocate additional community partners on-site. The HFPG also supplemented the funding needed for facility upgrades needed for connectivity at this new location.

CPA also announced in December 2021 that it had procured an additional \$750,000 in funding through a highly competitive federal grant from the Bureau of Justice Assistance, which will be divided between the Hartford and Waterbury Reentry Welcome Centers over the next three years, with enrollments starting in January 2022. The total amount allocated to the GH-RWC for this grant is \$121,000 per year. Funding from the BJA grant will support GH-RWC case management services for another 50 individuals who are reentering per year, who meet the medium-to-high risk criteria on the SCORES risk assessment tool, including individuals under probation or parole supervision. The BJA grant will also fund a reentry navigator position to conduct in-reach within the facilities.

Expansion of GH-RWC Staffing for Year Four

With the combined funds from the City, the federal grant, HFPG, and the CDBG grant, CPA will have the funds for the following staffing to be based at the GH-RWC for a total personnel budget of \$538,847.

GH-RWC Front-Line Staff (CPA)	GH-RWC General Administration (CPA)
Program Manager	Program Operations Director
Administrative Assistant	Data Specialist (Part-time)
Supervising Case Manager	
Case Manager	
Bilingual Case Manager	
Reentry Navigator	
Supervising Peer-to-Peer Case Manager	
Peer-to-Peer Case Manager	
Housing Navigator - In Kind	

Challenges



Serving the Jail Population (including those detained Pre-Trial)

GH-RWC case managers were challenged to provide services for people who were being released with shorter sentences from the Hartford Correctional Center. Often referred to by people working in the system as “churners,” this is a subset of people released from the courts who have a history of cycling in and out of jail on short bids. Most often these people are caught up in this cycle due to a combination of factors such as homelessness, substance abuse, mental health issues, and committing petty crimes or engaging in altercations. From research on the jail population in Connecticut, we know that this group is very likely to have high adverse childhood experience (ACE) scores, and due to complex trauma, suffer from mental health problems.

For many of these people who cycle in and out of jail, this pattern of addiction is very difficult to break without adequate recovery supports, a stable place to live and treatment for their underlying trauma. For heroin users in particular, according to several focus group participants, the types of petty crimes they commit are often part of their survival strategy and attempt to feed their habit so as to avoid dope sickness and/or a way to get access to food or shelter, leading to a vicious cycle that is hard to break. As a GH-RWC staff person conjectured on their thought process, “Okay I am out here. Let me do my thing. Let me go back where I was. It is getting cold out here. let me go back in.” According to staff the people cycling in and out of jail that they encounter are typically adults who are over age 25, and in that median age range of 40. The dynamic a GH-RWC case manager described is that a person could get out on a Friday evening and think, “I’m free and celebrating.” However, “once drugs are introduced, sometimes their minds are made up” [not to go to a sober house]. Their level of success in being able to break this cycle also depends upon, “what they put in for support,” or in other words their level of motivation to seek out addiction treatment and recovery supports.

The GH-RWC Program Manager and Director of Operations explained that people who cycle in and out of jail, often know a lot already about the types of government assistance that are available to them and also understand how the police, courts and jails function. They have what some refer to as “street smarts,” having learned to fend for themselves, and navigate the different government systems in order to survive—sometimes beginning with justice involvement as a youth. As the Reentry Specialist for the city states, “We haven’t figured out how to get them the right support in general, for those who are doing these short bids. They are in the homeless system and they are not getting what they need in the homeless system. Jail is just this temporary band aid...They know how to navigate the various systems, but they are just stuck.” CPA’s Director of Operations explained, “We don’t have housing to place them in. So, the system has failed them. So, there is no place for these individuals to go...There is not a system that is designed to really help these individuals.”

Recommendations



◇ Document CPA decision-making and expenditures for participant support and housing assistance.

Across all sources of funding for GH-RWC Programs CPA will have \$120,000 for participant housing and \$93,000 for additional participant support for the next year. From the HFPG funding for the next three years, CPA received \$11,341 of support funds for participants and another \$40,000 toward housing assistance through the HFPG grant. CPA administration reported that in 2020 housing assistance costs were approximately as follows:

- A Sober House for one month with sober fee is \$1,340.
- Hotel for a *week* is between \$500-600.
- Security Deposits \$1,200-\$1,400.
- Emergency Shelter Bed for a year \$18,000-\$29,000.⁹

CPA's future aim is to be able to use the housing funds to open a transitional house, for people who have been released and have found employment. Further exploration in the Year Four evaluation will aim to examine the decision-making process CPA and the GH-RWC housing partners use in allocating existing and newly available funds for housing to GH-RWC participants who are most at risk of homelessness directly upon release, and/or who become homeless following their release.

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

Building Towards Collective Impact

The process of rolling out this project as a Collective Impact project is evolving gradually. CPA's capacity to serve as a backbone organization has grown over the past three years in its role as administrator of the GH-RWC program in close coordination with CTDOC and CSSD. CPA has improved its ability to track participant data required for ongoing quality assurance and evaluation; has established data sharing agreements with key partners through the Hartford Data Collaborative; and has improved some processes for providing warm-hand offs and care coordination, as well now having the ability to colocate services onsite.

The GH-RWC Collaborative has continued to involve a group of over thirty partner organizations that have expressed support for the growth of the GH-RWC as a centralized hub for the delivery and coordination of reentry services. The community partners who were interviewed to date have each expressed a strong commitment to the mission of the GH-RWC and continue to seek opportunities to support the needs of people returning home through better coordination of services. CPA is working with each agency to

⁹ Emergency shelter is generally only for short-term stays, on average under 4 months (115 days).

figure out the best way to fold them into supporting the Center, considering each organization’s mission and capacity. There is a strong commitment on the part of CPA’s leadership, the City of Hartford Mayor’s Office, and leading social service partners to grow the vision of creating aligned efforts that will bring about a more efficient and effective transition process for individuals who require reentry services, especially for those who are newly released and have the highest risk of recidivism.

Community Partner Feedback

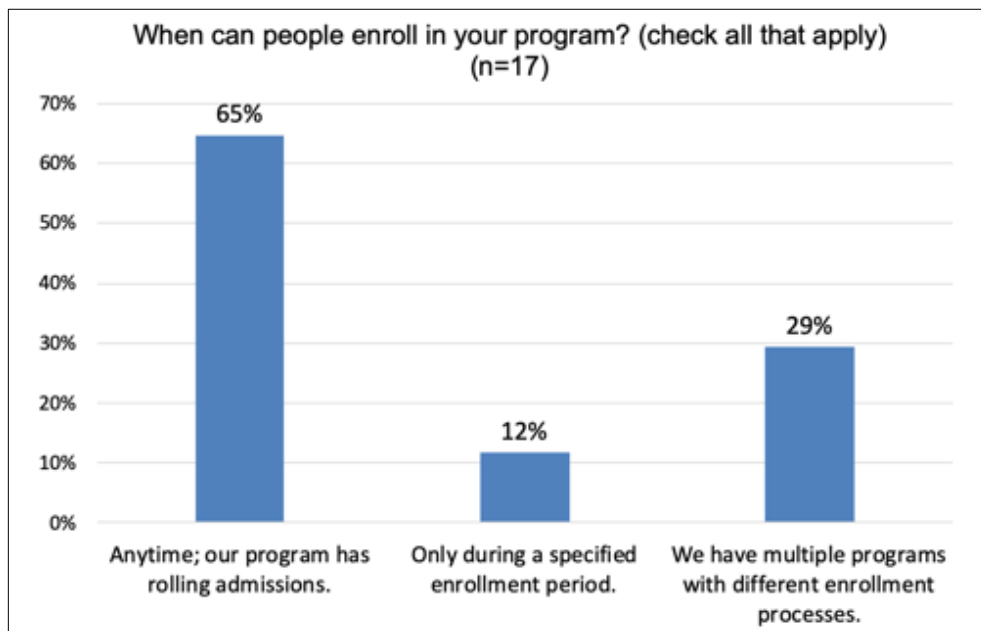
Eighteen service providers participated in a survey regarding their experience collaborating with the Greater Hartford Reentry Center. A list of the Community Partners and their reentry services is provided in the Appendix to the report.

Strengths



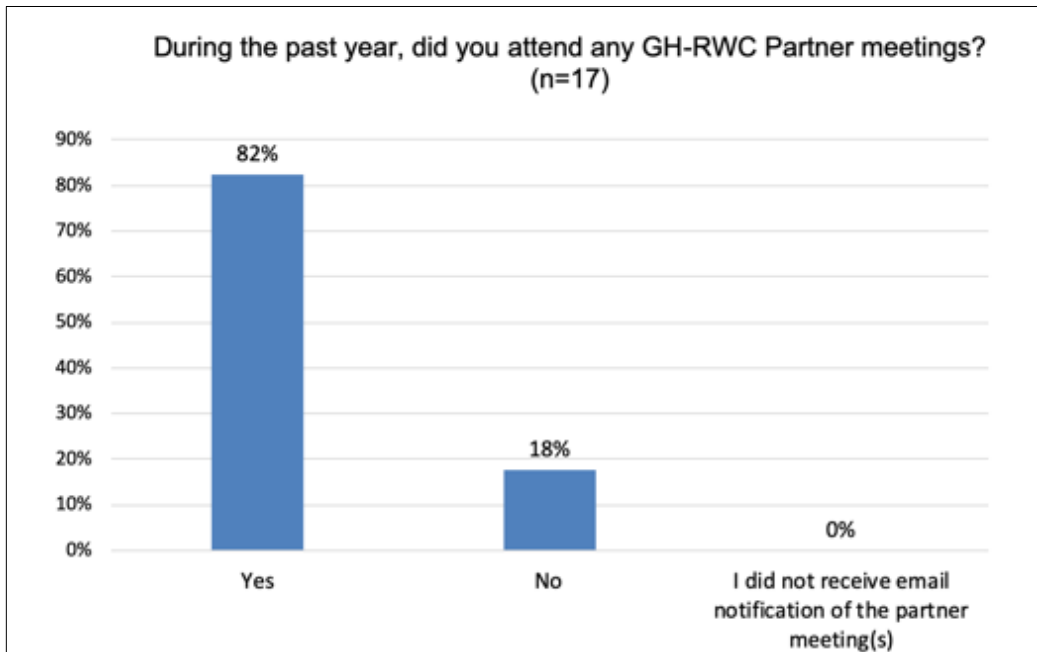
Timing of Enrollment in Reentry Programs for Partner Organizations

Participant’s ability to access programs of referral partners depends upon their enrollment process. When asked about periods in which participants can enroll in their organization’s services, most respondents stated 65% (n=11) that participants can enroll at any time. A small percentage, 12% (n=2) noted their program had a specific enrollment period. A sizeable percentage, 30% (n=5), said their organization had multiple programs with different enrollment processes.



