

Appropriations Committee Follow Up Questions and Answers

Sen. Cathy Osten

- What changes in medical/mental health staffing have occurred over the last few years?

The Agency has onboarded 311 HSU personnel during the calendar year period 2023 2025. Although 311 personnel were onboarded into Health Services. Not all remained due to resignations, terminations, retirements, transfers, workers' and FMLA.

- Are staff provided with a list of what offenders have chronic mental health issues, so they know who they are interacting with on a daily basis?

No. That would violate inmate's healthcare privacy rights.

- Are staff given training on how to handle offenders with mental illness? What training is provided?

Yes, staff are provided with training on Mental Health. They receive it in both In Service Training (IST) and Pre-Service. Staff at YCI, MYI, and GCI receive an additional 4 hours annually, although due to staffing issues and curriculum updates, this training has not been delivered. However, the necessary updates have been made, instructors have been identified, and legal is reviewing for final approval. The DOJ has expressed concerns over the MH training at MYI and we will be meeting to discuss what they would like to see from that training.

Rep. Toni Walker

- Provide a list of all community service programs.

Community Support Services Programs are as follows:

- Residential Community Services Programs:
 - Work Release Program
 - Mental Health Work Release Program
 - Women's and Children Work Release Program
 - Scattered Sites Supportive Housing Program
 - Transitional Housing Program
 - Sex Offender Treatment Program

- Substance Abuse Treatment Program
- Non-Residential Community Services Programs:
 - Non-Residential Sex Offender Program
 - Domestic Violence Treatment Program
 - Mercy Housing Program
 - Substance Abuse Recovery Coaching Program
 - Prison Arts Program
 - Emergency Housing Assistance Program
 - Core Correctional Practices Training and Quality Assurance
 - Quality Assurance and Training for SCORES / EPICS / WRNA
 - Other: Forensic Computer Analyst, PDMS Business Analyst, PDMS Developer
- Provide an update on the wait-list for these programs.

As of February 17, 2026, there were 253 eligible male offenders on the Halfway House waitlist, 137 of which were past their hold time. That's down from 317 offenders (186 past their hold times) in September, 2025.

As of February 17, 2026, there were 40 eligible female offenders on the Halfway House waitlist, 24 of which were past their hold time. That's essentially unchanged from the 39 offenders (30 past their hold times) in September, 2025.

- What does DOC need to help continue to support community services programs?

DOC supports the Governor's budget proposal and his recommendation for Community Support Services funding.

- What does it cost (daily/annual) to house an offender in a DOC facility?

The Average Daily Inmate Expenditure rate and the Annual per Inmate costs are as follows:

Facility	ADIE	Annualized
BCC	\$187.11	\$68,297
BCI	\$94.74	\$34,579

CCC	\$190.84	\$69,657
CCI	\$150.10	\$54,787
CYBCI	\$115.99	\$42,336
GCI	\$263.61	\$96,218
HCC	\$142.34	\$51,956
MWCI	\$152.91	\$55,811
MYI	\$359.96	\$131,384
NHCC	\$156.47	\$57,110
OCI	\$133.36	\$48,675
RCI	\$120.92	\$44,135
YCI	\$228.59	\$83,437
Agency	\$164.01	\$59,864

- What does it cost (daily/annual) to house an offender in a community residential program?

The overall average cost to house an offender in a residential community services program is \$38,400 per day to \$105 per day. Program specific costs are as follows:

- Work Release Program: \$110 per day or \$40,000 annually
 - Mental Health Work Release Program: \$193 per day or \$70,400 annually
 - Women’s and Children Work Release Program: \$300 per day or \$109,500 annually
 - Scattered Sites Supportive Housing Program: \$64 per day or \$23,400 annually
 - Transitional Housing Program: \$69 per day or \$25,200 annually
 - Sex Offender Treatment Program: \$197 per day or \$72,100 annually
 - Substance Abuse Treatment Program: \$132 per day or \$48,000 annually (this program is paid for by Medicaid, DOC only pays for unused beds or when resident does not qualify for Medicaid (<5%))
- Are the TRUE and WORTH Units still operating? What services are they providing?

TRUE and WORTH Units are still operating.

For services and programing provided please see the attached documents entitled Worth and True.

- What is DOC doing about the recent loss of lives in their facilities? What training (e.g. de-escalation techniques) is occurring? What came out of the trip(s) to Norway and what has been implemented?

The Department of Correction shares its deepest condolences with the families and those affected by recent deaths within our facilities. The safety and security of our populations and facilities remains a paramount priority to us. While it is premature and we are unable to comment on individual occurrences, we remain committed to actively examining these tragedies and continuous improvement.

Amend.

DOC entered into a partnership with University of California San Francisco (AMEND) and UConn Institute for Municipal and Regional Policy (IMRP) to consult and study other correctional systems and the health impact of incarceration on both staff and the incarcerated. Staff and stakeholders visited prisons in Norway, Scotland, Northern Ireland, California, Washington . Subsequent to the two first trips to Norway (2022 and 2023) two facilities in Connecticut were identified to pilot the partnership, Garner CI in Newtown and York CI in Niantic.

Amend's Prison Culture Change Initiative invests in developing and supporting culture change leaders who are dedicated to improving culture in U.S. prisons, providing them with multi-year immersive training programs and technical assistance that draw on dignity-driven and public health-oriented correctional practices from Norway and elsewhere to inspire immediate changes in prisons that improve the health and well-being of people who live and work there.

Resource and Activities teams at YCI and GCI work individually with inmates with significant assaultive/behavioral issues or history of self-harm. The staff meet with the inmates and engage in activities to develop trust and rapport. The staff and inmate work together to identify goals both during and post incarceration and identify supports to fill the needs of the inmate to move towards the goals set. Staff conduct check-ins with the inmates while in the units and respond to crisis in the units in efforts to de-escalate the behavior.

The Resource and Activity teams have been in effect for less than a year so data is still being collected but there have been significant decreases in violence, disruptive activity and self-harm for inmates participating and staff in the facilities support the initiative and its positive impact on climate.

- Provide copies of any DOJ audits.

Please see the attached documents entitled DQE1 and DQE2.

Sen. Gary Winfield

- How does staff work within a facility as it relates to HIPAA requirements?

The Department of Correction is currently working to enhance and implement requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Other than the objective classification system which scores inmates based on their medical need and their mental health needs, staff are not privy to individual diagnoses – it would be a violation of HIPAA. There is some level of knowledge gained by where inmates are housed, for example Garner CI has IPM for the most severe mental health scores and then high functioning, medium functioning and low functioning housing units where inmates are assigned based on their mental health scores. Agency leadership, department heads and staff with a direct need, are currently undergoing significant HIPAA training which is being conducted by agency legal staff and a HIPAA expert.

- What is the \$1M being spent as it relates to the healthcare study?

With funding of \$1.0 million, the Department of Correction (DOC), DSS, and OPM will continue current cross-sectional efforts to examine inpatient hospitalizations and outpatient visits with the aim of improving healthcare quality and outcomes, finding efficiencies in the care of this population, and providing enhanced guidance on holistic care management of incarcerated populations at DOC. These efforts will seek to determine basic standards of utilization by building on DSS' partnership with its administrative services organization (ASO) that performs similar work for the department's Medicaid enrollees. Through analysis of DSS and DOC data, the ASO will seek to gain an understanding of the prevalence of and

reasons for hospital admissions of incarcerated people and those recently released from incarceration. The funding being proposed will support the continuation of these efforts and develop actionable findings.

- Is DOC able to assess the effectiveness of its medical discharge process?

The Department of Correction is currently engaged in pursuing an

The State of Connecticut is currently seeking to expand Medicaid coverage to justice-involved individuals 90 days prior to their release. These efforts will enhance discharge planning, health care efforts and seek to provide enhanced connections to the community; ultimately releasing post release morbidity. Pursuant to federal rules, individuals are ineligible for Medicaid coverage once incarcerated (except for inpatient hospitalization). The State submitted the Connecticut Medicaid Coverage for Justice-Involved Population Re-entry Substance Use Demonstration Amendment Request Pursuant to Section 1115 of the Social Security Act Demonstration Project No. 11-W-00372/1 and 21-W-00069/1 dated March 26, 2024. Connecticut's Re-entry Demonstration seeks to join 28 states that have either sought or received approvals for expanded coverage and programming for justice-involved populations. Approval is pending.

Once an individual has discharged from DOC custody the agency no longer has contact with the individual nor the authority to monitor formerly incarcerated. The agency does not have the ability to determine if the individual followed through with treatment plans or if the individual has maintained a continuity of care.

Rep. Juan Candelaria

- What will the newly proposed Deputy Commissioner for IMS be doing, especially considering the other medical officer roles that existing (e.g. COO, CMO)?

The additional deputy commissioner will focus on health care strategy and transformative efforts to address the needs of the incarcerated population under the care and custody of the department. This leadership is critical as the state continues to pursue transformative investments, including compliance with the federal Consolidated Appropriation Act of 2023, the Medicaid justice involved waiver, and efforts to examine health care utilization, with a goal of improving access to care and health outcomes.

The existing COO and CMO will report directly to the new Deputy Commissioner.

- What is the Chief Medical Officer's role?

The Chief Medical Officer (CMO) has the overall responsibility for administering and overseeing medical services and programs across the Agency. The position leads the medical services team in realizing agency medical goals and objectives. Monitors medical service activities for conformance with relevant state and federal statutes regulations, policies, and licensure.

- What was the purpose of the Naphcare contract?

The Naphcare contract was intended to monitor and assure necessary in-house treatment, testing, and preparation were adequate for an outside appointment with a specialist with the goal of having all the medical information necessary for the specialist to make a decision on the next step.

- Provide information on the purpose of Inmate Legal Assistance Program.

DOC has a recognized constitutional duty to provide the incarcerated population with access to the courts. Case law delineates the scope of this mandate, but does not guarantee any particular methodology for its provision. The Inmate Legal Aid Program (ILAP) provides this capability, enabling incarcerated individuals the ability to file complaints regarding the terms and conditions of confinement and the ability to file state and federal habeas petitions.

ILAP's duties include, but are not limited to, assistance with the completion of court forms and, if needed, the filing thereof; the provision of legal research and advice, as necessary; assistance with legal issues and strategies with regard to cases that fall with the "access to court" doctrine;" assistance with the drafting of documents pertaining to cases challenging conditions of confinement; and the physical preparation of meaningful legal papers such as writs, complaints, motions, and memorandum of law.

Rep. Jillian Gilchrest

- What did the taskforce/work group that DOC said they were putting together last year, come up with for proposed OT savings, outcomes?

Please see the attached document entitled 2025 CTDOC Overtime Reduction Plan.

- What happened to the proposed \$3M cost savings from OT in last year's budget?

The targeted savings were not achieved.

- Does the current budget proposal help to address the high case load of healthcare staff at DOC?

DOC current staffing for medical services for the incarcerated population is 708 staff (620 FT, 21 PT and 67 Per Diem). As discussed in prior answers, the agency is currently working towards a number of important initiatives that impact health services to include compliance with the Consolidated Appropriations Act requirements providing services to youth, a Section 1115 health care waiver to expand Medicaid eligibility ninety days pre-release, and cross sectional efforts in inpatient and outpatient services. Health care requirement and retention remains a priority and challenging across the State system.

Rep. Susan Johnson

- What's the difference between the services provided by Garner and Whiting Forensic?

Garner CI provides treatment for inmates with intensive mental health needs. Whiting Forensic is a psychiatric hospital that provides care individuals found not guilty by reason of insanity, competency evaluations for individuals with high bonds, restoration to competency and other forensic services. DOC does not provide "forensic" services. Individuals at Garner CI are incarcerated - they have been sentenced or are awaiting sentencing. Individuals at Whiting Forensic are often committed by the Psychiatric Security Review Board (PSRB) or court orders, rather than sentenced to incarceration.

- Can DPH look at DOC to have them become a medical establishment so they can become eligible for Medicaid?

The inmate exclusion principle of the Social Security Act, primarily outlined in Section 202(x) (42 U.S.C. § 402(x)), suspends Social Security retirement, survivor, or disability benefits for individuals confined in a jail, prison, or other penal institution for more than 30 continuous days following a felony conviction.

The Medicaid Inmate Exclusion Policy (MIEP) (est. 1965) generally prohibits federal Medicaid matching funds from covering health services for individuals incarcerated in public institutions, shifting responsibility to state/local budgets. While excluding most care, exceptions exist for inpatient hospital stays lasting over 24 hours.

The DOC in conjunction with the Department of Social Services and the Office of Policy and Management is in the process of implementing workflows for the Consolidated Appropriations Act of 2023 which expand coverage for youth populations and care. Additionally, the State has a pending waiver application to provide Medicaid coverage to justice-involved individuals 90 days prior to their release.

Rep. Tammy Nuccio

- Why is the \$1M health services study needed, wasn't it already covered in the prior analysis the agency conducted?

This is a different effort. With funding of \$1.0 million, the Department of Correction (DOC), DSS, and OPM will continue current cross-sectional efforts to examine inpatient hospitalizations and outpatient visits with the aim of improving healthcare quality and outcomes, finding efficiencies in the care of this population, and providing enhanced guidance on holistic care management of incarcerated populations at DOC. These efforts will seek to determine basic standards of utilization by building on DSS' partnership with its administrative services organization (ASO) that performs similar work for the department's Medicaid enrollees. Through analysis of DSS and DOC data, the ASO will seek to gain an understanding of the prevalence of and reasons for hospital admissions of incarcerated people and those recently released from incarceration.

The funding being proposed will support the continuation of these efforts and develop actionable findings.

- What is driving the costs/need for the \$9M in additional OE funding? Provide breakdown of the items causing the deficit.

Please see the attached excel workbook.

As stated at the hearing, the agency continues to struggle with rising costs due to inflation as well as costs associated with maintaining aging infrastructure. Additionally the inmate population is higher than was anticipated it would be when the biennium budget was enacted.

The following outlines DOC's cost increases:

Explanation of FY26 Cost Increases by Contract and Commodity Food & Beverages 54050 & Kitchen & Dining Supplies 54080

Key Contract

HPC – Contract #[22PSX0126AA]

- Price increases: contract allows for frequent price adjustments
 - Per contract – “Prices may fluctuate over the course of the contract in accordance with the frequency of contractor’s product cost updates below”
 - ❖ Frozen Food – Cost plus Fixed Fee Mark Up: \$1.30, Cost plus Percentage Mark Up: 6.25%, updates every 6 months
 - ❖ Frozen Food (Protein) - Cost plus Fixed Fee Mark Up: \$1.30, Cost plus Percentage Mark Up: 6.25%, updates every 6 months
 - ❖ Grocery - Cost plus Fixed Fee Mark Up: \$1.30, Cost plus Percentage Mark Up: 6.00%, updates every 6 months
 - ❖ Produce - Cost plus Fixed Fee Mark Up: \$1.19, Cost plus Percentage Mark Up: 6.00%, updates weekly
 - ❖ Dairy - Cost plus Fixed Fee Mark Up: \$2.25, Cost plus Percentage Mark Up: 7.00%, updates weekly
 - ❖ Fresh Meat - Cost plus Fixed Fee Mark Up: \$2.75, Cost plus Percentage Mark Up: 6.00%, updates weekly
 - ❖ Dispensed Beverage - Cost plus Fixed Fee Mark Up: \$3.00, Cost plus Percentage Mark Up: 20.00%, updates annually

- ❖ Food Services Products (paper goods) - Cost plus Fixed Fee Mark Up: \$3.50, Cost plus Percentage Mark Up: 12.00%, updates every 6 months
- Contract expires: 6/30/2027
- **Key Drivers of Cost Increases**
 - The contract allows for frequent price adjustments tied to current market rates, particularly for commodities subject to volatility.
 - Food and paper product pricing is generally impacted by:
 - ❖ Inflation in raw materials
 - ❖ Transportation and fuel costs
 - ❖ Supply chain disruptions
 - Cost fluctuations occur even when usage levels remain stable. Estimated spend for remainder of 3rd quarter (6.5 weeks) approximately \$2.6 million. This includes food and paper items, as well as special items purchased for Ramadan which runs from 2/17 – 3/20. Additional purchases will be required for Passover which runs from 4/2 – 4/9 (will be delivered during March) are estimated at approximately \$63,000. This is not including extra fresh fruit, celery and carrot sticks, and baked potatoes.
 - Top 5 general food price increases for FY25 were produce, eggs, beef, chicken and fish.
- Top food items purchased by DOC w/projected FY26 increase:

Product	# Cases Sold	per Case	Sales (FY24)	Current per Case	Diff 2024 to 2026
FISH POLLOCK RECTANGLE BRD CN KOSHER (2409)	12661	\$ 41.71	\$ 528,149	\$ 54.13	\$ 14.39
CHICKEN MEAT DICED WHITE 1" RED SOD FC (10)	8287	\$ 92.78	\$ 768,883	\$ 98.75	\$ 13.86
PANCAKE BUTTERMILK EGGO (24691)	6670	\$ 24.53	\$ 163,629	\$ 32.76	\$ 10.94
BEEF PATTY 80% LEAN 3/8" FRZ (24444)	11338	\$ 41.44	\$ 469,825	\$ 45.26	\$ 4.73
BEEF STEAK SLICES GRILLED SAUCED FC (18368)	1009	\$ 142.42	\$ 143,700	\$ 152.58	\$ 33.47

- Top 5 kitchen/dining supplies increases for FY 25 were sporks, insulated foam cups and vented lids, hinged foam containers and foil steam pans.

Product	# Cases Sold	per Case	Sales (FY24)	Current per Case	Diff 2024 to 2026
SPORK MEDIUM WEIGHT WHITE POLYPRO (67482)	12280	\$ 8.22	\$ 100,949	\$ 8.90	\$ 1.34
STEAMPAN FOIL FULL SIZE 3.5" DEEP (58234)	1367	\$ 63.59	\$ 86,923	\$ 67.11	\$ 8.44
STEAMPAN FOIL HALF SIZE 2" DEEP (58256)	1278	\$ 42.25	\$ 53,994	\$ 45.61	\$ 7.99
LID FOR 8OZ FOAM CUP VENTED PLAS WHT 8JL (58280)	1269	\$ 22.27	\$ 28,255	\$ 20.07	\$(2.20)
CUP 8OZ INSULATED FOAM WHITE JCUP 8J8 (58405)	6669	\$ 32.66	\$ 217,841	\$ 32.09	\$(1.07)
CONTAINER FOAM HINGED 9.5X9.25X3 3-COMP (58168)	52505	\$ 26.22	\$ 1,376,571	\$ 25.55	\$(0.30)

- Other notable factors leading to price variances:
 - Increased number of QWL orders for USD # 1 Education Unit for all facilities. (OE is reimbursed)
 - Order placed to Ecotensil - PO # 254028 - for restock of supply of security utensils distributed by Production kitchen to all facilities as needed for high risk inmate usage. (Edible Utensils)
 - Multiple large volume small wares (Kitchen Supplies (Spatula, other cooking tools) orders placed to replace equipment damaged by normal wear and tear – Robinson – PO # 254773, Hartford PO # 255431, and Production Kitchen – PO # 255750.

