

Greater Waterbury Reentry Welcome Center Plan: Findings and Recommendations for Increasing Public Safety and Reducing Recidivism

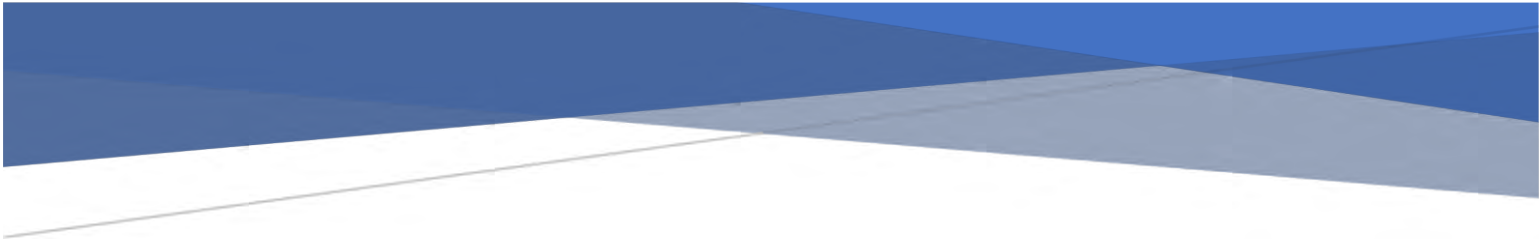
FULL REPORT

*Prepared by Diamond Research Consulting
for Community Partners in Action and the Greater Waterbury Reentry Council*

February 10, 2021



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Abstract: The Greater Waterbury Reentry Council is a collaboration of federal, state, and local organizations and individuals, who have come together to help facilitate the transition of returning citizens and those involved in Connecticut’s criminal justice system, by providing support, resources, information, and advocacy to help remove barriers impeding their ability to sustain productive and purposeful lives.

This report presents the council members’ and community stakeholders’ recommendations for establishing a Greater Waterbury Reentry Welcome Center to serve the needs of people returning home from incarceration and their families. Applying practice-based knowledge of reentry specialists with knowledge from people who have lived experience of incarceration and best practices research, this Center aims to increase public safety and public health and reduce recidivism among residents of Greater Waterbury. The aim is to open this Center by Summer 2021.

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Greater Waterbury Reentry Council Membership Organizations

- | | |
|--|--|
| Acts 4 Ministry, Inc. | John J. Driscoll United Labor Agency |
| Advocacy Unlimited | Manufacturing Alliance Service Corps |
| American Civil Liberties Union | Maturity Works |
| Career Resources Inc. | McCall Center for Behavioral Health |
| Center for Human Development | Mental Health Connecticut |
| Central Naugatuck Valley Help, Inc. | Motherhood Involvement Network |
| City of Hartford | Naugatuck Valley Community College |
| City of Waterbury | Naugatuck Valley Health, Inc. |
| Community Health Network of Connecticut | Northwest Regional Workforce Investment Board |
| Community Partners in Action | New Opportunity, Inc. |
| Community Solutions, Inc. | One Standard of Justice |
| Connecticut Community Foundation | Opioid Task Force, City of Waterbury |
| Connecticut Board of Parole | Pope Francis Center for Renewal |
| Connecticut Coalition to End Homelessness | P.R.I.D.E. |
| Connecticut Coalition to End Sexual Violence | RIBA Aspira Career Academy |
| Connecticut Counseling Centers Inc. | Safe Haven of Greater Waterbury |
| Connecticut Department of Correction | Saint Vincent DePaul |
| Connecticut Department of Pardons and Parole | Salvation Army |
| Connecticut Judicial Branch | SCRIP–Second Chance Reentry Initiative Program |
| Connecticut Judicial Branch, Court Support Services Div. | The Connection, Inc. |
| Connecticut Legal Services | The Defender Services Office |
| Connecticut Property Owners Alliance | Tow Foundation |
| Connecticut Renaissance Inc. | University of Saint Joseph's |
| Destroying the Chains | Waterbury Hospital |
| Diamond Research Consulting LLC | Waterbury Police Department |
| Favor, Inc. | Waterbury Prosecutor's Office |
| Fordham University | Waterbury Public Schools |
| Goodwill of Western & Northern Connecticut | Wellmore Behavioral Health |
| Hangtime | Workforce Alliance |
| Immaculate Conception | Workplace Inc. |

Special thanks to the returning citizens who participated in the focus groups, and to the Connecticut Community Foundation, The Tow Foundation, and Ion Bank for making this report possible.

Diamond Research Consulting LLC is responsible for the content of this report.

The viewpoints expressed in this report do not necessarily represent the official position or policies of the agencies represented in this report or those of the funders.

Executive Summary

Beginning in January 2020, Community Partners in Action, in collaboration with members of the Greater Waterbury Reentry Council, received funding from the Connecticut Community Foundation, the Tow Foundation and Ion Bank to prepare a plan for a Greater Waterbury Reentry Welcome Center (GW-RWC) for the City of Waterbury. The primary goal of this planning process was to gather data pertaining to the reentry population in Greater Waterbury and to receive input into the RWC plan from individuals who represent the people who will receive services, as well as from key stakeholders who are reentry provider partners and community leaders in the region.

The long-term goal of the Greater Waterbury Reentry Welcome Center is to improve public safety and reduce recidivism in the region by establishing a better-coordinated and more efficient process of linking people who are newly released from prison and jail with the essential resources and services they need for successful reintegration. The RWC draws over 30 community partners and stakeholders together to create a centralized hub for providing information and referrals to services for anyone who walks through the door, and strengthens continuity of care for people who are released at the end of their sentence. By applying best practices in collective impact, the RWC will contribute to strengthening the reentry–ecosystem for the people living in the Greater Waterbury region and for the state of Connecticut as a whole.

The Center aims to ensure that people reentering into our communities have their basic needs met in a timely, efficient and effective manner. Case managers at the Center will link people who are released at the end of their sentences to behavioral health, job readiness, family reunification, peer mentoring and other vital services. Ensuring better continuity of care upon release could lead to longer-term cost-savings for the citizens of Waterbury and also reduced incarceration costs for the State of Connecticut. Researchers Roman and Chalfin⁵ have documented that jail reentry programs only have to decrease recidivism rates by two percentage points to save taxpayers money. With the unfolding COVID-19 pandemic, it is all the more urgent to ensure that vulnerable people transitioning from jail and prison are provided with the assistance and resources they need to remain safe and to prevent further spread of the virus and premature loss of life.

Why a Reentry Welcome Center is needed in Waterbury

The Greater Waterbury region encompasses the City of Waterbury with a population of 107,725 and eleven other surrounding cities and towns, with a total population of 281,999. As of October 1, 2020, the Connecticut Department of Correction confined sentenced population was 6,532. Of this total, 798 had a home or mailing address in Greater Waterbury upon intake to CTDOC, constituting 12.2% of the total sentenced population in the state. As a densely populated metropolitan city, Waterbury is home to a disproportionate percentage of people reentering from incarceration when compared with the rest of the region. The City of Waterbury is home to 38.2% of the region’s population, yet 84% of the people who were incarcerated from Greater Waterbury (n=674) reported having resided in the City of Waterbury upon intake into a CTDOC facility.

In the past five and half years alone, from 2015 to the first six months of 2020, over 5,313 people were released from prison or jail who were from Greater Waterbury, constituting 3.85% of Waterbury’s total population. In 2019⁴, there were 771 releases from a Connecticut prison or jail of people who listed Waterbury as their place of residence, as compared with 193 for all other towns in Greater Waterbury. Using 2019 population estimates, this equates to over 7.2 reentering residents per thousand population, which is about 6.5 times the number of people reentering (1.1 per 1,000) who

⁴ Since the data analysis for this report took place prior to the end of 2020, the annual data reported is from 2019.

resided in Greater Waterbury at the time of their intake. The City of Waterbury is home to 216 state Department of Correction halfway house beds. This number represents the most halfway house beds of any municipality in the State of Connecticut.

Recidivism rates are high in Connecticut indicating that more could be done to support people's successful reintegration post-incarceration. According to Connecticut's Criminal Justice Policy and Planning Division's (CJPPD) latest recidivism report, of the 10,390 sentenced people who were released or discharged from CT prison facilities in 2017, 32% (n=3,324) were returned to prison after only one year. According to a recent analysis of CTDOC data, the one-year recidivism rate due to a new conviction among Waterbury residents was 17.8% for releases in 2017 as compared with a statewide rate of 16.8%.

One means of stemming the tide of people reentering from prison--as well as of reducing crime rates and improving public health in the Greater Waterbury region--is to implement a comprehensive reentry initiative modeled after the Greater Hartford Reentry Welcome Center and endorsed by the Greater Waterbury Reentry Council. Establishing a centralized hub for reentry will enable the Connecticut Department of Correction, Connecticut Judicial Branch, community service providers, faith and business leaders, and philanthropy to join forces to ensure that the immediate needs of people returning from incarceration to Waterbury are met in a systematic, well-coordinated and timely fashion, so as to improve their likelihood of successful reintegration. The less trauma people experience upon release and the safer and healthier their living environment, the less likely they are to return to using drugs, have a mental health crisis, or participate in the underground economy, and the fewer people who will cycle in and out of jail and prison.

Investing in a data-informed comprehensive reentry initiative makes good fiscal sense. The Council of State Governments (CSG) Justice Center reports that in 2005 when the Connecticut State Legislature applied data-informed decision making to criminal justice policy reform and reinvested thirteen million dollars into reentry, the recidivism rate in Connecticut lowered by two percentage points between 2004 and 2008, which led to cost savings for tax payers and further reductions in the prison population. As this report aims to demonstrate, efforts to 1) smooth the transition process from within to without of prison and provide for immediate basic needs upon release, 2) employ case managers to facilitate the continuity of care and to provide ongoing support, and 3) build upon the existing assets, strengths and natural supports in local communities in an equitable and inclusive manner--- are all essential steps toward giving people a genuine second chance to rebuild their lives and thereby break the cycle of distress and desperation that leads to high rates of recidivism.

Implementation Plan Overview

This Greater Waterbury Reentry Welcome Center implementation plan outlined below is for the first three years of operations, and includes the launch of the Center and steps needed to become fully operational. It includes strategies for how the Center will integrate and magnify existing efforts to provide for the needs of Greater Waterbury residents who are returning from incarceration and provide support also for their families. The basic plan, as stated in the introduction is to establish a central location where anyone from the region can visit or call to learn about the reentry resources and services that are locally available. The Center will provide a basic level of service for anyone who is formerly incarcerated or seeking information about reentry services in the region. Another primary goal of the Greater Waterbury RWC will be to facilitate a smooth transition directly from prison or jail back to the community, especially for people who are released at the end of their sentences without probation, who would otherwise have to navigate services on their own. A longer-term goal will be to create a "one-stop shop" for returning citizens to access the services they need. A related goal will be to identify a local health care provider who can establish a Transitions Clinic to link participants of the RWC to a

community health worker and a network of compassionate health care providers who understand the health and wellness needs of people returning from incarceration.

Lead Agencies: The Greater Waterbury Reentry Welcome Center will be launched with the support of three leading agencies: Community Partners in Action (CPA), Career Resources Inc (CRI), and Waterbury Opportunities Industrialization Center (WOIC). Each of these organizations will play a key role in providing in-kind resources, and in making decisions for the operation of the Center and in ensuring its smooth functioning, as well as in supporting the build-out of a centralized referral hub through partnerships with the over thirty other providers.

Location: The Center will be located at The Waterbury Opportunities Industrialization Center (WOIC), an independent 501(c) (3) non-profit organization, headquartered at the Joseph Jaynes Center, 77-79 Bishop Street. The WOIC Joseph Jaynes Center was selected because it is a place that is accessible and welcoming for people who are most in need of its services. The WOIC already houses several reentry and community programs that can benefit the reentry population, and has room for expansion as the program grows. The Center is accessible to people with disabilities, non-English speakers (particularly Spanish) and people with low-literacy and has a computer lab among other amenities.

Case Management Priority: The Greater Waterbury Reentry Welcome Center aims to establish a priority for providing case management services to individuals who are released at the end of their sentence and who are not under probation supervision because of their high level of needs and risk of recidivism. Criteria for the RWC Program will be:

- 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.

Over time and with additional funds, the Center aims to expand these case management services to family members of people who are incarcerated and to other high-risk, high-need groups of people who have felony convictions and need assistance and support.

Core Values: An overarching goal is to infuse Diversity, Equity and Inclusion principles and best-practices into every area of planning, management and operations of the Greater Waterbury Reentry Welcome Center. Equity will be defined as, “the consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latinx and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”⁵

⁵ https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/?fbclid=IwAR1g5uUjNjCiASCAWkqh25sBs_chg3q4aVzWZFkpLv_noKLEM02IkzMUAw

Goals of the Greater Waterbury Reentry Welcome Center

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

- The Center will be located at The Waterbury Opportunities Industrialization Center at the Joseph Jaynes Center, 77-79 Bishop Street.

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

AIM II: Provide tangible, immediate benefits to returning residents who come to the Center, such as access to a free telephone, job listings, information on housing resources, 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 Waterbury.

AIM I: Establish a recruitment and referral process with DOC counselors to identify and inform people who are being released to Waterbury of the services available at the Greater Waterbury RWC.

AIM II: Establish a drop-off arrangement with DOC for individuals who are released from prison or jail at the end of their sentence, who want to make use of the services available at the Center on the day of their release.

AIM III: Provide resources for the immediate basic needs for people who are dropped off at the Center and who meet the eligibility criteria for the RWC Program (e.g. clothing, meal, documentation, backpacks with hygiene products).

GOAL III: Provide basic case management services to 75 individuals annually who were released at the end of their sentence within the past ninety days and are from Greater Waterbury.

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

AIM II: Establish an “In Reach” navigation process for inmates who are soon-to-be released at the end of their sentence at one or more facilities.

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

AIM IV: Provide referrals and connections with entities such as housing, substance abuse/mental health services, employment, transportation, basic needs, etc. that meet the identified needs.

AIM V: Assist the City in crisis response for individuals who are released from incarceration at the end of sentence with high medical needs and/or co-occurring behavioral and mental health disorders to address their needs, and connect them to health care and other services so as to prevent unnecessary ER visits and hospitalizations.

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

AIM I: Co-locate a Virtual Job Training Hub at the Center and other related employment services to help people with felony convictions become gainfully employed.

AIM II: Establish the RWC Collaborative through partnership agreements with other key referral agencies that provide essential services in the areas of housing, employment, etc.

AIM III: Identify other service providers and community-based organizations willing to co-locate services or host workshops and trainings at the WOIC.

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

AIM I: Utilize CPA’s case management platform for tracking referrals and assessing outcomes.

AIM II: Establish RWC Collaborative business associate/data sharing agreements to lay the groundwork for data exchange among key referral partners for case management and for continuous quality improvement (see also Goal V: AIM III below).

AIM III: Establish an online Data Hub to enhance the ability to efficiently track referral outcomes with partner agencies and share assessment data and other results.

AIM IV: Establish Race Equity Goals and Benchmarks for Diversity, Equity and Inclusion (DEI)

Goal VI: Strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Waterbury.

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

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

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Greater Waterbury Reentry Welcome Center: Research Findings and Recommendations for Increasing Public Safety and Reducing Recidivism

“By hosting a community site where people can get connected to needed services in their community. To help individuals and their families transition to being home from incarceration. To offer a way out of the trap that is the criminal injustice system by offering a place that is welcoming and free of judgement.”

(GWREC partner survey respondent)

I. Introduction

Beginning in January 2020, Community Partners in Action, in collaboration with members of the Greater Waterbury Reentry Council, received funding from the Connecticut Community Foundation, the Tow Foundation and Ion Bank to prepare a data-informed proposal and implementation plan for a Reentry Welcome Center (RWC) for the City of Waterbury. The primary goal of this Center is to improve public safety and reduce recidivism by establishing a better-coordinated and more efficient process for linking people who are released from prison and jail with the essential resources and services they need for successful community reintegration. Community reintegration refers to “the process of transitioning from a state in which an individual was not a functioning member of society into a state where the individual controls and directs their own life.”⁶ This includes the ability to have gainful employment, a safe and stable place to live, positive relationships with family and peers, as well as being able to participate in the civic life of their community through voting.

The GW-RWC involves over 30 community partners and stakeholders collaborating to create a centralized hub for Greater Waterbury residents to receive reentry services. The plan is to open the Center by July 2021. The Center will offer case management services for people released from prison or jail to the community at their end of sentences, and will also assess the needs and outcomes of people who have been referred to the Center. By applying best practices in collective impact, the RWC will contribute to strengthen the reentry eco-system for the people living in the Greater Waterbury region and for the state of Connecticut as a whole.

As the data from this report will show, incarceration affects many of Waterbury’s most disenfranchised residents, who collectively have the highest risk of joblessness, homelessness, evictions, hospitalizations, and overdose deaths, in addition to bearing the highest risk of becoming repeat victims or perpetrators of crime. Since most of the people who are incarcerated from the Greater Waterbury region will be returning to the city of Waterbury, establishing a reentry hub in a central location within the city is a logical strategy to improve public safety, increase economic opportunity and reduce health disparities in the region.

The purpose of the RWC will be to ensure that people reentering our communities have their basic needs met in a timely, efficient and effective manner. Services will link them to behavioral health, job readiness, family reunification, and peer mentoring programs, in addition to other vital services that could lead to longer-term cost-savings for the citizens of Waterbury and also reduced incarceration costs for the State of Connecticut. Researchers Roman and Chalfin⁵ have documented that jail reentry programs only have to decrease recidivism rates by two percentage points to save taxpayers

⁶ Definition retrieved from <https://www.yourdictionary.com/community-reintegration>.

money. With the unfolding COVID-19 pandemic, it is all the more urgent to ensure that vulnerable people transitioning from jail and prison are provided with the assistance and resources they need to remain safe and to prevent further spread of the virus and premature loss of life.

Research Aims

The quantitative and qualitative research for this report aims to address the following questions:

1. What are the demographics of the population who are incarcerated and returning to the Greater Waterbury region? And more specifically:
 - a. What is their predicted risk of recidivism?
 - b. What are the needs of the released population?
 - c. What was their economic, financial, educational, substance abuse, housing, employment, familial status prior to incarceration?
2. What are the established resources currently available to returning citizens in Greater Waterbury and what are the gaps in resources?
3. What are recommended best practices for implementing a Reentry Welcome Center in Greater Waterbury to assist returning citizens in successful community reintegration and reduce recidivism?
4. What additional data is needed to better serve people returning from incarceration in the future?

Municipal and Community Involvement in the Planning Process

Two weeks ago yesterday, I along with former State Representative Reginald Beamon had the opportunity to tour the City of Hartford's Re-Entry Center, and see firsthand the life changing services that are offered at their facility. For those that are unfamiliar with the Hartford Re-Entry Center, it was opened in September 2018 by Community Partners in Action, Mayor Luke Bronin's Office and over forty community partners...My recent tour reaffirmed in my mind the pressing need for a Re-Entry Center in Waterbury to provide services that reduce the risk of recidivism for residents who have been released from prison at the end of their sentence.

Mayor Neil M. O'Leary, The City of Waterbury

The Mayor's Office and the Greater Waterbury Reentry Council (GWREC) have been steady partners in the planning process since its inception, contributing their expertise regarding the needs and gaps in services for people returning home to the Greater Waterbury region and providing recommendations for establishing a Reentry Welcome Center. Council members include a broad array of Waterbury service providers with a wide range of expertise in the areas of reentry, including: shelter and housing, family reunification, behavioral health, physical health and wellbeing, counseling, workforce readiness and employment. Several council members also have had lived experience of incarceration. The lead researcher and research assistant participated in the monthly Greater Waterbury Reentry Council meetings, and provided council members with regular updates on the research process with opportunities provided for questions and input.

In the second month of the planning process, the COVID-19 pandemic upended the world and forced many service agencies to pivot rapidly to implement state mandates and U.S. Center for Disease Control guidelines to protect the safety and wellness of their staff and clients. Some programs were

temporarily suspended, while others moved to remote service delivery via telehealth/online platforms. Thirty or more council members continued to meet each month to share information and resources to serve people returning home from incarceration, and contribute to the planning process for the Reentry Welcome Center. Mayor Neil O'Leary and his aide Monroe Webster also continued to demonstrate a strong commitment to this project. Monroe Webster participated in the advisory team and council meetings, and assisted with gathering data on the MASC job training program for the report. Mayor O'Leary took part in several meetings with members of the core planning team and funders to review and request additional data regarding the reentry gaps and needs. Mayor O'Leary and Reginald Beamon—executive director of the Waterbury Opportunity Industrialization Center and former Waterbury State Representative—also visited the Greater Hartford Reentry Welcome Center in January 27, 2021 and met with the staff and with Mayor Bronin to gain a first-hand understanding of how the RWC model functions in practice. The data presented in this report along with the visit to the RWC in Hartford have affirmed the City of Waterbury's commitment to opening a Reentry Welcome Center in Waterbury.

Research Methods

At the start of the project in January 7th, 2020 a SWOT (strength, weaknesses, opportunities and threats) analysis was performed with about 40 members of the Council to identify the strengths and weaknesses in the reentry ecosystem for the region. A survey was sent to all GWREC Council members via email in mid-April 2020, which was completed by 19 community providers and several local funders. In-depth interviews were conducted with twelve reentry stakeholders identified by members of the council. Input from prospective beneficiaries of the services of the Greater Waterbury Reentry Welcome Center were gathered via four focus groups and several interviews, conducted through video conferencing, involving 33 participants. Also, a detailed survey was administered on paper with 29 returning residents based at several halfway houses, a transitional house and a local shelter. The planning process also drew upon lessons learned from the first two years of implementation of the Greater Hartford Reentry Welcome Center (RWC), which is administered by CPA in partnership with the City of Hartford, Connecticut Department of Correction, the Judicial Branch Court Support Services Division, and over thirty community partners.

II. Why Does Waterbury Need a Reentry Welcome Center?

Concentration of people incarcerated who are from the Urban Core

The establishment of comprehensive reentry initiatives involving government and community providers is recognized as a priority by leaders in municipal and state government in Connecticut and nationally. A majority of people who are incarcerated in Connecticut will end up returning to one of its most-densely populated metropolitan centers, also referred to as ‘urban cores.’ Combined, the cities of Waterbury, Bridgeport, New Haven, Hartford, New London, and New Britain represent 17% of Connecticut’s population, but are home to an estimated 51% of the people who are released each year from state prison or jail.³ In part because of their sheer population size, these cities are home to a high number of people who are formerly incarcerated. The large number of homeless shelters, sober homes, halfway houses, and clinics in the urban cores draw people in need of public assistance from surrounding towns into the area. People who are released from incarceration often end up residing in the most distressed neighborhoods⁷, designated as “opportunity zones⁸” or “underserved communities.”⁹

Prison Population and Recidivism Rates in Connecticut

Over the past thirteen years Connecticut has steadily reduced its prison population from its peak of 19,894 in February 2, 2008 to its current size of 9,994 as of January 1, 2021. Of this total, 5,821 (58.2%) were sentenced and 3,273 (32.8%) were awaiting trial. Much of this reduction in the incarcerated population was driven by the work of community organizers, advocates, state government and legislators who spearheaded policy reforms,¹⁰ beginning with prison overcrowding bills and alternatives to incarceration in the early 90s, followed by juvenile justice and drug policy reforms in the ensuing years¹¹. During this same period crime rates have dropped precipitously. While Connecticut’s prison population has been steadily declining at about three percent each year, the rate of people incarcerated till remains over double what it was prior to the prison boom that began in the late 1970s. Based on U.S. Census population estimates and the Connecticut Department of Correction (CTDOC) facility data, the rate of people incarcerated in Connecticut per 100,000 population was 104 in 1976 and 281 as of January 1, 2021.

Recidivism rates are still high in Connecticut as well, indicating that more could be done to support people’s successful reintegration post-incarceration. According to Connecticut’s Criminal Justice Policy

⁷ Connecticut Department of Economic and Community Development. Distressed Communities. Retrieved from https://portal.ct.gov/DECD/Content/About_DECD/Research-and-Publications/02_Review_Publications/Distressed-Municipalities

⁸ Opportunity zones were created under the Tax Cuts and Jobs Act of 2017 ([Public Law No. 115-97](#)).

⁹ Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government. Accessed at: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/?fbclid=IwAR0DpRAAq_5Do-ojvnJc__R6dC-jNUwZreD0pSfKrw7nAypZRAO4Zpy20_E

¹⁰Katal Center for Health, Equity and Justice, (2019) Connecticut Criminal Justice Reform Field Scan. https://d3n8a8pro7vhmx.cloudfront.net/katal/pages/2018/attachments/original/1564520709/Connecticut_Criminal_Justice_Reform_Field_Scan_FINAL_-.pdf?1564520709

¹¹ State of Connecticut Judicial Branch, Court Support Services Division (2013). The Connecticut Criminal Justice System: A Historical Perspective and Future Directions. Retrieved from <https://portal.ct.gov/-/media/OPM/CJPPD/CjCjpac/CJPAC-Presentations-Folder/before-2017-presentations-folder/20131212CJPACSSDUupdatepdf.pdf>

and Planning Division’s (CJPPD) latest recidivism report, of the 10,390 sentenced people who were released or discharged from Connecticut prison and jail facilities in 2017, 32% (n=3,324) were returned to a facility after only one year. This rate was unchanged from 2015. Prior reports found a statewide three-year recidivism rate for a new conviction of 45% among people released from CTDOC in 2014. Many of these numbers are attributed to people cycling in and out of jail on short bids and to remands due to technical violations. The average female offender in the cohort had served 4 prison sentences at the time of their 2014 release. Men in the cohort averaged 6 prior prison sentences. According to a recent analysis of CTDOC data, the one-year recidivism rate due to a new conviction among Waterbury residents was 17.8% for individuals who were released in 2017 as compared with a statewide rate of 16.8%.

Relationship between Incarceration and Homelessness

Returning citizens constitute a large proportion of the homelessness population in Greater Waterbury and elsewhere across the state. Depending upon the type of crime, former felons can experience federal barriers in accessing public benefits such as public housing, making it even harder for them to find a stable place to live and to subsist. A recent study by Connecticut’s Office of Policy Management and the Connecticut Coalition to End Homelessness found that formerly incarcerated people represented approximately one-fifth of all people who used the state’s public shelter system since 2016, equating to 3,500 individuals. Nearly two-thirds of those who had served time in the corrections system had experienced homelessness prior to their most recent incarceration, while one-third became homeless *after* their release. These numbers do not include people released from incarceration who are unsheltered. The findings demonstrate that assisting people with their housing needs upon release from incarceration could reduce overall rates of sheltered homelessness in Waterbury by about 7% and likely would also reduce the level of vagrancy associated with people living on the streets. Living unsheltered puts people at greater risk of ending up in the emergency room, especially during the winter months, or may lead them to commit new crimes as a desperate means of survival. This point was made repeatedly by both returning citizens and people who worked with assisting people with reentry in Greater Waterbury, as is documented in this report. One reentry specialist estimated that as many as 10% of people who are released decide to go back to prison intentionally so as to have a place to live and food to eat, summed up in the colloquialism “three hots and cot” (referring to three hot meals and a cot to sleep on in prison).

Relationship between Incarceration and Public Health

The intersection of addiction, mental health, and criminal justice-involvement in the United States is well established in the research literature^{12,13}. As psychiatrist Lamberti states, “Mental health – criminal justice collaboration is widely recognized as essential in managing justice-involved individuals with serious mental illness in community settings¹⁴.” A sizeable proportion of the people who comprise Connecticut’s prison population have substance use and/or mental health disorders. An analysis by the Connecticut Sentencing Commission of the CT data classification system used to determine mental health placement

¹² Trestman, R. L., & Aseltine Jr, R. H. (2014). Justice-involved health information: Policy and practice advances in Connecticut. *Perspectives in health information management*, 11(Winter).

¹³ Mallik-Kane, K., & Visser, C. A. (2008). *Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration* (p. 82). Washington, DC: Urban Institute Justice Policy Center. Retrieved from https://www.urban.org/research/publication/health-and-prisoner-reentry/view/full_report.

¹⁴ Lamberti, J. S. (2016). Preventing criminal recidivism through mental health and criminal justice collaboration. *Psychiatric Services*, 67(11), 1206-1212.

within CTDOC revealed that on May 22, 2020, as many as 28.5% of people who were incarcerated had an active mental health disorder requiring treatment. Another 40.4% of incarcerated individuals were classified as having a prior history of a mental health disorder, but not currently requiring treatment. Only 31.2% were classified as having no history of a mental health disorder¹⁵.

Along with the high risk of recidivism, returning citizens also face an increased risk of ending up in the emergency room and of dying from preventable causes. Former prisoners between the ages of 20 and 29 in Connecticut had 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 homicide¹⁶. In 2018, people living in Greater Waterbury experienced 39 overdose deaths that took place within the region, and 43 overdose deaths elsewhere in the state for a total of 82 overdose deaths. The mean age of those who died was in their early 40s, and about 90% were identified as non-Hispanic Whites¹⁷. In 2019, there were 109 drug overdose deaths in Waterbury, an increase of nearly 25% from the prior year. This increase has been attributed to consequences of the COVID-19 pandemic such as social isolation, loss of employment and lack of food and other necessities among a growing number of people.¹⁸

As the prison population in Connecticut has lowered, the average age has increased, meaning more people are released with health needs requiring medical attention or reinstatement of disability benefits. Older people released from prison are at heightened risk of mortality due to chronic health conditions¹⁹ and COVID-19. Analysis of national data U.S. Department of Veterans Affairs and Medicare healthcare systems, 2012–2014 found that veterans transitioning from prison to the community in later life are at high risk for suicide attempt and death by drug overdose or other accidental injury²⁰. Scientists at the University of Connecticut Health Disparities Institute have also found a strong association between functional disability, depression and suicidal ideation among people who were fifty years and older who were incarcerated within CTDOC in recent years²¹. In discussing these findings, they stated “Considering the association between functional disability, depression and suicidal ideation found in the present study, those with functional disability may be at especially high risk of suicidal behavior upon release.” Thus, linkages to mental health care and social support upon release for older prisoners with disabilities are vital to preventing premature death, and the associated trauma this inflicts on others in the community.

15 Chase, M., Tsarkov, A. & Auger, F.V. (2020) Memorandum on Mental Health Care Need Classifications in Connecticut’s Incarcerated Population. Connecticut Sentencing Commission. Retrieved from <http://ctsentencingcommission.org/wp-content/uploads/2020/09/Mental-Health-Memo1.pdf>.

16 Kuzyk, K. Baudoin, K. Bobula, Office of Policy and Management, Mortality Among Ex-Prisoners, Criminal Justice Policy and Planning Division (March 2018). Retrieved from https://www.ct.gov/opm/lib/opm/cjppd/cjresearch/mainnav/prisoner_mortality_final_03232018.pdf

17 Connecticut Violent Death Reporting System.

18 Fawzet, E. Connecticut projected to exceed last year’s number of fatal overdoses (Dec 18, 2020) Hartford Courant. Retrieved from <https://www.courant.com/news/connecticut/hc-news-overdose-deaths-pandemic-20201218-iciezz7t5nemhksxzqld6tzwfu-story.html>

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

20 Barry, L. C., Steffens, D. C., Covinsky, K. E., Conwell, Y., Li, Y., & Byers, A. L. (2018). Increased risk of suicide attempts and unintended death among those transitioning from prison to community in later life. *The American Journal of Geriatric Psychiatry*, 26(11), 1165-1174.

21 Barry, L. C., Coman, E., Wakefield, D., Trestman, R. L., Conwell, Y., & Steffens, D. C. (2020). Functional disability, depression, and suicidal ideation in older prisoners. *Journal of affective disorders*, 266, 366-373.

Establishing Reentry Centers

One means of stemming the tide of people reentering from prison--as well as of reducing crime rates and improving public health in the Greater Waterbury region--is to implement a comprehensive reentry initiative²² modeled after the Greater Hartford Reentry Welcome Center²³ and endorsed by the Greater Waterbury Reentry Council. Establishing a centralized hub for reentry will enable the Connecticut Department of Correction, The Connecticut Judicial Branch, community service providers, faith and business leaders, and philanthropy to join forces to ensure that the immediate needs of people returning from incarceration to Waterbury are met in a systematic, well-coordinated and timely fashion, so as to improve their likelihood of successful reintegration. The less trauma people experience upon release and the safer and healthier their living environment, the less likely they are to return to using drugs, have a mental health crisis, or participate in the underground economy, and the fewer people who will cycle in and out of jail and prison.

Investing in a data-informed comprehensive reentry initiative makes good fiscal sense. The Council of State Governments (CSG) Justice Center reports that in 2005 when the Connecticut state legislature applied data-informed decision making to criminal justice policy reform and reinvested thirteen million dollars into reentry, the recidivism rate in Connecticut lowered by two percentage points between 2004 and 2008, which led to cost savings and further reductions in the prison population. As people exit incarceration, there are various evidence-based interventions that can be implemented that are proven to enhance public safety and reduce risk of recidivism, that can be tailored based on individual needs. However, as criminal justice experts from the John Jay College and University of New Haven have observed, “even with all of these new best practices and evidence-based advances in community corrections, there is a recognition that long-term successful reintegration will only take place when there is a coordinated and collaborative effort by all stakeholders working with justice-involved individuals in the community.” As this report aims to demonstrate, efforts to 1) smooth the transition process from within to without of prison and provide for immediate basic needs, 2) employ case managers to facilitate the continuity of care directly upon release, and 3) build upon the existing assets, strengths and natural supports in our communities in an equitable and inclusive manner--- are all essential steps toward giving people a genuine second chance to rebuild their lives and thereby break the cycle of distress and desperation that leads to high rates of recidivism.

Note about Definitions

This report provides data on people currently incarcerated from the Greater Waterbury region and those who were released from Connecticut Department of Correction in 2019 and the first half of 2020. The Greater Waterbury region, as defined in this analysis, encompasses the City of Waterbury with a population of 107,725 and 11 additional towns, with a total population of approximately 281,999. The second largest town in the region is Naugatuck, with a population of 31,156. Waterbury is the most densely populated city with a density of 3,776 people per square mile, as compared with Naugatuck, which has a population density of 1,912 people per square mile.

²² Mellow, J., & Barnes-Ceeney, K. (2017). Key factors to promote successful comprehensive reentry initiatives. *Fed. Probation*, 81, 22.

²³ <https://www.ctphilanthropy.org/sites/default/files/files/news/Greater-Hartford-Reentry-Center-Plan-Executive-Summary.pdf>.

The list of other towns in Greater Waterbury utilized in this analysis and their estimated population size for 2020 are as follows:

Beacon Falls (6,115)	Middlebury (7,796)	Prospect (9,702)	Wolcott (16,615)
Bethany (5,548)	Naugatuck (31,108)	Southbury (19,754)	Woodbury (9,617)
Bethlehem (3,458)	Oxford (13,086)	Thomaston (7,535)	
Cheshire (28,937)	Plymouth (11,518)	Watertown (3,485)	

CTDOC Supervision Classifications

Aggregate descriptive data from the Connecticut Offender Based Information System regarding the number of people released from CTDOC prison or jail facilities from 2019 to the first six months of 2020 is reported in this report, broken out by the different types of community supervision (also referred to as release types or release mechanisms). For individuals unfamiliar with the terminology, definitions are provided in Appendix A.

