



Greater Hartford Reentry Welcome Center Evaluation

September 17, 2018-September 17, 2019

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Executive Summary

Introduction

The Greater Hartford Reentry Welcome Center (GH-RWC) officially opened its doors on September 17, 2018. Community Partners in Action administers the Center with in-kind support from the City of Hartford, the Connecticut Department of Correction, the Connecticut Judicial Branch-Court Support Services Division and over thirty community-based organizations. The GH-RWC's mission is to ensure that "individuals returning home will have access to support, information, resources, and referrals to vital services in one location. These services are key to an individual's successful reintegration back into our community." This report presents process evaluation findings from the first year of implementation. Its purpose 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 is the first in a series of reports for a three-year formative evaluation comprising process and outcome findings.

Background

Each year approximately 2,524 people are released from a prison or jail to the Greater Hartford region, and an estimated 1,219 are released at the end of their sentence¹. As people reenter society they typically face many obstacles to rebuilding their lives due to the collateral consequences of a criminal conviction written into our laws. A criminal conviction can negatively affect a person's prospects for employment, education, housing, public assistance, and civic participation.² There are over 558 collateral consequences written into Connecticut statutes that restrict people with criminal convictions from acquiring professional licenses, loans, government contracts, etc.³ Major cities like Hartford have the most people coming home from incarceration simply due to their large population size, but also due to systemic inequities which contribute to higher rates of incarceration and the concentration of service providers in the urban core.

In 2018, Community Partners in Action was awarded a three-year Innovation Grant from the Hartford Foundation for Public Giving, totaling \$450,000, to implement the plan for the

¹ Diamond, S. (2017) Greater Hartford Reentry Center Plan: A Welcome Center for People Returning from Jail and Prison. Diamond Research Consulting LLC. Retrieved from https://5820aa36-8bd0-4c3a-8dc7-358c52dc5f76.filesusr.com/ugd/f2f533_db8f7c63dff34b8ea8ae368803df8a7e.pdf.

² National Academies of Sciences, Engineering, and Medicine. (2018). The Criminal Justice System and Social Exclusion: Race, Ethnicity, and Gender: Proceedings of a Workshop—in Brief. Washington, DC: The National Academies Press. Retrieved from <https://doi.org/10.17226/25247>.

³ Counsel of State Governments Justice Center, National Inventory of Collateral Consequences, Retrieved from <https://nicc.cgsjusticecenter.org>.

Greater Hartford Reentry Welcome Center. The City of Hartford committed in-kind resources in the form of space at Hartford City Hall, located on 550 Main Street, and staff time of a newly appointed Director of Reentry for the City of Hartford.

Implementation Goals for Years 1-3

The goals of the Greater Hartford Reentry Welcome Center laid out in the initial start-up plan are as follows:

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

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.

GOAL III: Staff the Reentry Center with qualified and trained case managers to support Returning Residents in accessing the immediate services and resources they need Post-Release.

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

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.

Overarching Questions to be addressed by the Year One Process Evaluation

This evaluation report aims to answer the following questions about the first year of implementation.

1. What accomplishments and challenges have there been in implementing the Greater Hartford Reentry Welcome Center as a collaborative effort of Community Partners in Action, the City of Hartford, the CT Department of Correction and other nonprofit/government partners? What factors have facilitated implementation and achievement of its goals?
2. Has the implementation been consistent with the original goals of the GH-RWC? To what extent do participants reflect the originally intended population and are they receiving services in a timely and efficient manner to meet their needs?

Process Evaluation Methods

The evaluation for the first year utilized qualitative methods to document the implementation process and to identify the strengths and challenges in implementation. Some performance metrics on the number and demographics of participants who utilized

the Center were tracked by CPA staff, and are included in the report. The qualitative methods used for this process evaluation included focus groups of participants in the RWC program-peer support groups; interviews with key partner agency directors and front-line staff; participant observations and brief intercept interviews with participants onsite; and an electronic survey of partners.

Discussion of Findings

Having the Greater Hartford Reentry Welcome Center located at City Hall was a good decision as it has served as a central hub for people who are looking for assistance with reentry. Providing tangible goods to people such as phones, computers, as well as referral information is helping people in desperate need to get back on their feet again. The GH-RWC provides people who have been incarcerated, many of whom have limited or no social support, with a safe and welcoming place to receive basic assistance, guidance, resources, referrals and case management support. The system change made by DOC for people who are at the end of their sentence, to drop them off at the Center, reduces the likelihood of trauma upon release for individuals who would otherwise have been dropped off on the streets. The case managers located at the GH-RWC are able to provide guidance and support to people who are recently released in a compassionate manner that respects their dignity and recognizes their potential to become successful and productive members of their communities. The current supervising case manager, who has lived experience of incarceration and is known as a compassionate leader in the Greater Hartford community, facilitates a trusting and caring relationship with GH-RWC participants which helps with engagement. He also serves as a role-model of someone who has successfully reintegrated back into society.

Many people who are released at the end of sentence from incarceration have both physical and behavioral health issues and face multiple systemic challenges due to poverty, unemployment, low educational attainment, low literacy, chronic stress, histories of complex trauma and structural racism. Public health researchers use the term *syndemics*, or population-level clustering of social and health problems, to characterize highly vulnerable populations such as the people released from incarceration at the end of their sentences to Hartford. Comprehensive, intensive, holistic, and multi-sector approaches are needed to improve the quality of life of people experiencing syndemics. Researchers recognize that when providing services for people experiencing syndemics, treatment efficacies are reduced and treatment costs tend to be significantly higher⁴.

The Greater Hartford reentry eco-system is challenged to address the syndemics that are experienced by people who are released from incarceration at the end of their sentences,

⁴ Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072), 941-950.

and others who are released and do not have access to the basic necessities for survival. Many of the people coming to the GH-RWC have unmet substance use and mental health, or medical treatment needs, which make it extra challenging for them to become self-sufficient. Participants in the evaluation generally agreed that the most critical and widespread unmet need for people released at the end of their sentences from prison or jail is for stable housing. A majority of the people dropped off at the GH-RWC by the DOC and a high percentage of the people who walked in off the street seeking services, lack shelter, and a safe and stable place to live.

More opioid addiction treatment beds are needed for the EOS population and stronger linkages to mental health and addiction services that can provide outreach into the community. Creating more effective and efficient systems for aiding people coming out of prison to successfully reintegrate back into their communities is essential to addressing this clustering of issues they face. The Greater Hartford Reentry Welcome Center Collaborative— involving multiple service providers and partners—is uniquely positioned to implement innovative solutions to increase the quality of life, reduce the mortality, as well as lower the recidivism rate for people returning home from incarceration.

CPA and InterCommunity Inc's new SAMHSA-funded program, which will begin operating out of the GH-RWC in November 2020, is an important step in providing an integrated system of care for people with opioid and mental health issues upon release. Conducting in-reach and strengthening collaboration and alignment of activities across mental health and treatment services for people as they transition from incarceration back into the community, especially for those who are at the end of sentence, will help to fill a much-needed gap in services for this high-risk, high-need population. Without timely and effective assistance and a safe place to rest their head at night, many of these individuals risk ending up hospitalized, returning to prison or jail, or dying from overdoses or other preventable causes. Being able to document participants' needs and to track referrals is important for more effective management of the Greater Hartford Reentry Welcome Center participants and for improving CPA's ability to track referral outcomes. CPA's new case management data system took much longer to develop than was anticipated. Progress needs to be made in inputting the GH-RWC data into the system in a timely fashion for both project management purposes and for the evaluation. In addition to the data system development, several other major goals for next year are to strengthen participant engagement and peer supports, and to involve more partners in the delivery of workshops and others skills building activities at the Center.

Recommendations

The next several pages provide a list of recommendations from the process evaluation. These are organized into the following four categories: (1) Program implementation, (2) Data system, (3) Policy and (4) Evaluation. Program implementation and Data system recommendations can be implemented by CPA and the GH-RWC partners and thus are labeled *internal*, whereas recommendations for Policy and the Evaluation are *external*. The recommendations are also

divided into *short-term* versus *midterm* to *long-term*. Short-term refers to changes that do not require additional funds or resources, or have already been adopted, and midterm to long-term are those that will likely require additional funds or resources or need to be prioritized. *Recommendations with a star* are in process as of Year Two and recommendations with Two Stars** have been implemented/achieved in Year Two. For those without a star, the evaluator is unsure of their status or they have not been implemented as of yet.*

Program Implementation Recommendations (Internal)

	SHORT-TERM	MIDTERM 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.* 	<ol style="list-style-type: none"> 2. Expand the available space to be able to better serve the needs of the reentry population to accommodate more staff, to host more workshops, trainings, and potentially co-locate other services from collaborating partners. 3. Provide “A Hello Line,” telephone line reserved for participants without a phone to allow prospective employers to contact them.* (cell phones are now provided to all RWC participants as of March 2020) 4. Increase Hours the Center is Open.
Program Level (GH-RWC Operations)	<ol style="list-style-type: none"> 1. Hire a full-time coordinator/administrator and an additional case manager.** 2. Narcan training with the men’s and women’s peer support group. 3. The GH-RWC expand its eligibility criteria to be able to assist with IDs and other basic needs for anyone with a criminal record.* 4. Establish a buddy system to accompany a person to the bus stop for their appointment for a referral, or find a way to provide transportation. 5. Provide more Skills training opportunities.* 	<ol style="list-style-type: none"> 6. Apply for funds to purchase shelter beds, or “Reach beds” for the RWC participants.** 7. Provide additional services, ongoing workshops, guest speakers that can shed a light on what services are truly available. Identify sources in the community that can help the RWC population with various strategies to more self-sufficiency and bring self-awareness through education. 8. Hire more people with lived experience to work at the GH-RWC.* 9. Provide paid internships at the GH-RWC for participants in the program. 10. Case managers provide jobs or provide a list of employment opportunities.* 11. Develop a basic operation manual, including front desk administration;

case management; peer support group facilitation; data entry, data quality and security control; coordination of workshops; crisis response, conflict resolution/restorative justice; maintaining safety and security.

Institutional Level (partnerships)

1. Remove DOC requirement that inmates are transferred to HCC prior to drop off.** (DOC changed its policy)
 2. In-reach from staff at RWC to inform the offenders of services, build rapport with participants, and conduct assessments prior to release.*
 3. Increase partner involvement with providing onsite workshops for participants.
 4. Work with partners to Improve the referral process.*
 - a. Implement regular case conferencing meetings with key referral partners so as to track referral outcomes and participant progress.
 5. Engage in a strategic planning Process.
 - a. Involve key provider partners in the strategic planning process.
 - b. Implement quarterly exchange of data with key referral partners.*
 - c. Include realistic goals for the role out of the data hub over the next three years. *
 6. All reentry counselors are aware of the Center but are not clear on all the services offered. The counselors requested:
 - a. An online calendar for the GH-RWC that shows what services are being provided that day.
 - b. A list of all the agencies that participate with the GH-RWC so counselors (and other providers) can let the offender know who they will be able to meet with when they do go to the GH-RWC.
 7. Collaborate with United Way 211 as a potential referral source and to gather data.
 - a. Is United Way 211 referring people to the Welcome Center?
 - b. And do they have data on the number of people they have referred?
 8. Work with Journey Home to identify landlords willing to rent to people with a record.*
 9. Explore collaboration with Community Solutions-Hartford Zero Inflow Project.
-

Data System Recommendations (Internal)

SHORT-TERM	MIDTERM
<ol style="list-style-type: none">1. Additional question that could be asked on the intake form: What was your last permanent address?*2. The referral form should have fillable fields.*3. Clarify which person at CPA is responsible for ensuring that the contracted data system development deliverables are completed within the specified timeframe, and provide monthly progress updates.**4. Clarify who at CPA is responsible for ensuring data quality for the GH-RWC and for making sure that all the Year Two data is inputted from case files into CPA's data system.**5. Implement the system for tracking outcomes and for closing a case; (e.g. each outcome goal that is met, should be tracked).*	<ol style="list-style-type: none">6. Produce a data management manual for the GH-RWC.*7. Have standardized procedures and a field in the data system for documenting common types of crisis responses, for urgent issues that require immediate attention and follow-up (e.g. hospitalization for mental health crisis or substance use).

Policy Recommendations (External)

1. Engage in direct advocacy with community leaders to challenge the gaps in resources that are prominent in the community.*
2. Expand shelter and housing opportunities for the reentry population.*
 - a. Provide Transitional Housing: Best practice they go from DOC to a bed with a program wrapped around with individually tailored supports that they need. Allow for at least 60-day stay.*
 - b. 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.
 - c. Advocate for Increased funding, access and availability of Treatment Beds for People Coming out of DOC who are Older and are Released End of Sentence and have mental health and/or substance use treatment needs.*
 - d. Explore laws pertaining to health insurance coverage for treatment beds for people transitioning from jail or prison.
 - e. Change policy to allow people coming home from incarceration to be able to bypass the 48-hour requirement post-release for the CAN appointment.*
 - f. Work with the local Housing Authorities to improve access to Section 8 Housing for individuals with felony convictions.

3. Make available more opportunities for returning citizens to be cleared by DOC, so that they can go back into the correctional facilities to work with the men who are coming out.

Evaluation Plan Recommendations (External)

1. Originally, the evaluation plan included hiring one research assistant with lived experience, but it would be beneficial to receive input from several individuals with lived experience, who represent a variety of reentry experiences and backgrounds*.
2. CPA's program operations director or Business Operations Administrator, the Evaluator, and the Data System Development Specialist establish a regular meeting time every month to ensure that progress is made on the data system.
3. Examine case management process of providing therapeutic supports in Year Two process evaluation.
4. Continue to interview key partners to evaluate and enhance collective impact strategies*.

Recommendations with a star are in process as of Year Two and recommendations with Two Stars** have been implemented/achieved in Year Two. For those without a star, the evaluator is unsure of their status or they have not yet been implemented.*

Full-Length Report

Introduction

The Greater Hartford Reentry Welcome Center (GH-RWC) officially opened its doors on September 17, 2018. Community Partners in Action administers the Center with in-kind support from the City of Hartford, the Connecticut Department of Correction, the Connecticut Judicial Branch-Court Support Services Division and over thirty community-based partner organizations. The GH-RWC's mission is to ensure that "individuals returning home will have access to support, information, resources, and referrals to vital services in one location. These services are key to an individual's successful reintegration back into our community." This report presents process evaluation findings from the first year of implementation. Its purpose 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 is the first in a series of reports for a three-year formative evaluation comprising process and outcome findings.

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Each year approximately 2,524 people are released from a prison or jail to the Greater Hartford region, and an estimated 1,219 are released at the end of their sentence⁵. As people reenter society they typically face many obstacles to rebuilding their lives due to the collateral consequences of a criminal conviction written into our laws. A criminal conviction can negatively affect a person's prospects for employment, education, housing, public assistance, and civic participation.⁶ There are over 558 collateral consequences written into Connecticut statutes that restrict people with criminal convictions from acquiring professional licenses, loans, government contracts, etc.⁷ According to Under Secretary Marc Pelka, 69% of these restrictions pertain to employment⁸. A national study found that employment rates in the U.S. were 0.9 to 1.0 percentage points lower due to the "employment penalty" faced by former prisoners and people with felony convictions. The employment rate for men with felony convictions was estimated to be 1.6 to 1.8 percentage points lower than for men overall and for those that also lacked a high school diploma, their

⁵ Diamond, S. (2017) Greater Hartford Reentry Center Plan: A Welcome Center for People Returning from Jail and Prison. West Hartford, CT: Diamond Research Consulting.

⁶ National Academies of Sciences, Engineering, and Medicine. (2018). The Criminal Justice System and Social Exclusion: Race, Ethnicity, and Gender: Proceedings of a Workshop—in Brief. Washington, DC: The National Academies Press. Retrieved from <https://doi.org/10.17226/25247>.

⁷ Counsel of State Governments Justice Center, National Inventory of Collateral Consequences, Retrieved from. <https://nicc.cgsjusticecenter.org>.

⁸ Lyons, K. (Wednesday October 9th, 2019) Former Inmates Could Help Shape Connecticut's Criminal Justice Reform. CTMirror.org. Retrieved from. <https://www.ctpost.com/local/article/Former-inmates-could-help-shape-CT-criminal-14502912.php>.

employment rate was 7.3 to 8.2 percentage points lower. This disadvantage in economic opportunity also places added financial strain on the families and communities to which they return⁹.

Homelessness is another monumental challenge in the Greater Hartford region that disproportionately impacts people returning from incarceration. A recent analysis of statewide data found that 61% of men and 21% of women who had utilized shelter services in Connecticut within the past three years had also spent time in a Connecticut jail or prison. There are simply not enough shelter beds to provide for the level of homelessness in our state. The 211 Infoline of United Way receives an average of approximately 6,000 calls per month for people seeking assistance with shelter or housing, of which 28% (about 1,600) are from the Greater Hartford region. The annual number of calls for housing assistance for the Greater Hartford Coordinated Access Network (CAN) during the first year the GH-RWC was operating was 20,078, involving 5,237 individual households and 1,695 families¹⁰. From these calls there were 5,207 appointments scheduled, and 476 individuals who called in who were last housed in an institution (e.g. DOC, a halfway house, hospital, respite home etc.).

Connecticut is currently facing an unprecedented opioid crisis. The abuse of synthetic opioids, particularly fentanyl, pose a serious risk to people recently released from incarceration dying from an accidental overdose. According to the Center for Disease Control, in 2017 there were 955 opioid overdose deaths in Connecticut—a rate of 27.7 deaths per 100,000 persons, which was twofold higher than the national rate of 14.6 deaths per 100,000 persons. In 2018, 56% of people who died of accidental drug overdoses in Connecticut had previously been incarcerated. Former prisoners between the ages of 20 and 29 have an eight-fold increased chance of dying within a year of being released compared with the general population, mostly due to either opioid overdose or homicide. In 2019, 1,200 people died of some sort of drug overdose in Connecticut, a nearly 20% increase from the prior year. At least 5.8% of the overdose victims appear to have been unsheltered since the medical examiner did not list a place of residence. Overall, 94% of the accidental intoxication deaths involved an opioid of some sort whether it be fentanyl or heroin. Hartford experienced the highest proportion of these accidental overdose deaths, 11% (n=133) compared with other major cities. The proportion of deaths from Waterbury was 9.1% (n=109), from Bridgeport was 5.6% (n=67), and from New Haven was 5.5% (n= 66)¹¹.

⁹ Bucknor, C., & Barber, A. (2016). The price we pay: Economic costs of barriers to employment for former prisoners and people convicted of felonies (No. 2016-07). Center for Economic and Policy Research (CEPR).

¹⁰ CT Coordinated Access Data Dashboard. Connecticut Coalition to End Homelessness. Time frame from September 17, 2018-September 17, 2019. Retrieved from <https://cceh.org/data/interactive/can/>.

¹¹ Altimara, D. Drug Overdose Deaths Increase by nearly 20% in Connecticut in 2019, reaching a record-high 1200. (February 14th, 2019). Hartford Courant: Hartford, CT. Retrieved from <https://www.courant.com/news/connecticut/hc-news-drug-deaths-increase-20200214-gqxdint6rbqxcyroi2n4a735y-story.html>.

Major cities like Hartford have more people coming home from incarceration simply due to their population size, but also due to systemic inequities which contribute to higher rates of incarceration. The concentration of public agencies such as shelters, halfway houses, hospitals and clinics also draws people in need of public assistance from rural and suburban areas into the major cities. Many of Hartford's neighborhoods are among the most disadvantaged in our state when it comes to general measures of community wellbeing. The poverty rate in Hartford is triple that of the state as a whole; 30% as compared with 10% for Connecticut, and 11% for the Greater Hartford region. Too often people returning from incarceration to Hartford are dropped off in the City without access to the basic necessities of food, clothing, or shelter. People who exit incarceration with lower educational attainment and little social support, have the highest rates of recidivism. Available evidence suggests that people who exit prison are more likely to commit new crimes if they experience desperate and traumatic conditions such as homelessness or lack of family support upon reentry.

Compounding the aforementioned challenges facing urban communities, since the economic downturn hit Connecticut in the mid 1990s, state funding for vital reentry programs have been cut and many nonprofit and government social service organizations have been tasked with "doing more with less." This fiscal strain has led government, nonprofit, philanthropy, faith-based coalitions, advocacy groups and other community members to join forces to find innovative solutions to reduce recidivism and build stronger and more vibrant urban communities, while also demonstrating long-term cost-benefit savings to citizens.

Some positive developments have been happening in the past decade too. The criminal justice reform movement has gained traction, in part fueled by a growing awareness across our country that we simply can no longer afford the costs of mass incarceration. Over the past ten years, due to the enactment of new policies and procedures aimed at creating a "smarter" criminal justice system¹², fewer people are being arrested and sentenced to prison than ever before. Connecticut's prison population has been steadily declining at about a 3% drop each year. For the month of December 2019, DOC's average confined population was 12,422, a 31% reduction compared with the same month ten years prior. Of this number 72.6% (n= 9017) were sentenced and 27.4% pre-trial (n= 3404). Over this same ten-year period Connecticut's overall annual crime rate decreased by 26%.

Connecticut's policy reforms have begun to show an impact on recidivism rates as well. According to the State of Connecticut Office of Policy and Management Criminal Justice Policy and Planning Division, the three-year return to prison rate with a new sentence among male prisoners has decreased from 37% of released individuals in 2005 to 34% for

¹² The Need for Fiscal Reform: The Human and Legislative Costs of Mass Incarceration (June 28, 2018). The University of Chicago School of Social Services Administration. Retrieved from <https://cpbusw2.wpmucdn.com/voices.uchicago.edu/dist/2/1015/files/2019/07/Sentencing-Reform.pdf>

those released in 2014. However, even if the recidivism rates were to have declined by another 3% in 2018, we could still expect about one in three people who were released from incarceration to return to prison with a new sentence within three years of their release, and almost one in two to be returned to prison for any reason. Recognizing the association between poverty, zip code, and criminal justice involvement^{13,14}, it is little wonder that recidivism rates in Connecticut have remained quite high. Thus, many legislators representing urban communities and advocates are pushing for more to be done by our state and municipal government to reduce the number of people who are incarcerated and to improve the chances of success for people returning to our communities from incarceration.

The recognition of the need for a Reentry Welcome Center in Hartford emerged out of this broader socio-political reality. One core assumption of this evaluation is that its success or failure in reducing recidivism will be integrally tied to ongoing systemic changes that are underway in public policies and economic conditions impacting the broader reentry ecosystem for the Greater Hartford region.

