Discussion Points

DEPARTMENT OF CORRECTIONS

1. In an ongoing effort to rehabilitate existing prison facilities, in FY 2015 the department of Corrections closed down Mid-State Correctional Facility, transferred all inmates to other institutions within the DOC and began renovations on the facility. The originally stated plan for Mid-State was that upon completion of the renovations, inmates would be returned to the facility and renovations would begin on other DOC facilities. Since then, the Governor has announced that Mid-State will be transformed into a drug treatment center for State sentenced prison inmates. In its response to a FY 2016 OLS discussion point concerning substance abuse treatment programs, the DOC stated, “The Residential Therapeutic Community program offers over 1,300 beds in half of the facilities and another 1,300 beds are available in the Residential Community Release Programs (halfway houses).”

• **Question:** How does the plan to transform Mid-State Prison into a licensed drug treatment center for State sentenced inmates affect the department’s plan to shift inmates among facilities in order to facilitate renovation of the State’s aging prison facilities?

The plan to transform Mid-State Correctional Facility (MSCF) into a licensed drug treatment center for State sentenced inmates would allow the department flexibility in our goals to renovate other facilities. Currently, the drug treatment programs are located at five (5) male facilities (GYCF, BSP, SWSP, MYCF and NSP) and one female facility (EMCF). The re-opening of Mid-State Correctional Facility as a male drug treatment program will give the department the ability to consolidate more housing units for the purpose of renovations.

**How many beds will the renovated facility accommodate?** The total number of beds or operating capacity of Mid-State is 696.

**How many inmates are currently diagnosed as drug/alcohol dependent?**
The level of substance use disorder is determined on a severity scale and reveals a history of moderate to severe substance use is found in approximately 53% of inmates coming into DOC as of March 2016.

**Will this new facility meet the needs of all drug/alcohol dependent inmates?**
Offenders with substance use disorders require different levels of service which is then individualized. The Division of Mental Health and Addiction Services’ (DMHAS) licensing criteria requires matching of treatment needs to services offered. DOC will meet that criteria by offering 4 levels of moderate to high intensity services at MSCF, and offering less intense services at all facilities to the general population.
Discussion Points (Cont’d)

Will the facility provide for out-patient treatment for inmates in other facilities?
As discussed in the previous question, DOC will continue to provide various less intense out-patient level services at all other facilities. The goal will be to match needs with services offered. No single treatment option works for every individual.

Will the 1,300 inmates currently housed in the Therapeutic Community be transferred to Mid-State?
The offenders receiving treatment in the Therapeutic Community will be assessed for the need to receive moderate intensity treatment offered at MSCF (696 treatment beds for males) and Edna Mahan (60 treatment beds for females).

• Question: How did the cost of Mid-State renovations change when the decision was made to change the prison to a drug treatment center?
The drug treatment component will not require any change in the construction or renovation of the building and will not impact renovation costs.

What is the anticipated total cost of renovating this facility?
The current working estimate is approximately $24 million.

What is the status of the department’s plans for the renovation of the DOC’s remaining facilities?
The Department is currently reviewing and evaluating the remaining institutions’ capital construction needs with the Department’s goal to bring all facilities to a state of good repair.

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2. Recent news articles have indicated that a new drug, Sovaldi, which is manufactured by the pharmaceutical company Gilead, has proven quite effective in the treatment of Hepatitis C. However, due to the cost of the drug restrictions have been placed upon who can receive the drug by Medicaid, Medicare, as well as private insurers.

