

**State of Connecticut  
Department of Correction  
Offender Management Plan  
Corrections to the Community**

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# Connecticut Department of Correction Offender Management Plan Corrections to the Community

## *I. Introduction*

The Connecticut Department of Correction (DOC) is committed to public safety, staff safety, and the safe, secure and humane supervision of offenders who are committed to its custody and care. Our staff of nearly 7,000 dedicated men and women, representing the broad range of professional disciplines, takes great pride in the performance of its duties and the protection of the public.

Every year more than 30,000 offenders enter our correctional system of 18 jails and prisons. Connecticut is one of only a half dozen state correctional departments in the country which confine both accused offenders awaiting trial as well as convicted offenders who have been sentenced to a term of incarceration. From the first day of incarceration, the DOC Offender Management Plan provides a progressive, systemic approach for the custody, care and treatment of each offender in accordance with state statutes and the DOC Mission Statement:

*The Connecticut Department of Correction shall protect the public, protect staff and provide safe, secure and humane supervision of offenders with opportunities that support successful community reintegration.*

The following details the highly structured plan that ensures that each offender receives appropriate supervision, opportunities for self improvement, and ultimately the ability to become a responsible and productive member of law abiding society. Among the highlights of the Offender Management Plan are the following:

-  Initial medical, mental health and suicide intake screening
-  Objective classification and determination of security and needs scores
-  Orientation to incarceration

- ✎ Individual Offender Accountability Plan (OAP) detailing programmatic goals and behavioral expectations
- ✎ Access to evidence based programs such as education, cognitive behavioral, substance abuse treatment, anger management and parenting
- ✎ Ongoing computerized tracking of program participation
- ✎ Individual community transition plan
- ✎ Screening for supervised community release
- ✎ Community supervision prior to the end of sentence

The Connecticut Department of Correction utilizes a Re-Entry Model, which is reflected in both its mission statement and the Offender Management Plan. Under this Model, the DOC strives, from the first day of incarceration, to prepare the offender for successful reintegration to the community. Recognizing that 97% of offenders will return to the community after a period of incarceration, the goal is to enhance public safety by reducing recidivism. The Offender Management Plan is crucial in this regard as each phase builds toward re-entry and successful community adjustment. Appropriate offenders are considered for a period of release in the community under supervision as a means of bridging their re-entry prior to end of sentence. The DOC Parole and Community Services Unit, which provides that supervision, insures that a continuum of expectations are presented to the offender for the entire period of sentence. Programmatic support for reintegration, such as education, behavioral cognitive programs, mental health, substance abuse treatment, anger management and parenting, is provided both within the institution as well as in the community.

The DOC measures success not only in terms of the safety, security and good order of its facilities, but also in terms of providing the offender population with programs and services that reinforce responsible behavior. Ultimately, success in rejoining law-abiding society as a productive citizen is the responsibility of each inmate, but the Offender Management Plan seeks to ensure that each offender is afforded the building blocks that ascend to that goal.

## ***II. The Institutional Phase***

The Institutional Phase describes actions, events and responsibilities that occur during an inmate's typical term of confinement, from admission to release to the community. The following discussion illustrates the progression of inmates through the DOC system, beginning with the admissions process.

### **A. Admissions**

Upon admission, health services personnel meet with all inmates. This initial screening seeks to identify individuals with acute medical and mental health issues and those who may be at risk for self-harm. Newly admitted inmates are assigned to an Orientation Unit to provide a period of time for adjustment, and to further assess, monitor and ensure they are in an appropriate correctional setting.

Inmates with identified special needs are placed in housing designed to manage the specific issue, such as serious medical or mental health concerns.

Connecticut is one of only six states, whose correctional agency houses accused and unsentenced populations, presenting unique challenges for offender management. Despite the fact that the majority of accused offenders spend a relatively short time in DOC custody, they may participate in many of the same services available to the sentenced population. Due to the transient nature of this population, formal release planning may be problematic, as many inmates are released on bond or discharged from court with no prior notice to the DOC.

