Recidivism Analysis of the Hartford Reentry Welcome Center

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EXECUTIVE SUMMARY

The Greater Hartford Reentry Welcome Center (GH-RWC) is operated by Community Partners in Action, a nonprofit organization, with funding from a mix of public-private funding including federal, state, and local government, foundation, corporate, individual donor, and faith-based support. The Center provides information and services to individuals returning to the Greater Hartford area from Connecticut correctional facilities. It opened in the Fall of 2018 in collaboration with several partner services agencies throughout Greater Hartford. While the GH-RWC provides services to any returning citizen, it is designed to have people transported from correctional facilities at the end of their prison sentence directly to the RWC where staff welcome them back to Hartford, identify their most basic needs (i.e., hunger, clothing, toiletries, medications, shelter, state-authorized identification, and transportation), and immediately attempt to address these needs. If individuals need continued support, the GH-RWC can provide an array of services and/or service referrals for more long-term housing, financial assistance, employment, education, family reunification, mental health care, and substance use treatment.

Overview of the Outcome Evaluation
The current study is a follow-up to a 2022 process evaluation conducted by Diamond Research Consulting and assessed recidivism rates of GH-RWC participants. This study centered on three research questions: (1) what were characteristics of GH-RWC participants compared to people also released to the Greater Hartford area after their sentence of incarceration ended who did not seek assistance from the RWC; (2) what were the rearrest, reconviction, and new prison sentence rates of GH-RWC participants compared to a similar group of individuals who did not go to the RWC; and, (3) what factors were related to success in the community for GH-RWC participants? The outcome study employed an analysis of secondary data research design by using existing de-identified court, prison, and homelessness data. The study samples consisted of people who ended their prison sentence and were released from Connecticut correctional institutions to the Greater Hartford and Waterbury areas between June 18, 2018 and December 31, 2020.

The Hartford Data Collaborative (HDC) facilitated the collection and sharing of project data. Prior to CCSU's involvement, the HDC entered into data sharing agreements with Community Partners in Action, the Connecticut Department of Correction, the Connecticut Judicial Branch, and the Connecticut Coalition to End Homelessness. The HDC oversaw the collection, de-identification, and initial cleaning of these electronic data, which were then transferred to CCSU where they were matched and analyzed for this evaluation.

Outcome Evaluation Findings
Who Attended the GH-RWC? In assessing who attended the GH-RWC, the study groups consisted of all people who ended their prison sentence and left Connecticut correctional facilities between September 18, 2018 and December 31, 2020 and returned to the Greater Hartford area. Overall, this study component consisted of 2,547 people. Of these, 174 people participated in the GH-RWC and 2,373 did not. The comparison of these two groups found distinct and important differences between them. GH-RWC participants were older, had been in prison more often, had more mental health, substance abuse, and medical care needs, and were less serious offenders than non-participants. They were also less likely to be under community criminal justice supervision (e.g., probation or special parole), which made them less likely to be

receiving mental health, substance abuse, or medical services than if they were under probation or special parole supervision.

Recidivism Analysis. Propensity score matching techniques were used to create two different comparison groups that were statistically similar to GH-RWC participants: GH-RWC participants with Hartford GH-RWC non-participants and GH-RWC participants with Waterbury GH-RWC non-participants. Of the 174 GH-RWC participants, 157 were matched to a statistically similar group from Hartford who did not seek services at the GH-RWC and 162 were statistically matched to a similar group from Waterbury. This process produced statistically identical comparison groups for demographics (e.g., age, race/ethnicity, gender), CTDOC need and risk scores, housing stability, and criminal history.

The comparison of these groups to GH-RWC participants found that GH-RWC participants had higher one and two-year rearrest, reconviction, and new prison sentence rates compared to the statistically matched Hartford group of non-participants. However, there were no statistically significant recidivism differences between GH-RWC participants and the statistically matched group from the Greater Waterbury area. While the recidivism rates were higher for GH-RWC participants, the seriousness of their new offenses were the same as the other two study groups (over 70% of new arrests were for misdemeanors with no one being reconvicted for a Class A felony and 6 for Class B felonies).

In looking at factors related to rearrests of GH-RWC participants, the only significant factor was the amount of time between leaving prison and attending the GH-RWC. GH-RWC participants were much less likely to be rearrested if they attended the GH-RWC within two weeks after their release from prison. There were no other characteristics that differentiated which GH-RWC participants would be rearrested up to two years after their release from correctional facilities.