Vehicle Lease Costs - 53011

Key Facts

- The Department maintains approximately 551 leased vehicles.
- Lease costs rise incrementally under contract (approx. \$50 per vehicle per year).
- Total costs increased from \$250,106 in FY24; costs projected for FY26 = \$325,251; FY27 = \$352,951.
- Fleet review returned three surplus vehicles, reallocating others to meet operational needs.

Key Drivers of Cost Increases

- Annual inflationary adjustments and contract-based lease rate increases.
- DOC utilization review and reallocation:
 - Majority of excess vehicles reallocated to operational areas.
 - Three vehicles returned to reduce costs.
- Fleet size is actively managed to balance cost control with operational requirements.

DOC Staff Uniform & Footwear Costs 54020

Key Contracts

- **Fairfield Uniform – Contract #17PSX0024AB**
 - Price increases effective 5/1/2025 (contract allows for annual increases)
 - Contract ends 12/31/2026
- **Fairfield Uniform – (Shoes) Contract #19PSX0038**
 - Price increases effective 7/1/2025 (contract allows for annual increases)
 - Contract ends: 3/31/2027
- **CEC** (see below for info) supplies patches and performs embroidery services, pant alterations, maternity uniform alterations and sewing services for all uniforms distributed out of the Uniform Warehouse.

Key Drivers of Cost Increases

- Costs tied to legislatively approved staffing levels; onboarding and replacement costs increase proportionally.
- Pricing controlled through long-term contracts and competitive procurement.
- Supplier-reported manufacturer increases of 25–40% over the last three years, causing some products to be discontinued.

- **Horwitz Career Apparel – Contract # 17PSX0024AC**
 - Large volume of staff badges needed to ensure sufficient stock for cadet classes.
- Uniform transition in FY25: from Taclite PDU (discontinued) to Stryke PDU (higher MSRP), mitigated by below-market pricing:
 - \$100 MSRP pants; \$74 standard state price; \$55 DOC price
- Notable price increases to DOC:
 - BDU: +\$20.00
 - Belts: +\$1.50
 - Polos: +\$5.00
 - Pants: +\$7.00
 - Short-sleeve shirts: +\$10.00

Reporting Note

- Expenditures reported based on shipment/invoicing dates; supply chain delays may shift costs between fiscal years without reflecting increased demand.

DOC Inmate Clothing & Footwear Costs 54020

Key Contracts

- **CEC** (see below) – Inmate clothing, includes clothing for job assignments (kitchen, outdoor landscape/snow removal).

- **Fairfield Uniform – Contract #17PSX0024AB** (Inmate Clothing)
 - Price increases effective 5/1/2025
 - Contract ends 12/31/2026

- **Goaltex Corp – Contract #24PSX0085AC** (Inmate Footwear)
 - 1.5% increase effective 6/1/2025
 - Contract ends 5/31/2027

- **Holmdel Footwear – Contract #24PSX0085AD** (Inmate Footwear)
 - 1.5% increase effective 6/1/2025
 - Contract ends 5/31/2027

- **Bob Barker – Contract #17PSX0024AA** (Inmate Clothing – Socks, Underwear, Bras)
 - No price increases since 5/1/2022
 - Contract ends 12/31/2026

Key Drivers of Cost Increases

- Costs tied to inmate population levels; increases are proportional to mandatory issue and replacement requirements.
- Pricing is contractually controlled through multiple competitively awarded contracts.
- Notable price increases to DOC based on frequently purchased items
- Other notable factors leading to price variances
 - PO # 256199 issued to procure large stock of inmate winter coats for Robinson CI due to an increase in number of inmates, and an insufficient stock available at the North Warehouse.

CEC Purchases

Key Contract

CEC – Contract #16PSX0187AA

(Services include woodworking, furniture refinishing, printing, embroidery, metal fabrication, reupholstery, seating, silk screening, and textiles.)

- Minimal price increases to date; new price schedules are being developed, as allowed under the contract.

- Anticipated cost impacts influenced by updated GL requirements requiring procurement of certain materials through approved vendors.
- These requirements constrain sourcing flexibility and have increased CEC's material costs.
- Resulting adjustments reflect compliance with statewide accounting/procurement standards, not expanded scope or discretionary DOC purchases.

Key Drivers of Cost Increases

- Purchases support operational needs such as furniture production/repair, printing, textiles, and related fabrication.
- Order volumes have not increased significantly; purchases are driven primarily by operational requirements and population growth.
- Orders are closely scrutinized for necessity.
- Anticipated rate increases for FY26 are largely attributable to:
 - Tariff impacts on materials
 - GL requirements constraining sourcing options
 - Compliance with statewide financial and procurement controls
- Anticipated FY26 price increases to DOC:
 - CEC is working on their pricing increases

Premise Cleaning Supplies – 53390

Key Contract

C&C Janitorial Supplies – Contract #21PSX0163AA

- Contract ends 2/29/2028

Key Drivers of Cost Increases since 2023

- Toilet paper +\$21.18/case
- Hand Towels +\$11.36/case
- newt Tampons +\$9.66/case
- Sanitary Napkins +\$10.28/case

Office Supplies - 54060

Key Contracts

- WB Mason – Contract #18PSX0032AD
 - Price increases effective 10/16/2025
 - Contract ends 2/1/2027
- Suburban Stationers – Contract #18PAX0032AC
 - Price increases effective 1/27/2026

- Contract ends 2/28/2026

Key Drivers of Cost Increases

- Significant price increases on paper, toner, and other high-volume items.
 - Binders, Laminating pouches, permanent markers and staplers have increased

Premise Repair Maintenance Supplies - 53402 CEC

Key Drivers of Cost Increases

- Inmate Mattresses +\$95.07/ea.
- Trash Bags Medium +\$5.30/case
- Blankets increased +\$1.30/ea.

Northeast Electrical – (Batteries and other electrical supplies) Contract #19PSX0239AA

- Price increases effective 6/1/2022
- Contract ends 12/31/2026

Records Destruction - 51850

Key Contract

InfoShred – Contract #22PSX0009AA

- 4% price increase effective 6/1/2025
- Contract ends 5/31/2026

Key Drivers of Cost Increases

- Two large purge projects in Dec/Jan increased usage; otherwise, no major increases.

Summary of findings for the following years for accounts 53401/53402:

FY24: There was an increase in roof repairs, kitchen equipment repairs and boiler repairs, A/C studies were performed at Cheshire/HCC and Osborn along with Webster had a fire protection study performed. Water testing was done for Radon along with consulting services conducted for water treatment. Repairs done on hot water domestic and storage tanks, boiler leaks and underground high temp LOOP. There were bond projects that were paid through operating such as Bridgeport Parole

Building renovations, new diesel/oil AST at York and Cheshire per DEEP UST regulations, backup boiler installed at Cheshire for the North Block units, replacement of kitchen floor at MacDougall.

FY25: There was an increase in Epoxy flooring, boiler repairs, camera installs at Osborn, Walker and NH garage, roof and gutter replacement for York Pursuit project, watermain break repairs, clothes conveyor system repair for inmate clothing storage, Pursuit paving at York, hot water tank relining at York, fencing installs at Bridgeport for block rec yard, Walker fencing for rec yard. The following bond projects were paid through operating: Repair and upgrade the Energy Management System per DEEP at Osborn, DA tank repairs at Osborn, Upgrade of fire alarm system at Brooklyn, Energy Efficiency Project, Cheshire Lighting upgrade project, replacements of gas/diesel/oil tanks at Cheshire, Maloney, York, Harford, New Haven, Bridgeport per DEEP requirements, Camera upgrades at New Haven, Bridgeport, Corrigan, Manson, and York. Replacement gutters at Mac/Walker VMF building, Back-up boilers installed at Cheshire for North and South blocks, Body alarm replacements at Hartford and New Haven.

FY26: There was an increase in water testing for Legionnaire at Hartford, inspection of sewer line leak at Hartford, Cheshire repairs to high temp leak, Bridgeport bathroom shower repairs in Memorial 2, roof repairs, water main breaks and leak repairs at MacDougall/Walker, walkway repair at Cheshire, The following bond projects were paid through operating: replaced chiller at Corrigan, continued work on the back up boilers at Cheshire for North and South blocks, resurfacing of concrete including changing drains and recaulking in north block 5 and 6 rec yards at Cheshire.

Additional findings for other FY26 Accounts:

Account # 52000 – Translation Services

- Two unexpected translation services orders –
- PO # 251372 for Inmate Handbooks from English to Spanish
- PO # 257410 for AD printing from English to Spanish.

Account # 53348 – Diesel Fuel (Generators)

- PO # 253274 for the purchase of low volume (under 40 gallons) to Diesel Direct for emergency generator fuel.

- PO # 253662 for generator fuel for the Osborn window project. Dime Oil also showed an increase due to increasing fuel prices; contract allows for daily adjustments per current market rates.

Account # 53450 – Waste/Trash Services

- All American Waste had a price increase effective 7/1/2025. Increased number of septic service calls at multiple facilities, plus an emergency call for a sewage spill at Bridgeport CC.

Account # 54110 – Law Enforcement Supplies

- Common Cents EMS Supply – PO's 252055, 255762, and 255791 were recoded from Narcan Grant to OE – purchase of Narcan Kits for all Halfway Houses.
- Competitive Service Solutions – PO 251509.
- Grainger – many facilities required replacement of inspection mirrors.
- Jurek Brothers – PO # 255814 issued for Tactical Ops for ammunition required for staff certification. PO # 257800 issued for Maloney CTSD for ammunition required for cadet class certification. Ammo expires and must be destroyed.
- Witmer Public Safety Group – PO # 255929 issued for training ammunition for staff and cadet certification. Ammo expires and must be destroyed.

Account # 54140 – Medical Supplies

- General increase in medical and dental supplies due to an increasing need for these supplies to aid in the health and wellbeing of an aging inmate population.
- KCI USA – PO # 252726 issued for a wound vac rental for an inmate at MacDougall-Walker CI.
- Orasure Technologies – PO # 257000 was issued for the purchase of HCV testing kits for distribution throughout all facilities.

Account # 53334 - Water

Water and Natural Gas are not under contract.

General market conditions that realized rate Increases (2024–2025):

- Connecticut Water Co: Implemented base rate increase of 5.45% to 6.4% in July 2024.
- Aquarion Water Company: Implemented a 10.83% Water Infrastructure Conservation Adjustment (WICA) surcharge effective as of April 2025.
- The Metropolitan District (MDC): Maintained \$0 (flat) base water use charges for 2024 and 2025.

- **Projected Rate Increases (2026)**
 - Aquarion Water Company: filed for a 42% rate increase intended to take effect Nov 1, 2026.
 - Hazardville Water Company: Proposed 72% rate increase for 25/26, under regulatory review.
 - MDC (Hartford area): volumetric water use charge remained flat at \$3.91, 2026 budget raises the Water Customer Svc Chg by \$0.75/month and the Clean Water Project Chg by \$0.30 per ccf.
 - General Drivers: Utilities cite the need for lead and copper rule compliance, PFAS filtration, and the rising cost of borrowing for capital upgrades.

53338 Natural Gas

Natural gas rates in Connecticut fluctuate every six months based on supply costs.

Base delivery rates rising due to infrastructure spending:

- Eversource (Gas): late 2025, PURA approved a rate increase - the increase is driven by significant spending on new pipelines and infrastructure.
- CNG (Connecticut Natural Gas): new rate structure effective Dec 1, 2024, and remained in effect for 2025; rates designed to redistribute costs across customer classes accurately.
- Supply Costs (Winter 2026): For the winter period starting Jan 1, 2026, wholesale natural gas constraints are significantly driving up costs. Because gas is used for both heating and electric generation, Eversource customers are seeing a 29% jump in supply rates.

51982 Laboratory Services & Testing

- FY24 - RPO for yearly routine water testing for multiple facilities
- FY25 - Osborn Water testing per DEEP = \$56K
- FY26 - HCC LEGIONELLA Water Testing and Osborn Water testing per DEEP

Summary of findings for account 52512 for FY 2024 – FY 2026:

FY24: Rentals of outdoor portable toilets for Inmate recreation; Trailer rentals for maintenance and food services due to building repairs (i.e. refrigerator and/or freezer repairs throughout multiple facilities)

FY25: Large equipment rentals needed for building and property repairs across multiple facilities – roof repairs, road/driveway repairs, significant number of water main breaks primarily in District 1. Refer trailer rentals and Box truck rental for the HCC Rodent project. Ongoing Osborn air conditioner and generator rentals. Medical beds rental to move inmates as part of the Osborn Window project. Temporary Suction Machine rental for inmate discharged from hospital. Infusion pump rentals ongoing for IMS across multiple facilities. New ECG/EKG machine rentals contract began and implemented for IMS across multiple facilities.

FY26: Large equipment rentals needed for building and property repairs across multiple facilities – roof repairs, road/driveway repairs, significant number of water main breaks primarily in District 1. Refer trailer rentals and Box truck rental for the HCC Rodent project. Ongoing Osborn air conditioner and generator rentals. Ongoing Infusion pumps, ECG/EKG machine rentals for IMS across multiple facilities.

- Information on the purpose of each budget appropriation that DOC receives?

Information regarding the individual appropriations in the DOC budget is as follows:

- **Personal Services**

This line item includes all associated labor costs for the agency (with the exception of those associated with Inmate Medical Services).

This appropriation is used only for actual direct personal services. These are personal service costs incurred in an employer-employee relationship, thus all expenses chargeable to this appropriation must be on a state payroll. Contractual services not on a state payroll may not be charged to this appropriation. The state payroll may be either the agency's own payroll or, if a transfer between state agencies, on the payroll of the creditor agency.

Fringe benefits in the nature of vacation pay, holiday pay, overtime and shift differential which are normally included in gross compensation are also charged to this appropriation. All other fringe benefits such as health costs, employer's portion of Social Security,

life insurance, etc. which are normally not included in gross compensation may not be charged to this appropriation.

Expenditures are categorized as follows:

- ❖ 50110 Salaries & Wages-Full Time
- ❖ 50120 Salaries & Wages Temporary
- ❖ 50150 Salaries & Wages-Part Time
- ❖ 50160 Longevity Payments
- ❖ 50170 Overtime
- ❖ 50180 Differential Payments
- ❖ 50190 Accumulated Leave
- ❖ 50210 Meal Allowance
- ❖ 51155 Other Settlements - Reportable
- ❖ 5xxxx All Other Expenses

○ **Other Expenses**

This line item includes all costs associated with operating the agency (with the exception of those associated with Inmate Medical Services).

This appropriation is used for the operating expenses of the agency as well as all miscellaneous purposes not included in some other appropriation. The items charged to this appropriation are those under the headings of contractual services, commodities (supplies) and sundry charges.

The appropriation is not to be used for personal services, equipment, grant awards or capital outlays.

Expenditures are categorized as follows:

- 50750 Educ & Training For Employees
- 50780 In-State Travel
- 50790 Out-of-State Travel
- 50800 Mileage Reimbursement
- 51114 Miscellaneous Litigation Costs
- 51200 Employee Asst Program Svcs
- 51220 Hazardous Waste Disposal Svcs
- 51230 Management Consultant Services

- 51245 Medical Services-Non-Profits
- 51250 Medical Services-For-Profits
- 51270 Veterinary Services
- 51290 Educational Services
- 51590 Conf/Seminars/Workshop-Hosting
- 51620 Fees And Permits
- 51640 Freight & Cartage
- 51672 Court Reporting Services
- 51675 Subscriptions
- 51730 Laundry Services
- 51740 Leasing of Personal Property
- 51750 Licenses
- 51762 Express Postage
- 51764 Regular Postage
- 51780 Membership Dues
- 51830 Post Office Box Rental
- 51850 Records Destruction Services
- 51874 Printing & Binding
- 51950 Storage Expenses
- 51981 Drug & Alcohol Testing
- 51982 Laboratory Services & Testing
- 52000 Translation & Interpretation
- 52010 Religious Services
- 52031 Transportation Of Persons-Gen
- 52511 ST-Office Equip Lease/Rental
- 52512 ST-Equip Lease/Rental-Other
- 52531 Off Equip Mnt/Rep-Contractual
- 52532 Off Equip Mnt/Rep-Non-Contract
- 52541 Other Equip Mnt/Rep-Contract
- 52542 Other Equip Mnt/Rep Non-Contract
- 52710 Board & Care Of Clients
- 52740 Drug & Alcohol Educ/Treatment
- 52742 Client Services-General
- 53011 ST-Motor Vehicle Lease/Rental
- 53012 Motor Vehicle Repairs
- 53015 Motor Veh Parts-Repair & Maint
- 53017 Motor Vehicle Fuel - Diesel
- 53020 Motor Vehicle Fuel - Gasoline
- 53311 Premises Rent Expense
- 53331 Electricity

- 53334 Water
- 53335 Sewer
- 53338 Natural Gas
- 53339 Propane
- 53340 Oil #2
- 53348 Diesel - Generator
- 53361 Premises Alarm Systems
- 53364 Premises Fire Protection
- 53380 Premises Cleaning Services
- 53390 Premises Cleaning Supplies
- 53401 Premises Repair/Maint Services
- 53402 Premises Repair/Maint Supplies
- 53403 Premises Grounds Maintenance
- 53404 Premises Pest Control
- 53450 Premises Waste/Trash Services
- 53715 IT Consultant Services
- 53740 IT Hardware Maint & Support
- 53755 Non-Controllable Software
- 53760 IT Software Maint & Support
- 53820 Cellular Communication Srvcs
- 53830 Internet Services
- 53870 Loc/Long Distance Telecomm Sv
- 53900 Television/Cable Services
- 53920 IT Supplies
- 54010 Agric/Hort/Livestock Supplies
- 54020 Clothing & Footwear
- 54050 Food And Beverages
- 54060 General Office Supplies
- 54080 Kitchen & Dining Supplies
- 54100 Laundry & Cleaning Supplies
- 54110 Law Enfor & Security Supplies
- 54140 Medical Supplies
- 54151 Non-Controllable Property
- 54160 Personal Hygiene Supplies
- 54170 Photographic & Video Supplies
- 54190 Publications And Music
- 54210 Recreational Supplies
- 54220 Religious Supplies
- 54750 Payments To Inmates/Clients
- 55302 LT-Office Equip Lease/Rental

- 55308 LT-Premises Lease/Rent Expense
 - All Other Expenses
- **Other Current Expenditures**
 These appropriations are used for particular programs or projects that the General Assembly identifies.
 - 12302 Board of Pardons & Paroles
 This line item includes both labor and operating costs associated with the Board of Pardons & Paroles. The Board of Pardons & Paroles is APO to DOC.
 - 12327 STRIDE
 This line item includes all costs associated with the STRIDE Program. The STRIDE Program is a re-entry transitional support and workforce development initiative at York Correctional Institution. The program is designed to prepare incarcerated individuals for successful employment and smooth reintegration into the community upon release, providing education, skills training, and support to enhance post-release outcomes.
 - 12691 HITEC
 This line item includes all costs associated with the Health Improvement Through Employee Control (HITEC) program.
 - 16007 Aid to Paroled and Discharged Inmates
 This line item includes funds used to assist paroled and discharged inmates with limited transportation costs and clothing upon discharge. This programs often provide "gate money" (often <\$50) to discharging individuals in need.
 - 16042 Legal Serv. to Prisoners
 This line item includes all costs associated with the Inmate Legal Assistance Program contract. The agency contracts with Bansley Law, LLC to provide services.