III. What the Numbers Tell Us for Greater Waterbury

Prison and Jail Demographics

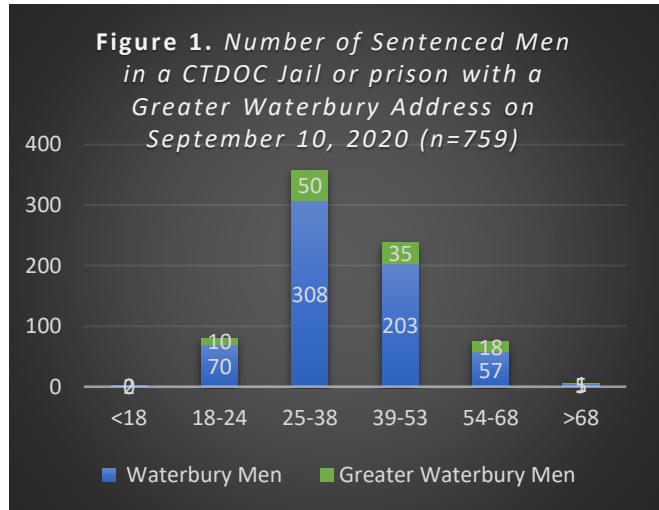
The Connecticut Department of Correction provides a daily count of inmates in the prison and jail system, including pre-trial and sentenced individuals. When people are admitted into a prison or jail facility their place of residence is documented in the Offender-Based Information System.

The daily count of the number of sentenced men in a CTDOC facility on September 10, 2020 who listed Greater Waterbury as their home or mailing address are provided in the table below. We find that over 95% of the sentenced inmates from Greater Waterbury are male (n=759), and of these, almost 85.0% (n=645) listed an address in Waterbury. A small percentage, (n=50, 6.3%) were from Naugatuck and other towns, including Thomaston (1.4%, n=11), Wolcott (1.4%, n=11), Watertown (1.6%, n=13), Prospect (1.0%, n=8), and Southbury (1.0%, n=8). Not including Waterbury, all the other towns in Greater Waterbury had 15.0% of the sentenced male prison population and 25.6% of the sentenced female prison population. People who may have grown up in other towns of Connecticut, but who are dependent on public assistance for their housing likely contribute to these higher rates of incarceration for Waterbury residents.

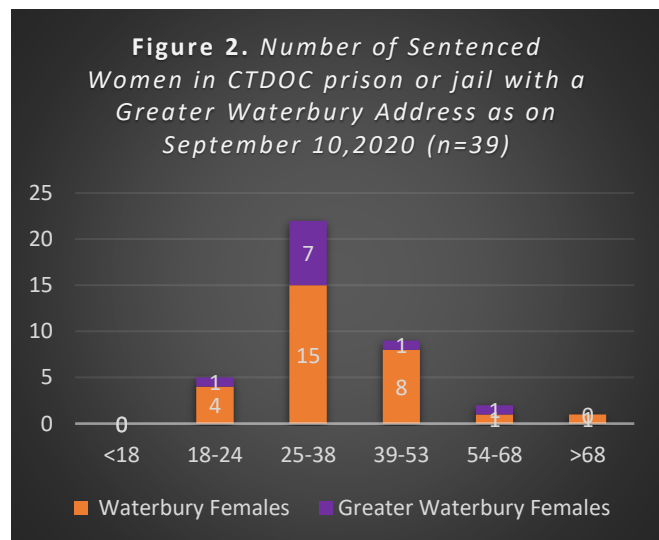
Table 1: Number of People from Greater Waterbury Incarcerated on the day of September 10, 2020			
City or Town	Men	Women	Total
Beacon Falls	2		2
Bethany	1		1
Bethlehem	1		1
Cheshire	7		7
Middlebury	1		1
Naugatuck	45	5	50
Oxford	3		3
Plymouth	2		2
Prospect	8		8
Southbury	8	1	8
Thomaston	11	1	11
Waterbury	645	29	674
Watertown	10	3	13
Wolcott	11		11
Woodbury	4		4
Total	759	39	798

Ages and Gender of Greater Waterbury Residents who are Currently Incarcerated

When examining the ages of the 759 incarcerated men with an address in Greater Waterbury-including Waterbury, we find that a majority were between the ages of 25 and 53 (78.5%, n=596). A smaller percentage were between ages 18 and 24 (10.5%, n=80), or ages 54 and 68 (11.6%, n=75). Very few were under age 18 (0.3%, n=2) or over age 68 (.79%, n=6). This data does not indicate how many of these men are soon to be released. However, we can extrapolate from this data that if these age trends continue, over 90% of the men who will be returning from incarceration to Greater Waterbury in the future are likely to be over age 25 and over one third of them are likely to be age 39 and over. This data is consistent with OPM statewide data showing a 21% reduction in the number of people released who are age 25 and under between 2015 and 2017, and an overall aging of the prison population.



The number of sentenced women from Greater Waterbury who were incarcerated on September 10, 2020 is a small fraction of the number of incarcerated men, with a total of only 39 women. Most of these women are also in the age range of 25 to 53 (n=31, 79.5%), with only a small number under age 24 or over age 68.



Annual Sentenced Waterbury Releases from a CTDOC Prison or Jail

The annual sentenced releases from the CTDOC of people *who reported that their place of residence was Waterbury* at the time of intake are provided in Table 2 below for the years 2015 to the first six months of 2020, broken out by supervision status/release types. It is important to note that these numbers refer to the times a person was released from a prison or jail facility, not necessarily unique individuals. Although rare (about 10%), the same individual may have more than one sentenced release in the course of a single year of release data. This is most likely to occur for those who are remanded due to a technical violation and then released EOS.

Over the past five and a half years, the *highest* annual number of sentenced releases of Waterbury residents occurred in 2016 with a total of 809, and the *lowest* annual number of releases occurred in 2019 with a total of 771. In the first six months of 2020, there were 415 releases—likely due to an increased number of discretionary releases to prevent the spread of COVID within the prisons.

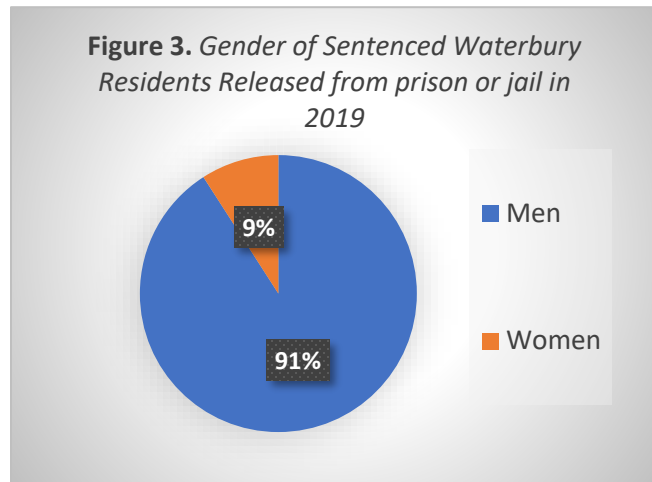
Frequency	2015	2016	2017	2018	2019	2020	Total
DUI/Drug	4	12	4	1	8	4	33
End of Sentence	371	337	254	239	265	120	1586
Furlough	10	14	11	7	14	20	76
Halfway house	161	154	149	147	153	102	866
Nursing home	1	0	0	0	0	0	1
PARCOM	2	3	3	3	6	0	17
Parole	57	78	53	87	83	47	405
Special Parole	64	85	93	113	109	54	518
Transfer Parole	0	3	1	14	14	23	55
Transfer Placement	0	1	0	3	2	1	7
Transitional Supervision (TS)	127	122	96	77	117	44	583
Total	797	809	664	691	771	415	4147

Annual Releases from All Other Towns in Greater Waterbury

For all other towns in Greater Waterbury, excluding Waterbury, the total number of sentenced releases in 2019 was 193, which is about a quarter the total for Waterbury. The mean number of sentenced releases over the five-year period from 2015 to 2019 was 214. The highest number of sentenced releases occurred in 2015 and the lowest number in 2019.

Frequency	2015	2016	2017	2018	2019	2020	Total
DUI/Drug	17	23	19	12	15	5	91
End of Sentence	115	80	68	92	70	39	464
Furlough	3	5	5	1	1	4	19
Halfway house	35	25	26	28	31	14	159
PARCOM	0	2	1	2	0	0	5
Parole	21	23	16	17	15	9	101
Special Parole	13	15	20	19	23	9	99
Transfer Placement	0	0	1	3	4	1	9
Transitional Supervision (TS)	46	41	46	40	34	12	219
Total	250	214	202	214	193	93	1166

Gender of Sentenced Waterbury Residents Released from Jail or Prison in 2019 and first six months of 2020 by Supervision Status

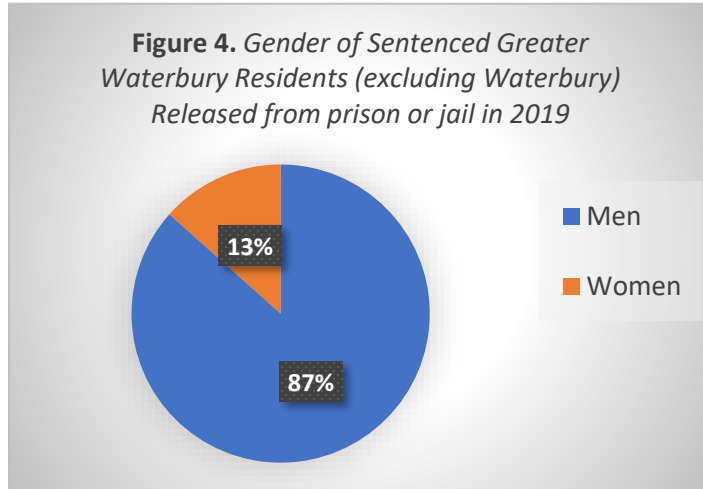


Of the total individuals released from Waterbury, the percentage of sentenced men was 90.9% (n=626) in 2019 and was 90.5% (n=372) in the first six months of 2020. The percentage of sentenced women from Waterbury released in 2019 was 9.1% (n=63) and was 9.4% (n=39) in the first six months of 2020.

Table 4 shows the number of unique individuals released broken down by gender and supervision status for 2019 and the first six months of 2020. In 2019, more women who were released were sent to a halfway house (38.1%) than men (17.1%), as a percentage of their respective populations. However, about the same percentage of men as women were released at the end of sentence in 2019 relative to their population; 38.0% and 38.1%, respectively.

Table 4. Gender of Sentenced Waterbury Residents Released from DOC in 2019 and first six months of 2020 by Supervision Status												
Type of Release	2019 (N=689)						2020 (N=411)					
	Men		Women		Total		Men		Women		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Transfer Parole	7	1.1	0	0.0	7	1.0	20	5.4	3	7.7	23	5.6
Parole / PARCOM	77	12.3	2	3.2	79	11.5	47	12.6	0	0.0	47	11.4
Furlough	13	2.1	0	0.0	13	1.9	18	4.8	1	2.6	19	4.6
Trans Placement	1	0.2	1	1.6	2	0.3	0	0.0	1	2.6	1	0.2
DUI / Home Conf.	7	1.1	1	1.6	8	1.2	3	0.8	1	2.6	4	1.0
Halfway House	107	17.1	24	38.1	131	19.0	85	22.9	16	41.0	101	24.6
TS	83	13.3	10	15.9	93	13.5	35	9.4	7	18.0	42	10.2
Nursing Home	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Special Parole	93	14.9	1	1.6	94	13.6	53	14.3	1	2.6	54	13.1
End of Sentence	238	38.0	24	38.1	262	38.0	111	29.8	9	23.1	120	29.2
TOTAL	626	100.0	63	100.0	689	100.0	372	100.0	39	100.0	411	100.0
% of Total	90.9%		9.1%		100%		90.5%		9.4%		100%	

Gender of Sentenced Releases for All other Towns in Greater Waterbury



Of the 179 sentenced people from **all other towns in Greater Waterbury** who were released from prison or jail in 2019, 86.6% were male and 13.4% were female. In 2020, 91.3% were male and 8.7% were female.

For men from other towns in Greater Waterbury, the most frequent release mechanism was at the end of their sentences in both 2019 (38.7%) and in 2020 (42.9%). For women from all other towns in Greater Waterbury the most frequent release mechanism was also end of sentence in 2019 (41.7%) and in 2020 (37.5%). As a proportion of their population, women from these towns were more likely to be released to transitional supervision (TS) when compared with men. Men were more likely to be released to a halfway house or to special parole when compared with women.

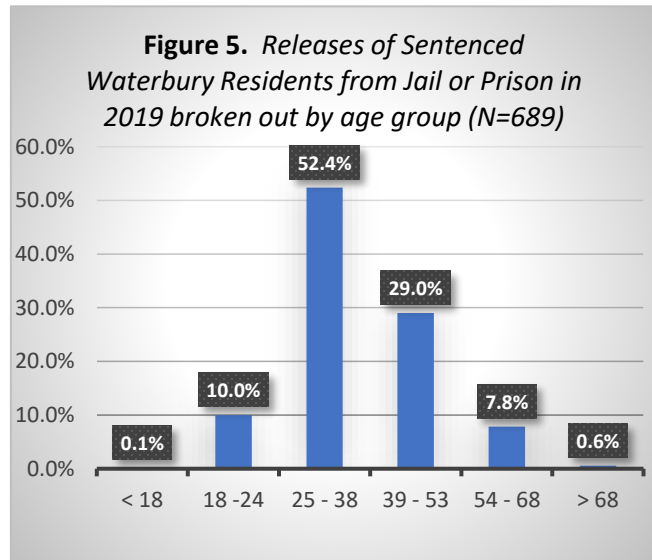
Table 5. Gender of Sentenced Greater Waterbury Residents (excluding Waterbury) Released in 2019 and first six months of 2020 by Supervision Status

Type of Release	2019 (n=179)				2020 (n=92)			
	Men		Women		Men		Women	
	N	%	N	%	N	%	N	%
Transfer Parole	2	1.3	0	0.0	0	0.0	1	12.5
Parole/PARCOM	13	8.4	0	0.0	9	10.7	0	0.0
Furlough	0	0	0	0	3	3.6	1	12.5
Trans Placement	0	0.0	0	0.0	0	0.0	0	0.0
DUI / Home Conf.	12	7.7	3	12.5	3	3.6	1	12.5
Halfway House	25	16.1	2	8.3	14	16.7	0	0.0
TS	24	15.5	9	37.5	10	11.9	2	25.0
Nursing Home	0	0.0	0	0.0	0	0.0	0	0.0
Special Parole	19	12.3	0	0.0	9	10.7	0	0.0
End of Sentence	60	38.7	10	41.7	36	42.9	3	37.5
TOTAL	155	100.0	24	100.0	84	100.0	8	100.0
% of Total	86.6%		13.4%		91.3%		8.7%	

Sentenced Waterbury Residents Released from Jail or Prison in 2019 by Age Group

Of the 689 Waterbury residents who were released from jail or prison in 2019, a majority were between ages 25 and 38 (52.4%, n=361) followed by ages 39 and 53 (29%, n=200).

The percentages and number of the Waterbury residents who were released in 2019 who fell in each age group and the percentage and numbers who were released EOS within each age group are provided in Table 6 below. The percentage of sentenced individuals within each age group who were released EOS, increased from 36.3% for ages 25-38 to 50% of those aged 68 and older. The highest number of EOS releases from Waterbury were in the 25-38 age group (n=131), and the second highest were in the 39-53 age group.



Ages	% of Total	% EOS Within Age Group
Under 18	0.1% (n=1)	100% (n=1)
18-24	10.0% (n=69)	42.0% (n=29)
25-38	52.4% (n=361)	36.3% (n = 131)
39-53	29% (n=200)	37.5% (n=75)
54-68	7.8% (n=54)	44.4% (n = 24)
68 and over	0.6% (n=4)	50.0% (n=2)

All Other Towns in Greater Waterbury Broken out by Age Group

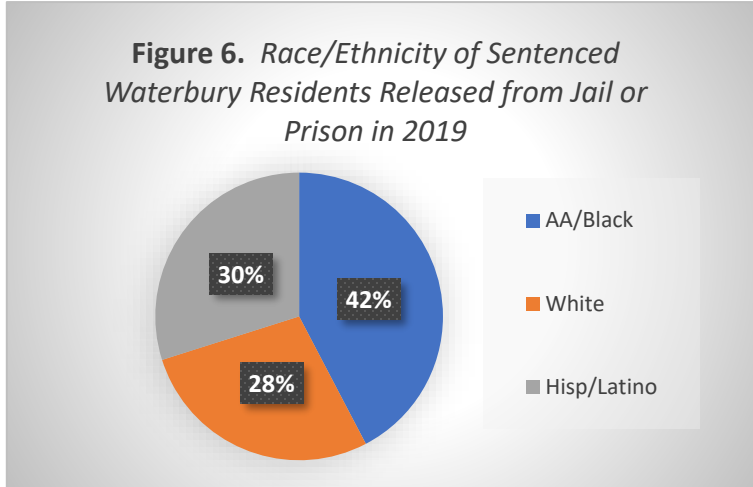
The percentage of individuals who were released from all other towns in Greater Waterbury (not including Waterbury) broken out by age are as follows: 43.6% were in the age range of 25-38 and 35.2% were in the age range of 39-53.

Within each age group, the proportion of EOS releases from other towns in Greater Waterbury was lowest for those ages 25-38 (34.6%) and was highest for those ages 54-68 (55%). The number of EOS releases was highest for the 25-38 age group (n=27), and second highest for the 39-53 age group (n=25).

Ages	% of Total	% EOS Within Age Group
Under 18	0.0% (n=0)	--% (n=0)
18-24	8.9% (n=16)	37.5% (n=6)
25-38	43.6% (n=78)	34.6% (n = 27)
39-53	35.2% (n=63)	39.7% (n=25)
54-68	11.2% (n=20)	55.0% (n = 11)
68 and over	1.1% (n=2)	50.0% (n=1)

Racial and Ethnic Disparities Sentenced Waterbury Residents Released from jail or prison in 2019

Of the 689 sentenced individuals from the City of Waterbury who were released from prison or jail in 2019, 42.2% (n=291) were African American, 29.8% (n=205) were Hispanic/Latinx, 27.7% were White (n=191), and 0.3% (n=2) were reported as Other/Mixed Ethnicity categories.



When we examine the number of releases for each racial and ethnic group in Waterbury relative to their population size, we find evidence of racial and ethnic disparities. According to U.S. Census data, Waterbury’s population size on June 1, 2019 was 107,568. Out of this total, the racial/ethnic breakdown was: 37.8% White, 37.4% Hispanic/Latinx, 21.7% Black/African American, 2.4% Asian, 4.5% mixed race, and 0.2% American Indian or Alaska native. From the 2019 data we see that while people who

identified as Black/African American accounted for 21.7% of the Waterbury population, they constituted over 42.2% of sentenced Waterbury residents released from prison or jail.

The rate per 1,000 population of sentenced Waterbury residents who were released from a Connecticut prison or jail each year was 2.6 times greater for Black/African American residents than for White residents, and 2.4 times greater for Black/African American residents than for Hispanic/Latinx residents. Hispanic/Latinx Waterbury residents had a rate of sentenced releases from a CTDOC jail or prison of 5.1 per 1,000 population, which is only slightly higher than the rate for sentenced White Waterbury residents, which was 4.7. The percentage of releases in the mixed or other race category was not utilized in the race/ethnic disparity analysis as there were so few.

Race/Ethnicity	Population	% CT Population	Individuals Released	% of CT Releases	Rate of released (per 1,000 population)
Connecticut	3,468,263	100%	9,082	100%	2.6
All Waterbury	107, 568	3.1%	689	7.6%	6.4
		% Waterbury Population		% Waterbury Releases	
White	40,660	37.8%	191	27.7%	4.7
Hispanic	40,230	37.4%	205	29.8%	5.1
Black	23,342	21.7%	291	42.2%	12.4

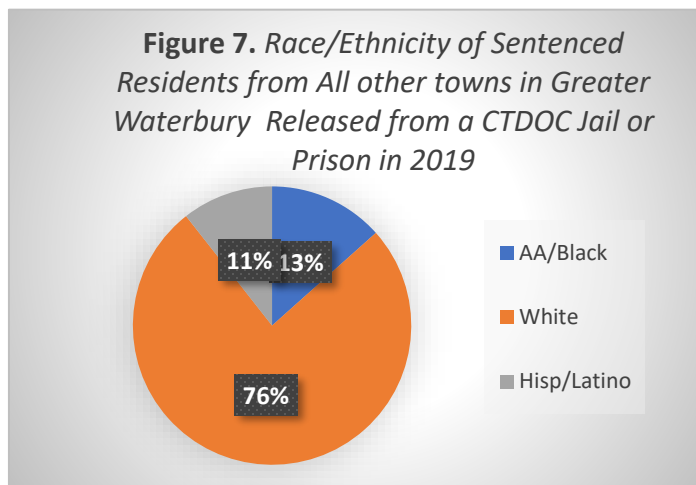
These disparities in sentenced individuals released to Waterbury by race/ethnicity reflect overall racial and ethnic disparities in Connecticut’s prison system, which have been documented in other reports. Research has demonstrated that structural racism and bias within the justice system are causally implicated in these disparities.

Accounting for the Effect of Immigration Policy on Disparity in Releases from CTDOC

Another factor to consider in interpreting racial and ethnic disparities in the annual rates of Waterbury residents being released from state prison or jail, is immigration status. Immigrants from Waterbury without U.S. citizenship who are arrested and convicted of a crime are likely to be transferred to the custody of U.S. Immigration and Customs Enforcement (ICE). Even if they are not transferred to an ICE facility, they can still be deported by the courts or voluntarily agree to leave the country²⁴.

Race and Ethnic Identity of Sentenced Releases from All Other Towns in Greater Waterbury

From the data on releases from CTDOC facility of Greater Waterbury residents in 2019, we see that the ethnic breakdown as 76.0% White, 13.4% African American/Black, and 10.6% Hispanic/Latinx.



²⁴ In 2019, there were 1,037 immigration court cases in New Haven County, CT, a majority being of people from nations in Central and South America with majority Hispanic-origin populations. Of these 209 were detained by ICE. On average in the past ten years, 21.2% of these cases resulted in either removal or voluntary departures. Retrieved from <https://trac.syr.edu/phptools/immigration/nta/>

Releases to Halfway Houses or Transitional Homes Located in Waterbury

The City of Waterbury has five halfway houses/Transitional Homes (Chase Center-CSI, Connecticut Renaissance-Central Avenue, Bishop House- New Opportunities-, CPA Transitional House, and CT-Ren East Waterbury-CT Renaissance) . The total number of releases from jail or prison to a Halfway House located in Waterbury in 2019 was 544 and in the first nine months of 2020 was 408. Of the 2019 releases, 158 (29%) were Waterbury residents and 45 (8.2%) were residents from another town in the Greater Waterbury. For the first nine months of 2020, there were 138 releases (33.8%) were Waterbury residents and 23 (5.6%) were from other towns in Greater Waterbury.

Table 10. Individuals who were released to a Halfway House in Waterbury with a prior residence in Greater Waterbury, excluding Waterbury

Town of Residence	2019 Releases	2020 Releases (through Oct 1)
Beacon Falls	16	1
Bethany	-	1
Bethlehem	-	1
Cheshire	2	1
Middlebury	-	1
Naugatuck	16	8
Oxford	1	-
Plymouth	-	-
Prospect	-	1
Southbury	-	-
Thomaston	-	1
Waterbury	158	138
Watertown	5	3
Wolcott	4	5
Woodbury	1	-
Total	203	

Residents in the eight cities listed in the table below accounted for 41.9% of all releases to a Waterbury Halfway house in 2019, and 37% of the releases in the first nine months of 2020.

Table 11. Top Eight towns of Residence of Releases to a Halfway House in Waterbury who were from outside of Greater Waterbury.

Town of Residence	2019 Releases	2020 Releases (through Oct 1)
Bridgeport	48	24
Bristol	16	19
Danbury	28	25
Hartford	33	23
Meriden	22	12
New Britain	22	18
New Haven	32	19
Torrington	27	11
Total	228	151

IV. The End of Sentence Population

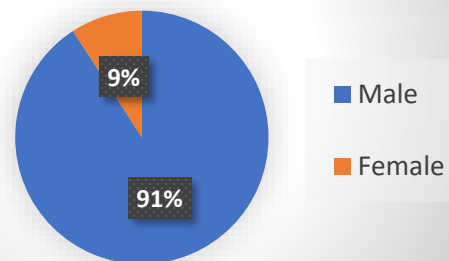
In the past five years, the annual number of times people from Waterbury were released from jail or prison at the end of sentence (EOS) ranged from a high of 371 in 2015 to a low of 239 in 2018, with an average of 293 EOS releases per year. In 2019, There were 689 Waterbury Residents who were released from a CTDOC prison or jail of which 38% (n=262) were released EOS. In the first six months of 2020, of the 411 sentenced Waterbury residents who were released, 29.2% (n=120) were released EOS. Broken out by gender, the annual number of sentenced *men* from the City of Waterbury who were released from jail or prison in 2019 was 626, of which 38% (n = 238) were released EOS. In the same year, 63 *women* from Waterbury who were released, of which 38% (n = 24) were released EOS. In the first six months of 2020, of the 372 Waterbury *men* who were released, 29.8% (n = 111) were released EOS. Of the 39 *women* who were released over the same time period, 23% (n = 9) were released EOS.

Waterbury EOS demographics

Waterbury EOS by Gender

Of the total 262 Waterbury residents who were released EOS in 2019, 90.8% (n=238) were male, and 9.2% (n=24) were female. Of the total 120 Waterbury Residents who were released EOS in the first six months of 2020, 92.5% (n=111) were male and 7.5% (n=9) were female.

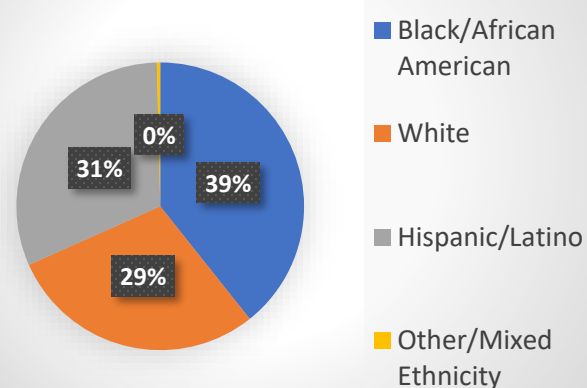
Figure 8. Percentage of Waterbury Residents Released EOS in 2019 by Gender



Waterbury EOS by Race/Ethnicity

Of the 262 individuals from the City of Waterbury who were released EOS in 2019, the ethnic breakdown was 39.3% (n=103) Black/African American, 29.0% White (n=76), 31.3% (n=82) Hispanic/Latinx and 0.4% (n=1) Other/Multiple Races. Of the 120 Waterbury residents who were released EOS in the first six months of 2020, 42.5% (n=51) were Black/African American, 25.8% (n=31) were White, 31.7% (n=38) were Hispanic/Latinx, and 0% were other/mixed.

Figure 9. Percentage of Waterbury Residents Released End of Sentence in 2019 by Ethnicity (n=262)



Waterbury EOS by Age Group

Similar to the releases overall, of the 262 Waterbury residents who were released at the end of their sentence in 2019 a majority (50.0%) were in the 25-38 age range, followed by 28.6% in the 39-53 age range. Similar breakdowns by age group for the 120 Waterbury Residents released in the first six months of 2020 were reported as is seen in the table below, with slightly a higher percentage in the 18-24 age range (18.3%), and slightly lower in the age group of 54-68 (5.8%).

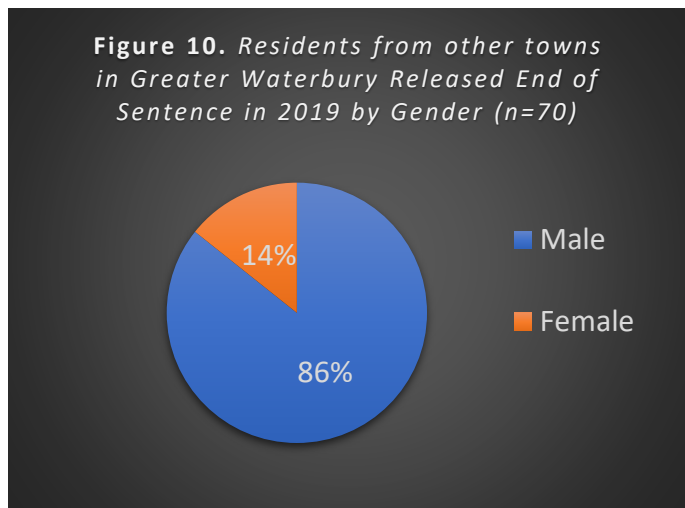
AGES	2019 (n=262)	2020 (n=120)
under 18	0.4% (n=1)	0.83% (n=1)
18-24	11.1% (n=29)	18.3% (n=22)
25-38	50.0% (n=131)	45.0% (n=54)
39-53	28.6% (n=75)	30.0% (n=36)
54-68	9.2% (n=24)	5.8% (n=7)
over 68	0.8% (n=2)	0.0% (n=0)

All other towns in Greater Waterbury Released End of Sentence

In 2019, of the 179 residents of all other towns from Greater Waterbury who were released, 39.1% (n=70) were released EOS. In the first six months of 2020, of the 92 residents from all other towns in Greater Waterbury, 42.4% (n=39) who were released EOS.

All other towns EOS by Gender

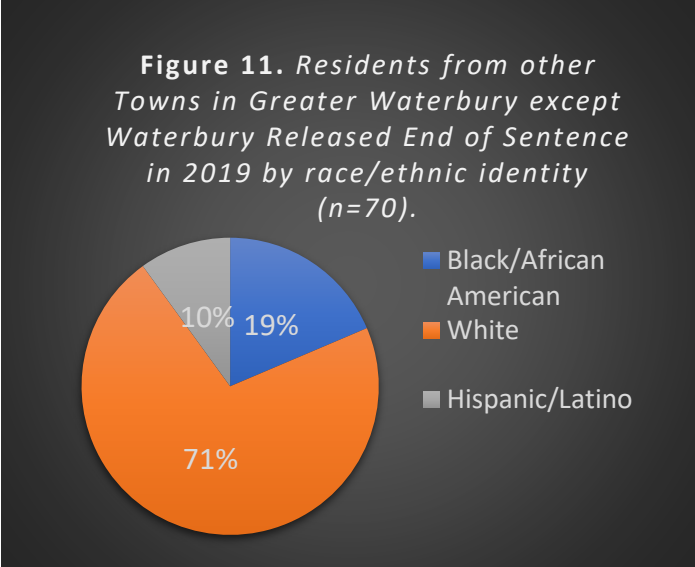
Of the 70 residents from other towns in Greater Waterbury who were released EOS in 2019, 85.7% (n=60) were men and 14.3% (n=10) were women. In the first six months of 2020, of the Greater 39 Waterbury Residents who were released EOS, 92.3% (n=36) were men and 7.7% (n=3) were female.



All other Towns EOS by Race/Ethnicity

Of the 70 residents from other towns in Greater Waterbury who were released EOS in 2019, the race/ethnic breakdown was 18.6% (n=13) Black/African American, 71.4% (n=50) White, 10% (n=7) Hispanic/Latinx and 0% Other/Mixed Race.

In the first six months of 2020, of the 39 residents from all other towns in Greater Waterbury who were released EOS, 15.4% (n=6) were Black/African American, 71.8% (n= 28) were White, and 12.8% (n=5) were Hispanic/Latinx, and 0% Other/Mixed Race.



All other towns EOS by Age Group

Similar to Waterbury EOS Releases, a majority of the residents who were released EOS from all other towns in Greater Waterbury were in the age range of 25-38 (38.6%), or 39-53 (35.7%).

Table 13. All other towns in Greater Waterbury EOS by Age Group

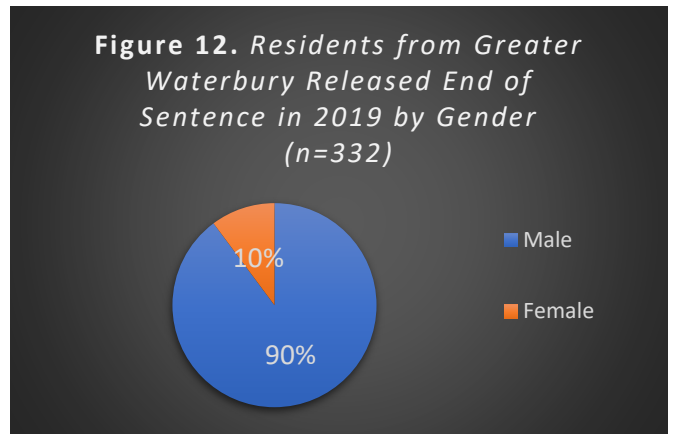
AGES	2019 (n=70)	2020 (n=39)
under 18	0% (n=0)	0%(n=0)
18-24	8.5% (n=6)	17.9% (n=7)
25-38	38.6% (n = 27)	38.5% (n=15)
39-53	35.7% (n=25)	33.3% (n=13)
54-68	15.7% (n = 11)	10.3% (n=4)
over 68	1.4% (n=1)	0% (n=0)

Residents from Greater Waterbury, including Waterbury, Released End of Sentence

Of the 868 total Greater Waterbury residents, including residents from Waterbury, who were released in 2019, 38.2% (n=332) were released EOS. In the first six months of 2020, of the 503 Greater Waterbury residents who were released, 31.6% (n=159) were released EOS.

Gender of Greater Waterbury EOS Residents

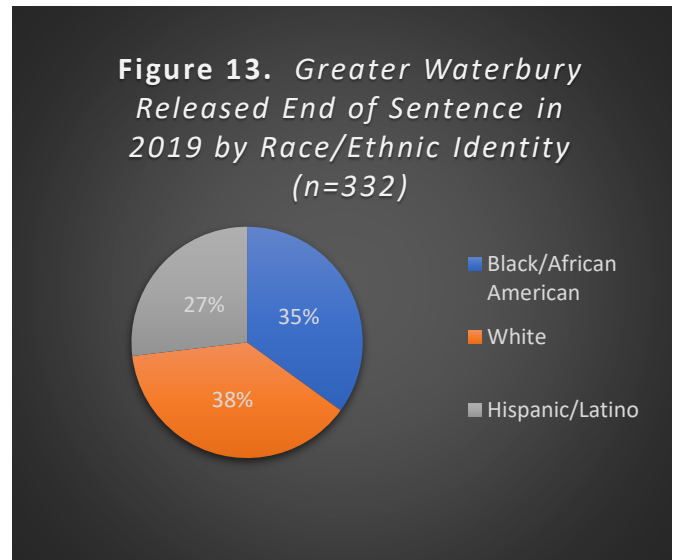
Of the total 332 Greater Waterbury Residents who were released EOS in 2019, 89.8% (n=298) were men and 10.2% (n=34) were women. Of the 159 Greater Waterbury Residents who were released EOS in the first six months of 2020, 92.5% (n=147) were male and 7.5% (n=12) were female.



Race/Ethnicity of Greater Waterbury EOS Residents

Of the 332 residents who were released EOS from Greater Waterbury in 2019, the ethnic breakdown was 34.9% (n=116) Black/African American, 38.0% (n=126) White, and 26.8% (n=89) Hispanic/Latinx and 0.3% mixed race (n=1).

Of the 159 Greater Waterbury Residents who were released EOS in the first six months of 2020, 35.8% (n=57) were Black/African American, 37.1% (n=59) were White, 27.0% (n=43) were Hispanic/Latinx, and 0.0% (n=0) were other/mixed.