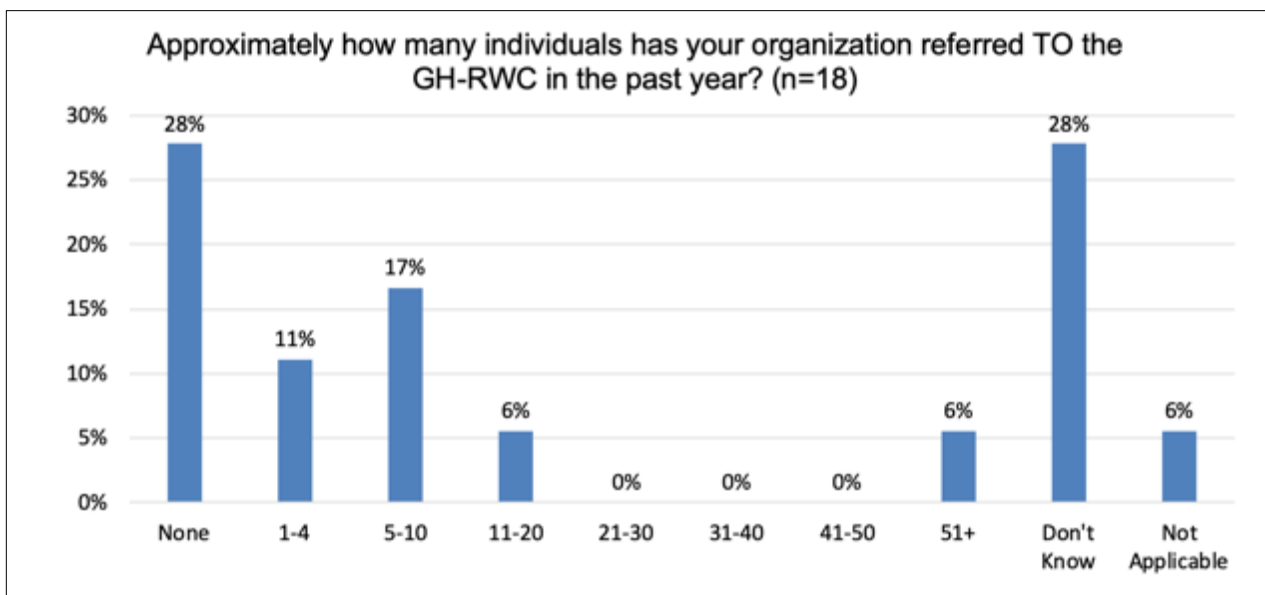
Partner Engagement

The GH-RWC held two partnership meetings in Year Three online via zoom, during the period of the ongoing pandemic. Most of the partners completing the survey, 82% (n=14) said that they had attended at least one of the GH-RWC partner meetings during the past year. Another 18% (n=3) said that they had not attended any of the partner meetings.



S **Number of Referrals Made to the GH-RWC**

When asked how many individuals partner agencies referred **TO** the GH-RWC, 28% (n=5) said none, 11% (n=2) said **1-4**, 17% (n=3) said **5-10**, 6% (n=1) said **11-20**, 6% (n=1) said more than **51**, and 28% (n=5) didn't know. For 6% (n=1), the question was not applicable. In total, 40% of partners had made at least one referral to the GH-RWC.





Flexibility, Ongoing Communication and Embracing the Concept of Emergence

One of the strengths of CPA’s implementation of the GH-RWC model is that the administration and the staff are responsive to the evolving needs on the ground, as the strong partnership with the City of Hartford and with DRHAP, administered by CHR and CCEH, during COVID demonstrated. The concept of “emergence”¹⁰ is one being embraced by experts in the field of Collective Impact as a means of describing collaboratives in the social service sector that are highly responsive to complex and changing environments and that value continuous learning rather than imposing a rigid framework from administrators at the top. By hiring people with lived experience to serve as case managers and providing them with the support to make decisions on how best to address their participant’s needs, and also soliciting their input in decisions and policy change recommendations—the GH-RWC leadership exhibits practices that are consistent with the principle of emergence and a learning culture. CPA leadership is also actively involved with problem-solving challenges that case managers are faced with on the ground, exhibiting a team-based, responsive, non-hierarchical, leadership style.

The hosting of partnership meetings and engagement of partners in the Greater Hartford Reentry Council meetings are other ways that information and data is being shared between partners and with leadership to inform decision-making and adaptations on the ground. CPA leadership and the GH-RWC community partners are also well-positioned to influence systemic changes at the legislative level and internal organizational policy levels to maximize effectiveness in serving the needs of people reentering through the CT Reentry Roundtables (see also Goal VI section of this report).

Challenges

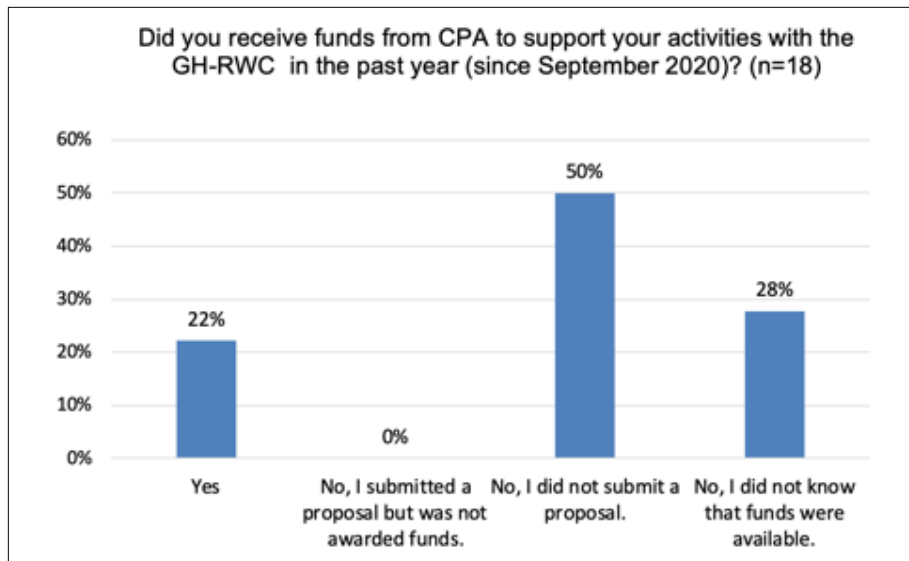


Partnership Funds

While the GH-RWC is not set up to serve as an intermediary organization, they have a small amount of designated funding (approximately \$50,000 annually) set aside to support their partners. In 2021, almost one quarter of the survey respondents (22%, n=4) reported that they had received funds from CPA to support their activities with the GH-RWC. Half of the partners, 50% (n=9), said they did not submit a proposal for funds. Another 28% (n=5) said they did not know funds were available. None of the respondents reported that they had submitted a proposal and were not awarded funds.

¹⁰ What Does It Mean to Lead in Emergent and Transformational Ways?

<https://collectiveimpactforum.org/resource/what-does-it-mean-to-lead-in-emergent-and-transformational>

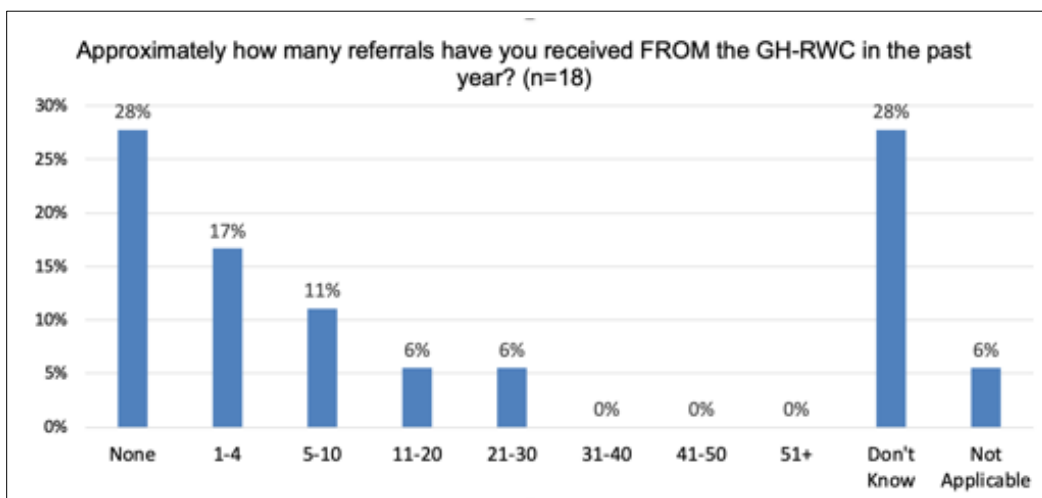


Referral Process to Partners

Due to COVID there were fewer “walk-in” participants in Year Three and also fewer referrals to community partners. However, partnerships were sustained with CHR and CCEH, as well as CSSD and a new partnership was established with The Open Hearth. A few participants were also referred to behavioral health services through CHR.

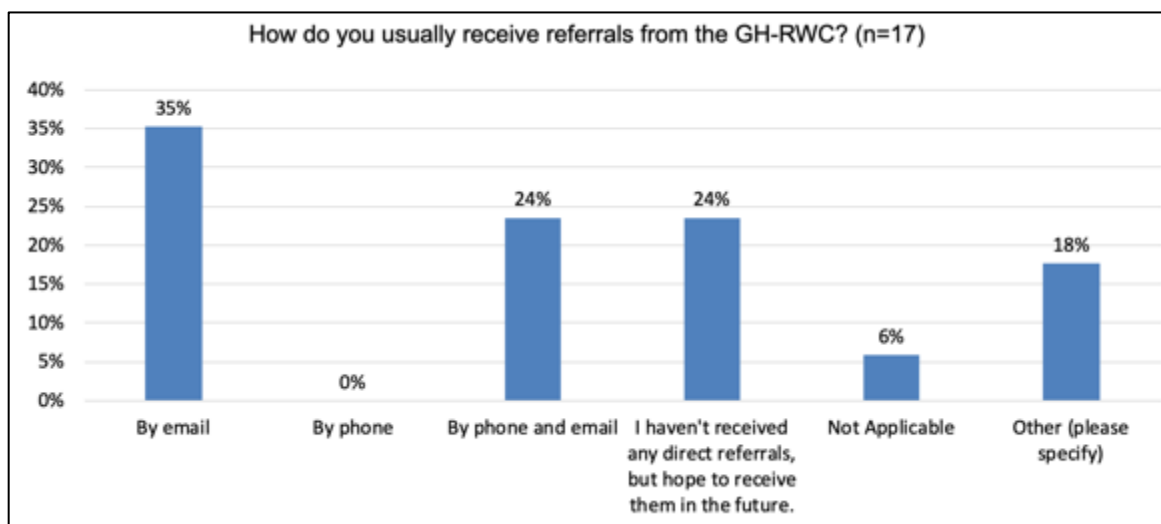
Number of Referrals Received From the GH-RWC

Seven partners (40%) received referrals from the GH-RWC in the past year. Three partners (17%) said they had received in the range of **1-4** referrals, and two partners (11%) had received **5-10** referrals. One partner (6%) reported that they had received between **11-20** referrals, and another stated they had received between **21-30** referrals. Five partners (28%) said they had not received any referrals from the GH-RWC and another five said they did not know how many they had received.