Greater Hartford Reentry Center Plan

The Greater Hartford Reentry Welcome Center was initiated through an alliance between municipal government, community providers, grassroots organizers and community leaders, several state agencies and a local foundation focused on a common goal of implementing evidence-based solutions to address the needs of the reentry population and to reduce recidivism in the region. In 2016, Community Partners in Action (CPA) received an innovation grant from the Hartford Foundation for Public Giving to engage in a data-informed planning process for a reentry center for Greater Hartford. The planning process spanned a period of eight months, from February 2016 to September 2017. CPA's Executive Director, JD Maureen Price-Boreland, formed an advisory group for the planning process, including leadership from The City of Hartford, the Department of Correction, the Court Support Services Division of the Judicial Branch, and several nonprofit and university partners.

Dr. Diamond, lead research consultant for CPA's planning grant, utilized methods of community-based participatory research--engaging people with lived experience of incarceration and key community leaders-- in the planning process. Four community leaders (Dean Jones, Diego Rodriguez, Warren Hardy, and Robin Cullen) co-designed and co-facilitated five focus groups with 48 individuals who were recently released from incarceration to gather their reentry experiences and recommendations for a reentry center. Members of the Greater Hartford Reentry Council--representing over forty reentry service

¹³ Mitchell, J. (September 18, 2018). Breaking poverty: Crime, poverty often linked The Philadelphia Tribune. Retrieved from <https://whyy.org/articles/breaking-poverty-crime-poverty-often-linked/>.

¹⁴ Loony, A. (March 14th, 2018) Five Facts about prisoners and work before and after Incarceration. Retrieved from <https://www.brookings.edu/blog/up-front/2018/03/14/5-facts-about-prisoners-and-work-before-and-after-incarceration/>.

provider agencies--also contributed to the planning process through participating in a 'SWOT' analysis of the Greater Hartford reentry eco-system (identifying strengths, weaknesses, opportunities and threats). The plan was informed by CT Department of Correction release data and a review of best practices for reentry centers nationally. From this planning process, a basic implementation plan for the Greater Hartford Reentry Welcome Center with five broad goals and several aims per goal was produced.

In 2018, Community Partners in Action was awarded a three-year Innovation Grant from the Hartford Foundation for Public Giving, totaling \$450,000, to implement the plan for the Greater Hartford Reentry Welcome Center. The City of Hartford committed in-kind resources in the form of space at Hartford City Hall, located on 550 Main Street, and staff time of a newly appointed Director of Reentry for the City of Hartford.

Implementation Goals for Years 1-3

The goals of the Greater Hartford Reentry Welcome Center laid out in the initial start-up plan are as follows:

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

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.

GOAL III: Staff the Reentry Center with qualified and trained case managers to support Returning Residents in accessing the immediate services and resources they need Post-Release.

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

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.

Process Evaluation Overview

Overarching Questions to be addressed by the Year One Process Evaluation

This evaluation report aims to answer the following questions about the first year of implementation.

1. What accomplishments and challenges have there been in implementing the Greater Hartford Reentry Welcome Center as a collaborative effort of Community Partners in Action, the City of Hartford, the CT Department of Correction and other nonprofit/government partners? What factors have facilitated implementation and achievement of its goals?
2. Has the implementation been consistent with the original goals of the GH-RWC? To what extent do participants reflect the originally intended population and are they receiving services in a timely and efficient manner to meet their needs?

Process Evaluation Methods

The evaluation for this first year of implementation utilized mixed qualitative and quantitative methods to document the implementation process and to identify the strengths and challenges in implementation. Some performance metrics on the number and demographics of participants who utilized the Center were tracked by CPA staff, and are also included in the report. An outline of the specific methods utilized for this process evaluation is provided in the table below.

Table 1: Qualitative Research Methods and Data Collection for the Year One Process Evaluation	
Two focus groups with RWC participants of the peer support groups.	These occurred in mid- November with a total of 13 participants from the men’s (n=6) and women’s (n=7) peer support group.
Interviews with six community and government partner agencies for referrals and essential services	<ul style="list-style-type: none"> ○ Kimberly Beauregard, President & CEO, InterCommunity, Inc. ○ Alicia Alamo, Community Health Worker, InterCommunity, Inc. ○ Tyler Booth, COO, InterCommunity, Inc. ○ Alex B. Johnson, President and CEO, Capital Workforce Partners ○ Matthew Morgan, Executive Director, Journey Home ○ William Murphy, Director of Programs and Treatment Division, Connecticut Department of Correction ○ Trina Sexton, Director of Re-Entry Services, Connecticut Department of Correction ○ Thea Montanez, Chief of Staff and Interim Chief Operating Officer, The City of Hartford

	<ul style="list-style-type: none"> ○ Mayor Luke Bronin ○ Susan Gunderman, Interim Director of Re-entry Services, Office of Mayor Luke A. Bronin
Interviews with CPA staff:	<ul style="list-style-type: none"> ○ Vern Mitchell, second GH-RWC Supervising Case Manager ○ Deborah Rogala, Program Operations Director
Focus group with GH-RWC staff	<ul style="list-style-type: none"> ○ George Dillon, Supervising Case Manager ○ Virginia Lewis, Program Manager ○ Amy Arroyo, Resettlement Case Manager ○ Roberto Carmona. SAMHSA Case Manager
A brief online Community Partner Survey	The survey was administered online from December 18, 2018 through January 5 th , 2019. Eighteen Community partner providers completed the survey.
Participant observation of meetings with staff and community partners	Six data system development meetings; four provider partner meetings; several meetings and phone conversations with database developer.
Brief intercept interviews with eight participants at the GH-RWC	These observations and brief intercept interviews occurred from Oct. 2018 through January 31, 2019.
Questionnaire completed by DOC Counselors	The reentry counselors based at six different DOC prisons wrote responses to 15 questions.

The focus groups and in-depth interviews were semi-structured. The community partner interviews planned for the first-year evaluation focused on a select group of partners who had provided or received the most referrals from the GH-RWC. The interviews included the Mayor of the City of Hartford and the Chief of Staff; the Connecticut Department of Correction, Director of Program and Treatment Division and Director of Re-Entry Services, and the executive directors at four partner agencies that provide essential services for people reentering from incarceration. The semi-structured questions for the in-depth interviews were based on the specific goals and aims of the reentry implementation plan and evaluation. Participants in the GH-RWC peer support groups were asked questions about their experiences in the program, being dropped off at City Hall, and about their recommendations for changes or improvements to the GH-RWC. Intercept interviews were conducted in September 2019 through December 2019 by the lead evaluator sitting in the lobby area of the GH-RWC and talking with visitors and participants. The focus groups and in-depth interviews were documented through detailed (verbatim) notes and recordings, which were thematically analyzed and summarized in this report. Information pertaining to the implementation process was excerpted from the various qualitative data and summarized according to the goals and aims of the start-up plan.

Limitations of the First Year Evaluation

The first-year process evaluation was conducted largely in a retrospective manner, beginning in August 2019. Although the intercept interviews were not conducted until Year Two, the information gathered from the interviewees pertained to returning citizen's experiences participating in the RWC program in Year One. For feedback on the partnerships, several executive directors also recommended interviewing the front-line or program management level staff, who worked directly with the case managers in handling the referrals. The lead evaluator met with one additional program director and front-line staff from InterCommunity, Inc. for the first-year process evaluation (the director of operations and a community health worker from the Transitions Clinic). Additional interviews with the point person from the other key partner agencies are planned for the Year Two evaluation. Participant feedback from people who walked into the GH-RWC from the street (Walk-ins), in the form of a brief satisfaction survey, was not conducted for the first year. The goal is to utilize a web app using a tablet or phone for customer feedback in Year Two, which will be easy to collect and not require additional paperwork or data input.

Three Year Evaluation Plan

Three different levels of impact will be assessed in the three-year formative evaluation study, namely: 1) the **program level**, to examine the impact of the GH-RWC on the intended recipients of services; 2) the **institutional level**, to examine how well the collaboration among various provider partners is functioning to improve the efficiency and effectiveness of the reentry eco-system for the region, and with respect to achieving cost-benefit savings; And 3) the **public policy level**, to examine changes in legislation and other administrative changes to remove barriers to reentry for individuals with felony convictions and advance opportunities for successful reintegration. An overview of the full evaluation plan for the three-year evaluation is provided in Appendix A to this report.

Organization of Report

The process evaluation findings are organized into the five goals and related aims of the original implementation plan for the GH-RWC. For each of the five implementation goals and aims, the implementation process and procedures are described. This is followed by an account of the **Strengths** and **Challenges** followed by key **Recommendations**. Adaptations made to the original implementation plan are also documented. A sixth goal was added to the process evaluation, focused on policy



Figure 1. Schemata of Report Organization

changes (external) at both the state and municipal levels. This policy section highlights some of the **Opportunities** for systems change which have occurred during the first year or are underway, as well as ongoing **Systemic Barriers** reported by staff and participants that are likely to impact the primary outcome of recidivism reduction, and **Recommendations** for removing these barriers. The last section of this report provides a summary of the lessons learned and recommendations for process improvements. Many of these improvements were already underway in Year Two, which began on September 18th, 2019.

Process Evaluation Findings

GOAL I:

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

“Educating people was key, so that UConn, the Library, business community, and staff at City Hall felt comfortable. We invited them to a meeting. Having these open dialogues early on was important...so that people understood what the goals were of the Center and what we were trying to do.”

Susan Gunderman, Interim Director of Reentry Services,
Office of Mayor Luke A. Bronin

Prior to opening the Greater Hartford Reentry Welcome Center in City Hall, CPA distributed an online survey to its advisory team members and staff to reach consensus on the name of the Center and a graphic artist (Artwurks Unlimited LLC) was hired to create a logo. An informational brochure and a web landing page were created to inform the public of the services provided at the GH-RWC. To inform the public of the plan to open the GH-RWC in City Hall, the interim director of re-entry services for the mayor’s office and the CPA’s program operations director first held a meeting at the Hartford Public Library with local officials, including the head of the University of Connecticut downtown campus and the executive director of the Hartford Business Improvement District. They also presented the plan to the staff at City Hall and at several Neighborhood Revitalization Zone meetings (NRZs). According to CPA’s programs operations director, what stood out for her was the fact that the attendees were overwhelmingly supportive. People felt that this Center was needed, mainly because many said they knew someone who was formerly incarcerated and had experienced challenges with reentry. Press releases were issued by the mayor’s office and CPA and a ribbon cutting ceremony was held at City Hall on September 15th, 2018.



Pictured L to R: Anthony Carter, Councilman Jimmy Sanchez, Hartford Mayor Luke Bronin, Former DOC Commissioner Scott Semple, Councilman Thomas J. Clark II, CPA Board Member Stephanie Harris, CPA's Executive Director Beth Hines, HFIG Executive Director Jay Williams, Hartford City Council Claudine Fox, Rep. Brandon McGee and Rep. Josh Hall.

The Greater Hartford Reentry Welcome Center officially opened its doors on September 17, 2018. Its hours of operation were from 8:00-4:00 during the weekday and closed on the weekends. During the first year of operation, twenty-seven community agencies signed MOUs to collaborate with the GH-RWC. Capital Workforce Partners, Journey Home and InterCommunity, Inc. had already agreed to partner during the initial planning stage. Other community service providers from the region were invited to learn about partnership opportunities through an open meeting organized by CPA and the interim director of re-entry services for the mayor's office. The invitation was distributed to members of the Greater Hartford Reentry Council (GHREC), which has over 600 members on its email list. This meeting was held at the CT Nonprofit Center in Hartford on May 8th, 2018 with over thirty providers in attendance. The interim director of re-entry services for the mayor's office provided tours of the center for interested individuals and groups on a regular basis, including several faith-based organizations who then agreed to host drives for backpacks with hygiene products for RWC program participants.



GH-RWC Organizational Structure and Staffing

In its first year, the GH-RWC was staffed with a full-time supervising case manager and a half-time case manager. CPA's program operations director also was onsite on a weekly basis to oversee staff activities and assist with daily operations as needed (approx. .20-.30 FTE). In January 2018, CPA located staff from two other CPA reentry programs to the GH-RWC; the Resettlement program manager and Career Pathways case manager, so they could enroll people who came to the Center in CPA's other reentry programs and meet with participants. The interim director of re-entry services for the mayor's office also provided in-kind support for the ongoing operations of the Center. She did not track her hours the first year, however she was given full license from the mayor's office to commit whatever time was required. Two master's students from the University of Connecticut Urban Semester Program and the School of Social Work conducted semester-long internships at the Center. Each contributed

approximately 27.5 hours a week in the position of administrative assistant, helping with front desk coverage, ensuring sign-ins and intakes were completed and recorded, and coordinating appointments with the case management staff.



Figure 2. GH-RWC Staffing in Year One

Implementation Timeline and Start-Up Process

The interim director of re-entry services planned a three-phase roll out for onboarding community partner agencies in the operations of the GH-RWC. A more detailed timeline showing the GH-RWC core activities in the first year is provided in Appendix A.



Figure 3. Implementation Phases

Phase One: Focused on partnerships with providers of essential reentry services in the areas of basic needs, employment, housing, behavioral health, and Identification (procuring birth certificate, social security card, and driver’s license, city ID). During this phase the interim director of re-entry services met with agency directors to confirm which services and programs RWC participants would be eligible to receive, complete memorandum of understandings (MOUs), and to identify a point person for making “warm hand-offs” for referrals.

Phase Two: Engaged community partners who could provide secondary services, including onsite skills building workshops for participants. This phase was supposed to start in January, 2018 however it was delayed to March 2018 due to the renovations of the facility. In June 2019, partners were invited to a meeting in the newly renovated meeting room at the GH-RWC where they could host workshops and CPA offered to provide interested partner organizations with \$3,000 to run workshops at the RWC.

Phase Three: Involved bringing on board the volunteers, peer mentors and interns. Shortly after the Center opened, an intern from University of Connecticut (UConn) began working at the Center to assist with covering the front desk and phone. A second intern from UConn was brought on board in the spring semester. Throughout the year, the interim director of re-entry services and CPA's director of operations had conversations with faculty and staff from local universities who were interested in supplying interns and volunteers, however no other students were onboarded in the first year.

Case Management Eligibility Criteria

The initial plan for the GH-RWC was to provide case management services and some tangible benefits (e.g. bus passes and clothing vouchers) for 150 individuals per year, who met certain eligibility criteria. CPA staff refer to this as the "RWC Program." Eligibility criteria for this program were as follows:

- Released from the Connecticut Department of Correction at the end of sentence.
- Not under any form of community supervision, and
- Within 90 days of their release from incarceration.

AIM I: Provide a basic level of service for anyone who is formerly incarcerated or seeking reentry information.

Aim I of the GH-RWC was to provide a basic level of service for anyone who came through the doors seeking assistance. In the words of CPA's program operations director, the aim is "for everyone who comes to the Center to leave better off than when they arrived." This means that at a minimum the staff provide visitors with a warm welcome, offer them coffee or tea, provide them with information on where to go for further assistance, and treat them with respect and dignity. Individuals who walk through the door of the GH-RWC are requested to complete a sign-in sheet with their name and date of visit, and to complete a brief intake form to determine their eligibility for the services at the Center and what types of assistance they are seeking.

First-year intake information for people who walked in to the Center was inputted by CPA staff into an Excel spreadsheet. The assistance requested and provided to walk-ins were recorded in an open-ended field titled "services requested," and "services provided." Intake information was recorded from the first day of operations through July 16, 2019. Between

July 17th and October 1, 2019 intake data was not entered into the spreadsheet due to insufficient administrative support and updates being made to the electronic data system. Further discussion of delays in the data system development process is provided under the section for Goal V (see page 64).

Performance Metrics

Opening Day: On the first day, CPA records show that seven people accessed services at the GH-RWC. Of these, two were eligible for case management services. One was an African American male and the other a Latino/Hispanic male.

Mid-Year (through December 30th, 2018): In the first four months, the GH-RWC received 972 visits, of 122 unique individuals. Of these 45 were eligible for case management services. Of those not eligible, 13 were referred to the Resettlement Program and 10 were referred to the Career Pathways program. The GH-RWC received 15 direct referrals (people who were dropped off from DOC) from DOC of which 6 did not show up for their case management intake appointment.

First Year (Sept. 17, 2018- Sept. 30, 2019): the GH-RWC had received 2,018 visits from 458 unique individuals. Of these 149 met the eligibility criteria to receive case management services. Among those eligible were 130 men, 18 women, and 1 transgender person. Sixty individuals were dropped off on the day of their release from a DOC facility. Most people who walked into the Center seeking assistance, but were ineligible for the RWC Program (~68% of the total visitors), were either released after the 90 days, currently under some form of community supervision, or were not involved with the criminal justice system. Almost everyone coming to the GH-RWC sought assistance with basic needs such as transportation, housing, clothing, identification, behavioral health, and other necessities.

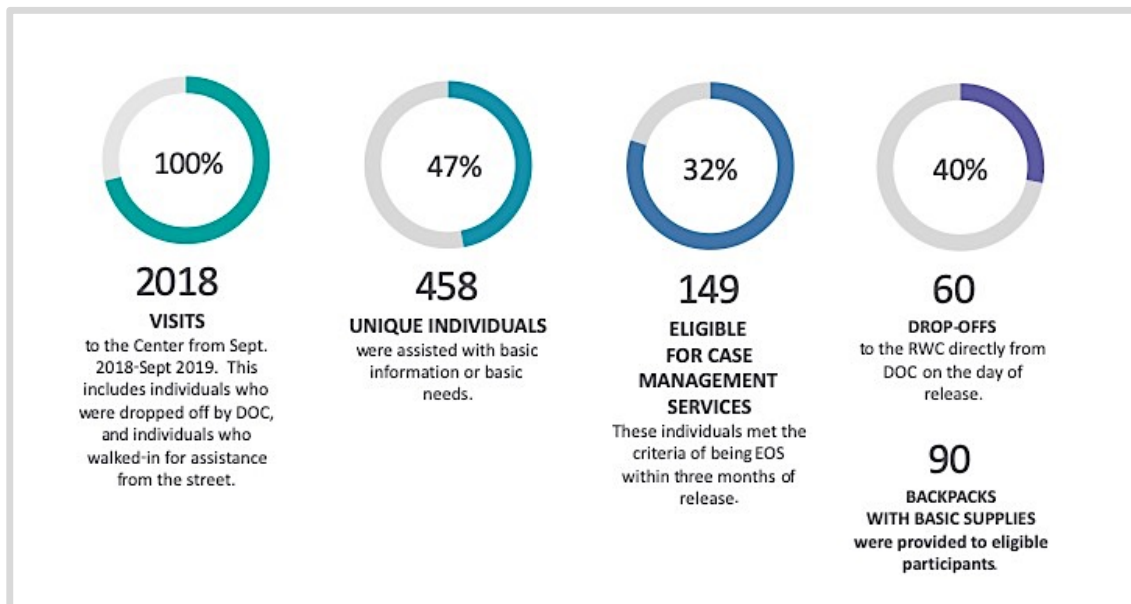


Figure 4: Reentry Welcome Center Year One Outputs

Assistance Provided to People Who Walk-In to the Center

Data from the intake form indicate that the majority of people utilizing the Center (77%) on a walk-In basis currently resided in Hartford and approximately 20% were from Greater Hartford. Two individuals were from outside of Greater Hartford, and two were from outside of Connecticut. The fact that most people listed their place of residence as Hartford is not surprising as many of the visitors were residing in shelters and/or were homeless.

Table 2. Town of residence of people Who walked-In to the Greater Hartford Reentry Welcome Center seeking services from Sept 17th, 2018-July, 16, 2019.

Hartford					129
Greater Hartford	Bloomfield*	8	Middletown*	4	34
	Bristol	2	Newington	1	
	Colchester	1	Vernon	1	
	Coventry	1	West Hartford	4	
	East Hartford	9	Wethersfield	0	
	Glastonbury	0	New Britain	1	
	Manchester	0	Windsor Locks	2	
Outside of Greater Hartford	Waterbury	1	Meriden	1	2
Other States	Maine	1	New Jersey	1	2
No City Recorded					71
Total Walk-Ins					238
Data Source: CPA RWC Data Set 2018-2019 *2 individuals had 2 different addresses.					

Services Requested

The chart below on the next page shows the frequency of services requested by people who walked into the GH-RWC recorded on their intake assessments. More than half (52%) of the people who walked into the Center were seeking assistance with *Housing*, and many others were seeking assistance with *Basic Needs* (42%) and *Employment* (42%). A high percentage also were seeking assistance with *Transportation* (29%) [requested bus passes]. Most of the people who walked in off the street had multiple needs in these three areas.

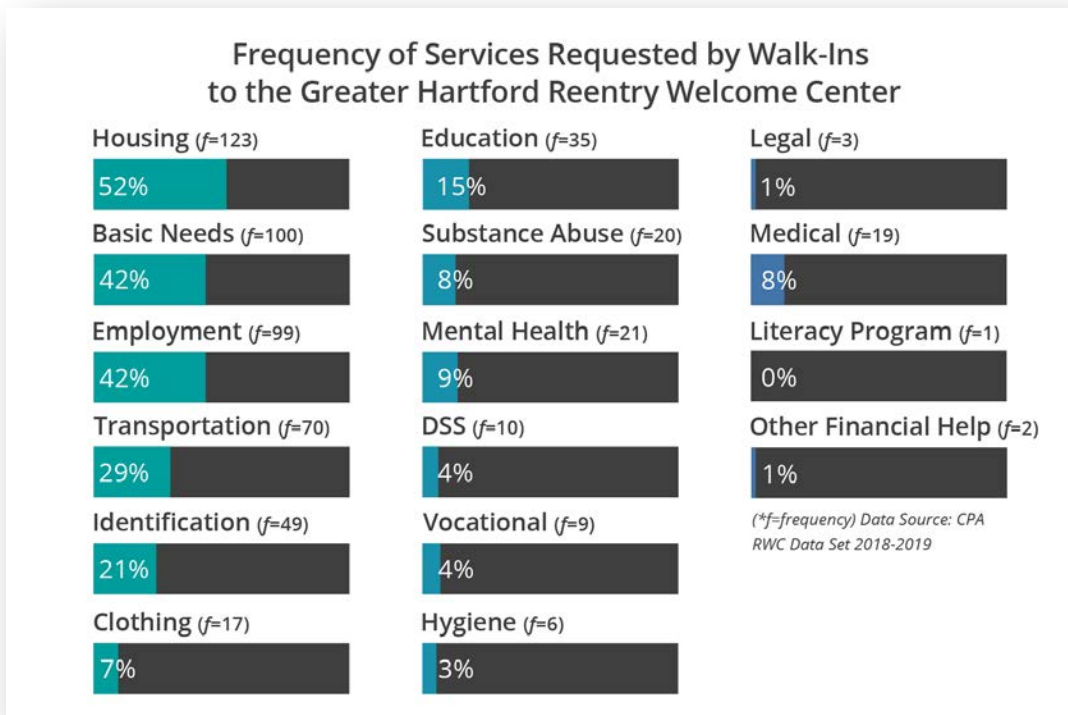


Figure 5. Frequency of Services Requested by RWC Walk-Ins

Strengths

“Our vision was to create a place where those who are coming back to our community can get connected to knowledgeable, caring support to help them navigate employment, housing, education, and more, as they try to rebuild their lives. We know there is more need than we could meet initially, and we focused our efforts where we saw the greatest gap – individuals returning end of sentence, with no other support.”