How many inmates housed by the DOC suffer from Hepatitis C?
Currently, the Department has 1,427 known inmates whose laboratory tests indicate an active Hepatitis C infection.
Discussion Points (Cont’d)

What treatments are provided to these inmates?
It should be noted that approximately one third of cases develop immunity over time, but inmates with Hepatitis C are treated with various medications. About 80% of the inmates will require 8 - 12 weeks of treatment, while the remaining 20% will require about twice that length of treatment. Following is a list of medications utilized in the treatment of inmates with Hepatitis C:

- Sofosbuvir + ledipasvir (commercial trade name Harvoni™),
- Ombitasvir + paritaprevir + ritonavir + dasabuvir (commercial trade name Viekira Pak™),
- Ombitasvir + paritaprevir + ritonavir (commercial trade name Technivie™),
- Daclatasvir (commercial trade name Daklinza™),
- Ribavirin and interferon as adjunct therapy to the above regimens

Does the department provide Sovaldi?
Yes, the Department treats inmates using Sofubuvir (commercial trade name Sovaldi™). Sofosbuvir was approved by the FDA December 6, 2013 and is no longer indicated as a single agent treatment for Hepatitis C infection. As shown above, it is used in conjunction with other medications. New Hepatitis C medications are approved on a regular basis.

What are the eligibility criteria for receiving this drug?
The eligibility criteria for receiving treatment are:

- Laboratory test positive for active Hepatitis C infection,
- Laboratory testing for viral type,
- Elevated APRI (AST to Platelet Ratio Index) Score to demonstrate hepatic damage,
- Infectious Diseases consultation to choose the correct medication for the viral type,
- Inmate informed consent for treatment.

How many inmates are currently being treated with this drug?
The Department treats an average of 50 inmates per year and most of those treatment regimens use Sofosbuvir (Sovaldi™) in combination with ledipasvir (Gilead trade name is Harvoni™). For most Hepatitis C infections Harvoni™ is considered state-of-the-art.

What is the cost to the department for providing this drug?
In FY 2015, the Department expended $2.2 million on Sofosbuvir.


Discussion Points (Cont’d)

What alternative drugs are available for the treatment of this ailment?
The following regimens are considered equivalent in efficacy and are prescribed by Board-trained infectious diseases physicians based on the viral type.

- Sofosbuvir + ledipasvir (commercial trade name Harvoni™),
- Ombitasvir + paritaprevir + ritonavir + dasabuvir (commercial trade name Viekira Pak™),
- Ombitasvir + paritaprevir + ritonavir (commercial trade name Technivie™)
- Daclatasvir (commercial trade name Daklinza™)

How effective are these alternative drugs?
Our average effectiveness for any of the above treatment regimens is 91% (i.e. patient achieved undetectable viral loads). All available and recommended treatments have approximately the same effectiveness.

What are the costs of alternative drugs for Hepatitis C?
In FY 2015, the Department expended $2.6 million on alternative drugs for Hepatitis C.

3. In his testimony before the Senate and Assembly committees during the FY 2016 budget process, the commissioner stated that the DOC would “be engaging in a program aimed at mitigating some of the barriers faced by inmates by giving them easier access to services in their community, such as financial assistance, employment services and housing resources. It will also put them closer to their families to enhance the reunification process.”

• **Question:** What is the status of this program?

DOC offers a plethora of reentry preparatory programs/services in our thirteen correctional facilities and throughout our sixteen contracted Residential Community Release Programs (RCRP)/Assessment Centers. While in the correctional facility inmates are educated on the necessary tools for addressing life situations, such as post release barriers, navigating systems and regulating emotional responses. As a continuum, our RCRPs provide a mechanism for practical application of the offenders newly acquired prosocial skills.
Discussion Points (Cont’d)

Additionally, the DOC embraces offender transition through community partnerships. Our Division of Programs and Community Services and the New Jersey State Parole Board, Division of Parole, serve as liaisons between our offender population and professionals in the community that provide services and support to those leaving DOC custody and returning to their community. As such, we have developed and implemented a model known as, Community Agencies Resource Consortium (C-ARC).

The C-ARC model operationalizes our recognition that successful reentry is realized through an effective “transition” or “hand-off” to a community-based agency; wherein one agency within a county serves as the lead agency for assisting returning citizens with navigating the multiple service agencies within their residence.