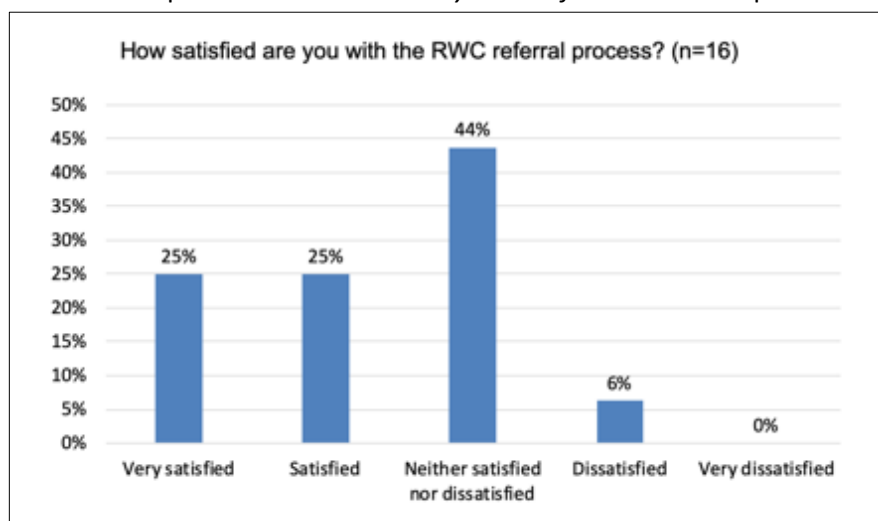
GH-RWC Referral Methods

Six partners (35%) responded that they typically receive referrals from the GH-RWC by email and another four partners (24%) receive referrals by phone and email. Four partners (24%) stated that they have not received any referrals, but they hope to receive them in the future. Three partners (18%) stated Other. These who listed Other each had a different explanation. One said that they receive referrals from another agency. A second partner explained that they “Haven’t received any referrals in a while/usually due to their age [18-24]”, and a third partner stated, “We have a community meals/day program and people just show up. We aren’t sure if they are ever referred here from the Reentry Center.”



Partner Satisfaction with Referral Process

One quarter of respondents (25%, n=4) said they were *very satisfied* with the GH-RWC referral process, and another quarter (25%, n=4) said they were *satisfied*. A sizeable percentage of respondents, 44% (n=7) were *neither satisfied nor dissatisfied*, and one partner (6%, n=1) reported being *dissatisfied* with the GH-RWC referral process. None were *very dissatisfied* and two respondents skipped this question.



Recommendations

R

Continue to recruit participants who need reentry services and seek opportunities to collaborate with partners and make referrals to their Programs

The GH-RWC administration can continue to look for ways to recruit more participants, assess their needs and barriers, and provide warm hand offs via email or phone calls to other community programs provided by their partners.

◇ **Additional steps to ensure referrals are successful**

Methods of following through on referrals may need to vary from partner to partner depending on partner's capacity and service model. Suggestions from partners regarding steps that can be taken after a referral is made to ensure participants access partner services are listed below.

For CPA Staff

- One provider requested referrals to their reentry programs for employment and career development, not just their clothing closet.
- Participants receive guidance on how to set up voicemail on their phone.
- Follow-ups by email or text message from the GH-RWC case manager.
- Collaborate with smaller nonprofits to enhance programming opportunities and peer supports for their GH-RWC participants.

For Provider Partners Staff

- Partner staff talk regularly with the GH-RWC case manager to make sure that they are following up on each person that is referred here.
- Retain a list that is used to show the enrollment status of each person.
- One partner said their Community Health Worker can reach out to participant and evaluate participant's needs, then they can connect participants to the services needed. Medical transportation will be arranged if it is needed.
- Participants participate in an orientation during which time they complete an assessment. Once assessed the partner provider then can guide them through the rest of the process.

AIM I: Colocate services at the Center

One of the long-term aims in the initial GH-RWC plan was to explore options for collocating essential services at the GH-RWC to make it easier for individuals to access what they need.

Strengths

S

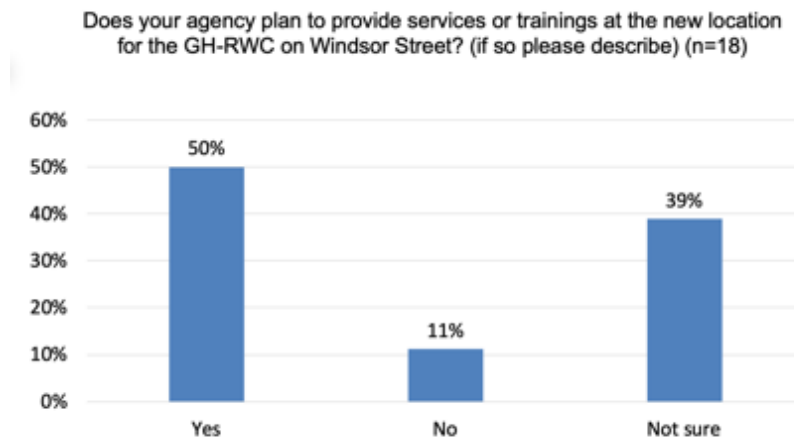
Relocation of Center to Windsor Street and on-site, colocation of services, workshops and other events with Community Partners

As of May 2022, the GH-RWC had relocated its operations to 716 Windsor Street in Hartford.

The decision to move was made based on the fact that Hartford City Hall did not have room for expansion, and the GH-RWC needed more office space for their new staff as well as to host workshops and to colocate services with partners. With the move to a larger location, plans are being rolled out to share office and meeting space with GH-RWC community partners.

Partners' Plans to Colocate

Of the eighteen partners who completed the survey, half (50%) said that their agency plans to provide services or trainings at the GH-RWC Windsor Street location; 11% said their agency will not; and 39% said they were unsure.



The COH Re-Entry Services Specialist and CPA's Director of Operations requested letters of interest from the partners who were willing to colocate or provide trainings/workshops etc. at the new location for the Reentry Welcome Center on Windsor Street. The table on the next page provides a list of additional programs that that submitted letters of interest in participating in the GH-RWC expansion.

GH-RWC Community Partner Services Listed in Letters of Support for the New Location on Windsor Street	
Hang Time, Her Time & CHAMP	Peer support groups for men and women
SCRIP	Addressing Urban Trauma
Once Incarcerated	Peer Support and advocacy Training
CT Harm Reduction Alliance	We will provide Narcan kits, training and workshops, raise awareness/advocacy around disparities with the opioid crisis and expand services when warranted.
Open Hearth	Neighborhood Ambassadors program with City of Hartford for employment, shelter, and recovery supports.
UConn	Nutrition education program
Interval House	Weekly support group about healthy relationships. Advocate onsite to provide service assessments, Community educator will customize services to meet the needs of this population.
Greater Hartford Legal Aid	Doing informational outreach/presentations about GHLA's services; Conducting presentations about legal rights & responsibilities; Holding events or workshops to provide specific services such as Pardon application advocacy; Accepting referrals from you of people needing legal information, advice, or advocacy
Department of Social Services	DSS will continue to dedicate a staff person half a day on Wednesdays to process applications for SNAP, medical and/or cash assistance submitted on-line. Once the expansion is completed, if the volume warrants, DSS will revisit having a staff person on-site for half a day on Wednesdays to complete applications for SNAP, medical and/or cash assistance. Additionally, provide periodic presentations regarding programs/services provided by the agency.
Career Resources Inc	So, whether it be the ARES, STRIVE, or P2E programs, CRI can commit to multiple years of service to the Hartford Reentry Welcome Center and its returning citizens.
Youth Challenge of CT, Inc	We provide residential treatment to men 18 years and older that struggle with addiction from drugs and alcohol. We don't need a space in the building but are available to support those in addiction looking for help and we are willing to come out to do a presentation or speak to a particular group that may benefit from these services.
Hispanic Health Council	Behavioral Health unit which composes of 1-Latino Outreach advocate for the Anti-Human trafficking project. 2- Mobile employment specialist who supports Participants who have had opioid use disorders and are in a sober home, transitional homes, hallway houses, or recovery homes. Lastly, we have 1 - Domestic violence Liaison who focuses on intimate partner violence and domestic violence awareness. In partnership with this initiative, we have decided as a team that we would like to use some of the space available at the facility to bring awareness to the community and provide direct services to the community and population we serve, as well as connect them to services and help bridge that gap.



Evolving & New Partnerships

Partnership with Career Resources Inc. (CRI) to Host Workshops and Share Office Space Onsite
Career Resources Inc. plans to locate its employment specialist and establish computer stations for participants to utilize onsite at the GH-RWC on Windsor Street once it opens.

When the pandemic was still unfolding, the GH-RWC partnered with CRI to host several WorkReady related training workshops. WorkReady (formerly called STRIVE) is a nationally-recognized model that trains adults and youth in the soft skills necessary to be successful in the workplace, including professional norms, conflict resolution, leadership, and public speaking. Two WorkReady employment preparation workshops for participants in the community were organized, one in January 2021 and the second in April 2021. The first workshop was held in-person at Chrysalis Center, Inc. in Hartford, and the second was hosted virtually on zoom.

Partnership with Justice Dance Performance Project to Provide Family Support

The type of family support people receive can make a difference in their attitudes toward sobriety. The Justice Dance Performance Project provides arts-based healing and skills building activities for formerly incarcerated parents/caregivers and their children in the prisons and in the community. The GH-RWC partnership with the Justice Dance Performance Project is anticipated to expand at the new location on Windsor Street. A goal will be to create a family friendly space where GH-RWC participants can meet with their children and other family members and engage in arts activities facilitated by the Justice Dance Performance Project and can also receive other types of family reunification supports, such as social work and mediation services. Also, family members will be encouraged to meet with GH-RWC participants who are transported to the Center on the day of their release and will be given a tour and information on the services that are provided to participants.

Ongoing Partnership with CT Harm Reduction Alliance (formerly GHHRC)

The Connecticut Harm Reduction Alliance provides a mobile van in front of Hartford's Community Court to deliver onsite services to people who are pre-trial. This started prior to COVID, but was interrupted as the Courts closed for COVID, and began again in July 2021. They provide connection to vaccinations, direct access to all of their harm reduction services: nurse, vaccine ambassador, and a specialist to enroll people in treatment. In addition to Naloxone, CTHRA delivers fentanyl test strips as part of a kit, with instructions, sterile water and a 'cooker.' In 2022, CTHRA opened a winter emergency shelter based on a full harm reduction model. This model provided a setting in which people with active addiction needs could be provided housing, clean needles, condoms, and testing kits for fentanyl along with vital human connection with their peers and with non-judgmental staff, and still remain sheltered during the winter months. While the GH-RWC administration was not involved directly in the launch of this program, Journey Home was a key partner in this initiative, and it may directly fill a gap in shelter/housing for people who are cycling in and out of jail on short bids due to homelessness, mental health and addiction issues.

Second Chance Reentry Initiative Program (SCRIP)

Second Chance Reentry Initiative ASCEND Program helps formerly incarcerated individuals develop life and professional skills for career advancement. The SCRIP programs are trauma-informed and involve

a partnership with a clinician who specializes in the treatment of urban trauma. SCRIP is also working with a sober house to provide 8 beds for men and women enrolled in its program, with the requirement that they participate in SCRIP's trauma-informed training. Referrals to the SCRIP Program could be an option for GH-RWC participants with trauma histories who are experiencing homelessness as they exit jail or prison. Limited staffing and a pre-established lease agreement, makes it difficult for SCRIP presently to colocate its services at the GH-RWC. For referrals to be made to SCRIP, CPA Executive Director states that it will be important for the SCRIP program director to maintain communication with the GH-RWC Program Director and case managers about the timing of enrollment and other opportunities for GH-RWC participants to get involved. Potentially teaming up with the GH-RWC case managers to run a few groups or workshops, or to plan a special event together could be a way to engage more participants in SCRIP's programming.

Challenges



Serving as the Backbone Organization for Achieving Collective Impact

As the HFPG Director of Strategic Partnership Investments observed:

Not surprisingly given the pandemic, it will take continued collaborative work going forward to advance these partnerships, especially beyond the ones with the larger organizations. Partners also recognize the need to continue to work together to capture outcomes of Welcome Center referrals more fully. Collective impact is the vision, but right now, the Welcome Center, with CPA's leadership as coordinating agency, is a hub for reentry services and referrals with many developing partnerships. There's a good distance to go to realize a collective impact model, but I see the partners getting there with continued hard work.