Mayor Luke Bronin, City of Hartford



Strong commitment and collaboration with the Mayor’s Office

Despite some concerns from community members regarding the Reentry Center’s location at City Hall, Mayor Bronin and his Chief of Staff remained committed to the project. The City advocated for the lease agreement to be approved by Hartford’s City Council.



Location in City Hall is convenient, accessible, and an efficient use of City resources

Participants utilizing the services at the GH-RWC stated that the location at City Hall is very convenient for them due to its central location close to the bus stops, shelters and the library. Several noted that it is easier to access than CPA's other previous location for its Resettlement program. During a brief intercept interview, one participant explained that he is currently staying at a shelter and he makes it a habit to drop by the GH-RWC every morning when it opens at 8:00 am. He prefers the Center to the library because it is quiet and he likes to check in regularly with his case manager who is supporting him through his reentry process.

One community provider suggested on the online evaluation survey that having the location of the Center in the back entrance to City Hall "may be a barrier for some participants' utilization of the services," however no further explanation was provided.

Hartford's chief of staff noted that having a centralized place where people can go for reentry assistance in City Hall also has benefits for the city administration. It relieves the Office of Community Engagement from having to field requests that staff are not as well trained or prepared to handle. As she explained, "I have seen a decrease in the number of folks with criminal histories who would go to our Office of Community Engagement, who were not equipped to handle the requests that people with a criminal record are dealing with. That's been a huge help to other people who need help from our office. I get to see folks every day accessing that Center."



Participants are treated with dignity and respect

CPA's organizational philosophy and leadership is guided by social worker training and principles. CPA's program operations director is very adamant that the staff treat everyone who comes through the door with dignity and respect. "It is about who you are, not what you did. We want you to know we care about where you want to go. How do you achieve your goals? And, great, we want to get you there!" A former supervising case manager for the GH-RWC described how simply offering a cup of coffee or tea helps people who are returning from incarceration to feel respected and cared for, and that they are "not just a number from DOC." As another CPA case manager likewise said, "It is a new beginning into their return to humanity. A lot of times institutions have taken their humanity away. You are being seen as 'the offender.' They're a person before all those things."



Problem-solving gaps in care for individuals with mental health needs

The GH-RWC provides information and direct assistance to individuals even if they are not eligible for the case management services to the extent feasible, especially for individuals who are experiencing homelessness, substance use or mental health crises. CPA's program operations director described an incident in which a woman who was released on probation and ended up having a psychiatric break, was hospitalized and then came to the center seeking assistance. The hospital had released her with no

resources. The staff went through considerable effort to find her appropriate housing, “We couldn’t put her in a shelter. Do we do a hotel? We decided that would be a bad set up. We found a female sober house, so we put her there until she gets stabilized.” She remarked that staff encounter this type of situation regularly.

S Informing people who are newly released from Connecticut Department of Correction where to go to meet with their Probation Officer

Some individuals who are released from DOC at the end of their sentence have to serve time on probation following their release (termed ‘split sentence’). At least 57 people who were on community supervision, mostly on probation, visited the GH-RWC seeking assistance during the first year. CSSD had experienced some cuts in prior years to their intake staff, and some people with split sentences were not meeting with a probation officer prior to their discharge. As a result, they did not know which probation office to go to for their first appointment. To problem-solve this issue, CPA met with CSSD leadership and arranged to have a point person to call, so they could let probationers know where to go. When people on probation come to the GH-RWC on a walk-in basis, staff informed them that they need to work with their probation officer, who has access to flex funds to assist them with their basic needs.

The staff at the GH-RWC will sometimes provide individuals who have recently been released from DOC and are on community supervision with other forms of assistance too. Many of them leave prison with only a two-hour bus pass and few belongings and have nowhere to live. Some of these individuals who are under community supervision are also eligible for CPA’s other reentry programs. When the staff have additional resources available, and determine it appropriate to do so, they may provide people who walk in off the street with a backpack with hygiene products, and also assist them in calling 211 if they need a place to stay, or occasionally provide them with a bus-pass and clothing voucher.

S Increasing numbers of individuals coming to the Center over time

People are becoming more and more aware of the GH-RWC both inside the correctional facilities and in the community. As the interim director of re-entry services states, “People write us letters from jail and prison. The best advertisement for the Center is word of mouth.” The numbers of walk-ins and people who visit the Center daily speaks to the need for people to have a safe space to go to seek assistance.

S Data is used to inform municipal planning and state policy

“By having the Reentry Welcome Center here at City Hall, we’ve been able to learn from our participants and our community partners, the needs of the individuals coming to us in the city...I am able to use the data and the knowledge of what we are seeing...to take that to these other groups to inform them on what is actually happening.”

Susan Gunderman, Interim Director of Re-Entry Services,
Office of Mayor Luke A. Bronin

The interim director of re-entry services is able to access data from the GH-RWC and to witness firsthand the needs and challenges people face upon reentry through her collaboration with the CPA staff, and she then shares this information with City leadership. She also participates on a number of policy committees at the state level and co-chairs the Greater Hartford Reentry Council, which provides a means of sharing the information with community members more broadly.

Challenges

C The physical infrastructure had to be expanded to better support the needs of people seeking assistance with workshops and other onsite activities

Initially when the GH-RWC opened in City Hall, the facility did not have sufficient space for staff and partner meetings, or to host workshops and run peer support groups. Also, the bathroom was not wheelchair accessible. Beginning in January 2019, the CPA staff worked with the City to renovate an adjacent office area so as to provide expanded space for its daily operations. As of March 2019, the GH-RWC completed its renovations. The current meeting space seats about 20-30 people max and is heavily utilized by the GH-RWC staff. There is an interest from CPA management in expanding the space still further to better accommodate the large number of visitors coming to the GH-RWC in need of assistance.

C Insufficient staffing for number of visitors seeking assistance

In its first year of operation, the GH-RWC did not have sufficient staffing to support its core activities even with having relocated several case managers from its other reentry programs to City Hall. An additional person was needed to cover the front desk to manage the walk-ins and assist with intakes and data entry, and the coordination of case management meetings and workshops. In order to address this gap, CPA pursued funding to provide for an additional full-time administrator/coordinator position for Year Two.

C Limited hours

Due to the small staff size and early morning hours, the GH-RWC is only open to assist people until 4:00 PM each day. According to the former supervising case manager, sometimes people would arrive as walk-ins at 3:30 PM and he would ask them to come back in the next day or two to complete their intakes, which then made it more likely they would not return. During the regularly scheduled Friday afternoon management team meeting, from 2:00-3:00 PM, the office is routinely closed. A sign is put on the door to notify clients of the delay, and sometimes individual participants are asked to return at a later time. The evaluator observed that some of the participants who visit the GH-RWC regularly appear to be accustomed to being able to walk in and talk with their case manager

on a moment's notice, and seem willing to adjust when asked to come back at a later time. However, others leave frustrated by the fact that the GH-RWC is temporarily closed.

C Safety and security issues

Initially security at the GH-RWC was minimal. City Hall has a police officer onsite who regularly patrols the building and also heads up local police efforts to address homelessness and provide diversion to mental health and treatment services. After a couple of incidents in which a participant at the GH-RWC “became emotionally volatile” and needed to be escorted out, the City implemented an alarm system and security cameras. CPA also instituted a policy of having at least two staff at the GH-RWC at all times. The staff have the number of the police officer at City Hall, as well as of the Hartford Police Department. They also have taken part in an active shooting, which was conducted for all the staff at City Hall.

Restorative Justice Anecdote: The staff at the GH-RWC and the interim director of re-entry services for the mayor’s office applied principles of restorative justice to resolve a petty property theft incident that occurred with one of the individuals who was receiving services at the Center. As the interim director explained, “The camera system has been good for us. We had an individual who ended up on the fourth floor, and ‘borrowed’ the toaster oven, but couldn’t figure out how to take the microwave. We did restorative justice with that individual and that person was made whole with a new toaster. We’re not adding to the burden of additional charges.”

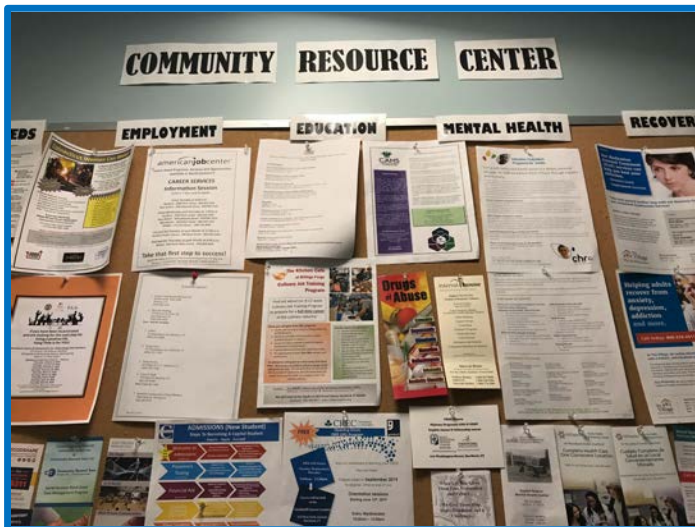
Recommendations



- ◇ **Hire a full-time administrative staff/coordinator to assist with walk-ins, data entry etc.**
- ◇ **Conduct regular security audits to ensure technology is working and safety protocols are being followed.**

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

CPA staff at the RWC are committed to assisting everyone who walks in the door to the extent feasible with available resources. Eligible participants and some homeless people who come to the Center have received backpacks containing hygiene items or winter clothing. The backpacks are donated on a regular basis by faith-based partners, including the Faith Congregational Church of Hartford, Asylum Hill Congregational Church, Emmanuel Lutheran Church of Hartford, and First Congregational Church of Guilford. Clothing vouchers are also sometimes provided to people who walk into the Center and people who are dropped off at the GH-RWC from DOC for the Burlington Coat factory and Goodwill Stores. Referrals for professional clothing are made to the clothing bank at the Urban League. Eligible RWC program participants who need assistance with transportation will receive two-day or monthly bus passes, and also are provided with financial assistance for application fees needed to procure identification. This is given in the form of a money order made out to the appropriate agency.



Referrals and Assistance Provided to People who Walked Into the Center

From their opening through July 16, 2019 (a ten-month period), CPA staff recorded having providing 238 walk-ins with 228 referrals to outside services, 15 referrals to CPA reentry programs, and 79 instances of direct assistance in the form of bus passes, identification, backpacks with hygiene supplies, and DSS appointments. The table below shows that the most frequent referrals walk-ins received were for

employment services to the American Job Center and other job readiness programs. Direct assistance was also frequently provided for *Basic Needs* (e.g. through an onsite DSS representative to enroll people in benefits), and referrals provided for *Transportation* and for *Housing/Shelter*. This included helping individuals to place 211 calls to schedule appointments for intake into the shelter CAN system.

Table 3. Referrals for People who Walked Into the Center from Sept 17th, 2018 to July 16, 2019 (238 Walk-Ins; Not eligible for RWC Program)

Referrals to Community Services					CPA's Programs	RWC Services
Basic Needs (59)						
CRT basic needs (22)	Foodshare (1)	House of Bread (1)	Urban League (5)			DSS (onsite appt) (18) Clothing Voucher (6) Backpacks/hygiene (6)
Transportation (43)						
Veyo (2)						Other Transp ort (6) Bus Passes (35)
Housing/Shelter (32)						
Journey Home (5)	211 (5)	Officer Barrett (5)	Warming Center (6)	Other (3)	Mart House (1) Resettlement (7)*	
Employment Services (90)						
American Job Center (35)	People Ready/Temp List (11) (9)	Goodwin (1) Strive (1)	Goodwill Career Center (12)	Best Chance (13) OPP (1)	Career Pathways (7)	
Mental Health (8)						
Chrysalis (5)	Village (2)	Immacare (1)				
Identification (8)						
DSS/SSA Records (2)						ID (8)
Other Types of Assistance (65)						
Legal Aid (4)		Community Supervision PO/AIC (49)	Other (12)			
Total Referrals & Assistance (307)						
Total Referrals to Community Services** (228)					Referrals to CPA (15)	Total RWC Direct Assistance Provided (79) No Services Recorded (28)
Data Source: CPA RWC Data Set 201-2019						
*Not including 4 returning clients						
**not including referrals back to programs they're already in						

Strengths

"How many of us walk out of jail got a phone? Now we got to think about how to contact people, we got no way. So that was enough for me, like I'm going to give these people a try. Cause I walked in, they got computers, they got a phone I can use, I call people. Cause most [other] people they tell you, you can't use the computer. You got to be here thirty years before you can use the computer. You can't use the phone."

Reentry Welcome Center Participant

S

Free phone calls facilitate participants' ability to communicate with their social supports and access vital services

The GH-RWC provides people with free access to phones and computers. This access is a necessity for people coming home from incarceration to be able to get in touch with family and friends, to access services, and apply for jobs. Having the phones available for free to anyone who needs to place a phone call also builds trust between returning citizens and the staff at the GH-RWC, as indicated by the above quote from a participant.

S

Backpacks with necessities and new clothing provide some psycho-social as well as health benefits

Providing clothing and basic necessities to returning citizens helps to boost their sense of self-worth and dignity and to reduce feelings of shame and social stigma. As the supervising case manager explained, 'a lot of times people are dropped off from DOC with just a plastic bag with their belongings in it. So, anyone can know they've just been out of jail. When they get to the GH-RWC they are given a regular backpack, so they have a place to keep their own personalized items. This helps them feel a little more comfortable in the process of reentering.' CPA staff prefer to provide participants with brand-name products rather than hotel samples that are sometimes donated. As the supervising case manager stated, "We don't want them to feel like second-class citizens...I love the process...I gave him some Dove soap. He said, "this is Dove!" They start crying. They start taking stuff from the bag and I say the whole bag is for you."

Challenges

C

Expectations of people who come to the Center looking to receive tangible resources were not always able to be met

Currently there are not sufficient funds for everyone who requests assistance from the RWC to be provided with tangible goods. As the former supervising case manager explained, when people call and ask for information over the phone, they are told that they can come in and fill out an eligibility form. Sometimes people arrive expecting to receive the tangible benefits and when they learn that these items are not available for them,

they leave disappointed. So “now you’ve already disconnected them.” CPA strives to strike a balance between having “the Center more known for what it can do, than for what it can give them.”

A focus group participant pointed out that although a free phone is available at the GH-RWC for her to make calls out, she does not know the phone number, so people whom she reaches out to, such as prospective employers are not able to call her back. In the planning process for another reentry project, some returning citizens suggested the idea of providing “A Hello Line,” which is a telephone line reserved for participants without a phone to allow employers to contact them.

Evaluator Observation: The staff are adept at handling situations in a calm manner, in which participants are disgruntled when they do not receive bus passes or other goods they had hoped to receive. On one occasion which was observed, a man who had previously visited the GH-RWC returned seeking a bus pass, and became very agitated when the staff said they did not have any passes left to give him. He threatened to file a complaint with the mayor. The staff were familiar with this man, as he had received assistance from them previously although he was not eligible for case management services. They offered to help link him up with a medical transport service to get to his medical appointment. However, this man refused this offer and left angrily. The staff anticipated that he would return since he had exhibited this sort of behavior in the past and expressed a desire to continue to offer him what assistance they could.



Many of the walk-ins to the Center are experiencing homelessness

The most urgent unmet need is housing. Most of the EOS participants who were referred from DOC have nowhere to stay and although the counselors make every effort to call 211 before they were released, they may have been denied access to a shelter or placed on a waitlist for the shelter system. As the supervising case manager explained:

“We’ve had people who have done significant time--5-10 or 15 years locked up. They come out to an environment not really sensitive to what has happened. I’m homeless for 30 years and you tell me I’m still homeless. Give me a backpack and say, ‘be safe under the bridge.’ We need a building for people, so they have somewhere to go.”

He also explained that, “Everybody needs a place to be where they feel safe and warm...The emergency shelter is not a great place, but then they don’t even get that. When they get out they have to apply for an intake to get them on the list.” CPA’s program operations director also expressed her frustration at the lack of housing available for people coming home from

incarceration. The 211 process does not provide reentrants with shelter immediately. As she said,

“If you are under a bridge, you have to find a way to get mental health or homeless outreach to document that you are out in the woods. So, your time is spent documenting. A minimum of a year of being homeless then you can move... Staying with Aunt Betsy on her couch means you’re not homeless. Being incarcerated, you’re not homeless. You got to sleep in the woods.”

During a partner meeting, the RWC program manager remarked that “We can do all we can do, but if someone doesn’t have a place to live then where do they go? We have a 21-year old coming out on a Friday and we can’t find a bed. I can’t see putting this woman on the street.” Experiencing homelessness makes it very difficult for a person to maintain their hygiene, which affects their overall health and wellbeing and is also a barrier to applying for jobs or other opportunities. As the former supervising case manager describes, “When folks come through the door, you know which ones don’t have housing. You can smell that. You can feel that. They can feel that about themselves. These are *not* people who do not have pride.”

Recommendations



- ◇ **Improve access to safe and stable housing options in collaboration with shelter/housing partners and the City.**
- ◇ **Provide “A Hello Line,” a telephone line reserved for participants without a phone, to allow prospective employers to contact them.**

AIM III: Provide monthly or bi-monthly reentry orientation/release planning workshops for individuals newly released.

“Successful individuals need to navigate the system. Increasing people’s skill level decreases recidivism, so the more skills they get the less likely they are to repeat their patterns.”

Deborah Rogala, Program Operations Director
Community Partners in Action

One aim of the GH-RWC is to provide regular orientation and release planning workshops for participants, who are newly (or soon to be) released. Only one regular monthly workshop is currently being held, which is a mindfulness/healing workshop provided by Kelvin Young through Toivo, a peer-run, non-profit initiative of Advocacy Unlimited.

One female participant expressed the view that Hartford needs more reentry programs for women. She explained that she has met people older than herself who did not have the skills needed to obtain work and for successful rehabilitation. She suggested having a program that provided women with skills that would “help us be adults” and functioned “like a Job Core for people who were incarcerated.” She echoed the program operations director perspective on the importance of teaching women skills so as to reduce recidivism, remarking that “If you help us become better, there will be fewer people going back to jail.”

In mid-October 2018, CPA collaborated with Greater Hartford Legal Aid to offer an offsite Pardons Clinic. According to the attorney who coordinated the Clinic with CPA, the GH-RWC screened “dozens” of potential pardon applicants for eligibility for a full pardon and referred eligible individuals to Greater Hartford Legal Aid for further assessment. Other workshops that were planned for Year Two include a job readiness workshop (with the interim director of re-entry services for the City) and an empowerment forum for women released EOS from York Correctional Facility.

The interim director of re-entry services expressed the view that the three-phase roll out of community partnerships was necessary in the first year, so as to ensure essential services were in place before involving additional partners. As she stated, “If we had thrown everything together it would have crashed and burned.” Because of her existing leadership role with the Greater Hartford Reentry Council she felt it was easy for her to keep the other community partners engaged and informed, and also manage their expectations for their involvement the first year. Her aim for the second year is to build out more community involvement, and to get more agencies to host groups on site. It will take additional staff time to coordinate workshops at the Center than the current staff capacity allows; However, once CPA hires a full-time administrator/coordinator this may be more feasible.

Strengths



Stipend available for partners

CPA has offered to provide \$3,000 to support partners wishing to host workshops on-site.

Challenges



Availability of meeting room

A potential limitation in hosting workshops onsite noted by the staff and the lead evaluator is that the meeting room can only comfortably accommodate 20-30 people at most. Also, this space is currently being used for staff meetings and the Center closes at 4:00 PM, which mean availability is limited to only certain hours of the day.

Recommendations



- ◇ Increase community partner involvement in providing workshops for RWC participants.
- ◇ More skills training and workshops for women.

Goal II:

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

“I think if we had this years ago, a lot of us wouldn’t have returned back to prison.”

Reentry Welcome Center Participant

Overview of partnership with DOC

Prior to the establishment of the GH-RWC, people who had no address to return to upon release were dropped off by DOC transport on Lafayette Street behind the Hartford Community Court. CPA advocated for DOC to change their drop off policy so that individuals who met the eligibility criteria could be dropped off at the GH-RWC instead if they chose. During the planning phase, DOC committed to working with CPA to implement this new process.

Shortly prior to the launch of the GH-RWC, the interim director of re-entry services made presentations to the reentry counselors at many of the prison facilities to let them know about the RWC program so they could refer people who were soon to be released to be dropped off at the Center. The process of identifying people for the RWC program begins with the DOC counselors at each correction facility. They are able to pull reports from the DOC Offender-Based Information System that indicates who is being released at the end of sentence without community supervision. Generally, this information is available about four-six months from the time of release, since this is the timeframe when decisions about halfway house placements are made. There is a 60-day minimum timeframe prior to release for the counselors to arrange for services for the EOS population. They aim to assist inmates well ahead of this 60-day mark to obtain identification and work on other needs that may require more planning. A participant described the DOC referral process as follows, “Cause when I heard about the program, I was at Osborn and a counselor gave me the pamphlet. I’m reading it and I’m like wait a minute. I’ve been in Hartford like fifteen years, I’ve never heard about no program there...” The individuals who are most likely to be referred to the GH-RWC are those who have elected to return to Hartford, are homeless and have no social support (as evidenced by the fact that they do not have anyone to pick them up from the

facility upon release from custody). Several of the counselors mistakenly thought that homelessness was a criteria for the RWC program.

