Rhode Island
Working Group for Juvenile and Criminal Justice

FINAL REPORT AND RECOMMENDATIONS

JANUARY 10, 2020

January 10, 2020

Dear Governor Raimondo,

We are pleased to present you with the final report of the Juvenile & Criminal Justice Working Group, which was convened pursuant to Executive Order 19-08. Since you convened this group in August 2019, the Working Group has held eleven meetings in total to review data-driven presentations and discuss ways in which we can reform our justice system to lead to better outcomes for incarcerated or formerly incarcerated individuals.

The Working Group was divided into two subcommittees, one focused on adult criminal justice reform, specifically around reentry, and the other around juvenile justice. Both subcommittees were comprised of members representing your state agencies, prosecutors, defense attorneys, law enforcement officers, faith leaders, educators, veterans, academics, community and nonprofit organizations, and individuals with lived experience in the justice system. We wish to thank each of them for their time, effort, and experience that they each collectively brought to the Working Group.

While the two subcommittees varied from juvenile to adult justice, there was a common theme of providing a more holistic approach to individuals in our state who are reentering their communities, whether for juveniles at the Training School or adults at the Adult Correctional Institutions. It is in the best interest of our state to ensure this population has adequate housing, healthcare, employment, and educational opportunities. This benefits everyone and increases public safety by ensuring there is a lower likelihood of recidivism and assists in bringing down the future costs of corrections.

Justice Reinvestment in your first term was a critical first step in reforming our justice system, and the work this group undertook offers a series of next steps to follow-up on that work. We offer these following recommendations in the hope that they will be used to assist the State in making difficult budgetary, administrative, and policy choices in the year to come. Our recommendations were not meant to be exhaustive, but rather to provide a high-level overview of the areas the Working Group focused on and ways in which the State can review these topics. These proposals represent the Working Group's broad consensus about our state's criminal and juvenile justice related policies.

We thank you for the opportunity to serve on this Working Group and we look forward to working with your administration, state agencies, and the General Assembly to implement these proposals.

Sincerely,

The Honorable Michael B. Forte	The Honorable Maureen B. Keough	Michael Grey
Co-Chair	Co-Chair	Co-Chair

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Introduction

The Juvenile and Criminal Justice Working Group was created by Executive Order 19-08, signed by Governor Gina M. Raimondo on August 7, 2019. The group was organized into two subcommittees: one focused on juvenile justice and another focused on adult criminal justice, specifically reentry. The subcommittees organized meetings by topics laid out in the Executive Order.

For the Criminal Justice Subcommittee meetings, the topic areas included:

- A review of the current state of reentry services provided by the Rhode Island Department of Corrections (DOC), with a focus on opportunities and challenges that currently exist at the Adult Correctional Institutions (ACI) for individuals upon release,
- The housing related barriers that exist for this population,
- The parole process in our state, and the behavioral health challenges that incarcerated individuals experience when they are reentering the community, and
- A review of reentry in our state, with a focus on employment and educational challenges and opportunities.

For the Juvenile Justice Subcommittee, the topic areas included:

- A review of the key metrics for juvenile justice,
- Examining the racial and ethnic disparities that exist based on those metrics, and focusing on the entry points that lead to those disparities, with the Working Group narrowing on the work of Juvenile Hearing Boards (JHB's) and truancy as key entry points,
- The intersection of behavioral health and juvenile justice, with a focus on the Rhode Island Training School (RITS) and the changing nature of juvenile corrections in our country, and
- The reentry process that juveniles experience leaving the Training School and ways to improve their transition back to the local communities and expanding career readiness opportunities for these justice-involved youth.

The goal of these meetings was to provide background and context to the administrative, legislative and budgetary recommendations that the group recommends in this report. Collaboration is the key. The Working Group consisted of a variety of key stakeholders that met monthly since the group's inception. The long-term strategy for collaboration should be to identify the best state and community partners to achieve success.

Executive Summary of Working Group Recommendations

The Working Group discussed a wide array of topics over the course of the four months that the group met. The Working Group produced several broad recommendations, organized by the topic area in this report. These recommendations are excerpted below and a more fully described in the remainder of this report.

Criminal Justice Subcommittee

Rhode Island Department of Corrections & Reentry Recommendations

1. A more robust discharge planning unit for the DOC, with a focus on ensuring government benefits are in place before an individual is discharged from the facility as well as ensuring the other housing, employment and education recommendations are implemented.
2. Increased healthcare services access and making sure that currently and formerly incarcerated individuals have proper access to medical and behavioral health services as they transition out.
3. Implement strategies to incentivize the Work Release Program at the Minimum Security facility.
4. Parole-related reform, including reforms that will allow for low-level violators to remain in the community following technical parole violations. Additionally, exploring ways that our state can join other states in offering some form of geriatric parole as another way to assist with our aging population at the DOC.

Housing Recommendations

5. Establish an outcomes-based supported housing program pilot.
6. Develop a feasibility assessment and implementation pathway for rehabilitative housing model.
7. Enact discrimination protections that will benefit people leaving the ACI and eliminate legal restrictions to housing options where possible.
8. Create stronger housing placement infrastructure at the DOC.
9. Make new investments in housing options for the justice-involved.

Employment & Education Recommendations

10. Enact or amend a data sharing agreement between DOC and DLT so that the state can track outcomes of education and employment programs conducted inside the ACI.
11. Ensure that all programing offered at the DOC is high quality and aligned to industry demand.
12. Access to technology should be embedded in training programs.
13. Provide additional capacity and dedicated funding to create pre-apprenticeship and apprenticeship pathways inside the ACI.
14. Drive equity-focused licensing reform through state agencies when possible.

Juvenile Justice Subcommittee

Juvenile Hearing Board Recommendations

15. Expand the Juvenile Hearing Board (JHB) and DCYF pilot programs if it proves to be a successful model in Providence and Central Falls. These pilots may also help address the racial and ethnic disparities that exist in the juvenile justice system.
16. Increasing the ways that referrals are made to JHBs by allowing school districts, families, or the Family Court to refer.
17. Utilize the Risk Assessment Instrument, passed into law by the General Assembly in 2008, for detention decisions to make them more equitable.

Truancy Related Recommendations

18. Propose statutory language to require schools complete problem-solving preliminary steps, like connecting families and resources to school supports, before filing a petition.
19. Provide robust in-school counseling and health services and develop stronger connections between schools and local service providers.

20. Drive work to shift the way educators understand truancy and how truancy petitions can negatively impact youth.
21. Utilize early truancy prevention measures in early childhood and elementary education.
22. Employ restorative justice practices.

The Training School, Behavioral Health, and Increasing Community Service Capacity

23. Establish crisis behavioral health services for youth.
24. Review rates for critical behavioral health services.
25. Incentivize the uptake of trauma-informed care.
26. Eliminate administrative barriers for accessing insurance.

Training School Reentry – Education and Employment

27. Require transition planning meetings to happen earlier and for transition calls with schools to happen several weeks before a youth is released.
28. Expand who is eligible for the Reentry Court.
29. Create a pilot PrepareRI internship program for youth at the Training School.
30. Create a "check list" of best practices to support the reentry process and ensure that transition counselors are implementing best practices.

The Criminal Justice Subcommittee

The Criminal Justice Subcommittee was created to focus on the barriers that exist in our state for formerly incarcerated individuals, which prevents them from successfully reentering the community and to also explore ways that our state agencies can better assist in their reintegration. The Department of Corrections' most recent data revealed that approximately 2,700 sentenced individuals were released from prison in Rhode Island, and 47% of these individuals returned to prison within three years with 32% returning in the first twelve months.[1] It is in the state's best interest to ensure that these individuals have access to services that will aid them in making successful transitions back into their communities. It benefits everyone when individuals who are being released from incarceration have stable housing, educational opportunities, and viable employment. If individuals recently released from the ACI can obtain housing, employment and/or education resources they are less likely to reoffend, which in turn drives down the cost of reincarceration, reduces the crime rate, improves public safety and helps our economy grow.

Department of Corrections Overview

Recognizing that successful reentry should begin on the first day of a person's incarceration, the subcommittee began its work by reviewing the current state of reentry efforts by the Rhode Island Department of Corrections. The DOC offers an array of educational and employment-related programming intended to decrease recidivism and increase public safety. They use the following core values to guide this work:

- Case management approach to train inmates with marketable skills

[1] The Rhode Island Department of Corrections defines recidivist as an individual who was released from sentence at the DOC within a specific period of time (3-year cohort) and returned as a sentenced inmate.

- Meaningful education
- Gainful employment

The Department's mission is focused on public safety through the maintenance of a balanced correctional system of institutional and community-based programs that provide rehabilitative options to help facilitate successful reentry. The DOC manages an average daily population of 2,665 individuals, both awaiting trial and sentenced, and has six secure Adult Correctional Institutions (ACI) located within a one-mile radius on the Pastore Complex in Cranston, RI.

The DOC's inmate population was at 1,095 in 1986, steadily rising to over 3,000 in 1997.[2] By 2008 the inmate population was at 3,860, the highest it has ever been; making it clear that something needed to be done to help reduce the number of individuals incarcerated at the ACI. In 2010 the population began to steadily decrease with the passage of legislation which equalized the rate of good time credit earned among all inmates (other than sex offenders) and provided incentives for inmates to participate in evidence-based treatment and programs.[3]

Reducing recidivism still plays a key part in the Department's mission. In 2015, the DOC pulled a cohort of 2,887 distinct release events and tracked them for 3 years. During the analysis, they had a recidivism rate of 32% for Year 1, which significantly decreased in Year 2 with only a 10% rate of recidivism. By Year 3, the rate decreased further to only 6%. Overall there was a 47% rate of recidivism, compared to the 2004 cohort rate of 54%. This is the lowest recidivism rate since they began tracking it in 2004.[4]

The Department credits this decrease in recidivism to the myriad treatment and programming options being offered while individuals are incarcerated at the ACI. Since 1974, the justice system operated under the "Nothing Works" doctrine, based on a study done by Robert Martinson, who concluded that prisoner rehabilitation programs did not work, resulting in programs being removed from prisons across the country.[5] Specifically, between 1987 and 2000, more studies on the rehabilitation of prisoners were conducted, finding that inmate rehabilitation does work and that properly run community-based programs could result in a 10-20% reduction in recidivism.[6] Based on the findings of these studies, prisons began re-introducing rehabilitative programming.

During FY19, 1,670 DOC inmates participated in and/or completed one or more rehabilitative programs offered at the ACI. Today, the DOC uses the Risk-Need-Responsivity principle to identify who to target, what needs should be targeted, and how to properly target those needs. Utilizing a validated risk/need assessment tool, the Level of Service Inventory-Revised (LSI-R), the DOC can identify those who are likely to recidivate but who, through treatment and proper programming, are more likely to be rehabilitated. Once assessed and scored, they are placed in appropriate evidence-based programming (CORE Programs) designed to help address the needs of the inmate. Some CORE Programs offered at the

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[2] *See* DOC presentation to the Working Group on 9/11/19. All presentations have been filed with the Secretary of State's Office as attachments to the minutes that have been filed.
[3] *Id.*
[4] *Id.*
[5] *Id.*
[6] *Id.* (citing to Cullen and Gendreau (2000)).

ACI include but are not limited to, substance use disorder treatment, anger management programs and cognitive restructuring. The benefits of evidence-based program participation during incarceration include changes in anti-social and pro-criminal thought patterns and reduction in recidivism post-release, and such programming is effective in both institutions and in community settings.

The Department also offers elective programs (non-evidence-based) which are open to all at the ACI. Elective programs include, but are not limited to, family and parenting programs, faith-based and religious services, health and life skills classes, vocational training and employment services, and education classes. Studies have shown that students who complete postsecondary education courses while incarcerated have lower recidivism rates, remain in the community longer than the general release population, are more engaged, and are at lower risk of being a management problem.[7] These students also enroll in other types of programming and have lower rates of involvement with the disciplinary process.

While the current incarcerated population is at its lowest since 1996, with a projected growth of +278 to FY2025, those serving time here have numerous issues that staff and its facilities are not equipped to properly manage or treat. The DOC's incarcerated population are individuals who are aging, have substance use disorders, and/or serious mental health issues. With budgetary constraints getting tighter every fiscal year, hiring staff to appropriately treat these individuals is challenging. Further, upon release, community care for these individuals is also inadequate, making successful transition back to the community extremely difficult.