In addition to the C-ARC model, success is further actualized through our partnerships with the RCRPs and faith based organizations. These partnerships have been extremely helpful in assisting DOC with linking the most challenging cases in need of post release services.

In which counties or municipalities is the program operating?
We currently have formalized partnerships with the New Jersey Reentry Cooperation (NJRC) which services Hudson, Ocean, Essex and Passaic County; Volunteers of America Project Safe Return, which services Atlantic and Mercer County; the Union County Reentry Task Force, which services Union County and Essex County Correctional Facility Staying Connected, which service Essex County. Additionally, we provide numerous referrals to various faith based organizations throughout the state. Lastly, through our RCRP contracts we provide reentry services in Cumberland, Camden, Hudson, Essex and Mercer counties.

What services does the program provide to inmates?
DOC reentry programs typically offer assistance with education, legal matters, employment, and housing, substance use disorder treatment, obtaining identification, obtaining Medicaid benefits, family reunification and healthcare.

Does the department have plans for program expansion?
The Department is continually assessing current programs, while exploring the potential of new programs and services to be offered within and outside of our correctional facilities. Additionally, we recognize that successful transition is realized through community partnerships and we welcome agencies that are willing to voluntarily serve as the C-ARC lead agency for coordinating referrals from DOC for its county.
Discussion Points (Cont’d)

What are the FY 2016 and FY 2017 expected expenditures for the operation of this program?
The Department estimates that over $100 million is expended annually on re-entry/programming costs.

Is the department relying on its employees to operate this program or is it contracting with third parties? If the latter, please identify the third parties.
The Department’s reentry programs are conducted by DOC staff, with the assistance of other State Agencies, such as parole, Dept. of Labor, various county service providers, our RCRP contractors and volunteers.

4. In response to a FY 2016 OLS discussion point, the DOC stated:

   Telemedicine is available in all sites except Edna Mahan Correctional Facility for Women (EMCFW) and Mountainview Youth Correctional Facility (MYCF). At this time there are ongoing discussions with CenturyLink (the northwest NJ area telecom provider) to look at issues of bandwidth and service delivery for these two facilities.

   •  Question: What progress has the department made in implementing telemedicine within these two facilities?
      Both facilities are currently operational.

   What is the timeline for the provision of this service department-wide?
      Telemedicine is currently provided department-wide.

   What problems, if any, has the department encountered in using telemedicine to treat DOC inmates?
      There have been no major problems.

   Does telemedicine result in increased costs of medical services, or a reduction in those costs, and in what amount?
      Telemedicine does not result in increased costs. However, there are savings in manpower and transportation expenditures.
5. In response to a FY 2016 OLS discussion point, the department stated:

The Essex County Re-Entry Pilot Program: “Staying Connected” is a county designed program to assist soon to be released State inmates with coordinated services to assist their reintegration into the community. This program will provide a myriad of integrated services from various agencies and departments. . . .The appropriation of $5 million is intended to cover the one year period and funds an average of 125 inmates at the cost of $110 per day. The program will be reviewed ninety (90) days prior to the end of the fiscal year and if a decision is made to continue the program, continuation of the FY 2016 appropriation will be requested in FY 2017.

The department’s second quarter spending plan indicates that there will be a surplus of $385,000 in the program and $5 million is recommended for the program in FY 2017. Since funding has been requested in FY 2017, it is assumed that the program evaluation has been completed.

• **Question:** Please provide the committee with a copy of the finalized program description and program evaluation.

The goal of the Essex County Correctional Facility Program-Staying Connected (ECCF-SC) is to promote individual responsibility through housing, education, employment, counseling, and family reunification which are the basic components necessary for offender rehabilitation. The aim of the family reunification component is to lessen the pain of separation, stop intergeneration criminal paths and give each family a sense of worth, dignity and coping skills. The ECCF-SC programs assist offenders by helping them cope with issues in their everyday lives and advocate for improved services, planning or policy development.