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’ refers to the process by which community-based reentry service providers establish contact with inmates prior to their release from DOC custody. This can occur through face-to-face visits, workshops within a facility, or through phone calls or video conferencing. In-reach enables providers to establish a relationship with people before they are released; to conduct assessments and arrange for services in advance; and gives people coming back into the community more detailed information about what they can expect from programs and can better prepare them for their reentry. Throughout the first year of operations, the interim director of re-entry services continued to visit various DOC facilities about every month or two to inform DOC staff and returning residents about the RWC program and the regional reentry roundtables, as well as other resources. CPA’s second supervising case manager to be hired for the GH-RWC accompanied her to several of these meetings, however due to limited staffing he mostly had to remain onsite at City Hall to greet the people being dropped off and to meet with existing RWC program participants. Other CPA reentry staff for the Resettlement Program are also occasionally engaged in conducting in-reach at York and Cybulski, and have referred a few individuals to RWC program.

Best practices according to the research literature is for in-reach to be conducted in the range of three to six months prior to an inmate’s release¹⁵. This provides an opportunity for the community providers to build a relationship and to offer people returning to their community emotional support and guidance for their transition back into the community. As a counselor explains, “Offenders are anxious to leave. To relieve some anxiety and better utilize the services, it would be easier for the RWC staff to come to the facility or do a phone screening before discharge.” Building a trusting connection prior to their release, makes it more likely that returning residents will choose to be dropped at the RWC and that they will follow up with providers for additional support with their reentry.

¹⁵ Lore Joplin, Brad Bogue, Nancy Campbell, Mark Carey, Elyse Clawson, Dot Faust, Kate Florio, Billy Wasson, and William Woodward, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (Boston, MA: Crime and Justice Institute, 2004), www.crjustice.org/cji/NICCJI_Project_ICCA.pdf

Strengths

S In-reach activities have been successful in recruiting RWC participants
In addition to referrals from counselors, several focus group participants stated that the interim director of re-entry services for Hartford met with them prior to their release and convinced them to avail themselves of the opportunity to be dropped off at the GH-RWC and to join the RWC program. During her interview she explained that inmates would typically come up to her after her presentations to ask questions and to make sure they were eligible to receive services. At a recent presentation at Osborn Correctional Institution, several inmates were concerned that they would not be eligible due to having serious violent offenses on their record, and were very relieved to learn that they were still eligible.

S Steadily increasing number of DOC referrals
Referrals from DOC increased over the course of the first year. By August of 2019, the supervising case manager reported that they were receiving steadily about 8 referrals per month. Referrals came at all times of the day.

Challenges

C Insufficient staffing for the GH-RWC to conduct in-reach
Although the Interim director for reentry regularly visits the GH-RWC and checks up on the people with whom she has made contact inside the prison, she is not responsible for providing case management services. In addition to having a supervising case manager, the startup plan recommended staffing the Center with two part-time employees with lived experience of incarceration who can provide in-reach and street outreach to participants. These two part-time positions were not filled in the first year due primarily to budgetary constraints. Formerly incarcerated individuals are often denied access to DOC facilities. So, finding eligible candidates to fill these positions could be challenging, but not impossible. For Year Two, CPA intends to hire an additional staff person or two for the GH-RWC so as to provide the current supervising case manager with more availability to do in-reach into the facilities.

C Different processes for reentry at each prison facility
The process for making referrals is slightly different at each facility. CPA's program operations director explained, "DOC would agree every prison has its own rules and regulations. You are dealing with DOC and dealing with 13 facilities, each have different ways of operating...York is different; Cybulski and Osborn is different." This can make it challenging to conduct in-reach into all the facilities. At several facilities, counselors mentioned that the majority of people at their facility (Walker and Cybulski) are released under community supervision, so they generally do not fit the eligibility criteria for the RWC program.



Identifying and recruiting EOS participants at least six months prior to release for in-reach could be challenging due to the timing of decisions about halfway house placements and parole.

Sometimes individuals are transferred to another facility, remanded, denied parole, or are still awaiting placement in a halfway house bed a few months or even days before their EOS release date, which could make it challenging for CPA staff to reach all of the individuals who are released EOS six months in advance of their release date. Also, for pretrial individuals detained at DOC, their EOS status is not determined until their court hearing. They may be released directly from the Courts the day of their hearing with Time Served without any possessions (IDs, appropriate clothing, funds from their account).

Recommendations



◇ **Increase capacity for in-reach by RWC case management staff.**

- In addition to facility visits, the RWC case manager could also send a letter or arrange a phone call with eligible RWC program participants prior to their 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.

"I came here from Hartford Correctional just a couple of weeks ago. I came here from McKinney Shelter...I'm glad for the Reentry Center cause it's great for the community. Great for me and everyone that needs some kind of assistance. Any kind of assistance for that matter."

Reentry Welcome Center Participant

DOC referral process to the GH-RWC

To complete the referral process DOC counselors will send RWC staff an email at least one week before a person's scheduled date to be dropped off. Some counselors email copies of CPA's referral form and others send the information in an email. DOC counselors generally are making the call to 211, so in most cases participants already have an appointment scheduled at the Coordinated Access Greater Hartford Diversion Center upon arrival to the GH-RWC. The counsellors also let CPA staff know which IDs a person will have in their possession and the balance of funds available from their DOC account. If a person needs a Spanish translator this is indicated as well. DOC counselors requested a referral form that could be filled in electronically.

Drop-off protocol

DOC instituted an internal policy under the prior administration whereby individuals who choose to be dropped off at the GH-RWC are first transferred to Hartford Correctional Center (HCC; the local jail facility) 48 hours prior to their release. Several counselors expressed the view that this policy was put in place because it is more cost effective and it provides consistency with regards to a warm handoff from the designated DOC transportation officer at HCC to the community.

Strengths



Door-to-door transport

At first, people who were dropped off at the GH-RWC were simply being left in the parking area behind City Hall. Despite the visible signage pointing to the Center's entrance, some participants ended up loitering in the parking area or wandering through City Hall. The staff conjectured that this may have been because they felt too intimidated to step into the Center, ashamed of their situation, or fearful of being surveilled by municipal authorities. Now the protocol that is in place is that the DOC transport Officer from Hartford Correctional Center (HCC) walks individuals directly to the door of the Center so that the staff can immediately greet them and introduce themselves.



Continuity of care and potential for reduced exposure to trauma upon reentry

Dropping people off at the Reentry Welcome Center has provided some individuals who are released at the end of their sentence and who lack any family support with access to an immediate support network provided by CPA staff and the Interim Director for Reentry for the City, and to vital necessities such as clothing, food and transportation vouchers that they need to survive. This may reduce their likelihood of exposure to traumatic experiences upon reentry as compared with being dropped off on the streets. A DOC counselor stated that she encourages the inmates to be dropped off at the GH-RWC, because she would like "to encourage the continuity of care by having the direct transport set up," and she surmised that "the likelihood of them going to the Center will decrease the longer they are out." She and several other counselors at other facilities were of the opinion that the referral and drop off process has "worked very well" and has been a "smooth process."

Challenges



People not wanting to be transferred to Hartford Correctional Center (HCC) prior to their release

CPA's program operations director and the interim director of re-entry services for the City have requested that DOC change their policy of transferring people to HCC first, and instead allowing for individuals to be dropped off directly from Cybulski or

other facilities to the GH-RWC on their release date. The director of program and treatment for DOC is examining the feasibility of removing this requirement. A potential drawback of changing this policy was mentioned by one counselor who expressed the view that, “this policy exists because having 1 location, 1 officer to bring returning citizens to the RWC provides consistency, the warm handoff that the RWC is looking for. The process moves very smoothly, all staff at HCC are aware of this process and know what is going on. If this was spread out to all the other facilities- this consistency wouldn’t exist.” One counselor acknowledged that although the criteria for DOC referrals to the GH-RWC has not changed, some confusion exists at the facility level as to why individuals need to be first transferred to Hartford Correctional Center (HCC) 48 hours before being dropped off. GH-RWC staff consider this policy to be a significant barrier to participation since individuals do not want to be transferred and subjected to the conditions in the jail prior to their release. One counselor reported their internal protocols for referrals have had to be adapted over the year, such that if a person being discharged has a high Mental Health Score or is in the methadone program at their facility, they are no longer transferred to HCC. Instead, the counselor will arrange for the facility to transport that person directly to the GH-RWC on their EOS release date.



Other barriers to being dropped off directly from DOC

The counselors provided several other explanations as to why some individuals may choose not to be dropped off at the GH-RWC:

- *“They just aren’t interested or they do not know about the RWC.”*
- *“Some individuals don’t trust or understand the RWC; they feel that they have different priorities when they first get out and want to do those things first like seeing their family. They might intend to go later, but distractions come up or they think they’ve figured it out on their own, so they don’t.”*
- *“The offender may not want to tell staff that they’re homeless.”*

Several GH-RWC Participants in the male focus group said that information about the GH-RWC should be made available in every DOC facility and unit. They observed that some facilities or units within a facility were better than others in providing inmates with this information, and that the motivation-level of the counselors to inform inmates of all the services available to them made a difference in inmates accessing the RWC program.

Recommendations



- ◇ **DOC counselors requested a referral form that allows them to input information electronically (with fillable fields).**

- ◇ **Advocate for DOC to remove the requirement that people requesting to be dropped off at the GH-RWC be transferred to HCC¹⁶.**
- ◇ **Provide information on the GH-RWC and the RWC Program in all DOC facilities.**

AIM III: Provide resources for their Immediate needs upon release.

Strengths

S **The ability to provide some tangible resources such as bus passes, clothing, and the back packs with hygiene items.**

The timeliness of providing for people’s immediate needs upon release is critical to reducing trauma upon release. The fact that the staff were able to meet with participants on the day of release to provide for some of their immediate needs for clothing and transportation, and access to a phone is a strength of the GH-RWC. A limitation is that many of the individuals released needed shelter or housing, although the RWC staff were able to refer them to Warming Centers during the Winter months, they had very limited options when the Warming Centers were closed.

Challenges

C **High level of desperation among participants**

During the Interview with the former lead case manager for the GH-RWC in August 2019, and the focus group with staff at the GH-RWC in November 2019, staff acknowledged that one of the biggest challenges working with the EOS population and many of the Walk-In’s to the Center is the high level of desperation they are facing. Most of them lack basic necessities such as shelter, food and clothing. As the former supervising case manager observed, “If they have any ties to community, we’ll see them when they run out of any options...We ask them how come you didn’t come here earlier. But by the time they get to you, there is a huge level of desperation and there are no resources.”

C **Limited shelter or housing options**

People who are dropped off at the GH-RWC are often disappointed to learn that their only option for shelter is to call 211 after having been unsheltered for 48 hours. Unless they have a serious mental health and addiction diagnosis, there are

¹⁶ In 2020, DOC implemented some of these recommendations in regards to referrals and direct transports to the GH-RWC. Also, DOC counselors have weekly meetings with the Interim Director of Reentry and RWC staff to discuss any upcoming referrals and challenges.

essentially no housing options for them. It takes 48 hours for them to be eligible for the 211 shelter placement intake process and it can take up to two weeks simply to get an intake assessment to be put on a wait list for a shelter bed. In the winter time many participants' only option was to go to a warming shelter. When the warming shelter closes, participants end up sleeping in doorways or under bridges.

Recommendations



- ◇ **Increase linkages to housing services and transitional housing options to prevent people transitioning into homelessness.**
- ◇ **Increase access to residential treatment for people with substance use disorders who are transitioning from incarceration.**

GOAL III:

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

Over the course of the first year, three different individuals filled the position of the supervising case manager at the GH-RWC. Each was highly qualified and brought different skills and experience to the position. The first supervising case manager had worked for many years as a case manager in CPA's halfway houses. However, after approximately three months, he accepted a position at the Judicial Branch. The second person to hold this position was hired in January 2019. He had recently retired from the insurance industry and was motivated to work at the GH-RWC by his desire to make a positive difference in his community. He also had a personal history with addiction, which helped him understand and relate to his clients. However, he chose to leave the position after four months due to wanting to spend more time with his new grandchild. During his interview with the evaluator following the announcement of his departure, he also expressed some frustration and disillusionment with the position (see discussion below on the challenges of providing case management services to the EOS population). The third supervising case manager has had extensive experience as a behavioral health counselor, and has been in the position since mid-July 2019.

Eligibility determination and case management process

Completing the intake form is the first step in determining if a person is eligible for case management services. The form asks people to provide their name, birthdate, former inmate ID number, release date, and whether they are currently on supervision or not. It also provides a checklist for which types of services Walk-In participants are seeking. To confirm their eligibility, staff will ask to see their discharge papers. If they are eligible for the RWC program, they will typically receive immediate assistance in the form of a backpack with hygiene products, clothing or a clothing voucher depending on the urgency of their need in this area, and/or a bus-pass. An intake meeting may be arranged on the spot, or will be scheduled to assess the other types of supports and referrals they may need.

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

Intake process for EOS participants

"I avoid asking them specific questions right away, so they don't feel offended. They feel comfortable telling you what has happened. Not to feel judged immediately. A lot of times I will ask them if there have been any other arrests. 'I don't need that many, I just need a brief history so I can help you move forward.' It's a great process of getting to know them."

George Dillon, Supervising Case Manager, GH-RWC

For individuals who are referred directly from DOC, when they are dropped off, the staff greet them, offer them coffee or tea, and some snacks, and then sit them down in a quiet office to conduct the initial intake interview. If they are dropped off at a time when the supervising case manager is not available, they may have to schedule a meeting and return another day to complete their intake process.

During the intake process, participants are asked to sign a 'Release of Information' (ROI) form for the case managers and a 'Participant Contract,' which describes expectations for their conduct in the program. An in-depth 'Basic Needs Assessment' along with a brief screening for substance use history is also conducted. The case managers will identify goals with the participants utilizing motivational interviewing techniques. Goals may be relatively simple at first, assisting the individual in procuring IDs, offering them guidance and support on how to get their basic needs met for housing and employment through making "warm hand-off" referrals to other partners. Depending on the case manager's comfort level with computers, he/she will either record the intake information on a paper form, or enter it directly into CPA's online case management data system.

Array of services available for RWC participants

Although 27 community partners signed MOUs with the GH-RWC during its first year of operation, not all of them received “warm hand offs” from the center. The “warm hand off” arrangement mostly occurred with providers of essential services for individuals experiencing an immediate need or crisis. A sample of some of the services available from community partners is included below from the responses to the provider survey which was sent to the community partners in December 2019.

Table 4. Services Provided by GH-RWC Partners Who Responded to an Online Survey (n=17).	
DOC	DOC works to connect individuals at the end of their incarceration to vital community services at the RWC that will help meet their needs post-release.
Financial Literacy	We provide Financial Capability workshops throughout CT. We have yet to offer workshops at the Reentry Center but are in communication and support of their work.
Recovery Services	CCAR and the Hartford Recovery Community Center work in collaboration to provide recovery support services to those individuals who are recently released from DOC. We provide recovery support services which include but are not limited to; meetings, Recovery Coaching and volunteer opportunities.
Adult education	CREC provides adult educational services to individuals who lack English language or high school diploma or equivalency.
Arts engagement	We have two arts engagement programs for returning citizens and work closely on these with CPA. We also performed at the Empowerment Day
Wellness	We provided a monthly group at the center.
Higher Education	Goodwin College shares resources on the different cohorts which specifically targets the reentry population. We share with RWC the different programs and services we offer to all students.
Job Readiness	Provide career related assistance to RWC clients including job searching, resume writing, skill building, GED, second language, and host hiring events at our location.
Employment	We are offering courses for individuals in the RWC, the ability to create a course that can benefit, train, and employ them in the community.
Basic Needs	We know that people were sent to us informally to our Community Meals/Day Program to have meals and get toiletries. but there weren't any formal referrals made. No one contacted us from the re-entry welcome center directly.
Adult Education	Reciprocity of referrals: Adults who need HS diplomas and ESL classes are referred BY the RWC, and exoffenders in our school that might need RWC resources are referred to them.

Legal Aid	We are willing to provide civil legal services, though our active participation has not begun yet.
Mental Health Case management	We currently provide access to case management, skill building, and employment services for eligible "reentry" individuals with mental health diagnosis.
Literacy Program	We accept referrals from the RWC for classes in English for Speakers of Other Languages, Basic Literacy (Reading, Writing and Math for Native English Speakers who need to improve literacy skills or work toward High School Completion and Job Training and Career Counseling. We have, I believe, received two referrals from the RWC but I don't think either of the clients actually came in for our services.
Job Placement	Returning citizens are referred to us for assistance with job search services or to access services through WIOA at the American Job Center.
Shelter & Housing	Partners from the CAN, provision of data from HMIS as requested and allowable

Description of referral process (aka ‘warm hand offs’)

To make referrals, the case managers will place a call and/or send an email to notify the partner of the referral. The community health worker from InterCommunity, Inc. explained the process as follows, “They give me a call first. They tell me about the client. Then they send me an email with the client’s name and Release of Information (ROI) form...In order for them [the participant] to get here. They are supposed to take the bus, and I alert the front desk they are coming.” If a participant needs detox, the community health worker will typically meet them onsite, and screen them to confirm their eligibility and personally drop them off at the detox Center. “If they need detox it’s a warm welcome if they feel comfortable. I want them to feel that they matter.”

A participant flow chart describing the case management process-- from intake to exiting the RWC program--- is provided on the next page.

REENTRY WELCOME CENTER Reentry Welcome Center- Participant Flowchart

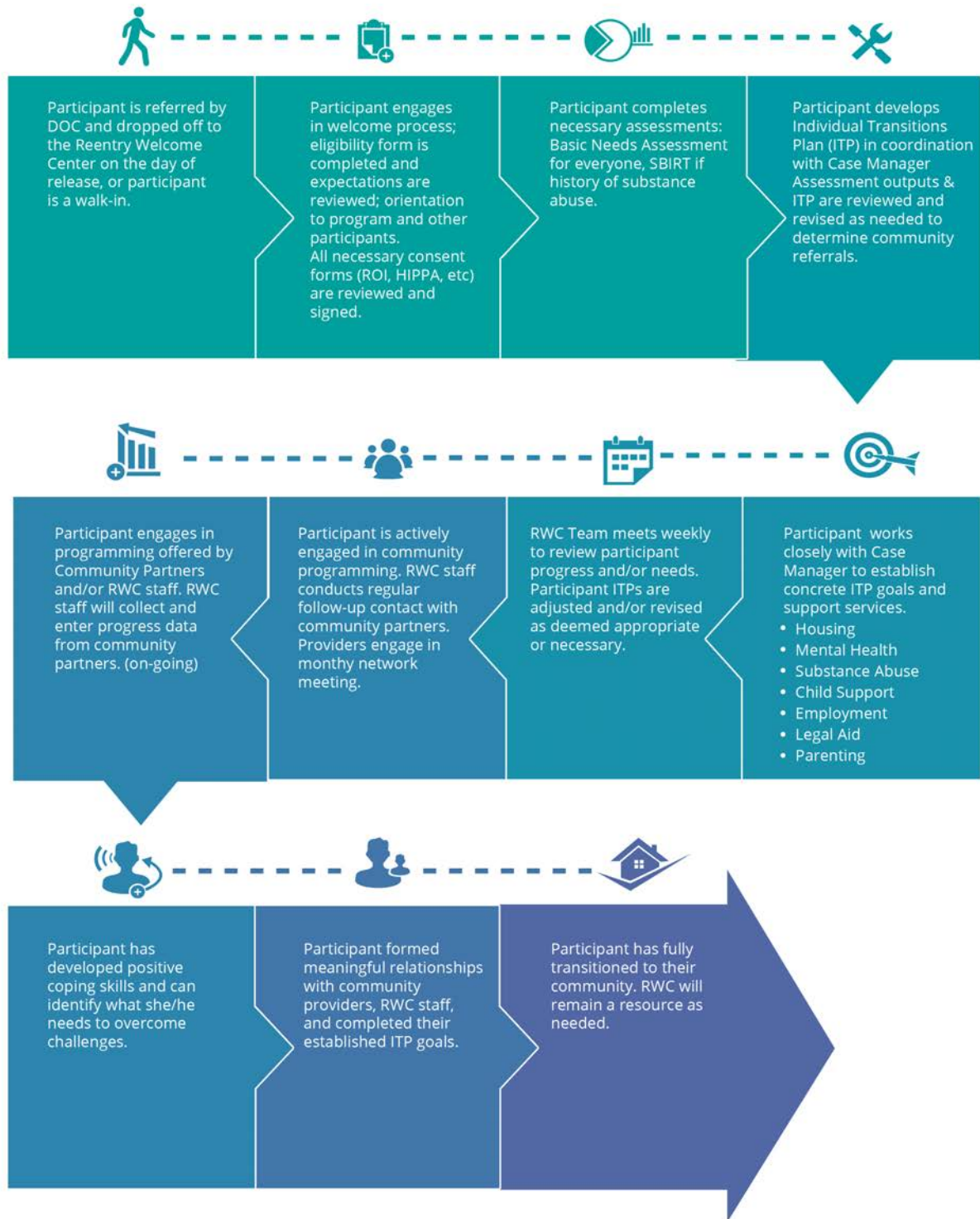


Figure 6. RWC Participant Flow Chart

Strengths



CPA case managers are highly qualified and experienced, and bilingual staff are available

The first supervising case manager worked closely with CPA's senior management to establish the protocols, finalize the intake and other forms, and begin tracking people who come to the GH-RWC. The second supervising case manager was very successful in building a rapport with the individuals and started up the peer support groups for the RWC program in April 2019. The third supervising case manager to fill the position is a recovery counselor and board member of the Greater Hartford Harm Reduction Coalition. He made sure that all CPA staff at the GH-RWC have been trained in how to administer Narcan and arranged for Narcan Kits to be provided in all the backpacks that are given to participants. (This practice started in Year Two, as of Sept. 24, 2019).

CPA case managers completed an online training for enhancing cultural and linguistic competency provided by DPH, and attended a training workshop about how to work with limited English language proficiency clients provided by the Court Support Services Division. A CPA case manager located at the GH-RWC is bilingual in English and Spanish, and works part-time for the GH-RWC program.



Supervising case manager with lived experience (of incarceration or addiction) who is connected to the community

The current supervising case manager has close ties to the Hartford community and has lived experience with incarceration. The focus group participants in both the men and women's group were adamant about the importance of having people with lived experience of incarceration and/or with addiction recovery working at the Center. As two different RWC focus group participants explained, this makes a big difference in their trust and willingness to engage in the program. A middle-aged, Black male, RWC participant explained how seeing that the case manager was someone from Hartford, helped him overcome his distrust when he first arrived at the GH-RWC:

"I'm saying to myself, OK...here we go again for number tenth time in a row....I'm going to guarantee I'm going to walk through the door, they be like 'nope.'...OK. The police going to be there. I be like, 'I don't know where they going to put me. There don't look like no beds in this place.' I'm preparing myself for all these things... And when George [the supervising case manager] walked out it was a big relief like, somebody here I know I can talk to. So then, that's why I'm here."