The Department's strategic goal moving forward is to establish more meaningful partnerships with other state departments, higher education institutions and community partners to better assist with job training, job searches and admission to postsecondary education for learning opportunities as well as improving discharge planning services including Medicaid enrollment. There are, however, impediments to meeting these goals. Generally speaking, the Working Group initially identified several themes or issues that in one way or another prevent an individual's ability to successfully reintegrate into the community once released from incarceration. These included:

- Finding employers willing to hire individuals with a criminal history is a challenge. Even employers open to hiring this population may have overly restrictive requirements or the ACI may not have training programs preparing individuals with the appropriate skills. Employers need to be trained on the benefits of, and what to expect when, hiring recently incarcerated individuals. However, job training and education during incarceration has limited effectiveness without access to continued career and education resources upon release.
- Transportation presents a significant challenge to justice involved individuals upon their reentry. Public transportation in Rhode Island is not always accessible or efficient and may be outright impractical for someone traveling between home, work, school and any places that person must

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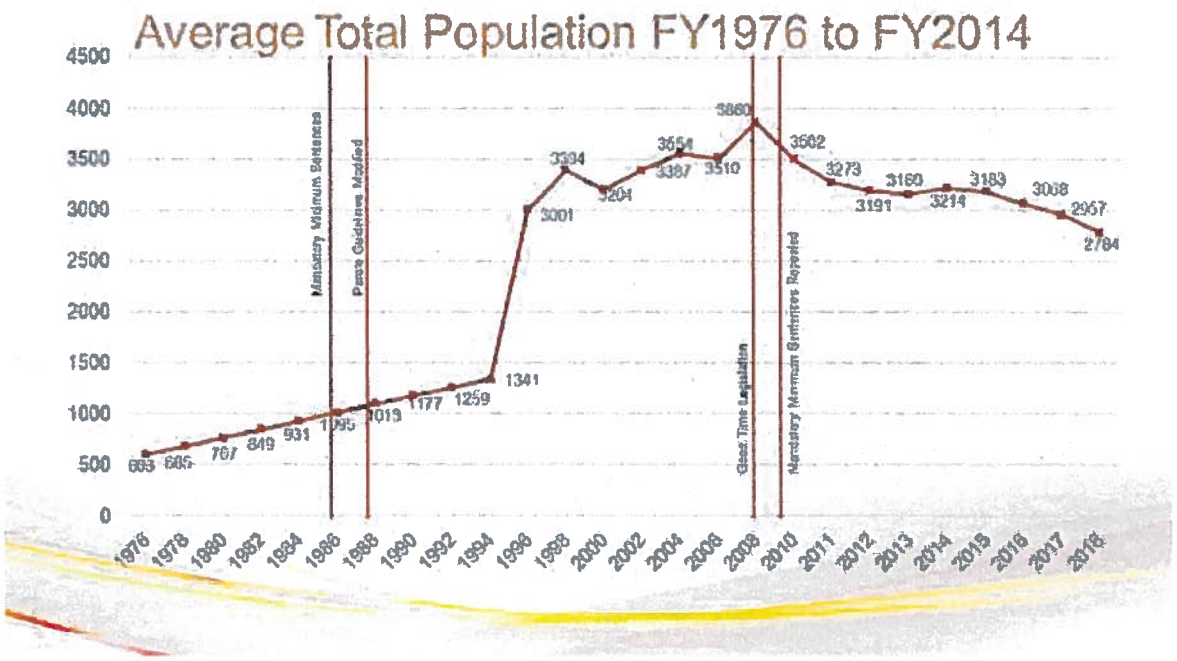
[7] *See Post-Secondary Correctional Education and Recidivism: A Meta-Analysis of Research Conducted 1990-1999,* Cathryn A. Chappell, Journal of Correctional Education (1974-) Vol. 55, No. 2 (June 2004), pp. 148-169.

travel between. The State needs to begin thinking about more viable transportation options for the population in general as well as people post-release.

- Housing is also one of the most important pieces of successful reintegration but finding and maintaining safe and affordable housing is an urgent challenge in Rhode Island today, especially for those with criminal convictions.

The DOC reviews individual probationer requests to determine eligibility for early termination of probation. This was an important part of Governor Raimondo's first term Justice Reinvestment Initiative in which she worked closely with the judiciary to achieve. Early termination of probation allows individuals the ability to more easily apply for jobs, housing and education opportunities, both in- and out-of-state. As Rhode Island has some of the longest probation terms in the country, shortening them at sentencing would be helpful for reintegration purposes.

Successful reintegration of formerly incarcerated individuals requires a significant commitment of resources across the state. The DOC cannot accomplish it alone; the State of Rhode Island, and its many community partners need to do their part.



Challenges & Opportunities

As a result, the Working Group focused on key areas where the DOC, in conjunction with other State agencies, can encourage successful transitions from incarceration:

- A more robust discharge planning program. Specifically, making sure enrollment into government benefits such as, Medicaid enrollment, Supplemental Nutrition Assistance Program (SNAP) and Driver's Licenses applications, is done more seamlessly by working collaboratively with those agencies administering those benefits. This increased focus on discharge planning should also include the healthcare challenges that these individuals face, for both medical and behavioral health.

- Increase the number of individuals classified to the Minimum Security Facility, which may help drive more people into the work release program. Participation in the work release program assists with a more successful transition to the workforce upon discharge.
- Parole reform related to technical violations, and ensuring individuals are given every opportunity to remain in the community as long as possible, supported by community treatment and other interventions. The group also discussed ways we can expand parole opportunities for more individuals at the ACI.

Discharge Planning, Public Benefits Transition and Healthcare Services

The Department presented that it has struggled with its current contract to maintain and provide effective discharge planning for individuals being released. The Working Group discussed how a more robust discharge planning unit could greatly assist in making sure reentry planning is a top priority. In addition, despite assistance from other agencies, many individuals do not have their Medicaid benefits or SNAP benefits in place upon discharge. The Working Group discussed how effective the discharge planning services are for the incarcerated veteran population at the ACI, and a future model could replicate that.

Individuals who are incarcerated suffer from physical, medical and behavioral health issues at much higher rates than the overall population. The rates of acute illnesses, such as Hepatitis C, HIV, and tuberculosis are nine times, four times, and twelve times higher (respectively) in jails and prisons than they are nationally.[8] 56% of state prisoners and 64% of jail inmates are affected by a mental health problem and are much likelier to have a serious mental illness or substance use disorder.[9] Often when people with mental, substance use or co-occurring disorders are released from jail or prison requiring access to critical services, they cycle in and out of justice system involvement. Timely access to health benefits – in particular, Medicaid - upon release is essential for the well-being of these individuals and the communities to which they return.

Currently, individuals who are eligible for Medicaid prior to incarceration have their eligibility suspended for the duration of their incarceration. Incarcerated individuals with suspended eligibility are automatically renewed if the renewal is passive. They are automatically eligible the day after they are released through a data interface between DOC and Medicaid and can access their Medicaid ID number through HealthSourceRI (HSRI). Enrollment in managed care occurs 7-10 days after release for RIte Care members and up to 40 days for an Expansion/Rhody Health Partners member. Discharge planners assist people being released in completing applications for Medicaid and SNAP, but they do not necessarily know who will have coverage automatically turned back on, nor do they have the capacity to see every person released from the ACI (inmates can also refuse this service). For that reason, it is likely that discharge planners are doing redundant work and that the system is missing certain people who would be eligible for Medicaid if they completed an application.

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[8] *See* ASPE Issue Brief, "The Importance of Medicaid Coverage for Criminal Justice Involved Individuals Reentering Their Communities," (April 2016).

[9] *See* James, D. and Glaze, L. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report (NCJ 213600), U.S. Department of Justice, September 2006. Available at: http://www.bjs.gov/index.cfm?ty_pbdetail&iid_789

If someone is incarcerated for a substantial amount of time, they may lose their Medicaid eligibility, meaning their benefits will be terminated, not just suspended. Currently, there is not a strategy (aside from passive renewals) for renewing benefits while people are incarcerated. This presents an opportunity for ensuring that a higher number of individuals are automatically eligible for Medicaid upon release.

While access to benefits is essential, it may not be sufficient. Through discussions with advocates and people with lived experience, the Working Group came to understand that coverage alone may not be enough to ensure access to medical care. In order to ensure that men and women leaving the ACI have timely access to Medicaid and medical care, the Working Group recommends that:

- The Executive Office of Health and Human Services (EOHHS), Medicaid and DOC work to ensure that discharge planners know whose Medicaid benefits will automatically be turned back on upon release. Discharge planners will be better able to focus their efforts on individuals who would not receive benefits without their intervention.
- Medicaid and DOC explore options for active renewal of coverage for people while they are incarcerated.
- Medicaid and DOC explore options for ensuring that people have an insurance card when they leave the ACI.
- EOHHS, Medicaid, and DOC work to enhance data-sharing in order to understand post-release utilization of health care services and improve access to care.

The Working Group also heard about the unique health challenges that individuals face upon discharge from the ACI. Dr. Lauren Weinstock's presentation to the group highlighted that this population has a disproportionately high rate of mental illness and substance use disorder and have numerous barriers to healthcare access. The presentation focused specifically on the heightened risk of suicide for this population upon discharge back to their communities. There were also recommendations within the presentation that we need to focus on identifying and treating these individual's prerelease and assist in service linkage challenges upon discharge. A more robust discharge planning could assist in making sure this is a priority for individuals about to be released. Additionally, the Working Group identified that there could be more healthcare access to those on the inside, including increasing the number of staff and improving preventative care, which could help improve the health outcomes for the incarcerated population and those being released.

Increasing Capacity at Minimum Security and the Work Release Program

The Work Release program is run at the Minimum Security facility at the ACI and provides an opportunity for individuals to obtain employment in the private sector while residing at the facility. The program allows these individuals to go off-site jobs during the day and return to the facility at night. It was designed to help individuals pursue further training and vocational opportunities before they are released and can help increase their marketability to potential employers. At its best, it can continue once the inmate is released and serves to eliminate employment as a barrier of successful reentry. The Working Group was invited to tour the Minimum Security facility, and at the time of that tour, the work release program only had 12 men participating and only 1 female. The Minimum Security facility was also only at 28.8% of capacity at that time. The Working Group identified two ways to increase the work release population: through the inmate classification system and the work release statute.

Classification

According to the Department, classification is a process by which offenders are assigned to facilities based upon their respective risks and needs. Factors considered in this process include: (1) determination and assignment of appropriate custody and security levels; (2) program placement based on inmate needs and available services--medical, mental health, vocational, educational and employment; (3) designation to proper housing placement within the institution; and (4) scheduled review of custody assignments to reassess inmates' needs and risks. The Working Group learned that the DOC is currently undertaking a review of their classification system and is updating the way inmate classification occurs with the overall goal being to classify to the least restrictive custody level. The Working Group recommends that this update to the classification system be used to increase the number of inmates assigned to Minimum Security which allows more inmates to participate in the Work Release program and that the DOC work to articulate a goal for the individuals at the Minimum Security facility.[10]

Work Release Statutes

The Working Group recommends that the statute governing work release should be updated to allow for the individuals in the program to take home more earnings, and provide greater incentives to participate – one way to do this would be to adjust the amount that is withheld for room and board from a gross to net figure.[11] By providing a greater incentive for participation in the work release program, this recommendation can help fulfil the goals of providing rehabilitative options and preparing these individuals to be productive citizens upon release. More individuals on work release means more individuals are better prepared to rejoin society and the workforce. In addition to this suggested statutory change, the Working Group also discussed ways the DOC could examine and reduce the disincentives to participate in this program, while enhancing the incentives to participate. For example, the DOC no longer views having a no-contact order as a categorical denial to participate. Each request to participate in work release is reviewed on a case-by-case. In those cases where a no contact order exists further review is made to determine if the no-contact order should exclude that person from participation in the program.

The Director of the Department of Corrections currently has the statutory ability to grant furloughs to inmates who meet certain specified criteria, as laid out in §42-56-18. The Working Group discussed using this statute as an additional incentive to increase participation in the work release program. Such furloughs may allow inmates in the work release program to better prepare for reintegration into

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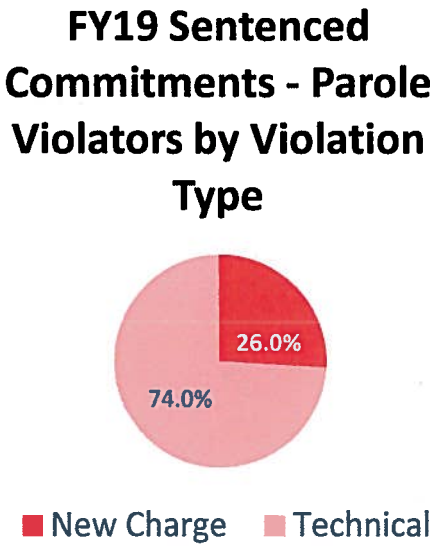
[10] The DOC shared that the next steps in this classification update for 2020 is for their information technology (MIS) to modify the Classification/Re-classification summary screens in the DOC electronic inmate tracking system (INFACTS), which will allow the DOC to implement the new Risk Assessment tool used for classification. In the coming year, they will begin the testing phase to ensure that the system is working properly before implementation. Additionally, they are developing training on all of the classification and re-classification changes for the Counseling Services Coordinators to present to the Adult Counselors, who are responsible for the completion of the Risk Assessment tool.

