

STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

REENTRY INITIATIVE 2002-RE-CX-0025

Revised Grant Narrative

I. PROBLEMS TO BE ADDRESSED

A. The Problems

New Hampshire (N.H.) is poised to make a meaningful improvement in the public safety of its communities as it prepares to make a significant change in the trajectory of its ex-offenders once they are released from confinement. State and local partners have started pulling together new and existing resources through a model of community justice that balances the strengths-based habilitation of offenders with restoration to the victim and protection of community safety through a collaborative, institution and community-based approach.

N.H.'s adoption of a community justice reentry program has been prompted by the need to address specific problems in the successful reentry of offenders into the community. Those problems, which this reentry program will target, include:

- **Data** – There is much that N.H. does not know at this time about its offender populations, due to inadequate data collection and management information systems. Consequently, reentry planning is inadequately informed.
- **Capacity and Continuity** – While adult correctional facilities have several rehabilitation services in place, the demand for such services far exceeds capacity. Also, such services are fragmented with limited collaboration among service providers.
- **Substance Abuse and Mental Health** – Too often, inmates are leaving N.H.'s correctional facilities with *untreated* and with an unacceptable frequency *undiagnosed* substance abuse and mental health issues.
- **Education** – A majority of inmates are entering prison without a high school diploma, but only about a third are participating in the Adult Education Center in the N.H. prisons during each academic term.
- **Employment** – While the N.H. prisons run a rather extensive Correctional Industries vocational program that has awarded thousands of competency-based certificates to inmates

over the past four to five years, it is not tied closely enough to the state's actual workforce needs. Also, the target population faces many age-related challenges in finding employment that are exacerbated by such factors as a criminal history and lapse of time in the workforce during incarceration.

- **Housing** – While N.H. is known across the country for its economic prosperity (with an unemployment rate *below* and household income levels *above* national averages), what is not widely appreciated is how this prosperity presents formidable challenges to members of lower socioeconomic populations such as ex-offenders. For instance, the relative wealth of N.H. residents translates into higher housing prices, making it hard for ex-offenders to obtain affordable housing, which can have profound ramifications in a vast array of other areas of the offender's reintegration into the community, such as employment and family stability.

B. Analysis of the Population

Approximately 1,500 adult prisoners are released each year from N.H.'s state prisons. Approximately 95% of these offenders prisoners are male, 90% are white, 85% enter without a high school diploma, and the average age is 25. Approximately 80 to 85% of N.H.'s adult offenders have a substance abuse issue, and approximately 40% are estimated to have mental health issues. The return rate of adult ex-offenders to N.H.'s state prisons is approximately 50%.

The City of Manchester in the county of Hillsborough has been selected as New Hampshire's pilot site for implementing its Reentry Initiative. In addition to its disproportionately large reception of N.H.'s adult offender population, the City of Manchester is a prime target site in which to address reentry issues, because it poses considerable barriers to successful reentry. Manchester's population growth rate was over 160% higher than that of N.H.'s from 1990 to 2000. It rose from 99,332 in 1990 to 107,006 in 2000. Not only has the city's population grown, its ethnic diversity has grown as well. Compared to the entire State of N.H., Manchester has a lower percentage of whites, almost twice as many blacks, a slightly higher percentage of Asians and almost double the percentage of Hispanics. Also, Manchester is home to a considerable refugee population. Eleven percent of residents in inner city Manchester live in "linguistically isolated" households. These ethnic groups have much higher percentages living below poverty. The city is home to two-thirds of the Greater Manchester area's total

populations, but it has 84% of all people living below the poverty level, 80% of the “working poor,” and 82% of single female-headed households with children under 18. More than 28% of Manchester families received Medicaid in 1995 as compared to 15% for the entire state. In 1994, the occupancy rate for emergency shelter beds for the homeless exceeded 90%.

Once a prospering manufacturing town, Manchester’s economy faltered 10-20 years ago, as the explosion of technology moved the nation from a production-based economy to an information-based economy. The resulting high unemployment, declining property values, and dwindling community resources qualified Manchester’s inner city as an Empowerment Zone/Enterprise Community in 1994, a designation it still holds today. More recently, Manchester’s industry has become more technology-based, causing marked economic improvements, such as a rise in property values. While this has meant prosperity for some Manchester residents, inner city residents – many of whom lack marketable vocational skills – have suffered from an even less affordable housing market. Also, Manchester has a higher unemployment rate than N.H. (a seasonally unadjusted rate of 6.6% versus 4.5% for March 2002), and almost 40% of workers have to commute to find employment. This adds a level of complexity to placing offenders into jobs, especially given how many offenders currently leave correctional facilities with transportation, housing, and other issues.

Selection of those to receive services under New Hampshire’s Reentry Initiative will be those offenders determined to be at the highest risk of recidivism, as determined by an assessment of such risk factors as original offense and length of incarceration, past criminal record, educational attainment, employment history, history of mental illness and/or substance abuse, physical ability to work, marital status, family support and access to suitable housing.

II. PROJECT GOALS AND OBJECTIVES

The goal of N.H.'s Reentry Project is to effect successful reentry for the target population, in order to prevent recidivism and ensure public safety. To achieve this goal, the project's partners have developed the following objectives, which will be accomplished according to the time frame indicated in parentheses:

- (1) Institute a model of community justice that balances the strengths-based habilitation of offenders with restoration to the victim and protection of community safety through a collaborative institution-based and community-based approach (months 6 through 9)¹;
- (2) Achieve better coordination of reentry-related services by –
 - a. addressing gaps in the current reentry service delivery system (months 1 through 36),
 - b. establishing formal interagency agreements and cross-system protocols (months 6 through 12), and
 - c. providing reentry case management services (months 6 through 36);
- (3) Conduct initial screenings and ongoing assessments to determine offender risk of committing serious and violent crimes upon release and identify barriers to reentry (months 6 through 36);
- (4) Identify substance abuse and mental health issues and provide institution-based, community-based, and aftercare treatment as indicated by the assessment (months 6 through 36);
- (5) Develop education plans that include, at least, the attainment of a high school diploma or equivalent and that may include both institution-based and community-based components (months 6 through 36);
- (6) Develop employment plans that include institution and community-based components and are closely connected to the workforce needs of the location to which the offender will be returning, as well as connected to the offender's skills and interests (months 6 through 36);
- (7) Develop housing plans and provide housing services, which may include setting of housing goals, tenant education, transportation to view housing options, budgeting guidance, assistance with landlord interactions and housing application processes, referral to housing services, and participation in a security deposit loan program (months 6 through 36);

¹ It is anticipated that it will take six (6) months from the time of grant approval to recruit, hire and train staff before direct services will be provided.

