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# Delaware's Comprehensive Reentry Plan and Progress Report

Produced by the Delaware Department  
of Correction (DOC) Office of Planning,  
Research, and Reentry

DCRC

DELAWARE CORRECTIONAL REENTRY COMMISSION

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# Foreword from The Chair



On December 4, 2018, Governor John Carney signed Executive Order 27 creating the Delaware Correctional Reentry Commission (“DCRC”). In his Executive Order, Governor Carney recognized the important interest of creating an effective reentry infrastructure in Delaware. He specifically asked the DCRC to focus its efforts on:

- \* improving the transition from correctional custody to communities;
- \* increasing public safety;
- \* reducing recidivism;
- \* making better use of resources in correctional facilities; and
- \* expanding partnerships with communities, nonprofit services providers and reentry advocates, and statewide justice-oriented membership organizations.

While the DCRC’s work began in January 2019, the effort to create an effective reentry system in Delaware started several years before. It is important to recognize the role of the National Criminal Justice Reform Project (NCJRP) in providing technical expertise to our state. Funded by Arnold Ventures, the NCJRP worked with a group of Delawareans to develop the *Delaware Recidivism Reduction System Blueprint*, which mapped out many of the detailed goals and objectives contained in Governor Carney’s Executive Order.

Governor Carney’s Executive Order directed the DCRC to accomplish nineteen specific tasks. The Order also tasked the DCRC with identifying the next set of reentry priorities, an updated version of the *Delaware Recidivism Reduction System Blueprint*.

Over the past two years, the DCRC has worked diligently to follow that mandate. All nineteen of the specific assignments have been completed. As a result, a sustainable reentry infrastructure now exists in Delaware.

The process of preparing men and women to return to the community now begins in the first days of their incarceration, with assessments of their needs, skills, and educational background. During the period of incarceration, evidence-based programming designed to reduce recidivism is offered, along with new educational opportunities and skills training. In the weeks leading to release, steps are taken to address medical, behavioral, and

substance abuse treatment needs so that upon release, a community safety net is in place. Housing, employment, and health care coverage requirements are now addressed before release. With the essential help of community partners, community support systems are available to assist with everything from transportation needs to peer support.

Prior to the DCRC, Delaware's case management efforts were hampered by ineffective inter-department communication. The centerpiece of the reentry infrastructure is an improved system of communication. Each of the state agencies and departments tasked with specific aspects of the reentry process—from treatment, to health care coverage, to employment, to housing—now communicate more effectively with each other.

In just two years, an infrastructure has been created that allows all of the state agencies that play a significant role in the reentry process to work effectively and cooperatively toward a shared goal of improving the reentry safety net.

We cannot talk about the past two years without discussing the COVID-19 pandemic. COVID-19 had a massive impact on reentry. Within our prisons, visits were restricted, and access to education, treatment, and other supportive services were limited. For the men and women transitioning from prison to the community, every aspect of their reentry has been made more difficult by the pandemic.

The DCRC was comprised of fifteen people, including Cabinet Secretaries, Judges, the Attorney General, the Chief Defender and community members. We met frequently, and without exception, each DCRC member remained fully committed throughout our term. Due to the COVID pandemic, DCRC meetings shifted from in-person to virtual.

However, everything that has been achieved over the past two years was a direct result of the DCRC's seven working groups and countless community partners. We cannot overstate the work and commitment of the chairs of the working groups, along with their committee members.

When we set out to build a Delaware reentry infrastructure, we focused on the tangible tasks to be completed. However, one of the most important accomplishments of the DCRC may prove to be something unexpected. Through years of focus and hard work, we have developed a group of reentry experts. These subject matter experts will lead Delaware into the next phase of reentry.

There is much more to do. In this report, the DCRC has mapped out its recommendations for continuing to improve the reentry infrastructure.

**Adam Balick**

DCRC Chairman

December 2020

## **Executive Summary**

Governor Carney's Executive Order 27 instructed the DCRC "to oversee implementation and further development of the State's comprehensive strategic reentry initiatives." At the first meeting of the DCRC, the Commission created the following subcommittees to assist with the process:

- \* Behavioral Health
- \* Communities of Support
- \* Continuous Case Management Collaboration
- \* Data Analytics
- \* Education
- \* Employment
- \* Housing

The Executive Order identified nineteen specific tasks that were to be completed during the two-year term of the DCRC. Those nineteen deliverables were critical to creating a statewide reentry infrastructure. As discussed in this report, the DCRC completed each of those specific assigned tasks.

The practical result of this work is that the State now has a re-entry infrastructure that starts in the *first days* of an individual's prison sentence. Within the DOC, assessments are performed to identify educational and vocational status and medical, behavioral, and substance abuse treatment needs. A process now exists to create an individualized case management and planning roadmap for reentry. Every qualified, incarcerated individual receives a Transition Accountability Plan.

The time that a person spends in prison can now be used to help prepare him or her for release. In part through federal funding obtained during the past two years, access to cognitive behavioral therapy within State prisons has been expanded. CBT is an evidence-based program shown to effectively reduce recidivism.

In addition, our State's capacity to provide education and training within all four statewide prisons has expanded, with greater access to distance learning as a result of policies the DCRC helped to create. Tablets will soon make education and training available electronically.

When individuals enter prison, Department of Correction (DOC) and Department of Education (DOE) now administer educational and vocational assessments to better identify education and training opportunities that can lead to employment upon release. DOC, DOE,

and Department of Labor (DOL) have expanded training opportunities within our prisons.

We know that the transition from prison to the community can be a difficult adjustment. We have improved that transition process by identifying barriers to a successful transition and removing as many of those barriers as possible. For example, historically in the days following release from prison, many individuals did not have health care benefits or providers in place. The DCRC implemented strategies to arrange for these types of needs before release from prison.

DCRC member agencies addressed these issues by creating more effective lines of communication between the prisons and social services, which now promote better coordination to ensure that individuals with medical needs, behavioral health needs, and substance abuse treatment needs get the care they need when they are released from

prison. Coverage benefits are now more easily reinstated upon release thanks to changes in Medicaid regulations in Delaware, and due to improved partnerships with Division of Medicaid and Medical Assistance (DMMA) and Delaware's managed care organizations. This reduces gaps in coverage during the crucial first days and weeks following incarceration.

Moreover, the DCRC helped build an interconnected infrastructure among all of the state agencies that play a role in providing assistance to the men and women returning to the community. The DCRC facilitated better communication between agencies through inter-departmental agreements, policies and protocols, and improved systems of communication and data sharing.



One area of critical importance is stable housing. We know that one of the things that contributes to men and women returning to criminal activity is not having reliable housing. With support from the DCRC, the Delaware State Housing Authority (DSHA) partnered with the other four public housing authorities in the state to create the *Delaware Family Reentry Pilot (FRP) Program*, a statewide initiative to give individuals recently released from incarceration the opportunity to obtain safe and stable housing by reuniting them with their families who live in public housing. Reliable housing, coupled with living with family members, can be one of the most stabilizing factors in a person's life. By arranging stable housing, we can effectively reduce recidivism.

While the Governor's Executive Order was properly focused on Evidence-Based Practices, we learned that our community partners play an integral role in providing supportive services to the men and women returning to the community. We rely on community partners, including service providers, peer support groups, and employers willing to hire

men and women returning to the community. The DCRC helped build connections between government and community partners. In the past two years, we have helped develop resources to provide better access to services, and to support funding for community-based organizations that provide the services and programming that are an essential part of the safety net for men and women returning to the community.

In Delaware, the Delaware Criminal Justice Council (CJC) is the state agency that applies for and administers federal grants and other funding to enhance the criminal justice system in Delaware. The Criminal Justice Council was an active partner in the DCRC, with a representative on the Commission and with other CJC staff providing technical and administrative support. In addition, CJC continued to research and secure funding for reentry efforts statewide that supported the mission and efforts of the DCRC. In the past two years, \$2,202,259 in federal funding was awarded to Delaware for reentry. Those funds, as well as money that had been raised prior to the DCRC, allowed our state to implement a wide range of system improvements and services. CJC distributed those funds to a variety of state and local agencies via grants and awards to fund things such as: expanded cognitive behavioral therapy programming in DOC; increased community case management; streamlining discharge planning for individuals with mental illness; improving vocational assessments; expanding workforce development for returning citizens; training for employers to increase hiring options; assisting DOC with ensuring risk assessment tools are validated and implementing the transitional accountability plans for individuals; supporting research and data driven responses working with the University of Delaware; and improving capacity and resources in the community.

The DCRC also created a reentry website to link the individuals leaving prison (and their families and the service providers supporting them) to community resources throughout the State.

Perhaps one of the most noteworthy acknowledgements of the importance of community outreach was the decision of our Attorney General, a DCRC commission member, to hire the first ever Community Engagement Specialist. Now the Delaware Department of Justice employs an individual with lived experience in the justice system to offer support and inspiration to justice involved individual to turn away from criminal activity.

A large number of people leaving prison are supervised while on probation. Over the past two years, the number of people returning to prison for violations of probation has dropped dramatically. Throughout Delaware, probation officers are now using graduated sanctions to respond to probation violations. As a state, we are doing a better job of considering the *nature* of probation violations and evaluating when and whether a return to incarceration is advisable. We send far fewer men and women back to prison for purely technical probation



violations, largely reserving a return to prison for new criminal activity.

Probation officers are also being trained in Evidence-Based Supervision Practices. This model (Effective Practices in Community Supervision, EPICS) trains probation officers to spend time with probationers and to provide a consistent message throughout the continuum of correctional services. The model encourages identification of specific responsivity factors and uses cognitive and behavioral strategies to change the behavior of people failing to succeed while on probation.

Another important accomplishment over the past two years was the recognition that “zero tolerance” probation is not an effective method of supervision. Historically, probation officers were often required to notify the Court, typically through a violation report whenever a probationer violated the zero-tolerance portion of their sentence. This tied the hands of probation officers, particularly when a person on probation was generally compliant with the terms of conditions of probation.

The Superior Court and Court of Common Pleas were both represented on the DCRC. At the urging of the DOC, the Superior Court has abandoned “zero tolerance” sentence orders. Other courts seem to be moving in that direction.

These are just a few of the highlights of the DCRC’s accomplishments. The critical question we must continue to explore is whether these accomplishments will be successful in lowering the state’s recidivism rate, and whether we as a state will be safer. The DCRC has developed a Success Rate Analysis process to objectively determine the impact of the DCRC’s work. With the considerable assistance of the University of Delaware and the state’s Statistical Analysis Center, this process can be applied to future release cohorts to measure the effectiveness and collective impact of these system and program improvements.

It is not possible to summarize the work of the DCRC over the past two years without mentioning COVID-19. As an initial matter, COVID-19 did have an impact on the DCRC’s work. One example is the Success Rate Analysis mentioned above. COVID-19 was especially destabilizing to men and women returning to the community from prison. It made



finding treatment, supportive services, and employment much more difficult. This added a variable to the Success Rate Analysis that was not present at the beginning of the study. If applied to recent release cohorts, the Success Rate Analysis could show skewed results because of COVID-19 related service interruptions.