Another 36 years old, white male participant in the men's focus group shared a similar perspective:

"Just cause you went to school and got an education on it, doesn't mean that you been out there homeless, you been to jail, you been addicted, you've been an alcoholic. It kind of bothers me for people to sit and there and tell me that I know how you feel. No, you don't. So, when I walked in and saw George [the supervising case manager], I knew he could relate to me because he knew me when I was ripping and running. You know, so it was easier for me to sit down and talk to him. I mean if you are going to have a program like this, you need people who have been through what we've been through."

During the men's focus group, participants were asked what words come to mind when they think of the current supervising case manager. One participant said, "Hope. Because if I see you doing it and I know you came from where I came from. Then I lose the excuse. So, failure becomes not an option anymore when I see someone who has lived through my experience and what they're doing today." Others in the group nodded their heads and voiced their agreement. Other words they used to describe the current case manager were, "Passion, Understanding, Respect. Very supportive--especially in critical moments, and Realness."

Successful Case Example: A male focus group participant emphasized how helpful the case manager and peer support group have been to maintaining his motivation to pursue work despite the barriers that he encountered. His account of the help he received was as follows:

"My experiences have been pretty well. They've been always very supportive of everything. Cause there's been times when I've been so far down I just wanted to give up on everything. They just say 'keep on knocking on those doors and you'll get a job.' 'Just keep on trying,' and you know that's what a lot of it took. Cause I have people on the outside that say they're friends, but then really they just put me down and then keep me down."

The participant expressed gratitude that the RWC and Officer Barret were able to supply him with boots that he needed for his new job. He took pride in the fact that he had made progress. He stated that the RWC case managers have 'seen him grow over the past two years.' Many times, he said, "I could have gone back to jail." He was excited to be starting a new job. However, he was concerned about how he was going to get there, since he's working night shift and the buses are not running at that time.



Strong collaboration and team spirit among CPA Staff and key community partners

CPA staff at the GH-RWC collaborate and provide support to one another to help ease the everyday stresses of their work. CPA's program operations director says she uses humor and teamwork to foster a positive working environment for both employees and visitors to the GH-RWC. She noted how difficult the work is and the value of teamwork: "This work is really tough work. It's so important to the everyday...Everyone here works so well together. All of us stepping in and jumping in for each other. If they were stressed every day, you can feel tension. But when you walk in and people are joking and having a good time. We do serious things, but we also have to feel that we are enjoying it."

During their focus group, the staff expressed how much they appreciated CPA's executive director and program operations director's close involvement in the day-to-day work and collaborative approach with staff. One of the case managers described the chain effect this has for people receiving services at the Center; "There is a team. There is no 'I' in a team. That means a lot to me as an employee. The boss ...willing to get right in here with me. I'm not alone. I feel big because of them. The people I work with need to feel big because of me. That chain of giving that inner stuff to that individual."



Community partners for referrals who can address treatment and employment Needs

"We do warm handoffs to ensure that people are integrated into their community. That starts from the DOC to us, and us to our partners, and our partners supporting our residents become successful citizens. We want to see our residents growing, thriving, being successful in our communities."

Susan Gunderman, Interim Director of Re-entry Services
Office of Mayor Luke A. Bronin

The GH-RWC staff referred over 35 walk-in participants to the American Job Center, which has an information booth at the Hartford Public Library and the RWC staff also made at least 19 referrals to a local temp agency, People Ready. The case managers mentioned providing participants with a few direct leads to jobs as well. For example, a business owner approached the GH-RWC saying that he had some landscaping jobs that needed to be filled. The supervising case manager referred several participants to these jobs. The company was very satisfied with their work and ended up hiring one of the RWC participants. Several of the focus group participants recommended that the GH-RWC case managers develop relationships with employers to convince them to hire GH-RWC participants, so as to be able to increase opportunities for employment.

Several partners provide mental health and substance use co-occurring disorders services. Only 17% of walk-ins requested behavioral health services, perhaps because of the stigma associated with these services, as the staff noted. Another 8% reported needing medical assistance. The community health worker from InterCommunity, Inc. is able to perform

assessments onsite at the GH-RWC, so that individuals who qualify can be admitted into Sober Housing, which can house them for up to 90 days. An RWC case manager described a participant on her case load who had relapsed after someone stole his clothing at the shelter. He decided he needed to go to a detox center. The community health worker came to meet him at the GH-RWC, did an assessment, and found a bed for him in their detox facility on Coventry Street, and had him transported there straight away. According to the case manager, this process took less than a half an hour and he was able to receive immediate assistance.

During an interview with the community health worker from Intercommunity's Transitions Clinic, she reported having received 18 referrals from the GH-RWC from mid-October 2018 through September 17th, 2019. She provided some case examples of referrals she had received from GH-RWC. One female individual who needed detox was referred from CPA's Mark House program. The community health worker went to the Mark House and met with the young lady to determine her eligibility for services. Then, she took her to detox where she immediately met with a doctor, who prescribed Vivitrol. She also received individual therapy, and continued meeting with the community health worker during her inpatient stay. They set goals to get her employed and to get her son back.

Another man was recently referred from the GH-RWC to InterCommunity for opioid treatment. The community health worker had to place him on a wait list for a bed, as no beds were available. As soon as they have a bed available, she will call him and help him get to the facility. He will also be able to receive individual therapy, as well as health care and other wrap around supports from the Transitions Clinic. "They'll assess where he is at and do their best to meet his needs." In the meantime, she is maintaining contact with him to come up with a plan to set small goals to reach, one at time.

S Participants who are motivated to receive ongoing case management support benefit the most from the GH-RWC

Case managers at the GH-RWC aim to assist people in navigating the reentry process by providing them with emotional support and guidance to help them become more self-sufficient. As the second GH-RWC case manager stated, 'Most people coming home from incarceration want the same things others of us want in life--- to have a safe and stable place to live, gainful employment, be reunited with their family, mental and physical health and wellbeing, to have a say in the laws and policies that govern their lives, and to 'give back' to their communities.' Several case managers at the GH-RWC observed that those participants who developed a relationship with their case manager on an ongoing basis were able to benefit the most from the services provided. According to the supervising case manager, after developing a relationship with their case manager some participants will come back even if they have gotten rearrested again. Participants will acknowledge having "messed up" and being given "30 days."

Successful Case Example: A middle-aged white male was interviewed who received case management services at the Center. The lead evaluator conducted a 'brief intercept interview' with him while he was visiting the Center in November 2019. He readily opened up about his background. He grew up in a Catholic family in Waterbury and was a choir boy and attended a Catholic high school. However, the streets drew him in during his adolescent years. He did not attend college and ended up joining a street gang, and has been in and out of prison since his 20s, having done "two tours" at Northern Correctional Institution. He found out about the GH-RWC from the interim director of re-entry services for the City of Hartford during a workshop held inside the facility.

He was dropped off at the Center on DOC transport from Hartford Correctional Center (HCC), on the day of his release. He saw the case manager right that day. According to the interim director of re-entry services, his anxiety level was high when he first arrived. He went into the shelter system, but due to mental health issues and not being medicated, he got into trouble and was thrown out of the shelter. He ended up sleeping under the bridge. He also received assistance from Officer Barrett, who does outreach with the homeless population, and has an office right next to the GH-RWC.

The staff at the GH-RWC worked on supporting him in finding steady work and housing. He was employed at a temporary agency, but then he was injured on the job and landed in the hospital. Through all the hardship he endured, he remained "on the grind," (in his words) and kept returning to the RWC with a determination to regain his health, get back to work, and move into his new apartment.

The day the lead evaluator met him, he had come to the Center with a set of keys to a new apartment he had just received, which he happily showed to the staff. He was being provided rental assistance through the Money Follows the Person (MFP), which is a federal demonstration project offered through the CT Department of Social Services that helps Medicaid-eligible individuals currently living in long-term care facilities – such as nursing homes, hospitals and other qualified institutions – successfully transition back into the community. He has his OSHA 10 Card and aims to go back to work in the construction trade.

Challenges



Many of the RWC participants have long histories of institutionalization and are not accustomed to being self-sufficient

"You got to be self-sufficient, and you got to be an advocate for yourself. You got to be willing to work. Nothing is going to be handed to you."

RWC peer group participant

People who have been incarcerated have to adapt to making decisions for themselves while also confronting many obstacles due to the collateral consequences of a criminal conviction and other difficult challenges to do with their life circumstances. As the second supervising case manager noted going from an environment in which they "make *no* decisions, to being back in the world where now they are required to make *all* the decisions" requires a major cognitive shift. He explained that it is a step-by-step process for them to regain self-sufficiency.

"They are coming from an environment where they didn't have to do anything. No choice, no decision-making. So, if you give them a list of things to do, they are overwhelmed...They require relationship building and coaching to gain the attitudes, skills and behaviors needed to take steps towards greater self-sufficiency."

He likens the process of assisting them to a nicotine patch. "...Stepwise, slowly but surely the patch goes away." He remarks that sometimes service providers make clients overly dependent on their services. In his words, "The flaws of what this community does. Often times we make our participants and clients dependent on it [the welfare system]. We talk about preparing them to advocate for themselves, but we don't let them to do it." The former Supervising Case manager explains, "The whole team. They like to try to empower, not enable them. You start giving and giving. We'll give them phone numbers. You make that call. You want to go build a resume. You come here on Wednesday. Once we enable them [to become overly dependent on our assistance], we are doing an injustice to them."

Case Example: A female focus group participant who is in the Resettlement Program observed how difficult it is for her to gain the skills needed to become self-sufficient. As she remarked, “I’m a fifty-eight time felon. It’s hard for me to get a job...It’s the longest I’ve been out of jail. Cause all I do is go in and out in and out.” According to her own account she is a habitual shop-lifter (“boosting”) and she has mental health and substance use issues. She explained that there are some people in her situation who would “rather go sleep under a bridge and go for a bath at the YMCA. Some people think this way.” However, she noted “I’m tired of doing survival.”

She said that she received Section 8 Housing at Nagatauk. However, she was reluctant to move into a place on her own. As she stated:

“I’ve never had my own place. Me, I get my voucher, but I’m petrified to take a key to my house, cause I’m going to mess things up. Me, I have a heart of gold, I’m going to let people stay.” She is aware that if she has anyone stay at her place who is using or dealing drugs, she risks getting kicked out of Section 8 housing. She expressed anxiety over ending up in this scenario: “What would happen to me then? She said, “What am I supposed to do?”

She stated she needs the case managers to provide her with guidance. She explained: “First of all, you need to teach me. Nobody ever taught me how to pay my rent and how to live on my own.” Her reluctance to move into a Section 8 apartment illustrates the complexity of delivering services to people who have been in and out of institutions much of their lives and who need comprehensive (and personalized) wrap around supports.



Some people with mental health and addiction issues are unwilling to seek treatment

The second supervising case manager described the challenges of getting some participants to recognize that they have an underlying mental health problem that was contributing to their addiction. As he stated, he tried to “get them to understand that the drugs are not the problem. Drugs contributed to the problem. The problem started before the drugs. Trying to get to that level of introspection is difficult when they’ve been put in jail or prison. They learn to adjust to that mentality.” He also recognized the risk of participants relapsing and this leading to their re-arrest and return to jail.

“The statistics speak for themselves. They are incarcerated or arrested. This other guy is getting high together now, going to the ER together because they’ve OD [overdosed]. Then there is a shame and guilt factor. The guy might have had great intention. Then a couple doors close...Then, before you know it, they become receptive to using again.”

It was also observed by the GH-RWC staff that many participants struggle with feeling judged and stigmatized by the people providing them with care. A supervising case manager described this experience, “You’re looking *at me* for what I’ve done. You’re not looking at it *for me*. When they go to the hospital they are having the same types of experiences, where they’re stigmatized for what they did. Where they have an ailment.” The case manager from the Resettlement program expressed a similar view about the shame preventing them from getting help. She said, “Sometimes they’re embarrassed. They don’t want to talk about it.” She gave an example of one person who was very noncompliant with taking his medication. Whenever she sees him, she reminds him to get his shot. She says, “When he’s on it, he’s as nice a person as you can see. When he doesn’t get his shot, he gets irritable.” CPA’s program operations director echoed these observations. As she says, “Mental health is really big.” She referenced the lack of acknowledgement of mental health needs because people are taught at a young age not to talk about mental health diagnoses in their families. To illustrate this point she said, “We do not know. We keep Aunt Bessy home. We don’t talk about it.”

For next year, the program operations director stated that one of the aims of the GH-RWC is to have the case managers encourage more participants to receive therapeutic support for unaddressed and undiagnosed mental health issues. She says, the GH-RWC does not plan to call it “mental health,” because of the stigma attached to this label. The Year Two evaluation will explore further the case managers’ strategies for providing therapeutic support.



Distrust and dissatisfaction with some social service providers

Many participants were jaded by their experiences with social service providers and said that they do not trust that staff at some of the agencies are doing their best to help them. The participants in the men’s focus group expressed the view that they often feel like they are treated like second class citizens. As one participant explained:

“I don’t know about these guys, but it’s kind of hard for me to walk in somewhere and say, ‘Okay I’m looking for help, I’m looking for a place to stay, I’m looking for a job’ and then there’s somebody looking out from behind a desk saying, ‘go away and fill out the form.’ You already know what happens when you fill out a form. You fill it out. You hand it to them. ‘Okay,’ they say, ‘we’ll give you a call’ and next thing you know it’s in the wash.”

Participants expressed frustration in recalling previous experiences in which they were referred from one place to the next, without receiving the assistance they needed. As another participant said, “Cause I know, like he said, we go from point A, then to point B, and point B tells you to go to C, C tell you got to D.” In the end, people end up losing faith that they will receive the assistance they need. As he explained,

“I’m not going to waste my time going in there. I’m sitting down, filling out an application— knowing that when I walk out of that door and that door closes, they’re going to throw it away.”

Having a case manager with lived experience, however can help to alleviate their distrust in the referral process. As a male participant in the GH-RWC peer support group stated,

“So, when you walk through these doors. You see someone who has been where you have been, and he know how you feel. And so, he’s telling you, ‘if you fill this out, we’re going to help you do this, we’re going to help you do that.’ That’ll make you come back again. But if you go down to some of these other places, you be like.’ Ssspp I’m not going back in there.’”



High staff turnover and need for more staff

CPA experienced high staff turnover in the supervising case manager position in the first year. Although it is difficult to know what were the main precipitating factors for this turnover, there is some evidence that the first two supervising case managers were frustrated with the desperation of people walking through the door, and the insufficient level of staffing and resources to meet the need, particularly for housing.

The first supervising case manager was not formally interviewed by the lead evaluator prior to his taking the second job. The second case manager praised the management and his fellow case workers for having given him valuable guidance on how to provide case management services to people returning from incarceration. However, he also expressed disappointment with not being able to offer more assistance to the people coming to the GH-RWC. He observed that some individuals were going from program to program asking for bus-passes, food and clothing, while the underlying behavioral health issues were not really being addressed either because they were in denial, lacked awareness of their need in this area, or were too ashamed to seek the mental health services they needed. He thought that the Center needed more male staff, since “Overwhelmingly the population that come through here is male. Men will respond differently.” Another staff observed that it would be helpful for there to be more staff: “Then we could spend a lot more time with each individual client. It would be great if we can go inside the prison like we do with Resettlement and make that contact with that person who is EOS, just like the program we have with SAMHSA. Establishing your trust while people are on the inside, so that the day they’re released we have that information.”



Difficulty with maintaining engagement following the initial intake and ‘no-shows’ for referrals

Even with a “warm hand off” arrangement participants often do not show up for their appointments. Since CPA did not yet institute a uniform system for tracking referrals, it is difficult to document the ‘no show’ rate. CPA plans to develop a better method of tracking whether or not the referrals they make show up. Anecdotal evidence suggests that a sizeable proportion of participants do not follow through with their referral appointments. This is a common challenge faced by providers working with people who are homeless and suffering from mental health and addiction problems, and who have long histories of system involvement. There are many possible explanations for this lack of follow through and reasons will vary for each individual, however one likely factor has to do with the high levels of distrust in the social service system among people who cycle in and out of prison.

Participation in the case management services at the GH-RWC is completely voluntary. Initially, when the GH-RWC was getting started, a majority of the individuals did not return back after having been dropped off. Several of the staff noted that this population is almost always in crisis. Many of them do not make it to their appointments and only return to the Center when they face a major crisis. In the words of a case manager, “If he doesn’t keep that appointment. One day next week, he’s going to run out of options. Now it’s, ‘I don’t have any place to go.’ Now he’s desperate. ‘You give me a place.’ We don’t have answers for that.” As the second supervising case manager stated, “Most people don’t come back. The folks we’ve had success with are those that come back regularly. What we provide tangible is information to participants who do the work.”

The reasons why participants do not come back to meet with their case managers have not been systematically documented, but retention is a common challenge in nonprofits working with people who are not mandated to participate in programs. A perception of the second supervising case manager was that they may be reluctant to come back to the GH-RWC because when they use drugs, they feel “shame and guilt” at being high. In his words, “Nobody wants to feel completely worthless. They don’t want to come. ‘Look at me, I’m a piece of crap.’ So, some of them won’t come back.” In his experience, this denial and shame keeps them cycling in and out of the jail system. “They’ll go in; they’ll get six months; they’ll come back.”

Several case managers conjectured that some people who came to the Center were only coming to receive the tangible items they could provide such as the backpacks, clothing vouchers and bus passes. In the words of one of the case managers, “They’ve been programming themselves to be the right thing. They’ll give me a clothing back pack and vouchers. They say all those right things. Then I don’t see that person again.” If they do not get the immediate assistance they need to have their basic needs met, this may lead to frustration and the decision not to come back. It also could lead participants to return back

to patterns of 'survival' behavior that landed them in jail or prison in the first place. The lead evaluator also noted that some of the individuals who receive referrals to other programs may not return because they are assigned someone else who is providing case management or other forms of assistance.

The program operations director explained that the first year was about getting DOC referrals to function smoothly. "This next year is about the engagement." As a result of the challenges with engagement, the GH-RWC staff have begun to alter their practices when it comes to providing participants with material assistance. Instead of giving participants the bus-passes and the vouchers for clothing all at once, CPA implemented a new practice whereby they now break the incentives down, giving them half of the voucher at first. They then use the other half as an incentive for participating in the peer support group or achieving small goals participants have set for themselves.

Recommendations



- ◇ **Through in-reach, the RWC case manager can establish a relationship with RWC participants and conduct an intake assessment prior to their release.**
- ◇ **Identify other effective ways to incentivize RWC participant's goal attainment and engagement.**
- ◇ **Implement case conferencing to be able to better coordinate and track referrals and efforts to maintain engagement.**
- ◇ **Increase ways to attend to RWC program participant's therapeutic needs, including participation in peer support groups or organizing a buddy/mentoring system (see peer support groups below).**
- ◇ **Hire additional staff and provide internship opportunities for people with lived experience.**

AIM II: Establish mutual support groups for returning residents who are EOS in the past 90 days.

The men's peer support group at the RWC was initiated on May 17th, 2019 under the second supervising case manager for the GH-RWC. He explained that he did not advertise the group, but rather "handpicked" the members, inviting only those men whom he thought would be willing to participate. Four men attended regularly every week when it was started up and later it expanded to seven men. The group has continued to meet on a weekly basis. The supervising case manager is generally the person to facilitate the group. The program director and case manager for the Resettlement program facilitate the women's support

group. The groups are provided coffee and snacks, which is also acts as an added incentive for them to show up. Participants in the men’s group who took part in the focus group provided the following information on their ethnicity, age, and how they learned about the center. They were diverse in ethnicity and age.

Table 5. Focus Group Participants from Men’s Peer Support Group			
Age	Ethnicity	Month and Year released	How they heard about the Center
33	Puerto Rican	May 2019	from prison
25	White	a little over two years ago	Through Resettlement program
53	Puerto Rican.	July 29 th 2019	Heard about it in a Halfway House.
36	Irish and Indigenous America.	July 9 th 2019.	From a counselor in Cybulski
59	African American.	August 2019.	at Cybulski.
41	African American	a couple of weeks ago	from Hartford Correctional Institute.

Format of the peer support groups

Both of the supervising case managers who were interviewed commented on the fact that CPA’s program operations director “is a wealth of information” and has offered them strong guidance on how to respond and facilitate the groups. The process for running the peer support groups appeared to be rather informal, although they established some basic house rules on how the men were to conduct themselves in the group. The supervising case manager who initiated the peer groups explained the rules as follows, “Cell phone off. There’s a grace period after 10 minutes. If you’re late you can’t come in. Treat others with respect at all times. Always conduct ourselves with integrity. This speaks to personal accountability.” He described his process of facilitating the groups as follows, “My job is to help them do most of the talking. It speaks to the trust of most of these groups.” The current supervising case manager similarly stated, “It’s their group...You get more out of your peers telling you what to do, then us telling them what to do. He sometimes begins with a check in process. He introduces the activity with, “Tell me something good about yourself; something you learned today, then pass.” He will give the men a topic to discuss and then come back, so that they can exchange thoughts on their own.

The facilitator of the women’s group, who is a case manager for both the Resettlement program and the RWC program, said that the women tend to talk about health and selfcare a lot. Sometimes they talk about employment. She likes to end their groups with a reading. She asks participants to “Just pick a book they want to read from. The readings she selects

generally have something to “get to their spirit.” Other times she uses cards with motivational messages to get them inspired. She makes the activity into a kind of game.

Strengths

S Support for recovery and emotional distress
Both supervising case managers stated that they believed the peer support groups are of significant benefit to those participants who attend. For example, the former supervising case manager gave an example to demonstrate how the men would open up and receive support for their struggles with reentry. One participant came to the group and shared that he was upset because he had just witnessed someone die in the shelter. He told the group that he was afraid of dying in a shelter and being seen as a failure. The case manager gave him a pep talk in an attempt to alleviate his fear and shame about staying in a shelter. He reported saying to this young man, “We all start at different places being successful...We have to define what success looks for us. None of knows when it’s our last day. It doesn’t mean that they weren’t successful.” A Hispanic male participating in the peer support groups said to the evaluator that the peer support group had helped him remain sober. He said, “I love coming here...Any questions I got. If I’m mad I’m thinking of getting high. I’m coming here. I love them here, I love them.”