- (8) Provide other case management services (e.g., domestic violence intervention, disability services) to ensure successful reentry and the ongoing stability of the offender in the community (months 6 through 36);
- (9) Ensure accountability with reentry plans through graduated levels of criminal supervision provided by reentry advocates in conjunction with probation and parole officers (months 1 through 36);
- (10) Improve data collection and tracking functions within the N.H. Department of Corrections (DOC) and Division for Juvenile Justice Services (DJJS) and integrate those functions with other agencies in the reentry service delivery system (months 9 through 12).

III. IDENTIFYING THE TARGET POPULATION

A. Target Population

This project is designed to serve adult offenders ages 17 to 35 years who are confined for at least 12 months in one of N.H.'s four state prisons released to the county of Hillsborough who listed Manchester as their town of residence when entering prison. There are presently a total of 165 offenders with a minimum release date prior to December 31, 2002. Of these, 39 were convicted of a drug crime, 57 were convicted of a non-violent crime and 69 were convicted of a violent crime. Over the three-year course of this grant, a total of approximately 328 offenders will be eligible for services by virtue of their town of residence at the time their crime was committed. Of these offenders, 145 (44%) were incarcerated for having committed a violent crime. Of the remaining eligible offenders, 114 (34%) committed a non-violent crime and 69 (21%) committed a drug related felony offense. (See Appendix A.) It is anticipated that approximately two-thirds (216) of offenders eligible for services by virtue of their residence and assessed risk will be in need of significant reentry services.

This project will serve approximately 80 eligible young adult ex-offenders each year, based on the number of reentry staff the project can currently support and using a ceiling of 20 cases per reentry advocate². Caseloads will need to be monitored carefully to ensure that such a ratio allows for an adequate continuity of services. Offenders selected to receive services will be those who pose the highest public risk and who possess the greatest number of barriers to

² A 20 to 1 e ratio has been determined by DOC to be the maximum serviceable caseload depending on the level of case, type of services needed and other factors.

successful reentry. Using a process of prioritization that takes assessed public risk and individual reentry needs into account, offenders will be prioritized to determine who will receive reentry services. With an established maximum caseload of 20 offenders per Reentry Advocate, a total of approximately 80 offenders per year will receive reentry services under the grant. (An analysis of the target population appears in Appendix A.)

The selection of the City of Manchester as the target area for New Hampshire's Reentry Initiative is not only based on an analysis of demographic data, but also on ability of the site to support evaluation efforts. Because of the large number of offenders that are released to the City of Manchester and the fact that the project will serve only those offenders who originally resided in Manchester, this project will provide a control group for purposes of comparing the outcomes of those that receive reentry services under the grant and those receiving standard supervision as they reenter society in the same demographic area.

B. Plan to Select Offenders to Participate

Only those offenders returning to the City of Manchester as their town of residence will be considered for selection to receive services under this grant. Once meeting this criteria, the LSI-R will be the initial instrument used to determine which of these offenders are at the highest risk of recidivism³, and therefore eligible for selection to receive services under this grant.

The plan for selection of high-risk adult offenders includes an assessment using the Level of Service Inventory-Revised (LSI-R). The LSI-R is a quantitative survey of attributes of offenders and their situations. Relevant to the level of supervision and treatment decisions for persons 16 years and older, the LSI-R helps predict institutional misconduct, success in correctional halfway houses, parole outcome and recidivism. The LSI-R questions are based on legal requirements and include relevant factors needed for making decisions about risk and treatment. Since priority will be given to those most at risk of committing serious and violent crimes, the LSI-R will screen for offenders who are most in need of reentry services due to issues in at least one of the following areas: criminal history, resistance to reentry services, employment, education, substance abuse, mental health, physical health, disabilities, housing, transportation, family (including abuse and domestic violence), poverty, and transportation.

³ The STATIC 99, or a comparable risk assessment instrument, will be used for sex offenders as the LSI-R has been determined to be less reliable risk assessment instrument for this particular population.

Offenders will be assessed using the LSI-R prior to release and then every 6 months thereafter for at least 12 months following release, with reassessments conducted if indicated.

The LSI-R was selected based on its wide acceptance in the field and a review of validation studies dating back to 1982 and as recently as 2000. Those validation studies were based in both the United States and Canada, with the most geographically proximal study conducted in Vermont, which has a similar offender population to that of New Hampshire. These validation studies covered usefulness in classification of inmates to different security levels; predictive value of institutional misconduct, parole outcome, and recidivism once released; evaluative value for effectiveness of intervention; and application with non-prison based populations such as those in halfway houses and those who have been released to the community. Overall, validation data suggest that the LSI is a reliable predictor of outcomes both in institutional and community settings across a variety of offender groups and correctional settings. In order to support intercoder reliability of the instrument in New Hampshire, intensive training on the LSI-R will be provided to relevant DOC staff. Once an adequate number of adult offenders are assessed using the LSI-R, the National Institute of Corrections has agreed to assist with the validation of the tool for New Hampshire.

All inmates eligible to receive services by virtue of their residence will be evaluated and assessed for participation in the re-entry program, and an individualized reentry/release plan will be created. Offenders *not* eligible for re-entry services will still have a "blueprint" created for their release. An institutional Counselor/Case manager will work with the inmate to develop a parole plan that meets their needs for re-entry into the community will be investigated, approved and supervised by the assigned Probation/Parole Officer. The PPO will continue to have the ability to recommend appropriate special conditions for the parolee. This process reflects standard operating procedure for the release of all inmates granted parole.

IV. ORGANIZATIONAL CAPACITY

A. Lead Agency

DOC will be the lead agency and fiscal agent on the N.H. Reentry Project during the 36-month period of the Federal Reentry Grant Program. Given the proportion of the total target population that is involved in the adult correctional system, DOC is the most appropriate organization to serve as the lead agency. Given that many of the reentry services it already has

or can readily put in place, it is the ideal organization to serve as the focal point of operation for the project.

