



## Delaware Correctional Reentry Commission

# Executive Order 27 Report to The Honorable John C. Carney, Jr.

December 30, 2019

Submitted by Chair Adam Balick and Vice-Chair James Elder

As required by Executive Order 27, signed on December 4, 2018, we submit this report summarizing the progress to date of the Delaware Correctional Reentry Commission (DCRC) and the status of the 18 objectives set forth in the Executive Order.

### Members and Subcommittees of the DCRC

In accordance with Executive Order 27, the DCRC's members (listed below)<sup>1</sup> regularly attended bi-monthly meetings, which were held on January 22, March 26, May 21, July 23, September 24, and November 19, 2019:

- Claire DeMatteis, Commissioner of the Department of Correction (DOC);
- Anas Ben Addi, Director of the Delaware State Housing Authority (DSHA), or designee;
- Dr. Susan Bunting, Secretary of the Department of Education (DOE), or designee, Maureen Whelan, Director of Adult and Prison Education Resources Workgroup, DOE;
- Cerron Cade, Secretary of the Department of Labor (DOL), or designee;
- Jan Jurden, President Judge of the Superior Court of Delaware, or designee, Judge Charles Butler;
- Alex Smalls, Chief Judge of the Court of Common Pleas, or designee;
- Kathy Jennings, Attorney General, or designee, Aaron Goldstein, State Solicitor, Attorney General's Office;
- Brendan O'Neill, Chief Defender, or designee;
- Adam Balick, Chair of the DCRC (member of the public with significant experience in criminal justice, appointed by the Governor), and Granville Brown (member of the public with prior experience in the criminal justice system, appointed by the Governor);
- James Elder, Chief of the Bureau of Community Corrections, DOC, and Vice-Chair of the DCRC;<sup>2</sup>
- Joanna Champney, Chief of the Office of Planning, Research and Reentry, DOC;
- Christian Kervick, Executive Director of the Criminal Justice Council (CJC); and
- Additional members, including:
  - Dr. Kara Odom Walker, Secretary of the Department of Health and Social Services (DHSS), or designee, Elizabeth Romero, Director of the Division of Substance Abuse and Mental Health, DHSS; and
  - Romain Alexander, Policy Advisor to the Governor.

<sup>1</sup> See Executive Order 27, page 2.

<sup>2</sup> James Elder is now the Chief of the Bureau of Healthcare, Substance Abuse and Mental Health Services, DOC.

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. The DCRC Chair and Vice-Chair established 3–5 objectives for each subcommittee and created a reporting template for each subcommittee to submit to the Chair and Vice-Chair one week prior to the bi-monthly DCRC meetings. The subcommittee reports were distributed to DCRC members and discussed at each meeting. The subcommittees met in February, April, June, July, September, and October 2019. The seven subcommittees and their co-chairs are:

- **Behavioral Health Subcommittee:** Elizabeth Romero, Director of the Division of Substance Abuse and Mental Health, DHSS, and Aileen Fink, Director of Correctional Healthcare Services, DOC;
- **Case Management Collaboration Subcommittee:** Jessica Cline, Director of Reentry, DOC, and Brad Owens, Director of Community Inclusion, Connections;
- **Communities of Support Subcommittee:** Corie Priest, Community Engagement Specialist, Delaware Department of Justice, and Terri Townsend, Bureau of Correctional Healthcare Services, DOC;
- **Data and Evaluation Subcommittee:** Philisa Weildein-Crist, Office of Planning, Research and Reentry, DOC, and Spencer Price, Director of the Statistical Analysis Center;
- **Education Subcommittee:** Maureen Whelan, Director of Adult and Prison Education Resources Workgroup, DOE, and Darrell Miller, Adult Prison Education, DOE;
- **Housing Subcommittee:** Marlana Gibson, DSHA, and Julio Sanchez, Probation and Parole In-Reach Coordinator, DOC; and
- **Employment Subcommittee:** Cerron Cade, Secretary of the DOL, and Bryon Short, Executive Vice-President of the Delaware Contractors Association.

### **Accomplishments of the DCRC**

Since its inception, the DCRC, through its seven subcommittees, has made progress in addressing the objectives set forth in the Governor’s order:<sup>3</sup>

- DOC staff have been trained to administer the Correctional Program Checklist (CPC) to assess the extent to which interventions offered by service providers in the correctional facilities are evidence-based. **(EO 27 objectives a & c)**
- The implementation of a case planning and management process (Transition Accountability Plan (TAP)), which spans from initial intake through incarceration and reentry and then into the community, is in process. **(EO 27 objective b)**
- A directory of case management services available in the state has been drafted. **(EO 27 objective c)**
- Graduated sanctions to respond to probation and parole violations have been implemented. **(EO 27 objective d)**
- A listing of available housing options in the state is near completion, and public housing barriers for returning citizens are being addressed. **(EO 27 objectives e & f)**
- Medically Assisted Treatment (MAT) for those with substance abuse addictions is now being provided for individuals housed in Levels IV and V facilities and for pregnant women. **(EO 27 objective g)**
- Behavioral health referrals to agencies with bed availability have been improved. **(EO 27 objective g)**

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<sup>3</sup> See Executive Order 27, pages 2–4.