DOC has a recognized constitutional duty to provide the incarcerated population with access to the courts. Case law delineates the scope of this mandate, but does not guarantee any particular methodology for its provision. The Inmate Legal Aid

Program (ILAP) provides this capability, enabling incarcerated individuals the ability to file complaints regarding the terms and conditions of confinement and the ability to file state and federal habeas petitions.

ILAP's duties include, but are not limited to, assistance with the completion of court forms and, if needed, the filing thereof; the provision of legal research and advice, as necessary; assistance with legal issues and strategies with regard to cases that fall with the "access to court" doctrine;" assistance with the drafting of documents pertaining to cases challenging conditions of confinement; and the physical preparation of meaningful legal papers such as writs, complaints, motions, and memorandum of law.

- 16073 Volunteer Service

This line item includes costs associated with the agency's Volunteers, Interns and Program Partners (VIPs) program which is established to supplement opportunities for offenders to participate in programmatic activities while incarcerated or to provide a continuum of care through Community Supervision. The VIP Services Unit currently offers a wide variety of opportunities for approved Volunteers, Interns and Program Partners to support the Department's Mission

- 16173 Community Support Services

This line item includes costs associated with the agency's Community Support Services program.

The Department of Correction's Division of Parole and Community Services (P&CS) supervises and provides support services to offenders released to the community under the jurisdiction of both the Commissioner of Correction and the Board of Pardons and Paroles. The Department has operated a broad variety of community residential and non-residential programs to assist with the structured and supervised reintegration of formerly incarcerated individuals into the community through the Community Service Network. The Community Service Network is a comprehensive and integrated system of care provided via residential and non-residential programming to offenders. Department staff work

collaboratively with contracted providers to increase the likelihood of an individual's successful reintegration into the community. The Department's network of community services and breakout of funding lines under the DOC's Community Support Services account includes the following:

Community Service Residential Programs Network (Halfway-House and Scattered Sites): 1,145 beds with an additional 8 Women's Work Release/Mental Health beds expected to come online in the spring of 2026 increasing the Department's total beds to 1,153.

- Residential Work Release Programs (WR): \$34,114,002 - 828 beds. These Programs are designed to provide assistance to residents in obtaining meaningful employment. These programs provide 24/7 on-site supervision of residents. The goal upon completion of the program is for each resident to have stable, legal employment, an acceptable place to live, and sufficient savings to live independently.
 - ❖ Included in the total WR beds above is a Residential Women and Children's Program (W&C): 5 beds. A female work release program with an on-site family reunification component. This includes availability of housing for female residents and their children as well as childcare services.
 - ❖ Residential Women's Programs with Mental Health Supports (WWRMH) is included in the total WR bed count. WWRMH is a specialized female work release program designed to provide comprehensive support for females with mental health needs. In addition to standard work release services, WWRMH ensures access to mental health resources. These support resources are integrated into the program to help participants successfully transition into the community while addressing behavioral/mental health challenges. The program accounts for the 8 beds referenced above.
- Residential Substance Abuse Programs (SA): \$1,248,906 - 26 beds. A clinical treatment program that provides individual and group treatment tailored to the each resident's treatment goals. The average length of stay is 30 to 45 days. The

minimum and maximum length of stay are determined in consultation with the Department based on each resident's individual needs. On-site supervision of residents is required 24 hours per day, seven days per week. The goal upon completion of the program is for each resident to complete the treatment provided by the contractor, sustain long term sobriety, and either obtain stable, legal employment and make suitable living arrangements or transfer to a Department-contracted work release program for the remainder of the resident's supervision.

- Residential Mental Health Programs (MH): \$1,076,681- 15 beds. A 4-6 month program with a 30-45 day in-house initial orientation and intensive treatment component for residents with mental health needs. The in-house component is followed by a period of treatment and supervision while residents seek employment. 24/7 on-site supervision of residents is required at all times. The goal upon completion of the program is for each resident to complete the treatment component provided by the contractor, obtain stable, legal employment and make suitable living arrangements, if able. Program staff is responsible for ensuring that upon release, residents who are unable to work or live independently have established community linkages and relationships with area providers.
- Residential Transitional Supportive Housing Programs (TH): \$957,960 - 38 beds. A 30-60 day program designed to provide safe and secure housing for residents awaiting transfer to transitional supervision status, as well as residents with less than 60 days left on their sentences. Transitional Supportive Housing programs should provide on-site supervision and should include a case management and assessment component. After assessment, referrals will be made to non-residential services as needed. Transitional Supportive Housing programs also provide on-site housing and benefit specialists to assist residents with needed services.
- Residential Sex Offender Treatment Programs (SO): \$864,946 - 12 beds. A male residential program running

approximately 6 months in length. The program is reserved for individuals convicted of a sexual offense, and is targeted to provide individualized, intensive treatment for the individual's sexual offense in a community setting. The program also offers intensive case management, life-skills, and employment components to assist with the resident's reintegration into the community.

- Residential Scattered-Site Supportive Housing (SSSH) and Temporary Housing Programs: \$6,094,463.00 - 234 beds. Programs designed to enable eligible individuals to transition to independent living. Programs run 3-4 months in length and do not require on-site supervision. These programs generally consist of apartment-style living for 1-2 same gender residents. Each program is responsible for providing an assessment and referral component. After assessment, referrals will be made to non-residential services as needed.

The Department is currently soliciting responses to an RFP for Residential Work Release program beds for both males and females, Mental Health Program beds for males, Residential Transitional Supportive Housing Program beds for males as well as Residential Scattered-Site Supportive Housing beds for males and females. These are intended to replace contracted beds that are set to expire on June 30, 2026. The final number of beds and types of programs offered will be influenced by the proposal costs associated with the RFP and the results of the contract negotiations.

Other contracted Housing Support:

- \$117,105 for DOH Mercy Program DOC funds 8 beds for homeless EOS returning to Hartford Community.

Other contracted Non-Residential/Parole Services:

- \$993,418 for Sex Offender Treatment Program through CSSD
- \$502,656 for Domestic Violence Program through CSSD

Other Contracted Community Services Support:

- \$418,081 for PDMS (Parole Data Management System) Ongoing Maintenance and Support
 - \$213,126 for Statewide Collaborative Offender Risk Evaluation System (SCORES) and Women's Needs Assessment (WRNA) QA to provide administration, scoring, and training of SCORES and WRNA assessment tools as well as quality assurance/coaching services to CTDOC and BOPP Staff.
 - \$243,135 for Core Correctional Practices Training and Monitoring of evidence-based practices for supervising officers to use when working with justice-involved individuals. The Core Correctional Practices framework encompasses skills such as effective use of reinforcement, disapproval, authority, prosocial modeling, problem solving, cognitive behavioral interventions, utilization of community resources, and a quality interpersonal relationship.
 - \$60,000 for Computer Analyst MOA between JBCSSD, DESPP-DSS, DOC- PCS to provide for forensic searches of computers and similar electronic storage devices.
 - \$549,563 for Recovery Coaching Services To facilitate inmate re-entry into the community for those with Opioid Use Disorders at the five (5) CTDOC parole and community services offices.
- 12242 Inmate Medical Services
This line item includes all costs associated with operating the agency Inmate Healthcare system including physical, mental and dental health activities. Expenditures include both labor costs and operating costs.

Expenditures are categorized as follows:

IMS Personal Services

- 50110 Salaries & Wages-Full Time

- 50120 Salaries & Wages - Temporary
- 50150 Salaries & Wages-Part Time
- 50160 Longevity Payments
- 50170 Overtime
- 50180 Differential Payments
- 50190 Accumulated Leave
- 50210 Meal Allowance
- 51155 All Other Expenses

IMS Other Expenses

- 50780 In-State Travel
- 50790 Out-of-State Travel
- 50800 Mileage Reimbursement
- 51114 Miscellaneous Litigation Costs
- 51200 Employee Asst Program Svcs
- 51220 Hazardous Waste Disposal Svcs
- 51230 Management Consultant Services
- 51245 Medical Services-Non-Profits
- DOC02601 Professional Services - Other
- DOC02602 Purchased Services - Medical
- DOC02603 Purchased Services - Laboratory
- DOC02604 Optical Services
- DOC02605 Optical Lab
- DOC02606 Dental Services
- DOC02607 Dental Lab
- DOC02608 Contract Physicians
- DOC02609 Off Site Specialty Services
- DOC02610 - JDH - I/P Agreement
- DOC02611 JDH - O/P Agreement
- DOC02612 Outside Hospital Fees
- DOC02613 O/P Hospital Fees
- DOC02614 Dialysis Services
- DOC02615 Radiology Services
- DOC02616 Medical Clinics
- DOC02617 Pharmacy Services
- 51250 Medical Services-For-Profits
- DOC02601 Professional Services - Other
- DOC02602 Purchased Services - Medical
- DOC02603 Purchased Services - Laboratory
- DOC02604 Optical Services

- DOC02605 Optical Lab
- DOC02606 Dental Services
- DOC02607 Dental Lab
- DOC02608 Contract Physicians
- DOC02609 Off Site Specialty Services
- DOC02610 JDH - I/P Agreement
- DOC02611 JDH - O/P Agreement
- DOC02612 Outside Hospital Fees
- DOC02613 O/P Services
- DOC02614 Dialysis Services
- DOC02615 Radiology Services
- DOC02616 Medical Clinics
- 51590 Conf/Seminars/Workshop-Hosting
- 51620 Fees & Permits
- 51740 Leasing of Personal Property
- 51750 Licenses
- 51780 Membership Dues
- 51850 Records Destruction Services
- 51970 Temporary Services
- 51981 Drug & Alcohol Testing
- 51982 Laboratory Services & Testing
- 52000 Translation & Interpretation
- 52032 Emergency Transportation
- 52511 ST-Office Equip Lease/Rental
- 52512 ST-Equip Lease/Rental-Other
- 52541 Other Equip Mnt/Rep-Contract
- 52542 Other Equip Mnt/Rp-Non Contract
- 52740 Drug & Alcohol Educ/Treatment
- DOC02610 JDH - I/P Agreement
- 53390 Premises Cleaning Supplies
- 53401 Premises Repair/Maint Services
- 53402 Premises Repair/Maint Supplies
- 53715 IT Consultant Services Hourly
- 53720 IT Data Services
- 53755 Non-Controllable Software
- 53760 IT Software Maint & Support
- 53820 Cellular Communication Srvcs
- 53920 IT Supplies
- 54020 Clothing & Footwear
- 54040 Drugs & Pharmaceuticals

- 54050 Food and Beverages
- 54060 General Office Supplies
- 54090 Laboratory Supplies
- 54100 Laundry & Cleaning Supplies
- 54140 Medical Supplies
- 54151 Non-Controllable Property
- 54160 Personal Hygiene Supplies
- All Other Expenses



WORTH

	Criteria/Expectations	Privileges
Step 1: Orientation	<ul style="list-style-type: none"> - Set up short term and long term goals - Be on time for all groups and meetings - Attend all circles - Attend all mandatory groups - Complete "Steps to Success Workbook" - Introduction to Fine System - Assigned a job in the unit 	<ul style="list-style-type: none"> - 9:15 lock time - Access to television in Worth Central during Recreation time - Access to microwave - Access to Outside Rec Yard and gym equipment
Step 2: Beginning the Journey	<ul style="list-style-type: none"> - Apply for monthly chores - Subject to Fines - Enrolled in school/ OAP groups - Regularly attends at least 3 elective groups run within the unit (at least 1 volunteer run). School programs will count as 1 elective - Active in at least 2 committees - Create resume and cover letter - Must maintain a minimum account balance of \$100 - Complete short term goals, working on long term goals <p>Able to apply for the following unit jobs – Bathroom – Sweep Worth Central – Mop Worth Central – Sweep Group area – Mop Group Area</p>	<ul style="list-style-type: none"> - Begins to receive pay to be used to purchase privileges - Able to purchase 9:30 lock time
Step 3: Job Readiness	<ul style="list-style-type: none"> - Continue working on long term goals - Regularly attends at least 3 elective groups run within the unit (at least 1 volunteer run). School programs will count as 1 elective - Finalize a resume and cover letter - Demonstrate proficiency in job interviewing skills - All OAP groups will be completed - 30 days with no fines - Must maintain a minimum account balance of \$150 <p>Able to apply for the following jobs – Any job listed in step 2 – Hot Pot Duty – Sweep Living area – Mop Living Area – Linens & Mop Heads</p>	<ul style="list-style-type: none"> - Increase in pay - 1 free copy per month - Able to purchase 9:45 lock time
Step 4: Transition	<ul style="list-style-type: none"> - Acknowledged as a positive role model - Assigned as "Buddy" to new cohorts - Continues to work on long term goals - Organize community events - Demonstrates readiness for release - Meet with staff on a monthly basis to review progress - Fine free within 60 days - -Required to run a "pop-up" group - Must maintain a minimum account balance of \$200 - Able to apply for the following jobs – OM Cleaner – Chemical Closet – Laundry 	<ul style="list-style-type: none"> - Increase in pay - 2 free copies per month - 1 free voucher for dress down day



STEPS TO SUCCESS

The purpose of this program will be to reinforce the values of the WORTH program that prepare mentees for life outside of the facility. This program aims to emulate real life situations that adults will encounter while leading independent and successful lives. This will include teaching mentees how to properly budget funds, hold them accountable for their actions and reinforce how to make responsible, real-life choices.

STEP 1: ORIENTATION

Once mentees enter the WORTH program, they will immediately start at step 1 of the Steps to Success program. Step 1 introduces the mentees to the unit rules and the expectations of the community. This step introduces them to the WORTH program and helps them focus on adapting to the new environment and program opportunities.

During Step 1, the mentees will be introduced to the WORTH program and will learn what is expected of them in a therapeutic community. The mentees will meet with the unit staff, to include Correctional Counselors (CC), Correction Officers (CO), Unit Manager (UM) and Unit Supervisor (LT). The staff will interview the mentees to help determine what their needs and goals are. An individualized plan will be developed for mentees during this time. This is the mentee's opportunity to ask questions and familiarize themselves with the unit rules and expectations. They will introduce themselves to new people and new ways of thinking.

During this step, the mentees are expected to be on time, attend all circles, mandatory groups and abide by all unit rules. In order to level up to Step 2, the mentees must complete all of the requirements in step 1 of their Steps to Success workbook.

The mentees will be introduced to the Fine System, however, during Step 1 mentees will be issued "warnings" for unit rule violations, not fines. (See attached "Fines" on page 6 for further detail).

STEP 2: BEGINNING THE JOURNEY

Upon completion of Step 1 the mentees should have a good understanding of their role within the community and have clear personalized goals. Step 2 will begin the journey for the mentees towards becoming self-sufficient and successful upon their release from prison. In this step, mentees will learn how to manage their finances, balance wants vs needs and learn accountability for their actions. This step also begins the work towards the goals set up in Step 1.

Once the mentees start Step 2, they will begin to earn wages and purchase privileges. Wages will be paid to the mentees on the first Tuesday of every month. A set salary will be given to the mentees for participation in the Worth program. As a member of the community, the mentee is



expected to complete a chore every day. These chores will be assigned on a monthly basis. Mentees will be required to apply for at least one chore every month, and will interview for that position. (Failure to apply for a position could result in the mentee not being paid their salary for the month). The goal is for mentees to become comfortable interviewing and applying for career opportunities. After the chores are assigned, all unassigned chores will be posted as “Job Opportunities”. Mentees can then apply for these open jobs to earn extra wages. Additional wages can also be earned by volunteering for extra duties and chores. A receipt will be given for this work. (See “Earning Worth Bucks” on page 9 and “Receipt” on page 10 for further detail).

Once the mentees begin earning wages, they will be able to make purchases and learn money management skills. From their monthly paycheck, a specific amount will be used to cover rent, utilities, phone, cable and groceries/toiletries. The balance of the wages can be utilized to purchase additional privileges, such as extra recreation time, Family Engagement Visits, Movie nights, borrowing art supplies, and printed pictures. (See “Worth Store” on page 12 for further details).

The mentees will write a check to purchase each item, and will be responsible for keeping an accurate balance of their funds. An electronic balance will be maintained by the banker and a printout will be provided to the mentee once a month. Additional printouts must be purchased.

Mentees in Step 2 will be subject to fines for behavior that is counterproductive to their progress and to the community. Negative behaviors will be identified and staff can issue fines that will be deducted from their balance. Such behaviors include lack of time management, non-appropriate appearance, not receptive to constructive criticism, non-appropriate communication, violation of unit rules, lack of effort and non-cooperative behaviors. (See “Fines” on page 6 for further details).

The purpose of fines is to hold the mentees accountable for their actions, and is meant as a corrective tool to address specific behaviors. If a mentee receives 6 fines within a month they will be required to start the Steps to Success program again at Step 1, to familiarize themselves with the operations of the unit. If they receive multiple fines for the same offense, they may be put on a Mutual Accountability Plan (MAP). In order to level up to Step 3, the mentee must be fine free for at least 30 days. If at any time a mentee is put on MAP, their account will be frozen until their criteria has been met. A mentee that is placed on a MAP may also be subject to a monetary fine, as seen fit by staff.

If the mentee feels that a fine was incorrectly given they will have an opportunity to appeal. This is an opportunity for the mentee to demonstrate communication skills, organization and self-advocacy. Mentees are allowed to appeal up to 2 fines per month. (See “Appeals Process” on page 7 for further details).

Mentees will have an opportunity to apply for loans if they find that they need extra funds to cover expenses. A loan application must be completed and submitted to the “Loan Officer” for approval. The loan must be paid back in full within 3 months, and interest will accrue. The interest rate on the loan will go up with each subsequent loans. (See “Loan Application” on page 14).

In addition to learning bill paying and budgeting, Step 2 will provide the mentees with the opportunities to begin working on the goals that were set for them in Step 1. In order to level up to Step 3 mentees will need to work towards completing all Mandatory Offender Accountability Plan (OAP) groups. They need to be active in at least one Committee within the community, must be in the process



of enrolling in an Education program (if applicable), and participate/attend at least 3 elective groups (at least one group must be run by a volunteer). Being enrolled in a school program will be considered as (1) elective group requirement. The mentees must meet with a CC to verify that all criteria are met before they are able to begin Step 3.

STEP 3: JOB READINESS

By this point, mentees should have a clear path to attaining their goals and be familiar with the unit operations and expectations. As with any career path, the harder you work, the more compensation you may receive. To reflect this, the mentees will receive a raise once they begin Step 3.

Mentees will continue to work on achieving their goals and personal progress through OAP groups, education, and electives. Step 3 is where mentees are expected to prepare for their re-entry to society. This step will also work to address job readiness, personal accountability, and leadership within the community.

In order to level up to Step 4, mentees will be required to have a finalized resume and cover letter that can be used when applying for jobs upon their release. Mentees must also be able to demonstrate proficiency in job interviewing skills. All OAP groups should be completed at this time and the mentee should be enrolled in an education program (if applicable). In order to level up to Step 4, the mentee should have no fines within 30 days. The mentee must meet with a CC to verify that all criteria are met before they are able to begin Step 4.