[11] The Statute is found in R.I. Gen. Laws § 42-56-38. Assessment of costs(b) and currently provides that, "(b) Notwithstanding the provision of subsection (a), or any rule or regulation promulgated by the director, any sentenced offender who is ordered or directed to the work release program, shall pay no less than thirty percent (30%) of his or her gross salary for room and board."

society by reconnecting them with family and supportive members of the community, as well as, to seek employment and housing. This statute is consistent with best practices in rehabilitation and reunification of the inmate population back into the community and should be utilized to increase the work release population.[12]

Parole Overview



In addition to the DOC overview, the Working Group also heard from the Parole Board and how its mission is to enhance public safety, contribute to the prudent use of public resources and consider safe and successful reentry though discretionary parole. Governor Raimondo's first term saw substantial changes to the parole process in Rhode Island. The Justice Reinvestment legislative package reformed parts of the parole process, namely, the loss of "street time" is now discretionary as to whether and how much time lost. Additionally, the medical parole statute was expanded to update the definition of terminally ill, thus making more individuals eligible for this type of parole.

Despite the changes above, there is more work to be done. The presentation noted that improvements should be made to the data collection and assessment process to measure success. Additionally, there is currently no discharge planning available for those being released on parole. The RI Reentry Collaborative is a collaboration of Amos House, the Center for Prisoner Health and Human Rights at the Miriam Hospital, the Institute for the Study and Practice of Nonviolence, and the Reentry Campus Program and has helped to fill a void for this returning parole population by providing comprehensive services. The RI Reentry Collaborative is a great example of how community-based services can work in conjunction with government to collaborate effectively. The Working Group heard a presentation from the RI Reentry Collaborative, specifically Heather Gaydos and James Monteiro highlighted the ways in which the state can better support reentry efforts.

Finally, the Working Group discussed that there could be an expedited parole revocation process. This would be in the form of a statutory amendment to the parole revocation statute to allow for swifter responses to technical parole violations and allow for low-level violators to remain in the community.[13] Additionally, following the DOC presentation, the Working Group discussed the aging prison population and how this population has a variety of healthcare related needs and increased medical related costs while incarcerated. Seventeen other states and the Federal Government have some version of "geriatric" parole, but Rhode Island currently does not. If Rhode Island's parole statute were expanded

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[12] *See Inmate Furlough and Beyond – A Question of Punishment or Rehabilitation*, Mengbei Wang, University of New Haven, EBP Society (2019).
[13] *See* RI. Gen. Laws §13-8-18.1.

to include geriatric parole, the state would be in line with those others and also still allow the Parole Board the discretion to deny parole if it is not appropriate for an individual.[14]

Lastly, the Working Group discussed other barriers that prevent successful reentry including the barriers that exist simply because someone has a criminal conviction. While the Working Group was restricted in nature due to the limited duration the group met, the subcommittee and breakout group sessions dedicated to reentry discussed possible reform to the state's expungement laws, whether by decreasing the time required to have a conviction expunged or to study how other states have successfully implemented "Clean Slate" or an automatic expungement process. The Working Group also discussed the barriers that are placed on this population through the Court fines and fees and discussed ways to ensure the 2008 law around ability to pay determinations are being followed and applied.[15]

DOC Reentry Recommendations

1. **A more robust discharge planning unit, with a sub-focus on ensuring that government benefits are in place before an individual is discharged from ACI facilities.** The Working Group discussed how many of the recommendations return to having an effective discharge planning unit and how the DOC has struggled with this under the current vendor contract in place. A more robust discharge planning unit has significant potential to reduce recidivism and positively impact people's lives through a more coordinated approach.
2. **Healthcare services access – making sure individuals have proper access to medical and behavioral health services as they transition to the outside.** A better focus of resources on preventive care at the DOC and more efficient management of medical issues could assist in reducing the incidence of hospital stays, emergency room visits and crisis care. Overall, devoting additional resources to this has potential to generate significantly improved health outcomes for the incarcerated population and those that will be reentering society.
3. **Find ways to incentivize the Work Release Program.** The Working Group recommends a statutory change to the work release statute to increase the amount of money an individual receives when participating, to incentivize more people to participate into the program. This recommendation should work in conjunction with the utilization of furloughs, as well as the updates to the classification procedures that the DOC is currently undertaking.
4. **Parole-Related Reform.** The Working Group recommends a statutory change to the parole revocation statute to allow for swifter responses to technical parole violations and allow for

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[14] The other states that have expanded their parole to include some sort of geriatric release do so for a variety of reasons, including that the United States criminal justice population is aging at more rapid rate than the overall population. According to one study, "[t]he age that a prisoner is considered to have reached the "older" or "geriatric" threshold varies by jurisdiction. In general the age cutoff is lower than for non-prisoners because of the common perception that many incarcerated persons experience "accelerated aging". "Accelerated aging" takes into account the high prevalence of risk factors for poor health that are common in incarcerated persons, such as a history of substance abuse, head trauma, poor healthcare, and low educational attainment and socioeconomic status. While empirical studies of accelerated aging in prisoners are lacking, research shows that incarcerated individuals age 50 or older are significantly more likely to suffer from one or more chronic health conditions or disability than their community-dwelling counterparts." *See Addressing the Aging Crisis in U.S. Criminal Justice Healthcare,* Williams, Goodwin, Baillargeon, Ahalt and Walter (J Am Geriatr Soc. 2012 Jun; 60(6): 1150–1156.)

[15] *See* RI Gen. Laws § 12-6-7.1. Service of arrest warrants (c)

low-level violators to remain in the community. Additionally, the group discussed that Rhode Island currently does not have any geriatric parole like many other states and the federal government have. The Working Group recommends exploring ways that our state can join these others as another way to assist with our aging population at the DOC.

Housing Options for People Reentering the Community

The second meeting of the Governor's Criminal Justice Working Group focused on housing availability at reentry. The meeting featured two presentations, followed by discussion. The presentations included:

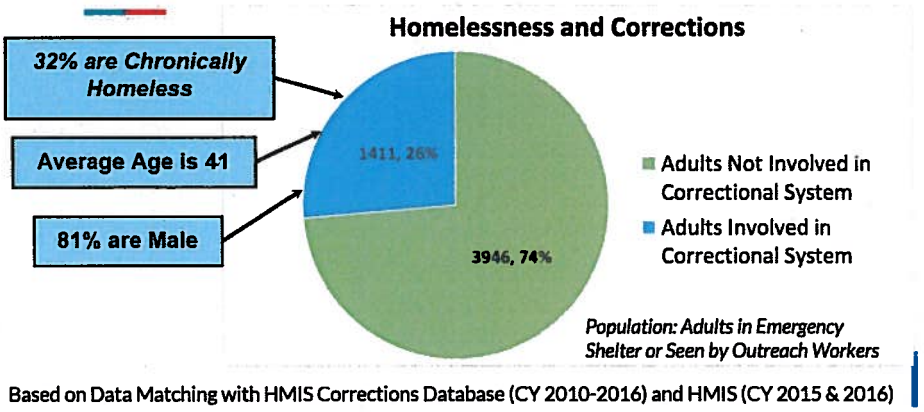
- Caitlin Frumerie, Executive Director of the Rhode Island Coalition for the Homeless, and Meko Lincoln, Manager at Amos House, presented on housing affordability and homelessness challenges in Rhode Island, including heightened challenges experienced by people with criminal justice system involvement and data on societal expenses related to homelessness.
- Chelsea Ross, Associate Director at CSH, presented on the "CT-FUSE," or Frequent Users Systems Engagement, an outcomes-based supported housing program implemented in Connecticut targeted toward that state's justice-involved population. The presentation included data on the benefits of that program, which has resulted in reduced recidivism for program participants and in a savings to the State of Connecticut as a result of these recidivism reductions.

Additionally, Working Group members and members of the public provided comment on criminal justice-related housing issues during the December meeting.

Housing Barriers on Reentry

People who have experience in the criminal justice system as well as providers who serve them consistently identify one major barrier to achieving stability following reentry: safe housing. Safe housing is a critical component to ensuring post-reentry success. In fact, many providers working with people who have experience with the criminal justice system say that without safe housing, most other interventions provide limited benefit to clients or no benefit at all. People experiencing chronic homelessness comprise a substantial share of Rhode Island's criminal justice-involved population: 1,411 people--or 32 percent—of people who are chronically homeless have a record of involvement with the criminal justice system.[16] Providers widely agree—and studies independently validate—that safe and stable housing is critical to prevent recidivism.

[16] Per Rhode Island Coalition for the Homeless presentation to Criminal Justice Working Group on 10/03/2019, based on data matching between HMIS Corrections Database and HMIS between 2010-2016.



RI Coalition for the Homeless Presentation to the Working Group, 10/03/19

However, the availability of safe housing to people exiting the ACI is severely limited. Even people leaving the ACI who have some financial means will find difficulty securing safe and stable housing: the tightening housing market in Rhode Island has limited the availability of affordable housing in the state. The median income of all renters in Rhode Island, not just those who have interactions with the criminal justice system, is just $31,510 each year, but the income needed to afford a two-bedroom apartment in state is significantly higher at about $55,400.[17] Many people exiting the ACI have no income at all. As of 2018, the median rent in Rhode Island was $1,000 each month—a very large amount of money for someone who is also just reentering the labor market and is otherwise able to find a job.[18] Further compounding this challenge, Rhode Island is experiencing a historic housing shortage: the state has approximately 23,000 fewer units of affordable housing for extremely low-income renters than needed.[19] One 2016 study by HousingWorks projected that the state would need to build 34,000 to 40,000 units to keep pace with changing demographics in RI and meet population housing needs, but data indicate that Rhode Island is falling far short of that goal.[20] The tight housing market results in even more limited housing options for people with structural barriers, like people leaving the criminal justice system.

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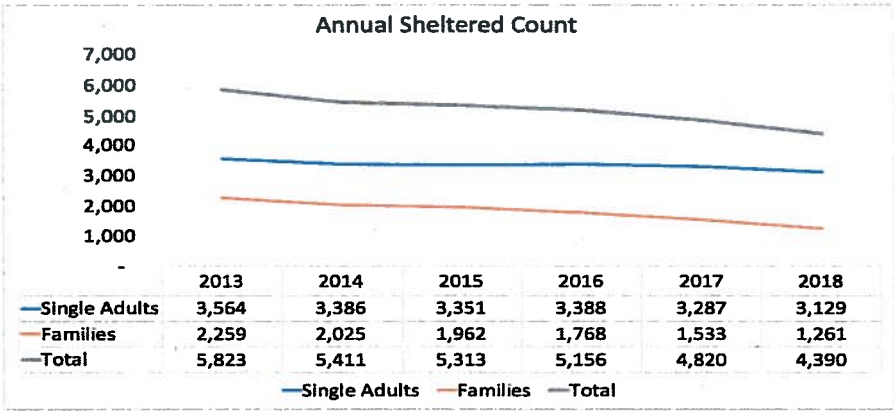
[17] *See* Housing Works RI 2018 Fact Book
[18] *See* Center on Budget and Policy Priorities, 2019
[19] *See* National Low Income Housing Coalition, accessed 2019
[20] *See* HousingWorks RI 2016 study per Providence Journal



	2013	2014	2015	2016	2017	2018
Single Adults	3,564	3,386	3,351	3,388	3,287	3,129
Families	2,259	2,025	1,962	1,768	1,533	1,261
Total	5,823	5,411	5,313	5,156	4,820	4,390

RI Coalition for the Homeless Presentation to the Working Group, 10/03/19

Aside from the financial challenges of obtaining safe housing, people with criminal records face other barriers not experienced by individuals without criminal records, including restrictions that bar people with criminal histories from living in certain facilities and discrimination against people with justice system involvement. According to a national survey by the Ella Baker Center for Human Rights, 79% of people surveyed were either ineligible for or denied housing because of their or their partner's prior involvement with the criminal justice system.[21] Housing restrictions and discrimination further limit an already curtailed supply of housing for people leaving the ACI.

Ella Baker Center, RI Coalition for the Homeless Presentation to Working Group, 10/03/19

Challenges to Housing Availability and Access

The housing meeting of the Criminal Justice Working Group identified these issues and others as major barriers to success following reentry for people leaving the ACI. Presentations to the group and

[21] RI Coalition for the Homeless presentation to Criminal Justice Subcommittee of the Governor's Criminal Justice Working Group on 10/03/19

conversations with Working Group members identified the following key housing modes for people exiting the ACI, each of which is challenged by availability or access and/or poses another risk to their ability to remain in the community.