- Through the establishment of memoranda of understanding, collaborative agreements for cross-agency data sharing have been forged. **(EO 27 objectives h & i)**
- Assessments are now being conducted at the DOC to better identify the educational needs of incarcerated individuals. **(EO 27 objectives h & i)**
- Community strategies to expand and support critical community programs and services are being planned and implemented to assist individuals in successfully returning home. **(EO objective l)**
- A rigorous methodology for a “success rate analysis,” intended to measure the short- and long-term impacts of the recommended system reforms on recidivism has been developed.<sup>4</sup> **(EO 27 objective m)**

In addition, the DOC has undertaken the implementation of numerous evidence-based practices to further address objectives set forth in the executive order and is making related progress under the DCRC.<sup>5</sup> The following is a list of some, but not all, key achievements:

- DOC policy 3.12 – Reentry Planning, which articulates the DOC’s commitment to addressing reentry throughout the agency, was established and approved by the Commissioner and became effective as of November 12, 2019.<sup>6</sup>
- “In-reach coordinators” have been integrated into DOC facilities to help individuals during the transition process access stabilization services (e.g., health insurance, housing, treatment-related resources) when they are released.
- An actuarial assessment (Level of Service Inventory-Revised (LSI-R)) is continuing to be used upon intake and at other key decision points to identify factors related to individuals’ risk of recidivism.
- A supplemental tool (RNR Simulation Tool),<sup>7</sup> which “matches” individuals with appropriate programming based on assessed risk, is continuing to be used and expanded throughout the DOC.
- Evidence-based cognitive behavioral programming, which has been proven critical to reducing the recidivism of higher risk individuals, is being expanded.
- Evidence-based supervision practices (EPICS),<sup>8</sup> which helps community corrections staff work more effectively with the needs and barriers of individuals supervised in the community, has been piloted and is now in the process of being expanded.
- A process has been implemented to ensure that individuals are released from the DOC with state identification.

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<sup>4</sup> It should be noted that in its December 2019 annual recidivism report, *Recidivism in Delaware: An Analysis of Offenders Released in 2013 through 2015*, the Statistical Analysis Center (SAC) stated that “even three years out of prison, fewer than 1 in 5 returning citizens in the 2014 and 2015 release cohorts were reincarcerated at Level V facilities for more than a year.” This “return to prison” measure gives a more accurate assessment of recidivism than previously reported.

<sup>5</sup> See the attached report, which provides further detail on DCRC and DOC progress in addressing EO 27 objectives.

<sup>6</sup> See DOC policy 3.12, which articulates the implementation of evidence-based reentry strategies in accordance with the *Delaware Recidivism Reduction System Blueprint* and *Delaware Strategic Plan for Prisoner Reentry Framework*.

<sup>7</sup> The Risk-Need-Responsivity (RNR) Simulation Tool is a web-based application that uses the results of an individual’s actuarial risk/needs assessment to match that individual with the programs and services that are most likely to reduce their risk for reoffense.

<sup>8</sup> Effective Practices in Community Supervision (EPICS) is a cognitive behavioral treatment model that structures one-on-one interactions between criminal justice professionals and the individuals with whom they work. EPICS serves to effectively identify need areas, motivate and reinforce behavioral changes, and intervene in antisocial patterns of thoughts, feelings, and behaviors. Further, it teaches professionals skills such as relationship (rapport) building, modeling prosocial behavior, structuring learning, and effectively using reinforcement, responses to noncompliant behavior, and authority.

## **Planning for the Future**

While there are many impressive accomplishments to point to at this time, the DOC and DCRC agree that there is much work still to be done that will further strengthen reentry efforts in the state. These include **(1)** the completion of the DCRC's work and handoff to others when the DCRC sunsets at the end of 2020, **(2)** the continued implementation of reentry strategies in process and being planned, **(3)** further solidification of a reentry infrastructure that can sustain reentry efforts over time, and **(4)** investment in reentry wraparound services and innovations to strengthen existing reentry processes and coordination.

### **1. Completion of the DCRC's work and handoff to others when the DCRC sunsets at the end of 2020.**

The work to build a comprehensive statewide reentry process that can reduce recidivism and maintain public safety takes many years. It is not a process that ever stops but one that requires constant vigilance and long-term commitment to change. In fact, the consideration of a more permanent reentry oversight structure to carry on the work of the DCRC beyond 2020 is being considered.

In addition, through the creation of a reentry master plan, all of the current and planned reentry strategies can be better coordinated, prioritized, and sequenced in a manner that ensures ongoing and successful implementation. A larger master plan would reflect the status of reentry strategies as a whole and may assist with the ongoing identification of systemic and cross-agency challenges and opportunities for addressing them that may not be readily apparent when implementing several separate but related strategies. The DOC Office of Planning, Research and Reentry and the Director of Reentry are well positioned to lead this effort to advance evidence-based strategies proven to work to reduce recidivism.

