

Quick Stats			
Agency	Program/Policy Start Date	Number Served Annually	Annual Budget
Department of Correction	October 2012	2,270	\$3,600,000
Problem Statement	Inmates between the ages of 16 and 24 in DOC custody are readmitted at a rate of 44% within a year of discharge. The existing program to provide re- entry services to inmates is restricted to sentenced inmates and is provided to those inmates who volunteer to be in the program, self-selecting those most likely to succeed without government intervention.		
Research and Evidence	The risk-need-responsivity theory suggests that successful programming for criminal justice involved individuals requires 1) matching the level of service with the risk for reoffending, 2) assessing and targeting criminogenic needs, 3) tailoring the intervention to the individual, and 4) matching the intensity of the intervention (or dosage) with risk level and expected time in detention.		
Program Description	The Individualized Correction Achievement Network (I-CAN) will use a comprehensive, standardized risk and needs assessment tool to target high risk of readmission, high need young adults over the age of 19 (both detained and sentenced) with lengths of stay of 20 days or more for services targeted to the individual's criminogenic needs. An additional screen for amenability for treatment will be administered by providers. Providers will work with this population to address the specific needs of the individual, as identified by DOC staff in an Individualized Correction Plan. Providers will be reimbursed for achieving the specific milestones identified by DOC for each individual inmate while the inmate is in jail or up to six months post discharge.		
Implementation Timeline	I-CAN is scheduled to commence in October of 2012.		
Target Population	I-CAN will serve 2,270 inmates annually, targeting high risk of readmission, high need inmates over the age of 19 (both detained and sentenced) with lengths of stay of 20 days or more.		
Expected Outcomes	The goal of the program is to reduce overall readmissions to DOC by targeting those inmates at high risk of readmission with high needs and with more significant lengths of stay, to allow more time for effective in-jail interventions.		