Limitations of the This Study and Recommendations for Future Research
Several factors may have influenced the findings of this study and must be taken into consideration. First, the effect of the Covid-19 pandemic on criminal justice processes are still relatively unknown so evaluative research conducted during this time period should be approached with caution. Second, GH-RWC participation data was limited or unavailable. CPA currently collects and maintains more detailed participant information that should be included in future outcome analyses to better determine which factors are related to participant engagement and recidivism. Third, propensity score matching is a powerful statistical technique but is limited by the available data used to perform the matching. Future research should attempt to use data pertaining to other factors that may influence a person's success in the community (pro-social supports, access to stable housing, employment, access to treatment and medical care, transportation, etc.) in addition to the data used in this study. Finally, a key finding in this study was that GH-RWC participants engaged within two weeks of returning to their communities were significantly more likely to be crime-free compared to GH-RWC participants who were engaged after two weeks. Attention should be given to determining which factors may influence early engagement such as CT-DOC pre-release counseling and programming, CPA prison in-reach services (meeting with returning citizens prior to their release), warm hand-offs between GH-RWC and CT-DOC staff when transporting returning citizens to the GH-RWC, and the dissemination of information throughout the community that encourages GH-RWC participation.

INTRODUCTION

The Greater Hartford Reentry Welcome Center (GH-RWC) is operated by Community Partners in Action, a nonprofit organization, with funding from a mix of public-private funding including federal, state, and local government, foundation, corporate, individual donor, and faith-based support. The Center provides information and services to individuals returning to the Greater Hartford area[1] from Connecticut correctional facilities. It opened in the Fall of 2018 in collaboration with several partner services agencies throughout Greater Hartford. While the GH-RWC provides services to any returning citizen, it is designed to have people transported from correctional facilities at the end of their prison sentence directly to the RWC where staff welcome them back to Hartford, identify their most basic needs (i.e., hunger, clothing, toiletries, medications, shelter, state-authorized identification, and transportation), and immediately attempt to address these needs. If individuals need continued support, the GH-RWC can provide an array of services and/or service referrals for more long-term housing, financial assistance, employment, education, family reunification, mental health care, and substance use treatment.

A three-year process evaluation was conducted by Diamond Research Consulting Associates that summarized the GH-RWC activities from its inception through July of 2022.[2] This process evaluation found that a substantial number of GH-RWC participants needed assistance for their most basic needs and those individuals with extensive prior involvement with the criminal justice system and high levels of mental health and substance abuse issues appeared to be the least likely to remain crime free. In terms of program implementation, the evaluation concluded that the GH-RWC had a high amount of fidelity to the program model, in that, it provided a centralized location for reentry information and referrals to housing, substance use/mental health services, employment, transportation, and basic needs; provided a drop-off location on the day of prison release for formerly incarcerated citizens returning to the Greater Hartford area; had qualified and trained case management staff; utilized a collective impact approach to develop a "one-stop shop" for returning citizens that facilitated their ability to access services and community resources; and, appeared to be strengthening collaboration between public and private entities to improve the effectiveness and efficiency of reentry services and processes in the Greater Hartford area.

OVERVIEW OF THE OUTCOME EVALUATION

The current study is a follow-up to the process evaluation and assessed recidivism rates of GH-RWC participants. This study centered on three main research questions: (1) what were characteristics of GH-RWC participants compared to people also released to the Greater Hartford area after their prison sentence ended who did not seek assistance from the RWC; (2) what were the rearrest, reconviction, and new prison sentences rates of GH-RWC participants compared to a similar group of individuals who did not go to the RWC; and, (3) what factors were related to success in the community for GH-RWC participants? The outcome study employed an analysis of secondary data research design by using existing de-identified court, prison, and homelessness

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[1] The Greater Hartford area is comprised of 29 towns including and surrounding the City of Hartford.
[2] Diamond, S., Banks, C., & Fusco, M. (2022). *Greater Hartford Reentry Welcome Center: Year Three Evaluation.* Diamond Research Consulting.

data. The study samples consisted of people who ended their prison sentence and were released from Connecticut correctional institutions to the Greater Hartford and Waterbury areas between June 18, 2018 and December 31, 2020. A more complete description of each study sample will be provided for each analysis.

The Hartford Data Collaborative (HDC) facilitated the collection and sharing of project data. Prior to CCSU's involvement in this project, the HDC entered into data sharing agreements with Community Partners in Action, the Connecticut Department of Correction, the Connecticut Judicial Branch, and the Connecticut Coalition to End Homelessness. The HDC oversaw the collection, de-identification, and initial cleaning of these electronic data, which were then transferred to CCSU where they were matched and analyzed for this evaluation.

Description of Data Sources

Community Partners in Action

The first step in the Hartford Data Collaborative's data collection process consisted of receiving inmate numbers and the dates that people began receiving services from the GH-RWC. During the study period, Community Partners in Action was building a more comprehensive data management system that included more comprehensive detailed participant information such as amount of engagement in GH-RWC services, the length of time a person was engaged, the types of services provided by the GH-RWC, and referrals made for services not provided by the GH-RWC. Unfortunately, these data were not available for this study.

Connecticut Department of Correction (CTDOC)

After receiving the inmate numbers from the Hartford Data Collaborative, the Connecticut Department of Correction matched these to provide the following data: demographics (age, gender, race/ethnicity, gender, last reported town of residence, military veteran status), most recent institutional classification scores (e.g., needs and risk assessments), history of movements while in CTDOC custody, and history of prison sentences.