The New Hampshire adult correctional system has a long and impressive history that began in 1810, just 34 years after the signing of the Declaration of Independence. New Hampshire opened its first halfway house 30 years ago, marking the beginning of its institution/community-based system of reentry. In 1978, a lawsuit resulted in a decree that required New Hampshire's one State Prison to provide adequate programming opportunities for inmates. There have been many incarnations of the decree since then, resulting in significant expansion of and great improvements to the DOC's programs for offenders, including reentry services. The N.H. DOC was created by statute and became operational in 1983, by consolidating the previously independent Probation Department, Parole Department, and the State Prison into one State agency. In 1990, DOC became one of only three states to be fully accredited by the American Correctional Association for excellence in operation.

The mission of DOC is to protect the public, provide offenders the opportunity for self-improvement, and promote staff development and personal growth in a safe environment. DOC does this through its operation of four state prison facilities, three community corrections facilities, field services, victim services, forensic and medical services, academic and vocational education, Correctional Industries and other services that support DOC's mission.

A. Local Readiness

1. Decisionmakers – Local level partners will be organized into collaborative decision-making groups that will work closely with a State Reentry Steering Committee, in the form of a multi-agency, multi-disciplinary, boundary-spanning Reentry Advisory Council. The membership of the local Reentry Advisory Council will include appropriate cross-sections from the full state Reentry Steering Committee (RSC), in consultation with the full RSC and other key local partners in the site's Reentry Project. The local Reentry Advisory Council will be comprised of stakeholders representatives (invited to participate) from each of the following public health and safety interest areas:

- Local Law Enforcement
- Probation and Parole
- Public Defender's Office
- District Attorney's Office

- Victims Services
- Community Based Organizations
- Faith Based Organizations
- Substance Abuse Treatment Providers
- Community Mental Health Providers
- Employment Security
- Community Action Programs (CAPs)
- Elementary, Adult and Postsecondary Education
- Housing Services
- Civic Leadership
- Neighborhood Watch Groups
- Welfare, Child and Family Services

At the center of New Hampshire's Reentry Initiative is a "capacity building" approach that is designed to identify system barriers to successful offender reentry, and to utilize collaborative team-based approaches to eliminating these barriers. From increasing the rate of employment and access to safe and affordable housing to reducing domestic violence and substance abuse among offenders returning to their communities, it is believed that by bringing these community decision makers together to discuss the challenges faced by offenders and community providers will facilitate the systems change necessary to achieving these goals. Toward these ends, the Local Reentry Advisory Council will be charged with actively participating in: 1) identifying services available to offenders, 2) identifying barriers (e.g. policies, procedures, communication gaps) to serving offenders and their victims, and 3) developing and instituting strategies that overcome these barriers and provide a continuum of supervision, services and care to offenders, victims and families.

2. **Decisionmaker Agreement** – In addition to interaction through the Local Reentry Advisory Council, formal decision-making linkages between local and state mental health, substance abuse, education, employment, criminal justice system, housing and other services will be supported by the a set of formal agreements which include a shared set of project principles, requirements for partner involvement, training expectations, data collection and information sharing protocols, allocation of resources, a program management plan, and assurances of accessibility. The project manager, assisted by a Cross Systems Protocol Specialist hired under the grant, will be responsible for overseeing the development and implementation of these formal agreements.

B. State Readiness

1. **Decisionmakers** – A diverse group of state and local representatives, who have been meeting since the summer of 2001, will establish themselves as the State Reentry Steering Committee. Once funding is in place, the RSC will have several functions. First, the RSC will play a key role in the ongoing operation of N.H.'s Reentry Initiative. Second, the committee will continue to seek out additional partners to enhance the perspectives, resources and efficacy of the Reentry Project. Third, the RSC will be the vehicle for ensuring ongoing collaboration and a shared set of principles of reentry. Fourth, the committee will help oversee reentry initiative at the local sites in conjunction with the project director. Finally, it will hold all partners accountable for implementing and evaluating the Reentry Initiative.

The State Reentry Steering Committee will be chaired by N.H. House of Representatives member David A. Welch. Rep. Welch is chairman of the N.H. House Criminal Justice and Public Safety Committee; there is no parallel committee in the N.H. Senate, which puts Rep. Welch and his committee in a leadership position regarding issues of offender reentry and public safety. Welch is serving his ninth two-year term in the N.H. Legislature. As a seasoned policy-maker in the area of criminal justice and as the ranking legislative member on criminal justice issues, Representative Welch will provide a key perspective on the project. In addition, his role on the RSC will help ensure the close connection between service provision, policy development and resource allocation, as the project transitions from a three-year two-site initiative to a statewide system of reentry. Other members of the RSC will include representatives from: DOC; N.H.'s Workforce Opportunities Council and local law enforcement agencies; elected officials from the City of Manchester; parole and probation; judiciary; prosecutor's office; public defenders office; State prisons; state and local substance abuse agencies; state and local mental health agencies; state and local education agencies; state and local public health agencies; housing agencies; rehabilitated ex-offenders not currently under supervision; victim advocacy organizations; community and faith-based organizations; private foundations; employers and unions; disability agencies; transportation agencies; and domestic violence agencies.

2. **Decisionmaker Agreement** – Signed letters of agreement outline each of the key partner agency’s commitment to carrying out the responsibilities outlined in the state’s Cross System Protocols.

V. PROJECT DESIGN AND MANAGEMENT

A. Authority and Coordination/Project Management

The New Hampshire Parole Board is the authority for approving the terms and conditions of parole, with Probation and Parole Officers (PPOs) in the Division of Field Services of the N.H. DOC providing supervision to parolees. PPOs will work closely with reentry advocates to monitor reentry plans, with the State Parole Board serving as the community reentry authority for matters related to major modifications to and approval or rejection of reentry plans. While the PPOs will have some authority to increase sanctions, treatment, supervision and request modifications through the parole board based on recommendations from reentry advocates, the Parole Board will serve as the hearing and sentencing authority when it comes to parole violations.

Coordination and systems integration of the N.H. Reentry Project will be achieved through the following efforts: State Reentry Steering Committee; Local Reentry Advisory Council; regular meetings of front-line staff from local sites; cross system protocols; reentry cross-training; and dedicated project staff to support state and community-level collaboration. Dedicated project staff include the Project Director, Cross System’s Protocol Specialist, System’s Development Specialist Project staff, Reentry Advocates, PPOs, institutional and halfway house Counselor/Case Managers, and program specialists.