STEP 4: TRANSITION

At this point in the mentee's journey through the Steps to Success program they should be acknowledged as a positive role model within the community. Step 4 will prepare the mentee to embark on the next portion of their journey and to successfully reintegrate into the community (end of sentence, Transitional Supervision or halfway house).

Mentees in Step 4 will be expected to take on more of a leadership role within the community and help their peers as they acclimate to the unit. They will be assigned as a "buddy" to new cohorts when they enter and will help them to orientate to the unit.

At this level, mentees should continue to work on their long term goals and should show proficiency at saving and budgeting. They will continue to facilitate groups and organize community events.

Mentees will meet with staff on a monthly basis to review their progress and contribution to the community. In order to maintain their role in Step 4, the mentee must demonstrate that they are actively participating in groups and continuing to make positive change in their lives and the community's. If staff finds that they are not progressing/contributing they could be moved back to Step 3. If the mentee receives more than 1 fine, they will also be moved back to Step 3.

Mentees that have reached step 4 of the Steps to Success program are an example of the standards that demonstrate what WORTH stands for and how an individual portrays those qualities. They will be looked upon as positive role models and will be held to higher standards.



FINES

Mentees will be expected to conduct themselves in a manner that is conducive to a therapeutic environment. When behavior is observed by staff and/or a mentor that is counter-productive to their progress and to that of the community's, they will be subject to fines. These fines are meant as a corrective tool to address specific behaviors and to hold everyone accountable for their actions.

- All fines will start at \$100 for the first offense.
- A 2nd fine during 30-day period be \$200 and a 3rd fine will be \$300.
- A 3rd fine during a 30-day period will result in the mentee's account being frozen and all purchased privileges will be revoked.
- A written notification will be given to the mentee when they receive a fine. A copy will be given to staff and a copy will stay with the mentee.
- Repeated violations can and may result in the mentee being placed on a Mutual Accountability Plan (MAP).
- Fine must be signed by all parties and issued within 24 hours of occurrence.

BEHAVIORS THAT MAY WARRANT A FINE:

Lack of Time Management: Tardiness, not being in cube by lock time, not being ready for school/programs, being late to groups/circles

Non-Appropriate Appearance: Not being in uniform of the day, failure to wear ID, wearing shower shoes, hygiene not appropriate for groups, wearing head coverings outside of living area

Non-Cooperative: Disruptive behaviors, disrespectful attitudes, disrupting circles or groups, aggressive attitudes,

Lack of Effort: Not participating in groups/activities, not completing tasks, failure to complete chores, unauthorized sleeping, failure to work with others, missing school/mandatory groups, breaking commitments

Non-Appropriate Communication: Using insulting language, disruptive outbursts, talking/yelling over cubes, inappropriate hand gestures, failure to utilize chain of command, excessive horse playing, being disrespectful to others

Violation of Housing Unit Rules: Going past own cube, entering other's cubes, talking during Medline, bringing trays into living areas, using headphones as speakers,

**This list not all-inclusive, some behaviors may not be listed above.*



Mentee Name:		Fine Amount (\$):
Date/Time of Offense:	Location:	
Violation:		
Brief Description of Offense:		
Issued by:	Signature:	
Mentee Signature:	Date:	
Staff Signature:	Date:	

Your signature above acknowledges receipt of this violation, it does not admit guilt. A copy will be provided to mentee and a copy will be retained by staff

Mentee Name:		Fine Amount (\$):
Date/Time of Offense:	Location:	
Violation:		
Brief Description of Offense:		
Issued by:	Signature:	
Mentee Signature:	Date:	
Staff Signature:	Date:	

Your signature above acknowledges receipt of this violation, it does not admit guilt. A copy will be provided to mentee and a copy will be retained by staff



Appeals Process

If a mentee feels that a fine was improperly imposed, they have the ability to appeal it. Up to two (2) fines per month can be appealed. A processing fee of \$10 per appeal will be charged. The \$10 fee will be refunded if the appeal is won.

Appeal Process:

If a mentee feels they were given a fine in error, they can begin the appeal process. The initial appeal must be in writing to the Appeal Board. The Appeal Board will consist of staff from both First and Second shift. The request must include what the fine was for, the reason for the appeal and any evidence to validate their claim. This is an opportunity for the mentee to demonstrate communication skills, organization and self-advocacy.

If the Appeal Board feels that the written request properly demonstrates that the fine may have been improperly imposed, then the inmate will be given the opportunity to present their case at Appeal Court. If the written request fails to present the possibility, or does not contain enough information to make that determination, then the request will be denied.

Appeal Court will be held once a month. Members of the Appeal Board will hear all contested fines presented by the mentee. The mentee will verbally present their case, advocating for why they feel the fine was improperly imposed. If the mentee was able to properly demonstrate that the fine was unwarranted, then it will be reversed and the cost will be credited to their account. The decision of the Appeal Court will be final.



Earning Worth Bucks (Jobs)

Mentees will begin earning a salary once they enter Step 2 of the Stepping Up program. They will be paid on the 1st Tuesday of every month. A pay statement will be provided to them by the Banker. This statement will detail the amount earned and any deductions. Every pay statement will also include automatic deductions for living expenses (rent, utilities, phone, cable, and groceries/toiletries). The balance is available to the mentee to be spent on amenities and privileges.

In addition to their salary for participating in the program, mentees have the opportunity to earn extra wages. These wages can be earned by applying for and being hired for unassigned chores, extra duty assignments, or facilitating groups.

Earning Worth Bucks	
Step	Salary
Step 2 Participation	\$1,600 / Month
Step 3 Participation	\$1,750 / Month
Step 4 Participation	\$1,900 / Month
Extra Wages	Salary
Assist in Garden (not as part of group)	\$10 per hour
Facilitate a group	Step 2: \$50/group Step 3: \$75/group Step 4: \$100/group
Organize/clean the library	\$10 per session
North Dorm Cleaning	\$5 per day
Clean Van	\$5 per day
Snow/Ice removal	\$5 per day
Painting/murals	\$5 per day
Landscaping	\$5 per project
Extra monthly chore	\$50 per month
Job trainer	\$5 per day
Giving Tour of Unit	\$5 per day
Other (must be approved by staff)	Prices will vary



EXTRA DUTY

PAY TO: _____

DATE/ TIME	DESCRIPTION OF SERVICES	RATE PER DAY/ HOUR	# OF HOURS/ DAYS	TOTAL

Signature of Overseer Date

Signature of Staff Date

Signature of Recipient Date

RECEIPT

DATE:

DUTY:

OVERSEER:

AMOUNT:



Sample Paycheck

Personal Monthly Budget			Pay Period	
			1/1/20-2/1/20	
ACTUAL MONTHLY INCOME	Step 2	\$1,600	EARNINGS	
	Extra income	\$0	Monthly Income	\$1,600
	Total monthly income	\$1,600	Extra Income	\$0
			Deductions	\$1,460
			GROSS INCOME	
			\$140	
HOUSING				
Actual Cost				
Mortgage or rent	\$1,150			
Phone	\$75			
Electricity	\$50			
Cable	\$25			
Groceries/Toiletries	\$100			
Total	\$1,400			
Extra Income			Earnings	
Extra Chore: i.e	\$0			
Facilitated Group	\$0			
Example	\$0			
Example	\$0			
Example	\$0			
Total				
Fines			Deduction	
	Date			
uniform	\$25	1/1/2020		
time management	\$35	1/5/2020		
Example	\$0			
Total	\$60			



Worth Store

Banking Hours are Monday- Friday 9:00-2:45 pm

Item	Cost
Copies	\$5 per copy
Staples/Marker Rental (5 minutes)	\$15
Tape (5 pieces)	\$5
Arts and Crafts Supplies (rental)	\$150
Craft Paper	\$20/per sheet
Photos printed (max 2 per month)	\$300
Research Fee (leisure)	\$100 per 15 minutes
Research Fee (for facilitating group)	1 st session Free \$15 per 15 minutes
Elective Group Registration Fee	\$15 per group
Commissary account balance printout	\$50 per print
Step Up Account Balance Printout (1 free per month) **	\$30 per print
Family Engagement	\$50
Family Engagement Orientation (after initial Orientation)	\$75
Dress Down Day Voucher (sweats for 1 day) **	\$120
Overdraft Fee **	\$25
Additional Checks	\$5 for 3 checks
Shower during lock	\$50
Purchasing Extra Rec Time: *Available for those with 9:15 lock time*	
15 minutes extra rec time (9:30 lock) **	\$100 per month
15 minutes extra rec time for 1 night (9:30 lock) (Max 4 per month)**	\$75 per night
30 minutes extra rec time for 1 night (9:45 lock) (Max 4 per month)**	\$100 per night
Available for Step 3	
Cost	
15 minutes extra rec time (9:30 lock) **	\$75 per month
30 minutes extra rec time (9:45 lock) **	\$100 per month
Available for Step 4	
Cost	
30 minutes extra rec time (9:45 lock) **	\$50 per month
10:00 pm lock time (1 time purchase per month) **	\$25 (1 night)

**Extra Rec Time for the month must be purchased no later than the 1st of the month.*

**You cannot purchase a late-night if you already purchased Extra Rec for the month*

***Must be purchased during banking hours from the banker (all other purchases can be made through C/O's and CC's.)*



Sample Check

 Jane Doe ← **NAME**
 123456 ← **INMATE ID #**
 Bunk 23 ← **BUNK #**

CHECK # → 100
DATE → 1/1/2020
DATE

PAY TO THE ORDER OF Worth Steps to Success
NUMERICAL AMOUNT → \$ 50.00
WRITTEN OUT AMOUNT Fifty dollars and 00/100-----
DOLLARS

FOR Family Engagement
Jane Doe ← **SIGNATURE**

BANK ROUTING # → :0000251035: :0000000251362: ← **ACCOUNT #**

For your records:

Check #: 100

Amount: \$ 50.00

For: Family Engagement

Date: 1/1/2020

 _____

DATE

PAY TO THE ORDER OF _____ \$
DOLLARS

FOR _____

:0000251035: :0000000251362:

For your records:

Check #:

Amount:

For:

Date:



Facilitating a Group as a LEAD Mentee

Effective communication and organization is an important skill to develop in order to be successful in any career path. LEAD Mentees will be expected to develop and facilitate an elective group available to the community. This is a LEAD Mentee's opportunity to be creative. The first step in facilitating a group will be to submit a detailed proposal that must be submitted to staff for approval.

LEAD Mentees will facilitate no more than 2 groups at the same time.

Proposal Requirements

Synopsis/Opening:

The first part of the proposal must describe what the group is and what the community will gain from having this group. The proposal must be clear, concise and accurately depict what the intended purpose of the group will be.

Session:

Each group must be a minimum of 8 sessions. The proposal must include a breakdown of what each session will cover.

Needs/Request:

If any material (art supplies, paper, books, etc.) is necessary for the group it must be included in the proposal. Include how/where these supplies will be provided.

Mentor Overseer:

A mentor must oversee the group and review the proposal after it is completed. Have the mentor sign off and acknowledge before the proposal is submitted.

Getting a group approved

- Proposals must be submitted at least 30 days prior to the start of the group.
- Proposals will be submitted only during "open enrollment", from the 20th-27th of each month. They will not be accepted at any other times.
- Proposals must be given to ONLY the 4 staff members assigned for Proposal review
- See Steps to Success Handbook for Proposal Requirements.

Process-

- Staff will review the submitted proposal. If they find it is missing some of the requirements, or needs to be amended, it will be returned. It must be resubmitted within the open enrollment period.
- Once the group is scheduled, the facilitator is responsible for gathering all material and research that they will need for the group. All copies and research will only be done Monday-Friday.



Leveling Up a Step

Process for Stepping Up

- 1) Mentee must submit a typed proposal detailing why they believe they are eligible for moving to the next Step. This proposal should be submitted no later than 7 days prior to the following month. This proposal must articulate what they have done, what they contribute to the community, what their goals are and how they are working towards completing these goals.
- 2) Proposal, Stepping Up Submission Form and workbook must be submitted to a CC, who will verify their eligibility. If the CC agrees that the mentee has met all of the minimum requirements, they will then sign the Stepping Up Submission Form.
- 3) Once a CC has signed the form, the CC will advise the mentee of the date and time of their panel review consisting of the Panel Review staff members on the Stepping Up Committee. The Panel Review Staff members are ever-changing. The Panel review board will be a randomized group of staff members. You will be advised by the CC of the date and time of your panel interview. The date and time is determined at staff's discretion.
- 4) Stepping up committee members will then discuss their findings which will be turned over to the Unit Supervisor or Unit Manager. Once a decision has been made, the Unit Supervisor or Unit Manager and staff members will notify mentee of the decision that was made by the panel.
- 5) New levels for Steps will be effective on the 1st of the next month.



Stepping Up Submission Form

Name: _____ Date: _____

What step are you currently on?

List all groups that you have completed:

List all groups that you are currently enrolled in:

List all groups that you facilitate (current and past):



Stepping Up Program Contract

I, _____, agree to comply with all of the WORTH unit and Stepping Up Program rules and the expectations. I understand that noncompliance will result in monetary loss and/or additional disciplinary actions.

I understand that I will be responsible for:

- Budgeting my money.
- Balancing my account correctly.
- Saving all financial documents.
- Time management.
- Personal conduct.

I understand that money management and time management will be my responsibility. It is my responsibility to purchase additional privileges (extended recreation time, family engagements, etc.) on time, or the privilege will not be available.

I understand that if I have any questions or issues I can speak with a mentor, a Correction Officer, or a Correctional Counselor at any time.

I understand that if I do not comply with the unit expectations, I will be fined, resulting in a monetary loss. I understand that my conduct and behavior in the unit and during programs will directly affect my level of success in the Stepping Up Program.

I understand that I am a willing participant in this program and that failure to sign this contract will result in my dismissal from the Worth Unit.

I understand that it is my responsibility to be familiar with all aspects of the Worth Unit mission statement and philosophy and to do my part in Women Overcoming Recidivism Through Hard work.

Signature of Mentee

Date

Signature of Lieutenant

Date

Signature of Unit Manager

Date

TRUE

CHESHIRE CORRECTIONAL



MODULES GUIDEBOOK

TRUTHFUL * RESPECTFUL * UNDERSTANDING * ELEVATING



PROGRAM MODULES



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PROGRAM MODULES



FOUR STAGES

Module 1: Orientation

- Welcomed into the unit/community.
- Become oriented to the unit/community rules and expectations (loan obligation).
- Learn about daily tasks and chores.
- Learn about existing community agreements and norms (formed by the smaller groups).

Module 2: My Discovery

- Identify personal goals (e.g. educational, vocational, career, family).
- Identify Programming to support goals.
- Identify life skill development areas.
- Use SMART goals to identify concrete goals and steps to achieve those goals.

Module 3: My Journey

- Begin to develop a personal action plan.
- Continue developing a personal action plan.
- Personal action plan is put into action.
- Engage in programs specific to treatment needs and personal goals.

Module 4: My Transition

- Prepare to return to the community.
- Prepare to return to general population.
- Hone the personal action plan in preparation for transitions.
- Prepare the Young adult community to say good-bye to their community member.



PROGRAM MODULES



PERSONAL ACTION PLAN

A Personal Action Plan may include the following domains depending on where the person is at and what they seek to prioritize:

- **Support Team** – The people in a young adult's life who provide support and encouragement. Young adults may develop a genogram or ecomap to illustrate a support team.
- **Personal Growth** – Identify hopes and dreams for themselves, safe places, safe people, triggers, warning signs, and strengths.
- **Family Dynamics** – Things that make them proud about their family, their role in their family, what they learn about their family, what family learns about them, what they may do to be helpful at home, challenges within their family before and after returning home.
- **Home Life** (Rules and Structure) – Where they have lived and how that shaped them, where they live now, and where they will live after prison and how that may affect them, home responsibilities (check-ins, chores, etc.).
- **Social Interaction** – Who their friends are, what they need from their friends to meet their goals, friends that may not help them meet their goals, how they support their friends.
- **Spirituality** – The role spirituality has in their life, how it supports their goals, connecting with a particular religion, belief system, or spiritual practice.
- **Education Goals** – Identify education goals and what they need to do in order to advance their goals.
- **Career Development** – Identify a field of interest and jobs they may be eligible for, identify skills and assets they can contribute to an employer as well as skills they would seek to develop and experiences they need to have in order to engage in a particular career.
- **Personal Health Assessment** – Identify health concerns including emotional, mental or physical, what they can do to remain holistically healthy including resources they need to maintain emotional (e.g. friends, family, therapists), mental (e.g. medications, psychiatrist), and physical health (e.g. doctor, exercise, sports).



PROGRAM MODULES



MODULE # 1

Module 1 Orientation (Bullet Point #1)

Welcome to Unit / Community:

- New Mentees come into unit. Staff will seat new mentee at table with two per table. Mentors & Staff stand in front of TV (Mentors flanked by staff) Mentors states. "Welcome to the T.R.U.E. program- (a Mentor will read each of the following Mission Statement, Vision Statement, Philosophy), Each mentor will now give a short explanation of why they are incarcerated (Name, charge, sentenced, time served, etc.). Each Mentee will receive a copy of the orientation packet that includes Guidebook, newspaper article on the creation of the unit, T.R.U.E Unit Agreement Phase 1, T.R.U.E Unit Housing Rules, Program Workshops and Activities Compendium, Family Engagement hours, contact information for families i.e. (e-mail and phone numbers).

Note: Mentees will be in cell with door open if weather does not permit them to be outside in the recreation yard.

Module 1 Orientation (Bullet Point #2)

Become Oriented to the unit / Community rules and expectations

Once mentees are welcomed into the T.R.U.E. unit and provided with an orientation packet mentors will then sit down with mentees in the day room and review the package with them. Purpose is to make sure each mentee completely understands the rules and expectations of attitude and behaviors within the community.

Module 1 Orientation (Bullet Point #3)

Learn about daily tasks and chores:

Bring mentees to each information board dealing with daily scheduling, work duties/ chores, and cell inspections. Then familiarize them with the quote, word, and rule of the day. Each mentee will be given a written structure of each station.

- Work Duty Board - designation of all work assignments.
- Cell Inspection - accountability for maintaining clean and tidy living conditions.
- Schedule - daily scheduling subject to change
- Quote of the day - To be written and read aloud at morning check-in (inspirational quotes only).
- Rule of the day - To be picked from list of unit rules only written and read aloud at morning check-in.
- Word of the day - To be written and read aloud with complete definition at morning check-in. (inspirational quotes only).

Note: (Quote, Rule, and Word of the day are to be placed in designated slipcover on walls.)



PROGRAM MODULES



Module 1 Orientation (Bullet Point #4)

Learn about existing community agreements and norms:

We will now be going over the community agreements and norms. We have five groups of mentees and two mentors assigned to each group. The Groups will go by Alpha, Bravo, Charlie, Delta, and Echo (as groups fade out there will move through the alphabet in alphabetical order). No one of the five groups has any privilege over the other and all individual mentors and mentees are required to give the same level of respect they wish to receive. When we gather in groups, each person's thoughts and ideas are respected and only one person speaks at one time. We raise our hand and wait to be called upon. Being trustworthy is important to the open nature of the block and it is part of our T.R.U.E. pledge to be respectful, understanding, and elevating. Most important of all is to respect the rules. The staffs are here to support you and interact with you. Each one of them has chosen to work in this block to support change in the D.O.C. The counselors are here to provide programming as well as to meet your goals and your Offender Accountability Plan. If you need something, write a request and put it in the counselors' box.