To the credit of the DCRC commission members and the subcommittees, we were able to complete all of our work, even as many of our commission members were appropriately re-focused on addressing the pandemic. In the next section of this report, we provide a detailed list of the specific deliverables assigned to the DCRC by Executive Order 27.

While the DCRC completed each of the specific tasks assigned by the Executive Order, the work of building an effective reentry system in Delaware will continue after the DCRC winds down. In the last section of this report, we outline what the next phase of reentry in Delaware should be. The DCRC spent the last six to eight months of its term proposing a new reentry governance structure and developing a new list of specific recommendations. It is a plan that builds upon the work done by the DCRC and its predecessors. The DCRC is confident these recommendations will improve the successful transition from correctional custody to the community, increase public safety, and reduce recidivism.

## **Executive Order 27 Specific Assignments**

Executive Order 27 identified nineteen specific assignments to be completed by the DCRC. This section of the report provides a summary of the assignments and describes the DCRC's work to complete each of the assignments. The nineteen assigned deliverables set forth in Executive Order 27 have all been completed. For some of the specific assignments, the DCRC identified ways to build upon the work done to date. Those recommendations are identified in the last section of this report.

The section below lists each of the nineteen specific objectives and details the specific implementation of each. A more detailed description of each of the nineteen assigned tasks is provided in Appendix 1.

# Deliverables and Comments

**Oversee implementation and further development of the State's comprehensive strategic reentry initiatives, and ensure that federal, state, and local resources are used most efficiently to reduce duplicative reentry services and ensure alignment with the application of evidence-based approaches. (Executive Order 27, ¶16(a))**

- \* On December 4, 2018, the DCRC was established. Since then, the DCRC has met regularly to oversee the State's reentry efforts.
- \* The DCRC guided seven working groups to the completion of the nineteen specific objectives identified in the Executive Order.
- \* DOC expanded the Office of Planning, Research and Reentry to include a Director of Reentry who is focused on overseeing the implementation of reentry improvements, including the Transition Accountability Plan process, increased vocational and educational opportunities in DOC facilities, and collaborating with community reentry providers to connect returning citizens to the appropriate services.
- \* Federal grants have been allocated to address reentry system needs via partnerships between the Delaware Criminal Justice Council (CJC), the DOC, and the Department of Labor (DOL). Behavioral health grants received by the Division of Substance Abuse and Mental Health (DSAMH) are also being deployed to reduce gaps in the reentry system.

**Develop Transition Accountability Plans ("TAP") for each incarcerated individual for use by DOC and community partners to track services and supports from prison entry through post-release supervision discharge that address the risks of the individual to reoffend. (Executive Order 27, ¶16(b))**

- \* Effective November 12, 2019, the DOC implemented Policy 3.12, which requires all DOC staff to utilize TAPs for all incarcerated individuals who meet the discharge planning criteria. The TAPs specify supervision and service needs in anticipation of reentrants' return to the community.
- \* The DOC is creating a TAP module in the Delaware Automated Corrections System (DACS). The module is in the production phase and is expected to launch in early 2021. All relevant DOC personnel will be trained on use of the new module. Until this launch, staff are utilizing a temporary document.
- \* Probation and Parole (P&P) In Reach Coordinators have been trained in effective discharge planning and training is being developed to train all relevant staff in the use of the TAP module.

**Strengthen and/or develop case-level data sharing protocols among state agencies to improve the provision of evidence-based programming, best practices in community supervision, case management and other reentry services that are responsive to the learning abilities, motivation, and personality of the reentrant. (Executive Order 27, ¶16(c))**

- \* Delaware Treatment Referral Network (DTRN) is being utilized to support referrals for substance abuse, mental health, and transitional case management services.

- \* TAPs are being used to document individualized responses to criminogenic needs and to minimize duplication of services for individuals returning to the community. Plans are discussed at monthly multi-disciplinary team meetings to further facilitate case level sharing of information.
- \* DOC and its contracted healthcare provider have developed a process to eliminate duplication of Medicaid enrollments.

**Develop a comprehensive reentry response protocol with the DOC that: provides increased use of graduated responses and incentives to foster compliance and motivation with conditions of probation; improves coordination of aftercare services and supports with community stakeholders; and ensures programs providing substance use disorder treatments adhere to evidence-based principles, are implemented with fidelity, and are routinely assessed for their impact on recidivism reduction in order to maximize reentrants' potential for crime-free self-efficacy. (Executive Order 27, ¶16(d))**

- \* DOC Policy 3.12 outlines a comprehensive reentry preparation process, along with use of evidence-based practices. DOC Policy 3.12 and other bureau-level policies requires the use of graduated responses, which is essential to changing the culture of compliance and motivation.
- \* DOC is undergoing an evaluation of its substance abuse treatment programs (formerly known as Key/Crest) and the sex offender treatment program (Transitions).
- \* DOC is in the process of validating its criminogenic risk/needs assessment (LSI-R) and the sex offender risk assessment (Static-99R).
- \* Probation officers continue to be trained in the Effective Practices in Community Supervision (EPICS) model to better support the success of individuals returning to the community. Probation has graduated the first class of certified EPICS instructors, with a second cohort having completed the classroom portion of Train the Trainer.
- \* DOC personnel have been trained to assess program fidelity, which is a crucial element of ensuring that programming is effective. DOC uses the Correctional Program Checklist to track elements of fidelity.

**Create a DSHA policy and strategic objective to work with partners across the affordable housing system to expand affordable housing opportunities for reentrants, including efforts to improve family unification. (Executive Order 27, ¶16(e))**

- \* Delaware's five public housing authorities, DOC, and the Delaware Center for Justice have signed an MOU establishing the Family Reentry Pilot Program. This program expands housing options for individuals returning to the community, allowing them to live with family members who reside in public housing.

**Create a DOC policy that expresses its commitment to work with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for reentrants. (Executive Order 27, ¶16(f))**

- \* DOC Policy 3.12 states the Department's commitment to avoid releasing people to unsheltered homelessness and outlines a significant list of organizational strategies for housing planning.

- \* DOC has incorporated housing insecurity checkpoints into the TAP design requirements. This information will better inform In Reach Coordinators of the need for housing supports pre-release.
- \* During the COVID-19 pandemic, DOC enhanced partnerships with DSAMH and the Department of Health and Social Services (DHSS) regarding housing for COVID-19 positive inmates who are being released.

**Develop policies with the DOC and the Department of Health and Social Services (“DHSS”) that provide a continuum of care for reentry for those with mental illness and/or substance use disorders, including the appropriate extension of services after relapse. (Executive Order 27, ¶16(g))**

- \* In December 2020, DOC and DSAMH entered into an MOU to formalize partnerships between the agencies that are already being piloted, such as the Mobile Bridge Van that has been located at Howard R. Young Correctional Institution and Baylor Women’s Correctional Institution.
- \* The MOU also formalizes efforts such as aligning grant funds to meet the needs of reentrants and improving continuum of care aspects such as involvement by TASC and other DSAMH initiatives.
- \* DOC Policy 3.12 Reentry Planning addresses the continuum of care via the Transition Accountability Plan. The TAP planning process requires a multi-disciplinary approach to discharge planning.
- \* DOC has expanded Medical and Behavioral Health Reentry Planning by leveraging services offered by Centurion™, DOC’s contracted medical and behavioral health provider.
- \* The Opiate Use Disorder program has been incorporated in this policy, aiming to identify detentioners with opiate use disorder and connect them to services.
- \* DOC has implemented the use of Medication Assisted Treatment (MAT) at Level IV and Level V facilities statewide.
- \* DOC has contracted with a community service provider to offer transitional reentry services, including transportation and peer support.

**Develop a Memorandum of Understanding between the DOC and the DOE that includes a “distance learning” policy (that does not require internet access) so offenders can benefit from academic and vocational services prior to release in preparation for employment and/or to further their training and education. (Executive Order 27, ¶16(h))**

- \* The DOE/DOC MOU requires comprehensive adult education programs to be available at all four State prisons. These programs are available year-round.
- \* 95% of inmates have access to education services.
- \* Remote learning has been facilitated via Zoom during the pandemic.
- \* Plans are underway to expand vocational education options at all four prisons.
- \* Tablets are available to most Level V inmates, providing additional opportunities for reaching incarcerated students.

**Renew an enhanced Memorandum of Understanding between the DOC, the DOE, and the DOL for continuation of prison-based services for education and workforce development upon reentry to the community. (Executive Order 27, ¶6(i))**

- \* On November 19, 2019 the DOL, DOE, and DOC executed a Memorandum of Understanding. The MOU requires the DOL to provide updated information about employment resources and requires DOE to prioritize industry-recognized accreditation programs for inmates.
- \* DOC and DOL are entering into a data sharing agreement to assess employment rates and employment type among formerly incarcerated individuals.

**Create within the DOL a policy for skills training selection and employment services for clients with criminal justice involvement. (Executive Order 27, ¶6(ii))**

- \* DOL has adopted a policy committing to supporting the successful reentry of justice-involved citizens by neutralizing barriers to employment.
- \* DOL will prioritize workforce training providers and programs that have specialized services to offset employment barriers, promote credentialing and certifications which lead to family sustaining wages, and work to expand vocational training and pre-apprenticeship opportunities during incarceration.

**Explore ways to incentivize employers to increase employment of those with criminal justice involvement, and improve methods to educate employers about existing incentives. (Executive Order 27, ¶6(k))**

- \* The DCRC created a working group comprised of representatives from private industry, DOL, DOE, DOC, and others. This working group is engaged in efforts to identify industry segments and educate employers willing to employ more individuals returning to the community.
- \* DOL has listened to employers and understands that financial incentives are not the priority. Employers have indicated a need for skilled, ready to work employees that aren't hindered by the scheduling conflicts inherent to justice involvement. This is being taken under advisement as recommendations are drafted for the future.
- \* DOL has also obtained a federal grant to assist with preparing employment resources for reentrants, training employers on best practices for employing reentrants, and surveying employers on expanding opportunities to hire reentrants.
- \* The DOL is working to enhance support services that will benefit reentrants. This work includes expansion of the APEX Program, a program dedicated to opening opportunities to individuals with criminal histories by helping them through the pardon or expungement process, potentially increasing their marketability to employers.

**Develop a process to fully engage communities in the prisoner reentry process. (Executive Order 27, ¶6(l))**

- \* The Partnership in Reentry Coalition of Delaware (PIRCOD) has continued to meet monthly in all three counties, recently switching to a Zoom format.
- \* PIRCOD is positioned to identify needs and gaps in services available in the community and

identify and/or propose potential legislative changes.

- \* The DCRC launched a reentry website in January 2020, hosted by DOC, which provides reentry resources for reentrants, their families, and other service providers. Success stories, state agencies, and community providers are also highlighted.