- **Private Real Estate Market:** Some people leaving the ACI may have the means or support to enter the real estate market, but as noted above, this option is not available to many on reentry.
- **Known Relation:** Many leaving the ACI will move in with family or friends; when available, housing placement with known relations may not offer seamless or even feasible access to many of the obligations (parole and employment) expected of people leaving the ACI.
- **Subsidized Housing:** The State does have subsidized housing options, but these programs are severely limited and do not meet the current level of need statewide for all populations, including people exiting the ACI who may be eligible for subsidized housing programs.
- **Service-Supported Housing:** Some program-based housing options may be available for clients with specialized service needs, like Mental Health Psychiatric Rehabilitative Residences (MHPRRs) for people who have serious mental illness and limited ability to live in the community, but these units are also in short supply, and are by definition limited to the people experiencing the challenges these purpose-built facilities are set up to serve.
- **SUD-Focused Housing Modes:** Some people exiting the ACI may be eligible for recovery housing or SUD residential treatment programs. However, recovery housing programs are at capacity, with long waiting lists, and resources including insurance coverage may not be available for SUD residential treatment programs. Further, the level of care offered in residential treatment programs may not be appropriate for all people exiting the ACI with a diagnosis of substance use disorder; outpatient care may be more effective.
- **Nursing Home/Assisted Living Placement:** When and where nursing home and assisted living placements are available and with insurance coverage, nursing home placement may be an option for clients with eligible needs. In addition to placement restrictions, nursing homes may not accept clients with criminal records.
- **Shelter:** Many without another option will enter the shelter system. Rhode Island's shelter system is strained their ability to operate efficiently and ensure warm handoffs to appropriate services or community resources.
- **Discharge with No Housing Option:** Some in the ACI will experience homelessness or return to homelessness on exiting the facility.

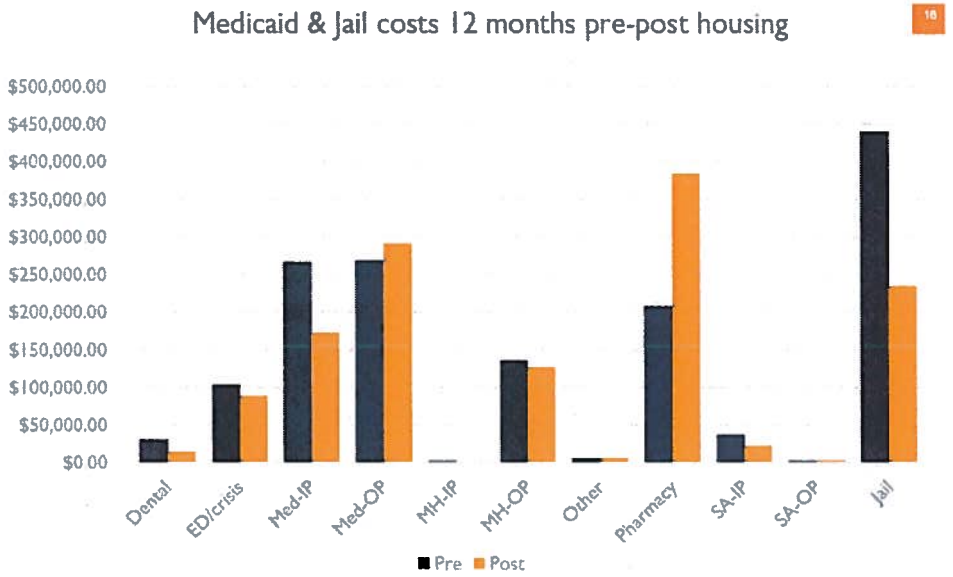
Other Notes on Limits to Housing Following Reentry

Rhode Island does not have a network of halfway or rehabilitative housing as is available in other states and through the federal criminal justice system. Many Working Group members identified this as a significant challenge to rehabilitation in the community and reductions in recidivism.

In addition, the Working Group members and presentations considered process barriers to ensuring a smooth transition to housing at reentry. Several participants in the Criminal Justice Working Group meetings stressed that the Department of Corrections and housing service providers would benefit from more extensive collaboration, and that discharge planning efforts must concentrate more on planning for client housing at discharge.

Recommendations for Consideration

The Working Group members, in consultation with State staff, have proposed the following recommendations to address challenges experienced by people involved with the criminal justice system. Recommendations are intended to be achievable in the short-term, some with budgetary implications, but may speak to, or are intended to advance discussion on systemic changes achievable in the long-term.



CSH Presentation on CT Fuse to the Working Group, 10/03/19

Housing Recommendations

1. **Establish an outcomes-based supported housing program pilot:** During the housing meeting, Working Group members expressed interest for the presentation shared by Chelsea Ross from CSH on the CT-FUSE program, and wondered about ways of replicating that program in Rhode Island. While not targeted exclusively to DOC inmate population, Rhode Island has endeavored to create an outcomes-based supported housing program dedicated to people who have extensive involvement with emergency services, and this population overlaps significantly with these same individuals. A successful demonstration in Rhode Island may help to understand the programs usefulness in-state.
2. **Develop feasibility assessment & implementation pathway for rehabilitative housing model:** A major shortcoming of the State's criminal justice system may be the lack of a halfway or rehabilitative housing program. As noted above, these programs are commonplace across the country, and provide an opportunity for people exiting the ACI to transition to independent community living more gradually. Rehabilitative housing could also provide an opportunity for extended case management.
3. **Enact discrimination protections that will benefit people leaving the ACI & reduce legal restrictions to housing options where possible:** In addition to legislation proposed by the Raimondo administration during the 2019 legislative session that would outlaw discrimination based on source of income, the State should consider enactment of other anti-discrimination

protections that will benefit people with any history of justice system involvement. Additionally, the State should work collaboratively with all state housing authorities to eliminate restrictions they have placed that effectively bar people with criminal histories from public housing, beginning with an assessment of each housing authority's policies that may pose a barrier to people leaving the criminal justice system. The State and providers should also take action—whether through legislation, regulation, or cooperation—to eliminate or reduce restrictions that prevent people with criminal histories from entering various settings, including nursing homes or other special care facilities.

4. **Create stronger housing placement infrastructure at the DOC:** Through administrative effort, the DOC and external service providers to the formerly incarcerated should partner to cultivate more robust focus on housing in discharge planning, potentially beginning the discharge planning process earlier at least with respect to housing for those eligible. Doing so could enable people in the criminal justice system to get more immediate access to housing placement upon reentry and could be helpful in connecting people in the ACI with other appropriate housing options. One area of focus should be on data-sharing; creating more seamless data-sharing options between housing services providers and the DOC. They could also use the discharge planning process to help people leaving the ACI secure all necessary identification documents, ensuring that people will have any documents needed to secure a housing placement.
5. **Make new investments in housing options for formerly incarcerated individuals:** While affordability and access issues are too significant to solve in a short period of time, Rhode Island should consider targeted, gradual investments in housing options—subsidized housing, program-based housing, and supportive housing—over time.

Employment and Education Opportunities

As previously stated, there is a large need for targeted work to improve education, job training, and pathways to employment for the population at the ACI. According to the DOC, as of December 2019, around 75% of individuals currently incarcerated have the equivalent of a high school diploma or higher.[22] Although some in the ACI may need remedial education resources, it indicates that the largest educational and training need within the ACI is post-secondary and targeted workforce development coursework.

The Working Group heard presentations on some of the current offerings of education and training opportunities for individuals while they are incarcerated, as well as supports upon release. The Community College of Rhode Island (CCRI) currently has the contract to provide post-secondary coursework inside the ACI. They align course offerings to a General Studies Associates Degree to offer classes that will reach the most people. This degree is not specifically aligned to any workforce or employer pathways and are actively being phased out at CCRI.

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[22] Data from RI Department of Corrections, December 2019

Between May 2018 and August 2019 CCRI offered 38 college-level and developmental education classes inside the ACI, with a seat count of 753, serving 340 individuals.[23] Despite this participation, the Working Group heard these programs lack guidance on what coursework to take and how they can lead to jobs upon release. There is no consistent alignment of offerings to a degree in fields that could get someone a good paying job upon release, and more specifically, in a field where an individual's record would not prevent them from getting a license.

In addition to the traditional college level course that CCRI offers, it was reported to the Working Group that there are four other types of workforce programing that is offered inside the ACI.

- **Adult education coursework**: Classes aimed at improving remedial skills such as reading comprehension, mathematic computation and application and written expression.
- **GED (High School Diploma Equivalency)**: For students that have demonstrated competencies in fundamental academics (literacy, mathematics, composition) to begin preparation to take the GED exam.
- **Barbering Program**: Completion consists of classroom and barbershop practicum experience, including time in Barbering Year 1 Apprenticeship and passing the RI State Barbering Exam.
- **CCRI Vocational- Education Programs:** 9 program courses including HVAC, HVAC Advanced, Plastering and Drywall, Plastering and Drywall Practicum, Building Construction, Building Construction Practicum, Culinary, Food Safety Handler ServSafe and Computer Literacy-Basic.

Challenges and Opportunities

Limited Data Collection Makes Tracking Outcomes of Programs Difficult

The Rhode Island Department of Labor & Training (DLT) presented to the Working Group the limited data they currently have on the outcomes and cost of some of the workforce and education programs offered at the ACI. This is due to a limitation in a current data sharing agreement between DLT and DOC. This agreement is for a specific purpose and currently does not allow the state to look at education and employment outcomes post-release for the participants of all DOC offered programing. This made it difficult for the Working Group to appropriately evaluate the programs that are currently being offered and what impact they have. For this reason, basic questions on program effectiveness, like whether these programs result in someone getting a good paying job upon release, were not able to be answered.

Lack of Alignment of Programs Offered to Accessible Jobs

Planning for release should begin as soon as an individual is sentenced as almost all people who become incarcerated will be released. The Working Group discussed the need for better planning and support while individuals are serving their time. Career awareness and support are needed within the ACI for the entirety of someone serving their time, not just when thinking about reentry. Specific emphasis should be on ensuring that career exploration and training opportunities are focused on careers where having a criminal record will not be a barrier to employment. Academic coursework and workforce training should be aligned to those career paths, with clear communication inside the ACI of

[23] Data from Community College of Rhode Island, December 2019

the training needed to gain credentials valued by employers in those fields. This includes examining what trainings are offered, and possible expansion.

Additional barriers to ensuring industry alignment stem from the lack of access to technology inside the ACI. There are some classes that use computers, however because of the need to monitor use, very little programing can be offered on a computer, and no programing is currently able to use the internet. This limits the types of skills individuals can gain while inside as well as prevents online course offerings from being offered.

Overall, there is a lack of employer-led and informed programming currently being offered. There are no registered apprenticeships, pre- apprenticeship or similar options for individuals to get industry recognized credentials. Other states have seen apprenticeships inside prisons as a successful model for both providing job training aligned to industry demand and creating pathways for individuals to secure employment post release. [24]

Man Up

Rhonda Price spoke to the group about Man Up, a program funded by Real Jobs RI that works with formerly incarcerated individuals. The program ensures individuals gain the skills and credentials necessary to open the door to education, higher wages and career opportunities. They do this through: 1) accredited job training leading to industry recognized credentials; 2) job placement in the high-demand manufacturing, construction, defense industries, other occupations, and enrollment in institutions of higher learning; and 3) an effective social support system. Over the last 6 years, the program has enrolled 209 individuals in some capacity. Of those, 97 entered training, 62 completed that training and 75 obtained some type of employment (52 that were related to the job training and 23 that were not).

Improved Connection to Education and Training Upon Release

On average, given the current policies and limitations of course offerings due to physical space restrictions and budget, it takes someone 5-7 years to accumulate enough credits to earn an associate degree while inside. There are a few programs with exceptions, however general polices allow someone to only be enrolled in 1-2 course at a time. Due to the difficulty to complete a degree while inside, the State needs to provide better supports to ensure individuals have successful connections to education, training and employment opportunities once they are released. The Working Group discussed a need for better counseling and support during this process, specifically for the purpose of ensuring a connection to employment, enrollment in education programing, and ensuring a smooth pathway to programs that help connect individuals.

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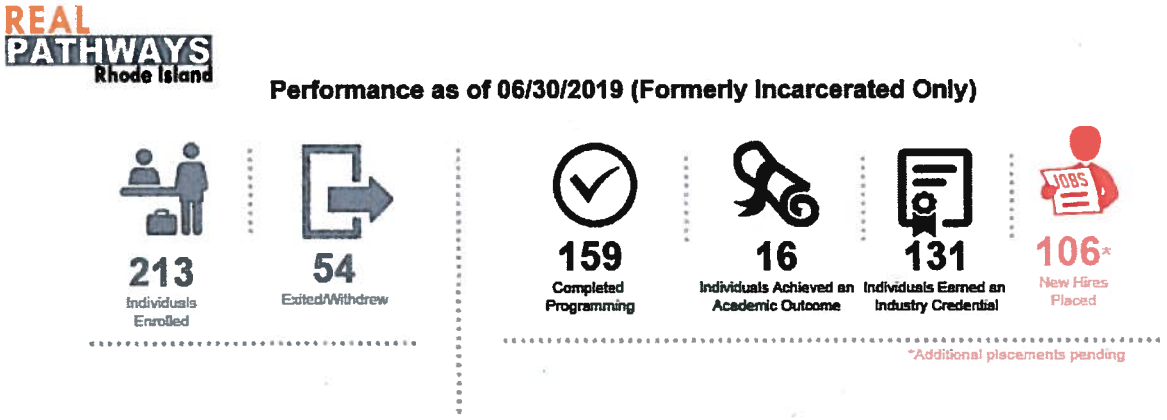
[24] *See The Case for Paid Apprenticeships Behind Bars, Center for American Progress*, McGrew, Annie and Hanks Angela, 2017, https://www.americanprogress.org/issues/economy/reports/2017/04/27/431384/case-paid-apprenticeships-behind-bars/

Lumina Grant

In December 2019, Rhode Island was selected for the State Challenge Grant to support currently incarcerated and recently released adults to earn a high-quality postsecondary credential through better policy, alignment and inclusive programming. This is a collaborative grant between DOC, DLT, and the Office of the Postsecondary Commissioner and will allow for a comprehensive action plan that will improve postsecondary attainment for currently incarcerated and re-entering adults.