S Exchanging helpful information
The groups are an opportunity for the men to exchange helpful information with each other, which the former supervising case manager described as being “very powerful.” One topic they would discuss is how they can take better care of themselves. He gave an example of a man who told group that “he was tired of making the same ill-considered decisions.” The case manager was impressed that he “put this on the table” and that “nobody chastised him.” Another man in the group offered this man encouragement that he could change, saying “Listen it doesn’t have to be that way.” He also mentioned another time when two of the men left the group with a direct lead about employment that was shared by another participant.

S Gaining self-confidence
The former supervising case manager described how important the peer group was in helping one participant, who was very shy, to gain more confidence in himself. As he said, “The way that they come here is not the same way they go out that door. They feel they have a voice. That’s key.”

S Providing hope and opportunity
A participant in the group provided his rationale for why peer-to-peer support groups are of tremendous value in reentry programs. He stated:

“Peer-to-peer support is the best solution for our prison system. For the CT Correctional enterprise, that doesn't have resources to put into things, to keep a barrier in place for peer-to-peer support that costs nothing, makes no sense. Because it frees up the mental health needs for people who are higher level mental health, clearing out all the low levels because they're being taken care of by peer-to-peer. ”

He also recommended that DOC remove restrictions on people who have completed their sentences from returning to serve as mentors for others in the prison system.

“Because now you know our faces as you come back into the community. You're a returning citizen, you know my story, you know his story. And now you come into the room and you are comfortable and we already have the resources we know where you going to work. So, we save you all that time and we get you to where you need to go.”

A peer can help direct others to resources based on their own experience.

Strengthening positive community ties

The supervising case manager arranged a community outing with members of the peer support group. This was greatly appreciated by the men in the peer support group. One white male participant described how this outing helped him to feel cared for and more connected to his community:

“They didn't just let us go to a Yard Goats game. They gave him a card with money on it, for us to eat ice cream and everything. And then there was a concert afterwards...And that is what I've been missing. I've been walking through this street disconnected from my community. I didn't feel part of...I felt like an outsider. I would throw my needles in an alleyway as I was using and not think twice of the little kid that was going to come pick it up. None of that. Disassociated, coming back and being part of the community again. And realizing that I can be part of a solution. I don't have to be the problem any more. That's huge. It flipped it completely.”

Strengthening a person's connection to positive peers in their community is a known protective factor against recidivism and is another benefit of the peer support groups.

Challenges

Low number of RWC participants accessing the peer support groups

The evaluator noted that the peer support groups are offered only one day a week, during the day-time, and only a small number of RWC eligible participants are attending these groups on a regular basis, about 5-7 men and 6-8 women. The women's

group is mainly comprised of women who were in CPA's Resettlement Program, and are mandated to participate. The fact that only a few women in the group were RWC participants is partly due to the small number of women who are released EOS. In total, out of the 149 participants enrolled in the RWC during the first year, there were only 18 women and 1 transgender person.

Recommendations



- ◇ **Increase the number of peer support groups available to participants, or refer them to local community partners that offer peer support groups such as Hang Time.**

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).

CPA was awarded a SAMHSA grant in partnership with InterCommunity, Inc to provide reentry services to fifty-five individuals with co-occurring substance abuse and mental health disorders. For this grant CPA will be hiring two peer case managers. Participants will be identified 4-6 months prior to release and then provided case management for a full year. Within 48 hours of their release they will be set up for intensive outpatient treatment. For those who end up needing in-patient treatment, there will be 6 treatment beds at InterCommunity's facility on Coventry Street. The case management staff will be stationed at the GH-RWC and then one day a week at InterCommunity.

GOAL IV:

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

“We’ve tried to really make a concerted effort to reach out to the communities, and to the advocates, to the incarcerated, to the previously incarcerated, and really begun to push it to a new level...Our plan is to really focus around reentry.”

Roland Cook, Commissioner, CT Department of Correction

A long-term goal of the GH-RWC is to apply best practices from the FSG Forum’s collective impact model as a basis for developing a “one-stop shop” for returning citizens to enroll and access services and fulfilling its mission of recidivism reduction. The Collective Impact framework includes the following five steps to achieve population-level impact:

- **Common Agenda:** All participants share the same vision for change that includes a common understanding of the problem and a collaborative method of solving the problem through agreed-upon action steps.
- **Shared Measurement:** A common approach to measuring success and reporting results, with a brief list of indicators identified and used across all participating organizations for continuous quality improvement.
- **Mutually Reinforcing Activities:** Engagement of a diverse set of stakeholders, across multiple sectors, who align their differentiated activities toward achieving mutually defined goals and outcomes.
- **Continuous Communication:** Frequent and consistent open communication across the many stakeholders in a manner that builds trust, assures mutual objectives, and sustains motivation and momentum.
- **Backbone Support:** Ongoing support by ‘independent, funded staff dedicated to the initiative.’ They guide the processes of establishing the initiative’s collective vision and strategy, aligning activities, shared measurement, building public will, advancing policy, and mobilizing funding. “Backbone staff can all sit within a single organization, or they can have different roles housed in multiple organizations.”¹⁷

Collective Impact requires motivation, skill and commitment of time and resources on the part of key institutional players, as well as resources to support the activities of the backbone organization.

¹⁷Brady, S. Juster, JS. Collective impact principles of practice: Putting collective impact into action. Blog post published on April, 2016. Accessed at <https://www.collectiveimpactforum.org/blogs/1301/collective-impact-principles-practice-putting-collective-impact-action?>

Building Towards Collective Impact

"I believe that the collaboration between CPA and InterCommunity Health Care has made a tremendous difference in how people are integrated into our communities as they are released from incarceration. People are coming out into a new environment with little supports. The immediate services that we can provide and link people to, are what can make the difference in a successful transition back into the community."

Kimberly L. Beauregard, President & Chief Executive Officer, InterCommunity, Inc.

Strengths



Common agenda

According to FSG's research, collective impact projects thrive when "All participants have a shared vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions." The City of Hartford, Community Partners in Action and other key institutional partners involved with the GH-RWC all share a common vision and agenda. The Department of Correction has been a key partner and one of the largest referral sources to the Center. DOC's Director of Program and Treatments Division and DOC's Director of Re-entry Services are committed to collaborating with the GH-RWC to provide a smoother transition of care to the community for the EOS population.

A majority of the service provider partners who completed an online survey rated the effectiveness of the GH-RWC in improving the reentry process for Greater Hartford residents as either *Extremely Effective* or *Very Effective*. A potential caveat is that only about half the provider partners completed the survey.

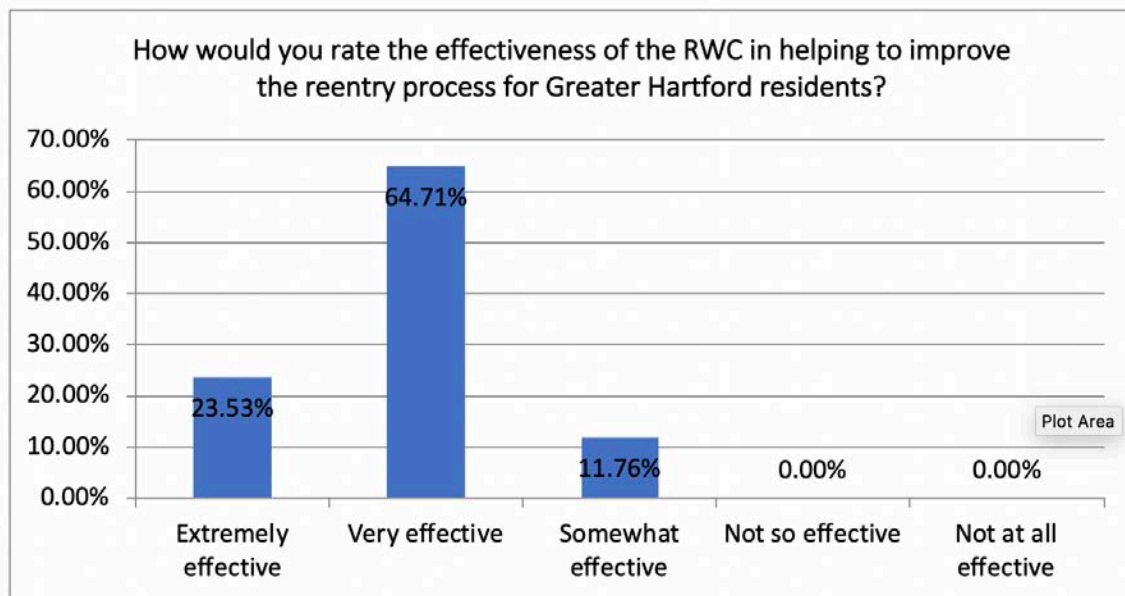


Figure 7. Partner Ratings of RWC Effectiveness



Shared measurement

There is general agreement among provider partners that short-term goals of the GH-RWC are to increase access to reentry services and increase knowledge of existing reentry services. Community providers also mostly *agreed* that a primary longer-term outcome goal of the GH-RWC should be to increase participants' self-sufficiency and reduce recidivism for people returning home from incarceration. Additional goals that partners thought the GH-RWC should prioritize in the future include improving access to shelter or housing and improving mental health.

Table 6. Partners anticipated outcomes for RWC participants

Expect to achieve in three months

Increased access to reentry services	76.47%	13
Increased knowledge of existing services	75.00%	12
Reduced trauma upon release by being dropped off at the RWC	64.71%	11

Expect to achieve in one year

Improved self-sufficiency (ability to function on one's own)	87.50%	14
Recidivism reduction	62.50%	10
Reduction in overdose deaths	53.33%	8
Improved mental health	50.00%	8

RWC admin and staff should Prioritize in the Future

Improved access to shelter or housing	52.94%	9
Improved mental health	31.25%	5
Recidivism reduction	18.75%	3
Increased access to reentry services.	17.65%	3



Data system development (for more on this topic see Goal V below)

Regarding the data required for the evaluation, an RWC data system development committee involving CPA management staff, the evaluator and an IT contractor met about once every two to three months in the second and third quarter to work on developing CPA's data system for tracking referrals and outcomes. This committee did not meet as regularly in the last quarter of the year due to the fact that staff were piloting the updated data system and also due to challenges coordinating everyone's schedules.



Mutually reinforcing activities

"In an effort to end homelessness, reduce homelessness, prevent homelessness--- having one site where they can be dropped off with dedicated staff who

understand the resources available specifically to the reentry population is a much better opportunity for them than to be dropped off at a shelter door, at any time of day or night, where there may or may not be staff who understand what those resources are for the reentry population.”

Matthew Morgan, Executive Director, Journey Home

Much of the effort and time among RWC staff in the first year of operations was focused on strengthening the alignment of activities between the GH-RWC and the DOC for recruitment and drop offs of eligible participants to the Center. When implementation challenges arose, CPA and the interim director of re-entry services problem-solved these challenges with the Director of Re-entry Services at DOC. They also worked closely with CSSD to assign a person to be able to refer walk-in clients who were released to probation to their probation officer. Responses to the community partner survey by seventeen community stakeholders indicated a high to moderate level of satisfaction regarding their collaboration with the GH-RWC, with the exception of one partner that reported they were very dissatisfied.

The evaluator met with the executive directors of four community partner agencies, and several additional staff in October-November to gather feedback on the partnership with CPA. The executive directors were generally enthusiastic about the possibilities of strengthening collaboration with CPA and evolving the GH-RWC into a collective impact project with sharing of data and exploration of joint sources of funding. In the interviews with key service provider partners, the executive directors and frontline staff demonstrated a strong desire to pursue greater alignment of activities and stronger coordination of resources through data sharing agreements and shared measurement. The idea of participating in a strategic planning process with the GH-RWC towards this end was met with a positive response.

Funding for the Career Pathways program with CPA and Capital Workforce Partners (CWP) ended as of December 2019, and there is an interest in developing and maintaining support for strengthening referrals into the Best Chance (IBest) program and other programs at CWP. Likewise Journey Home and CPA are in the process of identifying how to better document the housing needs of people returning from incarceration into homelessness through GH-RWC gaining access to Connecticut’s Homelessness Management Information System (HMIS), and coming up with creative solutions with other provider partners who might be able to provide beds for people as they transition into the community, with the support of additional funding. The recently funded SAMHSA grant to work with 55 individuals diagnosed with substance use and mental health co-occurring disorders demonstrates efforts on the part of CPA and InterCommunity to establish a strong alignment of activities to address the needs of people coming home who are at high risk of opioid abuse and have co-occurring mental health and addiction issues.



Backbone support

“For us to serve our population we have to do it in partnership with others. The Best Chance program provides a valuable service. We had a focus group with some of our trainees. Even those who are entering the job market and are getting good jobs, still many are challenged getting approved for housing because of their backgrounds...Also, challenges with everyone having their legal records. You need identification for work, for the I-9s...There were a couple individuals we couldn’t place, because they didn’t have their IDs. The Welcome Center is that Hub, and can create that synergy. We as partners can feed into it and feed off of it.”

Alex B. Johnson, President and CEO, Capital Workforce Partners

As the lead administrator of the GH-RWC, CPA functions as the ‘backbone organization’ for the Greater Hartford Reentry Welcome Center Collaborative. The interim director of re-entry services has functioned as the main convener of the community partners and conducted the in-reach activities for the RWC program within the prison facilities. The interim director of re-entry services also provided tours of the Center to visitors at City Hall, and chairs the Greater Hartford Reentry Council. Her multiple roles has led to some confusion among community providers as to who is directing the activities at the GH-RWC. As she noted, “Everyone thinks I manage the Center and I don’t. I’m a strategic partner. That is misinformation. So, I think there is some confusion out there.” Distributing an organizational chart of the GH-RWC operations could help to clarify the roles and responsibilities of the various people and partners involved with the Center.

Advisory Team

The Advisory Team for the GH-RWC, which was involved in the original planning process, met once in October 2018 following the launch of the Center. This meeting included several new partners as well as individuals with lived experience. The advisory team has not convened since this initial meeting, although several advisors attend the community partners meetings. The advisory team could be restructured to include key provider partners who are receiving or providing RWC referrals so as to work toward developing a shared data platform and identify ways to improve participant engagement with the services.

Independent consultants

Diamond Research Consulting LLC and a contracted database developer are providing technical assistance for CPA to develop a cloud-based data system to track information on participants coming to the Center, including information on their intake, basic needs assessment, and the referrals and referral outcomes. The evaluator is also providing technical assistance in support of the data needed for the evaluation, and to guide best practices for collective impact—particularly regarding data sharing-- between CPA and its partners.

Challenges



Resources and budget

CPA supplemented the original budget with in-kind time from management staff, some funds from private donations (approximately \$3,000) and donations of backpacks and hygiene items from several faith-based partners. CPA's administration has managed to stay within their original budget and have a line item for partners, which has not yet been fully expended. Regarding the tasks of a backbone organization, CPA has utilized funding from its general operating budget and other projects that were relocated to the GH-RWC, and pursued additional grant monies to fund its operations.



Referral process

Survey responses suggest that the referral process with community partners could be improved. While some partners are making and receiving referrals to the GH-RWC, five of the 17 community partners reported that they do not know how many referrals they made and two reported that they do not know how many referrals they received. Several other partners reported that this was not applicable. Fewer than half of the partners (7) reported that they were *very satisfied* or *satisfied* with the referral process, while others said that they were *neither satisfied nor dissatisfied*, and one partner reported being *very dissatisfied*. One DOC counselor recommended that the referral form be formatted to allow for fillable fields. Ideally the form should be formatted to also allow for automatic recording of referral data in CPAs data system, instead of having to enter this information manually.

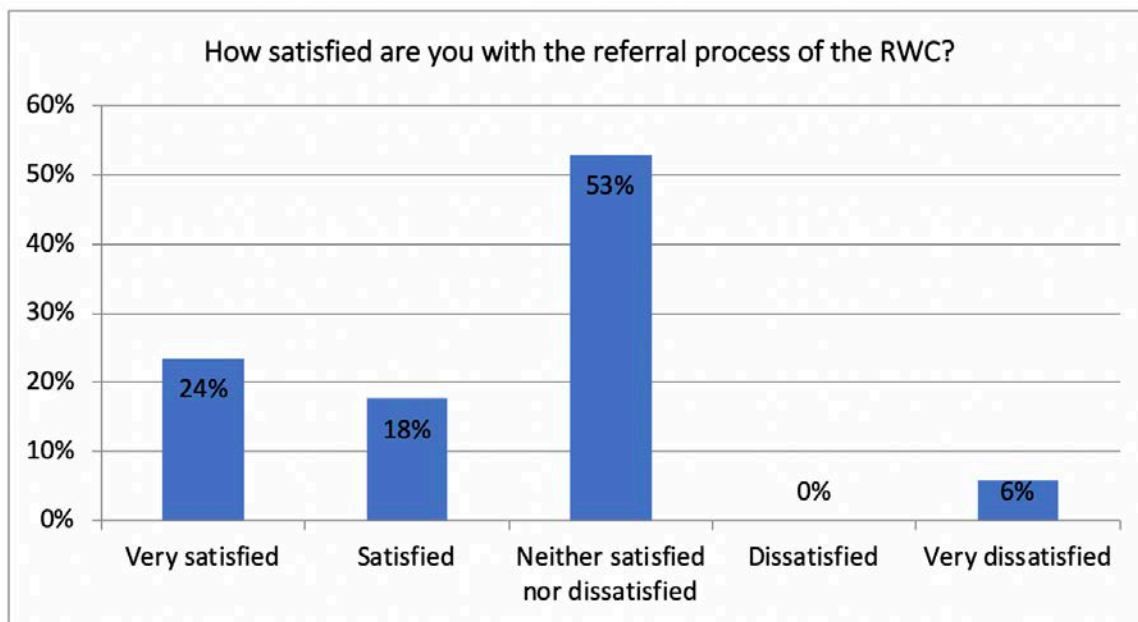


Figure 8. Partner Satisfaction with Referral Process



Continuous communication with RWC partners

CPA staff and the interim director of re-entry services are in constant communication. As she stated, “They call me, we email. The City tries to include their staff in trainings that are going on if it applies (CPA staff). I’ve been able to bridge the gaps here at City Hall with the staff...The staff know key staff in the mayor’s office, who to talk to if I’m not here.” Under the direction of CPA’s program operations director, the GH-RWC staff have a standing meeting every Friday afternoon which the interim director also attends regularly.

The communication between CPA, the City and DOC also seemed to be continuous and effective for coordinating the drop offs. When asked about their experience with collaborative decision making for the GH-RWC, several DOC counselors noted that there was very open communication between GH-RWC leadership and DOC. However, several counselors remarked that it is no longer DOC’s responsibility to provide services for people who are released at the end of their sentence, since they are no longer under DOC custody and felt “decision-making should be coming from the community with input from DOC as needed.” Counselors had mixed opinions about whether or not they wanted to attend collaborative meetings. One counselor suggested that the GH-RWC staff come to one of the correction facilities (BCI) to have a group discussion with the population, so they can see what their needs are. “We refer an inmate to GH-RWC, and they may not show up. Our involvement ends when the offender is released.” However, counselors said that they are very interested in knowing the outcome of their referrals.

The interim director of re-entry services has facilitated information sharing and updates regarding the activities at the GH-RWC with the broader community partner stakeholders. The community provider partner meetings were held on a quarterly basis in the first year up through September 2019. There was generally good attendance, with at least 30 or more people participating. Following the first two meetings, the interim director of reentry circulated a follow-up email to the partners with highlights from the meeting. CPA and the City also sent a letter to all of the partners in November 2019 to provide information to inform the executive directors and program managers on the first-year performance metrics and about the three-year evaluation.

The online evaluation survey distributed to the partners included a multiple-choice question that asked about the eligibility criteria for services at the GH-RWC. Most partners (94%) who completed the online survey knew that to be eligible for case management services, returning residents to Greater Hartford needed to be released EOS. However, about a third of the providers did not know that individuals had to be within 90 days of their release, and instead thought that the timeframe was within the past year (35%). This demonstrates the need to remind partners of the eligibility criteria, or potentially to expand the eligibility

criteria to one year as the Center grows its capacity to serve more individuals. This suggests that community partners could be better informed about the criteria for the RWC program.

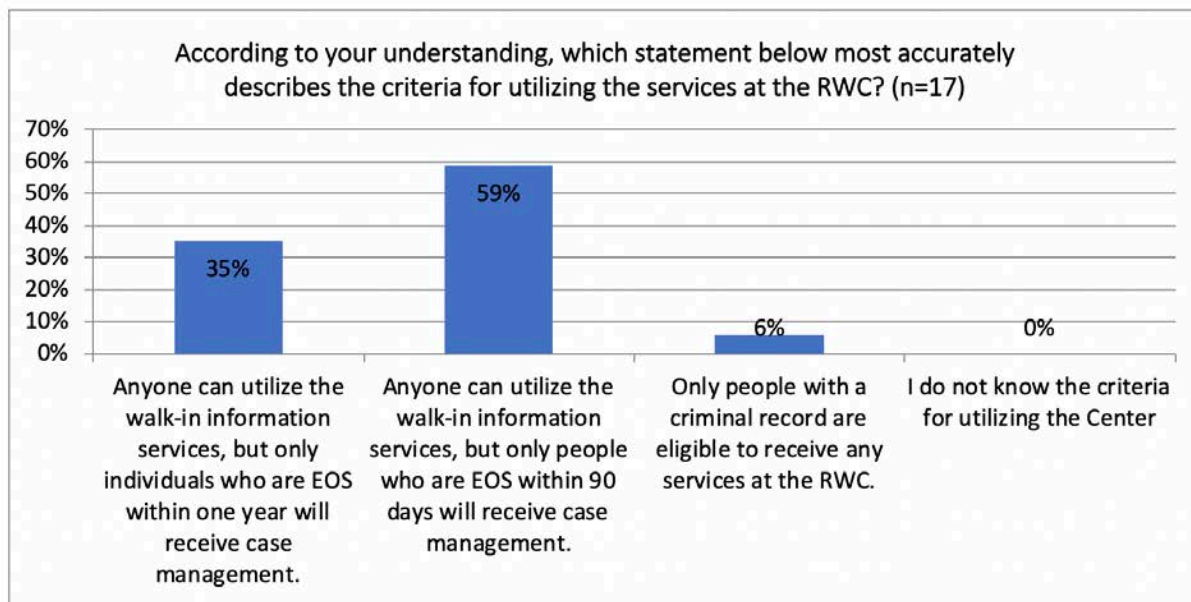


Figure 9. Partner Knowledge of RWC Program

Recommendations

- R** ◇ Restructure the Advisory Team to Include key provider partners.
- ◇ Arrange a strategic planning meeting with key partners.
- ◇ Hold quarterly advisory team meetings with key partner

AIM I: Co-locate services at the Center

One of the long-term aims in the original plan was to co-locate essential services at the GH-RWC to make it easier for individuals to access what they need.