The Reentry Initiative Project Manager will report directly to the Commissioner of Corrections and will be accountable to the Reentry Steering Committee. She/He will provide supervision to the project’s Reentry Advocates, and will be responsible for working directly and in tandem with the Chief of Probation and Parole in Manchester to ensure that there is open, ongoing and consistent communication between the services provided by the reentry advocates and the offender’s probation or parole officer. Meetings between the local offender supervision authority (Chief of Probation and Parole) and the Project Manager will occur weekly to ensure the communication between appropriate personnel occur regularly, and are consistently clear and

sufficiently detailed. If/When communication problems or barriers between these parties are identified, it will be the shared responsibility of the Project Manager and the Chief of Probation and Parole for that office to work jointly with all affected parties to ensure these problems and barriers are overcome.

The Reentry Initiative Project Manager will be responsible for convening an Institution-based Reentry Committee, made up of key decision makers and service providers within the institution responsible for ensuring that institutional activities and processes related to assessment and reentry planning are well designed, efficient and taking place in accordance with the project's workplan. This committee will be responsible for identifying changes in programming, policy, procedure and protocols that are necessary to improve the institutional phase of the reentry process. It will be the responsibility of the Project Manager to communicate recommended changes to the Commissioner and his Leadership Team (comprised of Wardens and Division Administrators) for consideration and resolution.

The Reentry Initiative Project Manager will be responsible for convening and facilitating the Local Advisory Council, assisting them with developing a shared vision of their mission and goals, as well as providing leadership and direction in assisting them with system change issues as the project moves forward and issues are identified. She/He will be responsible for facilitating problem solving and decision-making at the local level (including identifying any additional decision-makers and/or stakeholders that may need to be included in the decision-making process). The Project Manager will also be responsible for bringing state-level decision making issues to the RSC, when deemed necessary and appropriate by the Project Manager and the Local Advisory Committee. Since multi-agency efforts at the local level are often burdened by personal histories and "territorial issues," the Project Manager will also be responsible for identifying and procuring team-building activities and/or services that may be needed to move the project forward.

The Project Manager will also assume primary responsibility for providing direction and supervision to the Cross Systems Protocol Specialist charged with detailing the system's barriers and system's needs, as well as the strategies (e.g. changes in policy and protocol) to be developed and implemented as the project progresses. The Project Manager will also be

responsible for assisting the Local Reentry Advisory Council with identifying and convening any sub-committee work that may be identified as necessary by the council.

The Project Manager will be responsible for operating as the “communications hub” among all interested and affected parties and ensuring that the Reentry Initiative consists of a coherent, coordinated sequence of events that lead to the successful reentry of offenders, and is progressing toward self-sustainability.

The Reentry Advocates will provide reentry planning and case management services, and will serve as the offender’s mentor both prior to and following release in accessing appropriate services in the community as they relate to transportation, housing, employment, education and training, parenting education, mental health and substance treatment and individual and family counseling. Representatives and clinicians from appropriate agencies will be trained to serve on reentry case management teams, with support in integrated systems protocol development provided by the Cross Systems Protocol Specialist.

As the lead agency and fiscal agent, DOC will take primary responsibility for the management of the project. DOC will be the agency that is ultimately accountable for the reporting requirements, fiscal administration and all other operational aspects of the grant project. State-level partnering agencies including the Department of Health and Human Services Divisions of Behavioral Health and Drug and Alcohol Abuse Prevention and Recovery, the Workforce Opportunities Council, Employment Security, Department of Education, and community providers will cooperate with the DOC on the project for matters related to the submission of information for required reports, arrangement for the disbursement of funds, and other required operational procedures. However, all state-level partnering agencies – including DOC – will be held accountable to the Reentry Steering Committee, which will be administratively housed in DOC but whose membership will include representatives from all partnering agencies and other state and local representatives.

B. Service Delivery Systems

A system of coordinated and controlled release will be used with participants in the project that will be put in place during the institution-based phase and continue through the community transition and community-based phase in preparation for long-term self-directed support.

Institution-Based Services – Within two weeks of incarceration, the offender will be assessed to determine their public and institutional risk⁴, as well as their education and training, substance abuse, mental health, medical and dental needs. Offenders eligible by virtue of residence will also be assessed for their family support and parenting needs. A team of content area professionals will use the information obtained from these formal assessments to work with the offender in developing their Institution-based Reentry Plan (IRP). The IRP will outline all the programs and services the offender will be expected to access and complete during their time of incarceration as preparation for release and successful reentry into their families and community.

While the state prison system for adults needs improvement in terms of its process of reintegrating offenders into the community, it does currently attempt to provide substantial institution-based services to its inmates to the extent resources allow. For instance, educational services are available to help inmates meet their educational needs. In addition, vocational services are provided through Correctional Industries. Also, substance abuse treatment is available, and mental health services are provided to inmates including counseling, education, support groups and psychotropic medications. The project will help expand some of these services and make them more consistently available to the targeted adult offenders while still incarcerated at least six months prior to release. In addition, a variety of institution-based specialized services will be offered to participating adult offenders to prepare them for reentry into the community. With adult offenders in the state prison system, progress and preparedness are currently monitored by case managers/case counselors.

Residential Transition and Community-based Services – Once an offender has been reclassified to minimum security status (approximately three months prior to an offender's minimum parole date), eligible offenders will be reassessed to determine their program eligibility on the basis of their public risk and relative need of services⁵. If determined to be eligible for services, the offender's community reentry plan (which will function as the offender's parole plan) will be updated and preparation for the delivery of services will begin to be put into place.

⁴ Using the LSI-R and the NH DOC's Objective Classification System

⁵ Information provided will include a list of community resources relative to education and training programs, employment assistance, EAP programs, transportation, housing, substance abuse, mental and general health services.

During the months prior to the offenders release the reentry advocate will serve as the offenders' institutional PPO, and will begin the process of procuring the services identified in the offenders reentry plan, including employment, housing, medical, mental health, substance abuse, sex offender and other services. Prior to being granted parole and reentry into the community, offenders will enter a community-based residential supervised transition program. Once granted parole, the reentry advocate will introduce parolees to their PPO and, with reentry conditions met and approved by the appropriate parole authority, improve and expedite the release process.