Connecticut Judicial Branch Court Support Services Division (JB-CSSD)

The JB-CSSD matched the inmate numbers to criminal histories from the Connecticut Criminal History Database. These data consisted of all Connecticut arrests (arrest date, offense description, offense type (felony, misdemeanor, infraction, ordinance violation), offense class/severity level (A, B, C, D, E. or U depending on the offense type), court dispositions (verdict date, verdict type, verdict offense), and sentence for convictions (incarceration, probation, and/or fine).

Connecticut Coalition to End Homelessness (CCEH)

The CCEH is a non-profit organization whose mission is to partner with individuals and organizations throughout Connecticut to prevent and end homelessness. CCEH works with direct service providers offering emergency services to people suffering from homelessness. As such, CCEH collects a variety of data from people seeking services. The data provided by CCEH

consisted of client demographics, appointment dates, location of services offered, housing status, and referral outcomes.

OUTCOME EVALUATION FINDINGS

The evaluation outcome analysis was comprised of two components. The first component examined GH-RWC participants and compared them to people who were also released to the Greater Hartford area after their prison sentence ended but did not seek services at the GH-RWC. The second component compared the rearrest, reconviction, and new prison sentence rates of GH-RWC participants to two statistically similar groups of people; one group was from the Greater Hartford area and the other group was from the Greater Waterbury area. Neither group attended the GH-RWC.

Description of GH-RWC Participants

The first set of analyses focused on which returning citizens sought assistance at the GH-RWC and compared this group to those returning to the Greater Hartford Area that did not. The study groups consisted of all people leaving Connecticut correctional facilities between September 18, 2018 and December 31, 2020. A total of 2,823 people who ended their sentence of incarceration at a correctional facility were included in this initial sample, however, 273 people were excluded because they were serving Federal sentences in Connecticut or were civil commitments to the Connecticut Department of Correction. None of the GH-RWC participants were in these two excluded groups. The final study group for the Greater Hartford area was 2,547 (174 people participating in the GH-RWC and 2,373 who did not).

Study Group Demographic Comparison

Table 1 presents a demographic comparison of these two study groups. The majority of both study groups were males (80.5% for the GH-RWC and 88.5%) with the GH-RWC receiving a higher percentage of women (19.5% compared to 11.5%).[3] The racial/ethnic composition of both groups was relatively the same with a higher percentage of African-Americans participating in the GH-RWC (38.5%) than Whites (31%) or Hispanics (29.3%) participants. GH-RWC attendees were older than those that did not attend (41.5 yrs old vs. 37.2 yrs old) with a higher percentage of GH-RWC participants 50 years old or older (28.2% vs. 17.4%). A very small percentage of people in both study groups were military veterans (1.7% for GH-RWC participants and 3% for non-participants).

CT-DOC Classification Scores

The CT-DOC has an ongoing assessment and classification system designed to determine incarcerated citizens' security, custody, and treatment needs. The classification system is used by CT-DOC staff to place people in the most appropriate security levels and rehabilitative

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[3] CPA operates transitional housing programs for women in the Hartford area who are leaving prison, which likely explains why the percentage of women seeking services at the GH-RWC is higher than the percentage of women leaving prison.

programs. The CT-DOC classification scores presented in this report were the last available ratings prior to people leaving correctional facilities at the end of their sentence of incarceration.[4]

Based on the classification scores, the GH-RWC participants had statistically significant higher TPAI scores[5], more mental health care, more alcohol-drug treatment needs, and more medical and health care needs than non-attendees (Table 2). There were no differences between the two study groups for overall risk level. However, GH-RWC participants had a significantly lower offense severity/violence rating for their current incarcerated offense and a lower detainer history rating.[6] GH-RWC participants did have a higher correctional facility disciplinary history.

Table 1. Demographic Comparison of GH-RWC Attendees and Non-Attendees

	GH-RWC Participants (n=174)	Hartford Non-Participants (n=2,373)	Total (n=2,547)
Gender			
Female	34 (19.5%)	263 (11.1%)	297 (11.7%)
Male	140 (80.5%)	2,110 (88.9%)	2,250 (88.3%)
Race/Ethnicity			
African-American	67 (38.5%)	812 (34.2%)	879 (34.5%)
Hispanic	51 (29.3%)	819 (34.5%)	870 (34.2%)
White	54 (31.0%)	721 (30.4%)	775 (30.4%)
Other	2 (1.1%)	21 (0.9%)	23 (0.9%)
Age at End of Sentence			
16-20 yrs old	0	81 (3.4%)	81 (3.2%)
21-29 yrs old	22 (12.6%)	605 (25.5%)	627 (24.6%)
30-39 yrs old	67 (38.5%)	821 (34.6%)	888 (34.9%)
40-49 yrs old	36 (20.7%)	453 (19.1%)	489 (19.2%)
50+ yrs old	49 (28.2%)	413 (17.4%)	462 (18.1%)
Average Age	41.5 yrs old	37.2 yrs old	
Military Veteran Status			
Yes	3 (1.7%)	72 (3%)	75 (2.9%)
No	171 (98.3%)	2,301 (97%)	2,472 (97.1%)

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[4] See the CTDOC Classification Manual for a detailed description of the scoring the of needs and risks scores.