Strengths

- S** **Advantages of embedding other CPA programs within the Center (e.g. Resettlement Program, Career Pathways Initiative)**
Having the senior program managers and staff from the Resettlement program and a case manager from the Career Pathways program located at the GH-RWC has facilitated the exchange of knowledge of community resources to share with program

participants and the onboarding of the supervising case manager(s) for the GH-RWC. This arrangement was necessary to ensure that there was someone available to greet visitors who came to the GH-RWC seeking assistance and also to maintain the safety protocol of having two staff present at the Center. The Career Pathways program ends on Dec. 31, 2019. Efforts are underway to procure renewed funding for this program with Capital Workforce Partners.

S **Department of Social Services SOAR intake specialists onsite**
Since December 2018, the Connecticut Department of Social Services (DSS) has been sending one of its SOAR intake specialists to the Center every week to enroll people in benefits. CPA's program operations director reported that DSS completed 77 applications onsite at the GH-RWC over the first year. Under the prior administration, DSS had some concern that they were not receiving a sufficient number of referrals to make it worth their time to send a person to the Center one day a week and had considered training CPA staff to input this data into their online system. But as of the end of September 2019 they were still sending a SOAR specialist to be onsite.

S **City ID and Birth Certificate Office**
The Hartford Bureau of Vital Records, where participants from Hartford can apply for their birth certificate for individuals born in Hartford, and acquire a city ID is also conveniently located at City Hall.

S **Collaboration with Footware To Care Program**
Officer Barret from the Hartford Police Department runs a charitable program for people who are homeless, called Footware to Care, out of City Hall which provides free sneakers and boots. The GH-RWC supervising case manager and Officer Barret have worked together to coordinate efforts to assist people who are homeless, many of whom have histories of being arrested and incarcerated, through mutual referrals, informal case conferencing and sharing of resources.

Challenges

C **Space limitations**
The Center has limited space, even with its expansion, with which to accommodate additional providers. It has one meeting area to run groups, and three private offices. The offices are occupied and utilized by the case managers on a regular basis.

Recommendations



- ◇ **Expand the available space to be able to better serve the needs of the reentry population to accommodate more staff, to host more workshops, trainings, and potentially co-locate other services from collaborating partners.**

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.

Challenges



Limitations of a regional approach

Besides the City of Hartford, leadership from other towns and municipalities in the Greater Hartford region have not yet been directly engaged with the GH-RWC. Walk-In records show that the majority of people utilizing the services at the GH-RWC were currently residing in Hartford. Only approximately 9% of the people who walked into the Center reported residing in another town of Greater Hartford. The towns other than Hartford that were listed as their place or residence were: East Hartford, Bloomfield, West Hartford, and Middletown. However, it is unclear which towns people utilizing the GH-RWC services resided in prior to their incarceration. A majority of people who came to the GH-RWC were currently homeless and living on the streets or in a shelter in Hartford. The RWC intake form could ask participants about their last permanent place of residence prior to incarceration to get a better understanding of how many individuals previously resided in other towns.

The DOC counselors were asked what they thought of the idea of the Greater Hartford Reentry Welcome Center serving as a regional hub for reentry—linking everyone who comes out EOS to services upon release. One counselor said she liked the idea in theory, but recognized that after being dropped off at the GH-RWC, participants would then need to be transported back to their home town. Also, a counselor thought that many would “treat it as one stop shopping and have a hard time keeping follow-up appointments.” One counselor was concerned that this would put a strain on DOC resources should the current protocols remain in effect (transportation to HCC then to the GH-RWC). However, one

counselor thought it was a great idea. This idea of increasing involvement with other towns could be explored with the Greater Hartford Reentry Welcome Center Collaborative once an effective system for tracking referrals is established with the key partners.

Recommendations



◇ Track last permanent place of residence prior to Incarceration.

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.

The logic model below provides an overview of the GH-RWC inputs, activities, outputs, and outcomes, as well as the impact on the returning citizens of Greater Hartford and the community as a whole.

Reentry Welcome Center Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES									
DOC collaboration 27 Partner Agencies -Referral Services -Workshops HFGP Innovation Grant Donations to the Center City of Hartford -RWC Office Space -Reentry Director CPA staff resources CSSD collaboration DSS collaboration	Coordinated Drop Offs Warm welcome Information Availability of Computers & Phones Referrals ('warm handoffs') Basic Needs supplies (e.g. clothing, toothbrush) Case Management for qualifying individuals Onsite DSS Benefits Enrollment Workshops	# Walk-ins # Unique individuals # EOS within 90 days # EOS drop offs # on case management # case closed (& duration) # referrals & type # active referral partners FOR PARTNERS # Referrals received # Admitted upon referral # Wait listed (& how long till admitted) # Noncompleters & reason # Onsite workshops & attendees # Participant attendance in programs/workshops	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: center;">Three-Six Months Post-Release</th> <th style="text-align: center;">One Year Post-Release</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> % Referrals admitted % Referrals completed % Referrals % Successful in referral area <i>Pathway to Self-Sufficiency</i> % Develop positive coping skills. % Able to identify their needs to overcome challenges. % Have meaningful relationships w/ community providers. </td> <td style="vertical-align: top;"> Reduced Recidivism Rate* % Improved Self-Sufficiency *Recidivism is defined as return to incarceration with a new Sentence. </td> </tr> <tr style="background-color: #d9e1f2;"> <th colspan="2" style="text-align: center;">IMPACTS</th> </tr> <tr> <td colspan="2" style="vertical-align: top;"> 1. Reduced Recidivism Rate for EOS Population 2. More Efficient and Effective Reentry Eco-System 3. Policy Change to Reduce Barriers and Increase Opportunities for People with Felony Convictions </td> </tr> </tbody> </table>	Three-Six Months Post-Release	One Year Post-Release	% Referrals admitted % Referrals completed % Referrals % Successful in referral area <i>Pathway to Self-Sufficiency</i> % Develop positive coping skills. % Able to identify their needs to overcome challenges. % Have meaningful relationships w/ community providers.	Reduced Recidivism Rate* % Improved Self-Sufficiency *Recidivism is defined as return to incarceration with a new Sentence.	IMPACTS		1. Reduced Recidivism Rate for EOS Population 2. More Efficient and Effective Reentry Eco-System 3. Policy Change to Reduce Barriers and Increase Opportunities for People with Felony Convictions		
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Figure 10. Reentry Welcome Center Logic Model

AIM I: Develop a case management platform for tracking referrals and assessing outcomes.

A core aim of the GH-RWC is to develop a case management platform for tracking referrals and assessing outcomes, which would also provide the capacity for automated reporting. CPA is building out a new system for all of its operations using Salesforce. Salesforce is a cloud-based CRM widely used by small, medium and large size businesses. Salesforce helps businesses with analytics, marketing, and community cloud features. Salesforce users are able to manage marketing, analytics, dashboards, workflow, social accounts, contacts, etc. with the platform. Although a new cloud-based system for recording participant data was set up prior to the opening of the GH-RWC, CPA staff ran into problems with the internet connection at City Hall, staff permission settings for the new system, and other IT related issues that meant that some essential data fields were not recorded for the first year. Because of these challenges, the CPA program manager reverted to using an Excel database for inputting and tracking the data. In mid-November 2019, CPA hired an outside technology vendor to assist with developing a data system for the GH-RWC using the Salesforce platform. The original scope of work included the following functionality: 1. Ability to report on basic program metrics (active participants, number of intakes, number of discharges, completion rates) and 2) Ability to enter standardized referral, dosage, and outcome data for external referrals to partner programs.

Strengths

S Ability to track participants in a unified data system is under development
CPA utilized Microsoft Excel to track Walk-In Intake data and has begun inputting participant data into Salesforce. Salesforce is capable of producing automated charts so that in the future CPA management team can easily track the number of participants coming to the Center, and the progress of participants without having to tally up information by hand. The staff are enthusiastic to have a data system that will allow them to look up clients who walk in and see if they have visited the Center in the past, and retrieve case note information on the clients, and provide an automated referral process.

Challenges

C Data system implementation is behind schedule due to a variety of technical issues and need for further staff training
Developing the new data system for the GH-RWC took much longer than was expected. The newly developed system for the GH-RWC was first piloted with staff on October 15, 2019, at which time the staff received training on how to input the data into the fields including how to input referrals. This system includes fields for tracking referrals

to key community partners based off of the list of partners who signed MOUs, however the setup requires participants that are logged into the system to be assigned to a specific program. Some staff were assigning participants to multiple programs and this resulted in the list of participants including duplicates. This glitch is currently being resolved with the IT staff on the project. CPA and the IT consultant agreed that the IT consultant will need to provide ongoing trainings for staff and produce a manual for data entry so as to resolve issues with the data collection and ensure quality data can be outputted into automated reports.



Inputting data directly in Salesforce

CPA staff are more accustomed to recording the intake information on paper documents, and later transferring this information into an electronic spreadsheet file or the Salesforce system. One of the case managers expressed concern that entering the intake information into Salesforce with the participant present “takes the personal touch out,” especially when meeting them for the first time. Also, staff have varying degrees of comfort and proficiency with inputting the information into the computer.



Ensuring data quality

Sometimes participants do not remember their inmate number or use different names at different times. According to the supervising case manager, some participants will make up information in an attempt to qualify for the free bus passes or clothing vouchers. A process and procedure manual for ensuring data quality and integrity needs to be created.

Another anticipated challenge in tracking the number of times people visit the Center is that many participants are dropping by just to use the computers or phones, grab a coffee or meet briefly with a case manager. It is unclear whether or not every time they come they sign into the visitor’s sheet. If no formal appointment is made with the case management staff, these brief encounters may not always be documented in the Salesforce system.

Time on the part of CPA administrative staff is required to maintain and ensure data quality. One CPA staff should be assigned the primary responsibility of data management and should report out on progress and issues with data management to the team on a regular basis.

Recommendations



- ◇ **Complete the RWC data system and ensure it is fully operational.**
- ◇ **Create a data entry manual, conduct ongoing trainings with staff on inputting data, and establish procedures for maintaining data quality.**

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

Strengths

S **Cloud-based platform could allow for data sharing across agencies**
Once CPA's data system is fully operational, this information could be shared with key partners and if they are given "user licenses" (an added cost) they could enter participant referral and outcome data directly into CPA's database (on a daily or quarterly basis, depending on capacity at partner organizations). The supervising case manager, who had worked in the insurance industry, recommended that data sharing across agencies would help to improve the functioning of the GH-RWC to know which Walk-In participants were already being served by other programs in the community and to track referral outcomes across agencies.

The MOUs with community partners stipulated that data sharing agreements would be developed. The lead evaluator is assisting with the development of these data sharing agreements. The information gathered through this process evaluation has helped to clarify which partners are receiving the highest number of referrals. The new data system is intended to enhance CPA's capacity as a data-driven organization so they can use data analytics for case management, program management and continuous quality improvement.

S **Shared assessment tool identified and being piloted**
The Daily Living Activities Functional Assessment¹⁸ could potentially be utilized for those individuals who have established a meaningful relationship with a case manager at the GH-RWC, in one of CPAs other reentry programs, or with the referral partners, such as the community health worker of the Transitions Clinic at Intercommunity. The main challenge would be in following up with participants after the one-year time frame if they are no longer receiving case management or enrolled in other services.

¹⁸ *Daily Living Activities* (DLA20©)-ID/IDD. DLA-20 © W.S. Presmanes, M.Ed. M.A., and R.L. Scott, PhD.

Challenges



Tracking referrals and referral outcomes

The data system could be improved to enable user-friendly input of referrals or provide automated email notifications. Having dropdown fields for primary referrals would make it easier for staff to track referrals and output the data into a report. Including an open-ended field for new referrals would also be useful for keeping track of any new referral partners. The referral organizations/programs should be grouped into type, so it is easy to identify the purpose of the referral. Ideally a cloud-based system for referrals would allow some sort of automated email tracking of referrals with partners, so as to be able to document and follow-up on clients who do not show up, and to facilitate communication across systems.

Partner organizations may not be able to access cloud-based platforms on their system due to security barriers at their agency and it also is an added expense for CPA to provide them with direct access to be able to input data into the system. The staff of service provider partners will need time and resources if required to enter the data into more than one system. Hence, to create an efficient and well-designed data hub will likely require some additional funds. A portion of the strategic planning process could be devoted to establishing realistic goals for the role out of the data hub over the next three years.

Recommendations



- ◇ **Update data sharing agreements with partners.**
- ◇ **Implement quarterly exchange of data, and/or ability for key referral partners to input real-time data into the CPA data system (ones currently receiving warm handoffs).**
- ◇ **The strategic planning process can include establishing realistic goals for the role out of the data hub over the next three years.**

Process Findings: Policy Level

Specific goals at the policy level were not established in the original implementation plan for the GH-RWC. However, advocacy is an integral part of CPA's mission and a potential longer-term collective impact outcome goal for the GH-RWC Collaborative, which was included in the original proposal to the Hartford Foundation for Public Giving. A recommended goal for the policy level is for the Greater Hartford RWC Collaborative to contribute to strengthening the effectiveness and efficiency of the reentry ecosystem for the region. Recommended aims are as follows: **AIM I:** Remove systemic barriers and increase opportunities for reintegration through cost-effective, community-driven solutions and **Aim II:** Advocate for policy changes to remove barriers and increase opportunities for people reentering from incarceration.

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 eco-system 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.

Reentry Eco-System 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 and regional level.

Has the GH-RWC contributed to an improved reentry eco-system for the region, including better coordination, timeliness, trauma responsiveness of services, policy, best practices and continuous quality improvement? And if so, how?

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

CPA's close collaboration with DOC and a host of referral partners are working toward removing systemic barriers to reentry and increasing opportunities for successful reintegration for people returning home at the end of their sentence and others who face numerous barriers due to a felony conviction. A main area of focus of these efforts has been identifying ways to increase participants' ability to access shelter directly upon release through CT's 211 system.

Opportunities

O DOC efforts to facilitate access to housing

In a questionnaire for the evaluation, counselors were asked: "What is being done to address the housing needs for people EOS upon release? Have there been any changes to the way housing needs are assessed upon release at DOC?" The efforts that are underway at the Department of Correction are as follows:

- Updating the Discharge Planning Checklist and Discharge Tracking Screen within our computer system to include screening for homelessness.
- In discussions with the Department of Housing about Rapid Rehousing.
- Meeting with United Way/211 about a better referral process for homeless population (electronic referral).
- Having reentry counselors cover at the county jails at least once a week.

O Connecticut's Homelessness Response System 'Housing First' model

An opportunity provided by the Connecticut's homelessness response system is that it is based upon the 'Housing First' model, which strives to move homeless participants from the streets immediately into permanent housing. This model also recognizes that with stable and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness¹⁹

Systemic Barriers

B Federal definition of homelessness precludes many people newly released from incarceration

One barrier that exists is that the federal definition of 'homelessness' restricts access to many housing services for individuals desperately in need of shelter

¹⁹ Ten Year Plan to End Homelessness in the Capitol Region (October 2007) Journey Home: Hartford, CT. Accessed at http://hartfordinfo.org/issues/wsd/Homelessness/Hartford_Commission_to_End_Homelessness.pdf

when they come out of incarceration because many do not qualify as homeless²⁰. When individuals are diverted so as to avoid sleeping on the streets, they then also no longer are considered eligible since they have not met the criteria.

CPA's program operations director explains the challenges with getting people access to housing under this system:

"This guy was diverted. He was walking the streets and came to our workshop the next day...He was shaking from this experience. He hadn't eaten or slept. The staff were able to divert him to his moms' house. We are trying to get him into the Eddy Center in Middletown. We saw him two weeks later at group again and he had eaten and he slept. He was in a different space mentally. He was calmer and able to focus on the task at hand and looking for employment. The fear that that instills in someone. "

As she noted, 'It's a systems problem... and that diversion is not an ideal solution for the population, as often it is only a temporary fix.'

"We are going to convince a family member to take you back for a couple nights, you then are kicked off the priority need. You are not a priority. You are diverted, you are no longer considered homeless. If they have 600 people who have been diverted that decreases their homelessness."

The executive director of Journey home emphasized the importance of diversion in keeping families out of the shelter system. He noted that this has benefits to a child's development and the Office of Early Childhood supports this so much that they have committed to a pay for success model when families with children under the age of six are being diverted from shelter.

To qualify for the rapid rehousing program, participants have to be literally homeless by federal definition. Entry into rapid rehousing programs are prioritized for those who have been experiencing homelessness the longest, in some cases, those who are considered chronically homeless. According to CPA's program operations director, this becomes a "Catch twenty-two, as the eligibility criteria, forces people into more desperate circumstances." She observed that "When somebody isn't sheltered, you can't expect them to stay clean and sober, be able to take their medication, and not be stressed." (This understanding of the need for stable housing first, is consistent with the 'Housing First' model). She felt strongly that that the homeless population should be involved in coming up with some solutions. For example, one suggestion proposed by community members is to take some of the abandoned buildings around the City, and employ people who are

²⁰ Accessed at https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

homeless and/or reentering and needing work, to fix them up and convert them into low-income co-housing or supportive housing units if there was funding available.

The interim director of re-entry services said she would like people coming home from incarceration to be able to bypass the 48-hour requirement of the 211 system, so they can move their CAN appointment up and get seen sooner. She would also like to work with Journey Home to identify landlords willing to rent to people with a record. Other opportunities for system change could come from working with the Hartford Housing Authority. As the chief of staff for the mayor's office noted, the City of Hartford is unique in that it has Section 8 Housing. The public housing agency has access to Section 8 vouchers. She said that she has had multiple conversations with the director of the housing authority regarding flexibility for those accessing public housing. They "take it on a case by case basis." She understands that not only are you providing housing for someone in need, but you are also reuniting a family. She said, "Those conversations are ongoing—as issues come up and residents make inquiries we are able to contact them to figure things out."

B

Insufficient shelter capacity, especially during the winter months

"If we don't build capacity, our homelessness problem has got to change. Winter is coming we're down a shelter. I can't imagine what's going to happen with winter coming."

Susan Gunderman, Interim Director of Re-entry Services,
Office of Mayor Luke A. Bronin

Although warming centers and shelters provide protection from the elements at night, individuals are not able to stay in them during the day. The sleeping conditions in the warming centers are generally quite poor. For people suffering from mental health and other physical health issues, these conditions can be intolerable and contribute to them choosing to commit a petty crime so as to go back to jail or prison.

B

Gap in services for older individuals who lack employment skills and have complex needs

Individuals who are released EOS include people who were not eligible for release to a halfway house due to being classified as "high risk." They may have previously been released to a halfway house and have been remanded (reincarcerated) for having violated the rules of the house, or of their parole supervision. The people who are being released EOS also tend to be older, which is reflective of developing trends in the age of Connecticut's prison population overall.

B

Walk-ins who are released from DOC without the basics

CPA's program operations director observed that in 2016 DOC eliminated non-residential programming for reentry due to budget constraints. She noted that

“There are so many people being released with nothing, ensuring that they have an ID, clothing, medical, basic hygiene products.” She estimated that it would cost about \$200 per person for CPA case managers to provide people released with these bare basics of what they need. When people are released, DOC only gives them a ninety-minute bus pass. This enables them to get to one appointment. “We’ve spent 50 grand to lock them up. Yet they can leave without clothes an ID, medical and housing. It’s basic. It’s not rocket science. If you don’t give someone services they are going to come back. There’s no dignity with that. What do you expect them to do? They are going to survive.” The interim director of re-entry services likewise emphasized the importance of providing opportunities for people to receive their GED while incarcerated and expressed an interest in working with DOC to promote stronger partnerships with industry so that people who receive job training while in prison can transition directly into gainful employment once released. As she remarked, “In order for people to be successful, individuals need their GED, as well as opportunities to obtain training in industry, and recognized credentials which will enable them to find gainful employment upon their release back into the community.”

B

Despite DOC efforts to ensure inmates have IDs, many still need assistance with procuring identification

In the past few years, the CT DOC has instituted new procedures for tracking and increasing the number of people released with IDs. The counselors were asked about what improvements have been made to ensure that everyone who is released has an ID upon release?

- Offenders are notified of ID procurement during inmate orientation meetings; postings are displayed throughout the facilities.
- Reentry counselors at each sentenced facility are meeting with returning citizens about procuring IDs. (ID procurement is not mandatory and some returning citizens will waive the process)
- DOC will soon be able to provide a list from our database, which we can give to CSSD to obtain unclaimed ID's for probation clients.
- The Connecticut Coalition to End Homelessness created an inquiry form that can be sent to DOC central office to ask about IDs.
- Provide training to Halfway house staff so they can procure IDs while the offender is housed there.
- Monthly DMV trips at Walker CI, MWCI monthly to assist in obtaining new CT IDs.
- Additional queries to identify the offenders in need of IDs.
- DOC covers the fees if the offender does not have enough funds, including postage and envelopes.
- Reentry has expanded into the county jails (part time) and we do the best we can to ensure everyone has identification.
- The Reentry Unit is consistently informing the roundtables, halfway houses, CSSD, etc. on how former offenders can obtain ID's that they may not have discharged with.

- The DOC has MOU's with DMV and SSA so that ID's can be procured prior to discharge.
- The Reentry Services Unit now has a generic email address where anyone can inquire about missing ID's.
- DOC has provided a general number for staff to call to find out if participants have IDs remaining in DOCs possession.

Although DOC reentry counselors are assisting individuals in procuring IDs prior to their release, still many individuals come to the GH-RWC seeking assistance with IDs. During the first year, at least 23% of people who walked into the GH-RWC requested assistance with IDs. Their lack of ID could be because they refused the assistance that was offered while they were incarcerated, or they had to travel to another state or country to get their birth certificate. Also, the DOC counselors may have procured a person's IDs, but they could have been discharged before having received them. Furthermore, it is quite common for participants to have their IDs stolen or lost while staying in a shelter or on the streets. CPA staff also inform participants that if they are a Hartford resident, they can get one complementary birth certificate from the City.