Assistance with accessing community based services will continue for one year following the offenders release, during which time participants will get a plenary array of services including assistance with transportation, housing, substance abuse and mental health counseling, family support services, access to education and training, and securing employment.

Long-term Self-Directed Support. Successful completion of the offender's reentry plan will be monitored and tracked by the offender's reentry advocate. Three months prior to the end of the provision of reentry services (approximately 9 months after release into the community), the offender will be assessed to determine what services, if any, the offender will need to access to sustain their successful integration into the community. Continued supports, if any, will be identified and a plan for self- directed maintenance will be developed. Successful reentry beyond one year after release will be measured by whether or not the offender is returned to prison for a new crime or a violation of his/her parole.

1. Restitution and Community Service

Restitution to victims and witnesses will be ensured through the adoption of a community justice approach to reentry. In most current justice systems, corrections resources are targeted toward the offender, with the victim often unrepresented or, at best, passively participating in the system. In the N.H. Reentry Project, attention and commitment to victims' rights will be central to the project's approach to reentry. The N.H. DOC is adopting a community justice approach to corrections with its offenders. Representatives from the state's Victim Witness Assistance Program have been involved in the reentry group meetings that began last summer (2001), and the victim perspective will continue to be ensured by: inclusion of victim advocacy organization representation on the RSC; inclusion of victim assistance as a topic of the state reentry cross-training modules; inclusion of victims and victim groups in

the wide array of partners that will participate in local level initiatives; involvement of victim-witness advocates in team case management by inviting them to restitution-specific team meetings; and the consideration of victim safety in the development of reentry plans. This proactive choice on the part of project partners to focus on victims' rights is underscored by N.H. law, which provides victims of adult violent crime with rights related to fairness and respect, participation and input, information, reasonable protection, restitution and confidentiality.

New Hampshire's commitment to addressing the needs of victims is substantial. The New Hampshire Department of Corrections employs a full-time victim's advocate to address the needs of victims of incarcerated offenders. Among the services provided by the department's victims services office is victim notification; information to victims regarding the movement of offenders between its facilities; and information and referral services to victims of incarcerated offenders and their families. In addition, the Victims Services office provides workshops and training in victim empathy for offenders and department staff, as well as victim/offender dialogue services for victims interested in such services. With regard to its Reentry Initiative, the department's Victims Services coordinator serves on the Reentry Steering Council and will provide leadership, consultation and technical assistance to representatives of local victims advocacy groups who wish to serve on Local Reentry Advisory Councils. N.H.'s longstanding partnership between corrections and prosecution-based victim advocates will help promote successful offender reentry consistent with the need for victim safety. Core victim rights to be maintained throughout the reentry initiative include: notification and information about offender custody status; participation and input during Adult Parole Board hearings; restitution as ordered by the court or Parole Board; reasonable protection from intimidation/harassment by the offender; and confidentiality of address, place of employment and other personal information.

In addition to assuring restitution to victims and securing representation of their interests in the implementation of this project, the N.H. Reentry Initiative will require offenders to participate in community service activities as a way to start developing a sense of civic investment, connection and loyalty, both while still incarcerated, as well as once in the residential transitional facility. Currently, the state prisons make community service

opportunities available to inmates, but they are not required. This Initiative will rely heavily on the participation of civic and faith-based organizations in carrying out this part of the overall project.

2. Educational Services

For offenders participating in the state's Reentry Initiative who have clear educational needs, relevant professionals will be brought together with the reentry advocate case manager to develop strategies based on the assessment of the participant's needs. In many cases, offenders' educational needs can be met while still incarcerated through the State Prison's Adult Education Center and Correctional Industries, which provide formal education and vocational training, respectively. The need for educational and job training services beyond those provided by the institutions will be met through the use of education and training vouchers for offenders that have been released to the community.

The Department of Education, which contracts the administration of the GED (General Educational Development) testing program at 20 sites in N.H., will help ensure that a testing schedule is established that will meet the needs of reentry participants. In addition, each of N.H.'s counties has an Adult Tutorial Program, providing one-on-one tutoring. This service will be particularly important to those offenders who do not come to the program with GED-level academic skills. The New Hampshire Community Technical College System (NHCTC) Manchester campus will be an important partner for education and training. The NHCTC system offers a variety of academic and technical training opportunities and experiences and offers diploma, certificate and associate degree programs, which may also be supported with education and training vouchers.

3. Housing

One of the keys to the success of reentry - stable housing - will be of paramount importance in the Reentry Project. During the planning process, several community and faith-based housing organizations stepped forward and agreed to provide the following services: assessment of housing needs for reentry planning, development of a housing budget, assistance in identifying housing options, transportation to view housing options, placement in transitional housing, mediation with prospective landlords, assistance with security deposits, assistance with rental payments, credit counseling, and other housing

services that may be determined during the project's planning period and during implementation.

4. Job Training and Placement

Employment and training services under the Reentry Initiative will build off of the Department of Employment Security's (DES) WORKS One-Stop system. DES and/or local vendors who provide similar and coordinated services will provide assessment, career counseling, case management and job placement for the offenders in this program. Staff will receive special knowledge and cross-training under the Reentry Initiative in their home agency to prepare them for working with an offender population, in order to understand the unique barriers to employment/career success that these individuals face. Funds will be provided to offenders through individual training accounts for specialized training in an appropriate career based on customer choice within the demand occupations for N.H., which are designed to lead to wages that will provide economic self-sufficiency. DES will provide reentry staff with education and training in accessing the NH WORKS system, Federal Bonding Program, Work Opportunity Credit, and TANF funds.

Employment and training assessments will be coordinated with the justice/corrections, substance and mental health components, housing components and other reentry components (subject to confidentiality) to address the complete needs of the individual offender. Dedicated reentry employment staff will work with the reentry advocates in a team approach and take the lead on the employment and training assessment. For the offenders served by the Community Action Programs, existing assessment tools such as CHOICES, which assesses interests, aptitudes and academic skills, will be used.

