

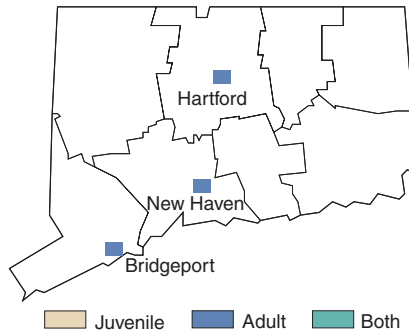
CONNECTICUT

SVORI Grantees in Connecticut

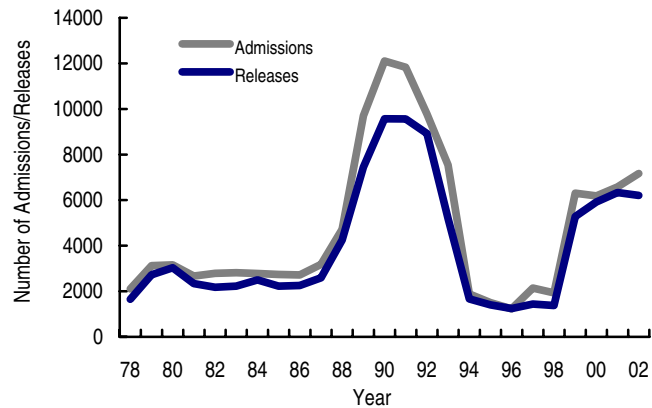
- Connecticut Department of Mental Health and Addiction Services (CT DMHAS)

Connecticut has one SVORI grantee focusing on adults and youthful offenders returning to the cities of Bridgeport, New Haven, and Hartford (depicted in the map below). The Connecticut Department of Mental Health and Addiction Services has identified a group of serious offenders at extremely high risk of continued involvement with the adult criminal system. This population, identified as serious and violent young mentally ill adults in the correctional system with comorbid substance use disorders, is particularly vulnerable to arrest and recidivism. The line chart below provides BJS statistics on adult prison admission and release trends in Connecticut over a 24-year period.

Connecticut SVORI Target Areas



Connecticut Adult Prison Admissions and Releases, 1978–2002



Source: Correctional Populations in the U.S. (BJS, 2002) and Prison and Jail Inmates at Midyear 2002 and 2003 (Harrison and Karberg, 2004)

SVORI Grantee: Connecticut Department of Mental Health and Addiction Services

SVORI website	None
Data management system	The Research Division at DMHAS will create a supplemental data system
Local evaluation planned	Dr. Robert Trestman, University of Connecticut Health Center
Program name	Connecticut Offender Reentry Program

CT DMHAS

Connecticut Offender Reentry Program

TARGET POPULATION

Population type	Male and female adults and youthful offenders
Number of targeted prisoners	201+
Inclusion criteria	Mental health and co-occurring substance abuse scores of 3–4
Exclusion criteria	None
Pre-release facilities	Selected State prisons
Post-release locations	Hartford, Bridgeport, and New Haven
Participation	Voluntary
Legal release status	Most offenders are under supervised release

PROGRAM ORGANIZATION AND SERVICES

Steering committee	Reentry Steering Committee
Post-release reentry authority	Department of Corrections and Connecticut Department of Mental Health and Addiction Services
Number of phases	3

Phase 1: Institutionally Based Programming

Duration: 12 months

Assessments: Current and historical life information, physical health history, substance abuse, mental health, and risk assessments

Components/services offered within phase:

- Sex offender programs
- Victim services (victim-offender dialogue, victim educational services)
- Religious services (gym, therapeutic recreation class)
- Specific targeted services include, as needed, substance abuse treatment (AA/NA), mental health counseling, medical and dental services, financial assistance for housing needs, life skills training, faith-based services, anger management, and educational placement (GED)

Coordination of services:

- Transition team, which includes case managers, clinicians, vocational specialists, DOC, Parole, Probation, and DMHAS’s project manager

Phase 2: Community-Based Transition

Duration: 6–12 months

Assessments: Identification and prioritization of practical concerns; specifying life concerns (e.g., housing, employment, finances)

Components/services offered within phase:

- Domestic violence programming
- Family members involvement implemented
- Victims’ rights
- Specific targeted services include, as needed, substance abuse treatment, mental health counseling, employment skills, education, housing assistance, domestic violence prevention and intervention, and life skills training

Coordination of services:

- Transition team

Phase 3: Community-Based Long-Term Support

Duration: Services remain available to participants until released from community supervision

Assessments: No specific assessments are used in this phase

Components/services offered within phase:

- Continuum of supervision
- Domestic violence programming
- Specific targeted services include, as needed, substance abuse treatment, mental health counseling, obtaining employment, vocational/educational training, safe and permanent housing, domestic violence prevention and intervention, and life skills training

Coordination of services:

- Case Manager

CHANGES EXPECTED AS A RESULT OF SVORI FUNDING

System-level changes

- Family members and other significant others come into the institution to meet with offenders
- Integrated case management where representatives from multiple community service providers and/or corrections/supervision agencies meet to discuss and work on particular cases
- Staff person whose job it is to create partnerships with community service providers, which will open channels of communication and collaboration among agencies and facilitate services for offenders once they are released
- Reentry coalition or task force of agencies that meets to set guidance for supervision of offenders returning to the community
- Regular feedback mechanism among agencies to ensure that the collaboration is working
- Agency protocols shared regarding how service provision is approached

Individual-level changes

- Reentry plan developed prior to release that is tailored to the individual risk and/or needs of the offender
- Needs assessment updated prior to release specifically for the purpose of developing a reentry plan
- Offender as an active participant in the creation of the reentry plan prior to release
- Staff from within the institution and community agencies working with the offender before he/she leaves the institution
- Required core curriculum that all offenders who are released must receive prior to release