B **Level of need for substance abuse treatment beds exceeds current capacity**
 DOC counselors were asked in the evaluation questionnaire, "How has the opioid crisis impacted the needs of people coming out? And "Are there sufficient services to meet these needs?" They all uniformly observed that there were not sufficient services for these needs. Several counselors stated that the majority of the prison population falls within the 18-35 age range. However, "a lot of reentry programs focus on the 18-25 year-olds, and there are not enough programs for the moderate/high risk offenders that are discharging." Another counselor remarked that, "I am unaware of any organization assisting the senior citizen population upon their release." There was general agreement that with the aging of the prison population, there need to be more programs accessible for the older population.

Several counselors also stated that there is a gap in programming and addiction beds in the community as well. As a counselor stated, "Although Narcan has been made more available to the discharging population, as well as Mobile M.A.T.T. units [Mobile Addiction Treatment Team for opioid addiction], there is still a need for more programming and education. I don't think there will ever be enough beds in drug programs to truly combat the need." One counselor stated that it would be easier to help people if the DOC counselors had a list of centers that will take returning citizens through insurance. Furthermore, 'while many efforts are underway to combat the opioid crisis, this population needs inpatient treatment immediately upon release and this is not an option for most, which has led to high rates of overdose upon release.'

The interim director of re-entry services likewise observed that many of the participants they were seeing who were exiting prison were older. A case manager at the GH-RWC noted that at least two of her participants had died of overdoses in the past year. In one case, the case manager received a call from the hospital (who had found the case manager's card in the person's pocket), and in another case, a service provider partner informed her of the death.

CPA's new SAMHSA program that will be run out of the GH-RWC with InterCommunity, Inc. merges the work of DOC and a mental health provider and could prove to be a much-needed intervention for preventing overdose deaths in the reentry population, including those released EOS, through ensuring the continuity of care, and access to recovery and treatment that is so desperately needed.

B **Gaps in insurance coverage for inpatient treatment directly upon release**

During a meeting with the GH-RWC partners, the RWC program manager noted how difficult it is for people returning from prison to access treatment beds in the community. She explained that the Salvation Army has been working with CPA participants to provide them with transitional treatment beds. One major barrier is that insurance companies generally will not pay for residential treatment directly from incarceration, as they assume people have not used in the past 30 or 60 days, while incarcerated. The RWC program manager recommended that insurance cover the costs of a thirty or a sixty-day treatment bed as part of community reentry for those who risk relapsing upon release. She recommended identifying other residential treatment programs that are available to people with substance use disorders who are newly released from incarceration. She also noted that even if more transitional beds were made available, "The participant also has to be willing to go to another locked environment and be being willing to make that transition...It's a conversation to get the individual to go into treatment." Thus, with in-reach into the facilities, the RWC case manager could assist with preventing people from relapsing directly upon release by identifying those in need of and willing to receive treatment, and facilitating their access to in-patient or out-patient treatment services.

Recommendations

R **◇ Recommendation for DOC to continue to track and monitor counselor ID procurement efforts at each facility and to identify strategies for removing any remaining system barriers to procurement of IDs prior to release.**

- ◇ **Advocate for increased funding, access and availability of treatment beds for people coming out of DOC, especially for individuals who are older and are released end of sentence.**

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

Several state legislative commissions and committees are focused on issues of reentry. These policies will potentially have a significant impact on improving the opportunities and reducing barriers to reentry for individuals returning home from incarceration.

New policies pertaining to reentry that are enacted for the next several legislative cycles will be documented in future evaluation reports. Some of the key advocacy and legislative activities that are underway which will have an impact on the reentry population include:



Council on the Collateral Consequences of a Criminal Record²¹

The Council on the Collateral Consequences of a Criminal Record of the CT State legislature is charged with conducting a study examining discrimination faced by people in Connecticut living with a criminal record and with developing recommendations for legislation to reduce or eliminate discrimination based on a person's criminal history.



Governor's Task Force on Housing and Supports for Vulnerable Populations

Governor Lamont created the Task Force on Housing and Supports for Vulnerable Populations with the mission of enhancing coordination across agencies to ensure that the state evaluates vulnerability and prioritizes resources consistently, coordinates effectively to serve shared clients, and implements best practices reliably to meet resident's housing/housing support needs with the goals of improving outcomes and conserving resources. The task force aims to complete a data match between the state's Homeless Management Information System, which is run by non-profit partners, with data from key social service agencies including:

- Department of Social Services (Medicaid agency)
- Department of Mental Health and Addiction services
- Department of Children and Families
- Department of Correction, and
- Court Support Services Division

²¹ An Act Establishing a Council on Collateral Consequences of a Criminal Record. Public Act 19-142 of the Connecticut State General Assembly. Retrieved from <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00142-R00HB-06921-PA.pdf>.

The data match pilot will allow the state to quickly identify data-sharing challenges, and then bring the appropriate parties to the table to work towards solutions. The lessons learned from the task force will assist the state as it works to set-up a statewide infrastructure for interagency data sharing.



The CHES Initiative

In 2016, Connecticut participated in a Centers for Medicare and Medicaid Services (CMS) technical assistance program to design strategies to support individuals served by Medicaid in accessing and retaining stable housing and meaningfully engaging with their health goals. Researchers from New York University matched Medicaid claims data and Homeless Management Information System data to identify potential benefits to Medicaid members, and associated savings to the state, from covering supportive housing services under the Connecticut Medicaid State Plan. Based on this research, Governor Lamont proposed, and the legislature included, the supportive housing benefit in the state's biennial budget. Specifically, a state Medicaid plan for home and community-based services benefit is being developed that will serve up to 850 individuals who experience homelessness and whose average Medicaid costs exceed \$40,000 per year. Savings figures under DSS (\$580,000 in FY 2020 and \$3.1 million in FY 2021) include the state's share of Medicaid expenditures. After factoring in the federal share, this proposal is expected to reduce total Medicaid expenditures by \$2.7 million in FY 2020 and \$13.9 million in FY 2021. Funding is also included in the Department of Housing (approximately \$460,000 in FY 2020 and \$2.3 million in FY 2021) to support housing vouchers associated with this effort. This effort is called the Connecticut Housing Engagement and Support Services (CHES) initiative.



American Civil Liberties Union--Smart Justice Campaign is “working for policies to usher in a new era of justice, where families are thriving because our state has chosen to invest in people, not incarceration, and where every person, from every background, is treated fairly by the justice system.” They also aim to reduce racial and ethnic disparities in the criminal justice system. They are advocating for the Clean Slate legislation to have people's records erased after a period of time since their release (7 years appears to be the standard), and are strongly advocating for no carve outs—meaning that records would be cleared for anyone with a felony conviction—not just for people with misdemeanors²².



Partnership for Strong Communities Reaching Home Campaign is working on policies to end homelessness, create housing opportunities, and build strong communities in Connecticut. They advocate for maintaining existing public and affordable housing services, including the 211 Coordinated Access Network (CAN) system and expanding services to include programs and resources for vulnerable communities. This includes requesting the state budget include one million for the

²² Smart Justice Leaders Speak Out for Clean Slate. (February 27, 2020) American Civil Liberties Union. Retrieved from <https://www.acluct.org/en/news/smart-justice-leaders-speak-out-clean-slate>.

Department of Mental Health and Addiction Services to pair support services with the rental assistance. They also are requesting that the state allocate 1.4 million to DOH's Housing/Homeless Services Line at \$1.47M so as to allow for flexible funds for shelter diversion and rapid exit.



Community Solutions-Hartford Zero Inflow Project Is applying a data-driven approach to eliminate inflow into homelessness within two zip codes in North Hartford, which have the region's highest rates of homelessness, within three years. The project aims to uncover insights that will fill in a critical piece to creating a lasting end to homelessness. Their research in the North End of Hartford identified people returning home from incarceration as a high-risk group for homelessness and they are looking to reduce these numbers.



The Commission of Equity and Opportunity Reentry Working Group

The Office of Policy Management, along with the Connecticut Coalition to End Homelessness, Journey Home, and the Partnership for Strong Communities as well as several Commissions at the state legislature are working with partners across systems to implement solutions to address the issue of homelessness for people coming home from incarceration, following recommendations of the Commission of Equity and Opportunity Reentry Working Group, January 2019 *Hope for Success: Returning Home Report*²³. The Collateral Consequences Commission subcommittee on housing, Vulnerable Committees Task Force, along with the Department of Housing are taking steps toward further refining and implementing some of the recommendations. Through a one-time grant from Connecticut's DOH, CSSD has implemented a small rapid re-housing pilot to provide housing navigation, case management, and rental assistance in private market rental housing to roughly 15 probationers.

Recommendations



- ◇ **Staff continue to participate in joint advocacy efforts at the state and municipal level.**
- ◇ **Explore opportunities for collaboration with Community Solutions with their Hartford Zero Inflow Project**

²³ Hope for Success: Returning Home. Connecticut Commission on Equity and Opportunity Reentry Working Group. Accessed at <https://wp.cga.ct.gov/cwcseo/wp-content/uploads/2020/03/CEO-Report-Hope-for-Success-Returning-Home.pdf>

Discussion of Findings

Having the Greater Hartford Reentry Welcome Center located at City Hall was a good decision as it has served as a central hub for people looking for assistance with reentry. Providing tangible goods such as access to phones, computers, and clothing, and directing individuals who are returning home from incarceration to other resources is helping those who are in desperate need of assistance to get back on their feet again. The GH-RWC provides people returning from incarceration, who otherwise have limited or no social support, with a safe and welcoming place to receive basic assistance, guidance, resources, and referrals. The system change made by DOC for people who are at the end of their sentence, to drop them off at the Center, reduces the likelihood of trauma upon release for individuals who would otherwise have been dropped off on the streets. The case managers located at the GH-RWC are able to provide people who are recently released from incarceration with a sense of dignity and much needed hope, emotional support and guidance. The current supervising case manager, who has lived experience of incarceration and is known in the community, facilitates a trusting and caring relationship with RWC participants which helps with engagement. He also serves as a role-model of someone who has successfully reintegrated back into society.

Many people who are released at the end of sentence from incarceration have both physical and behavioral health issues and face multiple systemic challenges to reintegration into their communities due to poverty, unemployment, low educational attainment, low literacy, chronic stress, and structural racism. Alongside these challenges, many of them have also experienced repeated instances of trauma from having either witnessed and/or encountered physical violence. People who enter the criminal justice system in adolescence are approximately three times more likely than the general population to have experienced complex trauma²⁴, including childhood abuse and neglect, as well as other forms of early childhood adverse events (ACEs).

Public health researchers use the term *syndemics*, or population-level clustering of social and health problems, to characterize highly vulnerable populations such as the people released from incarceration at the end of their sentences to Hartford. The criteria of a syndemic are: “(1) two (or more) diseases or health conditions cluster within a specific population; (2) contextual and social factors create the conditions in which two (or more) diseases or health conditions cluster; and (3) the clustering of diseases results in adverse disease interaction, either biological or social or behavioural [sic], increasing the health burden of affected populations.” Syndemics are “most likely to emerge under conditions of health inequality caused by poverty, stigmatization, stress, or structural violence.” Comprehensive, intensive, holistic, and multi-sector approaches are needed to improve the quality of life of populations

²⁴ Ford, J. D., Elhai, J. D., Connor, D. F., Frueh, B. C. (2010). Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents. *Journal of Adolescent Health*, 46, 545-552.

experiencing syndemics. Researchers recognize that when providing services for populations characterized by syndemics, treatment efficacies are reduced and treatment costs tend to be significantly higher²⁵.

The Greater Hartford reentry eco-system is challenged to address the syndemics among the end of sentence population and other high-need groups returning from incarceration who lack the basic necessities for survival and have unmet substance use and mental health treatment needs, while facing numerous structural barriers due to the collateral consequences of having a criminal record. Participants in the evaluation generally agreed that the most critical unmet need for people released at the end of their sentence from prison or jail is for shelter and housing. A majority of the people dropped off at the GH-RWC from DOC and a high percentage of the people who walked into the Center off the street seeking services, lack a safe and stable place to live. This makes it extremely challenging, if not impossible, for them to utilize the other services being offered to them for job training, employment, mental health and substance use outpatient treatment. While they are desperately seeking shelter, especially during the winter months, they suffer from the psychological and physical trauma caused by living outdoors under a bridge or in abandoned properties etc. Due to the clustering of physical and behavioral health issues among the EOS population, and the societal barriers that people with criminal records face in areas such as employment and housing, it is nearly impossible for a majority of them to become self-sufficient directly upon release without access to transitional housing and an array of wrap-around services.

More opioid addiction treatment beds are needed for the EOS population and stronger linkages to mental health and addiction services that can provide outreach into the community. Creating more effective and efficient systems for aiding people coming out of prison to successfully reintegrate back into their communities is essential to local and statewide efforts to reduce recidivism. The Greater Hartford Reentry Welcome Center Collaborative--is uniquely positioned to implement innovative solutions to increase the quality of life, reduce the mortality, as well as lower the recidivism rate for people returning home from incarceration. However, the reentry eco-system must be better resourced to address the existing gaps in services.

Daryl McGraw, founder of Formerly Inc, a recovery specialist and reentry expert, proposes a “three-legged stool” to address overdose deaths of former prisoners. As he explains, “The first leg is the community, which has to be prepared for the individuals being sent home. The next is communication between the Department of Correction and the Department of Mental Health and Addiction Services. The final leg is the individual who must work the

²⁵ Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072), 941-950.

recovery programs and participate in after care once they are released.”²⁶ McGraw’s recommendations are consistent with those of the Counselors and GH-RWC staff, who recommend that more transitional housing and inpatient treatment programming be available for people returning home at the end of their sentences, especially for those who are on the older end of the spectrum, for whom there are fewer services.

CPA’s new SAMHSA program that will be operating out of the GH-RWC—and which involves a close partnership between CPA and InterCommunity, Inc. could be a model for this type of service delivery that provides in-reach, case management and direct linkages to treatment and access to treatment beds for people who are released from DOC. This program is an important step in providing an integrated system of care for people with Opioid and mental health issues upon release. Conducting in-reach and strengthening collaboration and alignment of activities across mental health and treatment services for people as they transition from incarceration back into the community, especially for those who are at the end of sentence, will help to fill a much-needed gap in services for this highly vulnerable, high-need population.

Being able to document participants’ needs and track referrals is important for more effective management of the Greater Hartford Reentry Welcome Center and for improving CPA’s ability to assess outcomes. CPA’s new case management data system took much longer to develop than was anticipated. Progress needs to be made in inputting the RWC participant data into the system in a timely fashion for both project management purposes and for the evaluation. Also, staff will need ongoing training to ensure they become proficient in using the system. Hiring an administrative assistant this next year is intended to facilitate the data entry process, and to allow for better coordination and alignment of activities between partners. In addition to the data system development, two other major goals for next year are to strengthen participant engagement and to involve more partners in the delivery of workshops and others skills building activities at the GH-RWC.

Recommendations

The next several pages provide a list of recommendations from the process evaluation. These are organized into the following four categories: (1) Program implementation, (2) Data system, (3) Policy and (4) Evaluation. Program implementation and Data system recommendations can be implemented by CPA and the GH-RWC partners and thus are labeled *internal*, whereas recommendations for Policy and the Evaluation are *external*. The recommendations are also divided into *short-term* versus *midterm* to *long-term*. Short-term refers to changes that do not require additional funds or resources, or have already been adopted, and midterm to long-term are those that will likely require additional funds or resources or need to be prioritized.

²⁶ Lyons, Kelan. From Prison to the grave: former inmates now account for more than half of all the drug overdose deaths in Connecticut. (January 2, 2020). The CT Mirror. Retrieved from <https://ctmirror.org/2020/01/02/from-prison-to-the-grave/>.

Recommendations with a star* are in process as of Year Two and recommendations with Two Stars** have been implemented/achieved in Year Two. For those without a star, the evaluator is unsure of their status or they have not been implemented as of yet.

Table 7. I. Program Implementation Recommendations (Internal)

	SHORT-TERM	MIDTERM 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.* 	<ol style="list-style-type: none"> 2. Expand the available space to be able to better serve the needs of the reentry population to accommodate more staff, to host more workshops, trainings, and potentially co-locate other services from collaborating partners. 3. Provide “A Hello Line,” telephone line reserved for participants without a phone to allow prospective employers to contact them.**(cell phones now provided to all drop offs as of March 2020) 4. Increase hours the Center is open.
Program Level (GH-RWC Operations)	<ol style="list-style-type: none"> 1. Hire a full-time coordinator/administrator and an additional case-manager.** 2. Narcan training with the men’s and women’s peer support group. 3. The GH-RWC expand its eligibility criteria to be able to assist with IDs and other basic needs for anyone with a criminal record.* 4. Establish a buddy system to accompany a person to the bus stop for their appointment for a referral, or find a way to provide transportation. 5. Provide more skills training opportunities.* 	<ol style="list-style-type: none"> 6. Apply for funds to purchase shelter beds, or “REACH beds” for the RWC participants.** 7. Provide additional services, ongoing workshops, guest speakers that can shed a light on what services are truly available. Identify sources in the community that can help the RWC population with various strategies to more self-sufficiency and bring self-awareness through education. 8. Hire more people with lived experience to work at the GH-RWC.* 9. Provide paid internships at the GH-RWC for participants in the program. 10. Case managers provide jobs or provide a list of employment opportunities.* 11. Develop a basic operation manual, including front desk administration; case management; peer support group facilitation; data entry and quality and security control; coordination of workshops; crisis response, conflict resolution/restorative justice; maintaining safety and security.

Institutional Level (partnerships)	<ol style="list-style-type: none"> 1. Remove DOC requirement that inmates are transferred to HCC prior to drop off.** 2. In-reach from staff at RWC to inform the offenders of services, build rapport with participants, and conduct assessments prior to release.* 3. Increase partner involvement with providing onsite workshops for participants.* 4. Work with partners to Improve the referral process.* <ol style="list-style-type: none"> a. Implement regular case conferencing meetings with key referral partners so as to track referral outcomes and participant progress. 5. Engage in a strategic planning Process. <ol style="list-style-type: none"> a. Involve key provider partners in the process. b. Implement quarterly exchange of data with key referral partners.* c. Include realistic goals for the role out of the data hub over the next three years. * 	<ol style="list-style-type: none"> 6. All reentry counselors are aware of the Center but are not clear on all the services offered. The counselors requested: <ol style="list-style-type: none"> a. An online calendar for the GH-RWC that shows what services are being provided that day. b. A list of all the agencies that participate with the GH-RWC so counselors (and other providers) can let the offender know who they will be able to meet with when they do go to the GH-RWC. 7. Collaborate with United Way 211 as a potential referral source and to gather data. <ol style="list-style-type: none"> a. Is United Way 211 referring people to the Welcome Center? b. And do they have data on the number of people they have referred? 8. Work with Journey Home to identify landlords willing to rent to people with a record. 9. Explore collaboration with Community Solutions-Hartford Zero Inflow Project.
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Data System Recommendations (Internal)

SHORT-TERM	MIDTERM
<ol style="list-style-type: none"> 1. Additional question that could be asked on the intake form: What was your last permanent address?* 2. The referral form should have fillable fields.* 3. Clarify which person at CPA is responsible for ensuring that the contracted data system development deliverables are completed within the specified timeframe, and provide monthly progress updates.** 4. Clarify who at CPA is responsible for ensuring data quality for the GH-RWC and for making 	<ol style="list-style-type: none"> 6. Produce a data management manual for the GH-RWC.* 7. Have standardized procedures and a field in the data system for documenting common types of crisis responses, for urgent issues that require immediate attention and follow-up (e.g. hospitalization for mental health crisis or SU).

sure that all the Year Two data is inputted from case files into CPA's data system.**

5. Implement the system for tracking outcomes and for closing a case; (e.g. each outcome goal that is met, should be tracked).*

Policy Recommendations (External)

1. Engage in direct advocacy with community leaders to challenge the gaps in resources that are prominent in the community*.
2. Expand shelter and housing opportunities for the reentry population*.
 - a. Provide Transitional Housing: best practice they go from DOC to a bed with a program wrapped around with individually tailored supports that they need. Allow for at least 60-day stay**.
 - b. 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.
 - c. Advocate for Increased funding, access and availability of treatment beds for people coming out of DOC who are older and are Released End of Sentence and have mental health and/or substance use treatment needs*.
 - d. Explore laws pertaining to health insurance coverage for treatment beds for people transitioning from jail or prison.
 - e. Change policy to allow people coming home from incarceration to be able to bypass the 48-hour requirement post-release for the CAN appointment.
 - f. Work with the local Housing Authorities to improve access to Section 8 Housing for individuals with felony convictions*.
3. Make available more opportunities for returning citizens to be cleared by DOC, so that they can go back into the correctional facilities to work with the men who are coming out.

Evaluation Plan Recommendations (External)

1. Originally, the evaluation plan included hiring one research assistant with lived experience, but it would be beneficial to receive input from several individuals with lived experience, who represent a variety of reentry experiences and backgrounds*.
2. CPA's program operations director or Business Operations Administrator, the Evaluator, and the Data System Development Specialist establish a regular meeting time every month to ensure that progress is made on the data system.
3. Examine case management process of providing therapeutic supports in Year Two process evaluation.
4. Continue to interview key partners to evaluate and enhance collective impact strategies*.

This concludes the first-year evaluation report.

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Appendix A

RWC Implementation Timeline Sept 2018-September 2019																
Implementation Area & Activities	2018				2019											
	S	O	N	D	J	F	M	A	M	J	Ju	A	S	O	N	D
Facility																
Doors opened																
Renovations to space																
Security upgrades																
Staffing & Interns																
Lead Case Manager Hired																
UConn Urban Studies intern																
Resettlement Staff relocated																
Career Pathways Staff relocated																
SAMHSA Case Manager hired																
RWC Operations-Essential Services																
Walk Ins																
DOC Drop Off																
Case Management Referrals																
DSS SOAR specialist onsite (weekly)																
Estab. a point person for Probation																
Onsite Workshops																
Offsite Participant Activities																
Collective Impact Communications																
Advisory Team Meetings																
Community Partnership Meetings																
MOUs																
Peer Support Groups																
Men's Group (weekly)																
Women's Group (weekly)																
Shared Measurement																
Intake Tools																
Internal Data System Development																
IT Subcontractor hired																
Updated Data System Go Live																
Staff Training on Data System																
Sustainability																
HFPG Innovation Grant (3 years)																
Resettlement Funding (Annual State)																
City of Hartford CDBG Grant																
Career Pathways																
SAMHSA Grant (5 years)																