When there is any conflict, bring it to the attention of the mentors. All conflicts are resolved through dialogue and understanding. When conflict affects the community as a whole, the community is brought together to address it. Community is important to the T.R.U.E. program. Every day we have a check-in in the morning and a check out at night. We read a quote of the day, word of the day, and rule of the day to strengthen our community as well as to have time to express our feeling. The mentors will have weekly status one on one meetings with their mentees to help gauge what each mentee has accomplished so far and to see what they still need to do. Mentors also have daily meetings after dinner in the computer room. Mentees have meetings when they have an issue they want to discuss amongst themselves. If there are no issues, they still hold a mandatory meeting on Sunday.

We as a community must be aware of how our actions are perceived by others. As an individual, you elevate yourself through personal responsibility, and as each one of you hold yourself accountable for your own actions, the community is strengthened.



PROGRAM MODULES



MODULE #2

Module 2 My Discovery (Bullet Point #1)

Identify Personal Goals (e.g. educational, vocational, career, family):

Day#1 Orientation: One on one mentor mentee meeting.

- Formal Introduction about the one on one process and to each other.
- Purpose of one on one: the initial encounter is to inform mentees and reinforce expectations and guidelines. Also, to inform them that there will be mandatory one on one meetings with mentor and mentee on a weekly basis.
- Mandatory one on one - once a week meeting to conduct follow-ups to see how mentee is progressing within the community.

Day#2 Educational, Vocational, Career, Family:

Educational

1. What was the last grade you have completed?
2. Did you get your G.E.D.? Why not?
3. Do you plan to get your G.E.D.? Did you sign up?
4. Where did you go to school?
5. What town or city? (What's the name of the school?)
6. Did you complete any college course?
7. Are you interested in pursuing any particular courses?

Vocational and Career Choices

8. What do you want to do for a vocation when you get out?
9. Are you interested in any vocational schooling?
10. What class or classes would you like to take?
11. Is the vocational class you're choosing going to help you with the career you're interested in, and how will it help you in the field of your choice?

Family

12. Would you like to tell me about your family
13. Are you married?
14. Do you have any children? If you do, how many and how old?
15. Who's in care of them? Is that a good environment for them?
16. How about your parents, how are they doing?
17. How many siblings do you have?
18. Who are the people in your life that you can count on for support? Friends can be considered family as well.
19. Who are the ones you just know you cannot count on for support?



PROGRAM MODULES



Module 2 My Discovery (Bullet Point #2)

Identify programming to support goals:

20. What programs do you anticipate will help to support your goals whether inside or outside the facility?

(Mentors along with mentees will bring the information that was gathered to counselor for further assistance and support.)

Module 2 My Discovery (Bullet Point #3)

Identify life skills development areas:

21. Do you possess any labor or technical skills?
22. Do you wish to develop any labor or technical skills?
23. What skills specifically would you like to develop?

Module 2 My Discovery (Bullet Point #4)

Use S.M.A.R.T goals to identify concrete goals and steps to achieve those goals:

The mentees will be given an S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, and Timed) goals packet. Each packet will have a sheet to list short, mid and long term goals and a strategy work sheet for each of their goals. The mentee will sit down with their mentor for a one on one to identify their goals and to articulate a strategy for each goal, which will be used for developing a personal action plan.



PROGRAM MODULES



MODULE # 3

Module 3 My Journey (Bullet Point #1)

Begin to develop a personal action plan:

1. Are you ready and willing to sit down to develop a personal action plan?
2. I have some forms for you to fill out and for you to go over with someone (counselor or mentor) at this same time tomorrow.

(Turn information over to counselor. Everything except personal action plan. Mentee will be sitting down and meeting with mentor in charge of module 3 My Journey.)

Module 3 My Journey (Bullet Point #2)

Continue developing a personal action plan:

Each mentee will finish developing their action plan with their mentor. They will sit down to a one on one to go over all their goals they want to include in their action plan and create the working plan. A copy of this final plan will go to the counselor, mentor, and mentee.

Module 3 My Journey (Bullet Point #3)

Personal Action plan is put into action

Once this plan is articulated and finalized, the mentee along with his mentor and counselor will begin to put the plan into action, by creating a strategy for achieving each goal in their action plan and by taking the first step in each strategy.

Module 3 My Journey (Bullet Point #4)

Engage in Programs specific to treatment needs and personal goals:

With his counselor, the mentee will sign up for all programs and jobs that are specific for their treatment and personal action plan needs.



PROGRAM MODULES



MODULE #4

Module 4 My Transition (Bullet Point #1)

Prepare to return to the community:

1. Job fairs
 - a. In communities, locate time, place, and coordinate with mentees return to the community.
 - b. Transport mentee to job fairs that are located in level 2-3 facilities.
2. Existing programs for prisoners return to community.
 - a. S.T.R.I.D.E. (Quinnibuag Community College).
 - b. Step Up Program.
 - c. F.A.F.S.A (Financial Aid For Student Assistance) grants that government gives to you, they will pay for 5 years of college.
 - d. S.N.A.P (Supplemental Nutritional Assistance Program.)
 - e. Transitional Housing (Parole).
 - f. W.I.A. - If you are receiving public assistance, you can get free certification at selected community colleges (culinary arts, manufacturing, etc.).
 - g. If you're indigent, you can get a free waver fee for your ID card or renewal of your driver's license.
 - h. Network with re-entry counselor Laone, DBA.
 - i. Refer to re-entry guides.
 - ii. Chrysalis Center- hires ex inmates (sets you up with job interviews)
 - iii. CT Works, automatic food stamps, healthcare, trains you.
 - i. Project Longevity Sgt. Steve Austin.

Module 4 My Transition (Bullet Point #2)

Prepare to return to general population:

- A positive approach to prison life.
- "Heads up" In order to act right you must first think right.
- Make a conscious effort to employ the most practical of approaches when it comes to solving and debating.
- Know the resource that is available to you; request grievance forms, who to write for jobs, free van rides to keep family connected.



PROGRAM MODULES



Module 4 My Transition (Bullet Point #3)

Hone the personal action plan in preparation for transition:

Depending on the type of transition, a mentee will be going through, whether back to population or to the community certain resources and opportunities will change for them. Now is the time a week before they leave the unit to sit down with either the mentors or the reentry counselor and adjust their personal action plans in relation to the change in their circumstances.

Module 4 My Transition (Bullet Point #4)

Prepare the young adult community to say good-bye to their community member:

- Prepare the young adult community to say goodbye to their community member.
- Knowing in advance that they are going to be doing this could be addressed earlier (in-group or check-in/checkout). Example: Speak of "soon (*name*) will be leaving us (*date if known*) to go home/population etc. in the next week take the time to build share speak to (*name*) to let him know how he is appreciated".
 - + This way the mentee and community are eased into the transition with positivity +.
- Prepare some type of ceremony with a certificate but also a more personal community signed item Card/poster with mentees name something to bring memories of us.
- If allowed maybe taking a photo with the entire community with the mentee in front (center) to display a memory of the community something he could take with him.
- Maybe have a meal in his honor as we did for the super bowl we all donate toward it and have a party type meal all about him and the community-saying goodbye.
- Designating an area in the block (wall with a picture of a tree or something with leaves) where the mentee can write his name on a leaf to be remembered. This could be done at final check-out.
- If someone is removed (fight, kicked out, mental health, etc.), designate a time where we can have a group like setting to discuss what happened clear the air and decompress the event. This will allow feelings of the event to come out so we could all move forward.



PROGRAM MODULES



NOTES:



PROGRAM MODULES



NOTES:



PROGRAM MODULES



This Modules Guidebook was created by the founding Mentors of the T.R.U.E.
Unit at
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DQE1

AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF CONNECTICUT

Implementation & Detailed Plan Monitoring Report for Year One / Report One

Monitor's First Report

Date of Reporting Period:

November 1, 2024 – April 30, 2025

Submitted by:

Michael Dempsey, Monitor
Teresa Abreu, Conditions of Confinement DQE
Simon Gonsoulin, M.A., Education DQE
Monique Khumalo, Ph.D., Behavioral Health DQE

Submitted Date:

DRAFT Report Submission: **May 15, 2025**

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Background

Note: The following text is taken directly from the Settlement Agreement between the United States and the State of Connecticut:

Introduction

1. The United States of America (“United States”) and the State of Connecticut (“Connecticut” or “the State”) (collectively, “the Parties”) share a mutual interest in upholding the constitutional and federal statutory rights of children (i.e., youth under the age of 18) who are incarcerated at Manson Youth Institution (“Manson”), promoting safe and effective custodial care and rehabilitation, and protecting public safety. This Agreement has the following goals: (1) ensure that children at Manson are not subjected to prolonged and improper isolation; (2) ensure that children at Manson receive appropriate mental health care; and (3) ensure that children at Manson receive appropriate special education and related services pursuant to the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. §§ 1400-1482.

2. On October 15, 2019, the United States Department of Justice notified the State of its intent to conduct an investigation of conditions of confinement for children at Manson, pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 et seq. (“CRIPA”), and the Violent Crime Control and Law Enforcement Act of 1994, 34 U.S.C. § 12601. The investigation focused on three issues: (1) whether Manson’s isolation practices violate the constitutional rights of children; (2) whether Manson’s mental health services for children are constitutionally inadequate; and (3) whether Manson violates the IDEA rights of children with disabilities.

3. On December 21, 2021, the Department notified the State that there is reasonable cause to believe that conditions at Manson violate the Eighth and Fourteenth Amendments of the United States Constitution and the IDEA, and that these violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law.

4. Specifically, the Department concluded that Manson’s isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, the Department concluded that Manson fails to provide adequate special education services to children with disabilities. The State disagrees with and disputes these findings. This Agreement does not amount to any admission of wrongdoing by the State. Throughout the investigation, the State has fully cooperated with the United States.

Implementation Plan And Focus Areas

The State of Connecticut, Department of Correction (DOC), Manson Youth Institute (MYI) will develop an Implementation Plan as required by this Agreement. The Implementation Plan will include a reasonable timeframe for completing the terms of each substantive provision, responsible person(s), outcome metrics, quality assurance and sustainability measures, and performance indicators for each of the following four (4) primary objective areas:

1. Behavior Management

- (a) Interim Measure Regarding the Use of Disciplinary Isolation
- (b) Policies and Procedures
- (c) Qualified Mental Health Professional (QMHP) Review
- (d) Investigation Status
- (e) Positive Behavior Management Program
- (f) Training

2. Mental Health Care

- (a) Policies and Procedures
- (b) Mental Health Assessments
- (c) Individualized Treatment Plans
- (d) Periodic Review of Treatment Plans
- (e) Mental Health Treatment
- (f) Treatment Refusals
- (g) Training

3. Special Education

- (a) Policies and Procedures
- (b) Special Education and Related Services Frequency and Duration
- (c) Provision of Transition Services
- (d) Special Education and Related Services Documentation
- (e) Accommodations, Modifications, and Interventions
- (f) Related Services
- (g) Records Transfer
- (h) Initial Screening
- (i) Collection of Additional Information
- (j) Response to Intervention ("RTI") Committee
- (k) Length of School Day
- (l) Training

4. Quality Assurance Program

- (a) Establishing a Quality Assurance Program
- (b) Corrective Actions

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Executive Summary

This is the Monitor’s first report, Year1/Report1 (Y1R1), which covers the monitoring period from November 1, 2024, to April 30, 2025, for the Manson Youth Institute (MYI) under the Settlement Agreement between the United States and the State of Connecticut, Department of Correction. This Agreement was established to ensure the constitutional and federal statutory rights of incarcerated youth are upheld, focusing on preventing prolonged isolation, providing appropriate mental health care, and delivering special education services.

Monitoring Team

The monitoring team, consisting of Michael Dempsey (Monitor), Teresa Abreu (Conditions of Confinement Designated Qualified Expert “DQE”), Simon Gonsoulin, M.A. (Education DQE), and Monique Khumalo, Ph.D. (Behavioral Health DQE), conducted site visits, reviewed various documentation pertaining to the areas of the Agreement, and engaged in ongoing discussions with DOC, youth, facility leaders, and youth advocacy organization during this reporting period. The monitoring team’s goal was to assess compliance with the Settlement Agreement and determine the level of progress for each of the Agreement provisions. In doing so, the monitoring team also assessed the overall quality of life, conditions of confinement, operational services, and programming provided to the youth at MYI who fall under the provisions of the Agreement (38 youth at the time of the most recent site visit).

Key Findings and Observations

OVERALL PROVISION/TASK RATINGS (N=77)	
Rating	Percentage (Number)
SC	6.5% (n=5)
PC	72.7% (n=56)
NC	10.4% (n=8)
N/A	10.4% (n=8)

1. Overall Quality of Life and Conditions:

Physical Plant and Living Units: The monitoring team observed that the units, bathrooms, and youth rooms had variable levels of cleanliness. There is also significant graffiti in various areas of the facility, including inside youths’ rooms. Additionally, several youths’ rooms and some units had an excessive amount of commissary. The Monitor remains concerned about the lack of a homelike environment, which is essential for creating a supportive and therapeutic atmosphere. The team recommends improvements in furnishings and decor to make the living spaces more comfortable and conducive to positive behavior management.

Programming: While there are notable improvements in programming and activities, the monitoring team identified a clear need for additional structured and culturally relevant programming and meaningful activities. Youth idleness and operational room confinement is high, as youth spend excessive free time locked in their rooms. Youth spend most of their time in small, uncomfortable, drab, living units or rooms, leading to boredom and higher rates of incidents of violence. The team emphasizes the importance of developing more meaningful activities and programs, particularly on weekends when fewer programs are available to keep youth engaged, reduce idleness, and reduce the need for the excessive amount of operational room confinement hours.

Staff Wellness: The monitoring team believes in the critical role of staff wellness programs and ongoing training in achieving effective transformation and culture change. Experienced leaders and well-trained staff are essential for managing secure juvenile justice facilities and facilitating positive youth development. The team recommends regular training focused on de-escalation skills, building strong relationships with youth, and staff serving as coaches and mentors rather than referees or disciplinarians. Staff should be well trained and knowledgeable on the workings of the behavior management program (BMP) as it continues to be developed and implemented to support a positive and therapeutic environment. Additionally, developing staff incentives and input (staff climate scales) will improve overall staff wellness, which in turn improves the overall climate and culture of the facility. A staffing analysis should be completed to ensure staffing levels can meet operational needs and provide the various services and programs required under the Agreement provisions.

2. Behavior Management:

Use of Disciplinary Isolation: The Behavior Management policy has been revised to limit the use of disciplinary isolation to only the most serious offenses involving violence. While the policy remains in draft form pending final review and approval of the Monitor, facility operational practices have been implemented to be in alignment with the Agreement provisions limiting the use of disciplinary isolation or segregation. Additional recommendations are being provided by the monitoring team to include further development of the policy as it relates to “involuntary room confinement” procedures.

Policy requires staff to conduct and document visual checks of youth at irregular 15-minute intervals and consult with mental health professionals about additional interventions whenever youth are placed in any form of behavior related room confinement. Despite these requirements, the monitoring team observed inconsistencies in the implementation of these practices. Additionally, youth are confined for several hours a day for operational or staff convenience at an excessive level. While some operational room confinement is acceptable, the monitoring team observed youth being operationally confined for hours at a time. For example, youth stated and video review by the monitoring team confirmed that they are placed in their rooms after school from 2:00 PM – 5:30 PM, youth eat in their rooms, and are placed in rooms for shift change. The Monitor recommends further training and oversight to ensure staff adhere to the new policies, particularly as it relates to their performing safety welfare checks of youth who are secured in their rooms for either behavior related room confinement or for any operational room confinement that may occur.

MYI needs to procure a software-based solution, such as a Radio Frequency Identification (RFID) system, to properly track both behavior and operational related room confinement practices. The RFID system will also enhance the Quality Assurance (QA) processes for ensuring compliance with various provisions, including the need to hold staff accountable for conducting timely safety welfare checks.

Positive Behavior Management Program: The Positive Behavior Interventions and Supports (PBIS) framework was implemented to encourage and reinforce positive youth behaviors. The program includes short-term and long-term rewards, structured activities, and skill-focused interventions. The monitoring team recommends expanding the program to include more meaningful incentives and activities that cater to the interests and needs of the youth as well as continuously re-evaluating the effectiveness of the program and the incentives and rewards offered. The facility should include a youth voice perspective in continually assessing the program through a Youth Council with regularly scheduled meetings.

While the PBIS/BMP is implemented and relatively new, additional evaluation and development is needed. The Monitor believes that the program should include a level system so that youth are rewarded and held accountable for behaviors.

Use of Force: During the most recent site visit, the Monitor reviewed eighteen use of force incidents and videos as they relate to the behavior management program, PBIS effectiveness, isolation practices, and the culture of the facility environment. Overall, the use of force is minimal, and reports are thorough and well documented. Staff response to incidents are professional and well trained. MYI also has the practice of utilizing a hand-held video recorder as part of the response team to record all incidents and uses of force. This practice allows for improved review and investigation processes for use of force incidents as well as provides enhanced QA measures related to incidents of violence. Only selected posts and supervisors carry OC spray which minimizes its use.

When OC spray is used, youth are decontaminated using the unit showers which do not provide cold-water only. Youth rinse their heads and faces using the temperature-controlled showers which are hot. MYI should designate a decontamination only shower which provides cold-water only for proper decontamination. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.

The MYI CCTV system is outdated and has numerous blind spots (units, dayrooms, classrooms, gymnasium, facility grounds) which need to be addressed.

3. Mental Health Care:

Manson is actively working towards making policy and practices changes to come into compliance with the provisions of the Settlement Agreement. Most areas were determined to be in at least partial compliance. Manson has demonstrated that clinicians' complete mental health assessments and treatment plans in a timely fashion, however, there is a need to focus more specifically on ensuring the assessments and treatment plans contain the elements required by the Settlement Agreement. Improvements in quality and individualization of assessment and treatment plans will naturally lead to greater opportunities to provide more targeted interventions to youth. Over the

course of the next rating period, Manson will need to focus on developing standardized procedures and protocols related to each of the major areas (i.e., assessment, treatment planning, and programming); a training plan for each of the areas; and quality assurance metrics that will be used to monitor progress and ensure consistency in practice.

4. Special Education:

IEP Review and Transition Services: Policies ensure timely review and revision of Individualized Education Programs (IEPs), with a focus on individualized transition plans for post-secondary activities. The Special Education (SPED) Director and SPED Supervisor have put in place an excellent process to assess compliance with the transition services found in the Agreement and Individuals with Disabilities Education Act (IDEA) statute. There is documentation of training with key staff topic areas. The DQE was pleased to see the use of assessments both formal and informal in the process of determining transition needs and applicable services. During the next site visit, multiple student transition plans will be reviewed to gather more information on the required elements found in the Agreement, Manual, and IDEA statute.