The New Hampshire Bureau of Vocational Rehabilitation (NHVR) will partner with the Reentry Project to deliver services for qualified and eligible offenders with significant disabilities when they are ready for reentry into the labor market. These components will include providing individualized services to meet student and employer needs, job coaching when needed, on-site job analysis for work-based learning experience, technology evaluation, counseling on work issues, and other services required to support ongoing employment for NHVR clients. Special needs accommodation and equipment, in addition to

interpreter and telecommunications services for the deaf, vehicles and personal care assistance when necessary would also be provided.

5. Substance Abuse Services

The provision of substance abuse services will be based on an initial screening and ongoing assessment. Available treatment modalities range from inpatient to outpatient and include aftercare and prevention services. Substance abuse treatment will be integrated with mental health treatment for dually diagnosed offenders.

Currently, all adult offenders who are incarcerated in the state prison system and need substance abuse services are eligible for the Department's substance abuse program, which consists of three phases. Phase I includes six months of intensive treatment in a therapeutic setting. Phase II is the work/education and peer support components, which are located outside the secure perimeter at a minimum-security setting (MSU) and lasts approximately two to five months. Phase III consists of a final three months when the inmate is integrated into the community from either a halfway house or through Administrative Home Confinement (electronic monitoring). Following the prison-based treatment and release from prison, the model calls for aftercare treatment in the community.

While some adult inmates receive the entire sequential three-phase substance abuse treatment, many do not, due to a lack of Phase II treatment services at two of the MSUs in the N.H. prison system. Another gap in adult substance abuse treatment services is aftercare. Through the Reentry Project, substance abuse technical assistance and other resources will be put in place to better coordinate these services and ensure that all adult offender project participants receive the full continuum of care.

6. Mental Health Services

An initial screening and ongoing assessments will be done to determine the need for mental health services, which will be provided in a developmentally appropriate and culturally sensitive manner. Mental health services for offenders include: psychosocial rehabilitation services, crisis intervention, anger management counseling, appropriate medication administration and management, support groups, and integration with substance abuse treatment. Mental health clinicians will serve on case management teams when the

offender has mental health issues, and those clinicians will work closely with other members of the team from substance abuse, housing, employment, and other agencies.

Community mental health centers in Manchester offer both inpatient and outpatient services, including: medication management, mental illness management, case management, as well as individual and group therapy. Ongoing mental health stabilization through medication will be a component of reentry mental health services. Monitoring of medication typically occurs through the local mental health center or a private psychiatrist. Additional resources from the Reentry Initiative will be devoted to ensuring better coordination and follow-up for offenders on medication, through the use of reentry advocates who will make certain that necessary linkages between community-based providers are made. Currently, while most adult offenders qualify for free or reduced cost mental health services because of their diagnosis or income level, the cost of psychotropic medications is not covered. Efforts will be made to explore options for covering the cost of medications for released offenders, given how vital their mental health stabilization is to all other aspects of reentry including employment, housing and substance abuse issues.

7. Medical Services

The DOC state prisons have resident health personnel who provide a full array of medical and dental services. Reentry Initiative staff will coordinate with institution-based, as well as community-based, health staff to ensure the medical and dental needs of participating offenders are addressed through better coordination, referral, and follow-up at the point of and ongoing after release. In addition, reentry advocates and other team members will make certain that eligible offenders are enrolled in SSI, SSDI, Medicaid, Medicare, and SCHIP to help ensure that their health needs are met.

8. Other Appropriate Support Services and Resources

Family Support – Family support services, such as domestic violence, family counseling, and parenting education will be an integral part of the Reentry Initiative. Typically, these issues are addressed by outside vendors once inmates from the state prison system are paroled. However, there is a certain amount of treatment that is provided by staff, while adult offenders are still incarcerated, including the Family Connections Project operated at the Lakes Region Facility in Laconia. Under the Reentry Initiative, reentry advocates will make

certain these issues are identified and appropriately addressed prior to the offender returning to their family, helping provide offenders and their families with linkages to appropriate services.

N.H. has extensive experience in providing domestic violence services within a team approach. A statewide program of District Court Coordinating Councils is in place to facilitate multidisciplinary efforts at reducing domestic violence. As many as 28 councils are in operation across the state and operate on a county or city level, including the City of Manchester. Therefore, the infrastructure is already in place to conduct multidisciplinary conversations focused on offenders and issues of domestic violence.

Transportation Support – The City of Manchester has a public transportation system that can help support the reentry needs of offenders. In addition, reentry advocates, DOC staff, and faith-based group volunteers will be providing transportation to offenders.

Links to Social Networks and Supports – For adult offenders, Reentry Support/Progress meetings will be held to provide peer encouragement and reinforcement. Some facilitation of these groups will be provided by the reentry advocates, if the group members determine that it would be helpful.

Reentry Training – One of the current barriers to reentry in N.H. is the lack of cross-training of corrections and other relevant staff on reentry issues. Experts abound in their own particular disciplines; however, those disciplines remain isolated from one another and, consequently, reentry services are often fragmented, inconsistent and inadequate. To address these issues, the Reentry Initiative will provide extensive cross-training to current and new staff from a wide array of fields (e.g., corrections, employment, substance abuse, mental health, housing, disabilities, victim assistance and transportation) to equip direct service providers with a fundamental understanding of reentry issues. Intensive training also will be provided to reentry advocates, whose role it will be to lead case management teams and serve as mentors to offender. This training will include attendance at the DOCs eight (8) week training Academy. Reentry training will be coordinated by the state project director with assistance from the DOC training bureau and the training divisions of all partner agencies. Trainers will come primarily come from the ranks of each stakeholder agency, and training facilities will be drawn from already existing space of involved agencies. Audio/visual

equipment will be provided by participating agencies as needed. Curriculum specialists from each stakeholder agency will be involved. In addition, outside consultants will be used to provide training on how to incorporate the use of 'best practice' in serving the needs of offenders and their families.

C. Transition Team

Transition team management (or "case management") will begin at least 6 months prior to release of offenders and will continue for at least 12 months after release. Reentry advocates will provide case management leadership, serve as a mentor to the offender, assist with the development of the offender's reentry plan, and ensure that the offender complies with the plan's goals, objectives and responsibilities. At a minimum, each offender's team will include the offender, the reentry advocate, institution-based corrections staff, law enforcement, the PPO and service providers who have received reentry training and are supported by discipline-specific reentry technical assistance (TA) specialists. While other professionals and volunteers may be serve on the team at various points in the reentry process, the core members will remain constant. In addition to reentry advocates, corrections staff, law enforcement, PPOs, service providers and the offender, members of the team might also include: medical staff from correctional facilities (e.g., nurses, psychiatrists, physicians), residential staff from correctional facilities (e.g., halfway houses), clinical/treatment staff from correctional facilities, family members, community service providers (such as job specialists, mental health workers, substance abuse treatment professionals), social workers, discipline-specific mentors (e.g., individual team members from Belknap's Community Justice program), victim-witness advocates (who would be invited to restitution-specific reentry meetings), and community volunteers.