[5] The TPAI (*Treatment and Program Assessment Instrument*) is an electronically generated and validated community risk screen created and used by the CTDOC to make community release decisions. For more detailed information regarding the TPAI, see *https://www.ct.gov/opm/lib/opm/cjppd/cjresearch/forecastresearchworkgroup/presentations/20090311_tpaiassessm entspathynes.pdf.*

[6] A detainer is a "hold by Connecticut authorities or officials outside the state, bond amount, purge amount and time to serve on a sentence in another jurisdiction after discharge from a Connecticut sentence".

Housing Stability and Criminal History

The final areas of data that were explored were housing stability and criminal history, including whether returning citizens were under the supervision of the Connecticut Office of Adult Probation or were placed in Special Parole supervision following the end of their sentence of incarceration[7] (Table 3). A significantly higher percentage of GH-RWC participants had a CCEH referral (29.9% vs. 13.6%), indicating some degree of housing instability while a higher percentage of non-participants were under probation supervision following their prison release (39.3% vs. 11% of GH-RWC participants). In other words, GH-RWC attendees were much more likely to suffer from homelessness and did not have available services through the Office of Adult probation or Special Parole. For prior incarceration history, the study groups had similar average ages of their first incarceration sentence (approximately 26 years old), however, GH-RWC participants had significantly more prison sentences than the non-RWC group (an average of 7.4 for GH-RWC clients compared to 4.5 for the non-RWC group).

Table 2. CT-DOC Average Needs/Risks Classification Scores

	GH-RWC Participants (n=174)	Hartford Non-Participants (n=2,373)
TPAI Score*	5.91	5.54
Need Scores		
Mental Health Care*	2.47	2.12
Substance Abuse Treatment*	3.83	3.28
Education	2.67	2.67
Medical & Health Care*	2.17	1.99
Sex Offense Treatment	1.32	1.35
Vocational Training/Work Skills	3.26	3.28
Risk Scores		
Overall	2.48	2.55
Violence History	1.70	1.63
Offense Severity/Violence*	1.94	2.11
Prison Discipline History*	1.47	1.30
Detainer History*	1.19	1.40
Security Risk Group Membership	1.11	1.12

*Indicates the groups were statistically significantly different

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[7] Under Connecticut statutes, sentencing judges may require that convicted offenders serve a term of probation (also known as split sentence probation) or special parole after their sentence of incarceration. Convicted offenders placed on probation are supervised by probation officers from the Connecticut Judicial Branch. Convicted offenders placed on special parole are supervised by parole officers located within the Connecticut of Correction.

Table 3. Housing Stability and Criminal History Comparison

	GH-RWC Participants (n=174)	Hartford Non-Participants (n=2,373)
CCEH Referral	52 (29.9%)	323 (13.6%)
Probation Supervision*	18 (11.0%)	921 (39.3%)
Special Parole Supervision	2 (1.2%)	33 (1.4%)
Age of 1st Prison Sentence	26.1 yrs old	26.8 yrs old
Number of Prior Prison Sentences*	7.4	4.5

*Indicates the groups were statistically significantly different

Summary and Observations of The Descriptive Analysis

The comparison of GH-RWC participants to people who returned to the Greater Hartford area but did not seek services from the GH-RWC found distinct and important differences between the two groups. GH-RWC participants were older, had been in prison more often, had more mental health, substance abuse, and medical care needs, and were less serious offenders than non-participants. They were also less likely to be under community criminal justice supervision (e.g., probation and special parole), which made them less likely to receive mental health, substance abuse, or medical services than if they were under probation or special parole supervision.

Recidivism Analysis

Description of the Propensity Score Matching Process

The recidivism analysis looked at rearrest rates, reconviction rates, and new prison sentence rates for GH-RWC participants and compared these rates to non-participants. Ideally, this analysis should be conducted with identical study groups so that any differences in recidivism rates could be attributed to GH-RWC participation. The ideal way to create identical study groups is to randomly assign individuals who are interested in attending the program to an experimental group (those who receive services at the GH-RWC) or a control group (those who do not receive services). While experimental research employing random assignment is the ideal evaluation method to create similar study groups and discover exact program effects, it is very rare in criminal justice settings due to legal, ethical, and practical concerns.

For this analysis, propensity score matching (PSM) was used to create similar study groups with available data. PSM is a statistical technique allowing researchers to control for selection bias when assigning individuals to study groups in situations where random assignment prior to treatment or programming is not possible.[8] PSM calculates a propensity score to determine the likelihood that a person would have been placed in the program based on several pieces of available information. As such, two individuals with similar propensity scores, one in the

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[8]For a more detailed discussion on propensity score matching, see Thoemmes, F. (2012). *Propensity Score Matching in SPSS*. Cornell University Library. Retrieved from: http://arxiv.org/pdf/1201.6385v1.pdf

program and the other not, can be thought of as being randomly assigned to their respective groups.