CPA's Executive Director agrees with this assessment as well.



Low Enrollment in CRI Workshops Organized During Pandemic

The WorkReady workshops organized with CRI during the pandemic were not well attended by GH-RWC participants. In cohort one, on January 2021, only one participant took part. In Cohort Two, in April 2021, five enrolled and four completed the training, with one who was successfully employed. Participant demographics in the two workshops combined were two White women, three Black men, and one Hispanic man. Additional reentry workshops were not able to be held at the GH-RWC due to staffing and space limitations, as well as safety protocols for COVID-19. CRI's Senior Vice President of Business Development and Reentry Affairs explained these low enrollment numbers were due to the fact that the EOS population are "often scrambling for food shelter, couch to sleep on odd jobs, um, substance abuse, you know, a lot of them are self-medicating." The fact that the GH-RWC was not open to walk-ins, also made it more difficult to recruit and enroll participants in the workshops.



Limited Capacity to Colocate Services

At least one community partner agency reported that they do not have the staffing to be able to colocate services or run workshops on site on a regular basis.

Recommendations

R

◇ **Develop a shared online calendar**

The hope is that with the new location and the development of an online calendar for the GH-RWC, it will be easier to recruit and retain more participants in the workshops, trainings, and peer support groups.

◇ **Continue to advance practices to foster equity and inclusion**

GH-RWC leadership can continue to find ways to enhance the flow of information and distribution of decision-making power between the GH-RWC administration and the people “closest to the problem.” Continue to encourage participation of people with lived experience of incarceration in partnership and roundtable meetings and involve them in problem-solving solutions. Continue to foster an environment in which everyone’s voice matters, and create safe spaces for people to openly express their views on the existing systems and practices, and encourage creative and alternative ways of addressing the challenges presented. GH-RWC staff and partners will need to be willing to embrace uncomfortable moments and emotions when hearing from people from diverse communities who may have different beliefs and world views shaped by their experiences. Uncomfortable exchanges can be used as opportunities to reflect, to bridge gaps in understanding, and facilitate changes in mindset necessary to reduce stigma, discrimination and racial bias. Based on this input, concrete steps need to be taken to address inequities, indignities and injustices experienced by people who are justice-involved and to help foster healing, growth and positive change on both individual, interpersonal and collective levels.

◇ **Develop an evaluation Plan that reflects the Collective Impact framework**

The evaluation plan also aims to evolve over time. A goal is for the data sharing agreements through the Hartford Data Collaborative to facilitate regional planning of reentry that focuses on setting benchmarks and problem-solving systemic issues and barriers with all the partners in the GH-RWC Collaborative. In a Collective Impact model, every partner would be requested to share data they have on the target population who are enrolled in any of their programs to inform decisions about gaps and services and how to improve efficiencies and effectiveness of services for this defined reentry population.

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.

A longer-term aim of the GH-RWC is to explore a regional approach by collaborating with other cities and towns in the Greater Hartford region to ensure people exiting incarceration and returning to neighboring towns are connected to the services and resources they need upon reentry. Forging connections with other towns in the Greater Hartford region has not been a central focus of the GH-RWC administration due to the small number of enrollees who report residing in neighboring towns, however the GH-RWC has become a model for other municipalities statewide.



The Greater Hartford Reentry Welcome Center is serving as a model for other Reentry Welcome Centers Statewide

During the Third Year RWCs were newly opened in New Haven (February 2021), Waterbury (September 2021), and Bridgeport (April 2022). CTDOC counselors were asked, 'As the GH-RWC model has expanded to other cities/regions (e.g. New Haven & Bridgeport), what have been the strengths and challenges for CTDOC in partnering with the lead agencies to implement this model?' The CTDOC counselors responded, "It's been a smooth process...since we are able to model the new welcome centers after the one in Hartford since the GH-RWC has been successful."

New Haven Reentry Welcome Center

Project M.O.R.E. in New Haven is the lead administrator of the RWC for the Greater New Haven region, which had its ribbon cutting opening in February 2021. The New Haven RWC is operated through an agreement with the City of New Haven with a combination of public and private funds. Like in Hartford, New Haven's RWC aims to be a "one-stop drop-off and resource center" location. The Center provides reentry services for eligible individuals who are returning to New Haven from incarceration or any individual who has been involved in the criminal justice system residing in New Haven or surrounding towns. Participants are paired with Peer Support Specialists who assess their service needs and connect them to services for identification, housing, SNAP, transportation, medical care, assistance for substance use disorder, mental health care employment and more. The New Haven RWC also provides peer group sessions, career resource specialists, clothing, access to computers and computer training.

In a related effort, Workforce Alliance received a \$1.4 million federal grant to link people soon-to-be and recently released from prison with employment opportunities and maintains an office in the Project M.O.R.E.-operated Welcome Center. In July 2021, News 8 WTNH reported, that New Haven's Reentry Welcome Center Director said about 72 people had been helped at the center since opening in February of this year. New Haven's acting police chief Renee Dominguez stated, "Anyone who is returning home is in need of resources that, prior to this type of program and this type of center; we were getting in silos." Senator Blumenthal stated, "Connecticut, and specifically New Haven, have received about \$1.5 million, recently announced in late June, but that amount ought to be multiplied."

Waterbury Reentry Welcome Center

Waterbury's Reentry Welcome Center involves a partnership between Community Partners in Action, Career Resources Inc, and Opportunity Industrialization Center. CPA was awarded a \$50,000 grant from the Herbert and Nell Singer Foundation in November 2021 and had a soft opening and began accepting participants in December 2021. In December 2021, CPA was awarded a federal Second Chance Act Community-Based Reentry Program of \$750,000 for three years from the Department of Justice, Bureau of Justice Assistance, of which \$125,000 per year will fund the Waterbury Reentry Welcome Center. Additional funding was provided by a City of Waterbury CBDG grant, the Tow Foundation, Ward Foundation, Webster Bank and American Savings Foundation.

Bridgeport Reentry Welcome Center

The City of Bridgeport opened a Reentry Welcome Center in April 2022. The Recovery Network of Programs Inc. and Career Resources are the lead administrators of the Bridgeport Reentry Welcome Center with financial support from the American Recovery Plan administered through the City of Bridgeport. The base of operations is at the Jay Brothers Unified Resource Center, which already offers an array of mental health and addiction, housing and other basic needs assistance. The lead agencies will be referring out to other partners including the City of Bridgeport's MIRA Program, Yale Transitions Clinic, and CCAR. They will be serving people who are released at the end of sentence and who will be transported directly to the Center on the day of their release.

Adult Reentry Employment Strategic Planning (ARES) Pilot Program

Career Resources is lead administrator of the newly instituted Adult Reentry Employment Strategic Planning (ARES) program¹¹. This is a statewide program serving people on parole with employment assistance. The program has an in-reach component, however due to Covid-19 restrictions the in-reach has not been able to happen. CRI is working on setting up two ARES labs one at McDougall Walker Correctional facility, and the other at York CI. They are working to outfit them so that the work can be done virtually. In the interim, CRI is going through the parole offices for referrals. The GH-RWC, through its partnership with CRI, can find ways to collaborate in conducting intakes on the wrap around needs and case management services for participants in the ARES pilot program.

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.

The GH-RWC has its own data system which has been under development since the opening of the Center in 2018. CPA continued to make enhancements to its data system to improve the ability to track communication between GH-RWC participants and case managers, as well as internal tracking of referrals and referral outcomes.

Strengths



CPA Salesforce System Updates

The data fields have been updated to make sure the data needed for case management and continuous quality improvements are in place, and the staff have received ongoing trainings

¹¹ <https://portal.ct.gov/-/media/OPM/CJPPD/CjCjpac/CJPAC-Presentations-Folder/2020-presentations/JAN-2020---Jan-30-ARES-Presentations.pdf>

in inputting the data into the system. The system is structured in such a way that for the primary need areas a participant identifies, the case manager can track whether or not a referral was made, and if that need was met. The fact that CPA staff have largely transitioned from a paper to an electronic system for their tracking of participant case notes is a major transformation and advancement in the ability to utilize data for ongoing program quality improvements. The system is also able to track participants with different eligibility criteria across different CPA programs that are based at the GH-RWC.

Automated Reporting and Auditing

CPA management staff are now able to produce automated reports that track referrals and progress in enrollments and the status of cases, and to issue alerts within the system for areas requiring urgent attention. RWC staff can also print out their case notes and include this information in participant files along with participant referral information, consents and other paper work to have a full paper record of the activities and outreach efforts, and outcomes of referrals for each participant. The CPA administrative director meets regularly with the case managers to review the data to make sure all of the case notes are complete and the information in the system is able to tell the story of each program participant. The quality of the data available for ongoing monitoring of whether or not the program is meeting its goals and for the outcome evaluation has greatly improved.

Challenges



Quantifying Contact

Information gathered about the reentry needs of GH-RWC participants from the CTDOC reentry counselors and from the CHR housing specialist, and calls with participants prior to release were recorded in case note files, but not in a manner that was readily quantifiable to determine how many GH-RWC participants had direct contact with their case managers prior to their release.

Recommendations



◇ **Systematic Tracking of Participant Contact with Case Managers**

CPA has improved its data system which will allow contacts to be tracked for the Year Four evaluation. This contact data will also allow for future analyses of intervention ‘dosage.’

◇ **Data Dictionary and Refining of Certain Fields**

Developing a data dictionary could assist case managers with consistency in how they define whether or not a need was met for a particular category. For example, if a participant was enrolled in SSDI, but had not yet received SSDI, then the data dictionary can guide case managers as to whether or not this should count as a need having been met, or not. Some fields in the database could be better structured to distinguish between temporary assistance given to address an immediate need vs. longer term progress of participants toward self-sufficiency (or stability) in the various need areas. For example, if a participant needs food assistance, and they are given a stop and shop gift card, this does not necessarily mean that the participant is able to regularly obtain enough food to eat. Further refinement

of these data fields would enhance CPA’s ability to track participant needs and outcomes over time.

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

Another related goal to AIM I is for the GH-RWC is to establish a data hub that will enhance the ability to track referral outcomes with partner agencies. This data will help guide decision-making around system improvements.

Strengths



Data Sharing Through the Hartford Data Collaborative

To solicit the quantitative data needed to assess the referral and recidivism outcomes for GH-RWC, the lead evaluator worked closely with Hartford Data Collaborative. The Hartford Data Collaborative (HDC), administered by The Connecticut Data Collaborative, is responsible for vetting and executing the data sharing agreements for the GH-RWC evaluation and providing de-identified, integrated data to the evaluator for analysis. HDC has served in this project to organize and convene data partners through multiple meetings and emails to clarify their available data and the extent to which it was shareable, establish a secure means for sharing sensitive and personally identifiable data, and integrate multiple datasets for the referral partners. HDC will be able to provide ongoing data sharing services for this initiative as the GH-RWC’s capacity to serve as a centralized hub for reentry grows over time.

RWC Release of Information Forms

CPA administration worked with HDC to finalize its Release of Information (ROI) form for the GH-RWC in Year Two and some additional modifications to the form were made in Year Three. The ROI lists all forty GH-RWC partners and allows for two-way sharing of data among partners. When asked about whether there was reluctance among participants to sign the GH-RWC Release of Information (ROI) agreements, the lead GH-RWC case manager said he did not encounter any issues. He said that he explains to participants that the ROI enables the case manager to ask those questions about their substance use history and other areas for which they may require assistance. The participants “get to pick and choose what type of information the GH-RWC case managers can share and at any time they have the right to rescind the agreement to sharing the information.”