Greater Waterbury Residents, including Waterbury, Released EOS by Age Group

A majority of Greater Waterbury residents who were released end of sentence from prison or jail in 2019 fell in either the 25-38 age range (47.6%), or the 39-53 age range (30.1%). The proportion was similar in the first six months in 2020, with 43.4% released end of sentence in the 25-38 age range and another 30.8% released in the 39-54 age range.

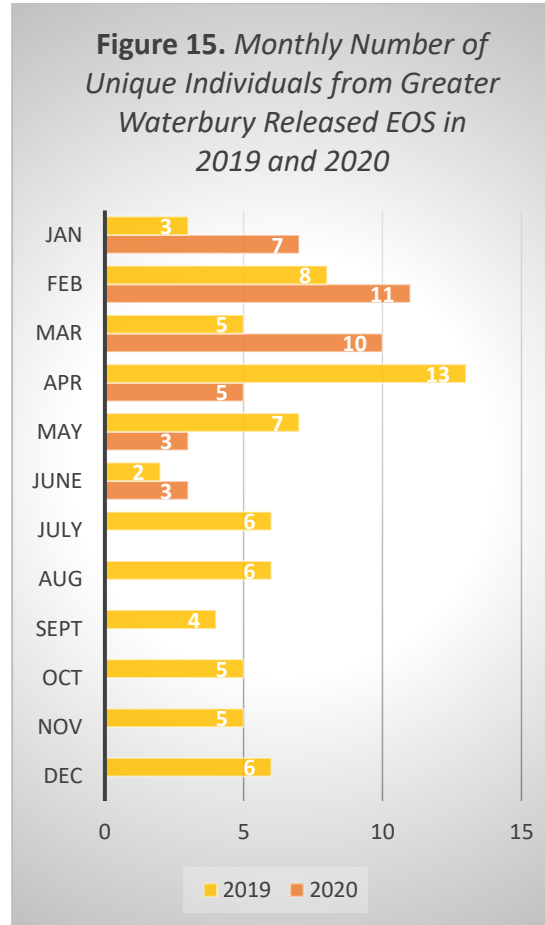
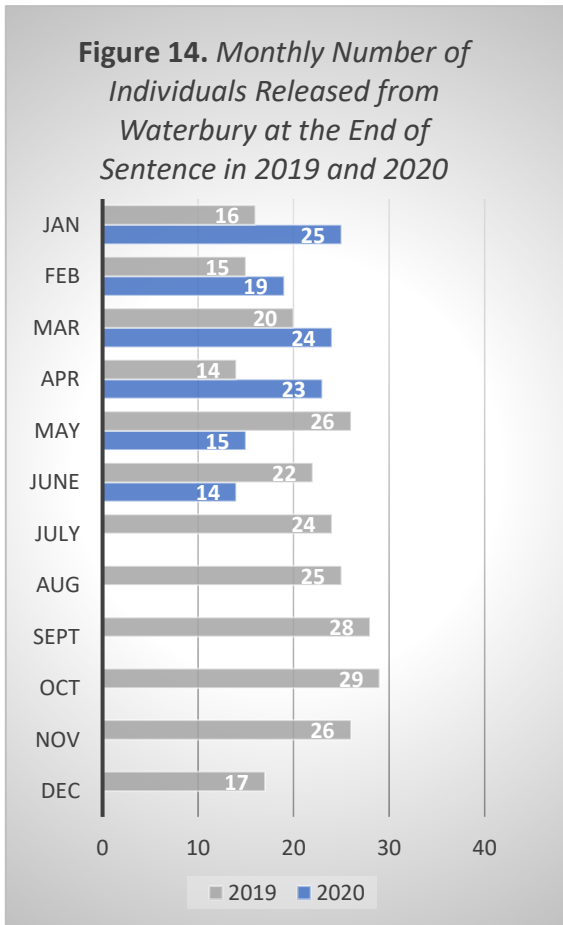
Table 14. Greater Waterbury, including Waterbury, EOS by Age Group

AGES	2019 (n=332)	2020 (n=159)
under 18	0% (n=0)	0% (n=0)
18-24	10.5% (n=35)	18.2% (n=29)
25-38	47.6% (n=158)	43.4% (n=69)
39-53	30.1% (n=100)	30.8% (n=49)
54-68	10.5% (n=35)	6.9% (n=11)
over 68	0.9% (n=3)	0% (n=0)

Monthly Releases of Individuals End of Sentence

The monthly number of individuals from Waterbury who were released end of sentence from Waterbury in 2019 ranged from a low of 14 in April to a high of 29 in October, and for the first six months of 2020 a low of 14 in June and a high of 25 in January. In 2019 the average number of individuals from Waterbury who were released end of sentence per month was 22 and in 2020 was 20. However, compared with the first six months of 2019, there were about 32% more people released in 2020, which was most likely due to the increase in discretionary releases pertaining to COVID safety measures in the prisons and jails.

The monthly number of individuals released end of sentence from Greater Waterbury (excluding Waterbury) in 2019 ranged from a low of 3 in January and a high of 13 in April, and from a low of 3 (in June and in July) and a high of 11 in February for 2020. The average monthly number of individuals released was 6 for 2019 and 7 for 2020.



End of Sentence Individuals with Probation Upon Release

Of the 262 individuals who were released in 2019 at the end of sentence who were from Waterbury, 45% (n=118) were sentenced to serve time on probation. In first six months of 2020, the percentage increased to 55.8% (n=67 out of 120 total). Of the 70 people released end of sentence from all other towns in Greater Waterbury, 55.7% (n=39) were assigned to probation in 2019. In the first six months of 2020, the percentage increased 56.4% (n=22 out of 39). There was a total of 175 individuals from Greater Waterbury (including Waterbury) who were released end of sentence without any form of supervision in 2019 and 70 individuals in the first six months of 2020.

EOS and Probation Status

Tables 15 and 16 below show the number of residents from Waterbury and from all other towns in Greater Waterbury who were released end of sentence in 2019 from each facility and whether or not they were on probation. Those who were released end of sentence and were assigned a period on *probation* constituted 45.0% (n=118) of all releases from Waterbury and 44.2% (n=39) of all releases of residents from all other towns in Greater Waterbury. Of the total from Greater Waterbury, including the City of Waterbury, 44.8% (n=157) were released EOS to probation.

The percentage of Waterbury residents who were released end of sentence from prison or jail in 2019 was 55.0% (n=144), and for residents from all other towns in Greater Waterbury was 44.3% (n=31). For all towns in Greater Waterbury in 2019, the percentage of individuals released end of sentence *without community supervision* was 52.7% (n=175).

Table 15. Number of individuals released end of sentence broken out by facility and whether or not they were on probation in 2019.

	From Waterbury			From All Other Towns in Greater Waterbury			Total from Waterbury & towns in Greater Waterbury
	No Supervision	Probation	Total	No Supervision	Probation	Total	
BRIDGEPORT CC	3	5	8	0	2	2	10
BROOKLYN CI	4	9	13	1	2	3	16
CHESHIRE CI	4	7	11	1	1	2	13
CORRIGAN CI	7	8	15	1	2	3	18
GARNER	7	8	15	-	-	-	15
HARTFORD CC	6	3	9	5	1	6	15
MACDOUGALL	8	2	10	1	1	2	12
MANSON YI	0	4	4	1	0	1	5
NEW HAVEN CC	24	11	35	7	7	14	49
NORTHERN	0	0	0	0	0	0	0
OSBORN CI	23	13	36	3	3	6	42
RADGOWSKI	6	4	10	1	1	2	12
ROBINSON CI	20	19	39	4	4	8	47
WILLARD-CYBULSKI	16	13	29	4	7	11	40
WALKER RC	1	3	4	0	1	1	5
YORK CI	15	9	24	2	8	10	34
Total	144	118	262	31	39	70	332

In the first six months of 2020, the percentage of individuals from Waterbury who were released end of sentence and served time on *probation* was 55.8% (n=67). For individuals who were released end of sentence from all other towns in Greater Waterbury, the percentage on probation was 56.4% (n=22). Of those residents who were released from Greater Waterbury as a whole, 56.0% (n=89) had a term of probation.

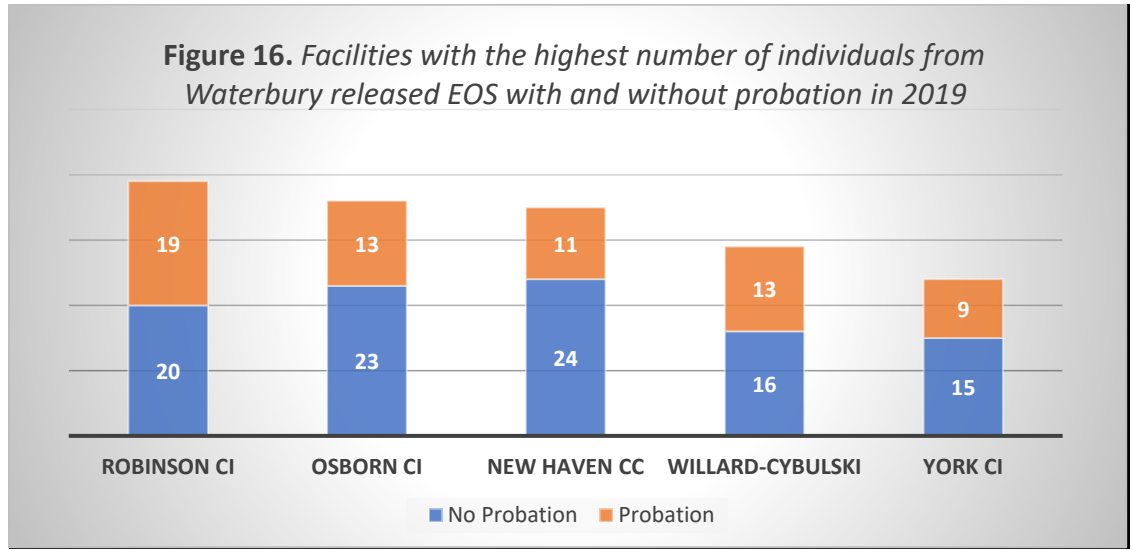
In the first six months of 2020, the percentage of Waterbury residents who were released end of sentence *without any form of supervision* was 44% (n=53) and of all other towns Greater Waterbury residents was 43.6% (n=17). In the first six months of 2020, the total percentage of releases from Greater Waterbury, including Waterbury, was 44.0% (n=70).

Table 16. Number of individuals released end of sentence broken out by facility and probation status, first six months of 2020

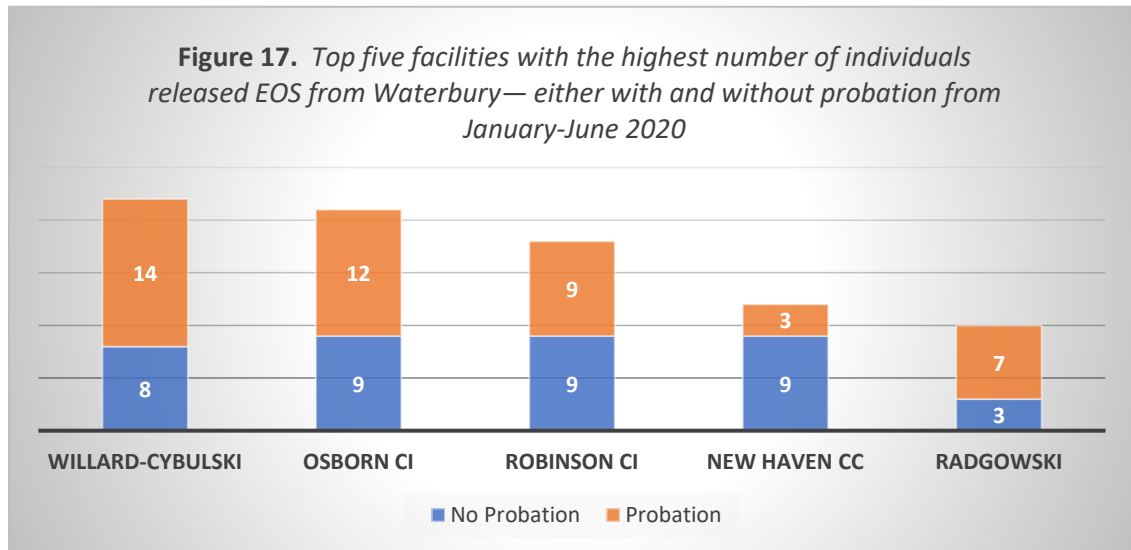
	From Waterbury			From All Other Towns in Greater Waterbury			Total from Waterbury and Greater Waterbury
	No Supervision	Probation	Total	No Supervision	Probation	Total	
BRIDGEPORT CC	1	0	1	0	2	2	3
BROOKLYN CI	1	2	3	0	4	4	7
CHESHIRE CI	1	3	4	2	0	2	6
CORRIGAN CI	2	4	6	0	0	0	6
GARNER	0	0	0	0	0	0	0
HARTFORD CC	2	3	5	3	1	4	9
MACDOUGALL	2	1	3	0	0	2	5
MANSON YI	1	4	5	0	1	1	6
NEW HAVEN CC	9	3	12	3	4	7	19
NORTHERN CI	1	0	1	0	0	0	1
OSBORN CI	9	12	21	3	2	5	26
RADGOWSKI	3	7	10	0	0	0	10
ROBINSON CI	9	9	18	1	4	5	23
WILLARD-CYBULSKI	8	14	22	2	4	6	28
WALKER CI	0	0	0	0	0	0	0
YORK CI	4	5	9	3	0	3	12
Total	53	67	120	17	22	39	159

Individuals who were released EOS from Waterbury by Facility and Probation Status.

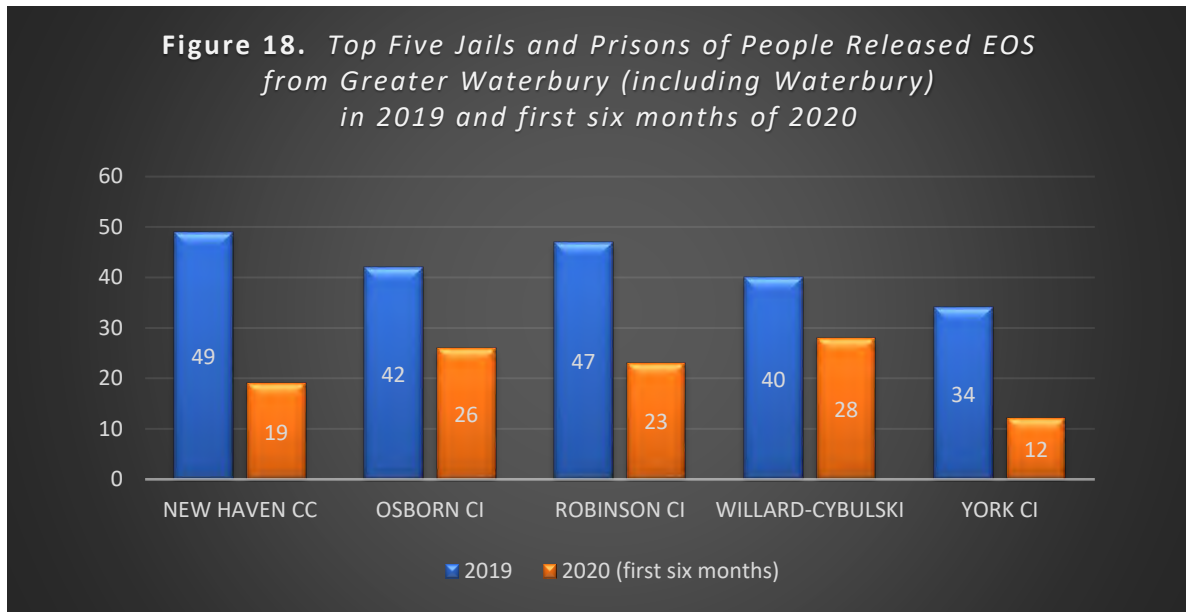
The facilities with the highest number of releases of people EOS from Waterbury in 2019 were Robinson CI (n=39), Osborn CI (n=36), New Haven CC (n=24), Willard-Cybulski (n=29), and York CI (n=24). For those released without probation, the top releases were from New Haven CC (n=24), Osborn CI (n=23), Robinson CI (n=20), Willard-Cybulski (n=16) and York CI (n=15).



For the first six months of 2020, the facilities with the highest number of releases of people at the end of sentence from Waterbury were Willard-Cybulski (n=22), Osborn CI (n=21), Robison CI (n=18), New Haven CC (n=12), and Radgowski (n=10). For those released without probation, Osborn CI, Robison CI, and New Haven CC were equivalent in the number of releases (n=9), and Willard-Cybulski had one fewer release (n=8), followed by Radgowski (n=3). (One would expect at least double these numbers by the year-end). The chart below shows the total number of people who were released end of sentence who were from Greater Waterbury (including Waterbury) in 2019 and the first six months of 2020.



The top five CTDOC prison and jail facilities that released the highest number of people at the end of sentence were New Haven Correctional Center, Osborn Correctional Institution, Carl Robinson Correctional Institution, Willard-Cybulski and York Correctional Institution.



What is the Identified Risk Level of the Released Population?

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

Table 17. Treatment Programming and Assessment Scoring System

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

TPAI Risk Scores for Waterbury Residents Released from Jail or Prison

The TPAI risk assessment scores of people from Waterbury who were released at the end of sentence are provided in the chart below. Most of the men from Waterbury who were released in 2019 on community supervision had a TPAI score in the 6-8 range, and a similar range occurred among those who were released at the end of sentence. The mean TPAI risk score for men from Waterbury who were released in 2019 on community supervision was 6.0 and released end of sentence was 6.1. The mean TPAI risk score for women released from Waterbury in 2019 was 3.9 for those on community supervision and 4.4 for those who were released at the end of sentence. The considerable difference between the scores for men and women has to do with the fact that being male is considered one of the risk factors in this scoring system and also likely to do with the fact that women have tended to be incarcerated fewer times and at older ages than men. Analysis of statewide data from OPM’s 2018 Recidivism Report indicated that the average age of first admit to prison is several years older for women when compared with men, average age of 29 compared with age 24, respectively. And the number of prison sentences at the time of release in 2014 was 4 for women versus 6 for men.

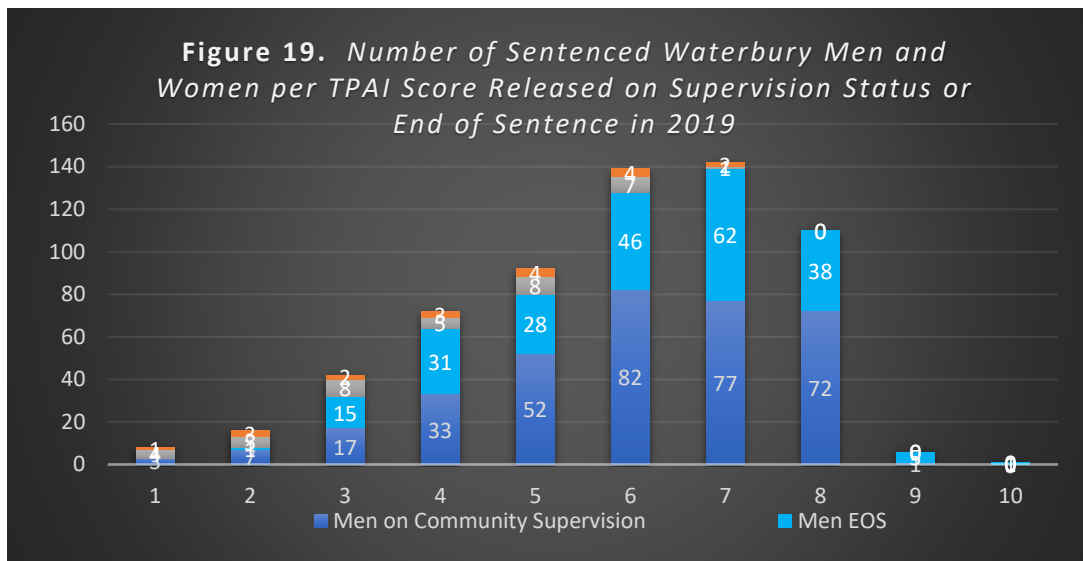


Table 18. TPAI Risk Scores for Waterbury Residents Released End of Sentence by Gender (M=Male, and F=Female) and Supervision Status (CS=DOC Community Supervision, EOS=End of Sentence)

		1	2	3	4	5	6	7	8	9	10	Total
M	CS	1% (n=3)	2% (n=7)	5% (n=17)	10% (n=33)	15% (n=52)	24% (n=82)	22% (n=77)	21% (n=72)	0% (n=1)	0% (n=0)	100% (n=334)
M	EOS	0% (n=0)	0% (n=1)	7% (n=15)	14% (n=31)	12% (n=28)	20% (n=46)	27% (n=62)	17% (n=38)	2% (n=5)	0% (n=1)	100% (n=227)
F	CS	11% (n=4)	13% (n=5)	21% (n=8)	13% (n=5)	21% (n=8)	18% (n=7)	3% (n=1)	0% (n=0)	0% (n=0)	0% (n=0)	100% (n=38)
F	EOS	0% (n=1)	17% (n=3)	11% (n=2)	22% (n=3)	22% (n=4)	11% (n=4)	0% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)	100% (n=19)

TPAI Risk Scores for men from all other towns in Greater Waterbury

The mean TPAI risk score for men from other towns in Greater Waterbury who were released in 2019 on community supervision was 5.6 and released end of sentence was 5.1. The mean TPA risk score for women from other towns in Greater Waterbury was 3.1 for both those on community supervision and those released at the end of sentence.

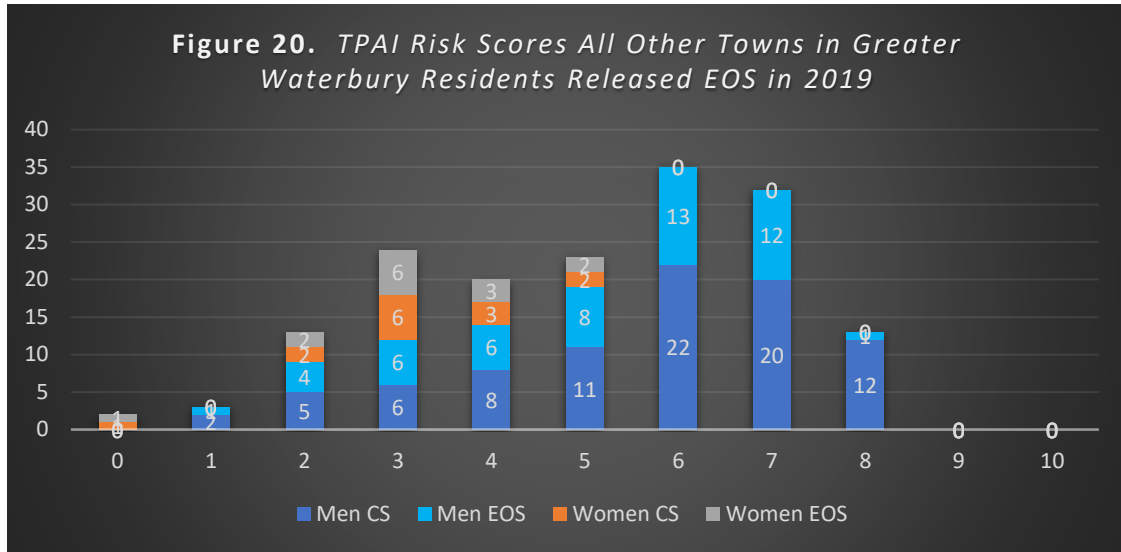


Table 19. TPAI Risk Scores for Residents of All Other Towns in Greater Waterbury Released End of Sentence in 2019 by Gender (M=Male, and F=Female) and Supervision Status (CS=DOC Community Supervision, EOS=End of Sentence)

		0	1	2	3	4	5	6	7	8	9	10	Total
M	CS	0% (n=0)	2.3% (n=2)	5.8% (n=5)	7.0% (n=6)	9.3% (n=8)	12.8% (n=11)	25.6% (n=22)	23.3% (n=20)	14.0% (n=12)	0% (n=0)	0% (n=0)	100% (n=86)
M	EOS	0% (n=0)	1.8% (n=1)	7.1% (n=4)	10.7% (n=6)	10.7% (n=6)	14.3% (n=8)	23.2% (n=13)	21.4% (n=12)	1.8% (n=1)	0% (n=0)	0% (n=0)	100% (n=51)
F	CS	7.1% (n=1)	0% (n=0)	14.3% (n=2)	42.9% (n=6)	21.4% (n=3)	14.3% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	100% (n=14)
F	EOS	7.1% (n=1)	0% (n=0)	14.3% (n=2)	42.9% (n=6)	21.4% (n=3)	14.3% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	100% (n=14)

Need Scores from DOC Treatment Programming and Assessment Instrument

When a person is sentenced to a Connecticut prison or jail, within the first two weeks of their intake they are assessed according to a classification system, that covers seven needs categories. These assessments are used to develop a treatment plan for each inmate. According to the CTDOC classification manual²⁵, pretrial inmates and all individuals sentenced to sixty (60) days or more are classified in all need areas. The need areas include the following:

- | | |
|---|-------------------------------------|
| 1. = Medical need (M) | 5. = Vocational/work skill need (V) |
| 2. = Mental health need (MH) | 6. = Sex treatment need (S) |
| 3. = Education need (E) | 7. = Community resource need (C) |
| 4. = Substance abuse treatment need (T) | |

For this report, we provide data regarding the following needs: Medical, Mental Health, Substance Abuse, and Education. A brief overview of how DOC assigns scores for each of these four needs is provided below:

CTDOC assigns a medical needs score at intake and annually thereafter or as a significant change in the individual's physical condition occurs. This score can only be conducted and determined by a licensed health professional such as a registered nurse or physician. According to the CTDOC classification manual, an individual's mental health needs are assessed to identify specific needs for treatment within the correctional environment.

All inmates receive a mental health classification on intake and annually thereafter or when a significant change in the individual's condition occurs. The assessment aims to identify “behavioral, cognitive, emotional, and/or interpersonal deficits or patterns that potentially influence adjustment within an institutional or community correctional environment...” A mental health score of two (MH-2), means that a person has a history of mental health disorder. A score of three (MH-3) or more denotes that a person has an active mental health disorder, ranging in severity from mild or moderate, to severe enough to require specialized housing and ongoing treatment, along with often psychotropic medication (MH-4). Whenever possible, these scores are determined by mental health professionals. In those CTDOC facilities with limited mental health resources, MH-1 and MH-2 ratings may be determined by qualified classification staff or by general health services staff. A rating of MH-3 and above may only be scored by mental health staff.

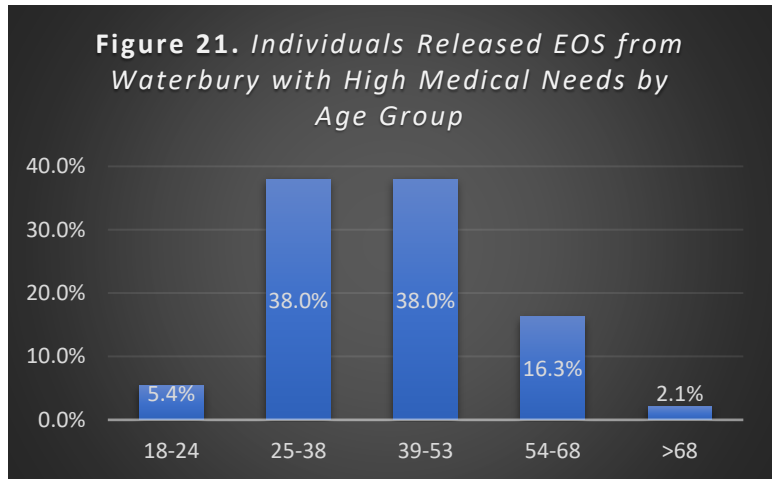
CTDOC ratings for education scores E-1 to E-4 are based upon self-report and are rated by DOC classification or education staff. Score E-5 are for individuals with less than a fifth grade (0-4.9) level educational achievement and are to be referred and rated by an education specialist.

The CTDOC substance abuse treatment need score describes the extent, nature and pattern of alcohol or other drug use related to general life functioning. Therefore, it is important to assess, identify and treat, when possible, any individual with a history of substance abuse, particularly when such abuse has led to criminal activity. Individuals with a score of T-1 do not appear to have a substance abuse problem. Those with T-2 may have a slight substance abuse history that could benefit from a brief intervention. Those at T-3 have a moderate substance abuse problem that requires treatment. Those with a score of T-4 or T-5 have serious substance abuse problems requiring residential or intensive outpatient treatment.

²⁵ Connecticut Department of Correction Classification Manual. Retrieved from <https://portal.ct.gov/-/media/DOC/Pdf/PDFReport/ClassificationManualLibraryCopy.pdf>

Medical Needs

Data was compiled regarding the medical needs of individuals released EOS in 2019 who listed Waterbury as their place of residence. Of the 267 individuals released, 35.3% (n=92) had a high medical need, defined as having a score of M-3 or higher. These inmates need predictable access to nursing care for at least 16 hours a day, 7 days a week, and may require physical therapy. Another 27.3% (n=71) were assigned a medical score of M-2, which means that although they do not require nursing care on a regular basis, they have some subacute or chronic disease that requires occasional nursing attention, but not on an urgent basis. Their mean medical need score is 2.1.



Broken out by gender, of the 23 women, 70% (n=16) had a high level of medical need. Of the 237 men, 32% (n=76) had a high level of medical need. Of the 92 individuals with a high level of medical need, 5.4% (n=5) were in the 18-24 age group, 38.0% (n=35) were in the 25-38 age group, 38.0% (n=35) were in the 39-53 age group, 16.3% (n=15) were in the 54-68 age group, and 2.1% (n=2) were over age 68.

Examining the mean medical need scores, the mean was one point lower for Waterbury residents as compared with all other towns in Greater Waterbury, for those who were released on community supervision in 2019. For those released EOS the mean medical need scores were identical for individuals from Waterbury and from all other towns in Greater Waterbury in 2019, but in 2020 Waterbury EOS releases had one point lower overall medical need scores when compared with EOS releases from all other towns of Greater Waterbury. We should be cautious, however, in our interpretation of this data since we do not know for sure if these disparities in mean need scores are statistically significant. Nor do we know if they were due to a lower medical need score, or lower access to medical care and diagnoses when comparing residents of the urban core with residents from other towns in Greater Waterbury who were released under community supervision.

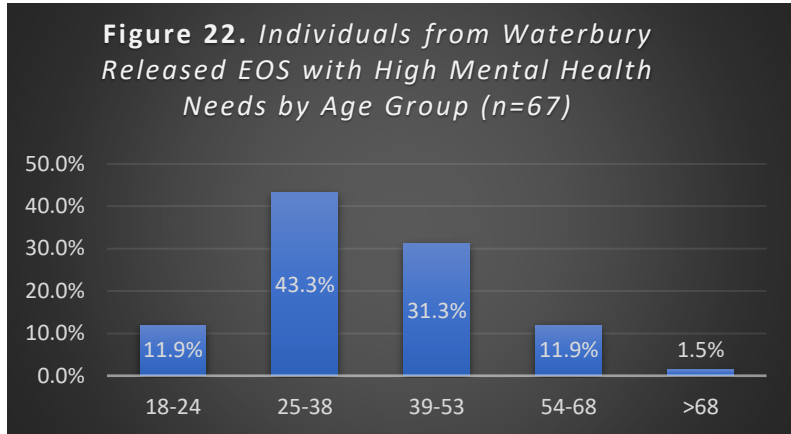
Waterbury				All other towns in Greater Waterbury			
2019		2020		2019		2020	
EOS	CS	EOS	CS	EOS	CS	EOS	CS
2.1	2.0	1.9	2.1	2.1	2.1	2.0	2.2

Mental Health Needs

Data was compiled regarding the mental health needs of individuals released EOS in 2019 who listed Waterbury as their place of residence. Of the 260 individuals released, 25.8% (n=67) had a high mental health need defined as a score of 3 or more, denoting that they have an active mental health disorder, ranging in severity from mild or moderate (MH-3), to severe enough to require specialized housing (MH-4) and ongoing treatment, along with often psychotropic medication.

Another 46.7% (n=124) had a mental health score of MH-2, meaning that they had a history of mental health disorder. The mean mental health need score for this population was 2.1. Broken out by gender, of the 23 women, 65.2% (n=15) had a high need for mental health services. Of the 237 men, 21.9% (n=52) had a high

need for mental health services. Of the 67 individuals with a high need for mental health treatment, 11.9% (n=8) were in the 18-24 age group, 43.3% (n=29) were in the 25-38 age group, 31.3% (n=21) were in the 39-53 age group, 11.9% (n=8) were in the 54-68 age group, and 1.5% (n=1) were over age 68.



Waterbury				All other towns in Greater Waterbury			
2019		2020		2019		2020	
EOS	CS	EOS	CS	EOS	CS	EOS	CS
2.1	1.8	2.0	1.8	2.0	1.8	2.0	2.0

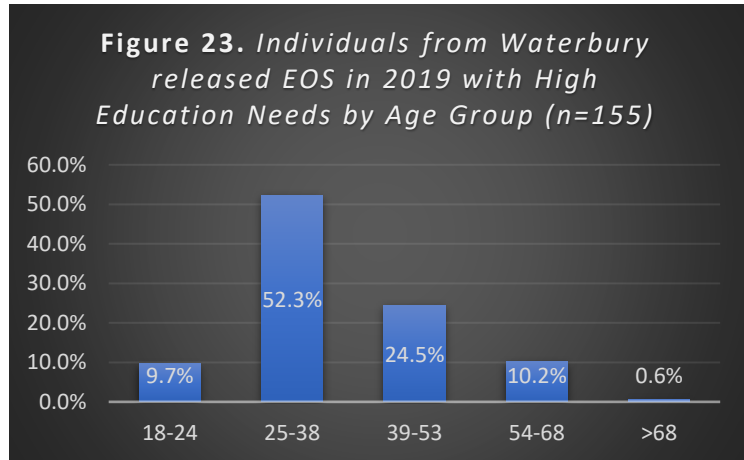
Education Needs

Data was compiled regarding the education needs of individuals released EOS in 2019 who listed Waterbury as their place of residence. An individual with a score of 3 or higher in this category (elevated need) does not have a high school diploma or equivalent. Of the 260 individuals released EOS, 59.6% (n=155) were released with an education need score of 3 or above.

Broken out by gender, of the 23 women from Waterbury who were released EOS in 2019, 91.3% (n=21) had an education need score of 3 or above. Of the 237 men who were released EOS, 56.5% (n=134) had an education need score of 3 or above.

Of the 155 individuals from Waterbury who were released with an education need score of 3 or above, 9.7% (n=15) were in the 18-24 age group, 52.3% (n=81) were in the 25-38 age group, 24.5% (n=38) were in the 39-54 age group, 10.3% (n=16) were in the 54-68 age group and 0.6% (n=1) were over age 68.

The mean education need score for people from Waterbury released end of sentence and for those released on community supervision in 2019 was 2.7. The mean score for individuals from all other towns in Greater Waterbury, who were released in 2019, was 0.3 points lower for those on community supervision than for those who were released EOS.