A two-step propensity score matching process was used to create three distinct study groups: GH-RWC participants, formerly incarcerated people who returned to the Greater Hartford area after their prison sentence ended but did not attend the GH-RWC, and a group of formerly incarcerated people who returned to the Greater Waterbury area after their prison sentence ended where there was not a reentry welcome center.[9] First, propensity scores were calculated for everyone returning to the Greater Hartford and Waterbury areas after their prison sentence ended between June 18, 2018 and December 31, 2020 using the following information: *Age at End of Sentence, CT- DOC Mental Health Need, CT-DOC Substance Abuse Need, CT-DOC Severity/Violence of Current Offense Risk, CT-DOC Detainer Risk, Number of Prior Prison Sentences, Community Supervision After End of Prison Sentence (either probation or special parole), CCEH Contact/Referral (e.g., likelihood of having unstable housing).* Second, people who did not attend the GH-RWC were then matched to people with similar propensity scores of the same gender and race/ethnicity using the "Nearest Neighbor" method.

This process was conducted twice to produce two comparative samples: GH-RWC participants with Hartford GH-RWC non-participants and GH-RWC participants with Waterbury GH-RWC non-participants. Of the 174 GH-RWC participants, 157 were matched to a statistically similar group from the Greater Hartford area who did not seek services at the GH-RWC and 162 were statistically matched to a similar group from the Greater Waterbury area. This process produced statistically identical comparison groups for demographics, CTDOC need and risk scores, housing stability, and criminal history (see the appendix for the tables that compare these groups).

While the propensity score matching process produced statistically similar study groups it is important to note that these groups are not necessarily identical. First, the primary pieces of information used to calculate the propensity scores were the CT-DOC need and risk scores. These assessments were performed while people were still incarcerated and may not have accurately reflected their needs and risks after they left prison, such as pro-social supports and access to services within their communities. Second, people returning to the Greater Hartford area chose whether to seek services from the GH-RWC. Propensity score matching cannot replace or replicate this decision or measure people's motivation to seek services at the GH-RWC or elsewhere.

Comparison of Recidivism Rates

Table 4 presents the rearrest, reconviction, and new prison sentence rates for the two sets of matched study groups. For the Hartford matched groups, GH-RWC participants had a statistically significantly higher one-year rearrest rate (61.1% compared to 47.8% for non-attendees from the Greater Hartford area), however, the two year rearrest rates while different (71.3% vs. 63.1%), were not statistically different. These differences were also seen in the reconviction rates. The one and two-year reconviction rates were statistically higher for GH-

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[9] People returning to Bridgeport and New Haven were not considered for this analysis since both cities have active reentry welcome centers. The Waterbury Reentry Welcome Center did not open until after the study period ended and was not available to people in the study returning to Waterbury.

RWC participants. For instance, by the end of the second year since leaving prison, 49% of GH-RWC participants had been convicted for a new criminal offense compared to 26.8% of non-participants. These statistical differences were also present for new prison sentences with 35.7% of GH-RWC attendees receiving new prison sentences by their second year after prison release compared to 22.3% of non-participants. Additionally, GH-RWC participants were rearrested more quickly than non-participants. GH-RWC participants were rearrested an average of 173 days after their end of sentence compared to 227 days for non- participants.

These statistically significant differences were not present between the GH-RWC participants who were matched with returning citizens from the Greater Waterbury area. While there were differences in rearrest, reconviction, and new prison sentence rates, they were not statistically different. The one difference between these two study groups is that for those people receiving new prison sentences, the Waterbury group were sentenced to significantly more days in prison than the GH-RWC matched group (540 days to 208 days).

The next step in the recidivism analysis examined the severity of the new offenses to determine if the GH-RWC participants were being arrested, convicted, and sentenced to prison for more serious offenses than the other matched study groups (Table 5). In both matched study group comparisons, the majority of new offenses were misdemeanors (over 70% for rearrests) with a very small number consisting of violations or infractions (less than 2% for rearrests). A closer look at recidivism offenses revealed that no one across the study groups were reconvicted for a Class A Felony and 6 people were reconvicted for Class B Felonies (two GH=RWC participants, one Hartford matched non-participant and three Waterbury matched non-participants).