Within 24 hours, an initial risk and treatment need assessment is conducted to determine appropriate inmate classification and facility placement. Those offenders whose sentences are two years and under will receive their classification and assessment at the pre-trial facilities. Subsequent transfer to sentenced facilities occurs shortly thereafter, whereupon the receiving facility will develop and implement the Offender Accountability Plan (OAP). Offenders serving

sentences greater than two years will be transferred to the MacDougall-Walker Correctional Institution for the development of an individual comprehensive orientation, assessment and treatment plan.

Newly sentenced offenders transferred to MacDougall-Walker receive a facility orientation and are placed in a 10-day assessment cycle, consisting of an extensive medical and mental health workup, a substance abuse evaluation, educational and vocational assessment and sex offender treatment needs review. In addition to these treatment needs, the offender is reviewed for custodial and security risk management.

During this orientation process, a community resource need evaluation determines the level of priority/intervention required for the sentenced offender to receive assistance with pre-release and discharge planning, to facilitate a successful transition into the community.

The DOC recognizes the need for discharge planning to begin upon admission, and structures the initial treatment plan accordingly. The DOC works with each offender to provide the opportunity to gain necessary skills to facilitate a successful transition into the community.

The inmate is given information about all DOC community release eligibility opportunities. Separate from the DOC orientation, a representative from the Board of Pardons and Paroles meets with each offender to outline eligibility criteria and expectations for the earliest possible discretionary release.

## **B. Offender Accountability Plan (OAP)**

An Offender Accountability Plan is designed with each inmate, formulating treatment and programming for the duration of the inmate's incarceration. The OAP is formulated with the inmate. Then the inmate, DOC and the Board of Pardons and Paroles confirm its recommendations.

The OAP is a tool to identify and address the specific areas that need to be modified in order to assist the inmate in a successful reintegration to the community. The foundation of the OAP is accountability, with each individual accepting responsibility and accountability to engage in productive actions.

Correctional personnel review and modify the OAP with the inmate on a regular basis throughout the term of incarceration in order to assess progress and reinforce achievement of stated goals.

In addition to participation in identified treatment, education and vocational programs, the OAP addresses safety and security issues, to include behavioral expectations. Additional components may include development of spiritual, family, and community support systems.

Upon conclusion of the inmate's orientation and development of the individualized OAP, the inmate is transferred to an institution commensurate with the assigned security level and programmatic offerings to address the recommendations from the OAP.

The final phase of the OAP prepares the inmate for transition into the community, either by way of a supervised community release program or full discharge from the sentence.

### **C. Correctional Facilities**

The DOC has five security levels, consisting of community, minimum, medium, high and maximum security. Many correctional facilities are designed for specific functions, such as pre-release, disciplinary programs, mental health units, and institutions for females and youthful offenders.

Inmates are assigned to a security level according to a variety of risk factors, including severity/violence of offense, escape risk and institutional conduct. These factors are incorporated into a review that assesses the individual's risk to the safety of the public, staff and other inmates.

In addition to assessment of security risk, offender placement is also based on specific programmatic need. Different facilities are equipped to offer services for targeted populations, such as offenders with domestic violence issues, substance abuse treatment needs, DUI convictions or community release preparation need.

## **1. Classification**

An inmate is assigned to a particular facility based on objective classification principles and criteria. Classification decisions balance inmate, DOC, and public interests while preparing inmates for re-entry into society.

The goals of the DOC classification system are to:

- A. Ensure the safety and well-being of the community, facility, staff and the inmates;
- B. Apply a consistent and reliable classification and assessment system that assigns inmates to a level of confinement consistent with the protection of the community, facility, staff, and inmates.
- C. Recommend inmate programs and activities according to specific needs;
- D. Involve the staff and inmate in developing an incarceration plan and a plan for community release and reintegration (OAP), where appropriate;
- E. Develop, record and analyze data necessary for individual decision-making and program and facility planning;
- F. Ensure that staff and inmates understand the procedures and criteria used in the classification process.