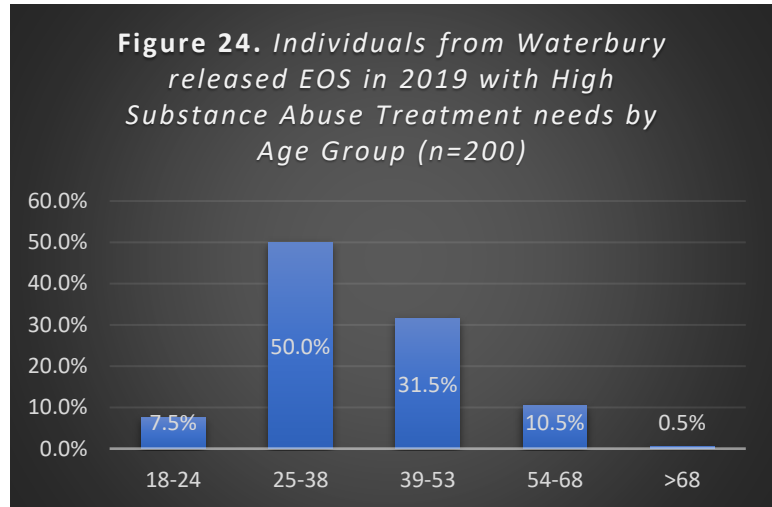
Waterbury				All other towns in Greater Waterbury			
2019		2020		2019		2020	
EOS	CS	EOS	CS	EOS	CS	EOS	CS
2.7	2.7	2.8	2.7	2.7	2.4	2.5	2.3

Substance Abuse Treatment Needs

Data was compiled regarding the substance abuse treatment needs of individuals released EOS in 2019 who listed Waterbury as their place of residence. Of the 260 individuals released EOS, 76.9% (n=200) had a substance abuse treatment need score of 3 or above, indicating the need for treatment. Of these 200 individuals with substance abuse treatment needs, 7.5% (n=15) were in the 18-24 age group, 50.0% (n=100) were in the 25-38 age group, 31.5% (n=63) were in the 39-54 age group, 10.5% (n=21) were in the 54-68 age group and 0.5% (n=1) were over age 68.

When broken out by gender, of the 237 men, 75.5% (n=179) had a high need for substance abuse treatment. Of the 23 women, 91.3% (n=21) had a high need for substance abuse treatment.

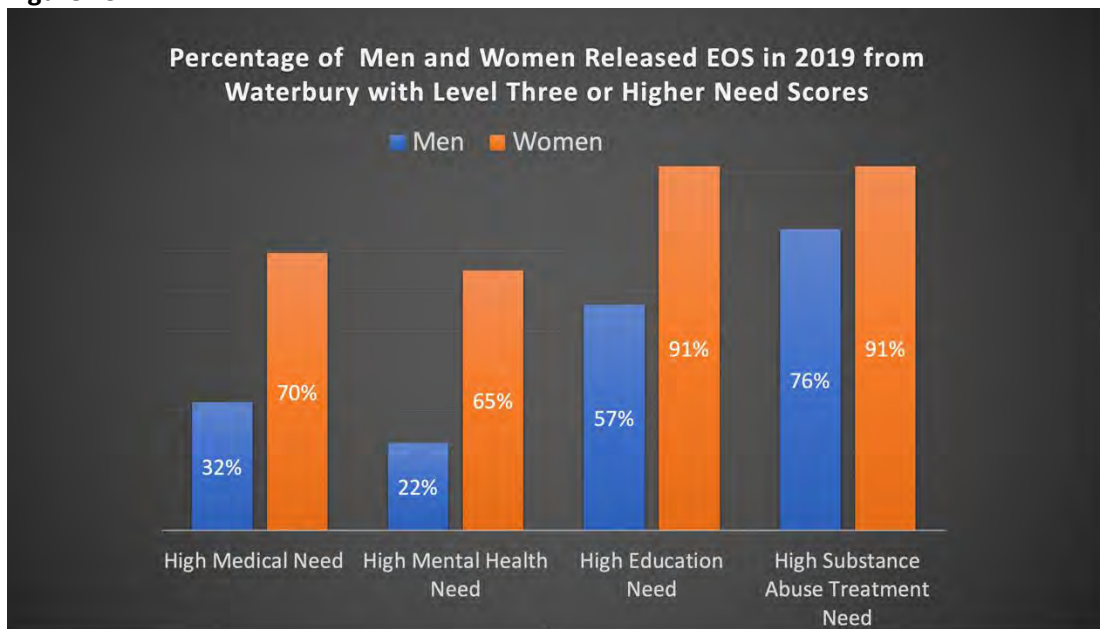
The mean substance abuse need score of Waterbury residents who were released in 2019 on community supervision was 3.2 and for those released at the end of sentence was slightly higher at 3.3. The mean scores were slightly higher (0.1 point) for individuals from all other towns in Greater Waterbury compared with individuals from Waterbury, indicating that they had a slightly higher need for substance abuse treatment.



Waterbury				All other towns in Greater Waterbury			
2019		2020		2019		2020	
EOS	CS	EOS	CS	EOS	CS	EOS	CS
3.3	3.2	3.3	3.3	3.5	3.6	3.5	3.7

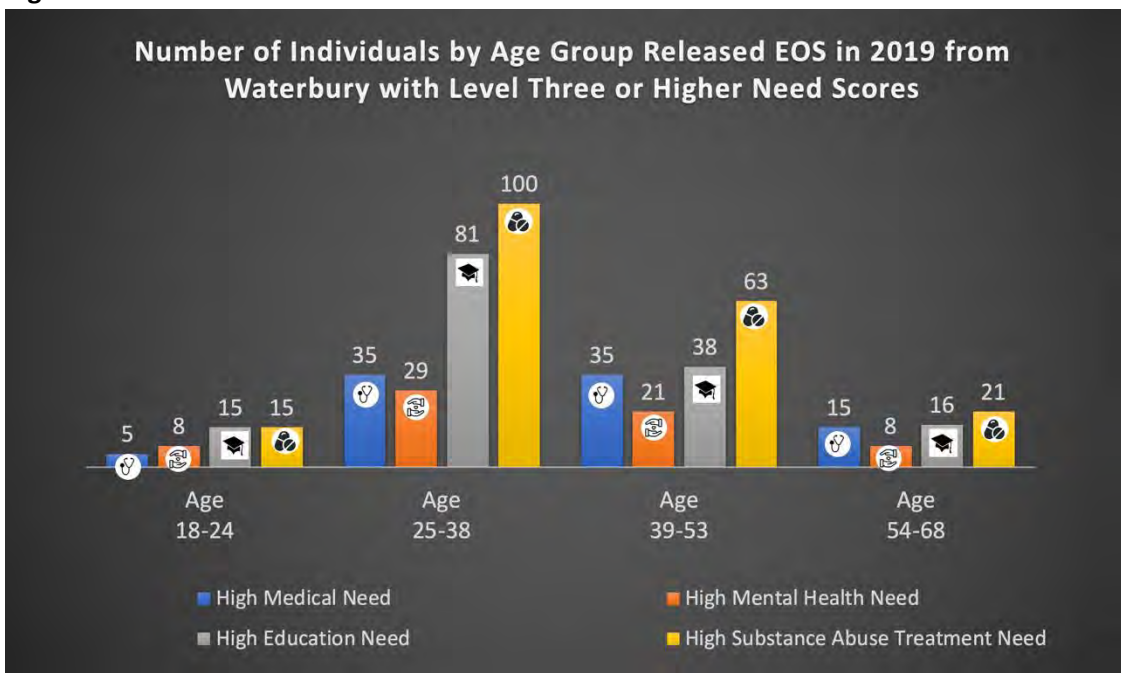
The chart below shows the percentage of men and of women from Waterbury who were released EOS in 2019 and scored 3 or higher in a particular need category. Of the women, 70% needed medical care, 65% had a current mental health disorder requiring treatment, 91% did not have a high school diploma or GED, and 91% required substance use treatment upon release. Of the men, 32% needed medical care, 22% had a current mental health disorder requiring treatment, 57% needed a high school diploma or GED, and 76% required substance abuse treatment upon release.

Figure 25.



The chart below shows the number of Waterbury residents who were released at the end of their sentence within each age group that had a high need for services upon release.

Figure 26.



Recidivism Rates

The Connecticut Office of Policy and Management’s Criminal Justice Policy and Planning Division conducts recidivism analyses for the state. They do not typically calculate recidivism rates by city or town in these reports. However, via a data request to CTDOC for a grant prepared by Career Resources Inc and CPA, data for releases in 2017 were provided (see table below). This data shows that the urban cores of CT have higher recidivism rates than the state average. Within 12 months post-release, 17.8% of people from Waterbury who were released were convicted of a new charge as compared with 16.6% of releases of people from across the state as a whole.⁴ For individuals who were released in 2017, the one-year recidivism rate in Waterbury (17.8%) was one percentage point lower than that of Hartford (18.8%) and almost two percentage points lower than that of New Haven (19.5%). A limitation of this data is that people do not always return to the same towns that they report living in at the time they are admitted to CTDOC, so we are not necessarily able to accurately determine the recidivism rates for each municipality. Assessing recidivism rates for EOS releases to the RWCs in each City is one way to more accurately evaluate recidivism rates for services and programs at the municipal and regional level.

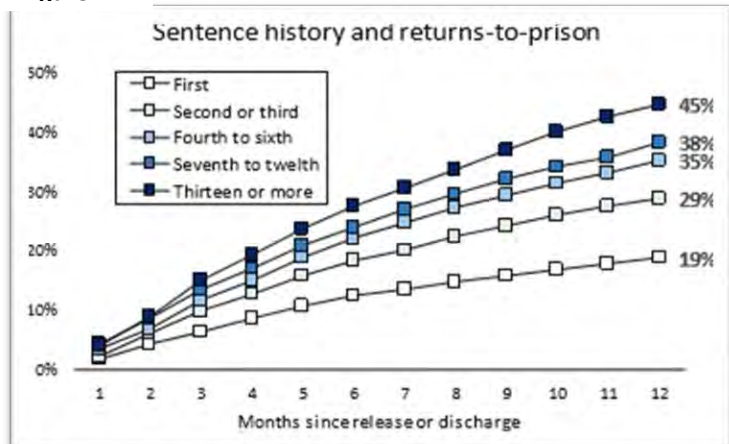
Table 24. One-year Recidivism Rates for New Convictions of People Released from CTDOC in 2017

Area	Population	# Released	Recidivism	
			#	%
Connecticut	3,468,263	9987	1653	16.6%
Hartford	117,129	1269	239	18.8%
New Haven	121,864	1003	196	19.5%
Bridgeport	141,785	871	154	17.7%
Waterbury	106,834	606	108	17.8%
New Britain	70,281	563	104	18.5%
New London	23,272	236	43	18.0%

Numbers of People who Return to Prison or Jail Repeatedly

Findings from Connecticut’s Criminal Justice Policy and Planning Division reveal that the number of prior sentences at the CTDOC is a strong predictor of recidivism. Of the 21% of sentenced people who were released or discharged from prison in 2017 who were completing their first sentence, 19% recidivated as compared to 29% for those who had two or three prior incarcerations. The recidivism rate was 45% for those with 13 or more incarcerations (as many as 13% of people who were released in 2017 had completed at least 13 prison sentences in the past). People under CTDOC supervision were the most likely to return to prison in the first year following release compared with those who were released end of sentence. This difference in the first year was largely due to technical violations. In 2017, 50% of the offenders who returned to prison within six months had been

Figure 27.



remanded for a technical violation. In 2015, 48% of returnees were back due to a technical violation. Information on the rate of new convictions for the 2017 cohort of releases was not provided in this latest recidivism report. However, research from a 2014 cohort found that EOS had slightly *higher* rates of new convictions, compared to those under community supervision. In 2014, a total of 6,026 people returned to prison within three years, and of these--only 32% (n=1,916) were readmitted just once during this period. Over one third (38%) returned to prison at least three times over this period. About 6.6% recidivated ten times or more, and this group exhibited high rates of chronic substance abuse and/or mental health issues.

IV. Focus Group Findings Regarding the Needs of Returning Citizens

Introduction

As part of the planning process, we conducted four focus groups to gather information directly from people who had recently reentered from prison or jail to Greater Waterbury, who represent potential clients of the Reentry Welcome Center. We aimed to have diverse demographics reflecting the reentry population for Waterbury. Since the majority of people returning from incarceration are male, we anticipated that a majority of the focus group participants would be male. After our first two focus groups, we observed that fewer Black/African American people had been recruited when compared with Whites or Hispanics/Latino/Latinx, so in the next two focus groups we aimed specifically to recruit Black/African Americans. We were able to increase their representation, such that the percentage by race was similar to that of the population in Waterbury.

Participants were asked questions about their needs and barriers to reentry and their recommendations for establishing a one-stop shop for reentry in Waterbury. Broadly speaking the focus group findings demonstrated that individuals returning from incarceration to Waterbury face numerous challenges and barriers to successful reintegration back into our communities due in part to their lack of basic needs, limited employment opportunities, and also a high level of behavioral health needs. Participants were generally enthusiastic about the idea of having a “one-stop-shop” where they can go to receive assistance and referrals to resources directly upon release. While participants generally liked the idea of having a case manager, they emphasized that this person had to be someone who is reliable, is able to help them with their basic needs, and is able to demonstrate to them that they genuinely care.

Focus Group Procedures and Methods

The focus groups were arranged through ‘memorandum of understanding’ (MOU) with two local halfway houses, a transitional house, and a shelter provider (details on each focus group are provided in the Appendix C). A designated staff at each location assisted with the identification and recruitment of the participants. In all but one of the focus groups, participants signed a consent form which informed them of the purpose of the study, the format for their participation, and confidentiality protocols, and clarified that their participation was voluntary. A \$20 gift card incentive was provided for these focus group participants and for those who completed the pre-survey. In the last focus group with three participants, as a result of logistical challenges in the coordination, participants were read the information about the focus group and provided verbal consent instead of written consent to participate.

Criteria for Participation

Focus Group participants were recruited based upon the following eligibility criteria:

- 18 years of age or over
- Released from a Connecticut prison or jail within the last three years
- Currently reside in the Greater Waterbury area
- Not currently being treated for a serious mental health disorder
- Not actively suicidal

Methods

A pre-survey was administered prior to the focus group, which contained questions related to demography, prison experience, reentry experience and recommendations for a more effective reentry process. Upon completion of the pre-surveys, the focus group meeting was arranged via the Zoom.com platform and the conversation was recorded with participants’ consent. Some participants joined in a

conference room at the agency where they were residing (following CDC guidelines of wearing masks and social distancing), while a few others joined in separately by phone or computer. The lead researcher and research assistant on the project co-facilitated the discussion. A facilitator guide was prepared in advance to standardize the discussion questions.

Analysis

Pre-survey data was entered into an Excel spreadsheet and open-ended responses were coded and quantitative results tabulated. Focus group recordings were transcribed using a transcription software program. A code list was created based on a combination of inductive and deductive processes, and the focus group transcripts were then coded. Definitions were clarified through discussion among the lead researcher and research assistant to improve inter-coder reliability. When questions arose around definitions, national websites that specialized in a particular area were consulted (e.g. the National Harm Reduction Coalition for the definition of harm reduction). Using the coded segments, the basic themes and quotes were extracted and participant feedback summarized. The quotes that were utilized from the transcripts were reviewed and edited by research staff for accuracy. The summary focused on needs/gaps and or recommendations that were common across participants in multiple focus groups and/or across different sources—e.g. the surveys, key stakeholder interviews and participant focus groups.

Focus Group Participant Demographics

A total of 33 returning residents participated in the planning process and 29 of them completed the pre-survey. Of the total, 28 identified as male and 5 identified as female. The race/ethnicity identification were as follows: 15 were White, 7 were Hispanic, 5 were African American/Black, two were West Indian, 1 was Native American and one did not specify a race or ethnicity. While most participants were under some form of community supervision, 27% (n=11) were released at the end of sentence, with 10% (n=3) of these individuals also being under probation supervision.

Table 26. Demographics of Focus Group Participants Who Completed the Pre-Survey (n=29)

	Males	Females	Total
Gender	86.2 % (n=25)	13.8% (n=4)	100% (n=48)
Age Group			
18-19	0	0	0
20-29	13.8% (n=4)	0	13.8% (n=4)
30-39	31.0% (n=9)	4.3% (n=1)	34.5% (n=10)
40-49	24.1% (n=7)	4.3% (n=1)	27.6% (n=8)
50-59	10.3% (n=3)	6.9% (n=2)	17.2% (n=5)
60-69	4.3% (n=1)	0	4.3% (n=1)
70+	0	0	0
Race/Ethnicity (could select more than one category)	Supervision Status Upon Release		
African American/Black	15.2% (n=5)	EOS (no probation)	17% (n=5)
Hispanic/Latino/Latinx	21.2% (n=7)	EOS (w/ probation)	10% (n=3)
White/Caucasian	69% (n=20)	Probation	38% (n=11)
West Indian	6.9% (n=2)	Special Parole	21% (n=6)
Other (Native American)	3.4% (n=1)	Parole	3% (n=1)
<i>missing data</i>	-1	Transitional Supervision	10% (n=3)

Receipt of Treatment and Other Rehabilitative Programing within the Prison System

“People who had destructive patterns of behavior must find the courage it takes to abandon a way of life that, although familiar, is not working for them, and trust in a system that they may be instinctively cynical of.” Returning Resident, White Male, 40s

The Connecticut Department of Correction recognizes that reentry begins at the time a person enters the criminal justice system. Upon intake into prison, every offender is assessed and provided with an Offender Accountability Plan (OAP). Listed on the OAP are recommended programs provided within the prison system that intake accessors determine to be beneficial to the offender’s rehabilitation. Compliance with this plan is factored into parole decisions and may allow for offenders to earn Risk Reduction Earned Credits (RREC). Though all inmates sentenced to prison typically have at least one program listed on their OAP, not everyone who is incarcerated has an opportunity to participate in all the programs they request while incarcerated. This is due to barriers such as not meeting the eligibility criteria, being denied access due to disciplinary infractions, and limited availability of program slots.

Of the pre-survey respondents, 27 shared their experiences with programming while incarcerated. One respondent who completed a two-year sentence said that he was given “bad access to programs.” Most others indicated that they completed one or more programs while in prison. Common rehabilitative programs offered in Connecticut prisons are evidence-based programs with cognitive behavioral therapy (CBT) as the foundation such as “Thinking for a Change,” “Voices,” and “Good Intentions, Bad Choices.” The premise of these CBT programs is that our behaviors are driven by how we think about the things happening around us. When a person commits a crime, in order for the behavior to be changed, one has to change the “thinking errors” that lead to the behavior in the first place. These are known as “antisocial cognitions.”²⁶ Among the survey respondents, 15% (n=4) said they completed the “Good Intentions / Bad choices” program. They reported that this program helped them make better decisions, think in a positive way, and to consider the consequences of their behaviors. Of the 27 respondents, 15% (n=4) participated in an anger management program and 4% (n=1) completed a domestic violence program. One person reported that the anger management program helped him to deal with his emotions. Voices is a CBT program that teaches offenders empathy by presenting the effects of their behaviors from a victim’s point of view. The person who completed this program wrote that it “changed his life.”

Inmates convicted of drug-related crimes are often required to complete substance abuse treatment programs in prison, called The Tier programs. Participants graduate from Tier II to subsequent tiers. Of the focus group, 30% (n=8) participated in one or more of these programs while incarcerated. Half of them (n=4) completed the Tier II program. Another participant credited the Tier II program for his success. He wrote, “Tier II provided the much-needed insight of the physical and psychological effects of my decision-making.”

Other program categories include basic skills (11%, n=3) and mental health programs (11%, n=3). One responded said that the mindful meditation program he took while in prison, “helped me become a more spiritual individual and I was learning to better face challenges with a more optimistic attitude.”

Starting in 2016, the Second Chance Pell Program allowed residents of Connecticut’s prisons to enroll at a local Community College and take courses toward program certificates. Two participants (7%)

²⁶ Ternes, M., Magaletta, P. R., & Patry, M. W. (Eds.). (2018). *The practice of correctional psychology*. Springer International Publishing.

of the respondents participated in this program. One shared his thoughts about how this opportunity affected him. He stated that, “College-expanded my knowledge of the plethora of opportunities available for an ex-felon. Above all both programs were enlightening and life changing.” The other program in prison that this man said had benefited him was Narcotics Anonymous.

Transitions from Within to Without

Each prison in Connecticut has at least one counselor assigned to them. Counselors are responsible for assisting with the reentry needs of people while they are incarcerated and with helping to connect people to services prior to their release. According to the CTDOC manual, counselors are supposed to meet with each inmate 60 days prior to release to discuss the following needs: medication DNA registration, if applicable clothing, housing, employment, inmate account money, transportation, identification, aftercare programs and referrals. For some individuals with the highest level of need transitional housing services are available through the Department of Mental Health and Addiction Services, the Connecticut Department of Social Services, or Hospice care. Counselors also assist with making advance arrangements for shelter and housing assistance accessible through the 2-1-1, Coordinated Access Network (CAN), which provides a standardized response process for individuals and families that are identified as homeless.

Focus group participants noted that the quality of reentry assistance they received varied between different facilities, and depended a lot upon the motivation of individual counselors. Over 76% of the respondents to the survey (n=29) said that they were not given personalized assistance for reentry within CTDOC prior to their release. A man who offered his experience in prison outlined his frustration with his prison counselor: “A counselor is not going to go out to you and say, ‘hey, how you doing man?’ He’s not going to pull you in his office and consult with you [about] your plans for the future or what he can do right now as a preplan to get you started. This does not exist.” Another participant observed that, “there is a significant lack of communication prior to reentry with DOC from my personal experience.” He was transferred to a new facility shortly before his release date, and the information that he had provided to the counselor did not follow him. As he stated, “I had to do my reentry packet multiple times with the administration, who did not know that it was completed previously.”

During the focus group, one Latinx male with mental health needs said that he had not received the treatment he needed while in prison or upon release. He stated: “We were given very little access to mental health treatment for substance abuse. They didn’t literally do nothing for me. I was told to call 2-1-1. And I didn’t even know I was getting out until that morning, like the reentry program and that facility sucked.” Others reported similar experiences. For example, another returning citizen stated, “If you’re EOS you’re not their problem no more. So, it’s pretty much just, alright, thank you. Have a good life. You’re all set. Goodbye.”

Common complaints were the lack of knowledge within CTDOC pertaining to jobs and housing, outdated educational resources and lack of internet access. Several of the older returning citizens expressed a similar frustration about the lack of guidance upon release, however they also acknowledged that some of the responsibility fell on their shoulders to seek out and knock on doors to get the assistance they needed. As they noted, since there is only one reentry counselor for the entire facility, people who are reentering have to be persistent in reaching out to let the counselor in their facility know about their needs in order to receive referrals to community-based services.

Table 28. Focus Group Responses to Pre-Survey Question about Assistance Provided by DOC Reentry Counselors *Prior to your release from prison, were you provided with information on where to go for the services that you needed?*

Response Options	Responses	Percent
Yes, a counselor met with me and gave me helpful information.	4	14%
Yes, I was given a booklet with information.	0	0%
Yes, I was instructed to call 2-1-1.	3	10%
No, I was not provided any information or assistance prior to my release.	22	76%

Using 2-1-1 to Access Services

Connecticut’s 2-1-1 info line is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week. This service is available online and over the phone. The 2-1-1 system lists a broad array of resources and services. However, the 2-1-1 process can be difficult to navigate for people seeking immediate assistance who have multiple needs simultaneously or who have limited access to a phone or phone minutes—which is the case for many newly released individuals. Also, participants who have attempted to use 2-1-1 as a referral source in the past reported frustration due to being put on hold for a long time before speaking with someone, service providers not returning their call, or having been declined services due to ineligibility or not having the necessary documentation.

As one returning resident stated, “I know there were resources available there. I just had an impossible time finding them. I would call, follow the automated tree of options, and immediately get lost.” He went on to explain, “the other problem is that there might be more than one option that applies to me, or I may not be sure which of several options most applies to my situation. If I chose wrong or wanted to explore a different option in one of the previous menus, I would have to start again and wouldn’t be able to find my way back to where I was.” Another reentrant said, “We stayed on 2-1-1 yesterday for an hour and a half...We couldn’t get through. I hear a lot of these people talking about 2-1-1 helping them and you can’t even talk to them since the pandemic happened.” Some participants reported difficulty accessing much-needed services for transportation, rental assistance, and local recovery support groups via the 2-1-1 system. This was likely due to gaps in services for people newly released from prison, as well as difficulty accessing the limited services that were available.

Reentry Planning

Some community programs provided within Connecticut prisons will work with people prior to their release, one-on-one or in groups, to assist them in developing their specific goals and plans for reintegration upon reentry. However, these programs are generally grant-funded, and only a small proportion of inmates gain access to them prior to their release. When one focus group was asked if anyone in the CTDOC helped them prepare for their release, several people in the group emphatically replied that they did not. A woman in her mid-thirties who had been employed as a nurse prior to her incarceration explained how she struggled to get the help she needed after being incarcerated for nine months. As she said, "I had no clue that there was any help out here, because I had never been in the system before. I was always the one to help. And then for me to go into the system, now I've seen both sides being productive, working, helping people and...then being one of the ones that needed help myself." She suggested "that there should be a class to get you to prepare to go, because every month something's new in the health care, something changes." She said there should be somebody there to give people the information they need, "instead of just throwing people out before they leave the prison, there should be a step. I believe like a set, like stepping stones..." A White male in his 30s explained, "A person can be more confident in his or her ability to keep on a positive path if they begin the journey with a plan." Echoing his remark, someone else stated, "if you're going out there with no plan, then you plan to fail."

Lack of IDs

Another common complaint was not having identification when they arrived home. One young man who was incarcerated at age 16 was released after eight years of incarceration without his social security card. He explained that he never possessed IDs because he was living on the streets prior to his incarceration and his mother lost his social security card while he was in jail. Upon reentry, he said he had applied three separate times to get his ID and each time his application was rejected because he failed to provide the proper documentation. Another man who was released and staying at a halfway house described his frustration in trying to retrieve his ID from CTDOC after he was released, so he could apply for work. He remarked, "It was terrible. These people don't know what they're doing. They don't have a system. They're not helping at all. Anybody, especially like myself, that just did 12 years, five months in a penitentiary system...They didn't help me at all." He explained that since he has been in the halfway house, he has been calling the jail on his own every day for the past three weeks, using his old cell phone trying to get his identification cards that he had paid for while incarcerated. But he still has not received them. He felt that the prison counselors were unresponsive to his queries even though he still had the receipt that they had given him for his IDs. He reported that they had given him a temporary ID, which was "useless" because it had his charge on it. He said, "I can't cash a check with it. They did nothing whatsoever to help and assist me in my reentry into society. I am the way I am or I'm this far with the grace of God, good people around me and the determination to succeed on my own. They didn't help me at all."

In-Reach

When asked whether they thought having contact with community providers prior to their release, referred to as “in-reach,” would have been helpful to the transition process, focus group participants quickly affirmed this as a good idea. “I think that would have helped me tremendously,” one participant said. He added that establishing a connection with a case worker would have helped him to have “gotten a move on things” and would have made his reentry experience “a lot safer.” When asked if he would have utilized in-reach services while incarcerated, another focus group participant replied, “Oh, absolutely. Absolutely. Definitely. I would.” He recommended that the process begin six months prior to release and continue right up to “before you’re getting ready to get out that you start putting your pieces together.” The client described the sort of things that should be worked on during this period. “Where you’re going to stay. What you’re going to do. Long-term goals. Short-term goals.” Another returning citizens explained that the case manager could help with assessing a person’s education and job skills so as to guide them on finding employment since many “ex-felons do not understand labor markets and how they function.” He also noted that the case managers could assess their mental health and addiction needs so as to “provide a path of consistent and successful recovery.”

Effective Case Management

“Because somebody that doesn't know what they need to get done...That's what the case workers are there for them to make sure that... whatever need you have when you get there that they are there to help do that. So you know...will help you with the paperwork or just make a phone call or go help. To have somebody else to help, so you don't have an incident.” Returning Citizen, African American 40s

Returning citizens reported that they are more likely to invest energy into navigating the social service system if they have help from a person they trust will provide them with reliable informative about resources that are up-to-date and dependable. Also, they are more motivated to be persistent in seeking the help they need, if the person assisting them shows that they truly care. When asked if they would utilize the resources available at a Reentry Welcome Center, a reentering citizen replied, “If they’re willing to help.”

A common complaint was that some of the people who were providing the services were only there to receive their pay check. As a young White male participant stated, “you have to have people who are genuinely interested in other people, not people who are interested in their pockets. That’s very hard to see nowadays.” Another White male returning citizen in his 60s likewise commented that “you go to a place, the staff members just want to do their eight hours and that’s it.” Clients pick up on non-verbal cues that signal disinterest in their clients. A returning citizen described the following observations, “You can see them [case managers] peeking at their phone, looking around the room or rolling their eyes. You know they don’t really care about you. They’re just going through the motions.” Follow-through on the part of case managers is an indication of whether or not they are genuinely intent on assisting. One returning citizen elaborated, “If they’re not there just for a paycheck and, you know, puts it to the back burner (where) they ask me questions and you don’t hear from them for like three weeks.”

Several of the returning citizens said that they would like the Reentry Welcome Center to be staffed with people who have had lived experience with incarceration. They mentioned this was a benefit because they would trust the information more if they received it from someone who had lived it too. As one African-American male in his early twenties said, *“It's something a whole lot more because you're somebody that knew where I came from. You're telling me your experience firsthand and how it's going to impact me being we came from the same background.”* Another older African-American male said that

he had cultivated a social support network while in prison with some of the other inmates who had taught him valuable social skills and other life lessons on how to become a successful businessmen and envision a better future for himself.

Returning citizens praised those providers who went out of their way to assist them. They expressed gratitude when they received assistance in a timely fashion and when case managers showed that they genuinely cared about their well-being. They recognized when case managers put in extra effort to advocate on their behalf and to ensure that they were safe and had their basic needs met. Several of them expressed appreciation for the assistance they were currently receiving from the counselors and others at the shelter or halfway house facility where they were presently staying. However, it was evident that some of them felt that once they left the facility, they still were uncertain how they would find a place to live, acquire gainful employment and get the assistance they needed to remain stable.

Basic Needs and Systemic Barriers

“So, for brothers and sisters, coming home...I feel that the most important thing is everybody wants to be, should be stable. Everybody wants to be able to be economically compatible, to be able to compete in society with everybody else. If you can't feed yourself, that's...when the violence goes up... Nobody got an opportunity or way to provide for themselves and they find their own way... I'm gonna eat somewhere one way or the other.

But, honestly people need skills training, some sort of a way to be able to financially take care of themselves. Because when their pocket[s] is empty and their stomach is hungry...that's when shit get real...You know what I mean? Ain't nobody trying to take 'no' for an answer. We're going to make a way, some way, somehow.”

Returning Citizen, African American Male, 40s

The need for financial assistance and basic necessities of life upon release was evident in participants' responses on their pre-surveys to the question of what were their biggest challenges upon reentry (n=26 responses). The most frequently mentioned challenges were for housing/shelter (32%, n=9), employment (29%, n=8), and other basic needs such as for food and clothing (25%, n=7). Several participants said that they had nothing or were “starting over from nothing,” and reported needing “the basics,” “food stamps,” “food, and assistance with transportation.” Also, two participants said they needed financial assistance, income or money in order to survive. Others complained about leaving prison with almost nothing at all. One young man, who was released recently from Osbourn, said he was released with his “tans on and that's it.” Other challenges included addiction treatment (n=4). For many of the people who cycle in and out of prison, addiction plays a role in their criminal behavior. Four participants specifically mentioned challenges with maintaining their sobriety.

Participants also mentioned several *systemic barriers to reentry*. A need for support groups (n=2) was mentioned and access to services. One person specified the challenges that came from clinics and offices being closed due to the pandemic. One person specifically mentioned the there was a lack of communication prior to reentry with DOC. Three participants mentioned challenges with having a felony conviction on their record when applying for jobs. As one participant explained, one of his biggest challenges was “not having my record follow me everywhere.”

Participants also mentioned challenges internal to themselves such as “adjusting to society,” “dealing with people,” “making better choices,” and “managing time” (18%, n=5). Others mentioned challenges with *rebuilding their relationships* with others (7%, n=2): “proving to myself and others this is the last time” and “becoming a better person for my family.”

Housing Needs

"I'm still struggling. I, you know, come out, you've got no family, I've got no roof over my head. It's hard not to fall back into your old ways just to survive." Returning Citizen (White male, 40s)

When asked about their housing status upon release, about one-third or 34% of the survey respondents stated that they were currently living in a halfway house, transitional housing, or a sober home, and another 31% were living in a shelter. One individual reported being currently homeless. Up to ten percent of the participants reported having a stable place to live for more than a year, and 14% a temporary place to live for less than a year. Seven percent of the participants reported that they currently were living in an "unstable living arrangement with a family or friend." Overall 34% anticipated that it was very likely or likely that they would be homeless in the next year, whereas seven percent said this was somewhat likely, and 38% said that it was not at all likely that they would be homeless in the next year. Another 21% reported that they did not know whether or not they would be homeless within the next year.

Several participants described the challenges they faced being released directly into homelessness. As one participant from Waterbury explained, he was born and raised in Waterbury and was released six months ago after having served two years in prison. When he was released, "all I was given was a bus pass and, you know, a boot in the ass." He said that he was "still struggling." He described his challenges as follows,

"You know, come out, you've got no family. I've got no roof over my head...It's hard not to fall back into, into your old ways to try just to survive. You know, there's no help. You don't know where to turn. You don't know what to do...You'd come out and you're homeless. What are you supposed to do?"

He explained that it is hard to find work because of his record.

"They don't make it any easier. It's like, they want you to come back into the system. ...That's what it is. It was the first time since I was a kid that...I have no parole, no probation, no nothing. I totally discharged. But there's nothing out here for me."

If it were not for his friends, he said does not know what he would have done, since "there's nothing, you know, there's nowhere to turn...you don't know what to do. Right. You keep moving on and looking for work, get a little side work here and there." About the concept of a Reentry Welcome Center, he said, "I would definitely use the resources if there was something, but you don't even know where to look for them. Right?"

Another participant who was staying at the temporary shelter said that he anticipated he would be homeless as soon as the focus group concluded. He was a veteran who had been granted a thirty-day stay at the hotel shelter through a Veteran's Bill. "Today is my last day in the hotel and I have no idea what I'm doing once I leave...I go grab my stuff and I'm back on the street," he shared. During his time at the hotel, he managed to find a job, but it would not start for a few more days. In the interim he said, "I don't have shelter. I'm literally walking out these doors with my suitcase and backpack and I don't know where I'll go from there." He had been placed on a waiting list for a bed at a Waterbury shelter, but the lists were long. The odds of him getting a bed anytime soon, he was told, were "slim to none." Once he begins

receiving paychecks from his job, he is worried that everything he earns will have to be spent putting himself up in a hotel. “How am I supposed to save when all my money goes toward a place to stay?”

Table 29: Housing Needs Reported by Focus Group Participants on the Pre-Survey

How would you describe your current living situation?			How likely are you to be homeless within the next year?				
Response Options	#	% of Total	Not at all likely	Somewhat Likely	Likely	Very Likely	Don't Know
Stable place to live (for at least a year)	3	10%	2				1
Temporary place to live (for less than a year)	4	14%	2	1	1		
Unstable living arrangement with family or friend	2	7%				2	
Living in a half-way house/sober home/supportive housing/transitional housing	10	34%	4	1	1	1	2
Living in a shelter	9	31%	3		1	3	3
Other: Homeless	1	3%				1	
Total	29	100%	11	2	3	7	6
% of Total			38%	7%	10%	24%	21%

Traumatizing Experiences within Prison

“I realized that, for me personally, being able to express myself, get it off my chest... because when I bottle it up, I’m in a box, I’m in a courtroom, I’m trying to hurt somebody or somebody’s trying to hurt me.”