**Conduct a Success Rate Analysis on a group of offenders who receive the newly-aligned services under the DCRC to provide ongoing, data-driven feedback to DCRC and stakeholders regarding the short-term impact of incremental reentry reforms on recidivism (allowing for necessary adjustments to improve effectiveness) to provide State stakeholders with summative evidence on the impact of comprehensive reentry reform in the State on long-term recidivism. (Executive Order 27, ¶16(m))**

- \* In 2019, the Statistical Analysis Center (SAC), in cooperation with the DCRC Data Working Group, completed a success rate analysis for reentrants leaving prison in June 2018. This data will serve as a baseline against which the State can compare future cohorts.
- \* SAC is currently completing a success rate analysis for individuals released in March of 2020.

**DOC will oversee the implementation and maintenance of the DCRC initiatives from prison to community corrections centers to probation and parole to the community. (Executive Order 27, ¶17(a))**

- \* The DOC has expanded the Office of Planning, Research and Reentry by adding full-time staff (including hiring a new Director of Reentry and a Reentry Programming Coordinator).
- \* Each of the DCRC working groups is supported by DOC staff. Many of the leadership positions of these working groups are DOC employees.
- \* The DOC has been a leader of the State's reentry initiatives, most importantly through its willingness to implement new policies to facilitate the reentry process and by performing risk and needs assessments on all eligible inmates.

**DOC will work collaboratively with the DCRC and the Bureau of Prisons and Bureau of Correctional Health Care Services on adherence to evidence-based practices, including incorporation of cognitive behavioral therapy programs, case management services, education, drug treatment assessment, and employment readiness training. (Executive Order 27, ¶17(b))**

- \* DOC has partnered with DOE and Delaware Tech to expand college-level instruction through a new collaboration. Delaware Tech was recently approved to participate in the Second Chance Pell Experiment.
- \* DOC has expanded evidence-based cognitive behavioral therapy (CBT) at Level V prisons and at Level IV community corrections centers.
- \* DOC has expanded a case management program for probationers to provide services statewide and offer short term CBT in probation offices statewide.
- \* DOC has recently launched its redesigned substance use disorder program in Level V and IV facilities.

- \* The Office of Planning, Research, and Reentry (PRR) has worked with the DOC Bureau of Community Corrections and Bureau of Prisons to offer reentry training to new correctional and probation officers.
- \* DOC has continued to train probation officers in EPICS, which incorporates evidenced based practices into community supervision.
- \* DOC is expanding vocational training for incarcerated individuals (delays due to COVID-19).
- \* DOC requires all programming to be evidence based and the Department is engaged in fidelity monitoring of these programs.

**Assess offenders' likelihood of recidivism through the use of risk and need assessments to target services for those at the moderate to high risk for reoffending in order to prioritize services in the most cost-effective manner. (Executive Order 27, ¶7(c))**

- \* DOC continues to use an empirical risk assessment to assess the criminogenic risk and needs of incarcerated individuals and of individuals on community supervision.
- \* DOC also uses a Risk, Need, Responsivity tool at Level V and Level IV which aids in individualizing programming plans for each individual.

**Streamline, coordinate, and leverage reentry assets with state agencies (including the Courts, DHSS, DOL, DOE, and DSHA) and with community stakeholders (including victim services agencies, employers, non-profit organizations, faith-based organizations, local reentry coalitions, mentoring organizations, and ex-offender peer support groups). (Executive Order 27, ¶7(d))**

- \* As noted throughout this document, the DCRC member agencies continue to work collaboratively to prioritize reentry issues identified in the Executive Order. This includes deployment of grant funds, execution of MOUs, and engagement of executive staff in mobilization of reentry work.

**Work with DOE specialists to administer a DOE-approved educational assessment tool to all inmates during DOC's reclassification process in order to develop a plan for their educational needs throughout incarceration. (Executive Order 27, ¶7(e))**

- \* The DOC and the DOE have partnered to administer an educational assessment instrument to incarcerated individuals.
- \* Plans are underway to ensure that all inmates receive the assessment upon entry into prison and that the data is incorporated into individuals' TAPs (delays due to COVID-19).

**Repurpose existing I-ADAPT probation officers as DCRC in-reach coordinators to assist with transition accountability planning from facilities into the community. (Executive Order 27, ¶7(f))**

- \* DOC has In-Reach probation & parole officers in each county who assist in discharge planning for eligible inmates.

## Impact of COVID-19

# Impact of COVID-19 on Reentry Work

Beginning in March 2020, the COVID-19 public health crisis prompted the Delaware Correctional Reentry Commission to transform the way it worked toward its mission. With the initial shutdown and public health orders in place, reentry stakeholders from all sectors were forced to adapt to a starkly different and new reality. Health and safety regulations forced providers to discontinue in-person programming, reduce capacity, or shift to exclusively virtual service delivery and correspondence.

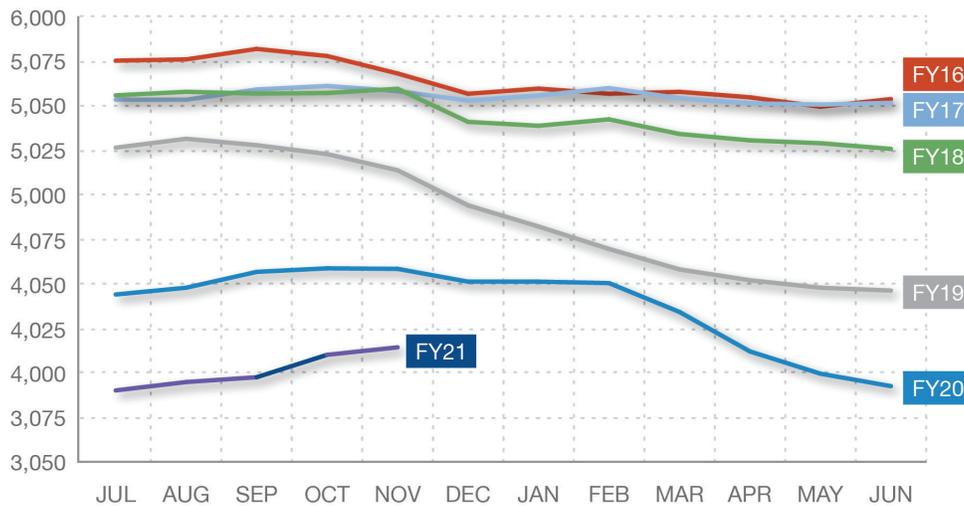
Not surprisingly, these shifts impacted the way justice-involved individuals received supportive services, and required professionals and providers to find new ways to connect individuals to critical services. COVID-19 impacted virtually every aspect of reentry programming and introduced new obstacles for returning citizens. During this period of unique challenges, Delaware's agencies and providers demonstrated their resilience and creativity in finding ways to ensure that individuals returning to the community continued to have access to services and programs during a global pandemic. The DCRC and its subcommittees also had to adapt. Many of the Commission members are cabinet Secretaries and Department Directors who were called upon to lead the State through its COVID-19 response. At a time when these leaders were addressing statewide health concerns, COVID-19 related unemployment, housing challenges, among many others, these leaders found time to deliver on their reentry obligations. **As a result, the DCRC met all of the tasks assigned by Governor Carney's Executive Order.**

## Unknown Impacts on Recidivism Data

Analyzing the impact of reentry reforms on recidivism is a crucial aspect of reentry work. Prior to the pandemic, the DCRC's Data Evaluation Subcommittee was deeply involved in a Success Rate Analysis to monitor performance of new reentry policies and protocols. Enormous effort went into creating an objective evaluation methodology. As a result of COVID-19, incarceration rates changed. Moreover, as alluded to in the previous section, the delivery of supportive services was also adversely impacted. Those variables will have an impact on the Success Rate Analysis that has been underway. We may never have accurate data on the true impact that COVID-19 had on recidivism in Delaware.

What is known is that for the five years prior to COVID-19, Delaware's prison population has been continuously dropping. During the pandemic, prison rates have dropped even further.

## Average Level V Monthly Prison Population by Fiscal Year in Delaware



## COVID-19 adds to the challenges that individuals returning to the community face upon release.

During the pandemic, it is far more difficult for returning citizens to connect with the supportive services and environments that are the core of re-entry programming. For example, access to inpatient substance abuse treatment or sober living housing is limited. When the COVID-19 crisis began, most sober living and inpatient treatment centers were unable to admit patients directly from prison due to disease prevention protocols. In an effort to connect people to supportive services, the DOC was able to establish agreements with several substance abuse treatment providers to conduct virtual meetings with incarcerated individuals in the days prior to their release. The DOC also started to provide documentation of vitals/temperature checks and relevant health information of prospective patients to the treatment centers. DOC collaborated with Connections, CSP, and later with the Delaware Center for Justice, to arrange for transportation of individuals to the sober living or inpatient treatment facility, eliminating the risk of post-release exposure.

Justice-involved individuals already experienced difficulties finding stable and affordable housing. Now, coupled with the drastic decrease in shelter capacity (most shelters are functioning at 50% capacity), the pandemic has added a layer of difficulty for reentrants seeking safe and stable housing. DOC's Director of Reentry collaborated with the prison healthcare provider's Director of Reentry to better track homelessness and housing insecurity of inmates scheduled for prison release. Specific focus was aimed at those COVID-19 positive inmate patients who required additional time in quarantine following their release from prison. At the onset of COVID-19, multiple hotel rooms were obtained, and the reentry team collaborated with DHSS, DPH, DSAMH, State Service Centers, and community partners to house a number of homeless probationers/reentrants. When these quarantine hotel housing resources were depleted, the DOC/Centurion reentry team continued to collaborate with DHSS and DSAMH to house reentrants in need of quarantine.

For homeless reentrants otherwise unaffected by COVID-19, federal grant funds were leveraged by DOC to provide reentrants with hotel rooms or other transitional housing.

Outside the prisons, one specific program that has been substantially impacted by the COVID-19 pandemic is the Family Reentry Pilot (FRP) Program. Due to COVID-19 related precautions, pilot leaders were not able to facilitate introductory family meetings as outlined by the program parameters. The FRP is currently focused on allowing eligible probationers to reside in a family member's public housing units. The intent is to expand the program to also include residing with family members who utilize the housing vouchers program. New Castle County in particular, which does not administer public housing units and utilizes only a voucher system, had intended to launch this phase of the FRP in the spring of 2020, but delayed this phase and is now planning to begin in early 2021. General program outreach had to be modified, with DOC engaging in virtual education of Probation & Parole officers about the opportunity that this program offers for probationers. While landlord outreach to facilitate the program's expansion to residents with housing vouchers was delayed until early 2021, program recruitment will be able to ramp up as in-person options for meetings resume.

Community providers offering reentry services have also been substantially impacted. Case management programs that relied upon prison in-reach to establish participant relationships have been forced to use virtual visitation with incarcerated individuals. One reentry program that is embedded in probation offices statewide adopted a virtual format for serving existing clients. Anecdotally, most of the State's most established reentry provider organizations are reporting a decrease in service utilization due to measures these organizations have had to put in place to protect their staff and work from home orders, as well as limitations on service delivery presented by social distancing requirements.