Together, the objective classification system and the OAP comprise the overall Offender Management Plan.

## **2. Treatment, Programs and Services**

The DOC provides offenders with the opportunity to participate in a wide array of treatment programs and services designed to address identified needs. In addition to provision of health care services, the agency offers specialized treatment in mental health, addiction services and treatment for problem sexual behaviors, on both an inpatient and outpatient basis.

Offenders are strongly encouraged to participate in programs identified in their individualized OAP to better prepare themselves for the opportunity for discretionary release and successful community reintegration.

These programs target issues identified as common to much of the offender population, such as substance abuse, illiteracy, anger and aggression, antisocial behavior, cognitive deficits, domestic violence and parenting skills.

The DOC maintains a Compendium of Programs and Services for the offender population. A complete listing and full description of these programs is available on the agency website at: [www.ct.gov/doc](http://www.ct.gov/doc).

In addition to the programs and treatment services mentioned, additional services are offered to involve inmates in educational and vocational services, and to help them work toward high school diplomas, GED's and state certifications. Participation in education services is mandated for all inmates under the age of 18; special educational services are mandated until age 21. Many facilities also provide secondary education courses through correspondence and community colleges.

Recognizing the diversity within the inmate population, the Religious Services Unit provides worship and activities among various religions, to include Catholic, Jewish, Muslim, Native American and Protestant. Extensive volunteer and community outreach services provide inmates with opportunities to connect with individuals and develop personal networks to facilitate positive community ties. Authorized

spiritual advisors, fellowship sponsors, and general community members provide mentoring services to the inmate population.

### **3. Community Release Outlook**

The re-entry process is a critical component in helping an offender successfully transition back into their community. This includes consolidating treatment gains the offender has made during his or her period of incarceration, providing linkages to community-based services, and placing the offender into appropriate community release programs.

It is the DOC policy that participation in pre-release preparation and programming services is one of the most essential components to the successful reintegration of the offender to the community.

Following the recommendations of the former Prison and Jail Overcrowding Commission, the State Legislature funded the approval of twenty-nine new positions specifically dedicated to offender re-entry preparation, to enhance public safety and reduce recidivism. The Offender Re-entry Services Unit was created to act as a liaison to the Parole and Community Services Unit and to oversee pre-release and re-entry functions for the Department.

The DOC is undergoing a fundamental shift in its utilization of community services by collaborating with sister agencies to better integrate programs received while incarcerated with the supervision that is provided following release.

A new relapse prevention re-entry program has been implemented to ensure continuity of treatment upon release. The relapse prevention program is being utilized in facilities and in halfway houses, with parole and probation staff supervising the offender in the community.

A variety of community programs are available to inmates in order to facilitate the transition from incarceration to the community. Inmates are advised of their discretionary eligibility dates with the expectation that they will make every effort to comply with recommendations and programs designated in their OAP.

An inmate's eligibility to participate in a community release program depends on a variety of factors, including length of sentence, nature of conviction, institutional conduct and percentage of time served. The following are community release programs that an offender may be eligible for.

**Transitional Supervision (TS):** Per statute, eligible inmates must serve at least fifty percent of a sentence of two years or less. The facility Warden is the designated release authority and the DOC provides supervision and case management, through its Parole and Community Services Unit for offenders on TS status.

**Parole:** The Board of Pardons and Paroles, a separate agency from the DOC, is the release authority for parole, a program available to certain inmates serving sentences of greater than two years. By statute, offenders convicted of non-violent crimes are eligible for parole after serving 50 percent of their sentence. Those offenders convicted of violent crimes must serve 85 percent of their sentence. Conviction of certain of the most serious crimes renders an inmate ineligible for parole. The DOC is the supervisory authority for paroled offenders.