The Working Group heard presentations from DLT about the Linking to Employment Activities Pre-Release (LEAP) model, a program that was grant funded and operated by DLT in partnership with the DOC. The program provided one-on-one career counseling to individuals as they prepared to be released with the focus on securing employment by navigating many of the barriers that an individual can face while incarcerated. Over half of the individuals secured employment who had these supports. The program was grant funded and was not able to continue when the outside funding was gone.

The Real Pathways platform is the state's community-based workforce training program that supports partnerships between and among public, private and non-profit agencies with a focus on serving populations with barriers to employment, formerly incarcerated being one of those presentations. Outcomes of these program include:



Department of Labor and Training presentation to the Working Group on 11/20/19

Formally incarcerated individuals are also served through the state's Real Jobs platform and other state funded workforce training programs.

Fair Chance Licensing

Licensing needed for employment was identified as an additional barrier to employment for individuals who are formally incarcerated. In Rhode Island, 42% of jobs in growing industries require licenses.[25] Current policies give licensing boards discretion to deny applicants arbitrarily based on conviction history, with good moral character and other vague exceptions keeping people from

[25] French, Marcelin and Harris, Debbie, Fair Chance Licensing In Rhode Island Presentation to Criminal Justice Sub Committee Working Group, 11/20/19

meaningful living-wage work. This limits employment in many occupations just because an individual has a criminal record.

Employment & Education Recommendations

1. **Enact a new data sharing agreement or amend the existing data sharing agreement between DOC and DLT so that the state can track outcomes of education an employment programs conducted inside the ACI.**
2. **Ensure that all programing offered at the DOC is evidence based and aligned to industry demand:** The education team at the DOC, in collaboration with CCRI, should create multiple pathways that are clearly articulated for individuals while incarcerated so they can make informed choices of what classes to take. To do this, CCRI should examine the course offerings at the ACI to make sure they are aligned with industry needs and focus on embedding work readiness into their programing. CCRI should also integrate their pathways to programing at ACI and provide more industry-connected programming, aligned to credentials in high wage, high demand fields. Materials should be made and then disseminated to counselors at the ACI to ensure that there is career counseling support.
3. **Access to technology should be imbedded in training programs.** The ACI is examining their policies around access to technology to allow for computer skills to be embedded at the ACI, as well as expand educational option by possibly offering online classes. Expansion is dependent on safety and security with respect to online access.
4. **Provide additional capacity and dedicated funding to create pre-apprenticeship and apprenticeship pathways' inside the ACI.** DLT and DOC should work in collaboration with industry to bring existing pre-apprenticeship and apprenticeship training and pathways inside the ACI in high-growth fields.
5. **Provide additional capacity and dedicated funding for personalized support during discharge process with skills for connecting individuals directly into education and employment opportunities.** DLT and DOC should work in collaboration to ensure that individuals knowledgeable of the education and employment landscape of the state are able to work with individual's pre and post release. They should focus supports on providing individualized counseling to navigate all the available programing to ensure smooth transitions into continued education, or direct employment.
6. **Continue to work with state agencies that have licensing authority to ensure equity-focused licensing reform.** The Working Group recommends supporting licensing reform where possible and support legislation to change statue when appropriate.

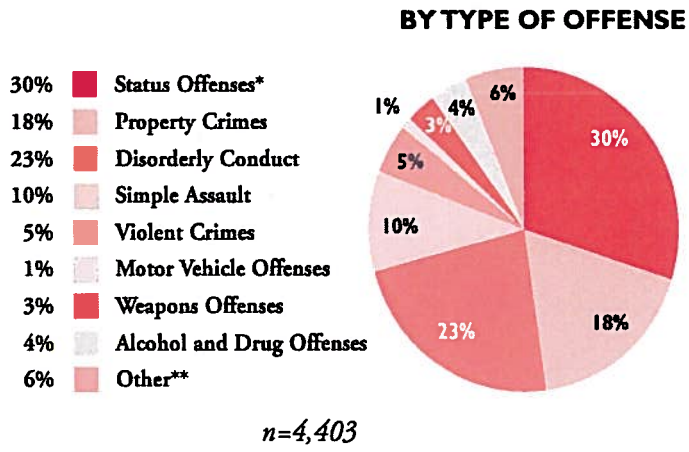
The Juvenile Justice Subcommittee

The Juvenile Justice Subcommittee was formed to address the factors that lead to entry into our juvenile justice system, to review the current use of the Rhode Island Training School (RITS) with a focus on the behavioral health challenges that exists for the youth there, and the reentry-related challenges that youth face when leaving the facility. This subcommittee met monthly, and at its first presentation heard a comprehensive data overview from Rhode Island Kids Count and the Rhode Island Family Court

to review what the current data shows in terms of the youth that are entering our justice system and the services they are being offered at the Family Court.

Juvenile Justice in Rhode Island

The first presentation of the Juvenile Justice Subcommittee was an overview of the data for juvenile justice metrics in Rhode Island by RI Kids Count. It is promising that over the past ten years, the number of youths being referred to the Family Court for wayward or delinquent offenses has been steadily declining. Since 2010, the number of juvenile offenses heard at the Family Court has fallen by 41%, from 7,493 in 2010 to a low of 4,403 in 2018.[26] This steady decline is also evident in the number of youths at the Training School during the same period. Since 2009, the number of youth at the Training School has declined by 68%.[27] According to the presentation by the RI Training School, the average daily census is between 40-50 youth.[28] These significant declines are no doubt attributable to the many individuals involved in our juvenile justice system who have worked diligently over the past decade to contribute to this decline. In particular, the Family Court should be commended for their work in decreasing juvenile detention, and to the team of individuals who have participated in the Annie E. Casey Juvenile Detention Alternatives Initiative (JDAI) in our state.



Source: Rhode Island Family Court, *2010-2018 Juvenile Offense Reports.*
Percentages may not sum to 100% due to rounding.

Within the number of youth referred to the Family Court, the data was separated into the types of cases that are referred. As the chart provided by RI Kids Count demonstrates, the highest percentage of cases referred to the Family Court (30%) are for status offenses, which are age related acts that would not be punishable if the child were an adult, such as truancy and disobedient child petitions. Truancy was a topic the Working Group revisited in later meetings.

The Family Court also presented at the first meeting and reviewed the Juvenile Diversion program the Court has been operating since 1978. The juvenile intake department processes between 3,600 to 5,000 petitions annually, serves as a successful model for diversion in our state and helps our youth avoid the formal court process. For example, in 2018 the Family Court was able to successfully divert 43% of all cases referred to the Family Court. In addition to the diversion program, the Family Court also shared data related to their truancy calendars.

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[26] RI Kids Count Factbook, 2019, "Youth Referred to Family Court"
[27] RI Kids Count Factbook, 2019 "Youth at the Training School"
[28] Presentation by Larome Myrick to the Working Group, 10/07/19.

Dr. Kathleen Kemp, Ph.D, is the Director the Family Court's Mental Health Clinic and reviewed the results of a mental health and substance use screening evaluation she recently conducted for 12 school-based truancy calendars and the results were noteworthy. 58% of youth were flagged on two or more indicators on the Massachusetts Youth Screening Instrument -2 (MAYSI-2) scales for anger/irritability, depression/anxiety, suicide ideation, or thought disturbance.[29] This data further emphasized that mental and behavioral health interventions are needed for these youth.

Dr. Kemp also shared the impact of juvenile justice involvement on our youth. The first arrest of a juvenile doubles their risk of dropping out of high school, and any court processing further increases the risk of drop out and future delinquency, when compared to diverted youth.[30] She also shared that simply appearing in court one time increases the high school dropout rate more than a first-time arrest without a court appearance.[31] This overview confirmed why finding ways to limit those entry points is vital for the future success of our youth in the juvenile justice system. The Working Group focused an entire meeting on those entry points, with specific focus on truancy and juvenile hearing boards.

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2018
White	64%	56%
Hispanic	21%	36%
Black	6%	28%
Asian	3%	1%
Multi-Racial	5%	8%
American Indian	<1%	2%
Unknown	NA	5%
TOTAL	*223,956*	*283*

Finally, the data overview from both presentations showed that there is disproportionate minority contact, or racial and ethnic disparities in many of the juvenile justice data metrics. This was clearly seen in the percentage breakdown at the Rhode Island Training School.

Juvenile Hearing Boards (JHB)

As the data above indicated, focusing on entry points to the juvenile justice system is significant because of the detrimental consequences that a youth endures as they go deeper into the justice system through court involvement. The Working Group focused an entire meeting around juvenile hearing boards and truancy, in order to better understand ways youth are entering the juvenile justice system and how we can successfully divert more youth from it. In addition to the above research, the presentation about juvenile hearing boards demonstrated that, if done properly, the State can also begin to address the racial and ethnic disparities (RED) that are prevalent in our juvenile justice system through these entry points, and work toward a more equitable system.

JHBs are a form of pre-court diversion. The goals are three-fold: restorative justice, prevention, and community investment. They are run by individual municipalities and consist of dedicated volunteers

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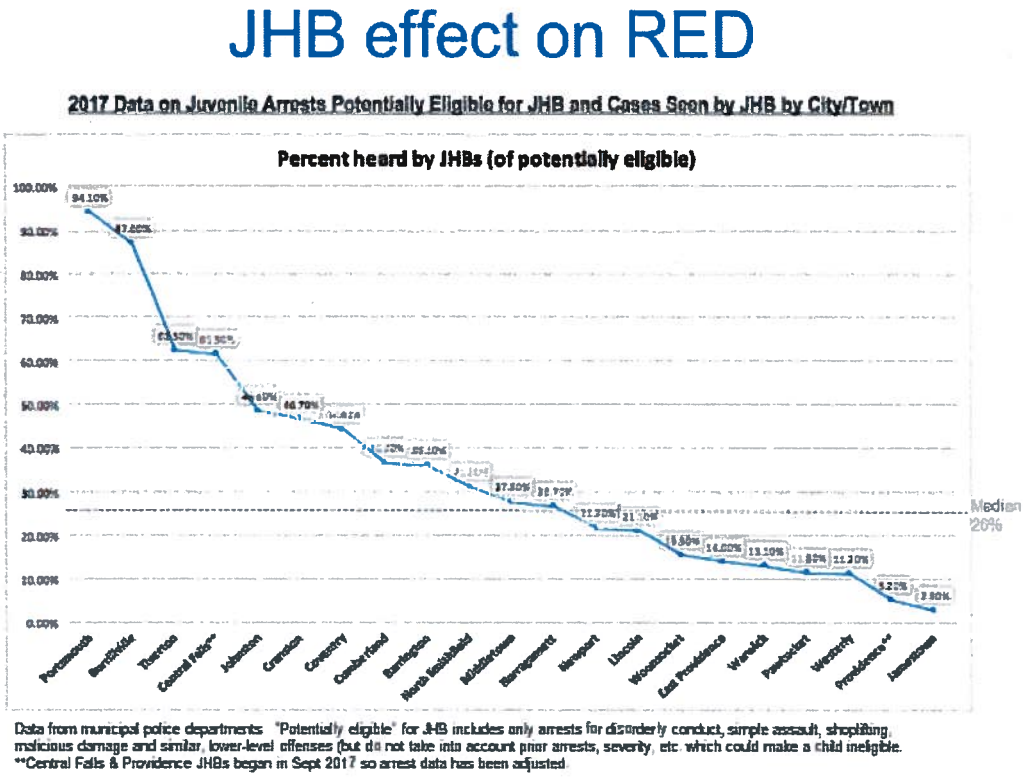
[29] *See* Dr. Kathleen Kemp presentation to the Working Group, 9/4/19.
[30] *Id.*
[31] *Id.*

that review cases of youth who have committed non-violent offenses. As of 2018, they were active in 30 of Rhode Island's 39 cities and towns. The presentation highlighted the successful work that the Rhode Island for Community and Justice (RICJ) has done for many years to organize, train, and assist the local JHBs. RICJ's work demonstrates that when run effectively, these boards can influence the racial and ethnic disparities we have seen in the juvenile justice system.