A final program evaluation is not available due to the short time of existence; however ECCF-SC has demonstrated a commitment to the program by providing services and staffing as outlined in their proposal. Based upon the progress indicated in the two (2) quarterly evaluations, a recommendation was made to include continued funding in the FY 2017 budget.
Discussion Points (Cont’d)

How many inmates have received service from this program? What services have been provided?
As of April 18, 2016 - 236 inmates have been transferred to the Essex County Re-Entry Pilot Program: “Staying Connected”. Services offered by ECCF-SC include, but are not limited to:
- Life Skills
- Coaching Classes
- Parenting
- Job Readiness
- Family Reunification

6. Proposed legislation would restrict the use of isolated confinement in correctional facilities, particularly those who are categorized as members of vulnerable populations. This legislation requires that an inmate shall not be placed in isolated confinement before receiving a personal and comprehensive medical and mental health examination conducted by a clinician. In addition, inmates placed in isolated confinement would have the right to an initial hearing within 72 hours of placement and reviews every 15 days thereafter.

• Question: Please describe the types of isolated confinement currently used by the department. What type of infractions trigger the placement of an inmate in isolated confinement?
The Department has Restrictive Housing units, not isolated confinement units. The restrictive housing status is used when other deterrents have failed, and when it is in the best interest of staff, other inmates or the safety and security of the correctional facility.

Below are the types of units the Department operates:

“Administrative Segregation” (Ad Seg) means removal of an inmate from the general population of a correctional facility to a long-term close custody unit because of one or more disciplinary infractions.

“Pre-Hearing Disciplinary” (PHD) means the removal of an inmate from general population pending a disciplinary hearing. The initial hearing must be held within 72 hours.
“Management Control Unit” (MCU) means a non-punitive close custody unit to which an inmate may be assigned if the inmate poses a substantial threat to the safety of others; of damage to or destruction of property; or of interrupting the operation of a State correctional facility.

“Protective Custody” (PC) means a non-punitive status whereby an inmate is segregated from general population for his/her own safety, as a result of validated threats that may exist, and that have been substantiated through investigation.

Voluntary: (VPC) An inmate requests placement into protective custody, in writing, detailing the issues that make this placement feasible. If the reasons for this placement are substantiated through an investigation by the Special Investigations Division, the inmate shall be assigned, regardless of custody status.

Involuntary: (IVPC) An inmate is placed into protective custody on the recommendation of the Special Investigations Division (SID), custody staff, the Commissioner or designee, the Administrator or designee, non-custody staff, or upon the recommendation of the sentencing judge and/or prosecutor. Placement in this status must be substantiated by an SID investigation.

“Temporary Close Custody” (TCC) means the non-punitive removal of an inmate from general population or other assigned housing, with restriction to the inmate’s cell or to a close custody unit for a period not to exceed 72 hours, for special observation or investigation.

Beginning in 2010, under the Commissioner's directive, the Department embarked on a mission to strengthen its “Restrictive Housing” policies. The mission began with the elimination of the DOC’s Gang Unit and Capital Sentencing Unit. Since that time, the Department has ensured that all forms of Restrictive Housing are in conformance with guidelines set forth by the Association of State Correctional Administrators.

The Department has made changes to the Management Control Unit (MCU) and Administrative Segregation (Ad-Seg) policies in conjunction with providing for the dissolution of Detention, creating a Super Special Administrative Segregation and Review Committee and revising the Administrative Segregation from a 3-tier system to a 2-tier system.

Additionally, a fourth phase was added to the MCU process “General Population Monitoring”. This allows for the inmate’s progress to be reviewed. Positive adjustment during this phase will determine whether the inmates’ general population assignment will continue.
Also, the two-tier disciplinary sanction structure has been expanded into 5 levels of severity ranging from **Category A thru E** with **Category A** being the highest in severity, i.e. Killing or Assault on staff or inmates, and carries up to a maximum of 365 day sanction. **Category E** carries a loss of privileges but does not carry any Ad-Seg time.