Special Education and Related Services Documentation: Manson has created a log to manage the delivery of related services. Each related service provider documents the delivery of services per the IEP. The log is reviewed regularly by the Special Education Supervisor. During the March 2025 site visit and in the file review, it was excellent to see that all related services are provided by certified related service providers on site and that Manson is no longer utilizing a consultative approach of training teachers on the provision of these required services. There is still a need to add start and end times to the log to document minutes of related services received.

5. Quality Assurance:

Establishment of QA Program: A plan for the Quality Assurance (QA) program has been established to identify and correct deficiencies in isolation practices, behavior management, mental health care, and special education services. The QA program includes regular audits, data collection, and corrective action planning. The monitoring team emphasizes the importance of maintaining and regularly updating the QA program to align with revisions to policies, procedures, and practices and to ensure continuous improvement. Each new or revised policy should include a QA section that identifies the measures to be taken to ensure operational practices occur in alignment with the policy.

The QA program should include corrective action plans when deficiencies are identified. These plans should include specific timelines, responsible personnel, and measurable outcomes. The monitoring team recommends more detailed documentation of corrective actions and regular follow-ups to ensure compliance. The QA plan should include an expanded scope to include additional areas of concern identified during the monitoring period. Presently, MYI has not fully developed or implemented a QA program consistent with all provision requirements.

Major Provision Detailed Findings

1. Behavior Management:

BEHAVIOR MANAGEMENT (N=39)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	82.1% (n=32)
NC	0.0% (n=0)
N/A	17.9% (n=7)

Interim Measure Regarding the Use of Disciplinary Isolation: MYI has revised its policies to limit the use of disciplinary isolation to serious offenses involving violence. The monitoring team noted progress in reducing the use of involuntary room confinement but emphasized the need for consistent implementation and documentation of visual checks and mental health consultations.

Positive Behavior Management Program: The PBIS framework has been implemented with additional incentives such as group activities and experience-based rewards. The monitoring team recommended further development of the program to include a level system and more skill-based activities.

2. Mental Health Care:

MENTAL HEALTH CARE (N=13)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	61.5% (n=8)
NC	30.8% (n=4)
N/A	7.7% (n=1)

Mental Health Policies and Procedures:

The State utilizes one set of health services and facility policies for all its institutions most of which serve adults. There are a few that have been modified in past years to speak to the adolescent population (e.g., the use of the MAYSI-2 at intake for the under 18 population), but for the most part they address the care and treatment of the adult population. To come into compliance, each of the current policies and procedures that are put forth to satisfy the requirements of the Settlement

Agreement will need to be reviewed and revised as necessary to comport with the elements of the Agreement for the under 18 population at Manson Youth Institution at a minimum. It may be far more efficient to adopt standard policies for the entire facility inclusive of the youth 21 and under.

Mental Health Assessment: The quality and timeliness of mental health assessments were a significant focus of the November 2024 and March 2025 site visits. The Settlement Agreement requires that each youth be provided a comprehensive developmentally appropriate mental health assessment (para. 61), inclusive of referral for psychiatric (para. 62) and intellectual assessment (para. 63) when indicated, and those assessments be revised to reflect updated clinical information (para. 64).

During the November 2024 site visit, the Mental Health (MH) DQE reviewed the current MH intake assessment process. The number of intakes per month is relatively low and thus observation of an actual intake was not possible during the site visits. In lieu of observing the assessment process, the MH DQE participated in a mock MH intake assessment to better understand the recent training and structured protocol designed to ensure clinicians capture more of the elements required by the Agreement. The MH DQE also completed chart reviews of several youth to determine if the required elements were present in the assessments and if the assessments were completed by a Qualified Mental Health Professional (QMHP) in a timely manner. It was determined that while the Mental Health Assessments were conducted by a QMHP in a timely manner, the consistency and quality of content collected varied between assessments and some areas required by the Agreement were not clearly documented in the record. The MH DQE also observed that the mental health assessment template in the Electronic Health Record (EHR) allows for non-answers in some sections and other sections disappeared when a "no" response was selected. It was unclear whether the question was ever queried or if so the basis of the "no" response. This will need to be fixed to allow for appropriate auditing of records. The other challenge with the assessment/EHR template is that it was built for the adult population and lacks developmentally appropriate questions (e.g. questions regarding military service and marital relationships vs. school and peer/family relationships, parenting style). The MH DQE recommends the creation of a youth focused structured interview to improve consistency in completion of the assessment; training for staff on the assessment and effective interview techniques; modifications to the EHR to support grouping of information into sections that support the areas required by the Agreement; expansion of information related to the identification of youth with intellectual and learning disabilities; and the development of youth specific policies and procedures to fully align with the required elements. Finally, related to the EHR, all health care providers contribute to the record and thus sometimes content seems to change on the mental health assessment or is pulled in from other fields. This is something that Manson will need to understand to ensure information contained in the mental health assessment is representative of the mental health clinician's assessment.

While on site, the entire intake process was also reviewed. The initial screenings are completed by intake staff at booking and a medical assessment is completed by nursing. There is a need for Manson to more clearly align this screening process such that information gleaned in earlier screening/assessments can be adequately accounted for in the mental health assessment. The initial intake assessment is completed on paper by security staff and is not reviewed by the QMHP prior to completing their assessment. Similarly, it is not standard practice to review the intake/medical assessment when it is completed prior to the mental health assessment. A

comprehensive mental health assessment must include consideration of all available data for youth. It is recommended that Manson consider a cohesive intake process, though it is understood that at times the QMHP may complete their assessment prior to the medical assessment, the intake assessment is always completed before the mental health assessment.

At the time of the November 2024 site visit, Manson had adopted the use of the Adverse Childhood Experiences Questionnaire (ACE-Q) to improve assessment of traumatic experience in youth. While inclusion of a survey to assist the QMHP in identifying the types of childhood adversities that may exist for a youth is a step in the right direction, the ACEs Questionnaire is limited in its focus and only includes adversities a youth experiences in the home environment without consideration of the number of other potentially traumatic events that can occur in community settings. The questionnaire also lacks the capacity to screen for symptoms/responses which are important to understand to adequately care for youth in a residential setting. For example, intrusive thoughts can lead to sleep disturbances and trouble concentrating, hypervigilance and hyperarousal can impact social interactions and tendencies toward conflict with others. It was recommended that Manson consider a more comprehensive screener that includes both events and responses.

The requirement to complete a new mental assessment was modified by the MH DQE to allow for an updated treatment plan. Once the initial mental health assessment is completed, a youth's mental status and needs should be consistently assessed and documented in clinical notes. When a youth displays changes in mental health status that are not adequately addressed in the current treatment plan, the treatment should be updated to reflect those changes. On occasions a youth may require further assessment for the purpose of diagnostic clarity, and this may include the use of standardized instruments; more expanded diagnostic interviews; and/or referral to psychiatry. The results of these assessments should be thoroughly documented in a clinical note and reflected in the treatment plan as clinically appropriate. It is understood that the intake mental health assessment is a point in time assessment. Treatment notes and treatment plans are an extension of that assessment and designed to provide the most current diagnostic picture and progress. For the combination of clinical notes and the treatment plan to adequately substitute for the requirement to complete an updated mental health assessment, both clinical notes and the treatment plan must reflect the process of ongoing assessment of progress and needs. A review of records during the site visit, however, showed that this was not necessarily the practice. For the treatment plans and progress notes to serve the purpose of this requirement, both must be more detailed. Treatment plans were often observed to be very general. And although they are developed at the time of the assessment, the treatment plans reviewed often failed to tie back to the original assessment. Similarly, individual and group notes were not always clearly tied to the treatment goals. Group notes sometimes provided detail regarding the group but not how the group content was tied to the youth's identified needs or how the youth responded to group. This will need to be a focus of future training and quality assurance efforts. In addition, the newly initiated monthly multidisciplinary team (MDT) meetings (2/2025) to include education, custody, addiction services, medical and mental health staff will provide more opportunities to gather information relevant to ongoing assessment of youth needs and should be documented in a case note and used to justify treatment plan modifications when needed.

The MH DQE reviewed the identification and referral process for youth with suspected intellectual and learning deficits. The current mental health assessment is inadequate to query for participation

in special education and prior head injury, which in collaboration with behavioral observations and mental status, could suggest the need for a further assessment of intellectual functioning. None of the records reviewed included these indicators which led to a referral for intellectual functioning. This suggests a need to make clear the requirement to refer for further screening or assessment when these and other indicators are present.

Health Services policy G 4.05 (rev. 9/1/2022) addresses the continuation of psychoactive medication upon intake, medication evaluation, and medication refusal. During the March 2025 site visit, the MH DQE met with Dr. Colette Poole who had recently become the full-time child and adolescent psychiatrist at Manson Youth Institution. Dr. Poole described her extensive experience working with youth in the juvenile detention facilities in Connecticut and her general process for managing referrals and prescribing medication. Prior to Dr. Poole's transition to the facility, the Psychiatric Nurse Practitioner had put in place several requirements that needed to be met prior to referral and specific referral reasons that appeared to serve as barriers to referral. Fortunately, Dr. Poole made clear that any youth who the clinicians felt could benefit from medication or were previously on medication should be referred. Her stance was that she preferred to have an opportunity to weigh in on diagnosis and the value of medication and would prefer that youth were "screened in" not "out" related to referrals. Given Dr. Poole is new to the position, a more detailed analysis will begin during the next reporting period via chart reviews and staff and youth interviews.

Individualized Treatment Plans: The Settlement Agreement requires the development and implementation of a treatment plan based upon the identified needs of each youth (para. 65); the assurance that the treatment plan is detailed and serves as a collaboratively informed living document reflective of the youth's current needs and progress (para. 66); and that it is reviewed and adjusted as needed but at least every four months (para. 67).

Treatment planning currently occurs at intake at the time of the mental health assessment. Policy G4.02 governs the treatment planning process. Additionally, Policy G5.06, which is related to service provision, also speaks to treatment planning. These two policies, however, are not in full alignment with one another. As with concerns noted generally regarding policy, treatment planning policies are written to fit all individuals served by the Department of Corrections most of whom are adults. Given the larger volume of adults and the likely greater fluidity of adults in detention, the treatment planning process is designed in some ways to reserve more comprehensive treatment planning for those who remain detained at 60 days and maintain a MH score of 3 or greater. The process is also not consistent with the observed procedure at Manson. The policy describes a 3-stage process – 1) A preliminary treatment plan shall be developed whenever an inmate is identified as requiring mental health services (MH service score of 3, 4, 5) and will be documented as a Mental Health Screening encounter in the inmate's electronic health record; 2) the "inmate" will then be scheduled for a treatment plan review in 30 days at which time the treatment needs will be assessed and the frequency of sessions set; and 3) if the "inmate" remains a 3 or higher for over 60 days, then the treatment plan shall be completed and scanned into the EHR. Manson assigns a mental health score at intake and completes a full treatment plan at that time. While this ensures that Manson meets the required timeline, it also reduces the likelihood that richer information required by the Agreement (para. 66) could be gathered if there was an observation and information gathering period of a week or two. Per paragraph 66, there is a requirement that individualized treatment plans show evidence of consultations with security and educational staff

and be inclusive of psychiatric support when indicated. Manson has begun an MDT process that could provide rich information to inform the treatment plan. In addition, for youth referred for psychiatric, intellectual functioning, or other types of assessment, this would give time for those results to be included in the youth's treatment plan. This would likely assist in developing a more informed diagnostic picture, mental health classification, and ultimately a more detailed and individualized treatment plan.

The mental health treatment plans reviewed during the site visits mostly lacked detail and at times failed to target the assessed needs. These are likely consequences of a premature treatment plan. Individualization of treatment plans is a key component of the Settlement Agreement. Treatment plans are also approved to be used in lieu of an updated mental health assessment. Given the weight of treatment planning in this Agreement, this will need to be a significant focus of improvement in the upcoming review periods. Manson is currently in the process of modifying the mental health assessment and treatment plan which should assist in developing a more targeted individualized treatment plan.

All but one treatment plan reviewed had been updated within the 4-month window. There was no evidence that timeliness for initial or updated treatment plans was an issue and the EHR reports allow for continuous monitoring of timeliness by supervisors. The challenge for Manson is the level of detail included in the plans that shows evidence of collaboration and individualization based upon youth needs.

Mental Health Treatment: The Settlement Agreement requires that youth receive targeted, evidence informed, individual and group psychotherapy, and psychiatric support consistent with their identified needs as documented in their treatment plan and in alignment with their ethnocultural values (para. 68). The Settlement Agreement also requires documentation of treatment refusals and efforts to address the youth's reasons for refusal and provision of consultative support to educate and encourage youth to engage in appropriate interventions (para. 70 & 71). Further, the Agreement requires that clinical need scores are based solely upon the assessed needs regardless of youth's willingness to participate in care (para. 69).

Treatment is the mechanism to address needs identified through comprehensive assessment guided by the youth's individualized treatment plan. Given these factors, the appropriateness and quality of the intervention must be assessed in the context of the assessment and treatment planning process. Interventions must address identified needs, be delivered in a way that both educates the youth regarding the purpose and value of the intervention, and provide the youth opportunities to apply the skills learned through therapy in their real-world environment. It was not possible during the baseline assessment site visits to observe all groups offered. However, the MH DQE learned that through mental health services and custody staff Manson provides a number of groups for youth that are relevant to mental health and well-being. Mental Health staff run Dialectical Behavior Therapy (DBT) groups. Other groups offered by custody staff include substance abuse groups, Voices and Victim Impact, and New Thoughts. Together these groups provide a mix of mental health substance use specific curriculum as well as focus on thoughts and behaviors that may have contributed to justice system contact.

Manson's efforts to schedule Mental Health staff in the afternoon and evenings when youth are available to receive services is an important step towards being able to provide treatment

interventions. During the March 2025 site visit, the DQE was not able to conduct youth interviews to determine youth perspectives related to treatment services. The MH DQE did have an opportunity to observe a DBT group session and review group notes. DBT groups at Manson are really DBT skills groups and are offered once per week for each wing of the facility. Further, all groups are open to all youth regardless of mental health score. Open groups have their advantages in terms of allowing access to the group, but they also have disadvantages because the group make up is inconsistent and its challenging to help youth work on development and use of skills without a level of continuity across group sessions. Approximately 6 young people participated in the DBT group focused on the application of mindfulness skills. They were provided with general scenarios and asked to explain which skill would be more useful in the situation. It was apparent that several youth had not learned the skills. Some reported they were not present in prior groups or had not adequately learned each skill. This demonstrates the challenge with open group formats. While the clinician leading the group clearly understood the skills and attempted to introduce a fun activity to apply previously learned skills, the value of the group was lost for most because they did not have the requisite knowledge to participate. DBT skills can be helpful in regulating behavior and emotion. However, for this to occur, the youth must be able to concretely tie the skill to their specific areas of need and practice the skill in the milieu. If the group is going to be open, a skill must be presented, learned, and practiced in each group and the facilitator must assume youth have no prior knowledge of the skill. If general skills groups are going to be used as a treatment modality, the groups likely need to occur with more regularity throughout the week and have some expectation about attendance to reinforce learning. The group should also have some requirement to practice the skill or engage in an activity to sustain learning between groups. Groups are often listed as part of the youth's treatment plan to address significant emotional or behavioral dysregulation. The group as observed would have little impact on skill development to address those needs. Building skills so that they can be applied in real time takes a lot of reinforcement and practice once the skill is learned. Youth with challenges in regulating emotion need concrete assistance in learning and applying skills. In addition, treatment plans in charts lacked the detail necessary to clearly indicate which of the DBT skills a youth would be focused on using to address which need. Group notes also lacked individual comments related to the youth's participation and progress in learning and applying skills.

Substance use groups are run by custody staff. Currently these notes are not entered into the Electronic Health Record and may not be included on the treatment plan. Manson will need to explore how best to integrate substance use assessment and interventions into the youth's treatment plan and provide progress updates. This could be accomplished via a clinical team meeting that includes the staff member who facilitates substance use groups.

Review of notes related to individual sessions varied in quality and connection to the treatment plan and assessment. It is recommended that goals addressed in individual and group therapy be listed on the note and comments should relate to the interventions covered during the session and the youth's response.

3. Special Education:

SPECIAL EDUCATION PROVISION/ (N=23)	
Rating	Percentage (Number)
SC	21.7% (n=5)
PC	69.6% (n=16)
NC	8.7% (n=2)
N/A	0.0% (n=0)

Length of School Day: While it is positive that the school administration records the time the last dorm arrives at school in the morning and afternoon (as well as departure times), there was not a single week where the length of school day was met (since the data collection was first started in January 2025). The monitoring team recommends continuing to log in arrival time and departure time for first and final dorms each day. Further, the monitoring team recommends that the school and the facility staff/leadership should meet to discuss and determine the best approach to address this long-standing issue of not meeting the full-length school day and to develop and implement a plan to resolve the issue. If this continues to be an issue, assess where the problem exists and address it. This indicator will take both school and facility personnel to address in order to be successful. And identify quality assurance methods to ensure compliance.

Frequency and Duration of SPED and Related Services: The practice of the Planning and Placement Teams (PPTs) routinely reducing the number of special education instructional minutes and related service minutes (frequency and duration) on IEPs continues. Please find listed below acceptable data, action, and input if the decision is made to reduce services when compared to the most recent IEP from the local school system (a minimum of two reasons need to be listed on the IEP). The use of these reasons for reducing frequency and duration need to be identified specifically in the notes section of the IEP (or another logical section of the IEP), called out to the parent and student, and on the IEP at a Glance document (which is an excellent quick summary of the most relevant features of the IEP that can impact instruction).

- current classroom performance (identify relevant performance),
- teacher information (identify what information the teacher is sharing and knowledge the teacher has of the youth's performance),
- classroom observation notes (identify by whom and what the notes say),
- formal and informal assessments (name them),
- conversations with the youth and parents (what was said to warrant the placement in services),
- and other relevant educational information.

Site Visit Summary (Education)

The staff in the school (as well as the facility) were professional, hospitable, and cooperative. The staff made themselves available to the DQE and were prompt in securing needed records, protocols, databases, and data. The Director of Special Education was extremely helpful over the course of one entire day. The principal was extremely helpful to the DQE and took a considerable amount of time walking him through processes.

Overall, the DQE feels as though the school staff is attempting to address the terms of the Settlement Agreement, takes the work seriously, and wants to improve educational outcomes for the youth in their care, especially youth with disabilities. A considerable amount of time has been dedicated to the development of training materials and delivery of the training in a short period of time.

The development of the Special Education Policy and Procedure Manual (Manual) is a tremendous start to promote quality education for students with disabilities and to address the concerns found in the Settlement Agreement. The DQE approves all materials found in the Manual. There are some Settlement Agreement requirements that are not addressed thoroughly in the Manual (see comments under paragraph 73).

The DQE held one on one interviews with four students. Overwhelmingly, the students reported that they were learning new skills, that for the most part the teachers at Manson care about them, and that there is an adult in the school they can go to if needed. They all stated they felt safe in the school setting. They all spoke highly of the special education services they were receiving and one young person felt as though he would like to be in the special education classroom all day.