Despite the availability of programs within the Connecticut prisons, a common complaint among returning citizens is that a rehabilitative environment is lacking. All people who are incarcerated experience some degree of dehumanization by virtue of how U.S. prisons are designed to subject them to strict forms of monitoring and control. Participants in the focus group mentioned the following dehumanizing experiences, which are standard practices in prisons: being assigned a number; being confined to a small cell; being stripped naked; solitary confinement; low wages for work they perform, as well as restrictions on visitation such as being behind glass, and having pat downs. Several returning residents also spoke of a culture among correctional officers that was degrading to their human dignity, for example being subjected to verbal insults and comments intended to humiliate them. They likened prison to modern-day slavery. The idea that the prison system is a “business,” which is designed for people to fail once they return to the community was mentioned across several different focus groups. In other words, returnees share the perspective that the prison does not support people’s rehabilitation, and rather keeps people cycling in and out so that the corrections staff and others in the system can get paid.

Several people in the focus groups complained about situations that occurred while they were in prison in which their mental health, wellness or physical health needs were neglected. For example, one

White male in his 40s said that he was left to suffer through drug withdrawal in jail. “So when I went in, they never called me down for vitals or anything. And I just suffered for three weeks.” Later, when offered a drug rehabilitation program, he replied, “absolutely not.” When asked why by a counselor, he said, “I just went through this whole withdrawal thing and you didn’t even call me once.” He explained, “I filled out a lot of notices and stuff, you know, for sick call, and they just ignored me, you know?” Later he learned that the reason he had not received assistance was because they had exceeded their detox bed capacity.

Another Latinx man reported his struggle with mental health issues and with extreme social anxiety. He said that the panic attacks he suffered in prison caused him to drop from 200 to 120 pounds. He said “Nobody did anything because nobody cared. That’s our reality.” Reflecting upon his experience, he added, “This is what I see and it’s sad. It saddens me.” The apathy he encountered in those around him caused him to further isolate himself. He said, “I decided to stay away from people because sometimes you try to seek help and don’t find it,” in a disheartened tone. “You’re not surrounded by people who are willing to understand... if we keep dealing with people who think only about themselves, how they feel, what they want, we’re not going to solve anything and things are only going to get worse.”

One resident of a Waterbury halfway house, a 45-year-old Black man who had spent a total of 25 years in prison over multiple incarcerations, described how he only came to understand his need for trauma treatment after having met with a doctor late in his adult life. When he was a teenager, he was shot in the side of his head. On another occasion, an altercation with police officers left him beaten to the point of seizures. Before bringing him to jail, police had to take him to the hospital. Therapy was a turning point for him. He initially thought his psychiatrist was “crazy” for diagnosing him with PTSD. The doctor told him, “People are not supposed to be seeing the things you’ve observed throughout your life.” He came to realize his doctor was right. “I realized that, for me personally, being able to express myself, get it off my chest... because when I bottle it up, I’m in a box, I’m in a courtroom, I’m trying to hurt somebody or somebody’s trying to hurt me.” Now upon his most recent release, he is seeking out one-on-one counseling to address his PTSD in an effort to break his cycle of re-offending. He reiterated a realization common among returning citizens who are committed to change: “You gotta really want it... “I did it differently this time.” “Once you buckle down and start doing some self-evaluating, that’s when it’s going to come.”

A young African-American male described his situation of having been released from state prison to Waterbury a year ago. He said that he was initially doing well. He obtained a job and had found housing. But then the federal authorities picked him up, and he was “smacked right back in there.” He explained that, “they stripped me from everything...took my ID...my car, everything that I had going for me, you know. It took me away from my job.” While in federal prison, he was part of a work-release program. When he returned to Waterbury from incarceration the second time, although he had never previously used drugs, he got caught up with a serious drug addiction. He said he went from being at a peak in his life, to hitting rock bottom.

One African American male in his 60s described the benefits of having someone to meet with who could help address the trauma he had experienced in his life, and specifically the trauma associated with growing up in an inner-city urban environment. He said, “That’s what the one-on-one’s are for, to deal with specific problems...What happened in your past. So, it definitely helps. I’m an example of that.” Mario Fusco, the research assistant for this plan who is also formerly incarcerated explained that some people may choose not to reveal their mental health conditions to the prison staff, so as to avoid being transferred to Garner Correctional Institute, which is a maximum-security facility for people with serious mental health disorders. Another fear that many inmates have is of being placed on suicide watch. A mental health diagnosis also could disqualify them from some jobs, programs or activities. They also resisted seeking treatment because of stigma, either internalized or from others; inmates receiving

mental health medications can face ridicule and ostracization. As a result of these hidden barriers to receiving treatment, counselors may not be informed about the mental health needs of people in the system who are returning to the community.

COVID Impact on Services

The COVID pandemic arrived in Connecticut shortly after this planning process began. Governor Lamont issued his first executive order pertaining to COVID on March 12, 2020. Pre-survey respondents were asked to describe how the coronavirus pandemic affected their lives as they were in the process of reintegrating back into our communities. Of the 24 responses, 32% (n=7) wrote that the pandemic had made it more difficult for them to access resources and services, such as their probation officer, case managers or a public defender. A counselor at the York prison explained that they do their best to inform the women of the challenges that they are likely to experience as a result of COVID upon release. Upon release, the women will not have such ready access to the services they may have utilized in the past. For example, it is harder to access a shelter bed, since capacity had been reduced and some food kitchens were closed. This counselor advised each woman to have a plan A and a plan B for housing, since family members and friends may be more reluctant to offer them a place or they may be required to social isolate before a family member would be willing to take them in.

Continuity of care has also been affected by COVID. Some health care services stopped admitting new patients for non-urgent care. For example, one returning citizen who needed physical therapy reported that he was unable to receive it because of COVID, as they were not taking any new patients. Other services have transitioned to an online platform, but some reentering citizens did not have ready access the services online because of lack of a computer or internet access where they live. Although some were able access services by phone or online, some lacked high speed internet services. Several said that they lacked the basic computer or smart phone skills needed to access services online. For example, one returning veteran explained that he did not know how to use a computer and due to this had had difficulty applying for benefits or finding work since he was released during COVID.

COVID has also made it harder for people to find jobs once they are released. As the veteran noted, “a lot of it is online applications, online virtual interviews and virtual training.” The halfway houses implemented a policy restricting people who were unemployed from leaving the premises in search of work. Thus, job searches or interviews have had to be arranged by phone or online. These restrictions made it difficult for two other respondents to find or maintain work. One lost his job due to the pandemic.

Safety inside the halfway houses was also a concern. Initially, early on in the pandemic, one person who was living in a halfway house was very fearful of contracting COVID and was not confident that the staff were taking adequate precautions to make sure people were not being exposed within the house. Others said that they found it harder to build a trusting rapport and get the social support they needed from their case managers, recovery coaches, counselors or other caregivers online.

Three participants on the pre-survey (14%) said that COVID-19 had affected their families or household. “This situation has changed everything about life for me and my family,” wrote one respondent. Another said that the restrictions caused by the pandemic have prevented him from being able to see his son. The ability to get from place to place was limited for some respondents as the pandemic resulted in shelter-in-place orders and travel restrictions. One respondent wrote, “It made it hard because I was supposed to be reentering society, but had to quarantine which felt like I'm still incarcerated.”

Being made to practice social distancing, wearing masks, and having to self-quarantine can also be a trauma-trigger for people who have been incarcerated. One returning citizen whose family owns a local diner was required to self-quarantine after everyone in his immediate family tested positive for

COVID. Although he never developed symptoms, the experience of being forced to self-quarantine over the holiday period had him reliving his prison experience. In his words,

“Digging deeper into the psychological and emotional effects of a COVID self-quarantine, the challenge is much greater. Imprisonment for any length of time brings with it some degree of trauma. I came home with a measurable degree of post-traumatic stress. For people like me, confinement of any kind is a trigger. Though I rationalized that I was physically capable of opening the door from my basement to the outside world, I knew that I was morally obligated not to. Emotionally, there is no difference. Psychologically, my basement became a cell. This triggered the anxiety that PTSD brings.”

Silver Lining due to Federal Relief Funds

One respondent mentioned how the federal aid provided during the pandemic affected his situation in a positive way. “[The pandemic] gave me a safe place to stay at and get to know my probation more.” Also, 14% (n=3) of the respondents said that the COVID crisis had not had a major effect on them. Once the federal and state emergency relief funds started coming through, and cities committed to expanding their shelter capacity by placing people temporarily in hotels, this actually improved the situation for some individuals who would otherwise have been homeless or in ‘warming shelters’ during the winter months. As CPA Director of Operations, Deborah Rogala has stated, ‘If we can provide people who are released from incarceration with housing during a pandemic, then we should be able to do this moving forward.’ It is evident that creative solutions to homelessness are available, and that the problem can be solved when resources are directed toward the need, and the proper systems are put in place.

Readiness and Willingness to Change

“I just was self-evaluating. And I mean, I looked at myself in my commissary mirror and I said, ‘I have to do this for me...I wanted it for me. Nobody else wanted it for me. Nobody wanted to help me. I made a conscious decision to do something better with my life. They talk as if prison was a bad thing. Sometimes, I mean, I look at it like it might’ve been a good thing for me. Feel me, it might have saved my life. Might’ve saved somebody else’s life.’” Returning Citizen, African American Male 40s

Participants in the focus group were generally forthcoming in acknowledging having made poor decisions in the past that led them down the path to crime. Many acknowledged having been involved in high-risk behaviors, criminal lifestyles and/or abusive relationships which led to their prison sentence. Several focus group participants reported that being sent to prison was “a wake-up call” and life-saving intervention that forced them to break away from the harmful and destructive thoughts, behaviors, relationships or groups with which they had been involved. Another dimension of staying out of prison is being willing to ask for help when needed. Some men who are incarcerated struggle with this even if they are motivated to change, as they have been taught to perceive asking for help as a sign of weakness. As several focus group participants stated, “Each individual has to have a desire to want to get help,” “You gotta want it,” and “You’ve got to look for help. You gotta find it.”

The period of incarceration gave the men and women an opportunity to reevaluate their situation, and to develop the tools necessary to change their thoughts and behaviors. When asked about what contributed to their successful reentry, citizens made remarks such as, “I’m ready for a change,” “I’m making a change in my life,” “I need to change. I need one opportunity,” and “we need to change our way of thinking.” Ideally personal transformation of breaking old patterns of thought and behavior is a process that begins in prison, and continues after being released. One person summed up the significance of personal choices: “Either the good outweighs the bad or the bad outweighs the good. You take your choices where you want to be. When you find yourself in prison, you’re faced with a choice: am I going to use this to turn my life around, or am I going to let it take me down?”

When justice-involved individuals were asked in an open-ended survey question “What has helped you the most to stay out of prison?”, their answers centered around a few main themes that are described below. Of the 29 responses, 21% (n=6) reported that *changes in their mindset* contributed to their success. “Staying positive, understanding the consequences of my actions,” “Different outlook on life” and “reconditioned thinking” suggest that healthy attitudes are a major contributing factor to desistance from crime. Other answers, such as “willpower” and “taking my own initiative” testify to their determination and will to succeed. One participant attributed his success to his faith in a higher power, writing that “my faith and confidence of the God of my understanding.”

About 38% (n=11) of the responses mentioned the importance of having *positive social interactions with people who cared about them* and whom they cared about. 24% (n=7) had mention of family, primarily children (n=4), significant others (n=2) or family in general (n=2) and two listed friends as a positive source of support. One explained that his ability to stay out of prison was tied to his desire to: “prove that I am better than my weaknesses and flaws. To myself and others,” indicating prosocial influences and also a strengthening of his own sense of self-esteem. Of those who mentioned friends, one said that he needed to keep a distance from people he used to hang with.

About one-sixth of respondents mentioned maintaining sobriety as critical to their remaining out of prison (15%, n=5). One person mentioned programs in general without specifying which ones, and another mentioned attending Narcotics Anonymous groups. Two participants listed their dedication to further their education and one participant wrote that gainful employment most contributed to his success.

Family Support

"Coming out, I know that, in order of importance, my needs were housing and family reunification."-
Returning Citizen, Hispanic male, 30s

The importance of having family support cannot be overstated for people returning from incarceration, since many people leave prison with little but the clothing on their backs. Although those who worked while in prison may have some savings, a portion of these savings or earnings may be garnered by the state to pay for court fines and fees, the cost of incarceration, or for child support payments. Some participants who have had multiple incarcerations since childhood reported having little or no money and no family support. Those participants who were more fortunate, spoke about how essential family was to helping them get back on their feet. As one returning citizen described,

"Yeah. My family, uh, support comes from my mom's side. My father's there too. But like as far as siblings, besides my parents, is my mom's side and they have been here my whole time incarcerated. Like if, if I can't figure something out, I'll call them and they'll help me figure whatever I got to get done. No matter if I'm calling my sister, my brother, my aunt, my mom, grandma, somebody can help me figure it out how it was done."

Another participant said that his mother was his support, "my mom, my mom has been my support, man. And here in jail. My cousins, my sisters...I have a little network. Like I said, my mom is my back. My best friend." One participant reported that he had family support, but that his mother and sister live in Florida. Therefore, he was trying to get permission to serve his parole sentence in Florida. A recommendation was provided by several focus group participants that the Reentry Welcome Center should help people to reconnect with their families by 'bridging the gaps so you can keep your family close.'

Anticipated Benefits and Challenges of the Reentry Welcome Center

After being introduced to the idea of creating a centralized location in Waterbury where people can go to be connected to reentry services, focus group participants were asked to identify the biggest challenges they believed the staff would face when providing services to returning citizens. Of the 18 responses, 22% (n=4) anticipated that a primary challenge will be how the RWC is administered. Respondents cited the need to plan ahead, maintain manageable caseloads and avoid disorganization. Another frequent concern (22%, n=4) was to make sure the information about the Center was provided to inmates prior to their release from DOC. Others emphasized the need for close coordination with DOC counselors for the drop offs and close collaboration in general among community providers.

Quality of care was another concern. Respondents said that staff at the RWC must demonstrate that they genuinely care about their job and work on the level of their clients so as to avoid frustrating them. Two respondents expressed the need to staff the RWC with people who had themselves been justice-involved. Others listed community involvement and client buy-in as potential challenges.

One respondent believed that the coronavirus pandemic would be an obstacle to opening the Center. Another thought that providing housing and access to medical services would pose a challenge. One participant said they did not know what to expect just yet, as this was their first time participating in the planning for the RWC.

Summary Discussion of Participant focus group and survey findings

According to Maslow's hierarchy of needs, self-actualization is only possible when people's basic physiological needs are met, as well as their needs for safety, human connection, dignity and respect. Many people who end up cycling in and out of prison are there because of having made poor choices in their lives, having undiagnosed and untreated mental health, addiction and trauma, lack of family support, and being unable provide for their basic needs in society. Conversation with people who were recently released from prison reveal that, at its worst, the justice system extracts an unjust toll on people's physical and mental well-being through processes of dehumanization, domination, and exploitation that do little if anything to prepare a person for successful reintegration back into our communities. At its best, the criminal justice system can facilitate rehabilitation by teaching people how to break destructive thought patterns and behaviors, helping them to heal from trauma and recover from addiction by teaching them new skills and positive coping mechanisms necessary to be productive and law-abiding citizens. Evidence-based programs such as substance use and mental health treatment, counseling, faith-based programs, mentorship, education and job training have all been shown to reduce-recidivism.

Focus group participants' general consensus was that cognitive behavioral therapy and other rehabilitative programming within prison were helpful to them for their recovery and in gaining important skills and opportunities to rebuild their lives. They were able to retain what they had learned in these programs and strived to apply them to their lives upon release. However, many of the returning citizens we spoke with would have liked to have received more opportunities to take part in rehabilitative programming while incarcerated. Returning residents whom we spoke with also recognized that they were responsible for having the right mindset. 1) Accepting responsibility for their crimes, 2) engaging in introspection, 3) being ready to seek help and treatment, 4) making the most of the opportunities presented to them, 5) recognizing how their well-being was connected to that of others, and 6) having the cognitive ability and motivation to learn were important steps that many reentrants identified as being necessary to become law-abiding citizens and positively contributing members of society.

A sad fact remains that people who return to our communities from prison and jail report having traumatizing experiences through their encounters with the criminal justice system itself. Even though prison programming can facilitate the process of rehabilitation by immersing people in an environment that is relatively safe and healthy compared to living on the streets, there are other ways that prisons can retraumatize people. Not receiving adequate care while detoxing was traumatic for prisoners and for those witnessing their withdrawal crisis. While based on anecdotal evidence, we found that those returning citizens with co-occurring mental health and addiction needs who experienced lapses in their care while in prison seemed the most distressed by their prison experiences and it seemed to worsen their conditions. When their mental health issues were ignored, this contributed to their lack of distrust and led to further deterioration of their health overall. Supporting these findings, a comprehensive scientific review of treatment for people with co-occurring mental health and addiction in prisons and jails found that treatment that addresses co-occurring mental health and addiction disorders in tandem is the most effective, although most treatment plans in prison and jail treat these needs as separate²⁷. Other research shows that people with mental health and substance use disorders are better served outside of the prison and jail system with community-based treatment alternatives²⁸.

²⁷ Peters, R. H., Young, M. S., Rojas, E. C., & Gorey, C. M. (2017). Evidence-based treatment and supervision practices for co-occurring mental and substance use disorders in the criminal justice system. *The American Journal of Drug and Alcohol Abuse*, 43(4), 475-488.

²⁸ Pettus-Davis, C., & Epperson, M. W. (2015). From mass incarceration to smart decarceration.

Retrieved from: <https://grandchallengesforsocialwork.org/wp-content/uploads/2015/12/WP4-with-cover.pdf>

Being dropped back off on the streets with nothing but the clothing on their backs puts people right back in harm's way. When people return to Greater Waterbury after incarceration, they often return to communities with the most concentrated poverty and highest levels of "social strain." As the release data had demonstrated, and as the focus groups confirmed, many people return to the communities with only the clothing on their backs and little if any money or ability to provide for their basic health needs. When we look at recent census data and other measures of community-wellbeing for Greater Waterbury, we find a high level of unmet basic subsistence needs, particularly among Blacks and Hispanics, those with the lowest incomes and with the lowest educational attainment. For example, 14% of Greater Waterbury residents reported that they have not had enough food for their families in the past twelve months, including 25% for African Americans and 27% for Hispanics/Latinxs as compared with 12% for Whites, and 20% for those without a high school education²⁹. High-poverty census tract neighborhoods of Greater Waterbury—experience a clustering of adverse social conditions associated with poverty, including high rates of unemployment and crime and the need for subsidized housing³⁰. Lack of housing and challenges in seeking employment due to their felony conviction, as well as behavioral health and health care needs, are common challenges among people who have been incarcerated and are returning to Waterbury.

According to focus group participants, while providing people with much-needed treatment, programming and therapeutic support while in prison can help them heal, the lack of continuity of care upon release can also lead to relapse and precipitate a health crisis, or a return to old criminal patterns of behavior associated with basic survival needs. Other research corroborates that the high risk of recidivism for people with mental illness is not due to their mental illness alone, but rather to the confluence of situational factors they face such as lack of family support, unemployment, and homelessness that lead to instability and increased vulnerability to being victimized in the community³¹. Thus, it is recommended that more efforts be made within CTDOC to ensure that people who are incarcerated who have mental health and addiction disorders receive comprehensive reentry programming to ensure continuity of care and to address their other situational needs as they transition back into our communities.

Focus group participants generally liked the idea of having a case manager contact them prior to their release and helping them prepare a reentry plan, and also of being provided with a centralized hub, or "a one-stop shop" where they could go to receive assistance. They understood the value of having somebody who could help connect them to available resources and services, and also provide them with personalized advice and emotional support. They recognized that they need help to problem-solve the cascade of challenges they typically faced such as: difficulties in procuring identification, getting access to a computer, finding transportation, and connecting to vital mental health and recovery services. A commonly expressed view was that it was easier to trust someone who was serving in this case management role if they had lived experience of incarceration and were from similar backgrounds. It was important that the case manager understood the challenges they were up against and was empathetic and genuinely caring.

²⁹ Greater Waterbury Health Partnership, 2019-2020 Greater Waterbury Community Wellbeing Profile. Retrieved from https://www.ctdatahaven.org/sites/ctdatahaven/files/greater-waterbury-wellbeing-profile-2020_web_optimized.pdf

³⁰See for example the Open Communities Alliance map for Waterbury retrieved from <https://www.ctoca.org>

³¹ Wallace, D., Fahmy, C., Cotton, L., Jimmons, C., McKay, R., Stoffer, S., & Syed, S. (2016). Examining the role of familial support during prison and after release on post-incarceration mental health. *International journal of offender therapy and comparative criminology*, 60(1), 3-20. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25156422/>

V. Stakeholder Interviews and Recommendations on Systems Change from Greater Waterbury Reentry Council Members

Having a center 'hub' for all things related to incarceration would allow those re-entering a sense of comfort that this center would be the 'one stop shop' for what they need mentally, physically, emotionally and spiritually.

I believe having a centralized location for Reentry would be great because it would allow people to have a place to receive all the resources they might need rather than going from place to place or calling 2-1-1.

By being a place folks know they can go to where they won't be judged, harassed or discriminated against. A staffed and proactive reentry center becomes the first touchstone of their community, which I feel would be hard to recreate after being taken from the community for so long.¹

GWREC Survey Responses

Overview of Stakeholder Involvement in the planning process

Community stakeholders from the Greater Waterbury Reentry Council were involved in providing input into the RWC planning process over the past year. The council meets on the first Tuesday of every month. The first two meetings of the year (2020) were held face-to-face in a conference room at Wellmore Behavioral Health, in downtown Waterbury. Following the pandemic, the meetings were hosted via the zoom platform. The planning process began with a “SWOT” analysis at the January and February GWREC meetings, with over forty members present. This SWOT analysis asked members to identify the strengths, weaknesses, opportunities, and threats of the reentry eco-system for Greater Waterbury. The reentry eco-system was defined as:

- 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.).
- Their coordination at the city and regional level.

The information from the SWOT analysis was compiled and organized into priority areas, which were then used as the basis for forming subcommittees. The subcommittees met once during the February GWREC meeting, in small groups, and then reconvened again via zoom in November and December of 2020. Additional input from stakeholders was gathered via an online survey, and in-depth interviews with key informants identified by the council members. During this time a ‘funding scan’ was also prepared which listed potential funders for the start-up phase and for the sustainability of the RWC.

Over the course of the year, regular updates on the data findings were presented to the GWREC members. This included preliminary findings from the participant focus groups; the partner survey; data on racial and ethnic disparities in the spread of the virus; analysis of DOC and CSSD data, as well as updates regarding the key informant interviews. Notes were also taken during these monthly meetings as providers discussed the impact of COVID, and other challenges or successes they were having in meeting the needs of returning citizens.

In addition to the monthly meetings, an advisory team of seven members was formed involving key partners and volunteers from the council members. The advisory team met three times over the course of the year to review the data collection plan, focus group guide, and survey instrument, and provide feedback on the planning process.

Based upon the SWOT analysis and input from advisors, *six central needs and gaps* emerged as central to the RWC plan, and subcommittees were established to work on recommendations for each of these areas. The council members also agreed that recommendations for strengthening *race equity, diversity and inclusion* be an ongoing priority in the planning process for each of the subcommittees:

- Housing
- Employment
- Access to Resources
- Transition from within prison to without (care continuity)
- Family Reunification
- Education

Greater Waterbury Reentry Council Partner Survey Findings

The partner survey was administered online from mid-April to May 2020 to all of the Greater Waterbury Reentry Council members. A total of 19 members completed the online survey. Some of the key findings from the partner survey are reported below. One of the goals of the planning process was to include people with lived experience in all stages of the planning. For this reason, council members were asked a few questions about their experiences with incarceration. Two of the council members were formerly incarcerated and six reported having a close family member or friend who was previously or is currently incarcerated. Two said this question was not applicable. Findings from this survey were presented to the Council in May as part of the discussions around the planning, and the findings helped to guide decisions in preparing the implementation plan.

Council members were asked in an open-ended question to rate the top three needs of returning citizens. These were identified as Housing, Employment/Income, and Behavioral Health. Other needs that were mentioned were for health care, clothing, identification, transportation/bus passes, family support, peer support, case management, non-discrimination and job readiness skills.

Council members were also asked about the main gaps in services for returning citizens. The following list are the gaps that were mentioned:

Table 30. Stakeholder Survey Responses Pertaining to Gaps in Services for People Returning to Greater Waterbury

Basic Needs	food, clothing, transportation options
IDs	Photo IDs
Employment	Jobs that provide access to the middle class or livable wage; access to jobs that hire people with a record
Job Readiness	Job training; short-term job prep; dealing with employment gap on resumes
Mental Health	Mental health; trauma counseling, treatment for chemical dependency; adequate and responsive mental health services.
Healthcare	Health care services

Table 30. Continued

Life Skills/ Education/Positive leisure Activities	Skills building and financial literacy; Education; Activities during the day for halfway house residents
Family Reunification	Reuniting with families
Housing	Affordable housing, and Section 8 housing, long-term housing
Transition/Care Continuity	Support on day of discharge; Connecting with providers, follow through, knowing where to get assistance to become self-reliant; Case management; Services after 5 PM
Policy	Legislative engagement

Reentry Welcome Center Model

Based on the survey responses, a majority of council members agreed with the idea of replicating many of the elements from the Greater Hartford Reentry Welcome Center model.

- Almost everyone (95%) agreed with the idea of providing case management services (only one respondent disagreed);
- 85% agreed with the idea of community providers conducting ‘in-reach’ into the prison (one person disagreed and another person was not sure);
- 85% also agreed with the idea of providing peer support groups (one person disagreed and one said they did not know).
- 95% of respondents agreed with establishing a centralized hub to collect data on the delivery of services for people being released, so as to better coordinate services and evaluate outcomes, and one person said that they did not know.

Anticipated Challenges for the Reentry Welcome Center Staff

Partners were asked on the survey, “What do you think will be the biggest challenges for the staff providing services at the Greater Waterbury Reentry Welcome Center, and what could be done to address these challenges in advance?” Respondents anticipated a range of challenges. Several respondents were concerned about having a sufficient number of case managers and resources to meet the high level of need among returning citizens. Two recommended that the RWC establish memorandum of understanding (MOU) agreements with DOC and with community providers to ensure continuity of care upon release. Other recommendations included hiring people who have been formerly incarcerated and also providing trauma-informed training as well as knowledge about health wellness and recovery coaching to all the staff.

A full list of the anticipated challenges and recommendations provided by stakeholders is provided in the table below.

DOC-related	<ul style="list-style-type: none"> • Communication with DOC; • Probably the early morning releases that typically happen and the emergency or unexpected releases. 	<ul style="list-style-type: none"> • an MOU should be set up to define expectations
Client-related Challenges	<ul style="list-style-type: none"> • People who discharge EOS and come to the Center in crisis- due to homelessness, substance abuse, medical and/or mental health needs. • How to work with angry inmates, depressed clients and inmates struggling with substance abuse issues. 	<ul style="list-style-type: none"> • A way to avoid anyone discharging to an unsafe situation is to incorporate pre-release services. • Also, a trauma informed approach to all. The best way to overcome these barriers is to train early and often. • Setting boundaries. Be clear from the start, and no exceptions. • They must be trained with knowledge about health and wellness and recovery coaching.
Resources for Clients	<ul style="list-style-type: none"> • Lack of resources and lack of access to jobs, housing and treatment. • Dealing with a lack of affordable housing and employment opportunities. 	<ul style="list-style-type: none"> • Finding employers to hire folks • Creating full/part time jobs, I believe it has to be addressed at the level of the approvers of the site. • Develop relationships with returnee-friendly landlords and employers.
Staffing/Management	<ul style="list-style-type: none"> • Funding / Money • Staffing/ Case load/ Delivering quality service due to the caseload and resources available. • Physical space for the Center that's convenient to public transportation and other amenities • Over time, ensuring adherence to the goals and original intent of the reentry center. 	<ul style="list-style-type: none"> • Need to Secure donors. • hiring formally incarcerated people would be a good thing for people relating to the population
Partnerships	<ul style="list-style-type: none"> • Need buy-in of service providers. • Working as one in lieu of 50/100 separate non-profits working against others to only benefit their company's funding needs • Duplicity 	<ul style="list-style-type: none"> • It has to be unison and one common goal: the success of our reentry population. • Maintaining a record of service providers and knowing where to send folks that affirms and supports their experiences. • We need their buy-in in writing
Planning/Data	<ul style="list-style-type: none"> • It could very easy to over commit and under perform. The center cannot get a bad reputation. 	<ul style="list-style-type: none"> • Also, expectations should be right sized. Keeping stats to justify funding.

Key Informant Interviews

Beginning in June and continuing through the end of the year, twelve key informant interviews were conducted as part of the planning process. Interviewees were identified by the Greater Waterbury Reentry Council and by the lead researcher. All of the interviewees were community experts in reentry, many of whom had lengthy careers as case managers, and about half of whom resided in the Greater Waterbury area. Several were not active members of the Greater Waterbury Reentry Council, but were referred by council members for their expertise in reentry. In addition to these key informant interviews, the research assistant for this planning project, Mario Fusco, grew up in Middlebury, a suburb of Waterbury and is a former school teacher who was recently released from incarceration. Due to his having already been actively involved as a volunteer for the Greater Waterbury Reentry Council and his demonstrated skills in writing, facilitating, and advocating for people with felony convictions—he was identified by the co-chairs of the Greater Waterbury Reentry Council as an ideal candidate to serve as a research assistant for this project.

The one-on-one interviews with reentry specialists explored some of the main areas of system change, and touched upon many of the areas that returning residents had also raised as needs and recommendations for establishing the Greater Waterbury Reentry Welcome Center. Detailed notes were taken on the in-depth interviews and all but two of them were recorded on Zoom and later transcribed and coded for key themes, as a basis for summarizing the recommendations.

Systems Change Opportunities: Policy and Practice Transformation from the Ground Up

In stakeholder interviews a number of structural and systemic barriers to returning citizens' successful reintegration were identified, which were similar to the findings from the focus groups. Stakeholders expressed concerns over the gaps or barriers to accessing resources and services needed for a person's basic needs to maintain their health and mental wellbeing that could potentially be fixed with the will of the public sector.

Need for Trauma-Informed Reentry Services

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

The need for trauma-informed services and trauma treatment for people coming home from incarceration came up in many of the conversations with reentry providers and community members. As we saw from the CTDOC needs scores, many people who have been to prison are dealing with multiple layers of trauma and health care needs simultaneously, particularly if they have been in and out of prison for many years and are older in age. Daisy Olivo, case manager at RIBA Aspira Career Academy, shared her knowledge of one of her clients, a repeat offender who had mental health issues, physical disabilities and the emotional trauma of losing several family members during his most recent period of confinement. "He has a lot over his head, but he's willing to do what he has to do," she said. "He's been in and out of jail since he was sixteen [he is now 41]. He has PTSD bigtime." This individual had three family members

pass away while he was incarcerated, including his mother. “He couldn’t see her to say goodbye.” She added, “He hasn’t had time to grieve. And he’s handicapped.” He has a physical disability that makes it difficult for him to maintain gainful employment. Being placed on the sex offender registry restricts his ability to find suitable housing. “But he continues to push himself” despite all of the concurrent barriers he faces. After narrating his story, the case manager explains, “That’s why I’m in this field.”

The benefit of screening people for trauma is evident in the fact that people who have been incarcerated often do know that they have post-traumatic stress disorder (PTSD) and could benefit from trauma treatment. As Warren Leach states,

“A lot of these guys...they're all traumatized and they don't have a clue that they're traumatized. They think that the way that they act and the way that they respond to things is normal and everybody does it. And I try to tell them, no, no, the way that you're responding to things are out of proportion to what has actually happened to you. And, you know, to some degree, it's probably rooted in a thing that has happened to you in the past.”

Mr. Leach provided an example to illustrate the types of trauma responses he has witnessed among the youth and emerging adults in his programs. For example, if someone is looking at them funny, they perceive this to be a threat and believe that they have to “do something to that person,” in order to stay safe. He points out to these young men that their response to a perceived slight is not normal, logical thinking. He helps them get to the root of why they are responding that way, and to realize that this type of reaction is counter-productive to what they say they would like to accomplish for themselves. In other words, he helps raise their awareness of how these patterns of behavior lead them to “sabotage their own success.”

Based on this knowledge of the needs of people returning from incarceration, Warren Leach recommends that the RWC case managers and others who are serving them, “should try to help people understand their behaviors and how to connect them to whatever trauma they may have experienced in the past.” In order for people to open up about their trauma, they need to be aware of how their past experiences are having an effect on their current behavior, and they also need to trust that the information they share will not be used against them. As Warren Leach says,

“I speak to guys, I try to relate to them and, you know, and empathize with them based upon my own experience. I had some run-ins with the law and substance abuse...I'm eleven years clean and sober. So, I speak to them on that level... and my presence here is proof positive that you can do it. And so, I would say, you would have to get them to trust you on a level, so that it is clear to them that you are not operating for the system that is oppressing them. That's how I get them to talk to me.”

Salena Dunbar, of Destroying the Chains, also noted that several women whom she assisted were willing to open up to her about their experiences of intimate partner violence, whereas they did not feel as comfortable sharing this information with the case manager assigned to them by the shelter where they were staying. According to national estimates, over 90% of homeless women have experienced severe physical or sexual violence at some point in their lives and 63% have been victims of intimate partner violence as adults.³² Some of these same women have substance use disorders or become justice-involved in part due to untreated trauma. Salena surmised that one reason why they feel more comfortable talking

³² National Network to End Domestic Violence. “Domestic Violence, Housing, and Homelessness.” Downloaded December 27, 2017 from <https://nnedv.org/mdocs-posts/domestic-violence-housing-and-homelessness/>

with her, is that she is open about sharing her own experiences with intimate partner violence with them and of how she overcame this trauma, which helps her to build a rapport and gain their trust. Support groups can be an effective means of delivering this support. As Daisy Olivo explained, “I have been a facilitator for mental health for several years. Now I am a certified Recovery Coach and have noticed that these support groups assist with venting for a lot of the individuals just being released. Sometimes due to lack of these support groups, these individuals do not receive the support they need and end up back behind bars.”

Education Needs

“And then secondly, they should assist people with education, because without education, we can't go anywhere. We can't do anything without having our degree from an educational institution.”

Returning citizen, Hispanic male

Alvin Taylor, reentry case manager for Maturity Works, emphasized the importance of the men returning from incarceration getting an education to improve their job prospects and better themselves. Without having their high school diploma or training in a trade, they are likely to go back to making a living on the streets. Several members in the RWC expressed an interest in enhancing educational opportunities for people either while they are in prison or upon release. From the CTDOC data, we know that 57% of men and 91% of women released at the end of sentence in 2019 who were from Waterbury lacked a high school diploma or GED. It is far more difficult to find gainful employment without these credentials, as many jobs today—including entry level positions in manufacturing—require a high school degree or GED equivalent. Connecting people to adult education services or providing these onsite at the RWC, will enhance their ability to find gainful employment. It is widely supported in the research literature that enhancing educational opportunities for people in the criminal justice system aids in reducing recidivism. For example, a Rand study involving a meta-analysis of prison education, has shown that providing correctional education is cost-effective compared with the expense of reincarceration. The study found that the risk of recidivism is lowered by 13 percentage points for groups who participate in educational programs while incarcerated compared with those who do not, and also increased post-release employment rates by 13 percentage points. Computer-assisted learning programs may slightly outperform face-to-face programs.^{33,34} While many reentry specialists agree that ideally educational opportunities should be provided to everyone in CTDOC prison, clearly there still is a need for educational services to continue once people exit the prison system, particularly for individuals without a high school diploma or GED.