**How many inmates are currently housed in isolated confinement?**  
As of April 18, 2016 there are **1,227 inmates** housed in restrictive housing. The Department does not have isolated confinement.

**What is the average length of time an inmate spends in isolated confinement?**  
As noted above the Department does not have isolated confinement. An inmate may be given restrictive housing status and assigned to one of the units outlined above and the average length of time will vary depending on the type of Restrictive Housing. It should be noted that recent changes that have been incorporated affect length of stay and out of cell time. The Department has made improvements to prioritize due process in the placement of an inmate in restrictive housing. Additional programming and a behavioral review while in restrictive housing has been added to ensure that there is a process to assist with the inmate’s return to general population.

**What would be the impact on the department’s budget if the department were required to limit the use of isolated confinement?**  
The Department does not have isolated confinement. The Department cannot estimate the fiscal impact to its restricted housing units absent specific proposals for programmatic changes for our review.

**What alternative programs would the department use to manage inmates formerly placed in isolated confinement?**  
As indicated above, the department has implemented changes to our Restrictive Housing to ensure that we are in conformance with industry standards as well as the Restrictive Housing guidelines that have been established by the Association of State Correctional Administrators. The Department will continue to adopt new programs as best practices change.
Discussion Points (Cont’d)

7. Currently, the Department of Corrections receives medical, dental and mental health services for its inmates through a contract with Rutgers Behavioral Health Care. According to the original Request for Proposal (RFP) for this service, the department requested quotes from vendors for medical and dental health care together, rather than request separate bids for each of these services.

- Question: What was the rationale for requesting bids for the provisions of both services, rather than separating the services to accommodate more vendors who could provide one, but not both of these services together, at a potentially lower cost?

The current agreement was negotiated in 2008 under the prior Administration and therefore we can’t speak to the specifics of the decision to not separate the services.

8. The FY 2017 budget indicates that a total of 5,400 inmates were eligible for mandatory education in FY 2016. A total of 2,500 inmates were enrolled in the program and 1,200 inmates waived participation. The FY 2017 budget recommendation notes that the department’s goal for inmate participation is 4,200 inmates (Budget page D-64). The budget recommendation anticipates that these numbers will remain constant in FY 2017.

- Question: What are the reasons for the refusal of inmates to participate in the mandatory education program?

Inmates refuse to participate in the mandatory education program for various reasons, including:

- Low academic functioning level
- Time remaining in custody
- Full minimum custody status achieved (postpone school enrollment until transferred to an Residential Community Release Program [RCRP] )
- Work (offender prefers a job assignment or choses to work on their legal matters in lieu of attending school)
- Lack of interest
Discussion Points (Cont’d)

What explains the difference in the target number (which is the difference between total inmates eligible and the number who waived participation) and the number annually enrolled? Does the department lack resources to provide educational services to the target number? If so, what additional resources, at what cost, would allow the department to achieve the service target?
The Department has begun evening supplemental educational services, which enables services to be extended to approximately 400 more inmates. All eligible inmates should achieve education requirements before their release date.

The Department believes that it will achieve the service target with existing resources. The FY17 service target of 4,200 was based on enrollment trends and inmates that have waived participation. This is our entire pool of eligible inmates, not necessarily the target that we are trying to achieve in a given year. Currently we have an enrollment rate of 70% of our service target (eligible inmates), academic services are being provided to 2,908 inmates in day and evenings classes.