## **Recommendations for the Future – Next Steps**

### **A New Reentry Governance Structure:**

One of the most important reentry developments over the last several years was the creation of the Department of Correction's Office of Planning, Research and Reentry (the "Reentry Office"). The Reentry Office oversees the implementation and maintenance of the DCRC initiatives. Reentry in Delaware has a permanent office, with dedicated and knowledgeable staff. This office is where much of the reentry work in Delaware occurs, and where much of the reentry work will continue to occur after the DCRC sunsets.

While the Reentry Office has been largely responsible for carrying out the mission of reentry, for the past two years the DCRC has been driving that mission. Now that the DCRC's term has expired, a new reentry governance structure must be established. The DCRC spent considerable time considering the ongoing need for a reentry governance structure.

The DCRC is recommending that accountability for continued progress on reentry initiatives be should be transferred to the Family Services Cabinet Council (FSCC), which reports directly to the Governor.

The DCRC further recommends that the FSCC take advantage of the subject matter expertise that the DCRC subcommittees have developed by utilizing a subcommittee structure that meets at least bi-monthly, and is comprised of many of the DCRC subcommittee members. As discussed below, these subcommittees have been instrumental in developing a new list of recommendations. These subject matter experts will be necessary to carry out those recommendations.

## **Specific Recommendations for Future Reentry Work**

In addition to the specific deliverables outlined in the previous section, Executive Order 27 also required the DCRC to make recommendations for improvements across all branches of government that will reduce recidivism, crime, and victimization in Delaware. In support of that directive, the DCRC tasked each of its subcommittees with identifying opportunities to improve reentry support in the future. To facilitate that process, the DCRC partnered with Social Contract.

Social Contract is a Delaware-based organization that partners with community, corporate, government and philanthropic leaders to design and implement solutions to complex social challenges. Social Contract team members met with each of the subcommittees, as well as with key stakeholders deeply entrenched in Delaware's reentry work, to develop a set of substantive recommendations for the future. Social Contract then reviewed the list of recommendations with the DCRC, which in turn adopted a series of recommendations for the next phase of reentry improvement. Many recommendations were identified, and the complete list of recommendations is included in Appendix 4.

The following sections address some of the most salient and actionable recommendations identified by DCRC executive leadership. These recommendations will help the state build upon the progress of DCRC and will strengthen Delaware's reentry efforts.

### **1. Create a single platform to share case management information**

Though we have made important improvements in the way certain state agencies share information through individual information sharing agreements, more is needed. The DCRC is recommending an integrated case coordination and management platform to better enable each of the state agencies that play a role in case management to more effectively communicate and follow progress. Until this type of integrated system is available, the State should expand existing systems such as the Delaware Treatment Referral Network (DTRN), which is a platform utilized by multiple state agencies, including DOC, and several reentry providers. These platforms facilitate better management and tracking of services.

### **2. Expand the availability and access to community-based behavioral health peer coaches.**

Peer coaches have a unique perspective, having previously experienced reentry themselves. They are a critical resource for men and women returning to the community.

Peer coaching models are widely used throughout the country. DOC and Department of Substance Abuse and Mental Health (DSAMH) recently signed a Memorandum of Understanding (MOU), which includes a commitment to developing an infrastructure for peer support services. Funds should be earmarked by the State for oversight of peers by a community-based organization so that the work of certified peer support coaches can be integrated into the DOC reentry infrastructure.

### **3. Develop a more robust process of preparing returning citizens for employment upon release.**

A successful transition to the community depends upon employment. A more robust process for providing access to vocational training is needed. Prison-based programs should prepare incarcerated individuals for their release through work-based learning experiences.

To connect justice-involved individuals with employment, Delaware needs to intentionally and strategically build bridges to employers that are ready and willing to hire people returning to the community. To support that process, the DCRC is recommending that the State engage dedicated employees whose responsibilities include facilitating wraparound support for successful reentry and employer engagement. The DCRC also supports the DOC, DOE, and DOL's plan to create an Industry Advisory Board that would help to steer vocational training priorities at the prisons.

### **4. Increased frequency and access to reentry data**

The collection, tracking, and analysis of data are important in understanding the state's reentry outcomes. The Delaware Statistical Analysis Center (SAC) produces a robust annual report of recidivism data. Stakeholders have identified a need for additional reentry data. Currently, the state does not quantify how many returning citizens are placed in housing, employed, or enrolled in healthcare or behavioral health services upon release. Employment rates for reentrants will soon be available, due to a data sharing agreement being formulated between DOC and DOL. Efforts are also underway to determine how many reentering individuals are referred to behavioral health services upon release, but data is limited to cases where referrals were made with DTRN. DCRC recommends supporting an annual report that contains some of the above information so that gaps in the service continuum can be identified. To maintain accountability, there is a need to monitor these data points and establish target goals for improvement.

### **5. Trauma-informed approach to reentry**

Transformational reentry work can only be sustained if the reentry workforce operates with deep knowledge and understanding of evidence-based practices. There is a need for enhanced training among providers and probation officers to better equip them for reentry support, including trauma-informed approaches to their work. Providers and probation officers should receive enhanced training in evidence-based reentry processes, including what services are available, and how to make the connection to services in the community. The entire reentry workforce must operate with a keen understanding of the impact of trauma, its role in reentry, and trauma-informed approaches.

## **6. Increase representation of people with diverse backgrounds in reentry work**

Delaware's future reentry efforts must include improving the diversity of its contributors. It is essential to elevate the voices, values, and needs of those impacted by reentry services. This work demands the engagement of formerly justice-involved individuals, family members of those incarcerated, and providers who specialize in services that support returning citizens.

Additionally, committees must cross-collaborate and engage professionals who can bring expertise in areas such as housing, employment, and education. For example, inclusion of experienced partners from the Department of Health and Social Services in the Housing Committee would aid in connections to housing resources for vulnerable populations, among other supportive services. Increasing diversity of stakeholders in this work, with unique life experiences and work backgrounds, allows for the shared knowledge across important and relevant sectors.

## **7. Improved coordination of strategic funding**

To advance reentry work, there must be an ongoing, coordinated effort to assist with strategic resources for this work. The State should build robust infrastructure and educational opportunities related to fundraising for organizations in this space. There are many providers and grassroots organizations that are advocating for and working towards positive change in the reentry sector; however, they lack the capacity to secure resources for their work. A coordinated effort to support providers and organizations with securing resources will better support the State's reentry goals.

## Appendix 1:

# Narrative of Deliverables

This report summarizes key reentry reforms achieved in Delaware by the Delaware Correctional Reentry Commission (DCRC). The DCRC was established by Executive Order 27, signed by Governor John C. Carney, Jr., on December 4, 2018. The Commission oversees a continuum of reentry services for justice-involved men and women as they transition from prison to our community. The DCRC promotes the use of evidenced-based practices across all phases of Delaware's correctional system, including the institutional phase, reentry phase, and community phase, strives to improve public safety, reduce the number of crimes and victims, reduce costs associated with crime, and reduce the rate of those returning to prisons.

## Department of Correction Office of Planning, Research, and Reentry

As a result of Executive Order 27, the DOC Planning and Research Unit has been restructured as the Office of Planning, Research, and Reentry (PRR Unit). Deliverables assigned to this Office in the DCRC Executive Order include:

- a. **Oversee the implementation and maintenance of the DCRC initiatives from prison to community corrections centers to probation and parole to the community;**

DOC has hired a Director of Reentry and a Reentry Program Coordinator to oversee and implement the Department's reentry initiatives. The Office of PRR maintains a high level of involvement in all the DCRC Subcommittees.

The Office of PRR continues to monitor and implement a variety of grants relating to reentry reform to ensure efficiency in implementation, reduce duplication of services, and adherence to evidence based practices. The Office of PRR also has established formal relationships with a variety of state agencies and community service providers offering direct services that benefit reentrants, such as veteran services, transitional case management (to include transportation), housing and other case management supports, substance use treatment and behavioral health, and identification documents.

- b. **Work collaboratively with the DCRC and the Bureau of Prisons and Bureau of Healthcare, Substance Abuse, and Mental Health Services on adherence to evidence-based practices, including incorporation of cognitive behavioral therapy programs, case management services, education, drug treatment assessment, and employment readiness training;**

The PRR Unit at DOC continues to facilitate improvements in the domains listed above. To improve post-secondary education opportunities, PRR has partnered with DOE and Delaware Tech to expand college-level instruction through a new collaboration.

Delaware Tech was recently approved to participate in the Second Chance Pell Experiment, a federal initiative that provides incarcerated individuals with need-based Federal Pell grants to enroll in postsecondary programs through local colleges and universities or distance learning programs. As a Second Chance Pell Experiment participant, Delaware Tech will begin offering Pell grants and postsecondary courses towards an associate degree in human services through a pilot program in two state correctional facilities in New Castle County.

DOC has recently launched its redesigned substance use disorder program in Level V and IV facilities. These programs leverage a nationally recognized therapeutic community treatment model and a new treatment curriculum, along with enhanced assessment and access to “elective” programming in anger management, trauma, co-occurring disorders, and healthy relationships. Each participant will be guided by an individualized treatment plan based upon his or her specific needs.

DOC has substantially expanded the availability of cognitive behavioral therapy programming available to inmates and probationers. Cognitive behavioral therapy is offered in Level V, Level IV, and probation offices throughout the state.

DOC’s existing case management program for probationers, administered by the nonprofit organization Delaware Center for Justice, has been expanded via the Innovations in Reentry Initiative (IRI) grant to support probationers’ efforts to obtain housing, employment, and other needs.

The PRR Unit has worked with the DOC Bureau of Community Corrections and Bureau of Prisons to offer reentry training to new correctional and probation officers. This training offers an overview of evidenced based practices, core correctional practices, risk, need, and responsivity principles, and reentry in Delaware.

The PRR Unit is also working with Level IV in New Castle County to leverage grant funding to implement an employment training program. Funding will allow DOC to offer cognitive based treatment related to employment, skills certification (such as welding), and assistance with job placement. This program is expected to begin in early 2021.

**c. Assess offenders’ likelihood of recidivism through the use of risk and need assessments to target services for those at the moderate to high risk for reoffending in order to prioritize services in the most cost-effective manner;**

Use of empirical risk assessment tools administered on inmates and probationers is ongoing and has been incorporated into DOC Policy 3.12 Reentry Planning. The Level of Service Inventory Revised (LSI-R) is utilized by Probation & Parole, Level IV community corrections facilities, and Level V prisons. In Level IV (new in 2020) and V facilities, the Assess an Individual module in George Mason University’s CJ-Trak Suite (colloquially referred to as the RNR tool) is also used. The combination of these tools identifies an individual’s risk factors for recidivism, their criminogenic needs, and the programs, supports, and interventions that would reduce the individual’s risk factors.