Table 4. Recidivism Rates for Matched Study Groups

	Hartford Matched Groups		Waterbury Matched Groups	
	GH-RWC Participants (n=157)	Hartford Matched Non-Participants (n=157)	GH-RWC Participants (n=162)	Waterbury Matched Non-Participants (n=162)
Rearrest Rate				
One Year	96 (61.1%)*	75 (47.8%)	100 (61.7%)	84 (51.9%)
Two Years	112 (71.3%)	99 (63.1%)	115 (71.0%)	100 (61.7%)
Reconviction Rate				
One Year	66 (42.0%)*	42 (26.8%)	68 (42.0%)	57 (35.2%)
Two Years	77 (49.0%)*	57 (36.3%)	80 (49.4%)	76 (46.9%)
New Prison Sentences				
One Year	50 (31.8%)*	24 (15.3%)	50 (30.9%)	37 (22.8%)
Two Years	56 (35.7%)*	35 (22.3%)	56 (34.6%)	51 (31.5%)
Average Days to Rearrest	173*	227	165	208
Average Days of New Prison Sentence	236	213	229	540*

*Indicates statistically significant differences between the attendees and non-attendees

Characteristics of GH-RWC Participants Who were Rearrested

The final component of the recidivism analysis examined characteristics that may differentiate which GH-RWC participants were rearrested within two years of their end of sentence compared to participants who were not rearrested. The characteristics included in this component were: demographics, CT-DOC classification scores, criminal history, homelessness, whether the participants were being supervised by probation officers after the end of their prison sentence, and the number of days from prison release to intake at the GH-RWC.

Table 6 presents these comparisons and shows that the only statistically significant difference between GH-RWC participants who were rearrested versus those who were not was how long after their prison release they began attending the GH-RWC. The average number of days between prison release and GH-RWC intake for those people who were rearrested was 112 compared to 31 days for those who were not. A further examination revealed that a much higher percentage of participants were arrested if they did not go to the GH-RWC within two weeks of their prison release. Of clients who attended the Center within two weeks of prison release, 63.8% were rearrested within two years compared to 87.9% of those participants who went to the GH-RWC more than two weeks after the end of their incarceration.

Table 5. Recidivism Offense Severity Across Matched Study Groups

	Hartford Matched Groups		Waterbury Matched Groups	
	GH-RWC Participants	Hartford Matched Non-Participants	GH-RWC Participants	Waterbury Matched Non-Participants
Rearrest*				
Violation/Infraction	2 (1.8%)	0	1 (0.9%)	0
Misdemeanor	83 (74.1%)	78 (79.6%)	86 (74.8%)	72 (72.0%)
Felony	28 (23.7%)	20 (20.4%)	28 (24.3%)	28 (28.0%)
Total	112	98	15	13
Reconviction*				
Violation/Infraction	1. (1.3%)	1 (1.8%)	1 (1.3%)	3 (3.9%)
Misdemeanor	63 (81.8%)	43 (75.4%)	65 (81.3%)	50 (65.8%)
Felony	13 (16.9%)	13 (22.8%)	14 (17.5%)	23 (30.3%)
Total	77	57	80	76
Reincarceration*				
Violation/Infraction	0	0	0	0
Misdemeanor	37 (68.5%)	24 (68.6%)	37 (68.5%)	25 (50.0%)
Felony	17 (31.5%)	11 (31.4%)	17 (31.5%)	24 (48.0%)
Total	54	35	54	50

*There were no statistically significant differences between the matched groups

Summary and Observations of The Recidivism Analysis

The recidivism analysis consisted of statistically matching GH-RWC participants to similar groups from the Greater Hartford and Waterbury areas who did not attend the RWC. These

comparisons found that GH-RWC participants had higher recidivism rates than the matched Hartford group and similar rates to the Waterbury group. An examination of the seriousness of the rearrest offenses found no differences between GH-RWC participants and the other two matched groups and over 70% of those arrested in all three study groups were rearrested for misdemeanor offenses.

Table 6. GH-RWC Participants Two Year Rearrest Comparison

	Two Year Rearrest (n=125)	No Rearrest (n=49)
Gender		
Female	24 (70.6%)	10 (29.4%)
Male	101 (72.1%)	39 (27.9%)
Race/Ethnicity		
African-American	52 (77.6%)	15 (22.4%)
Hispanic	34 (66.7%)	17 (33.3%)
White	37 (68.5%)	17 (31.5%)
Other	2 (100%)	0
Average Age at End of Sentence	41.0 yrs old	42.8 yrs old
CT-DOC Classification Scores		
TPAI	6.1	5.6
Need: Mental Health	2.5	2.4
Need: Substance Abuse	3.9	3.7
Need: Education	2.7	2.7
Need: Medical/Health Care	2.2	2.1
Need: Vocational/Work Skills	3.3	3.2
Risk: Overall	2.5	2.4
Risk: Offense Severity/Violence	1.9	2.1
Risk: Prison Discipline History	1.5	1.3
Risk: Detainer History	1.2	1.1
Risk: Security Risk Group	1.1	1.1
Criminal History		
Age of 1st Prison Sentence	25.4 yrs old	27.7 yrs old
Number of Prior Prison Sentences	7.5	7.1
EOS Community Supervision		
None	106 (70.0%)	46 (30.3%)
Probation	15 (84.2%)	3 (15.8%)
CAN Referral		
Yes	38 (73.1%)	14 (26.9%)
No	87 (71.3%)	35 (28.7%)
RWC Days to Intake*	112 days	31 days

*Differences are statistically significant

The exploration of differences between GH-RWC participants who were rearrested to those who were not found that time between prison release and GH-RWC intake was the only significant factor in rearrest. In other words, the sooner a person entered the GH-RWC the less likely they would be rearrested. The most crucial time period appeared to be two weeks. People who went to the GH-RWC more than two weeks after their prison release were significantly more likely to be arrested than people who went through the GH-RWC intake less than two weeks after leaving prison.

