



Community Reintegration Center

Milwaukee County

Chantell Jewell • Superintendent

DATE : October 16, 2023

TO : Supervisor Liz Sumner, Chairperson, Finance Committee

FROM : Chantell Jewell, Superintendent

SUBJECT: Community Reintegration Center (CRC), Finance-Budget Responses

The following information was requested:

- Supervisor Taylor (5) requested that statistics and data for the first year of operations at the Family Engagement Center be provided to County Supervisors. Supervisor Taylor (5) requested the listing of restrictions or exemptions for receiving residents at the CRC:

The Family Engagement Center at the Community Reintegration Center (CRC) provides support to residents who are parenting through Project F.A.M. This is a six-week program with the goal of keeping the family unit intact while one parent is incarcerated. This is done through classes including “Parenting Inside Out” and “Within my Reach.” There are also visits where residents utilize the skills they have learned in class. Residents who engage with Project F.A.M can connect with follow-up support through the Center for Self-Sufficiency. This support includes fatherhood classes, employment support, driver’s license reinstatement services and assistance with reduction of accrued child support interest.



The first program year for Project F.A.M included four cohorts and ran from December 6, 2022, to September 8, 2023. There were 31 visits between residents, co-parents, and children. Of the residents enrolled across the four cohorts, 19 residents completed the program. With an enrollment of 19 participants and a goal of 10 participants, **the program enrolled at 190% of goal.** This program was a success in engaging residents with their children and strengthening co-parenting relationships while teaching emotional regulation, critical thinking and conflict management skills.

Of the 19 residents who completed the program, 13 of them have been released. The 13 who were released, completed follow-ups with the Center for Self-Sufficiency. When working with the Center for Self-Sufficiency, three received “Welcome Home” kits which contain many of the necessities required for day-to-day life on re-entry, 13 received assistance accessing a free state ID and obtaining a free replacement Social Security card.

In post-course evaluations, **100% of participants rated their overall satisfaction with the program as satisfied or very satisfied.** The most common recommendations for improvement included longer visit lengths and expanding the reach so more people could enroll. This is due to the program only being available for sentenced residents. This speaks to the quality of the program and the benefit it gave to those who participated. From the participant satisfaction surveys, residents noted that they learned *about “healthy relationships and self-worth,” “I was able to get great tools to help me better my communication”* as well as learning about *“being a better father”* and developing *“better communication skills with [my] partner.”*

One of the most telling examples of the power of the program is the resident who after completion returned to serve as a mentor to others. As this resident noted when asked to describe his experience: *“My experience in the program overall is good not only because it gives an opportunity to get out of the dorm, but it gives an opportunity to express your feelings and let some emotions go. You get to talk to other people about past problems and to get through everything. [The program] helped me look at the bigger picture as far as me not physically being there with my daughter. The program not only helped me with being a better parent but also a better partner and adult as far as communication.”* This example highlights the power of what was learned and the way this resident was able to come back and support others out of his experience.

While recidivism is often noted as a measure of the impact of programs, it is difficult to measure it so close to program completion. For this report, recidivism is defined as: Re-engaging in criminal behavior after release from the CRC that results in arrest and reincarceration and where the arrest is not solely a violation of supervised release.

Project F.A.M and the Family Engagement Center are an incredible benefit to the residents of the CRC. The programming provided reflects a deep commitment to the mission of the CRC and its core values. This program is an incredible example of both a strong community partnership and a program that prepares residents for successful re-entry into society and reengagement with their families.

Program Highlights

- **Six Week Program**
- **Partnership with Center for Self-Sufficiency**
- **Six Months of post-release follow-up after program completion**
- **Enrolled at 190% of Goal**
- **100% of participants rated overall satisfaction as satisfied or very satisfied.**
- **Three Participants received Welcome Home Kits**
- **13 Participants received state ID and Social Security card support.**
- **One Participant returned as a mentor.**
- **31 Contact Family Visits**
- **19 residents completed the program.**



- Supervisor Taylor (5) requested statistics regarding the recidivism rates for persons returning to the CRC over the past two years:

This information is not available however information related to programming and recidivism will be included in CRC's annual report to the County Board.

- Supervisor Taylor (5) requested that statistics and data for the first year of operations at the Family Engagement Center be provided to County Supervisors. Supervisor Taylor (5) requested the listing of restrictions or exemptions for receiving residents at the CRC:

The Community Reintegration Center takes transfers three times per week from the Milwaukee County Jail and sometimes more if the need arises.

Both the CRC and CJF utilize the Northpointe Classification model to classify residents. This is necessary not only to comply with Department of Correction Administrative Code 350.21 and Wisconsin State Statute 302.36 but also to provide a safe and secure environment for the people in our care.

302.36 Classification of prisoners. The sheriff, jailer, or keeper of a jail shall establish a prisoner classification system to determine prisoner housing assignments, how to supervise and provide services and programs to a prisoner, and what services and programs to provide a prisoner. The prisoner classification system shall be based on objective criteria, including a prisoner's criminal offense record and gender, information relating to the current offense for which the prisoner is in jail, the prisoner's history of behavior in jail, the prisoner's medical and mental health condition, and any other factor the sheriff, jailer, or keeper of a jail considers necessary to provide for the protection of prisoners, staff, and the general public.

The Northpointe system classifies residents on a scale from 1 to 9, with 1 being the most restrictive. Based on this classification system residents who are level 1 require a single lock down cell, whereas level 2 residents may only be housed with other residents who have the same classification. These individuals would not be appropriate to be housed at the CRC due to its dormitory styled housing units and limited cell capacity.

Medical/Mental Health:

The CRC does not have an infirmary and cannot safely house individuals that have certain health conditions (i.e., pregnant females past 1st trimester, paraplegics, or patients on oxygen assist). However, CRC currently has 331 residents that have special medical needs which require adjustment of security protocols. Wellpath, the medical provider, is the sole decision maker on whether the CRC can safely house residents based medical or mental health needs.

According to the Mental Health Director, residents in the Jail Based Competency Program would likely stay at the jail. However, residents that are in the special needs pod at the jail would be vetted for their ability to function in a dormitory style setting for CRC's Resident Support Treatment program. In addition to being able to function in a dorm these residents would have a stabilized medication protocol if applicable. Otherwise, there is the same staff and same level of care at both facilities.