**d. Streamline, coordinate, and leverage reentry assets with state agencies (including the Courts, DHSS, DOL, DOE, and DSHA) and with community stakeholders (including victim services agencies, employers, non-profit organizations, faith-**

**based organizations, local reentry coalitions, mentoring organizations, and ex-offender peer support groups);**

DOC continues to collaborate with state agency stakeholders and community groups to expand services and partnerships as evidenced in the body of this report. DOC continues to strengthen its community engagement with the reentry community through coordination with Partners in Reentry Coalition of Delaware (PIRCOD), execution of a number of community engagement events, and support of other organizations' reentry events.

- e. Work with DOE specialists to administer a DOE-approved educational assessment tool to all inmates during DOC's reclassification process in order to develop a plan for their educational needs throughout incarceration;**

Vocational and educational assessments are being administered in every institution. The vocational assessment is being embedded in the TAP computer module (currently in the production stage) and will be administered at the initial intake and classification into a Level V facility. COVID has delayed the administration of these assessments.

- f. Repurpose existing I-ADAPT Probation Officers as DCRC In-Reach Coordinators to assist with transition accountability planning from facilities into the community.**

Pursuant to DOC Policy 3.12 Reentry Planning, existing I-ADAPT Coordinators have been repurposed as In-Reach Coordinators. Probation & Parole has four officers dedicated to reentry planning for eligible returning citizens. Individuals who receive this reentry planning will begin probation with education, employment, and treatment referrals; immediate access to Medicaid and food benefits, and a personal credential card that will enable them to get a Delaware ID and birth certificate at no cost. In-Reach Coordinators also assist in providing for basic needs such as food, shelter, and clothing; and more complex needs such as comprehensive mental health or medical care. These DOC personnel work with inmates prior to and upon release and collaborate with the assigned probation officer to neutralize barriers that may have led to the probationer being unsuccessful during previous probation terms.

In-Reach Coordinators are the point of contact for requesting the supportive subsidies for probationers allocated through various grants and for incarcerated individuals who may be eligible for the Family Reunification Pilot Program with public housing agencies in the State. In-Reach Coordinators are also available to assist other probationers who do not meet the criteria for reentry planning connect to services in the community.

## Status of Objectives Outlined in Executive Order 27

- a. **Oversee implementation and further development of the State’s comprehensive strategic reentry initiatives, and ensure that federal, state, and local resources are used most efficiently to reduce duplicative reentry services and ensure alignment with the application of evidence-based approaches;**

The DCRC met regularly over the past two years to review the work of the subcommittees, identify and neutralize barriers, and plan for the future of Reentry. Specific deliverables were provided to the subcommittees in February 2019 and the DCRC monitored the progress of these deliverables over their two-year term. The Commission reviewed the resources needed and barriers reported by the committees, problem solved, and offered direction when applicable.

The Planning, Research, and Reentry Unit (PRR) was established within DOC. The unit includes the Director of Reentry, Reentry Programming Coordinator, Correctional Programs Manager, a Data Analyst, and an RNR Planner, among others. These staff, along with the Chief of the Unit, implement and oversee the DOC’s Reentry initiatives.

To ensure that Federal grants are being deployed to address reentry service gaps and ensure efficient use of federal resources, the CJC, DOC, DOL, and DSAMH are coordinating grant administration on multiple currently awarded grants. DOC’s PRR established implementation workgroups for two federal grants: the Innovations in Reentry (IRI) grant and the Statewide Recidivism Reduction (SRR) grant. The services and system improvements funded by these two grants directly correspond to evidence-based principles articulated in DCRC priorities. A U.S. DOL Adult Reentry Employment Services (ARES) grant is similarly being implemented to address service and system limitations, and DSAMH’s Statewide Opiate Response (SOR) grant will address practical and behavioral health needs of reentering individuals.

- b. **Develop Transition Accountability Plans for each incarcerated individual for use by DOC and community partners to track services and supports from prison entry through post-release supervision discharge that address the risks of the individual to reoffend;**

[DOC Policy 3.12, Reentry Planning](#) requires utilization of the Transition Accountability Plan for reentrants meeting the designated criteria. Reentry planning begins at the initial classification into prison through release from community supervision. Full implementation of the TAP requires enhancements to DACS<sup>1</sup>. A TAP Design Committee has exhaustively studied the information available for discharge planning, both in DACS and the DOC electronic health record, ICHRT. The TAP is currently in production and is expected to go live in 2021. Funding for the DACS enhancements and staff training has been secured through the Bureau of Justice Assistance (BJA) Innovations in Reentry (IRI) grant.

Pending the DACS Enhancements and TAP training, the DOC Probation and Parole In-Reach Coordinators are utilizing an alternative case management document and

<sup>1</sup>DACS is the Delaware Automated Correction System

are manually collecting all the necessary information and collaborating with other DOC staff, contracted providers, and community service providers to ensure discharge planning needs are being met.

The PRR Unit has trained In-Reach Coordinators and Supervisors in effective discharge planning and has entered into a contract with an outside agency to assist in the development and design of a dynamic training for all staff utilizing the TAP module.

**c. Strengthen and/or develop case-level data sharing protocols among state agencies to improve the provision of evidence-based programming, best practices in community supervision, case management and other reentry services that are responsive to the learning abilities, motivation, and personality of the reentrant;**

The Delaware Treatment Referral Network (DTRN) is being utilized to support referrals for substance abuse treatment, mental health services, and transitional case management services. Referrals made on behalf of individuals preparing to exit prison are made using DTRN, which allows for a seamless tracking system between the correctional and behavioral health/social service systems. Probation and parole officers are encouraged to use this platform as a way to track referrals and avoid duplication in services. The recent incorporation of transitional case management service into DTRN further improves data access and sharing, increasing transparency and communication and reducing duplications and inefficiencies. DSAMH has indicated a willingness to continue expanding the DTRN platform to include a greater variety and number of providers. DOC has recently begun analyzing “no show” rates for individuals exiting prison who were referred for behavioral health supports post-release. The information will be used to strengthen the supports available for connecting high risk individuals to services post-release.

In an effort to provide case management and other reentry services that are responsive to the learning abilities, motivation, and personality of the reentrant, DOC Policy 3.12, Reentry Planning, establishes Multi-Disciplinary teams that meet monthly to discuss the discharge planning needs of those inmates nearing release. Case management and other referrals are part of the reentrants’ Transition Accountability Plan, thereby minimizing the risk of duplicate referrals.

**d. Develop a comprehensive reentry response protocol with the DOC that: provides increased use of graduated responses and incentives to foster compliance and motivation with conditions of probation; improves coordination of aftercare services and supports with community stakeholders; and ensures programs providing substance use disorder treatments adhere to evidence-based principles, are implemented with fidelity, and are routinely assessed for their impact on recidivism reduction in order to maximize reentrants’ potential for crime-free self-efficacy;**

The Department is committed to supporting Senate Bill 226, an Act which promotes the institutionalized use of evidence-based practices in decisions concerning the rehabilitation of offenders. DOC has undertaken the following initiatives:

- DOC is contracting with an evaluator who will be responsible for validating the DOC's actuarial risk assessment tool (LSI-R). The evaluator will complete a validation study that details the tool's accuracy in predicting recidivism to be defined by re-arrest (general and violent) at a minimum.
- DOC is also in the process of validating the State's sex offender assessment tool, the Static-99R, which is used to predict the risk of sexual re-offense. The evaluator is responsible for evaluating (1) inter-rater reliability, (2) validation of the assessment scores' predictive validity, and (3) if necessary, developing and delivering training to staff utilizing this tool.
- DOC is preparing to undergo a fidelity assessment of the Transitions (Sex Offender) treatment program as well as an outcome evaluation of the program. The evaluator is responsible for (1) performing a curriculum fidelity assessment, (2) evaluating program structure and internal validity between sites, and (3) measuring treatment changes to include the program's effectiveness in reducing the offender's sexually inappropriate and criminal behavior.
- DOC initiated a comprehensive review of its two flagship substance use disorder (SUD) drug and alcohol treatment programs more than two years ago. In 2020, the DOC began a redesign of these programs to incorporate the latest proven evidence-based treatment practices in collaboration with its medical and behavioral healthcare provider, Centurion™ Health. Planning and approval for the redesigned SUD programs, renamed Road to Recovery (R2R), was completed in September 2020 and launched Department-wide on November 1, 2020. R2R retains the Therapeutic Community model, an industry best practice which has proven to be effective. Central features of the program enhancement and redesign include:
  - » The need for treatment and placement in the program will be identified through DOC's classification process and will include a Risk Needs Assessment, RNR assessment, and a comprehensive clinical assessment.
  - » Each participant will be guided by an individualized treatment plan based upon his or her specific needs that are identified through the assessment process.
  - » Most notably the redesign establishes three levels of care based on addiction severity.
- DOC has also contracted with the University of Delaware and Delaware State University to conduct an outcome evaluation (recidivism analysis) of individuals who have completed the Key Program and Crest Program (both have now been sunset with the implementation of the R2R program, described above) and who were released from prison between 2015 and 2017. Comparison data will help DOC continue to implement program improvements in the future.
- In an effort to ensure programs providing substance use disorder treatments adhere to evidence-based principles and are implemented with fidelity, the DOC, through funding provided by the SRR grant, trained eleven staff in the use of the evidenced-based Correctional Program Checklist (CPC)<sup>2</sup>. The CPC is designed to evaluate

<sup>2</sup>Training in CPC is offered by The University of Cincinnati Corrections Institute (UCCI)

the extent to which correctional intervention programs adhere to the principles of effective intervention. The CPC training allows DOC to develop internal capacity to sustain long-term program evaluation and improvement process.

DOC Policy 3.12 Reentry Planning, citing the Delaware Recidivism Reduction System Blueprint established by the National Criminal Justice Reform Project (NCJRP), which preceded the DCRC, calls for incorporating incentives and rewards into the supervision process and employing graduated sanctions in response to noncompliance in a swift and certain manner. Probation and Parole has a graduated response policy that references the goal of promoting positive behavioral change. When violations occur, alternatives to revocation and incarceration are considered to the extent that public safety allows. Probation and Parole also utilizes Administrative Commitments alternative to violation. An Administrative Commitment requires the probationer to report to a designed Level IV facility from Friday evening to Sunday afternoon. During this time, the probationer receives a brief dosage of Cognitive Behavioral Therapy (CBT). To further promote effective supervision strategies and the use of graduated responses, Probation and Parole Officers no longer recommend Zero Tolerance conditions of probation.<sup>3</sup>

Probation and Parole continues to train officers in Effective Practices in Community Supervision (EPICS)<sup>4</sup>. The goal of EPICS training is to teach probation and parole officers how to apply the principles of effective intervention to community supervision practices. The training instructs officers to identify moderate to high-risk probationers and target their criminogenic needs using cognitive behavioral interventions and core correctional practices. In 2020, the Bureau of Community Corrections graduated its first group of 6 certified EPICS trainers.

**e. Create a DSHA policy and strategic objective to work with partners across the affordable housing system to expand affordable housing opportunities for reentrants, including efforts to improve family unification;**

In 2019, the consortium of Delaware's five public housing authorities (PHAs), led by the Delaware State Housing Authority, was one of four sites nationwide awarded a grant from the Vera Institute of Justice that provided technical assistance in drafting a Family Reentry Pilot Program (FRP) and to review, update, and coordinate policies on access for individuals with criminal histories.