Data License Requests

The HDC process requires the evaluator (‘data requester’) to submit data license requests that specify the data fields and processes for matching the data for approval to HDC’s Data Oversight Committee and each of the data providers. Two HDC data license requests (DLR) were submitted by the GH-RWC evaluation team: **DLR-1** is for data from CTDOC, CCEH and CSSD for the two-year recidivism analysis. This data license request was submitted to HDC on August 12, 2021. **DLR-2** requests data from several GH-RWC referral

partners to assess intermediary outcomes for GH-RWC program participants pertaining to housing and employment assistance. The questions for the intermediary outcome evaluation (**DLR-2**) are provided below:

1. What types of participants (demographics, risks, needs and strengths) benefit from the services offered at GH-RWC?
2. How was this participant referred to the provider? (if available in their files)
3. Did the participant make a meaningful connection to a case manager/navigator/community health worker at a referral partner agency?
4. Do the GH-RWC participants who are referred to the key referral partners, access these services in a timely manner and are they better off as a result of having done so?
5. What types of basic needs assistance are they receiving from referral partners?

After a pilot data matching process with three data partners for the **DLR-2** request, which was executed through HDC on August 4, 2021, and several meetings coordinated by HDC with referral partners, a final DLR-2 request was submitted by DRC to HDC on January 25, 2021 for data sharing between CPA, Capital Workforce Partners, Connecticut Coalition to End Homelessness (HIMS data and DRHAP data), and Career Resources Inc. The HDC Data Use License was executed between DRC and HDC on June 10, 2022.



Capital Workforce Partners (CWP) Data Sharing Agreement

Capital Workforce Partners uses the ETO system to manage data for its program participants. They have agreed to conduct a data match with the names of CPA's GH-RWC participants and provide information on the date of intake, and names of CWP programs in which GH-RWC participants were enrolled. CPA's ROI form combined with CWP general release form suffices for them to share this information. The evaluation plan to assess intermediary outcomes will examine the timeline between the enrollment in the CWP programs and their intake into CPA. Some individuals may have been enrolled in programming with the American Job Center in years prior to their referral from the GH-RWC.

CWP provides a range of types of assistance to GH-RWC participants through the American Job Center, the federally-funded WIOA program (Workforce Innovation and Opportunity Act"), I-Best Second Chance Program, and the Free to Succeed Program. The data matching process will also indicate if GH-RWC participants took part in other job training programs that are documented in CWP's ETO system. RWC participants may be referred to multiple programs and services of CWP. For example, when people are referred to CWP for the I-Best Second Chance Program, prior to the start of the program they may be referred to the American Job Center for resume assistance and other services.

Some programs at CWP track employment outcomes, and additional data on employment assistance. For participants enrolled in the US Department of Labor WIOA training program, CWP can potentially provide up to 12 months of follow up information on employment.



CT Coalition to End Homelessness Data Sharing Agreement

By February 23, 2022, the Connecticut Coalition to End Homelessness had reviewed and approved the data request from HDC for the GH-RWC process evaluation (DLR-2). This will allow data from the HIMS system to be shared for CPA GH-RWC participants to assess outcomes pertaining

to CAN enrollments and Program Assignments for shelter and housing assistance. CCEH will also provide additional data for participants in DRHAP to be able to determine how many GH-RWC participants received rapid rehousing assistance from the rollout of the program in April 2020 through December 31, 2021. The DRHAP data was recorded by CHR in a separate smart sheet database. A second data license request through HDC, involving CCEH, CTDOC and CSSD, will allow for determination of homelessness status for a comparison group of returning citizens who were released at EOS, which will be needed for the recidivism analysis of the GH-RWC participants in its first two years of operation.

Data Integration & Analysis

For evaluating housing outcomes of GH-RWC participants, CPA participant data and HIMS data along with DRHAP data, will be integrated by CCEH, and then this data set will be provided to the Hartford Data Collaborative for the purpose of deidentification. A similar process will occur with CWP data for its training and employment support programs. The deidentified data sets will then be provided to the lead evaluator for the intermediary process and outcome analysis.

The intermediary outcome analysis will be conducted once the data is received and a separate report will be produced to share the findings with CPA, the funder, and the key partners. Adhering to HDCs process, each of the data providers will have a chance to review and approve the findings prior to their being made public.

Challenges



InterCommunity Data Sharing Process

In Years One and Two, there were several obstacles to data being shared between InterCommunity and CPA for the purposes of assessing GH-RWC participant referral outcomes. Although the GH-RWC participant release of information form (ROI) includes InterCommunity as a provider, InterCommunity requested that participants complete a separate ROI form to ensure that they were adhering to HIPAA guidelines for obtaining participant consent. CPA's referral tracking process in its data system was not fully operational until the end of Year Two (September 2020) and Intercommunity did not have a method to track which of the participants in the Transitions Clinic were referred through CPA. In 2019 (Year Two of the GH-RWC), InterCommunity had shifted to a new electronic health record system and Transitions clinic data was being recorded in this new system, but the referral source was not tracked. Because of these limitations, InterCommunity was not included in the initial Data License Requests through HDC for the Intermediary Outcome evaluation of the GH-RWC for Years One-Three. CPA has a separate data sharing agreement with InterCommunity for their SAMHSA grant, however these participants are tracked separately in a federal reporting database.



Inability to Track Referrals to Peer Support Groups with Partners

CPA does not record referrals that are made to partners providing peer support groups. CPA's Salesforce data system contains a dropdown menu listing some of the referral partners based on the Year One spreadsheet in which case managers listed the referrals they made. The dropdown referral list did not include some of the smaller agencies providing peer support services. CPA Director

of Operations and other program administrators referred to these peer support groups as “non-essential services,” and emphasized that participation in these services is voluntary and those who attend prefer to remain anonymous. They contrasted these peer support services with their more “traditional partners,” such as CWP and InterCommunity, which provides assistance with employment, job training, health care, benefits enrollment and other basic needs, for which CPA tracks referrals. When asked about data sharing, CT Community for Addiction Recovery’s executive director similarly reported that they do not require participants in their recovery support groups to provide their real names or provide their personal information to attend. This makes it unfeasible to assess referral outcomes for participants in peer support groups for the evaluation, without modification of these practices.



Gathering Participant Feedback During COVID

An ongoing challenge is how to ensure that participants’ voices are being used to inform decision-making, including both those who have benefitted from the GH-RWC services and those who are part of the eligible group, but who did not engage with services. The evaluator found it challenging, particularly during COVID, to gather participant feedback although many different methods were utilized. Calling participants was an effective strategy, but 30% of the participants were not able to be reached because their voice mail boxes were not set up or attempts to schedule meetings with them were not successful.

Recommendations



◇ **Implementation of Participant Referral Protocol with InterCommunity**

A new protocol was agreed upon in April 2021, whereby CPA case managers will append copies of participant’s signed ROI form when making any referrals to InterCommunity. InterCommunity has also agreed to add a flag to their EHR system that will allow them to identify referrals from the GH-RWC.

◇ **CPA Hiring a Data Analyst**

For Year Four, CPA plans to hire a data analyst to enhance its capacity to utilize the GH-RWC data for ongoing decision-making and continuous quality improvements. This will include using the data for strategic planning regarding the changing needs and demographics of RWC participants who are justice involved, and for informing system-wide improvements for reentry. Special attention will also be paid to analyzing the data to assess equity and inclusion for the GH-RWC and across collaborating referral partners.

◇ **Collecting Data on Peer Support Group Referrals**

One potential plan once CPA relocates to Windsor Street is for CPA’s partners to provide a list of participants for workshops that occur onsite, so as to be able to document the various types of assistance they receive.

◇ **Increasing Opportunities for Participant Feedback**

As the GH-RWC opens up again, DRC will be able to conduct in-person focus groups, intercept interviews with participants, and also plans to work with CPA to develop a brief participant satisfaction survey and to administer a therapeutic alliance measure.

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



An overarching goal of the GH-RWC is to strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Hartford. To do this requires identifying creative ways to remove systemic barriers and increase opportunities for successful reintegration so as to achieve the mission of reduced recidivism. A question this evaluation asks is: Has the GH-RWC contributed to an improved reentry ecosystem for the region, including better coordination, timeliness, trauma responsiveness of services, policy, best practices and continuous quality improvement? And if so, how?

Reentry Ecosystem refers to:

1. The current policies, programs and practices of governmental and nongovernmental organizations serving individuals returning to the community from federal or state prison and jail---both pre-release and post-release (e.g. job training, counseling, treatment, halfway housing, etc.);
2. Their coordination at the city, regional and state level.

Aim I: Remove systemic barriers and increase opportunities for successful reintegration through cost-effective, community-driven solutions.

There has been momentum and valuable collaboration with key partners regionally in policy discussions and advocacy, particularly with respect to finding ways to provide transitional housing for both sentenced and unsentenced people released from jail or prison. Statewide collaboration, especially with regards to removing barriers to employment, has also been strong.

Opportunities



Upcoming Plans for Increasing Shelter Access for People Released from Prison and Jail

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

In 2020, CSSD began to implement a screener for homelessness for individuals detained pre-trial. The screener was created by CCEH and the Partnership for Strong Communities as part of the statewide 'Reaching Home Campaign' prevention efforts. CSSD will be investing in a housing navigator who will be based at the GH-RWC to assist pre-trial individuals with shelter and housing needs after release from the Hartford Correctional Center. This navigator will coordinate services with Mercy Housing and Shelter Corporation and GH-RWC case managers. The position is being funded through a

CTDOC contract for its jail diversion project. Depending upon how many referrals come through HCC and the bed capacity, this partnership may also assist anyone who is housing insecure that comes through the GH-RWC.

Purchase of Shelter Beds

CPA leadership have also worked very hard to find other housing solutions for people reentering. As of a verbal agreement in May 2022, CSSD and CTDOC have agreed to commit additional funds for eight emergency shelter beds operated by Mercy Housing and Shelter Corporation to provide transitional housing for people returning from incarceration. The allocation of these funds by CTDOC was achieved through advocacy on the part of CPA's executive team, the Re-Entry Services Specialist for the City of Hartford, and leadership from within CSSD.

CPA is also exploring ways to open a new transitional house for men, in a similar arrangement as with Mart's House for some women participating in the Resettlement program. If this new transitional house were able to be opened, this would allow for some of the GH-RWC participants who are in the emergency shelter system to access longer-term, transitional supportive housing.



Strengthening Collaboration with CT Department of Motor Vehicles.

The GH-RWC is working on developing an agreement with the DMV that would allow for a more streamlined process for acquiring state IDs and licenses for people who are reentering. The City of Hartford Re-Entry Services Specialist reported in December 2021, that she had been meeting with the CTDMV since April 2021 to develop a relationship and discuss different ways they could collaborate. In October 2021, she set up meeting with CT DMV and the GH-RWC team to discuss barriers individuals returning home from incarceration face and challenges of obtaining identification. She said that they agreed on "looking at innovative and creative solutions." In addition, the COH Re-Entry Services Specialist was recently invited to participate in CT DMV and CT DOC meetings to address the challenges around identification procurement and how they could work together to reduce barriers.