CONCLUSIONS AND RECOMMENDATIONS

The Greater Hartford Welcome Center began assisting people leaving correctional facilities at the end of their prison sentence and returning to the Greater Hartford area in the Fall of 2018. A 2022 process evaluation found that GH-RWC staff were closely following its program design and pointed out that a substantial number of participants had extensive basic needs including housing, mental health care, and substance abuse treatment. The current study added to the 2022 process evaluation by assessing outcomes of GH-RWC participants from the first two years of operation (September 2018 to December 2020). This study: (1) identified characteristics of people attending the GH-RWC during this time period; (2) compared the rates of rearrest, reconviction, and new prison sentences of GH-RWC participants to statistically similar groups of people who did not seek services from the GH-RWC; and, (3) explored factors related to GH-RWC participants' success in the community after leaving a correctional facility.

Summary of Overall Findings

There were three overarching findings from this study. First, this study agreed with the 2022 process evaluation in finding that GH-RWC participants were distinctly different than other formerly incarcerated people who did not go to the GH-RWC. GH-RWC clients were older, had more extensive criminal histories but were less serious offenders overall, had more mental health, substance abuse, and medical care/treatment needs. In addition, GH-RWC participants were less likely to be under criminal justice supervision in the community. In other words, GH-RWC participants appeared to be older, were chronic and less serious offenders who had numerous prison stays throughout their lives likely related to their mental health and/or substance use. They also were not under probation or special parole supervision and, as a result, had little or no direct access to services.

Second, GH-RWC participants had higher one and two-year recidivism rates compared to a statistically similar group from the Greater Hartford area. The recidivism differences were not present when repeating these analyses with a statistically matched group from the Greater Waterbury area. While the recidivism rates were higher for GH-RWC participants, the seriousness of their new offenses were the same as the other two study groups (over 70% of new arrests were for misdemeanors with no one being reconvicted for a Class A felony and 6 for Class B felonies).

Third, the amount of time between leaving prison and attending the GH-RWC was related to new arrests. GH-RWC participants were much less likely to be rearrested if they attended the GH-RWC within two weeks after their release from prison. There were no other characteristics that

differentiated which GH-RWC participants would be rearrested up to two years after their release from a correctional facility.

Limitations of the Data and Findings

Several factors may have influenced the findings of this study and must be taken into consideration. These center on the effects of the Covid-19 pandemic and limitations of the data used in the recidivism analysis. The societal effects on the criminal justice system caused by the Covid-19 pandemic, beginning in March of 2020, are still relatively unknown and criminologists are cautious about the generalization of evaluative research conducted between March 2020 and December 2021. For instance, police departments were reluctant to make arrests for nonserious offenses during this time and courts were slowed for several months following the onset of Covid-19. It was highly likely that a person who was arrested before March of 2020 would not have been arrested for the same offense during the Covid-19 pandemic unless the offense was serious and/or violent. Additionally, many service providers were unable to provide direct services during this time, including homeless shelters, which would have had more of a negative effect on GH-RWC participants (since they had a greater need for these services than non-participants). The GH-RWC continued to provide some services and referrals during this time but many service providers were only able to meet virtually with participants.[10]

This outcome study was also limited by the lack of detailed GH-RWC program information. While we know who attended the GH-RWC and their initial intake date, data were unavailable concerning the amount of engagement in GH-RWC services, the length of time a person was engaged, the types of services provided by the GH-RWC, and referrals made for services not provided by the GH-RWC. This information would have allowed for a more thorough study of the GH-RWC's effectiveness in meeting participants' needs and the effects on their recidivism. Finally, it is important to point out that propensity score matching is a powerful statistical technique but is limited by the available data used to perform the matching. The matching data included demographical information, CT-DOC classification scores (while incarcerated), and prior prison sentences. Unfortunately, data were not available pertaining to other factors that may contribute to a person's success in the community such as pro-social supports (family and friends), stable housing, employment, access to treatment and medical care, transportation, etc. These data are especially important given that the end of sentence prison population tends to have limited or no pro-social supports in the community.

Recommendations for Future Research

The ongoing study of the Greater Hartford Reentry Welcome Center outcomes should include more detailed information on participants' post-prison support systems and level of GH-RWC engagement, CT-DOC community supervision prior to and after prison release, and types of probation services/supervision following prison release. Community Partners in Action has purchased a web-based case management information system (Salesforce) and currently collections and maintains more detailed participant information regarding participants' assessments, social supports, and basic needs along with RWC participation (e.g., length of engagement, number of staff contacts, treatment referrals, etc.). This information should be

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[10] The GH-RWC provided cellular phones to participants during this time to help them obtain virtual services.

included in future outcome analyses to better determine which factors are related to participant engagement and recidivism.