The MOU among these agencies was signed in July 2020 and all agencies continue to actively recruit participants. The PHAs, in collaboration with Department of Correction and the Delaware Center for Justice, will work to identify and connect individuals eligible for FRP who are nearing release or who have been recently released from the custody of the DOC to a housing unit where their family member(s) reside. The primary goal is to provide that individual the opportunity to reunite with said family and join their household as a guest, with the possibility of being added to the lease permanently upon successful completion of the FRP.

<sup>3</sup>For a complete description of Probation & Parole improvements in Delaware, visit [https://doc.delaware.gov/assets/documents/pp\\_report\\_aug2020.pdf](https://doc.delaware.gov/assets/documents/pp_report_aug2020.pdf)

<sup>4</sup>EPICS is a three-day onsite training followed by five months of follow up coaching. The University of Cincinnati serves as the sole owner and proprietor of the EPICS model and training program.

**f. Create a DOC policy that expresses its commitment to work with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for reentrants;**

DOC's implementation of Policy 3.12 Reentry Planning points to working with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for returning citizens. This 90-day housing plan will be incorporated into the Transition Accountability Plan.

In an effort to avoid releasing individuals to unsheltered homelessness, DOC has incorporated housing and homelessness status into the TAP design requirements. This information will be collected at various points of incarceration to allow for better tracking and identifying of housing instability.

During the pandemic, DOC enhanced partnerships with DSAMH and DHSS regarding housing for COVID-19 positive inmates who were being released. This collaboration resulted in several reentrants receiving safe, supportive housing during quarantine when they otherwise may have been homeless.

The DOC has also leveraged grant funding to assist in paying up to one month of rent for eligible reentrants. When appropriate, reentry staff works with the reentrant to either apply for disability when eligible and/or find employment to enable them to continue paying rent.

In November 2019, West End Neighborhood House was awarded funding under the Home4Good program that has made short-term rental assistance available to the reentry population. Home4Good is a partnership between the Delaware State Housing Authority and Federal Home Loan Bank of Pittsburgh to support programs across the state working to reduce homelessness.

The Housing Committee published a housing resource guide for reentry service providers. The public facing version of the guide can be found on the DCRC Reentry website. A more nuanced guide for human service professionals is available internally at DOC.

**g. Develop policies with the DOC and the Department of Health and Social Services ("DHSS") that provide a continuum of care for reentry for those with mental illness and/or substance use disorders, including the appropriate extension of services after relapse;**

DOC Policy 3.12 Reentry Planning addresses the continuum of care via the Transition Accountability Plan. The TAP planning process requires a multi-disciplinary approach to discharge planning to include DOC Treatment Staff, Probation and Parole In-Reach Coordinators, DOC contracted medical, mental health, and substance use treatment providers, and Reentry Coaches.

DOC has also expanded [Medical and Behavioral Health Reentry Planning](#) by leveraging services offered by Centurion™, the DOC's contracted medical and behavioral health provider. Centurion™ employs a team of reentry professionals that meet with individuals 4-6 months pre-release and complete a reentry needs assessment. They

then follow up with identified needs that may include ensuring the individual is released with proper medication, scheduled medical appointments, appropriate referrals for comprehensive behavioral health services that may require long term care, SSDI/SSI application, coordination of Eligibility and Enrollment Unit (EEU) applications with DSAMH, supportive housing, facilitate nursing home placement, and any other need identified. Centurion™ reentry staff work closely with P&P In-Reach Coordinators to ensure a smooth transition to probation. Recent changes to policy have expanded the Centurion™ reentry team's reach to include eligible detentioners (individuals incarcerated in default of bail).

DOC and its medical/behavioral health bureau, BHSAMH, in collaboration with Centurion™, have incorporated the Opiate Use Disorder project into this Department Policy. Staff identify detentioners who have recently overdosed, are currently receiving Medication Assisted Treatment (MAT), or test positive for opiates at intake. Staff meet with the individual and attempt to connect them to treatment at discharge or link them back to their provider in the community.

DOC has implemented the use Medication Assisted Treatment (MAT) at Level IV and Level V facilities. Suboxone®, Methadone, and Vivitrol® are available to inmates with opioid use disorders. DOC also has Naloxone available for individuals being released from DOC facilities. DOC is currently investigating the certification of DOC facilities to become providers of evidence-based treatments, such as MAT. This would streamline access to MAT for individuals coming into the facilities that were receiving MAT in the community.

DOC has also contracted with a community service provider to offer Transitional Reentry Services. These services are intended to assist probationers leaving a Level V or IV DOC facility. The services include transportation, such as picking up the probationer immediately upon release from a facility and taking them to treatment, sober living, or other housing that has been established. The services also provide for rides to Probation and Parole, treatment, food banks and clothing closets, and other appointments. For probationers with very high needs, this service also provides short term case management to ensure stabilization prior to referring to longer term supports if still needed. These services, available for up to 90 days post release, help probationers overcome some of the immediate challenges of returning to their community.

DOC and DSAMH have also partnered to implement the Mobile Bridge Van, which is parked outside of HRYCI (recently expanding to BWCI) and provides connections to services for those being released from custody, as well as to community members.

DOC and DHSS have entered into a Memorandum of Understanding solidifying the partnership between DSAMH and DOC as they seek to reduce and prevent relapse and recidivism of returning citizens with mental health and addictions needs. DOC and DSAMH recognize that it is essential that:

- Inmates receive evidence-based identification and treatment of mental health and addictions disorders while incarcerated;

- At the time of discharge from prison, there is an effective process of transition into behavioral health care management and treatment facilitated by DSAMH that supports the overall health and well-being of returning citizen and reduces the chance of relapse and recidivism.

The MOU focuses on what is needed to identifying inmates, connect to services, and transition to community supports. The MOU calls for the creation of an annual work plan that corresponds with this MOU to detail implementation plans for each item.

**h. Develop a Memorandum of Understanding between the DOC and the DOE that includes a “distance learning” policy (that does not require internet access) so offenders can benefit from academic and vocational services prior to release in preparation for employment and/or to further their training and education;**

There is an existing MOU between DOC and DOE that satisfies this deliverable. However, work is ongoing to support enhancing training and educational opportunities in the Level V and Level IV facilities. In 2020, JTVCC opened a new space in the Maximum Security Housing Unit (MHU) that is designed to meet the needs of those inmates. The building, designed with many classroom spaces, will be utilized for education classes, mental health classes, and other treatment-based programming. The new unit allows maximum security inmates to make strides in their education as well as receive treatment programming to address criminogenic risks and needs.

Vocational training is planned for delivery to maximum security inmates through video education. The videos provide exposure to employability skills, vocational training overviews, and academic refreshment.

Approximately 95% of all offenders in Level V prisons now have access to education services. Some offenders may not be eligible for educational services due to a focus on treatment services as a priority. However, they may have to be placed on a “waiting list” prior to being enrolled due to capacity issues or vocational certification timeframes. DOE has contracted with IDEAL, a national organization that promotes “best practices” in distance learning. Prison Education is one of IDEAL’s professional development topics that will help inform a distance learning policy for tablet use once they become more widely available.

When congregate programming was discontinued in the correctional institutions to mitigate the spread of COVID-19 between prison housing units, DOC utilized COVID-19 emergency funding to purchase a large number of new computers, television screens, and other Zoom equipment to facilitate remote instructional delivery by DOE teachers. A Zoom delivery schedule was deployed whereby inmates throughout the institutions were assigned weekly Zoom session times in accordance with their education level. During time periods when educational delivery must be halted due to COVID-19 precautions, facilities have implemented correspondence course formats whereby instructional packets are distributed by DOC mail.

**i. Renew an enhanced Memorandum of Understanding between the DOC, the DOE, and the DOL for continuation of prison-based services for education and workforce development upon reentry to the community;**

The Memorandum of Understanding among DOL, DOE, and DOC was signed on November 19, 2019.

Per the MOU, DOL will:

- Make available a point of contact and provide resources to DOC Probation and Parole, DOC In-Reach Coordinators, and DOE Prison Education relevant to the reentry population
- Update its website to include content and referral information specific to justice-involved individuals.
- Develop videos or provide other media content that will describe employer bonding and tax credits for probationers, as well as pardons and expungements.
- Review DOC and DOE vocational training/work programs and make recommendations.
- Assist DOC and DOE in recruiting employers who are apprenticeship sponsors.
- Educate employers about the Work Opportunity Tax Credit and Delaware Department of Labor Bonding programs.
- Partner with DOC Level IV and Level V correctional facilities and DOE Prison Education to hold career forums and informational sessions commensurate with in-demand occupations and in-house training programs.

DOC will:

- Provide access to allow DOL to provide relevant internet-based training to DOC and DOE Prison Education staff and inmates in Level IV and Level V correctional facilities and will prioritize the adoption of industry-recognized credentials for all current and future vocational and industry programs.

DOE will:

- Prioritize the adoption of industry-recognized credentials for all of its current and future vocational and industry programs and will share compiled data collected through the survey and academic locator assessment with DOC and DOL to inform future training opportunities.

DOL and DOC are in the process of executing a data sharing agreement to assess employment rates and employment type among formerly incarcerated individuals. DOL will be responsible for data matching and identity resolution by matching the DOC data file against the following DOL administrative records: unemployment insurance wage records, unemployment insurance claim and benefit records and employer classification and employment records, including Federal Employment Data Exchange records.

**j. Create within the DOL a policy for skills training selection and employment services for clients with criminal justice involvement;**

DOL has adopted into policy a commitment to supporting the successful reentry of justice-involved citizens by neutralizing barriers to employment. The DOL is dedicated to collaborating with internal and external stakeholders for effective reentry planning that supports evidence-based practices to expand employment opportunities for citizens with criminal histories.

DOL is committed to expanding and enhancing reentry services by cultivating dedicated resources that promote continuity of care, family engagement, behavioral health, and other wraparound services essential to the success and stability of justice-involved individuals.

In collaboration with the Delaware Workforce Development Board, DOL will prioritize workforce training providers and programs that have specialized services to offset employment barriers.

In collaboration with private industry and workforce training providers, DOL will promote credentialing and certifications which lead to family sustaining wages in demand occupations.

In partnership with the DOE and the DOC, DOL will work to expand vocational training and pre-apprenticeship opportunities within the prison system so that reentrants are released with a skill and a pathway to success.