D. System of Offender Assessments

As previously discussed, the LSI-R will be used as the primary assessment instrument in determining public risk, the chances of offender recidivism, and need for reentry services. Additional assessment instruments, such as the STATIC 99 for sex offenders, will supplement the LSI-R, and will occur throughout the various stages of incarceration, release and community supervision. For adult offenders, assessment will be closely linked to the evaluation conducted by the N.H. Bureau of Classification (Bureau) at intake. The Bureau evaluates inmates upon reception to the facility based on both public and institutional factors to determine level of risk,

bed/housing assignment, custody level and vocational needs. The Bureau's evaluation will be one of the places to begin reentry case planning, in addition to multiple points closer to release. (A more detailed account of offender assessment can be found in Section III. B. Plan to Select Offenders to Participate.)

E. System for Offender Reentry Plans

The reentry (or "case") plan will be the central guiding document for the offender, with collaboration on the case plan expected from all of the participating agencies. Coinciding with transition team management, reentry planning will begin within two weeks of incarceration, within 6 months prior to an offender's release, and remain in effect for at least 12 months after an offenders release. Part of the format of the plan will be a one-page narrative document outlining expectations for the offender and responsibilities of the reentry partners. There will be regular and incident-based case reviews to determine the viability of the original plan and to revise the plan as necessary to fit overall reentry goals. The case plan will be tracked using a new software-driven management information system (MIS) to be developed by a Systems Development Specialist supported by the grant. The reentry plan will be based on assessment of the following areas: risk of recidivism; community safety; victim safety; psychiatric treatment needs, including medication, counseling and psychosocial issues; substance abuse treatment needs, including self-help groups; physical health treatment needs; disability service needs; vocational skills and available employment services; educational issues; housing needs; transportation needs; family situation, including dependent children for parent offenders and alternatives to family reunification for offenders whose victims include family minors; parenting needs; recreational needs; income supports and entitlements; appropriate consequences for violation of the reentry plan; and appropriate incentives and rewards for compliance with the reentry plan.

F. Continuum of Supervision

For at least 12 months after release from confinement, participants in the N.H. Reentry Project will receive supervision, which will be graduated in keeping with the paramount concern of public safety as the offender maintains compliance with the conditions of release. For those inmates who are paroled from the N.H. prison system, the offender will be supervised in accordance with current policies and procedures of the N.H. DOC. The reentry advocate will

serve as a liaison to the PPO and will help ensure that all of the indicated reentry services are coordinated, in place, and readily accessible. The offender will understand that, despite the advocacy role of the reentry advocate/case manager, violations of their formal criminal justice supervision status will not be tolerated and will be reported immediately to the PPO. For parolees involved in the Reentry Project, supervision could be as restrictive as electronic monitoring and as relaxed as periodic visits or calls. For non-paroled participating offenders who have been released from serving their full sentence without any supervisory requirement, reentry advocates will provide supervision for 12 months after release from confinement. With this group, failure to comply with reentry plans cannot automatically cause reincarceration, but it may provide cause for termination from participation in the reentry program.

As part of the ongoing criminal justice supervision, reentry advocates will keep the appropriate community reentry authorities informed. These authorities will ensure linkages between law enforcement and other community authorities so that violations of reentry plans that have legal implications are responded to quickly and decisively.

G. Continuity of Services

Institution-based personnel, community reentry authorities, reentry case management teams, and PPOs will work together to ensure continuity of services throughout the three phases of reentry. As described above, a wide array of reentry services will be provided to offenders beginning in the institution and continuing on into the community. Various mechanisms have been built into the design of the Reentry Initiative to ensure continuity of services, including state and local steering groups, a case management model of service delivery, protocols, and regular communication.

As previously discussed, one of the most formidable barriers to successful reintegration into the community for many adult offenders is the lack of continuity in the phases of substance abuse treatment they receive. The Reentry Initiative will ensure the consistent and comprehensive provision of substance abuse services to participating adult offenders. Also, as noted above, the Reentry Initiative will help ensure the continuity of supervised residential community-based transitional programs for youth. In addition, continuity and consistency will be fostered by regular review of the offender's progress by the PPO, reentry advocate and other

team members. Formal linkages, cross-training and close communication also will help ensure continuity and consistency throughout the target locations.

H. Definite Terms and Conditions

Part of an offender's parole review will include the ordering of terms and conditions to which participants in the reentry program must comply as part of their release. For instance, offenders who have been diagnosed with and undergone treatment for substance abuse may be required to remain substance free. Where relevant, offenders will be required to make restitution to their victim(s) and community. Also, involvement in any programs that began in the institution that have community-based components must be continued. Of paramount importance in the ordering of terms and conditions by the community reentry authority will be the directive to refrain from committing crime. Offenders will appear regularly before the community reentry authority to monitor compliance with the reentry plan and for assessments of whether the reentry plan needs to be modified in any way.

I. Plan for Program Sustainability

The State of New Hampshire is committed to securing the resources necessary to sustain its Reentry Initiative once the grant project has ended. Sustainability will be achieved through a two pronged approach that 1) assumes financial responsibility for the funding of its reentry advocates and 2) achieves "system's change" through changes in policies and standard operating procedures of state and local partners, including service providers within the community. Dialogue has already begun between Reentry Project partners and the N.H. Legislature about future financial support. The ongoing efforts of both the Commissioner of DOC to seek support from the N.H. Legislature will be done as a normal course of action vis-à-vis their required joint involvement in the state budgetary process.