The DQE conducted one 90-minute ELA classroom observation following the review of the teacher's lesson plan. The regular education teacher was Ms. Teague and the SPED teacher was Ms. Nichols. The instructional materials were all prepared and ready for use by the teachers and students. There was a SPED teacher present in the classroom (push in model) for the entire 90-minutes and the regular educational teacher and SPED teacher interacted with all youth (excellent to see). There was very little co-teaching where the SPED teacher would lead a segment of the instructional lesson. DQE observed differences in the assignments among students (modification), accommodations were provided (one on one assistance, graphic organizers, sentence starters, extended time, teacher read questions). Teachers moved about the room the entire lesson unless they were seated for small group work. The teachers provided a positive climate for youth to learn—when comments were needed based on behaviors exhibited by students, the teachers were appropriate in acting quickly not allowing things to get out of hand or developing into a major disciplinary concern. When a student put his head down on his desk, the teacher asked if he wanted to rejoin them and he complied—nonconfrontational approach. For about 20 minutes, a few students had a worksheet that required them to color the worksheet (not sure there was educational benefit for the 20 minutes coloring). The classroom floors needed sweeping and mopping. Many samples of the students' work were displayed about the room. The teacher addressed PBIS by picking up the students' yellow cards. All students used either ½ or 1/3 of a No. 2 pencil—no student had a regular sized pencil. One very good teaching technique I thought was exceptionally done by the teacher was to preview the lesson that was coming and expectations for the youth. There was a conclusion to the lesson followed by a quick preview of what they would cover during

the next class. Final Note: During the lesson a disturbance occurred in the hall—a security officer hollered at a youth (Daniel) and said “he was not taking this fucking shit from him”—youth in class stated “that man is going to hurt someone”. DQE reported this incident to the principal.

The DQE requested a list of all youth who were removed from school over the last four months. The removals were all initiated by the staff (either education or custody). DQE determined that there was a total of 20 removals and 14 removals were youth with disabilities (70%). There were 9 students with disabilities removed with the range being 1 removal to 4 removals (majority only removed once during that period). Forty-three percent of the students with disabilities that were removed were classified as students with Emotional Disturbance (ED) and 21% were Other Health Impairment-Attention Deficit Disorder (OHI-ADD). This is data that the school should look at every quarter to determine if there are trends, need for additional behavioral interventions, and need for additional training. The duration of removals was from a low of 15 minutes to a high of 150 minutes. The most frequent removal was for 90 minutes (which equates to one class period).

The principal supplied the DQE with arrival and departure logs from January to March 7, 2025. There were not three consecutive days where all youth received a full day of school. This was a major issue years ago during the investigation and remains an issue today. This means that some students with disabilities are not receiving the number of minutes of instruction or related services as outlined in their IEPs. There were several days when a dorm arrived 15- 20 minutes late—this was not a one-off sort of thing (a disturbance on the unit as youth were lining up to leave for school) but it was a regular occurrence. The facility and the school must work cooperatively to address this Settlement Agreement issue, determine the reason(s) for the continued tardiness, and take appropriate action.

Finally, the practice of the PPTs routinely reducing the number of special education instructional minutes and related service minutes (frequency and duration) on IEPs continues. As shared above, there is a list of acceptable data, action, and input that must be considered and obtained if the decision is made to reduce services when compared to the most recent IEP from the local school system (a minimum of two reasons need to be listed on the IEP). The use of these reasons for reducing frequency and duration need to be identified specifically in the notes section of the IEP (or another logical section of the IEP) and called out to the parent and student—but be consistent in location where this information can be found) and on the IEP at a Glance document (which is an excellent quick summary of the most relevant features of the IEP that can impact instruction).

When it comes to the Least Restrictive Environment Continuum refrain from stating that the correctional facility is the least restrictive environment to receive educational and related services (as it is the most restrictive as defined by IDEA). The following wording would be acceptable—The student is unable to attend school in other settings due to court order.

Summary of Activities Completed by Education DQE During March 2025 Visit

- Observed in one teacher's classroom (push in model with SPED teacher) for the entire period (90 minutes)
- Interviewed the principal and assistant principal
- Interviewed the Special Education Director

- Interviewed the Special Education Supervisor
- Interviewed the intake lead
- Reviewed 3 students SPED records
- Conducted 4 student interviews (one on one)
- Met with large group of Manson staff, USD#1 staff, Connecticut officials, & DOJ
- Introduced to two SPED databases by the Director of Special Education—provided explanation, answered questions and walked DQE through components of the databases.

4. Quality Assurance:

QUALITY ASSURANCE (N=2)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	0.0% (n=0)
NC	100.0% (n=2)
N/A	0.0% (n=0)

Establishment of QA Program: A QA program has been established to identify and correct deficiencies in various areas. The monitoring team emphasized the importance of regular audits, detailed documentation of corrective actions, and follow-ups to ensure compliance.

As changes are implemented to align with the provisions of the Settlement Agreement across all areas, it is important for MYI to develop quality assurance (QA) processes to assess adherence to and compliance with the new or revised policies, procedures, and practices. For special education, these QA processes should specifically focus on the following areas:

- **Incorporation of Settlement Agreement Topics:** Ensure that details such as responsibilities, information utilization, recipients, and compliance methods are explicitly included in the Manual.
- **Student Interviews and Transition Plans:** Establish clear protocols for initial and future student interviews, ensuring transition plans align with IEP goals and are individualized.
- **Service Documentation:** Include start and end times for related services and instructional sessions to maintain accountability.
- **Observations and Compliance Checks:** School administrators and DQE site visits should verify the application of modifications and accommodations in lesson plans.

- **Record Exchange Process:** Define procedures for requesting and releasing student records upon their departure from Manson.
- **Counseling for SPED Withdrawals:** Provide counseling sessions for students considering withdrawal from special education services.
- **Monitoring and Compliance Demonstration:** The state must demonstrate implementation through record reviews and staff interviews.
- **RTI Committee and Intervention Plans:** Ensure intervention plans are reviewed and assessed for compliance.
- **Timelines and Documentation:** Maintain prescribed timelines per state and IDEA regulations, logging arrival and departure times for dorms.
- **PBIS Implementation:** Demonstrate full integration of PBIS efforts within the school and facility. Continued assessment of the program to determine effectiveness in promoting a positive behavior reward system, meaningful rewards and incentives for the population, and accountability for negative behaviors.
- **Staff Training:** Develop and provide training on all aspects of the Settlement Agreement to ensure staff awareness and compliance.
- **Use of Force/OC:** MYI should designate a decontamination cold-water only shower for proper decontamination after the use of OC. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.
- **CCTV System:** Upgrade the CCTV cameras system to eliminate blind spots.

Additional Recommendations

In addition to the recommendations in the previous sections, below are additional recommendations that will allow for the necessary changes and sustainability of practices per the Agreement:

- **Homelike Environment:** Create a more therapeutic and *Homelike* environment using the PBIS program for youth to achieve higher levels and personal property (i.e., throw rugs for rooms, personal blankets, photos, etc.). Soften unit day rooms and atmosphere to make them less “prison” like and more therapeutic (paint, murals, safe and comfortable furniture, etc.).
- **Enhance Programming:** Increase structured and meaningful activities to reduce youth idleness and improve overall conditions. This includes developing weekend programs and more engaging activities that cater to the interests and needs of the youth. This also includes rethinking programming spaces to create a homelike environment. The monitoring team suggested collaborating with external organizations to provide a wider range of activities and programs.
- **Staff Training:** Provide ongoing training focused on de-escalation skills, positive youth development, and building strong coaching and mentoring type relationships with youth. This

training should be frequent and include practical, scenario-based exercises. The monitoring team recommended implementing a comprehensive training plan that covers all aspects of the Settlement Agreement and addresses the specific needs of the staff and youth.

- **QA Program:** Strengthen the QA program to ensure continuous monitoring and improvement of compliance with the Settlement Agreement. This includes regular audits, detailed documentation of corrective actions, and follow-ups to ensure issues are addressed promptly. The monitoring team suggested developing a more systematic approach to QA that includes clear metrics and performance indicators.
- Consider changing staff titles from “correctional officers” to a title that reflects the expectations established in the Agreement. Additionally, do not refer to youth verbally or on forms as “inmates.” This will positively change the culture and mindset of youth and staff.
- Reduce “operational” confinement. Focus on reducing the time youths spend in their rooms for meals, shift change, before or after school, etc., and replace with meaningful and engaging activities.
- Ensure grievance forms are available to all youth in the school area, living units, and infirmary without having to ask staff. Ensure the grievance process is included in the QA plan and that grievances are reviewed and evaluated on a regular basis to identify trends and track timely resolutions of complaints.
- Procure and implement a software-based solution, such as an RFID system, to track use of room confinement practices (behavior and operational related) and safety welfare checks of youth when confined in isolation/room confinement.

Conclusion

There has been progress in several areas as stated throughout this report. However, there are ongoing challenges in reducing youth idleness; establishing and maintaining a positive behavior management; consistency and quality of mental health assessments, treatment planning, and treatment provision and documentation; special education and related services provision and documentation; and further development and implementation of Quality Assurance measures. The QA process is an integral component of measuring compliance of the Agreement provisions as well as tracking operational practices and ensuring sustainability of the practices.

The monitoring team recommends continued focus on priority areas to achieve substantial compliance and improve the quality of care and services for incarcerated youth at MYI. By addressing these challenges and implementing the recommended improvements, MYI can create a safer, more supportive, and rehabilitative environment for the youth in its care.

Respectfully Submitted,

Michael Dempsey, Monitor

Department of Correction Annual Report January 1, 2025

Public Act No. 23-88

AN ACT CONCERNING THE ISSUANCE OF IDENTITY CARDS OR MOTOR VEHICLE OPERATOR'S LICENSE TO A
PERSON BEING DISCHARGED FROM A CORRECTIONAL FACILITY.

Replaces Section 18-81ff of the general statutes (effective April 1, 2024)



Introduction

The Connecticut Department of Correction is dedicated to ensuring that individuals being discharged from correctional facilities have proper identification which is crucial to their successful reintegration into society. We recognize that this legislation is a critical step toward supporting individuals transitioning out of correctional facilities. Ensuring they have the proper identification not only helps them access essential services but also opens up opportunities for employment, housing, and other benefits. This collaborative effort among various state agencies shows a strong commitment to helping these individuals reintegrate into society successfully.

The new tracking database implemented in early September by the Department of Correction has clearly had a significant positive impact. With 93.75% of individuals receiving Motor Vehicle Operator's Licenses and 91.15% obtaining Non-Driver Identification through the end of the year, it shows the effectiveness and efficiency of the system in providing essential identification to those being discharged from correctional facilities.

Such high percentages indicate that the efforts of the department and the collaboration with other state agencies are truly making a difference in helping individuals reintegrate into society. This initiative is not just about providing IDs; it's about giving these individuals the tools they need to rebuild their lives and access opportunities that can lead to a brighter future.

DOC Commitment to Positive Outcomes:

*...With **93.75%** of individuals receiving Motor Vehicle Operator's Licenses and **91.15%** obtaining Non-Driver Identification through the end of the year, it shows the effectiveness and efficiency of the system in providing essential identification to those being discharged from correctional facilities...*

Data based eligible persons releasing from a correctional facility with a sentence of greater than a year between September and December of 2024.

DOC Operations Data Unit

Public Act 23-88

Public Act 23-88 is a legislative act concerning the issuance of identification cards or driver's licenses to individuals being discharged from correctional facilities. This act became effective April 1, 2024, and aims to ensure that eligible individuals have the necessary identification when they re-enter society, which is crucial for their reintegration.

Key Requirements of Public Act 23-88

- The individual must have served a sentence of not less than one year.
- They must request and qualify for the identification card or license.
- They must pay any associated fees unless they:

Indicate in writing that they do not wish to obtain the card or license.

Are otherwise ineligible due to reasons such as suspension, revocation, or cancellation of motor vehicle operating provisions.

Have a detailed process to ensure that individuals being discharged from correctional facilities have the necessary identification cards or licenses:

Documentation Requirements:

- Not later than 24 months before the person's discharge date, the required documentation to obtain an ID card or license must be determined.
- The process should be facilitated to ensure the person can quickly obtain the required documents. This includes providing access to forms, fees, fee waivers, notary services, and mailing-related needs.

Process Initiation:

- The Commissioner of Correction must start this process not later than 24 months before the earliest parole eligibility date.
- For anyone whose sentence is reduced resulting in a discharge date within 24 months, the process must begin immediately.
- The process should also begin immediately for anyone scheduled to be released within 24 months.

Have a process to ensure that individuals have all necessary documentation and photographs before their discharge from correctional facilities. Here's a breakdown:

Documentation and Photographs:

- Not later than 13 months before discharge, a process should be initiated to secure any additional required documents or photographs.
- This includes providing access to forms, fees, fee waivers, notary services, and mailing needs, as well as a way to obtain required photographs.

Process Initiation:

- The process must begin no later than 13 months before the person's earliest parole eligibility date.
- If someone's sentence is reduced and results in a discharge date within 13 months, the process must start immediately.
- The same applies to anyone scheduled to be released within 13 months.

The Department of Correction Re-entry Unit has been identified to ensure that, upon release from a correctional facility, individuals who have requested and are eligible for an identity card or motor vehicle operator's license receive these documents. This step is crucial for their reintegration, as having proper identification is essential for accessing various services and opportunities.

By providing these identification documents, the Commissioner of Correction supports the smooth transition of individuals back into society, helping to remove barriers they might otherwise face.

Department of Correction Re-entry Unit

The Department of Correction Re-entry Unit's efforts in adhering to the legislative requirements in PA-23-88 are pivotal for ensuring a smooth re-entry process. By providing proper identification, they enable individuals to access vital services and opportunities, which can significantly enhance their chances of successful reintegration.

This structured and thorough approach truly reflects their dedication to supporting individuals during their transition period.

DOC Development of a New Identification Tracking Database

The Department of Correction's launch of the Identification Database in early September is a milestone achievement. The successful collaboration between the Re-entry Services Unit, Bureau of Information Technology, and the Operations Data Unit indeed underscores the power of teamwork and effective coordination.

With this database now in production, it will undoubtedly enhance the tracking and reporting process, making it more efficient and reliable. This progress is not only a testament to the team's hard work but also a significant advancement in managing and supporting inmate identification and re-entry processes.

By transitioning from manually tracked Excel sheets and outdated mainframe software to a uniform identification tracking database, the DOC has improved operations by:

1. **Uniform Tracking Across Facilities:** Consistency in tracking helps maintain standardized processes and reduces discrepancies between different locations.
2. **Real-Time Data Visualization:** Transparency and the ability to visualize data in real-time enable quick decision-making and more accurate reporting.
3. **Empowering Frontline Staff:** Self-audit capabilities for frontline staff enhance accuracy and accountability, allowing for immediate corrections and reducing errors.
4. **Supervisor Tools:** Providing supervisors with oversight tools helps manage a large volume of work efficiently, improving overall operational management.

Improved Operations

...By transitioning from manually tracked Excel sheets and outdated mainframe software to a uniform identification tracking database, we have improved operations...

The DOC has modernized the tracking process significantly and created a more transparent and efficient system.

Reporting Requirements

There is a reporting requirement for the Commissioner of Correction and the Commissioner of Motor Vehicles. Starting January 1, 2025, and every year after, they must report to the judiciary committee of the General Assembly. This report will cover the progress and effectiveness of issuing identity cards or driver's licenses to individuals being discharged from correctional facilities.

This report will be essential to tracking the implementation of the act, assessing its impact, and making any necessary adjustments to improve the process.

The Department of Correction is eager for potential updates and feedback from key stakeholders that could help streamline the identification process for discharged inmates after reviewing the report.

Open communication and collaboration among the Department of Correction, state, and federal agencies have been essential for the smooth implementation of this legislation and for addressing any challenges that may arise.

Report Section (1)

(1) The total number of formerly incarcerated persons who were issued original, renewal or duplicate identity cards pursuant to section 1-1h, and renewal or duplicate motor vehicle operator's licenses issued pursuant to chapter 246, disaggregated by card and license type;

The court mittimus, being the primary document for personal identifiers at booking, can pose challenges due to the potential unreliability of the information provided at the time of arrest. The inconsistencies, despite being supported by fingerprints, make it difficult for the Department of Correction to request identity cards under section 1-1h without additional supporting documents like birth certificates and social security cards.

This highlights the need for a comprehensive and verified documentation process to ensure the accuracy and reliability of inmate identification. Incorporating additional layers of verification, such as cross-referencing with other official records, could help address these challenges.

The implementation of the new database has brought about significant improvements, including the mandatory recording of license types, which was previously not done. This change will enhance data accuracy and tracking in the future.

By combining manually recorded data from before the new database's implementation in early September, we are attempting to provide a comprehensive representation of all of calendar year 2024. Despite the fact that non-driver identification was not specifically procured under section 1-1h, we did provide a table showing non-driver identification that was issued utilizing normal secondary forms of identification such as birth certificate and social security cards. Motor Vehicles Operator's Licenses shown in (Table 1) represents identification issued pursuant to chapter 246.

Reporting Requirements

(e) Not later than January 1, 2025, and annually thereafter, the Commissioner of Correction, in collaboration with the Commissioner of Motor Vehicles, shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary on:

(1) The total number of formerly incarcerated persons who were issued original, renewal or duplicate identity cards pursuant to section 1-1h, and renewal or duplicate motor vehicle operator's licenses issued pursuant to chapter 246, disaggregated by card and license type;

(2) The total number of identification cards and motor vehicle operator's licenses issued to such persons by each individual state correctional facility;

(3) The total number of incarcerated persons who were not able to be issued an identification card or motor vehicle operator's license under this section, disaggregated to the extent practicable by reasons for the non issuance of such cards or licenses; and

(4) Any issues encountered by the Commissioners of Correction and Motor Vehicles in implementing the provisions of this section and section 14-41c, as amended by this act, along with recommendations for the resolution of such issues and any recommended legislative enhancements to the provisions of this section and section 14-41c, as amended by this act.

Table 1. A detailed breakdown of the identification cards and motor vehicle operator's licenses issued to formerly incarcerated individuals, categorized by type.