RI for Community & Justice Presentation to the Working Group on 10/07/19

The Working Group heard how the State is taking a proactive role in ensuring resources are available to the JHB's through a new partnership with the Department of Children, Youth, and Families (DCYF). As part of a pilot program with Central Falls and Providence JHBs, DCYF is providing Family Care Community Partnerships (FCCPs) onsite to give immediate mental health and substance use referrals, as well as assisting in pre-hearing assessments using nationally known and validated instruments. The pilot is also helping with small programmatic expenses, providing interpreters, and helping with outreach and marketing. The guiding principal of this pilot is equity. This pilot is also utilizing performance metrics to measure the success of this program by measuring the number of children referred to the JHBs and their demographics and development assessment, the number of children referred to the FCCPs and finally, the re-arrest rates for the children referred to the JHBs and FCCPs, by the JHBs.

The Working Group discussed several recommendations that could increase the use of JHB's across the state and help to ensure they are effectively reducing future court involvement for the youth. The discussion focused on increasing the ways the referrals work, as it is currently done through the police

departments. The group agreed it would be a helpful tool if school districts, teachers, or families could also use them as a resource. The discussion also focused on the ways in which certain youth end up before a hearing board and others end up in the Family Court. The group noted that using assessments could help make this a more equitable process. Since 2008, Rhode Island has mandated the use of a screening tool called a risk assessment instrument (RAI) for youth who are considered being detained for secure detention but that it has not been fully implemented.[32] The law enforcement officers serving on the Working Group noted that this would be a helpful tool to increase equity in detention decisions.

Juvenile Hearing Board Recommendations

1. **If the DCYF pilot proves successful, to increase the model for more JHBs in the future.** There is an opportunity to decrease the number of youth entering the juvenile justice system by diverting them after arrest to the JHBs and providing critical intervention services much earlier, such as mental health and substance use referrals. As described above, this can also assist the state in reducing racial and ethnic disparities that are prevalent through our juvenile justice system.
2. **Increase the ways that referrals are made to JHBs, by allowing school districts, families, or the Family Court to refer.** The presentation reviewed how referrals are traditionally made to the JHBS through local police departments. The Working Group recommends exploring ways in which referrals are made to the JHBs and whether additional referrals could come from schools, families, or the Family Court to increase the use of this diversion option.
3. **Utilize the Risk Assessment Instrument for detention decisions.** This law was passed in 2008 by the General Assembly and mandates the use of this screening tool for youth being considered for detention. The Working Group recommends this be fully implemented and that DCYF objectively measure its use and whether it is limiting the use of secure detention.

Truancy

The Working Group discussed how truancy involves the intersection of the juvenile justice and the educational system, and as noted above, these cases make up the largest percentage of cases that are referred to the Family Court. The 2012 Rhode Island compulsory school attendance law requires that children age 6 to 18 years old regularly attend some public day school during all the days and hours that public schools are in session in the city or town which the child resides.[33] These laws are targeted towards parents and guardian who have failed to enroll their child or have not made efforts to ensure regular school attendance. Truancy laws are meant to encourage regular school attendance and to deter children from skipping school. A child is considered truant when he or she purposely stays away from school without the permission of a guardian. Currently the law does not clearly define the number

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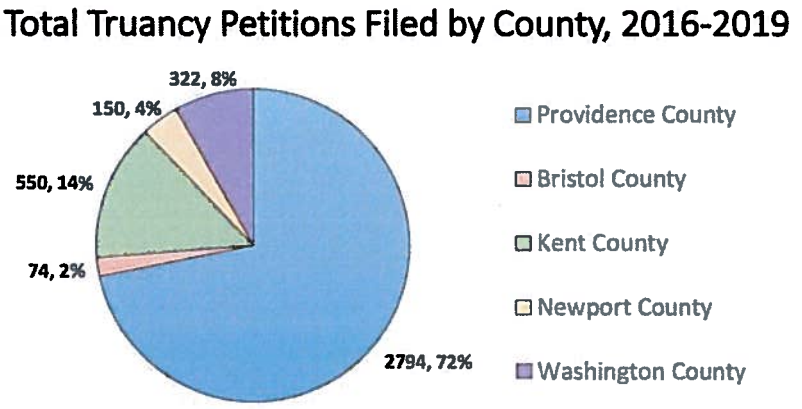
[32] *See* R.I. Gen. Laws § 14-1-11(d).
[33] *See* R.I. Gen. Laws § 16-19-1. Attendance required.

of absences that constitutes a child being "willfully and habitually absent." Some Rhode Island school districts have policies that specify the number of unexcused absences a child can have before that child is considered "willfully and habitually" absent. If a child has 10 cumulative unexcused absences, tardies and/or early dismissals, a referral may be made to the truancy officer. Once the truancy officer has exhausted all efforts to address the attendance issues if the child continues to be truant the truancy officer files a truancy petition with the Rhode Island Family Court. This is done to hold the child and his/her guardians accountable for compliance with state law. Only seven other states lack an explicit definition of truancy or chronic absenteeism and/or do not mention preliminary state-level actions before filing a truancy petition with the Family Court.



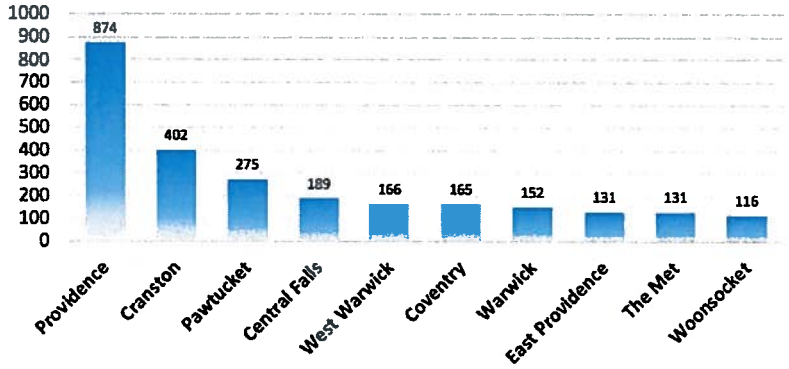
For justice-involved youth, a common first encounter with the juvenile justice system is through truancy court for ten or more days of unexcused absences. An increase of 465 youth were referred to truancy court by schools in 2018 for a total of 1,729 youth, thus deeming a quarter of middle school students and over one-third of high school students truant in the 2017-2018 school year.[34] As youth are required to be continuously enrolled and attending school until they have earned a high school diploma or GED (if not yet 18 years old), truancy courts have been an alternative in enforcement to the traditional family court truancy court process, in some cases holding hearings in school buildings to seek solutions in coordination with the school and family of the truant youth.

Of Rhode Island counties, Providence County has the highest number of referrals to truancy court. As a contributor to 72% of all petitions filed, reviewing the policies in the state's largest school district would significantly impact state-wide truancy outcomes. The Department of Education is developing a plan to improve student and teacher experience and turnaround the Providence Public School District. This is an opportunity to consider the factors that result in higher numbers of truancy petitions filed. A discussion at the December meeting of the Working Group reframed the causes of truancy throughout the state of Rhode Island and generated recommendations on how to effectively lower and maintain truancy rates in Rhode Island.

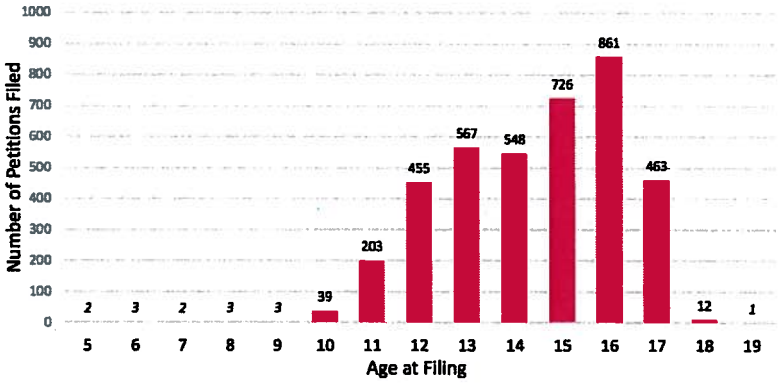
[34] 2019 Rhode Island Kids Count Factbook

Among Working Group and community members, the discussion centered on addressing underlying causes to minimize court involvement and maintain lower rates of truancy. As a violation of the compulsory attendance law, the truant designation increases regular court supervision of and interaction with a youth. By responding to truancy as a manifestation of academic dissatisfaction, a transportation, safety or wellness issue, a concerted collaboration between the court, school, youth and guardian can address issues that will otherwise persist. Youth who are truant often experience lack of connectedness to community, consistent access to healthcare for mental and physical wellness or poor school communication with the youth and family. Designing an attendance plan that documents, delegates and enforces the roles of administrators, teachers, services, family and community, students can have an accountability measure to ensure that their caretakers are working collaboratively to improve their educational experiences.

Top 10 Referring Agencies



Total Truancy Petitions Filed, by Age: 2016-2019



Adding statutory language could require schools to complete community-based steps prior to filing a truancy petition assures that schools are connecting families to the resources and supports that preclude truant behavior. This, in addition to reframing truancy outcomes, addressing punitive mindsets among superintendents, school leaders and other truancy-related decision-makers, will shift the perception of and responses to truancy in institutional policies and practices. Designating a professional association or entity to walk school leaders and decisionmakers through their truancy process and outcomes will contribute to increased system-level awareness and responsiveness to outcomes. Increasing the efficacy of internal school systems by creating an attendance subcommittee to prioritize truancy concerns and allowing teachers to refer youth to that entity, providing robust in-school counseling and health services, early truancy prevention measures in childhood and elementary education, employing restorative justice practices and cultivating school-centered networks of support connected to local service providers can address these truancy-related school-based challenges.

Truancy Recommendations

1. **Recommend statutory language to require that schools complete problem-solving preliminary steps connecting families and resources to school supports before filing a petition.** A statutory change with specific preliminary requirements assures that schools and community members are employing deliberate coordination, utilizing proximity to the family and increasing the youth's access to resources, addressing the causes of truancy rather than the outcome. While courts can hold families accountable for the truant behavior, they have less ability than the school and community resources to meet the needs that result in continued absences.
2. **Providing robust in-school counseling and health services and connecting schools to local service providers:** The State and district leaders should continue the move towards partnering schools with community health resources and designating funding towards increasing mental health and student support providers. Dedicating truancy policy to increasing preventative resources continues to make the greatest impact on outcomes. Dedicated funding should be provided to support these services at the state level as well.
3. **Shift cultural understanding of truancy for system and school leaders:** Superintendent and principal associations should elect for a truancy resource to increase nuanced awareness of factors that contribute to truancy and support school and district leaders. This encourages a positive shift in language and decision-making perspectives from truancy as a manifestation of student or family apathy and towards language and a lens that recognizes truancy as a symptom of a health, safety, transportation, academic, or other underlying factors.
4. **Early truancy prevention measures in early childhood and elementary education**: School leaders should designate an attendance action team and institutionalize early action procedures to support families demonstrating need. As families experience challenges to consistent attendance for preschool and elementary school students, providing problem-solving coaching and support at school can preclude a continuation of truancy concerns throughout the student's K-12 academic career.
5. **Employ restorative justice practices:** School leaders should prioritize relationship building and increase student school-wide decision-making opportunities to improve school culture and climate. Partnering students, staff and administration in discussion and decision-making for strategic school change will improve the accuracy in response to concerns that lead to truant behavior. Establishing intentional and quality mentorship relationships between students and adults in the school environment will improve community connectedness and enrich the academic experience. This recommendation could include utilizing the Juvenile Hearing Boards to establish a subcommittee to respond specifically to attendance concerns. With an increase of school capacity to document truancy concerns, schools can respond more quickly to changing life conditions that impact a student's ability to attend school. With more efficient notification, schools have quicker access to the support the Juvenile Hearing Board and can provide that this does not detract from Board capacity to respond to criminal behavior. However, the Juvenile Hearing Board subgroup noted that the JHBs should prioritize criminal activity first as the primary method of diversion.