³³ Davis, L. M., Bozick, R., Steele, J. L., Saunders, J., & Miles, J. N. (2013). Evaluating the effectiveness of correctional education: A meta-analysis of programs that provide education to incarcerated adults. Retrieved from https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/RAND_Correctional-Education-Meta-Analysis.pdf

³⁴ For programs focused on high school/general education, the Rand study found that inmates who participated had an average of 30% lower odds of recidivating than those who had not. In general, studies that included adult basic education (ABE), high school/GED, postsecondary education, and/or vocational training programs showed a reduction in recidivism. Vocational training programs in prison increased the odds of employment by 28%.

Life Skills and Financial Literacy

“You can have a budget shortfall because you didn’t plan well, right now, if your next move is to commit a crime or sell drugs, to make up a budget, a budget shortfall, even though you don’t know it’s a budget shortfall. You didn’t plan, so now your next move is to go back and you do the thing you know...” Warren Leach, UnGroup Society

Some of the life skills that are taught to people in addiction recovery programs are applicable more broadly as well, such as the importance of seeking out a positive social support network. Alvin Taylor, Case Manager for Maturity Works described how he needed to learn to change from the inside before he could be successful on the outside. He stated, “I had to take responsibility for my actions. Until that happened nothing was going to change. Since my sobriety, I decided I wanted to pay it forward. This is what I like to do.”

In previous focus groups in Hartford, returning citizens mentioned assistance with financial literacy and planning as a need. Warren Leach of the UnGroup Society explained that he has observed young people making poor financial decisions, which then can lead them to commit crimes they would not have otherwise committed. Advertising, which plays upon people’s desire for social approval, can cultivate the belief that a person “needs” certain goods, which in turn can lead to poor financial decisions. Teaching financial literacy is important and also relates to learning healthy decision-making and planning skills more generally. For people who have made poor decisions in their lives that led them to commit their crimes, it is important they unlearn some of the ways of thinking and acting, and replace these with better coping skills to deal with life’s financial and daily practical challenges.

Employment and Second Chances

In their SWOT analysis³⁵, Waterbury Reentry Council members noted the following strengths of our current reentry system in the area of employment: 1) job training programs within CTDOC; 2) federal employer tax incentives for hiring people with felony convictions; 3) Certificates of Employability from DOC; and 4) ‘Ban the Box’ legislation. The Connecticut Department of Correction provides some people who are incarcerated with job training and also provides a Certificate of Employability for those who have demonstrated rehabilitation. However, due to societal stigma and policies barring people with felony convictions from certain types of licensure written into state law, people returning home from incarceration still face multiple barriers in finding gainful employment and require additional guidance and support to overcome these hurdles. The implementation of ‘Ban the Box’ measures could be strengthened as many employers still discriminate against people with felony convictions.

Reentry specialists from Greater Waterbury recognize that returning citizens are an untapped workforce that could fill the job vacancies among companies in manufacturing, health care, construction, retail and restaurants (prior to COVID), and other positions vital to Connecticut’s economy. Gainful employment is an area of high priority for people returning home from incarceration. Local and regional opportunities for advancing job skills that available to returning residents include the Manufacturing Alliance Service Corporation (MASC) programs, and educational and training programs at the Naugatuck Valley Community College and Goodwin College. The RWC staff can help assess returning citizens’ readiness for employment, their training and educational needs, and strengthen the pipeline for returning citizens to employment.

³⁵ Strengths, Weaknesses, Opportunities, and Threats

MASC is a NIMS Certified, post-secondary school and educational foundation that provides training programs for the metalworking and manufacturing communities of the Greater Waterbury area. According to the MASC executive director, Cyndi Zoldy, they are actively working with 25-40 manufacturers to place people who have completed their training into entry-level manufacturing positions, and this number is only a small fraction of the manufacturers in Connecticut who are looking to fill positions. Prior to the pandemic, it was estimated that there would be ten thousand jobs to be filled in manufacturing statewide by 2022. Students who complete the MASC training are being placed mostly in entry-level machining and CNC operator positions with starting salary typically between \$14-18 to start, with full benefits. From 2018-2019, 26 people with criminal records were enrolled in one of the MASC training programs, all of whom were referred through the American Job Center. Of the total enrollees, 77% completed the program and at least 58% were confirmed to be hired. The employment status of other participants has not yet been determined.

One recommendation that came out of the planning process was for the RWC to be co-located with the Waterbury Opportunities Industrialization Center (WOIC) and the Northwest Connecticut American Job Center administered by Career Resources Inc, which is housed at the WOIC. Both agencies can provide resources for people returning from incarceration in the areas of employment readiness and linkages to jobs. Many of reentrants need assistance with preparing job applications, resumes and interviewing for a job, particularly now that most job applications are online. Reentry employment specialists who understand the specific challenges of people coming home are needed to prepare returning citizens to help them to navigate the job market, and advocate on their behalf with employers who may otherwise be reluctant to hire them. Lack of housing status and transportation and other basic necessities typically also present obstacles to people participating in job training programs and applying for jobs. Some returning residents are unable to afford a new set of clothing for a job interview. As Calvin Dunbar explains,

“Also, they need job skill training. They need help on creating a resume and some type of clothing. Instead of them going to these interviews with their jeans hanging down past there, they should go in with slacks on, some type of polo shirt.”

The RWC case managers supply returning citizens with clothing for job interviews by purchasing clothing vouchers, or through soliciting donations. In Hartford, the RWC provides people returning home with vouchers to the Burlington Coat Factory and also receives shoe donations through Hartford City Police Officer Barrett in collaboration with the nonprofit Footwear With Care³⁶. A similar arrangement may be possible for Waterbury with Footwear With Care, which is now a program of the nonprofit Connecticut Podiatric Medical Association Foundation.

Overcoming Stigma and Job Retention

Stigma adds an extra element of anxiety for returning residents in preparing for their job interviews, as they have to determine the appropriate time to disclose their criminal record and be prepared to talk about their crime and demonstrate their rehabilitation. Discrimination based on race, ethnicity, gender, sexuality, disability, religion exists and can impact every aspect of daily life, including people’s experiences in the workplace. People with a criminal history face an extra layer of discrimination in applying for jobs and in being in the workforce. Knowing that the employer is likely to conduct a background check, it is often advisable that they let the person interviewing them know about their

³⁶ Information about this program is available on their website <https://footwearwithcare.org>.

record. Returning citizens can benefit from having someone to guide and counsel them on these decisions. Holly Wasilewski, Reentry and Community Outreach Coordinator of the United States Attorney’s Office, noted the advice she gives people about when it is appropriate to disclose one’s criminal record, as follows:

“I always tell people, when you go to a job site, you don’t need to tell people you were in prison. Well, the HR manager is important, but you don’t need to tell the nice lady in the lunch room that looks really sweet that you were in jail for five years because she’s going to go tell somebody else and then, before you know it, something happens and they’re pointing fingers at you because of some bias.”

Once a person is successfully employed, reentrants still may encounter challenges and setbacks due to discrimination, trauma triggers and environmental factors.

RWC case managers can also assist with job retention. Some employers that claim to be felony-friendly are not really keeping to this commitment in practice. Inequity and exploitation of low-wage shift workers are long-standing societal problems. For example, Calvin Dunbar of Destroying the Chains, a nonprofit that assists people with reentry, explained how a client he was assisting who had a felony ended up quitting a job at a national food chain because his manager refused to give him any days off, even with advance notice, so that the employee could attend a pardon workshop. The boss expected this employee to be available for work seven days a week. As Calvin Dunbar noted, “this is like slave work...Everyone is entitled to some time off, you know? And especially if you are letting them know ahead of time.” As this experience illustrates, people with felony convictions are sometimes mistreated, perhaps because they are assumed to have very limited options as to where they can work. However, as Calvin Dunbar says “It’s not just about a job. It’s about a job where you’re treated with fairness, dignity and respect.” These issues can be problem-solved with the support of a case manager.

Employment agencies that do not work regularly with the reentry population may not be prepared to understand the unique burdens having a record places upon an individual reentering from prison. The expression “performative allyship” is one that is being used by social justice leaders to speak to the harm of businesses engaging in false advertising for promotional purposes when in practice they have not done the internal work needed to transform their organizational culture. Reentry case managers can help returning citizens acclimate to their new work environment and can advocate or provide counsel when they encounter unfairness or other stressors in the workplace. Employers also need to be educated to ensure that people with felony convictions are treated with dignity and respect, as part of a broader commitment to establishing inclusive and equitable work environments for everyone. For returning citizens who experience discrimination in hiring or on the job, they can also be supported in getting legal assistance and moral support to pursue their legal rights in court if necessary. Sometimes all it takes is someone with more clout and knowledge of the law, to make an inquiry on the behalf of a returning citizens for situations of discrimination to be rectified.

Support for Family Reunification

When a person is imprisoned, this not only has an effect on their lives—their health and wellbeing, social relationships, finances, and social status in society—but their incarceration also has ramifications in the lives of their family members and loved ones, including parents, spouses, partners, and children. One of the most important and yet difficult challenges facing reentrants who have been imprisoned for many years is that of family reunification. For many reentrants, family is their primary source of emotional and psychological support. As one reentrant stated, “I knew that, in order of importance, my needs were

housing and family reunification.” Many times, however, these relationships are strained, in part due to the separation caused by incarceration. Some sort of intervention may be necessary to smooth the transition home, especially when children are involved. Holly Wasilewski, Reentry Coordinator, points out some of the difficulties that returning citizens can face when the other parent makes demands as a condition of their being reunited with their child. As she states, “Reuniting the family can be complicated, you know, because they hold the kids hostage a lot of times because they want money as soon as you come home.” A child’s caregiver may withhold visitation if their demands are not met by the returning citizen. “It always breaks my heart, because the kids suffer in the end when these games are being played and not in the best interest of the child often times.”

Several experts on reentry said that they proceed cautiously when making recommendations that people reconnect with their families until they know that person’s history with their family and prior record. Sometimes family members do not want the parent who is returning from incarceration involved because of a history of domestic violence and in fact, there may be a standing court order restricting their ability to visit with their children³⁷. As Alvin Taylor, reentry case manager for Maturity Works remarked, “some of the men have burnt so many bridges, or blown them up too many times, such that there is no longer a bridge that they can cross.” His general advice to the men coming home is that everything starts with them. It is important that the men are stable and secure in their own lives before trying to mend fences with their families and regain custody rights over their children. He says to them, ‘If you want your family back, you first have to get yourself where you need to be. Once you’re where you need to be, the other things will take care of themselves. First get yourself together and find a job.’ He tailors his advice on a person-to-person basis, but notes that most of the men need support to stay focused on rebuilding their lives for themselves before they are ready to more fully reunite with their families. Patricia Gaylord, Family System Manager, Favor Connecticut noted the complex dynamics in families that have been impacted by systemic racism as well as incarceration. The men have to cope with demasculinization and trauma from how they were treated in prison and the ongoing stigma and lack of employment opportunities they experience after they return to their communities. She recommended and offered to assist the GWREC in recruiting a representative from the Connecticut Department of Children and Families to forge stronger linkages and increased support for providing family reunification services for people who have previously been incarcerated.

Evaluation research on family strengthening programs for men who have histories of incarceration, have found that reunification programs are most effective when the intervention begins while the men are incarcerated and family-friendly visitation is a key component of the program³⁸.

Pandemic Preparedness

The Coronavirus pandemic has complicated the reentry process for people returning from incarceration to Waterbury. On March 20th, the CTDOC suspended all social visits, including volunteers, which is the mechanism by which community service providers conduct “in-reach” within the facilities. Participants were granted two free phone calls a month to maintain social contact. The courts and community corrections staff suspended face-to-face meetings as well. This affected support and treatment groups in the community until some were able to shift to online services. The ability for reentry

³⁷ McKay, T., Bir, A., Lindquist, C., Steffey, D., Keyes, V., & Siegel, S. Y. (2013). Addressing domestic violence in family strengthening programs for couples affected by incarceration.

³⁸ McKay, T., Lindquist, C., Corwin, E., & Bir, A. (2015). The implementation of family strengthening programs for families affected by incarceration. Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services. Retrieved from https://aspe.hhs.gov/system/files/pdf/139276/rpt_MFS-IP.pdf

service providers to meet all of the aforementioned needs of people returning home for shelter, linkages to care, and family unification have all been adversely affected during this time of pandemic, although some of the efforts to mitigate the harms and keep people safe during the pandemic have also been beneficial.

Being in any congregate living facility puts people at higher risk of contracting COVID-19, and the prison/jail conditions in particular present unique challenges to preventing the spread of infectious diseases such as COVID-19. Added to this heightened risk for people who are incarcerated is the fact that African American and Hispanic/Latinx and Native American Indian communities have borne the brunt of the virus in Waterbury and elsewhere in Connecticut, and thus people from these communities have an added layer of risk due to a combination of factors linked to other social determinants of health. Recent Centers for Disease Control and Prevention data indicate that counties whose residents experience greater social and economic barriers, including those with high poverty rates and crowded housing units, were more likely to become COVID-19 hotspots³⁹. As small businesses have been forced to lay off workers and front-line workers have suffered from contracting COVID, more people are in desperate need for food and other basics, and risk being evicted from their homes. This further limits opportunities for reintegration for people returning from incarceration to these high-poverty, distressed communities and “hot spots” as there are fewer options available to people for housing, food, employment, etc. SNAP benefits will not cover the cost of hygiene products, soap, sanitizer, gloves or masks. Thus, a population badly in need of protection from COVID is being exposed to a pandemic they are ill-equipped to combat.

In community conversations during the COVID crisis and from posts on social media, inmates and their families raised concerns about lack of proper infection control within Connecticut prisons. Some of people returning to the halfway house system also complained of a general lack of preparedness for the pandemic by the CTDOC administration. In mid-April 2020, the CTDOC enacted policy changes to allow sentenced individuals to be released after having served only 40% of their sentence, instead of 50%, and individuals age 50 and over with high medical needs, were also prioritized for discretionary release. Early on, some people with COVID were released directly to the halfway houses while still with active infections. Not being provided with PPE by the state was an issue for many of the halfway houses when the pandemic got started, but became less of an issue as the administration found ways to order PPE and the state began to supply PPE to providers and to people in the prison system.

These issues with the system’s capacity to protect people in prison from the spread of infectious diseases have garnered media attention as the COVID-19 pandemic unfolded over the past year. News reports and public testimony from prison officials themselves during appropriation hearing meetings have noted that as the prison population has been aging, the system of care delivery has been strained by a shortage of primary physicians and nurses in the CTDOC. On April 20, the American Civil Liberties Union (ACLU) of Connecticut filed a class action suit seeking emergency action to prevent the spread of COVID-19 in Connecticut DOC facilities on behalf of people detained or sentenced in prison or jail⁴⁰. The parties agreed to a settlement in July, in which the department agreed to enhanced measures to ensure the safety of inmates, including providing face masks for inmates, and increased cleaning of facilities. The ACLU has also been pushing state leaders to prioritize vaccinating the state’s prison population.

The pandemic has placed added strain on providers, including correctional staff and reentry case managers who have continued to work on the front-lines with people who are at increased risk. In late October, family visitation was resumed at CTDOC. However in mid-November, Connecticut-based correction unions called for the suspension of the visits as more than ten family members at a time were

39 Dasgupta S, Bowen VB, Leidner A, et al. Association Between Social Vulnerability and a County’s Risk for Becoming a COVID-19 Hotspot — United States, June 1–July 25, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1535–1541. DOI: [http://dx.doi.org/10.15585/mmwr.mm6942a3external icon](http://dx.doi.org/10.15585/mmwr.mm6942a3external%20icon).

⁴⁰*McPherson v Lamont* Retrieved from <https://www.acluct.org/en/cases/mcpherson-et-al-v-lamont-et-al>

congregating in the visiting areas, and they also called for increased rates for testing of correctional officers.⁴¹ In December, an audit report of Connecticut prisons and jails found that while some court-ordered guidelines from the ACLU settlement were being followed, social distancing appeared “sparsely implemented,” particularly in dormitory-style housing areas. Other federal guidelines appear to have been implemented, including the use of quarantine for people potentially exposed to the virus and of people newly admitted to the facilities. While initially it appeared that the pandemic had not spread to the extent anticipated within the Connecticut jails and prisons,⁴² more recently the rates of infection and number of deaths of inmates has grown to an alarming rate. Prison staff have also been infected at high rates and the CTDOC has had to deploy health workers in the facilities in order to manage the crisis. The Allocations Subcommittee of Connecticut’s COVID-19 Vaccine Advisory Group recommended adding inmates to the second round of inoculations in January.

Greater Waterbury Reentry Council Members spoke to many of these concerns about maintaining the safety of their clients during the annual meetings. CPA explained that it had ceased allowing walk-ins at the Greater Hartford Reentry Welcome Center due to the pandemic, however the case managers had continued to provide services to individuals who were dropped off from a prison or jail facility to the RWC on the day of their release. All participants were provided with cell phones and prepaid minutes so that they could maintain contact with case managers and receive assistance with submitting applications online. Also, the Department of Correction Re-entry Housing Assistance Program received additional funds during COVID to be able to make sure people who were released end of sentence without a place to live were safely housed who might otherwise been released to homelessness (see more info below).

Delivering Services to the End of Sentence Population

People who are released to the community on parole are required to have sponsors who commit to providing a safe residence for them to live, and they also receive some case management services through their parole officers. All individuals released under parole or probation supervision have access to flex funds from the state that are allotted per person to pay for fees needed to procure identification, bus passes to travel to work, supplies needed for work, or help in other ways to stabilize their lives following their release. These funds are administered at the discretion of their parole or probation officer. However, people who are released at the end of their sentence and who are not on probation, do not ordinarily have access to a case manager who can provide them with referrals to services, nor do they have access to flex funds to cover immediate expenses and basic needs. If a person being released EOS has an active substance use and mental health need, or was a frequent user of the shelter and jail system, they may qualify for transitional housing via DMHAS or the CCAR (formerly FUSE) program. Others who do not meet these criteria, are ordinarily placed on a waitlist for shelter beds through the coordinated access network (CAN) system, which until recently resulted in many of people who were released EOS ending up unsheltered on the streets.

In the past year, options for providing temporary shelter and rapid rehousing assistance for people released EOS have shown marked improvement through the new Department of Correction Re-entry Housing Assistance Program, which is administered by the Connecticut Coalition to End Homelessness and was launched through a pilot with the Greater Hartford Reentry Welcome Center. This program has since expanded to other Coordinated Access Network regions. Yet, even with this new program, some people who are released EOS still end up needing shelter and housing assistance after

⁴¹ Backus, L. Correction Unions want visitors limited at CT Prisons due to COVID. (Nov 13, 2020) CTNewJunkie.com. Retrieved from <https://www.ctpost.com/news/coronavirus/article/Correction-unions-want-visitors-limited-at-CT-15726210.php>

⁴² Krasselt, K. (July 1, 2020) CT prison COVID results: “Either they did something right or they got lucky.” Retrieved from <https://www.middletownpress.com/news/coronavirus/article/CT-prison-COVID-results-Either-they-did-15380945.php>

their release. According to CPA case managers at the RWC, reasons for this are that their high levels of need upon release can overwhelm family members or friends and some may find themselves homeless within a month or several months after coming home. Another reason is that while they are at CTDOC, some individuals may report that they have a place to live, so as to get released as soon as possible. During COVID, early release decisions were contingent upon people having a place to live. Also, even with rapid rehousing assistance, some individuals are more challenging to place and may reach their EOS date without housing specialists having procured them a stable place to stay in advance. In cases in which people are released EOS without housing, the Coalition to End Homelessness and Community Health Resources (CHR) are collaborating with the Greater Hartford RWC staff to provide people with temporary housing in a sober home or hotel. A goal of the housing specialists is to move people from temporary shelter or hotel arrangements into longer-term, more stable housing solutions. The RWC staff support them in accessing the other vital services they need once they return to the community and in helping them with getting settled into their new home. For those identified as having disabilities, case managers can help them apply for assistance and manage the gap, while they are waiting to receive confirmation of disability benefits.

Substance Use and Harm Reduction

Unlike probation and parole officers, reentry case managers working with the EOS population are not required to act as enforcers of court orders or to administer drug tests. Thus, working with the EOS population affords some unique opportunities for the RWC case managers to apply harm reduction and other rehabilitative strategies. These are proven to be especially helpful for people who are awaiting treatment, or those who end up being kicked out of treatment programs due to noncompliance, who risk dying of an overdose on the streets. Along these lines, another key partnership of the Reentry Welcome Center in Greater Hartford has been with the Greater Hartford Harm Reduction Coalition (GHHRC). The case manager has worked closely with the harm reduction staff to ensure that naloxone is provided to all the returning citizens who are dropped off at the Center. It is included in the backpacks that are provided on their day of release along with other hygiene products. The Waterbury Reentry Welcome Center could benefit as well from developing a partnership with a local harm reduction service provider similar to the partnership in Hartford. While Medication-Assistance Treatment programs for opioid addiction are a recommended best practice, several participants in our focus groups both in Waterbury and for the RWC evaluation in Hartford reported still using illicit drugs while in these treatment programs. Thus, harm reduction strategies can also serve as a complement to other types of treatment programs. Also, individuals who end up relapsing are at high risk of losing their housing, which is another reason why case managers at the Reentry Welcome Center are an important resource for people who are returning home at the end of their sentences.

In-Reach by Community Providers

“If we are proactive and put these items in place before they get released, the transition might be easier on both the person being released and family members. Having a one stop location with bilingual staff based on the population is also necessary. More internships for them and less pressure for them to have housing and a job when they need mental health services as a priority instead. A lot of people that have been institutionalized have developed a lot of mental health issues and these issues are not being addressed due to the time clock to find an apartment and job before self-care.”

Respondent to the RWC Partner Survey

The reentry service provider community in Waterbury generally agreed with the idea of “in-reach” into the prison system build a stronger connection with people prior to their release so as to help them prepare for life on the outside, especially for those who have been incarcerated for long sentences. According to the research literature, best practices dictates that in-reach should be conducted in the range of three to six months prior to an inmate’s release.⁴³ 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, so they can prepare for reentry. This also provides an opportunity for community providers to provide emotional support and guidance, and coordinate linkages to services prior to the transition back into the community. As a CTDOC counselor explained, “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.⁴⁴” With a trusting connection in place prior to release, it is more likely that returning residents will choose to be transported to the RWC and that they will follow up with providers for additional support.

It is not easy for community providers to have direct contact with each inmate who will be released at the end of their sentence prior to their release. The programs themselves have to be vetted by DOC administrators and memorandum of agreements signed. Programs that are funded and administered through the state, and those mandated by legislation, will often-times take priority over those administered by community-based agencies. Also, programs that are based in theory and backed by scientific evidence, referred to as evidence-based practices (EBP), are more likely to be approved by CTDOC administrators, which also can create obstacles to innovative grassroots programs seeking approval.

The prison facilities each have their own administrative directives, and vary in terms of the access that is given to outside service providers, depending upon factors such as security level and decisions made by each warden. As CPA’s program operations director, Deborah Rogala 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.” 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. When the numbers of people released EOS are small within a facility, this makes it harder to establish an in-reach procedure for the small number of people who may be eligible for the RWC program.

⁴³ 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.

⁴⁴ Retrieved from <https://www.hfpg.org/what-we-do/new-and-noteworthy/first-year-evaluation-of-greater-hartford-reentry-welcome-center-highlights-successes-and-continued-challenges>.

Prior to the COVID-19 pandemic, limited availability of rooms for workshops or private meetings could be another barrier that would keep providers from being able to conduct meetings or workshops within prison facilities. To expand in-reach capacity for the RWC may require the hiring of an additional full-time staff person to build the relationships with the Wardens and to with inmates prior to their release within the correctional facilities.

To determine which inmates are eligible for release, a vetting process has to take place to identify the people who meet the program criteria and are eligible to be referred. This responsibility generally falls on the counselor supervisor and/or counselor at each facility. Meeting time and space has to be coordinated by the counselors, or the provider has to be added to the inmate's approved visitor list. Sometimes people in the system are relocated to a different facility shortly before their release date, which can make it challenging for community-based providers to connect with them prior to their release. Parole hearings and decisions about placement in halfway houses determine the release process and access to resources for basic needs and housing prior to release. If a person commits a disciplinary infraction they may be temporarily removed from taking part in a program that may be designed to aid in their reentry. Due to lockdowns, workshops and other in-reach activities may be cancelled or delayed without advance notice. Public health crises such as the Coronavirus pandemic have temporarily put a halt to in-person visits from non-corrections personnel. While prisons have videoconferencing capabilities, the technology has to be monitored and available for use. The use of video-conferencing for court and parole hearings generally has taken precedence over community reentry programs that are not mandated. In the future, the use of tablets within CTDOC could provide an opportunity for inmates to connect with RWC staff prior to their release, with additional funding to ensure everyone who is released EOS irrespective of ability to pay.

A hope expressed by Beth Hines, CPA's executive director and co-chair of the Greater Waterbury Reentry Council and other members of the Greater Hartford and Greater Waterbury Reentry Council is that the DOC will improve video-conferencing access to community providers, especially now that the virus has imposed further restrictions on face-to-face visits. As one Reentry Council member wrote on the partner survey, "Having an open dialog with the reentry population via Zoom or teleconferencing will be nice. I am always posting updated info on my FB page regarding resources for the families and individuals of the reentry population."

The Benefits of Employing People with Lived Experience (also called Peer Mentors, Forensic Peer Counselors, Credible Messengers)

“We either don’t trust, don’t believe, or don’t know it exists.”

Alvin Taylor, Reentry Case Manager, City of Waterbury

Case managers serve as guides who can help people returning home set realistic goals, teach positive coping mechanisms and other basic life skills, and provide them with steady guidance and emotional support until they gradually regain control over their own lives and become self-sufficient. A common refrain among returning citizens was the importance of staffing the Reentry Welcome Center with people with lived experience of incarceration and/or recovery from addiction. Returning residents said that they are more likely to view someone with lived experience of incarceration, who has successfully turned around their own life, as a trusted guide. In street violence prevention terminology, these individuals are known as “credible messengers” or “violence interrupters.”

A person with lived experience can more easily motivate returning residents to take the necessary steps to change. People with close familiarity with the neighborhood and community in which returning citizens reside can infer more from what people are saying, and participants can speak more freely and openly with them about what their issues and needs are. Case managers with lived experience can also more freely call out people for behaviors that they recognize to be harmful without offending them. They are able to call them out in an empathetic manner, since they can acknowledge having made these same mistakes in their own lives. This helps reduce the feelings of shame and stigma that can cause people to lose hope in themselves and their own capacity for change.

When clients meet with people who are from their same cultural backgrounds, they often feel more comfortable to speak freely in the vernacular of the streets. This frees them to talk more comfortably about their experiences without having to parse their words or language for an outsider to understand. A credible messenger also has the ability to help clients progress in helping them to identify the underlying trauma that is at the root of their issues. As Salena Dunbar stated,

“If we’re going to help these people, we need to get to the root of whatever the problem or issue is that got them in that trouble from the first place. They can be a 30-year-old person that something happened to them when they were five years old. They could have been molested. Anything could have happened. So, we have to figure out what is going on and get them to help as needed. That way they don’t end up back in the system.”

Research has found that peer mentors and forensic peer counselors (another term often used to refer to people with lived experience who receive training to serve in a case management role) have been successfully employed in comprehensive reentry programs in other states including Georgia, and are an emerging evidence-based model for reducing recidivism^{45, 46, 47}.

⁴⁵ Goldstein, E. H., Warner-Robbins, C., McClean, C., Macatula, L., & Conklin, R. (2009). A peer-driven mentoring case management community reentry model: An application for jails and prisons. *Family & Community Health, 32*(4), 309-313.

⁴⁶ Marill, M. C. (2019). Beyond twelve steps, peer-supported mental health care. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00503>

⁴⁷Sells, D., Curtis, A., Abdur-Raheem, J., Klimczak, M., Barber, C., Meaden, C., ... & Emigh-Guy, M. (2020). Peer-Mentored Community Reentry Reduces Recidivism. *Criminal Justice and Behavior, 47*(4), 437-456.

Avoiding Burnout and Reducing Stress among Care Providers

Case managers with the appropriate training and guidance need to learn how to balance boundaries and expectations with caring and support. Studies have shown that working environment for staff is very important to organizations delivering quality care and the success rates of clients. Among caregivers, including case managers and community health workers, high levels of job stress have been linked to ‘compassion fatigue,’ which negatively impacts clients and can lead to discouragement and disengagement for the reasons listed above. Prolonged exposure to job stress for workers in the reentry field can lead to low job satisfaction and reduced commitment to the mission, which then leads to feelings of apathy toward inmates or clients.⁴⁸ If the reentry staff at the Reentry Welcome Center are well supported and have a solid team working with them, and management that cares for their wellbeing, then they will be able to be more responsive to their clients’ needs in turn. Besides ensuring that case manager employees receive a decent wage and appropriate cost of living raises, another recommendation is that employee benefits include a waiver of medical co-pays for mental health counseling and other wellness treatments, so as to support and encourage ongoing employee wellness.

Diversity, Equity, and Inclusion Considerations

“You, you are fodder. You, you're like cattle and you are being rotated through a system where everyone makes money along the way, except for you. So... for whatever reason, you were marginalized, or you had lack of opportunity, or lack of education, or...addicted parents, whatever... But something put you in a position to make a bad decision. And you, you made that bad decision and you got locked up. So, at the time you got locked up, the police made money. The matrons made money. The bail commissioner made money. The bondsmen made money. You got nothing. Then you get shuttled to court where the judge, the state’s attorney, prosecutors, marshals all make money even as you lose your freedom. Then to the penitentiary where the warden makes money, corrections officers make money, counselors make money, and the entire town around the jail is economically supported by your incarceration. Then you get shifted to parole/probation with no skills, no rehabilitation, and ill equipped to transition back to your lives with a prison record that keeps you from finding employment. When you get stuck you revert back to crime to survive and you get arrested or violate probation and back in you go. This system itself is set up to perpetuate itself as an economic engine.” Warren Leach, UnGroup Society

In the Greater Waterbury Reentry Council, the issue of equity was foregrounded as a priority, which the council members agreed should be addressed by all the working subcommittees that were formed during the planning for the Reentry Welcome Center. Beginning in November, as part of the planning process for the Reentry Welcome Center, the council members decided to divide into working subcommittees for about 30-40 minutes of the regularly scheduled monthly meetings. The first breakout session was arranged in November and the second one in January. The council decided to focus in on issues of diversity, equity and inclusion with each subcommittee answering a few guided questions to steer the conversation in this direction.

⁴⁸ Ternes, M., Magaletta, P. R., & Patry, M. W. (Eds.). (2018). *The practice of correctional psychology*. Springer International Publishing.

The three main questions were as follows:

- How do you define equity?
- Do you think everyone has equal access and opportunity in this area? If NOT, why not?
- What questions should we be asking to learn more about systemic inequities in this area?

During the second meeting, more time was spent on these questions, and council members were asked to specifically discuss the role that *systemic racism* and *implicit bias* could play in their specific subarea, using concrete scenarios to illustrate this from their own experience.

Council members provided definitions of equity that included the idea that everyone should have access to the basic necessities of life and should be afforded equal opportunities to be successful. As stated by members of the Access to Resources Subcommittee, “people should have the same amount of access as other people.” They recognized that addressing people’s needs upon reentry was best accomplished by being able to tailor the resources and services to each person’s specific capacities and needs. Education, lack of internet, technology limitations and access to COVID testing during the pandemic were all potential barriers to being able to ensure people’s equal access. Being released from incarceration with only one’s prison uniform, they likened to being released wearing the “Scarlett letter” in a way that made a person feel set apart as unequal. This subcommittee recommended providing bus passes and interpreters, for language barriers, as a few ways the Reentry Welcome Center might address these inequities.

The employment subcommittee recommended that the people who work at the Reentry Welcome Center should reflect similar demographics as the people being served. It was noted that while in community reentry services typically front-line staff are more diverse in terms of race and ethnicity, however this diversity was not maintained in the middle and upper level management and executive level positions. Several of the people from the community who provided input into the plan observed that the funding that was allocated to programs went through “a funneling process” in which very few of the funds and resources actually reached the people from those communities most impacted by poverty and by high rates of incarceration. Palmira Rios echoes these systemic concerns, in an article on Race Equity in the *Trends in State Courts* publication. She says, “Any discussion of DEI [Diversity, Equity and Inclusion] should include explicit, implicit and structural dimensions of inequalities that marginalize individuals and communities.” This involves the leadership and management of social sector organizations examining their own policies and practices to ensure that they are invested in changing the culture and systems that perpetuate social inequities.

In accordance with the broader race equity statement of the statewide Connecticut Reentry Council, the members of the Greater Waterbury council agreed that anti-racism practices should be identified and implemented in the planning and operations of the Reentry Welcome Center. Engagement on the part of leadership sends a message that achieving progress in equity and diversity is an organizational priority and efforts towards this end are valued. Beth Hines, the executive director of Community Partners in Action, stated that her organization is committed to bringing anti-bias training to all the staff at CPA and she aims to videotape these trainings to share with other members of the Greater Waterbury Reentry Council. Plans are in the works to deliver an anti-bias training led by Connecticut Supreme Court Chief Justice Richard A. Robinson, which has been implemented within the Connecticut Judicial Branch. One goal proposed for the Reentry Welcome Center is to make anti-bias training a routine component of staff development. Beth Hines and CPAs board of directors have also stated that they are

committed to examining the processes and policies that may prevent hiring or advancement of people of color at all levels of their organization.

As Palmira N. Rios also highlights,⁴⁹ there are practical steps that organizations can take to reduce discrimination in the workforce and cultivate a culture of diversity, equity and inclusion. Culture change in an organization requires constant reminders and attention to the complexities and challenges of undoing histories of oppression. Another related challenge is the need “to understand the multiplicity of diverse/discriminated/marginalized groups and their interrelatedness, so as not to create further division. Cultural competency must factor in complexities in identity formation, and in the intersectionality of race, ethnicity, class, gender and sexual orientation, age, and disability.”⁵⁰ This requires continuous learning in a manner that fosters trust and understanding among people with different perspectives and experiences, minimizes the use of shaming and blaming—while maintaining clear ethical expectations and standards.

As our culture as a whole is going through a transformation in regards to race and equity, alongside a global pandemic and economic pressures, cultivating an empathetic and compassionate work environment for everyone will be essential to the overall success of the Reentry Welcome Center and its partnerships. Educating the criminal justice and reentry workforce on the history of racism in this country, and strengthening a perspective of care delivery grounded in “cultural humility” and curiosity about each person’s unique journey and experiences, and how these inform their belief systems is a step toward building a compassionate system of care for justice-involved people and their families from communities of color.