What actions have the department taken to encourage inmate participation and increase enrollment?
The Department offers various incentives, i.e. incentive food packages, fee waivers for identification, for enrollment and participation in school. We have modified the commissary schedule to prioritize inmates who are enrolled in education. We have provided opportunities for those enrolled to obtain dual credentials where they can attend academic and vocational programming simultaneously. Students can achieve their high school equivalency while obtaining an industry-valued certificate. Those who complete these programs have the opportunity to apply to become a DOC Teacher Assistant (TA) where they can work with the correctional facility helping other inmates in the classroom at a higher wage. Lastly, our school principals, at a minimum of monthly, re-interview inmates who waived out of the educational opportunities previously offered to them, in order to encourage them to rescind their waivers and enroll in school.
Discussion Points (Cont’d)

9. As of January, 2017, the number of inmates housed by the Department of Corrections over the age of 50 totaled 3,221, compared to 2,569 in January, 2010 and the number of inmates over 60 increased to 831 from 606 in the same time period. An aging inmate population often requires increased medical services at higher costs to the State. In addition, aging and infirm inmates may be at risk of abuse from the younger, stronger inmate population.

• Question: What precautions, if any, has the department made to protect aging inmates from abuse by other inmates?

The DOC is committed to providing the necessary precautions as it relates to aging and infirmed inmates. Each facility conducts regular classification meetings to review and reclassify inmates based on their needs. At the time of this review, an inmate may be assigned to a different housing unit or cell mate if appropriate. Medical/Mental Health recommendations/concerns are addressed immediately; which could result in a recommendation for a housing change based on the inmate’s needs.

What plans, if any, does the department have for providing living quarters that accommodate aging inmate’s infirmities, i.e. ramps, wheelchair accessibility, hand bars in showers and toilet facilities?

The DOC has a full-time ADA Coordinator who monitors these issues. Additionally, the Department has a 78-bed Extended Care Unit at South Wood State Prison that houses long term infirmary cases. It is designed as an in-house nursing care facility.

10. According to budget evaluation data, Albert C. Wagner Youth Correctional Facility housed 972 inmates during FY 2014. For FY 2017, the department estimates an average daily population of 692 inmates, a decline of 280 (29%) since FY 2014. Budget detail shows that total FY 2017 appropriations to operate this institution are recommended to decrease by $10.7 million (22%), from $49.6 million in FY 2016 to $38.9 million in FY 2017. Salary funding accounts for 60% of this decrease.

• Question: Please explain the reasons for the downsizing of Wagner Youth Correctional Facility since FY 2014. To what extent is the reduction in inmate population the result of the physical condition of the facility?

In FY 2014, Albert C. Wagner Youth Correctional Facility began downsizing due to the physical condition of the windows on the housing units. A capital project was approved and a notice to proceed was issued October 2014.
Discussion Points (Cont’d)

How many staff were assigned to Wagner on January 1, 2014; how many are currently (as of April 1, 2016) assigned there, and how many will be assigned during FY 2017?
Staff assigned to Wagner on January 1, 2014 – 478
Staff currently assigned to Wagner (as of April 1, 2016) – 474
FY 2017 Budgeted - 285

What position transfers or reductions in force will result in FY 2017 from reduced salary funding?
There will be no reductions in force in FY 2017. Staff will be reassigned to fill other institutional vacancies including MSCF when it reopens.

Why have trends in population and funding at the other two youth correctional facilities differed from those at Wagner?
Dormitory units have been consolidated at Albert C. Wagner Youth Correctional Facility whereas the other two (2) youth correctional facilities mainly house their inmates in cells.

11. Key Performance Indicators (Budget pg. D64) report completion rates for the following programs in FY 2017: Cage Your Rage – 85.0%; Helping Offenders Parent Effectively (HOPE)/Every Person Influences Children – 85.0%; Successful Transition and Reentry Series (STARS) – 90.0%; Successful Employment & Lawful living through Conflict Management (SEALL) – 85.0%; Thinking for a Change (T4C) – 80%; Family Reunification and Transition (FRAT) – 85.0%.

• Question: Please provide a description of each of these programs. How many inmates participate in each of the above listed programs annually?