The Training School, Behavioral Health, and Increasing Community Service Capacity

The third meeting of the Governor's Juvenile Justice Working Group on focused on the Training School and the significant overlap between juvenile justice and behavioral health issues in Rhode Island. The meeting featured two presentations and a panel discussion focused on the behavioral health needs and treatment challenges of justice-involved youth featuring state experts on behavioral healthcare. The segments included:

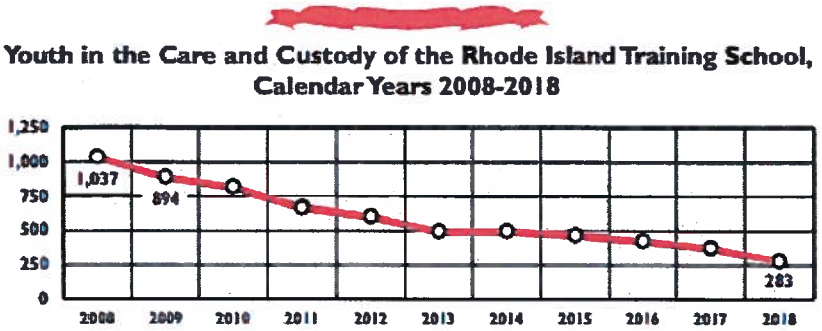
- Krista Larson, Director of the Vera Institute's Center on Youth Justice, provided an overview of how states and municipalities are managing institutional settings for justice-involved youth, including some descriptions of other actions states have taken to respond to declining census numbers in institutional juvenile justice settings.
- Ryan Erickson of the Governor's Office gave a brief overview of the relationship between behavioral health challenges and the importance of considering behavioral health interventions to drive successful outcomes with justice-involved youth.
- The panel discussion featured the following participants, who commented expansively on behavioral health interventions for youth:
    - Jasper Frank, Project Manager, Executive Office of Health and Human Services
    - Dr. Henry Sachs, President and Chief Medical Officer, Bradley Hospital
    - Chris Strnad, Administrator of Children's Behavioral Health, Department of Children, Youth, and Families
    - Trisha Suggs, Project Director of the State Youth and Young Adult Treatment Program, Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
    - Moderated by: Ryan Erickson, Policy Advisor, Governor's Office

Additionally, Working Group members and members of the public provided comment issues related to the Training School, the behavioral healthcare system, and community service capacity during the December meeting.

Juvenile Justice in Institutional Settings

As context for the discussion on the Training School, the census of the Training School has steadily declined for the past ten years. The average daily census has declined from 169 in 2009 to 50 in 2019.[35] This decline is attributed at least in part to a greater emphasis on community-based juvenile justice service by providers and by the administration.

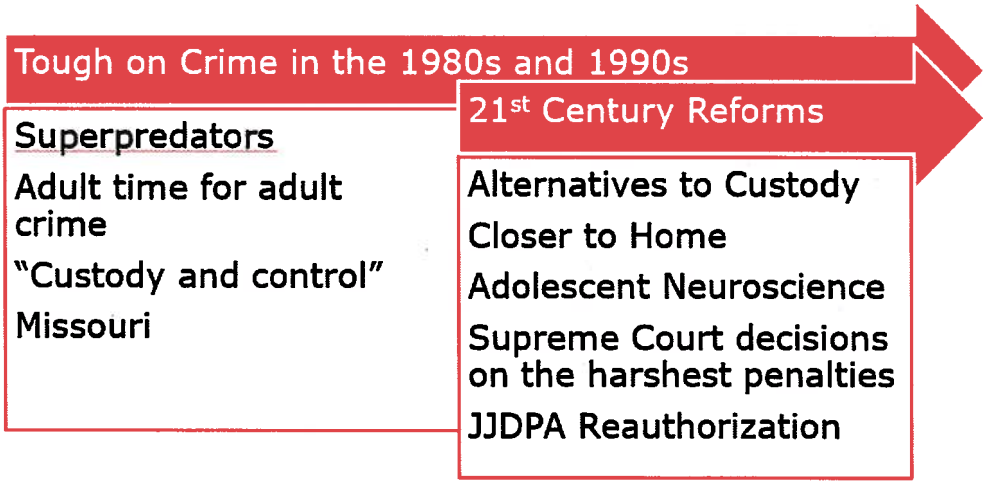
[35] Data provided by DCYF, 2019.



◆ Between 2009 and 2018, the annual total number of youth in the care and custody of the Training School at any point during the year declined from 894 to 283. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population further declined by 68% between 2009 and 2018.

From 2019 RI KIDS COUNT Factbook

The group invited Krista Larson to present on correctional settings for justice-involved youth in other states. Her presentation showcased that other states have experienced similar declines, and that some have partially closed juvenile correctional systems by emphasizing community alternatives as well. She noted to the group that other states have also recognized the benefit of transitioning to more community-oriented, rehabilitative models than the punitive models offered in traditional youth correctional settings. While Larson noted that some states have come close, no state has yet eliminated juvenile justice settings, or has done so without creating significant administrative and operational challenges—as seen in Connecticut. Other states have grappled with the question of whether some institutional juvenile justice setting will always be needed.



From Vera Center for Youth Justice Presentation to Juvenile Justice Working Group

Behavioral Health and Enhancing Access to Community-Based Services

The Working Group also considered questions of whether greater access to behavioral healthcare services could reduce youth involvement in the juvenile justice system and how to make behavioral health services more available to youth at risk of juvenile justice system involvement. About 66-70 percent of justice involved youth have a diagnosable mental health challenge compared with 9-22 percent of youth in the broader population.[36] Discussion focused in part on the missed opportunities to help youth experiencing behavioral health challenges that predispose them to likelier interaction with the juvenile justice system. Importantly, one study shared with the group asserted that interaction with the juvenile justice system was both correlational with behavioral health challenges—meaning that youth with underlying behavioral health challenges are more likely to have an interaction with the juvenile justice system—and causal, indicating that interaction with the juvenile justice system drives the emergence of behavioral health challenges in youth.

Some of the known and important overlaps between behavioral health and criminal justice system involvement are well-studied and merit extensive consideration as the State considers how to make behavioral health treatment resources more available. Significantly, the overlap between adverse childhood experiences (ACEs), and juvenile justice system involvement points to a greater need for interventions that mitigate the impact of ACEs. One study showed that juvenile offenders in Florida were 13-times less likely to report having zero ACEs and four-times more likely to report having four or more ACEs than in a comparison, population-adjusted survey from California. Authors of the study further concluded that early intervention "could reduce [JJ-involved youths'] future need for mental health treatment; addictions treatment; and treatment for chronic lung, liver, heart, and kidney disease, as well as diabetes."[37]

Participants in the panel discussion identified several key service needs that are mostly lacking or under-resourced in Rhode Island today:

- **Limited Prevention-Focused Approaches to Limiting the Consequences of ACEs:** Rhode Island generally has very few resources to prevent eventual development and manifestation of behavioral health challenges in children and youth. Mitigating the impact of ACEs is critical to a child's or young person's long-term ability to thrive. Mitigating the impact of ACEs successfully may also require thoughtful consideration of the social determinants of health, or else interventions focused on containing the impact of ACEs will have only limited effectiveness.
- **Limited Inpatient Residential Treatment Services:** Youth with particularly complex behavioral health challenges may benefit from an inpatient stay in a minimally restrictive setting, but Rhode Island has very few of these placements available, effectively forcing many youth to wait for extended periods in acute care hospitals until these placements become available or to be in the community without the level of care they need.
- **Limited Community-Based Outpatient Treatment Programs for Youth:** Providers otherwise able to provide community-based outpatient behavioral health programs for youth struggle to offer these programs, because rates of reimbursement for these programs are not high enough

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[36] *See* Vincent et al, 2008; Shubert & Mulvey, 2014; Schubert, Mulvey & Glasheen 2011.
[37] *See* Baglivio, Epps, Swartz, Huq, Sheer, & Hardt, 2014.

to cover their costs. Additionally, qualified clinicians to deliver these services are hard for providers to find and to retain. These forces drive significant regional and statewide service shortages that may prove overly burdensome to families seeking care for children and youth.

- **Lack of Crisis Services for Youth:** Often a critical point of intervention and the right time to engage a child or young person in treatment is when that child or young person experiences an acute behavioral health crisis. However, the state has very few crisis behavioral health resources targeted toward youth, especially resources to meet families or children in community settings like schools or homes.
- **Limited Uptake of Trauma-Informed Practices and Providers:** The application of trauma-informed practices can help to ensure that children and youth in crisis are given appropriate care and directed to appropriate behavioral healthcare resources. However, some providers lack the resources to adopt trauma-informed practices universally or may be reluctant to do so for other reasons.
- **Limited Bilingual/Culturally-Fluent Clinicians:** Both in Rhode Island and nationally, shortages of bilingual or multilingual behavioral health clinicians prevents many children, youth and their families from getting access to the behavioral healthcare that will help their children thrive. The shortage of bilingual clinicians is felt especially acutely in the state's urban schools. Moreover, clinicians may need cultural fluency as well to help navigate generational and other divides between youth and their parents.
- **Challenges to Care Coordination and Service Access:** Justice-involved youth and youth at risk of justice involvement must often navigate an incomprehensible maze of behavioral health services with limited guidance on how to navigate these services, many of which are not easy for youth to access physically. Care coordination and case management may be absent in some cases, or confusing and even duplicative and contradictory in others. Moreover, administrative barriers may force youth exiting the Training School to go without insurance coverage, particularly Medicaid coverage, at a critical time when youth should connect with health services in their communities, including behavioral healthcare services. Family involvement is also crucial for supporting a child's or young person's treatment pathway, but barriers to family participation may prevent a family's participation in a treatment plan.

Possible Uses for Excess Rhode Island Training School Facility Space

The Working Group also considered new programmatic uses of the Training School, including a psychiatric residential treatment facility (PRTF) for youth. While the Working Group and its participants acknowledged the extensive need for more inpatient treatment settings for youth with behavioral health challenges, some issues of concern in repurposing Training School space may pose too significant a barrier to using the Training School facility as a setting for delivering intensive or inpatient behavioral health treatment. In particular, ensuring appropriate separation of any resident and treatment populations may pose a compliance or programmatic integrity risk. This topic will continue to be evaluated if new uses are deemed appropriate.

Recommendations for Consideration

The Working Group members, in consultation with State staff, have proposed the following recommendations to address challenges experienced by youth involved with the juvenile justice system. Recommendations are intended to be achievable in the short-term, some with budgetary implications,

but may speak to, or are intended to advance discussion on systemic changes achievable in the long-term.

The Training School, Behavioral Health, and Increasing Community Service Capacity Recommendations

1. **Establish crisis behavioral health services for youth:** Building on the work begun through the Governor's 2018 executive order on improving the behavioral healthcare system, the State should establish a behavioral health crisis services network or pilot akin to those established in Massachusetts, Connecticut, and other states. Such a program would offer a platform for early intervention following behavioral health crises, preventing downstream involvement with the criminal justice system.[38]
2. **Review rates for critical behavioral health services:** The State should build on work it is undertaking to review Medicaid reimbursement rates for core behavioral health services and evaluate rates for youth-focused services. If review determines that the State Medicaid program is significantly underfunding key inpatient, outpatient, and other services, the State should set a gradual timeline to increase these rates, or take other action to provide more ample reimbursement for agreed upon service needs. Increasing provider reimbursement for services may also help to spur the creation of new treatment programs and help with recruitment of bilingual clinicians.
3. **Incentivize the uptake of trauma-informed care:** Through licensing or through possible reimbursement enhancements, the State can incentivize providers and State staff likely to interact with youth in critical settings to train relevant staff in trauma-informed practices. In certain cases, particularly with providers or law enforcement officers who interact with youth at elevated risk of traumatic experiences, mandates on training for trauma-informed care may be appropriate.
4. **Eliminate administrative barriers for accessing insurance:** Currently, youth exiting the Training School experience a lag before Medicaid coverage gets reactivated, which may force delays in arranging behavioral healthcare treatment for youth after leaving the Training School. Similar to the adult recommendation above, DCYF working with EOHHS, Medicaid, and Medicaid Managed Care should collaborate to ensure that there is no delay in insurance coverage.

Training School Reentry – Education and Employment

The fourth Juvenile Justice Working Group meeting was on reentry supports, focusing on creating career pathways for youth when leaving the Training School. During that meeting, the group heard presentations from:

- Jane Pellegren, Epidemiologist, Program Evaluation, RI Department of Children, Youth, and Families (DCYF) on Recidivation Among RI Youth Entering Juvenile Justice System.

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[38] This type of crisis intervention can also be done through municipalities – a local example is how Providence Police have a contract funded through a grant with Family Services of RI to provide crisis intervention.

- Larome Myrick, Executive Director, Juvenile Correctional Services, DCYF and Jerry Darius, Licensed Clinical Social Worker, DCYF on what is currently happening around reentry at the Training School.
- A conversation led by Catherine McConnell, Policy Advisor, Office of Governor Gina M. Raimondo, with three youth with lived experience in the Juvenile Justice system in Rhode Island.
- Nina Pande, Executive Director, Skills for Rhode Island's Future, on the possibility of expanding current opportunities to create career pathways for juvenile justice involved youth.

Through the presentations, the group heard about current practices happening at the Training School related to educational opportunities and reentry supports. These current practices include:

- **Education and Current Programing:** Rhode Island Training School currently offers an array of supports for youth. Every child is required to go to school (RI 42-72.4-1), [39] with average academic gains based on the STAR assessment detailed below. [40] In addition to traditional class offerings, there are classes in Culinary Arts, Urban Garden Project, as well as multiple outside providers coming in to provide additional programing.