Implicit bias can play a role in hiring and in promotions. For example, language that is used in performance reviews can be coded and reflect implicit bias that results in lower salaries and promotions if employers do not employ more objective performance standards and measures. Also, when people of color, or people who are bi-lingual are expected to take on certain tasks because of their cultural background matching that of certain clients, this too can create inequities in regards to people’s work responsibilities, which employers should be mindful of. It is important to make sure people who routinely serve as “translators” or “culture brokers” for the agency are acknowledged and compensated for these added responsibilities, and that these skills and aptitudes are also factored into promotion decisions.

A range of approaches can be used to identify barriers and obstacles to recruitment, hiring, retention and promotion of a diverse workforce that CPA and the RWC partners could explore. Some examples from Dr. Rice’s work on diversity in public administration that are cited by Rios are:

- Cultural Audits: evaluating values, symbols, regulations, and routines that may constitute barriers to inclusion or that have a negative impact.
- Climate of Diversity: evaluating prevalent behaviors and attitudes within the organization toward specific groups.
- Diversity Audits: identifying how certain groups of employees feel within the organization or if certain communities feel they are treated unfairly or are poorly served.
- Diversity Quotient: analyzing the “processes, materials, and environments” from the perspective of the excluded or marginalized groups to understand barriers and obstacles they experience to achieving a more equitable outcome⁵¹.

⁴⁹ Rios, P.N. Diversity, Equity and Inclusion: Challenges and Opportunities of the U.S. Justice System. Retrieved from <https://www.ncsc.org/trends/monthly-trends-articles/2020/diversity,-equity,-and-inclusion-challenges-and-opportunities-for-the-american-judicial-system>

⁵⁰ Ibid

⁵¹ Ibid. Paraphrased from Mitchell F. Rice, “Teaching Public Administration Education in the Postmodern Era,” in *Diversity and Public Administration: Theory, Issues, and Perspectives*, ed. Mitchell F. Rice (New York: M.E. Sharpe, 2005), 81.

Hiring a diversity, equity and inclusion consultant can be helpful for organizations that do not have the capacity to create a full-time position in this role. The first step in a diversity, equity and inclusion (DEI analysis) is often to look at the data and the second step is to design a strategy for change. A DEI analysis could also include an analysis of the recipients of one's services or programs to determine if certain groups are over or under-represented and if so to examine the reasons why. Without accurate or complete data broken out by race/ethnicity and gender, as well as language preference, one cannot get as accurate a picture to assess these gaps; however qualitative data in the form of exit interviews or using other methods can also serve as a guide in developing strategies to improve in this area. Mixed-methods draw upon the strength of both sources of information to guide decision-making. The goals and strategies for diversity, equity and inclusion plan should be developed with input and leadership from across the organization.

Effective Collaboration

People coming home from incarceration generally have so many diverse needs, thus no one agency can provide for all their needs. Case managers play a vital role in helping them navigate the various services that are available. However, people can become discouraged when they are referred to an agency and are turned away or are met with indifference. The more seamless the process of making referrals and the fewer barriers people encounter in accessing the services as soon as they are needed, the more likely the person will be successful. From the provider side, this refers to alignment of activities not just on a person-by-person level, but also on the level of systems coordination.

Co-locating services at the RWC is one way to create a more seamless process for participants to be able to access services. In Hartford, the Department of Social Services has provided a SOAR specialist onsite at the Reentry Welcome Center one day a week for a specified time period, so that people could enroll in Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits. A similar arrangement could be made for the Greater Waterbury Reentry Welcome Center. Alternatively, since enrollment has shifted online, the DSS or Reentry Welcome Center staff could schedule virtual appointments to help returning citizens complete their applications.

As members of the community remarked, for there to be genuine collaboration, providers need to demonstrate the willingness to share knowledge, technology and tangible resources with each other for the overall benefit of their clients. Sometimes competition among providers gets in the way of this happening. In the end, it is the clients who suffer the most as a result of services not being delivered to them that otherwise could have been provided had agencies been more willing to collaborate.

The Greater Waterbury Reentry Council (GWREC) is a means through which information sharing and exchange of resources is happening on a monthly basis and via periodic emails that are sent with requests for assistance to address client needs. Also, more recently, Career Resources has partnered to provide technology support for facilitating monthly breakout sessions for GWREC workout groups to problem solve and align efforts and activities. With the Reentry Welcome Center and shared vision of creating a one-stop shop for returning citizens, this should lead to even greater opportunities for resource sharing and alignment of activities similar to what has happened for Greater Hartford.

In Greater Hartford, CPA's RWC staff are working in partnership with the Reentry Specialist for the City of Hartford, Community Health Resources and the Connecticut Coalition to End Homelessness, to coordinate the provision of suitable housing for the residents who are returning to the region EOS. This is just one of the many partnerships that is occurring. The Transitions Clinic based at InterCommunity has also partnered with the Reentry Welcome Center to provide peer support groups, detox beds, primary care and therapeutic services to people with health care needs. As mentioned previously, the Greater

Hartford Harm Reduction Coalition is also a key partner in providing harm reduction services for people coming through the RWC. Several other events were coordinated with other partner agencies, including a pardon's clinic hosted by Connecticut Legal Aid.

Equity considerations are also paramount in the partnership arrangements and referral processes. Equity should be factored into, for example, consideration of how resources are allocated among partner organizations, and in the navigation and alignment of activities. Efforts should be made to make sure that people are steered toward opportunities that match their personal life goals in their Individualized Transition Plan, and that objective assessments are utilized to the extent feasible to match them to appropriate evidence-based services, so as to avoid implicit bias in decision-making. Likewise, assessments should be carefully selected and reviewed by an equity advisory team to make sure bias is not built into these assessment tools.

An equity plan should be developed with staff of the RWC and key partners. Several potential equity goals to track and measure for the RWC could include:

1. Leadership promotes a shared value and mindset about diversity equity and inclusion
2. Staff reflect the diversity of the people served.
3. Staff receive anti-racism training and other types of diversity, equity and inclusion trainings.
4. The people served are representative of the diversity of the reentry population and no subgroups are excluded.
5. Communication is reaching populations that have been traditionally underserved, and is tailored to the language and literacy levels of the populations being served.
6. People from under-resourced communities (e.g. from high-poverty census tracts and opportunity zones in Greater Waterbury) are provided with supplemental resources and supports in a culturally competent and timely manner that is tailored to their personal goals and needs.

Remarks on Systems Change and Evidence-based Practice

Improvements in the reentry eco-system require cross-sector solutions, which involve diverse stakeholders working across silos to better meet the needs of people returning to our communities from incarceration, and to match individuals to the appropriate evidence-based programs. “Systems-level factors matter and affect individual- and organizational-level factors of implementation and sustainability of EBPs.⁵²” (EBP refers to evidence-based practices). Systems change toward achieving collective impact takes commitment from multiple stakeholders in a community who come together to create positive change – recognizing that no one agency or person can achieve the systems change that is needed on their own. System-level thinking aims to address the root causes of a social problem, or at least to move the needle further upstream.

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

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

In systems change work, although everyone maintains their role in the community and at their work, they also commit to acting as unified whole to work on solving a community problem. They commit to process improvements that facilitate stronger alignment of activities and efficiencies toward specified shared outcome goals for a designated population and geographical area.

Generally speaking, there can be a number of barriers to interagency coordination and to moving toward upstream solutions. As one commentator noted, “Interagency coordination seems like it would be tricky to arrange, since everyone’s already got a full plate, and conflicting mandates.” Often collective impact work involves changes to long-standing policies and practices within institutions, and it may also involve shifting resources and priorities from one service area or agency to another. In addition to the problem of competition for resources and insufficient resources (to meet the level of client need and to implement evidence-based programs), another type of problem that commonly arises in collective impact efforts pertains to logistical barriers to data collection and management, and to data sharing across multiple organizations. Unless various funders align in support of a collective impact model, reentry programs or initiatives that involve diverse funders often are challenged by different program requirements and outcomes that need to be measured and reported. This is evidenced with CPA’s data system for the RWC, which is linked to its organization-wide data system that contains separate sets of data for people enrolled in its various programs according to the requirements for each grant. Improved alignment can occur when multiple funders and agencies share a common vision and outcome goal, are able to pool their resources and are willing to move beyond thinking and operating at the individual organizational level and move towards broader, long-term systems-level goals.

As implementation science researcher Lily Gleicher from the Robina Institute of Criminal Law and Criminal Justice notes, coordination in criminal justice system change work also requires examination of

⁵² Gleicher, Lily (January 29th, 2020). “Best Practices” in Corrections: System-Level Challenges to Implementing Evidence-Based Science. Retrieved from <https://robinainstitute.umn.edu/news-views/“best-practices”-corrections-systems-level-challenges-implementing-evidence-based>.

how policies at the federal and state level intersect with practices on the ground. Government policies and grant specifications and funding cycles can influence program administrators' ability to implement evidence-based practices on the ground. Requests for proposals (RFPs) that are not well aligned with what is happening on the ground can lead to disruption of activities and lack of noticeable progress in achieving outcomes. As Gleicher notes, "Sometimes, to no fault of the correctional practitioners and agencies, state statutes and federal funding opportunities misalign with the reality of corrections." While the "reality of corrections" is not immutable, the underlying point is critical--- there must be some consideration made of the fit between an evidence-based practice and on the ground reality in which it will be implemented. In order to avoid some of the pitfalls of misalignment between policy and practice, Gleicher recommends two basic strategies one for program administrators and the other for legislators: 1) Program administrators should *"Develop long-term plans for implementation and new trainings and diversify funding streams to allow support for sustainability. And 2) State and federal legislators should consider the research when writing new statutes and developing funding opportunities.*

Another recommended way to avoid this misalignment between funders requirements, evidenced-based models, and implementation on the ground, is to design the policy and RFPs with community input that includes an advisory group comprising: 1) 'people with practice-based knowledge' or in other words who are the targeted recipients of the services from the geography or catchment area being targeted, 2) front-line staff responsible for delivering the EBP, 3) key community stakeholders who can facilitate implementation by virtue of their position within the community; 3) and one or more scientific experts in the research literature on evidence-based practices as well as implementation science. Well-designed requests for proposals (RFPs) should provide structure, best-practice recommendations and a clear set of outcome goals, but also allow for flexibility on the ground and enable practitioners to stay focused on achieving the outcome goals with their clients as their top priority.

When evidence-based programs are newly launched, an understanding of organizational change management processes can be applied to ensure that these programs are effectively implemented and able to be sustained⁵³. Staff training in an evidence-based program is only one dimension of change management. Implementation planning should include consideration of internal processes (e.g. protocols and policies, organization staffing and management structure, inter-agency communication etc.) required for the systems-changes to be sustained, ideally beyond the programmatic funding cycle. Most importantly, implementation should apply mechanisms for adapting the program to best serve the needs of the clients that the program aims to serve, as well as the broader environment of intersecting systems which both clients (and the program staff) are required to navigate. Identifying "use cases" and journey mapping to document the different "touch points" between a client and the system at multiple time points, are several approaches that can be used to assess program fit and ensure processes are well-adapted to the clients and context.

These recommendations also apply to intermediary organizations that are often the ones to write RFPs, and allocate funds. They too should be held accountable for results by federal and state legislators, as they often play a significant role in determining how evidence-based programs are designed and implemented by virtue of the specifications they provide in the RFPs, how they allocate and distribute funds towards the specified outcomes, the criteria they use to assess which agencies receive the funds, and the methods that are used to evaluate outcomes. These intermediary organizations should function in a transparent manner and apply the best practices for implementing evidence-based practices as well.

Proper documentation of newly developed processes and protocols and concrete strategies to remove systemic barriers helps organizations to sustain these adaptations over time, especially in situations

⁵³ Lehman, W. E., Simpson, D. D., Knight, D. K., & Flynn, P. M. (2011). Integration of treatment innovation planning and implementation: strategic process models and organizational challenges. *Psychology of Addictive Behaviors*, 25(2), 252.

where there is high staff turnover. System changes can be tracked via process documentation and evidence-practice guidelines established to ensure consistency. Ongoing process and outcome evaluations can support decision-making at the organizational administrative level and the policy level. Data is used and shared among collaborators not simply for the purposes of measuring results, but also with the aims of achieving better alignment of activities and change management as the implementation unfolds and conditions on the ground change. Both qualitative and quantitative data can provide a window onto the processes by which individual needs are assessed and matched to the appropriate resources and services. Data also should be reported to the community members receiving the services so as to facilitate trust in the commitment of the collaborative—made up of service providers, funders, and community stakeholders—to achieving their shared goals and vision. Technology can be used to simplify and streamline data collection, case management processes and quality control. Cloud-based technology for example can facilitate data sharing for the purposes of tracking participants through the system, measuring outcomes and impact over time.

Data should be used in strategic planning to establish benchmarks for continuous quality improvement, rather than for a zero-sum outcome measurement, in which programs either pass or fail especially as they are newly being implemented. When programs/systems fail to achieve their benchmarks, a process akin to PDSA (Plan, Do, Study, Act) can be utilized to identify areas for improvement. In reentry work, as in many other types of preventive programs, recruitment of more participants does not always mean progress, as success in moving the needle further upstream may mean that there are fewer people requiring the program as it was originally designed. Thus, ongoing adaptations and strategic planning may be needed to establish broader or more ambitious program goals, and/or to identify new populations that could benefit from the services, or to close a particular program or service if it is no longer needed.

Need for Policy Reforms

“You have a lot of people that are in the streets that don’t have a place to live because they don’t have the financial means. So, because they don’t have the financial means, that means they can’t eat. So, if they do something to put their self in jail, because they already have a record... they’re thinking ‘it can’t get any worse because I already have a record. I can’t do anything anyway...So, they said, if I go to jail, then I have a place to live and I have food.’ ” Warren Leach, UnGroup Society

The majority, if not all, the Greater Waterbury Reentry Council members recognize that many of the issues facing returning citizens are systemic in nature and have to do with our current policies at both the federal and state level. Public and private sector policies and practices can either exact punishment by imposing collateral consequences on people with criminal records for their entire lives or aim to ameliorate the inequitable social conditions that contribute to crime by providing life opportunities and opportunities for rehabilitation. During the 1980s and 1990s, as the prison population more than doubled in Connecticut, collateral consequences of a criminal conviction grew to over 558 restrictions on people with criminal convictions⁵⁴. By state statute, people with felony convictions are barred from certain types of jobs requiring state licensure. Depending on the type of conviction, they may experience additional federal barriers in accessing public goods such as supportive housing, making it even harder for them to subsist and become gainfully employed.⁵⁵

⁵⁴ Counsel of State Governments Justice Center, National Inventory of Collateral Consequences, Retrieved from <https://nicc.cgsjusticecenter.org>.

⁵⁵ According to Connecticut State Under Secretary, Marc Pelka, 69% of these restrictions pertain to employment.

Professor William Dyson, retired State Representative for New Haven’s 94th district and a renowned criminal justice reform leader, has been a strong advocate of ‘decarceration⁵⁶’ and justice reinvestment⁵⁷ for urban communities of color that have been harmed by the war on drugs and mass incarceration. In reflecting upon his over thirty years of service, he said that his commitment to reform stemmed from his early years as a civil rights activist and from having directly witnessed the impact that racism within the justice system had on his own family, and the people whom he represented in the legislature. While visiting one of his sons in prison, Dyson came into regular contact with other families waiting to see their loved ones, and saw the suffering they had to endure and the impact the separation had on their children. He felt compelled to serve as a voice for justice-impacted children and families at the state capitol. Throughout his years of service, he found that many of his White colleagues in the state legislature were reluctant to speak openly about their own children or other family members who were justice-involved. He attributed this to their fear of social stigma and the “White code of silence” around behavioral health issues and the differential enforcement of the law depending on race and socio-economic status.

Over the past decade there has been growing awareness among the general public of the need to reverse many of our government policies that criminalize people with addiction and mental health issues, and that bar people from employment and public assistance after having served a sentence of incarceration, particularly for nonviolent crimes. With the decriminalization of marijuana, efforts to reduce the school to prison pipeline, the expansion of diversion programs, and the removal of some barriers to state licenses for people with felony convictions, the size of the prison population in Connecticut has been reduced to its lowest levels ever and recidivism rates have also begun to drop for the first time in decades.

Second Chance legislation introduced under Governor Malloy’s administration (2011-2019) was designed to set people up for success when they returned home from incarceration through evidence-based programs and by removing unnecessary barriers to reintegration. Although the state saved an estimated thirteen million dollars from closing three prisons during the Malloy administration, this money mostly was returned to the general fund, rather than to rebuilding the social and economic fabric of urban communities. Due to the economic recession that began in 2007, reductions in the state revenue combined with state legislators’ reluctance to raise or levy more taxes, led to reduced funding for many social services that were involved with reentry during this same period. The Connecticut Nonprofit Alliance budget analysis determined that community nonprofits have lost \$461 million in state appropriations funding since 2007.

Under Government Lamont’s administration (2020-present), advocates from a broad range of organizations focused on criminal justice, civil rights and social justice are organizing to pass Clean Slate legislation and strengthen Ban the Box legislation to prevent housing discrimination, and to restore nonprofit funding. Clean Slate legislation would provide people who have been charged with offenses to have their records automatically expunged after a period of time of remaining crime-free⁵⁸. Automatic expungement would enable returning citizens to have a fair chance to rebuild their lives by removing the stigma that otherwise will follow them for a lifetime. The ACLU polling showed that 64 percent of Connecticut voters would support a Clean Slate law that automatically erases criminal records and prevents discrimination against people with a criminal history.

⁵⁶ See for example <https://www.sentencingproject.org/publications/decarceration-strategies-5-states-achieved-substantial-prison-population-reductions/>

⁵⁷ Austin, J., Cadora, E., Clear, T. R., Dansky, K., Greene, J., Gupta, V., ... & Young, M. C. (2013). Ending mass incarceration: Charting a new justice reinvestment. *Washington, DC: The Sentencing Project.*

⁵⁸ The bill can be retrieved at <https://www.cga.ct.gov/2021/TOB/H/PDF/2021HB-06474-R00-HB.PDF>

In recent years policymakers have begun to understand that the population of people who cycle in and out of prison and jail are people with high levels of disability, physical and behavioral health issues. Incarceration is a social determinant of health⁵⁹ and attempts should be made to reduce the number of people who are incarcerated and to also reduce the level of trauma people experience while incarcerated. Reform is also needed within the prison system itself as was evidenced in people’s experiences while incarcerated and public health data about the increased spread of COVID within congregate populations. Community advocates and legislators who support criminal justice reform are advocating for the closure of the maximum-security prison, Northern Correctional Institute and for ending the practice of solitary confinement within Connecticut prisons.

Research concerning the association between incarceration and health disparities, particularly during the COVID pandemic, alerts us to the vital importance of ensuring quality health care and access to treatment for everyone who is confined in CTDOC facilities and continuity of care upon release, including access to medication and primary health care services. Thus, we as a society are coming to an understanding that “prisoner health is public health,”⁶⁰ and that researchers, policy makers and practitioners share a responsibility to ensure the health and wellbeing of people who are incarcerated, and who are reentering. Addressing the social determinants of health and reducing the number of people we send to prison in the first place, will go a long way toward improving both population health and public safety.

Other policy efforts endorsed by the Connecticut Reentry Council and many of the stakeholders involved in this planning process include Justice Reinvestment to provide direct investments into communities that have been most harmed by the war on drugs and mass incarceration and in support of reentry services. The state is poised to close two more prisons, which will also lead to reduced spending for confining people behind bars and an opportunity to reallocate these funds towards the goal of further strengthening public safety and public health. To end the cycle of people entering prison, this investment should go to provide more affordable housing options, to spur job growth, educational and other opportunities needed to end poverty, eliminate racial and ethnic disparities in incarceration, and to bring about a more equitable, fair, healthy and well society.

⁵⁹ Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). The health and health care of US prisoners: results of a nationwide survey. *American journal of public health, 99*(4), 666-672.

⁶⁰ Levy, M. (2005), “Prisoner health care provision: reflections from Australia”, *International Journal of Prisoner Health*, Vol. 1, pp. 65-73.

Summary of Stakeholder Findings

As this report has demonstrated, the establishment of a centralized hub for reentry is one way to strengthen the system of care that will give people a chance to break the vicious cycle of poverty and social disadvantage that contributes to higher rates of crime and recidivism. A Reentry Welcome Center will help to address the immediate needs of people returning to Waterbury after incarceration in a systematic, well-coordinated and timely fashion and improve their chances of successful reintegration. In reducing the likelihood that people exiting from prison will experience homelessness, lack of food or other traumatic situations upon release, this will help reduce the likelihood of those with substance use disorders from relapsing or experiencing an overdose death. It will also prevent those with underlying mental health issues and PTSD from being triggered into a mental health crisis, which is often a precipitating factor in relapses and overdose deaths as well.

Providing opportunities for people to establish positive support networks and family reunification, education and job training are important in preventing recidivism. Linking them to job training and other programs geared toward preparing them for employment will also reduce the likelihood of their participating in the underground economy, which puts them at increased risk of becoming perpetrators or victims of violent crime. The less desperate circumstances people experience upon release, the less likely they will be, to cycle in and out of jail and prison. Providing people with housing assistance, addiction and mental health services and job skills needed for gainful employment are key steps to mitigate the harmful effects of incarceration on the Greater Waterbury's most vulnerable families, neighborhoods and communities. Investing in reentry services makes for sound fiscal policy as well.

Key recommendations for systemic changes that come out of these in-depth stakeholder interviews include:

- Culture shift within DOC that emphasizes rehabilitation over punishment.
- CTDOC making reentry more of a priority by expanding access to services and trauma-informed care.
- CTDOC hiring more counselors and facilitating the delivery of pre-release services via “in reach” from community providers.
- Need for trauma-informed reentry services for people returning to the community.
- Educating the public to remove stigma and advance opportunities for people with felony convictions, including those with violent charges.
- Clean Slate legislation to remove barriers to licensure, employment and housing.
- Educating employers on the advantages of hiring people with felony convictions .
- Educating landlords about anti-discrimination in housing laws as it pertains to people with criminal records.
- Commitment to racial equity in hiring and promotion among providers of reentry services, including nonprofits and government agencies.
- Need for greater transparency and sharing of data and resources toward mutually agreed upon goals.

VI. Implementation Plan for the Greater Waterbury Reentry Welcome Center

"I really feel like if there were a centralized location for reentry services, one place we could go to solve all of those issues, it would certainly help." (Returning Citizen, White male, 30s)

"We don't got to run around and try to find all these different places we need to go. It's all going to be under one roof. It's easier that way." (Returning Citizen, Black male, 40s)

We need more understanding and all the help we can be provided with, when possible. We make mistakes simply because we hurt and we find no comfort. (Returning citizen, Hispanic male, 30s)

This implementation plan outlined below is for the first three years of operations, and includes the launch of the Center and steps needed to become fully operational. It includes strategies for how the Reentry Welcome Center will integrate and magnify existing efforts to provide for the needs of Greater Waterbury residents who are returning from incarceration and provide support also for their families.

Implementation Plan Overview

The basic plan is to establish a central location where anyone from the region can visit or call to learn about the reentry resources and services that are locally available. A primary goal of the Greater Waterbury RWC will be to facilitate a smooth transition directly from prison or jail back to the community, especially for people who are released at the end of their sentences without probation, who would otherwise have to navigate services on their own. A longer-term goal will be to create a "one-stop shop" for returning citizens to access the services they need. A related goal will be to identify a local health care provider who can establish a Transitions Clinic to link people to community health worker and a network of compassionate health care providers who understand the health and wellness needs of people returning from incarceration.

Lead Agencies: The Greater Waterbury Reentry Welcome Center will be launched with the support of three leading agencies: Community Partners in Action, Career Resources Inc, and Waterbury Opportunities Industrialization Center. Each of these organizations will play a key role in providing in-kind resources, and in making decisions for the operation of the Center and in ensuring its smooth functioning, as well as in supporting the build-out of a centralized referral hub through partnerships with the over thirty other providers.

Location: The Center will be located at **The Waterbury Opportunities Industrialization Center (WOIC)**, an independent 501(c) (3) non-profit organization, headquartered at the Joseph Jaynes Center, 77-79 Bishop Street. The WOIC was selected because it is a place that is accessible and is considered welcoming for people who are most in need of its services. The WOIC already houses several reentry and community programs that can benefit this population, and has room for expansion as the program grows. The Center is accessible to people with disabilities, non-English speakers (particularly Spanish) and people with low-literacy.

Case Management Priority: The Greater Waterbury Reentry Welcome Center aims to establish a priority for providing case management services to individuals who are released at the end of their sentence and who are not under probation supervision because of their high level of needs and risk of recidivism. Criteria for the RWC Program will be:

- 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.

Over time and with additional funds, the Center aims to expand these case management services to family members of people who are incarcerated and for other high-risk, high-need groups of people who have a felony conviction and need assistance and support.

Core Values: An overarching goal is to infuse Diversity, Equity and Inclusion Principles and Best-Practices into every area of planning, management and operations of the Greater Waterbury Reentry Welcome Center. Equity will be defined as, “the consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latinx and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”⁶¹

Recommended Minimum Staffing Requirements for Opening the Reentry Welcome Center

- One full-time program manager, who also serves as a part-time case manager
- A second full- or part-time navigator, depending on resources
- One part-time reentry specialist/liaison who is employed by the City of Waterbury (hours to be determined) and can assist with coordination between the RWC, the Mayor’s Office, CTDOC and the RWC community partners, as well as participate in the Greater Waterbury Reentry Council.

CPA aims to hire a full-time case manager, and part-time navigator to coordinate with counselors at the prisons and New Haven jail to ensure that people in need of assistance receive a full assessment of their needs, and are connected to the available services as quickly as possible after they are released. The Center staff will be trained to provide culturally and linguistically competent services, and trauma-informed care. The environment and services will be designed in such a way as to be sensitive to the distinct types of trauma that many people report having experienced while incarcerated. Race equity is a core value of the Center, and will be measured and assessed as part of the ongoing data reporting and internal review processes with CPA management, and in the program’s evaluation.

Recruitment and Enrollment of Participants

The goal is to enroll 75 EOS participants each year in the RWC program prior to their release from CTDOC. The process of identifying people for the RWC program will begin with the DOC counselors at each correction facility. The counselors at each of the prison facilities will be informed of the RWC program so they can refer people who are soon to be released to be dropped off at the Center. They will

⁶¹ https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/?fbclid=IwAR1g5uUjNjCiASCAWkqhz25sBs_chg3q4aVzWZFkpLv_noKLEM02lkzMUAw

pull reports from the DOC Offender-Based Information System that indicates who is being released at the end of sentence without community supervision to Waterbury. Preferably, information about who is to be released will be provided to RWC staff at least three months from the time of release, after decisions about halfway house placements and parole status are made. However, DOC policy gives counselors a 60-day minimum timeframe prior to release to arrange for services for the EOS population.

In-Reach

Another component of the Reentry Welcome Center Model is to strengthen the process for connecting inmates to the case managers prior to their release. '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. With enough advance notice, ideally the RWC case manager would be able to teleconference or meet in person with participants prior to their release to speak directly to them about what to expect, answer questions they may have, and begin to prepare for their release. This process would help to establish a bond and trust among the returning resident and the case manager, and creating continuity of care and helping to further reduce the anxiety and trauma a person experiences on the day of their release.

Housing Navigation

An aim is that nobody who is released EOS from Waterbury and enrolls in the RWC program will be released to homelessness since arrangements will be made for shelter or other types of housing prior to their release. The RWC will partner with the designated lead agency (New Opportunities) for the Department of Correction Re-entry Housing Program and the NorthWest CAN to collaborate and coordinate the housing needs of people returning from incarceration at the end of their sentences. This arrangement will be modeled upon CPA's existing arrangement in Hartford with Community Health Resources, the leading agency for the DOC Re-entry Housing Program.

Coordinating Transportation on the Day of Release (Drop-Offs)

On the day of their release, people who are released at the end of sentence and have chosen to enroll in the RWC program, will be transported directly to the Reentry Welcome Center. There they will be greeted by CPA staff and provided a warm and safe welcome back to society. They will meet with a case manager who will help to ensure that their most basic needs are met, for food, clothing, shelter, transportation, masks, ID and access to a phone and computers⁶². Each RWC program participant will receive a backpack with hygiene products, narcan kit, and a cell phone with pre-paid minutes. The case manager will also assess their needs and personal goals, and provide them with ongoing support and guidance. Depending on their individualized service plan, they will be linked directly to services that are offered onsite at the WOIC such as Career Resources job readiness and career support hub and peer support groups, as well as a broad network of community partners.

Providing a Virtual Job Readiness Hub

Career Resources Inc. will provide employment services for anyone who qualifies for its WorkReady program, and will provide a staff person onsite to assist with linking people online to its programs and help individuals seeking employment to address the unique challenges of people coming home in navigating the world of online services. WorkReady (formerly called STRIVE) is a nationally-recognized model that trains adults and youth in the soft skills necessary to be successful in the workplace,

⁶² CT Legal Aid has prepared a great reentry guide for people to help them get the services and benefits they need. <https://ctlegal.org/wp-content/uploads/2019/10/Roadmap-To-Reentry-A-Connecticut-Legal-Guide.pdf>

including professional norms, conflict resolution, leadership, and public speaking. The Computer Lab at the WOIC will be used for the delivery of these services through its existing contract with the WOIC (established prior to the RWC). CRI will also work collaboratively with CPA Case Managers to link people pre-release within the DOC directly to its WorkReady program that is expanding within the facilities and to support these program participants in accessing additional wraparound services needed for them to be employment ready (e.g. recovery supports etc).

Collaboration with Referral Partners

One of the goals of the Reentry Welcome Center is to apply best practices for collaboration so as to achieve collective impact on reducing recidivism at the population level. In locating the Reentry Welcome Center at the WOIC, there is an opportunity for returning citizens to be directly connected to a host of community programs and resources of other partners. Service provider agencies in the region, many of whom are represented on the Greater Waterbury Reentry Council and co-located at the Waterbury Opportunities Industrialization Center, along with others identified in the ongoing planning process, will be invited to sign formal partner agreements with CPA for providing referrals to and from the RWC. In addition to some of the larger more established nonprofits in the area, there are a number of smaller, start-up nonprofits—led by people who have personal experience with urban trauma and/or incarceration who could strengthen the work of the RWC and enhance its equity goals.

Current programs at the WOIC that would benefit returning citizens include a community radio program that will train people interested in career paths in broadcasting and communications. The WOIC also is a regular drop off location for local food share programs that distribute free food to people in need. Another collaborator based at the WOIC is Hang Time⁶³ which is a statewide program led by Charlie Grady, an FBI investigator, which runs bimonthly support groups, every other Wednesday evening, for both men and women at the WOIC. The targeted population for these groups are those involved with gang/group violence and those who inherently suffer from Post-Traumatic & Present Stress Disorder (PTSD) resulting from urban gun violence. The goal of Hang Time is to "enlighten, educate, de-conflict and problem solve through discussion." By involving local service providers in these groups, Hang Time also seeks to assist with social service navigation and to offer "a respectful, safe, and empowering atmosphere to share insight on day-to-day issues." A sister program that could be offered as well, is Her Time, which offers empowerment groups for women who have been formerly incarcerated or have a close family member incarcerated.

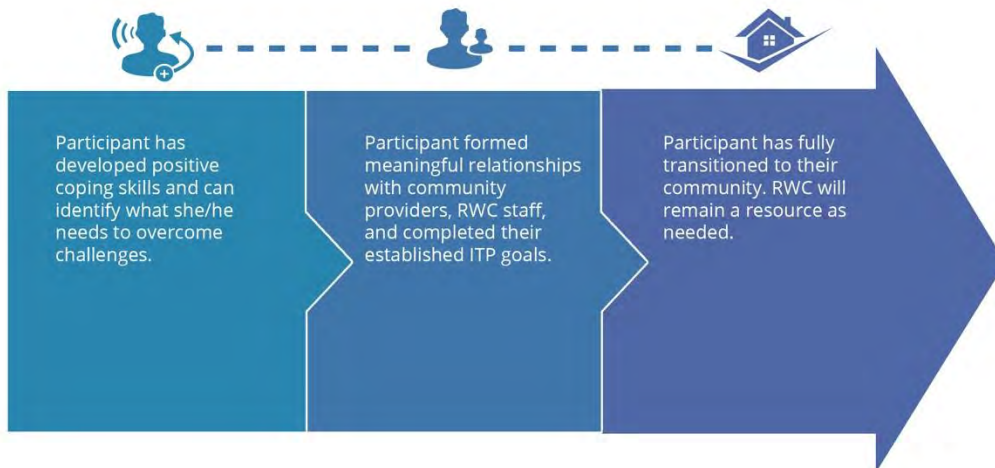
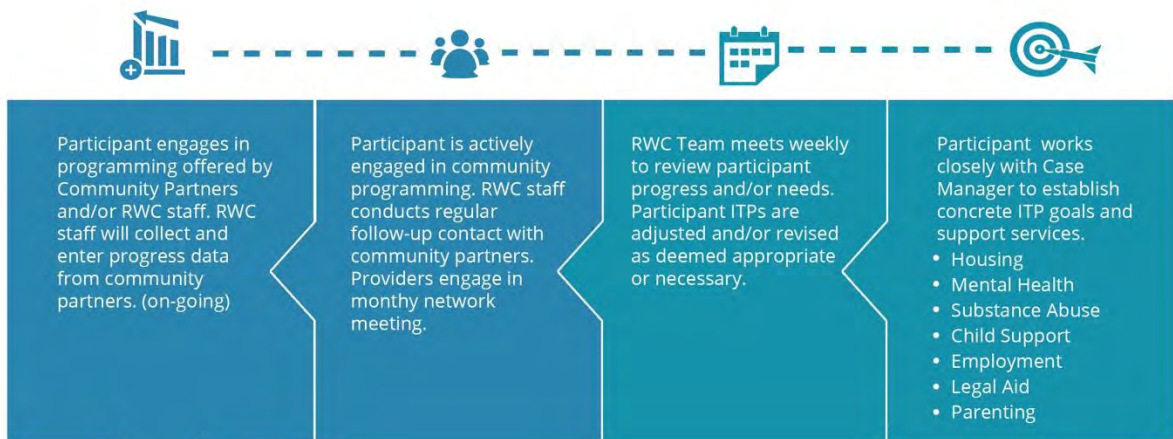
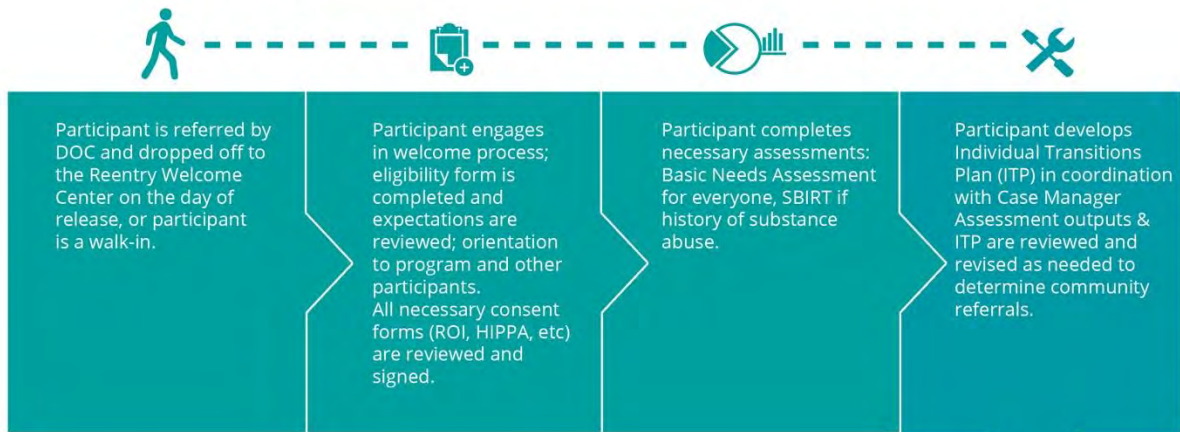
Besides the lead partner organizations and organizations currently based at the WOIC, some of the other potential partners that have been identified through the initial phase of this planning process that align with the needs of the population are listed below:

- ◇ SCRIP, which stands for second chance reentry program, offers the Ascend program, a cognitive behavioral therapy program developed by Edward Andrews, who spent twenty-two years in prison. This trauma-informed program along with his support groups help men and women become aware of how "urban trauma" and toxic masculinity have contributed to their harmful thoughts and behaviors in the past, and guides them on how to identify their strengths, and rediscover who they are by valuing their inner-worth. SCRIP's uniquely designed programs help individuals reach their full potential, transition into the workforce, support their families, and bring healing to the community.
- ◇ Destroying the Chains, led by Salena and Calvin Dunbar, which provides navigation assistance and social-emotional support for people released from incarceration and has assisted people in applying for pardons.
- ◇ RIBA Aspira Career Academy offers English language speaking and GED classes that could be of benefit for people returning home, particularly in the South End of Waterbury.