Connecticut Housing Engagement Support Service (CHESS) Initiative

The CHESS initiative was launched by the state in 2022. Medicaid participants with comorbid conditions and a history of homelessness are eligible. The GH-RWC has enrolled one participant in the SAMHSA program with a psychiatric disorder in the CHESS program through InterCommunity. InterCommunity's Director of Adult Behavioral Health Services also reported that InterCommunity has had success in enrolling several returning citizens referred by the Transitions Clinic into the CHESS Program.

Systemic Barriers



Federal definition of homelessness precludes many people newly released from incarceration

An ongoing systemic challenge also mentioned in prior evaluation reports is that in order to qualify for homeless status according to HUD's definition¹², a CAN outreach staff first needs to verify that a person is homeless by actually documenting their location on the streets and verifying that they have been sleeping in a place not meant for human habitation. HUD definition of 'chronic homelessness' is as follows: "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years."

Aim II: Advocate for policy changes to remove barriers and increase opportunities for people reentering from incarceration.

In 2021 and in 2022, a number of key pieces of criminal justice reform legislation were passed through the hard work of advocates across the state including:



New Criminal Justice Legislation Affecting Reentry

- **Clean Slate Legislation** (*PA 21-32. S.B. 1019*). The bill will expunge the records of people convicted of misdemeanors after seven years of remaining crime free and after ten years for individuals convicted of lower-level class D and E felonies.
- Connecticut is the 11th state in the nation to **abolish prison gerrymandering** (*Public Act 21-13*). The law requires that people who are incarcerated to be counted for purposes of redistricting using the address where they most recently lived immediately prior to their incarceration. Governor Lamont stated in his press release. "Quite frankly, that practice was an artificial relic designed to discount, devalue, and disenfranchise the voices and votes of people of color, whom the criminal justice system has repeatedly failed¹³."
- Passage of **The PROTECT Act** (*Public Act 22-18*) will place statutory limits on solitary confinement and provide oversight of the Connecticut Department of Correction (DOC) by creating a corrections ombudsman and a civilian advisory board with people who were formerly incarcerated as part of its membership. It will also promote transparency by requiring the DOC to report on its use of force, among other critical issues.
- An Act Requiring The Development of a **Plan Concerning The Delivery of Health Care and Mental Health Care Services To Inmates of Correctional Institutions** (*Public Act 22-88*). Requires that the commissioner develop a plan for the provision of health care services to people in CTDOC correctional facilities, including, but not limited to, mental health care, substance use disorder and dental care services. The plan is to be completed by January 1, 2023. Included is a

¹² According to HUD's definition, "homeless" is defined as "a person sleeping in a place not meant for human habitation (e.g. living on the streets, in a car, etc.) OR living in a homeless emergency shelter."

¹³ <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/05-2021/Governor-Lamont-Signs-Legislation-Abolishing-Prison-Gerrymandering>

requirement that, 'A discharge planner conduct an exit interview of each person prior to the date of discharge if such exit interview is clinically indicated, provided the lack of such exit interview shall not delay the scheduled discharge of an inmate. Such exit interview shall include a discussion with the inmate regarding a medical discharge plan for any continued medical care or treatment that is recommended by the physician, physician assistant or advanced practice registered nurse for the inmate when the inmate reenters the community.'

- "An Act Concerning **Collateral Consequences of Criminal Convictions on Occupational Licensing**," (Public Act 22-88), This bill will require job licensure boards to look at people as individuals when evaluating job license applicants with criminal records, and require them to consider if a person's record is directly relevant to the job at hand, and how much time has passed since the person's arrest or conviction.



Other Legislation Proposed by Advocates Pertaining to Reentry (this is not intended to be a comprehensive list)

Several bills are being proposed by Connecticut Coalition to End Homelessness and the Council on the Collateral Consequences of a Criminal Record at the state and local level to reduce homelessness, which could enhance services available for returning residents.

An Act Concerning Housing Opportunities for Justice-Impacted Persons

Advocates are pursuing legislation to implement "ban the box" measures for housing applications. CPA's Executive Director, The Hartford Foundation for Public Giving, and other GH-RWC partners such as CCEH, have testified this 2022 legislative cycle in support of H.B no. 5208 – An Act Concerning Housing Opportunities for Justice-Impacted Persons. Their testimony was informed by the findings from the first two evaluations of the GH-RWC which demonstrated the high rates of homelessness among people returning to the Greater Hartford region from incarceration. H.B no. 5208 would enhance protections that are already part of the federal Fair Housing Act, which bans landlords and other housing providers from applying blanket laws banning people with felony convictions, by:

- Limiting the convictions landlords can consider to misdemeanor convictions that occurred in the past 3 years and felony convictions that occurred in the past 7 years;
- Requiring landlords to give prospective tenants an opportunity to show why such convictions should not be grounds to deny them housing.
- Requiring landlords to give a written explanation of the reason for a denial, and save that documentation for 2 years.
- Allowing tenants who are denied housing in violation of the law to pursue legal remedies for discrimination with the Commission on Human Rights and Opportunities (CHRO).

Right to Housing Legislation

Under the leadership of the Connecticut Coalition to End Homelessness, housing and other social justice advocates are also pursuing Right to Housing legislation for Connecticut (SB194). This bill would recognize the right to adequate housing and would establish the goal for the state to take progressive action to respect, protect and fulfill the right to housing for all individuals. The bill would establish a task force

comprising experts in housing policy, advocates for groups particularly vulnerable to housing loss and homelessness, and people with lived experience of housing insecurity. The task force would review current and proposed legislation and policies impacting the right to housing. A Housing Advocate position would also be designated within the Department of Housing to provide assistance and to field complaints from recipients of Department of Housing services regarding the right to housing.

Strengthening Laws to Prevent Discrimination by Employers in Hiring

Although recent laws, including the recently passed Clean Slate Bill, have and will help to advance opportunities for employment for people of who have a criminal record, none of the existing laws adequately prevent discrimination against the hiring of people with criminal records, particularly during their most vulnerable time, as they transition from incarceration back into their communities. Restrictions banning employment for people with felony convictions still exist for many types of licenses. The 2010 Ban the Box law for CT applies to state employees, and states that the background check should not be conducted until an employee 'is deemed otherwise qualified for employment' and that the employer must take into account the time since crime was committed, rehabilitation etc. Connecticut's Fair Chance Act of 2016 'bans the box' on the initial application for public and private employers, but is missing some key provisions that are considered best practices by NELP (National Employment and Law Project), such as not conducting the background check until after a conditional job offer is made, requiring individualized assessments, and a letter notifying applicants of the basis for a denial. Discrimination in hiring has still existed since these laws were passed.

A federal Ban the Box law went into effect in 2021, which has stronger language about not conducting the background check until after a conditional offer of employment is made, and it also has stronger oversight than in our current state laws, but only applies to some federal agencies and contractors.



Advances in Policy at the Federal Level with the US Department of Housing and Urban Development

On April 12, Secretary Marcia Fudge sent a memo directing HUD offices, including the Office of Housing, to identify all existing HUD regulations, guidance documents, and other policies that may pose barriers to housing people with criminal histories. By October 14, 2022, HUD offices are directed to propose updates and amendments to agency documents and guidance to make HUD programs as inclusive as possible. This review includes regulatory and sub-regulatory documents such as model leases and other agreements. The initiative stems from President Joe Biden's executive order last year mandating all federal agencies identify potential barriers facing underserved communities to enroll and access federal benefit programs. In the words of Secretary Fudge, "As we seek to implement an equity agenda, it is incumbent upon all of us to ensure that, to the full extent permitted by law, we are administering HUD programs in an inclusive way and that we are requiring and encouraging our program partners to be similarly inclusive.

Programs identified in the memo as participating in the review include, but are not limited to:

- Multifamily Housing

- Public Housing
- The Rental Assistance Demonstration (RAD)
- Voucher programs
- Homeless Assistance Grants
- Community Development Block Grants
- Housing assisted by the HOME Investment Partnerships program

The HUD memo builds on previous guidance from HUD's Office of General Counsel that calls on housing providers to "treat people as individuals rather than reducing them to their criminal histories." Issued in 2016, the previous OGC guidance sets out best practices for housing providers, including:

- Avoiding exclusions based on arrest records only;
- Ensuring reliance on conviction history is based actually promoting safety; and
- Ensuring that exclusion based in part on conviction history also takes into account mitigating circumstances (time passed since conviction, good tenant history, evidence of rehabilitation, etc.).

Richard Cho, the Senior Advisor for Housing and Services at U.S. Department of Housing and Urban Development, is the previous director of the Connecticut's Coalition to End Homelessness and only recently stepped into this role at HUD after having been instrumental in the launch of the DRHAP program.

Systemic Barriers

B Removing Carve Outs for People with Sexual Offenses and with Violent Offenses

Connecticut's Clean Slate Legislation only applies to people with misdemeanors and certain classes of felony offences. People with violent offences, who also have low odds of recidivating after incarceration, are not able to have their records automatically expunged after a period of having remained crime free in the community. Amy Eppler-Epstein, Yale law professor and supervisor of The New Haven Legal Assistance Re-entry Clinic advocates for a change in language to the Ban the Box for housing bill, to clarify that the exclusions pertain only to applicants for federal housing, and Cindy Prizio of One Standard of Justice testified against the bill because of its exclusions for people on the sex offender registry, and also testified against the three and seven-year thresholds for those needing housing. She states, "It is a poor political compromise that puts the protections of the bill out of reach for those most in need of them. I know the intent to do well is there but...if relief only comes after 3-7 years, how do these citizens survive in the early years post-incarceration when they can be at their most vulnerable?"

Concluding Discussion of Key Process Evaluation Findings

Three interrelated narratives as to why people recidivate are referenced by GH-RWC administrators, staff and community stakeholders, including criminal justice reform advocates and people who were formerly incarcerated: 1) individuals are failing the system that is designed to assist them; 2) the system is failing the people it is supposed to assist; 3) the system intends for the people to fail, because those running the system benefit from the status quo. These narrative frames are each tied to competing political agendas, interests, and solutions to the problem of recidivism and data may be interpreted differently depending upon which frame one applies. However, combining these narratives together helps to explain why it is so challenging to make a significant dent in reducing recidivism rates.

The GH-RWC is providing some basic needs assistance to people coming home from incarceration and a welcoming environment for people as they transition from prison and jail back to their communities. Most GH-RWC participants need assistance with food, shelter, clothing, transportation and obtaining a livable wage job. They need a safe and clean place to stay at night for both their physical wellbeing and their dignity. They also want to be treated with respect and to have caring relationships with family, community and from those who provide services to help them rebuild their lives after incarceration.

About three quarters of the participants that were engaged in case management services through the GH-RWC reported having family connections and/or friends who supported them with their reentry. From our interviews and focus groups, it was evident that those individuals with stronger social supports, were much better able to avail themselves of the job training and employment services, and to make progress in becoming economically self-sufficient. Those individuals who were originally from outside of Hartford, and/or who did not have close family and friends in a position to help them, were struggling the most. Available evidence suggests that people with active mental health and substance use problems are also more likely to recidivate than others who are reentering. Even without a criminal record, people with active addiction and mental health conditions are a highly vulnerable population for homelessness, adverse health outcomes, overdose deaths, and other harms.

Working with the end of sentence population poses many challenges and crises are common as their lives are often chaotic particularly for those who lack stable housing. Without a safe and secure place to rest their head at night, it is much harder for GH-RWC participants to attend, and fully benefit from the case management, job training and other behavioral health and recovery services available to them. Most people who were residing in the shelters and the streets reported that they were seeking full-time employment. Some were working small jobs in landscaping, construction, or pizza delivery services. Several participants admitted they were getting paid for these jobs under the table. However, they explained that moving about in search of shelter, food, and a place to bathe, also makes it extra challenging for them to obtain or hold down a steady job.