Cage Your Rage for Men (CYR-M) Cage Your Rage is endorsed by the American Corrections Association as a best practice program designed to help offenders recognize their angry feelings, learn their cause, and deal with them in a responsible way.

Cage Your Rage for Women (CYR-W) Cage Your Rage is endorsed by the American Corrections Association as a best practice program designed to help offenders recognize their angry feelings, learn their cause, and deal with them in a responsible way.
Discussion Points (Cont’d)

way. CYR-W is a gender specific program designed to address anger issues specific to women.

In FY 2015, 788 participants enrolled (combined totals), of which 90.22 percent completed the program.

Helping Offenders Parent Effectively for Men (HOPE-M)
Using the American Correctional Association endorsed curriculum Responsible Fatherhood, HOPE-M is a 12-week program that encourages offenders to see the importance of accepting responsibility for their children and to become self-sufficient by beginning to take control of their lives.

Helping Offenders Parent Effectively for Women (HOPE-W)
Using the American Correctional Association endorsed curriculum Responsible Motherhood, HOPE-W is a gender specific program designed to help women see the importance of accepting responsibility for their children, becoming more self-sufficient and taking control of their lives.

In FY 2015, 716 participants enrolled (combined totals), of which 88.40 percent completed the program.

Successful Transition and Reentry Series (STARS) STARS is a 12-week release preparatory program designed to address each major reentry barrier faced by the returning offender.

In FY 2015, 1,522 participants enrolled, of which 91.52 percent completed the program.

Successful Employment through Lawful Living and Conflict Management (SEALL)
Successful Employment and Lawful Living through Conflict Management (SEALL) is a continuation of the STARS program with a specific focus on maintaining employment and addressing on the job conflict.

In FY 2015, 1,263 SEALL participants enrolled, of which 92.87 percent completed the program.

Thinking for a Change (T4C)
T4C is a 12-week cognitive behavioral program, endorsed by the National Institute of Corrections as a best practice approach for reducing recidivism. T4C is the cognitive behavioral change program adopted by the department for cognitive behavioral change.

In FY 2015, 832 participants enrolled in T4C, of which 88.70 percent completed the program.
Family Reunification and Transition (FRAT)
Many ex-offenders leave prison without developing a plan for rebuilding family relationships and without an understanding of their family’s expectations for when they return home. FRAT is a preparatory program designed to address successful reentry and transition through family reunification and strengthening.

In FY 2015, 645 participants enrolled, of which 87.60 percent completed the program.

What percentage of those inmates are in correctional facilities and community residential placements, respectively, at the time of participation?
All of the inmates indicated in the above data participated in these program within our twelve (12) correctional facilities.

What is the duration of each program?
- Participants attend CYR once a week for ninety minutes per group session for ten weeks.
- Participants attend HOPE once a week for 90 minutes per group session for twelve weeks.
- Participants attend HOPE-W once a week for 90 minutes per group session for ten weeks.
- Participants attend STARS twice a week for two hours per group session for twelve weeks.
- Participants attend SEALL once a week for two hours per group session for six weeks.
- Participants attend T4C twice a week for two hours per group session for twelve weeks.
- Participants attend FRAT once a week for ninety minutes per group session for six weeks.

How many hours of program participation time are with an instructor?
All Office of Transitional Services programs are facilitated by trained DOC Social Workers.

How many are self-directed?
None of the programs offered by the Office of Transitional Services are self-directed.
Discussion Points (Cont’d)

Is there data available comparing the recidivism rates of inmates who have participated in these programs to the rates of those who have not participated? Please summarize any such data.

The data elements are currently being drafted, approved and collected. The Department is working toward finalizing a fully functional Data Mart that will allow for an automated review of reentry initiatives. In order to comply with recent legislation (P.L.2015, c.144) requiring evaluation of reentry initiatives and programs, the metrics will be finalized in time to meet the mandate. These metrics will be tied to the mission and the goals of the specific programs.