As part of its commitment to program sustainability, the Department of Corrections intends to assume financial responsibility for the four young adult reentry advocates supported by this grant by adding them to their operating budget in the 2006-2007 biennium and beyond. Assumption of financial responsibility for these positions may or may not require the creation of additional positions, as it is anticipated that one of the outcomes of this project will be "rethinking the supervision of offenders" such that traditional methods of probation and parole supervision may be replaced by approaches that prove to be successful under this grant. In

addition to seeking legislative funding, the N.H. Reentry Initiative project director will seek out and apply for grants from public and private agencies, and enlist resources on both a state and local level, in an attempt to obtain any necessary funding.

Data collection and reporting systems developed by the Systems Development Specialist under this grant will be in place and will continue to operate after the grant has expired. Cross training of staff on the use of this system will eliminate the need to retain the system development specialist hired under this grant. On-going technical support for the system will be assumed by the Department of Corrections' existing information technology staff.

By project design, it is anticipated that at by the end of the grant period, the roles of project manager, Cross-Protocols Development Specialist and Systems Development Specialist will no longer be necessary to sustain the state's reentry initiative as the gaps in communication, policy and procedure among state and local partners and service providers will have been identified, resolved and institutionalized, and data collection and reporting mechanisms are in place. The Local Reentry Steering Council staffed by in-kind contributions by agency and community-based partners will continue to oversee interagency reentry activities, and will require no resources to do so. Professional education and training needs identified for agency, facility and field services staff will have been integrated into the Department of Corrections annual professional development offerings and certification requirements, the financial responsibilities of which will be included in the respective agency's operating budgets.

Finally, over the course of the project period the plethora of disparate interagency planning committees and councils that oversee and direct the use of federal funds that provide resources to the state's communities will have been identified and efforts to include the needs of offenders in their strategic planning will be formalized. These interagency groups will include those that receive funding from the federal Departments of Justice, Health and Human Services, Labor, Housing and Urban Development, Veterans Administration, as well as the Governor's Office of State Planning and Economic Development.

H. Staff Resources

DOC will set aside 10% of the Commissioner's time to help ensure the successful planning, implementation and evaluation of the Reentry Project; 15% of the research and planning administrator's time to supervise the data and evaluation needs of the project; 10% of the

Commissioner's assistant's time to the administrative needs of the RSC; and 15% of the Director of Field Services' time to the Reentry Project. These time allocations may be higher initially, before the project's director and administrative assistant are hired.

J. Information Sharing/Data Collection

While N.H. remains in dire need of improvements in its management of data on offenders, some initial efforts have been made in that arena. At the DOC, data management is equally archaic, with only isolated access to technology and limited automation of data management. For instance, DOC does not currently have the capacity to calculate how many offenders are being released to a specific geographical areas or with the need for reentry services, without manually pulling that information from individual paper records. To the extent DOC does have databases, they are independent, inconsistent and scattered throughout the agency. There is still no central repository or system of data collection and analysis in N.H.'s correctional system or any of its other related systems. Data collection and analysis at the local level are even more woeful. As a result, the understanding of risk and protective factors influencing offender reentry is limited, and reentry planning is unacceptably uninformed. Obviously, this presents significant barriers to instituting meaningful and intelligent change in N.H.'s approach to reentry.

One of the key elements of the Reentry Project is to address MIS issues to effect an informed system of reentry. Already existing resources are being leveraged to evaluate the DOCs MIS needs, and attempts are being made to acquire the MIS components necessary to establish an adequate data management system and train staff on MIS. To address both the short- and long-terms data collection and analysis needs of this project, an MIS Systems Development Specialist will be hired to design and implement a data collection system for the Reentry Initiative.

During the planning phase of New Hampshire's Reentry Grant, a "Reentry Data Sharing Sub-Committee" was established to begin working on the coordination and sharing of data on offenders accessing programs and services across partner agencies. Included on this committee were the Workforce Opportunities Council, the NH Department of Safety, the Division of Drug and Alcohol Prevention and Recovery, the Division of Behavioral Health, the NH Department of Education, and the NH Department of Employment Security. These partners identified the restrictions on data sharing under which they are bound (e.g. issues of confidentiality), as well as

the secure procedures and mechanisms that it is anticipated will be necessary to meet the reporting and evaluation requirements under the grant. It was agreed that the NH Department of Corrections will be added as a participating agency to the Data Sharing Agreement that clients sign when they agree to accept services supported under WIA ~ a process that takes place currently under programs supported under the Workforce Investment Act thereby ensuring the sharing of client information as it relates to the provision of services to offenders who access these services in addition to those received under the Reentry Initiative.

The electronic case management system to be developed under this grant will be designed to meet reporting requirements, as well as facilitate access to information to direct program management and service delivery decision-making as the project progresses. In addition to content requirements, the case management system to be developed will be designed with the ability to import and export data across existing partner agency data platforms in a secure access environment. The goal in addressing data integration will be to allow for effective cross-walking of data between mental health, juvenile justice, substance abuse, education, employment, housing and other service providers.

As part of a long-term strategy for information sharing and systems integration, the NH Department of Corrections actively participates on the Statewide Advisory Committee overseeing the development of the state's integrated criminal justice information systems, J-ONE. While still in its initial stages of development, the goal of this project is to ensure the interoperability and efficient electronic sharing of information on offenders, from the point of complaint/arrest, prosecution, sentencing and incarceration through release to the community on probation/parole. Additional partner agencies participating in this project include the NH Department of Safety, Administrative Office of the Courts, local law enforcement, and the state's county houses of corrections.

Given the critical need to implement a MIS and to collaborate remotely with State and local partners, investments will be made in personal computers (PCs) and laptops. Without this additional equipment, Reentry Project staff members will not have access to a computer system, which will be vital to conducting assessments, making referrals, developing a reentry plan, tracking data, linking services, communicating among partners, searching for resources, and other functions.

Related to the employment component of the Reentry Project, a Web-based Workforce Investment Act MIS system is currently utilized to track certain performance measures. It is possible that the current MIS systems could be utilized to produce reports and information on measures specifically related to the Reentry Project, and linkages could be put in place to the DJJS and DOC data systems.

The development of MIS as part of the Reentry Project will help better identify, refer, assess, supervise and track released offenders on an ongoing basis. New MIS also may be used to provide asynchronous Web-based reentry cross-training. In addition, enhanced MIS capacity will allow for the documentation of the implementation and results of the Reentry Project, which will enable New Hampshire to support national reentry program evaluation efforts and help ensure Federal agency compliance with Government Performance and Results Act requirements.