Rhode Island Training School- "Quick Data Points on Academic Growth/Progress"
January 2019-December 2019

Data Source	3 months or less detention data	4-5 months detention data	6-9 months detention data	10-12 months detention data
STAR Math	1.2 years growth	1.8 years growth	2.6 years growth	4.8 years growth
STAR Reading	2.5 years growth	2.2 years growth	2.4 years growth	3.8 years growth
Academic Credit earned (average)	8 credits	16 credits	18 credits	23 credits

Data from Rhode Island Training School, December 2019

- **Discharge process informed by assessments:** Youth take multiple assessments when they enter the Training School that help inform the services they receive while detained. A transition probation officer is assigned to each youth at the initial treatment planning meeting. This person is responsible for contact with family, development of discharge plan, and assisting youth in preparing for reentry including identifying supports. Currently youth have an individual treatment plan meeting held within 30 days of adjudication where treatment goals are identified, have bi-monthly review meetings, and administrative review meeting where Reentry Court is discussed.
- **Reentry Court**: In 2019, the Training School, in conjunction with the Family Court, started the Reentry Court which gives eligible youth and opportunity to go out into the community prior to the end of their sentence. The program enables the youth to strengthen family connections and Training School staff to identify additional support services, many currently provided by TIDES

[39] *See* RI Gen. Laws § 42-72.6-2 , http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-72.6/42-72.6-2.HTM
[40] The STAR computer-based assessments are used to screen students for their reading and math achievement levels. STAR Reading and STAR Math™ assessments help determine reading and math achievement levels, help educators monitor students' growing literacy and mathematical skills, as well as other mechanisms.

family services, that are needed prior to a youth being released. As of this report being written, only 2 youth had been a part of this program due to eligibility restrictions. All youth will leave the Training School, and the Reentry Court process enables a youth to slowly re-integrate back into the community, building a network of supports and ensuring the child has everything they need in place before being released. The Working Group recommends that eligibility process for this program should be examined to allow more youth to participate in the Reentry Court.

Challenges and Opportunities

A FY15-17 DCYF study looked at the SAVRY (Structured Assessment of Violence Risk in Youth) assessment that all adjudicated youth take within 30 days of entering the Training School. The study found that the three-year recidivism rate for justice involved youth is 34%.[41] Although lower compared to the adult population study cited earlier in this report, there is still a lot that can be done to ensure youth are set up to be successful and further reduce this recidivism rate. The Working Group focused on the following challenges that persist for youth:

1. Lack of high-quality pathways that start while youth are at the Training School and connect them to services and education with a focus on career and workforce development.
2. Delay and challenges that persist in youth exiting the Training School and getting enrolled in the right school.
3. Need to continue and target mentorship both while youth are inside and upon release.

Connection to Career Pathways and Workforce Development

During the time that a youth is under sentence, the state must aid them in acquiring the skills that will be necessary to be succeed upon their return to the community. In addition to providing mental health treatment and family support services, the group discussed that the juvenile justice system must focus on educational achievement and workforce development. For a youth to transition to a crime-free, productive adulthood, they must have the skills needed to enter the workforce. This is a concern nationally with most states not providing all youth in facilities with access to comprehensive career and technical education (CTE) and workforce development services.[42]

The Training School continues to fall short in the area of workforce development. The staff acknowledges the correlation between a youth's ability to obtain and sustain employment with a decrease in risk for reengaging in future offending behaviors. They do provide some programing that allows youth to develop soft employment skills (resume building, interviewing skills and some work-based learning) during the time that they are there. These services are not a part of intentional, comprehensive programs aligned with local market needs. Youth at the Training School do not complete career interests and skill assessments at intake and do not have workforce development goals and services incorporated into their case plan. The only vocational skills programs that are provided at the Training School are culinary and barbering, there is not any staff dedicated to overseeing the

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[41] RI DCYF, Recidivation Among RI Youth Entering Juvenile Justice System, FY15-71 Presentation to Criminal Justice Working Group, 12/4/19.

[42] Justice Center, Council of State Governments; On Track; How well are states preparing youth in the juvenile justice system for Employment, September 2019

development and provision of workforce development services to incarcerated youth, particularly after they return to the community.

The Training School has some partnerships with a few agencies such as Harvest Kitchen, CCAP and Youth Build. Those partnerships can be expanded in addition to forming additional partnerships with workforce development agencies, educational entities, employers and community base providers. The Working Group heard a presentation from Skills for Rhode Island Future (Skills) about the PrepareRI Internship that they run. The program has been run the last two years for rising high school seniors that provide youth with job training, support, wages and employer engagement. The program's 40-hour job readiness training is a critical part of ensuring youth are ready and prepared to enter places of employment. Skills presented to the group the idea of expanding the internship and having a pilot for youth currently at the Training School. The model would involve the youth go through the job training program as well as additional supports to ensure success, engagement with employers willing to host interns that are justice involved, and more robust work with the youth who are at the Training School around career readiness. Currently there are no opportunities like this for the population at the Training School.

Ensuring Quick Enrollment in School or Training Program Upon Release

Many youths are having difficulty entering the appropriate school post release from the Training School. The Working Group heard stories of youth who were "disenrolled" in their district school, a practice that is illegal under Federal Law, not offered placement in a school where they felt safe, or a school that provided the wrap around services that youth needs.

Every Student Succeeds Act (ESSA) required that correctional facilities work with school districts to coordinate educational services to minimize the disruption to youth's education when they leave. States need to have established procedures to quickly re-enroll youth in a school or program that best meets the needs of youth, with LEA's resolutions programs for facilitating transition. [43]

The Training School organizes a call that is a conversation between a team of people with the goal of providing a seamless transition back into school with representatives from the Training School and the sending school district. In practice, these calls appear to be happening very close to when an individual is planned to be release, giving no time for changes to be made if the school where the student was previously enrolled is no longer the best fit for them. The state does allow choice for students to ensure that they are going to a school that best fits their needs. Options such as TIDES family services and Nowell Leadership Academy are two examples of alternative education placements, each tailored to slightly different populations, that should be made available.

The Working Group recommends that the state require the call where discharge planning happens to take place earlier. This will ensure time to change placements if the school where the child came from

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[43] *See What ESSA Means for Youth in the Juvenile Justice System*, Burdick, Kate (2016) http://www.advocacyinstitute.org/ESSA/ESSA-JJprovisions.pdf

is not the best fit, and additional barriers like ensuring transportation, wrap around services and other supports are in place well in advance of when the youth leaves the Training School.[44]

Emphasized Importance of Mentorship and Connection to Community supports

When youth have connections to pro-social adults, peers, and can reintegrate into the community, their risk for recidivism is reduced. The Working Group heard firsthand from youth involved in the juvenile justice system and the benefit of having someone that believes in them, and is able to make genuine connections, relating to their lived experience. With that in mind, it is extremely important that part of the reentry process is working with youth on identifying supports that can assist them in cultivate those relationships while at the Training School. If they do not already have those supports, staff can help youth identify members of the community who can provided them with support and guidance. The Training School currently has some procedures to engage families, more can be done to ensure that there are individuals identified to continue that mentorship as youth transition out of the Training School.

Juvenile Correctional Services

Finally, the Working Group heard from DCYF and the staff at the Training School about their plans for 2020 and a suggested "rebranding" of their Division of Juvenile Correctional Services. The Working Group generally agreed with the recommendation that the focus should change from a corrections-based model, to a youth development model, which is grounded in focusing on positive youth development and changing behavior. This in in line with the other recommendations that the Working Group discussed.

Training School Reentry Recommendations

1. **Require transition planning meetings to happen earlier, and for transition calls with schools to happen several weeks before a youth is released.** Training School staff as well as the Rhode Island Department of Education should ensure that educational rights of youth are maintained and provide students enrollment in school. Transition planning calls with schools should happen several weeks before a youth leaves the Training School to ensure that there is proper coordination and the student is in the best placement.
2. **Expand who is eligible for the Reentry Court.** Staff at the Training School should work with members of the family court to modify the criteria for who is eligible for Reentry Court to ensure more youth are able to get the supports and make connections to outside providers. Opening the Reentry Court up to more youth can also ensure that they have access to mentors to provide additional supports as they transition back into the community.
3. **Create a pilot PrepareRI Internship program for youth at the Training School.** The Training School staff and Skills for Rhode Island Future should collaborate to expand the internship

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[44] Other states mandate similar practices like this into state statute, for example in Maine: "Title 20-A §1055 (12) requires the formation of a reintegration team for each reentering student. The reintegration team must include a school administrator, classroom teacher, parent/ guardian, and guidance counselor, and is tasked with developing a reintegration plan prior to each returning student's reenrollment." *The School Discipline Consensus Report, Strategies from the Field to Keep Students Engaged in School and Out of the Juvenile Justice System*, Morgan, Salomon, Plotkin, and Cohen, The Council of State Governments Justice Center (Page 318), available at: http://csgjusticecenter.org/wp-content/uploads/2014/06/The_School_Discipline_Consensus_Report.pdf

program for youth currently at the Training School. Funds should be provided to ensure that additional wrap around services and supports for these youth can be provided to ensure their success.

4. **Create a "check list" of best practices to support the reentry process and ensure that transition counselors are implementing best practices.** The state, with help from community partners, should create a set of protocols for social workers and Training School staff to help inform their reentry process and ensure that best practices are being implemented. This should include ensuring counselors that oversee transition have access to various post-secondary options for youth including college, registered apprenticeships, and direct employment opportunities. Connection to mentorship opportunities should be considered in this check-list. This should also include DCYF's next steps in shifting to a positive youth development model.

Acknowledgements

The Juvenile and Criminal Justice Working consisted of the following members who generously dedicated their time to improving our criminal justice system in Rhode Island.

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3. Michael Grey (Co-Chair), Chairman of the Governor's Workforce Board
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5. Chief Judge Jeanne E. LaFazia (designee Steve Waluk), Rhode Island District Court
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7. Representative Robert Craven, Rhode Island House of Representatives
8. Attorney General Peter F. Neronha (designees Stephen Dambruch, Jeanine McConaghy and Timothy Healy)
9. Acting Public Defender Matthew Toro (designee Michael DiLauro)
10. Secretary Womazetta Jones (designee Marti Rosenberg), Executive Office of Health and Human Services
11. Director Patricia Coyne-Fague (designee Jayne DelSesto), Department of Corrections
12. Director Scott Jensen (designee Matt Weldon and Nora Crowley), Department of Labor and Training
13. Commissioner Angélica M. Infante-Green (designee Jade Slade), Department of Education
14. Former Director Rebecca Boss (designee Deputy Director Lou Cerbo), Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
15. Deputy Director Ana Novais, Department of Health
16. Director Courtney Hawkins (designee Maureen Donnelly and Maria Cimini), Department of Human Services
17. Director Kasim Yarn, Veteran Affairs
18. Superintendent and Rhode Island State Police Colonel James Manni (designee Major Christopher Dicomitis)
19. Assistant Secretary and Medicaid Director Patrick Tigue (designee Libby Bunzli)
20. Larome Myrick, Executive Director, Juvenile Corrections, Department of Children, Youth & Families
21. Elizabeth Burke Bryant, RI Kids Count (designee Kara Foley)
22. PJ Fox (designee Jordan Seaberry), Nonviolence Institute
23. Jennifer Wood (designees Natalia Friedlander and Michaela Bland), Rhode Island Center for Justice
24. Toby Ayers, PhD, Rhode Island for Community & Justice
25. Captain Henry Remolina, Providence Police Department
26. Beth Lemme-Bixby, Tides Family Services
27. Bill Lyttle, the Key Program (designee for the RI Coalition for Children and Families)
28. Toby Shepherd, Nowell Leadership Academy
29. Jim Vincent, NAACP Providence Branch
30. Andrew Cortes, Building Futures/Apprenticeship Rhode Island
31. Jennifer Griffith, the Child Advocate
32. Dr. Mary Archibald, Providence Public Schools

33. Kevin Richard, Deputy Family Court Administrator
34. Caitlin Frumerie, RI Coalition for Homeless
35. Sid Wordell, RI Police Chiefs
36. Mavis Nimoh, Center for Prisoner Health & Human Rights
37. Dave Chenevert, RI Manufacturer's Association (designee Joseph Mattiello)
38. Dale Venturini, Hospitality Association (designee Heather Singleton)
39. Roxanne Newman, Graduate Student at Rhode Island College, individual in long-term recovery, and lived experience
40. Reverend Chontell Washington, Rhode Island State Council of Churches
41. Bishop W. Nicholas Knisely, Episcopal Diocese of Rhode Island
42. Pastor Erny I. Francisco, Restoration Worship Ministries
43. Kim Bright, Office of the Postsecondary Commissioner
44. Jaime Nash, Community College of RI
45. Peter Slom, Department of Children, Youth & Families, and member with lived experience
46. Angelo Adams, Behind the Walls, DARE (Direct Action for Rights and Equality)
47. Jessica Vasquez, Progreso Latino

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