People returning from incarceration commonly face an uphill battle in regaining their sense of self-worth in a society that views poverty and substance use as moral failures, and a felony conviction as a scarlet letter. For individuals with histories of addiction who fell back into the trap of using illicit drugs to try to cope with their physical and/or emotional pain following their release from prison or jail, a main source of support they often turned to for survival were other drug-using peers. Those released after a long sentence, with high expectations for freedom and reunification with family and friends, were sometimes met with a harsh reality of social rejection and/or interpersonal conflict that set them back emotionally and left them homeless days or months after their release. The COVID-19 pandemic also added another barrier to reintegration as some people restricted their social interactions, and some employers required proof of vaccination. If participants could not find a family or friend to stay with, their only option might be to sleep under a bridge, on a park bench, in a vestibule of a building, or an abandoned building. They were then at higher risk of relapsing and experiencing further trauma. Due to the high rates of serious substance abuse among people in prison, those exiting incarceration have a higher chance of dying of drug overdoses as well, especially with the increase in fentanyl-laced drugs. Intentional overdose deaths (suicide) may also be a factor in the high mortality rates for people reentering from prison reported in other research studies.

CCEH's DOC Rapid Rehousing Program attempted to fill an important gap in shelter and housing for people reentering at the end of their sentence, but met with certain challenges since it was expected that they could be assisted well in advance of their release date with placements with friends, family members or other forms of transitional housing. Instead, many of them ended up being placed in hotels for six months or longer, and some were unable to transition into more stable housing situations even after their hotel stay. Once the DRHAP program ended, GH-RWC program staff were put in a difficult position of having to refer people to the 211 CAN system for shelter assistance and to House of Bread, Foodshare and other local soup kitchens for meals. But 211 criteria for homelessness, as defined by HUD, prevents people from incarceration from qualifying for shelter directly upon their release, and the emergency shelter system in the Greater Hartford region does not have enough beds even for those who do qualify. Shelter waitlists are long. Until housing is treated as a basic human right by Connecticut and the U.S. government, the reentry service providers and partners will continue struggle to assist participants with their shelter and housing needs and continue to advocate for more shelter and transitional housing options for their participants.

Maintaining ongoing contact with participants who are enrolled in the GH-RWC program has been challenging for the case managers. Oftentimes GH-RWC staff will offer small incentives such as bus passes or gift certificates to assist participants with their immediate needs and to encourage them to follow through on appointments. These small incentives can help participants in the short term, but may be insufficient to help them become stable enough to fully benefit from the other services that are available for them. Most participants we talked with expressed gratitude for the assistance the GH-RWC case managers were able to provide them and understood that the staff genuinely wanted to help them with their basic needs, but had limited means to do so, particularly when it came to their biggest need for shelter (following the end of the DRHAP). However, a few GH-RWC participants interviewed expressed frustration and anger at a system that they felt was supposed to serve their needs upon reentry, but that

left them still homeless upon release. Providing participants with cell phones improved the case managers ability to maintain contact with participants, however they still lost contact with some of their participants due to them moving out of the catchment area, having found work on their own, phones being lost or stolen, or other reasons. Unfortunately, we were not able to interview those participants who lost contact to determine the main barriers to their participation.

Program recruitment through in-person “in reach” within the prison and jail facilities, which was part of the original RWC model, has not yet occurred because of limited staffing and COVID-19 restrictions prohibiting community providers from entering the facilities. However, if COVID-19 remains relatively under control this next year, the hope is that the prisons and jails will reopen to community providers, which will allow the new navigator for the GH-RWC to conduct the intake assessments with people prior to their release. This may also enable the staff to recruit more participants who are not being released to homelessness and can benefit more readily from some of the other employment-related services, and possibly expand the types of programming to assist participants with other needs such as family reunification as well.

A strength of CPA’s implementation of the GH-RWC model is that the administration and the staff are responsive to the evolving needs on the ground, as the strong partnership with the City of Hartford and the DRHAP program administered by CHR and CCEH during COVID demonstrated. By hiring people with lived experience to serve as case managers and providing them with the support to make decisions on how best to address their participant’s needs—the GH-RWC leadership exhibits practices that are consistent with the principle of emergence and a learning culture. CPA leadership is also actively involved with problem solving challenges that case managers are faced with on a regular basis, exhibiting a team-based, non-hierarchical, leadership style.

Another strength is that CPA has been very successful at procuring funding from philanthropy, private donations, and government funding to enhance the resources it can provide to people who are reentering to Greater Hartford, not only for the end of sentence population, but for people under community supervision and pre-trial as well. The GH-RWC staff continue to work hard to enhance the resources they can provide participants through fundraising, partnerships, and advocacy. The GH-RWC partnership with The Open Hearth and the City of Hartford is one avenue for a small number of the GH-RWC participants who are homeless upon release to be able to access shelter, recovery assistance, and employment all wrapped together in one program. CPA’s plan to purchase shelter beds and seek funds to open a transitional house for men, also will be an important step toward filling the unmet need for individuals who would otherwise be reentering into homelessness. For returning citizens with more serious medical needs, the newly established Connecticut Housing Engagement and Support Services (CHESS) program through the Department of Social Services, Department of Housing and Beacon Health is another potential program which could assist with providing a housing subsidy.

Improvements still could be made to the GH-RWC referral process with key partners and providing direct linkages to services that they offer. In order to maintain their businesses, nonprofits are not only competing for funding, but also each striving to recruit and retain participants to participate in their

training programs, workshops, behavioral health and other services. The GH-RWC staff's inability to conduct in-reach into the facilities has made the referral process more challenging, as it is harder to assess and refer people to job training and other services after they are back in the community, particularly if they are homeless and lose contact. With plans to colocate services at the new location on Windsor Street, the goal will be to create a welcoming environment where people who were formerly incarcerated can receive support from multiple service providers and can also support one another through participating in peer support groups and other types of mutual support activities. Encouraging participation in peer groups may allow participants to gain a stronger sense of belonging and purpose in their lives, and to strengthen their social ties with their families, reentry staff, and the broader community.

CPA has made important advances in becoming more data-informed through enhancing their capacity to track and monitor GH-RWC participant enrollment and engagement through their electronic system, as well as document the needs of walk-in participants to the Center. The findings from their data system and the data sharing among GH-RWC partners will also help to further identify who is most likely to benefit from the referrals. After the data from CTDOC and CSSD is received for the recidivism analysis, we will have a better picture of the characteristics of those who have accessed the GH-RWC services upon release versus those who did not access the services. This will allow us to compare recidivism rates between those GH-RWC participants who received services versus those who did not with similar risk profiles---to assess the overall efficacy of the services provided by the GH-RWC.

To solicit ongoing feedback from participants, CPA also plans to build into its processes a brief therapeutic alliance measure for participants to complete with case managers, which is already used by staff in CPA's Alternative to Incarceration programs. The evaluator plans to work with CPA to design an anonymous questionnaire to also assess participant satisfaction with the services received, and a method for documenting several 'responsivity' items, which are part of the Risk Needs Responsivity¹⁴ evidence-based practice for reentry. Further exploration is needed to understand how CPA case managers balance the provision of immediate assistance for basic needs and reducing trauma upon reentry, with the longer-term goals of promoting self-sufficiency. The process evaluation for Year Four will continue to explore how the GH-RWC case managers support returning residents in shifting away from participation in the underground economy and unhealthy/risky lifestyles, towards accessing services and connecting with resources and positive social supports that result in their successful reintegration into their communities.

¹⁴ Andrews, D. A., & Bonta, J. (2010). *The Psychology of Criminal Conduct*, (5th ed.). Anderson.

Summary of Key Recommendations from Year Two Report with Progress Updates.

The key recommendations from Year Two are summarized in the table below with progress updates for Year Three. A check mark indicates activities which have been incorporated into routinized practices/processes or have been completed. Please note that the order of these recommendations and the numbering is not intended to indicate priority nor ranking of significance. The recommendations that are listed as mid-term to long-term were grouped by the evaluator to distinguish those items that are likely to require additional resources or staff time. Many of these recommendations have already been implemented

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

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

Data System Recommendations (Internal)

SHORT-TERM

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

MIDTERM TO LONG-TERM

7. Implement quarterly exchange of data w/ key referral partners and reporting out to partners.

Policy Recommendations (External)

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

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

Evaluation Plan Recommendations (External)

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

Appendix A: Release Type Definitions

(From Appendix III, Types of Community Supervision in Connecticut, portal.ct.gov unless otherwise noted with an Asterix.)

DUI / Home Confinement: Designed for offenders with convictions directly related to operating under the influence and/or operating a vehicle with a suspended license. An offender may be eligible for the program due to his or her charges but may be deemed to be unsuitable to be released. Offenders must have a valid sponsor or residence as part of this program.

End of Sentence: For the purposes of this document, end of sentence refers to release after the completion of a period of incarceration without further community supervision under the Department of Correction. However, individuals who are released at the end of sentence may still be mandated to a period of probation by the courts. (See split sentence)

Furlough: The authority to place offenders on 30-day reentry furloughs has been revoked by statute with the following exceptions: to visit a dying relative or to a relative's funeral; to receive medical services not otherwise available; or for an employment opportunity or job interview.

Halfway House: Inmates can become eligible to live in a halfway house if they have been voted to parole or are within 18 months of their release date. Halfway houses provide offenders with structured programs and supervision to help them obtain employment, housing, education, or residential substance abuse treatment.

Nursing Home*: A type of compassionate release for the critically ill.

Parole / PARCOM: Inmates serving sentences greater than two years may be eligible for parole. Offenders convicted of non-violent crimes can become eligible after serving 50% of their sentences and offenders convicted of violent crimes can become eligible after serving 85% of their sentences. The parolee must comply with the imposed conditions of parole; violators may be remanded to prison.

Special Parole: Special Parole is a mandatory, court-imposed period of parole following the completion of a sentence. If an inmate violates Special Parole, he or she may be remanded to prison for the remainder of their sentence. In general, Special Parole is reserved for high-risk offenders.

Transfer Parole: An offender can be released to Transfer Parole 18 months prior to his or her voted parole date. Offenders on Transfer Parole are placed under the same or, in some cases, stricter supervision conditions than offenders on parole.

Transitional Placement: After a successful term in a halfway house, inmates can be transferred to an approved community placement or private residence.

Transitional Supervision (TS): Inmates with sentences two years or less are eligible to be released on transitional supervision after serving 50% of their sentence. The DOC provides supervision and case management through its Parole and Community Services Unit for offenders on TS status.

Probation: Probation is a mandatory, court-imposed period of supervision that allows a defendant to forego incarceration. Instead, the offender is subject to specific conditions of supervision (paying a fine, doing community service, attending a drug treatment program, etc.).

Split Sentence Probation: A mandatory-court-imposed period of supervision following DOC sentence completion. If an offender violates split sentence probation, he or she may be remanded to court.