While the CT-DOC data did provide prison release dates and end of sentence dates, it also should provide information as to whether people participated in community release prior to their end of sentence (e.g., transitional supervision, halfway house, parole, furlough) so the research can determine how much people were in the community prior to prison release versus people who spent their entire sentence incarcerated.

A high percentage of people released from correctional facilities were required to serve additional sentences under community supervision (e.g., probation or special parole). Additional information from probation and parole would allow for the evaluation to determine which people received services as part of this community supervision, which may explain why they did not seek services at GH-RWC.

Finally, a key finding in this evaluation was that GH-RWC participants who were engaged within two weeks of returning to their communities were significantly more likely to be successful and remain crime-free compared to GH-RWC participants who were engaged after two weeks. More attention should be given to this finding to determine which factors may influence early engagement such as CT-DOC pre-release counseling and programming, CPA prison in-reach services (meeting with returning citizens prior to their release), warm hand-offs between GH-RWC and CT-DOC staff when transporting returning citizens to the GH-RWC, and the dissemination of information throughout the community that encourages GH-RWC participation.

APPENDIX

Table 7. Demographic Comparison of Matched Study Groups

	Hartford Matched Groups*		Waterbury Matched Groups*	
	GH-RWC Participants	Hartford Matched Non-Participants	GH-RWC Participants	Waterbury Matched Non-Participants
	(n=157)	(n=157)	(n=162)	(n=162)
Gender				
Female	27 (17.2%)	27 (17.2%)	25 (15.4)	25 (15.4)
Male	130 (82.8%)	130 (82.8%)	137 (84.6%)	137 (84.6%)
Race/Ethnicity				
African-American	62 (39.5%)	62 (39.5%)	63 (38.9%)	63 (38.9%)
Hispanic	48 (30.6%)	48 (30.6%)	50 (30.9%)	50 (30.9%)
White	46 (29.3%)	46 (29.3%)	49 (30.2%)	49 (30.2%)
Other	1 (0.6%)	1 (0.6%)	0	0
Age at End of Sentence				
16-20 yrs old	0	2 (1.3%)	0	1 (0.6%)
21-29 yrs old	19 (12.1%)	24 (15.3%)	21 (13.0%)	25 (15.4%)
30-39 yrs old	61 (38.9%)	46 (29.3%)	62 (38.3%)	48 (29.6%)
40-49 yrs old	33 (21.0%)	45 (28.7%)	33 (20.4%)	46 (28.4%)
50+ yrs old	44 (28.0%)	40 (25.5%)	46 (28.4%)	42 (25.9%)
Average Age	41.6 yrs old	41.2 yrs old	41.5 yrs old	41.4 yrs old
Military Veteran Status				
Yes	3 (1.9%)	3 (1.9%)	2 (1.2%)	5 (3.1%)
No	154 (98.1%)	154 (98.1%)	160 (98.8%)	157 (96.9%)

*There were no statistically significant differences between the matched groups

Table 8. CT-DOC Classification Score Comparison between the Matched Study Groups

	Hartford Matched Groups*		Waterbury Matched Groups*	
	GH-RWC Participants (n=157)	Hartford Matched Non-Participants (n=157)	GH-RWC Participants (n=162)	Waterbury Matched Non-Participants (n=162)
TPAI Score	5.94	5.82	5.99	5.95
Needs				
Mental Health	2.49	2.44	2.43	2.46
Substance Abuse	3.80	3.80	3.82	3.83
Education	2.68	2.71	2.65	2.72
Medical/Health Care	2.18	2.21	2.14	2.3
Sex Offender Treatment	1.32	1.18	1.33	1.32
Vocational/Work Skills	3.25	3.26	3.28	3.33
Risks				
Overall	2.48	2.36	2.5	2.49
Violence History	1.72	1.65	1.72	1.69
Offense Severity	1.98	2.01	1.96	2.08
Discipline	1.46	1.32	1.46	1.55
Detainer	1.20	1.17	1.19	1.13
Security	1.12	1.15	1.12	1.23

*There were no statistically significant differences between the matched groups

Table 9. Housing Stability and Criminal History Comparison between Matched Study Groups

	Hartford Matched Groups*		Waterbury Matched Groups*	
	GH-RWC Participants (n=157)	Hartford Matched Non-Participants (n=157)	GH-RWC Participants (n=162)	Waterbury Matched Non-Participants (n=162)
CCEH Referral	44 (28.0%)	40 (25.5%)	44 (27.2%)	42 (25.9%)
Probation Supervision	19 (12.1%)	17 (10.8%)	18 (11.1%)	20 (12.3%)
Special Parole Supervision	2 (1.3%)	2 (1.3%)	2 (1.2%)	2 (1.2%)
Age of 1st Prison Sentence	25.82 yrs old	26.24 yrs old	25.89 yrs old	26.02 yrs old
Number of Prior Prison Sentences	7.6	7.9	7.4	7.5

*There were no statistically significant differences between the matched groups