**Transfer Parole:** Transfer Parole is the discretionary transfer by the Chairperson of the Board of Pardons and Paroles of an offender to supervision by the Parole and Community Services Unit, pursuant to Connecticut General Statute. This program is utilized in conjunction with Discretionary Parole for eligible and appropriate offenders.

**Halfway House:** Halfway houses are utilized to provide assistance for those offenders who require greater support and supervision in the community. Offenders who are within eighteen months of their release date or have been voted to parole may participate in these structured programs. Generally, placement in a halfway house is made for those who have need for housing, education or employment assistance, or intensive residential substance abuse treatment.

**Transitional Placement:** A program in which certain offenders may be transferred by the Commissioner of Correction or designee

to an approved community or private residence after satisfactory performance in a residential program pursuant to Connecticut General Statute. This program will be utilized for Parole ineligible offenders or those offenders who would benefit from a period of structured supervision following halfway house placement.

#### **4. Discharge Planning**

Each sentenced inmate who is pending discharge from DOC custody is required to have a discharge plan.

If the offender has met the criteria for community supervision, the Parole Officer, who has the availability of a wide array of residential and nonresidential options, coordinates the discharge plan. In the event an inmate discharges at the end of sentence without the benefit of community supervision, the DOC has a process in place to ensure that essential community needs and services are addressed.

#### **5. Transitional Services**

The DOC offers inmates the opportunity to participate in transitional services programs to identify and address community resource needs. The program counselors assist offenders with coordinating housing, employment and necessary identification and governmental entitlements.

Upon discharge of sentence, many offenders have a subsequent period of supervision by the Court Support Services Division (Probation). Either immediately before or after release, offenders meet with their assigned Probation Officers, who assess their level of risk and need, and establish an appropriate program and supervision plan.

The DOC also has dedicated discharge planners to assist those releasing inmates who have serious medical and/or mental health problems. The discharge planners ensure that follow-up services and medications are available upon release. The DOC also funds Department of Social Services Entitlement Specialists who ensure

that offenders who need government entitlements following incarceration have these in place prior to release.

A detailed description of available transitional services is available on the agency's website at [www.ct.gov/doc](http://www.ct.gov/doc).

### ***III. Community Based Programming***

The DOC provides an extensive number of community-based services, both residential and non-residential, to assist in inmates' transition into the community. All offenders under the jurisdiction of the DOC are supervised by Parole Officers, who supervise and monitor offenders and make referrals to meet the offenders' assessed needs.

The DOC funds halfway houses that serve more than 1,000 offenders at any time. The function of the halfway house is to provide a period of time for the offender to establish self-sufficiency and stabilization in the community.

Some of the halfway houses provide specialized services for those offenders with significant mental health and/or substance abuse problems. The DOC also funds a supportive housing program for offenders with significant mental health and/or addiction problems and a history of homelessness.

In addition to residential services, the DOC funds extensive non-residential programs. This includes medical and mental health treatment, domestic violence programming, employment assistance, substance abuse counseling, treatment for problem sexual behavior, and specialized services for women.

### ***IV. Future Initiatives***

Consistent with the DOC Re-Entry Model, intensive services such as halfway house programs will be reserved for those inmates with a moderate or greater risk of re-offending. Ideally, inmates should be

stepped down from an intensive model of supervision to less restrictive oversight. Conversely, those offenders, showing signs of behavioral compliance difficulty, verging on technical violations may be placed in a program or halfway house in lieu of extended re-incarceration.

## ***V. Summary***

The DOC is dedicated to enhancing public safety with effective supervision of offenders that promotes law-abiding behavior. The Offender Management Plan is designed as a systemic approach to ensuring that the DOC meets its mission goals of public safety, staff safety and maintaining safe, secure and humane supervision of offenders both in the DOC facilities and the community.