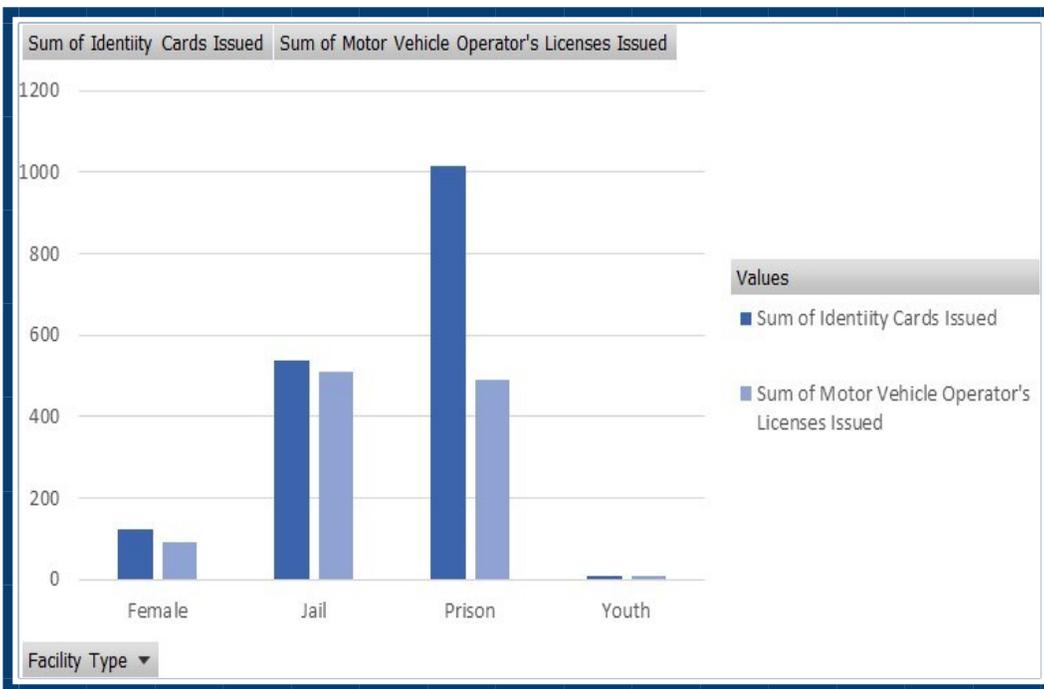
Card/License Type	Original	Renewal	Duplicate	Downgrade	Unknown
Identity Card (Sec. 1-1h)	0	0	0	0	0
Identity Card (Other means)	68	138	105	31	1,359
Motor Vehicle Operator's License (Chap. 246)	6	18	38	0	1,041

The inclusion of "Unknown" as an order type due to past record-keeping practices has been corrected and is now a mandatory field.

Report Section (2)

(2) The total number of identification cards and motor vehicle operator's licenses issued to such persons by each individual state correctional facility;

Most identity cards are issued from prisons compared to jails, which aligns with expectations given the more transient nature of jail populations. The more transient nature of jail populations does indeed pose challenges for issuing identifications compared to the more stable prison populations. Connecticut's unified system, while comprehensive, needs to navigate these complexities to ensure that identification processes are effectively managed across both types of facilities. Additionally, the relatively high issuance of motor vehicle IDs



in prisons aligns with the fact that individuals are likely to retain or need to update such identifications, given the longer durations of their stays. In contrast, while the numbers are comparable in jails, the transient nature means that there may be less opportunity or necessity for individuals to obtain or renew a motor vehicle identifications during their shorter stays.

Figure 1. A detailed breakdown of the identification cards and motor vehicle operator's licenses issued to formerly incarcerated individuals, categorized by facility type.

Further Analysis:

Highest Issuance by Category:

Identity Cards: Prisons issued the highest number of identity cards (1015).

Motor Vehicle Licenses: Jails issued the highest number of motor vehicle licenses (509).

Lowest Issuance by Category:

Identity Cards: Youth category has the lowest issuance of identity cards (9).

Motor Vehicle Licenses: Youth category also has the lowest issuance of motor vehicle licenses (8).

Grand Totals: The overall number of identity cards issued is significantly higher (1685) compared to motor vehicle licenses (1096).

Table 2. The total number of identification cards and motor vehicle operator's licenses issued to such persons by each individual state correctional facility.

Correctional Facility	Identity Cards Issued	Motor Vehicle Operator's Licenses Issued
Bridgeport CC	64	103
Brooklyn CI	50	35
Cheshire CI	33	11
Corrigan CC	120	57
Cybulski CI	230	135
Garner CI	81	39
Hartford CC	203	206
MacDougall-Walker CI	56	25
Manson YI	9	8
New Haven CC	150	143
Osborn CI	253	90
Robinson CI	312	154
York CI	124	90

Analysis

Highest Issuance: Robinson CI leads with the highest number of identity cards issued (312), followed by Osborn CI (253). For motor vehicle licenses, Hartford CC has the highest (206), followed closely by Robinson CI (154).

Lowest Issuance: Manson CI has the least number of both identity cards (9) and motor vehicle licenses (8) issued.

Balanced Issuance: Hartford CC has a balanced number of identity cards and motor vehicle licenses issued (203 and 206, respectively).

Divergences: Some facilities like Bridgeport CC have more motor vehicle licenses issued than identity cards (103 vs. 64), while others like Osborn CI have more identity cards issued than motor vehicle licenses (253 vs. 90).

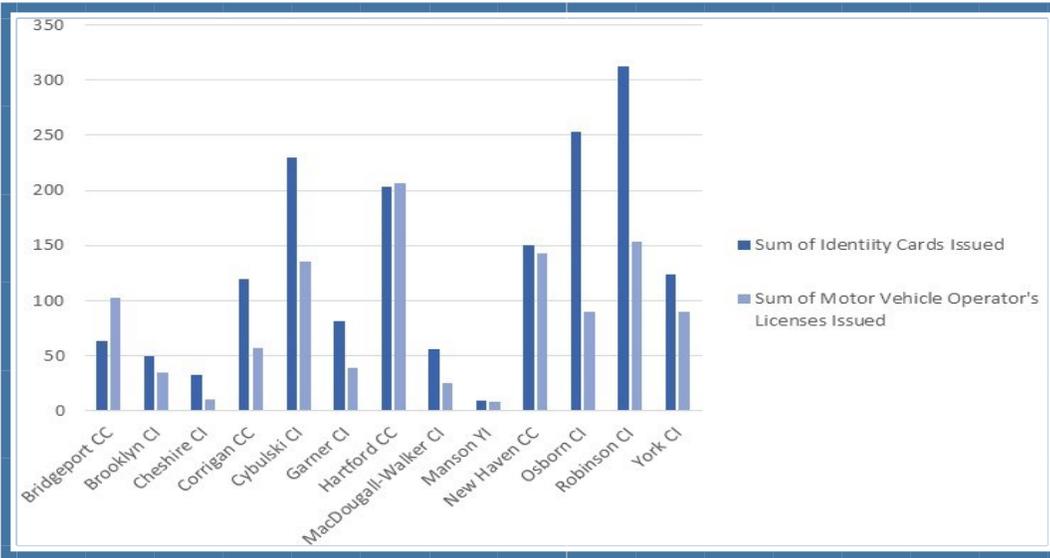


Figure 2. A detailed breakdown of the identification cards and motor vehicle operator's licenses issued to formerly incarcerated individuals, categorized by facility.

Report Section (3)

(3) The total number of incarcerated persons who were not able to be issued an identification card or motor vehicle operator's license under this section, disaggregated to the extent practicable by reasons for the non issuance of such cards or licenses; and

The following breakdown helps highlight specific challenges faced by certain populations in acquiring identity and motor vehicle licenses. Addressing these ineligibility issues could lead to more efficient and equitable identification processes across correctional facilities.

Table 3. reflects the various reasons incarcerated persons were unable to receive identification cards or motor vehicle licenses.

Ineligible Reason	Non DL Ineligible	DL Ineligible
Bond out	1	0
Born in PR	26	1
Born out of the country	173	0
Consignment	0	0
Court ordered release	2	0
Discharged from court	1	0
Discharged prior to DMV trip	16	0
Documents did not arrive in time	19	2
Released to Community Release quickly	21	0
Released to federal authorities	1	0
Time left on sentence (too short)	23	0
Undetermined Reason	31	2
Waived BC or SSC- Unable to procure DMV ID	72	3

Analysis

Most Common Ineligibility Reason:

Non DL Ineligible: Being born out of the country (173) is the most common.

DL Ineligible: Waiving Birth Certificate or Social Security Card (3) is the most common reason.

Least Common Ineligibility Reason:

Bond Out and **Released to Federal Authorities** each appear once for Non DL Ineligibility and zero for DL Ineligibility.

Grand Total

Non DL Ineligible: 386

DL Ineligible: 8

Table 4. Summary of Waived Requests for ID Cards and Motor Vehicle Licenses

Waived Description	DL Waived	Non DL Waived
At Home	143	725
Other	75	529
Refused to Pay	13	11

Analysis

Most Common Waived Description:

DL Waived: "At Home" with 143 waivers.

Non DL Waived: "At Home" with 725 waivers.

Second Most Common:

DL Waived: "Other" with 75 waivers.

Non DL Waived: "Other" with 529 waivers.

Least Common:

"Refused to Pay" category has the fewest waivers, with 13 DL waivers and 11 Non DL waivers.

This breakdown clearly shows that the "At Home" category represents the largest portion of waivers, indicating that a significant number of individuals already possess their IDs and waive the process. By breaking down the "Other" category into more specific sub-categories, we may gain better insights that can address the underlying issues more effectively in the future.

Report Section (4)

(4) Any issues encountered by the Commissioners of Correction and Motor Vehicles in implementing the provisions of this section and section 14-41c, as amended by this act, along with recommendations for the resolution of such issues and any recommended legislative enhancements to the provisions of this section and section 14-41c, as amended by this act.

Obstacles

MOU's with other Agencies: We are collaboratively working through workflow issues. We appreciate Governor Lamont's support in his communications with federal agencies.

Billing Methods: Moving towards digital invoicing and payments would streamline operation and reduce the time it takes to process these transactions.

Resource Limitations: Individual circumstances can complicate the procurement of IDs. It is dependent on the types of required documentation and layers of communication necessary to confirm someone's identity.

Lack of Valid IDs: Connecticut and all States across the Nation are experiencing difficulty in gathering valid required documents for incarcerated individuals born outside of the United States. This is in part due to the in-person requirements of their verification process.

Action Steps by DOC Reentry Team:

Electronic payments: Communication continues to create a pathway to improve the billing process.

Real-Time ID Database: Provides a snapshot of procurement to enhance tracking measures. We are working towards a model that will data match with other agencies to improve efficiency by identifying documents which have already been obtained by the individual.

SSA Cards: The Social Security Administration's policy on releasing Social Security replacement cards to incarcerated individuals is 180 days. This policy is consistently applied to all 50 States. A larger window would mean fewer tasks need to be completed in the stressful period just before release, allowing both incarcerated individuals and their caseworkers to better manage their time and resources. Early access to essential documents like Social Security cards would facilitate a smoother transition to post-incarceration life, aiding in the search for housing and employment. Spreading out the tasks over a longer period would likely reduce bottlenecks and improve the overall efficiency of the reentry process. Although talks continue, we are seeing alternatives to work through the short-term challenges.

Puerto Rican Birth Certificates: Nationally there continues to be operational barriers, including in-person requirements. While communication is ongoing, we continue to working alongside DMV to identify ways to expand permissible forms of ID.

Additional Information

Obtaining identification for persons discharging from correctional facilities involves navigating a complex maze of documentation and verification. It's a meticulous and often challenging process, but it's crucial for supporting their reintegration into society. Having the necessary identification enables inmates to access vital services such as employment, housing, and healthcare, which are essential for a successful transition.

The dedication and hard work of the Re-entry Services Unit and other collaborating teams in overcoming these challenges cannot be overstated. Their efforts play a vital role in helping individuals rebuild their lives and contribute positively to their communities.

Table 5. Calendar Year 2024 Identification Orders

Orders	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Birth Certificate	247	158	200	180	202	218	156	187	195	177	55	110	2085
Social Security	259	202	216	210	228	201	199	188	181	186	43	148	2261
Motor Vehicle	46	31	38	51	49	43	32	52	41	49	33	48	513
Non-Driver ID	171	103	124	195	197	169	154	183	149	157	140	150	1892

Analysis

Highest Monthly Orders:

- The highest number of Birth Certificates were ordered in January (247).
- The highest number of Social Security orders were placed in January (259).
- The highest number of Motor Vehicle orders were placed in August (52).
- The highest number of Non-Driver ID orders were placed in May (197).

Lowest Monthly Orders:

- The lowest number of Birth Certificates were ordered in November (55).
- The lowest number of Social Security orders were placed in November (43).
- The lowest number of Motor Vehicle orders were placed in February (31).
- The lowest number of Non-Driver ID orders were placed in February (103).

Total Orders for the Year:

- ⇒ **Birth Certificates:** 2085
- ⇒ **Social Security:** 2261
- ⇒ **Motor Vehicle:** 513
- ⇒ **Non-Driver ID:** 1892

This data helps in understanding the distribution of orders throughout the year, highlighting peaks and troughs, and providing a comprehensive view of the demand for each type of ID.

Positive Outcomes

The implementation of the new database has clearly had a significant positive impact on the issuance of identifications to eligible inmates at the time of their release. Even with the slight decline in December numbers, the high percentages overall—93.75% for motor vehicle operator’s licenses and 91.15% for non-Driver identification—are truly impressive.

As Counselors catch up on inputting the data for December, it’s encouraging to anticipate that these numbers will continue to improve. This success highlights the dedication and effectiveness of the entire team involved in this project. It’s a testament to the value of thorough planning, development, and coordination among different units.

Summary of ID Issuance by Month

Table 6. A detailed breakdown of Motor Vehicle Operator’s License issuance and related statistics by month at the start of September 2024:

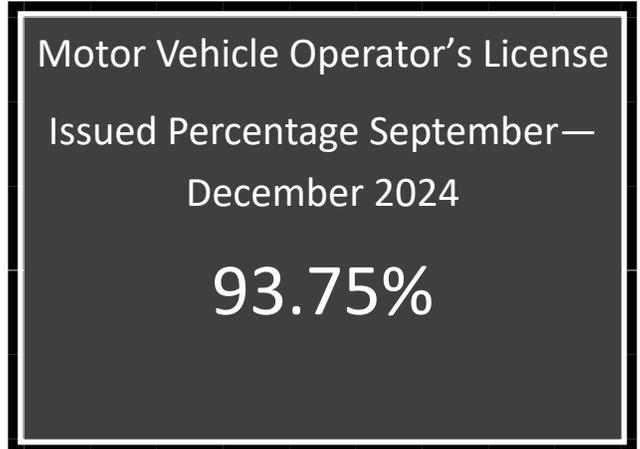
Month	Releases	Issued	Held - not issued	Ordered - not issued	No Disposition	% Issued	% Held	% Ordered not issued	% No Disposition
September	33	32	1			96.97%	3.03%		
October	43	43				100.00%			
November	27	26	1			96.30%	3.70%		
December	25	19	4	2		76.00%	16.00%	8.00%	

Analysis

High Issuance Rates:

October stands out with a 100% issuance rate, indicating all released individuals received their IDs.

September and November also have high issuance rates of 96.97% and 96.30%, respectively.



Lower Issuance Rate:

December has a noticeably lower issuance rate at 76.00%, with a higher percentage of IDs held (16.00%) and a small portion ordered but not issued (8.00%).

Held IDs: Small percentages of IDs held in **September** (3.03%) and **November** (3.70%).

Note: Not all identification arrives prior to discharge and the DOC Re-entry Unit makes every effort to issue the identification once received.

Table 7. A detailed breakdown of Non-Driver Identification issuance and related statistics by month at the start of September 2024:

Month	Releases	Issued	Held - not issued	Ordered - not issued	No Disposition	% Issued	% Held	% Ordered not issued	% No Disposition
September	106	103	1	2		97.17%	0.94%	1.89%	
October	90	89		1		98.89%		1.11%	
November	79	73	2	4		92.41%	2.53%	5.06%	
December	64	44	9	9	2	68.75%	14.06%	14.06%	3.13%

Analysis

High Issuance Rates:

September and **October** have very high issuance rates at 97.17% and 98.89%, respectively, indicating efficient processing in these months.

November has a strong issuance rate at 92.41%, though slightly lower compared to September and October.

Lower Issuance Rate:

December shows a notable decrease in issuance rate at 68.75%, with a significant percentage of IDs held (14.06%) and ordered but not issued (14.06%).

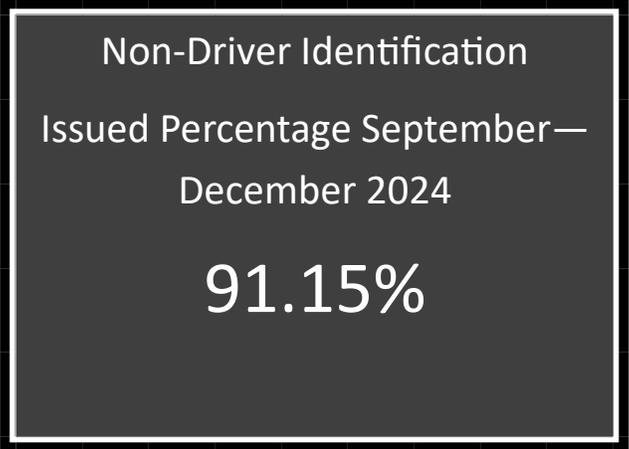
Note: Not all identification arrives prior to discharge and the DOC Re-entry Unit makes every effort to issue the identification once received.

Held IDs:

A small percentage of IDs are held in **September** (0.94%) and **November** (2.53%).

No Disposition Data:

December has IDs with no disposition (3.13%), indicating potential delays or pending processes.



CT DEPARTMENT OF CORRECTION 2025 OVERTIME REDUCTION PLAN

As a 24/7 operation requiring minimum staffing levels to maintain essential services and safe facilities for both the staff and incarcerated population, overtime is required in some areas, however all Unit Heads have been instructed to ensure any overtime not required to meet minimal staffing levels is approved prior to being allowed. A newly established overtime committee will also monitor the impact of the enhanced measures closely to identify the fiscal impact and effect on facility operation and make adjustments as needed. The overtime committee will also audit facility/unit rosters to ensure compliance.

CORRECTIONAL CUSTODY FACILITIES

- Utilize pull/shutdown posts to backfill partial accrual usage days.
- Shutdown specialized posts without backfill.
- Resume sending staff on overtime home after population is secured for the night on 2nd shift, review number of posts that can be released as post plans have changed.
- Use pull/shutdown posts for trips where appropriate.
- Ensure appropriate staffing ratios for facility trips.
- Coordinate with Correctional Transportation Unit (CTU) to minimize overtime for trips.
- Review UCONN protocols for clinics and off floor supervision to reduce escort overtime there.
- Coordinate with Health Services to assess where it's medical appropriate to move stabilized patients from area hospitals to UCONN to reduce outside hospital overtime.
- Ensure all slots are balanced, this will help reduce position vacancy overtime.
- Where appropriate use on duty maintenance for maintenance vendor escorts.
- Review temporary/construction posts to ensure efficient usage.
- Review rosters twenty four hours in advance to ensure efficiency.

DISTRICT OFFICES

- Overtime shall require pre-approval from District Administrator and only for critical needs.
- Discontinue deployment of District staff to untimely deaths unless determined to be necessary after consultation with a Director of Security/DC of Operations.

SECURITY DIVISION / PREA Unit

- Investigators will schedule off-shift interviews when staff are on duty and maximize number of interviews conducted each visit.
- Work with Labor Relations to review cases for ECAP where appropriate, shortens time for investigation and duration of discipline.
- Work with Human Resources / Labor to reduce Administrative Leave cases.

PAROLE AND COMMUNITY SERVICES DIVISION

- Overtime for extraditions must be approved by Director or Deputy Director.
- All compensatory time/overtime documents are to be forwarded to Deputy Directors to ensure consistency in tracking/approval.
- After-hour callbacks require Deputy Director/Director authorization in the event of a community supervision emergency or exigent circumstances.