**k. Explore ways to incentivize employers to increase employment of those with criminal justice involvement, and improve methods to educate employers about existing incentives;**

The Employment Subcommittee recognizes that most employers have not been motivated by traditional financial incentives such as tax credits; the real motivator is an assurance that the candidate has as few barriers as the non-justice involved peer, and has the skills to do the work. To support this:

- Vocational surveys are being conducted at the inmate's initial classification that can assist in classification decisions to education, employment, and training opportunities available while incarcerated
- DOL, DOC, and Prison Education have met to discuss the implementation of the apprenticeship process in the prisons. Prison Education is working with the National Restaurant Association to establish a Culinary Arts Apprenticeship at Baylor Women's Correctional Institution (BWCI) and James T. Vaughn Correctional Center (JTVCC), and is exploring the possibility of auto tech classes becoming an apprenticeship opportunity. Prison Education is also working towards providing non-traditional employment opportunities to the women at BWCI.
- The co-chairs of the Education and Employment Committees have met to share information on current Prison Education vocational programming and to explore how employers might be motivated to hire offenders completing the vocational programs.

- DOC is exploring the creation of a Vocational Training Center at JTVCC to include various trades such as electrical, plumbing, and HVAC.
- Prison Education has received approval to offer a vocational training, such as the flagger class in the maximum security housing unit at JTVCC.
- Per Senate Bill 171 signed on 10/1/18, individuals released from the custody of the Department of Correction, after 6 months of incarceration following conviction, will be released with a Delaware Personal Credential Card. An individual may present the Personal Credential to receive one free certified copy of the individual's Delaware birth certificate and one identification card or driver's license.<sup>5</sup>
- Inmates at Level V facilities are able to apply for a replacement Social Security card. If granted, they will receive the card upon release.
- The PRR Unit is working with DOL to gain resources relevant to the reentry population such as online job seeking/applications, disability resources/rights, SSI/SSDI work eligibility, bonding, tax credits for employers, job search resources through DOL, a description of job training opportunities available and eligibility requirements for each, and programs that promote employment readiness.
- DOL is expanding APEX to focus on job training for individuals with criminal backgrounds. The APEX program is dedicated to providing opportunities to individuals with criminal histories who wish to obtain gainful employment. The program aims to accomplish this by helping clients through the pardons and expungement process, providing employer education, and advancing legislative reform.
- DOL is prioritizing returning citizens through the Workforce Innovation and Opportunity Act (WIOA) to support individuals with case management. WIOA encourages the seamless cooperation of multiple state partners in the provision of a full range of social services in the most efficient and customer friendly manner.
- The DOL is the recipient (via the Delaware Criminal Justice Council) of a U.S. DOL Adult Reentry Employment Strategies (ARES) grant. The goal of this recidivism reduction employment project is to create a seamless, comprehensive, evidence-based employment strategy in the State. DOL has hired an Employment Reform Project Manager to lead these efforts.

#### **I. Develop a process to fully engage communities in the prisoner reentry process;**

The DCRC Communities of Support Subcommittee has partnered with Partnership in Reentry Coalition of Delaware, Inc. (PIRCOD) and uses their monthly meetings to discuss issues related to reentry. The PIRCOD monthly meetings are the forum by which the community and community service providers are able to formulate recommendations pertaining to reentry and to facilitate the engagement of others.

PIRCOD is positioned to identify needs and gaps in services available in the community and identify and/or propose potential legislative changes.

<sup>5</sup>Individuals may be required to present additional documents to DMV to secure an ID or license

The DCRC launched a [reentry website](#) in January 2020 that provides reentry resources for reentrants, their families, and other service providers. Success stories, state agencies, and community providers are also highlighted.

The following events were held in 2019 and 2020 to support this deliverable:

- Delaware Correctional Reentry Symposium (sponsored by DOC and CJC)
- Reentry Roundtable (sponsored by Communities of Support Subcommittee)
- The Intersection of Mental Health and Criminal Justice: Evidence Based Practices for Serving Justice-Involved Individuals (sponsored by DOC and CJC)
- The Need for Partnership in Legislation (sponsored by PIRCOD)
- “What’s Next” (New Castle and Sussex County) series (sponsored by DOJ and Communities of Support Subcommittee)
- Adult Expungement Information Session
- The Need for Partnership Conference 2020: The Intersection of Trauma and Reentry (sponsored by PIRCOD)

DOC is planning a series of webinars in 2021 on reentry topics that have been identified by reentry organizations and community members as topics of interest.

- m. Conduct a Success Rate Analysis on a group of offenders who receive the newly-aligned services under the DCRC to provide ongoing, data-driven feedback to DCRC and stakeholders regarding the short-term impact of incremental reentry reforms on recidivism (allowing for necessary adjustments to improve effectiveness) to provide State stakeholders with summative evidence on the impact of comprehensive reentry reform in the State on long-term recidivism.**

The Statistical Analysis Center (SAC), in consultation with the DCRC Data and Evaluation committee, has completed the initial success rate analysis for the Pilot Cohort of June 2018 releases. These results were presented at the January 2020 Commission meeting. The Committee elected to add another month of releases (March 2020), to the baseline comparison group. These results are pending. Expansion of the success rate analysis to larger groups of reentrants is under consideration for future objectives.

## Appendix 2:

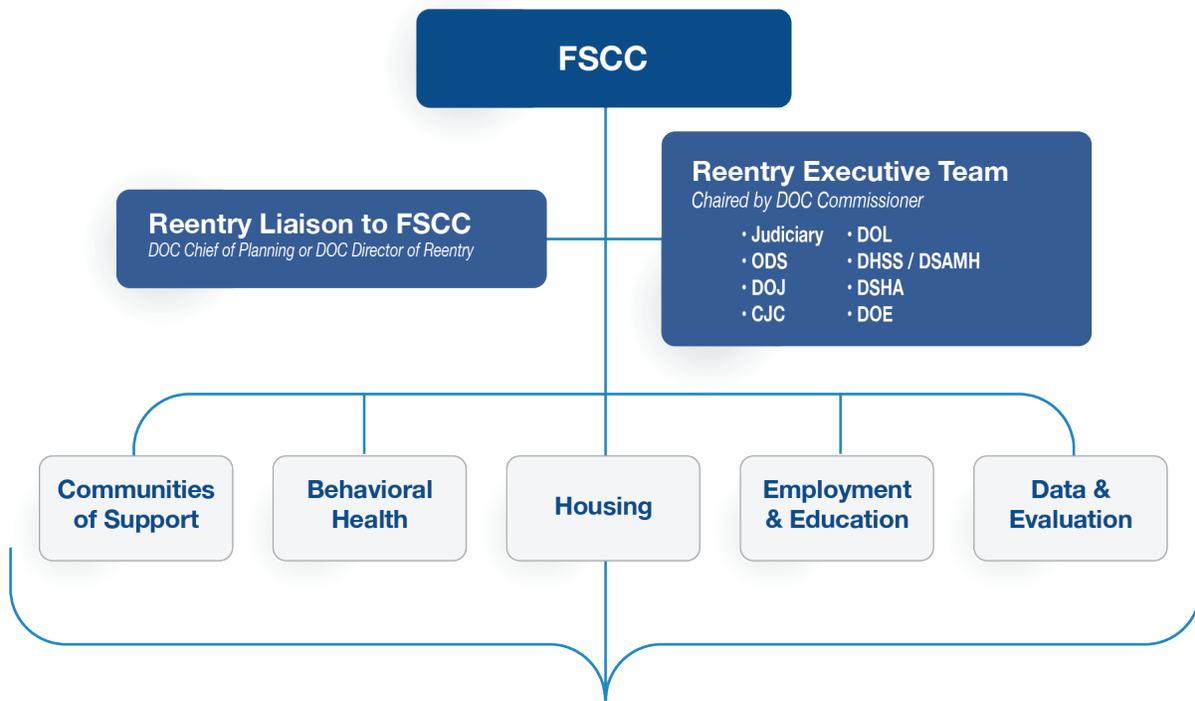
# Future Governance Structure Recommendation

### Overview of Next Steps

A proposed Transition Team is intended to convene a small group of key reentry leaders to draft the 2021 Blueprint for Reentry. This document will refine the recommendations of the DCRC, and serve as a roadmap for the FSCC and Director of Reentry under DOC. It will further prescribe:

- The final governance model (proposed below).
- The partnerships required for implementation.
- The roles and responsibilities of partners in implementation and governance model.
- The next phase of reentry deliverables implemented by partners.
- Outcomes (and relevant indicators) to be tracked by the partnership.

### Proposed Governance Model in partnership with the Family Services Cabinet Council



As appropriate, committees to transition to functional Working Groups

## Appendix 3:

# Executive Order 27 and DCRC Committee Members

EXECUTIVE ORDER

NUMBER TWENTY-SEVEN

TO: HEADS OF ALL STATE DEPARTMENTS AND AGENCIES

RE: CREATING THE STATE OF DELAWARE CORRECTIONAL REENTRY COMMISSION

**WHEREAS**, approximately 23,000 incarcerated adults are released from the State of Delaware (“State”) Department of Correction (“DOC”) facilities annually; and

**WHEREAS**, approximately 76% of persons released from DOC facilities are rearrested within three years, 68% of those released had a reconviction, and 65% had a recommitment; and

**WHEREAS**, the State’s percentage of probationers is approximately 46% higher than the national average, and its percentage of incarcerated adults is approximately 12% higher than the national average; and

**WHEREAS**, an essential objective of reducing recidivism is to provide reentry-oriented, evidence-based programs and services that provide a foundation of cognitive, behavioral, social, and life skills for men and women to lead successful lives upon release; and

**WHEREAS**, the State’s citizens returning from incarceration face many barriers that often lead them back to criminal activity, such as homelessness, lack of job skills, limited education, mental health issues, substance use disorders, lack of transportation to get to work, and difficulty finding work due to their criminal history; and

**WHEREAS**, the State should rely upon the Delaware Recidivism Reduction System Blueprint, produced by the National Criminal Justice Reform Project, a comprehensive framework for improvements that build upon existing practices in the State to improve reentry and reduce the recidivism rate; and

**WHEREAS**, it is a paramount interest of the State for the benefit of all its citizens to: improve the transition from correctional custody to communities; increase public safety; reduce recidivism; make better use of resources in correctional facilities; and expand partnerships with communities, nonprofit services providers and reentry advocates, and statewide justice-oriented membership organizations.