### **2. Continued implementation of reentry strategies in process and being planned.**

Many strategies are currently being implemented within the state's Prisoner Reentry Framework to assist justice-involved individuals to get ready to go home (institutional phase), to go home (transitional phase), and to stay home (community phase). As part of these strategies, there are ongoing efforts to expand and enhance the quality of reentry programs and services to address the risk level and needs of returning citizens at virtually every decision point and phase of reentry.

One additional strategy under consideration is the repurposing of Level IV facilities as reentry centers to better equip individuals in the last year of their incarceration.<sup>9</sup> This will necessarily include the expansion of treatment programming targeted at the criminogenic needs of the higher risk population; a daily schedule that includes significant classes, treatment and support groups, and case management; a shift in facility culture that is based on trauma-informed and evidence-based principles; knowledgeable and skilled staff; and a more significant presence of non-DOC partner organizations, agencies, and individuals. The reentry services that are currently offered at Level IV facilities can be leveraged and, when combined with a culture shift, serve as the foundation for expanded services that can address the myriad of challenges faced by returning citizens.

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<sup>9</sup> According to the DOC's 2018 annual report, there were more than 6,000 releases from Level IV facilities in FY 2018. Of those, 72% (more than 4,300 releases) were supervised in the Level IV facilities for one year or less.

### **3. Further solidification of an infrastructure that can sustain reentry efforts over time.**

Several initiatives are underway in Delaware to address information-sharing gaps within the DOC and across state agencies. For example, when completed, the TAP will be an important mechanism for sharing case planning information across DOC facilities and bureaus and will be automated within the Delaware Automated Correction System (DACS). A data-sharing agreement has been drafted between the DOL, DOC, and DOE, and several DCRC subcommittees are discussing information-sharing barriers and challenges as they relate to behavioral health, education, housing, and case management.

In addition to addressing these information-sharing challenges, there is some discussion in the state about how best to integrate information systems more fully to allow for greater (and easier) access to information across agencies. While acknowledging the importance of maintaining confidentiality, many state agencies also realize the importance of sharing information, especially at the case management level, to better deliver appropriate services and programming, to ensure that clients do not “fall through the cracks,” and to avoid duplication of effort. Such an initiative will necessarily require ongoing cross-agency collaboration, involvement of information technology experts, and, potentially, a financial investment to modernize and integrate information systems in a fashion that continues to maintain an individual’s confidentiality while, at the same time, allowing for greater access to information in a way that benefits returning citizens.

### **4. Investment in reentry wraparound services and innovations to strengthen existing reentry processes and coordination.**

Returning citizens face many hurdles when released from incarceration. It is challenging to find housing that is appropriate and affordable. Many employers will not hire individuals with few skills and a criminal record, much less at a wage that will sustain them and their families. Easy access to transportation to travel to and from work, and to treatment and supervision appointments, may be inaccessible. Returning citizens may leave incarceration with few financial resources and significant fines, fees, child support, or restitution that they are expected to pay. To address these challenges and to assist returning citizens to navigate them, many efforts are underway in Delaware to strengthen partnerships with community providers and to enhance the quality of their services and programs. For example, currently, the DOC has a Strategic Partnership Oversight Committee (SPOC) that works with a number of providers serving incarcerated individuals and reentrants. In addition, through the DCRC’s Communities of Support subcommittee and Partners in Reentry Coalition of Delaware (PIRCOD), much has been done to engage community providers in each of Delaware’s three counties.

To further fund expanded wraparound services and to encourage innovation and collaboration to strengthen reentry processes and coordination generally, a multi-pronged approach will be required:

- The DOC, as the primary agency responsible for reentry, will need to continue to expand reentry programs and services—both within and outside the department—through its budget and legislative appropriations and through partnerships with community providers.
- Also through their budgets and legislative appropriations, state agencies will need to continue to partner with the DOC to provide in-kind services and programs through co-located services centers and at DOC reentry centers and facilities.

- The DOC and sister agencies will need to continue to work with the Criminal Justice Commission (CJC) to identify and seek grant funding to further bolster reentry services, programs, and infrastructure.
- Partnerships with the philanthropic community—including with foundations, businesses, and others interested in seeing Delaware communities flourish and thrive—should be sought out and enlisted to support the expansion of key community services, programs, and infrastructure that will further help reentering citizens be successful.

While there is much to be proud of in Delaware with respect to the implementation of reentry strategies, developing a successful statewide reentry process will take many years to realize and strong, single-minded, collaborative leaders to effect and sustain change. The building blocks and foundation for a successful process are now in place. Continuing to build collaborative partnerships with governmental and nongovernmental organizations, the philanthropic and business communities, and others will not only further Delaware's efforts to sustain a comprehensive statewide reentry system but ultimately equip returning citizens with the skills to be successful, reduce their likelihood of returning to prison, and maintain the safety of all of Delaware's communities.

The attached report further expounds on the efforts of the Department of Correction's Office of Research, Planning and Reentry to support the DCRC's work in building an effective, sustainable statewide reentry process in Delaware.