Appendix B: List of GH-RWC Community Partners & Services from 2022 Partner Survey

Agencies	
Urban League	Re-entry employment coaching, career development, connections to income supports, financial coaching, and GED classes.
House of Bread	We provide, meals, showers, healthcare services, housing support, clothing.
GoodWorks	Services consist of weekly workshops, a mentoring program which creates bonds of stability and trust through which women can develop feelings of hope and empowerment. [Also has a clothing closet for women]
CONNTAC EOC	Admissions Application Fee Waivers; Financial Aid and Academic Assistance; Financial Literacy Planning; Formerly Incarcerated Employment Workshop Series.
Justice Dance Performance Project	We work with returning citizens from York and Cybulski in two arts interventions and with their families. We have a longstanding partnership with CPA.
Capital Workforce Partners	Workforce Investment and Opportunity Act (WIOA) services including career coaching, job readiness and training. The Free to Succeed program provides job readiness and employment assistance. (case management; pre-employment preparation for three sectors -construction, culinary and manufacturing, job search, job placement assistance and retention support services).
Center for Latino Progress	R.I.S.E. (Renewing & Improving Skills & Employability) - includes math refresher, customer service training and certification, job readiness skills including resume and soft skills.
CT Association for Human Services	Financial capability programming for returning citizens
CPA-Resettlement Program	Referrals into the community, basic need, support group, housing assistance, employment services, identification etc.
Capital Regional Education Council	GED Instruction, English as a Second Language
Center for Children’s Advocacy	Provides civil legal representation and advocacy for youth up to the age of 24 who are returning from confinement to their communities. Our attorneys help youth review and understand their record, erasing or expunging their record, going back to school, re-entering DCF, job or vocational license denials, as well as denial of housing opportunities. We also help youth in obtaining IDs & access benefits such as food stamps, HUSKY and cash assistance.
Charter Oak Heath Center	Medical assistance, including case management, internal medicine specialty clinics, dental, chiropractic, podiatric and cardiologic services.
Hands on Hartford	Meals, day shelter space, help with calling 211, assistance with getting ID's and birth certificates, homeless outreach
Alternatives to Violence	Workshops on dealing with conflict other than by being violent.
Chrysalis Center	Programs to address homelessness, food insecurity, mental health, and provide case management. However, most programs have strict eligibility criteria, which is pretty targeted and/specific. We are a resource for referrals, case management, and provision of programming when eligible referrals are presented.

Appendix C

Qualitative Findings on GH-RWC Participants Needs upon Release and Assistance Provided

Background on methods of gathering participant input

The lead evaluator and a research assistant from Hartford, who has lived experience as a family member of a person who was incarcerated, conducted interviews with nine Reentry Welcome Center participants who were referred by the case managers. The case managers obtained consent from participants and identified the best times to call prior to providing the researchers and the participants names and phone numbers. Verbal consent was also obtained by the researchers prior to the conducting the interviews. A semi-structured guide with a list of twenty questions was used for the interviews and the interviews ranged from approximately 20 minutes to 45 minutes in length, depending upon the participant's time availability. Participants in these brief interviews were asked about the assistance they received prior to their reentry and were asked detailed questions about how the GH-RWC case manager assisted them with their reentry. They were also asked for their recommendations for improving the services of the GH-RWC

Demographics

Four brief phone interviews with men who were released EOS were conducted in August 2021 and another four men who were released EOS (one duplicate interview) and two woman who were interviewed in February 2022. The men's ages ranged from 27 to 62, and the women's ages ranged from 26 to 45. A majority of the men and women participants were in their mid to late thirties. The participants were 50% African American, 25% Latino(a), and 25% White.

Assistance from friends and family

From CRI's State of Reentry Report¹⁵ we know that only 11% of people incarcerated in CTDOC prisons or jails on June 1, 2021 who were to be released within six months reported being married, and 56% of them had minor children. Most participants received some assistance (n=6) from family and friends prior to release. One person mentioned that his wife assisted with his reentry, and another received assistance from his daughter's mother¹⁶. One participant said that he received some assistance from his daughter and mom, who had some accounts set up, prepaid cards, and co-signed for an apartment. Among those who reported that they had not received assistance from family, one participant had lost contact with his family, another had parents who were deceased, and one said that he was in communication with his family, but did not receive financial assistance from them.

Meeting Case Managers

Two participants mentioned having receiving support from their case manager prior to their release. One participant said that he, "Met with his case manager over the phone from jail." Another participant reported talking with the case manager 30 days prior to his release. Several participants (n=3) reported that they met their case manager upon release. One reported having met the case manager a couple of weeks after he got out. And one met the case manager prior to his release from a halfway house. Another reported that he first met the GH-RWC in 2015.

¹⁵<https://careerresources.org/wp-content/uploads/2022/03/State-of-Reentry-Report-3.14.2022-FINAL-For-Public.pdf>

Feelings on the day of their release

On the day of release participants experienced a range of emotions and concerns. Several participants reported that they were both excited and nervous due to being uncertain about their future. Participants described their goals upon release to “get their life back” and find a place to live; “get financially secure as best I could”; “wanting to get back to being with their daughter and loved ones.” One participant said that she was nervous since she was unfamiliar with the town to which she was returning (Manchester). Another participant mentioned that the transition “was hard and yet he persevered.” An older Latino male participant in his 60s, explained the challenges for people who were being released after being incarcerated for many years. He said, “There are some of us who actually do need the help, especially us old timers. We spent all our lives in jail and we come out, and we have nothing to be waiting for us. So, we got to do for ourselves.” This participant further explained that he did not know how to work a phone when he got out and described the experience as being “scary.”

Biggest concern/need upon release

Six of the nine participants who were interviewed said that one of their biggest concerns or needs upon release was for housing/place to live. Four participants mentioned needing to find a job. One mentioned needing security and another said his biggest concern in addition to finding an apartment and job, was “staying out.” Another participant listed “security,” along with a place to live and employment.

Current living situation

Participants living arrangements were varied. One was in sober house and another in a senior living place. The one in senior living (in Bristol) said that he was doing well. He said, “Now I got a car, a place to live. I’m doing real good. I can remain there as long as I pay rent and keep up my bills.” One participant did not specify where he was staying, and just said “in Hartford.” Several participants were staying at hotels (Travelers Inn and Motel 6) at the time of their interviews. One reported staying in his own apartment and having received rental assistance through the Community Renewal Team (CRT).

Most participants said they felt safe where they were staying, but one reported, he was staying on “Hartford Streets, no place of own, staying where participant is not supposed to be.” Another participant explained that the hotel arrangement was good, but he acknowledged several challenges including, finding it hard to sleep at night, the financial strain of having to pay \$92 dollars a night for a hotel room, and having to walk around with a bag of clothes. He explained, “I just want to be able to work and be out and about.” He also said that his girlfriend was going through the same thing as him. He wanted to receive assistance to get an apartment, so that they “could both go to work and lay down and rest until we go back to work the next day.”

Employment Status

A majority of participants reported that they were currently working, but the jobs they described were often seasonal or under the table, including odd jobs from friends. Several participants said they were in the process of looking for full time work. Their individual responses are described below:

- Participant is currently working full time at UPS, but this job is seasonal. The job was obtained through a temp agency, Accurate. The participant applied via Indeed.com and completed application on his cell phone.
- Participant is constantly job searching. He would like to secure a full-time job, if given the opportunity, working 40 hours a week. Participant is thinking about attending CDL school to drive Rigs with N.E.T.T.

- Participant is not currently working. He had an interview for a job that he learned about through word of mouth in the community. However, the person caught COVID, and so the interview needed to be rescheduled. The participant would like to do work in tree removal, roofing construction or renovation.
- Participant is working part-time, doing warehouse and landscaping work. He got a job from friends. He would like to secure a full-time job, if given the opportunity.
- Participant is not working a regular job. Friends refer to small jobs around construction and landscaping. Participant asked for help finding a job.
- Participant is working part-time as a monitor for the homeless and warming center. He got the job through the Greater Hartford Harm Reduction Center on Albany Ave.
- Participant was collecting SSDI and also started working under the table as a pizza delivery boy.

Types of Assistance

The types of assistance each participant who was interviewed by phone reported receiving were as follows: seven participants of the nine who were interviewed mentioned receiving gift cards. Four received bus passes. Three received assistance with enrollment in state benefits (SNAP/SSI, medical insurance). Three said they were provided with hotel vouchers and help finding an apartment. Three participants said they received a phone and mentioned receiving backpacks with toiletries/cosmetics. Other types of assistance mentioned were work boots, assistance with getting a birth certificate, and help getting to their doctor's appointment.

Experience with Referrals

Most participants who elected to enroll in the GH-RWC Program, either prior to release or post-release, were seeking assistance with basic needs, particularly housing and employment. The community partners who received the most referrals were ones that were able to provide ongoing assistance in these basic need areas. Participants also received assistance with referrals for their mental health and medical needs. From the focus group discussions and brief interviews with the participants, their experiences with referrals were generally positive. The types of assistance received from referral partners included:

- Checking in with housing specialist who was providing help finding transitional housing.
- CCAR recovery supports.
- Doctor's appointment for high blood pressure.
- Obtained part-time work at House of Bread.
- CRT helped with getting an apartment.
- Assistance with writing resume from the American Job Center.

Interest in Reentry Workshops and Trainings

Participants were asked in the brief interviews if they were willing to engage in workshops or trainings at the GH-RWC if these were offered and what types of workshops they would like to attend. All but one participant said that they would want to take part in group workshops or trainings. The types of workshops they requested were OSHA training, SafeServ, peer support groups, workshops geared toward staying sober, anything about outreach and reaching back to individuals returning to the community.

Appendix D: Supplementary Data on COVID-19, Vaccines and CTDOC

By mid-December 2020, the FDA had approved two vaccines Pfizer, BioNTech and Moderna to strengthen people's immune response against COVID-19, and shortly thereafter vaccination programs were rolled out in Connecticut. By April 27: More than 50 clinics in Connecticut were providing walk-up (no appointment) coronavirus vaccines. By the year end, the CDC reported about 2.8 million people had received an initial vaccination. CPA hosted a vaccine clinic at its Washington Street location in the early roll out of the vaccines and also provided referrals for individuals reentering requiring their second dose.

As the Omicron variant spread, there was an uptick in COVID-19 infections within CTDOC in November 2021. The Norwich newspaper, the Bulletin, reported that of the approximately, 9,500 people incarcerated within CTDOC, 800 had tested positive for the virus between Aug. 18 to Nov. 18, 2021. Twenty-one inmates had died from the coronavirus since the pandemic began and three had died since Aug. 18. There were 110 correctional employees out of work recovering from COVID-19. Since the beginning of the pandemic, 1,971 staff had tested positive, representing 36% of the current staffing total of 5,444. CPA also reported having at least 12 staff out with COVID-19, and one of the GH-RWC staff contracted COVID-19 during this period as well. In the fall of 2021, it was reported that the Connecticut Department of Correction had the lowest employee vaccination rate among executive branch state agencies at 65% and the percentage of people in prisons or jails who were vaccinated is only 52%.

In the second quarter of Year Four, CTDOC continued to battle COVID-19 infections within the prisons and jails. On January 5th, 2022, of the 9,468 people who were incarcerated, 417 were COVID-19 positive, with 197 showing symptoms. As many as 895 Department of Correction staff tested COVID-positive, "causing staff shortages and exasperating already low morale among state employees exhausted from working in the prison system for the past two years during the pandemic." The counselors were experiencing this strain on staffing during the time with the yearly GH-RWC evaluation questionnaire was distributed on January 12, 2022.

This concludes the Year Three evaluation report.

© 2022 The Hartford Foundation for Public Giving & Diamond Research Consulting LLC.

Corresponding Author:

Sarah Diamond, Ph.D.

Diamond Research Consulting LLC

www.diamondresearchconsulting.com

sarah@diamondresearchconsulting.com

Ph: 860-655-8130