**NOW, THEREFORE, I JOHN C. CARNEY**, by virtue of the authority vested in me as Governor of the State of Delaware, do hereby **DECLARE** and **ORDER** that:

1. The Delaware Correctional Reentry Commission (“DCRC”) is hereby established. The DCRC shall consist of the following:
  - a. Commissioner of the DOC;
  - b. The Director of the Delaware State Housing Authority (“DSHA”);

- c. The Secretary of the Department of Education (“DOE”);
  - d. The Secretary of the Department of Labor (“DOL”);
  - e. The President Judge of the Superior Court of Delaware;
  - f. The Chief Judge of the Court of Common Pleas;
  - g. The Attorney General;
  - h. The Chief Defender;
  - i. Two members of the public appointed by the Governor, to include the following: one member with significant experience in criminal justice who shall serve as Chair, and one member with prior experience in the criminal justice system;
  - j. Chief of the DOC Bureau of Community Corrections, who shall be Vice Chair;
  - k. The Chief of the Office of Planning, Research & Reentry of the DOC; and
  - l. The Executive Director of the Criminal Justice Council (“CJC”).
2. Members serving by virtue of position, excluding the Commissioner of the DOC and the Vice Chair, may appoint a designee from their office to serve in their stead and at their pleasure. Governor appointed members shall serve at the pleasure of the Governor.
  3. The DCRC shall serve without compensation.
  4. The DCRC may create and appoint subcommittees (each to be chaired by a member of the DCRC) as it deems appropriate and shall solicit participation from relevant experts for the purpose of helping the DCRC better achieve its objectives.
  5. The DCRC shall meet bi-monthly through December 31, 2020 to provide ongoing coordination of offender reentry initiatives across the State under the umbrella of the CJC.
  6. The DCRC shall have the following objectives:
    - a. Oversee implementation and further development of the State’s comprehensive strategic reentry initiatives, and ensure that federal, state, and local resources are used most efficiently to reduce duplicative reentry services and ensure alignment with the application of evidence-based approaches;
    - b. Develop Transition Accountability Plans for each incarcerated individual for use by DOC and community partners to track services and supports from prison entry through post-release supervision discharge that address the risks of the individual to reoffend;
    - c. Strengthen and/or develop case-level data sharing protocols among state agencies to improve the provision of evidence-based programming, best practices in community supervision, case management and other reentry services that are responsive to the learning abilities, motivation, and personality of the reentrant;
    - d. Develop a comprehensive reentry response protocol with the DOC that: provides

increased use of graduated responses and incentives to foster compliance and motivation with conditions of probation; improves coordination of aftercare services and supports with community stakeholders; and ensures programs providing substance use disorder treatments adhere to evidence-based principles, are implemented with fidelity, and are routinely assessed for their impact on recidivism reduction in order to maximize reentrants' potential for crime-free self-efficacy;

- e. Create a DSHA policy and strategic objective to work with partners across the affordable housing system to expand affordable housing opportunities for reentrants, including efforts to improve family unification;
  - f. Create a DOC policy that expresses its commitment to work with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for reentrants;
  - g. Develop policies with the DOC and the Department of Health and Social Services ("DHSS") that provide a continuum of care for reentry for those with mental illness and/or substance use disorders, including the appropriate extension of services after relapse;
  - h. Develop a Memorandum of Understanding between the DOC and the DOE that includes a "distance learning" policy (that does not require internet access) so offenders can benefit from academic and vocational services prior to release in preparation for employment and/or to further their training and education;
  - i. Renew an enhanced Memorandum of Understanding between the DOC, the DOE, and the DOL for continuation of prison-based services for education and workforce development upon reentry to the community;
  - j. Create within the DOL a policy for skills training selection and employment services for clients with criminal justice involvement;
  - k. Explore ways to incentivize employers to increase employment of those with criminal justice involvement, and improve methods to educate employers about existing incentives;
  - l. Develop a process to fully engage communities in the prisoner reentry process; and
  - m. Conduct a Success Rate Analysis on a group of offenders who receive the newly-aligned services under the DCRC to provide ongoing, data-driven feedback to DCRC and stakeholders regarding the short-term impact of incremental reentry reforms on recidivism (allowing for necessary adjustments to improve effectiveness) to provide State stakeholders with summative evidence on the impact of comprehensive reentry reform in the State on long-term recidivism.
7. Consistent with the objectives of this Executive Order and the objectives of the DCRC, the DOC Office of Research and Planning shall be restructured as the Office of Planning, Research and Reentry ("Reentry Office"), and report to the Commissioner of the DOC. The Reentry Office shall:
- a. Oversee the implementation and maintenance of the DCRC initiatives from prison to community corrections centers to probation and parole to the community;
  - b. Work collaboratively with the DCRC and the Bureau of Prisons and Bureau of

Correctional Health Care Services on adherence to evidence-based practices, including incorporation of cognitive behavioral therapy programs, case management services, education, drug treatment assessment, and employment readiness training;

- c. Assess offenders' likelihood of recidivism through the use of risk and need assessments to target services for those at the moderate to high risk for reoffending in order to prioritize services in the most cost-effective manner;
  - d. Streamline, coordinate, and leverage reentry assets with state agencies (including the Courts, DHSS, DOL, DOE, and DSHA) and with community stakeholders (including victim services agencies, employers, non-profit organizations, faith-based organizations, local reentry coalitions, mentoring organizations, and ex-offender peer support groups);
  - e. Work with DOE specialists to administer a DOE-approved educational assessment tool to all inmates during DOC's reclassification process in order to develop a plan for their educational needs throughout incarceration; and
  - f. Repurpose existing I-ADAPT probation officers as DCRC in-reach coordinators to assist with transition accountability planning from facilities into the community.
8. The DCRC shall submit to the Governor no later than December 30, 2019 a comprehensive report on the status of the State's reentry reforms, practices, and policies. The DCRC shall submit a final report on the status of the State's reentry reforms, practices, and policies to the Governor by December 30, 2020. Each report shall contain benchmarks and accomplishments to date, the effectiveness of the cross-agency coordination and communications, and progress with respect to the performance measures and the recommendations of the DCRC for improvements in executive, judicial, and legislative policies that will reduce recidivism, crime, and victimization.
  9. Administrative support and space for meetings shall be provided by the CJC.
  10. The DCRC shall dissolve on January 1, 2021 unless extended by further Executive Order.
  11. Executive Order Number Seven, signed by Governor Markell on May 15, 2009, is hereby rescinded.

**APPROVED** this 4th day of December, 2018

John C. Carney

Governor

ATTEST:

Secretary of State

## **DCRC Subcommittees and Co-Chairs**

As authorized in Executive Order 27, seven subcommittees were established, each with co-chairs and members representing the relevant expertise essential to the objectives of each subcommittee.

### **Employment Committee:**

Cerron Cade, Secretary, Department of Labor

Bryon Short, Executive Vice President, Delaware Contractors Association

### **Education Committee:**

Maureen Whelan, Director, Adult and Prison Education, Department of Education

Darrell Miller, D.B.A, Education Associate, Department of Education

### **Behavioral Health Committee:**

Elizabeth Romero, [Former] Director, DSAMH, Department of Health and Social Services

Joanna Champney, Chief of Planning, Research, and Reentry, Department of Correction

### **Case Management and Collaboration Committee:**

Jessica Cline, Director of Reentry, Department of Correction

Bradley Owens, Director of Outreach Engagement, DE Psychological Services

### **Housing Committee:**

Marlena Gibson, Director of Policy and Planning, Delaware State Housing Authority

Jessica Cline, Director of Reentry, Department of Correction

### **Data and Evaluation Committee:**

Philisa Weidlein-Crist, Lead Data Analyst, Department of Correction

Spencer Price, Director, Statistical Analysis Center

### **Communities of Support Committee:**

Corie Priest, Community Engagement Specialist, Department of Justice

Terri Townsend, Social Service Administrator, Department of Correction

## Appendix 4:

# Full List of DCRC Committee Recommendations for Future Work

### Housing:

- Ensure adequate emergency shelter and access to shelter.
- Research other models of providing for per diem shelter beds (VA, past contracts).
- Estimate needs, costs and evaluate potential resources.
- Expand short-term rental assistance for reentrants at sufficient scale and access across system.
- Inventory past and current programs (outcomes, structures, funding, access and eligibility).
- Research national models/best practices & draft proposed program structure - estimate needs and costs.
- Ensure connections to other service systems for reentrants with higher needs (*linkage to BH committee*).
- Landlord outreach strategies, risk mitigation funds, other incentives.
- Explore possible connections with pre-adjudication alternative courts.
- Explore restrictions/guidelines on scope of background checks for rental housing.

### Education:

- Prioritize the adoption of industry recognized credentials for all of their current and future vocational and industry programs.
- Fully implement Pell grant program partnership with Del Tech.
- Fully implement NCCER vocational certification at Level V.
- Establish a vocational skills center at James T. Vaughn Correctional Center.

### Case Management:

- Expand Use of DTRN across Probation & Parole.

### Behavioral Health:

- Assess, monitor and improve effectiveness of DOC mental health screening protocols through quality improvement processes, with support from DSAMH.
- Assess, monitor and improve treatment options and assure appropriate range of options is in place to meet the needs of the incarcerated and detentioner populations.

- Certify DOC facilities to become certified dispensing sites for evidence-based treatments so that medication assisted treatment (MAT) medications can be stored on-site (already administered within correctional facilities).
- Develop and implement shared data agreements for purposes of clinical and social care continuity and quality improvement between DOC and DSAMH.
- Participate in design and use of the care coordination platform to better support reentry prevention.

## **Employment:**

- State should do a landscape analysis of employment training programs and what's available to people after they are released from DOC. This analysis should also provide the lessons learned from previous efforts. Based on this effort, the State should launch a pilot or set of pilots to address employment training gaps.
- DOC and DOL should work together to review the menu of all training going on in their prisons currently and determine if the training suits available resources within DOL.
- The DOE should share the Vocational Surveys with the DOL on a continuing basis to inform training planning.

## **Communities of Support:**

- Many community providers have innovative ideas that lack funding. Delaware grassroots organizations may not have the knowledge or resources to apply for grants, but they are invested in learning evidence based practices and quality services that qualify their programs for funding. The CJC provides periodic grant writing and submission workshops. More capacity development resources are needed to shore up the reentry sector.
- The State should identify a method for delivering Engagement Skill Training, such as the best way to intervene with justice involved individuals when concerns or high-risk behaviors are identified. The community variation of the EPICS training received by probation officers should be offered to community providers who will continue to serve justice involved citizens after release from probation.
- Advocacy training on how to engage in dialogue with legislators should be offered regularly so that community organizations can advocate for reentry reforms.
- Community members and providers want better education about the criminal justice process, such as what happens when you get arrested and how the community agencies support concerned family members.

## **Center for Effective Public Policy Recommendations**

In addition to the recommendations for future reentry work generated by the DCRC subcommittees during their final month, in late 2019 through early 2020, the Center for Effective Public Policy (CEPP) submitted two reports to the DCRC leadership that made

recommendations for improving the state of reentry in Delaware and for continuing the reentry work of the Commission. CEPP recommendations that were not also separately and independently generated by the DCRC subcommittees, or have not been already addressed or initiated, are referenced below for consideration of the next phase of the Commission's work:

**Build partnerships to expand and enhance community services and programs**

- Continue to build partnerships with community providers.
- Continue to build an infrastructure to support reentry.

**Shift the culture of DOC facilities and community supervision to be more positive, evidence-based, trauma-informed, and focused specifically on helping individuals be successful.**

**Transform Level IV facilities to focus more specifically on preparing incarcerated individuals for release.**

- This should include relevant programming, identification of appropriate community housing, employment, and continued programming and services in the community to ensure a seamless transition and reentry process.

**Increase the number of returning citizens who have at least a GED or high school equivalency and/or have a plan for educational attainment once released.**

- This should be reflected in the TAP.

**Continue to expand programs and services within the DOC and in the community that are evidence-based.**

- Including cognitive behavioral, mental health, and substance abuse treatment, mentoring, and case management services.