⁶³ Information retrieved from <https://www.hangtimerealtalk.com>

- ◇ The Transitions Clinic Network, mentioned earlier in this report, is partnered with reentry centers in New Haven, Bridgeport and Hartford, and would be another potential partner in expanding its community health worker model to deliver health care services to the RWC participants. The Transitions Clinic Network (TCN) is a national network of medical homes for individuals with chronic health conditions recently released from incarceration. Founded on the idea that the people closest to the problem are also closest to the solution, each clinic that adopts the TCN program employs a community health worker (CHW) with a history of incarceration as part of the clinical team. St. Vincent DePaul Mission of Waterbury. They provide furnishings, housewares and clothing. Our basic needs track in the community would help support the center to assess what is needed and partner with them on what this population needs the most.
- ◇ The Center for Renewal has also expressed interest in supporting the needs of people returning from incarceration. As the Executive Director, Jason Rinaldi stated, “Many of our guests at the Center for Renewal are returning and seek our support because they feel alone and unsupported. The reentry community is a group we work with regularly.”
- ◇ Safe Haven of Greater Waterbury has offered to provide in kind services related to trauma. We can also act as a referral source. We are also a resource for restraining order applications, counseling, and a variety of other supportive services for victims of domestic and sexual violence.
- ◇ John J. Driscoll United Labor Agency can provide Pre-employment Basic Computer Class (if they don't know how to use a computer) Building Pathways of Connecticut (construction readiness training to go into one of 10 different apprenticeship).
- ◇ Connecticut Legal Services is interested in helping individuals who: have been denied public assistance, or need elder services, or have been Supplemental Security Income and are unable to work due to a disability. We would also like to help individuals who are eligible to initiate a pardon application.
- ◇ Other Faith Partners. Community Partners in Action also aims to build relationships with local faith-based organizations in Waterbury to conduct local backpack drives, and help with the supply of basic hygiene products when people are newly released, and with the distribution of Narcan.

REENTRY WELCOME CENTER Reentry Welcome Center- Participant Flowchart



Recommended Roles of Key Partners in the Reentry Welcome Center Operations

(pending MOU agreements)

Community Partners in Action (CPA) will be in charge of hiring and managing the Reentry Welcome Center program for the end of sentence population and overseeing the transition process for these individuals from inside the DOC facilities to outside. CPA will also be the lead agency in coordinating “case conferencing” meetings each week, to discuss the needs of the RWC program participants and other Waterbury residents involved in CRI’s transitional WorkReady program (see below). CPA will establish a data hub that tracks referrals and outcomes for the RWC walk-ins to document the needs of other returning citizens, and for people who receive case management services through the RWC Program. CPA will also provide technical guidance and serve as the lead agency for submitting grants and distributing funds in support of the Reentry Welcome Center operations and expansion of services over time according to the needs identified. CPA will continue to co-chair the Greater Waterbury Reentry Council and will commit to provide in-kind resources in support of advocacy and other systems change efforts to benefit the returning citizens of Waterbury.

Waterbury Opportunities Industrialization Center (WOIC) will play a leading role in building out a “one-stop shop” for citizens returning to Greater Waterbury. Included among current programs operating out of the WOIC are a community radio program; Hang Time, a peer group mentoring for people reentering, and the CRI transitional job training program. At the WOIC, returning residents will be provided with ready access to peer mentoring, arts and educational opportunities, employment readiness and other pro-social activities and programs.

Career Resources, Inc. (CRI) will provide technology support for the delivery of services online to returning residents who access the Reentry Welcome Center. CRI will provide employment services for anyone who qualifies for its WorkReady program, and will provide a staff person onsite to assist with linking people online to its programs and help individuals seeking employment to address the unique challenges of people coming home in navigating the world of online services. WorkReady (formerly called STRIVE) is a nationally-recognized model that trains adults and youth in the soft skills necessary to be successful in the workplace, including professional norms, conflict resolution, leadership, and public speaking. CRI operates.⁹ The Computer Lab at the WOIC will be used for the delivery of these services through its existing contract with the WOIC (established prior to the RWC). Career Resources will also work collaboratively with CPA Case Managers to link people within the DOC directly to its Work Ready program that is expanding within the facilities and to support these program participants in accessing additional wraparound services needed for them to be employment-ready (e.g. recovery supports, etc.).

The City of Waterbury will assign a staff person to meet on a monthly basis with the Reentry Welcome Center co-directors. This municipal reentry liaison will provide support with reentry planning and problem-solving gaps in services in Greater Waterbury. The City of Waterbury will also play a role in helping to ensure the long-term sustainability of the RWC, by assisting CPA and its partners to identify potential sources of funding and endorsing legislation at the state level that will increase opportunities for returning residents to reintegrate back into their communities. This person will also assist with coordination with other municipal staff to help smooth linkages to employment.

Implementation Timeline and Start-Up Process

The largest potential acceleration factor is the experience and established relationships among the applicants and program partners. Similar to the rollout in Hartford, the Waterbury Reentry Welcome Center is planning a three-phase rollout for onboarding community partner agencies in the operations of the Greater Waterbury Reentry Welcome Center.



Figure 3. Implementation Phases

Phase One (first three months): Focus 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, CPA’s Director of Operations or the RWC director and lead case manager will meet with agency directors to confirm which services and programs RWC participants will be eligible to receive, complete MOUs, and identify a point-person for making “warm hand-offs” for referrals. Also, formal agreements will be made for providing referrals to the Waterbury Reentry Welcome Center from the CTDOC. All local collaborators and partners will be invited to share brochures and information and an information booth will be established. Faith partners will be contacted to supply donations for RWC participants such as backpacks with hygiene products, money for bus passes, etc.

Phase Two: Engaged community partners who could provide secondary services, including onsite skills building workshops for participants. The RWC will look to expand opportunities for other workshops to be provided for returning citizens at the WOIC.

Phase Three: Bring on board volunteers, peer mentors and interns. It may be possible to recruit interns with work study or paid internship support from a local university, to assist with some of the administrative duties. Other volunteers from local universities can be onboarded once the operations are stabilized.


Qualifications of Lead Partners

Waterbury Opportunities Industrialization Center (WOIC) looks to create self-reliant communities comprised of empowered and engaged individuals who improve their quality of life and alleviate poverty. Since 1974, WOIC and its partners have worked with low income and poor communities, providing free life skills and job preparation programs, giving new hope and paths to greater opportunities. The WOIC is led by Reginald Beamon who brings a wealth of experience and knowledge of the Waterbury community from policy and advocacy work through having served as the State Representative for Waterbury in the Connecticut General Assembly for 20 years, from 1987-2007.

Community Partners in Action's (CPA) mission is to build community by providing services that promote accountability, dignity and restoration for people affected by the criminal justice system. Founded nearly 150 years ago, CPA is one of the oldest organizations of its kind in the country to champion criminal justice reform and advocate for preserving human dignity for justice-involved people. CPA programs include reentry and housing, youth initiatives, a nationally recognized Prison Arts Program, and holistic alternatives to incarceration, we provide long-term impact that positively transforms individuals and society at large. Annually serving nearly 7,000 individuals throughout Connecticut, CPA's work is possible due to partnerships with and support from individuals, government, private funders, organizations, and business. CPA has over 15 years of experience participating in and leading federally-funded reentry and employment projects involving multiple partners. CPA currently operates the Greater Hartford Reentry Welcome Center and the Waterbury Alternative in the Community (AIC) as well as a Transitional Home in Waterbury. CPA also runs prevention, intervention, employment and reentry programs in Hartford, Hamden and Manchester, as well as in Connecticut's Correctional Institution.

Career Resources, Inc. operates the American Job Centers in both the southwest and northwest regions of Connecticut, and so has a history of success with WIOA workforce development programs. CRI currently provides job-readiness training for adult jobseekers with barriers to employment, including criminal histories. CRI also operates four work-release halfway houses under contract to CTDOC, where it connects residents directly to federally-funded workforce development services through the American Job Center. CRI was a founder of Connecticut's first Re-entry Roundtable, established in Bridgeport in 2007.

Proposed Budget

		
Community Partners in Action Greater Waterbury Reentry Center Budget for period 1/1/21 - 12/31/21 (52 Weeks)		
Line Item		Amount (\$)
a.	Personnel Total	97,862.00
	Program Manager - FT	50,000.00
	Case Manager - PT (24 hours per week @ \$16.87 per hour x 52 weeks)	21,055.00
	Program Operations Director (1 hour per week @ \$43.27 per hour x 52 weeks)	2,250.00
	Fringe 33.5%	24,557.00
	Total	
b.	Facilities Total	13,200.00
	Rent - \$500 per month - Includes Utilities	6,000.00
	Telephone - \$400 per month	4,800.00
	IT Expense - \$150 per month	1,800.00
	Repairs & Maintenance - Building - \$50 per month	600.00
c.	Staff Travel/Training Total	1,212.00
	Staff Training	412.00
	Travel - 1,600 miles @ .50 per mile	800.00
d.	Supplies Total	8,550.00
	Office Supplies - \$275 per month	3,300.00
	Furniture & Equipment	5,250.00
e.	Client Support Total	16,350.00
	Basic Needs, Food and Clothing	11,850.00
	Bus Passes	4,500.00
f.	Contractual Services Total	15,000.00
	Independent Evaluation	10,000.00
	Partnership Support	5,000.00
g.	Admin 15%	22,826.00
	TOTAL	175,000.00

Goals of the Greater Waterbury Reentry Welcome Center

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

- The Center will be located at The Waterbury Opportunities Industrialization Center at the Joseph Jaynes Center, 77-79 Bishop Street.

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

- Create a welcoming space for people to be greeted and receive information.
- Provide a community bulletin board and table for organizations to post fliers and brochures about their programs and resources.
- Provide returning residents with access to internet-enabled high-speed computers
- Establish a telephone line for the Center and for use by participants.

AIM II: Provide tangible, immediate benefits to returning residents who come to the Center, such as access to a free telephone, job listings, information on housing resources, etc.

- Draw on the resources of governmental agencies, community groups, faith-based agencies, and volunteer organizations to help provide basic necessities such as personal items, bus passes, food vouchers and weather-appropriate clothing.

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

AIM I: Establish a recruitment and referral process with DOC counselors to identify and inform people who are being released to Waterbury of the services available at the Greater Waterbury RWC.

AIM II: Establish a drop-off arrangement with DOC for individuals who are released from prison or jail at the end of their sentence, who want to make use of the services available at the Center on the day of their release.

AIM III: Provide resources for the immediate basic needs for people who are dropped off at the Center and who meet the eligibility criteria for the RWC Program (e.g. clothing, meal, documentation, backpacks with hygiene products).

- Cell phones will be provided with pre-paid minutes to make sure reentrants can access the services of the case manager and communicate with other service providers during COVID.
- Assist individuals who were recently released EOS, who end up homelessness, with navigating the 2-1-1 system and getting to their CAN appointment, and coordinating with shelter and housing providers to make every effort to provide individuals with a safe and stable place to live upon release.
- Explore partnership with Footware with Care to provide footwear and assistance for returning citizens.

GOAL III: Provide basic case management services to 75 individuals annually who were released at the end of their sentence within the past ninety days and are from Greater Waterbury.

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

- Recommendation that the case manager(s) be persons with lived experience from communities disproportionately impacted by incarceration
- Employ one or more case managers who are bilingual in English and Spanish
- Provide cultural competency and implicit bias training for all staff
- Provide trauma-informed training for all staff

AIM II: 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.

- Partner with counselors to provide pre-release workshops to inform inmates of the RWC and linkages to community-based services.
- Schedule one-on-one meetings with inmates for pre-release planning at least three months prior to their release. Until COVID restrictions are lifted, in-reach activities may be limited to a virtual video presentation and/or phone calls to inmates.

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

- These support groups could occur in partnership with Hang Time, which is based at the WOIC.
- Support groups could also be extended to family members of people who are returning from incarceration, in partnership with Her Time, the Connecticut Department of Children and Families, the Two-Generation Fatherhood Initiative and other partners.

AIM IV: Provide referrals and connections with entities such as housing, substance abuse/mental health services, employment, transportation, basic needs, etc. that meet the identified needs.

- (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).
- Provide additional resources, programs and support for children and family members of people who are formerly incarcerated (see also Goal III: AIM III above).
- Build relationships with employers and landlords with rental units in the area to assist people in procuring gainful employment and housing.

AIM V: Assist the City in crisis response for individuals who are released from incarceration at the end of sentence with high medical needs and/or co-occurring behavioral and mental health disorders to address their needs, and connect them to health care and other services so as to prevent unnecessary ER visits and hospitalizations.

- Provide trauma-informed care
- The RWC staff will aim to connect people who were recently EOS with the appropriate level of care, (e.g. to inpatient detox programs, to a sober home, or recovery coaches).
- Partner with area hospitals and behavioral health providers through the Waterbury Hospital

care coordination network.

- Identify a health care provider that is willing and able to establish a Transitions Clinic in Waterbury, so as to be able to link people directly to a community health worker who can help them navigate the health care system and compassionate providers who understand this population.

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

AIM I: Co-locate a Virtual Job Training Hub at the Center and other related employment services to help people with felony convictions become gainfully employed.

- Collaborate with local job training opportunities and educational institutions.
- Provide computer literacy training and personalized assistance for returning citizens to be able to access online programs and services.
- Help to identify, recruit and educate local businesses and temp agencies who can supply stable employment with livable wages, healthy and safe working conditions, and opportunities for advancement.

AIM II: Establish the RWC Collaborative through partnership agreements with other key referral agencies that provide essential services in the areas of housing, employment, etc.

- Work with the City of Waterbury’s Mayor’s Office to convene a meeting of local business and education leaders to forge stronger relationships with the RWC, solicit financial support, and build a pipeline to job training and education for returning residents.

AIM III: Identify other service providers and community-based organizations willing to Co-locate services or host workshops and trainings at the WOIC.

- Collaborate with DSS to arrange for a SOAR specialist to assist with benefit enrollments.
- Collaborate with the WOIC radio program
- Partner with Hang Time and Her Time.

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

AIM I: Utilize CPA’s case management platform for tracking referrals and assessing outcomes.

AIM II: Establish RWC Collaborative business associate/data sharing agreements to lay the groundwork for data exchange among key referral partners for case management and for continuous quality improvement (see also Goal V: AIM III below).

AIM III: Establish an online Data Hub to enhance the ability to efficiently track referral outcomes with partner agencies and share assessment data and other results.

AIM IV: Establish Race Equity Goals and Benchmarks for Diversity, Equity and Inclusion (DEI)

- The RWC Collaborative will develop goals, measures, and benchmarks pertaining to diversity, equity and inclusion.
- Performance and incentives should be linked to these DEI outcomes.

Goal VI: Strengthen the effectiveness and efficiency of the ecosystem for reentry in Greater Waterbury.

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

- Co-chair the Greater Waterbury Reentry Council
- Work with the city leadership and community partners to identify systemic changes

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

- Endorse the Connecticut Reentry Collaborative Reentry Legislative Priorities
- Provide public testimony for bills pertaining to these priorities

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Appendix A: Release Type Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix B: Supplemental Quantitative Data

Table 1. Number of Sentenced Males from Greater Waterbury Incarcerated in CTDOC on the day of September 10, 2020 Broken Out by Age

Frequency	Age Range						Total
	<18	18-24	25-38	39-53	54-68	>68	
Beacon Falls	0	1	1	0	0	0	2
Bethany	0	0	1	0	0	0	1
Bethlehem	0	0	1	0	0	0	1
Cheshire	0	3	3	0	1	0	7
Middlebury	0	0	1	0	0	0	1
Naugatuck	0	4	22	13	6	0	45
Oxford	0	0	1	2	0	0	3
Plymouth	0	0	1	1	0	0	2
Prospect	0	0	3	4	1	0	8
Southbury	0	0	5	1	2	0	8
Thomaston	0	0	3	5	3	0	11
Waterbury	2	70	308	203	57	5	645
Watertown	0	1	1	6	2	0	10
Wolcott	0	0	6	2	2	1	11
Woodbury	0	1	1	1	1	0	4
Total	2	80	358	238	75	6	759

Table 2. Count of Sentenced Females from Greater Waterbury Incarcerated in CTDOC on the day of September 10, 2020

Frequency	18-24	25-38	39-53	54-68	>68	Total
NAUGATUCK	1	3	0	1	0	5
SOUTHBURY	0	0	1	0	0	1
THOMASTON	0	1	0	0	0	1
WATERBURY	4	15	8	1	1	29
WATERTOWN	0	3	0	0	0	3
Total	5	22	9	2	1	39

Table 3. Pre-Trial Males from Greater Waterbury Currently Incarcerated in CTDOC as of September 10, 2020

Frequency	<18	18-24	25-38	39-53	54-68	>68	Total
CHESHIRE	0	0	2	0	0	0	2
MIDDLEBURY	0	0	0	1	0	0	1
NAUGATUCK	0	5	7	2	1	1	16
OXFORD	0	0	1	0	0	0	1
PLYMOUTH	0	0	0	0	1	0	1
PROSPECT	0	0	3	2	0	0	5
SOUTHBURY	0	1	0	1	0	0	2
THOMASTON	0	2	0	0	1	0	3
WATERBURY	5	54	112	72	15	0	258
WATERTOWN	0	1	2	0	0	0	3
WOLCOTT	0	0	3	1	2	0	6
Total	5	63	130	79	20	1	298

Table 4. Pre-Trial Females from Greater Waterbury Currently Incarcerated in CTDOC as of September 10, 2020

Frequency	18-24	25-38	39-53	54-68	Total
NAUGATUCK	0	1	0	0	1
THOMASTON	1	0	0	0	1
WATERBURY	2	7	3	2	14
Total	3	8	3	2	16

Aggregate Data of People on Probation

The following data table provides a list of the total number of individuals who were on probation from January 2019 to June 2020 for the Greater Waterbury region⁶⁴. From this data we see that a majority of people under probation supervision reside in Waterbury (76.2%), and the second largest number reside in Naugatuck (9.9%), followed by Wolcott (3.5%) and Watertown (3.1%). Probation violations can be a pathway to prison in the U.S. According to a conservative estimate from the Council of State Governments Justice Center, 4% of people in Connecticut prisons are there for probation violations.⁶⁵

⁶⁴ A follow-up request will be submitted to get the annual number for 2019, and the semiannual number for 2020.

⁶⁵ <https://csgjusticecenter.org/publications/confined-costly/?state=CT#primary>

Probationer Population Residing in Greater Waterbury and Waterbury

		Total	Percentage
Table 6. Probation Population		1883	
Jan 2019 - June 2020			
Gender	Female	446	23.7
	Trans Female	3	0.2
	Male	1433	76.1
	Trans Male	1	0.1
Age Group	16-17	8	0.4
	18-21	208	11
	22-29	539	28.6
	30-39	563	29.9
	40-49	301	16
	50 +	264	14
Race Ethnicity	Hispanic	597	31.7
	Non-Hispanic Black	538	28.6
	Non-Hispanic Other	59	3.1
	Non-Hispanic White	689	36.6
Town	Waterbury	1434	76.2
	Middlebury	11	0.6
	Naugatuck	187	9.9
	Oakville	40	2.1
	Prospect	25	1.3
	Southbury	40	2.1
	Watertown	58	3.1
	Wolcott	65	3.5
	Woodbury	26	1.4

Some people who are released from incarceration are required by the courts to be under probation supervision following their release from CTDOC. The data below from the Court Support Services Division shows that in 2019, 252 sentenced individuals were released from CTDOC to probation in Waterbury and 66 were released from all other towns in Waterbury.

Releases from DOC to Probation in Waterbury and all other towns in Greater Waterbury in 2019 and first six months of 2020				
	2019		2020 (first six months)	
Time Period	Waterbury	All other towns	Waterbury	All other towns
Jan	12	2	20	6
Feb	13	7	26	7
Mar	16	9	27	4
Apr	18	5	22	5
May	24	7	20	6
Jun	23	3	20	7
Jul	29	8		
Aug	23	6		
Sep	30	7		
Oct	15	7		
Nov	28	1		
Dec	21	4		
Total	252	66	135	35

Supervision Status Upon Release by Race/Ethnicity of Sentenced Waterbury Residents

The table below compares the supervision status upon release among the different racial and ethnic subgroups from Waterbury. Among all groups 62% were released to some form of community supervision. The most frequent supervision type was halfway house (19.0%) followed by special parole (13.6%), TS (13.5%), and parole or PARCOM (11.5%). Among Blacks/African Americans, 19.2% were released to a halfway house, as compared with 35% released end of sentence.

Among Waterbury residents who identified as White who were released in 2019, 22.5% were placed in a halfway house and 39% were released end of sentence. As a percentage within their subgroup, fewer people who identified as Hispanic/Latinx were released to a halfway house (15.6%) when compared with people who identified as Black/African American (19.2%) or White (22.5%). Slightly more people who identified as Hispanic were released end of sentence (40%) within their subgroup when compared with Black/African American (35.4%) or White (39.8%). People from Waterbury who identified as Black/African American also were slightly more likely to be released TS (14.8%) when compared with those who identified as Hispanic/Latinx (11.0%) or White (13.7%).

Table 9. Race/Ethnicity of Sentenced Waterbury Residents Released in 2019 by Supervision Status (N=689)								
	African American/Black		White		Hispanic / Latinx		Other / Mixed Ethnicity	
	N	%	N	%	N	%	N	%
Transfer Parole	3	1.0	1	0.5	3	1.5	0	0.0
Parole / PARCOM	38	13.1	18	9.4	23	11.2	0	0.0
Furlough	6	2.1	3	1.6	4	2.0	0	0.0
Trans Placement	1	0.3	0	0.0	1	0.5	0	0.0
DUI / Home Confin	2	0.7	5	2.6	1	0.5	0	0.0
Halfway House	56	19.2	43	22.5	32	15.6	0	0.0
TS	43	14.8	21	11.0	28	13.7	1	50.0
Nursing Home	0	0.0	0	0.0	0	0.0	0	0.0
Special Parole	39	13.4	24	12.6	31	15.1	0	0.0
End of Sentence	103	35.4	76	39.8	82	40.0	1	50.0
Total	291	100.0	191	100.0	205	100.0	2	100.0
% of Total	42.2%		27.7%		29.8%		0.3%	

Race and Ethnic Identity of Sentenced Releases from All Other Towns in Greater Waterbury

Information on release type broken out by the race/ethnic subgroups from all other towns in Greater Waterbury are provided in the table above. All groups were more likely to be released at the end of their sentence when compared to any other specific release type. Those who identified as African American/Black were 17.4 percentage points more likely to be released at the *end of sentence* (54.2%) when compared with Whites (36.8%) and Hispanics (36.8%) as a percentage of their respective subgroups. However, as White residents were in the majority from all other towns in Greater Waterbury, they still significantly outnumbered (n=50) those who identified as African American/Black (n=13) or Hispanic/Latinx (n=7) for *end of sentence releases*. Compared with residents from all other towns who identified as White, those who identified as Hispanic/Latinx or as African Americans/Black were more likely to be released to a *halfway house* (16.7% and 26.3% respectively as compared with 13.2% for Whites). Whereas those who identified as White were thirteen percentage points more likely to be released *TS* compared to African American/Black and two percentage points more likely to be released *TS* when compared to Hispanic/Latinx. However, people who identified as White were slightly more likely to be released to *Special Parole* (11.0%) when compared to people who identified as African American/Black (8.3%) and Hispanic/Latinx (10.5).

Table 9. Race/Ethnicity of Sentenced Residents from all Other Towns in Greater Waterbury Who were Released from DOC in 2019 by Supervision Status (N=179)

	African American/Black		White		Hispanic / Latinx		Other / Mixed Ethnicity	
	N	%	N	%	N	%	N	%
Transfer Parole	0	0.0	1	0.7	1	5.2	0	0.0
Parole / PARCOM	1	4.2	10	7.4	2	10.5	0	0.0
Furlough	0	0.0	0	0.0	0	0.0	0	0.0
Trans Placement	0	0.0	0	0.0	0	0.0	0	0.0
DUI / Home Confine.	2	8.3	13	9.6	0	0.0	0	0.0
Halfway House	4	16.7	18	13.2	5	26.3	0	0.0
TS	2	8.3	29	21.3	2	10.5	0	0.0
Nursing Home	0	0.0	0	0.0	0	0.0	0	0.0
Special Parole	2	8.3	15	11.0	2	10.5	0	0.0
End of Sentence	13	54.2	50	36.8	7	36.8	0	0.0
TOTAL	24	100.0	136	100.0	19	100.0	0	0.0
% of Total	13.4%		76.0%		10.6%		0.0%	

Appendix C: Supplemental Qualitative Data

Focus Groups Description:

Four focus groups with returning residents were organized with a total of 30 participants. Next, we describe the participants gender and ethnicity for each focus group and their date and location.

Focus Group #1

The first focus group took place on May 7th, 2020 at CPA's Waterbury Transitional House-WAIC. This group involved 8 participants. All were male. Of those who completed the pre-survey, two participants identified as African American, three identified as Hispanic, and three as White. Five of these men took part in the focus group via zoom. It appeared that the African American men were not well represented in the zoom group. Three of the eight did not participate on the day/time of the zoom call. Of the five individuals that did take part in the zoom call, three of them only had phone access and were not able to participate in the video component.

Focus Group #2

The second focus group took place on June 25th, 2020 at the Marriott-temporary emergency shelter site in Waterbury--and was coordinated by the Pope Francis Center for Renewal and St. Vincent DePaul. It included 15 participants, of which 14 completed a pre-survey. Participants were recruited by staff at the Center for Renewal after consulting with their records to identify people in the shelter who had been released end of sentence. There were 3 females and 11 males. The majority were White and only one Hispanic and one who reported being mixed Hispanic and African American.

Focus Group #3

The third focus group was conducted on September 15, 2020 at the Chase Center Halfway House. It included six participants. All were male. Seven residents completed the pre-survey. This group was racially diverse, but due to the fact that this is a male-only facility, no females were present. This group was unique in that they reentered Waterbury while still under DOC custody. Being provided with some reentry services at the halfway house allows them to offer a perspective on what services they find most valuable and what service gaps need to be addressed.

Focus Group #4 and interviews

This third focus group was conducted at the Renaissance House on October 5, 2020 and involved three participants; three males, two of which were African American and one Hispanic/Latinx. Two additional participants were interviewed individually as well. One was female and had been released from federal prison, the other was an African American male who also took part in the focus group.

Reentry Participant Pre-Survey Responses Regarding Reentry Challenges(n=28)		
<i>What were the biggest challenges that you faced upon reentry? (open-ended)</i>		
Employment (n=8) 29%	Housing (n=9) 32%	Health and Wellness (n=4)14%
finding work (also adjusting to society)	place to stay	support groups (n=3)
job (also place to stay & food stamps)	finding shelter (also food & access to services)	coronavirus pandemic (the closing of offices, clinics etc.)
gaining employment	housing (n=2)	Other Responses
working has been a challenge. (Dealing with people has been a challenge for me also)	housing (also support groups) (n=2)	there is a significant lack of communication prior to reentry with DOC from personal experience.
getting a job	housing (also job)	Missing Responses
job (2)	housing also (income)	N=3
getting a job	housing (also job and transportation)	
Finances (n=2) 7%	Self (n=5) 18%	Felony (n=3) 11%
income	adjusting to society	restarting life as felon
money	dealing with people has been a challenge for me also	not having my record follow me everywhere.
Basic Needs (n=7) 25%	making better choices in life	felony record
food stamps	managing time	
having nothing	me	
getting back to the basics	Family Reunification/ Relationships (n=2) 7%	
starting over with nothing	proving to myself and others this is the last time	
food, access to services (also housing)	becoming a better person for my family	
transportation		
having nothing at all		
life		

Reentry Participant Pre-Survey Responses Regarding Services Received in Prison		
Themes	Which programs helped you the most upon reentry and how?	
CBT (n=11, 41%)	<i>Anger management (n=4)</i>	
	<i>Good intentions, Bad Choices/ CBT (n=4)</i>	<ul style="list-style-type: none"> It helped me make better decisions when I got outta jail and opened my mind to think of life in a positive way. helped me to see things from a different point of view. think of consequences before acting
	<i>Voices, (Tier 2)</i>	they helped me realize more than I knew. It has changed and impacted my life.
	<i>CBT</i>	because it helped me find myself and know my weaknesses which helps me make better life choices
	<i>DV-Explorer</i>	taught me to deal with emotions
Drug Treatment (n=8, 30%)		
	<i>Tier 4</i>	It helped me in a major way to realize my wrongs
	<i>Tier II (n=4)</i>	Tier II provided the much needed insight of the physical and psychological affects of my decision-making.
	<i>AA</i>	I stopped drinking alcohol
	<i>Substance Abuse Treatment</i>	
Basic Skills (n=3, 11%)	<i>Parenting (n=2)</i>	
	<i>Basic life skills</i>	
Mental Health (n=3, 11%)	<i>Mindful Meditation</i>	It helped me become a more spiritual individual and I was learning to better face challenges with a more optimistic attitude.
	<i>me</i>	
	<i>mental health</i>	able to get onto the mental health waiver
Education (n=2, 7%)	<i>College (n=2)</i>	College-expanded my knowledge of the plethora of opportunities available for an ex-felon. Above all both programs were enlightening and life changing.
Not offered (n=1, 4%)		was given bad access to programs (sentenced for 2 yrs)
	Missing (n=7)	Missing (n=15)

Reentry Participants' Open-Ended Responses to the Question: What has helped you the most to Stay out of Prison (n=29)	
Family (n=7) 24%	being able to talk to my daughter and have somewhat of my family back
	family (also friends and programs)
	my child
	family
	wife, getting kids back
	girlfriend
	son
Employment (n=1) 3%	staying busy by working (& staying away from negatively)
Change in Mindset (n=6) 21%	staying positive understand consequences of my actions
	different outlook towards life
	determination to live life prosocial
	The learned experience
	change
	recondition thinking
Programs (n=2) 7%	programs
	attending N.A.
Avoiding negative influences (n=1) 3%	staying away from negativity
Self-Determination (n=5) 17%	The fact of my age and years I've wasted in prison got me never wanting to go back.
	myself
	willpower
	determination
	my determination to be a much better individual, a better son, a better human being. (Primarily my faith and confidence in the God of my understanding). I must prove that I am better than my weaknesses and flaws. To myself and others.
Preparing Ahead (n=1) 3%	And most of all planning ahead by taking my own initiative.
Education (n=2) 7%	schooling
	Pursuing my college education
Sobriety (n=5) 17%	Continuing my sobriety by (attending N.A.) meetings. (Pursuing my college education. And most of all planning ahead by taking my own initiative).
	Sobriety/Staying Sober (n=4)
Religion (n=1) 3%	Primarily my faith and confidence in the God of my understanding.
Friends (n=4) 14%	Friends (n=2)
	distancing from people I used to hang with
	I must prove that I am better than my weaknesses and flaws. To myself and others.
Negative response 3%	none
Ambiguous Response 3%	just surviving

Greater Waterbury Reentry Council SWOT Analysis (n=38)			
1. Employment Opportunities			
Strengths	Weaknesses	Opportunities	Threats
Employer tax benefits	Poor enforcement of Ban-The-Box	<ul style="list-style-type: none"> Ban-the-Box Implementation Strengthened Employers can be educated on benefits of hiring returning citizens 	
Funding for / access to training (e.g. Naugatuck Community College; Goodwin)		GWREC Reentry Success Fair.	
GED prep & resume building assistance		Job coaching	
Reentry Welcome Center			
Strengths	Weaknesses	Opportunities	Threats
2. Facility, Staffing and Funding (Advisory Group)			
Mayor is on-board	Current reentry center is only part time Lack of engagement	Increased public awareness / visibility	
Local Foundations, City, and Business (ion Bank) is supporting the planning process	Funding- Not enough financial resource is allocated Nondiscretionary funding	Potential for identifying new sources of funding	Budget Shortfalls / Cuts Competition for funding
Reentry program already exists			
Precedent- Hartford Welcome Center as a model		Space is potentially available	
3. Partnerships--Coordination and Collaboration of Service Providers			
Strengths	Weaknesses	Opportunities	Threats
GWREC is diverse and well-attended (Provider collaboration)	Networking / Partnerships Need Improvement	Increased Networking	Non-genuine Partnerships (e.g. employers that say they want to hire, but aren't really hiring)
GW Reentry Council has multiple active members & committed leadership	<ul style="list-style-type: none"> Siloed services Communication is poor / intermittent Lack of engagement 	<ul style="list-style-type: none"> Organizations providing resources can find us more easily 	
Multiple intake of different intake of dept.		<ul style="list-style-type: none"> One Stop Evaluation-Assessment Centralized application to use with clients 	
4. Housing			
Strengths	Weaknesses	Opportunities	Threats

Homeless services & shelters	<ul style="list-style-type: none"> • Lack of stable housing opportunities • Resources located in challenging areas 		
5. Access to Resources--Community Outreach			
Strengths	Weaknesses	Opportunities	Threats
Available Resources: <ul style="list-style-type: none"> • Transitional counseling • Walk-in services • Health care • Public transportation • Clothing assistance • Food pantries 	<ul style="list-style-type: none"> • Lack of Peer Support 	Additional Resources: <ul style="list-style-type: none"> • Life skills • Coping/Mental health • Long-term planning • Job coaching • Peer mentoring 	
	<ul style="list-style-type: none"> • Returning citizens are unaware of resources 	<ul style="list-style-type: none"> • Easier to find resources. • Centralization of resources • RWC host outreach events 	
	<ul style="list-style-type: none"> • Lack of engagement of returning citizens 	<ul style="list-style-type: none"> • Better community outreach 	
	Public stigma from broader community	More visibility = more marketing opportunity & community buy-in	Public backlash
6. Transitioning Process from DOC to Community			
Strengths	Weaknesses	Opportunities	Threats
	No resource information is provided in discharge packets		
	No welcome / orientation at current drop-off site (Police station)	RWC would provide a more appropriate drop-off spot	Volume of returning citizens is too high for current system to handle
	No contracted providers for DOC		
	Hard to access / activate SSI—halfway houses		
ID procurement / Certificate of Employability			
7. Statewide Policy and Legislation			
Strengths	Weaknesses	Opportunities	Threats
Second Chance Act	State judicial system in need of reform	Easier to collaborate with policy makers / legislators	Unsupportive legislation